

# Does the role of grandmothers as the primary caregivers in poor households compromise their own right to adequate food?

*Investigating two communities in the Breede Valley,  
Western Cape Province, South Africa.*

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# Executive summary

**Background:** South Africa is currently experiencing serious challenges affecting household food security. To address these challenges, the country has adopted several policy frameworks and passed legislation based on its Constitution which recognizes the right to food and water. However, this does not seem to be sufficient as some groups are still deprived of food.

According to African culture, mainly grandparents or aunts or uncles are coping with the care of orphans when parents die. Primarily, the grandmothers provide for the orphaned children in terms of economic, social and psychological care. In large households, grandparents often look after both their children, grandchildren and even their own parents, leaving them in great despair as the extended family becomes a financial burden. There are concerns especially regarding grandmothers and social welfare - and pension schemes, in addition to the care for elderly people and their right to health, which includes the right to food.

**Aim:** To investigate if and how the role of grandmothers as the primary caregivers in poor households affected the realization of their own right to adequate food.

**Method:** The study was conducted in two communities in the Western Cape Province of South Africa. Three methods were used for collection of data in this study: (i) Questionnaires with grandmothers, (ii) Focus group discussions and (iii) Structured interviews with key informants. A total of 45 grandmothers and 10 key informants were included. The data was coded and analyzed using the software programme ATLAS T.I.

**Results:** The results indicated that overall, the households represented in this study were indeed experiencing food insecurity. As much as 44 out of 45 (98%) households experienced hunger. Grandmothers reported sacrificing their own basic needs including food, in order to feed their grandchildren.

**Conclusion:** Living with grandchildren was the biggest constraint for the grandmothers' enjoyment of their own right to adequate food. The need for more data on the situation of this vulnerable group is needed to encourage interventions with the aim of empowering grandmothers, a usually neglected group of caregivers in large households with both children and grandchildren.

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Although the journey is over I will keep South Africa close to my heart and I will return.

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# Abbreviations

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANC</b>	African National Congress
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women
<b>CSG</b>	Children Support Grant
<b>FAMSA</b>	Family and Marriage Association of South Africa
<b>FAO</b>	Food and Agriculture Organization
<b>FCG</b>	Foster Care Grant
<b>FGD</b>	Focus Group Discussion
<b>GC</b>	General Comment
<b>HH</b>	Household
<b>HIV</b>	Human Immunodeficiency Virus
<b>HRBA</b>	Human Rights Based Approach
<b>HSQ</b>	Hunger Scale Questionnaire
<b>ICCPR</b>	International Covenant on Civil and Political Rights
<b>ICESCR</b>	International Covenant on Economic, Social and Cultural Rights
<b>ICPD</b>	International Conference on Population and Development
<b>MDG</b>	Millennium Development Goal
<b>NGO</b>	Non-Governmental Organization
<b>OAG</b>	Old Age Grant
<b>OHCHR</b>	Office of the High Commissioner for Human Rights
<b>REC</b>	Regional Committees for Medical and Health Research Ethics
<b>SASSA</b>	South African Social Security Agency
<b>SRD</b>	Social Relief of Distress
<b>UDHR</b>	Universal Declaration of Human Rights
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>UNSCN</b>	United Nations Standing Committee on Nutrition
<b>USDA</b>	United States Department of Agriculture
<b>WFS</b>	World Food Summit





# 1 Introduction

This research project was associated with a study called “A Community Nutrition Security Research Project (CNSP)” in the Breede Valley, Worcester, Western Cape Province, South Africa (ethics approval number N10/11/368), undertaken by the Division of Human Nutrition, Faculty of Health Sciences, Stellenbosch University. The aim of that project was to study linkages between community food security and child nutritional status to develop an in-depth understanding of the immediate and underlying factors that influence young child growth in selected vulnerable communities in a peri-urban district in the Western Cape. These investigations are meant to form the basis for further in-depth studies of specific interrelationships and for the design and implementation of community food security strategies that could contribute to the resilience of the local food system and the healthy growth of children.

South Africa is still suffering from the legacy of apartheid, eighteen years after its end. Through Nelson Mandela’s presidency in the following years’, positive changes have been seen in the country. However, the country is still experiencing high levels of inequality, racial disparities in education as well as in health care services. Furthermore, the black population remains the most disadvantaged.

South Africa’s non-white population groups were forced to move out of the cities and resettle in remote rural areas during apartheid. These settlements are still homes of thousands of South Africans. The poor residing here are faced with serious challenges: unemployment, drug- and alcohol-abuse and violent crime rates are disturbingly high, in addition to having one of the highest HIV/AIDS prevalence’s in the world.

There are strong family relations related to the African culture. The older women are known to take care of their children and grandchildren when they are not able to do so themselves. With little money and many mouths to feed, the grandmothers struggle to make ends meet. To relieve the poverty, governmental grants are provided to specific groups. Such grants include the older persons grant and the child support grant. The grants received by women in the poor households have proven to also benefit the children of the households.

Much research has been done focusing on women and children in South Africa (1). However, very little has been done with emphasis on grandmothers. It is well established that older

women are discriminated both in terms of gender and age, and that they are easily affected by poverty and violence (2, 3). The Advisory Committee to the United Nations Human Rights Council (UNHRC) has recognized that the problem of elderly is very important and neglected throughout the world. Some of the issues of concern referred to have been the social welfare and pension schemes, the care for elderly people and their right to health, which presupposes the realization of their right to food. As of June 2011 the UNHRC has officially recognized older women as a vulnerable group (4). However, it urges states and the UN to collect more data regarding different forms of violence and abuse of women over 49 years of age, with special attention to low- and middle- income countries (4). While it is encouraging that the suffering of older women receives growing attention in society, it is also recognized that a lot more needs to be done to protect their rights (4).

The present study addressed relevant aspects of selected grandmothers' situation in two of South Africa's townships. These women are victims of poverty, malnutrition, abuse, violence and illiteracy and the need for more information regarding the situation of this vulnerable group is recognized. The emphasis was to investigate to which extent the grandmothers sacrificed their own right to adequate food in order to fulfill their grandchildren's needs.

## 2 Background

This chapter starts by introducing South Africa from a perspective relevant for this thesis. This includes some facts about the country and its population, historical background as well as an introduction to parts of South Africa's social security system, central to this thesis. The second part addresses the concept of human rights, and relevant human rights aspects related to this thesis.

### 2.1 South Africa

The Republic of South Africa (Figure 1) is located at the southern tip of Africa. It is bordered by the Atlantic Ocean in the west and the Indian Ocean in the south and east. South Africa consists of 9 provinces, each with its own legislature, premier and executive council. Pretoria is the administrative capital, Cape Town is the legislative capital and Bloemfontein is the judicial capital.

Figure 1: Map of South Africa (5)



For 2011, the South African mid-year population was estimated to about 51 millions according to Statistics South Africa (6). The four main population groups in South Africa are the Black Africans, Coloureds, Indians/Asians and the Whites. The majority of the South African population is Black African, with a total of approximately 79.5%. South Africa`s population possesses eleven official language groups: Afrikaans, English, Ndebele, Northern Sotho, Sotho, Swazi, Tswana, Tsonga, Venda, Xhosa and Zulu.

About 26 million (52%) of the population are female, and the life expectancies at birth were estimated to 54.9 years for males and 59.1 years for females (6). The number of HIV-infected was approximately 5.4 million in 2011, and 16.6% of the adult population aged 15-49 years were HIV positive. New HIV infections among the population aged 15 and above was estimated to 316 900.

## 2.2 History

In the late 17<sup>th</sup> century the British invaded and occupied the Cape (7). This was the beginning of the white settlements. Britain expanded their invasion until the mid-19<sup>th</sup> century. The British colony and the independent Boer Republics were united in 1910, and named the South African Union. The segregation between the white and the black population was amplified, the Black Africans losing their rights to the white minority.

Segregation was further pursued as a response of economic, social and political pressure (7). *The Natives Land Act* of 1913 made a clear distinction between *white* and *black areas*, dividing South Africa according to skin colour. The Blacks were restricted by law only to buy or rent property in the reserves, called “the homelands”. This comprised about 13% of South Africa’s area. Furthermore, the skilled work was reserved for whites and the Africans were denied the right to organize themselves. *The Natives (Urban Areas) Act* of 1923 controlled the blacks’ mobility through pass laws. This was an urban segregation, ensuring that all African workers were forced into minimum wage labor, keeping them there and denying them any power to resist. This divided South Africa further into “prescribed” and “non-prescribed” areas, strictly controlling the movements of the blacks between the two. The local authorities were responsible for the control of the blacks, and for the removal of those who were unemployed. The result was predominantly white cities.

The National Party gained power in 1948, initiating the beginning of apartheid (8). For four decades its policies alienated South Africa from the international community. *The Group Areas Act 36* of 1950 required further segregation of the already suppressed people of South Africa. One of the pillars of the apartheid was to register each person into one of the four main racial groups at birth: white, coloured, Bantu (Black African), and other. People were removed from their homes and forcibly resettled in underdeveloped and underserved areas based on their race.

In 1994 South Africa had its first non-racial election, making Nelson Mandela the president. The African National Congress (ANC) has been the ruling party of post-apartheid South Africa. The ANC claims to be “*the party of the poor*” (9). Basic welfare rights were promised in its 1994 election manifesto, entitled “*A People’s Contract to Create Work and Fight Poverty*”. In this manifesto the previous President Thabo Mbeki declared the following:

*At the heart of our challenges are two linked concerns – we must create work and roll back poverty. These two core objectives are the major focus of our programmes for the Second Decade of Freedom.*

Social equality became the priority of the post-apartheid politics in South Africa (10). The Constitution of 1996 had various political parties join forces to promote a democratic, non-discriminating South Africa. The main goal was to reconcile and reconstruct the country through ending the discrimination against the non-whites as well as other stigmatizing policies that was implemented during the apartheid era. A commission was appointed to pursue gross human rights violations that happened during apartheid. Their job was to identify the magnitude of such violations, finding ways to repair the inflicted damage and to prevent it from happening again. The rule of law was enhanced through the Constitution, replacing Apartheid’s sovereignty. Through Mbeki’s presidency South Africa advanced their international interests and development. Jacob Zuma came to power in 2009, being the leader of the ANC. He has been portrayed as “*a rebellion against Mbeki’s neoliberalism*” contributing to growing class divisions (11). Neither of the post-apartheid presidents have managed to overcome all the obstacles brought upon by the apartheid regime. The country is still faced with immense class distinctions and high poverty rates which entails hunger and malnutrition and threatens political, social and economic stability. Continued political motivation to increase coverage of social grants has emerged as a result (12). The legacy of apartheid is still pursuing South Africa, black people having very limited access to land, lack

of livelihood opportunities as well as persistent levels of poverty in rural areas (8). There is yet to see how much resource the political South Africa is willing to use in order to eradicate poverty, inequality and hunger.

## **2.3 Some challenges facing South Africa**

### *Malnutrition*

Malnutrition is a serious public health problem, increasing the risk of disease and mortality worldwide (1). The causes of malnutrition are many and complex, involving politics, economy, education, sanitation, food production, the existence and effectiveness of nutrition programmes and the provision of health services. Malnutrition is highly prevalent in poor communities, and especially affecting children who are stunted, wasted or underweight. The adults are also burdened with nutrition-related diseases such as overweight, obesity, cardiovascular disease and cancer (1, 13).

### *Malnutrition and South Africa*

South Africa is currently experiencing both undernutrition and overweight at the same time, partly as a result of the nutrition transition (14). The nutrition transition is caused by a series of changes in dietary patterns and physical activity levels over the recent years. As a consequence the prevalence of chronic and non-communicable diseases increases worldwide (15).

Tuberculosis, smoking and abuse of drugs and alcohol, in addition to one of the highest prevalence's of HIV/AIDS in the world, affect households' food security (13, 16). The socioeconomic factors regarding food and nutrition in the country appear to be contradictory (17). While the national food supply is adequate, the country is still faced with challenges regarding malnutrition, hunger and food insecurity. And though the per capita income is high compared to other developing countries (18) the income is not equally distributed. As a result the poor are prevented from accessing the available food, the black people being worse off than white people (18, 19).

### *Poverty, social protection and malnutrition*

Since the end of apartheid in 1994, the South African Government has used different approaches to address poverty and inequality (20) including social protection in form of governmental grants, which has proven to reduce the poverty rates and provide progressive realization of the right to food (21). The South African social assistance is provided for different groups in society, in terms of the older persons grant, the disability grant, the war veteran's grant, the care dependency grant, the foster child grant, the child support grant, the grant-in-aid and the social relief of distress. The social grants most relevant for this thesis are the older persons grant, the child support grant and the foster care grant, and these are emphasized in the current section as well as the rest of the thesis.

The social grants are financed through tax revenue, the Children Support Grant (CSG) and the Old Age Grant (OAG) being the largest in scale (21). In 2008 and 2009 the number of beneficiaries of the CSG was 9 million, while the OAG had 2 million recipients (22, 23).

However, lack of institutional integration and requirements for identification documents are preventing some groups of poor from accessing the grants, rural population being especially vulnerable to this exclusion (20). Some households are not benefitting from the CSG despite eligibility, and the pensions tend to be shared among the members of often large households where the pensioners are primary caregivers. The fact that people who are eligible for social grants, in practice receive very little or nothing at all, is of major concern (2).

The social assistance grants are managed and administered by the South African Social Security Agency (SASSA). This means that SASSA is the institution responsible for ensuring the correct grants is paid to the right persons, at suitable venues (24). There are certain criteria for receiving the different governmental grants. Especially the requirement of having identification papers has proven to prevent some groups in society from enjoyment of these governmental grants. The applicable grants, their amounts and eligibility criteria's are summarized in Table 1:

**Table 1: Social grants relevant for this thesis**

<b>Social grants</b>		
<b>Grant</b>	<b>Eligibility criterias</b>	<b>Amount</b>
Older persons grant	<p>&gt; 60 years</p> <ul style="list-style-type: none"> <li>• Be a South African citizen or permanent resident and live in South Africa</li> <li>• Not receive any other social grant for yourself or be cared for in a state institution</li> <li>• Not earn more than R47 400 per year or own assets worth more than R792 000 If you are single</li> <li>• If you are married, your combined income must be more than R94 800 per year and you your spouse must not have assets worth assets worth more than R1 584 000</li> </ul>	<p>R1 200</p> <p>&gt; 75 years;</p> <p>R1 200 + R20</p>
<i>Child Support grant</i>	<p>You must:</p> <ul style="list-style-type: none"> <li>• be the child’s primary caregiver (e.g. parent, grandparent or a child over 16 heading a family) and a South African resident</li> <li>• not earn more than R33 600 per year if you are single. If you are married, your combined income should not be above R67 000 per year.</li> </ul> <p>The child must:</p> <ul style="list-style-type: none"> <li>• have been born after 31 December 1993</li> <li>• not be cared for in a state institution</li> <li>• reside with the primary caregiver who is not paid to look after the child</li> </ul> <p>Both you and the child must live in South Africa.</p>	<p>R280 per child</p>
<i>Foster child grant</i>	<ul style="list-style-type: none"> <li>• You must be a South African citizen, permanent resident or refugee</li> <li>• You and the child must live in South Africa</li> <li>• The foster child must be legally put in care and the child must remain in your care</li> <li>• The child must be younger than 18</li> </ul>	<p>R770 per child</p>

*Application, documentation requirements and payment methods*

Applicants for governmental grants must apply at one of the SASSA offices. According to SASSA, people lacking the required proof of identity (a 13 digit bar coded Identity book, or birth certificate for the children involved in the application), are still able to apply for a grant (25). They must contact a SASSA office and obtain all the documents necessary for them to process the application.



If an application is denied it is explained in a notification delivered by post, and an appeal can be requested within 90 days of notification (24). If approved, the grant is paid from the day of application and can be collected either through cash payments at designated pay points, at banks including Postbank, or at institutions.

### *Discrimination against women and the elderly in South Africa*

Women in rural areas of South Africa are most often the primary caregivers of the children, preventing them from working and earning an income as easily as the men. Lack of money prevents them from buying food and in rural areas they have to produce food themselves through subsidized farming (19). This is challenging, as they cannot afford to pay for land, seed, fertilizers or water. The women are also more vulnerable than men to inter-personal and domestic violence, emotional abuse, alcohol abuse, alcohol-related health disorders, illiteracy, malnutrition and pesticide exposures, all of which worsen their quality of life (26). Moreover, the discrimination continues as they get older (2).

As the women grow old they often outlive the men and are then faced with an even bigger challenge, having to provide for their families without the means necessary to do so (2). In large households, grandmothers often look after both their children, grandchildren and even their own parents, leaving them in great despair.

### *The impact of HIV/AIDS on South African households*

Research has shown that according to African culture, relatives are coping with the care of orphans when parents die, especially from HIV/AIDS (16). Families that are affected by this disease are often caretakers for terminally ill mothers, and their children remain as part of the household after her death. The children's relatives, mainly grandparents or aunts or uncles, become fostering parents. However, many fostering households are missing out on the CSG and the FCG, due to difficulties with establishing the applicants as the primary care givers (20, 27).

Severe illness in adults puts financial stress on affected households (28). In fostering households, each orphan taken in deepens poverty and thus threatens the resources for food, school and health care - all fundamental human rights of children. Many households that are victims of HIV/AIDS are lacking adequate food. It is well-known that the disease removes the most productive age groups from a chance to provide for their families, leaving children and

older people behind (29). Primarily, the grandmothers provide for the orphaned children in terms of economic, social and psychological care. But as a consequence of the loss of income source, the extended family becomes a financial burden. The grandmother is confronted with an expansion of responsibilities when she can least afford to take it on (29).

## **2.4 A human rights approach to this study**

### **2.4.1 General**

This general part is based on the “Basic handbook in human rights for UN staff” (30). The respect for human rights and fundamental freedoms without distinction as to race, sex, language, or religion, lies at the heart of the United Nations, spelled out in the Universal Declaration of Human Rights of 1948 to which all UN Members States are expected to adhere. Drafted as “a common standard of achievement for all peoples and nations”, the Declaration for the first time in history spelled out basic civil, political, economic, social and cultural rights for all human beings to respect and protect. The UDHR, the International Covenant on Civil, Social and Political Rights (ICCPR) and its two Optional Protocols and the International Covenant on Economic, Social and Cultural Rights (ICESCR), form the so-called International Bill of Human Rights. By becoming parties to binding international treaties such as the two covenants and subsequent special conventions, States assume obligations and duties under international law to respect, to protect and to fulfill human rights, where each treaty and their progressive interpretations draw up what each step may imply.

The UN World Conference on Human Rights held in Vienna in June 1993 declared in the Vienna Declaration and Program of Action (31):

*All Human rights are universal, indivisible and interdependent and interrelated. The international community must treat human rights globally in a fair and equal manner on the same footing, and with the same emphasis. While the significance of natural peculiarities and various historical, cultural and religious backgrounds must be born in mind, it is the duty of the state, regardless of their political, economic and cultural systems, to promote and protect all human rights.*

The UNFPA states that the universality of the human rights means that every human being is in title of these rights (32). This is comprised in the words of Article 1 of the Universal

Declaration of Human Rights: “*All human beings are born free and equal in dignity and rights*” (33). They are inalienable, which means that they can never be taken away (32). They are indivisible and interdependent because each right is equally important and cannot be fully enjoyed without the others, whether they are of civil, cultural, economic, political or social character. Furthermore, equality and non-discrimination encounters that all people are equal, and should not suffer from discrimination on the basis of colour, ethnicity, gender, age, language, religion or for any other reason.

The UNFPA further states that a human rights-based approach means directing action towards fulfilling the *rights* of people, rather than just meeting the basic needs of beneficiaries (34). Also fundamental is the recognition that where there is a right there is also someone responsible for fulfilling that right. In this context the concepts of *right-holders* and *duty-bearers* are important. The right-holders are individuals or interest groups who are in title of the universally recognized rights. The duty-bearers are individuals or institutions required to fulfill those rights. The State is the primary duty-bearer, which should strive toward freedom, well-being and human dignity for all within the framework of essential standards and principles, duties and obligations. To make sure the human rights are realized, all governments have obligations or duties to respect, protect, fulfill, (facilitate and provide) every right. This means they are not to interfere with human rights as already being enjoyed, and that they must facilitate their realization when necessary by ensuring that a right can be legally and legitimately claimed by any member of society. If a State Party to a convention fails to follow the international human rights standards it can be held *accountable* by the rule of law.

A rights-based approach emphasizes vulnerable, excluded and discriminated people. To ensure that programs reach the targeted segments of the population, an analysis of gender and social exclusion ought to be implemented.

The human rights emphasize that everyone has the right to *participate* in decisions that affect their lives and well-being. Rights-based approaches require a high degree of participation by all members of society to ensure the realization of human rights. This includes local communities, civil society, non-governmental organizations (NGOs), the media and individuals.

A rights based approach means equal attention to *outcome* and *process*. Outcomes imply what concerns the rights as embodied in the conventions and their interpretations. The processes leading to this should be guided by a set of principles as follows: *participation*, *accountability*, *non-discrimination*, *transparency*, *human dignity*, *empowerment* and *rule of law*. The order of these forms the acronym PANTHER, as proposed by the FAO (35).

As elaborated by the FAO the principle of *participation* should encourage all people to be active participants in decision-making that concerns their lives including the less privileged, vulnerable and affected population in decision-making (35). The principle of *accountability* is directly related to human rights obligations of conduct and of result. This principle makes policy-makers *responsible* for their actions, policies and decision-making as well as their consequences. *Nondiscrimination* means that every human being is in title to all human rights without any distinctions. The principle of *equality* further supports this, stating that these rights should be enjoyed on the same terms, regardless. To achieve participation and accountability, the principle of *transparency* is necessary. This allows rights-holders to monitor all activities made by the duty bearers. Recognizing *human dignity* as the basis of all human rights is important to be able to adjust measures for action on different vulnerable groups. It is emphasized that “*human dignity is nonnegotiable and irreversible*”. *Empowering* people to take their own choices and be in control of their own lives is yet another important principle in development planning. People have to know about their human rights in order to be able to claim them with the tools necessary. Finally, the *rule of law* encompasses equity, fairness and justice, a principle that can never be suppressed in development planning.

The approach recognizes that each person is a right-holder and that measures should be taken to ensure the freedom, well-being and dignity of all people within the framework of essential standards and principles, duties and obligations (30). To make sure the human rights are realized, all governments have corresponding obligations or duties to respect, protect, fulfill, (facilitate and provide) every right. This means they are not to interfere with human rights as already being enjoyed, and that they must facilitate their realization when necessary by ensuring that a right can be legally and legitimately claimed by any member of society.

