



# Psychosocial well-being in adulthood in response to systemic barriers in kinship care as experienced during adolescence

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## ABSTRACT

This study reports on the experiences of Black adults who were raised in kinship care during adolescence and its influences on their psychosocial well-being in adulthood. An exploratory, descriptive, instrumental, multiple-case study approach was followed to facilitate retrospective investigation. Semi-structured, individual interviews were conducted to construct data. The sample comprised of 13 Black adults between the ages of 18 and 42 years. Thematic analysis was used to analyse the data. The themes highlighted the systemic challenges characteristic of the South African context. These include poverty, material deprivation, and its influence on the kinship caregiver's physical and emotional accessibility. The findings suggest that the implications of the systemic challenges reverberate as forms of structural violence. Many of the participants defend against this, with conscious efforts to emphasize on the constructive outcomes of their experiences. Future research should include multiple case and quantitative studies as well as more longitudinal research.

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## Introduction

Kinship care is historically the most common response to the plight of children in the absence of parental care (Assim, 2013; Gleeson, Hsieh, & Cryer-Coupet, 2016). It is further recognized that irrespective of the ever-changing dynamics of family, the practice of kinship care is likely to continue (Assim, 2013). The implications of kinship care are consequently gathering increased attention from a research and policy perspective (MacDonald, Hayes, & Houston, 2018). This includes the implications on well-being as a focus area (Gibson & Singh, 2010; Kiraly & Humphreys, 2013; Patterson et al. (2018)). The family unit has considerable influence on well-being and development (Beegle, Filmer, Stokes, & Tiererova, 2010). The child's access to adult resources is particularly critical for development into healthy adults (Day et al., 2018; Patterson et al., 2018; Lu & Treiman, 2011). This includes, but is not limited to, nourishment, secure attachment, cognitive stimulation and positive parenting (Goodman, 2012; Niehaus, 2017).

The family unit within the South African context has historically been mostly fluid in nature (Hall & Posel, 2018). As such, youth are likely to be exposed to several family disruptions and multiple caregiving experiences throughout their formative life stages (Budlender & Lund, 2011; Hall & Posel, 2018; Marteleto, Cavanagh, Prickett, & Clark, 2016). The complexity of the South African family stems in part from the history of apartheid as well as current socio-political challenges (Hall & Posel, 2018). Apartheid policies emphasized the dissolution of Black families, whereas the

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proliferation of the HIV/AIDS pandemic has compounded the already complex family structure (Madhavan, Mee, & Collinson, 2014; Sibanda, 2011). The latter presents an increased risk for economic vulnerability and family dissolution (Hosegood, 2009). Collinson (2010) postulates that the various factors implicated in kinship care, such as socio-economic status, labour migratory practices and the HIV/AIDS pandemic, directly or indirectly influence each other. This in turn exacerbates the phenomenon of family disruption and impacts caregivers' ability to care for children (Budlender & Lund, 2011).

## Rationale

Globally, research focussing on kinship care has predominantly placed emphasis on the challenges experienced by primary caregivers (Gibson & Singh, 2010; Gleeson et al., 2016). Though there is an increasingly greater emphasis on childhood and adolescent experiences, research remains skewed towards the United States of America (Hong, Algood, Chiu, & Lee, 2011; Musil, Gordon, Warner, Zauszniewski & Standing et al., 2011; Patterson et al., 2018). Several international studies have indicated an increased risk for compromised emotional well-being in adulthood (Côté, Orri, Marttila, & Ristikari, 2018; Rubin, Springer, Zlotnik, & Kang-Yi, 2017; Yang, McCuish, & Corrado, 2017). Other research findings have emphasized that well-being is dependent on the quality of the caregiver-child relationship, as well as placement stability (Dolbin-Macnab & Keiley, 2009; Goodman, 2012). Literature further suggests that kinship care in Western contexts, whether formal or informal, often arises following parental neglect, abuse or engagement in illegal activities (Gibson & Singh, 2010; Gleeson et al., 2009; Lee, Clarkson-Hendrix, & Lee, 2016; Maaskant, van Rooij, Bos, & Hermanns, 2016; Patterson et al., 2018). These experiences infer an increased probability of traumatic experiences within the initial parent-child relationships, prior to kinship care.

