

A group of adolescents' experiences of care in relationships with older people in a resource-constrained environment

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PREFACE

This article was written according to the guidelines of the **Journal of Intergenerational Relationships (JIR)** as the research is in accordance with the aim and scope of the journal.

The **JIR** is a forum for scholars, practitioners, policy makers, educators, and advocates, who aim to remain up-to-date with the latest intergenerational research, practice methods and policy initiatives.

The **JIR** publishes papers and articles whose content addresses intergenerational relationships evidenced in intergenerational practice, policy and research. Intergenerational relationships occur in familial and non-familial settings and involve interaction that demonstrates positive and negative interactions.

This journal was selected for publication as this article focuses on a group of adolescents' experience of care in their relationships with older people. The findings may be applied to the development of intergenerational programmes.

INTENDED JOURNAL AND GUIDELINES FOR AUTHORS

This article will be submitted to the *Journal of Intergenerational Relationships* for possible publication.

Instruction to Authors

Research-Based Papers

- Include relevant literature, research question(s), methodology, and results.
- Discuss implications for practice, policy, and further research in an emerging multidisciplinary field of study.
- Include conceptual, theoretical, and/or empirical content.

Manuscript Length: The manuscript may be approximately **15-20 typed pages** double-spaced (approximately **5000 words including references and abstract**). Under special conditions, a paper with 6000 words could be considered.

Manuscript Style: References, citations, and general style of manuscripts should be prepared in accordance with the APA Publication Manual, 6th Ed. Cite in the text by author and date (Smith, 1983) and include an alphabetical list at the end of the article.

Manuscript Preparation: All parts of the manuscript should be typewritten, double-spaced, with margins of at least one inch on all sides. Number manuscript pages consecutively throughout the paper. Authors should also supply a shortened version of the title suitable for the running head, not exceeding 50 character spaces. Each article should be summarized in an abstract of not more than 100 words. Avoid abbreviations, diagrams, and reference to the text in the abstract.

Cover Page: *Important* - indicating the article title plus:

- an introductory footnote with authors' academic degrees, professional titles, affiliations, mailing addresses, and any desired acknowledgment of research support or other credit.

Second "title page": Enclose an additional title page. Include the title again plus:

- an ABSTRACT not longer than 100 words. Below the abstract, provide 3-5 key words for bibliographic access, indexing, and abstracting purposes.

Preparation of Tables, Figures, and Illustrations: Illustrations submitted (line drawings, halftones, photos, photomicrographs, etc.) should be clean originals or digital files. Digital files are recommended for highest quality reproduction and should follow these guidelines.

- 300 dpi or higher
- Sized to fit on journal page
- EPS, TIFF, or PSD format only
- Submitted as separate files

Tables and Figures: Tables and figures (illustrations) should not be embedded in the text, but should be included as separate sheets or files. A short descriptive title should appear above each table with a clear legend and any footnotes suitably identified below. All units must be included. Figures should be completely labeled, taking into account necessary size reduction. Captions should be typed, double-spaced, on a separate sheet.

More direct information concerning the proposed submission can be retrieved from the website: <http://jir.ucsur.pitt.edu/submissions.php>

ACKNOWLEDGEMENTS

First and foremost I wish to give thanks to my Heavenly Father, for blessing me with His grace every day; for giving me the strength, wisdom and guidance throughout this research study; and for giving me friends and family to support me during this whole journey.

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SUMMARY

A broader research project was conducted about intergenerational relationships. The focus of this study was about adolescents' experiences of care in relationships with people older than 60 years, who live in an environment where resources are constrained. Care usually occurs in relationships and can take either the form of practical care or emotional care, or both which can occur simultaneously. Practical care involves behaviours, while emotional care involves feelings. Both are aimed at attending to other people's needs.

Previous studies on intergenerational relationships and care largely focused on either informal and practical care-giving, which are mainly provided by adult children to older people; or on the informal and practical care-giving provided by grandparents to grandchildren. Research on relational experiences between Setswana-speaking older people and young adults in South Africa has indicated ambivalence in their relationships. While another South African study on the relational experiences between Setswana-speaking older people and their grandchildren, who are in their middle childhood, reported supportive and caring relationships. Limited research exists about care in the relationships between adolescents and older people.

Care as a relational phenomenon in intergenerational relationships is explained by the Self-Interactional Group Theory (SIGT), and is used in this study as the theoretical framework. SIGT explains the interactional manifestation of intergenerational relations, and conceptualises that intergenerational relationships are continuously created and co-created, which influences the meaning that is attached to care. This theory further explains the intra-individual, inter-individual and group level interactions that take place between the adolescents and older people. According to SIGT, intergenerational interactions are embedded in the socio-cultural, socio-economical, socio-political and the physical environments in which they take place. This study

was conducted in Vaalharts, situated in the Northern Cape Province of South Africa. This community is economically vulnerable and resources are constrained.

A qualitative research method was used to describe adolescents' experiences of care. Fourteen adolescents between the ages of 12 and 16 years participated in the research. Non-probability, purposive sampling was used to select the participants. The participants took part in the Mmogo-method®, which is a visual participatory data gathering method, to elicit the experiences of care. Eight of the participants were part of the care-group, while the other six were part of the respect-group. All 14 participants received a journal with questions about care and respect to enlighten the data further. For this study, only the data about care was used. The Mmogo-method® required the participants to build a visual presentation using clay, beads and sticks, about their experiences of care in relation to people older than 60 years. On completion, the rest of the participants were then asked to augment the individual's explanation with their own views. The explanations were recorded and transcribed verbatim, while the visual representations were photographed and served as visual data. The data were analysed by the use of thematic and visual analysis. Trustworthiness was ensured by the use of credibility, dependability, transferability and conformability strategies. Additionally, the ethical guidelines provided by the Health Professions Council of South Africa for Psychologists were followed (Health Professions Act 56 of 1974).

It was found that the adolescents were able to identify older people's practical care and emotional care needs, and take action to provide them with appropriate care. The adolescents showed care in the form of practical activities, emotional support, showing respect, and obtaining an education. Findings further indicated that adolescents received care only in the form of practical care. These findings may be an indication that, from the adolescents' perspective, there

is an imbalance between the giving and receiving of practical and emotional care. Intervention programs can then focus on ways to help ensure that both practical and emotional care occurs in a more balanced manner.

Keywords: Adolescents, Care, Intergenerational Relationships, Resource-Constrained Environment

OPSOMMING

'n Oorhoofse navorsingsprojek is onderneem oor tussengenerasieverhoudings. Die fokus van hierdie studie is gemik op adolessente se ervarings van omgee/sorg in verhoudings met mense ouer as 60 jaar, wat in 'n omgewing leef waar hulpbronne beperk is. Omgee/sorg kom gewoonlik voor in verhoudings tussen mense en kan enige vorm van praktiese sorg of emosionele omgee aanneem, of albei vorme wat gelyktydig kan voorkom. Praktiese sorg behels gedrag, terwyl emosionele omgee meer gevoelens behels. Beide is daarop gemik om in ander mense se behoeftes te voorsien.

Vorige studies oor tussengenerasieverhoudings en omgee/sorg, het grootliks gefokus op óf die informele en praktiese versorging wat hoofsaaklik deur volwasse kinders aan ouer mense verskaf word; óf op die informele en praktiese versorging wat deur grootouers aan kleinkinders verskaf word. Navorsing oor verhoudingservarings tussen Setswana-sprekende ouer mense en jong volwassenes in Suid-Afrika het op 'n teenstrydigheid in hul verhouding gedui. Terwyl 'n ander Suid-Afrikaanse studie oor verhoudingservarings tussen Setswana-sprekende ouer mense en hul kleinkinders, wat in hul middelkinderjare is, op ondersteunende en omgee-verhoudings gedui het. Min Suid Afrikaanse navorsing bestaan egter oor omgee in die verhoudings tussen adolessente en ouer mense.