Also fundamental is the recognition that where there is a right there is also someone responsible for fulfilling that right. In this context the concepts of *right-holders* and *duty-bearers* are important. The right-holders are individuals or interest groups who are in title of

the universally recognized rights. The duty-bearers are individuals or institutions required to fulfill those rights. The State is the primary duty-bearer, and if it fails to follow the international human rights standards it can be held accountable by the rule of law.

The human rights emphasize that everyone has the right to participate in decisions that affect their lives and well-being. Rights-based approaches require a high degree of participation by all members of society to ensure the realization of human rights. This includes local communities, civil society, non-governmental organizations (NGOs), the media and individuals.

#### **2.4.2 A human rights-based approach to nutrition and food security**

It has long been recognized that the attributes of a human rights approach can be useful when working in the fields of nutrition and food security (36). A number of conventions and declarations on human rights dealing with specific issues around that and related rights have been developed under international human rights law (37). This includes the right to adequate food, which was first recognized in the UDHR, article 25 (1):

*Everyone has the right to a standard living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.*

The right to adequate food was specifically directed at reducing hunger and malnutrition but also to advance nutritional wellbeing. The World Food Summit (WFS) held in Rome in 1996 confirmed that the problem of food insecurity was much more complex than just an overall lack of food (38). The Summit stated that the problem was limited access to adequate food for poor people, or wrong consumption, defining food security as follows:

*Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.*

Commitment 7, objective 7.4 of the WFS Plan of Action called for action “to better define the rights related to food in Article 11” of the International Covenant on Economic, Social and

Cultural Rights of 1966 (38). The UN Committee on Economic, Social and Cultural Rights (ICESCR) worked out “*General comment No. 12 on the right to adequate food*” (GC12). Such General comments are made to assist State parties to fulfill their periodic reporting obligations on the various rights contained in the human rights convention in question. GC 12 (39) states:

*The right to food is realized when every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement.*

GC 12, para 6

This definition entails adequacy, availability and accessibility of food. GC 12 emphasizes the meaning of *adequate* food: to meet the nutritional needs, be safe to eat and culturally acceptable (39). Furthermore, the definition implies sustainable food supply and access. This means the food being both economically and physical accessible. This has been further interpreted as households having both physical and economic access to a variety of foods drawn from environmentally and economically sustainable food systems, procured in dignity within viable livelihood systems and prevailing food cultures (GC 12, para. 7). Other General comments interpret other established rights in ICESCR of relevance to this thesis:

- GC 14: The right to the highest attainable standard of health (art. 12) (2000) (40):

*Everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services.*

- GC 15: The right to water (arts. 11 and 12) (2003) (41):

*The human right to water entitles everyone to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses.*

- GC 19: The right to social security (art. 9) (2008) (42):

*The right to social security encompasses the right to access and maintain benefits, whether in cash or in kind, without discrimination in order to secure protection, inter alia, from (a) lack of work-related income caused by sickness, disability, maternity, employment injury unemployment, old age, or death of a family member; (b)*

*unaffordable access to health care;(c) insufficient family support, particularly for children and adult dependents.*

### **2.4.3 South Africa`s commitment to adequate nutrition in a human rights perspective**

To address the challenges regarding the nation`s food and nutrition security, South Africa has adopted several policy frameworks and passed legislation (18). In addition, the right to food is recognized in the Constitution, which is considered one of the world`s most progressive ones. However, the policy and legislative frameworks on food-related rights do not seem to be sufficient, as some groups in society are still deprived of food (22).

The South African Government`s commitment to nutrition is reflected in the Constitution of South Africa (*Act 108 of 1996*) (43). Article 27 of the Bill of Rights guarantees the right of all people of South Africa to health care, food, water and social security. In practical terms, it means that the Government is obligated to ensure that nutrition security (incorporating security of food, health and care) is respected, protected, promoted and fulfilled as a basic human right.

When using a rights-based approach to nutrition, the aim is to ensure that the resources in a country are managed and utilized justly and equitable, to ensure adequate nutrition and health for all (17). This perspective suggests that nutritional problems are to a large extent caused by injustice and inequity. South Africa`s injustice brought about by the apartheid regime, has contributed significantly to the current malnutrition and food insecurity (17). Lack of access to adequate food besides sanitary conditions and proper health care, -and the corresponding poor nutritional levels need special consideration in this context. This study especially considers the food and dietary aspects of these essential conditions for good nutrition. The right to water and the right to social security are included due to their direct and indirect impact on the realization of the right to food.

#### 2.4.4 The human rights of women

Given this thesis' special emphasis on women, the following section addresses human rights of interest.

The UN Convention of the Elimination of All Forms of Discrimination against Women (CEDAW) is considered to be the most important of all instruments concerning gender-related human rights issues (44).

In 1993, the UN World Conference on Human Rights in Vienna (31) confirmed that women's rights were human rights. This was a break-through in recognizing the rightful claims of women, "*identifying neglect of women's rights as a human rights violation and in drawing attention to the relationship between gender and human rights violations*" (44). The CEDAW states in the international bill of rights for women (45):

*The Convention on the Elimination of All Forms of Discrimination Against Women defines the right of women to be free from discrimination and sets the core principles to protect this right. It establishes an agenda for national action to end discrimination, and provides the basis for achieving equality between men and women through ensuring women's equal access to, and equal opportunities in, political and public life as well as education, health and employment.*

The Convention is one of the most ratified international treaties as it has been ratified by 180 states including South Africa (44). Periodic reports on women's status in the respective countries must be submitted by State parties to the Convention.

The state of the women in the world has received further attention, in The International Conference on Population and Development in Cairo (ICPD) in 1994, and also in Beijing the following year, on the Fourth World Conference on Women, where the inclusion of gender inequality and women's empowerment as one of the eight Millennium Development Goals was discussed (44). However, the denial of basic human rights of women continues in terms of increased rates of HIV infections among women, gender-based violence that kills and disables women, illiteracy, poverty, discriminatory laws regarding marriage, land, property and inheritance.



### 3 Motivation for the study

South Africa is still suffering from the legacy of the apartheid era. Although changes have been made to restore the nation during the post-apartheid years, far from all people are benefitting from the achieved progress. High rates of inequality and corruption continue to rage, and some people are still somewhat excluded from society.

Women living in rural districts of South Africa are considered an especially vulnerable group. While the rural population still suffers from poverty, high crime rates and HIV/AIDS, the women are also living with the responsibilities that come with being the primary caregivers of the households. They often take care of both their children and grandchildren, despite lacking the means to do so. Furthermore, they remain vulnerable to inter-personal and domestic violence, emotional abuse, alcohol abuse, alcohol-related health disorders, illiteracy, malnutrition, occupational safety hazards, and pesticide exposures, all of which lower their quality of life (26).

No previous studies have investigated how grandmothers and their realization of the right to adequate food are affected by living in large households with their grandchildren. However, an economic review investigating the old-age pensions and intrahousehold allocation found that “*the efficiency of the public transfer programs may depend on the gender of the recipient*” (46). This was detected by observing impacts on the anthropometric measures for young girls when pensions were received by women.

The vulnerability of women and elderly in South Africa is recognized, and there is reason to believe that many grandmothers are not able to enjoy their own basic needs in terms of food, health and care. This is due to poverty and their role as head of the households, having to provide for both children and grandchildren.

Evidence on the situation of grandmothers living in large households and their realization of the right to food for themselves is required. Hopefully this can encourage interventions that might help ease the situation of grandmothers. This study can be seen as a contribution in this context.

## 4 Aim and objectives

The overall aim of this study was to investigate if and how the role of grandmothers as the primary caregivers in poor households affected the realization of their own right to adequate food.

*The following objectives guided this study:*

1. To investigate attitudes, beliefs and/or practices among grandmothers on their role as primary caregivers in the households in two communities (Zweletemba and Avian Park) in the Breede Valley, Western Cape.
2. To investigate grandmothers' own right to adequate food.
3. To identify differences regarding grandmothers' role in the households between the age groups "above 60 years –who are entitled to the older persons grant " and "below 60 years of age"- who are not, in the two communities.
4. To investigate the role of the older persons grant on household food security.
5. To investigate if any policies and/or programmes were in place in the two communities to facilitate the realization of the right to food for the grandmothers.

# 5 Methodology

## 5.1 Time frame and study design

This study was conducted by the master student under the auspices of the Department of Nutrition at the University of Oslo and the Division of Human Nutrition at Stellenbosch University. The planning of the project began in Norway, and the project description was completed in Cape Town, South Africa in September 2011. The data was collected through field work in two communities in the Breede Valley (Zweletemba and Avian Park) in the Western Cape Province, during a time period of five weeks, starting February 1st 2012.

A qualitative study design was adopted for the purpose of this study. This was considered purposive as the qualitative design obtains information about the personal views, cultural practices, beliefs and experiences of the participants (47). It is an alternative methodology, aimed to elicit emotions and perceptions which quantitative study designs cannot capture.

To add to the results and strengthen the study, quantitative methods for data collection was also applied. This entailed a questionnaire for the grandmothers that participated in the study. A questionnaire in form of a hunger scale was also added. This was considered purposive to be able to compare the results and see if/to which extent they complied.

## 5.2 Study population

Considering this study is associated with the CNSP in the Breede Valley, Western Cape, the same research sites was used, including both the communities Zweletemba and Avian Park, with respectively 35 000 and 10 000 residents. In Zweletemba the unemployment rate is approximately 32%, and the majority of the residents have either some primary or secondary schooling. In Avian Park the unemployment rate is about 21%, and the majority of the residents have some secondary schooling. Both communities include both formal and informal housing. Tuberculosis and HIV/AIDS rates as well as the prevalence of babies born with low birth weight, are high (48).

## **5.3 Selection criteria for participation in this study**

The criteria for participation in this study were as follows:

### **5.3.1 Inclusion**

- Grandmothers living in Zweletemba or Avian Park, in the same household with at least one grandchild, for more than 3 days a week.
- Grandmothers who supported the grandchildren financially.
- Grandmothers who spoke any of the local languages; Afrikaans, English or isiXhosa.

### **5.3.2 Exclusion**

Grandmothers were excluded from participating in the study as follows:

- Grandmothers living in a household without any grandchildren.
- Grandmothers living with their grandchildren occasionally.
- Grandmothers used as key informants to recruit participants
- Grandmothers who participated in the pilot study

## **5.4 Sample selection and size**

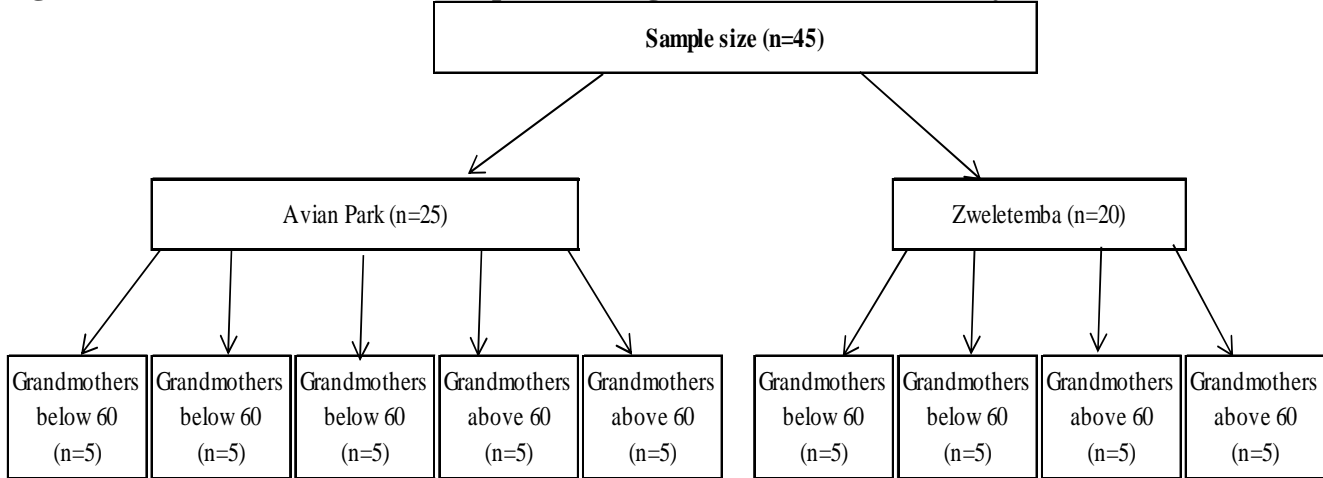
The sampling population was all grandmothers living in Zweletemba or Avian Park. Only participants eligible according to the inclusion criteria were recruited. This was applied both in recruitment of the focus group participants as well as the key informants. The field workers used their social networks to identify potential candidates.

Due to the expenses and the logistics of this study, the sample size was determined to be 40 grandmothers. The sampling size was regarded as sufficient to achieve theoretical saturation, meaning the point in data collection when new data no longer brings additional insight to the research question (49).

Participants were stratified according to age (<60 or >60 years of age) and location (Zweletemba or Avian Park). The participants were divided into eight groups, with a total of five persons in each group. Four of the groups consisted of grandmothers living in Zweletemba, and these were subdivided according to age (< 60 or > 60 years). The other four groups consisted of grandmothers living in Avian Park and were also subdivided according to age. Half of the participants (20 persons) were under the age of 60, and the other 20 were over the age of 60 (Figure 2). The reason for including different age groups in the groups was to divide between the grandmothers' eligible for receiving the old age grant (above 60) and those who were not (below 60), considering the cut-off age to qualify for the OAG were 60 years of age in South Africa.

The total number of participants was increased with one focus group (five participants), due to bias occurring in one of the conducted groups in Avian Park. After one of the discussions with grandmothers below 60 years, the researcher was made aware that one of the participants was above 60, and should not have been included in that focus group. It was decided to conduct a new focus group, to make up for this mistake. However, the researcher decided to include the information from the bias focus group in the study, due to the fact that there was a lot of valuable information retrieved from both the focus group and the completed questionnaires. And because the anonymity of the participants, it was not possible to exclude only the biased informant. The total number of focus groups was therefore increased to 9, and the total number of participants was 45 (Figure 2).

**Figure 2: Flow chart of the sub-sample sizes of grandmothers in the study**



## 5.5 Conceptual Framework

This study adapted George Kent's proposed "nested rings of responsibility" framework (50). A role analysis identifies right-holders and their rights as well as duty-bearers and their duties, responsibilities and obligations.

George Kent has illustrated the relationship between the right-holders and the corresponding duty-bearers placing the rights-holder in the inner circle. Kent has put the child in the midst of the circles as the rights-holder. The family is described as the duty-bearers with closest relations to the child, then the community, followed by different governmental actors which also carry duties and responsibilities towards the child. Finally, international non-governmental and international governmental organizations are the duty-bearers furthest away from the child. Kent has emphasized that actors distant from the child should strive to work with and strengthen those who are closer to the child for these to become more capable of fulfilling their responsibilities towards the child. Furthermore, the actors in the outer rings should help to overcome, and not punish, failures in the inner rings.

For the purpose of this study, the grandchild will be in the centre of the circle. The present thesis has benefitted from this conceptual framework of identifying rights-holders and corresponding duty-bearers. This was done by using the collected data to visualize who had commitments and responsibilities regarding the grandmothers' right to adequate food. This also ensured that relevant key informants were included. Part of the intention by using this framework was to investigate what relationship the grandmothers' as the rights-holders in the middle of the circle had to the communities, local governments as well as those actors closest to them. Both the focus group discussions as well as the structured interviews with the key informants contributed to this investigation.

## 5.6 Methods of data collection

The following three methods were used for collection of data in this study:

- (i) Questionnaires with the grandmothers
- (ii) Focus group discussions
- (iii) Structured interviews with some key informants.

Triangulation is used in qualitative research to ensure validity (51). In the present study both data- and methodological triangulation was applied by using different sources of information (data triangulation) as well as combining methods (methodological triangulation). The study included both quantitative and qualitative approaches to strengthen the study and get a deeper understanding of the study objectives.

### **5.6.1 Questionnaires for grandmothers**

A questionnaire (Addendum 1) compiled by the researcher was used to obtain information regarding who was head of the households and the households` financial situation. This included both income and money expenditure. The themes of the questionnaire were generated from the study objectives.

The questionnaire was translated into the local languages Afrikaans and isiXhosa. It was interviewer administrated, completed by the trained field workers engaged in the study. A hunger scale in the form of a questionnaire (Addendum 2) provided information about aspects of the households` food security situation (52). This helped investigate which households were unable to access adequate food and what the determinants of their food access were.

### **5.6.2 Focus group discussions with grandmothers**

In focus group discussions, a number of people who often have common interests or share experiences, are interviewed by facilitators to retrieve information on the participants` ideas, thoughts and perceptions on a subject (53). Focus groups are intended to retrieve information on specific subjects, according to field of interest. The aim is to make the participants respond both to the facilitators and each other, to discuss both unique and shared experiences.

The focus group discussions in the present study were held to obtain information about the personal views, cultural practices, beliefs and experiences of grandmothers` roles as primary caregivers in the households and their right to adequate food, as well as to investigate possible constraints regarding the grandmothers` right to adequate food.

A focus group discussion guide (Addendum 3) was developed by the researcher. A locally recruited interpreter was used as the facilitator. Focus group discussions were mostly conducted according to the guidelines of the United States Department of Agriculture

(USDA) Community Food Security Assessment Toolkit (54) and adapted for use in South Africa (as in the CNSP study).

An employee at the Stellenbosch University assisted the researcher in translating the focus group discussion guide and the questionnaire from English into one of the local languages, isiXhosa. This translator had no formal education as a translator. However, the person had assisted the researchers in connection with the CNSP study and the researcher came in contact with this person through the supervisor at Stellenbosch University. This supervisor also translated the documents into Afrikaans. After gathering the data, one translator from each of the respective communities helped transcribe the focus group discussions into English.

### **5.6.3 Structured interviews with some key informants**

Interviews with 10 key informants were also carried out (Addendum 4). The people of interest in this context were English-speaking government staff (whose duties were related to the realization of the right to food), health facilitators, social services employees, dietitians, as well as workers at old age homes and support groups for the elderly or church support groups located in the area of Worcester. The questions were asked according to FAO's monitoring guide, which emphasizes "*access to adequate, safe and culturally acceptable foods in ways that are sustainable and that do not interfere with the enjoyment of other human rights*" (55). This entails both economic and physical accessibility to adequate food.

The following key informants were included in the study:

- A minister from each of the communities (Zweletemba and Avian Park)
- A member of a church organization in Zweletemba
- A member of the church/volunteer in the church in Avian Park
- An employee at a health clinic in Zweletemba
- A worker at the multipurpose center in Zweletemba
- A worker at the municipality in Worcester, located in Avian Park
- A worker at Social services, family affairs



- Two workers at Social services, department of social development

#### **5.6.4 The research team**

The research team consisted of the master student as the principal researcher and two field workers from each of the communities. The field workers were women living in the two communities. They had no relevant education, but were experienced through having functioned as field workers in the CNSP study. One of the field workers from each of the locations facilitated the focus group discussions while the other assisted when language barriers occurred. The researcher recorded the interviews. As the focus group discussions were completed, the researcher brought the recorded interviews to the translators, who then started their work immediately.

During the structured interviews, only the researcher and the key informant were present. The interviews were recorded, and transcribed by the researcher.

As part of the CNSP study, local community members living in Zweletemba and Avian Park were trained to function as field workers before conducting the focus group discussions. The emphasis in this training was on developing skills in asking questions, listening and responding, and ensuring that the conversation remained on track. The present study used some of these already experienced field workers to assist in data collection.

By using already trained field workers in collecting the data, the chance of bias occurring was reduced as the interviews were being conducted identically. The focus group discussion guide helped the interviewer know what to say and ask to get the right information from the participants. Also through conducting a day of training before the pilot study, the research team got the necessary experience for this particular project.

### **5.7 Data collection and analysis**

When initially entering the two communities, the supervisor and a colleague at the Stellenbosch University with experience from the CNSP introduced the researcher to potential field workers. The researcher informed these women about the study and invited them to be part of the research team. By leaving the researcher in the hands of local women already familiar to the university staff, the researcher was protected and was able to enter these

communities on her own for the purpose of collecting the necessary data. This would otherwise not have been viable, for neither practical nor safety reasons.

### **5.7.1 Conducting the interviews and focus group discussions with the grandmothers**

As mentioned, the participants were assigned into a total of nine different focus groups. The focus group discussions were all conducted in February 2012. Each session lasted around two-three hours and included getting all participants to the designated location, conducting the interview and driving the participants back to their homes.

The field workers recruited eligible participants before the focus groups interviews, and administered the consent forms and the questionnaires at the homes of the participants whenever possible. Others completed the forms at location, when they arrived for the discussions. Completion of the questionnaires at their homes was considered the best way to get the participants to answer all the questions in an open and honest way, with only one of the local field workers present and no one else listening, as some of the questions were of sensitive character. Also, the recruitment of the participants was considered easier when the forms were completed beforehand, as it was less time consuming when all forms were completed before the focus group discussions were conducted, so the grandmothers did not have to be away from home longer than necessary.

The focus group discussions were held in venues located by the field workers. In Zweletemba, the focus group discussions for the participants from the formal housings were held in an additional house on one of the field workers' property. This venue was also used for training the field workers, as well as previous field work from the CNSP study. For the focus group discussions in the informal housings the location was at the other field workers home located in the informal area. The recruitment was considered to be easier this way as the grandmothers did not have to go far from their homes to participate in the discussions. The researcher assisted in transporting the participants by car.

In Avian Park the focus group discussions were conducted at a crèche, as one of the local field workers runs this crèche next to her home. The researcher transported the participants by car from both the formal and informal areas, to make the recruitment easier.

The participants were told they could use any of the local languages during the discussions, whichever they were comfortable with. This hopefully contributed to them feeling more relaxed and making the communication easier. Afrikaans and isiXhosa were spoken simultaneously in Avian Park, the participants speaking both languages fluently for the most part. In Zweletemba, isiXhosa was dominant. Each session was recorded using two digital recorders, to be sure no material would get lost if one stopped working during or after the discussions.

