Elderly Caregivers in Skipped-generation Households in Zambia

Changes, Challenges and Experiences with Carework

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In Zambia recent socio-economic changes are placing an undue burden on the elderly. The burden is greatly associated with the HIV and AIDS epidemic, which has led to increased mortality of prime aged adults. As a result of this the elderly are called upon to shoulder the responsibility of the family, as they become the principal caregivers for young children. The traditional family roles are being reversed as ageing family members move from being recipients of care to being the primary caregivers. This study aims to explore care for and by older persons, highlighting understudied aspects of older persons experiences of ageing and care in Zambia. This study uses the conceptual framework of welfare regime theory and intergenerational transfer to help focus and understand the complex interdependent relationship around carework. Drawing on data from in-depth interviews and focus group discussions this study investigates the impact of caregiving on elderly and their coping mechanisms in two rural districts in Zambia. The study provides evidence on the current formal and informal provision of care available to elderly in Zambia. Findings point to inequitable access to public resources and fragmented social protection programmes at the same time as the extended family is becoming overburdened by care and support for its elderly population. Despite this, strong family obligations have managed to stay resilient and this study concludes that despite changing family relations the extended family is still remaining the core support system for the elderly.

Popular Science Summary

In Zambia, the high prevalence of HIV and AIDS among the reproductive age groups has led to the creation of so-called skipped-generation households, in which the middle generation is missing. This has meant that grandparents are assuming parenting responsibilities for their grandchildren. At a time in their lives when many older people might expect to be supported and cared for by their children, they are now becoming providers of care instead of receiving it themselves. Caregiving responsibilities are straining elderly people already struggling to make ends meet. In Zambia, traditionally, the elderly are cared for by extended family but the extended family is becoming overburden by the HIV/AIDS epidemic. Because of this the elderly is losing much of their support expected in old age. Given the importance of family for providing care for the elderly, and the fact that as a resource this is rapidly shrinking, this study is examining where the elderly in Zambia are getting their support. By looking at support available to elderly caregivers, the aim is to understand how this affects their experience with ageing and caregiving. To achieve this aim, interviews have been conducted with elderly caregivers in rural villages in Zambia. This study is examining both efforts made by the government at the national level to support their citizens, but also support from extended family and community. The expectation is that the expansion of governmental social protection programmes will support the elderly but this study finds that this is not the case. Even though families are becoming overburden with the carework, the strong obligation to care for family members in Zambia still makes this institution the most important in supporting the elderly in Zambia.

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List of Abbreviations

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7NDP	Seventh National Development Plan
FGD	Focus Group Discussion
GDP	Gross Domestic Production
HDI	Human Development Index
IRM	Institutional Responsibility Index
LASF	Local Authority Superannuation Fund
MCDSS	Ministry of Community Development and Social Services
NAPSA	National Pension Scheme Authority
NGO	Non-Governmental Organization
PSPF	Public Service Pension Fund
PWAS	Public Welfare Assistance Scheme
SCT	Social Cash Transfer

1. INTRODUCTION

With a slowing fertility rate and an increasing longevity, the world population is aging. Ageing population is presenting a challenge to all areas of the world, but has unique regional variations that have implications for social development (Binstock et al, 2011). In sub-Saharan Africa, there has been a growth in the overall numbers of the aging population over the past several decades. However this region has experienced various socio-cultural and economic changes, mainly due to HIV and AIDS, which have changed the lives of many older people. In Zambia, the social and economic difficulties compounded by the HIV/AIDS epidemic have placed a lot of stress on the majority of the nation's population. According to UNAIDS, 1.1 million people in Zambia are living with HIV and adult HIV prevalence rate is at 11.5 (UNAIDS, 2016). As the HIV/AIDS epidemic strikes at the heart of family and community, causing changing family structures, often the middle generation – both men and women – is completely absent, leaving the old and young to support each other. These households also known as 'skipped-generation' households, made up of the old and the young, occur when an older person, often a grandparent, becomes the primary caretaker of an orphaned child, a child who has lost one or both parents, or whose parents are absent for a prolonged period of time (Reijer, 2013).

At a time in their lives when many older people might expect to be supported and cared for by their children, a growing number are now facing a double burden as net resources flows from rather than to the elderly. It is argued that the erosion of the families' coping mechanisms as they lose working adults at the same time as children are orphaned by the epidemic, swell dependency ratios and exacerbates families' poverty and social condition (Schatz & Seeley, 2015). This means that families of older caregivers and orphans are compelled to take on new roles. Since the impact of the HIV/AIDS epidemic is not limited to the people who contract the disease the negative indirect consequences of the epidemic are likely to become increasingly harsh for the elderly. In sub-Saharan Africa, the extended family has for generations been the basis for the sustenance of society, offering material, social, emotional and caregiving support for its members in times of need and crisis (Foster, 2000). Traditionally in Zambia, caring for the elderly and other social practices based on mutual support among members of the same kin have mitigated the impact of ageing, as the extended family remains an essential safety net. Over the years, however, this institution has been affected by the demographic and socio-economic transformations that have continued to

take place in the region, which has put pressure on social forms of support based on reciprocal obligations among members of the same kin group (Mokomane, 2013). Furthermore, these changes have contributed to family circumstances that are characterized by economic fragility, increasing poverty and weakened family support for household chores and caregiving responsibilities.

There is an evolving agenda for poverty reduction in Zambia as the government has implemented various social protection programmes. Social protection has increasingly been viewed as the emerging paradigm for social policy, especially in developing countries (Barrientos & Hulme, 2009). The rise of the social protection agenda in Zambia over the past few years seems to fit the mainstream account of how welfare states are likely to emerge in developing countries. However, these programmes are facing a number of constraints in implementation and performance and few people have access to formal insurance and other social protection programmes. Formal pensions only covers public and formal wage sector employees, who tend to be among the better off, and are thus of limited relevance as a poverty-reducing transfer (Tesliuc et al., 2013). Thus a large proportion of the ageing population is not receiving any formal support, which is peculiar given that the elderly and elderly-headed households are among the poorest. Thus, poverty among elderly in Zambia continues to be one of the most pervasive social problems (Chirwa & Kalinda, 2016). The cultural belief that it is the responsibility of extended family members to provide for the elderly contributes greatly to this neglect.

Consequently the need to focus on the elderly is significant because they are receivers and providers of a vast majority of Zambia's informal care. This complex situation is in need of attention for a number of reasons. First, these older persons will need care. But, particularly in Zambia where so many younger kin have been lost to HIV and related illnesses, informal care systems are strained. Second, in an HIV-endemic context, the carework older persons provide is critical. Third, there are important shifts and variation in the burden of disease among older persons in the country with an increase in non-communicable disease, as well as variation in the resources available to older persons. In order to continue providing care, older persons will need support as they age (Schatz & Seeley, 2015).

In order to further understand how ageing unfolds in Zambia and how elderly cope with changing kinship relations this thesis will use the conceptual framework of Wood and Gough´s (2006) welfare regime theory and intergenerational transfer in an effort to explore how the elderly are affected by their role as caregivers. By looking at support for the elderly this study intends to highlight population ageing in Zambia and examine the challenges and

determinants of ageing as well as providing evidence on the current formal and informal provision of care available for elderly in Zambia. This study does not claim that the elderly's experience as caregivers is completely explained by the welfare support available to them but as ageing is set to become a key development issue and a challenge for social policy this study is examining where elderly caregivers in Zambia are finding support. It is essentially an effort to understand contextual and cultural practices surrounding ageing and caregiving, but also how wider structural and macro-economic changes affect their experience and creating skipped-generation households.

This thesis recognizes that there is a need to keep in mind the tremendous diversity in national and societal context in which aging unfolds in Zambia. Therefore it focuses specifically on the elderly acting as caregivers for their orphaned grandchildren as this is a growing segment of the population. It furthermore recognizes that the actual chronological age attainment for one to qualify to be "old" still remains a debatable concept and varies with region and context. The meaning of chronological age attained to be classified as aged still lacks a universally acceptable threshold, however the United Nations (2017) defines an old person as one who is 60 years and older and this is also the official pension age in Zambia. Thus, in this study, when referring to elderly in Zambia, this definition is followed.

1.1 Purpose and Aim

As part of an on-going process to assess the relevance and effectiveness of policies and programmes designed to protect and support the ageing population in Zambia it is necessary to update our knowledge about the family and household circumstances in which they live. In other parts of the world, studies of household composition have assisted in understanding support mechanisms available to older adults, and have been useful in formulating policies aimed at satisfying unmet needs. Also important in the Zambian context is the potential contribution that older adults make to the family, a proper assessment of which is necessary for the adequate design of policies and programmes directed towards families. The informal care system is strained and therefore the carework provided by older people is critical. However many of them are in need of care themselves, which further underlines the complexity of the situation in Zambia and demands attention to both the care for and by older people.

Given the institutional weaknesses and financial limitations within the Zambian public sector, it is likely that families will continue to play a dominant role in providing care and

support for each other. However, with the widespread and deepening poverty in communities, increasing number of orphans in need of care, large family sizes and high adult mortality, it is unclear how extended families will continue to successfully play this role. Therefore, it is important that the challenges faced and strategies used by families in responding to these problems are assessed, understood and documented. This could provide a basis for possible development of appropriate community programmes and ultimately policies to strengthening the national response to changing family circumstances and the ageing population.

The purpose is to examine and analyze how elderly experience their role as both receivers and providers of care to understand the complex interdependent relationship around carework. These are vital to understand in addressing the needs of older persons in the current care deficit. Therefore this study aims to broaden our understanding of elderly living in skipped-generation households and their experience with ageing and carework, focusing on coping mechanisms and assess the challenges and strategies of the elderly. Specifically, the study aims to examine the existing family-based support systems, non-family sources of support and the implications these support systems pose for formal social protection programmes for the elderly. To assess this, it requires an examination of the care the elderly provide but also on the care they receive.

1.2 Research Question

Against this background three research questions have been identified:

- How do elderly experience their role and responsibilities as caregivers to their grandchildren?

- In what ways do elderly cope with the challenges facing them when traditional patterns of care are changing?

- How is caregiving changing with skipped-generation households?

To answer the research questions this paper is organized in six sections. Next chapter will provide a review of existing literature on elderly caregivers. Chapter three will present the background on Zambia and current welfare programmes. The fourth chapter presents the theoretical framework used in this study and the fifth chapter is devoted to the methodology.

The sixth chapter presents the analysis and results of the findings and provides a discussion of the research questions. The seventh and final chapter will summarize the study and present further implications.

2. REVIEW OF EXISTING LITERATURE

The purpose of this literature review is to provide extensive understanding of caregiving by grandparents. The objective is to see how caregiving has been perceived in sub-Saharan Africa and in Zambia more specifically and provides a brief account of the overall most important findings. Research on caregiving by grandparents is mostly focused on the reasons behind caregiving as well as how if affects the elderly and what is done to support them. Hence this literature overview is divided in three sections highlighting these findings.

2.1 HIV/AIDS and Caregiving

Much of the discussion and research around elderly in skipped-generation households has grown out of concern for the changing family structure. Even though grandparenting is an old tradition in Africa, it is only recently with the HIV/AIDS pandemic that grandparents own situation has come under scrutiny. This is because the HIV/AIDS pandemic brought with it increased visibility of grandparental involvement in childcare, such as grandparental headed households and grandparents becoming the main caregivers and taking on full child rearing responsibilities due to many children losing one or both parents (Foster, 2004: Merli & Palloni, 2006; Beegle et al, 2009).

Literature has shown that Sub-Saharan Africa remains the epicenter of HIV and AIDS with an estimated number of orphans well above 12 million children (UNICEF, 2016). In addition, studies have found that HIV/AIDS mostly attacks the reproductive and economically active section of the population and thus changing family structures by creating elderly headed families (Wright et al., 2012). A large-scale cross-sectional study on the subject found a positive correlation between the AIDS mortality rate and the proportion of elderly individuals living alone without prime age adults, as well as of elderly individuals who have become sole caregivers for young children in sub-Saharan Africa (Kautz et al., 2010). Furthermore, the absence of a social safety net and organized social institutions to buffer the risks posed by the increasing number of orphans, has seen grandparents bear the weight of the pandemic by caring for orphans (Oburu & Palmérus, 2005). Likewise, research conducted in

Zambia shows an increase in the number of grandparents taking care of orphans due to HIV and AIDS (Reijer, 2013). In addition, studies carried out in Uganda, Tanzania and Zimbabwe underscore this point by emphasizing the important role of older people in the care of relatives living with AIDS (Dayton & Ainsworth, 2002; Ssengonzi, 2009; Zagheni, 2011)

Accordingly a growing body of research has begun to examine the impact of HIV/AIDS on extended family networks and specifically on older adult caregivers (Samuels & Wells, 2009; George et al., 2014; Kalomo & Besthorn, 2018). Researchers argue that the family works as the principle safety net because social protection provided by the government is very limited or non-existent in most settings, arguing that kinship networks are very important and targeting these are important to offer support (Zagheni, 2011). However, the impression created by some researchers is that grandparents are only a social safety net in times of challenges such as the HIV/AIDS pandemic. Yet, Kuo and Operario (2010) argue that traditionally grandparents have always played an essential role in childcare in sub-Saharan Africa even when parents are present. They examine the situation in South Africa and stress that the capacity of extended family to take care of children has not changed, extended family continues to play a significant role in childcare and historical patterns of child placement with extended family persist despite high rate of HIV (Kuo & Operario, 2010). This finding is confirmed by other literature (Block, 2014), further arguing that orphan care policy strongly favors strengthening the capacity of extended family to care for orphans as opposed to institutional care, which is still viewed as an unfavorable alternative.

In regard to family relations, some research has also specifically focused on grandmothers, as they are most times the ones found to take care of their orphaned grandchildren. This gendered pattern of caregiving has been noted in different studies in sub-Saharan Africa (Parker & Short, 2009; Schatz & Seeley, 2015; Kalomo & Besthorn, 2018). A study from Kenya shows that grandmothers, in particular, voluntarily care for both their orphaned grandchildren and other closely related children (Shaibu, 2013). This ha also been note in Zambia where Sichimba et al, (2017) investigate grandmothers' involvement in childcare. They argue that traditionally grandparents have always played an important role in childcare even when parents are present. They further stress that the contribution of childcare by grandmothers is due to socio-cultural values in which a child does not only belong to the nuclear family but is part of the larger extended family (Sichimba et al, 2017).