In the South African context, kinship care has predominantly been associated with a myriad of socio-economic and socio-political factors. These include post-apartheid labour migratory practices, high unemployment rates, declining marital patterns and the prolific impact of the HIV/AIDS pandemic (Budlender & Lund, 2011; Ratele, Shefer, & Clowes, 2012; Sibanda, 2011; Statistics South Africa, 2010, 2012). Statistics South Africa (2018) indicated unemployment to be 26, 7% amongst the working-age population. These numbers are higher amongst Black South Africans, who represent 78, 2% of the working age population. Furthermore, whilst South Africa has always had a low marriage rate, a declining trend became evident post 2009 (Statistics South Africa, 2012, 2016). The prevalence of HIV is approximately 12, 7% of the overall South African population (Statistics South Africa, 2017). However, when reviewing statistics for the adult population the incidence is estimated at 18, 9%, with a large proportion of the population indirectly impacted by the pandemic (Statistics South Africa, 2017).

Historically, Black South African families have implemented alternative living practices due to apartheid labour and living prohibitions. This has given rise to alternative approaches to managing family living arrangements (Rabe & Naidoo, 2015). Given the standard application of the Western family construct of international studies, as well as the varied contributing factors to kinship care, neither the findings nor recommendations of these studies may be entirely suitable to the South African context (Sibanda, 2011). The widespread practice of kinship care (Statistics South Africa, 2012), along with its distinct historical and present-day dynamics, highlights the need to focus on the implications of these family constructs within the South African milieu. Furthermore, emphasis on the adolescent life stage is of significance, since adolescence is a critical life stage during which the impending patterns for adulthood are established (Holborn & Eddy, 2011; Sawyer et al., 2012; Stortelder & Ploegmakers-Burg, 2010).

## Literature review

### *Prevalence of kinship care*

Extended families have traditionally assumed responsibility for children across cultures (Pitcher, 2014). Informal kinship care is common practice, which has made the attainment of statistical data

challenging (Gibson & Singh, 2010; Selwyn & Nandy, 2014). The statistical data available for countries such as Australia, the United Kingdom and the United States of America, confirm an increase in formal kinship care (Borenstein & McNamara, 2012; Gibson & Singh, 2010; Selwyn & Nandy, 2014). In Australia, it is estimated that the incidence of informal kinship care is four times greater than that of formal kinship care (Borenstein & McNamara, 2012). In the United States of America, it is estimated to be six times greater than formal kinship care (Gibson & Singh, 2010). Moreover, a study across all United Kingdom countries indicated that 90% of children in care are provided for in informal kinship care (Selwyn & Nandy, 2014).

### ***Kinship care in the African context***

The practice of kinship care is common in Africa, given that the extended family is the favoured form of provision for childcare (Roelen, Delap, Jones, & Chettri, 2016). The prevalence of kinship care is attributed to macrosystemic influences, such as migratory labour practices; as well as microsystemic influences, such as the relationship status of the child's birth parents (Grant & Yeatman, 2012; Hosegood, 2009). Poverty is recognized as a key determinant in family segregation, parental loss, and the resultant caregiving practices (Block, 2014; Roelen et al., 2016). Moreover, although grandparents are often amongst the poorest of social groups, they are more likely to accept responsibility of kinship care (Roelen et al., 2016). As such, children in kinship care are more likely to reside in households facing financial constraints within already impoverished environments (Beegle et al., 2010).

### ***Kinship care in the south African context***

In South Africa, labour migratory practices appear to be a fundamental contributor to parental absence. Labour migration is recognized as a distinct form of family disruption (Lu & Treiman, 2011). Historically, the apartheid regime strategically and purposefully provoked instability in Black families (Collinson, 2010). Apartheid policies concentrated on family dissolution by implementing gendered hostels, constituting it illegal for women and children to reside in hostels designated for men (Hosegood, McGrath, & Moultrie, 2009). Couples and families subsequently had to live segregated lives, which in turn contributed to the instability of marriage as an entity. In response to the prolonged periods away from their primary families, migrant men and women would often create second families in areas of employment (Hosegood et al., 2009). Black women were obliged to seek informal work opportunities, and eventually replaced men as domestic workers in white homes (Philips & James, 2014). This is a trend that continues in post-apartheid South Africa (Collinson, 2010).

Despite the absence of segregation policies in the post-apartheid era, migratory labour patterns have become engrained (Collinson, 2010). Despite the abolishment of apartheid, the socio-political landscape has remained mostly unchanged, thus not facilitating socio-economic transformation for Black families (Leibbrandt, Woolard, & Woolard, 2009). Consequently, family disruptions persist as the practice of migratory labour grows, particularly amongst younger individuals and women (Collinson, 2010).