The participants were offered refreshments in the form of juice and water before and after the focus group discussions. In accordance with previous studies commenced in the communities, there were no servings during the discussions. The facilitators' experiences were that this could be disturbing for the discussions, and possibly have the participants unfocused. Instead, the participants each got a "goodie bag" as an appreciation of their participation in the discussions, consisting of one serving of juice, an apple and a muffin each after the discussions. The same procedure had been followed during the CNSP study, and it seemed to be a nice treat for the participants.

### **5.7.2 Conducting the structured interviews with the key informants**

The structured interviews were held with only the key informant and the researcher present, at venues identified by each informant. The researcher identified appropriate interview objects, through conversations with people in Worcester. The first key informant was identified through advice from one of the field workers. After having conducted the interview, the key informant gave advice on where to go next. As this continued, the researcher went to different institutions of interest, among them the local municipality. Here they identified one of their workers of interest to the study and obtained the contact information of this person. They also gave the researcher some of their statistics on the communities, and further gave advice about going to the office of SASSA. Going to SASSA, initially to retrieve more statistics and other possible information of interest, one of the workers located her daughter visiting in town, to function as a guide for the researcher. This girl assisted the researcher in locating institutions in Worcester, which the researcher would otherwise never have thought to seek out. Other relevant key informants were identified as the researcher went to different places, like churches in the different communities. The researcher made contact through talking to different people at the locations, explaining the purpose of the visits and asking who could be

of assistance. The researcher had thought through who the people of interest could be before starting the field work, and therefore had some idea of who might be of interest before going to Worcester. The interviews were for the most part conducted where the informants were situated when approached by the researcher, at venues considered appropriate for interviewing and recording. Some of the informants were not available for interviews when the researcher first contacted them. Appointments were then scheduled, and the researcher came back to conduct the interviews. Each of the interviews lasted approximately 30-40 minutes.

An attempt was made to conduct two interviews with informants having virtually the same background.

### **5.7.3 Pilot study**

Two days of pilot studies were conducted in the area of Worcester before the actual study started. One focus group discussion was facilitated in both communities, each consisting of three participants (3 from Avian Park and 3 from Zweletemba). The participants were recruited by the field workers, using their networks to identify potential participants. An evaluation was included to ensure relevance and understanding of the questions asked. Furthermore, the participants were asked to give other comments. (Addendum 5). The grandmothers who participated in the pilot were excluded from further participation in the study. As part of the pilot study content validity was evaluated by an independent expert in the field of nutrition and the right to food.

A structured interview was held with one key informant, identified by the researcher, who worked at an old age center in Zweletemba. Data obtained from this interview was not included in the results.

### **5.7.4 Data analysis: questionnaires, focus groups and interviews**

The researcher analyzed the questionnaires by summarizing the responses and converting them into percentage.

When analyzing the Hunger Scale Questionnaires the researcher used a standardized procedure, as seen applied in another study (56). This procedure entailed the following: A

score of five or more, i.e. five affirmative/positive (Yes) responses out of a maximum possible of eight (the eight questions in the HSQ) indicated a food shortage problem affecting everyone in the HH. These families could be considered as "hungry". A score of one to four indicated that the family was at "risk of hunger". A negative response (No) was assumed to mean a food secure HH. Further analysis of the data included the frequency of an affirmative or negative (Yes or No) response for each of the eight questions in the HSQ.

The local translator assisted the researcher in translating the focus group discussion guide and the questionnaires from English into two of the local languages Afrikaans and isiXhosa. After gathering the data, one local translator from each of the communities helped transcribe the focus group discussions into English. The data for each method was coded and analyzed using the software programme ATLAS T.I. The researcher used a student license of this programme, available online.

## **5.8 Validity and reliability considerations**

In *quantitative study designs*, reliability is used to measure the consistency or repeatability of the measures taken (57). Validity means that the instruments are measuring what they are supposed to measure which is important to minimize systematic error during data collection

*Qualitative study designs* rather refer to *the credibility* of the research (58). The aim of qualitative study designs is to get a deeper understanding of a phenomenon and this depends on the researcher's ability and effort. It is argued that by ensuring trustworthiness of the qualitative research, reliability is attained.

To ensure validity and reliability there has to be an assessment of the methods, the representativeness of the study and the population investigated (58). Both validity and reliability are likely to be achieved through proper study design, strict protocol execution and accuracy of both translations and transcripts of the data.

In the present thesis, triangulation was applied to improve the validity and reliability of the research. Combining both quantitative and qualitative approaches have shown to control bias as well as establish valid propositions (58). The credibility of the study was further strengthened through including two communities with settings typical for its kind as well as different population groups in terms of both rights-holders and key informants.

The methods for data collection were standardized, using a focus group discussion guide and an interview guide. Furthermore, the questionnaires and the structured interview were pretested for face validity, to ensure that it measured what it was supposed to measure. The content validity was evaluated by an expert in the field of nutrition and the right to food. Translations and transcripts were done by local women functioning as field workers. The fact that they spoke all three applied languages fluently in addition to having been through training during the CNSP study made them valuable in terms of avoiding bias as well as accuracy in both translations and transcripts.

## **5.9 Ethical considerations**

A preliminary project was approved by the Human Research Ethics Committee of the Faculty of Health Sciences, Stellenbosch University, South Africa (Addendum 6).

The project description was also submitted for approval by the Regional Committees for Medical and Health Research Ethics in Norway. However, the committee did not find it necessary to obtain their approval to conduct the present study (See Addendum 7).

Furthermore, the study was carried out according to *the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use* (ICH) and *The Medical Research Council of South Africa* (MRC) guidelines and conducted in full accordance with the ethical principles of the World Medical Association Declaration of Helsinki.

Written informed consent (Addendum 8) was obtained from the grandmothers as well as the key informants willing to participate in the study. All participants were provided with information and copies of the consent form. Information and consent forms were available in the three commonly used languages of the Western Cape: Afrikaans, English and isiXhosa.

All participants were informed that any participation in the study was voluntarily, and that refusal to participate would not in any way compromise them. Participants were also informed that all obtained data were being handled in a confidential matter, to ensure that their identities would not be revealed at any time.

## **6 Presentations of findings**

This chapter presents findings from the different data collection methods. Section 6.1 presents the findings from the standardized HSQ. This is aimed to provide evidence for food security at household level and is included in the beginning of this chapter to support the general findings of the study. The next section (6.2) presents the findings from the questionnaire regarding the grandmothers' roles and the financial situation in the households. Then the findings from the focus group discussions with the grandmothers is presented (section 6.3) before the final section (6.4.) provides the presentation of findings from the key informant interviews.

### **6.1 Findings from the hunger scale questionnaire**

Only the parts of the hunger scale questionnaire considered relevant for this study are included in the following section. The complete form with the results presented is enclosed (Addendum 9).

The results from the hunger scale questionnaire strongly indicated that overall, the households represented in this study were indeed experiencing food security. As much as 44 out of 45 (98%) households experienced hunger (Table 2).

However, when asked about the frequency of experienced food insecurity (questions A and B) the percentages declined, as could be expected. Question 8 deviated from the other questions with as much as 40% of the participants responding “no” to the question if any of the children or grandchildren ever went to bed hungry due to lack of money (Table 2).

**Table 2: Results from the hunger scale questionnaire**

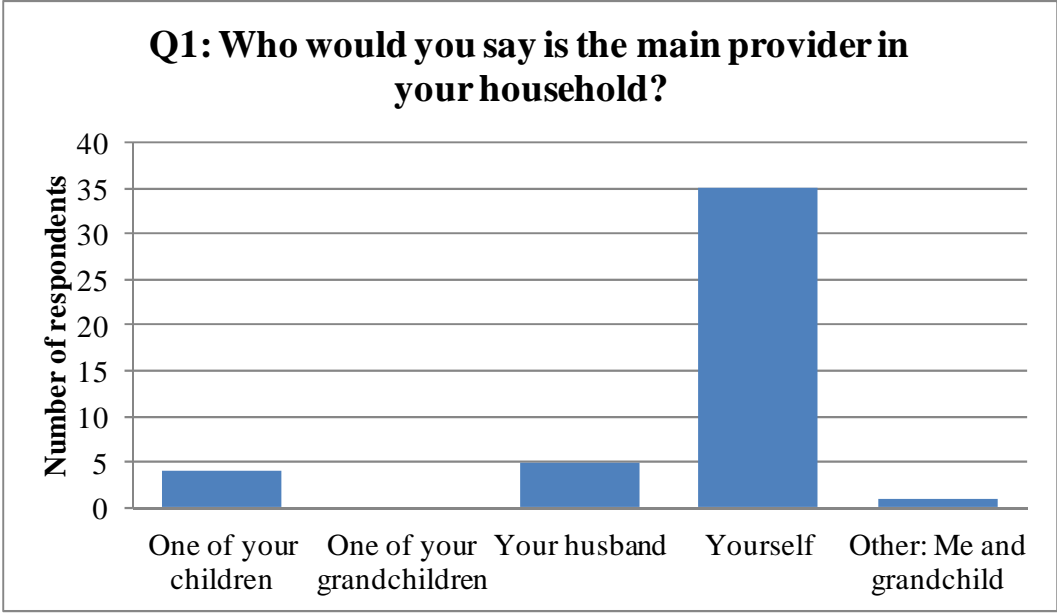
	<b>Yes</b>	<b>No</b>	<b>Maybe</b>
1. Does your household ever run out of money to buy food?	45 (100 %)	0 (0 %)	0 (0 %)
2. Do you ever rely on a limited number of foods to feed yourself, your children and grandchildren because you are running out of money to buy food for a meal?	45 (100 %)	0 (0 %)	0 (0 %)
3. Do you ever cut the size of meals or skip any because there is not enough money for food?	40 (88.9 %)	5 (11.1 %)	0 (0 %)
4. Do you ever eat less than you should because there is not enough money for food?	44 (97.8 %)	1 (2.2 %)	0 (0 %)
5. Do your children or grandchildren ever eat less than you feel they should because there is not enough money?	43 (95.6 %)	2 (4.4 %)	0 (0 %)
6. Do yourself, your children or grandchildren ever say they are hungry because there is not enough food in the house?	43 (95.6 %)	2 (4.4 %)	0 (0 %)
7. Do you ever cut the size of your own, your children's or grandchildren's meals or do they ever skip meals because there is not enough money to buy food?	44 (97.8 %)	1 (2.2 %)	0 (0 %)
8. Do you or any of your children or grandchildren ever go to bed hungry because there is not enough money to buy food?	27 (60 %)	18 (40 %)	0 (0 %)

## **6.2 Findings from the questionnaire regarding the grandmothers' roles and the financial situation in the households.**

Only what is considered the main findings from the questionnaire is presented in the following section. A complete presentation of the questionnaire is enclosed (see Addendum 10).

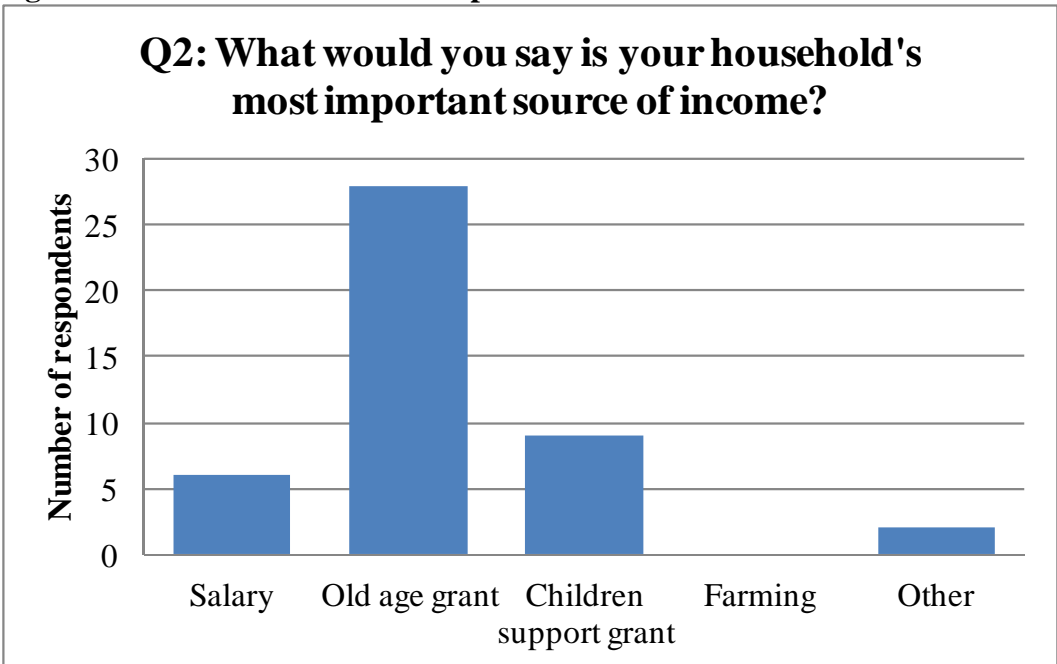


**Figure 3: The role as main provider of the households**



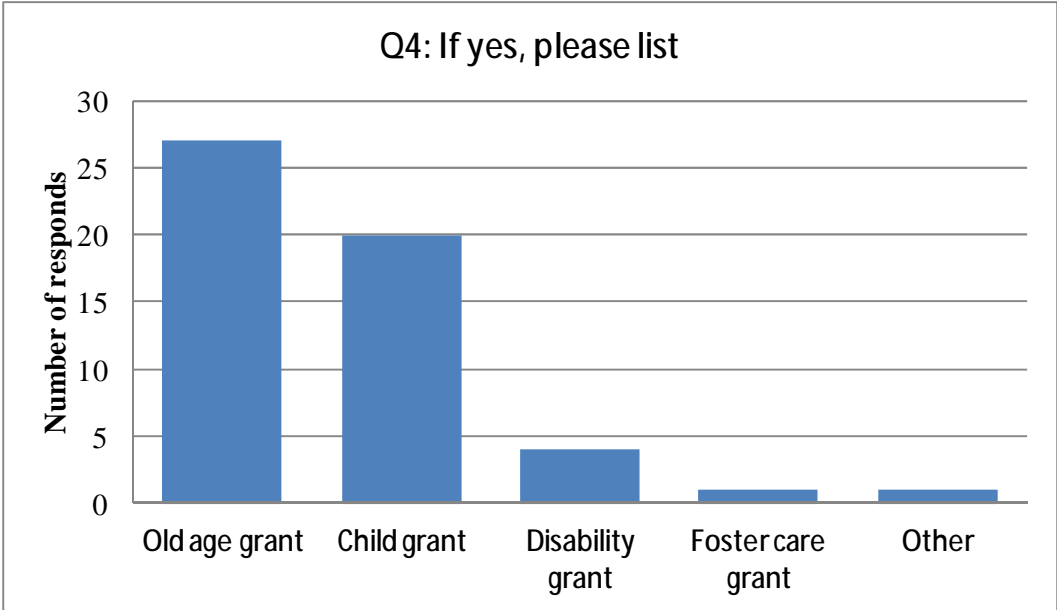
The majority of the grandmothers (78%) viewed themselves as being the main providers of the households (Figure 3). Only 11% reported that the husbands were the main providers, and even fewer their children (9%). These results strongly indicate that the grandmothers were the main providers in most of the households represented in this study.

**Figure 4: The households' most important source of income**



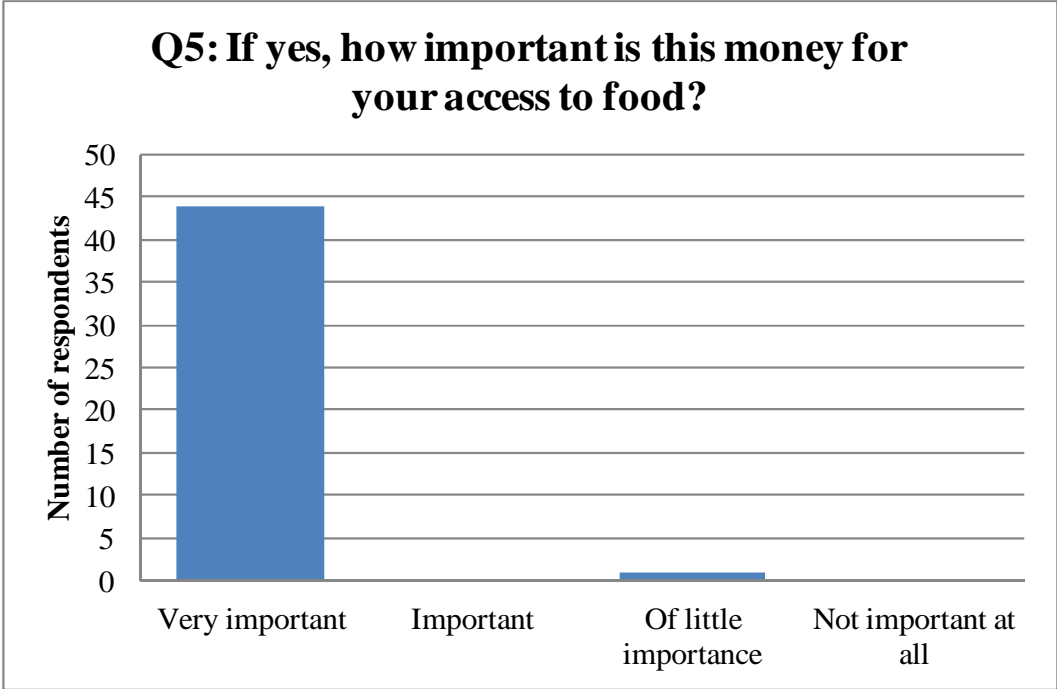
The most important source of income in the households was reported to be the old age grant (62%; Figure 4). Twenty percent of the households reported that the child support grant was the most important. Although the child support grant has by far the most receivers in South Africa, this result is not surprising since the old age grant gives a much higher monthly payment. These two social grants accounted for most of the households' income, as only 13% of the participants reported that salary was the most important source of income.

**Figure 5: The social grants received by the households**



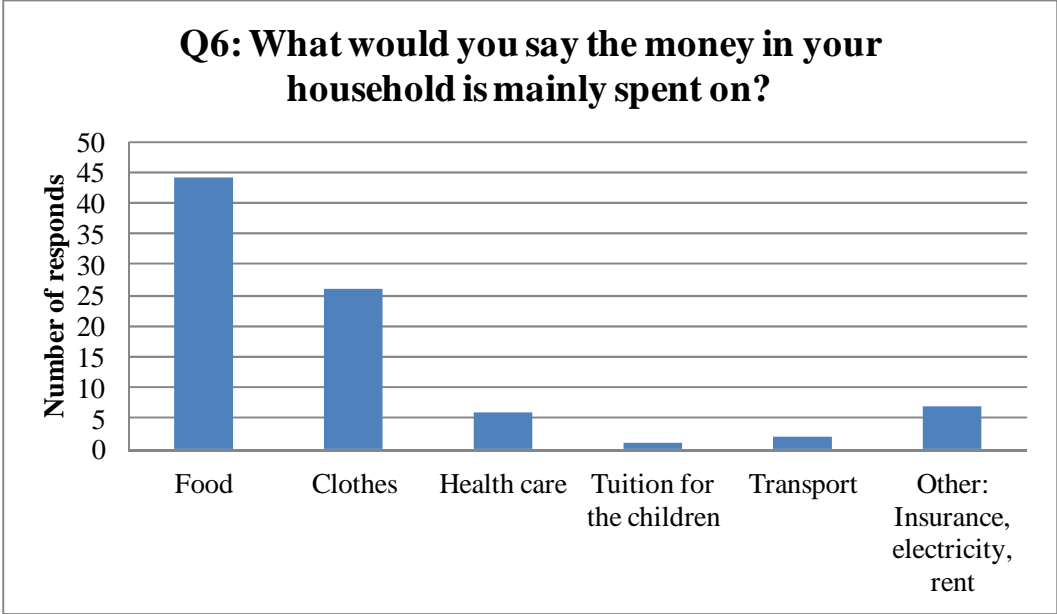
All participants responded that their households received one or more governmental grant (Figure 5). A total of 51% received an old age grant, 37% a child support grant and disability- and foster care grant was reported by 2% each (Figure 5). About 2% also received another grant, the applicable options being the war veterans' grant, the care dependency grant, the grant-in-aid or the social relief of distress.

**Figure 6: The importance of grant money for the participants' access to food**



A total of 98% of the respondents ranked the income from the grant to be “Very important” for their access to food on a four-point Likert scale (Figure 6). Only one of the participants responded that the grant money was “of little importance”, giving strong indications that the grant money was of great value for the participants’ access to food.