2.2 Effects of Caregiving

Furthermore, emerging literature has focused on how caregiving impacts older people´s own health and wellbeing and recent academic literature has moved rapidly to examine the challenges faced by elderly caregivers. Literature has referred to it as a caregiving burden and it refers to the physical, emotional, social and financial hardship associated with caregiving. The concept of caregiving burden captures multiple dimensions of wellbeing (e.g. physical, social and psychological) focusing on the negative consequences of caregiving (Mugisha et al., 2013; Kidman & Thurman, 2014).

Studies of this kind focus on how the caregiver perceives his or her new role. Tanyi et al., (2018) examines the burden of caregiving on older adults in Cameroon and their study finds that losing a child to HIV/AIDS affects the elderly´s economic and financial wellbeing, participation in social and religious interactions as well as community activities, thus placing a burden on the elderly caregivers. Supporting above findings, Heymann and Kidman (2009) underscores the burden of both economic and health impacts of caregiving to orphans in Botswana. Results from their study reveals that even though there are significant transfers of funds from the government and families to older adults caring for orphans, the older adults still have health and financial problems as a result of taking care of their ill children. They further argue that the findings reveal the complex association between economic outcomes and caregiving because of adverse financial consequences resulting when caregiving competes with time needed to earn a livelihood or spent on social, religious and community activities (Heymann & Kidman, 2009). Similar findings have been found in Zambia where Chirwa and Kalinda (2016) note that most of the elderly are poor and cannot manage to support their grandchildren in terms of school, decent shelter, clothing and medical care.

Moreover, some authors (Oburu & Palmérus, 2005; Ice et al., 2012) have suggested that the caregiving burden is negatively affecting older peoples physical and mental health. Oburu and Palmérus (2005) compare levels of caregiving stress among 115 biological mothers and 134 Kenyan grandmothers raising their orphaned grandchildren. The study finds that full-time caregiving grandmothers reported elevated levels of stress more than did the biological mothers. Older caregivers' experienced stress was linked to advanced age and extensive new adoptive roles now occupied by grandmothers (Oburu & Palmérus, 2005). Likewise, Ice et al's (2012) longitudinal study in western Kenya shows that caregiving by grandparents does not affect physical health, as measured by several clinical tests, but does have a negative impact on mental health and self-perceived health over time.

However the effects of the burden of care placed on elderly by HIV/AIDS in sub-Saharan

Africa is nuanced (Mugisha et al., 2013). Two different studies from Uganda argue that caregiving responsibilities are associated with better health status, greater satisfaction, and increasing quality of life (Mugisha et al, 2013; George et al, 2014). For instance George et al (2014) examines factors associated with better emotional outcomes of older caregivers and they find that financial and social supports are correlated with caregivers' levels of depression and Mugisha et al (2013) in their study find that caregiving responsibility is not associated with poorer health status or quality of life. This is because about 70 percent and 63 percent of the caregivers received physical and financial support, respectively. For these cohorts, caregiving responsibilities are associated with better health status, greater satisfaction, and increased quality of life (Mugisha et al., 2013).

2.3 Support for the Elderly

As recognition that elderly are a vulnerable group recent research has examined the importance of financial and instrumental supports available to this specific group. Most studies have highlighted that the elderly are relying on informal support because formal support is mostly unreliable or unavailable for the majority of the population, especially in rural areas. However in response to the caregiving burden some scholars have examined the role of social security programmes and recent studies have stressed that where formal support from the government is available this support is highly valuable and plays an important role for the elderly (Kakwani & Subbarao, 2005; Barrientos & Hulme, 2009).

Even though concern about income support for the elderly has been the theme in social policy for decades, though largely in developed countries, it has been largely neglected in developing countries (Niño-Zarazúa et al, 2012; Holzmann et al., 2009). Nevertheless, the issue of limited or absent social security schemes has resulted in interest in the provision of non-contributory assistance for the elderly in some countries in sub-Saharan Africa. Current reports (UNFPA, 2018) point to an expansion of social support systems as many governments are starting to acknowledge the elderly as a vulnerable group who needs support (Stewart & Yermo, 2009). In the case of South Africa, Ardington et al., (2010) highlight that the non-contributory old age pension scheme contributes to assist in care, schooling and other needs for the children. However, some scholars argue that the old age pensions grant may now act as a substitute to support the needs of sick children and orphaned grandchildren instead of supporting the needs of the elderly. This line of arguing further stress that the income that was once intended to sustain older individuals in their old age is now maintaining extended

households (Hosegood & Timaeus, 2006; Schatz & Ogunmefun, 2007). Similar findings are found in Namibia where Lightfoot and Kalomo (2010) examines the non-contributory universal social security system, which specifically responds to the situation of the HIV/AIDS epidemic on older caregivers through old age pension and the child welfare grant. They argue that this support is not adequate to support older persons because the social development interventions targeted to older people are geared mainly toward improving the lives of the children they are caring for rather than the lives of older people themselves (Lightfoot & Kalomo, 2010).

Nevertheless, Duflo (2003) and Petros (2012) have examined the role of government provided support in the lives of older caregivers in South Africa, and they both find that caregivers who receive social welfare grants and monthly pensions are able to afford basic needs and have better health, hence they are more resilient.

In summary, the current review suggests a number of factors affecting ageing and care for elderly living in skipped-generation households in sub-Saharan Africa. First, evidence indicates that the HIV/AIDS pandemic has altered living arrangements and traditional roles among the African family and grandparents have generally stepped in to become primary caregivers to AIDS-orphaned children. Second, the literature reveals a gendered pattern of caregiving with grandmothers becoming the primary and, in many cases, the sole provider of support for grandchildren. Third, the caregiving experience imposes numerous social, economic, emotional and physical challenges to older adult caregivers. And finally, the multiple problems that compound older adult caregivers may be attributed to the lack of caregiver supports, consequently pushing caregivers beyond their capacities to both care for themselves and to care for AIDS-orphaned grandchildren. Similar findings have also been found in Zambia where the elderly are facing challenges; however less is known how they cope with these and exactly what the challenges are. Hence the next section will give a contextual background on Zambia, to highlight the situation of elderly in Zambia.

3. BACKGROUND ON ZAMBIA

3.1 Socio-economic Situation and Ageing

Zambia was one of the first countries to gain independence from colonial rule in 1964. The new government led by Kenneth Kaunda introduced a socialist system, labeled "humanism" which was characterized by generous social welfare systems, extensive public spending and, from 1972, one-party rule (World Bank, 2005). The government was successful in building

one nation from 73 different tribes, all with different but often similar languages and cultures. Led by the slogan One Zambia, One Nation, policy of national unification has been mentioned as an important contributing factor to Zambia remaining relatively peaceful compared to some of its neighbors in the region (World Bank, 2005).

In the years following independence, Zambia experienced economic growth, largely due to its copper mining as ever since copper mining began in the 1920s, Zambia's economy has been closely linked to world copper prices (Mhone, 2004). However as a result of falling copper prices in the 1980s, foreign lending increased and Zambia went from being one of the region's most promising, if poor, economies after independence, to one of the poorest with alarming poverty levels and food insecurity (Anderson et al, 2000). The government began to implement structural adjustment policies as the main undertaking to reform the failing economy. In the years that followed, markets were liberalized anchored in free market policies and consequences were though for the population including job cutbacks in the public sector and downscaling of social security and health guarantees (Simutanyi, 1996). Also the political system with one-party system left citizens with little political freedom. However international and domestic pressure from labour movements led to increased demands for government change, and in year 1991 the first multi-party elections were held (Anderson et al, 2000).

Consequently, in recent years, there has been a positive trend in public income, mainly due to high copper prices on international markets and public sector reforms. Accordingly, in sectorial terms, growth has historically been concentrated in the modern sector and in capital-intensive industries such as construction, transport and mining, where copper export accounts for approximately 70 percent of the country's external revenue (CSO, 2015). However, the vast majority of the very poor derive their livelihoods from subsistence smallholder agriculture, a sector in which until recently growth rates have been minor. Indeed most of the population in Zambia live in rural areas and are dependent on agriculture for their livelihood as 90 percent of the population in rural areas engages in small-scale farming. The 2015 Living Conditions Monitoring Survey put the total population of elderly living in rural areas at 3.2 percent while elderly living in urban areas at 1.8 percent of the total country population (CSO, 2015). In geographical terms, growth has taken place in urban areas, whereas the poorest tend to live in remote areas that are barely connected to markets and the cash economy, thus the extreme poor lack the skills and assets to participate in the growth process.

Accordingly, despite some recent improvements, Zambia remains one of the poorest countries in the world. Even though Zambia has experienced persistent numbers of poverty,

paradoxically the country has experienced a decade of uninterrupted economic growth, increasing approximately 6.5 percent per annum, making it one of the most prosperous developing economies in Africa (Cha & Ramesh, 2017). Nevertheless macroeconomic growth has not translated effectively into reduction of poverty. Although poverty trends from 2010 to 2015 indicate an overall reduction of poverty from 60.5 to 54.4 percent, where rural poverty is at 76.6 percent, which is three times as high than in urban areas at 23.4 percent, thus improvements are not necessarily felt by the entire population as the numbers imply (CSO, 2018). Scholars and international organizations are pointing to persistent chronic poverty with widening income inequalities (Seeking, 2014). The UNDP's Human Development Index (HDI) is a weighted measurement of a country's advancements shown by different socio-economic indicators in health, education and living standards. In 2017, Zambia was ranked 144 of 189 countries (UNDP, 2018).

Hence, one of the main objectives of the government is to diversify the economy away from mining to agriculture and the country`s vision is to become a prosperous middle-income country by the year 2030 (Vision 2030) via enhanced private sector participation. Thus, Zambia has embarked on the Private Sector Development Programme, which is meant to attract both domestic and foreign investment in the various sectors of the economy. This is to be achieved through Zambia's broad macro-economic and social policies, which include pro-poor economic growth, low inflation, stable exchange rates and financial stability (Government of Zambia, 2017).

Additionally, Zambia is suffering under the massive spread of HIV and AIDS like most countries in sub-Saharan Africa. The epidemic has also had a staggering adverse impact on the elderly who have been largely excluded from the growth of interest in the subject. The reasons for the neglect include a lack of data sources and a belief that most of Africa continues to be characterized by high fertility and low rates of population ageing, making older adults of secondary importance (Zimmer & Dayton, 2005). Additionally, planning to meet the needs of younger age groups is challenging enough for Zambia's governments due to increasing lack of resources, which has occupied the attention of African policy makers and national budget allocations in the past years.

Nevertheless there are notable trends in Zambia as well as in the world of increasing number of older persons. This is referred to as population ageing. Owing primarily to rapid and recent decline in fertility rates, continued rise in life expectancy at birth and people living longer. The fastest growth is occurring within the proportion of people aged 60 years and over, which is notable in countries in sub-Saharan Africa (WHO, 2015). Although the African

age structure is not primed for radical transformation in the near future, the region is ageing. According to the UN (2017), Africa has the youngest age distribution of any region, but is also projected to experience a rapid ageing of its population over the coming decades, with the percentage of its population aged 60 years or over rising from 5 percent in 2017 to around 9 percent in 2050 (United Nations, 2017). As for Zambia, life expectancy has steadily risen over the years and is now at 60 years for men and 65 years for women (UNFPA, 2018). However increasing life expectancy in Zambia is limited by the HIV/AIDS epidemic, which has been, and is, cutting away the middle generation. Thus Zambia's demographic distribution is very uneven, as the population aged 0-14 constitutes 44 percent of the population of 17.6 million people, whereas people over 65 years only constitute 2 percent (UNFPA, 2018).

Ultimately, the increased trend in population ageing, inadequate living standards and prevailing social and economic decline in Zambia pose great challenge to the older people in the country, potentially affecting their experience and meaning they attach to being old and ageing.

3.1 Multigenerational Networks and Informal Care

As the population in Zambia is ageing and the number of older people is increasing coupled with the HIV epidemic is creating challenges for the elderly in terms of caring arrangements. While elderly in Zambia have been found to participate in support networks reaching beyond the residential domestic setting, the elderly most often gain access to the majority of their resources and necessities through informal care in their residential arrangements (Cliggett, 2001). Informal care in Zambia includes family and kinship; "the recognition of a relationship between persons based on descent or marriage" (Stone, 2010:5) and extended family since it is mostly these relations that defines the rights and obligations people have between each other.

Furthermore, informal care is often unregulated mainly due to a limited capacity of the government (in terms of both financial and human resources) but also due to a lack of comprehensive guidelines and laws on how to regulate and monitor informal care. However, informal care through kinship and family relations has been found to play an important role in many sub-Saharan countries (Foster, 2000). Moreover the majority of the population in Zambia practices collectivist forms of family where memberships are wider and roles less tightly defined than in Western societies (Cliggett, 2001). Typically, an extended family

comprises a large network of connections among people from multiple generations and of varying degree of relationships bound to each other by reciprocal obligations (Foster, 2000). These multigenerational living arrangements stem from a strong cultural tradition of intergenerational reciprocity as well as lack of other forms of social assistance that enable older people to live more independently (Radcliffe-Brown & Forde, 1950). While definitions of multigenerational households differ from study to study, the evidence points to the fact that the majority of older Africans live with children and adults and are likely to be providing and receiving resources and support from kin networks, whether within the household or beyond. Thus, the large extended kinship groups, found in Zambia are arguably more complex and nuanced than conventional Western ideas of nuclear family (Radcliffe-Brown & Forde, 1950). Ethnographers studying African families have long noted that grandparents are important components of extended kinship networks (Kayongo-Male & Onyango, 1984).

Although various forms of extended family exist that are based on class, gender, title, ethnicity and geographical proximity, the most common pattern of extended family structure is the one based on blood relationships and include family members and relatives such as cousins, nephews and grandchildren. This family structure may also incorporate distant relatives, which are tied to a given family based on marriage or lineage (Stone, 2010).

