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Caregiving in sub-Saharan Africa and Older, Female Caregivers in the Era of HIV/AIDS: A Namibian Perspective

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Abstract

The human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS) have created an unprecedented ‘orphan crisis’ in sub-Saharan Africa. They have had a devastating impact on elder caregivers. Over 60% of children affected by HIV/AIDS are being care for by aging, often impoverished, grandmothers (AVERT, 2015). Yet there is a dearth of empirical work on the devastating impact of this pandemic on grandmothers. This article offers an overview of the literature with respect to what is currently known about caregivers generally and, specifically, older caregivers of orphans and vulnerable children (OVC) in sub-Saharan Africa. It addresses emerging policy initiatives and service delivery strategies in Namibia. Finally, it offers suggestions for policy and practice.

Keywords: HIV/AIDS, Namibia, older caregivers, orphans and vulnerable children

Over the past several decades, the HIV/AIDS pandemic in sub-Saharan Africa has had a devastating impact on every segment of society. The pandemic has created rapid and dramatic changes in HIV/AIDS caregiving, especially amongst older women (Boon et al., 2009; Govender, Penning, George, & Quinlan, 2011; Kuo & Operario, 2011; Lekalakala-Mokgele, 2011; Njororai & Njororai, 2012). It has also created what the United Nations has termed an *orphan crisis* (United Nations Programme on HIV/AIDS [UNAIDS], 2014). Older women often find themselves in highly stressful caretaking roles for both their HIV-infected adult children and their AIDS-infected or affected grandchildren (Lightfoot & Kalomo, 2010). This is especially true in Namibia where an estimated 250,000 people are living with AIDS and about 96,000 children have been orphaned as a direct result of the AIDS crisis (Centers for Disease Control & Prevention, 2013).

According to the United Nations, an HIV/AIDS *orphan* is defined as a child who has lost one or both parents due to HIV/AIDS (AVERT, 2015). Current figures suggest that approximately 3.2 million children worldwide are living with HIV/AIDS (AVERT, 2015). Compounding the crisis is the staggering rise of HIV/AIDS mortality rates among young, parental-aged adults in sub-Saharan Africa. The precipitous rise of deaths among this group has

placed significant social, economic, and political strains on society in general. It also has had a staggering adverse impact on the older adult caregivers who are often thrust into significant caretaking roles (AVERT, 2015). The already precarious situation of older adult caregivers, especially in rural areas of sub-Saharan Africa, is further complicated by changing sociocultural and familial values and roles, and unfavorable macroeconomic environments (Ice, Zidron, & Juma, 2008; Nyambedha, Wandibba, & Aagaard-Hansen, 2003).

The current article will offer a brief overview of the literature with respect to what is currently known about caregiving of orphans and vulnerable children (OVC) in sub-Saharan Africa. It will then address policy initiatives and service delivery strategies in Namibia as a case example of current efforts in service delivery in the context of the HIV/AIDS orphan crisis. Finally, it will offer policy and practice implications.

Literature Review

The African Context of Caregiving

African family life is known for large, extended kinship groups which are more complex and nuanced than conventional Western ideas of the nuclear family (Kayongo-Male & Onyango, 1984). Ethnographers studying African families note that grandparents are important familial linchpins to extended kinship networks (Fortes, 1969; Kayongo-Male & Onyango, 1984). Grandparents are important sources of wisdom—imparting knowledge, passing on traditional rules and regulations, and serving as conflict mediators. Adult children, in turn, have a traditional obligation to provide support to their parents, grandparents, younger siblings, and children (Ncube et al., 1997). This expectation continues among many African peoples and is embedded in cultural norms and values. Communal proverbs often remind children of their parental and grandparent obligations. For example, the *Kwanyama* tribe in Namibia has a proverb: *Kahuhwena hadela nyoko, nyoko onale ekuhadela*—translated as “We have to help our parents/elders because they helped us.”

Additionally, fosterage—raising a child or children by someone other than the child’s biological mother and father—has been a common practice across many African countries (Kuyini, Alhassan, Tollerud, Weld, & Haruna, 2009). Traditionally, children are viewed as precious gifts from God and the entire clan has a responsibility for their care. Children are often given to extended family members or other relatives not just for physical and social support but, for all intents and purposes, to become a part of that family (Isiugo-Abanihe, 1985).

