

Older persons' experiences of care in relation to adolescents in a resource- constrained environment

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CONTENTS

LIST OF TABLES AND FIGURES	v
Preface.....	vi
INTENDED JOURNAL’S GUIDELINE FOR AUTHORS	vii
SUMMARY.....	ix
OPSOMMING	xi
ACKNOWLEDGEMENTS.....	xiii
PERMISSION TO SUBMIT ARTICLE FOR EXAMINATION PURPOSES	xiv
DECLARATION BY THE LANGUAGE EDITOR.....	xvi
BACKGROUND AND LITERATURE REVIEW	1
Introduction	1
Background and context.....	2
The importance of intergenerational care.....	3
The role of older people in intergenerational care	3
Reasons for intergenerational care	4
Experiences of intergenerational care	4
The extended family and caregiving in Sub-Saharan Africa.....	6
Older people, adolescents and care	7
The South African context.....	9
The concept of care in literature	10
Motivation of care.....	11
The types of care.....	11
Physical care	12
Emotional care	12
The demonstration of care	13

Theoretical framework.....	14
Rationale for the study.....	17
Proceedings	17
References.....	19
ARTICLE.....	30
Title and Authors	30
Abstract.....	31
Introduction	32
A definition and explanation of care	32
Self-Interactional Group theory (SIGT) as theoretical framework	35
Literature review	36
Research Methodology.....	40
Research method and design	40
Research context and participants.....	40
Data gathering procedure and ethical considerations	41
The Mmogo-method®.....	43
Self-reflective journals.....	44
Data analysis.....	45
Thematic analysis.....	45
Visual analysis	45
Trustworthiness	45
Findings.....	47
Types of care	48
Physical care.....	49

Emotional care	50
Demonstration of care	51
Teaching (downward).....	51
Acceptance (upward).....	52
Discipline (downward).....	53
Compliance (upward).....	53
Lack of care	53
The motivation of care	54
Obligation.....	54
Protection.....	55
Reciprocity.....	55
Discussion	56
Limitations and recommendations.....	58
Conclusion.....	59
References.....	60
CRITICAL REFLECTION.....	71
References.....	75
Appendix A – Informed consent form.....	74

LIST OF TABLES AND FIGURES

Tables:

Table 1: *Semi-structured questions included in the journal*43

Table 2: *Themes and subthemes*.....47

Figures:

Figure 1: The visual demonstration of M2 of care in relation to adolescents.....48

Figure 2: The visual presentation of M3 of showing care through teaching.....53

PREFACE

The author elected to write an article in partial fulfilment of the degree Magister Scientiae in Psychology, with the permission of her supervisor. The article is presented in the following three sections:

A **literature review** of the relevant constructs of care and of international as well as national research to illustrate the gap in the literature and the need that exists for this kind of study.

A separate **article** for publication.

A **critical reflection** of the study.

INTENDED JOURNAL'S GUIDELINE FOR AUTHORS

The intended journal for publication is the *Journal of Intergenerational Relationships*.

Guidelines for Research Papers

Manuscript content: All research papers should include relevant literature, research question(s), methodology, and results. Any and all implications for practice, policy and further research in an emerging multidisciplinary field of study must be discussed. The conceptual, theoretical and empirical content of the study should be included as well.

Manuscript length: Approximately 15-20 typed pages (5000 words, including abstract and references). 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. Citations in text to include author and date and an alphabetical reference list should be included 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. Authors should also supply a shortened version of the title suitable for the running head, not exceeding 50 character spaces.

Abstract: All articles should be summarised in an abstract of no longer than 100 words. The use of abbreviations, diagrams or references to the text should be avoided. Include 3 -5 relevant keywords in alphabetical order below the abstract.

Tables, figures and illustrations: All tables, figures or illustrations should be clean originals or digital files. Digital files are recommended for highest quality reproduction and should be 300 dpi or higher, sized to fit on journal page, EPS, TIFF or PSD format, and must be submitted as separate files. Tables and figures (illustrations) should be included as separate sheets or files (addendums). A short descriptive title should appear above each table and any footnotes suitably identified below. Figures should be completely labelled, taking into account

necessary size reduction. Captions should be typed, double-spaced, on a separate sheet.

SUMMARY

The intergenerational relationship between older people (G1) and younger people (G3) has, in recent years, prompted considerable research, internationally and nationally. This is due to changes in the socio-economic environment, which has contributed to these two generations to become mutually dependent upon each other in the caring relationship. A substantial number of studies focussed on the circumstances in which this kind of relationship occurs, how both generations are affected and how older people experience their role as caregivers. Evidence has been brought to light that the relationship is under strain, affecting social cohesion and the psychological health of both generations, particularly in rural South Africa, where the lack of economic resources and psychological support, contribute to the challenges within this relationship. It is for this reason that this study aims to contribute to the understanding of what type of care occurs in the intergenerational relationship and how it is demonstrated from the subjective perspectives of older people in a resource-constrained environment in relation to adolescents. Considerable contributions have been made to describe care in various contexts, which has revealed care as a multi-dimensional, relational construct. Care is described as occurring in specific reciprocal interactions (relationships), with activities (tangible) and devotion (intangible), directed towards the general enhancement of the well-being of the care-receiver, motivated by an ethical framework, and informed by the socio-cultural environment. This description reveals that care involves interactions between the two generations, which was explained in the study with Self-Interactional Group Theory (SIGT) as the theoretical framework.

The study was conducted in the rural community of Vaalharts, on the border of the North-West and Northern Cape Provinces, in South Africa. Potentially, the insights gained from this study could contribute to the development of relevant interventions that are aimed to strengthen the intergenerational relationships, especially where it plays a critical role. Thirteen

volunteers participated in the study (11 females and 2 men) above 60 years old. Visual (photographs of presentations made) and textual (verbatim transcriptions of audio recordings of the focus group sessions) data were obtained by using the Mmogo-method®, which is a culturally-sensitive data-gathering technique. The Mmogo-method® is used to gain understanding of the subjective experiences of care. Textual data were augmented by self-reflective journals which contained open-ended questions about care that the participants completed and returned voluntarily. This reflective feedback contributed to the trustworthiness of the study, which included various data-gathering techniques.

Data were analysed through visual data and thematic (textual data) analysis. The most prominent themes that emerged indicated that physical (tangible) care was emphasised, that care is motivated by the possibility of reciprocity of care as well as the culturally-informed responsibility to care. The participants in the study mainly demonstrated care by teaching adolescents and by discipline (downward), and in turn, it is expected that adolescents will accept the teaching and be obedient (upward care). However, the participants expressed dissatisfaction with the adolescents' ability to show them care, which could be explained by the limited view they have on how to give and receive care.

Older people in an intergenerational caring relationship with adolescents could benefit from being presented with the importance of emotional care and how to express their needs for care more clearly. Understanding the importance of emotional care and understanding their own and the adolescents' psycho-social developmental stage could benefit the psychological health of both parties.

OPSOMMING

Die intergenerasionele verhouding tussen ouer mense (G1) en jonger mense (G3) het gedurende die afgelope paar jaar die behoefte na samehangende navorsing, beide plaaslik en wêreldwyd, duidelik laat blyk. Weens veranderinge in die sosio-ekonomiese omgewing, het hierdie twee generasies op mekaar begin staatmaak in 'n omgee-verhouding. 'n Groot aantal studies het reeds gefokus op die omstandighede waarin so 'n verhouding voorkom, hoe beide generasies beïnvloed word, en hoe ouer mense hul rol as versorgers ervaar. Daar is bewyse dat hierdie verhouding onder stremming is, wat die sosiale kohesie en die emosionele gesondheid van beide generasies beïnvloed, spesifiek in landelike Suid-Afrika, waar die tekort aan ekonomiese hulpbronne en emosionele ondersteuning bydra tot die uitdagings in hierdie verhouding. Om hierdie rede, was dit die navorser van hierdie studie se doel om 'n bydra te maak tot die begrip van die tipe omgee wat in die intergenerasionele verhouding plaasvind, en hoe dit vanuit die subjektiewe perspektiewe van ouer mense in teenstelling met tieners, in 'n omgewing met hulpbrontekorte gedemonstreer word. Daar is reeds 'n beduidende bydrae gemaak tot die omskrywing van 'omgee' in verskeie kontekste, waar dit as 'n multidimensionele, relasionele konstruk beskryf word. Omgee vind volgens navorsers tydens spesifieke wedersydse interaksies (verhoudings) plaas, deur (tasbare) aktiwiteite en (ontasbare) toewyding, en is gerig op die verbetering van die versorgde se algemene welstand, gemotiveer deur 'n etiese raamwerk, en ingelig deur die sosio-kulturele omgewing. Hierdie beskrywing dui daarop dat omgee wel interaksies tussen die twee generasies insluit, wat in hierdie studie met behulp van die Self-Interactional Group Theory (SIGT) as die teoretiese raamwerk verduidelik word.

Die studie is in die landelike gemeenskap van Vaalharts, op die grens van die Noordwes- en Noordkaap-provinsies, in Suid-Afrika uitgevoer. Die insigte wat uit hierdie navorsing verkry is kan moontlik bydra tot die ontwikkeling van toepaslike intervensies wat gemik is op die versterking van intergenerasionele verhoudings, veral waar dit 'n integrale rol speel. Dertien

vrywilligers het aan die studie deelgeneem (11 vroue en 2 mans) en was bo 60 jaar oud. Visuele (foto's van aanbiedings) en tekstuele (woord-vir-woord transkripsies van klankopnames van die fokusgroepsessies) data is verkry deur gebruik te maak van die Mmogo-metode®, wat 'n kultureel-sensitiewe datainsamelingstegniek is. Die Mmogo-metode® is gebruik om sodoende 'n begrip van die subjektiewe ervarings van omgee te verkry. Die tekstuele data is versterk deur selfreflektiewe joernale met ope vrae rakende omgee wat beantwoord is en vrywillig deur deelnemers ingedien is. Hierdie reflektiewe terugvoer het tot die betroubaarheid van die studie, wat verskeie data-insamelingstegnieke ingesluit het, bygedra.

Analise van die data het deur visuele en tematiese (tekstuele) data-analisetegnieke plaasgevind. Die mees prominente temas wat voorgekom het, het aangedui dat fisiese (tasbare) omgee op die voorgrond is, en dat omgee deur die moontlikheid van wederkerige omgee asook die kultureel-ingeligde verantwoordelikheid tot omgee, gemotiveer word. Die deelnemers aan die studie het hoofsaaklik omgee gedemonstreer deur tieners te onderrig en deur dissipline (afwaarts) toe te pas, en as gevolg daarvan word dit verwag dat tieners die onderrig sal aanvaar en gehoorsaam sal wees (opwaartse omgee). Die deelnemers was egter ontevrede met die tieners se vermoë om omgee teenoor hulle te toon, wat verduidelik kan word deur hulle beperkte kennis rakende hoe om omgee te gee en te ontvang.

Ouer mense in 'n intergenerasionele omgee-verhouding met tieners kan voordeel trek daaruit as hulle ingelig word oor die belangrikheid van emosionele omgee en hoe om hulle behoefte aan omgee meer duidelik uit te druk. 'n Begrip rakende die belangrikheid van emosionele omgee en hul eie en die tieners se psigososiale ontwikkelingsfases, kan die emosionele gesondheid van beide partye bevoordeel.

ACKNOWLEDGEMENTS

First and foremost, I would like to praise and honour my Lord and Saviour, Jesus Christ. Thank You for giving me the opportunity to further my studies. He opened the way for me and drew my attention to the plight of older people, in resource-constrained communities, who play such a significant role in the lives of those in their care.