However, there are currently uncertainties surrounding living arrangements' at the moment of HIV in Zambia, since the HIV epidemic has created rapid and dramatic changes for the majority of the population in Zambia. For instance the epidemic has created what the UN has termed an "orphan crisis" (UNICEF, 2016). This is especially true in Zambia where an estimated 1.1 million people are living with AIDS and about 380,000 children have been orphaned as a direct result of the AIDS crisis (UNICEF, 2016). A 2008 UNICEF working paper reported that 710,000 children, or 33 percent of orphans and 12 percent of non-orphaned children in Zambia were being cared for by grandparents (UNICEF, 2008). The pandemic has also had a staggering adverse impact on the elderly who are often thrust into significant caretaking roles. But, there are few studies clearly articulating the number or percentage of Zambian elderly that lives in households with kin and receiving or giving care to those kin. There is evidence, however, of population ageing and increasing number of orphans (UNFPA, 2018), suggesting that children are increasingly likely to be living in households with older kin, or at least have older persons as critical members of their network (Beegle et al., 2009) which further points to increasing multigenerational households (Reijer, 2013).

It should be noted however, that maternal grandparents have been a long cherished pride not only in sharing their knowledge on child care but also providing complementary child care even before the advent of the HIV and AIDS epidemic since kinship relations in Zambia is following a matrilineal descent (Schuster, 1987). In matrilineal societies, children are, if not taken care of by their own mother, cared for by members of her lineage group. Fostering within family networks remains the most common safety net for the care of orphans in Zambia and is not a new phenomenon (SOS Children's Villages International, 2014). According to Brudevold-Newman et al (2018), grandparents in Zambia are expected to participate in childcare, as child fostering in collectivist settings is associated with social responsibility and reciprocity. As such it is not uncommon for grandchildren to live with their grandparents. Accordingly, kinship and social ties are nowadays still a main part of informal support for families. Consequently, diminishing family support systems inevitably pose as a threat to elderly caregivers, which is only detrimental to older people but affecting active ageing in general (Brudevold-Newman et al., 2018).

3.2 Policies and Programmes on Ageing in Zambia

Countries experiencing population ageing have mostly developed government-supported welfare systems that mitigate some of the effects of ageing populations; this approach is not strictly widespread in Africa. Few countries in Africa have introduced welfare systems, and those who have are mostly donor-dependent and based on contributory pension systems of which a majority of people are excluded. Nevertheless, the Zambian government is committed to reducing poverty and vulnerability among its population in general and for the poor and vulnerable segment of society in particular (Beazley & Carraro, 2013). Recognizing that vulnerability and the lack of resilience results from, causes and reinforce poverty.

Consequently the government of Zambia has together with cooperating partners implemented social protection programmes targeted at poverty reduction. Social protection is defined as policies and practices that protect and promote the livelihood and welfare of people suffering from critical levels of poverty and deprivation and/or are vulnerable for risks and shocks. The definition carried on from the Seventh National Development Plan (7NDP) recognizes social protection as a key factor for sustainable growth and development in Zambia (Government of Zambia, 2017). Previously there has been reluctance from the government to commit to social protection and most initiatives have largely been handled by donor organizations and the marginal government attention has been attributed to pressure

from cooperating partners such as the World Bank, UNICEF, DFID and ILO (Cha & Ramesh, 2017). However, at a time of high levels of poverty and HIV/AIDS, increased attention has been put to the expansion of social protection. Accordingly, social protection has gained a platform within national policy formation representing progress towards the development of a comprehensive social protection system and increasing priority being placed on social protection to support the attainment of the ambition of transforming Zambia into a prosperous middle-income country by the year 2030 (Garcia & Moore, 2013).

This increasing attention is representing a paradigm shift in Social Protection implementation in Zambia. The shift is based on the Devereux and Sabates-Wheeler (2004) transformative framework that advocates a more comprehensive and integrated approach to Social Protection as a tool for sustainable poverty reduction. The transformative paradigm is four dimensional, clustering initiatives under protection, prevention, promotion and transformation. These four dimensions further inform the classification of Social Protection in Zambia, into four definitional pillars namely: Social Assistance, Social Security/Social Insurance, Livelihoods and Empowerment, and Protection. Furthermore, the rise of the social protection agenda in Zambia follows an emerging paradigm for social policy noted in other parts of the world (Barrientos & Hulme, 2009). The programmes in Zambia are designed to improve and protect all citizens while recognizing that women, elderly, children and disabled should be the principle beneficiaries due to their increased vulnerability (Teslius et, 2013).

Still, even though the government recognizes the elderly as a vulnerable group, and despite having signed the International Conventions on the elderly, including the Madrid 2002 Plan of Action on the ageing that calls on governments to recognize the rights of the aged/older people, Zambia has no legislated policies for the aged. Consequently the aged are left out of the development programmes and policies. Instead they are incorporated into already existing programmes (Garcia & Moore, 2013).

Furthermore, despite the recent focus on social protection programmes, it has been argued that the public sector poses a constraint to effective poverty reduction. Over the past years, there has been a consistent gap between the level of aspirations and policies, and that of performance and results. At all levels, a varying combination of political will, technical capacity, budgetary constraints, unrealistic expectations, corruption and poor management combine to undermine the successful implementation of the majority of plans and programmes. The precise reasons amongst these for multiple failures in achieving pro-poor results vary; but nonetheless, most initiatives result in weak performance. There has been some discussion in Zambia about the ways that poor governance creates fundamental barriers

to the successful implementation of pro-poor and growth oriented initiatives (Pruce & Hickey, 2016). Significant among the factors identified are inefficiencies in public sector management, corruption, and democratic participation. Problems in these areas are often related (for example, public sector management is constrained by corruption) (Pruce & Hickey, 2016).

Nevertheless the 7NDP recognizes and highlights the inherent potential of Social Protection in reducing poverty and vulnerability. The plan includes a strong commitment to the extension of social protection. It also recognizes the challenges inherent in the current non-contributory programme, including limited coverage and coherence, low financing and fragmented implementation of programmes. It calls for more integrated social protection interventions. The 7NDP envisages that the expansion of a comprehensive package of social protection interventions will be one of the key factors contributing to the overall objective of reducing poverty and extreme poverty (Government of Zambia, 2017).

3.2.1 Public Welfare Assistance Scheme

The Public Welfare Assistance Scheme (PWAS) is a social assistance programme, which, provide assistance to the most vulnerable population so that individuals can meet their basic needs, and promote community capacity for overcoming poverty and vulnerability (Tesliuc et al., 2013). It is run by the Ministry of Community Development and target incapacitated households defined as the 10 percent most vulnerable poor households not able to meet their own basic needs. Targeted beneficiary households include those that are headed by an elderly person or person with disability or a child (Government of Zambia, 2017). Type of benefits includes in-kind (food and clothing) and social services (health, education and shelter). PWAS uses community committees to identify likely beneficiaries and to allocate resources according to local needs. Selection is assisted and made more transparent by the use of a matrix, which enables committee members to consider the various cases before them and explain the choices they make. This structure has been established in most districts to distribute transfers in kind to disadvantaged households. Partly due to extreme under-funding, which is far below demand, coverage as well as impact is limited. Consequently identified drawbacks include once-off assistance to individuals who would need sustained assistance and urgently require social welfare interventions (Beazley & Carraro, 2013).

3.2.2 Social Cash Transfer Scheme

In order to reduce poverty and vulnerability the government has introduced support based on giving actual cash through the Social Cash Transfer (SCT) Scheme. Motivation for the programme came from the increasing number of households affected by HIV/AIDS that lacked a head of household capable of benefiting from work-based assistance programmes (Government of Zambia, 2017). The programme aims at reducing extreme poverty and intergenerational transfer of poverty by providing regular unconditional cash transfers to vulnerable households. The programme started as a pilot in 2003 in Kalomo District to generate information about the viability of a social cash transfer in Zambia. Since then, following impact evaluations of the pilot, the Government of Zambia has made a strong commitment to scaling up the SCT programme and it is currently operating in all districts, hence representing a flagship non-contributory social protection programme in Zambia (van Ufford et al., 2016).

The SCT scheme is administrated by the Ministry of Community Development and Social Services (MCDSS) and is designed to work through the PWAS structure consisting of community welfare assistants that help identify households meeting the targeted criteria. Thus the ministry relies on the District Social Welfare offices, District Welfare Assistance Committees, Community Welfare Assistance Committees and pay point managers to select beneficiaries, pay benefits, and manage household changes (van Ufford et al., 2016). Initially the households were selected through community-based mechanisms by social workers, but this has since changed and households are now selected according to poverty scores based on a form that collects information on their socio-demographic characteristics and living conditions (Garcia & Moore, 2012). Following successive reforms to the selection and identification approach since 2017, the programme targets vulnerable households that are labour-constrained due to not having any members who are fit to work, or by having dependency ratios equal to or greater than three (dependent members include those younger than 19, those older than 64 and those aged 19–64 with chronic illness or disability).

Furthermore, political support for the SCT in Zambia has been slowly increasing and the programme has recently enjoyed much greater domestic ownership. The MCDSS was until the year 2008 assisted by cooperating partners but has since then taken on full responsibility for the scheme, although it still receives support from partners (mainly the DfID and UNICEF) through a joint financing arrangement to strengthen the monitoring, evaluation, and capacity building. Thus, domestic financing to the SCT has increased with more than 80

percent of the total SCT budget being financed with the general budget in 2017, with the reminder being financed by cooperating partners (Luca et al., 2019).

As the SCT matures into a nationally scaled-up and fully nationally financed programme, there have been limited considerations of financing tradeoffs. Reviewing coherence and gaps in Zambia´s social assistance system has revealed that the coverage is still insufficient. It has been noted that the programme suffers from poor implementation and targeting, which affects the delivery of benefits. The current design for targeting mechanisms has been revealed to provide for large amounts of exclusion error, which has resulted in those most in need, are not being served (van Ufford et al, 2016). Additional concerns have been raised with regard to low transfer level, arguing that is does not reflect households needs as represented by household composition (Luca et al., 2019). This is arguably because government allocation to social assistance remains low in Zambia. According to the World Bank (2018) the allocation to non-contributory social protection in 2016 were at 0.25 percent of gross domestic product (GDP) (World Bank, 2018). Thus despite recent scale-up of the SCT that took place between 2016 and 2017 resulting in an increased allocation to non-contributory social protection increasing to 0.4 percent of GDP, it is still far from the regional average of 1.5 percent (World Bank, 2018). Still the 7NDP envisages increasing the proportion of GDP allocated to basic social protection programmes to 1.7 per cent by 2021 (Government of Zambia, 2018).

3.2.3 Pension Scheme

The other side of social protection is the employment-based social insurance, consisting of three contributory pension schemes: The National Pension Scheme Authority (NAPSA), the Public Service Pension Fund (PSPF) and the Local Authority Superannuation Fund (LASF) (Cha & Ramesh, 2017). The social security system dates back to 1954 with the LASF, and was designed on the institutional framework of the formal economy, relying on the assumption that the informal sector would be progressively integrated into the formal sector (Museya, 2014). Since the current pension system is contributory in nature, according to the World Bank it only covers an estimated 10 percent of those aged 55 and over (Tesliuc et al, 2013).

NAPSA is the largest pension fund and it includes invalidity, old-age and survivors' benefits in the form of a defined monthly amount of 40 percent replacement of average earnings over the contribution period. Members are expected to contribute for a minimum of 180 months and on a monthly basis. PSPF and LASF are smaller schemes targeting very

specific and small proportion of the population. PSPF is designed for civil service employees and LASF serves employees of all Local Authorities, Water and Sewerage Companies, ZESCO, and National Housing Authority (Mwiche, 2005).

The national pension system constructs a system involving the Ministry of Labour and Social Security, the employers and the employees. Contributions to these schemes amount to 10 percent of the monthly income of the beneficiary paid equally by the employer and employee. The official pension age is at age 60, after which members can collect their benefits in a lump sum, followed by a monthly pension (Cha & Ramesh, 2017). However, an ILO analysis of the coverage situation of the social security system showed that only half of all actively employed Zambians make regular monthly contributions to the pension schemes (Goursat & Pellerano, 2016). Consequently the current pension system is also faced with many structural challenges such as incomplete payment of benefits and issues surrounding documentation and is therefore ineffective even to eligible individuals (Museya, 2014).

The current design for targeting mechanisms for the social protection programmes in Zambia provides for large amounts of exclusion error; therefore, those most in need are not being served. Currently, neither the existing social insurance nor social assistance programmes are sufficient in covering the population and providing adequate benefit amounts, as poverty levels remain high. According to the Government the goal is to ensure that people do not enter into poverty and, in the event that they do, there is a mechanism in place to bring them out. In this sense, social protection programmes should be complementary and supplementary and there should be an interaction between social assistance and social insurance programmes that significantly impact the welfare of individuals in society.

4. THEORETICAL FOUNDATION

This section attempts to clarify how the theory and concepts are understood in this study. In other parts of the world, studies of household composition and the institutional landscape have assisted in understanding support mechanisms available to older adults. Therefore, to scrutinize the available support system for elderly grandparents in Zambia the analysis is based on Wood and Gough´s (2006) Welfare regime theory and intergenerational transfer.
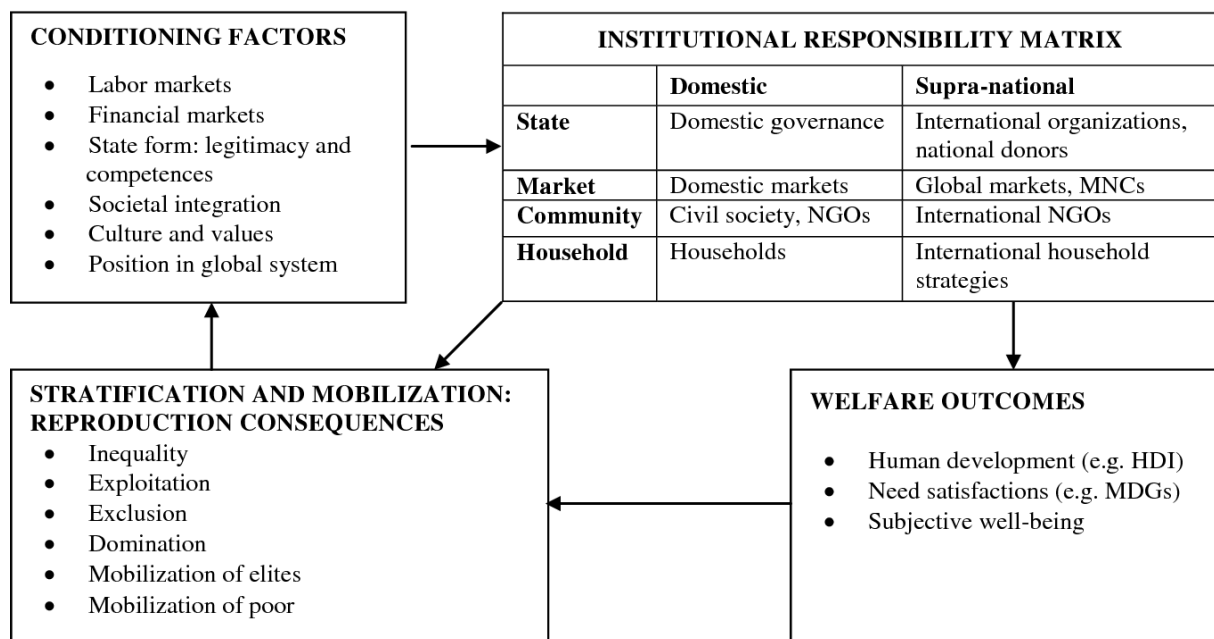
4.1 Welfare Regime Theory

Wood and Goughs (2006) conceptual framework of welfare regime is developed to analyze social policy within a developing context. Wood and Goughs (2006) theory is a broad definition embracing all forms of producers of security in society, a welfare mix including state and non-state institutions. Their theory is an extension of Esping-Andersen's (1990) model of capitalist welfare states. Whereas Esping-Andersen developed a three dimensional triangle of providers, state, market and family, Wood and Gough (2006) have extended it to include security that is organized by informal institutions such as community and non-governmental organizations (NGOs) and they also recognize the role of international actors. In their model they present two meta-regimes more suitable for the developing world functioning as a complement to the classic welfare state model; the informal security regimes and the insecurity regimes.