HIV/AIDS Caregiving in Southern Africa

Southern Africa remains the region most severely affected by HIV/AIDS (USAIDS, 2012). This region has the highest rates of orphanhood in the world (AVERT, 2015; UNICEF, 2010). The devastating impact of AIDS-related morbidity and mortality is impacting many areas of southern African society. Some of these include family cohesiveness, food consumption patterns, and quality of care, as well as deepening poverty through hospital, medical, and funeral costs (Chimwaza & Watkins, 2004). The impact on older adult caregivers is also significant. According to Sefasi’s (2010) Zambian study, 57% of primary caregivers are grandparents. Of these, 37% were between 60 and 85 years of age. A Botswanan study found that caregiving often prevented older adults from working full-time or earning their previous level of income (Heymann & Kidman, 2009). While researchers have long recognized the resilience of the African family (Ankrah, 1993), they also note that what was previously believed to be an

“impermeable traditional extended family network” (Miller, Gruskin, Subramanian, Rajaraman, & Heymann, 2006, p. 1430) is being eroded by the AIDS epidemic. These changing dynamics have placed a tremendous strain on all older adult caregivers and especially on grandmothers (AVERT, 2015).

Gendered Patterns of HIV/AIDS Caregiving

Recent research shows that older female caregivers shoulder enormous caregiving responsibilities for both ill family members and orphans (Hlabyago & Ogunbanjo, 2009; Njororai & Njororai, 2012; Ssengonzi, 2009). As early as 2000, the World Health Organization (WHO) found that older female caregivers cared for more than 80% of HIV-infected family members (WHO, 2000). In southern Africa, grandmothers provide the preponderance of care and support to their grandchildren affected by HIV/AIDS. Researchers have consistently shown that caregivers are more often than not adults aged 50 and older (Ardington et al., 2010; Kalomo & Liao, 2018), and living well below the poverty line (George, Govender, Bachoo, Penning, & Quinlan, 2014; Lindsey, Hirschfeld, Tlou, & Ncube, 2003; Shaibu, 2016). This gendered pattern of caregiving has been noted in studies conducted in Namibia (Kalomo, Kyoung, & Besthorn, 2017; Social Impact Assessment and Policy Analysis Corporation [SIAPAC], 2002), Botswana (Shaibu, 2016), South Africa (Lekalakala-Mokgele, 2011; Tshililo & Davhana-Maselesele, 2009), Uganda (Kanya & Poindexter, 2009), Togo (Moore, 2008), Kenya (Oburu & Palmerus, 2005), Tanzania, (Dayton & Ainsworth, 2004), Zimbabwe (Mhaka-Mutepfa, Mpofu, & Cumming, 2014b) and the Democratic Republic of Congo (Kipp, Matukala, Laing, & Jhangri, 2006).

Many orphans live with relatives before the biological parents die, and a grandmother is very often caring for several sets of orphans from different families at one time (AVERT, 2015; Desmond, Michael, & Gow, 2000; SIAPAC, 2002). These realities create “skip-generation parenting”—a result of a significantly reduced number of parental-aged adults able to support their children (Foster, 2000; Lightfoot & Kalomo, 2010). This skipped generation dynamic has altered the contours of caregiving arrangements. It significantly reduces the economic, social, and emotional stability of thousands of households headed by older, female adult caregivers (Njororai & Njororai, 2012) HIV/AIDS is changing the normal family trajectory of the middle generation traditionally expected to provide care to both young children and older adults. With the absence of a middle generation, grandparents do not have family members to care for them when they are aged and frail (Foster, 2000). Instead, the older adult parent, often the grandmother, is obliged to care for her dying child and is also left with the responsibility of later raising her orphaned grandchildren at a time when her own physical, cognitive, and emotional well-being may be at risk.