Omgee/sorg as 'n verhoudingsgerigte verskynsel in tussengenerasieverhoudings, word verduidelik deur die Self-Interaksionele Groep Teorie (SIGT), en word in hierdie studie ook gebruik as die teoretiese raamwerk. SIGT verduidelik die interaksionele manifestering van tussengenerasieverhoudings, en veronderstel dat tussengenerasieverhoudings voortdurend geskep en mede-geskep word, wat die betekenis beïnvloed wat aan omgee/sorg geheg word. Hierdie teorie verduidelik verder die intra-individuele, inter-individuele en groep-vlak interaksies wat

plaasvind tussen adolessente en ouer mense. Volgens SIGT word tussengenerasie-interaksies ingebed in die sosio-kulturele, sosio-ekonomiese, sosio-politieke en die fisiese omgewing waarin dit plaasvind. Hierdie studie is uitgevoer in Vaalharts, geleë in die Noord-Kaap Provinsie van Suid-Afrika. Hierdie gemeenskap is ekonomies kwesbaar en hulpbronne is beperk.

'n Kwalitatiewe navorsingsmetode is gebruik om adolessente se ervaring van omgee/sorg te beskryf. Veertien adolessente, tussen die ouderdomme van 12 en 16 jaar, het aan die navorsing deelgeneem. 'n Niewaarskynlikheids-, doelgerigte steekproefnemingsmetode is gebruik om die deelnemers te kies. Die deelnemers het deelgeneem aan die Mmogo-metode®, wat 'n visueel-deelnemende data-insamelingsmetode is, om die ervarings van omgee/sorg en respek te ontlok. Agt van die deelnemers was betrokke by die omgee/sorg-groep, terwyl die ander ses betrokke was by die respek-groep. Al 14 deelnemers het 'n joernaal gekry met vrae wat handel oor omgee/sorg en respek, om die data nog verder te belig. Vir hierdie studie word slegs die data oor omgee/sorg gebruik. Die Mmogo-metode® het van die deelnemers vereis om 'n visuele uitbeelding te bou met klei, krale en stokkies, oor hul ervarings van omgee/sorg in verhoudings met mense ouer as 60 jaar. Na voltooiing, is die res van die deelnemers gevra om die individu se verduideliking aan te vul met hul eie standpunte. Die verduidelikings is elektronies opgeneem en daarna getranskribeer, terwyl die visuele uitbeeldings gefotografeer is en dien as visuele data. Die data is ontleed deur gebruik te maak van tematiese en visuele analyses. Vertrouenswaardigheid is verseker deur die gebruik van geloofwaardigheids-, betroubaarheids-, oordraagbaarheids- en bevestigbaarheidstrategieë. Daarbenewens is die etiese riglyne, wat deur die Raad van Gesondheidsberoepes van Suid-Afrika vir Sielkundiges verskaf is, gevolg (Gesondheidsberoepes Wet 56 van 1974).

Daar is bevind dat die adolessente in staat was om ouer mense se praktiese sorg- en emosionele omgee-behoefte te identifiseer, en om aksie te neem om in die behoeftes daarvan te voorsien met die nodige omgee/sorg. Die adolessente het omgee/sorg getoon in die vorm van praktiese aktiwiteite, emosionele ondersteuning, respek en die verkryging van opleiding. Bevindinge het verder aangedui dat adolessente omgee/sorg slegs as praktiese versorging terug ontvang het. Hierdie bevindinge kan 'n aanduiding wees dat, vanaf die adolessente se perspektief, daar 'n wanbalans is tussen die gee en ontvang van praktiese en emosionele omgee/sorg. Intervensieprogramme kan dan fokus op maniere om te help verseker dat beide praktiese én emosionele omgee/sorg op 'n meer gebalanseerde wyse sal plaasvind.

Sleutelwoorde: Adolessente, Omgee/Sorg, Hulpbron-Beperkte Omgewing,
Tussengeneerasieverhoudings

PERMISSION TO SUBMIT ARTICLE FOR EXAMINATION

The candidate opted to write an article, with the support of her supervisor. I hereby grant permission that she may submit the article for examination purposes in partial fulfilment of the requirements for the degree Master of Arts in Research Psychology.

A handwritten signature in black ink, consisting of stylized, overlapping loops and strokes, positioned above a horizontal line.

Prof. Vera Roos

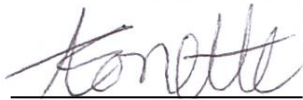
DECLARATION BY RESEARCHER

I hereby declare that this research manuscript: **A group of adolescents' experiences of care in relationships with older people in a resource-constrained environment**, is my own work. I

also declare that all sources used have been referenced and acknowledged.

Furthermore I declare that this dissertation was edited by a qualified language editor as prescribed.

Finally I declare that this research was submitted to Turn-it-in and a satisfactory report was received stating that plagiarism had not been committed.

A handwritten signature in cursive script, appearing to read 'Hester', is written above a horizontal line.

Hester Antoinette de Jager

DECLARATION BY THE LANGUAGE EDITOR

I hereby declare that I have language edited the thesis: **A group of adolescents' experiences of care in relationships with older people in a resource-constrained environment**, by H A de Jager for the degree of MA in Research Psychology.



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LITERATURE REVIEW

The purpose of this specific study was to explore the experiences of care from the perspectives of adolescents in their relationships with older people of 60+ years, as defined by the Older Persons Act 13 of 2006 (Republic of South Africa, 2006). This research formed part of a broader research project on respect and care between generations (older people and middle adolescents). In the research about intergenerational care, from the perspective of adolescents (12–16 years of age), two broad themes emerged from this research, namely motivations for upward care and the experience of care. The motivations for adolescents' care for older people are discussed by Stöls (2014).

Recently, researchers have shown increased interest in the study of care in intergenerational relationships as a result of major demographic and socio-economic changes that occurred globally (Attar-Schwartz, Tan, & Buchanan, 2009). South Africa is the country with the highest proportion of older people on mainland Africa and may overall be described as being in the intermediate stage of population ageing (Kinsella & Phillips, 2005). Its total population numbers around 52 million with 4.1 million (8.2%) aged 60 and over. This older population is projected to increase to 5.23 million (10.5%) by 2025 and to 6.4 million by 2050, representing 13% of the total population. In 2011, the age group 80 years and over represented 9% of the older population and was projected to increase to 19% by the middle of the century (Statistics South Africa, 2012). In 2012 estimates showed that 77.6% of the total South African population was constituted of young people below the age of 35 years. Of these young people, 18.5% were made up of adolescents between the ages of 10 and 19 years (Statistics South Africa, 2012).

The increase in the older population has made it possible for people from different generations to share longer-term relationships (Monserud, 2008; Trommsdorff & Schwarz, 2007) but has also caused them to have to compete for physical and psycho-social resources. As a result, there is an increasing need for the different generations to take care of and support one another in developing countries, such as South Africa (Aboderin, 2012; Vanderven, 2004; Wisensale, 2003). Although research on adolescents are broad, previous South African research on intergenerational relational experiences indicated that young adults described their relationship with older people as ambivalent (Mabaso, 2011). This was in sharp contrast with findings of research on people in the middle childhood developmental phase who agreed that they had relationships with older people in which they gave and received care in a manner that addressed their needs (Ferreira, 2011). The importance of this research is underscored by Makiwane (2010) who states that in South Africa people experience severe levels of disconnection between generations and that a lack of care can deteriorate the cohesion of society. An understanding of care from the viewpoint of adolescents can set the foundation for creating an environment where caring relationships between the older and younger generations can be strengthened.

The literature review will include a broader discussion of this topic in order to address the aim of this study: Firstly, a definition of care will be given. Secondly, the importance of care will be explained in the context of intergenerational relationships. Thirdly, care will be contextualised in a resource-constrained environment. Fourthly, care within the psychosocial development stages of Erikson will be highlighted. Lastly, the theoretical framework used in this study will be discussed.