### ***Kinship care and well-being***

The concept of well-being is receiving progressively more focus from both a political and a policy perspective (Carter, 2012; Diener, Kahneman, & Helliwell, 2010). Well-being during childhood is increasingly considered as a fundamental determinant of a nation's well-being (Carter, 2012; Greenwood, & de Leeu, 2012). Existing literature demonstrates the influence of the immediate and extended environment on development and well-being during and beyond childhood (Hong et al., 2011). The family unit thus has considerable influence on development and well-being

(Beegle et al., 2010). This includes family stability, which is recognized as a vital contributor to the development of children (Marteleto et al., 2016).

### ***Kinship care: child and adolescent well-being***

Research findings indicate that children raised by both biological parents are physiologically and mentally healthier than children raised by grandparents only (Bramlett & Blumberg, 2007; Smith & Palmieri, 2007). It is argued that children raised in kinship care are at greater risk of emotional or developmental behavioural problems (Smith & Palmieri, 2007). Conversely, it is reasoned that, despite the challenges presented by kinship care, children residing with grandparents or relatives are likely to receive greater stability given the familiarity of these caregivers to the children (Gasa, 2012). Adolescence provides a unique context, given both rapid physiological growth, such as brain development and the onset of social exploration within unfamiliar networks (Niehaus, 2017). Although this life stage is characterized by increased social exploration beyond the family context, it remains important for the adolescent to be assured of parental presence and availability (Niehaus, 2017). Thus, the quality of the adolescents' relationship with the kinship caregiver significantly contributes to their experienced levels of self-esteem (Farineau, Wojciak, & McWey, 2013). Moreover, research indicates that adolescents residing with grandparents are more likely to exhibit prosocial behaviour across culture and context (Wild & Gaibie, 2014).

### **Research aim**

The research aimed to explore the manner in which Black adults make meaning of their kinship care experiences during adolescence. The aim was to explore how kinship care may have influenced how individuals view themselves as well as their interpersonal engagements with others.

### ***Research questions***

The overall research question resulting from this aim is:

How has kinship care during adolescence influenced Black adults' experiences of their psychosocial well-being?

Subquestions were:

- (1) How did the experiences of kinship care during adolescence contribute to the way Black adults view themselves, especially in the psychosocial well-being realm?
- (2) How did the experiences of kinship care during adolescence contribute to the way Black adults interact with others?

### **Methods**

#### ***Research design***

This study applied a qualitative approach of investigation.

Mode of inquiry

Given the research aim, and considering the need to understand the meaning-making by participants of their experiences in kinship care, this study is embedded in a qualitative framework. Since there were no replicable studies, an exploratory, descriptive, instrumental, multiple-case study approach was followed to facilitate retrospective examination of Black adults' accounts of their kinship care experiences, and the probable influence of these on their current psychosocial well-being (Creswell, 2014; Rubin & Babbie, 2016; Taylor, Bogdan, & De Vault, 2016). The emphasis

was on past experiences and their possible influence on the present. Retrospective research was deemed most appropriate in response to the aims of this study, so as to capture a view of the experiences of kinship care across the individual's lifespan.

Qualitative research may be appraised as inductivist, constructivist, and interpretative (Bryman, 2016). Whereas the intent of quantitative research is to prove or disprove pre-conceptualized hypotheses, the intent of qualitative research is to describe phenomena and explore meaning-making in-depth (Rubin & Babbie, 2017; Taylor et al., 2016). More broadly conceptualized, qualitative research may be described as the production of descriptive data intended to provide insight and understanding of the meaning-making that individuals ascribe to their experiences (Creswell, 2014).

## **Participants**

Purposive sampling was used to select participants. Initially, university students were approached by means of email communication. The communication explained the nature of the research. It was however later decided to broaden the recruitment criteria regarding the age category. Snowball sampling was subsequently applied to a select distribution list by electronically circulating an invitation to participate in the research, along with the participant information sheet. The distribution list comprised of academics, post-graduate students as well as other working adults. Potential participants contacted the researcher either electronically or through telephonic text communication. The researcher then made telephonic contact with each potential participant to inform them of the intent of the study, and to verify whether the potential participant met the necessary inclusion criteria. Those who did so were asked to confirm that they were still comfortable to proceed with the interview process. No reward was given for participating in the study.