There is growing international concern for the caregiving role of AIDS-affected older adults (Stephen Lewis Foundation, 2015). A growing body of research has begun to examine the impact of HIV/AIDS on extended family networks and specifically on older adult caregivers (George et al., 2014; Kalomo & Liao, 2018; Mhaka-Mutepfa, Cumming, & Mpofu, 2014a; Shaibu, 2016). For example, governments, especially in southern Africa, actively promote antiretroviral treatment (Government of the Republic of Namibia/Ministry of Health & Social Services [MoHSS], 2014; Madiba, 2012; Madiba & Mokwena, 2013) and support home-based programs (Pellizzoli, 2011). In brief, home-based care is defined as any form of care given to chronically ill people such as people living with AIDS in their home to promote, restore, and maintain an individual’s livelihood and provide the best possible quality of life including care

toward dignified death (Pellizzoli, 2011). Despite government attempts to develop supportive initiatives for older adult caregivers, these efforts often remain underdeveloped and poorly coordinated (Kautz, Bendavid, Bhattacharya, & Miller, 2010; Schatz, Madhavan & Williams, 2011). Moreover, older adult caregivers often remain “invisible” (Chazan, 2008) with respect to the allocation of scarce resources and support. As Marais (2005) noted:

While most of the attention is directed at the prospects of those in their care, little of note is being done to meet the material, emotional, and social needs of older adult caregivers and fosters--the “reverse orphans” who, in the twilight of their lives and grossly disadvantageous circumstances, are transforming themselves again into mothers and fathers (p. 82).

The High Toll of HIV/AIDS for Older Adult Caregivers

Research indicates that OVC thrive better and are more likely to have their needs met when in the care of kin caregivers (Haihambo, Hayden, Otaala, & Zimba, 2004). But, older caregivers are grappling with the increased demands of children in their care (Hayden & Otaala, 2005; Kalomo et al., 2017; Ruiz-Casares, Thombs, & Rousseau, 2009; SIAPAC, 2002). Scholars have found that African extended family support systems are struggling to provide adequate social, financial, and material support to older caregivers (George et al., 2014; Njororai & Njororai, 2012). Caring for orphaned children entails a range of responsibilities that amplify caregiving demands. Some of these include a lack of transportation and financial resources to afford proper health care or provide nutritional food (Njororai & Njororai, 2012; Steintz, 1998). Other demands include increased household routines (Dayton & Ainsworth, 2004; Kalomo & Liao, 2018) while tending to their own medical and financial needs (Mhaka-Mutepfa et al., 2014a; Levine, Van der Berg, & Yu, 2009). Moreover, AIDS-infected and affected children have additional needs that also amplify caregiving demands. They are more likely to experience AIDS-related stigma and emotional problems in addition to the physical manifestation of their condition (Cluver & Gardner, 2007). Caregiving duties are creating complex challenges for older caregivers. Higher demands on household chores, impacts on emotional well-being (Kagotho & Ssewamala, 2012; Schatz & Gilbert, 2012), and increased physical illness (Mhaka-Mutepfa et al., 2014b; Schatz et al., 2011) are not uncommon.

The emotional well-being of older adult caregivers is also being compromised by their increased caregiving demands. A study of the experiences of caregivers losing an adult child to AIDS in Togo, West Africa found that women were bearing the heaviest emotional burden (Govender et al., 2011). They experience multiple vulnerabilities such as anxiety, depression, HIV-related stigma, PTSD, and untreated physical and psychological illnesses (Chazan & Whiteside, 2007; Kagotho & Ssewamala, 2012; Kalomo et al., 2017; Kiwanuka, Mulogo, & Haberer, 2014; Kuo, Reddy, Operario, Cluver, & Stein, 2013; Schatz, & Gilbert, 2012). Kuo, Fitzgerald, Operario, and Casale’s (2012) South African study, examined the prevalence of depression in a sample of adults who were primary caregivers to orphaned children. The study found 30% of the participants reached the clinical threshold of depression regardless of whether they were caregivers of AIDS-orphaned children or children orphaned for other reasons. A Ugandan study focusing on the challenges faced by adult caregivers showed that caregivers reported experiences of significant emotional distress (Ssengonzi, 2009). Similarly, a Kenyan study, one of the few examining stress among the older adult caregivers of orphans found that caregivers reported high levels of emotional distress (Oburu & Palmerus, 2005).