Care

Care in relationships may contribute to effective and meaningful relationships between members of different generations as it informs, guides and binds people (Thurston & Berkeley, 2010). The concepts of ‘care’ and ‘caring’ have many different explanations, depending on the contexts in which they are used. For example, ‘care’ is explained differently in health care and nursing (Morse, Solberg, Neander, Bottorff, & Johnson, 1990; Wikberg & Eriksson, 2008), in schools (Ferreira & Bosworth, 2000; Ferreira, Smith, & Bosworth, 2002) and in intergenerational relationships (Bohman, Van Wyk, & Ekman, 2011; Knodel & Chayovan, 2009; Van der Geest, 2002). In health care and nursing literature, the emphasis is on the health practitioner-patient relationship as well as on taking care of and attending to the patient’s health needs (Morse et al., 1990; Wikberg & Eriksson, 2008), whereas in schools the emphasis falls on teacher-student relationships whereby students are taught in a caring environment about the ethics of care (Ferreira & Bosworth, 2000; Ferreira et al., 2002; Noddings, 2005). ‘Care’ and ‘caring’ are also differently explained in intergenerational literature in which the emphasis falls on different generations taking care of one another (Bohman et al., 2011; Chen, Liu, & Mair, 2011; Keasberry, 2001; Knodel & Chayovan, 2009; Orel, 2010; Pradhan & Aruna, 2014; Van der Geest, 2002).

The meaning of ‘care’ and ‘caring’ is further influenced by culture because the meanings attached to care and the expressions of care in relationships are influenced by the values, beliefs and norms of the culture in which care occurs (Pettersen, 2012; Tronto, 1994, 2001; Wikberg & Eriksson, 2008). For example, in some sub-Saharan African communities, care is seen as women’s responsibility or care is described as a virtue only shown by women, while in other more Westernised communities, no distinctions are made between the genders in relation to care

(Fisher & Tronto, 1990; Tronto, 2001; Van der Geest, 2002). In South Africa, where 11 languages are given official status and a variety of cultures exists, the meaning of care also differs in the various contexts. It is therefore very important to take the context, culture and language within which this study was conducted into consideration.

Care can be divided into two categories, namely practical and emotional care. Practical care refers to certain behaviours or actions that are performed to fulfil the needs of a person (Ferreira et al., 2002; Glenn, 2000; Morse et al., 1990). These behaviours manifest in actions such as helping others in a practical way, for example giving them food, shelter and education and taking care of them when they are sick (Ferreira et al., 2002; Glenn, 2000). Emotional care is associated with a person's feelings and a certain attitude of having concern, respect, empathy and compassion for others (Ferreira et al., 2002; Glenn, 2000; Wikberg & Eriksson, 2008). In some cases it is possible that both types of care are present in a given situation (Morse et al., 1990; Tronto, 2001), for example having concern and feeling empathy for a person in need, which motivate individuals to provide care in a practical manner, such as giving food to the person in need.

Fisher and Tronto (1990) explain care as a process that consists of four interconnected phases that move from being aware, to having the intention to, to actually practising and responding to the care needs of others. This process involves both practical and emotional care. According to Fisher and Tronto (1990), the first phase is *caring about*, in which one is mindful of the care needs of others. It involves attention, empathy and being aware of people's emotional and/or physical needs. The second phase is *taking care of*, in which one assumes responsibility and determines what concrete steps need to be taken to meet the needs of a person. *Caregiving* is the third phase, which is the actual task of providing care in a meaningful and competent way.

The last phase is *care receiving*, in which the person who gave the care receives some form of response from the person who received it.

Care-respect is another form of care identified by Sung (2001), who links respect with care. This form of care refers to providing affective care and instrumental services in a respectful manner to older generations. Sung (2001) emphasises that this type of care is an important way to show respect within relationships between generations. As a result of the many perceptions of 'care', it is important to further explore and conceptualise care within intergenerational relationships.

Care in the Context of Intergenerational Relationships

Care implies that some kind of interaction takes place, either in social relationships or in relation with objects or the environment (Ferreira & Bosworth, 2000; Ferreira et al., 2002; Shubin, 2012; Tronto, 2001). Care is therefore a relational phenomenon that was illustrated in this study in which the focus was on the interactions that took place between members of different generations who were both biologically and socially related because the participants did not differentiate between them. Familial generations refer to people of different ages who are biologically related to one another, for example grandparents, parents, children, aunts and uncles, and cousins (Whyte, Alber, & Van der Geest, 2008). In contrast, social generations refer to people of different ages who are not biologically related and can include people such as friends, church members, neighbours, learners and educators (Hurd, Varner, & Rowley, 2013). Furthermore, social relationships also refer to a group of people who have experienced the same historical events (Scabini & Marta, 2006). Bohman, Van Wyk and Ekman (2009) describe the African household as being an extended family in which not only family ties exist but in which non-biologically related people from the community are also considered as family members. In

many southern African communities it is not unusual for members of the community to take responsibility for socialising, taking care of and protecting children who are not always biologically related to them (Chilisa, 2012; Roos, 2011).

In relationships, which are regarded as continuous, reciprocal interactions (Roos, in press), caring behaviour occurs not only in single events (such as helping a stranger) but it involves reciprocity and continuity between people from different generations (Neyer, Wrzus, Wagner, & Lang, 2011; Van der Geest, 2002). According to Buber (1965), each person (within this caring relationship) “mind(s) the other ... with the intention of establishing a living, mutual relationship” (p. 19). Noddings (2005) also emphasises this caring relationship as being reciprocal, whereby “both members are carers and cared-for as opportunities arise” (p. 17). Reciprocity in the South African context is often understood as parents and/or grandparents taking care of their children/grandchildren while they are young and dependent and when the parents and/or grandparents grow old and dependent, the adult children/grandchildren are expected to take care of them (Bohman et al., 2009).

Many researchers have emphasised the importance of intergenerational relationships in providing care to both older and younger people (Aboderin, 2012; Vanderven, 2004; Wisensale, 2003). An increase in life expectancy has made older people more dependent on the younger generations to take care of them (Biggs & Lowenstein, 2011; Vanderven, 2004). Migration of parents and death of parents as a result of HIV/AIDS have also resulted in children being placed in the care of older people (Hoffman, 2014). Therefore, it is becoming increasingly important to encourage effective relationships between the generations (Roos, in press).

International studies of care between members of different generations focused mainly on adult children providing health care for older people, giving practical and financial support and

taking care of older people's needs (Knodel & Chayovan, 2009; Orel, 2010; Pradhan & Aruna, 2014). In Thailand, older people are mainly taken care of by their adult children, while the grandchildren oftentimes fulfil the roles of providing emotional care in the form of providing company to the older people as well as helping with daily chores (Knodel & Chayovan, 2009). In China, it is also expected of grandchildren to provide care to their grandparents in the form of paying attention to them and assisting in practical activities (Xu & Chi, 2011). Other international studies emphasised the role of grandparents as care-takers of their grandchildren (Burholt & Dobbs, 2010; Chen et al., 2011; Keasberry, 2001; Pradhan & Aruna, 2014). When the parents are away at work, the grandparents assume responsibility for taking care of their grandchildren.

According to some studies done in African countries, intergenerational relationships are considered as one of the most important relationships whereby members living in rural communities take care of and provide for each other both in a practical and an emotional way (Bohman et al., 2009). Adult children and grandchildren are the main providers of care to older people. It was found by Van der Geest (2002) in his study in Ghana that care was mainly provided in a practical way, while emotional care was only provided occasionally. Van der Geest (2002) found in his studies in sub-Saharan Africa that providing care for older people was associated with respect and seen as an obligation to repay older people for the care received from them.

The care between people from different generations is a vital aspect of their health and well-being (Antonucci, Jackson, & Biggs, 2007). According to Antonucci et al. (2007), intergenerational relationships offer a protective platform where people can support one another throughout the life course and life experiences. This platform allows the person to grow and

develop optimally and successfully as it acts as a barrier to psychological distress and leads to better mental health and well-being (Antonucci et al., 2007).

It is therefore important to research the construct of care within these intergenerational relationships as it forms an important part of strengthening intergenerational relationships. Josselson (1996) emphasises that “no society can exist without care, a force that creates the cohesion necessary for society to survive” (p. 209).