Overall, the study included 13 participants. The participants comprised of a mixed representation of race<sup>1</sup> of whom 12 (92.30%) participants referred to themselves as Black, and 1 (7.70%) participant referred to herself as Coloured. The sample was predominantly female ( $n = 10$ ; 76.92%) as opposed to male ( $n = 3$ ; 23.08%) participants. The participants ranged from 19 to 42 years of age, with a mean age of 29 years and 9 months. The selection criteria required that participants be between the ages of 18 and 45, and should have resided in kinship care at any point between the ages of 12 and 18. This age range was employed given the study's focus on adolescence as the pivotal age from which the meaning-making would stem (Fivush, 2011; Kasinath, 2013). It was also pertinent due to the application of the concept of autobiographical memory, since individuals should be able to reflect on this life-stage more readily (Fivush, 2011). These requirements were ascertained with the use of the recruitment questionnaire asking for biographical details as well as confirming the participant's capacity to recall their experiences in kinship care.

Since the participants had resided in kinship care at any stage between these ages, they may have resided with multiple caregivers. Caregivers may have included biological parents at different stages during this timeframe. However, the study concentrated on the periods during which the biological parents were not the adolescent's primary caregivers. No recruitment restrictions were placed on the duration of these periods of kinship care, so there was an allowance for a natural emergence of recall. Since there is a lack of specifically South African research relating to the duration of care and its influence, criteria limiting recruitment to a specific duration of kinship care would not have been grounded in empirical research. The participants' current residency status was not applied as an exclusion criterion, irrespective of whether the participants were still residing with their kinship caregivers or other relatives. Given the economic climate and the nature of household composition in South Africa, adults falling within the qualifying age bracket may not necessarily be living independently (Statistics South Africa, 2010).

Several of the participants originated from lower socio-economic contexts. This is consistent with South Africa's legacy of apartheid and its influence on the lived experiences of many Black South Africans (Sibanda, 2011). Most of the participants were raised in rural areas or urban townships. However, the current socio-economic contexts of the participants are diverse. This is mostly

true for the older working sample, since many have attained greater financial stability. Their occupations ranged from administrative roles to corporate positions. Financial insecurity however continues to be a challenge amongst younger participants. All the participants had resided with caregivers who were related to them, with a tendency towards maternal relatives. The caregivers comprised of maternal grandparents, maternal great-grandparents, as well as aunts and uncles related to the participant's biological mother, either through consanguinity or marriage. The participant profiles aligned with the literature available, highlighting the pertinent role of maternal kin (Block, 2014; Niehaus, 2017). Moreover, the findings support the assertion that grandparents are more likely to provide childcare compared to other relatives (Beegle et al., 2010). Two of the participants resided with paternal grandmothers during late adolescence.

### ***Data collection instruments***

In-depth, semi-structured interviews were implemented as the primary means of data collection. All interviews were conducted on a one-on-one and face-to-face basis. An interview schedule was implemented to facilitate the exploratory process, and its development was guided by the aims of the study. The interview schedule was applied as a framework to promote an exploration of the different aspects of the participants' kinship care experiences that might have influenced their psychosocial well-being. Moreover, the interview schedule aimed to elicit an understanding of how each participant makes meaning of these experiences and the probable influence on their current psychosocial well-being. However, the researcher is recognized as a key instrument in both the collection and interpretation of the data set (Creswell, 2014; Pezalla, Pettigrew & Miller-Day, 2012), and therefore the research could be influenced by numerous factors personal to the researcher. This may include the researcher's interviewing style, personality traits, as well as personal or academic experiences or perspectives related to the research topic (Pezalla et al., 2012). This has been a catalyst for numerous debates around the ontological, epistemological and axiological nature of qualitative research (Berger, 2015). As such, the researcher must acknowledge the probable influence of previous experiences or postulations on the research process, beyond the meanings ascribed by research participants (Creswell, 2014; Kitto, Chesters, & Grbich, 2008). Thus, the experience of the research process may occupy a myriad of possible realities (Mack et al., 2005; Riach, 2009).

### ***Possible biases***

Given the centrality of the researcher, the process of reflexivity is of great importance to the qualitative research process, and has become prominent in deliberations around the subjectivity and objectivity of qualitative research outcomes (Hsiung, 2008). For the researcher, reflexivity facilitates a process of introspection to reflect on, and subsequently recognize, the myriad of possible influences between the research aim, the research participants and the researcher (Hsiung, 2008; Kitto et al., 2008). This self-examination calls for a recognition of possible biases, as well as an evaluation of how these may influence both the interview and the research process overall (Berger, 2015).