I would like to thank the participants in this study without whom, this would not have been possible. My hope is that this dissertation honours them and that it is a truthful and honest account of their insights.

To Professor Vera Roos, thank you for your dedication, encouragement and the example you set for ethical and relevant research. I deeply appreciate the precious time and energy you sacrificed guiding me right to the end. You have truly inspired me. Without your help, corrections and patience, I would not have been able to complete this journey.

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To Wally Silvestre, my other half, thank you for your encouragement, support and keeping me focussed on the task at hand.

Last, but not least, without the support of my mother, I would not have been able to take on this challenge and see it to the end. Her example inspired me to believe that nothing is impossible. Thank you for your unconditional love and care. I hope the final product will make you proud.

PERMISSION TO SUBMIT ARTICLE FOR EXAMINATION PURPOSES

S. J Oosthuizen, 10432710, elected to write an article in partial fulfilment of the degree of Magister Scientiae in Psychology. As her supervisor, I hereby grant permission for her to submit this article for examination purposes.

Prof V. Roos

DECLARATION BY THE RESEARCHER

I, Sara Johanna Oosthuizen, hereby declare that this manuscript (**Older Persons' Experiences of Care in Relation to Adolescents in a Resource-Constrained Community**) is my own work. All sources used for this study are referenced to in the manuscript and are acknowledged.

Furthermore I declare that this manuscript has been edited by a qualified language editor, as required by the university. The manuscript has also been submitted to Turn-it-in and a satisfactory report has been obtained.

S.J. Oosthuizen

DECLARATION BY THE LANGUAGE EDITOR

I, Carissa Nel, hereby declare that I have language-edited the manuscript **Older Persons' Experiences of Care in Relation to Adolescents in a Resource-Constrained Community** by S.J. Oosthuizen for the degree of Magister Scientiae in Psychology.

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December 2014

BACKGROUND AND LITERATURE REVIEW

Older Persons' Experiences of Care in Relation to Adolescents in a Resource-Constrained
Community

Introduction

An umbrella study into the nature of care and respect in the relationship between older people and younger generations, informed this research. The study aims to address the void that exists in focussed research into the nature of family structures and intergenerational bonds in the South African context and to provide evidence based insight in support of intergenerational cohesion. This paper, in particular seeks to explore how older people (60 years and older) experience care in relation to adolescents (16 years and younger). The research topic was elected in response to evidence that the relationship is possibly strained in similar (national) and other (international) contexts (Dolbin-MacNab & Keiley, 2009; Ferreira, 2011; Roos, in press) and that caring itself may be in jeopardy (Thomson, 2010). Older people's subjective experience of care, within the socio-economic and cultural context of the relationship, has a bearing on the nature of care and how it manifests in the relationship (Roos, in press).

For this reason, care is contextualised by reviewing the socio- economic factors that give rise to the increase of the formation and necessity of the intergenerational caring relationship; the circumstances in which the relationship exists in South Africa; what the literature reveals about the psychological impact that care for the younger generation has on older people; how the construct of care is revealed in literature; the rationale of the study; and finally, the proceedings. Self-Interactional Group Theory (SIGT) is used as a theoretical framework to explain the interactions between the two generations where care is experienced. References will also be made to the life stage theory of Erikson in relation to the psycho-socio development of both groups as well as to the social solidarity theory and intergenerational ambivalence when discussing the relationships and experience of the two generations.

Care is widely used as a term to describe a variety of actions and feelings in society and in literature, although there is no single definition that befits all situations (Pettersen, 2012, Pratesi, 2011; Stockdale & Warelow, 2000). In order to provide a framework for this study, care is defined as occurring in specific reciprocal interactions (relationships), with activities (tangible) and devotion (intangible), directed towards the general enhancement of the well-being of the care-receiver, motivated by an ethical framework, and informed by the socio-cultural environment (Dalmiya, 2009; Roos, in press; Smoothey, 2006; Yeates, 2011).

Background and context

Care is always found within the context of a specific relationship (Muraco & Fredriksen-Goldsen, 2011). Based on a considerable amount of research that has been carried out in formal and informal contexts, it was found that care occurs in a variety of relational contexts (Evans & Thomas, 2009; Garcia & Bazo, 2001; Juujärvi, 2003; Mayeroff, 2011; Pettersen, 2012).

Although the context of care in this research is in a specific caring relationship, in pursuance of presenting an overview of how the concept of care is described in literature, this literature discussion includes contributions made by studies that were carried out in informal and formal caring contexts. Care in formal relationships is generally provided by institutions (hospitals and mental care facilities), organisations (e.g. non-government or community-based organisations), or by professionally-qualified persons, such as nurses and healthcare workers (Chokwe & Wright, 2012; Muraco & Fredriksen-Goldsen, 2011; Ray & Turkel, 2012). The caring relationship between older and younger people is viewed as an informal caring relationship and is described as the “unpaid and non-professional care of a physical, emotional and social nature that is provided by partners, relatives, or friends” (Pratesi, 2011, p. 124).

This study explores care in intergenerational relationships (a bond between groups of two distinctly different generations) of both familial and socially-related generations (Davey, Savla, & Bellinston, 2003). The term, generations, refers to either socially-related people (cohorts) who

were born during the same time in history and share cultural and historic experiences, or to biologically-related people (familial generations) (Biggs, 2007; Gillen, Mills, & Jump, 2013). When it is necessary to differentiate between the different generations in the study, the older generation will be referred to as G1, the middle generation or adults as G2 and the adolescents or grandchildren as G3.

The importance of intergenerational care

Intergenerational relationships deserve attention in research as Bengtson (2001) argued that members across familial and social generations would become more important in the role they play in terms of family functioning and their roles in their communities. Other studies confirmed this view (Bohman, Van Wyk, & Ekman, 2009; Makiwane, Schneider, & Gopane, 2004; Stark, Chase, & DeYoung, 2010). The importance of intergenerational relationships is due to changes in population dynamics worldwide (Backhouse, 2009; Jesmin, Amin, & Ingman, 2011; Schatz, 2007). One such significant change is the increasing number of older people (60 years and older) across the globe (United Nations, 2013).

The increase in the relative population of older people exerts additional pressure on caring resources such as institutionalised care (Antonucci, Jackson, & Biggs, 2007; Brandt, Haberkern, & Szydlik, 2009; Costanzo & Hoy, 2007; Jesmin, Amin, & Ingman, 2011; Rainer & Siedler, 2012; Sheng & Settles, 2006; Zhan, 2013). Generally, older people resort to other people who are able to care for them; therefore multi-generational households are a common phenomenon in low-resourced environments (Antonucci et al., 2007; Costanzo & Hoy, 2007). Consequently, the burden of care falls on family members or on younger members in the community (Antonucci et al., 2007; Bohman et al., 2009; Costanzo & Hoy, 2007).

The role of older people in intergenerational care

Older people however, are not only the recipients of care, since many older people also perform the role of caregivers across the globe (Ice, Sadruddin, Vagedes, Yogo & Juma, 2012).

In the United States, there was a 30% increase in the number of grandparent-headed homes from 1990 to 2000 (Cross, Day & Byers, 2010). Backhouse (2009) stated that in New Zealand, Australia, and the United Kingdom, a significant rise in the number of 'at risk' children are placed regularly in the care of grandparents. In Sub-Saharan Africa, increasing numbers of grandparents are accepting the role of parents where there are no parents present (Abebe & Aase, 2007; Ice et al., 2012; Kuo & Operario, 2011; Lekalakala-Mokgele, 2011; Richter et al., 2009).

Reasons for intergenerational care. There are various reasons for older people (G1) to assume the role of caregivers for younger people (G3). In the United States, United Kingdom, Australia and Sub-Saharan Africa, the incarceration of the parents (G2), substance abuse, illness, death, divorce and unemployment are all factors contributing to the increase in grandparents taking up the parental role (Abebe & Aase, 2007; Backhouse & Graham, 2011; Ice et al., 2012). In Sub-Saharan Africa, additional contributing factors include the migration of people from rural areas to cities, immature pregnancies and the mortality and morbidity of prime-aged adults, especially because of the impact of HIV/Aids (Hearle & Ruwanpura, 2009; Lekalakala - Mokgele, 2011; Makiwane, 2010; Schatz, 2007). The adults (G2) are often parents of younger children, and their absence results in changes in the structure of families, thereby forming a skipped-generation household. A skipped-generation household refers to a household that comprises of the older generation (G1), mostly grandparents, and the younger generation (G3), mostly grandchildren, where the grandparents become the primary caregivers for the younger children (Backhouse, 2009; Bock & Johnson, 2008; Gibson, 2002; Madhaven & Schatz, 2007; Zimmer, 2009).

Experiences of intergenerational care. Several studies report on how caregiving is perceived and experienced emotionally in caring relationships in general, as well as in the intergenerational relationship between older people and the younger generation (such as Backhouse, 2009; Backhouse & Graham, 2011; Bohman, et al., 2008; Cross et al., 2010; Dolbin-

MacNab & Keiley, 2009; Grobler & Roos, 2012; Howes, 2013). These studies revealed that multiple emotions are imbedded in the caring relationship. These feelings can be positive and/or negative or ambivalent, as they do not occur in isolation from each other, but simultaneously, like feeling empathy and frustration at the same time (Evans & Thomas, 2009; Pratesi, 2011). The circumstances under which the relationship came into being, the life stages of the members of the two generations engaging in the relationship as well as the socio-economic environment have a bearing on the emotions that the caregivers and care-recipients experience as a result of the relationship (Backhouse, 2009; Evans & Thomas, 2009; Roos, in press).

Garcia and Bazo (2001) reported that caregivers felt a sense of pride and usefulness as a result of the caring relationship, which also adds to a sense of meaningfulness. Trust in one's own ability to care and trusting that the care-receiver will develop and grow is another emotion that is associated with caregiving (Mayeroff, 2011). Studies in Australia showed that grandparents felt a sense of joy and pride in being given another opportunity to be a parent (Backhouse, 2009) and based on a study undertaken in the United States, grandparents experienced confidence and a sense of mutual support from the grandchildren in their care (Dolbin-MacNab & Keiley 2009). The grandchildren felt safe and secure (Backhouse, 2009) and appeared to have a sense of gratitude, respect and cooperation (Dolbin-MacNab & Keiley 2009). The caring relationship often develops out of necessity and not because of a desire from either the caregiver or care-receiver (Evans & Thomas, 2009). In such relationships, caregivers can experience feelings of stress and loneliness, because of personal loss, anxiety, helplessness and hopelessness (Boon et al., 2009; Pratesi, 2011).

The feelings of anxiety, stress and loneliness experienced by caregivers is particularly true for South Africa. Research shows that the older generation is heavily laden with the responsibilities they face as primary caregivers, which affect their social well-being (Bachman Dasilva et al., 2008). Older caregivers experience significant emotional, psychological, social

and economic strain (Bock & Johnson, 2008; Grobler & Roos, 2012; Lekalakala-Mokgele, 2011). This significant emotional and psychological strain could be due to the changes in the socio-economic environment, especially with specific reference to the African extended family (Bock & Johnson, 2008).

The extended family and caregiving in Sub-Saharan Africa

Traditionally, throughout Sub-Saharan Africa, the role of the extended family is similar to a “social security system”, where older people, being vulnerable family members, have been cared for by the extended family (Freeman & Nkomo, 2006, p. 303). The extended family includes grandparents, aunts and uncles and relatives other than the nuclear family members, as well as good friends (Bohman et al., 2009; Boon et al., 2009; Forster, Mafuka, Drew, Mashuma & Kambeu, 1997; Freeman & Nkomo, 2006; Mathambo & Gibbs, 2009). In the context of the extended family, there has been a reciprocal caring relationship, benefitting the family as a whole. Adults (G2) would provide financial, physical and emotional support to older people (G1), who cared for them when they were children themselves, while taking care of their own children (G3) (Bohman et al., 2008; Freeman & Nkomo, 2006; Giles, Makoni, & Dailey, 2005; Makiwane, 2010). In the Sub-Saharan African context, older people are respected for their wisdom and age and are not seen as a burden on the family (Bohman et al., 2008; Freeman & Nkomo, 2006; Giles et al., 2005; Makiwane, 2010). Since the extended family is the source of support and care for the older generation, the relationship is referred to as a social contract that is based on reciprocal solidarity (Makiwane et al., 2004).