Care and the South African Socio-Economic Environment

Relationships are always embedded in the broader socio-economic environment (Roos, in press). The socio-economic environment in which care was explored in this study was challenged by severe poverty, due to high unemployment. According to Statistics South Africa (2014), 25.2% of the country’s population are unemployed, and 70.7% of the unemployed are people between the ages of 15 and 34 years. As a result of unemployment, many people live in an environment where resources, such as income, food, housing, security, health facilities and education, are constrained (Oldewage-Theron & Slabbert, 2010). In some instances, multigenerational families are dependent on older people’s pension as their only source of financial support and survival (Bohman et al., 2009; Kimuna & Makiwane, 2007). Living in a resource-constrained environment, individuals, households and communities struggle to maintain at least an acceptable minimum standard of living because of their lack of financial and material support (Ngwane, Yadavalli, & Steffens, 2001; Oldewage-Theron & Slabbert, 2010). This lack of resources can then influence the way in which people care for and care about each other. Older people and young children become more and more dependent on one another for the provision of care and support. The more constrained the resources are, the more difficult it

would be to care for another person's needs, in both a practical and an emotional way (Eke, 2003).

This is underscored by Maslow's hierarchy of basic needs, which consists of five levels, namely (1) physiological needs; (2) safety needs; (3) the need to be loved; (4) the need for esteem; and (5) the need for self-actualisation (Maslow, 1943). According to Maslow's theory, a person needs to satisfy the first-level needs (to the point where the person feels adequately satisfied) before he/she can move on to the next level (Maslow, 1943). This implies that a lack of basic needs such as food or shelter can affect a person's personal growth, stability and the way in which his/her interpersonal relations with others are formed. It can then be assumed that without the basic needs being met, it is extremely difficult for a person to focus on more complex needs, such as caring for others. People living in a resource-constrained environment might be so focused on surviving that they focus solely on providing practical care and less on giving emotional care (Maslow, 1943).

Tension between older people and late adolescents and young adults as well as their relationships with children is further influenced by poverty due to the lack of resources to support one another (Ferreira, 2011; Mabaso, 2011; Makiwane, 2010; Roos, in press). It is therefore important to look at the adolescent phase and what adolescents' relationships with older people look like in terms of care.

Adolescents' Developmental Stage

According to Ferreira and Bosworth (2000), "Caring underlies the development of mature relationships" (p. 117). Care is regarded as a dynamic construct that changes throughout the life course and can be understood with reference to Erikson's psychosocial stages of development (Erikson, 1968). While moving through the various developmental stages, the roles of care-

giving and care receiving will change. The first stage of Erikson's model is trust versus mistrust. In this stage, the baby is between the ages of zero and one year old and is very dependent on the caregiver to take care of his/her needs (Erikson, 1968). During this stage, the baby and the caregiver forms a bond where the caregiver cares for the baby and the baby reacts or responds to that caring. From a very young age, babies are able to express their feelings and learn from their parents or caregivers what their feelings mean (Howe, 2013). The parent/caregiver teaches the child, through their interactions, what caring means and how it is expressed. As children grow older, their understanding of their own as well as others' emotions grows and they learn to react appropriately to these emotions (Erikson, 1968; Papalia, Olds, & Feldman, 2009). They develop skills to understand emotional care, and their expression of caring matures. Research has shown that from the age of 12, adolescents are able to clearly understand what care is and express care in a behaviourally appropriate way (Ferreira & Bosworth, 2000).

The participants in this study were between the ages of 12 and 16 years, and their psychosocial life orientation and handling of life circumstances are in line with that of adolescence, the developmental period between childhood and adulthood (Louw & Louw, 2007). The age at which adolescence begins and ends depends on biological, socio-cultural and individual differences (Louw & Louw, 2007; Papalia et al., 2009). The beginning of adolescence can vary between the ages of 11 and 13 years, and the end can be between the ages of 17 and 21 years (Louw & Louw, 2007; Papalia et al., 2009).

This period is characterised by "significant physical, psychological and social changes" (Pienaar, Beukes, & Esterhuyse, 2006, p. 394); the adolescent seeks independence and should be able to create a sense of self while moving away from identity confusion (Papalia et al., 2009; Pienaar et al., 2006). This movement enables the adolescent to develop his/her own value

system, which will most likely reflect that of his/her close family rather than that of his/her peers (Erikson, 1968; Louw & Louw, 2007). However, adolescents strive to achieve autonomy and increasingly look for acceptance from their peers and not necessarily from older people (Louw & Louw, 2007). Papalia et al. (2009) state that adolescents will seek social interaction, emotional care and help from their peer groups instead of their family.

During this period of life, it is still important for parents, grandparents and other family members to provide guidance, support, love and care to adolescents as they are at a vulnerable stage of life (Papalia et al., 2009). Supportive and caring relationships can help adolescents to incorporate more caring behaviour into their value system. When adolescents move into adulthood, these values can motivate them to show more caring behaviour towards older people. It is therefore important to look at how care is experienced in adolescence so that it can help researchers to understand the dynamics of the relationships between older people and adolescents. Hence the nature of the relationships between adolescents and older people should be explored.

Theoretical Framework

Self-Interactional Group Theory

Care takes place within relationships and can therefore be found within intergenerational relationships, for example between adolescents and older people. Consequently, the Self-Interactional Group Theory (SIGT) was chosen as theoretical framework for the study because it can be used to explain care within intergenerational relationships in an interactional or relational way (Roos, in press). SIGT is built on several theories, namely the general systems theory (Broderick, 1993; Capra, 1982; Rosenblatt, 1994; Ruben, 1983), the complex responsive processes of relating theory (Greenberg & Johnson, 2010; Suchman, 2006) and the interpersonal

communications theory (Hill, Watson, Rivers, & Joyce, 2007). The general systems theory emphasises the meaning making and patterns that take place within and between systems, which allow relationships to be constantly created and recreated (Broderick, 1993; Capra, 1982; Rosenblatt, 1994; Ruben, 1983). The complex responsive processes of relating theory (Greenberg & Johnson, 2010; Suchman, 2006) further explains that people are continuously interacting with one another in a verbal and non-verbal way, linking this theory to the interpersonal communications theory. The interpersonal communications theory (Hill et al., 2007) adds that there is a reciprocal process whereby people are continuously interacting and co-determining each other's emotions and behaviours. Within this reciprocal process, feelings, thoughts and ideas are shared, thus enabling people to gather and share information (Hill et al., 2007). Hill et al. (2007) explain that these interactions are informed by people's interpretation of other persons' actions as well as their own personal experiences. Consequently, these theories can then be applied to care within intergenerational relationships as the experiences, meanings and expressions of care will continuously be created and re-created through the interactions that continuously take place among people. Care thus takes place in the continuous transactions between intergenerational members.

SIGT proposes that interactions between generations can be explained by focussing on the intrapersonal, the interpersonal and the group level (Roos, in press). The intrapersonal level encompasses the feelings of people in interaction, which Vorster (2011) describes as the impact. The interpersonal level consists of the contexts in which the interactions take place; the relational definition that explains how people define the relationship between relational qualities, motivation for the interaction (to satisfy needs) and strategies to address these needs; as well as the interactional nature of the interactions between generations (Roos, in press). Lastly,

intergenerational relations are explained on a group level, involving intra- and intergroup dynamics (Roos, in press).

In this study, the interpersonal context consisted of care between adolescents and older people from the perspective of how middle adolescents experienced care in relation to older people. Care was viewed as a need that motivates middle adolescents into action in relation to older people. According to SIGT, how middle adolescents then interact with older people involves the intrapersonal, the interpersonal and the group level, as well as how middle adolescents care as a relational phenomenon in their interaction with older people (Roos, in press). Furthermore, the interactions between generational members are always embedded in broader environments that include the socio-cultural, socio-economical, socio-political and physical environments (Roos, in press). For the purpose of this study, the intergenerational relations were contextualised in a resource-constrained environment.

Article Proceedings

The study presented will follow an article format. The literature review will inform the context of the study. The purpose of the study was to explore a group of adolescents' experiences of care in relationships with older people in a resource-constrained environment. The final part will be a critical reflection to explain how the findings contributed to intergenerational literature.

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A group of adolescents' experiences of care in relationships with older people in a resource-constrained environment.

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A group of adolescents' experiences of care in relationships with older people in a resource-constrained environment.

Abstract

The aim of this study was to explore adolescents' experiences of care in relationships with people older than 60 years in a resource-constrained environment. The Mmogo-method®, was used to obtain visual and textual data, which were analysed using thematic and visual analysis. Fourteen adolescents completed reflective journals, and eight participated in the Mmogo-method® that focused on care. Findings revealed that there exists an imbalance between the giving and receiving of care. In communities where resources are constrained, it is recommended that a more balanced process of giving and receiving practical and emotional care be encouraged.