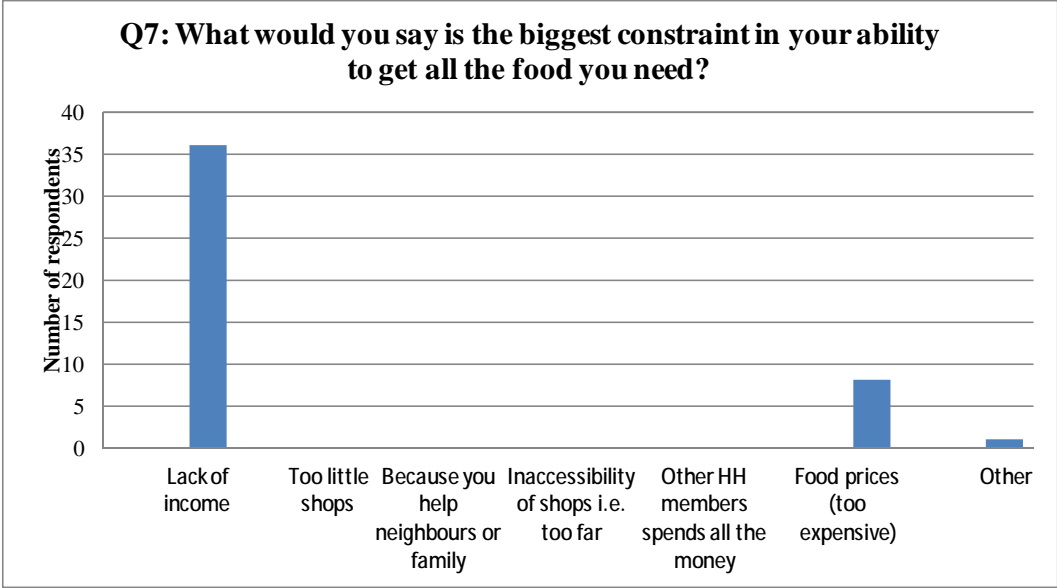
**Figure 7: Money expenditure within the households**



When asked what the money in the households was mainly spent on, food clearly stood out as the main item for expenditure among 51% of the households (Figure 7). The second biggest

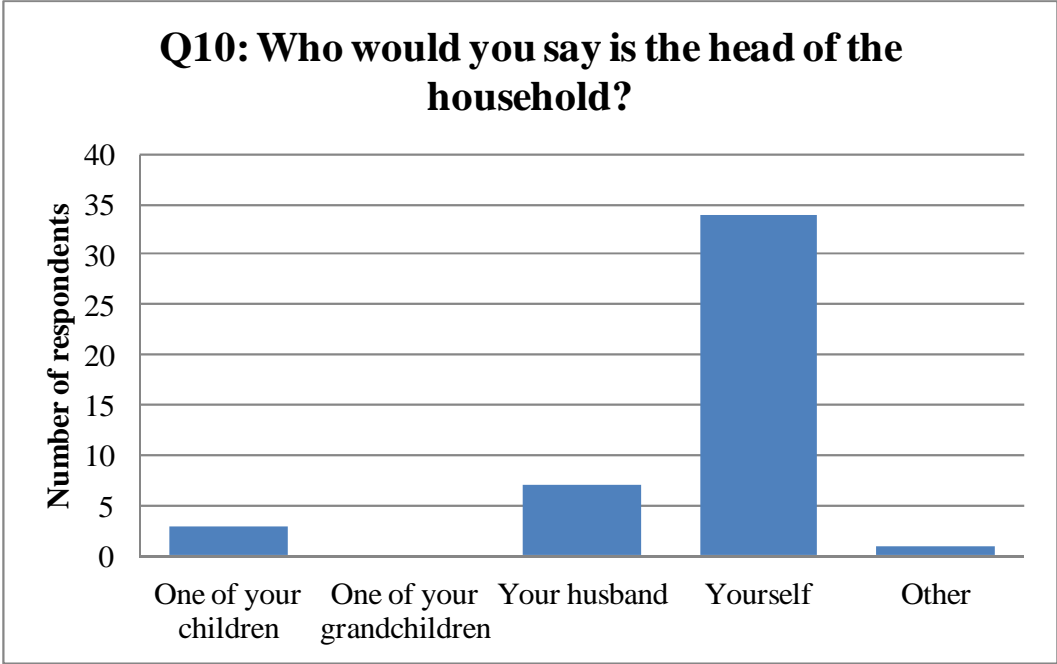
expense seemed to be clothing, 30% of the participants reporting this as the main objective for expenditure in the household. Seven percent responded that the money was mainly spent on other things (e.g. insurance, electricity and rent). Furthermore, health care was reported by 7%, transport by 2% and finally, tuition for the children came last with 1% as the main item for expenditure.

**Figure 8: Constraints related to food access**



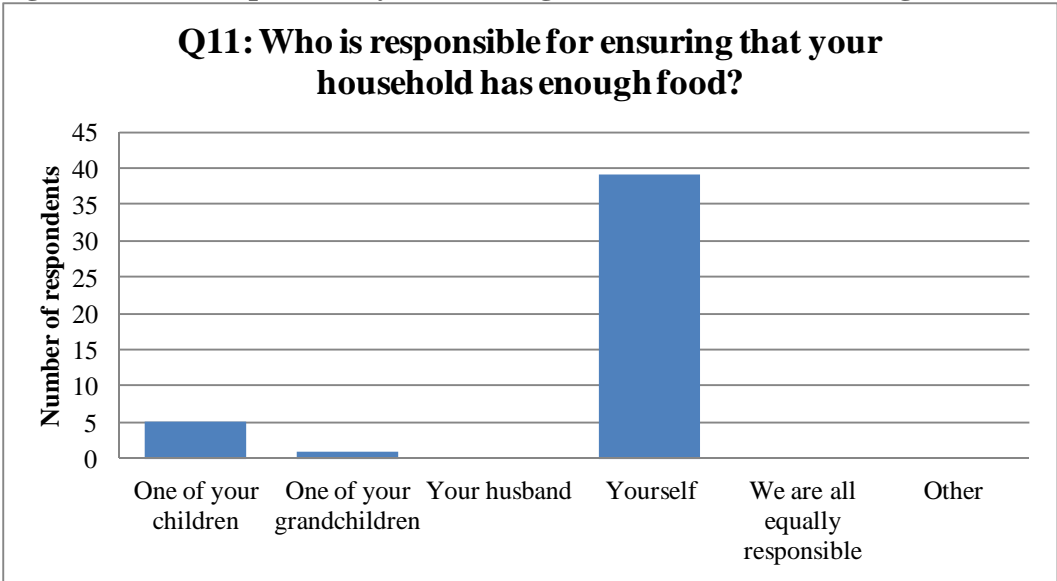
Although several alternative options were given, there seemed to be an agreement among the participants that there were only two main constraints in the grandmothers’ ability to get all the food they needed. Lack of income was reported as the biggest constraint by the majority (80%; Figure 8) of the participants, while 18% reported the food prices as their main challenge.

**Figure 9: The role as head of the households**



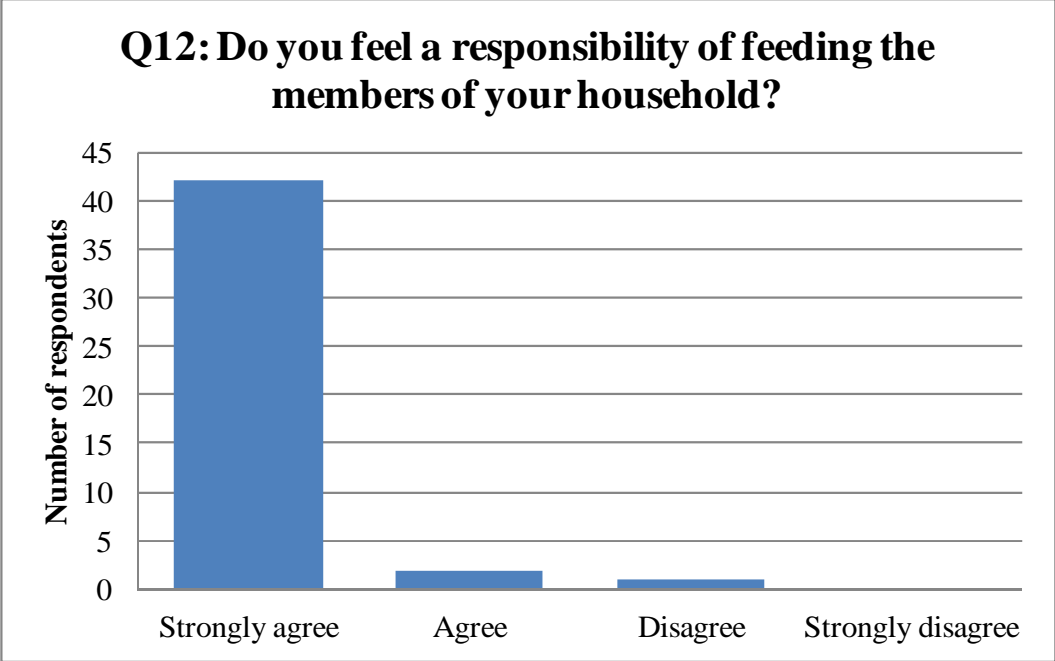
As much as 75% of the participants reported themselves as being the head of the households (Figure 9). Only 15% dedicated their husbands this role, and as few as 7% reported a child being the head of the household. These results show that the grandmothers clearly believed that they themselves were the heads of the households.

**Figure 10: The responsibility of ensuring the households had enough food**



Just like the grandmothers viewed themselves as being the heads of the households, even more (87%) responded that they were also the ones responsible for ensuring the households had enough food (Figure 10). Some of the grandmothers reported that one of the children had this responsibility (11%), and only 2% said this was the responsibility of a grandchild.

**Figure 11: The responsibility of feeding the members of the households**



A total of 93% “strongly agreed” when asked if they felt responsible for feeding the members of their households (Figure 11). Only 4% agreed, while as little as 2% disagreed and clearly did not feel any responsibility towards feeding the members of their household.

**Summary of the questionnaire findings**

The majority of grandmothers viewed themselves as being the households’ main providers. The old age grant was by far reported as the most important source of income, all of the represented households did in fact receive one or more governmental grant. This money was reported to be of great importance for the grandmothers’ access to food, and food was reported being the households’ biggest item of expenditure. Lack of income was clearly the biggest constraint in the grandmothers’ ability to get all the food they needed. Furthermore, the women regarded themselves to be the head of the households. They felt they were the

ones responsible for ensuring their households had enough food and strongly agreed to feeling a responsibility of feeding the household members.

## **6.3 Findings from the focus group discussions with the grandmothers**

The following section will present the findings from the total of nine focus group discussions that were conducted with the grandmothers living in Zweletemba and Avian Park. Because the participants are anonymous throughout this study, each quote is followed by specifics regarded of importance in the context of the research questions in the thesis. The information regarded useful in this regard is: Location (Zweletemba or Avian Park), age group (below or above 60 years) as well as if the participants resided in the formal or informal settlements (formal or informal area).

### **6.3.1 The grandmothers' role as primary caregivers in the households**

The participants discussed their role in the households, and they seemed to envision themselves as being the primary caregivers in the households, one of them stating:

*I am the head of the house. I must take care of everything.*

(Avian Park, above 60 years, formal area)

They discussed their responsibilities in the households, such as getting food and clothes for everyone in their homes, as well as paying for medication, tuition for the children and installments. Furthermore, more of their responsibilities included bathing, feeding and caring for their grandchildren. Managing all this was challenging, and one participant described the challenges related to the household's money expenditure as difficult "*because there`s clothes, food, uniform and school stuff with this little money that we receive*" (Zweletemba, above 60 years, formal area).

They described the challenges they were faced with, being the head of the households, and how this role affected them. Furthermore, they portrayed how they sacrificed their own needs to feed their grandchildren.

### **6.3.2 The grandmothers' knowledge of human rights and the right to food and water**

The participants were asked about their awareness of human rights, especially in the context of food and water. The responses to this question were somewhat vague. Some said they did not have any knowledge regarding their rights while others seemed to have more knowledge on the subject, and explained accordingly:

*Yes we know. Like for instance, now we have something that we receive from the government. We know that we do have a right to get something from the government and also we have water.*

(Zweletemba, above 60 years, informal area)

### **6.3.3 Perceptions of living with grandchildren and the right to food**

The participants discussed how they were affected by living with their grandchildren, both economically and emotionally. Furthermore, how it impacted their access to food. They reported spending all their money on the children, and not on their own needs, because “people will say that I don't look after my children when I buy stuff for myself (Avian Park, below 60 years, formal area).

The participants reported sacrificing their own health and needs over the children's. One described how she was supposed to eat healthy food to control her health problems, but the food was expensive and she'd rather spend the money on the grandchildren:

*I have these 2 grandchildren, I have health problems, they have to eat, they go to school, transportation, then that money is finished. It doesn't even begin with my needs. I have diabetes 2, can't eat the things I'm supposed to eat because of my health because they're expensive, the foods that are healthy for me. Also I want my grandchildren to have a bright future, I try to fulfill their needs first. That's all.*

(Zweletemba, below 60 years, formal area)

The participants reported not only living with their grandchildren, but some also with their own children and even foster care children. They expressed difficulties related to having to



feed all the members of their households “*because that money is not enough for most of our needs* (Zweletemba, above 60 years, formal area).

There were also stories told about how they were treated by their children, and how their daughters forced them to take care of their babies:

*Firstly, these mothers have babies in an early stage, before they could develop mentally and physically. Now they throw their responsibilities on us as grandmothers, telling the child “there`s your mother.*

(Zweletemba, above 60 years, informal area)

The grandmothers further reported struggling and worrying about their grandchildren. Their concerns evolved around how they would be able to feed the children, and especially the ones that were HIV positive and needed food to take their medication: “*It`s worse when you`re living with sick children, not knowing what you`ll do when it comes to food* (Zweletemba, below 60 years, formal).

#### **6.3.4 The grandmothers’ reflections regarding the old age grant**

The participants were asked about the old age grant and if that money was spent on them, as the receivers. The grandmothers seemed to be coherent in their responses. Their money seemed to mainly be spent on the members of the household in terms of buying food, clothes, health care and school-related costs, in addition to the households` fixed costs. Several of the grandmothers expressed dissatisfaction regarding the amount of money they received, and some of them explained that the money was too little to buy food because of high food prices:

*Government money does not maintain us. R1140 is not enough, because food is expensive.*

(Zweletemba, above 60 years, formal area)

Although there was clearly some dissatisfaction with this grant, one of the participants said that because the money was just given to them, they could not complain about it. This grandmother emphasized the need to be smart with the money and buy food because “*food is the most important thing that we buy because we stay with grandchildren we have to feed them, there always has to be food for them*”. (Zweletemba, above 60 years, informal area).

There seemed to be agreement regarding to what extent the money was used on themselves, as the receivers of the grant. They reported spending the money on their families, not being able to use the money for themselves and their own needs.

However, their love and commitment for their families were apparent in their responds, and their roles as caregivers became evident. The grandmothers reported not being able to see that the children or grandchildren did not have something to eat, nevertheless die of hunger. They were also occupied with the future of their grandchildren, explaining why they put the children`s needs before their own:

*I want my grandchildren to have a bright future. I try to fulfill their needs first.*

(Zweletemba, below 60 years, formal area)

However, it seemed to be a common understanding that the pension was not adequate for them to being able to spend something on their own needs. One participant said that it was *“better than nothing because you know at the end of the month you`ll receive the grant and be able to buy the necessities of the household”* (Zweletemba, above 60 years, informal area).

### **6.3.5 The grandmothers' perceptions regarding receiving social grants**

The grandmothers mainly talked about three different reasons for not receiving a grant. Some of them discussed the fact that they had to meet in person to apply for a grant because *“if you don`t go by yourself and do something about that you will get nowhere”* (Avian Park, below 60 years, formal area). Some of the people did not apply because they did not want *“to sacrifice their time”* (Avian Park, below 60 years, formal area). Furthermore, the doctors` could decide that the applicants were not eligible for applying for a grant.

Another main reason for not receiving a grant despite eligibility was requirement of identification documents. The grandmothers reported that people were struggling without proof of identification, one explaining, *“two ladies that I know who are supposed to be receiving a grant but they don`t have ID`s”* (Zweletemba, above 60 years, informal area).

One of the focus groups also claimed that even though the women above 60 years were applying for the old age grant, not everyone received it:

*They say you are fit even if they see on your ID that you are old enough to get the old pay, they take time to do your old pay they see that you are fresh so you can't get old pay.*

(Avian Park, below 60 years, informal area)

Finally, there was a feeling of injustice among some of the participants:

*There are a lot that should get and a lot that should not get, those who should get, they don't.*

(Avian Park, above 60 years, formal area)

### **6.3.6 The grandmothers' perceptions regarding who was looking after them**

The participants were clear in their answers on this topic. It seemed that it was either neighbors or children who looked after them, although there also seemed many of the grandmothers did not have any support or assistance as *"everyone has their own problems"* (Zweletemba, below 60 years, informal area). One participant reported the neighbor to be helpful in the context of helping out if they were in need of food or health care: *"Even when I'm sick they come and help me, take me to hospital"* (Zweletemba, above 60 years, informal area).

However, there was one exception, a man from one of the church organizations. He was mentioned in the context of sometimes giving bread for the children, if the grandmothers went to him for help. But this did not seem to be on a regular basis and *"it depends on what they have to give, clothes or food"* (Avian Park, above 60 years, formal area). A participant also explained having received clothes from someone other than neighbors or their children in times of need, occasionally.

### **6.3.7 Alternative food sources in times when lacking money**

The participants reported lending money in times when they were lacking food and money. They also emphasized the importance of paying back their debts, with interests, to be able to lend money again. Someone told about how some people were stealing to feed their children.

Several of the participants reported going to the garbage bins when they had no money, in desperate need of food. Other mentioned people they turned to in times of need, including family members and neighbors. One of the participants reported to “ask around for something to eat, potatoes or flour just so that we can have something to eat” (Avian Park, above 60 years, informal area). Another said: “I work or help neighbors in their houses then they give me food” (Avian Park, below 60 years, formal area).

Other options for help were also discussed. However, it seemed to be some doubt regarding where and who they could turn to for help in times of need. Someone mentioned Home Based Care, and described their role:

*Home Based Care is supposed to give people food in the morning to go out and tell the people to come in the morning to get breakfast, afternoon for lunch and at night for supper and take something they would eat later at home, but they don't do that. They only give something for dinner that's all. And they don't even give to everyone.*

(Zweletemba, above 60 years, formal area)

Others told they had received food parcels from the social services when they needed help to get them through a difficult period. However, this was regarded as a loan, and “they deduct R500 as it is” (Zweletemba, below 60 years, formal area).

The church was also spoken about in the context of helping out with food, one of the participants sharing her experience:

*There was a time when my grandchild's mother passed away. I went to church and I explained my situation to them, they then told me to bring the mother's death certificate. I received food there for about 4-6 months until I started receiving child grant.*

(Zweletemba, below 60 years, informal area)

### **6.3.8 Food- production, -preservation and alternative source of income**

When asked about food gardens, the participants answered there were few gardens in the communities. Someone told about a community garden, where they sold vegetables. However, only few of the participants in the focus group discussions reported having it themselves, for different reasons. Reasons for not having gardens were the environment in which they lived; the ground, the high water bills and people stealing from their gardens. The water being contaminated also was reported as a constraint in having food gardens “*because of the dirty water here*” (Avian Park, above 60 years, informal area).

When asked about food preservation, only one of the participants reported to preserve food in terms of putting the food in plastic bags and freeze it. One grandmother explained why they did not:

*We don` t preserve food because we don` t always have too much food. What I buy in bulk only lasts for 3 weeks.*

(Zweletemba, below 60 years, informal area)

### **6.3.9 Help from the community in the context of food, money or water**

The discussion regarding help from the community in the context of food, water or money was unambiguous. The participants reported not receiving any help from anyone, stating: “*Municipality, especially in Worcester disappoints me very much*” (Zweletemba, below 60 years, formal area). One of the participants explained:

*We don` t have bathrooms, no proper toilets, no water inside the houses, our land is just corrupt. Sometimes you sit and not go to the toilet the whole night. If there was a bathroom everything would be very easy.*

(Zweletemba, below 60 years, formal area)

There seemed to be lack of knowledge about who to turn to in this context, as they did not seem to know the leaders of their communities. The participants reported of unsolicited living conditions, with no action taking.

### **6.3.10 Policies and programmes in the communities to fulfill the need of food and water**

None of the grandmothers knew about any existing policies or programmes in the communities to fulfill their need to food or water. One participant answered that “*we only see at other places where people are given food vouchers, there`s nothing like that here in Worcester (Zweletemba, above 60 years, informal area).*”

### **6.3.11 Thoughts and suggestions regarding what the local government and community can/could have done to ease the situation of food and water**

The participants expressed many thoughts and ideas on how to improve their own situation, as well as their community in general. One of the things they discussed was a desire getting educated, as most of the grandmothers did not attend school in their childhood. One grandmother put it like this:

*They can learn us things we don`t know, for us that don`t have school they can learn us. Like me, I was never in a school, I was working in the kitchen, and the lady that I was working for her child told me how to read and right, that`s why I can write my name.*

(Avian Park, above 60 years, informal area)

The grandmothers further expressed that they wanted the government to provide them with food parcels, preferably on a regular basis. They desired that the government would assist them in building houses in order to improve their living conditions. Suggestions was made that the transportation taking the children to school and the crèches would be free of charge, and they also proposed that the government could provide them with clothes. In addition they wanted the government to make visits to the social workers, to see to that they were doing their jobs. And also to do house-visits, to see how the grandmothers themselves were doing, and under which conditions they were living.

Furthermore, an important topic for discussion was that they wanted the government to create jobs for them. In this context they wished to get assistance in creating food gardens. They also

mentioned cleaning the streets to earn an income. Furthermore, someone suggested they could do gardening and work for the municipality, with monthly payment:

*If only the local municipality could work the same as all the other municipalities, like to find a land where people can start a garden, those same people could be used to clean the streets, then the other times their busy at that garden. All kinds of vegetables could be harvested there sold for extra money. At the end of the month they can get paid by the municipality for cleaning the streets. We only see those things happening on TV. People can do gardening and work under municipality and receive maybe R80 per day, get paid monthly.*

(Zweletemba, above 60 years, informal area)

Some of the participants requested the government mobilize containers where they could bake and sell bread. Another suggestion for what a container could be used for was community work.

The grandmothers living in Worcester wished that the government could contribute to progression in the community. Also to take action to protect grandmothers against abuse and make them feel safe:

*Grandmothers are being abused here, they are being robbed of their money, people pretending to help them, grandmothers are raped, for an old person there`s no case, she doesn`t know where to go, she doesn`t know what to do because there`s nowhere safe.*

(Zweletemba, below 60 years, formal area)

Finally, the participants requested that the government ended the corruption in the community, explaining:

*So much could be done, but now everyone is corrupt, they`re making their own pockets full and their own families. Sometimes the municipality does give something for the community, but those things end up given to people who are not supposed to get them.*

(Zweletemba, below 60 years, formal area)

## 6.4 The key informant interview findings

### 6.4.1 Food distribution in Worcester

According to the key informants, lack of resources and money affected the food distribution in Worcester, in addition to the number of grandchildren residing in the households. It was mentioned how the focus was mostly on children and that the food for grandmothers did not last long:

*I think the focus is mostly on children. And, I mean, take it from my own experience here. Our main objective is assistance of orphans and vulnerable children. And, eh... Grandparents are a “by-the-way product of what you actually do” so, I don’t think it’s distributed equally.*

Priest, Zweletemba

Furthermore, large households being dependent on the grants were subject for discussion:

*I wouldn’t say everyone who is a grandmother has enough food, but I would say some of them do have. And some of them don’t. It depends of the number of grandchildren do they have in the household. And also when they are living with children and grandchildren, it can become so that they don’t have enough food. And sometimes they just receive grant, and everyone is waiting in the house. So that is one of the things that cause difficulties in the households.*

Employee at the Multipurpose center, Zweletemba

### 6.4.2 Perceptions regarding the food available in Worcester

The findings are presented according to the organization of the elements of the structured interviews as regards both food and water.

- **Dietary adequacy**

There seemed to be some disagreement regarding the dietary adequacy of the food available for the grandmothers. Some of the key informants who responded that the food indeed was dietary adequate explained that especially grandmothers with diet-related health problems,



like hypertension, were good at following the doctor`s instruction on what to eat and taking care of their own health. Others thought of the food as nutritious and adequate, at least if it was bought from the shops.