Although reciprocal support is to be expected traditionally, the older generation no longer relies on it (Bock & Johnson, 2008; Bohman et al., 2009; Boon et al., 2009). The adult children (G2), from whom the older generation used to receive care, are either deceased, sick and/or unemployed, which then limits the sources of income and leads to the household being in deficit of their basic needs (Bachman Dasilva et al., 2008; Boon et al., 2009). In South Africa

particularly, a combination of a high unemployment rate (25.4 % for the third quarter of 2014: Statistics South Africa, 2014) and the impact of HIV/Aids (10.2% % prevalence for the total population, and 18.5% for women aged 15-49) contribute to the extreme poverty that many multi-generational households face (Bohman et al., 2009; Boon et al., 2009; Statistics South Africa, 2014). In such households, the pension of the older person and/or social grants are the only sources of income, resulting in families sharing resources and living together, although the income is not enough to sustain them (Heymann & Kidman, 2009; Kuo & Operario, 2011). Sharing resources and a home decreases the economic status of the older person severely and more so when they become the primary caregiver of their grandchildren, and often for their own children as well (Burman, 1996; Hosegood, McGrath, Herbst, & Timaeus, 2004; Schatz, 2007).

Older caregivers deal with the grief associated with the loss of their own children and loved ones, depression, anxiety, helplessness and hopelessness, health problems as well as the added financial stress of raising children while they have little or no support for their own needs (Bachman Dasilva et al., 2008; Boon et al., 2009; Kuo & Operario, 2011; Lekalakala-Mokgele, 2011; Schatz, 2007). However, this phenomenon is not only true for South Africa. Studies conducted in Australia, the UK, USA and Europe, all revealed that financial constraints, ill health and suffering from anxiety, depression and exhaustion, affect older people caring for their grandchildren (Backhouse, 2009; Backhouse & Graham, 2011; Lander, 2011). In addition, older people often have diminished cognitive abilities (Meyer, Moore, & Viljoen, 2008). Their ability to solve problems effectively could be affected, which could in turn affect their flexibility to adapt to a changing environment, such as having to deal with adolescents (Meyer, Moore, & Viljoen, 2008).

Older people, adolescents and care

Dolbin-MacNab and Keiley (2009), reported on research that indicated that some grandparents struggle to accommodate the shift from being a grandparent to being a parent.

Older people are in the last stage of their development according to Erikson's psychosocial developmental theory (1982). This is a time of reflection and finding the balance between gaining insight and meaning from their lives (obtaining ego-integrity) and despair (meaninglessness and regret for lost opportunities). If integrity is achieved, the outcome is wisdom, which refers to the realization that the world is a large place where they can have a detached overview of life as a whole, while seeing death as a completion of their journey (Harder, 2012). However, if despair is the prevailing outcome, older people may fear death as they attempt to find purpose, or retreat into a narrow or dogmatic view of the world and life, believing, that as older people, they have all the answers (Harder, 2012).

Acting as parents for the younger generation, the role these older caregivers play is crucial in their lives (Backhouse, 2009; Freeman & Nkomo, 2006). Mmari (2011) points to affectual solidarity (warmth, closeness, understanding, trust and respect, with reciprocity) as being critical for the development of adolescents. However, Dolbin-MacNab and Keiley (2009) reported that even when there is a close bond between a grandparent as the primary caregiver and the grandchild, as soon as the child enters adolescence, the relationship is more strained. Some of the reasons for the tension could be explained in the context of the life stage of adolescents according to the developmental theory of Erikson (1982).

Adolescents undergo a variety of changes, physically, socially and cognitively (Louw, Van Ede & Louw, 1998). Pertinent to this life stage is identity formation, which includes forming a value system and a socio-cultural orientation, in which the parent of the child plays a primary role (Louw et al., 1998; Meyer, et al., 2008). Adolescence is the time when young people form their own frame of reference, including orientating themselves within the context of social relationships with the added opportunity to engage in intimate and reciprocal relationships (Erikson, 1982; Mabaso, 2011). These developmental changes occur in the context of the

intergenerational caring relationship and the quality of the emotional bond they have with the caregiver has an influence on the adolescent's development (Dolbin-MacNab & Keiley, 2009).

The well-being of both the older people and adolescents are dependent on their subjective experience of the caring relationship (Dolbin-MacNab & Keiley, 2009; Mmari, 2011). Such a caring relationship can be experienced as being close, having certainty and a sense of mutual support from one another (Dolbin-MacNab & Keiley, 2009), which according to Ryff (1995) and Vorster, Roos and Beukes (2013) is essential for the psychological well-being of both the caregiver and the care-receiver.

Both older and young people are reported to experience multiple and conflicting emotions in the intergenerational caring relationship (Dolbin-MacNab & Keiley, 2009). Ambivalence arising from fluctuating between opposing poles in emotions (e.g searching for autonomy and yet respecting grandparents), is often the cause of conflict in intergenerational relationships (Lüscher, 2011). Lüscher (2011) postulated though that ambivalence should not be underestimated in the possibilities it presents for positive change and growth in the relationship and individuals.

The South African context.

In South Africa, historical events played a role to compromise the intergenerational relationship between older people and the younger generation. The forced separation of African families in the Apartheid era caused the formation of skipped-generational households in the rural areas, resulting in a high level of disconnect between generations or “intergenerational disjuncture” (Makiwane, 2010, p. 1). Currently, household compositions are fragile, which makes it difficult for supportive and meaningful relationships to be sustained since they are in continuous flux due to death, abandonment or members of the household actively seeking to change their living arrangements (Hearle & Ruwanpura, 2009; Hosegood et al, 2004; Madhavan & Schatz, 2007; Williams, Leach, & Welch, 2008). Recent research into the intergenerational

relationship between older people and the younger generation revealed that the relationship is strained (Roos, in press). Roos (2008) reported that older people felt distanced from adolescents and Mabaso (2011) found that both generations expressed dissatisfaction with the relationship.

Care is described as a basic human need and is essential as part of an intergenerational relationship (Beukes, 2014). Therefore, in order to create a reference for exploring how older people view care, the concept of care is discussed in terms of the literature that exists around the topic.

The concept of care in literature

In the literature that was studied, care is described as a multi-dimensional construct, (Abebe & Aase, 2007; Chokwe & Wright, 2012; Ray & Turkel, 2012; Van der Geest, 2002; Yeates, 2011) which is challenging to define exactly (Pratesi, 2011). Care is given (downward) and received (upward) between the members of the caring relationship (Du Preez, 2014; Roos, in press; Stockdale & Warelow, 2000). Based on different approaches, theories on care and caring science are well-developed, which provides valuable information as to how care is viewed in various contexts (Chokwe & Wright, 2012; Claassen, 2011; Gilligan, 1982; Muraco & Fredriksen-Goldsen, 2011; Ray & Turkel, 2012; Tronto, 1987; Yeates, 2011). These theoretical approaches, whether philosophical, political or psychological, contribute to the conceptualisation of care, emphasising varied aspects thereof (De la Bellacasa, 2012; Yeates, 2011). The philosophical approach accentuates the ethics and moral facets of care, and the political (labourist) viewpoint regards care as emotional, physical and spiritual labour (Yeates, 2011). From a psychological approach, care is expressed, for example, in terms of the motivations and experiences of individuals, emotional attachments formed in caring relationships, and the identity and context of the caregiver and care receiver (Yeates, 2011). Influenced by varying perspectives and approaches, different theories illuminate and contribute meaningfully to provide

a broad overview of the concept of care. However, for the purposes of this paper, the focus is on what motivates care, the types of care, and how care is demonstrated.

Motivation of care

From the perspective of the morality of care or the ethics of care, valuable insights have been found pertaining to what motivates a person to give care and another to receive care. Drawing on the theory of the ethics of care, Tronto (1987) explained that care is a continuous process, associated with moral values. These values include “attentiveness”, which means “being attentive to the needs of others”; “responsibility” which is ingrained in “implicit cultural practices”; “competence”, which refers to providing sound care as well as having access to sufficient resources; and “responsiveness”, referring to the willingness to understand what the needs are from the perspective of the receiver of care (Tronto, 1987, p. 112). Care is thus highlighted as being motivated by moral value, otherwise known as ethical care (Lawrence & Maitlis, 2012). Ethical care is also described as having a sense of moral responsibility to care for the care recipient, who is perceived to be in need (Evans & Thomas, 2009). Having a sense of obligation or the feeling of being compelled to act can also move someone to care for another (Aboderin, 2006; Deci & Ryan, 2000). The motivation to care is reciprocal, because the care recipient could feel obligated or have a sense of responsibility to care for the person they received care from in the first place (Dolbin-Macnab & Keiley, 2009; Xu & Chi, 2011). Additionally, the way in which care is demonstrated is informed by cultural norms (Deci & Ryan, 2000; Roos, in press; Sung, 2004; Tronto, 1987). Care is thus motivated by a moral and ethical framework to do something for someone else, which is embedded in the cultural context of the caregiver (Roos, in press).

The types of care

Two aspects of care are discussed in literature, namely physical (tangible) and emotional (intangible) care (Pratesi, 2011; Van der Geest, 2002; Yeates, 2011). Van der Geest (2002)

describes the physical aspect as being “concrete” or tangible and the emotional component of care as “acting with special devotion” which is intangible (p. 7). Although both the physical and emotional aspects make up care, the two components are discussed separately as types of care, because they illuminate different aspects of the same construct.

Physical care. The physical aspect of care is described as attending to the physical needs of others or to provide practical assistance to the care recipient (Garcia & Bazo 2001; Muraco & Fredriksen-Goldsen, 2011; Pratesi, 2011; Van der Geest, 2002; Yeates, 2011). Claassen (2011) described physical care as being “a restricted set of activities” (p. 44). These specific caring activities occur on “a structural basis for people who are in a position of dependency or vulnerability” (Claassen, 2011, p. 44). Mentzakis, Ryan, and McNamee (2011) and Brandt et al. (2009) refer to different activities of care, namely, assisting in personal care (dressing, bathing and feeding), supervision (accompanying the care recipients on visits, being involved in activities with them, checking up on them, etc.), helping with household tasks (general housework), formal care (assistance from social workers, nurses, etc.) and help with paperwork, such as the filling in of forms. Physical care in this study also refers to the economic component which directly involves taking care of the material needs of others through financial or other material assistance (Abebe & Aase, 2007).

Emotional care. The emotional (intangible) aspect of care can be understood as expressing “special devotion” with “concern, dedication and attachment” between a caregiver and care-recipient (Van der Geest, 2002, p. 7). Watson (2007) states that care is associated with feelings of compassion and empathy, kindness and concern, which he called the altruistic aspect of care. Having compassion, by giving emotional support, having understanding for or identifying with another’s distress (empathy) and being willing to act to relieve it, is part of emotional care (Dewar & Nolan, 2013; Pask, 2003; Yeates, 2011). A relationship based on compassion and empathy can facilitate a closer bond to develop between a carer and care-

receiver (Dolbin-MacNab & Keiley, 2009; Evans & Thomas, 2009; Yeates, 2011). Empathy and compassion not only influence the general well-being of the person cared for in a positive way, but also influences the caregiver (Abebe & Aase, 2007; Ryff, 1995). Lowenstein, Katz, Prilutzky, and Mehlhausen-Hassoen (2001) and Bengtson and Roberts, (1991) described that if the members of the two generations experience affinity for each other, the level of care given and received will increase.