The 'informal security regime' reflects a set of conditions where people cannot reasonably expect to meet their security needs via accessing services from the state, instead people rely heavily on community and family relationships to pursue their livelihoods and meet their wellbeing objectives. Wood and Gough (2006) stress that it is common for these relations to be hierarchical and asymmetrical, but even so, these relationships contribute with some form of rights and security (Wood & Gough, 2006:1699). Another significant aspect is the relationship between rights and correlative duties. This is explained as membership where being a member of community or family forms the key basis for the entitlement to rights. Therefore entitlement and rights can be lost if membership is lost if for example someone is not being able to conform to norms and expectations. Consequently in the 'informal security regime' people are relying upon family and community relationships where a significant part of socio-economical security and transfer takes place (Wood & Gough, 2006)

The 'insecurity regime' exists in parts of the world as a result of interaction between powerful external actors and weak internal actors and arises out of conflict and political instability. This insecurity regime thus reflects institutional arrangements "which generate gross insecurity and block the emergence of stable informal mechanisms to mitigate, let alone rectify, these" (Gough, 2004:34). In both the informal security regime and the insecurity regime the need to focus on short-term security results in the reinforced inability to establish sustainable strategies for long-term security and prepare for potential shocks and hazards (Bevan, 2004). Also attached to the notion of regime is the assumption of path dependency with outcomes from political economy and the deliberate interventions of state and non-state actors comprising the process of social reproduction.

With the main aim to understand the welfare performance in different social, political and economic environments, Wood and Gough (2006) theoretical framework comprises four components (see figure 1): 1) The institutional conditions, which include the character of markets, legitimacy of the state, societal integration, culture and values and the position of the country in the global system. 2) The institutional responsibility matrix (IRM), which describes the institutional landscape within which people have to pursue their livelihoods and wellbeing objectives, referring to the role of government, community (informal as well as organized, such as NGOs and Community Based Organizations), private sector market activity and the household, in mitigating insecurity and wellbeing, alongside the role of matching international actors and processes. This symbolizes the setting in which people negotiate security. 3) The welfare situation of the population, measured by, for example, the Human Development Index. 4) The pattern of stratification and mobilization, which refers to the existing distribution of power in a society and the range of societal inequalities. These four components are interrelated and shape the dynamics of each other.

Figure 1. Wood and Gough´s Theoretical Framework

CONDITIONING FACTORS

- Labor markets
- Financial markets
- State form: legitimacy and competences
- Societal integration
- Culture and values
- Position in global system

INSTITUTIONAL RESPONSIBILITY MATRIX

	Domestic	Supra-national
State	Domestic governance	International organizations, national donors
Market	Domestic markets	Global markets, MNCs
Community	Civil society, NGOs	International NGOs
Household	Households	International household strategies

STRATIFICATION AND MOBILIZATION: REPRODUCTION CONSEQUENCES

- Inequality
- Exploitation
- Exclusion
- Domination
- Mobilization of elites
- Mobilization of poor

WELFARE OUTCOMES

- Human development (e.g. HDI)
- Need satisfactions (e.g. MDGs)
- Subjective well-being

Source: Wood and Gough (2006:1701)

In informal and insecurity settings, the role of the state, the market, the community and the household (IRM components) is always ambiguous. Therefore, individuals and communities develop a portfolio of strategies and livelihoods in order to negotiate security and need

satisfaction (Wood and Gough, 2006:1697). Consequently Gough et al (2004) do not advise to base research on developing countries on the Western normative perspective of seeing a welfare regime as space where formal rights and correlated duties under the umbrella of citizen rights are respected and practiced. Instead they stress the importance of exploring non-formalized economic and social rights relationships.

Moreover, Abu Sharkh and Gough (2010) have further modified Wood and Goughs (2006) model as they emphasize the need to discriminate between failing and successful informal security regime. According to their analysis the failing informal security regime is found in countries in sub-Saharan Africa and is characterized by expanding public social protection in terms of both expenditures and outreach, however these improvements are overwhelmed by rising mortality and morbidity due to HIV/AIDS (Abu Sharkh & Gough, 2010). It is in this respect Zambia falls under the category of failing informal security regime. The context of Zambia outlined in earlier chapter, describes a malfunctioning IRM, which leads to weak welfare outcomes and insecurity. Wealthier parts of society are equipped with social resources, which can work to mitigate or offset weakness of social capital. Due to the inaccessibility or the non-existence of formal labour market in rural areas, the majority of people are incapable of compensating for weak social capital, and since claims across the IRM are weak, their need to rely on family increases. Demonstrating poor welfare outcomes for the majority of the population resulting in persistent insecurity coupled with high mortality due to HIV/AIDS is the current reality for many in Zambia.

On a theoretical level it could be argued that this large-scale theoretical model that clusters the developing world into two welfare regimes lose accuracy and meaningfulness when applied to a case like Zambia. Of course the reality is more complicated than such classification in the sense that countries can combine elements of all three regimes. Hence different people within the same country can experience different primary regimes, where some might successfully enjoy state protection, others be reliant upon community and family arrangements, and others more excluded from formal and informal mainstream arrangement in which a sense of insecurity is prevalent. But within that complexity of hybrids there tend to be a primary association with one of the three regime groups. Hence, Wood and Gough (2006) stress the idea of regime as referring to repeated systemic arrangements through which people seek their livelihood security both for themselves and their descendants.

Thus the failing informal security regime will be used to enhance our understanding how elderly are negotiating support in Zambia. Although it is highlighted that this is an economic and political macro-theory, which has limited explanation value to how relationship between

rights and correlative duties are applied and operate at a micro level. To gain understanding of that, this thesis also applies the concept of intergenerational transfer.

4.2 Intergenerational Transfer

In the absence of formal insurance and institutionalized transfer systems, informal redistribution of resources – often occurring among family members and extended kin – is the primary mechanisms providing support and insurance against risks in periods of needs (Aboderin, 2006). In this context family is a central institution through which shocks are mitigated, resources are shared, investments are made and support for dependent children and elderly is provided. One way of viewing the role of the family in the support for the elderly is through intergenerational transfer (Silverstein, 2006). While past research has focused on the relationships between parents and children (Cain, 1983), the focus should here also include the transfer between grandparents and grandchildren. It is important to understand the family as a kinship and especially a generational system beyond the nuclear household. Bengtson (2001) emphasizes the importance of family relationships across generations as he stresses that these are complex and do not only concern exchange that can be counted (financial support) but also normative issues (obligations and values). Therefore the relationship within the family but also to extended kin is the basis of the analysis

The concept of intergenerational transfer focuses on the structure and process of voluntary allocation of valued resources of money, time, emotion and space across generational boundaries. This concept is gaining importance in times of globalization and impending ageing of national population. Silverstein emphasizes, "A transfer between generations, at its simplest level, is a dyadic affair, the transaction of goods and services between two individuals or households" (Silverstein, 2006:166). These transfers are increasingly recognized as taking place within the complex network of related individuals that compose the family system. Embedded in the formulation family system is the notion that the family is a social organization that strives toward equilibrium by redistributing resources to where they are most needed (Klein & White, 1996). Additionally in societies with low amount of public support, family members are often intertwined in a web of mutually supportive transfers that ideally optimize the satisfaction of both personal and collective family needs (Silverstein, 2006:168).

Intergenerational transfer is based on many concepts with each concept offering helpful tools for understanding support and caregiving within families. In order to better understand

types, meaning and ambivalence within intergenerational transfer, the meaning of the concept used in this paper builds on the strength of each of these perspectives to provide a more comprehensive understanding of support in Zambia. Exploring several underlying key concepts will to a certain extent help us better understand the logic behind transfer between generations as well as the rationale for such practices.

One concept that this paper is largely concerned with is reciprocity, which is a vital characteristic of the generational contract, which forms the basis of a wider social contract defined in each society (Kabeer, 2000). Unlike the social contract mediated by the state, the micro-level generational contract usually involves a direct exchange of goods and services between generations within families – usually defined by strong social norms, reciprocity governs how individuals accept and provide support involving rights and responsibilities within the institution of the family (Silverstein et al, 2002). For example parents bringing up children by providing financial and material resources serves as a credit for them to receive care and support from their children in old age. Hence there could be said to be some exchange rules applied to family members. In general, between generations, it is possible for the exchange to be one way over the long term if it is somehow reciprocated in the end (Izuhara, 2010). A major reason for the continuing scientific interest in reciprocity is its character as a universal, stable, and reliable norm. If reciprocity influences instrumental assistance between the generations, support from one generation to another is unlikely to erode even in rapidly aging societies that burden families with increasing demands for help and care (Izuhara, 2010).

Although reciprocal arrangements features strongly in intergenerational transfer practices, reciprocal arrangements alone do not dictate transfer provision in the micro-level contract. Marshall et al (1987) argue that the nature of the caring relationship rests on a delicate balance between reciprocity, affection and duty. In this context, previous research has confirmed that reciprocity and its effect are not necessarily conditions for the provision of practical support to ageing parents but instead features significantly in the ideological construction of the caring relationship. This has led scholars to emphasize altruism as the reason for transfer. The concept of altruism underlines that families help each other because they are concerned about the wellbeing of another person (Becker, 1981). Altruism assumes affection, or a moral duty, or obligation as a basis for providing help in situations of need and the provider of support considers the needs and preferences of a potential recipient no matter what the recipient does with the transfer (Becker, 1981).

Furthermore, another important concept is solidarity. It is a concept for describing sentiments, behaviors, attitudes, values, and structural arrangements in family relationships (Bengtson & Roberts, 1991). Families are characterized as exhibiting solidarity along a number of dimensions such as affection, emotional support, their willingness to provide material resources and care for each other, and this solidarity helps them function as cohesive units to fulfill member needs (Bengtson et al, 2002).

It should be stressed that one of these ideas are not likely to explain all transfer behaviors, but rather, it is expected that they all play a role in comprising the complicated relationships observed among family members. By using concepts such as reciprocity, altruism and solidarity it helps explain how intergenerational transfer constitute family-based support of the elderly in Zambia. The Intergenerational transfer concept therefore becomes crucial in analyzing and understanding the complex interdependent relationship around carework. Furthermore this concept advance our understanding of how elderly strategize to optimally satisfy individual and collective needs under resource constraints and disruptive social forces.

5. METHODOLOGY

5.1 Research Design

This study is primarily concerned with exploring the case of grandparents in skipped-generation households in Zambia. Due to the exploratory nature of this research, a qualitative research strategy has been employed that has the potential to comprehensively understand human actions and meaning attached to them. Also this method has the ability to attend to the contextual specificity. The overall design of this thesis is therefore based on a case study of the elderly to broaden the understanding of their situation and experience with caregiving. Data is derived from fieldwork that was conducted during eight weeks in the southern province of Zambia. George and Bennet (2005) argue for the use and value of employing a case study approach in social science as it allows for in-depth understanding, which is suitable when examining the situation of the elderly in Zambia. This approach is thus appropriate for field research since it allows for the conduction of rich data analyses for contextual elements, which is very challenging in statistical studies.

Furthermore, a qualitative strategy is appropriate as face-to-face interaction provides a greater understanding of the group being studied and facilitates an opportunity to take on the perspective of another human being and to ultimately acquire social knowledge (Bryman, 2012:399). Additionally, it enables an open-ended strategy, which is desirable in this case due

to limited previous empirical knowledge in the area (Bryman, 2012:412). An exemplifying case was chosen, to apprehend the conditions and circumstances of the participants' everyday life (Bryman, 2012:70). Primarily this method is selected, as it is most appropriate for the research questions posed and since it aims to answer what the participants are experiencing (de Vaus, 2013). However critics have highlighted limitations with this approach such as selection biases and lack of representation, which leads to generalization issues. This brings up concern for research validity and reliability, which is a common critique for qualitative research. Nevertheless, by employing this method of structure and focus, and aiming to be transparent throughout the whole research process, these obstacles are intended to be overcome. Punch (2005) stresses that case studies can overcome generalization issues by emphasizing and recognizing that these studies can be descriptive or conceptualizing by being guided by the study´s purpose and research questions (Punch, 2005:146). Also this study does not aim to generalize the findings but rather gain a greater understanding of the situation for the case under study, namely the elderly in Zambia.

5.2 Sampling and Data Collection

Given the context of Zambia presented in previous chapter, this study includes elderly living in rural areas. This is where most elderly reside and given that rural poverty is higher than urban poverty and most people in rural areas are involved in informal employment suggest that resources are scares which makes this an interesting example. Additionally it reflects the characteristics of the majority of elderly, thus this study considers this group sampled the first group to examine in relation to caregiving.