Several of the informants did not feel the food available for the grandmothers were dietary adequate, one of them saying: *“I think, about 90% of the grandmothers have less access to healthy food and... 10% of the grandmothers have access to healthy food”* (Church member/volunteer, Avian Park).

The main reasons given were the access to adequate food, related to economy and lack of knowledge.

One informant told about how the bread they bought was so cheap and contained little nutritious value, *“to accommodate the poorest of the poor”*. Someone also talked about how having little money and many mouths to feed made the grandmothers buy *“something that can feed a lot of people, so it`s not always adequate”* (Employee at a health clinic, Zweletemba).

Inequalities and the differences between white and black people were also mentioned: *“The white.. they are the people that can buy food that is healthy, but our people in Avian Park, they can`t afford healthy foods”* (Church member/volunteer, Avian Park).

- ***Food safety***

There seemed to be some different views on this topic as well. Some of the informants answered that the food available for the grandmothers were safe to eat, and especially if they got their food from the large food chains like Checkers, ShopRight or Pick` n Pay. However, one informant mentioned that the diet of the grandmothers ultimately got them sick through communicable diseases like hypertension.

One of the participants told about how the people went to the dumping site to find food they could both eat themselves as well as bring home to their families. This also included some of the grandmothers. The informant especially talked about dead chickens found at these sites, thrown away by a factory. The hungry people ignored how they could get sick, not knowing why it was thrown away or how they were stored, in addition to the fact that they laid in the sun at the dumping site. This informant seemed very frustrated about this, saying *“it is very*

*dangerous*” (Employee at the municipality, situated in Avian Park). The same informant also talked about an incident in the community, when a non-governmental organization by mistake had brought moldy bread to patients suffering from tuberculosis and HIV. The people did not care, as they were desperate to eat. They *“cleaned the bread, the green side, and ate it”*.

Another informant responded with disbelief to the question if the food for the grandmothers was safe to eat, saying:

*No, even us also. We have to make 100% sure that the food we buy is safe. And many times we buy food who are not safe. What about them? They can't read sometimes, they can't see sometimes. So it means they are not eating healthy food - At all.*

Church member/volunteer, Avian Park

- **Culturally acceptable**

The majority of the informants reported that the grandmothers did have access to culturally acceptable food. Some explained that what the grandmothers included in their diet, for them was according to their culture, one saying: *“I come from the Xhosa culture, so that is what the culture is. The maize and the beans and the spinach”* (Worker at social services, family affairs).

However, a few informants explained how the grandmothers sometimes had to eat what was available, not having the chance to take special considerations, one reported that the situation for the grandmothers wouldn't be different from others in the community:

*Because of the general level of poverty, that are high, what they will then be getting will not be very far from other households, really. But if you compare it to other places, then you would have a different answer.*

Priest, Zweletemba

- **Environmental sustainability**

Some of the key informants answered that the food available for the grandmothers were environmentally sustainable:

*Our grandmothers, what they like to eat is eating like spinach at their homes, they like tomatoes, they like pumpkins a lot. They like butternuts, they like carrots, and their food – it has to be colourful food, vegetables. They must eat vegetables in their food. And they like eating meat, seafood, which is something that is very healthy for them. And good to be able to eat.*

Employee at the Multipurpose center, Zweletemba

One informant reflected about the fact that when even young people in community struggled to eat sustainable food, it had to be very challenging for the grandmothers “*receiving much smaller salary, and also has to feed more people, children at home. So I don` t think it is environment-friendly, the food that they are eating*” (Church member/volunteer, Avian Park).

### **6.4.3 Grandmothers access to food within the household**

- ***Physical access***

Only few of the key informants believed that the grandmothers had adequate physical access to food within the households.

One explained that it depended on how the grandchildren was raised, saying that if they did not respect the grandmother then she would most likely not have easy access to food in the household: “*You get what you give. And when they mistreat you, no, you won` t have access to the food*” (Member of church organization, Zweletemba). Adding to the topic, the informant said: “*If they are united, the grandparent don` t suffer*”.

Others reported that the grandmothers made sacrifices for the grandchildren, one explaining:

*Sometimes they do that, give most of the food to the grandchildren while they rather suffer in order for that we all do as humans, you rather let your children eat than you eat, so that we don` t want them to suffer. They don` t think for themselves, they know that they are older people, and they can also stand the hunger. Maybe they can go to the next door and knock and ask for a slice of bread. That` s what they do so that their grandchildren can grow stronger.*

Employee at the Multipurpose center, Zweletemba

- ***Economic access***

Respondents told about how the grandmothers' economic access to food within the households was generally limited. There were several reasons for this, such as the grandmothers using her money on the grandchildren, grandchildren taking the money from the grandmothers, the grant being too small for the grandmothers to be able to provide the households with food on only her monthly salary, especially with the food being expensive. One of the informants described how the grandmothers used their money on the grandchildren, "*getting the children to be comfortable, given that they might be off schooling age*" (Priest, Zweletemba). Further, one informant explained how some households spent the grant money on alcohol and drugs:

*Some of them use this money for useful things, but some of them use it for.. on drunk and so.. and sometimes, their children or grandchildren steel the money, this grant, from their grannies, to use it for cocaine, for drunk and drugs and so on. And sometimes they take by force from the grannies, and beat the grannies.*

Member of church organization, Zweletemba

#### **6.4.4 Water**

- ***Adequacy***

All the key informants reported that the water available for the grandmothers was adequate.

- ***Safe for consumption***

All the informants also reported that the water available for the grandmothers were safe for consumption. They said the water was being controlled by the municipality, and if there were any problems, they would sort it out. One of the informants however mentioned that the water was healthy, but "*maybe it`s not 100 %, as we want it to be*" (Church member/volunteer, Avian Park).

- *Environmentally sustainable*

The key informants all expressed that the water available for the grandmothers was environmentally sustainable. They answered that the water supply was adequate and that they never ran out of water.

#### **6.4.5 Grandmothers' access to water**

- *Physical access*

There seemed to be different views on whether the water was easy accessible for the grandmothers or not. Some of the informants said there was no problem with the grandmothers' access to water, explaining that the taps was located so everyone could access water. Others explained how walking to fetch water could be a problem for the "extensively aged", living in the informal settlements where they would have to leave their homes to get water.

- *Economic access*

The key informants for the most part reported the water being economical accessible for the grandmothers as well. They reported that the ones living in brick houses got a certain amount of water for free, but that they paid thereafter:

*There are people that walk into our houses, they count our metres. In the households we have a litre metre there. Each time we use water, those people come, and go there and read the metres. And they write them down, and go and give a report to the municipality.*

Employee at the Multipurpose center, Zweletemba

The people living in shacks, however, did not have to pay for the water. The informants also told about how the grandmothers that were not working and only receiving a grant made arrangements with the municipality, to pay a reduced amount each month for the water. Furthermore, the informants reported that the pay for the water was very small, with normal use of water. And the municipality did not cut the water if they failed to pay their bill, so they would have access to water regardless.

#### **6.4.6 Policies and programmes in the context of the right to food**

There seemed to be some inconsistency in the answers to this question. Four of the informants responded negatively to the question, saying there were “*nothing at the moment*” (Priest, Avian Park), and another explained:

*There`s nothing in place. There`s nothing in place for the sick people, ill people, for disabled persons, for old age, for children. There is nothing in place.*

Employee at the Municipality, situated in Avian Park

Another told about how there were only around election-time that the ANC and other politicians came around to give the grandmothers some food, blankets and so on, just to get their votes, but that there were nothing else (Member of church organization, Zweletemba).

However, the rest of the informants said there was something in place in the communities. One informant had heard about a grandmother receiving food from FAMSA sometimes, but didn`t know more about it (Church member/volunteer, Avian Park).

Someone talked about how the community nutrition and development centre had a program, for people from 18-60 only due to the grant being available from age 60. But for the people over 60 the department apparently also had a program in place, where they could go to a service center and contribute an amount of money. They would then get a plate of nutritious food daily: “*For every day, every day of the week, 5 days of the week*” (Employee Social Services, department of social development). These service centres were to be found in both Avian Park and Zweletemba, according to this informant.

Furthermore, another informant talked about the Social Relief of Distress (SDR) program managed by the community development section. There people getting less than R1000 a month could apply for financial assistance for a period of two months.

#### **6.4.7 Thoughts about the local government and the grandmothers` right to food**

Several of the informants mentioned that they felt the government could have created jobs for the grandmothers. Examples of work they felt could have been carried out were sewing,

gardening, beadings, painting and creating things they could sell. One informant reasoned why this could be productive, saying:

*So that so much they grow older they could gain more skills. If the government could give the tools to the grandmothers, like to clean, make kitchen gardens for themselves, to sell stuff for others, so that everyone could eat healthy.*

Employee at the Multipurpose center, Zweletemba

Others emphasized the need for the social workers to go around looking where the grandmothers were staying and get to know their situations to possibly be able to help.

Another suggestion was to give the grandmothers vouchers to Pick' n Pay, ShopRight or Checkers, *“the food that they know are healthy”* (Priest, Avian Park). The informant thought this way the government would know they ate proper food. Another informant also suggested handing out food parcels, saying:

*For now, a thing like food parcels are done by the NGO's. And even within the NGO's they are targeting children really.*

Priest, Zweletemba

Another informant felt that the government could increase the grant money, *“because this money is really very, very, very small”* (Member of church organization, Zweletemba). Others told about how feeding schemes had been in place earlier, where people could receive one meal each day. Furthermore, that these kinds of schemes should be continued, but lack of financial support was preventing them from functioning.

Finally, one of the informants emphasized the importance of not just giving the grandmothers food or money, and said that might create a bigger problem. But rather that the government should aim at empower them to make their own food and livelihoods, *“create some gardens or things like that to have a sustainable food supply”* (Employee at a health clinic, Zweletemba).

#### **6.4.8 Thoughts about what could be done to ease the situation of grandmothers**

One informant talked about the access to water, and how to make water easier accessible for the people having to walk far to fetch water one of the informants. The suggestion was that the government could have a truck driving around with water to those who had difficulties doing it themselves, *“and it`s also a job creation for them”* (Employee at the Multipurpose center, Zweletemba).

One informant thought the government should come and count how many people who were living in the households, and hand out food vouchers accordingly (Priest, Avian Park). As mentioned before, also job creation in terms of gardening and doing handwork were suggested (Employee at the Municipality, situated in Avian Park).

One of the informants emphasized the importance of trying to prevent the young mothers to be able to just leave their babies with the grandmothers, through legislation, *“to prevent grandmothers of becoming primary caregivers of the child”* (Employee Social Services, family affairs). Also, to create more shelters for foster care children living on the streets and getting placed with grandmothers, even though they were not related, *“they have a culture of adopting the child as their own”*. The informant thought the government *“should come out to the areas, not just at times of voting. Cause this is the only times where they are really visible”*.

#### **6.4.9 Roles and responsibilities in relation to the grandmothers’ right to food**

One of the informants told about the role through work, saying:

*My role is to go and make sure that people use safe food, eat safe food and drink healthy water each and every day.*

Employee at the Multipurpose Centre, Zweletemba

The informant told about going door to door on a daily basis to try to change the mindset of people living under poor conditions, also in terms of food and water. Others explained how their role was referring the grandmothers that needed assistance to other places, like FAMSA and the social department (Church member/volunteer, Avian Park).



One informant mentioned that his role regarding the grandmothers' right to food was to vote at election, saying:

*My role is to choose which government I should choose. I vote for. So that, to be able to provide for them.*

Priest, Avian Park

Another said the role was to educate the people, and address problems he came by (Employee at the Municipality, situated in Avian Park). One informant told how they sometimes gave out food parcels and clothing, to help the people in times of need (Member of church organization, Zweletemba). Another informant reported that the role was to build up a database over people who were in need by “*report to the community development department, a component. And then they will give it through to SASSA. And then, from then, they contact the clients*” (Employee Social Services, family affairs). The informant further explained that they worked with “*various stakeholders, our NGO`s, and the various departments*”.

Finally, one of the informants told about the role in this context being to be able to identify where there were problems that needed to be addressed, especially being in a position that gave the opportunity to visit homes. But the informant explained; “*in practical terms, my role has been limited to really... recommend to the old age homes*” (Priest, Zweletemba).

# 7 Discussion

## Main findings of this study

The results strongly indicated that overall, the households represented in this study were indeed experiencing food insecurity. As much as 44 out of 45 (98%) households experienced hunger. The grandmothers living in Zweletemba and Avian Park were the primary caregivers in the households. Furthermore, their realization of the right to adequate food was greatly affected by living with grandchildren. The grandmothers reported sacrificing their own basic needs, including food, in order to take care of their grandchildren.

## 7.1 Methodology discussion

### 7.1.1 Strengths of the study

Qualitative approaches are considered useful to gain in-depth information about the participants' perceptions, thoughts and beliefs. In other words, information that cannot be retrieved when applying quantitative study designs alone. Both key informant interviews and focus groups provide an opportunity to explore and assess the perceptions of relevant stakeholders and duty-bearers. Applying both focus group discussions and a questionnaire when gathering data from the grandmothers in this study, provided a solid database for analyzing the results.

### 7.1.2 Limitations of the study

There are some weaknesses identified with using qualitative approaches. It is both time- and resource consuming, which in turn limits the number of participants. The analysis of qualitative data is challenging and can lead to researcher bias due to subjectivity. Researchers must be restrictive in terms of making generalizing conclusions when applying qualitative study methods.

The age was of great relevance for this thesis and the researcher had to rely on the participants and the field workers for ensuring the division into different age groups was done correctly. Only one incident of bias related to age was detected, but the researcher cannot know for sure

if this was a unique incident. Furthermore, the researcher's language barriers can be identified as a limitation in relation to the data collection. The researcher was reliant on the moderators to retrieve all the intentional data. The researcher not being able to pursue the answers can be seen as a limitation in this qualitative research study.

There might also be some weaknesses related to the sampling involved. It became evident during the focus group discussions that some of the study subjects were neighbors or friends of the field workers. To which extent the sample population is representative and the results can be generalized, must be taken into consideration when evaluating the study.

Furthermore, the sampling may have been affected by the fact that field work was conducted in the middle of harvesting season. This meant that many of the residents of both townships were out working during daytime. More grandmothers than usual were left alone with their grandchildren, which in turn made it difficult for them to leave their houses. The heat also proved to be a challenge in the recruitment process. Temperatures exceeded 35 degrees Celsius; people were lying outside their homes not wanting to go anywhere. These challenges made the recruitment process time consuming as the field workers had to recruit new objects when someone suddenly was not able or willing to participate after all.

The key informants in this study were people working in the area of Worcester, in some way related to the grandmothers' realization of the right to food. Some of these informants were residing in the respective communities themselves. This may have affected the results as they might not be objective in their responds. The key informants might have responded "correctly" to the questions, wanting to portrait a picture of own interest to the researcher. These speculations arise from the fact that the responds from the focus group discussions and the key informants differ on some subjects. In addition, the key informants' responds did not seem to fully comply. The informants and the grandmothers might have different perceptions regarding the applicable matters. There could also be disputes amongst the key informants. Another possibility is that someone embellished the truth due to feeling uncomfortable with the interview settings.

### **7.1.3 Participants, sampling and data collection**

All the participants in this study were selected on the grounds that they could contribute with valuable information relevant for the respective investigation.

Overall, the field work was a very positive experience. The feedback from the participants of the focus groups was positive. Some expressed gratefulness about someone putting the focus on their roles as grandmothers; others found it interesting being part of such discussion and consulting others in the same situation.

Both the structured interviews with the English-speaking key informants and the focus group discussions were conducted by using an interview schedule. The schedules proved to be useful tools, also providing the opportunity for the researcher to ask more and in-depth questions when interviewing the English-speaking key informants.

#### **7.1.4 Field workers as focus group moderators**

The researcher moderating the focus group discussions with the help from an interpreter was not considered an option. Having to repeat everything that was being said could damage the study by making it impossible having a discussion, nevertheless an interaction between the participants. Rather than an asset, it was on the contrary considered as a possible source of creating distance between the participants and the moderator. As even the moderators found it challenging to understand the participants' sometimes, having two field workers present during the discussions proved to be a valuable asset when language barriers occurred. In addition to the field workers' experience from the CNSP study, the participants seemed to be comfortable with the moderators and opening up to them. One reason for this could be the moderator being one of them, having insight on how to behave and reach out to the participants. This was considered a major advantage. The researcher however also got the feeling that her presence was important, as the grandmothers seemed eager to communicate their situation to people outside the townships.

The moderators both did well with conducting the focus group discussions. They helped getting the discussions started and kept the topics to the fields of relevance. They were also trying their best to get all the participants to be active in the discussions. The process seemed to go well with the grandmothers, they only related to the moderators and the discussions for the most part went freely and without the grandmothers hesitating too much. The participants were mostly talkative and appreciative about someone caring about them and recognizing their roles and responsibilities in the communities. They expressed themselves through both laughter and tears, sharing their stories.

### **7.1.5 Field workers as transcribers**

When having field workers do much of the work related to facilitating the focus groups and translating/transcribing, there is a chance of bias. This can occur because the moderators did not fully integrate the focus group discussion guide or translators misinterpreting the recordings, changing or leaving out important details. This is however difficult to identify and must be taken into consideration when concluding remarks are made.

## **7.2 Discussion of findings**

In general it was found that:

Living under the strain of poverty clearly affected the grandmothers' access to food, with money lacking and having to provide for large households. Food insecurity appeared to be prevalent in the two communities, affecting people of all ages. No distinguishable differences were found when comparing the communities. The situation of the grandmothers living in the formal compared to the informal areas seemed to be quite similar, with the exception of the access to water. While the grandmothers living in the formal areas had their own taps in their yards, the ones residing in the informal areas only had access to community taps, having to fetch water from taps placed by the municipality within walking distance from the homes.

Furthermore, the difference between the grandmothers eligible for receiving the old age grant and the ones that were not was not as evident as might be expected. There were indications that the grant money received by the grandmothers did not even begin to fulfill their basic needs. The grandmothers reported their money being spent by all members of the households with very little if anything left for their own use. However, the grandmothers receiving the old age grant told how they took comfort in knowing they would receive that money once a month. The grandmothers below 60 did not have the same privileges.

In the following, the findings are discussed in more details according to each objective.

### **7.2.1 The grandmothers' role as primary caregivers (Objective 1)**

To understand the grandmothers' role as primary caregivers, understanding household composition is important. The majority of the households represented in this study consisted of a grandmother and four other adults. The number of grandchildren living in these

households varied from one to eleven. However, the most common was having between two and four grandchildren in the households. A study investigating household structure and composition in rural parts of South Africa from 1992 – 2003 found that average household size decreased, while the proportion headed by females increased in this time period (59). This is consistent with the finding from the present study. Furthermore, Madhavan and Schatz (59) argued that the reason for this change is not solely caused by the increase of HIV/AIDS. They emphasized the importance of considering all the post-apartheid changes, such as democratization, freedom of movement as well as unemployment as contributors to the changes in South African rural household composition.

What qualified as being an adult was not predefined in the questionnaire. Although the researcher had in mind when formulating the questionnaire the adults being the grandmothers' own children, the grandmothers might have had different perceptions when answering the question. Being a grandmother, especially in rural parts of South Africa, does not automatically entail that you are at least in your mid-life, as it does in the Western part of the world. South Africa's rural communities struggle with challenges related to girls getting pregnant at young ages, a familiar phenomenon on the African continent (60). According to UNFPA (2007) the causalities of young girls getting pregnant are numerous and include: lack of knowledge and/or availability of prevention, forced sexual relations or desires of achieving adult status. During the researcher's stay in Zweletemba and Avian Park, she was made aware that getting pregnant was a trend among early adolescent girls in these communities. The girls received social status and portrayed the situation of motherhood in a way that made having a baby desirable for other young girls. However, apart from being immature and unable to take care of their babies both mentally and physically, the young girls and their babies are faced with serious challenges. UNFPA (2007) emphasize that the young mothers compromise their futures facing poverty, poor health, abuse, unprotected sex with increased HIV risk, frequent pregnancies and ending education (60). The babies are faced with challenges brought upon them like malnourishment and development problems.

When the daughter in a household becomes a mother herself, the findings from this study show that the grandmother is often left with the responsibility of both her children and her grandchildren. Some of the adolescent mothers disappear, migrating to other places. Some leave for work, other for whatever reasons, leaving their children with the grandmothers. Evidence have shown that also when daughters marry men other than previous children's

fathers, they often leave these children behind in their own mother's care, as well as with other of their grown children (61). However, the young parents' not being present in the household does not appear to be the only reason for the grandmother being the primary caregiver of her grandchildren. Many of the grandmothers reported that they wanted their daughters to finish school. Others told how their children were irresponsible, and abusive of both alcohol and drugs. As a consequence they were unable to take care of their children. Many of these children resided in the households with their mother, most of them without contributing financially.

The grandmothers included in this study regarded themselves as being the primary caregivers of the households. They described their role as being the ones responsible for getting food and clothes for the members of the households. In addition, they reported having to pay for medication, tuition for the children as well as installments. There seemed to be not only an economical responsibility attached to the role as the primary caregivers. The grandmothers described their roles to involve bathing and feeding the children in the household, as well as caring for them. Another study has found that older women in fact act like surrogate parents to their grandchildren (61) which is consistent with the findings of this study.

### **7.2.2 The grandmothers' right to adequate food (Objective 2)**

The evidence points towards the grandmothers having very little knowledge on the subject of their right to adequate food. Although the participants did not have an in-depth understanding of the concept of the right to food per se, they were indirectly talking about their rights during the focus group discussions. Many of the grandmothers were in despair talking about how they lacked money and hence, food. They talked about how they were not able to spend any of their money on themselves but rather sacrificed their own needs to be able to feed the children in the households.

The biggest constraints in the grandmothers' realization of the right to adequate food appeared to be living in the same households as their grandchildren. The grandmothers emphasized the importance for them to do all they could so that the children would not lack anything and told how they would use all the money on the children's needs so that they would not feel left out. Education seemed to be an important matter for the grandmothers, wanting the grandchildren to have possibilities of bright futures. Their maternal instincts were

as any other grandmothers, wanting to do all they could so that the grandchildren were happy and satisfied. Even if that meant having to sacrifice their own basic needs, such as food.