The demonstration of care

How care is expressed within the intergenerational relationships brings to light the reciprocal nature of care, referring to upward care (from care-recipient to caregiver) as an expected response to downward care (from caregiver to the care-recipient). Bohman et al. (2009) explained that older people demonstrated care by providing for the monetary needs of the children in their care, and in return expected the younger generation to do household tasks. In a study by Ferreira (2011) it is described how young children (aged between 7 and 13) saw that their grandparents showed their care by the things they did for them. In return, they assisted them when they perceived them to be in need or struggled with tasks (Ferreira, 2011). The same situation was found and confirmed by Du Preez (2014). In the extended family situation, older people have demonstrated care by guiding the younger generation, helping with decision-making, problems-solving, and furnishing advice on care itself (Bohman et al., 2009). Care is also demonstrated by the transmission of cultural values, which is generally the responsibility of older generation (Bohman et al., 2008; Costanzo & Hoy, 2007; Freeman & Nkomo, 2006). Teaching cultural values can however only be seen as successful when the values are adopted by the younger generation (Euler, Hoier, & Rohde, 2001). The older generation expects children to listen to them and show respect, and in that way show care for them (Bohman et al., 2009; Du Preez, 2014).

Based on previous research, it is clear that care is reciprocal, involving interaction between a caregiver and a care-receiver, in this case, older people and adolescents (Van der Geest, 2002). Different theories explain these care interactions in social and familial relationships. These theories include theories on Intergenerational Solidarity and Conflict; Intergenerational Ambivalence, the heuristic construct, generational intelligence, and the SIGT (Biggs, S., Haapala, I & Lowenstein, A., 2011; Bengtson & Roberts, 1991; Connidis & McMullin, 2002; Lüscher, 2011; Roos, in press). For the purposes of this study, however, SIGT provides an explanation for the nature of interactions between the older people and adolescents (Roos, in press.).

Theoretical framework. Self-Interactional Group Theory (SIGT) proposes that interactions between two generations “always take place in a particular interpersonal context that is embedded in different environments (the physical environment, the socio-political environment and the cultural environment)” (Roos, in press). According to SIGT, the interactions between members of different generations, from a pragmatic perspective, is viewed as the reciprocal and circular interplay between different units of analysis. These units of analysis are the intra-individual (subjective experiences of the members), inter-individual consisting of the context (1); the way members define the relationship (2); relational qualities (3); motivations for interactions (4); and interactional processes (5), and the group level (Roos, in press). These units point to the complexity of what takes place in an intergenerational relationship. Therefore, it is not possible to look at the whole at once, but it makes more sense to focus on one unit of analysis to observe and describe the intergenerational relationship (Roos, in press).

Interactions between people in a relationship are motivated to address their needs, for example confirmation, social goals, attachment, and to be cared for (Roos, in press). Their behaviour is aimed to negotiate to satisfy their needs (Roos, in press). In the context of the

intergenerational relationship between older people and adolescents, the need for care can manifest as tangible (physical) and/or intangible (emotional) care. Interactions between the older people and adolescents in relation to each other are therefore aimed towards strategies and manoeuvres to satisfy the need for care (Roos, in press). According to SIGT, the feelings experienced by generational members would influence the behaviour of the individuals in the relationship as they interpret those feelings (Roos, in press). When a need for care is expressed (explicitly or verbally) or revealed (implicitly or non-verbally), the reaction of the generational other, (addressing, ignoring or physically doing something about the need), will elicit a subjective experience (emotion/feeling) in the individual who brought the need for care to the fore (Roos, in press). This in turn, will elicit a particular reaction in the generational other (Vorster et al., 2013). The care needs which are manifested in the intergenerational context, are therefore directed by impact and reactions, which will organise itself in an interactional pattern of moves and countermoves (Vorster et al., 2013).

Care itself becomes the topic of negotiation between the two generations and negotiations to have the care need satisfied can be effective or ineffective (Roos, in press). The moves and countermoves of negotiations and reactions to interactions between members of intergenerational relationships can be seen as a dance between them (Roos, in press). Patterns are established and could result in continuous satisfaction of the need for care (Roos, in press). However, there could also be a different outcome. When the generational other fails to react positively to the negotiations, escalating patterns of negotiation could develop where an ineffective strategy is repeated (Roos, in press).

SIGT postulates that the one generation attributes characteristics to the other generation based on their individual perceptions of the other generation (Roos, in press). Mabaso (2011) found that older people had “extreme negative perceptions” of young adults and they felt mixed

emotions (p. 18). This resulted in both generations in experiencing the relationship as troublesome and strained (Ferreira, 2011).

Roos proposed that interactions between people cannot be separated from their specific interpersonal context, which is embedded in the socio-cultural and political, and physical environments (Roos, in press). In rural South Africa, extreme poverty is prevalent, causing different generations to live together making them interdependent of each other (Roos, in press). The persons living together then negotiate to fulfil the need for care, as they vie for physical financial and other material resources to satisfy their social and emotional needs (Roos, in press). It is within this intergenerational context that interactions or the “dance” between older people and adolescents take place in order to satisfy their care needs (Roos, in press).

The relationship between the older generation and adolescents is not only increasingly important, as Bengtson (2001) predicted, but research indicates that these relationships are under pressure, and therefore deserve further attention. This requirement for further research is confirmed by other literature (Bock & Johnson, 2008; Costanzo, & Hoy, 2007; Dolbin-MacNab & Keiley, 2009; Evans & Thomas, 2009; Ferreira, 2011; Grobler & Roos, 2012; Mabaso, 2011; Makiwane, 2010; Roos, in press).

Rationale for the study

According to a study by Roos (in press), guided by social norms and cultural values, traditionally older people indiscriminately provided care for children regardless of the historical or familial relationship to them and in return, the younger generation respected the older people as parental figures and cared for them. The intergenerational relationship provided the vehicle for interconnectedness and the platform for sharing information and responsibility (Davey et al., 2003). However, there is evidence that revealed that neither young adults nor the older people engage in a caring relationship with each other that is reciprocal and interdependent (Roos, in press), although care as support for both members in the intergenerational relationship is crucial. Research revealed how caregiving is experienced and what the effects of caring have on older people. However, there is uncertainty as to how care is described from the perspective of older people and how it is expressed in these extremely poor circumstances in relation to adolescents. The research questions that emerge are: What kind of care takes place under these circumstances and in this intergenerational relationship? How is care demonstrated? Where do the older people place the emphasis? In this way a gap in the literature is therefore identified, therefore the aim of this research is to explore how care is experienced from the subjective experiences from older people in relation to adolescents in a poverty-entrenched environment.

Proceedings

The research is reported in the format of a journal article where the literature review provides the contextual and theoretical background for the study, which aims to address the gap in the literature of how older people experience care in relation to adolescents in a resource-constrained environment. Both older people and adolescents are regarded as vulnerable groups and the intergenerational relationship between them is fragile in itself. Therefore, understanding the nature of care as it occurs in this relationship, in a challenging context, could contribute to interventions in support of the older generation and to programmes to strengthen the relationship.

A critical reflection of the study is presented at the end where the author critically reviews the study and its possible contribution to current, relevant literature.

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ARTICLE**Title and Authors****Older Persons' Experiences of Care in Relation to Adolescents in a Resource-
Constrained Community**

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Abstract

Care is a basic human need that plays an important role in human relationships in various contexts. Self-Interactional Group Theory (SIGT) was used as a theoretical framework to explain interactions between two generations in a care context. Using a qualitative methodology, the study aimed to explore how older people in rural South Africa describe care in relation to adolescents. A non-probable purposeful sampling method was employed in a resource-challenged community. Participants (aged 60 and above) volunteered to take part (11 women and 2 men). Two data gathering techniques were used; the Mmogo-method® for visual (photographs) and textual (transcriptions from recordings) data; and self-reflective journals as second textual data source. Visual data were analysed in relation to presentations that were made and textual data were analysed using thematic analysis. The main themes that emerged indicated that older people are mainly motivated by culturally-informed responsibility, protecting adolescents and the possibility of reciprocity of care. Participants also emphasised physical care and demonstrated care mainly through downward teaching and discipline. In return, they expected acceptance and compliance from the younger generation. Based on their expectations of upward care, they are frustrated by their situation because of the narrow parameters they set in which adolescents can show them care. The implications of the findings point to the older people needing support to express their care needs more effectively, as well as broadening their views on caring.

Keywords: adolescents, care, intergenerational relationships, older persons, self-interactional group theory, vulnerable community.

Introduction

Care plays an important role in an increasing number of intergenerational relationships between older and younger people, because of changes in the socio-economic environment worldwide (Backhouse, 2009; Backhouse & Graham, 2011; Cross, Day & Byers, 2010; Dolbin-MacNab & Keiley, 2009; Ice, Sadruddin, Vagedes, Yogo & Juma, 2012; Roos, in press; Schatz, 2007; Sheng & Settles, 2006; Standing, Musil & Warner, 2007). This study seeks to explore how older people (60 years and older) experience care in their intergenerational relationship with adolescents (16 years and younger) in a rural community in South Africa. The research forms part of a larger study of the nature of respect and care in the relationship between older and younger generations. In this research, both familial (biologically) and socially (sharing time of birth, cultural and historic experiences) related people formed part of the study. Mayeroff (2011) proposed that insight into care is pertinent to understanding man itself. It is an essential part of being human and plays an essential role in relationships and in the functioning of society (Lea & Watson, 1996; Stockdale & Warelow, 2000). How it is experienced and demonstrated in various contexts, influences the psychological well-being of both caregiver and care receiver (Claassen, 2011; Stockdale & Warelow, 2000).

A definition and explanation of care

Stockdale and Warelow (2000) pointed out that care may seem to be a straightforward concept as it is used widely in everyday conversation. However, narrowing it down to an all-encompassing definition that would hold true in every context is not possible (Pettersen, 2012; Pratesi, 2011; Stockdale & Warelow, 2000). In the literature, care unfolds as a multi-dimensional construct, as its descriptions and definitions adapt to the context where it is found (Pratesi, 2011). Other literature corroborates this view (Abebe & Aase, 2007; Chokwe & Wright, 2012; Mentzakis, Ryan, & McNamee, 2011; Van der Geest, 2002; Yeates, 2011).

Informed by various literature sources and with great caution, a working definition of care was compiled for the purposes of this article. In this case, care is understood as occurring in specific reciprocal interactions (relationships), with activities (tangible) and devotion (intangible) directed towards the general enhancement of the well-being of the care-receiver, motivated by an ethical framework, and informed by the socio-cultural environment (Dalmiya, 2009; Roos, in press; Smoothey, 2006; Tronto, 1987; Yeates, 2011).

Care theorists such as Gilligan (1982), Noddings (1984) and Tronto (1987) positioned the concept of care as being prompted by a sense of responsibility or feeling obliged (Aboderin, 2006) by the giver of care to alleviate difficulties where they are observed. This is informed by moral values and ingrained into the socio-cultural context of the one giving care (Deci & Ryan, 2000; Roos, in press; Tronto, 1987). In order to care for someone, the carer has to do something about the struggle or problems that are observed (Claassen, 2011; Yeates, 2011). This implies that action should accompany a sense of responsibility and concern for the needs of another person (Evans & Thomas, 2009).