It is acknowledged that the application of a single source of data as the only representation of a phenomenon is likely to introduce bias (Patton, 1990), so the process of triangulation was instituted to counteract this probability (Patton, 1990). In the current study, triangulation was advanced by the meticulous examination of salient literature and the employment of an integrated theoretical perspective to increase the researchers' insight into the phenomena being studied (Kitto et al., 2008). The application of an integrated conceptual framework, which requires an understanding of multiple theories, facilitated the researchers in defending against a single approach bias (Kitto et al., 2008). Moreover, two different approaches to sampling were employed (Patton, 1990). The study commenced by recruiting participants who qualified to participate in the study but were also readily available to the researcher due to their location (convenience

sampling). However, after the pilot study a more intensive sampling approach was implemented, to ensure the inclusion of participants who might be more reflective. This was deemed necessary to obtain more in-depth narratives. In addition, the following criteria were implemented in the validation process (Creswell, 2014):

- Prolonged fieldwork: the collection of information took place during various phases. Careful information analysis promoted the match between the findings and participants' reality.
- Participant language: verbatim accounts: Verbatim statements were collected from the participants (e.g. verbatim accounts of conversations and interviews).
- Low-inference descriptors: precise and detailed descriptions were recorded of the participants and the situations in field notes.
- Member checks: certain responses and words were rephrased and explored to obtain more thorough and nuanced meanings during interviews.
- Participant review: participants were asked to review the researchers' synthesis of all interviews.

We nonetheless acknowledge that further forms of triangulation may have benefited the study in terms of saturation. Furthermore, giving cognizance to the probable influence of the lead researcher (the first author of this article) as the main data collection and interpretation instrument, the research may have been better served by the involvement of a second researcher or an external coder (Kitto et al., 2008) other than the supervisor. Similarly, an external coder may have applied an alternate approach to coding (Kitto et al., 2008).

### **Data analysis**

Thematic analysis was applied to gain an understanding of the data, as per the guidelines suggested by Braun and Clarke (2006). Thematic analysis is considered the most suitable for verbal interview data, as collected through semi-structured interviews (Harper & Thompson, 2012). This form of analysis is appropriate for classifying, analysing and recording patterns within data (Braun & Clarke, 2006; Clarke & Braun, 2013).

The following phases took place sequentially per interview and transcript but not sequentially and concurrently across all transcripts. Phase 1 commenced with the lead researcher becoming familiar with the data. The researcher conducted each interview and thus began the process with preceding knowledge of the data. In addition, she also transcribed the data, which introduced greater depth in terms of familiarity. In the post-interview phase, she listened to the audio recordings to enable accurate transcription. Certain components of the audio recordings were listened to multiple times to ensure accuracy in terms of words, tone and intent. Once each transcript was complete, she read it through at least twice to review the data and identify preliminary themes. This phase was revisited several times since the researcher reviewed the transcripts and listened to the audio interview again during the coding process as well as while completing the analysis and discussion chapters. This is aligned with Braun and Clark's (2006) postulation that thematic analysis is a recursive process.

Phase 2 involved generating initial codes individually per transcript. The coding was achieved by applying different font colours, font sizes, and highlight colours to the text, so each code was represented by its own unique text font and highlight. This coding process delivered a comprehensive list of preliminary codes. Once all the interviews had been coded, the list of codes was reviewed and finalized. Phase 3 involved searching for themes by tracking potential themes throughout the data collection phase and finalizing these themes during data analysis based on the most pertinent codes. As suggested by Braun and Clarke (2006), the researcher applied various manual mind maps to coordinate, compare and align respective themes. After this process, select codes were categorized as main themes or sub-themes, while some codes were

discarded. Once the themes were identified, phase 4 commenced, namely reviewing the themes. The researcher reviewed them to ensure that they were consistent with the complete data set and that the data within each theme coincided (Braun & Clark, 2006). This process also involved collapsing themes that shared commonalities (Braun & Clark, 2006; Clarke & Braun, 2013). During phase 5 (defining and naming themes) the themes were defined and named based on the analysis of each and on the unique story it represented. It was important that the name of the theme signified the crux of the content and analysis. The process was completed in phase 6, which involved writing the report. This phase comprised the compiling of themes to convey compelling and logical stories in response to the research question but which also accurately reflect the data collected.