Data collection in the field took place over an eight-week period between February and April 2019. The research was conducted in two neighboring rural districts, Zimba and Kalomo, in the Zambian Southern Province. The research was then conducted in six smaller villages within these district: Nazilongo and Mukwela in Kalomo district and Siandwazi, Kalangu, Zimba Town and Dunka in Zimba district. Although English is one of the official languages in Zambia, most people in rural areas and especially those who are less educated do not speak it. Instead the most common language in the Southern Province is Tonga and spoken by most people. A research assistant was therefore appointed, who was born and raised in Zimba district and now working with his own local NGO in the rural communities around Zimba. Hence the research assistant was familiar with the setting and current issue and helped with selecting participants suitable for the study.

The sampling of participants in this study is derived from purposeful sampling where the logic and power lies in selecting information-rich cases for studying in-depth and it is common for small-scale studies such as this (Patton, 1990:196). Patton (1990:169) specifically point to the appropriateness of purposive sampling in cases that aspire to evaluate and improve interventions by specific groups, which is what this study aims to do. The sampling of grandparents was done in collaboration with the research assistant and was initiated before departure to the field. The research assistant was informed about the specific criteria that participants should fulfill. Participants should be 60 years or older and be a grandparent living in skipped-generation households acting as the main caretaker of the grandchildren.

Furthermore, the complex nature of the study required methods, which were suitable for generating in depth-knowledge on grandparents experience with caregiving. As such face-to-face individual semi-structured interviews and focus group discussions (FGDs) have been conducted. A total of ten individual interviews and five FGDs were held with a total of 41 grandparents aged 60 to 82 years following informed consent. The majority of grandparents included are women as only eight are men. Moreover, the number of grandchildren cared for by these grandparents range from one to eight. The choice of individual semi-structured interviews was based on the strength of flexibility, while at the same time covering all or most of the questions established in the interview guide (Holstein & Gubrium, 1995). The aim is to allow respondents to explain a particular situation in detail while it allows the researcher to observe how respondents frame issues and priorities, which can lead to greater justifications. With this approach to interviewing, the passive respondent is rejected in favor of an active participant whose ideas are collected during the interview process. The interview process is not about retrieving knowledge from the participant but promoting the participant to construct knowledge and thus enables for participants to express how they interpret the social reality in their own words. Asking for elaboration and clarification when appropriate, to gain detailed accounts (Holstein & Gubrium, 1995:122).

The initial purpose was to mainly focus on individual semi-structured interviews but since it was relatively early discovered that the participants shared similar stories and experiences FGDs were also conducted, partly because of the time convenience but also because they allow another dimension of the topic. Bryman (2012) points out that FGDs explores ways in which individuals discuss certain issues as members of a group rather than simply individuals (Bryman, 2012:501). FGDs offers the researcher the opportunity to study the ways in which individuals collectively make sense of a phenomenon and construct meanings around it.

Acknowledging that social phenomena is not undertaken by individuals in isolation from each other. Instead, it is something that occurs in interaction and discussion with others. In this sense, therefore, focus groups reflect the processes through which meaning is constructed in everyday life and to that extent can be regarded as more naturalistic than individual interviews. Hence, FGDs have the advantage of engaging people in interactions revealing facts, which would not have surfaced otherwise and presenting a wide variety of different views in relation to a particular issue (Bryman, 2012:506). This is important since the viewpoint of the people being studied is an important point of departure. Furthermore, all interviews were following a semi-structured interview approach. This method opens up possibilities of unexpected fields of investigation proposed by the participants, when letting their voices guide the direction towards fields of relevance (Bryman, 2012: 469-470).

Selection for inclusion in the FGDs was based on the same criteria as for the individual interviews and the FGDs consisted of between four to eight participants, including both men and women and lasted for about one hour. The length of the individual interviews varied, mainly because some of the participants were more talkative and more willing to share their experiences and perspectives than others, but lasted for about half an hour to one hour each. The themes covered in the interviews revolved around perspectives of ageing, relations within family and community, processes of change, coping mechanisms and available support. The interviews were conducted in settings determined by the participants such as homes and churches. Furthermore, all the interviews were conducted in the local language Tonga, to which language assistance was required and the research assistant acted as a translator during all the interviews. Also, with the consent of the respondents, all interviews and FGDs were recorded and the researcher took additional notes. Lastly, this case study is an exemplifying case and while it is not possible to generalize the findings of this study to all grandparents in skipped-generation households in Zambia, it still provides insight into key social challenges.

5.3 Methodological and Ethical Considerations

It is also important to consider ethical aspects when conducting a field study. Therefore, an informed consent was provided, where the participants were informed about their rights; including confidentiality, anonymity, and options of participant withdrawals or declining to answer, which in turn made it possible for them to make an informed decision whether or not to participate (Bryman, 2012: 124).

Furthermore, coming as a foreigner to someone's house require some type of mutually beneficial relationship between the researcher, research assistant and interviewees. Because most participants did not speak English very well it was necessary to include a translator. The translator chosen to help with this research was familiar with the communities as he was born and raised and now working there. This contributed to making the participants feel more relaxed and more open to speak to the researcher. However working with a translator can create limitations where misunderstanding or mistranslations occur throughout the interview process. Another challenge is the inability of the researcher to recognize the research assistant's use of words and potential tone and probing. To minimize these limitations the aim of the research was frequently discussed with the translator. Moreover, participants were free not to answer any questions they found too personal and they were also encouraged to ask questions. Consequently this research followed the four requirements for ethical research, which are (1) information requirement, (2) consent requirement, (3) confidentiality requirement and (4) the use requirement.

Furthermore, another possible weakness is the relation between the participants in the FGDs. Although all participants in each FGD were from the same village and shared the same criteria of living in a skipped-generation household, it was not possible to know the internal power-relations within the group and whether and how this affected the answers provided. Also gender-roles can have affected some answers as some FGDs included both men and women. However, the researcher attempted to encourage all participants to respond and involve all as much as possible.

Another possible weakness is the study sample itself, which does not represent all elderly living in rural Zambia. Because of the sample size and the selected sample some aspects might be overemphasized while others not brought up at all. However the participants were selected because they were considered to bring further understanding of the issue under study (Patton, 1990).

Lastly, when considering the reliability and validity in this study given that the interviewees are treated as active participants who are constructing knowledge and the dynamic situation in which meaning is created, it cannot necessarily be expected that the same answers would be obtained at another point (Holstein & Gubrium, 1995). The validity in this approach refers to the ability of the respondent to express and communicate their experiences. The participants were able to answer from different standpoints and perspectives depending on topic or question discussed, thus accessing diverse answers (Bryman, 2012:390)

5.4 Data Analysis

Data analysis was started parallel to data collection in the field, in the form of transcription and coding as a way to analyze the material. Coding refers to the identification of topics, issues, similarities, and differences that are revealed through the participants' narratives and interpreted by the researcher (Saldaña, 2009:3). The aim of coding is to collect useful information and give labels to component parts that seem to be potentially significant for the research (Bryman, 2012:568).

First, basic categorization was applied to the interviews, where notions of similarities, variances and kinds of relationships between the codes were established, mostly by using descriptive coding. (Saldaña, 2009:178). Furthermore, in the first cycle of coding the data was mainly categorized and organized according to structural coding, InVivo coding, values coding, process coding and versus coding (Saldaña, 2009:46). Given that the study is looking at the experience of elderly caregivers whose voice often remain marginalized, InVivo coding was used in order to gain better understanding of their situation (Saldaña, 2009:74). Additionally, as conflicts were identified in the data versus coding was also used. Furthermore, given the purpose to find out the action taken in response to the situation or challenges as well as the values, attitude and beliefs participants attached to caregiving and ageing, both process coding and values coding were employed (Saldaña, 2009:77-93).

During the second phase of coding, codes were identified as sharing similarities and patterns emerged. As patterns emerged they served to discover major categories and themes within the data, which were used to find out cause and explanations for different types of decisions making and behavior (Saldaña, 2009:152-155). Moreover the second cycle coding permitted the illumination of support available and how that influenced the participants.

6. ANALYSIS AND RESULTS

This section forms the discussion and analysis of the key findings from the interviews with the grandparents. To further analyze the findings of the grandparent's experience of ageing and living in skipped-generation households a contextualization and theorization of the findings are provided in this chapter. Hence, this part is exploring the ageing experience, changes and challenges grandparents in skipped-generation households face and the support available to mitigate these challenges.

6.1 Limited Resources, Multiple Demands

Skipped-generation households have become common for many families in Zambia where fostering has become permanent and grandparents are taking on the role as caregivers to their orphaned grandchildren. To better understand grandparents' new situation their living arrangement has been examined. Although living arrangements varied, most grandparents reported that the main reason the grandparents cared for their grandchildren was due to death of both or one of the children's parents, or in other cases because the surviving parent got remarried or could not care for the children any more. One grandmother caring for her granddaughter explained that after her son died, the mother of the girl was remarried and left the girl to live with the grandmother (Interviewee 5). Furthermore, the majority of the grandparents interviewed told that they were living alone with their grandchildren because of death of a spouse, whereas some lived with their husband or wife and some with other relatives such as nephews or nieces.

Thus living in a skipped-generation household is many times a forced arrangement, yet, in recognizing their new duty to care for their grandchildren, most grandparents acknowledged that the circumstances underlying the caregiving arrangement were no ones fault. This idea was illustrated by a grandfather who said: "no one planed for this to happen, it just did and there is no one to blame" (Interviewee 2). In addition the majority of grandparents recognized that, in many cases, there was no one else who could provide for their grandchildren, which resulted in the continued reliance on informal caring arrangements as one grandmother taking care of three orphans stated: "There is no one else. When my daughter died I as the grandmother was left to take care of the children, so they remain with me" (Interviewee 1).

However, care and living arrangements are also important aspects contributing to the challenges of people who are ageing (Chirwa & Kalinda, 2016). Even though the grandparents expressed great joy in taking care of their grandchildren, there were often mixed feelings among the grandparents, which became apparent in the interviews. The grandparents stated that parental deaths increased responsibility that grandparents have in the children's lives, which presented economic and social challenges. Poverty, HIV and other health problems affected most of the elderly´s living conditions which consequently affected their ability to cover basic needs and one grandmother expressed her situation as followed: "We depend on eating air" (FGD3-W). Likewise, the vast majority of the participants living in the rural villages included in this study pointed out the daily struggle to cover the basic needs for themselves and for their grandchildren. Hence, challenges experienced by the grandparents

were self-reported and included economic challenges, health problems and challenges related to meeting children´s need.

In regards to economic challenges, the caregiving situation was linked to household changes, which worked to undermine grandparents already restrained situation. In this instance, parental deaths caused a restructuring of households and grandparents described this restructuring in relation to ageing.

"Yes there is a big difference I can feel the difference. When I was still younger I could run around and fend for and provide for the orphans but now when I am growing up in age it is getting difficult because you lose your strength and I cannot do the things I used to do and I face challenges such as getting food on the table and support the children in school." (Interviewee 1)

Likewise, other grandparents reported having difficulties accessing necessities such as food, cloths and shelter. Indeed, although all grandparents reported being employed in the informal sector, the majority of grandparents named small-scale agriculture as the only source of income while some mentioned additional income-generating activities such as petty trade and carpentry. Carework still has opportunity costs in the form of sacrificed subsistence agriculture, informal income-generating activities and self-care (Beegle et al, 2009). In households already struggling financially, the cost of caregiving can create further hardship. Accordingly, the household changes that are linked to parental deaths can be seen to work in ways that exacerbates grandparents' financial challenges and is thus essentially linked to poverty. However, given the limited resources of many caregivers, the negative financial impact may be viewed as modest since they have little income to spend and few assets to sell.

Nevertheless, poverty was a major challenge for the caregivers. Poverty was closely linked with reliance on insecure small-scale agricultural livelihood and associated food scarcity problems. Although agriculture provided food for many families, it was vulnerable to environmental crisis. During the course of the field study participants complained about food scarcity due to lack of rainfall in the region coupled with inability to purchase food from the market. Indeed grandparents face the challenge of the food crisis and poverty, as they have to deal with the everyday concern of providing an adequate quality and quantity of food for the children, especially the once who are HIV positive and require nutritious food.

These findings suggest that there is a lack of economic opportunities, which eventually contributes to the lack of essential financial support. This also reflect the tendency for rural people to remain economically active longer in life, especially in agriculture where retirement

is more likely to be a gradual process and not subject to a prescribed retirement age (Hosegood & Timaeus, 2005). Grandparents in the FGDs also confirmed that older people have limited opportunities for employment and resources,

"The challenge is getting resources, like income, we want to raise chickens to generate income. Also paying for education, as the children are growing up education is getting more expensive and we do not have financial resources to keep the children in school as well as being able to buy things like books and uniforms." (FGD2-M)

Similarly another grandfather stated,

"We do have plans to come up with resources to be able to support these orphans we are taking care of, right now we have a family project that involves growing chicken and from there we can raise resources to be able to support the children to go to school but now the challenge is the start up capital so that we can run the chicken project." (FGD2-F)

These findings further points to limited opportunities which is not unique to this study, with Tanyi et al, (2018) and others similarly establishing that restrained resources are presenting great challenges to older caregivers. What can be argued is essentially a sense of insecurity where lack of formal employment disrupts individuals' ability to build security and access basic needs. This reasoning is in line with arguments made by Wood and Gough (2006) that people in developing countries cannot expect to meet their needs and security by participating in the national market leading to economic and social rights as is the case in many welfare states in Western countries (Esping-Andersen, 1990).

Furthermore, another key mechanism contributing to economic challenges were administrative and eligibility barriers in the state-supported cash transfer programme. Although cash transfer has been recognized as a good means to income support (Barrientos & Hulme, 2009), in this case, registration was a clear problem, which prevented some grandparents from accessing the programme despite meeting other eligibility requirements. "All names were written down but some people did not qualify for the programme and the computer skipped their names" (FGD1-F). This problem with exclusion errors and insufficient coverage has been noted before (van Ufford et al, 2016; Cha & Ramesh, 2017). In addition, even though only a few grandparents reported being beneficiaries of the SCT programme they also pointed out that they had not received any payments for a long time

which further points to the poor management as payments are not regular. "Social welfare came to the village with the promise that we would receive the cash transfer every month, but we find that they give it after six months and it is very unregularly" (FGD1-F).