Social and Financial Supports for Older Adult Caregivers

While stress on older adult caregivers has grown during the HIV/AIDS crisis, available supports to help manage increased demands are often insufficient (Lekalakla-Mokgele, 2011). Hlabyago and Ogunbanjo's (2009) study of caregivers of AIDS-orphaned children showed that caregivers reported a lack of social support services and support from extended family. Support denotes any form of assistance such as financial, material, or social used by caregivers to mediate caregiver responsibilities. An analysis of multiple studies addressing survival strategies employed by HIV/AIDS-affected households found that many older adult caregivers reported having to sell land and property or using their savings to support children in their care (Naidu & Harris, 2005). Thus, researchers have identified the importance of financial supports such as child maintenance grants, micro-lending loans to start income-generating projects (Nabunya, Ssewamala, & Ilic, 2014; Plagerson, Patel, Harpham, Kielmann, & Mathee, 2011). Kagotho and Ssewamala's (2012) Ugandan study examined factors associated with better emotional outcomes of older caregivers. They found that financial and social supports were correlated with caregivers' levels of depression. Other studies have shown similar results (Kuo, Fitzgerald, Operario, & Casale, 2012; Myint & Mash, 2008; Okawa et al., 2011). A Malawian study of older caregivers found that while 75% did receive some form of financial assistance it was equivalent to only a meager \$81 (U.S.dollars) annually (Kidman & Heymann, 2009).

Material supports such as food, clothing, blankets, school supplies, and medical assistance are also important (Schatz et al., 2011). The lack of accessible treatment options and affordable medication adds to the caregivers' financial burden (Mathambo & Gibbs, 2009). It is not uncommon for grandparents to depend primarily on their government-funded pensions. Due to high levels of poverty and unemployment, pensions are often the most stable and reliable income for many older adults (Kimuna & Makiwane, 2007). Unfortunately, data has shown that the older adult caregivers have no choice but to use large portions of their monthly pensions to supplement household income to buy food, clothing, and shelter; pay school fees; and provide transportation, as well as cover funeral costs and medical expenses when their adult child dies and leaves behind OVC (Ardington et al., 2010; Moore, 2008; Taukeni, 2011).

The current review suggested a number of factors impinging upon older adult caregivers raising children orphaned by HIV/AIDS in sub-Saharan Africa. First, evidence indicated that the HIV/AIDS pandemic has altered the contours of living arrangements and traditional roles among the African family and grandparents have generally stepped into the breach to become primary caregivers to AIDS-orphaned children. Second, the literature revealed a gendered pattern to caregiving with grandmothers becoming the primary and, in many cases, the sole provider of support for OVC. Third, the caregiving experience imposed a myriad of social, economic, emotional and physical challenges to older adult caregivers. And finally, the multiple problems that compound older adult caregiving may be attributed to the lack of caregiver supports, consequently pushing caregivers beyond their capacities to both care for themselves and to care for AIDS-orphaned children. With the previous overview as contextual backdrop, we shall now look specifically at the Namibian experience in the era of HIV/AIDS.

Namibia's Orphan Care Response in the HIV/AIDS Era

The literature suggests that a number of countries in sub-Saharan Africa, such as South Africa, Zimbabwe, Botswana, Lesotho, and Swaziland, have been in the forefront of relief efforts to address the HIV/AIDS pandemic. However, a great deal is still unknown about efforts in other

areas of the continent. Namibia is a case in point. Only in recent years has a body of literature begun to emerge looking in greater detail at Namibia's response to this issue. Data shows that older adults, especially those 50 years and older, are primary caregivers for AIDS-orphans in Namibia (Centers for Disease Control & Prevention, 2013). An earlier study in Namibia also found that 56% of the primary caregivers of AIDS-orphans were grandmothers aged 60 years and older (Project Hope, 2006). The following overview will begin to shed light on this issue from a Namibian perspective.