In this working definition of care, two types of care are mentioned. These are physical (tangible) care, and emotional care (intangible) (Claassens, 2012; Van der Geest, 2002; Yeates, 2011). Physical care is described as specific actions or practical aid directed towards alleviating the needs of another (Garcia & Bazo 2001; Muraco & Fredriksen-Goldsen, 2011; Pratesi, 2011; Van der Geest, 2002; Yeates, 2011). Physical care could include helping with household tasks such as cooking, feeding and cleaning, as well other practical assistance, including assisting with material resources, such as financial support (Abebe & Aase, 2007; Brandt, Haberkern, & Szydlik, 2009; Mentzakis, Ryan, & McNamee, 2011).

Emotional care refers to the intangible aspects of care which accompanies the concrete aspect of care (tangible) for the benefit of another person. Several authors described

this kind of care. For example, Van der Geest (2002) explained it as having a “special devotion” accompanied by “concern, dedication and attachment” (p. 7). Adebe and Aase (2007) referred to the emotional aspect of care as a willingness to care for others and Yeates (2011) explained it as “looking out” for the other person, or to have “affection and concern” (p. 1111). Pask (2003) referred to compassion as an essential part of care, stating that it is “an altruistic virtue that involves a concern for the good of the other person, an imaginative awareness of the other’s suffering, and a desire to act in order to relieve that suffering” (Pask, 2003, p. 171). Dewar and Nolan (2013) and Watson (2007) referred to having empathy in caring, which is the ability to identify with another’s need and acting on it with concern and kindness. Emotional care plays an important role in the caring relationship, because it could result in a close and intimate bond to develop between the caregiver and care-recipient (Dolbin-MacNab & Keiley, 2009; Evans & Thomas, 2009; Yeates, 2011). In turn, this close bond could allow the carer to be more likely to deeply identify with the relational other and be willing to do something about another’s distress (Dewar & Nolan, 2013; Evans & Thomas, 2009).

How care is demonstrated reveals its reciprocal nature. Noddings (1984) explained that caring involves a two-way relationship between the caregiver and care-receiver. The carer sees the other person as having a need and attempts to fulfil that need (downward), whereas the care recipient completes the caring action by reciprocating through recognising what was done and responding in some way (upward) (Noddings 1984). Recent studies confirm this reciprocity in the context of the relationship between older and younger generations (Bohman, van Wyk, & Ekman, 2008; Du Preez, 2014; Ferreira, 2011; Roos, in press; Xu & Chi, 2011). Bohman et al. (2008) explained that older people express care by providing for the other’s material needs (financial needs, living space and food) in the household. In return, older people expect younger people to assist with household tasks

(cleaning and cooking). The older generation also demonstrates care by furnishing advice and guidance as well teaching the younger generations about caring, and in return, younger people showed care by obedience and showing respect (Bohman et al., 2008). Ferreira (2011) reported on the demonstration of care from the viewpoint of young children (7-13 years old) in relation to older people. They expressed their care and love by helping with household chores in response to requests made by the older people and by obeying their carers' instructions and requests (Ferreira, 2011).

To be cared for is a basic human need and in context of the intergenerational relationship, older people and the younger generation will interact to address that need (Roos, in press). Self-Interactional Group Theory (SIGT) is used as a framework to describe the interactions between the older and younger generation (Roos, in press).

Self-Interactional Group theory (SIGT) as theoretical framework

The premise of SIGT is that interactions between people in a relationship are circular, consisting "of the continuous exchange of verbal and non-verbal messages between people in accordance with the subjective evaluation of the messages exchanged between them" (Roos, in press, p. 4). The analysis of the interactions takes place on an intra-individual, inter-individual, and group level, and is always within the socio-cultural-economic milieu of the individual (Roos, in press).

In an intergenerational relationship, the two generations (older people and adolescents) interact with each other with directed behaviour to address their needs, of which care is one, among others (Hargie, 2011). The needs of the people in an intergenerational relationship are either expressed implicitly (non-verbally) or explicitly (verbally) (Roos, in press). The way this need for care is addressed, rejected, or ignored by the generational other, will result in a specific subjective emotional experience (impact) on the intra-individual level (Roos, in press; Vorster, Roos, & Beukes, 2013). Meaning is then attached according to how

the subjective experience is interpreted, which will elicit a behavioural response (reaction) (Roos, in press; Vorster et al., 2013). A circular pattern of interactions (impact and reactions) develops as members in the relationship manoeuvre to satisfy their needs, which takes place on the inter-individual level of interaction analysis (Hargie, 2011; Roos, in press, Vorster et al., 2013). The strategies employed can be either effective, which will result in the need for care to be satisfied, or ineffective, where the need remains unsatisfied (Roos, in press). If neither member of the relationship is able to modify their strategies to express their needs, review their interpretation of the interactions, and/or adapt their own behavioural response, the pattern can intensify, which could result in elevated experiences of dissatisfaction (Roos, in press).

On a group level, one generation attributes certain characteristics to the other generation on the basis of their own perception of the members that generation (Roos, in press; Tesser, 1995). How generations categorise each other will inform the types of interactions between them as well as how they define their relationships with one another (Roos, in press). This intergenerational relationship between older people and the younger generation has received considerable attention in research, as discussed in the literature review below.

Literature review

Older people looking after younger people is a common phenomenon across the world (Lee & Bauer, 2013). However, literature on the topic reveals that the number of older people (G1) who are the primary caregivers of younger people (G3) is on the rise globally (Antonucci, Jackson, & Biggs, 2007; Brandt et al., 2009; Costanzo & Hoy, 2007; Cross, Day, & Byers, 2010; Jesmin, Amin, & Ingman, 2011; Rainer & Siedler, 2012; Sheng & Settles, 2006; Zhan, 2013). This increase is due to various reasons. The parents (G2) of children are affected by divorce, incarceration, drug and alcohol abuse, migration due to unemployment,

and death or illness, with the result that the children are placed in the care of grandparents, either temporarily or permanently (Abebe & Aase, 2007; Backhouse, 2011; Hearle & Ruwanpura, 2009; Ice et al., 2012; Lekalakala-Mokgele, 2011; Makiwane, 2010; Schatz, 2007; United Nations, 2013). The older people become part of a multi-generational household (where the household comprises of grandparents (G1), parents (G2) and grandchildren (G3), or in the complete absence of parents, a skipped-generation household, (G1 and G3) (Antonucci, Jackson, & Biggs, 2007; Costanzo & Hoy, 2007).

The significant rise in the number of grandparent-headed homes prompted research into how the older generation experiences their caregiving role (Backhouse, 2009; Backhouse & Graham, 2011; Bock & Johnson, 2008; Brink, 2012; Ferreira, 2011; Freeman & Nkomo; Gibson, 2002; Grobler & Roos, 2012; Ice et al., 2012; Kuo & Operario, 2011; Lee & Bauer, 2013; Mmari, 2011; Schatz, 2007). On the one side, grandparents experienced positive feelings about their role as the primary caregiver (or as parent). Backhouse and Graham (2011) reported on research that indicated that some grandparents were grateful for the opportunity to be a parent again, and experienced a new sense of meaningfulness in their lives. Dolbin-MacNab and Keiley (2009), based on their study in the United States, found that grandparents felt close to and confident about the role of caring for their grandchildren. In South Africa, Ferreira (2011) stated that the older generation felt a sense of appreciation and pride in relation to their grandchildren (ages 4-13), though it seemed to be conditional to the children conforming to what they taught them. Casale (2011) drew attention to caregivers who, in the face of challenges, find fulfilment, joy and hope in their roles, and presented remarkable resilience.

Ross, Hill, Sweeting and Cunningham-Burley (2006) reported that when grandparents took on more caring responsibility in fulfilling an unexpected parental role, the pleasant feelings they had in relation to their grandchildren changed and decreased or dissipated.

This brings to light a concerning observation that there appears to be more evidence of the negative implications of the caregiving experience of older people in relation to the younger generation, both internationally and nationally. This could be because the relationship is not voluntary, but rather exists as a result of circumstances that necessitated grandchildren to reside with their grandparents (Backhouse, 2009; Bohman et al., 2008; Dolbin-MacNab & Keiley, 2009; Gibson, 2002; Shaibu, 2013).

Internationally, older people are reported to experience increased levels of stress and depression, anxiety, exhaustion, difficulty in reconciling the role of grandparent and parent, financial difficulties and physical challenges (Backhouse & Graham, 2011; Dolbin-MacNab & Keiley, 2009; Dunne & Kettler, 2007; Lander, 2011; Ross et al., 2006). In Sub-Saharan Africa and South Africa, similar experiences are reported, but due to the socio-economic environment, they are more pronounced.

Bachman Dasilva et al. (2008) reported that older people, as primary caregivers, are severely burdened with their task, with two main reasons for the burden. Firstly, the older generation receive little or no emotional support from family or external sources, resulting in their social well-being being compromised (Bachman Dasilva et al., 2008; Boon et al., 2009; Kuo & Operario, 2011; Lekalakala-Mokgele, 2011; Schatz, 2007). Additionally, the older caregivers often experience psychological and emotional difficulty (depression, anxiety, fear, helplessness) as they deal not only with their own grief over the loss of family members (such as spouses and their own children) but also with their own declining health and diminished strength (Boon et al., 2004; Grobler & Roos, 2012; Kuo & Operario, 2011).

Secondly, as part of an extended family (family outside the nuclear family) older people no longer receive financial or material support from adult members on a regular basis as it has been traditionally expected in the past (Makiwane, Schneider, & Gopane, 2004). Those family members, who usually offered support to older people and the households in

their care, have become unemployed, have succumbed to a high prevalence of life-threatening diseases, particularly HIV/Aids and have become fatally-ill or are have passed away (Hearle & Ruwanpura, 2009; Lekalakala-Mokgele, 2011; Makiwane, 2010; Schatz, 2007).

Consequently, as in the case of many such households, pensions and social grants are the only source of income for the family, which is generally insufficient to sustain the household (Heymann & Kidman, 2009; Kuo & Operario, 2011). The household therefore has limited resources resulting in severe poverty (Heymann & Kidman, 2009; Kuo & Operario, 2011; Makiwane, 2010).

Roos (in press) stated that emotional experience of members in an intergenerational relationship is an important barometer of what happens in the relationship following SIGT. Evidence from the literature suggests that older people experience the relationship with the younger people as difficult and troublesome, more so when they are adolescents (Dolbin-MacNab, 2009; Mabaso, 2012, Roos, in press). Furthermore, Evans and Thomas (2009) postulated that emotional and physical adversity, such as poverty, which exerts pressure on a caring relationship, could result in friction and difficulty in the relationship. This added difficulty in the relationship is supported by recent research in South Africa (Mabaso, 2012; Roos, in press). This is in accordance with Roos (in press) who explained that the individuals in an intergenerational relationship and the interactions between them cannot be separated from their socio-cultural environment. Many older people face extreme hardship in South Africa, however the role they play as parents of the adolescents are crucial for the healthy development of the next generation. Research describes how caregiving is experienced by older people, nationally and internationally, but there is a gap in research as to how care is described and expressed in a poverty-entrenched environment that many old people deal with daily. Gaining insight into the care phenomenon from the perspective of older people could

contribute to interventions that are planned to support older people and could contribute to understanding the nature of the intergenerational relationship.

Research Methodology

Research method and design

The epistemological position of the author is drawn from a constructivist/interpretivist perspective, which is based on the assumption that reality is subjective and constructed by the individual's perception and experiences (Cresswell, 2007). To explore the meaning participants ascribe to care in their context, the researcher employed exploratory, qualitative research from a phenomenological perspective (Creswell, 2007; Janesick, 2000; Richardson, 1994). This approach is best suited to explore the essential nature of care, as phenomenology is based on the assumption the truth about care could be accessed by gaining insight to older people's subjective experience (Cresswell, 2007, Richardson, 1994).

