

Intergenerational Bargaining and Wealth Flows in the Era of HIV/AIDS: Emerging Trends in Old Naledi-Gaborone, Botswana

Thando D. Gwebu

ABSTRACT. Based on the intergenerational wealth flows conceptual framework, this paper investigates how the AIDS pandemic threatens to disrupt the transfer of resources between generations by using a typical low income urban area in sub-Saharan Africa as a case study. It explores the everyday living conditions of orphans, their guardians, and the primary home caregivers, with the intention of gaining a deeper insight into their current and future life chances, as a result of parental morbidity and mortality due to HIV/AIDS. The research employs a qualitative methodology and relies on documentary information from secondary sources. Short- and long-term recommendations on how to mitigate the negative impacts of HIV/AIDS on wealth transfers among the affected populations are suggested based on the study findings.

KEYWORDS. Botswana, HIV/AIDS, orphans, intergenerational wealth flows

INTRODUCTION

The transfer of sociodemographic, economic, and genetic characteristics from given generations to subsequent generations has been the subject of active contemporary socioeconomic, scientific, and ethical debates (Caldwell,

Thando D. Gwebu, Department of Environmental Science, University of Botswana, P.B. 0022, Gaborone (E-mail: gwebutd@mopipi.ub.bw).

Address Correspondence to: Thando D. Gwebu, at the above address.

1982; Damon, 1969; MacDaniel, 1997; Krishnan, 1999; Carmichael & Charles, 1999; De Santos, 2003). Indications are that although complete intergenerational transfers (IGT) do occur when certain attributes are completely transferred from one generation to a succeeding one, weak transfers (IGWT) and nontransfers (IGNT) are also probable.

This paper uses the intergenerational bargaining and wealth transfers concepts to explore and articulate the disruptive impacts of AIDS on these processes at the household level within a low income urban neighborhood in Botswana. The text is organized into four main sections. After this introduction, the concepts of intergenerational bargaining and wealth flows are discussed. This is followed by an analysis of intergenerational threats to wealth flows resultant from the AIDS pandemic in Africa. Findings from the empirical case study are then presented and analyzed. Finally, conclusions are drawn. Throughout the text, the term *orphan* is used to distinguish children from other orphans who are over 18 years of age.

INTERGENERATIONAL BARGAINING AND WEALTHFLOWS IN AFRICA

Wealth may be defined as the stock of guarantees, securities, finance, ideas, skills, and material goods in a given society (Moore, 2001). Caldwell (1982) has theorized that there are two types of societies, each being characterized by opposite flows of intergenerational wealth. Pretransitional societies have high stable birth rates, and the net wealth flows are from the younger to the older generation, whereas in the post-transitional, low-fertility societies, net wealth flows from the older to younger generations. According to Caldwell, fertility decline in developing countries may be possible if and only if the direction of wealth flow from children to parents is changed (Caldwell, 1982).

Bergstrom (1996) supports the position of evolutionary biology, which maintains that wealth flows will always be from the older to the younger generations, as the organisms attempt to increase their survival chances by supporting their offspring. Second, on the basis of anthropological research, he argues that wealth transfers in pretransitional hunter-gatherer societies proceeds from the older to younger generations. Last, using arguments from sociology, he says that empirical research findings on the young-to-old wealth transfers in peasant-agricultural societies contradict Caldwell's thesis.

What, however, appears to be indisputable from the diverse literature sources is that in either pre- or posttransitional societies the burden of caring for the vulnerable members of communities lies with the most able group at any given point in time (McGregor, Copestake, & Wood, 1999; Gwebu, 2005). The unidirectional conceptualization of wealth transfers from one cohort to another, as articulated by Bergstrom (1996), therefore appears to represent only a partial view of an otherwise dynamic sociocultural reality. Traditionally, the young are cared for by their biological or "assigned" parents for whom they would eventually nourish (Midgley, 1996). Today, the elderly are increasingly being called on to offer assistance to persons living with Aids (PLWA) and often act as surrogate parents to AIDS orphans in Africa (Tshitswana, 2003; Gwebu, 2007; Geiselhart, Gwebu, & Krüger, 2008).