Community-Based Support in Namibia

Namibia has a small diverse population of approximately 2.1 million inhabitants, with roughly 67% living in northern rural areas (Namibia Demographics Profile, 2013). The largest social and public health concern in Namibia is the HIV/AIDS pandemic. Recent estimates suggest that Namibia has 250,000 people living with HIV/AIDS and that about 96,000 children below the age of 18 have been orphaned as a direct result of the HIV/AIDS crisis (UNAIDS, 2014). About 18,000 children are infected with HIV/AIDS and one in 10 are living with at least one chronically ill older adult caregiver (UNAIDS, 2014). Many AIDS-orphaned children live in poverty with about 22% living with an older adult pensioner (Namibia Statistics Agency [NSA], 2012). International assessments have shown older adults, especially those 50 years of age and older, are primary caregivers for children orphaned by AIDS in Namibia (UNAIDS, 2014). Countrywide, the number of orphans cared for by older adults, especially grandmothers, have increased significantly (NSA, 2012; Lightfoot & Kalomo, 2010; UNAIDS, 2014).

The Namibian government advocates for community-based support rather than institutionalization to care for AIDS-orphaned children. The policy recognizes a strong cultural expectation that extended family and other community members care for OVC in the spirit of "*ubuntu*," an ancient African word meaning "humanity to other" and "I am what I am because of who we all are" (Nkosi & Daniels, 2007 p.18). Within this framework, love and care for the *other* is not constrained to blood relations but extended to the clan, neighborhood, village, or community. As such, in "*ubuntu*" cultural practice, families and local communities embrace each other and share a bond of reciprocal love for one another.

However, research has found that despite this strong cultural heritage, enormous gaps in orphan care still exist, especially if the responsibility rests solely on the shoulders of extended families and local communities (Government of the Republic of Namibia/Ministry of Gender Equality and Child Welfare [GRN/MGECW] 2008; UNAIDS, 2011). Data suggests this form of community support is often ill-equipped and overstretched, leaving caregivers struggling to provide quality care (UNAIDS, 2011). Thus, it is critical that extended families and local communities experiencing multiple losses, stigma, and discrimination associated with the HIV/AIDS crisis receive sufficient supports from governmental agencies, non-governmental organizations (NGOs), and the larger society.

Policies and Legislative Support in Namibia

The Namibian government has increased its efforts to develop policies and legislative initiatives for the care and support of OVC. While a number of these policies are works in progress, it is evident that the country is developing a positive legal framework to facilitate new policy agendas. For example, the Children's Act (1960), OVC Policy (2004), the Policy for Educationally Marginalized Children (2002), the Child Care and Protection Action and Children's Status Act, HIV and AIDS Policy for the Education Sector (2003), and the HIV/AIDS

Charter of Rights are examples of initiatives to help support the care of OVC. In addition, the Ministry of Education, Arts and Culture (MoEAC), responsible for school feeding programs; the Ministry of Home Affairs and Immigration (MHAI); and the Directorate for Civil Registration have also begun to address the OVC crisis (UNICEF, 2016). To date, however, Namibia does not have a strong policy agenda focusing on the unique needs of older caregivers.

As suggested, OVC policies currently in place are designed to promote family caregiving as the most stable and favorable setting for OVC children. These policies emphasize first-order principles such as the best interest of the child, the importance of strong local leadership and commitment, multisectoral approaches and partnerships, and the protection of human rights (GRN/MGECW, 2004). Although, policy initiatives and a legislatively supportive environment have evolved, data indicates that multiple barriers still hinder the effectiveness of service delivery for OVC and their older adult caregivers. One study found that older adult caregivers and many orphans could not access available welfare grants mainly due to a lack of official supporting documentation such as birth certificates, identification documents, and death certificates (Taukeni & Matshidiso, 2013). Similarly, studies have shown older adult caregivers were struggling to keep dependents in school—citing lack of money for school fees and school uniforms (GRN/MGECW, 2012; Mnubi-Mchombu & Ocholla, 2011; Taukeni, 2011). In addition, problems exist with respect to the need of legislation to protect the inheritance and property rights of orphans and to seasonally adjust welfare grants based on inflation rates (GRN/MGECW, 2012).

Governmental Support in Namibia

In Namibia, the three governmental organizations provide much of the country's social welfare. They are the Ministry of Health and Social Services (MoHSS), the Ministry of Gender Equality and Child Welfare (MGECW), and the Ministry of Labour and Social Welfare (MoLSW). According to UNAIDS (2011), the total number of social welfare grants in Namibia rose from 86,550 in 2007 to 118,089 in 2010—a significant increase largely due to the social consequences of the HIV/AIDS crisis (GRN/MGECW, 2012; Taukeni, 2011). As of March 2016, the total number OVC benefiting from the grant system was 285,431 (UNICEF, 2016).