Keywords: Adolescents, Care, Intergenerational Relationships, Resource-Constrained Environment

Introduction

Intergenerational relationships play an important role in the provision of care because of the increase in life expectancy of people and even more so in an environment where resources are constrained and where family members living in multi-generational households are reliant on each other for care (Aboderin, 2012; Hoffman, 2014; Vanderven, 2004; Wisensale, 2003).

Intergenerational care is a relational phenomenon whereby reciprocal interactions of giving and receiving of care take place (Brandt, Haberkern, & Szydlik, 2009; Knodel & Chayovan, 2009; Neyer, Wrzus, Wagner, & Lang, 2011; Noddings, 2005; Tronto, 2001). Care involves certain behaviours (practical care) and feelings (emotional care). Practical care involves actions such as cleaning, doing chores and providing financial aid, while emotional care involves feeling concern, giving attention and giving emotional support (Glenn, 2000; Morse, Solberg, Neander, Bottorff, & Johnson, 1990; Pettersen, 2012). Practical and emotional care takes place in four interconnected phases of care, identified by Fisher and Tronto (1990), namely *caring about* (being aware and mindful of others' needs), *taking care of* (determining steps needed to address these needs), *caregiving* (performance of appropriate care tasks) and *care receiving* (receiving a response from the person who received care). These four phases informed this study on how adolescents experienced care in their relationships with people older than 60 years.

Intergenerational relationships imply that interactions take place among persons who find themselves at different stages of development, following the lifespan developmental perspective proposed by Erikson (1968). Members of different generations can be either biologically or socially related (Braungart, 1984; Pilcher, 1994; Scabini & Marta, 2006). Biological relations include familial intergenerational relations, while social relations refer to relations among people who shared the same historical events but who are not biologically related (Hurd, Varner, &

Rowley, 2013; Scabini & Marta, 2006; Whyte, Alber, & Van der Geest, 2008). In South African communities, it is commonly found that no distinction is made between socially and biologically related generations as other community members are also seen as part of the family. The whole community tends to be obligated to take care of the children and each other (Bohman, Van Wyk, & Ekman, 2009; Chilisa, 2012; Roos, 2011). In this study the focus was on adolescents and their experiences of care in relationships with older people with whom they were both biologically and socially related as the participants did not distinguish between biologically or socially related generations.

The nature of intergenerational relations can be explained by the Self-Interactional Group Theory (SIGT) (Roos, in press). SIGT proposes that the interaction between different generations takes place within a particular interpersonal context, embedded in different environments (economical, physical, socio-political and cultural environments). These broader environments inform the meaning that emerges in the interpersonal contexts in which communication and interaction between people from different generations take place (Roos, in press). This specific research was conducted in a broader environment of low socio-economic status. Many communities in South Africa have to deal with the reality of scarce resources, such as clean water, food and jobs (Oldewage-Theron & Slabbert, 2010). People exposed to entrenched poverty, lack of resources and unemployment have to endure having fewer resources to sustain their livelihoods at their disposal (Oldewage-Theron & Slabbert, 2010), resulting in people having to live in multi-generational households where the members are reliant upon each other for survival (Bohman et al., 2009). This living arrangement has an impact on how people relate to and interact with one another, how they care for and care about each other, as well as how they function within the community.

SIGT further explains the nature of intergenerational relationships as an interactional phenomenon (Roos, in press). SIGT focuses on the intra-personal, inter-personal and group levels of interaction between members of different generations. Through the interactions between the generations and the history of their relationships, caregiving and care receiving are co-created (Roos, in press). Therefore, for the purpose of this research, care was defined as a relational phenomenon of reciprocal processes of giving and receiving practical and emotional care in response to the needs of others, which is informed by the subjective experiences of the participants.

Much of the current international literature on intergenerational relationships and care pays particular attention to practical and informal health care provided to older people by their adult children (Knodel & Chayovan, 2009; Orel, 2010; Pradhan & Aruna, 2014). In the African context, a similar picture is seen, with intergenerational care regarded either as adult children's responsibility towards their parents or the responsibility of older people to take care of young children (Van der Geest, 2002). In South Africa, health care resources are scarce, making older people more reliant on their families to take care of them (Hoffman, 2014). Migration of parents and death of parents as a result of HIV/AIDS also call upon grandparents to take care of the children who are left behind (Hoffman, 2014). Studies in Africa regarding care between adolescents and older people are, however, scarce. Furthermore, information on adolescents' experiences of care in relationships with older people is also scarce. This research therefore focused on intergenerational relationships between adolescents and people older than 60 years.

The inclusion of adolescents in relation to older people was motivated by the findings of Ferreira (2011) and Roos (in press) who stated that relationships between older people and children are seen as positive, while their relationships with late adolescents and young adults

seem to experience some difficulties. Older people reported that younger adults were disobedient and failed to have conversations with them and that they could not give advice and feedback to the younger people like they used to (Ferreira, 2011; Mabaso, 2011). Furthermore, in a South African study, it was shown that people older than 60 years were perceived as absent in caring relationships with adolescents (Stöls, 2014). The study also reported that adolescents were motivated to show care to people older than 60 years mostly by external stimuli, such as acting on requests from older people, observing older people struggling, obedience and perspective taking, as well as a sense of obligation (Stöls, 2014). Adolescents' voices are missing in with regard to how care is experienced, and it is important to explore what happened during adolescence that changed the relationship and care dynamic from childhood to late adolescence and young adulthood. It is unclear what changes occur during adolescence that cause the relationships between the generations to change from being caring and supportive to being ambivalent and strained.

This age group is significant for research as these youngsters are entering a stage with various transitions that may alter their relationships with older people (Attar-Schwartz, Tan, & Buchanan, 2009). Puberty is a time when adolescents strive to develop an identity, find an individual sense of self and find their place within society (Erikson, 1968; Papalia, Olds, & Feldman, 2009). They also start to identify with and incorporate a certain value system, which, in most cases, is influenced by and reflects their family's value system (Erikson, 1968; Louw & Louw, 2007). According to Ferreira and Bosworth (2000), adolescents are able to incorporate caring behaviour and emotions into their value system. They are able to recognise other people's needs and address them in an appropriate manner (Ferreira & Bosworth, 2000). By exploring adolescents' experiences of care, a deeper understanding can be gained about how they express

it, which can inform researchers about what motivates such caring behaviours as well as what changes, that cause relationships to become ambivalent and strained, occur in this stage. It was therefore seen fit to focus on adolescents for this study so that their experiences of care in relationships with older people could be explored in a resource-constrained environment, to gain a better understanding of how they related to, interacted with and received care from and gave care to each other.

This research was guided by the research question: How do adolescents experience care in their relationships with older people in a resource-constrained environment? The focus of giving and receiving care, in this study, did not focus on the motivations of care and was not predetermined in order to leave it open to the interpretation of the participants.

Research Methodology

Research Method and Design

A qualitative research method with an exploratory and descriptive approach was used. The aim of this study was to gain in-depth insight into the experiences of care of adolescents in relationships with people older than 60 years. An interpretive descriptive design was chosen to conduct the research because such a design allows the researcher to capture the subjective perceptions of the participants, generate themes and patterns and create an interpretive description that will inform the understanding of the phenomenon (Snape & Spencer, 2003; Thorne, 2008; Thorne, Kirkham, & O’Flynn-Magee, 2008; Willig, 2008).

Research Context and Participants

The participants who were involved in this study were adolescents who resided in Valspan, which forms part of the Vaalharts region of the North-West and Northern Cape provinces of South Africa. Valspan is a vulnerable community with unemployment rates as high

as 96% (Coetzee, 2011). Coetzee (2011) reported that the people living in Valspan do not have enough resources to sustain their lives. They receive inconsistent incomes and the children grow up with financial insecurity because most of the parents are seasonal farm workers. It is therefore very difficult to provide the children with practical care.