During the time of the field work, it became evident that many of the grandmothers for the most part did not have access to adequate food. Many of the grandmothers were overweight, while others were underweight. This is consistent with the literature, stating that “*the double burden of malnutrition is a paradox caused by poverty, hunger, and food insecurity*” (62). Several of the participants in the focus group discussions suffered from diabetes and other non-communicable diseases related to unfortunate diets.

### **7.2.3 Differences in the grandmothers’ role in the household: Age and residence (Objective 3)**

The present study did not find any apparent differences regarding the grandmothers’ role in the household in the context of age differences (<60 or >60) or residence (formal/informal, Zweletemba/Avian Park). The evidence points towards the grandmothers’ having the same role as primary caregivers in the households regardless of these factors.

### **7.2.4 The role of the older persons grant on household food security (Objective 4)**

The majority (62%) of the participants regarded the older persons grant to be the households’ most important source of income. This complies with the fact that about half of the participants should be eligible for the grant, being >60 years. 20% reported the child support grant as being most important. The monthly payment was higher for the older persons grant compared to the child support grant. Also, not all the parents receiving a child support grant for their children shared this grant with the rest of the household. The grandmothers spoke of how their children who received a grant for their babies spent the money on themselves, not sharing anything with the grandmother. The intention of this grant is to provide for the basic needs of children when the parents or primary caregivers are not (63). However, most of the participants in this study reported not receiving such a grant, despite their role in the households. It has been argued that young girls are motivated into having children to benefit from the child support grant. However, this has not been proved to be true when investigating the durability of the assumption (64).



Few of the participants reported salary to be the most important source of income. With the majority of the study population being <60 years of age, this would normally imply that most of them were working. However, one quarter of the South African labor force is unemployed (64) and the historically disadvantaged groups, females, uneducated and youth are worst off (65). This makes these findings less surprising. Although South Africa has experienced higher employment rates and increased economic growth since the end of apartheid in 1994, the country has not kept up with the increased labor force.

There were strong indications that the grant money was very important for the grandmothers' access to food, which proved to be the biggest item of expenditure for the study population. This entailed all forms of governmental grants. Clothes accounted for the second biggest spending of the households while health care, tuition for the children, transport, insurance, electricity and rent were evidently less prioritized. These findings could be expected as food insecurity and hunger was highly prevalent in the communities. With little money, the households' income was still indicated to be insufficient for buying food to last a whole month.

An investigation of the cash transfers of the elderly in South Africa in 1998 indicated that the older persons grant proved to benefit all members of the household in which the receiver was residing (66). Furthermore, this grant has been called "*an effective tool of redistribution*", due to the fact that it predominantly reaches poor households. The pensions have also proven effective in reaching the households in which children live, as a large fraction of the poorest children live in households that receive at least one pension income. The results from this present study are consistent with previous findings, as the grandmothers reported sacrificing both their physical and economic needs to provide for their grandchildren. Furthermore, it supports evidence that the older persons grant is spent the same way as other income. Case and Deaton (1998) found that this grant money is often received by the heads of the households, also having the role as decision-makers (66). They further argued that this income is in fact making them the principal earners of the households, and that the decision-making powers can be directly linked to their earnings. The authors also related the older persons grant to previous investigations, showing that these cash transfers protects the younger members of the households against adverse labor market conditions in rural South Africa. This is in turn related to why younger household members postpone formation of new independent households (67).

The results from this study did not detect large disparities among those eligible for an older persons grant compared to those who were not. Both groups seemed to be lacking money. However, the women >60 years expressed relief of knowing they would receive grant money, at a certain point in time. This was not the case for the grandmothers < 60 years.

Receiving a social grant requires supporting documentation, which has proven to be key barriers to social grants access (68). Acquired documents could among others include children's birth certificates, official bar-coded identity books for adults, and/or legal orders of foster guardianship. The data from this study suggested that despite eligibility, not everyone had access to the social grants. If grandmothers are not receiving their older persons grant, evidence points towards this also have serious consequences on the rest of the households' food security.

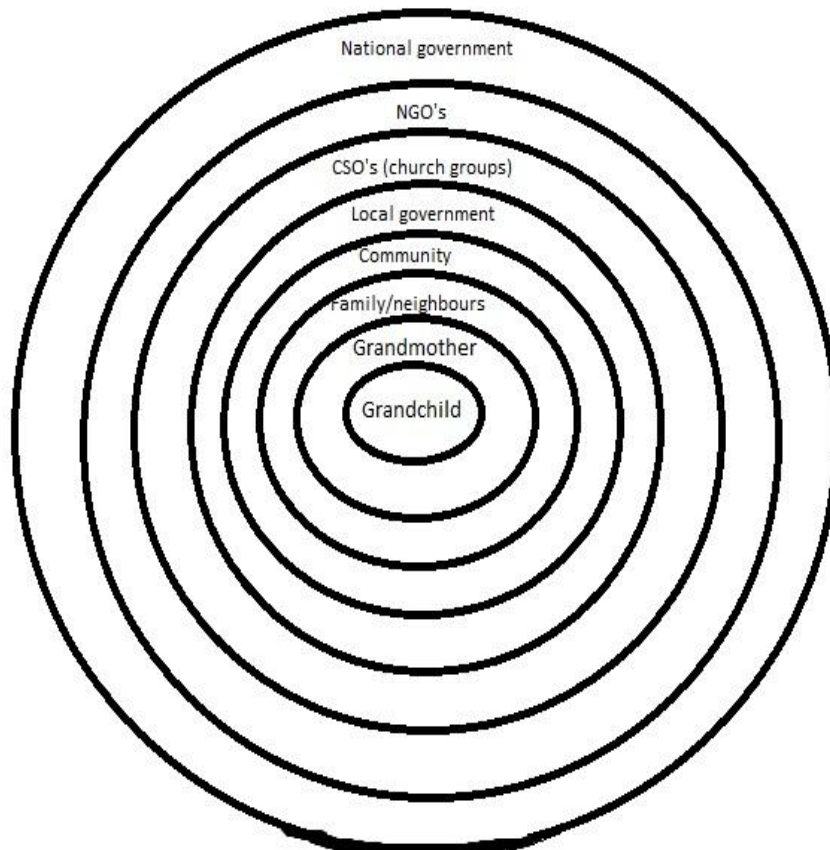
### **7.2.5 Policies and programmes relevant for the right to food of grandmothers (Objective 5)**

The grandmothers seemed to agree that there were no such things as policies and programmes in place to facilitate their right to adequate food when living outside institutions. Some key informants talked about different activities and excursions for the elderly people, but this cannot be regarded as programmes to help facilitate the grandmothers' right to adequate food, nor water. Furthermore, when taking care of their grandchildren the grandmothers could probably not leave the children alone to be part of these activities. The grandmother expressed that they wanted to see more of the local government, as they reported only seeing them around election time. This was further supported by some key informants, confirming the lack of presence from the government as well of the absence of policies and programmes for this group.

## **7.3 Rings of responsibility**

As mentioned above, George Kent developed the notion of “nested rings of responsibility” to depict the relevant duty-bearers and other responsible actors (50). This was used here to place the grandmother together with other more distance actors. The government and its relevant institutions constitute the primary duty-bearer, other actors are obligated through moral responsibilities rather than duties (see figure 12).

**Figure 12: Nested rings of responsibility**



(Adapted from Kent, 2004)

The *grandchild* as a right-holder is in the middle of this ring, followed by the *grandmother* as both a right-holder and responsible as primary caregiver of the child. Article 27 (2) of the Convention on the Rights of the Child (69) states the following:

*The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development.*

The grandmothers in the two investigated communities were often left with the role as primary caregivers in the households. The consequence was also having the primary responsibility for their grandchildren. Family and neighbours proved to be the ones with the highest degree of moral responsibility towards the grandmothers. CSO's such as church groups was placed in between the grandchild and the national government, close to NGO's.

Then the community and the local government are placed in the rings furthest away from the grandmother, right before the only actual duty-bearer, the national government.

The national government is the primary duty-bearer. The national government provides the grandmothers >60 years with a social grant through SASSA. Article 27 (3) of the Convention on the Rights of the Child (69) states that:

*States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programs, particularly with regard to nutrition, clothing and housing.*

Although the national government is obliged as the only duty-bearer in this context to take responsibility for the grandmothers, apparently nothing was being done to facilitate their realization of the right to adequate food in terms of distribution in the investigated communities. Instead, the households experiencing food insecurity was reliant on charity cases and CSO's that felt a *moral* responsibility of helping the poor and hungry. However, one of the key informants in this study explained how this was not adequate to help the grandmothers as the lack of resources put a strain on the ability to provide. The key informant made it clear that the local government was not doing anything to help ease the situation of grandmothers. This was further supported from the focus group discussions. Findings indicated that there were no such things as policies or programmes in place in neither of the communities investigated to facilitate the realization of grandmothers' right to adequate food. The convention states that State parties "*shall in case of need provide material assistance and support programs*" (69). These support programs can be understood as social grants. With that being said, not everyone receives the social grants, in spite of eligibility. This is a serious violation of the grandmothers' human rights and should be taken seriously by both the local, but foremost the national government. Kent emphasize the importance of how those furthest away from the rights-holders should facilitate and provide to those in the inner circles, to be able to help the rights-holders overcome their obstacles (50). The human rights principles ("PANTHER") in development planning should guide the national government on their way to standing up to their responsibilities and empower the vulnerable people.

## 7.4 Human rights reflections

In a human rights perspective all governments have obligations or duties to respect, protect, fulfill, (facilitate and provide) every right (34). The government is responsible for ensuring that a right can be legally and legitimately claimed by all members of society. Firstly, the investigated grandmothers reported suffering from extreme poverty and severe household food insecurity. The support from the government was access to safe and clean water (GC 15) in addition to the monthly provision of social grants, which proved inadequate to help realize the grandmothers' right to adequate food when living with grandchildren. Secondly, to be able to claim their rights the right-holders must know about the rights' existence. The participants of the present study reported having very little knowledge of their human rights and how to exercise them, including the right to adequate food. The findings revealed a lack of governmental commitment towards their human rights obligations concerning the grandmothers' realization of the right to adequate food.

General comments 12, 14 and 19 are meant to assist State parties to fulfill their reporting obligations on the relevant rights of this thesis; adequate food, health and social security. It appears these GC's does not benefit all segments of the population in South Africa. The group of grandmothers living in poor rural areas with their grandchildren seem almost excluded from the rest of society and are not able to neither fulfill nor claim their human rights. By not fully integrating the human rights principles of *participation, accountability, nondiscrimination, transparency, human dignity, empowerment and rule of law* the government of South Africa denies its people their human rights and better standards of living, when they should stand up to their obligations as the primary duty-bearer.

The importance of gender equality and women`s empowerment has long been recognized. CEDAW “*establishes an agenda for national action to end discrimination*” (44). The government of South Africa should aspire to implement such initiatives to promote the rights of women, through ending discrimination and ensuring an equal society where women can be part of political and public life, have good health, be educated and employed. Empowering women including through education have shown to have positive impacts on the children, which should make women an important priority in working towards a brighter South Africa.

*Empowering rural women is crucial for ending hunger and poverty. By denying women rights and opportunities, we deny their children and societies a better future.*

United Nation Secretary-General Ban Ki-moon (2012) (70)

## **7.5 Special issues worth pursuing**

When writing this thesis, some issues that are considered worth pursuing in potential future studies have emerged. Issues of interest relates to finding out how the participants' experience social justice and to investigate the effectiveness of South Africa's social security system on individual cases. This could be done by following pending social grant applicants. In this study this is not pursued specifically, but is believed to possibly give interesting results and a more in-depth understanding of the subject. Finally, cases about issues related to the social welfare system should be pursued.

## **7.6 Concluding remarks**

South Africa is currently experiencing serious challenges affecting household food security. For the elderly, the situation is critical. Instead of being looked after by their children, they are now taking care of their grandchildren. Grandmothers living in poor rural areas in South Africa suffer both physically and economically as a result. By empowering this usually neglected group, there is reason to believe all members of their households will be beneficiaries.

The findings from this study strongly indicated a breaching of the grandmothers' human right to adequate food. With high prevalence's of food insecurity and hunger, immediate actions should be taken to relief the poverty in these communities. More data on the situation of grandmothers and their role as primary caregivers when living with their grandchildren is needed, especially in the context of their right to adequate food. The overall aim should be to encourage interventions that can help empower the grandmothers, as well as getting relevant stakeholders and duty bearers commit into easing the situation of this vulnerable group, promote equality, reduce poverty and eradicate hunger.

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# **Addenda**

*Addendum 1:* Questionnaire to grandmothers

*Addendum 2:* Hunger scale

*Addendum 3:* Focus group discussion guide

*Addendum 4:* Structured interview

*Addendum 5:* Evaluation of pilot study

*Addendum 6:* Approval of the preliminary project by the Human Research Ethics Committee of the Faculty of Health Sciences, Stellenbosch University, South Africa

*Addendum 7:* Letter from the Regional Committees for Medical and Health Research Ethics in Norway

*Addendum 8:* Written informed consent forms

*Addendum 9:* Complete results from the hunger scale questionnaire

*Addendum 10:* Complete results from the questionnaire

*Addendum 1. Questionnaire to Grandmothers*

Please answer all questions in an open honest way. There is no right or wrong answers, this is about your experiences and your perceptions i.e. what YOU do and what YOU think.

Age:                      Above 60 years                       Below 60 years

Currently living in:      Zweletemba                       or                      Avian Park

*Questions regarding household income and money expenditure:*

1. Who would you say is the main provider of your household?

*Please choose one of the following options:*

- One of your children
- One of your grandchildren
- Your husband
- Yourself
- Other: specify  .....

2. What would you say is your household's most important source of income?

*Please choose one of the following options:*

- Salary
- Old age grant
- Children support grant
- Farming
- Other: specify  .....

3. Does your household receive any governmental grants?

*Please choose one of the following options:*

- Yes
- No



4. If yes, please list

*Please choose one OR more of the following options:*

- a. Old age grant
- b. Child grant
- c. Disability grant
- d. Foster care grant
- e. Other

5. If yes, how important is this money for your household's access to food?

*Please choose one of the following options:*

- Very important
- Important
- Of little importance
- Not important at all

6. What would you say the money in your household is mainly spent on?

*Please choose one OR more of the following options:*

- Food
- Clothes
- Health care
- Tuition for the children
- Transport
- Other:specify  .....

7. What would you say is the biggest constrain in your ability to get all the food you need?

*Please choose one of the following options:*

- Lack of income
- That others in your household spends all the money available
- Because you help neighbors or family with their problems
- Inaccessibility of shops i.e. too far
- Too little shops
- Food prices (too expensive)
- Other

*Questions regarding household food security:*

8. How many people are currently living in your household (including yourself)?

*Please choose one of the following options:*

- 1 (only myself)
- Myself plus ..... other persons (adults)

9. How many of your grandchildren are currently living in your household?

..... grandchildren.

10. Who would you say is the head of the household?

*Please choose one of the following options:*

- One of your children
- One of your grandchildren
- Your husband
- Transport
- Other: specify  .....

11. Who is responsible for ensuring that your household has enough food?

*Please choose one OR more of the following options:*

- One of your children
- One of your grandchildren
- Your husband
- Yourself
- We are all equally responsible
- Other: specify  .....

12. Do you feel a responsibility of feeding the members of your household?

*Please choose one of the following options:*

Strongly agree     Agree     Disagree     Strongly disagree

13. Do you have access to water? Please name the source:

*Please choose one OR more of the following options:*

- Tap in the house
- Outside tap, next to house
- Communal tap within walking distance
- Other:

14. Do you have cold and hot water?

*Please choose one of the following options:*

- Yes, cold and hot water
- Only cold water

15. Is the water supply adequate for your household?

*Please choose one of the following options:*

- Yes there is always enough water
- Yes, but sometimes there is no water
- No, there is never enough water

16. Is the water clean and safe for consumption?

*Please choose one of the following options:*

- Yes
- No (if no, please explain)

.....  
.....

*I would like to thank you for participating in this study, and reassure you that your responses will remain confidential and anonymous.*

**Addendum 2. Hunger Scale**

Date of interview (DD/MM/YYYY):

Field worker (initials):

Name of area: Zweletemba

Avian Park

Subjects age: Below 60

Above 60

	Yes	No	?
1. Does your household ever run out of money to buy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1a. Has this happened in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever rely on a limited number of foods to feed yourself, your children and grandchildren because you are running out of money to buy food for a meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2a. Has it happened in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever cut the size of meals or skip any because there is not enough money for food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3a. Has it happened in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever eat less than you should because there is not enough money for food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4a. Has it happened in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your children or grandchildren ever eat less than you feel they should because there is not enough money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5a. Has it happened in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b. Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do yourself, your children or grandchildren ever say they are hungry because there is not enough food in the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a. Has it happened in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you ever cut the size of your own, your children's or grandchildren's meals or do they ever skip meals because there is not enough money to buy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7a. Has it happened in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b. Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you or any of your children or grandchildren ever go to bed hungry because there is not enough money to buy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8a. Has it happened in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b. Has it happened 5 or more days in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Addendum 3. Focus group discussion guide**

*First I would like to clarify the concept of the right to adequate food: The right to adequate food is realized when you have the physical and economic access at all times to adequate food or means for its procurement.*

*Please answer all questions in an open honest way. There is no right or wrong answers, this is about your experiences and your perceptions i.e. what YOU do and what YOU think.*

*I would like you to think back at the past year. Give some thought to times when you either didn't have enough food for yourself and the members of your household or times you felt worried about whether you would have enough food.*

- What are your thoughts regarding your role in the household? Do you consider yourselves to be the primary caregivers? *(To get the discussion started, you can ask “who is taking care of the children and grandchildren in your households?”)*
- Are you aware of your human rights? What about the right to food and water? What does that mean to you? *(If no one answers, you can ask “do you know about human rights? Do you know that food is one of them? Give some thoughts...”)*
- How do you think living in the same household as your grandchildren affects you? *(To help the participants on the way you can say “do you think it affects i.e. your access to food?”)*
- I am now wondering about the old age grant. Do you feel that the money is spent on you, as the receivers? If yes, to what extent? *(If the question is unclear to the participants, add “Parts of it? All of it?”)*
- Do you know if there are people in your community that is not receiving a grant, even though they are eligible for it? *(if so, ask why they are not receiving any grant)*
- Is someone looking after you, making sure that you get the food you need? *(To get the discussion started, you can ask the participants: “what about your family member, neighbors or others?”).*
- Where do you get food when you have no money and no food in the house *(asking about safety nets)*
- Do you produce your own food? *(Do you preserve food? Do you have an alternative source of income?)*

*We have focused up to this point on the situation of the households and yourselves. I would now like to turn the attention towards the society and government.*

- *Who in your community helps you when you have a problem with food or money or water? (to help the participants, you can list: government officials, municipality, police, department of health, social workers, clinic sisters, etc.)*
- *Do you know about any policies and programmes in your area to make sure you (as grandmothers) have enough food and water? (Do you know what is being done in your community to make sure you (as grandmothers) have enough food and water? (ask **if** something is being done..)*
- *Do you think the local government and community could have done something different/or more to help you with getting access to the food and water you need for yourself? (If so, you can ask “who and what”?)*

*I would like to thank you for participating in this study, and reassure you that your responses will remain confidential and anonymous.*

#### **Addendum 4. Structured interview**

*First I would like to clarify the concept of the right to adequate food: The right to adequate food is realized when every man, woman and child, alone or in community with others, have the physical and economic access at all times to adequate food or means for its procurement*

*Please answer all questions in an open and honest way. There is no right or wrong answers, this is about your experiences and your perceptions i.e. what YOU think.*

1. Do you think the food in Worcester is distributed so that the grandmothers' living in large households gets enough to fulfill their basic needs?

2. Do you feel the food available for the grandmothers are:

- Dietary adequate?
- Safe to eat?
- Culturally acceptable?
- Environmentally sustainable?

3. What do you think about the physical and economic access for grandmothers to food within the household she is living?

a. Physical

b. Economical

4. Do you feel the water available for the grandmothers are:

- Adequate?
- Safe for consumption?
- Environmentally sustainable?

5. What do you think about the physical and economic access for grandmothers to water within the household she is living?

a. Physical - Easily accessible?

b. Economical



6. What policies and programmes are in place in these two areas (Zweletemba and Avian Park) to facilitate the realization of the right to food for the grandmothers?

7. How do you feel about the local governments in the context of the grandmothers and their access to food and water? What is being done in your area, what more can the local governments do or what can be done differently?

8. Do you have any thoughts about what the community or local government can do to ease the situation of the grandmothers' right to food and water?

9. What do you think your role is regarding the grandmothers' right to food?

***I would like to thank you for participating in this study, and reassure you that your responses will remain confidential and completely anonymous.***

***Addendum 5. Evaluation of pilot study***

1. Did you have any problems with understanding the questions asked?
2. Do you think all the questions were relevant for the topic?
3. Do you have any comments/do you feel something else should be added to the questions?
4. Do you think the questions were too time consuming?
5. Do you feel any more time should be added?

**Addendum 6: Approval of the preliminary project by the Human Research Ethics Committee of the Faculty of Health Sciences, Stellenbosch University, South Africa**



UNIVERSITEIT-STELLENBOSCH-UNIVERSITY  
FOR KNOWLEDGE • YOUR KNOWLEDGE PARTNER

04 November 2011

**MAILED**

Ms K Torgersen Rendal  
c/o Human Nutrition  
Clinical Building, 3rd Floor  
Tygerberg Campus  
7505

Dear Ms Torgersen Rendal

**Does the role of grandmothers as the primary caregivers in poor households, compromise their own right to adequate food? - Investigating two communities in the Breede Valley, Western Cape Province, South Africa.**

**ETHICS REFERENCE NO: N11/11/318**

**RE : APPROVED**

It is a pleasure to inform you that a review panel of the Health Research Ethics Committee has approved the above-mentioned project on 4 November 2011 and all the ethical aspects involved, for a period of one year from this date.

This project is therefore now registered and you can proceed with the work. Please quote the above-mentioned project number in ALL future correspondence. You may start with the project. Notwithstanding this approval, the Committee can request that work on this project be halted temporarily in anticipation of more information that they might deem necessary.

Please note a template of the progress report is obtainable on [www.sun.ac.za/rds](http://www.sun.ac.za/rds) and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly and subjected to an external audit.