Research context and participants

The community that the study focuses on is typical of many rural communities in South Africa, which is why it was selected for the study. People in rural communities in South Africa deal with struggles to find sustainable income, dilemmas associated with high HIV/Aids prevalence (18.9%) and interrupted or unattainable health care services (Mayosi & Benatar, 2014; Wolf & Ballal, 2006). To make ends meet, familial and non-familial individuals regularly share their homes and resources with government grants as the only source of income in many cases (Roos, in press; Mayosi & Benatar, 2014; Wolf & Ballal, 2006). Valspan is typical of such rural communities with only 28.5% of the population being literate and 37.2% being unemployed (Municipal demarcation board, 2012). According to the Department of Health's HIV and Syphilis Prevalence Survey (2011), the prevalence of HIV among the general population in the Northern Cape is 9.2% and in the North West Province is 18.83%. Income is inconsistent and mostly generated from seasonal work, which

provides little financial security, therefore, the majority of the community members (70.2%) rely on government grants for livelihoods (Coetzee, 2011). The vast majority of approximately 954 households are African (94.1%), of which 4.8% are people above the age of 60 and 35.9% are children (Statistics South Africa: Vaalharts-Morobeng, 2013).

A non-probable, purposive, selection method was employed for the research. Participants were between 60 and 84 years old and Setswana speaking, but understood either Afrikaans or English. Most participants were illiterate however; literacy was not a requirement for the study. More than one study (on respect and care) were conducted on the day of the research. Self-reflective journals were handed to all participants, and of the journals returned, 13 were used (completed by 11 women and 2 men). Of those, 10 volunteers (9 women and 1 man) took part in the Mmogo-method®.

Data gathering procedure and ethical considerations

The study informed the broader Africa Unit for Transdisciplinary Health Research (AUTHeR) WIN (Water Innovation Network) project in Valspan, Vaalharts-Morobeng, situated on the borders of the North-West and Northern Cape provinces in South Africa. The umbrella WIN project focuses on improving the health in this resource-constrained rural community, by combining 13 sub-projects of different departments of the North-West University (NWU). The psychological subject group was invited to participate in the research, which aimed to strengthen the intergenerational relationship between older people and the younger generation, as well as to generate awareness of the roles that older people play. This served as parameters to guide this study.

The researcher adhered to the guidelines of the Health Professions Council of South Africa for Psychologists as set out by the Health Professions Act (Act No 65 of 1974) and the Professional Code of Conduct (2002) required by the Professional Board of Psychology.

The research was approved by the Health Research Ethics Committee (HREC) of the NWU approved the research (reference NWU-00053-10-S1).

The WIN-project mediator from AUTHeR, who had established relations with the community, assisted the North-West University to gain access to the community. The mediator, a local community nurse, advertised the research at various places in the community that were frequented by older people with posters. Volunteers were then contacted and informed of transport arrangements to and from the venue. On the data collection day, participants were transported from the Valspan region to a community hall in Vaalharts.

Upon arrival, they were welcomed and then the research team escorted participants to a room, which was as free from interference and the most external distractions as possible. Members of the research team invited participants to take their seats of their choice around a table, and they were handed name cards to use at a later stage. The research was conducted in Afrikaans, however, a translator was available to translate into Setswana if required.

A member of the research team explained the research process to the focus group members, including that the session would be recorded and transcribed, the aim and objective of the study, expected duration (two hours) and what would be expected from them. The informed consent form (Appendix A) was handed out to each participant and explained in detail. Assistance was provided if they needed to fully understand what the form contained. Although not all the participants were fully literate, all were able to sign their names. Participants were assured that they could, at any time, withdraw from the study without any repercussions. They were also informed that the data that would be gathered would be kept confidential and locked up, electronic data would be password protected, and pseudonyms or codes would be used to protect their identities. The researcher informed participants that the data would be used for the study and only those who were included in the confidentiality

agreement, would have access to the data. The limitations of confidentiality being in a focus group, were explained to them.

The benefits outweighed the risks in this study according to the researcher's best knowledge. Short-term benefits included the opportunity for the older people to interact with other community members and express their views and experiences. Insights gained through the research would contribute to the understanding of intergenerational relationships and add value to the development of programmes to support and strengthen intergenerational cohesion.

A possible short-term risk, considering their age, was that they would get tired. A small refreshment package was provided to each participant and the agreed upon time frame was adhered to. Sharing of personal experiences could provoke emotional distress for older participants, so for this reason a clinical psychologist was available for debriefing if required.

Dissemination was achieved through a critical reflection by the researcher and community interventions based on the results of the WIN project.

The Mmogo-method®. Data were gathered using the Mmogo-method® (Roos, in press). The Mmogo-method® is a data-gathering method that uses a lump of potter's clay, beads and dry grass stalks and a round cloth from which a representation is constructed (Roos, in press). It allows for the participants to share their subjective understanding of the phenomenon under investigation without cultural boundaries as it utilises symbolic expression through a visual narrative (Roos, in press). It ascribes to the fact that human beings are relational and that these visual representations will "project something of themselves and the contexts in which they function" (Roos, in press, p. 2).

After the research team made name cards for the participants and placed it in front of them, the lead researcher requested that focus group members create visual representations by prompting the following: *Please make something to show us how you experience care for any*

person younger than 16 years. Photographs were taken of each representation with the name card displayed, serving as visual data, so that the presentation could be matched with the audio data recorded throughout the session.

Upon completion, each participant was asked to reflect on their presentations and others in the group were invited to comment (Roos, 2012). Questions included explaining what has been portrayed, the relationship between each of the different elements and the relationship of the images to the research question and the context (Roos, 2012). In this way, the participants individually and collectively reflected and explored the meanings attached to the phenomenon and verified the researcher's feedback during the process (Roos, 2012). Audio recordings were then transcribed verbatim which served as textual data for analysis.

Self-reflective journals. Participants also received journals, which served to augment the textual data gathered with the Mmogo-method® (Skinner, 2007). The semi-structured questions that were asked are provided in Table 1.

Table 1

Semi-structured questions included in the journals

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1. What is your definition of care?
 2. Describe a situation where you experienced care and name the person(s) involved.
 3. Describe a situation where you did not experienced care, and name the person(s) involved.
 4. Describe a situation where you cared for someone and name the person(s) involved.
-

The self-reflective journals afforded participants the opportunity to answer open-ended questions in writing to add to the data collected by the Mmogo-method®. If they were unable to write themselves, assistance could be provided by family members or friends, if

they were comfortable to do so. Participants were assured that answering the questions and returning their journals was voluntary and that their answers would be treated with the same confidentiality measures as the textual and visual data gained from the Mmogo-method®.

Data analysis

Thematic analysis. The author used thematic analysis to analyse both the transcribed data set collected through the Mmogo-method® and the reflective journals, which served as textual data. By using the systematic method for thematic analysis as described by Braun and Clarke (2006), the author looked for patterns and recurring themes within the data sets. This involved the author familiarising herself with the data by reading it several times, noting interesting features in a systematic way through the complete data set and then organising the data into meaningful groups. The researcher then searched for themes by looking at the relationships between codes, after which the themes that were identified were reviewed, named and refined and paired with relevant quotes from the participants.

Visual analysis. Photographs taken of the representations that participants made were used as visual data. Representations served as a prompt to stimulate participants' subjective explanations of what they have made as well as inviting other participants to comment (Roos, 2012). The photographs were analysed through semiotic denotation analysis only, as the participants might have been influenced by each other while constructing their presentations, which could limit deeper levels of analysis.

Trustworthiness

To contribute to the trustworthiness of the study, the researcher followed guidelines as described by Guba (1981): credibility, transferability, dependability and confirmability and utilised crystallisation to create a holistic description of care as experienced and expressed by the participants (Ellingson, 2009). These guidelines are discussed in detail below.

Credibility. The researcher employed tactics to enhance the credibility of the study. For example, using the Mmogo-method®, a well-established qualitative methodology, and choosing a community with whom the North-West University have long-term relationship through a gatekeeper (Shenton, 2004). Purposive, not random sampling was used, but, to reduce bias, the gatekeeper to the community and not the researcher facilitated the sampling. Employing visual- and thematic analysis methods, as well as using a written data set to support transcribed audio data, credibility was increased through crystallisation (Guba, 1981). Crystallisation is achieved when a methodology is employed to have a holistic view of the topic of the research, by utilising a variety of representations by the research participants (Ellingson, 2009). The author was supervised by the person who developed the Mmogo-method®, which also aided the credibility of the study. The Mmogo-method® requires the researcher to ask open-ended questions and to paraphrase the comments of the participants to allow for member checking (Roos, 2008). This method is in line with principles of crystallisation and aids the credibility of the data that was collected (Ellingson, 2009).

Transferability. A thorough description of the context, participants and the phenomenon of care is provided so that readers may gain adequate insight into the study and its findings (Shenton, 2004). In that way, readers would be able to compare the findings with what they have observed in other contexts (Shenton, 2004).

Dependability. This refers to the extent to which the research could be repeated in the same context, participants and methods, with the same resulting findings by using the Mmogo-method®, for which detailed protocols for data-gathering is provided (Guba, 1981). The researcher, a peer, and a qualitative analysis expert followed the same systematic method of thematic analysis described in the methodology section. Shenton (2004) suggested that overlapping methods should be used to compensate for weaknesses. The Mmogo-method® is ideal to enhance the stability and crystallisation of data as different data-gathering and data

analysis techniques is used, as described in the methodology section (Ellingson, 2009; Shenton, 2004). In addition, the researcher took field notes during the data-gathering process and analysed data at two different time intervals to compare and check findings for consistency. Data were analysed by a peer and an expert in qualitative analysis, using the same analysis techniques as the researcher.

Confirmability. This guideline addresses the objectivity of the findings. Keeping in mind the researcher's own epistemological position as well as having a reflective attitude throughout the research process, the researcher believes that the confirmability of the results was enhanced (Ellingson, 2009; Shenton, 2004).

Findings

Despite different data-collection methods, only a few themes emerged with regards to older people's experiences of care. Themes and subthemes are set out in Table 2 below. Names of participants were coded as M1 to M10 for those who participated in the Mmogo-method® and J1 to J3 for participants who returned the self-reflective journals, but who did not take part in the Mmogo-method®. All the participants were female except M2 and J1.

It was not always possible to pair comments with the exact participant from the recordings made during the Mmogo-method® session. In those cases, the participant was coded as M. In this way, their identities were protected. 'Child' or 'children' in the data from the Mmogo-method® session refer to adolescents unless otherwise indicated.

Table 2

Themes and subthemes

Themes	Subthemes
Types of care	Physical care
	Giving care
	Receiving care
	Emotional care
	Giving care
	Receiving care
Demonstration of care and expected reaction of adolescents	Teaching (downward)
	Acceptance (upward)
	Discipline (downward)
	Compliance (upward)
Lack of care	
Motivation of care	Obligation
	Protection
	Reciprocity

Types of care

Two subthemes described the types of care, namely physical and emotional care.

Physical care refers to specific tangible actions such as preparing food and washing clothes, whereas emotional care refers to the intangible component of care, such as affection, love and compassion. Giving and receiving care will be discussed under each subtheme in relation to adolescents and others as identified by the participants.

Physical care. Physical care refers to giving or providing food, as well as providing assistance with material resources or finances. The majority of the older participants made food-related items, for example, from the 10 participants, eight made bowls or a tray “to dish up food” (M4) or a potato garden. Older participants also emphasise the physical care needs of adolescents by saying: “You must give him food” (M3).



Figure 1: The visual demonstration of M2 of care in relation to adolescents.