There were 14 participants (five boys and nine girls between the ages of 12 and 16 years) in this study who were selected through non-probability, purposive sampling. The adolescents participated in the Mmogo-method®, a projective visual research method (Roos, 2008, 2012), where eight focused on care and the other six focused on respect. The participants also received reflective journals that addressed questions about care and respect. This study only focused on care. All the participants attended school in English and were fluent, although their mother tongues were Setswana, Xhosa and Sotho (all part of the 11 official languages in South Africa).

Data Gathering and Procedure

Access to the adolescents was obtained through the broader project on respect and care between generations in the Vaalharts community. The adolescents received a consent form beforehand that their parents or guardians had to sign, giving permission for the children to participate. The adolescents were picked up from their schools and transported to the community centre. They were given something to eat, after which the rationale of the research project was explained and assent forms were handed out to be signed. The data were collected inductively by using the Mmogo-method® and also written text in the form of journal entries.

The Mmogo-method® is a way in which data are gathered through visual presentations that reflect the participants' experiences of care (Roos, 2008, 2012). The participants, grouped in a circle, received modelling clay, colourful beads and dried sticks to construct their visual representations based on the following open-ended prompt: "Please make us something by using

the materials about how you experience care in relation to a person older than 60 years.” The request was made in the broad sense to allow for participants’ interpretation and to obtain insight into where the participants positioned themselves. After they had completed their visual representations, each participant was given a chance to explain what he/she had made and why he/she had made it. The rest of the participants were also asked to comment on each other’s explanations. This provided the opportunity to ask prompting questions in order to clarify important information. Each participant’s representations were photographed, which formed the visual data. All the conversations were recorded and then transcribed verbatim, which served as the textual data.

For further clarification on the adolescents’ experiences of care, all 14 participants were given a journal in which the participants had to answer questions regarding care and respect, such as “What is your definition of care?” The purpose of this data gathering method was to identify possible new information that might not have been obtained during the Mmogo-method® session. Only the questions about care asked to the eight participants were used for this study.

Data Analysis

According to Roos (2008), data analysis for the Mmogo-method® is done in three stages that involve analysis of the visual images, with and without participants, as well as analysis of the interview data. The first stage of the analysis happens when the participants give their explanations of their visual presentations. They are essentially analysing their own visual presentations. The second stage involves the transcriptions of the data to be analysed according to the principles of thematic analysis as set out by Braun and Clarke (2006). The third stage includes visual analysis (Roos, 2008) whereby the photographs of the participants’ presentations

are examined alongside the transcriptions. The journal entries were also analysed using thematic analysis as explained by Braun and Clarke (2006).

Thematic analysis: According to Braun and Clarke (2006), thematic analysis is used to identify, analyse and report themes or patterns within data. Braun and Clarke (2006) have identified six phases that can be followed when doing thematic analysis, namely (1) becoming familiarised with the data; (2) creating preliminary codes; (3) considering potential themes; (4) revising the themes; (5) naming, refining and describing the themes; and (6) writing up the report.

Visual analysis: Visual analysis is done by examining each photo according to the specific presentation that was made, the symbolic values that the participants attributed to the presentations and the relevance of the presentation to the research question (Roos, 2008, 2012).

Trustworthiness

Trustworthiness for this study was based on and could be assessed by the following four strategies set out by Guba (1981):

Credibility is based on the truth value of the findings within the context of the study (Guba, 1981). The Mmogo-method® allowed the researcher to check with participants whether the information was understood correctly and was meaningful so that any discrepancies could be detected and cleared with the participants (Morse, Barrett, Mayan, Olson, & Spiers, 2008; Roos, 2008, 2012; Tracy, 2010).

Transferability refers to the applicability of the findings to the general population (Guba, 1981). Transferability was ensured by providing thick descriptions of the research setting and background information about the participants (Tracy, 2010) so that knowledge could be transferable.

Dependability is concerned with how stable the data are should the study be replicated in similar contexts with similar participants and using the same methodology (Guba, 1981). This was done by providing a description of the methods used for how the data were gathered and analysed, which would allow other researchers to know how to replicate such a study (Tracy, 2010). Another way in which dependability can be ensured is through the use of coding and re-coding (Tracy, 2010). The researcher analysed and coded the themes that emerged from the data and then recoded the data after a month so that the results could be compared. An independent coder was also asked to code some of the data so that consensus was reached (Nieuwenhuis, 2007).

Confirmability refers to the neutrality of the findings or the degree to which the findings are free from biases and only a product of the participants of the research (Guba, 1981). The principles of crystallisation set out by Ellingson (2009) were used to ensure confirmability. According to Ellingson (2009), crystallisation is a framework within which a combination of theory, using multiple analysis strategies, and the data presented takes place in order to reveal multiple aspects of a research topic. Crystallisation enables researchers to create more detailed, rich interpretations of data, revealing different points of view that could otherwise be overlooked (Ellingson, 2009). A reflective journal was used in order to guard against any personal biases that might arise (Ellingson, 2009). Multiple data analysis methods were used in order to provide rich interpretation of the data (Ellingson, 2009).

Ethical Considerations

Ethical permission for the project was obtained from the ethical committee of the North-West University Potchefstroom Campus with the number NWU-00053-10-S1. The guidelines of the Health Professions Act 56 of 1974 were implemented throughout the study (Health

Professions Council of South Africa, 1974). Approval to collect data from each participant was obtained by obtaining permission from the adolescents and their parents by giving permission slips to the parents beforehand and then asking the young people to assent to participate in the research. A thorough explanation of what the research involved was given to the participants. They were informed about the voluntary nature of their participation and that only partial confidentiality could be ensured. The participants were assigned participant numbers to ensure their anonymity. Participants were also assured that all data would be kept confidential under secure control of the North-West University.

Findings

Adolescents described their experiences of care in their relationships with people older than 60 years. The findings of this study include three main themes. The first theme is upward care and has four sub-themes: practical care, emotional care, respectful care and caring by attaining an education. The second theme is downward care and has two sub-themes: practical care and receiving care when older persons care for their education. The third theme is the reciprocal nature of care. Table 1 shows the themes generated from the data. The major themes with their sub-themes will be discussed along with examples of the responses by the participants.

Table 1

Main Themes and Sub-themes of Care Experienced by Adolescents

Main themes	Sub-themes
Upward care	Practical care
	Emotional care
	Respectful care

	Caring by attaining an education
Downward care	Practical care
	Receiving care when older persons care for their education
Care is reciprocal	

Upward care

Upward care refers to the participants giving or showing care towards older people. This theme includes four sub-themes, namely practical care, emotional care, respectful care and caring by obtaining an education.

Practical care: The participants did not distinguish between older people to whom they were biologically related and those to whom they were socially related when demonstrating their practical care. The participants perceived caring for older people as helping them or performing practical tasks to assist the older people, particularly when the participants saw the older person struggling to perform certain tasks. One of the caring activities included helping an older person to carry things that he/she found hard to carry: *“Maybe he carried something that’s hard for him...I always, I help him to carry it, maybe I’m [coming] from school, from school going home [and I] see some old lady walking on the street, and suffer, suffering from that [heavy] thing [referring to the hard thing the older person is carrying]. I also help him [her]”* (Mmogo-method®, Participant #4).

Another way to show practical care was that adolescents did chores for older people, such as cleaning their gardens: *“I care to help them, when I go to visit my grandpa I help them to clean the garden”* (Mmogo-method®, Participant #6).

The participants became aware of the older person's struggles and helped him/her in a practical manner, such as washing the older person's back: *"When an old person like my aunt isn't able to wash her back, I can help her"* (Journal, Participant #5).

Apart from performing practical tasks that older people struggled with, the participants demonstrated care by executing certain nurturing activities such as making tea: *"I boiled some hot water and made him some tea with biscuits and that [is] how I cared for some [old] people"* (Journal, Participant #8).

Emotional care: Emotional care refers to the mindfulness of the participants of the emotional needs of older people and their expressions of affection towards those older people. They demonstrated that when they became aware of the older person's emotional needs, they would try to address those needs. A participant explained that if she observed a need, she would act on it: *"... to do the things for somebody that they need"* (Journal, Participant #13).

Participants demonstrated an understanding of the emotional needs of the older people in their lives and provided caring companionship to them: *"When he's alone, you will be here and he will be happy because you are here, and he is not alone"* (Mmogo-method®, Participant #4).