Several social scientists have referred to the system of wealth flows as the "intergenerational bargain" (Carmichael & Charles, 1999; Barnett & Whiteside, 2002, p. 196). They regard the process as fundamental, made and maintained between generations and the basis on which social order is constructed. The intergenerational transfer of both the artifacts and mentifacts, which constitute the national cultural freight, is best guaranteed at the family and household levels of society. The basic idea of the intergenerational bargain is a simple one in that in all communities there are relationships for the transfer of resources between generations, and that those relationships often carry with them uncoded mutual rights and obligations (McGregor et al., 1999). The most fundamental of these responsibilities can be thought of as the obligation to care for those unable to care for themselves and to provide an enabling environment for those who can (McGregor et al., 1999).

At the most basic level, capital gets transferred intergenerationally whenever someone provides care, labor, goods, or services to someone younger or older (Moore, 2001). Financial and material capital can be transferred between generations through gifts and loans, inheritance, and bequests. Sociocultural and legal norms surrounding financial and material capital, based on gender and birth order, tend to facilitate the transmission of such capital to some and hinder its transmission to others. Sociocultural and legal norms of entitlement that determine access to and control over various economic, political, and social resources are important determinants of the nature, extent, source, and direction of wealth transfers. These norms include property rights, inheritance, debt, marriage, and child-rearing practices (Moore, 2001). Norms of entitlement affect intergenerational transfers through determining who has access to and control

over transferred resources and who is dependent on others. Such norms also influence the perceptions of what might be received in return, for example a strategic transfer of resources to a younger generation in order to ensure support in one's old age (Kabeer, 2000).

In patriarchal Botswana society, the main reasons why many sons were desired was due to the strong and utilitarian belief system that they would provide material and emotional security to their parents in their old age (Schapera, 1953). The children embraced their father's provisioning role entirely. They, for instance, acknowledged and declared that *Motsadi ke ênê thebe ya me lemompheledi*—My parent is my shield and my defender (Schapera, 1953). All the property acquired by the father was destined for his children. The eldest son was the principal heir of his cattle and such other property as money, ploughs, and guns (Schapera, 1953). Younger sons also received a few cattle. If there were no sons at all or they were still minors, the estate came under the control of the nearest male agnate, usually the patriarch's next younger brother, who supported the widow and the children by the property entrusted to him. According to Schapera (1953), the widow and daughters formerly received no cattle at all but nowadays almost all daughters have shares in their fathers' estates, although to a much smaller extent than the sons. The houses and fields were retained by the widow as long as she lived. But after her death the huts were inherited by the youngest surviving son. Fields were distributed among those adult children for whom alternative provision had not been made. Household utensils went to the daughters, with the eldest receiving most of them.

Today intergenerational obligations are fulfilled both publicly, through state or community mechanisms such as social safety nets for the older people and privately between and among individuals and households by employing market mechanisms such as those involving investment in the education and health of children. For the orphans, the transfers might assume either direct or indirect forms. The former would be normally effected either through customary practices or a legal will. Indirect transfers are realizable through spouses, relatives, and friends. Apart from direct and indirect avenues through which wealth is transferred from parents to children, today there exist conventional institutions that operate outside the ambit of the kinship dynamics of the family group and household (Gwebu, 2005). These include central government, NGOs (nongovernmental organizations) and CBOs (community-based organizations). The state also operates a variety of supplementary and complementary safety net mechanisms to facilitate such transfers, the most common of which

are pensions and other public welfare schemes. Apart from food rations orphans get assistance in the form of school uniforms, toiletries, transport, protective clothing, boarding requisites, tuition in private and vocational schools, street clothes, and payment of additional fees required by the schools such as touring fees, sports fees, development fees, and other incidental expenses.

THREAT OF AIDS TO INTERGENERATIONAL BARGAINING AND WEALTHFLOWS IN AFRICA

Throughout Africa, the intergenerational bargain is becoming progressively more difficult to maintain as a result of the HIV/AIDS pandemic and the stress it impinges on traditional social security safety nets (Kabeer, 2000; Ackroyd, 1997). The working or middle generation used to contribute and control most capital for both the youth and old generations, for example through state-funded pensions that expedite the intergenerational transfer of resources from the working population through taxes and private contributory funds. The breakdown of intergenerational dependency and support systems, the growth of dependent populations, and the disappearance of mature adults now erode the possibilities of such transfers (Barnett & Whiteside, 2002). Working age, AIDS-infected parents are now unable to care for their children or guarantee secure futures for their families. As these parents die, the children and the elderly are forced to assume responsibility for the impoverished households who often lack the labor and capital to maintain the livelihood system. The HIV/AIDS epidemic is thus eliminating the prime and economically active middle generation and causing dependency ratios to increase rapidly.