### **Ethical considerations**

The study commenced after receiving ethics approval from the Human Research Ethics Committee. The participants were informed of the aims of the research. Informed consent was provided by means of a signed consent form for both participation in the interview process, as well as the audio-recording of the interview. The participants were apprised that they would be neither advantaged nor disadvantaged by agreeing or by not participating in the study. They were also advised of their right to withdraw at any point of the study. All ethical considerations with regards to confidentiality were discussed, and participants were informed that no identifying information would be used in the concluding findings. Anonymity could not be assured due to the face-to-face nature of the interviews.

### **Findings and discussion**

The findings and discussion have been combined to provide an in-depth account of the qualitative data collected. The findings will be discussed in relation to the relevant literature, highlighting the situational dynamics presented by the South African context.

Three pertinent themes emerged, namely, the systemic reality of *Poverty and material deprivation*, its probable impact on the *Physical and emotional accessibility of the kinship caregiver*, as well as the probable implications of both on *Mandatory maturation and independence* of those raised in kinship care. The themes were mostly consistent across, although the comprehensive nature of the participants' narratives seemed to be dependent on their age. Some of the older participants shared more detailed experiences, and appeared more spontaneously reflexive about their learnings from their kinship care experiences.

#### **Poverty and material deprivation**

The accounts shared by many participants highlighted that poverty and material deprivation were central to their experiences in kinship care. The narratives not only illustrate the systemic barriers many Black South African families are subjected to, but also highlights the structural violence imposed on the participants. This includes, but is not limited to inadequate access to food and basic services such as indoor water and electricity.

At a young age, you find that they need money at school so if you don't save that money, or that two rand, you won't have it. So, from that perspective I do think as much as that helps, a child should not have to go through that at that age.

You are staying somewhere in a rural area, things are tough. At times, you go to school with no food, ay, it was quite a difficult one, and I think, this is where I am staying, growing in that way and not having everything.

Now you're going to take care of yourself, no one is going to do that. If you need water you are going to the tap outside.

It may be argued that poverty was in many ways enforced on Black South Africans during the apartheid era and remains a remnant of the continuous construction of poverty (Gradín, 2013). A pertinent component embedded in the construct of poverty and material deprivation is the recognition that many participants were required to provide for themselves financially. During adolescence, this boundary may have become blurred in terms of having to provide for their families as well.

Me selling cigarettes was a way of funding some of my school projects, buying clothes for myself, because my grandmother was not monied. So, some of the things I had to do for myself.

I used to think in seven days, so I would plan for the following seven days. Whatever I make, it has to sustain us for seven days and I didn't, she got pension fund payments, but I didn't see that money. I had to make sure that whatever I do out there, it will sustain the both of us.

I had to stay with my little brother. I think at that time he just started grade 1, so I took care of him, that was fine, I didn't struggle with that.

The narratives support the supposition that children and adolescents raised by grandparents may be considered increasingly vulnerable given that poverty is a significant threat to well-being (Beegle et al., 2010; Roelen et al., 2016). This does not only relate to the grandparents' difficulties in providing adequately for the children. Many of the participants were acutely aware of their financial difficulties as children. Their narratives illustrate how they had to take on a greater responsibility to mediate their financial difficulties during adolescence. The latter may be argued to give rise to increased risk, given that adolescence is a life stage during which emotional safety and security is ascertained with the knowledge of the accessibility of parents or guardians.

Research adequately emphasizes the implications of poverty and material deprivation on well-being in terms of access to education and health services (Gradín, 2013). However, cognizance of the psychosocial well-being implications is pertinent in relation to feeling socially excluded and different (De Witt & Lessing, 2010). Knowledge of the responsibilities carried by children and adolescents within their households presents learnings in terms of spaces for intervention. Research, policy and praxis therefore need to increase emphasis on the possible implications on mental health, social exclusion and increased risk to crime.

### ***Physical and emotional accessibility of the kinship caregiver***

The physical and emotional accessibility of caregivers was a critical influencing factor for participants during adolescence. The participants perceived the life stage of the caregiver to have influenced the extent to which they could relate and engage with the participants during adolescence.