The Ministry of Labour and Social Welfare provides a monthly N\$450 (US\$58.44) old-age pension to adults aged 60 years and older. The MoHSS focuses on adult's health and social care needs, while the MGECW focuses on children (UNAIDS, 2011). As a coordinating body, the MGECW is tasked with ensuring the protection, care, and support of OVC. Their charge is to afford OVC access to available services while being responsible for implementing and monitoring Namibia's National Plan of Action for Orphans and Vulnerable Children (NPA 2006-2010). MGECW also provides maintenance and foster care grants and place-of-safety allowances for families caring for OVC (GRN/MGECW, 2012).

Clearly, the Namibian government is committed to assisting OVC and their families. However, challenges have been identified that impede the smooth functioning of service delivery. These issues include insufficient number of qualified social workers, limited supervision, lack of transportation, inadequate office space and resources, burnout, and insufficient data on service provision and client outcomes (Chiwara & Lombard, 2017; Taukeni, 2011; UNAIDS, 2011). The government's efforts are further impaired by cumbersome processes associated with administering welfare grants. These inefficient processes minimize the ability of social workers and other service providers to perform their core function, such as providing counseling and psychosocial support, conducting home visits, and monitoring children's

development and their conditions of safety. Data suggests that supports from governmental agencies are often limited to brief counseling, grants and allowances, and health care services with much of the casework load of service providers focused on administrative tasks rather than direct services (Chiwara & Lombard, 2017). This contrasts with service delivery priorities of NGOs, which tend to be focused on day-to-day needs of OVC caregivers (Chiwara & Lombard, 2017).

International and National NGO Support in Namibia

Namibia has several international and national non-governmental organizations (NGOs) complementing the government's efforts to provide support to caregivers and their OVC dependents. These efforts include feeding programs; provisions of vouchers for school uniforms; educational, material, and nutritional support; and income-generating activities (UNAIDS, 2011). Additionally, Namibian churches and faith-based organizations have organized themselves into the Church Alliance for Orphans. For example, Catholic AIDS Action's (CAA) core commitment is to a combination of home-based services coupled with educational and psychosocial care for OVC. The Katutura Youth Enterprise Centre provides vocational training to both OVC and caregivers. The Namibian Red Cross Society offers material support, and Project Hope focuses on microfinancing for caregivers (UNAIDS, 2011).

Unfortunately, studies assessing the impact of NGO service provision to OVC and their caregivers found that the majority of service organizations in Namibia were unable to meet the support needs of OVC and their caregivers (Boston University Pharm Access Foundation, 2009; Taukeni, 2011). Similarly, studies of supports in the Ohangwena and Omusati region of rural northern Namibia found that many services targeting OVC and their caregivers were located in urban areas. This makes accessibility a real challenge to hundreds of caregivers in rural areas, the majority of whom have scarce financial resources and lack transportation (Kalomo et al., 2017; Taukeni, 2011; Nekundi, 2007).

Implications for Policy and Practice

The impact of HIV/AIDS on families in southern Africa is profound and ongoing. The previous discussion reviewed the scope of the current crisis in sub-Saharan Africa, as well as policy and service delivery initiatives in Namibia. Some strides have been made in policy regarding protections for vulnerable populations (GRN/MGECW, 2012). However, an important missing piece is the lack of a comprehensive understanding of and services for one of the most critical components of the OVC continuum—older female caregivers. Given that grandmothers play a critical role in providing care to Namibia's 250,000 OVC (UNAIDS, 2011), a more detailed understanding of these vulnerable caregivers' needs can help inform the development of culturally appropriate micro, mezzo and macro level interventions. Policymakers need to prioritize strategies to address the physical and psychosocial needs of older, female caregivers in high HIV-prevalence settings and socioeconomically deprived communities, especially in rural areas in Namibia.