The role of HIV/AIDS and its impacts on intergenerational bargaining are most noticeable in relation to orphans first, where transfers should, normally, proceed from parents to children, and second, the economically active PLWAs, where transmissions are usually expected to be from children to their parents (Sarandon, 2001). Upon the death of a parent or parents, children are likely to be disinherited and deprived of their inheritance by opportunistic relatives. The Human Rights Watch Report (2001) states that several of the orphans interviewed in Kenya had the experience of having no one to turn to but a relative who was apparently more interested in gaining property than in child care after the death of the parent or parents.

Child-headed households are another new formation whereby many orphans are alleged to be struggling to survive on their own in their late parents' houses. Traditional patterns of care in the extended family are either no longer easily available or are being denied. While some orphans struggle to survive in child-headed households, caring for siblings younger than themselves, others will find their way onto the streets, living by begging, stealing, or, particularly in the case of girls, as commercial sex workers (Campbell & Ntsabane, 2003). They are far more at risk of rape than children with homes to sleep in, and they tend to start having sex at a vulnerably young age. The school-going child may be cast into the role of caregiver and nurse or income earner and may, in extreme cases, be coerced into crime or intergenerational prostitution in order to contribute to the very survival of the household. Orphans, especially girls who assume productive and reproductive roles, are more likely to attend school less frequently, have improper schooling, or drop out of school altogether.

Orphans often prematurely experience the burdens of adulthood without the rights and privileges or strengths associated with adulthood status. Such children lose the joy of their childhood and the skills that childhood develops. Their childhoods are effectively sacrificed. These children could become part of a socioeconomically and socioculturally disenfranchised future generation. If nobody cares for them they may end up being nomadic, irresponsible, aggressive, dirty, and unhealthy adults (Sarandon, 2001, p. 11).

While caring for the vulnerable has always been an assumed part and parcel of the cultural tradition of the Batswana, the increasing number of PLWAs, orphans, and other vulnerable children has begun to severely stress the traditional safety nets, especially the traditional extended family coping mechanisms (Tshitswana, 2003). "Within our traditional society, there is a certain standard of care that is expected, but people are no longer willing to do this" (personal communication, P. Tshukudu, Information Officer for the women's rights NGO, Emang Basadi). Members of the extended family are thus becoming increasingly fatigued, incapable, and/or unwilling to provide what had been taken for granted in the past (Gwebu, 2005).

RESEARCH METHOD

Documentary sources on the topic of HIV/AIDS, home-based care, and orphans in Botswana were consulted. A qualitative research design was then adopted in order to understand the dynamic social context behind the

evolving intergenerational relations within HIV/AIDS affected households. Participatory research methods used to collect data were in-depth interviews and observations. Five key informants were purposively selected. These included individuals who are based in the community, representing either religious denominations, NGOs, or city council. They provided a descriptive overview of the socioeconomic conditions prevailing in Old Naledi. As outsiders, it was not possible for us to identify those households that had experienced HIV/AIDS fatalities directly. Naturally, such sensitive information is confidential and closely guarded by the affected families. Consequently, our identification and selection of the types of households and the recruitment of the potential respondents was based on the information obtained from the key informants. This information was supplemented by snowballing techniques in order to ensure that it was up to date and accurate. A total of eleven households were selected in this way. From each household, knowledgeable discussants were identified in order to facilitate the administration of various types of in-depth interviews aimed at obtaining the profile and activities of each member. A guided interview schedule with open thematic items and open-ended questions was used to guide the conversations. The first part of the questionnaire focused on the sociodemographic and socioeconomic attributes of the household members. The second part consisted of themes including who was ill with HIV/AIDS, the history of illness, the caregiving events, impacts of caregiving within the household, guardianship for any orphans, threats to household livelihoods, and the role of other stakeholders in PLWA caregiving and guardianship for orphans. A total of 16 individuals, whose ages ranged from 18 to 72, were interviewed. Ten of these were females.

The interviews were conducted with the help of a trained Setswana-English speaking research assistant who guided the interview session. The research assistant was very familiar with the study area. Audiotapes and notebooks were used to record both verbal and nonverbal responses to the questions. Probing by the research assistant, who is a social worker herself at Old Naledi, proved to be very helpful in providing additional information because she was in contact with the affected households on an almost daily basis and had established good rapport with the residents. Close observations were made on household assets, home-based activities, and the various supportive roles played by government, NGOs, CBOs. The raw field data were in the form of field notes, tape-recorded interviews, and the guided interview schedule responses. Tape-recorded interviews were transcribed, translated from Setswana to English, and

organized according to guidelines, for example research objectives, themes, and so on, for analytical purposes. The preliminary findings were presented at three different seminars whose audience consisted of fellow researchers and invited researchers and representatives of community based organizations. This paper benefited from the suggestions from those deliberations.