Giving care. Older persons gave food as a demonstration of giving care, which was illustrated by M2 who said: “you show care by putting it (food) in the bowl.” The opposite of not caring was also related to not giving food. M3 said: “if you didn’t care, you can’t feed the child, you have to” (M3). Providing care in the form of providing food did not depend on the behaviour of the younger people, as expressed by M2 who said: “Even if he is disobedient, you have to give him food”.

The physical care of adolescents not only included providing them with food, but also to wash their clothes and helping them with their school work: “when they come from school, we give them food, when they finished eating, then they take off their clothes...it is our responsibility to wash their clothes”, as well helping them with their homework (M4 and M6).

Care in the form of providing food was also extended to community members. M4 explained that they care for their community by providing food: “We made a garden, we planted in the garden, so that it can grow, so that others can eat from that land”. In their

journals, M3 and J2 wrote “what you do for others” and “helping others” also describing care for others. So did J3, when she related that when her mother was very sick, she “took care of her (physical needs)” and in that way “cared for her deeply.”

Though the physical care was mostly described as a downward construct, there were expectations of reciprocity of this type of care.

Receiving care. From the perspective of older persons, adolescents cared for older persons in two ways. In return of older people caring for their physical needs and helping them with their homework, adolescents were expected to help them by doing household chores and do their homework. M explained that “the children must care, he must help me... he must also do something”.

M4 wrote in her journal, that while in hospital, she experienced when the “nurses cared for me”. M1 saw care as practical assistance for older, disabled persons in that “a specific bus is sent to collect those who cannot walk. They care a lot for their older people.” Other participants expressed receiving care in their journals as being supported by family members and friends in a time of need and “to help each other”. The way the participants perceived care was also revealed through their explanation of situations when they felt they did not receive physical care: “when I was in need, no one came to help me,” (J4).

Emotional care. Emotional care refers to the intangible aspect of care expressed as affection, love and compassion. However, the emphases in the visual data were on physical care, and there were no direct references to emotional care. In the journals they were rare as well.

Giving care: M6 defined care “to show support and love to individuals” and J1 wrote to care is “to give love to the sick and those who struggle.”

Receiving care: In her journal, M4 referred to a situation where she received emotional care when her daughter and son came to visit her and “showed me (M4) love”.

Demonstration of care

The demonstration of care was expressed by the older people in two ways: downward and upward care. Downward care refers to the unidirectional expression of care where the older people give instructions as the authority figures in relation the adolescents who have to carry out the instructions. Downward care included teaching the adolescents and providing boundaries in terms of discipline. In return, the older people expected upward care from the adolescents in their acceptance and application of what they were taught and through complying with the rules.

Teaching (downward). “To care is to teach (M2)” was one of the answers given in response to the research question. The participants cared for the younger people by teaching them about things that the older people knew. In reference to the figures she made on the day of the research, M1 said: “if I have the chance now, I am going to sit down and teach them what I did today.” M3 reiterated it by explaining “I will take the clay, I will sit under the trees and I will show them (adolescents) how to make this”. M explained her reason for wanting to do the same, saying she was going to “teach them to make the things to sell”, which M2 agreed to.

These statements underscore the importance the older people placed on transferring their knowledge to the adolescents. M4 illuminated it further: “for me to care is that they can look like I do, that they can also think as I do.” This was confirmed by all the participants in the Mmogo-method® session.

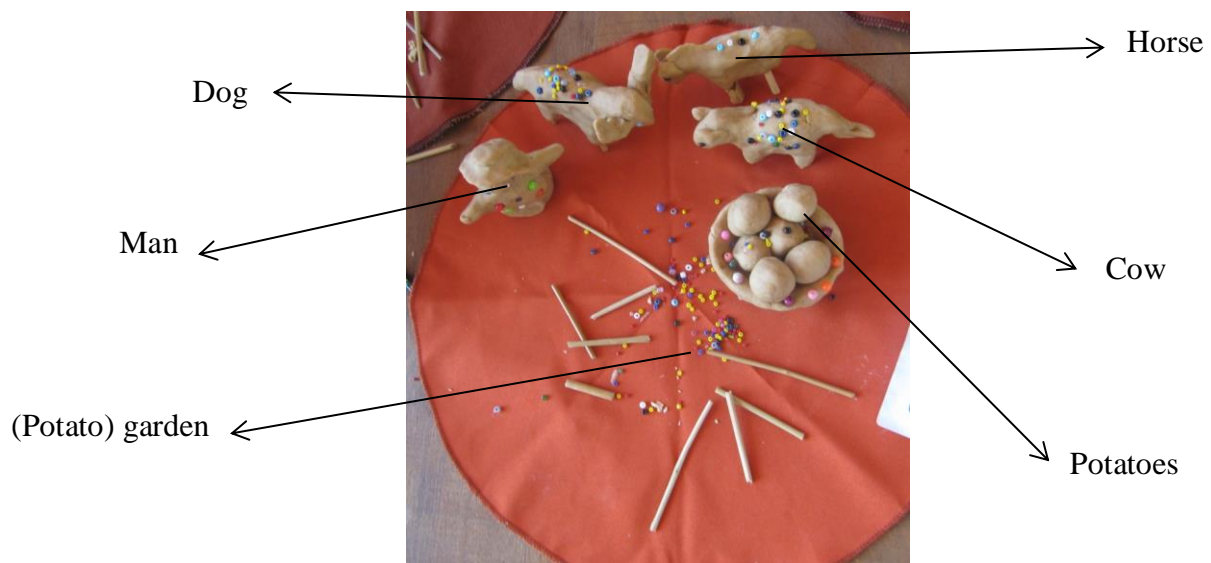


Figure 2: The visual presentation of M3 of showing care through teaching.

This transference of knowledge extended to care. M4 said that “they (adolescents) don’t know anything about those things (how to care). Only the old people know it”. The knowledge of how to care was reserved to the older people and younger people should be instructed on how to care as M10 described: “they (adolescents) do care for me, but I must show and teach them.”

Acceptance (upward). The participants expressed frustration as the adolescents did not seem to accept the teachings of the older people. M3 said: “you show the children and teach them how...you can call them and teach them, but they don’t want to listen. They just want to play outside.” M1 said that the children were not demonstrating care yet, as they were still learning how to “clean the house and do school work... they don’t show you care, because they are not learning (from us).” If the adolescents do what they were taught, the older people would see that as care from the younger people. M4 explained: “the children must care. He must let me see care, he must also do something for himself that he can learn, so that he can learn to care”. According to M3, another way the adolescents would demonstrate care for them is also by acknowledging that they had learned something from the

older people. “My grandmother taught me by showing me how do make things... the old people made this”. However, “they (adolescents) don’t care about it” (M3).

Discipline (downward). The older generation expressed that part of caring was to discipline the adolescents. This took place on escalating levels of intensity. The first level of discipline was achieved by giving the adolescents tasks at home. “You tell him, come look here, do this, so that he is not naughty, that he won’t go to the streets”. A participant said that “we keep them (with us), we try to keep them from the streets, we give them chores to do, so that they don’t go to the streets” and so that they don’t drink, which “they are not allowed to do” (M2 and M4). The second level of discipline is by using vocal expression. “We ask them” (M2) and “I spoke to the children” M6 said. When the children fail to listen, M10 said she “scolded her (daughter)”. Another participant (M) explained that when the adolescents do not listen, she calls the police “then I tell them, take the child, you talk to them earnestly, then they take him and smack him. M10 also explained that she applied corporal punishment herself saying “when they come back (from taking to the streets) I smack them”.

Compliance (upward). Older people expect the adolescents to comply with their discipline and live within the boundaries they set. It was expressed as having “no problems” with children as M8 explained; “they were obedient children, they didn’t swear, and didn’t stay out of school”. On the other hand, M4 said her children “make me sick”. She went as far to express the wish that “there was a place for the children that don’t have ears ...so they can go to learn better manners”. Participants explained that if adolescents would “leave their ways” and “listen (obey) us” it would make them happy (M).

Lack of care

Older people saw disobedience, failure to do chores and not helping them as a lack of care on the part of the children as illustrated in the following conversation:

Researcher: And how will the children (adolescents) show you that they care?

M4: The children of today... I really don't know.

M2: We talk to them, but they don't listen.

Researcher: They don't do it (chores)?

P2: No not always, you can show them (to do chores) 110 times, they don't do it.

They don't care for the older people.

Participants said that adolescents expect them to care saying "they take off their clothes; you take the clothes and wash it," but would then simply leave without doing chores or homework. The participant equated this behaviour as not caring: "they don't care for the grandmother or the grandfather."

The motivation of care

Three subthemes emerged from the data. Obligation (compelled to care) (Aboderin, 2006) was expressed as a responsibility to care for adolescents and other community members in response to a visible need. The older people also cared for adolescents in order to protect them from possible harm. The third subtheme to motivate them to care was reciprocity, where they care for another in order to receive care.

Obligation. The obligation or responsibility to care was expressed in caring for the adolescents as well as others in response to a perceived need. "You have to give them food... you can't punish them by not giving them food" (M2). It was strongly motivated by M3 saying "it is really a sin if you don't". M1 said "it is our responsibility to wash their clothes," referring to the adolescents.

The sense of obligation extended also to community members beyond the adolescents living in the household. In their journals, participants described situations where they noticed another person's need, which motivated them to do what they could to alleviate the need. In her journal, M9 wrote that she cared for "vulnerable children, I talk to them and share with them whatever I have." Both M2 and M10 responded to seeing homeless community

members. M2 said because he cared, he “took them into my (his) home” and M10 “accepted them (homeless people) as my own family”. M6 also described how she responded to answer a need that she noticed: “I gave a lot of clothing to less fortunate people in my community”.

The obligation to care in M5’s reference went beyond responding to physical care needs, saying that “we are older; we have to take responsibility for them (the adolescents) to teach them and to show them the way.”

Protection. Participants were motivated to protect adolescents against possible harmful consequences of their behaviour. M5 made a crocodile and explained that it was symbolic of teaching adolescent to be careful. She said: “you must stay away from the crocodile. You mustn’t come near, maybe it’s dangerous.”

A participant (M3) explained the reason behind the older people asking young people not go to the surrounding farms was to prevent them from experiencing possible harmful consequences for the adolescent and themselves. “When they come back (from the farms and plots), then they have a baby here, and that child is only a baby. It is painful, we have to keep the child (adolescent) with us, close, that she can be with you.”

Reciprocity. In her journal, M4 wrote: “I care for people who care for me and who is obedient.” This statement is the sentiment that filtered through from what all the participants explained. “It will make us feel good and that the children care for us if they left their ways.”

M5 explained that they teach the adolescents their ways so that they would know how to reciprocate care “... they must know that our elders, our grandmother, she been doing something somewhere, so I must take care of my mum, because she was doing this thing.”

The sense of giving and receiving care was echoed by M8 when she explained that “he (adolescent) will take the plate and dish up for himself and then he has to pass it to me and dish up for me”.

Discussion

This study aimed to explore how care is experienced by older people in relation to adolescents in a limited-resource environment. Various literature sources illuminate the multi-dimensional composition of care, its complexity in expression, and its reciprocal nature (Abebe & Aase, 2007; Chokwe & Wright, 2012; Mentzakis et al., 2011; Pratesi, 2011; Van Der Geest, 2002; Yeates, 2011). In the light of what is known of the phenomenon of care, it appears that care is expressed by older people one-dimensionally, and that the expression lacks the depth and complexity found in care theory and other literature.