Therefore, we argue for more comprehensive policies and interventions that help strengthen the physical and emotional wellbeing of older, female caregivers. These need to be sustainable over the long term and must focus on both macro economic/financial initiatives as well as micro and mezzo psychosocial supports. They need to be designed in such a manner as to support the inherent resilience of African families by focusing on external vulnerabilities and psychosocial stressors threatening household viability (Drimie & Casale, 2009). As an example,

one of the most pressing macro level needs of HIV/AIDS-affected households is the problem of food security. Many older adult caregivers lack sufficient financial supports to provide the needed nutrition for children in their care. Additionally, researchers have found that the majority of older adult caregivers are often too physically weak to engage in active food production (Government of the Republic of Namibia/National Planning Commission [GRN/NPC], 2012; Nhongo, 2004; Smith, 2007). Therefore, the Namibian government, NGOs, and civic/faith-based organizations must critically focus on increasing food security in households headed by older adults, particularly those raising OVC. Alleviating food insecurity in HIV/AIDS-affected households will go a long way toward decreasing the psychosocial distress of these vulnerable caregivers.

This review evidences a compelling need for stakeholders in Namibia to put in place a comprehensive older adult caregiver policy. Such policies should, at the very least, address macro level antipoverty strategies and sustainable economic opportunities. Community-based capital cash transfers (Skovdal, Mwasiaji, Webale, & Tomkins, 2011), child support grants, of and youth saving accounts (Ssewamala, Neilands, Waldfogel, & Ismayilova, 2012) are viable examples. Other initiatives might include providing easier access to social welfare grants, offering free or low cost family counseling, establishing community food gardens, and providing other in-kind support assistance targeted to the unique needs of individual communities and families.

Policymakers, social workers, and other helping professionals must also give more sustained attention to the mental health needs of older adult caregivers. A need presents to prioritize and invest in evidence-based research, assessment, and interventions that address the mental health needs of those living in resource-limited and HIV/AIDS affected communities. These approaches might include targeted therapeutic interventions specifically designed for older adult caregivers and those children in their care (Kagotho & Ssewamala, 2012). The literature is clear that targeted mental health services targeted to older adult caregivers can be efficacious and cost-effective (Boon et al., 2009; Kagotho & Ssewamala, 2012; Kuo et al., 2013; Kuo & Operario, 2011).

Additionally, practitioners must be trained and experienced at providing psycho-educational and/or support groups aimed at teaching caregivers ongoing coping skills to better adapt to their demanding caregiving responsibilities. Coping assessment and training has been shown to be efficacious in many settings (Chesney, Folkman, & Chambers, 1996). Developing culturally sensitive coping interventions tailored to the African context holds much promise in buffering the effects of caregiving responsibilities. In addition, targeted age-sensitive and gender-specific preventative measures, such as HIV/AIDS educational campaigns, would go a long way toward increasing caregivers' knowledge of how to eliminate further HIV transmissions.

Finally, macro level public awareness campaigns and enforcement efforts are needed in order to help modify the social climate related to the HIV/AIDS crisis. The Namibian government together with other stakeholders should strengthen enforcement of HIV-related anti-discrimination policies and laws. Additionally, more concerted efforts are needed to develop more gender perspective interventions in community-based care and support. This endeavor might include programs to increase the role of men and boys in caregiving responsibilities beyond what has been their traditional role.

Conclusion

This paper has reviewed literature addressing the impact of the HIV/AIDS crisis in sub-Saharan Africa. It has addressed caregivers raising children orphaned by HIV/AIDS. And specifically, it has found that orphan caregiving is undertaken primarily by older adult women. Not surprisingly, this caregiving is largely done amidst multiple social, economic, and physical challenges. The current trajectory of service delivery in Namibia was specifically examined, with the recognition that gaps exist in policy and intervention strategies for older adult caregivers. An urgent need is indicated for a much broader public and private partnership to help buffer the myriad of challenges that older adult caregivers face. Undoubtedly, this finding also suggests a compelling need for social work professionals, researchers, program planners, policymakers, national governments, and NGOs to develop and fund greater levels of empirical research to gain a more detailed and nuanced understanding of this growing crisis. In addition, assistance is critically necessary to educate, train, and raise awareness among older adult caregivers about accessing welfare grants for children in their care, which currently are available but are underutilized due to complexities of the application process (Govender et al., 2011; Taukeni, 2011).

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