The study area was chosen because, first, it is familiar to the researcher who has recently completed a detailed socioeconomic survey on behalf of city council in anticipation of upgrading the neighborhood. Second, socioculturally, it is a transitional area for incoming rural migrants. Changes occur among people in this area. Finally, a high proportion of the city's poor population resides there. Poverty could play a great role on the transfer of resources between generations.

REPORT ON FINDINGS

The following section discusses the five emerging themes from the study. These are: the role of decision-making and its likely impact on the physical and mental development of orphans; material deprivation as a threat to the orphans' future development; disinheritance, environmental, and material deprivation; disruption of orphans from their familiar and valued environments by consigning them to marginalized; and impoverished settings and intergenerational role reversal.

Male Decision-Making as a Bureaucratic and Dysfunctional Threat to the Children's Physical and Mental Development

Men expect and are expected to have the final say on how domestic issues arising from HIV/AIDS are resolved. Even where the male figure-head does not reside with the orphans, he may still override the decision of the resident female caregiver. A situation was related by a frustrated de facto female head of household who complained:

Permission has to be sought for everything from our uncle "at home" [village]. This includes permission to even accept a place at school, physiotherapy for the youngest child, which we have not succeeded in getting, and to accept the food basket and other council benefits [the children had missed several months' food while waiting for this permission].

Procrastination in getting into school and delays in getting appropriate medical care and adequate food all pose a serious threat to the children's current and future physical, psychosocial, and cognitive maturation. If the biological parents had been alive, they would have naturally guaranteed the provision of such basics to their children in order to ensure their eventual success in life.

Material Deprivation as a Threat to the Children's Future Development

Certain guardians for the orphans also deprive them of basic essentials, to the detriment of their development and maturation. An illustrative case was that of a grandmother who stays in a rural village outside Gaborone but was registered as the guardian of the orphans. She took the youngest child with her to the cattlepost but returns regularly to Gaborone to collect rent, transport allowance, and three food rations from the children orphans, ostensibly, for their youngest sibling. The orphans, however, become stranded from about the middle of the month when they have to walk to school, due to shortage of transport money. At times, they just stay at home because of lack of transport money and hunger. The three food rations from the city council are not enough to sustain the six of them for a month and they sometimes even run out of gas to cook and then must go hungry. They also regularly run out of other supplies such as toiletries, detergents, and laundry soap. Asked how they were coping with the situation they said:

We have reported these problems to our uncles who have tried to persuade our grandmother to give us sufficient money to sustain us. This has caused substantial tension and conflict within the family because grandmother accuses our uncles of taking sides with us. As a compromise, she has now grudgingly agreed to give us P150 a month, and has also promised to desist from collecting our transport allowance but she insists that she will continue collecting rent to support our youngest brother who is staying with her at the cattlepost.

Their grandmother is rural-based, poor, unemployed, and, most likely, has no social security. Her adopted survival strategy is, consequently, that of taking in the youngest orphan and then claiming compensation in the form of food and cash. Although not stated in the narration, she probably has other grandchildren under her custody. This is now a common situation

in Botswana; wealth is flowing from the orphans to their grandmothers and aunts. The underlying problem in this episode is gendered poverty coupled with old age insecurity.

Without being guaranteed the basic needs in life, such as transportation, food, and other prerequisite ancillaries, the future progress and development of such children remains at risk. A similar trend was also evident from the following case, where the orphans are living with their aunt. The eldest orphan has left school and he is therefore at home most of the time. He reported:

Our aunt misuses the food issued to us for rations. She also takes from us and uses the transport allowance for my school-going brothers for herself. She also uses all the rent money for her personal use and does not pay the monthly service charge to city council. As a result, we're behind time in paying the charge. I, as the eldest child, have now prevented aunt from collecting our food rations. She has threatened to chase me away from here, claiming that my late mother did not own the plot. Recently, we quarreled and fought. The case has been reported to the police and we are awaiting judgment from the *kgotla* [traditional court].

The future of such orphans is at stake because they lack the necessary and appropriate support for their education and are forced to reside in a hostile domestic setting.