Basic physical care was in the foreground as the type of downward care, as explained by participants. However, it is not a surprise that the focus is on basic physical care because as primary caregivers in a poor environment have the responsibility to ensure the survival of themselves and those in their care (Bohman et al., 2008; Boon, et al., 2009; Schatz, 2007). However, care expression was not only directed to the younger generation, but towards animals and plants that could provide food and answer the physical needs of themselves and other community members, specifically those in a weaker position than themselves. Seeing a need motivated the older people to act to do what they could to alleviate the perceived need (Evans & Thomas, 2009; Tronto, 1983; Van der Geest, 2002). In return, participants expected physical care from adolescents and others (Bohman et al., 2008).

Very little was revealed concerning the emotional components of care. Some references were made to the disappointment and hurt older people experienced when adolescents seemed unwilling to assist them with household chores. Expressions of affection, compassion, tenderness or other emotions associated in a loving bond were severely lacking (Dolbin-MacNab & Keiley, 2009; Mmari, 2011). Other references to care were vague and non-specific, relating to loving and caring for others.

Care is predominantly demonstrated downward by teaching and applying discipline. In this way care seems to have more in common with formal care such as nursing, than parental care (Evans & Thomas, 2009). The emphasis was on participants giving instructions and demonstrating how younger people should care. Adolescents were expected to learn, internalise what they have learned and perform tasks, where failure to comply would result in discipline. This leaves little room for care to be demonstrated in the context of a willing association between older people and adolescents, which would show care spontaneously between them.

Older caregivers expect to be compensated for the care they give (Schatz, 2007), focussing on the physical component of care (Bohman et al., 2008). What they do for the children when caring for them, they would in turn do for them (Bohman et al., 2008). This could possibly explain some of the reasons why the older people in the study focussed on teaching the children how to care.

Caring for adolescents is in response to what the older people experience as an expectation where they have no choice. This is strongly motivated by a sense of obligation, grounded in the internalisation of specific socio-cultural norms (Bohman et al., 2008; Kyle, 1995; Makiwani & Kwizera, 2006). Cultural norms and associated behaviour are transmitted from one generation to the next (Bohman et al., 2008; Euler, Hoier, & Rohde, 2001). The care behaviour of older people is therefore in accordance with what they were taught, and they expect adolescents to learn the same from them.

An additional motivation for care is to protect the adolescents. However, it seems that the way in which older people protect adolescents is to impose behavioural boundaries that leave little room for young people to behave in accordance with their developmental stage, such as exploring their environment and considering alternative options (Erikson, 1982). Expressing protection in this rigid and one-sided manner restricts adolescents to only

conforming and obeying the rules which does not allow for their individual interpretations and reactions in the context of the relationship. This could possibly complicate the intergenerational relationship and present obstacles for two reasons: an expectation from the caregiver for adolescents to act precisely as instructed, and not taking into account their psycho-socio developmental stage (Dolbin-MacNab & Keiley, 2009; Roos, in press).

Overall, the description of care in this specific context seems to have little variation and nuances. The low resource environment could provide an explanation for the limited and simplistic description of care, offering limited possibilities to explore and few options for alternatives (Evans & Thomas, 2009). When survival is at stake, behaviour is determined by certain rules, playing a role in the way individual care is provided and received (Evans & Thomas, 2009).

Although reciprocity is expected in the caring relationship, the older people seemed to have clear parameters within which the adolescents could show upward care. Adolescents are reported not to perform according to expectations, and older people resort to more intense strategies. The strategies they used to express their need for care were ineffective, not producing the results they had hoped for. Not having the skills or knowledge to change, the pattern of impact and reaction intensifies with no positive result for either generation (Roos, in press; Vorster, et al., 2013). Though they are motivated to do the best for the adolescents in their care, they focus on physical (downward) care, and don't seem to express emotional care through affection, listening and "being there" (Baart, 2002; Watson, 2007). Without emotional care, the well-being of both generational members suffers (Dewar & Nolan, 2013; Dolbin-MacNab & Keiley, 2009).

Limitations and recommendations

Based on the findings of this research, it was revealed that the participants had a limited concept of care. Information to broaden their framework of reference could benefit

both older people and adolescents. Interventions and support could also be developed or introduced to make the older generation aware of more effective strategies to express their needs explicitly, thereby giving adolescents and others the opportunity to respond to their needs. Furthermore, making the older people aware of the developmental stage of adolescents and their need for opportunities to explore different options, and vice versa, it could enhance communication and establish an empathetic understanding between the two generations. If the relationship is less based on teaching orientated strategies and more on a willing reciprocity on both sides, it might be possible to modify the negative escalating patterns into more effective and age-appropriate ones.

Conclusion

The main focus of care as experienced from the subjective perspective of older people was described as attending to the physical needs of adolescents in their care. The way they demonstrated care was limited to downward teaching, with little room for negotiation for the expression of care needs from either side. It seems that older people are caught in a traditional frame of reference concerning the parameters for caring and due to their own limited emotional and physical resources; they are challenged to adapt to more effective ways of sustaining a mutually-satisfying and beneficial intergenerational relationship with adolescents. Support for the older generation is crucial in broadening their views on caring and to offer more effective skills to express their needs.

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CRITICAL REFLECTION

The study aimed to gain insight into how care is experienced by older people in the context of their relationship with adolescents. The participant site was selected to represent the hardship and poverty many older people face in South Africa and in Sub-Saharan Africa (Matunhu, 2008; Mayosi & Benatar, 2014; Neves & Du Toit, 2013). Although the location may not represent most older people caring for adolescents across the globe, the author believes that the results could provide insight into how caring is experienced and described in contexts other than the rural environment where this research took place.

The data-gathering method (Mmogo-method®) that was selected was appropriate to use in a cross-cultural environment (Roos, in press). The entire experience to make something concrete to represent an abstract concept, might have been a challenge for the group. However, the mutual encouragement they received from each other, being in a focus group, seemed to have compensated for the strangeness of the exercise. Though two data gathering methods were used (self-reflective journals and the Mmogo-method®), the researcher is of the opinion that in-depth interviews could have enhanced crystallization of the data and increased the trustworthiness of the study (Ellingson, 2009)

In order to provide a frame of reference for research on care, the researcher compiled a working definition for the concept. Care was seen as occurring in specific reciprocal interactions (relationships), with activities (tangible) and devotion (intangible), directed towards the general enhancement of the well-being of the care-receiver, motivated by an ethical framework, and informed by the socio-cultural environment (Roos, in press; Smoothey, 2006; Tronto, 1983; Yeates, 2011). Admittedly, the researcher was informed by western literature on care. As the definition was utilised to guide the interpretation of the

results, there might have been less room to interpret the results taking into account the different cultural backgrounds of the participants.

The information and insight the older people provided regarding their subjective experience of care in relation to adolescents were both expected and enlightening. Although cultural environments may differ, there were similarities in how older people described what motivates them to care for the younger generation. A sense of moral responsibility and culturally-informed obligation was noted in literature from China, Australian, the US and Sub-Saharan Africa (Backhouse, 2009; Dolbin-MacNab & Keiley, 2009; Keasberry, 2001; Kim & Lee, 2003; Schatz & Gilbert, 2012; Zhan, 2013). Reciprocity as a motivation to care for another was more prominent in China and Sub-Saharan Africa (Bohman et al., 2008; Freeman & Nkomo, 2006; Giles, Makoni, & Dailey, 2005; Lee & Bauer, 2013; Makiwane, 2010; Zhan, 2013).

Literature on care in low resource environments across Sub-Saharan Africa and South Africa suggested a focus on the physical aspect of care (Bohman et al., 2008; Freeman & Nkomo, 2006). In search of relevant literature on emotional care, the researcher discovered more research on the emotional impact of caregiving on the older people, than on emotional care as accompanying the physical aspect in these poverty-stricken circumstances. However, emotional care is the very component that is lacking in the descriptions of care from the older people that could enhance their own emotional well-being (Abebe & Skovdal, 2010; Casale, 2011; Schatz & Gilbert, 2012).

Deci and Ryan (2000) identified competence, autonomy and connectedness as three innate psychological “nutriments” that are crucial for psychological well-being, growth and integrity (p. 229). Psychological well-being is described as having the ability to have “warm, satisfying and trusting relationships with others; being concerned about the welfare of others and being able to express strong empathy, affection and intimacy in relationships” (Vorster,

Roos, & Beukes, 2013, p. 163). By giving and receiving quality emotional care (having empathy, compassion and being devoted to another) allows for a deeper connection between the members of the caring relationship, which enhances the psychological well-being of both parties (Adebe & Skovdal, 2010; Dolbin-Macnab & Keiley, 2009). A study by Howes (2013) showed that Caucasian grandmothers caring for their grandchildren emphasised emotional care as being important both in giving and receiving it. They reported feeling loved and appreciated as well being fulfilled and having meaning in their lives (Howes, 2013).

Stockdale and Warlow (2000) stated that care is mutual, involving both members of the relationship and that it is critical in ensuring the survival of us as a race (citing Leininger, 1988). Costanzo and Hoy (2007) reiterated this fact by stating that cultivating good caring intergenerational relationships could provide a defence against external challenges. If the intergenerational relationship between older people and adolescents is compromised within an environment that limits resources, the negative psycho-social effects could be reinforced both internally (within the relationship) and externally (Roos, in press). Evidence shows that the relationship between older people and the younger generation is strained and in need of support and interventions to strengthen it (Mabaso, 2012; Roos, in press).

Supporting older people with interventions based on physical care (like skills training) might be easier to attain than providing appropriate social and emotional support. A study by Bohman et al. (2008) reported that interventions to provide healthcare to HIV/Aids-infected children proved to be helpful to those who attended the workshops. However, workshops to improve communication between older people and adolescents did not have the same results (Bohman et al., 2008). Bohman et al. suggested that a deeper understanding is needed into the social, cultural, historical and communication processes. Self-Interactive Group Theory (SIGT) provides insight into explaining the interactions

between the two generations (Roos, in press). It is a pragmatic and culturally-sensitive approach which could provide a strong foundation for the development of interventions in support of both generations in such care relationships (Roos, in press).

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Appendix A – Informed Consent Form



Faculty of Health Sciences

SCHOOL OF PSYCHOSOCIALBEHAVIORAL**SCIENCES PSYCHOLOGY**

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25 February 2013

Dear participant

INFORMED CONSENT- INTERGENERATIONAL RELATIONSHIPS PROJECT:
THE RELATIONSHIP BETWEEN OLDER PERSONS AND YOUNGER GENERATIONS IN
REGARD TO CARE AND RESPECT

You are hereby requested to engage in a research project to exchange information about care and respect in the relationship between members of different generations. Participants will be involved in the research for approximately 60 minutes, with no foreseeable risks. If debriefing is required after completion of the research project, psychologists will be available for this purpose. Ethical approval was obtained for the research project which is conducted by AUTHeR (African Unit for Transdisciplinary Health Research) of the North-West University's Potchefstroom Campus. You are hereby requested to familiarise yourself with the content before you sign the form below.

In signing this form I declare that:

I have been informed what the purpose of the research is and that I will participate in a data gathering session where I will be requested to make a visual representation of my perception of care and respect towards people of another generation by using sticks, clay and beads. This session will last about 60 minutes. I will also engage in in-depth interviews and a focus group discussion.

I understand that there are no foreseeable risks or discomforts when I agree to participate in the study. I understand that the results of the study may be published, but that my name or any identifying information will not be revealed. The North-West University will maintain confidentiality of all records, material and recordings. I have been informed that I will not be compensated for my participation.

I have been informed that any questions I may have concerning this research or my participation before or after my consent, will be answered by the researchers of this study. I understand that I may withdraw my consent and discontinue participating at any time of the research process, without penalty or loss of benefit to myself. In signing this consent form, I am not waiving any legal claims, rights and remedies.

Participant's signature

Date