One of the participants explained how she acted as a companion for her grandmother: *"And I always care for him (her), and I always sit next to-next to him(her) to look after him (her), and when she needs something, I give it"* (Mmogo-method®, Participant #3).

The participants would actively try to alleviate the loneliness of older people by being attentive to them and trying to make them smile, as explained by these participants: *"[Care] is to give him/her attention"* (Journal, Participant #3) and *"[Care] is to smile with them"* (Mmogo-method®, Participant #5).

The participants also linked care with love and stated the following: “*Care is about to love someone*” (Journal, Participant #1) or “*To love each other*” (Journal, Participant #4).

These participants were able to show care in an affectionate way, which included emotional involvement, showing that they were able to identify the older person’s emotional needs and address those needs in an appropriate manner.

Respectful care: The participants associated care with showing respect to older people by complying their requests as well as by greeting them, thus being polite.

A participant said: “*[Care] mean to respect someone who is older than you*” (Journal, Participant #14). Respectful care was demonstrated when the participants obeyed older people when they were requested to do something. For example, this participant said, “*When someone is older than me I must, when he sends me somewhere, I must go*” (Mmogo-method®, Participant #1).

Answering an older person in the correct way and doing what the older person asked were ways of showing respect, as explained by the following participant: “*Respect is when old people talk with you, you answer him correct, and you help them when they tell you to go buy something, you go fast, you don’t walk slow*” (Mmogo-method®, Participant #3).

Greeting older people was seen as another important act of demonstrating care through respect: “*[Respect is] to greet him, and talk to him nicely*” (Journal, Participant #14).

The following dialogue suggests that even if the older person is walking outside and the adolescent is inside his/her house, he/she will go out and greet that person out of respect:

Participant: “*Doesn’t mean that only people who are walking from the street [you] will always greet, no, even when you are in the house you will greet them.*” (Mmogo-method®, Participant #4)

Researcher: *“Okay, so you will always greet older people? And you smile at them and you listen to them?”*

Participant: *“Yes.”* (Mmogo-method®, Participant #2)

Participant: *“And when someone, like older people, you must greet for them and then they will, they will be happy.”* (Mmogo-method®, Participant #3)

Caring by attaining an education: The participants felt that by going to school and attaining an education, they showed care towards older people by making them happy, as suggested in the following dialogue:

Researcher: *“So they are happy because you are going to go to school?”*

Participant: *“Yes, we are attending school every day properly.”* (Mmogo-method®, Participant #4)

Researcher: *“And they like that? Older people like that?”*

All participants: *“Yes.”*

The participants further explained that by going to school, they showed that they cared about the older persons, made them happy and made them proud because education would enable them to be employed. Through attaining an education, they honoured the older people's wishes for them to become successful members of society.

Downward care

Downward care refers to the participants' experience and view of receiving care from older people. This theme includes only one sub-theme, namely practical care.

Practical care: Practical care is about the adolescents' experience of receiving care in the form of physical or practical activities, such as older people taking care of their basic needs and ensuring that they go to school.

Younger people commented that they experienced care when older people were taking care of their basic needs, such as providing them with clothes, food and money.

One of the participants mentioned that he experienced care when the older person provided him with clothes to wear: *"He gives us clothes, all our things, because he cares for us"*¹ (Mmogo-method®, Participant #2).

The participants stated that one of the most important ways in which older people showed that they cared about them was by providing them with food – *"They give you food, and everything I want, they give you"* (Mmogo-method®, Participant #7) – or money to buy food – *"When I go to school he gives me some money or bread to eat at school"* (Mmogo-method®, Participant #6).

Supplying these basic needs was seen as activities that contributed to their survival, therefore showing to the participants that the older people cared about them. The participants also mentioned that when the older people encouraged them to go to school, they experienced care from them. This act was seen as something special, a way for the older people to communicate care towards the adolescents: *"Sending me to school is something special, describe[d] as priority to my caring"* (Journal, Participant #13).

Receiving care when older persons care for their education: The participants felt that the older persons showed care through making sure that they (the participants) get an education.

¹ English translation

A participant also mentioned that if she had grandparents, they would show her care if they ensured that she go to school: “... *And they must make sure that I must go very well at school*” (Mmogo-method®, Participant #1).

The participants understood that by attaining an education they could “become a person” (Mmogo-method®, Participant #8) or have a better future. For them going to school was important. They felt that the older people cared about them when they supported them in going to school.

Care is reciprocal

Care is not something that is merely given or received but is a give-and-take process. One of the participants showed this process in the following quote: “*And I must care for them, because they care for me*” (Mmogo-method®, Participant #1). The participants realised that certain responses were likely to cause similar reactions: “*Older people, they listen to you because you listen for them. When you listen for the old people, they will listen to you*” (Mmogo-method®, Participant #4).

This kind of reciprocal care can also be seen when the adolescents explained that it was important to them that the older people ensured that they go to school, and they (the adolescents) reciprocated by showing care when they went to school in order to become successful persons.

Discussion

This study set out to explore adolescents’ experiences of care in their relationships with older people in a resource-constrained environment. The three main themes that emerged from this study were upward care, downward care and reciprocal care. The adolescents’ explanations of their experiences of care included both practical and emotional forms of care.

The participants' ability to be mindful of and identify older people's needs and make plans to act accordingly is supported by Fisher and Tronto's (1990) first two phases of care, namely *caring about* and *taking care of*. This ability of the adolescents is in line with their developmental phase. According to Papalia et al. (2009), adolescents are in the phase in which they are becoming aware of other people's emotions and needs, apart from their own. They are able to interpret and respond to these emotions and needs in an appropriate and meaningful way.

The adolescents reported that they provided upward care to older people in both practical and emotional forms. In addition, after they had identified the need, they proceeded to take action, which is in line with the third phase of Fisher and Tronto (1990). Practical care was found to be given in the form of practical care activities, such as carrying heavy things for older persons, helping them in and around the house and helping them to bath (Ferreira, Smith, & Bosworth, 2002; Morse et al., 1990; Tronto, 2001; Wikberg & Eriksson, 2008). Research in the African context confirms that from older people's perspectives, practical care activities are often expected from younger people, such as grandchildren (Van der Geest, 2002). Grandchildren usually help their grandparents with chores, such as bathing, cleaning and carrying heavy things as the older people struggle with some activities due to their age. This shows that the practical care activities carried out by the participants are in line with what is expected of them.

Emotional care was given in the form of emotional support and respect. The adolescents reported that they provided older people with some emotional care, such as smiling with them, keeping them company and showing them love. These caring activities are in line with some of the caring activities found in the definition of emotional forms of care. However, research done in sub-Saharan Africa contradicts this picture. Research done by Van der Geest (2002) indicated that older people felt lonely and that younger people offered them little company. Van der Geest

(2002) further reported that “visiting older people is no longer an act with intrinsic social value, a pleasure. Rather it has become an act of charity or a moral duty one would rather not do” (p. 16). It is therefore important to take older people’s perspectives of care in their relationships with middle adolescents into consideration, and this requires further investigation.

The adolescents pointed out that they showed care towards older people by showing respect. In Van der Geest’s (2002) research, younger people claimed that they showed respect towards older people by visiting them and doing chores. However, Van der Geest (2002) pointed out that this contradicted what he observed and what older people claimed during his research. He argues that respect was only shown so that the adolescents would not be insulted. Respect only led to care for the elderly so that the younger people could avoid criticism from the community. Other studies also reported that older people felt that they were not being respected anymore (Bohman et al., 2009; Mabaso, 2011; Roos, in press). Bohman et al. (2009) reported in their study that grandchildren expressed that they did respect and value older people and the culture and knowledge passed down from them but that not everything was applicable to them anymore due to their being more Westernised.

The adolescents further claimed that by attaining an education, they made the older people feel proud of them and made them happy because they would become successful persons someday. Even though attaining an education is not recognised in the literature as being one of the forms of giving care, it is seen as culturally appropriate. As a result of the history of marginalisation of certain groups in South Africa, the importance of obtaining a proper education has been instilled in people living in resource-constrained environments as it is seen as adding a special value to their lives so that they can have a better future (Phasha, 2010).