Translations of the consent document in the languages applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372  
Institutional Review Board (IRB) Number: IRI00005239

The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Please note that for research at primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health ([healthres@pgwc.gov.za](mailto:healthres@pgwc.gov.za) Tel: +27 21 483 9907) and Dr Hélène Visser at City Health ([Helene.Visser@capetown.gov.za](mailto:Helene.Visser@capetown.gov.za) Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

04 November 2011 14:10

Page 1 of 2



Fakulteit Gesondheidswetenskappe · Faculty of Health Sciences



Verbind tot Optimale Gesondheid · Committed to Optimal Health  
Afdeling Navorsingsontwikkeling en -steun · Division of Research Development and Support  
Posbus/PO Box 19063 · Tygerberg 7505 · Suid-Afrika/South Africa  
Tel.: +27 21 938 9075 · Faks/Fax: +27 21 931 3352

## Addendum 7. Letter from the Regional Committees for Medical and Health Research Ethics in Norway



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Region:	Saksbehandler:	Telefon:	Vår dato:	Vår referanse:
REK sør-øst	Ingrid Middelthon	22845511	30.01.2012	2011/2515/REK sør-øst D
			Deres dato:	Deres referanse:
			13.12.2011	

Vår referanse må oppgis ved alle henvendelser

Per Ole Iversen  
Avd. for ernæringsforskning  
0317 Oslo

### **2011/2515 D Går bestemødres rolle som primære omsorgspersoner i fattige husholdninger i Sør-Afrika ut over deres egen rett til fullgod mat?**

Vi viser til søknad av 13.12.2011 for det ovenfor nevnte forskningsprosjekt. Søknaden ble behandlet i komiteens møte 12.01.2012.

Prosjektleder er professor dr. med. Per Ole Iversen.

Forskningsansvarlig er Universitetet i Oslo og Stellenbosch University, Sør-Afrika.

#### *Prosjekttema:*

*Formålet med denne studien er å undersøke kunnskaper, holdninger og praksis vedrørende bestemødrenes rolle og deres rett til mat, når de bor i samme husstand som sine barnebarn. Studien skal utføres i Sør-Afrika, da dette er et område hvor den aktuelle gruppens menneskerettigheter ofte neglisjeres. Datatranskripsjonen baserer seg på intervju og spørreskjema. Det skal inkluderes totalt 46 deltakere i studien. Samtykke innhentes for alle data.*

#### **Vedtak:**

Etter søknaden anses ikke prosjektet som et medisinsk eller helsefaglig forskningsprosjekt og faller derfor utenfor komiteens mandat, jf. helseforskningsloven § 2. Prosjektet er ikke fremleggelsespliktig, jf. helseforskningsloven § 10.

Komiteens vedtak kan påklages til Den nasjonale forskningsetiske komité for medisin og helsefag, jf. forvaltningsloven 28 flg. Eventuell klage sendes til REK Sør-Øst D. Klagefristen er tre uker fra mottak av dette brevet.

Med vennlig hilsen,

Stein A. Evensen (sign.)  
dr. med.  
leder

Ingrid Middelthon  
Komitéssekretær

---

Besøksadresse:  
Gullhaug torg 4 A,  
Nydalen, 0484 Oslo

Telefon: 22845511  
E-post:  
post@helseforskning.etikkom.no

All post og e-post som inngår i saksbehandlingen, bes adressert til REK sør-øst og ikke til enkelte personer

Kindly address all mail and e-mails to the Regional Ethics Committee, REK sør-øst, not to individual staff

## *Addendum 8. Written informed consent forms*

### **Participation information leaflet and consent form – grandmothers**

Title of the research project:

Does the role of grandmothers as the primary caregivers in poor households, compromise their own right to adequate food? –Investigating two communities in the Breede Valley, Western Cape Province, South Africa.

Reference number: N11/11/318

Principal Investigator: Karianne Torgersen Rendal, Institute for Basic Medical Sciences, Department of Nutrition, University of Oslo.

Co-Supervisor: Senior Lecturer ML Marais, Division of Human Nutrition, Faculty of Health Sciences, Stellenbosch University.

You are being invited to take part in a research project. Please read through the information presented here, it will explain the details of the project. It is important that you are fully satisfied and that you understand what the research project entails and how you could be involved.

Your participation is voluntary and you are free to decline to participate. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Health Research Ethics Committee (HREC) at Stellenbosch University and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ICH and the Medical Research Council (MRC) guidelines.

What is the study about?

This study is part of a master thesis, and will be conducted in two communities; Avian Park and Zweletemba in the Breede Valley of the Western Cape. The study will include 40 grandmothers living in the same household with at least one of her grandchildren.

The aim of this research project is to investigate the grandmother and her access and right to food, when living in the same household as grandchildren. This information will hopefully draw more attention to this group.

Why are you invited to participate?

You have been chosen to participate in this study because you live in either Avian Park or Zweletemba and because you are a grandmother living in a household with at least one of your grandchildren.

What will your responsibilities be?

If you should agree to take part in this study, you will be participating in a group discussion with other grandmothers from the area you are living. The master student and two local fieldworkers will also complete a questionnaire with your help. The group discussion will focus on grandmothers' role

in the households' as well as the consequences of being the primary caregiver of the household. The questionnaire will be about household income and how the money is spent, in addition to your household's access to food.

Please remember that there are no wrong or right answers.

Will you benefit from taking part in this research?

You will benefit indirectly from taking part of this research, because it will help with gathering information about the grandmothers' situation living in large households. This information will help by focusing on a group that deserves more attention.

Who will have access to your personal recordings?

All information provided by you will be private. Nobody but the master student and the two field workers will see your information.

The results are going to be used for the master thesis, but any personal information will be anonymous.

Will you be paid to take part in this study and are there costs involved?

Participating in this study will not cost you anything. Also, the master student will not pay any fees to you to take part.

Declaration by participant

By signing below, I ..... agree to take part in a research study with the title: Does the role of grandmothers as the primary caregivers in poor households, compromise their own right to adequate food? –Investigating two communities in the Breede Valley, Western Cape Province, South Africa.

I declare that:

I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.

I have had a chance to ask questions and all my questions have been adequately answered.

I understand that taking part in this study is voluntary and I have not been pressured to take part.

I may choose to leave the study at any time without any negative consequences.

Signed at (*place*).....on(*date*).....2012.

.....

Signature of participant

Declaration by investigator

I,..... Declare that:

I explained the information in this document to.....

I encouraged him/her to ask questions and took adequate time to answer them.

I am satisfied that he/she adequately understands all aspects of the research, as discussed above.

I did use an interpreter.

Signed at (*place*)..... on (*date*).....2012.

.....

Signature of investigator

Declaration by interpreter

I (*name*)..... declare that:

I assisted the investigator..... to explain the information in this document to (*name of participant*)..... using the language medium of Afrikaans/isiXhosa.

We encouraged him/her to ask questions and took adequate time to answer them.

I conveyed a factually correct version of what was related to me.

I am satisfied that the participant fully understands the content of this informed consent document and has all his/her question satisfactorily answered.

Signed at (*place*)..... on(*date*).....

.....

Signature of interpreter

## **Participant information leaflet and consent form – key informants**

### **Title of the research project:**

Does the role of grandmothers as the primary caregivers in poor households, compromise their own right to adequate food? –Investigating two communities in the Breede Valley, Western Cape Province, South Africa.

### **Reference number: N11/11/318**

**Principal Investigator:** Karianne Torgersen Rendal, Institute for Basic Medical Sciences, Department of Nutrition, University of Oslo.

**Co-Supervisor:** Senior Lecturer ML Marais, Division of Human Nutrition, Faculty of Health Sciences, Stellenbosch University.

You are being invited to take part in a research project. Please read through the information presented here, it will explain the details of the project. It is important that you are fully satisfied and that you understand what the research project entails and how you could be involved.

Your participation is voluntary and you are free to decline to participate. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Health Research Ethics Committee (HREC) at Stellenbosch University and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ICH and the Medical Research Council (MRC) guidelines.

### **What is the study about?**

This study is part of a master thesis, and will be conducted in two communities; Avian Park and Zweetemba in the Breede Valley of the Western Cape. The study will include 40 grandmothers living in the same household with at least one of her grandchildren.

The aim of this research project is to investigate the grandmother and her access and right to food, when living in the same household as grandchildren. This information will hopefully draw more attention to this group.

### **Why are you invited to participate?**

You have been chosen to participate in this study because you are considered to be a key informant regarding the situation of grandmothers and their right to adequate food in Worcester. Your experiences and thoughts about this topic is considered to be valuable in context of this study.

### **What will your responsibilities be?**



If you should agree to take part in this study, you will be interviewed by the master student. The questions will be about the grandmothers' access to food, about policies and programmes in the area of Worcester that are in place to facilitate the grandmothers' right to food, what the local government is doing with regards to this, and your thoughts about what your role is in this context.

Please remember that there are no wrong or right answers.

**Will you benefit from taking part in this research?**

You will benefit indirectly from taking part of this research, because it will help with gathering information about the grandmothers' situation living in large households. This information will help by focusing on a group that deserves more attention.

**Who will have access to your personal recordings?**

All information provided by you will be private. Nobody but the master student will see your information.

The results are going to be used for the master thesis, but any personal information will be anonymous.

**Will you be paid to take part in this study and are there costs involved?**

Participating in this study will not cost you anything. Also, the master student will not pay any fees to you to take part.

**Declaration by participant**

By signing below, I .....  
agree to take part in a research study with the title: Does the role of grandmothers as the primary caregivers in poor households, compromise their own right to adequate food? – Investigating two communities in the Breede Valley, Western Cape Province, South Africa.

**I declare that:**

I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.

I have had a chance to ask questions and all my questions have been adequately answered.

I understand that taking part in this study is voluntary and I have not been pressurised to take part.

I may choose to leave the study at any time without any negative consequences.

Signed at  
(place).....on(date).....  
.....2012.

.....  
**Signature of participant**

**Declaration by investigator**

I,..... Declare that:

I explained the information in this document  
to.....

I encouraged him/her to ask questions and took adequate time to answer them.

I am satisfied that he/she adequately understands all aspects of the research, as discussed  
above.

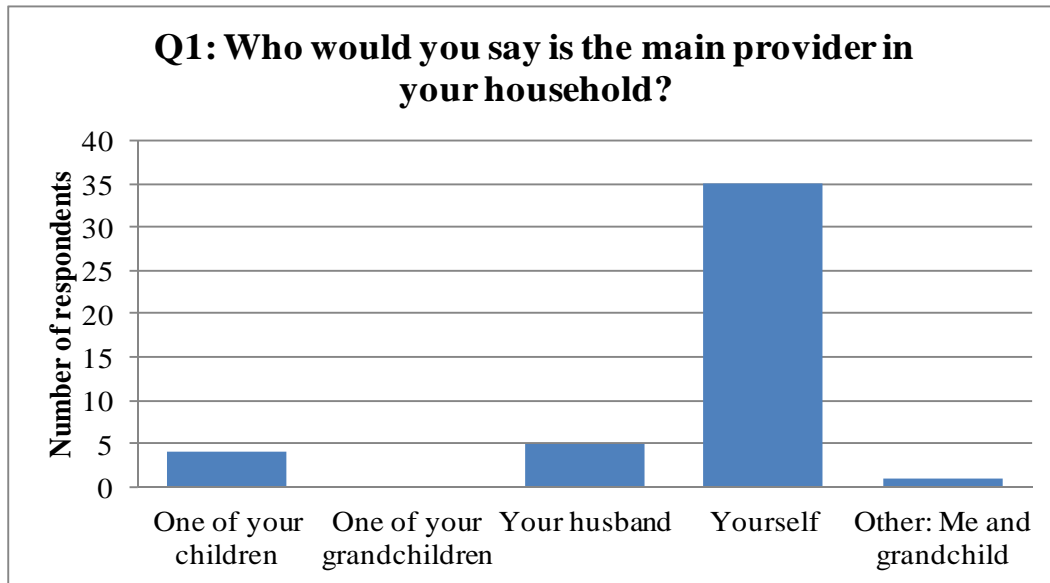
Signed at (place)..... on  
(date).....2012.

.....  
**Signature of investigator**

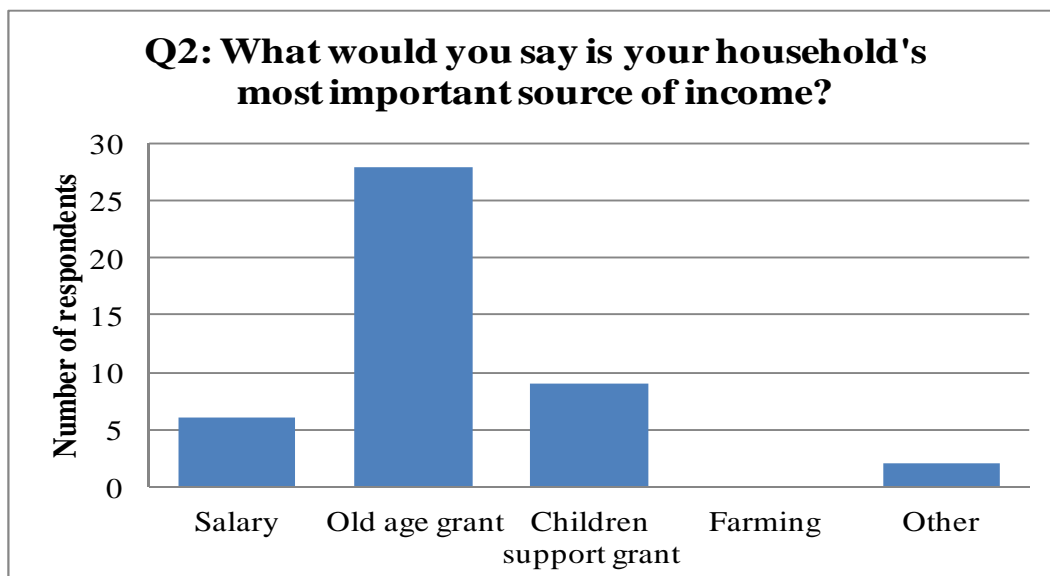
### *Addendum 9. Complete results of the Hunger Scale Questionnaire*

	<b>Yes</b>	<b>No</b>	<b>Maybe</b>
1. Does your household ever run out of money to buy food?	45 (100%)	0 (0%)	0 (0%)
1a. Has this happened in the past 30 days?	41 (91,1%)	4 (8,9%)	0 (0%)
1b. Has it happened 5 or more days in the past 30 days?	26 (57,8%)	17 (37,8%)	2 (4,4%)
2. Do you ever rely on a limited number of foods to feed yourself, your children and grandchildren because you are running out of money to buy food for a meal?	45 (100%)	0 (0%)	0 (0%)
2a. Has it happened in the past 30 days?	40 (88,9%)	4 (8,9%)	1 (2,2%)
2b. Has it happened 5 or more days in the past 30 days?	29 (64,4%)	15 (33,3%)	1 (2,2%)
3. Do you ever cut the size of meals or skip any because there is not enough money for food?	40 (88,9%)	5 (11,1%)	0 (0%)
3a. Has it happened in the past 30 days?	33 (73,3%)	12 (26,7%)	0 (0%)
3b. Has it happened 5 or more days in the past 30 days?	28 (62,2%)	17 (37,8%)	0 (0%)
4. Do you ever eat less than you should because there is not enough money for food?	44 (97,8%)	1 (2,2%)	0 (0%)
4a. Has it happened in the past 30 days?	43 (95,6%)	2 (4,4%)	0 (0%)
4b. Has it happened 5 or more days in the past 30 days?	31 (68,9%)	14 (31,1%)	0 (0%)
5. Do your children or grandchildren ever eat less than you feel they should because there is not enough money?	43 (95,6%)	2 (4,4%)	0 (0%)
5a. Has it happened in the past 30 days?	40 (88,9%)	5 (11,1%)	0 (0%)
5b. Has it happened 5 or more days in the past 30 days?	29 (64,4%)	16 (35,6%)	0 (0%)
6. Do yourself, your children or grandchildren ever say they are hungry because there is not enough food in the house?	43 (95,6%)	2 (4,4%)	0 (0%)
6a. Has it happened in the past 30 days?	39 (86,7%)	6 (13,3%)	0 (0%)
6b. Has it happened 5 or more days in the past 30 days?	29 (64,4%)	16 (35,6%)	0 (0%)
7. Do you ever cut the size of your own, your children's or grandchildren's meals or do they ever skip meals because there is not enough money to buy food?	44 (97,8%)	1 (2,2%)	0 (0%)
7a. Has it happened in the past 30 days?	39 (86,7%)	6 (13,3%)	0 (0%)
7b. Has it happened 5 or more days in the past 30 days?	29 (64,4%)	16 (35,6%)	0 (0%)
8. Do you or any of your children or grandchildren ever go to bed hungry because there is not enough money to buy food?	27 (60%)	18 (40%)	0 (0%)
8a. Has it happened in the past 30 days?	27 (60%)	18 (40%)	0 (0%)
8b. Has it happened 5 or more days in the past 30 days?	19 (42,2%)	25 (55,6%)	1 (2,2%)

*Addendum 10. Complete presentation of the results of the questionnaire*

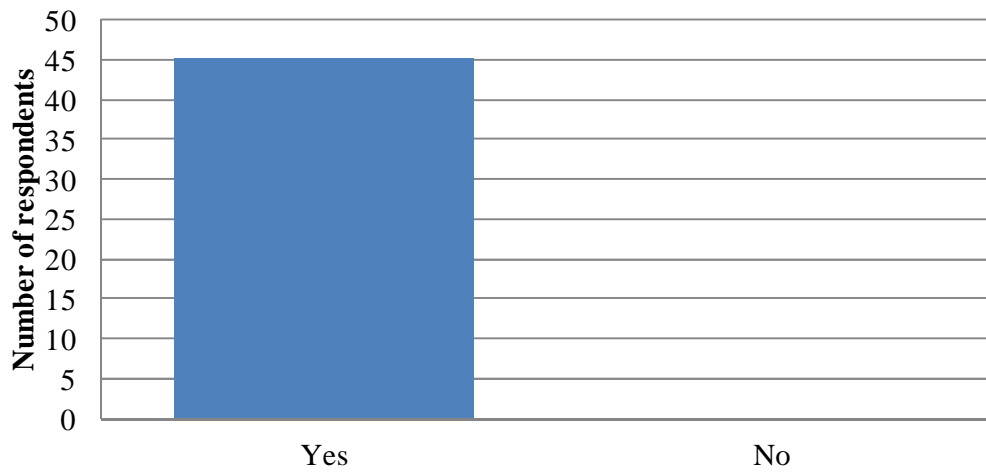


One of your children	4	8,9 %
One of your grandchildren	0	0,0 %
Your husband	5	11,1 %
Yourself	35	77,8 %
Other: Me and grandchild	1	2,2 %
Total	45	100,0 %



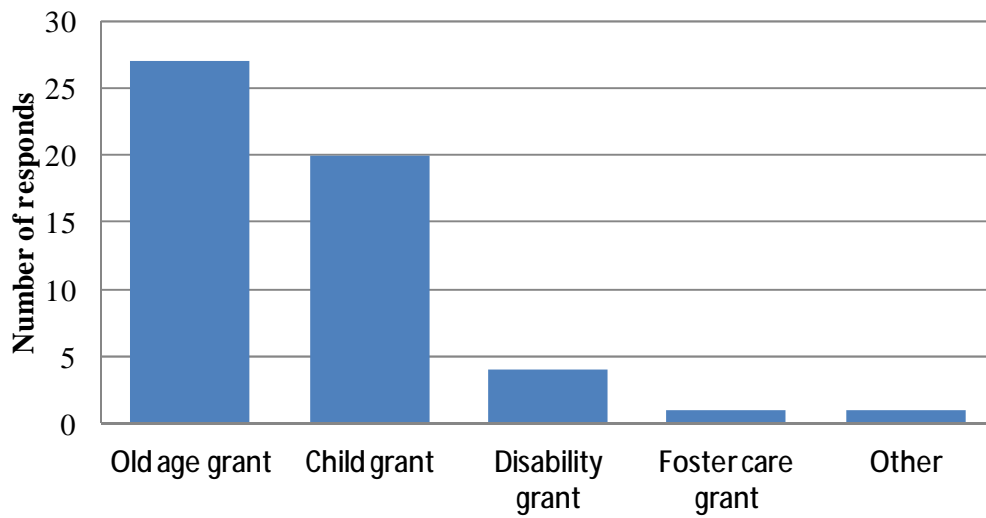
Salary	6	13,3 %
Old age grant	28	62,2 %
Children support grant	9	20,0 %
Farming	0	0,0 %
Other	2	4,4 %
Total	45	100,0 %

### Q3: Does your household receive any governmental grants?



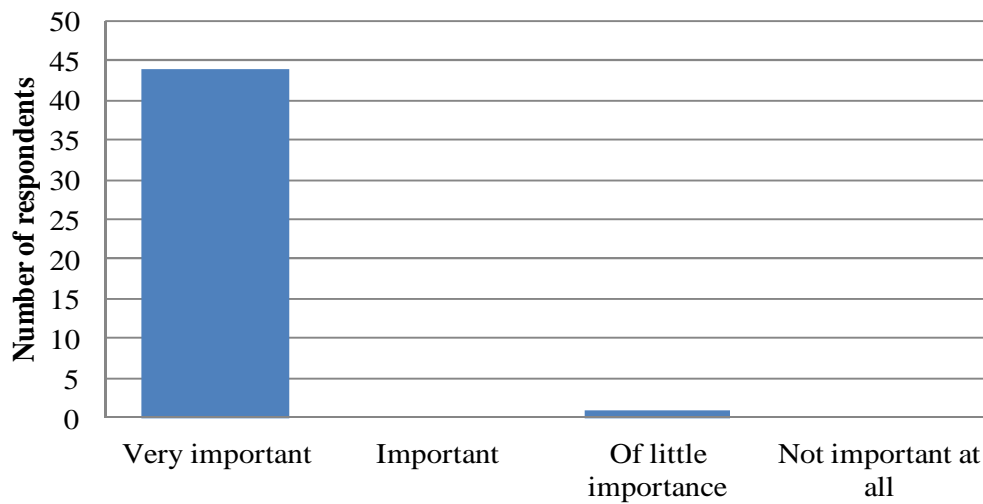
Yes	45	100,0 %
No	0	0,0 %
Total	45	100,0 %