However, this can partly be due to that cooperating partners, who include Sweden, Finland, Great Britain and Ireland, who provide financial support to the programme, stopped their support over suspected misuse of funds (SIDA, 2018). It should be stressed that it is not clear whether this was the case and some of the grandparents expressed their frustration over receiving no information on the matter. Nonetheless, as pointed out before, there have been problems with management around the SCT programme (Pruce & Hickey, 2016).

Consequently, parental deaths together with inadequate resources resulted in problems retaining resources to mitigate household economic shocks and therefore is can be argued that carework by grandparents generates cycles of poverty. This is largely a result of loss of labour and support from adult children. This consideration is similar to previous findings which have noted that when grandparents become caregivers, because of their already precarious situation, they do not have the economic assets to pay for school fees and food, hence invest in the children, which contributes to families being trapped in vicious cycles of poverty (Foster, 2004; Kidman & Thurman, 2014). Fundamentally, the struggle with economy in everyday life and the need to deal with present insecurity puts investments for the future on hold. It leaves no space to prepare and counter future insecurity, and may therefore reproduce poverty (Gough & Wood, 2006).

In addition to economic challenges, challenges related to grandparents own health, such as stress and physical problems, were frequently mentioned. Some grandparents expressed concern over being the one left to take care of the children.

"There are a lot of problems. I tell the grandchildren to concentrate on school because one day I might die and then who are going to take care of you, you need to learn how to take care of yourself." (FGD5-F)

Many grandparents felt a stress and pressure to always put the children´s needs first, highlighting the emotional distress that often accompanied the inability to provide for their grandchildren. Both stress and depression has been noted in several studies in relation to caregiving responsibilities, and is then associated with the notion of caregiving as a burden (Mugisha et al, 2013). Furthermore, other grandparents mentioned disabilities such as bad eyesight, painful joints and back problems, which hindered their day-to-day activities. Thus,

the age of the grandparent many times meant that they were unable to perform physical activities they used to do and the heavy work needed for farming and income generation. This reduced ability further contributed to their poverty situation as many of the participants related their stress and depression with inadequate income. To some extent this situation can also explain why they feel stressed, overwhelmed and depressed.

Although results highlighted difficulties experienced by grandparents, caregiving is not only seen as a challenge or even as a burden described in much of the literature. It should not be assumed that all grandparents faced all the challenges or even the same. For example many of the grandparents said that they were so used to being in the grandchildren's lives so when they came to live with them permanently there was not really a difference. Many times they had already lived with the adult children and grandchildren or in the house next door. This is consistent with previous research (Parker & Short, 2009) stressing that especially grandmothers' involvement in childcare even though parents are still alive. Indeed, one of the most consistent findings in the caregiving literature is that women provide more family care than men (Silverstein et al, 2006). Since it has been found that women tend to do most of the carework it has been argued that they are most affected by the caregiving situation (Kalomo & Besthorn, 2018). Even though these are valid arguments, this study intends to get an overall understanding of the caregiving experience and therefore does not separate men and women's experiences but try to get an overview of their carework in general.

Hence, some grandparents did not see their caregiving as a burden and one grandmother said: "No we do not have any concerns, it is a traditional thing in Zambia to take care of our grandchildren and if you worry it is your own responsibility, it is a Zambian thing" (Interviewee 8). The findings suggest that carers might have unique needs as well as varying challenges and capacities for caregiving. However, it is also a suggestion about the critical gaps existing in support for older people, which force older people to continue working even though their physical energy is gone.

6.2 Support Through Formal Institutions

Findings in this study have so far shown that grandparent caregivers in Zambia face various challenges that they are unable to deal with on their own, given the conditions of their age, poor health and financial status. Consequently elderly can be seen as a highly vulnerable group in Zambia. In the context of old-age vulnerabilities, security needs of individuals can often be obtained from individual resources, social networks and formal social protection.

Given the conditions described above, many of the elderly are not able to cope on their own because of insufficient individual resources. Using Wood and Gough´s (2006) welfare regime framework is useful in understanding how and where grandparent caregivers are finding support in Zambia.

Given the challenges facing the elderly caregivers, the grandparents essentially made use of different support systems available to them as a way to negotiate security for themselves and for their grandchildren. Support denotes any form of assistance such as financial, material, or social used by caregivers to mediate caregiver responsibilities. As such the Zambian government has increased its efforts to develop policies and legislative initiatives to support vulnerable groups including the elderly. While most of these policies are works in progress it is evident that the country is developing a framework to facilitate new policy agendas. To date, however, Zambia does not have a strong policy agenda focusing on the unique needs of older caregivers.

Consequently, it became evident early on in the interviews that few of the grandparents relied on formal support provided by the state to provide for their families. For example when asked it they received any old age pension, not any grandparent said they did. This was because all the grandparents interviewed in this study were employed in the informal sector; mainly as small-scale farmers and the Zambian pension system only covers people employed in the formal sector. Since the current system is covering the formal sector it is excluding the vast majority of individuals who are employed in the informal sector. Consequently the current pension system only manages to cover 10 percent of all employed persons over 55 years. This is not surprising given that in Zambia 86 percent of all employed people work in the informal sector, predominantly in agriculture and household work (Goursat & Pellerano, 2016).

Efforts to include the informal economy come with many issues since it is highly dynamic and diverse, characterized by high employment turnover, unpredictable income levels and unregulated employment arrangements. Therefore the nature of the informal economy makes it very hard to design a programme tailored to fit this irregular institutional structure and this is arguably why very few informally employed individuals benefit from social security (Goursat & Pellerano, 2016). Additionally, it is often recognized that informal employment is generally associated with poverty because the nature of employment activities resides outside of the formal institutional structure where there is no protection against unemployment and economic shocks. Findings in this study also confirm this.

"The main concern is that because in town everyone depends on subsistence farming and the challenges with the weather and the rain pattern is not predictable and when the rain is good we are able to do good and support our family but now it is a challenge because what we depends on is not able to support us at the moment." (Interviewee 3)

Furthermore, other researchers (Holzmann et al, 2009) have stressed the importance of implementation and argue that most social security systems involves specific administrative challenges, for example that most pension systems requires some form of middle class to extract tax money. With 54.4 percent of the total population living in poverty this is not the case in Zambia. Thus there is little likelihood of extension of pension to cover the informal sector and thus the vast majority of the employed population in Zambia. Hence the grandparents cannot reasonable rely on getting any support from these institutions. In addition, according to Kidd (2009), the pay-as-you-go model of the current contributory pension system has been shown to provide low coverage, which has further implications for people employed in the informal sector, since a monthly contribution is not always feasible. Hence as a result of the grandparents involvement in the informal economy, the grandparents cannot count on the state as a potential alternative space to provides security, thus their exclusion undermines the value of this institution as a basis for dealing with uncertainty and insecurity (Gough, 2004).

Lack of access to public services and programmes is another important dimension of poverty in later life. Common priorities in service provision and delivery in the developing world often discriminate against older people. The Zambian government advocates for family-based support rather than institutionalization of care for orphans and elderly. The reason for this can also be explained by the HIV/AIDS epidemic, which has put a lot of pressure on the government. In line with Abu Sharkh and Gough´s (2010) reasoning, classifying Zambia as a failing informal security regime, highlight that HIV/AIDS undermine the government's effort at social protection for all citizens. This can explain why programmes have targeted families and not specifically the old, as there is concern among policy makers regarding the social pay off of a policy supporting the old.

Arguments usually put forward by policymakers it that because of resource constraints it is socially more profitable to focus on the needs of younger age groups than support the elderly (Holzmann et al, 2009). This argument comes mainly from the human capital theory. It is built on the idea that the returns on investment in the productive capacity of the young are likely to be higher than return on investment on the old. Indeed such investments make sense,

especially in Zambia where a majority of the population is young. However, investing in the young would not be beneficial if the conditions that make this investment efficient are misperceived. Research has shown that poverty is intergenerational (Barrientos & Hulme, 2009). That is, older people transfer poverty to their dependents. Thus, old age poverty is one of the prime causes for lack of childhood development and education, which was found to be the case in this study among the elderly, who argued that they suffered from poor nutrition and health and lacked resources to pay for school fees and food for the children. Acquiring education and good health is then difficult for children living with poor old people. Consequently the returns of investment on the children would likely be non-existent if decision makers fail to put a great emphasis on the conditions of the old taking care of these children. In contrast, investing in the elderly in Zambia is likely to be profitable. Other researchers have argued that programmes targeting the elderly can play an important role in encouraging economic activity and human capital accumulation, with available evidence from South Africa (Duflo, 2003).

Research conducted in South Africa provide evidence that the means tested non-contributory pension scheme works to support caregivers and shows positive effects on children's wellbeing (Duflo, 2003; Ardington et al, 2010). This has led some researchers (Schwarz, 2003: Niño-Zarazúa et al, 2012) to argue for targeted social protection programmes as the best alternative in terms of fiscal costs and poverty reduction. However, the effectiveness within which this alternative is translated into fiscal sustainability and poverty reduction depends crucially on the ability to identify cost-effectively the poor households with the elderly. In this regard Kakwani and Subbarao (2005) analyze the fiscal costs of social pensions in 15 African countries. They find that fiscal costs of providing universal non-contributory social pension to all elderly will be 2 to 3 percent of GDP, which would be higher than the total level of public spending on health care in some countries. Therefore, they argue that in order to keep fiscal costs as low as possible and at the same time maximize the impact on poverty of the elderly population the best option would be to target social pension only to the poor elderly with a relatively low benefit with an age-limit of 65 years (Kakwani & Subbarao, 2005).

However as mentioned earlier, targeted programmes comes with a lot of challenges. This further raises highly important questions regarding the policy-design and administrative capacity because it could be argued that Zambia does not have the fiscal capacity and the economy has also not grown to a level where it could sustain such a programme. Clearly the Zambian government is committed to assisting vulnerable groups and although policy

initiatives and legislative support environment have evolved, findings indicate that barriers still hinder the effectiveness of service delivery for older adult caregivers. Especially the SCT programme, "The government should support us but they have already failed, that is why we are in this situation" (FGD4-F). Correspondingly, another grandparent said, "The expectation was that the government should be able to support us but from the time we were told that money were not coming we do not have any expectation anymore" (FGD4-M). Consequently, these inefficient processes minimize the ability of grandparents to access the assistance. Thus, using Wood and Gough´s (2006) framework, the elderly in Zambia cannot reasonably expect to meet their needs and security from the state as a result of many of the characteristics in the welfare arrangement in Zambia

Another dimension of social policy in Zambia, which has been criticized, is that social policy is not being the result of political settlement between the government and citizen´s demand as a result of organized collective action, but instead being led by international development agencies (Pruce & Hickey, 2016). Devereux and White (2010) argue that donors have been influential in terms of agenda setting in social protection in Zambia, especially the SCT programme, while this may prove a successful demonstration of impacts that are achievable and can lead to some security, it can also fail to provide evidence to inform implementation on a bigger scale under prevailing government capacity and resource constraints. More fundamentally, it can prevent people from engaging with the political and institutional processes that determine what kind of social protection initiatives should be expected for inclusion in national planning and budgeting, which can serve as an explanation to some of the challenges existing in coordinating social protection in Zambia (Devereux & White, 2010). Moreover, Pruce and Hickey (2016) have argued that there is a lack of citizenship link between the foreign funding of development and social sector programmes and their disbursement. Essentially, the notion of a welfare regime embodies the relationship between sets of rights on the one hand and the performance of correlative duties on the other. The findings suggest that even though there are social protection programmes in place, this is not where the elderly are finding security (Wood and Gough, 2006). Instead their theory points to people negotiating their security from family and community.

6.3. Filling the Care Gap

Relying on extended kin can serve as a means to facilitate and increase the efficiency of other exchanges, including material goods and services, produce returns to scales, generate additional benefits from sharing resources and can create conditions that may reinforce

emotional and psychological support (company and attention) that benefit the elderly (Kohli & Künemund, 2003; Billari & Liefbroer, 2008).

A majority of the grandparents described getting money and other instrumental assistance from their adult children who were still alive or other extended family members. However, the extent of the family support varied greatly as many adult children and family members were unemployed and struggling financially themselves. As a result these family members were not consistently able to help the grandparents: "My nephew helps me when he can but resources are limited" (Interviewee 7). Nevertheless, when family members were able to help and provide assistance, attaining and utilizing these resources was noted as important to grandparents, because it gave them a sense of being able to manage, especially the financial challenges associated with taking care of their grandchildren. This corresponds with Wood and Gough´s (2006) argument that under fragile institutions and lack of formal social policy, relying on family can be a key resource that can offset the potentially negative consequences of compressed aging and the challenges that comes with it.

Another important source of instrumental support highlighted in the interviews was the support from the grandchildren. This was especially important for grandparents who were expressing problems with poor health or age-related limitations. Some grandparents described how it was helpful to have their grandchildren around to assist with household chores such as cooking and cleaning as well as fetching water and help looking after animals. For example one grandmother explained: "When I went to the [health] clinic they told me not to lift any heavy things so the grandchildren are helping me getting water and I am telling them how to wash their cloths" (FGD1-F). These grandparents stressed that they were helping each other in the household and even though they face challenges they tend to see raising their grandchildren as being mutually beneficial. Consequently, the care arrangement provides the grandchildren with homes while the grandchildren provide the grandparent with needed assistance, thus benefitting both generations.

As much as it can be argued that household composition and living arrangements can create challenges, they also play a vital role in people's subsistence because of the redistribution of resources that occur in the domestic unit. This is because members of the household can bring some kind of productive capacity, whether agricultural labour, material wealth, cash generating activities or domestic chores (Zimmer, 2009). The importance of family networks for material, practical and emotional assistance in old age has been well documented in other studies (Cattell, 1990; Foster, 2000). Through the redistributive process typical of most households, members generally benefit from the groups productive energy.

This is in line with Wood and Gough´s (2006) argument that where formal institutional provision of welfare/security is either weak or completely absent, people adopt a wider range of risk avoidance strategies that involve a greater reliance on personal and family resources to secure wellbeing.

Furthermore, some grandparents said that they also got support from the community. "As a community there is a sharing idea that we share the little we have with each other. So that it is an everyday kind of help" (FGD2-F). However, this varied greatly and another grandparent stressed: "When the children stay with the elderly they can also help them in passing water and doing domestic work. There is no special attention form the community or from the outside to help us" (Interviewee 5). The importance of family over community can be explained by the fact that non-family based informal support arrangements are unlikely to protect from the worst outcomes in old age, because they rarely cover physical care or far-reaching material support (Evans, 2010). For example, community institutions tend to operate on a basis of exchange, which means that older people who can no longer contribute are excluded and forced to rely on charity or other support. Even where support is not the problem, the efficiency of informal support networks may be low if members are of the same age, wealth and status and therefore suffer from similar threats and constraints. Put simply, poor people tend to have poor networks (Izuhara, 2010).