Disinheritance and Environmental and Material Deprivation

The smooth intergenerational transfer of assets from parents to their children has often been disrupted where property inheritance rights are infringed on. The following episode, narrated by a social worker about orphans who had come to Old Naledi from the Southern District of Botswana to stay with a guardian aunt are relevant:

These four brothers came to an aunt in Old Naledi when they were orphaned in 1999. It was obvious that they came from a good home, were of above average academic ability, and had good social skills The aunt ran a *semauso* [tuckshop] that sold "expired" food stuffs that the boys used to scavenge from the city refuse dump.

What is apparent is that these brothers "came from a good home." The case-worker strongly believed that their parents must have had the requisite

resources to give them a good start in life. But, in no time, they found themselves scrounging for expired food items at the Gaborone landfill. It is likely that someone had usurped the assets that had been bequeathed to them by their parents.

Similar experiences have been noted elsewhere. Inheritance, presumably located in the private/domestic sphere and governed by family contract, is usually overlooked, and thus threats closer to home from immediate family members, intent on property grabbing, are not addressed by state social security policies.

Men retain the prerogative on deciding who should be their heirs, either within cohabiting unions or under customary law marriages. Home-based care personnel and the social welfare officer disclosed that the traditional inheritance systems continue to work against their efforts of assisting widows to benefit from some of their late partners' estates. After the death of a male PLWA partner, the prevailing property inheritance contract disadvantages the surviving female spouses and the orphan children. A wife to a gravely ill HIV/AIDS husband expressed her fears as follows:

There exists a real threat that after the death of my husband I could be sent away from this house by his male relatives. It is difficult to imagine where I would go and how I would continue looking after all these children. I am now unemployed and my people live far away from here.

A feasible explanation to the underlying causes of the problem was presented by a social caseworker as follows:

Under living-together arrangements in Old Naledi, male spouses do not normally entitle their partners as next-of-kin, preferring rather their own male relations. Batswana are culturally averse to making wills, in the belief that this fatalistic thinking could translate into drawing the signatory closer to the grave. This has deplorable consequences on the property rights and vulnerability of the orphans and widows.

Such practices remain part of the numerous laws and legislations, which hinder women's access to productive resources (Kalabamu, 1997, p. 7). The majority of women are married according to customary law, which largely governs family relations. Through marriage laws and inheritance customs, males become the principal beneficiaries of family property. The legal systems and cultural norms continue to reinforce gender

inequality by giving men decision making and control over productive resources. The practices discussed are being negotiated at the household level by spouses. The government is also addressing them by putting in place appropriate social welfare programs. These programs are likely to ensure widows property rights because, normally, women tend to divest their resources for the current and future benefit of their children.

Disruption of Familiar Environments by Consigning Orphan Children to Marginalized and Impoverished Settings

Pressure mounts as more and more orphans come into households headed by the elderly for fostering. Progressively, available living space shrinks and the normally gendered private space becomes an unaffordable luxury. Boys, girls, aunts, and grandparents find themselves having to share this limited available space.

In more than 75% of the households, available indoor space consists of a small structure, usually in the form of a single 20m² room to be shared by at least five people. Typically, the main room serves multiple and often incompatible uses such as a bedroom, storeroom, pantry, and so on. Adaptive strategies have evolved in response to the increase in household size and congestion exacerbated periodic visitors and adopted orphans. A caregiving aunt recounted:

We only have a small rented room which we share with seven young male and female dependents. I now have to share the only available bed with my cousin whilst the children, of both sexes and various ages, usually sleep on the floor.

Additional space *mekhukhu* or shacks may also be improvised to accommodate the burgeoning numbers. The following excerpt from the social worker illustrates the point:

The orphaned brothers had to sleep outside under some old corrugated iron which leant dangerously against the wall of the house. That year there were heavy rains; a helper built the orphaned boys a small room *mekhukhu* of corrugated iron roof and walls, in the yard—not the best thing in the heat.

Congestion and overcrowding are part and parcel of deprived environments in which the physical, emotional, cognitive, and psychosocial

development of the orphans can be barely realized. As a result of changes in family numbers and composition, conflict and stress increase indoors. Extreme intergenerational tension sometimes prompts the departure of some adolescent orphans, particularly the boys, for the streets. A survey of street children in the city found 95% of them to be boys ranging from 14 to 20 years of age (Campbell & Ntsabane, 1995, p. 31). According to these researchers:

A plausible reason for this gender distribution is that boys are involved in more visible economic activities which take place on the street. Females, on the other hand, are less visible because they are subject to stricter, less public conditions at home.