The adolescents revealed through the research that downward care was given to them only in the form of practical care, whereby the older people took care of their basic needs and ensured that they go to school. In many South African communities, it is the grandmothers who have to take care of the younger children as the parents are working in other towns and cities (Bohman et al., 2009; Bohman, Van Wyk, & Ekman, 2011). In some instances, older people are the primary caregivers who have to make sure that the children have food to eat and clothes to wear (Bohman et al., 2009; Bohman et al., 2011).

The adolescents further reported that care was a reciprocal act, which forms part of the fourth phase of care as explained by Fisher and Tronto (1990). In the African context, several studies confirmed that, as with this study, care was seen as being a reciprocal act (Bohman et al., 2009; Bohman et al., 2011; Van der Geest, 2002). In this study, however, only practical care appeared to be reciprocated. Both the adolescent and the older person provided each other with practical and physical care activities, but the participants did not experience receiving emotional care.

The perceived absence of emotional care given by older people might be explained by the developmental phase in which the participants find themselves or by the influence of the environment of entrenched poverty and resource constraints on the relationship. In the first instance, adolescents usually seek more interaction, care and support from their peers and less from their parents, grandparents and other adults (Louw & Louw, 2007; Papalia et al., 2009). Therefore, adolescents will not consider it important to receive emotional care from older people as they receive it from their peers. In the second instance, the specific environment in which the participants live could influence the way in which older people provide care. In a community where resources are constrained and people struggle to survive, older people might be likely to

focus more on providing adolescents with practical care than with emotional care. This could be explained by Maslow's hierarchy, which theorises that when the physiological and safety needs of a person are not properly met, he/she will not be able to provide others with emotional support (Maslow, 1943).

Either way, when only practical care is reciprocated by older people and not emotional care while adolescents give both, an imbalance of reciprocity occurs. This imbalance could then influence the relationship dynamic and might even be the cause of relationship disconnection and stress (Neyer et al., 2011). This perceived lack of reciprocity might be the reason why older people reported strained relationships between them and young adults. When adolescents do not receive emotional care in return, their efforts to reciprocate may taper down. It is therefore important to develop intervention programmes that will encourage both generations to address each other's care needs in a meaningful way.

Limitations and Recommendation

Although this study has a number of strengths, such as providing deeper insight into the subjective experiences of care of the participants, it also has some limitations. One is that the study was conducted within only one community with unique characteristics (e.g. geographic location, high poverty rate and high population density), which limits the generalisability of the knowledge obtained from this research. Research should be conducted on the topic because cultural and language differences between the researcher and the participants could have resulted in cultural meanings being missed due to a lack of knowledge about the culture and its language use. Furthermore, as some of the participants might have misinterpreted the questions asked to them, as a result of the language and cultural differences, the findings should be treated with caution.

A third limitation was that some of the participants could have copied one another's responses during the data collection. When they were asked to model and then later explain their visual presentations, most of them gave the similar explanations, only different roles were given to the different human characters. This had implications on the data analysis, which affected the trustworthiness of the data.

It is recommended that the study be replicated with more communities of different cultures as well as socio-economic statuses to provide a broader understanding of how adolescents experience care in their relations with older people. It is further recommended that a translator, familiar with the culture, be used to assist with the data collection, as well as with the explaining of the cultural background.

Conclusion

Adolescents' experiences of receiving and giving care encompassed both practical and emotional forms, as found in the four phases of care identified by Fisher and Tronto (1990). The participants were mindful of and able to identify the care needs of older people and addressed them accordingly. Practical care was both given to and received from older people; however, the adolescents did not report any emotional care given to them by older people. To encourage sustainable intergenerational relationships, it is recommended that practical and emotional care be given and received in a more balanced manner.

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CRITICAL REFLECTION

Adolescents' voices are often not heard, especially in research about intergenerational care. Existing research on intergenerational care focused mainly on older people's or adult grandchildren's perspectives of care (Brandt, Haberkern, & Szydluk, 2009; Keasberry, 2001; Silverstein, Gans, & Yang, 2006). Furthermore, the existing literature was found to focus mainly on informal care-giving (Orel, 2010), who the caretakers and care receivers were (Pradhan & Aruna, 2014; Xu & Chi, 2011) and practical support given to older people (Brandt et al., 2009). This study enabled adolescents to tell their stories and make known their experiences of care in relationships with older people in a resource-constrained environment.

Similarities were found in the adolescents' expressions of care when compared with current international (Knodel & Chayovan, 2009; Orel, 2010; Pradhan & Aruna, 2014; Xu & Chi, 2011) and African (Bohman, Van Wyk, & Ekman, 2011; Van der Geest, 2002) literature. The findings showed that both practical care and emotional care forms were present. Practical care manifested in the form of practical care activities, while emotional care was expressed through feelings of love and giving attention. Showing respect and obtaining an education were also identified as contributing to care. Reciprocity was seen as the underlying factor for care-giving and care-receiving. This study further found that when the older people motivated the adolescents to obtain an education and the adolescents strived to do so, they showed care towards each other. Even though obtaining an education is not recognised in the literature as being one of the forms of giving care, it is seen as a culturally appropriate act as previous research has shown that obtaining an education is regarded as important to the adding of value to a person's life (Phasha, 2010). Therefore, when the adolescents were encouraged to obtain an education, they felt that the older people cared about them and their future. When the adolescents

reciprocated by going to school, they were showing that they cared about the older people because it made the older people happy and proud. In addition, older people's future care needs could potentially be ensured if younger people obtain an education and their care is being reciprocated.

This research further contributed to the understanding of how care was experienced during adolescence. Although adolescence is usually seen as a phase where confusion is experienced and conflict occurs between the adolescents and people of authority, like parents and grandparents, the adolescents in the current study reported that they cared about and cared for the older people (Louw & Louw, 2007). They were able to identify the older people's needs and address them appropriately. They provided care to the older people in the forms of practical care, emotional care, respect, and by attaining an education. However, they reported that they only received care in the forms of practical care and encouragement to go to school. This discrepancy could be the reason why discrepancies seem to exist between older people and young adults (Ferreira, 2011; Mabaso, 2011). By knowing how care relationships are experienced during adolescence, one can further study the patterns and predict how these relationships change through time. This knowledge can inform intervention programmes to target the relationships between adolescents and older people specifically in order to promote better outcomes when adolescents enter adulthood.

Additionally, light was shed on the findings when the specific environment in which these experiences occurred, was taken into account. This research took place in a community, situated in South Africa, where resources are constrained and the generations are dependent on each other for survival (Coetzee, 2011). In this community multiple generations often live in one household, resulting in them having more contact with one another. One could suppose that this

living arrangement would facilitate care to be given and received in both the physical and emotional forms, yet this was not the case. It was very evident from the adolescents' perspectives that they received mainly practical care from older people, while they provide physical and emotional care to older people. The findings showed that there were discrepancies between the receiving and giving of care, which might be explained by the context of this study. Maslow explained that when the physiological and safety needs of a person are not met, they will find it very difficult to meet other people's emotional needs. Therefore, as a result of constrained resources and the environment, survival becomes a priority and less attention can be given to the fulfilling of emotional needs (Maslow, 1943).

Methodology

The qualitative research method and interpretive descriptive design provided descriptive data and an in-depth understanding of the adolescents' subjective experiences of care. The participants' experiences of care in their relationships with older people within a resource-constrained environment were discovered through the use of the Mmogo-method® (Roos, 2008, 2012). The Mmogo-method® proved to be appropriate for this research as it enabled the adolescents to share their experiences of care in relationships with people older than 60 years. Their visual representations acted as a stimulus for conversation about how they experienced care, while their explanations and stories clearly indicated that discrepancies between the giving and receiving of care existed.

Conclusion

Certain gaps within the literature were addressed through this research, especially with regard to the types of care found in intergenerational relationships within a resource-constrained environment. This research also provided a possible explanation for the reported difficulties

found between older people and young adults by looking at the adolescent phase. The collection of rich data was enabled through the methodology and data-gathering procedure used. The findings contributed to the literature of intergenerational relationships and may be used to inform intervention programmes aimed at improving intergenerational care-giving and care-receiving.

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