### Q4: If yes, please list



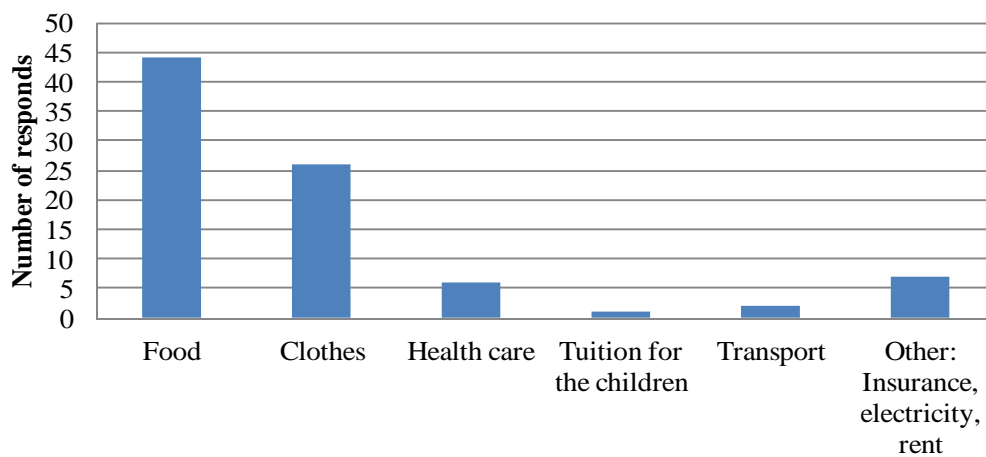
Old age grant	27	50,9 %
Child grant	20	37,7 %
Disability grant	4	7,5 %
Foster care grant	1	1,9 %
Other	1	1,9 %
Total	53	100,0 %

**Q5: If yes, how important is this money for your access to food?**



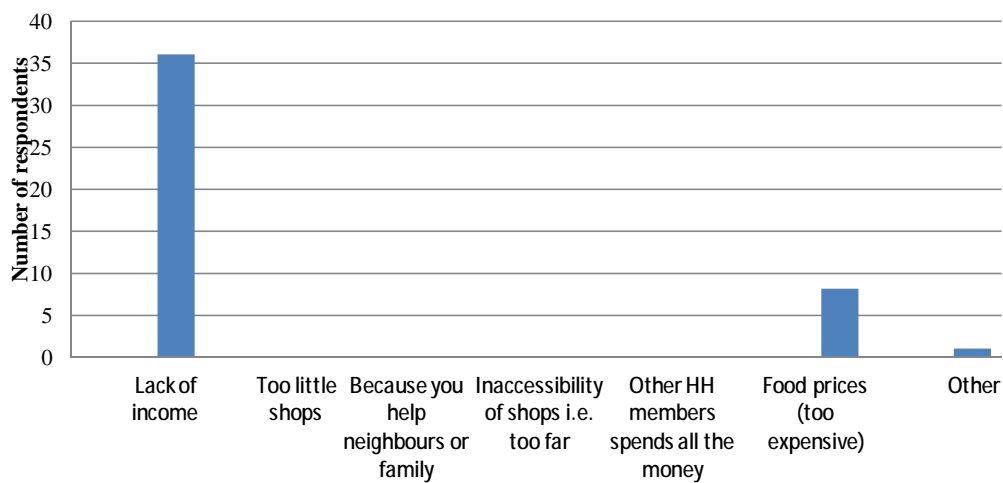
Very important	44	97,8 %
Important	0	0,0 %
Of little importance	1	2,2 %
Not important at all	0	0,0 %
Total	45	100,0 %

**Q6: What would you say the money in your household is mainly spent on?**



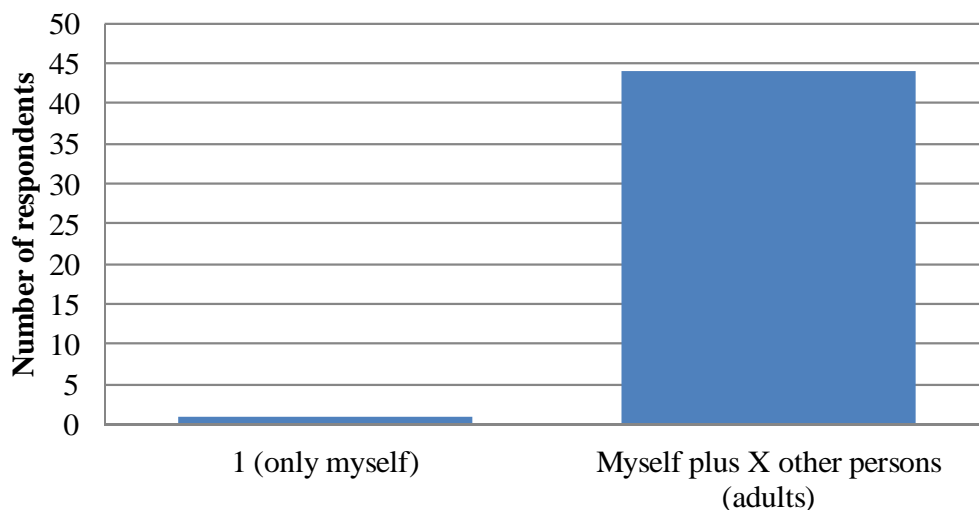
Food	44	51,2 %
Clothes	26	30,2 %
Health care	6	7,0 %
Tuition for the children	1	1,2 %
Transport	2	2,3 %
Other: Insurance, electricity, rent	7	8,1 %
Total	86	100,0 %

**Q7: What would you say is the biggest constraint in your ability to get all the food you need?**



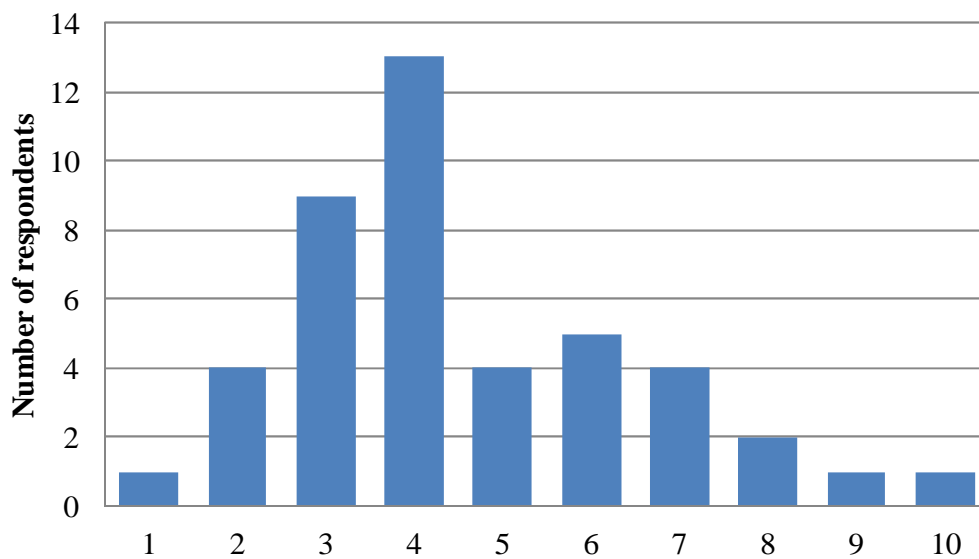
Lack of income	36	80,0 %
Too little shops	0	0,0 %
Because you help neighbours or family	0	0,0 %
Inaccessibility of shops i.e. too far	0	0,0 %
Other HH members spends all the money	0	0,0 %
Food prices (too expensive)	8	17,8 %
Other	1	2,2 %
<b>Total</b>	<b>45</b>	<b>100,0 %</b>

**Q8: How many people are currently living in your household (including yourself)?**



1 (only myself)	1	2,2 %
Myself plus X other persons (adults)	44	97,8 %
<b>Total</b>	<b>45</b>	<b>100,0 %</b>

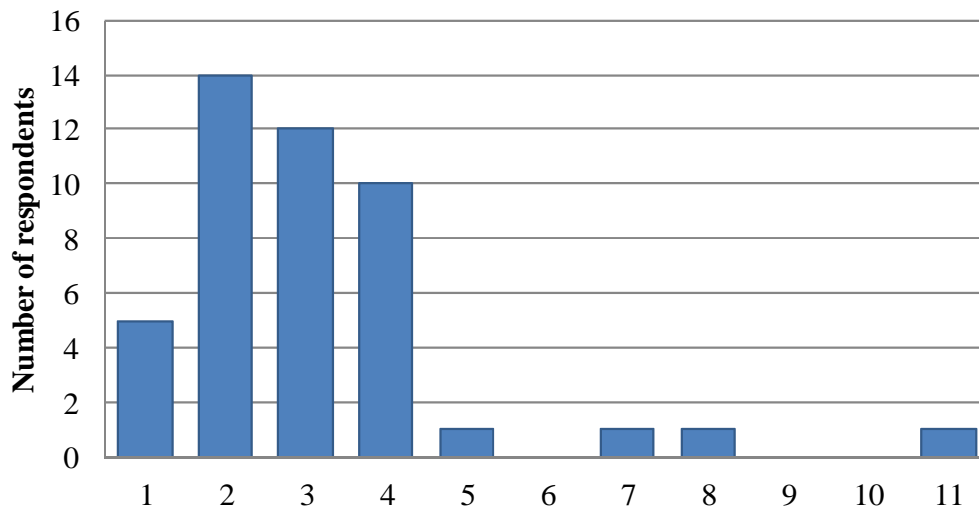
### Q8: Myself plus X other persons (adults)



1	1	2,3 %
2	4	9,1 %
3	9	20,5 %
4	13	29,5 %
5	4	9,1 %
6	5	11,4 %
7	4	9,1 %
8	2	4,5 %
9	1	2,3 %
10	1	2,3 %
Total	44	100,0 %

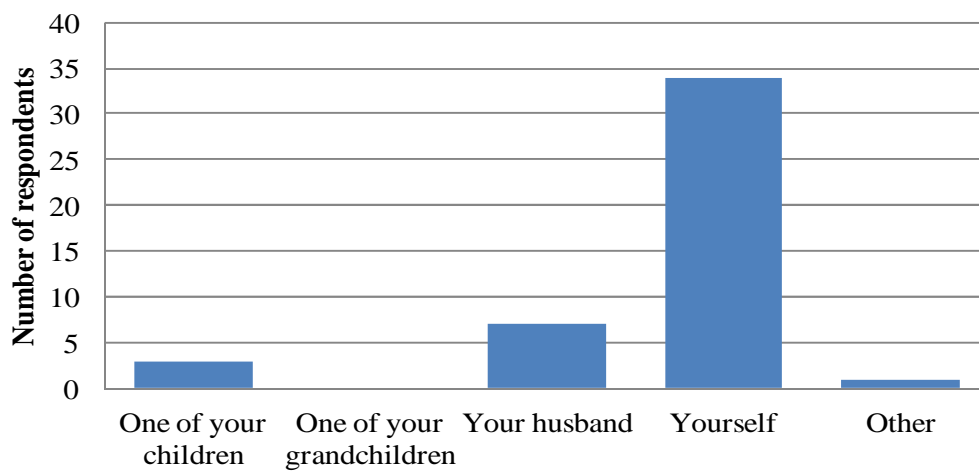


**Q9: How many of your grandchildren are currently living in your household?**



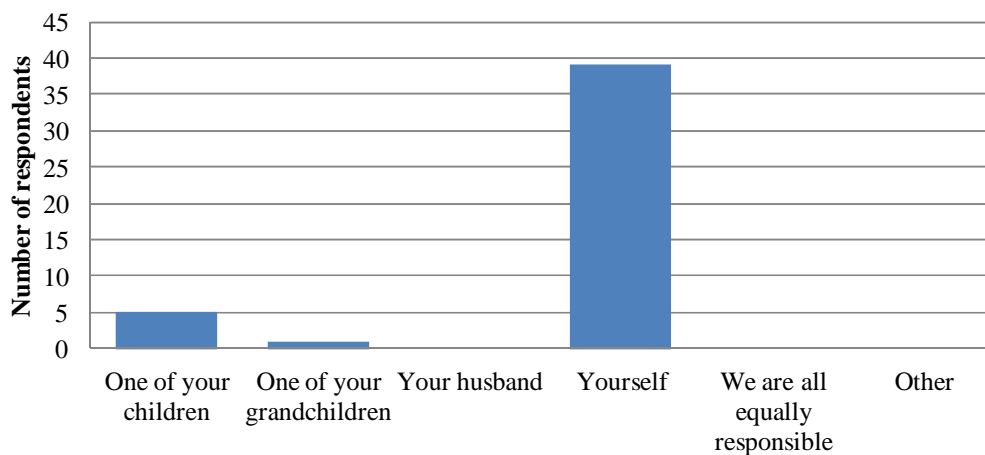
1	5	11,1 %
2	14	31,1 %
3	12	26,7 %
4	10	22,2 %
5	1	2,2 %
6	0	0,0 %
7	1	2,2 %
8	1	2,2 %
9	0	0,0 %
10	0	0,0 %
11	1	2,2 %
Total	45	100,0 %

### Q10: Who would you say is the head of the household?



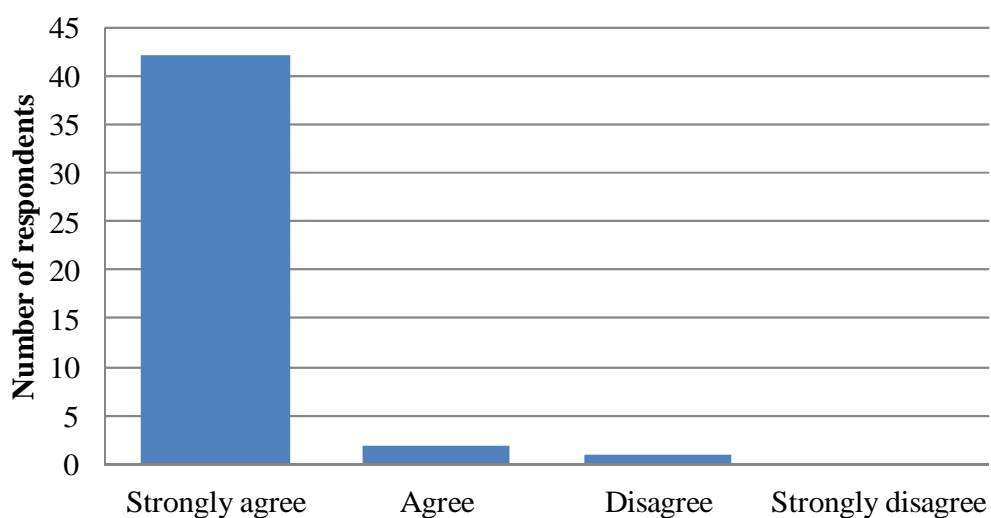
One of your children	3	6,7 %
One of your grandchildren	0	0,0 %
Your husband	7	15,6 %
Yourself	34	75,6 %
Other	1	2,2 %
Total	45	100,0 %

### Q11: Who is responsible for ensuring that your household has enough food?



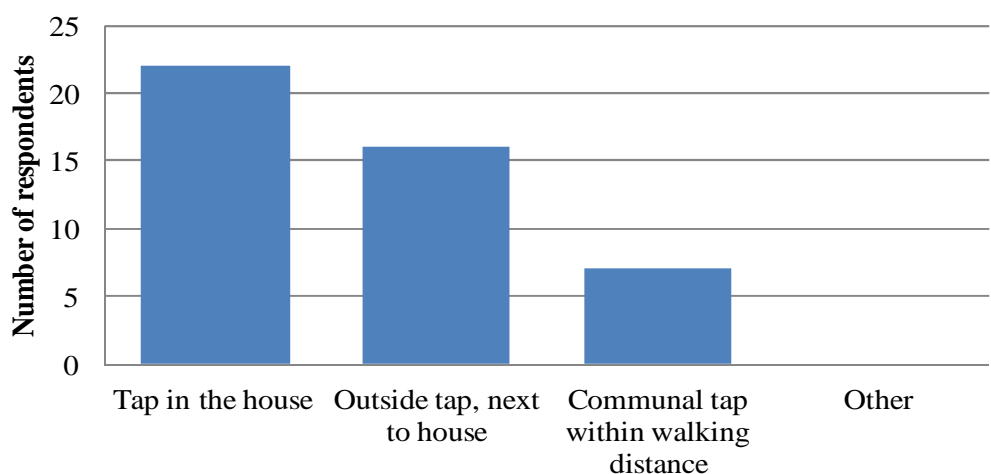
One of your children	5	11,1 %
One of your grandchildren	1	2,2 %
Your husband	0	0,0 %
Yourself	39	86,7 %
We are all equally responsible	0	0,0 %
Other	0	0,0 %
Total	45	100,0 %

**Q12: Do you feel a responsibility of feeding the members of your household?**



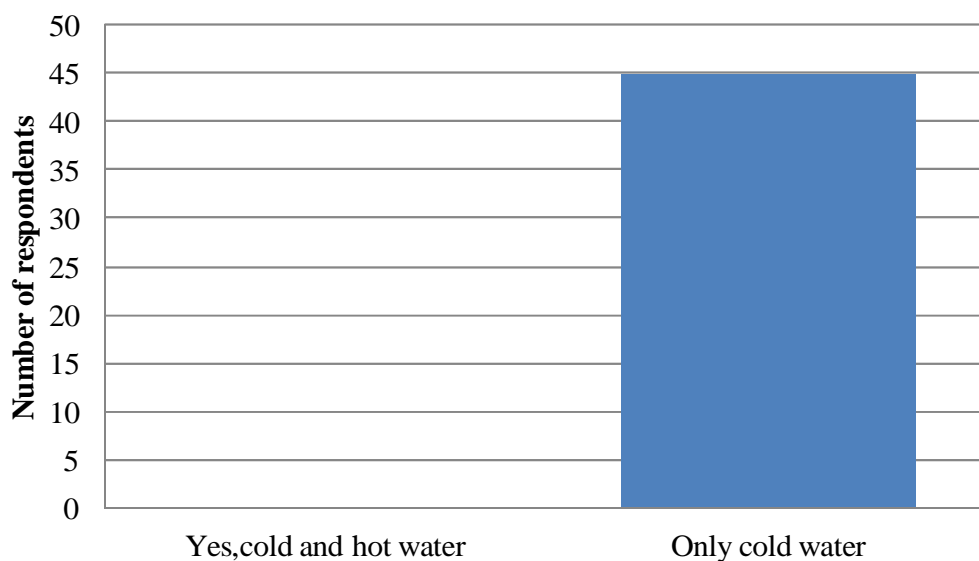
Strongly agree	42	93,3 %
Agree	2	4,4 %
Disagree	1	2,2 %
Strongly disagree	0	0,0 %
Total	45	100,0 %

**Q13: Do you have access to water? Please name the source:**



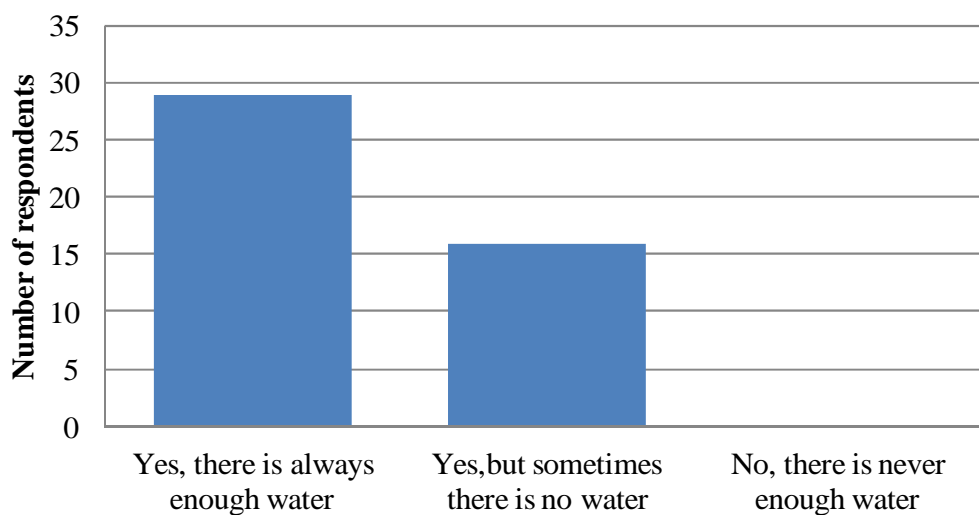
Tap in the house	22	48,9 %
Outside tap, next to house	16	35,6 %
Communal tap within walking distance	7	15,6 %
Other	0	0,0 %
Total	45	100,0 %

### Q14: Do you have cold and hot water?



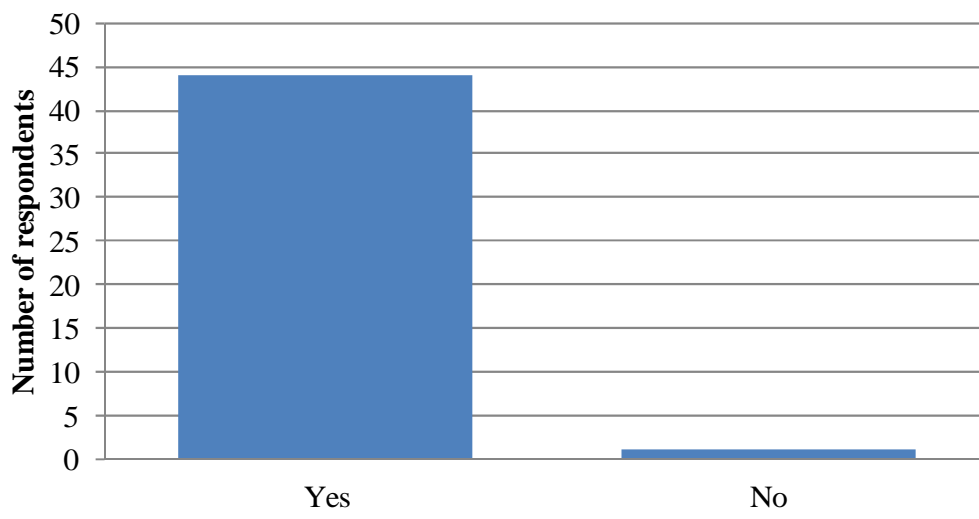
Yes, cold and hot water	0	0,0 %
Only cold water	45	100,0 %
Total	45	100,0 %

### Q15: Is the water supply adequate for your household?



Yes, there is always enough water	29	64,4 %
Yes, but sometimes there is no water	16	35,6 %
No, there is never enough water	0	0,0 %
Total	45	100,0 %

### Q16: Is the water clean and safe for consumption?



Yes	44	97,8 %
No	1	2,2 %
Total	45	100,0 %