Widows face eviction from houses previously shared with spouses, whereas the female children are threatened with relocation to remote and marginalized environments similar to those noted elsewhere in this region of the subcontinent (Ansell and van Blerk, 2004).

When orphans must move out of their parental home, girls and very young children are normally assigned to an elderly family member such as an aunt or grandmother whom they are expected to assist with normal domestic chores. As elsewhere in Africa, children who have lost both parents are taken in by their extended family, usually by someone who is elderly, female, and widowed (Sarandon, 2001, p. 18). The study findings confirm this trend and the fact that this practice is increasingly being strained by lack of adequate resources among the elderly.

Boys normally remain with their uncles in town. This gendered and age-based separation of orphans creates a number of problems. First, the emotional attachment of home for orphans is important. Second, orphans normally prefer to live together for emotional solidarity and to guard against the abuse of female and very young siblings. It would appear as if such vulnerability might be related to the age and sex of the orphan: boys and girls are treated differently; older boys are more able to stand up for themselves; older girls may be subjected to sexual harassment and abuse. The children are usually reluctant because the illness and/or death of parents would imply leaving their own home and being separated from one another. For them, the home represents security, adequate personal space, and treasured memories of their parents and the rest of the household. Uprooting them from their "normal and familiar" surroundings invariably interferes with their emotional and psychosocial adjustment.

Third, most grandmothers tend to end up living in rural areas, whereas uncles stay in urban areas. Rural-urban migration is age and sex selective. Working-age males migrate first. This trend has been referred to as *spontaneous migration*. They are then followed by their spouses and children in what has been referred to as *associational migration*, leaving what is referred to as a *residual population* consisting of very old grandparents. Biologically, women have generally tended to outlive men. This longer lifespan, therefore, explains the predominance of grandmothers in the rural subpopulations.

Rural and urban geographical destinations confer differential prospects, opportunities, and life chances on the orphaned boys and girls. A rural relocation could predispose the child assigned to a rural-based grandmother to a disadvantaged and vulnerable socioeconomic setting. The orphan may experience a sudden and traumatic change from the normal environment to one that is strange, impoverished, and education-unfriendly, with less qualified teachers and lack of other supportive resources. AIDS increases teacher deaths who may be difficult to replace in the deprived remote rural areas.

The following narration from a volunteer, who works for a denominational CBO illustrates some of the typical problems associated with relocating orphans to stay with their grandparents elsewhere:

Under the trauma of grief, elderly guardians may not remember to secure all the registration/identity documentation for the orphans before taking them from their parental homes. A child with no birth certificate, now living in a place far from the parents' home requires someone with sufficient knowledge, resources, energy, and commitment to go back and forth to obtain the required documents. Grandparents may have no *Omang* [identity document], which is prerequisite for claiming access to most public social services like education, health, and travel documents. Finding places, changing schools, getting transfer cards all require the knowledge and energy that grandparents usually lack. The relevant officials may be slow in providing uniforms, and some may have even said that there is nothing that they can do to assist if the child does not have the required documents.

All of these factors invariably work toward disadvantaging the affected orphans' future development. In Botswana, there is practically nothing that a child can get without his or her birth certificate or identity card.

Intergenerational Reversal of Provisioning Roles

Traditionally, the mature male children in Botswana, especially the first born were, naturally, expected to look after their aging parents. The importance of having sons therefore lay not only in preserving the clan name but also in securing social security at old age. This intergenerational contract through which parents would be assured of support from their children during the twilight years of their lives is rapidly being threatened by the HIV/AIDS pandemic. The HIV/AIDS pandemic has resulted in many elderly people having to provide for themselves, their ailing children, and their orphaned grandchildren. Elderly people, who no longer have the financial means and strength to look after themselves, constitute a relatively large proportion of primary caregivers for both HIV/AIDS orphans and PLWAs (Tshitswana, 2003; Gwebu, 2007; Geiselhart et al., 2008; Brabant, 1994; Wight, LeBlanc, & Aneshensel, 1998). They are expected to nurse and provide them with sanitation, supplementary/special diets to enhance their immunity, and medication in addition to emotional and financial support. Mainly grandmothers, mothers, aunts, and sisters are at the forefront of home-based care for AIDS patients in Old Naledi. Remarks made by a female social welfare officer in Old Naledi underscore the emerging role of the elderly women in being the primary caregivers to HIV/AIDS patients when she said the following:

Adult females generally provide primary home-based care to ill members of the family because socioculturally it is the assumed duty of females [mothers, sisters, aunts] to provide such care to the ill members of the family. Mothers automatically become the main care providers where there are no other family members around to assume the role of the mother.