As such, it has also been stressed that family networks are not always beneficial. Obligation to provide for other family members can create conflict and it may reduce people's own capacity to support themselves. Consequently some have argued (Aboderin, 2004; Abu Sharkh & Gough, 2010) that these relations are weakening, hence the term failing informal security regime. This can be especially true in Zambia in the light of the HIV epidemic. Therefore, relying on family networks is not devoid of risk and can serve to instead create insecurity, because relying on family is bound to its context and in Zambia it points to an aggregating situation for the elderly who are left to provide for the orphan grandchildren and themselves.

Hence, classifying Zambia as a failing informal security regime stresses that the HIV epidemic is overwhelming the reliance on family and kinship relations. If membership to the family is the only entitlement to rights then the situation for elderly caregivers in Zambia can serve to generate insecurity and thus presents great vulnerability where security is not provided elsewhere. The risk is that people fall into patron-client relations in which poorer people trade some short-term security in return for longer-term vulnerability, or what Wood and Gough (2006) has called dependent security, which serves to maintain inequalities and

disadvantages. However, findings in this study point to continued support from family members, which has also been found elsewhere (Cliggett, 2001: Brudevold-Newman et al, 2018). It should also be stressed that the grandparents were asked if they received any support from NGOs or other organizations, but not any grandparent said they did.

Consequently, family support is a strong tradition in Zambia and embedded in cultural values. This can also explain why focus for social policy has been on the family and not the elderly specifically. Institutions are resistant to flexibility, because of this they have the power to create path dependence, in other words, they limit change through the fact that development has a tendency to follow the same path (Wood and Gough, 2006). In social policy, political values and norms are wrapped up in institutional arrangements, which are often path-dependent. Similar findings have been found in other research, which argue that policy strongly favors strengthening the capacity of extended family to care for family members as opposed to institutional care (Block, 2014).

Hence, the welfare mix in Zambia, which assigns community and family greater responsibility in ensuring the welfare of the citizen, lifts some of the burden from the state. On the one hand this can lead to insecurity if there is no family to take on responsibility but on the other hand somehow enables states to retain a universalism about ends while being relativist about means. Accordingly, the welfare mix is highly shaped by the cultural values that exist in Zambia (Wood and Gough, 2006).

Consequently, as Wood and Gough (2006) argue, both formal and informal institutions in developing countries are contested and personalized at various extents so that "people have to engage in wider strategies of security provision, risk avoidance and uncertainty management" (Wood & Gough, 2006:1697). Hence grandparents adopt different strategies to find security and cover basic needs for themselves and for their grandchildren. Essentially "welfare regime" is a term for the entire set of institutional arrangements, policies and practices affecting welfare outcomes and stratification. It takes a sociological perspective on rights and duties and recognizes that poor people in poor nations may have meaningful rights and duties through informal arrangement. Relationships in ageing families have found to be dependent on the larger social context in which they are embedded. Both economic development and sociocultural factors are responsible for variation in family support and contact. The welfare mix in Zambia has been found to play an important role, wherein grandparent caregivers find their support. Findings from this study suggest that although most research tends to focus on the difficulties of carework, family networks have been found to have alleviating effect on caregiving and especially ageing, thus offsetting negative outcomes. Other research has

shown that grandparent caregivers who rely on extended family help managed better than those who did not avail themselves of such resources (Foster, 2000; Heymann et al, 2007).

In Zambia both state and market are sufficiently problematic to the pursuit of livelihoods, so grandparents have to rely to a greater extent upon informal relations. Social policies in Zambia thus reflect the particular circumstances in the country and are therefore outcomes of its specific political settlement. The political economy has reproduced different sets of conditions and expectations with reference to security and responsibilities. And the findings in this study show that the state is not the main provider of security for grandparent caregivers as they still very much rely on extended family support.

6.4 Responsibility of Extended Family

The relatively recent changes in family size and structure in Zambia have raised questions about the ability of the kinship unit to serve the needs of its members. Indeed families are changing but also adapting. Several grandparents stressed that caring for family members is not uncommon and when asked how they were being perceived in the community one grandmother said that they were being perceived as elderly parents because it is a common thing to look after grandchildren. They furthermore expressed that in everyday lives different generations are often integrated within families and communities. Some grandparents reported being supported by extended family members without having to ask for it. Many times they acknowledge the struggle the grandparents are having and therefore step in to support them. Especially financial and instrumental support in form of food was stressed. Additionally, since many of the grandparents were small-scale farmers they also reported that they were sharing the land with family members and thus helping each other with the work. This is in line with the concept of intergenerational transfer, which is based on a generational contract that conceptualize the nature of family relationships as a series of implicit shared understandings regarding the role and responsibilities of family members (Malhotra & Kabeer, 2002). The generational contract also works through the extended family where they can all share their resources and re-allocate them among all the households in the extended family in order to meet the needs of households under stress.

The role played by members of the extended family in caring and supporting elderly is closely related to cultural practices. In addition to being an aspect of cultural expectations, extended family supporting grandparents caring for grandchildren can be portrayed as a display of functional solidarity, which refers to the exchanges of practical and financial

assistance between family members (Roberts and Bengtson 1991). Intergenerational solidarity at the societal level may reflect the close interpersonal ties seen across the generations within families. At the family level, intergenerational relations are often characterized by interdependence and mutual support and hence work as a family adaptive strategy.

Furthermore, where the grandparents could no longer help with physical or financial resources they said they were giving advice to younger generations. As Oheneba-Sakyi and Takyi (2006:14) note, historically the relationship between the generations in African societies has been based on 'the value of the knowledge, respect and experience that the younger generation receives from the older generation'. For example, older individuals may not be able to contribute to physical household tasks but may instead contribute with teaching the young ones life skills. Indeed, these values and recognitions are strong within the Zambian society and further foster a sense of obligations to return the favor. Likewise. Rossi and Rossi (1990) argue that exchanges within households and families also depend on social processes. In some cases, providing resources to older household members is a matter of obligation, in which there is an expected transfer flow from younger, working-age adults to the older generation (Rossi & Rossi 1990).

Moreover, from the perspective of family adaptive strategy, grandparents taking care of grandchildren reflected household members adaptively responding to changing external constraints and opportunities for the benefit of the household. In this relation one grandmother highlighted that she was teaching her granddaughter how to fend for herself, to cook food, wash her cloths and do the dishes (Interviewee 9). Furthermore, another grandmother said:

"The elderly are teaching the young ones how to grow up and be respectful. I am teaching them how to grow corn and the word of God and I also teach them how they should grow as young ones how to be respected adults. So they need to grow as children who respect the adults and they should learn how not to get other peoples things without permission therefore I try to teach them how they should do things using their hands, like grow corn." (FGD1-F)

Hence, the nurturing and supporting role of the family can enhance the social and economic empowerment of both the old and the young. Essentially, developing connections with a younger generation can help older adults to feel a greater sense of fulfillment, while linking older adults with youth can provide advantages for both groups, including providing an opportunity for both to learn new skills, giving the child and the older adults a sense of purpose, helping children to understand and later accept their own aging, helping reduce the

likelihood of depression in the elderly and reducing isolation of older adults (Kohli & Künemund, 2003).

Although carework has traditionally been kept within the family, as a response to socio-economic changes the new intergenerational relation emphasize mutual care and exchange reflecting a contemporary renegotiated and reinterpreted intergenerational contract in which both generations have taken new steps in relation to carework. In relation to this, Bengtson (2001) argues that the increase in shared lifetimes between generations may give rise to new opportunities for resource sharing across generations, hence pointing to the positive influence of intergenerational solidarity.

New types of intergenerational relations are now evolving to meet the needs of contemporary Zambian families. These new relations are still based on intergenerational solidarity, although expressed differently than in the past. The main drivers of solidarity between generations have been identified as reciprocity as an important component of solidarity between generations. Reciprocity draws on the notions of tradition to continually expand help-seeking options. Indeed, reciprocity of care is a way caregivers benefit from their carework. Some grandparents reported that it gave them a sense of purpose and fulfilling obligations. Additionally grandparents with older grandchildren reported that when they took them in it was helpful in the sense that they could help each other. These findings illustrate the immediate reciprocity required for when adult parents pass away. The immediate reciprocity is related to the inability of the extended family to absorb all the orphans and at the same time support the elderly, so within the household grandparents and grandchildren are supporting each other.

Essentially the carework in skipped-generation households is arguably interdependent. Care is not unidirectional; children also provide essential and important support and assistance to older persons. Grandparents rely on the children to a great deal for physical labour and assistance to sustain their daily needs and/or compensate for their physical disabilities. As many older people often take in children when their adult children die and this is often when they need assistance themselves the carework works in both ways. The reciprocal relationship is important and can be seen as necessary to maintain the family unit.

"If the children could get an education and get a good job and then they can take care of the grandparents because then they will be even older so they will be unable to do a lot of things and then it will be their time to take care of the elderly." (FGD3-F)

This quote illustrates the grandparent's whish for the grandchildren to support them later in life. Illustrating the persisting norm among elderly that family look after each other and can thus act as a mechanism providing insurance against risks and support in periods of need. In this context, the family is a central institution through which shocks are mitigated, investments in human and social capital are made and support is provided. As such, in obtaining assistance from their grandchildren, it should be noted that this was expected from the grandparents, because such transfers among family members are considered central to the notion of kinship.

"The benefit is when these children grow up they will live their own lives, they will be independent and then usually those who have wisdom to think of who raised us up they usually come back and give some support of some kind." (Interviewee 7)

The assistance based on reciprocity was often perceived as beneficial, however, relations are not fixed but constantly changing as society change, illustrating the socially constructed nature of the relationship. Many of the grandparents pointed out that that family transfers used to be different and more reliable with more working adults to rely on. The rapid social and economic change in Zambia is affecting the transfer to the elderly and this was highlighted by some grandparents who argued that they had few, if any, family members to turn to for support. Indeed, reciprocity has been criticized for assuming that relations are static over time and in the context of Zambia where a lot of people are affected by the HIV/AIDS epidemic this might not always be the case. While many of the grandparents highlight positive aspects of intergenerational transfer, some express concerns about changing relations.

"The main role is to advise the young people in the community. But some people do not respect the elderly because they are old. However the elderly themselves expect to be taken care of. However many of their own children cannot help them." (Interviewee 2)

Thus family intergenerational transfers can also be related to conflict. Conflict most often arises as a result of competition for limited resources. Therefore some scholars have used the concept of ambivalence, which presupposes simultaneously positive and negative sentiments between generations. The tensions and challenges in both directions may particularly be rooted in the need for more social support for both older and younger persons; particularly as older persons needs become more complex at older ages (Silverstein et al, 2002). Indeed,

intergenerational relationships cover different levels of social units and do not exist alone but are influenced and interact with macro-level social economic structures and policies (Giddens, 1991).

Thus even though intergenerational relations are breaking down, elderly still make active choices within social structures, political, economies and cultural contexts that constraints or enhance opportunities and incentives to engage in transfer behavior across multiple generations. Many studies have shown the strength of families as functioning social support units with frequent and regular intergenerational contact and assistance (Rossi & Rossi, 1990; Bengtson, 2001). Despite the challenges associated with caring for their grandchildren, grandparents emphasized how their desire to give their grandchildren better lives kept them strong and helped them cope with promoting their education, teaching them life skills and building positive character. Their willingness to support the grandchildren hence demonstrates altruistic behavior. Therefore, intergenerational transfer can be seen as the essence of societal reproduction, continuity, interaction and exchange. As the contract between generations is changing, there are many indications of continuity in the contract. Also the elasticity of reciprocal norms has been noted as grandparents stressed that even though their own adult children cannot support them any more they now make use of extended family relations.

Despite political rhetoric about intergenerational equity and the decline of the family, which suggest that intergenerational solidarity at both the societal and family level is on the decline, both continuity and change is represented in the contract between generations as it adapts to cope with contemporary demographic realities. "The children should take care of us because the government is not stable, we do not expect much from the government but if we take care of the children then they can look after us" (FGD4-F).

These findings confirm evidence that illustrates what intergenerational transfer can mean at the micro-level to manage insecurity in everyday life. It might be seen as a short-term security provision but does not entail problematic relationships and can therefore mange insecurity in daily life. Some argue for hierarchical relationships within the family but intergenerational bond is essentially an inherent way of living in Zambia where intergenerational transfers and family relationships are of great importance for the health and wellbeing of individuals. Solidarity and mutual help are strong social protection values in traditional Zambian societies. This also explains security over time. Intergenerational transfer is best understood within the context of shared expectations and obligations regarding the ageing of individuals and the succession of generations. This contract across generations and

age groups represents the norms operating at the micro- and macro-levels of social structure in a given socio-historical context (Rossi & Rossi, 1990). It demonstrates the continuing importance of intergenerational relationships and transfer of resources among kin, as grandparents today remain an integral part of family life in Zambia.

7. ENDING DISCUSSION

This study has examined different support systems available to grandparents in Zambia in order to understand how elderly experience their role as caregivers in skipped-generation households. The study was aimed at gaining insights about challenges grandparents in Zambia face as they move from being recipients of care to being the primary carers of their orphaned grandchildren and how they cope with these challenges. By examining both formal and informal support this study has been able to demonstrate how elderly caregivers are able to cope with their carework and ageing at the same time. Wood and Gough´s (2006) welfare regime theory and intergenerational transfer has been used to analyze grandparent caregivers challenges with caregiving and what support they use to cope with these challenges. Thus, the intention has been to provide deeper understanding of the experience of changing kin-support and living in skipped-generation households.

Findings in this study show that grandparents in skipped-generation households in Zambia are faced with several challenges occurring at individual or micro level as well as those determined by the socio-economic and demographic environment at macro level. The analysis revealed various challenges most of which the elderly attribute to the effect of their physically and emotionally demanding roles in caring for orphaned grandchildren. Furthermore, one of the most pressing issues for skipped-generation families is the need for greater financial resources as families fail to receive the support for which they are eligible or experience delay and other difficulties in accessing financial benefits. Although the social policy agenda in Zambia is gaining attention with expansion of social protection programmes, findings in this study point to inequitable access to public resources and fragmented social protection programmes, which undermines the efficiency of public spending and potential for social gains. With the framework of welfare regime it has been demonstrated that the state and market in Zambia is sufficiently problematic and the political economy reproduces different sets of conditions unfavorable to the elderly. Therefore the elderly cannot reasonable find support in these institutions.