Participants raised by aunts and uncles, who were younger caregivers in relation to grandparents, felt better understood by their caregivers. This seemed critical during adolescence. It may be suggested that within these microsystemic contexts, these aunts and uncles served a critical function in providing parental support as is required during adolescence (Oberle, Schonert-Reichl, & Zumbo, 2011). These findings correspond to that by Lee et al. (2016), given that the act of caregiving is more relevant to the life stages of aunts and uncles. It may however be considered less appropriate to the life stages of grandparents. Some of the narratives include:

So, they understood me much more than you would assume that people at that age would.

They understood everything I was going through. I legit, liked, loved living there.

In the sense that they were so protective. But the lovely thing was that they could guide me.

Conversely, those raised by grandparents perceived their grandparents progressed life stage to limit their accessibility in many respects. It may be argued that even when caregivers are physically

available, adolescents may not perceive them to be accessible if considerable differences in life stage, values and beliefs are evident. Findings by Dolbin-Macnab, Rodgers and Traylor (2009) indicate that the generational gap and the consequent differentiating perspectives are particularly relevant during adolescence. This was apparent amongst most participants irrespective of the quality of the kinship care relationship.

It was nonetheless difficult for participants to disclose the lack of accessibility of their grandparents. International research suggests that children and adolescents find it difficult to depict negative experiences and are more likely to provide favourable descriptions (Dolbin-Macnab & Keiley, 2009; Kiraly & Humphreys, 2013). The nature of the narratives indicates that the adult participants may similarly have wanted to demonstrate their acknowledgement and appreciation for what their grandparents were able to provide, rather than focus on aspects of their experiences that could have been considered harmful. Despite the latter, the narratives reveal the participants' desires for increased caregiver accessibility. Some of the narratives include:

She was the one person who was always there, but you know how grandmothers are. They have the old age problems, she was sick and she couldn't give me that attention that I needed so I got away with some of the things that I did.

She was old, she was old, I think she was about, at that time, she was about seventy something. So, it was quite difficult for her to be after us, to see who's doing what, and who's not doing what. So, you had to be on your own, you had to defend yourself.

So, I was just hiding and then sometimes I will just tell her I am going to the shop, whereas I know, I am going to see someone first. Ya, cause if she knew that...

The overall findings suggest that the physical and emotional accessibility of older caregivers cannot be explored in isolation. Taking the theme of *Poverty and material deprivation* into consideration, it is important to consider the socio-economic implications on the grandparents' approach to caregiving. The stress of poverty is known to negatively impact caregiver well-being, with higher levels of stress in comparison to most parenting adults (Gleeson et al., 2016; Lee et al., 2016). This supposition is supported by research focussing on caregiver accessibility and caregiving styles beyond kinship care. Chaudhuri, Easterbrooks, and Davis (2009) suggest that low income and financial stressors outweigh caregiver characteristics, thus impacting caregiver sensitivity and emotional availability.

Research in South Africa indicates that poverty is known to negatively impact consistent parenting and increased stress is likely to result in caregiving that is distant or punitive (Niehaus, 2017). The aspect of distant parenting is further supported by September, Rich, and Roman (2016) who suggest that caregivers from low socio-economic groups are more likely to apply permissive parenting styles. The latter is therefore likely to reduce their perceived accessibility by children and adolescents. This in turn may impact the level of security and confidence individuals may have in themselves, as well as their relationships with others (Shaver & Mikulincer, 2009). It is therefore apparent how the physical and emotional accessibility of caregivers may impact the psychosocial well-being of individuals, both in terms of how they relate to themselves and others.

### ***Mandatory maturation and independence***

The themes indicated that the context of kinship care is in many ways impacted by the macro-systemic context in which it occurs. As such, kinship care within the South African context presented the participants with various challenges. To manage these contexts, many participants had to adapt and adjust, which suggests a process of mandatory maturation and independence at a young age. The concept of mandatory maturation is supported by the research conducted by Scannapieco, Smith, and Blakeney-Strong (2016), which indicated that those raised in kinship care must undergo an accelerated transition into adulthood.

You know as a person I've had to be responsible at a very young age, and even today, I can't relate to young people, because I've never had a chance to be reckless.

I assumed being an adult at a very young age, so say, you need to know what is happening in the house.

I then had to adjust, I think it forced me to make decisions, a normal 12-year-old, 13-year-old shouldn't have to make, or normally don't make.

This mandatory maturation appears to have resulted in an overreliance on themselves, thus impacting their relational patterns with others. This overreliance may be linked to the lack of assurance of safety and security in relationships. Moreover, the participants were cognizant of this and recognized that their style of engaging was in response to their experiences in kinship care.