The traditional intergenerational bargaining structure in which the younger persons used to provide care and support for the elderly has now been contractually reversed. However, the very young are also often tasked with the role of having to provide care for much older adults, even when they are still too young to assume this challenging task.

Discussions with the social welfare officers in Old Naledi further revealed that the elderly are not only poor but are becoming even poorer because their pensions are being quickly eroded by inflation and rapid rises in the cost of living. Cost recovery/sharing mechanisms, associated with privatization, are starting to force the elderly to pay for the services,

such as water and sanitation, for which they used to pay a nominal fee in the past.

The study has identified a number formal welfare systems that operate in Old Naledi. These are city council support, state public assistance, relief programs during emergencies, and other social assistance programs provided by NGOs and CBOs. The elderly are however neither targeted nor covered, as a specific group, by any social welfare legislation. They are assisted by broad pieces of legislation designed to cater for the entire population. This approach to social welfare provision will have to be revisited in the light of the heavy burden of caring by the elderly for the intermediate generation and their offspring. The elderly are now bearing the load on behalf of the state.

In Botswana, formal security systems cover only a small percentage of the population. Most of the elderly, however, especially women, have been engaged either in informal or subsistence activities during their working lives. Low and irregular incomes would have made it very hard for such individuals to save in anticipation of their old age. For them, the family constitutes the main social security system. The intergenerational disruption of this security system due to HIV/AIDS is problematic for the elderly.

The loss of the economically active generation, coupled with the increasing number of orphans appears to have had differential impacts on the elderly men and women. The study has shown that because of gender stereotyping due to the patriarchal nature of society, the burden of providing primary care for PLWA and orphans usually falls on grandmothers, mothers, and aunts. Yet, a good number of these elderly women are usually widows living alone in poverty, with no viable financial support.

The fact that only a few of the elderly have been working in the formal sector therefore implies that most are excluded from contributory social security schemes. Generally, Botswana provides means-tested noncontributory benefits to the elderly. However these benefits reach a small portion of the population due to lack of resources and poor targeting. Among the SADC (Southern African Development Community) countries, Namibia and Mauritius provide universal pensions that are not means-tested. According to Kaseke, such noncontributory pensions promote equity and social justice, particularly in circumstances in which most of the population works in the informal sector (Kaseke, 2004). In the context of social protection, noncontributory pension programs have the potential advantage of reaching vulnerable groups with relatively low administrative costs, helping sustain households affected by extreme poverty and vulnerability. Perhaps, these could be considered for low-income neighborhoods

such as Old Naledi where the elderly are becoming increasingly burdened by caring for the PLWAs and orphaned grandchildren.

CONCLUSION

This case study was carried out on an urban low income environment in Botswana, a country with one of the highest HIV infection among its economically active cohort in the world. The research uses the intergenerational bargaining concept to explore, unravel, and articulate the impact of AIDS at the family and household levels.

The investigation has revealed several issues that negatively impinge on orphans while simultaneously threatening the congenial transfer of wealth among population subgroups. These issues include bureaucratic and dysfunctional male decision making which affect the physical and mental development of orphans. There is also material deprivation of orphans that can serve only to be prejudicial to their future development. The disinheritance of orphans and widows implies their environmental and material deprivation. Relocation of orphans to alien and impoverished environments threatens both their emotional attachment to place and their proper physiological and psychological development. The provisioning of emotional, financial, and material care has robbed them of their entitlement to old age security, thus burdening the elderly.

The family social networks can no longer cope with the economic, socio-economic, and sociocultural problems emanating from the HIV/AIDS pandemic and threatens the realization of intergenerational bargaining and transfer of wealth. Institutional support is now being provided by central government, NGOs, and CBOs. Such types of assistance are, however, not sustainable, because each of these sources derives its support either directly or indirectly from the working-age human resource base. Consideration should be given to late retirement schemes and stronger support for microenterprising to provide the elderly with viable and sustainable incomes (Gwebu, 1999).

REFERENCES

- Ackroyd, A. (1997). Sociocultural aspects of AIDS in Africa: Occupational and gender issues. In G. C. Bond et al. (Eds.), *AIDS in Africa and the Caribbean* (pp. 11-12). Boulder, CO: Westview Press.
- Ansell, N., & van Blerk, L. (2004) Children's migration as a household/family strategy: Coping with AIDS in Malawi and Lesotho. *Journal of Southern African Studies*, 30, 673-690.