Thus it is argued that the political and economic structure in Zambia has restricted elderly to limited opportunities and resources to achieve a secure income and wellbeing. These are affecting elderly caregivers and expose a broad spectrum of gaps in support rendered to the elderly carers. From the theoretical perspective of welfare theory it has also been argued that this is why elderly are relaying on family support to a greater extent, which highlight kin-support for the capability to manage insecurity and carework. Hence, maintaining the family relations is often the only means of survival. However social security provided by the family is also breaking down mainly due to loss of prime aged adults resulting in decreasing family support. Nevertheless, findings reveal that despite the change in family circumstances and the expansion of care responsibilities for the elderly, the function of the family in the provision of support remains vital. To assess how family support intersects to shape coping, an intergenerational perspective was utilized. Intergenerational transfer fits well with the purpose of this study because it provides a framework for understanding how caregivers define their own realities and coping abilities.

This study has argued that strong family obligations have managed to stay resilient. Evidence in this study points to cohesiveness of linked lives and the adaptive intergenerational solidarity between grandparents and grandchildren in contemporary Zambia. While the strength of the intergenerational bond has deep cultural and historical roots and may not seem to be a new phenomenon in Zambia, the nature of the intergenerational tie has profoundly changed. Grandparents, instead of being on the receiving end of the intergenerational flow of resources, now become an important source of support for the family, and are likely to be increasingly so in the twenty-first century. This is mainly because solidarity and reciprocity continues to be strong values within families and because of the generational contract they are continually reinforced. Consequently these values helps families adapt and cope with contemporary demographic realities. Hence, it is possible to conclude that reciprocal relationships between the young and old still play significant roles in providing care and support for the elderly.

Even though the grandparents in this study face numerous challenges they consistently continue to put a high priority on family values in which they find strength and support for themselves and for their grandchildren. Essentially this contributed to the grandparents' positive experience with caregiving. They furthermore engage in processes, which they believe, benefit themselves and their families. When taken together finding from this research demonstrate that Zambia´s level of economic development, political structure and cultural norms influence transfer of resources up and down generational lines. Although it is hard to

fully account for all forces at all these levels at the same time, it has suggested the interplay that needs to be taken into account. This study confirms reports by other researchers about the challenges grandparents face. Although findings in this study cannot be generalized the results indicate a need for comprehensive interventions for skipped-generation families. It is suggested that intergenerational transfer based on family contract provides useful insight into the relation of care and family practice. Essentially the need for carework in Zambia is increasing and it is unlikely the public sphere will ease the burden for families anytime soon. Recognizing and capturing the interdependent and reciprocal nature of carework by and for older persons will bring into focus the 'goods' and values exchanged in meeting the care deficit. Uncovering these dynamics could help highlight the type of assistance older persons want, from whom, and how complex relationships mediate those desires. Beyond what is available in this study, much more detailed information is needed, including types, amounts, direction of support, and geographical distribution of networks of exchange and transfer, as well as the impacts on children's wellbeing of providing and receiving care.

In the last years, the government of Zambia has made extensive efforts to deliver social protection to its citizens. However there are still challenges. The challenges must be approached as argued in this study by recognizing older peoples vulnerability and realize their fundamental rights and acknowledge and support their contribution especially to family and community. Exploring the intergenerational transfer as part of older persons care strategies is important for understanding their experience with carework. In particular, this highlights the need to consider the care of the elderly in tandem with the care of the children given that the support for both these groups is diminishing in size. Grandparents have in this study been illustrated as important providers of support for orphans but are unable to provide adequate investment in children's future, mainly due to poverty. Thus, solution, which incorporates the needs of both groups together, is needed.

This study is limited to older persons' living in skipped-generation households' views on care. Capturing both viewpoints simultaneously with a focus on trade-offs involved and implications of those at either end of the life course is needed. Examining how well elderly's claims fit with children's views of these relationships and exchanges is necessary to gain a better understanding of the interdependence of care.

Furthermore, this reveals the importance of drawing on related concepts, such as the life course and intersectionality, in developing deeper understanding of care for ageing persons. Thus future research should employ longitudinal design as very little research has examined the relationship over time between older and younger generations. Accounting for how

intergenerational transfer over time shape older persons' experiences of care will point to sound interventions. A life course perspective could capture the experiences of both young and old and could incorporate the role and/or absence of the middle generation in both the up ward and downward provision of care. Ultimately, if older caregivers gain hope, self-esteem and general wellbeing from the care they provide for others, whether it be because this care ensures their own care later on, or simply the knowledge that they have helped their kin, this may mean that intervention programmes that support older persons' ability to provide this care, through social and economic resources, would be beneficial both to older carers and to those for whom they provide care.

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APPENDICES

Appendix 1. List of Participants and Interview Guide for Individual Interviews

List of Participants – Individual Interviews

Date	Interviewed Grandparent	Age	Gender	Number of Grandchildren	Marital Status	Place of Interview
27/2/19	Interviewee 1	62	Female	3	Widow	Zimba Town
27/2/19	Interviewee 2	68	Male	1	Married	Zimba Town
27/2/19	Interviewee 3	60	Female	2	Married	Zimba Town
27/2/19	Interviewee 4	63	Male	2	Married	Zimba Town
5/3/19	Interviewee 5	65	Female	1	Widow	Nazilongo
5/3/19	Interviewee 6	70	Female	8	Widow	Nazilongo
6/2/19	Interviewee 7	61	Female	4	Married	Siandwazi
12/3/19	Interviewee 8	62	Female	3	Widow	Dunka
12/3/19	Interviewee 9	68	Female	2	Widow	Dunka
12/3/19	Interviewee 10	70	Female	1	Married	Dunka

Interview Guide – Individual Interviews

Background information
- How old are you?
- What is your civil status?
- Where are you from?

Family and Ageing
- Tell me about who lives in your household?
- Who do you have responsibility for in the family?
- How did your grandchild/grandchildren come to live with you?
  - How long have you been caring for them?
- Are there any other family members helping you caring for the children?
  - Or helping you in daily life?
- What does family mean to you?
- What makes being part of family special?
- What is your relationship with your neighbors and extended family?
- Do you feel differently treated now that you take care of your grandchildren?
- What is important in your everyday life?
- How does your society support the elderly?
  - How are elderly perceived?
- Is your experience with ageing different from what you imagined it to be?
  - In what ways?

Caregiving

- Which activities do you usually preform in the daily care of the children?
- What is your experience taking care of you grandchild/grandchildren compared to when you took care of your children?
- Describe your ability in providing basic needs for your grandchildren?
- What are the challenges that you face in the parental role?
    -Do you ever feel overwhelmed? Why?
- What do you do when the children get ill?
- Who do you seek advise from in taking care of the children?
    - Is the advice sufficient or do you wish you had more/other sources of guidance?
- Do you feel you have more or less time to do the things you used to do?
- If you did not care for your grandchild/grandchildren who do you think would care for them?
- Do you have any concerns about your personal wellbeing while caring for your grandchildren?
- What do you see as the benefits of raising your grandchildren?

Resources and Strategies
- How do you manage your responsibilities as a caregiver?
    - How do you overcome challenges?
- What is your main source of income?
    - Do you work? Does it cover all daily expenses?
- Describe a time when you felt overwhelmed, what did you do?
    - Who did you turn to?
- What are your main worries and concerns?
    - How do you deal with them?
- How has grandparenting influenced your health/energy?

Social Support
- Do you receive any benefits or are you part of a government program?
- Have you heard of any available programs?
- Are you part of a pension scheme?
- What kind of support do you receive from your family and friends since you assumed the role as a caregiver?
- What kind of help would you like to get from them?
- What form of social support do you receive from other people in you community?
- How do you feel about the support your receive?
- Are you aware of programs and services in your community for grandparents raising their grandchildren?
- As a grandparent how easy is it for you to get assistance from government agencies and other organizations?
- Do you believe that you are isolated from social life because of raising your grandchildren? If said yes, tell me how the isolation affects you?

Final Comments
I appreciate the time you took for this interview.
Do you have any comments or questions relating to this interview that has just been conducted?

Thank you for participating and again for your time.

Appendix 2. List of Participants and Interview Guide Focus Group Discussion

List of Participants – Focus Group Discussions

Date	Participant	Age	Gender	Number of Grandchildren	Marital Status	Place of Interview
Group 1						
28/2/19	1	67	Female	4	Widow	Mukwela
28/2/19	2	63	Female	6	Married	Mukwela
28/2/19	3	71	Female	1	Widow	Mukwela
28/2/19	4	60	Female	3	Married	Mukwela
28/2/19	5	65	Female	3	Widow	Mukwela
Group 2						
5/3/19	1	61	Male	3	Married	Nazilongo
5/3/19	2	65	Female	4	Widow	Nazilongo
5/3/19	3	63	Female	6	Married	Nazilongo
5/3/19	4	66	Male	1	Widower	Nazilongo
5/3/19	5	63	Female	3	Married	Nazilongo
Group 3						
6/3/19	1	65	Male	2	Married	Siandwazi
6/3/19	2	67	Male	3	Widower	Siandwazi
6/3/19	3	71	Female	2	Widow	Siandwazi
6/3/19	4	69	Female	2	Married	Siandwazi
6/3/19	5	82	Female	1	Widow	Siandwazi
6/3/19	6	77	Female	1	Widow	Siandwazi
6/3/19	7	66	Female	3	Married	Siandwazi
6/3/19	8	74	Female	2	Widow	Siandwazi
Group 4						
8/3/19	1	60	Male	1	Married	Kalangu
8/3/19	2	61	Male	2	Married	Kalangu
8/3/19	3	72	Female	6	Widow	Kalangu
8/3/19	4	62	Female	3	Married	Kalangu
8/3/19	5	61	Female	2	Married	Kalangu
8/3/19	6	64	Female	1	Widow	Kalangu
8/3/19	7	62	Female	5	Widow	Kalangu
8/3/19	8	60	Female	4	Married	Kalangu
Group 5						
12/3/19	1	73	Female	3	Widow	Dunka
12/3/19	2	65	Female	1	Widow	Dunka
12/3/19	3	67	Female	1	Widow	Dunka
12/3/19	4	60	Female	2	Married	Dunka
12/3/19	5	60	Female	4	Married	Dunka

Interview Guide – Focus Group Discussion

- How would you describe life as an older person living in Zambia?
- Being old, what does it mean to you as a Zambian?
- What is the role of the elderly in the community?

- What made you chose to be the main caregiver for your grandchildren?
- What are some of the major concerns taking care of the grandchildren?
- What are the main challenges you face as caregivers?
- How does it affect your wellbeing?
- How does society support the elderly?
- What support is available for grandparents in the community?
- What kind of help would you like to receive?
- Do you have an access to any support system either governmental or nongovernmental organization regardless of: Financial support, material support, counseling service or medical service?
- What do you think about the roles of the younger generation (for example your children) regarding care for elderly people?
- Do you have access to social support from your neighbors and communities in the place where you live? If there are what kinds of support is available?
- Who do you think should help support the elderly in the community?
- Do you think that your current life either positively or negatively changed because of caring for your grandchildren? If you say yes, please tell me that change.
- What are your hopes for the future?

Thank You for your willing and cooperation to contribute in the focus group discussion.

Appendix 3. Information Sheet Provided to Participants

Participant Information Sheet

You are asked to participate in a field study conducted by Anna Nilsson from the Department of Sociology at Lund University in Sweden. This study is conducted as part of a Master Thesis in Welfare Policies and Management. Before you decide, it is important to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask the researcher if there is anything that is not clear or if you would like more information. If you agree to participate in the study, you will be asked to sign a consent form. The interview material will only be used for scientific purpose. I am committed to confidentiality and ethical considerations, which are explained below.

Purpose of the study
The purpose of this study is to investigate how elders and households cope with changing kinship relations, especially how the elderly are affected by their new role as caregivers. The study will examine the growing care deficit in Zambia and the elderly's experience of aging and care. The study aims to investigate the coping mechanisms and assess the challenges and strategies of the elderly.

Why you?
You have been chosen to participate in this research because of your role as caregiver to your grandchild/grandchildren. A number of other individuals in similar positions have also been invited to participate.

Participation and Withdrawal
Let me clarify that non-participation does not bring any negative consequences. This means that you can choose which questions you want to answer (see interview guide). Participation is voluntary and consent can be revoked at any time without any consequences.

Procedure
If you volunteer to participate in this study, you will be interviewed by the researcher and/or the research assistant. You may be recorded during the interview. If you prefer to not be recorded, the researcher will take notes only. The information will be transcribed shortly after the interview. Should you wish to see or edit the interview transcript we can make this available to you. No material will be used without your agreement.

Confidentiality and Anonymity
All information that is obtained during the course of this study will be kept and remain strictly confidential. Your anonymity will be protected at all times. All data will be stored securely, and only be disclosed with your permission. Your contact information will be deleted after the study. The signed consent form is only as confirmation of voluntary and valid participation. The interview transcripts cannot be connected to the signed consent form.

I would very much appreciate your participation in my study. If you are interested, I would be happy to send you a copy of my thesis once it is finished.

Thank you for your kind support.

Signature of Researcher and Research Assistant
These are the terms under which we will conduct the field study.

Date: _____

Signature of Researcher: Signature of Research Assistant:

_____   _____

If you have any questions or concerns about the filed study at any time, please feel free to contact:

Contact details of the researcher:
Anna Nilsson
+260968240312
Anna.nilsson.028@student.lu.se

Appendix 4. Consent Form Participants

Consent to Participate in Field Study

I have read (or have had explained to me) the information about this research as contained in the Participant Information Sheet. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction.

I understand that I am under no obligation to take part in this study.

I understand that I have the right to withdraw from this study at any stage without giving any reason, and to choose not to answer particular questions that are asked in the study.

My signature below says that I am willing to participate in this research.

Date: _____

Name of Participant: Signature of Participant:

_____   _____

Name of Researcher: Signature of Researcher:

_____   _____