Like now I don't care if a person care about me or what because I'm an adult I have to be strong. I'm on my own.

From childhood, you rely on yourself. You have had to do everything by yourself.

It has helped me to be strong, and to be able to do things on my own, not depending on anyone. As much as when you are young you need, I've never really had anyone.

The decision to be accountable and responsible for themselves however seemed to be conscious, given that the participants were aware that there were different paths they could have followed.

Going out at night, clubs, going to clubs, parties and stuff... Because now, if I may put it this way, I am independent.

I wasn't about to sit home and moan [...] I had to, again adapt, deal with what I was dealt.

For people that end up doing other things, like, you can mention them, crime, drugs, killing whatever because of the circumstances that I grew up in. For guys, become irresponsible. ... So, I do get where they are coming from, from that regards. Because I think as a child you need a parent.

Overall, many of the participants emphasized that they did not necessarily perceive their caregivers to be accessible. They were however cautious to make mention of their gratitude towards their grandparents and some recognized receiving nurturance. These findings are in conflict with the findings by Dolbin-Macnab, Rodgers, and Traylor (2009) whose findings indicate that adults raised in kinship care felt emotionally supported. This divergence may be best understood by the contextual differences, given the systemic challenges that kinship caregivers, children and adolescents are exposed to in the South African context. This may be further illuminated by Dolbin-Macnab, Rodgers and Traylor's (2009) description of grandparents engaging in participants' hobbies and extramural activities, which may be perceived as opulent in a South African context where caregivers, children and adolescents struggle to maintain the basic necessities.

The participant narratives are supported by Kier and Fung's (2014) findings which indicated that individuals raised by grandmothers with higher incomes had advanced levels of life satisfaction compared to those raised in low-income households. It is proposed that emphasis should not be on the income, but on the direct and indirect implications of financial resources (Kier & Fung, 2014). It is suggested that higher incomes allow families greater access to social support (Gleeson et al., 2016). This in turn serves to relieve some of the stress experienced by caregivers, which subsequently alleviates tension that may be experienced by children and adolescents (Gleeson et al., 2016).

## Limitations and future directions

None of the participants were placed in kinship care based on abuse, negligence or parental involvement in illegal activities. This differs from the reasons provided by several international studies (See Gibson & Singh, 2010; Gleeson et al., 2009; Lee et al., 2016; Maaskant et al., 2016; Patterson et al., 2018). This study therefore cannot be generalized to individuals who may have

been subject to overt abuse, although the concept of neglect is debatable across participant experiences. Recruitment of male participants proved more difficult, resulting in a gender skew. The themes discussed were however consistent across gender.

Kinship care is not a starting point, but rather an implication of broader South African macro-systemic structures. The recruitment criteria of the study were broad, thereby providing a comprehensive view of the possible variables influencing kinship care. It may be beneficial for future research to limit the variable set that may be included.

Given the familial nature of informal kinship care, caregivers have less access to state resources. According to international studies, it is the caregivers' preference to guard against state intervention (Gleeson et al., 2009; Harnett, Dawe, & Russell, 2014). Taking into consideration the scope of this study, the research did not explore how state intervention and services are understood or perceived by caregivers within the South African context. Future research may therefore do well to focus on the perception of state services by both biological parents as well as kinship caregivers.

In the absence of state support, an interim measure could be to mobilize agencies, such as non-governmental organizations. These organizations may be perceived as neutral bodies and deemed more accessible in response to the needs that arise in kinship care. Research would however be required to ascertain whether these organizations are deemed more accessible.

## Conclusion

The study highlights the significance of macrosystemic influences on the exosystemic and microsystemic realities of those in kinship care. South Africa's legacy and current challenges have not only been a catalyst giving rise to kinship care, but further influences the dynamics within kinship care relationships. It also draws attention to points of divergence in relation to international literature, thus supporting the rationale that kinship care cannot be explored within a contextual vacuum. It is concluded that, despite these dynamics, it is possible for adults who were raised in kinship care during adolescence to manage their experiences and its influences on their psychosocial well-being in adulthood by recognizing the need to rely on themselves.

## Note

1. Race categories are utilized as a sociological construct that takes into account that the South African population was artificially and differentially segregated into various categories during apartheid. This in no way implies an acceptance of various essentialized races.

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No potential conflict of interest was reported by the authors.

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