- Barnett, T., & Whiteside, A. (2002). *Aids in the twentieth century: Disease and globalization*. New York: Palgrave MacMillan.
- Bergstrom, T. (1996). Economics in a family way. *Journal of Economic Literature*, 15, 1910–1914.
- Brabant, S. (1994). An overlooked AIDS-affected population: The elderly parent as a care giver. *Journal of Gerontological Social Work*, 22, 131–145.
- Caldwell, J. (1982). *Theory Of fertility decline*. London: Academic Press.
- Campbell, E. K., & Ntsabane, T. (1995). Street children in Gaborone: Causes and policy implications. *Union of African Population Studies*, 13 (Special Report).
- Carmichael, F., & Charles, S. (1999). *Caring for the sick and elderly—An intergenerational bargain that could break down*. Bath, UK: University of Bath, Development Studies Association.
- Damon, A. (1969). Race, ethnic groups and disease. *Social Biology*, 16, 69–80.
- De Santos, G. (2003). The demography of an equitable and stable intergenerational transfer system. *Population*, 58, 587–622.
- Geiselhart, K., Gwebu, T. D., & Krüger, F. (2008). Children, adolescents and the HIV and AIDS pandemic: Changing inter-generational relationships and intra-family communication patterns in Botswana. *Children, Youth and Environments* 18(1), 99–125.
- Gwebu, T. D. (1999, September). *Small and microscale enterprises in Botswana: Characteristics, prospects, and policies for development* (pp. 18–45). Presented at SMEs Conference, Panyang, Malaysia.
- Gwebu, T. D. (2005). Gender, HIV/AIDS and household dynamics in Old Naledi. In F. Kalabamu, M. Mapetla, & A. Schlyter (Eds.), *Gender generations and urban living conditions in southern Africa*. Roma: ISAS.
- Gwebu, T. D. (2007). The gendered reconfiguration of low-income urban household space in response to AIDS: Perspectives from Botswana. *Norsk Geografisk Tidsskrift [Norwegian Journal of Geography]*, 61, 13–24.
- Human Rights Watch. (2001). *In the shadow of death: HIV/AIDS and children's rights in Kenya*. Nairobi: Human Rights Watch.
- Kabeer, N. (2000). Intergenerational contracts, demographic transitions and the quantity-quality trade-off: Parents, children and investing in the future. *Journal of International Development*, 12, 463–482.
- Kalabamu, F. (1997). Effects of gendered land rights on urban housing by women in Botswana. *Cape Town Conference on Land Tenure Issues* 1–9.
- Kaseke, E. (2004). *Social security and older persons*. Nairobi: HelpAge International.
- Krishan, P. (1999, November). Intergenerational transfers and non-transfers in non-economic areas. Paper presented at the 1999 Warren Kalbach Population Conference, University of Alberta, Edmonton, Alberta, Canada.
- MacDaniel, S. (1997). Intergenerational transfers, social solidarity, and social policy: Unanswered questions and policy challenges. *Canadian Journal of Sociology*, 28, 1–21.
- McGregor, J. A., Copestake, J. G., & Wood, G. (1999). The intergenerational bargain: An introduction. *Journal of International Development*, 12, 447–451.
- Midgley, L. (1996). Challenges to social security. In J. Midgley & M. B. Tracy (Eds.), *Challenges to social security: An international exploration* (pp. 103–122). Westport: Auburn House.

- Moore, K. (2001). *Framework for understanding the inter-generational transmission of poverty and well-being in developing countries*. Birmingham, UK: University of Birmingham Chronic Poverty Research Centre.
- Sarandon, S. (2001). *Children of AIDS*. London: Pluto Press.
- Schapera, I. (1953). *The Tswana*. London: International Africa Institute.
- Stegling, C. (2000). *Current challenges of HIV/AIDS in Botswana*. Gaborone: University of Botswana: Department of Sociology.
- Tshitswana, D. S. (2003). *Botswana cultural beliefs and practices—Implications for methods of care for AIDS orphans and other vulnerable children*. Unpublished master's thesis. Ohio Center for International Studies, The Ohio University, Athens, Ohio.
- Wight, R. G., LeBlanc, A. J., & Aneshensel, C. S. (1998). AIDS care giving and health among midlife and older women. *Health Psychology, 17*, 130–137.