



**Older people's experiences of the
Grandparent-Grandchild (GP-GC)
relationship in the contemporary South
African context**

M Spangenberg



orcid.org 0000-0001-7247-5062

Mini-dissertation submitted in partial fulfilment of the requirements for the degree *Magister Artium* in *Clinical Psychology* at the Potchefstroom Campus of the North-West University

Supervisor: Dr R Spies

Co-supervisor: Ms JM. van Aardt

Graduation May 2018

Student number: 22797815

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	i
SUMMARY	ii
PREFACE.....	iii
PERMISSION LETTER FROM SUPERVISOR.....	v
DECLARATION BY RESEARCHER	vi
SECTION 1: INTRODUCTION	7
Structure of the research.....	7
1. Introduction.....	7
2. Literature Overview	7
2.1. Population Ageing	7
2.2. Population Ageing: A global perspective	8
2.3. Population Ageing: An African perspective.....	9
2.4. Intergenerational Relationships	12
2.5. Contextualising the Grandparent-Grandchild (GP-GC) Relationship.....	15
2.6. Grandparent-Grandchild Relationship: an African perspective	17
3. Contextualisation of present research study	20
4. Problem Statement	21
5. Aim of the study	24
References.....	25
SECTION II: RESEARCH DESIGN AND METHODOLOGY.....	34

6. Methods.....	34
6.1. Research approach and paradigm	34
6.2. Research design	35
6.3. Participants and research context	36
6.3.1. Research setting.	36
6.3.2. Sampling	37
6.3.3. Sample.....	37
6.4. Data collection.....	39
6.4.1. In-depth interviews	39
6.4.2. Field notes	43
6.5. Data analysis.....	44
6.5.1. Phase 1: Familiarising yourself with the data.....	44
6.5.2. Phase 2: Generating initial codes.....	45
6.5.3. Phase 3: Searching for themes.....	45
6.5.4. Phase 4: Reviewing themes	46
6.5.5. Phase 5: Defining and naming themes.	46
6.5.6. Phase 6: Producing the report.....	46
6.6. Trustworthiness	46
6.6.1. Truth value (credibility).....	47
6.6.2. Applicability (transferability).	47
6.6.3. Consistency (dependability).....	47

6.6.4. Neutrality (confirmability).....	48
6.7. Ethical considerations.....	49
6.7.1. Procedural ethics.....	49
6.7.2. Ethics in practice.....	49
6.8. Research procedure.....	55
7. Conclusion	57
References.....	58
SECTION III: ARTICLE	64
8. Selected journal and instructions for authors.....	65
9. Instructions for authors.....	65
9.1. General.....	65
9.2. Manuscript submission.....	65
9.3. Editorial policies.....	66
9.4. Manuscript style	68
9.5. Submitting the manuscript.....	70
9.6. Acceptance and publication.....	71
9.7. Ethical responsibilities of authors.....	72
10. Title of mini-dissertation, future authors and contact details	74
11. Manuscript for examination	75
12. Abstract.....	75
13. Introduction.....	76

14. Method	79
14.1. Participants	79
14.2. Instruments	81
14.2.1. In-depth interviews	81
14.2.2. Self-reflective journal	82
14.3. Procedure	82
14.3.1. Research design.	82
14.3.2. Data collection process	83
14.4. Ethical considerations	83
14.5. Data analysis	84
14.6. Trustworthiness	86
15. Results	86
15.1. Positive relational experiences	87
15.1.1. Close relationships	87
15.1.2. Communication	89
15.2. Sources of support	90
15.2.1. Providing emotional support	90
15.2.2. Providing physical support	91
15.2.3. Providing financial support	92
15.3. Intergenerational transmission	93
15.3.1. Transmission of life experiences and life skills	93

15.3.2. Transmission of normative religious beliefs	95
16. Discussion	96
17. Conclusion	99
18. Funding	99
References	100
SECTION IV: CRITICAL REFLECTION BY THE AUTHOR.....	109
19. Introduction.....	109
20.1. Reflective notes.....	109
21. Contributions of the study	114
22. Concluding comments	117
APPENDICES	123
Appendix A: Goodwill letters from selected residential care facilities	123
Appendix B: Consent form	127
Appendix C: Interview Schedule.....	135
Potchefstroom Campus	136
Institute of psychology and wellbeing	136
Appendix D: Contact Details of researcher, supervisor and co-supervisor	136
Appendix E: Letter from the independent coder.....	138
Appendix F: Ethical approval certificate	140
Appendix G: Proof of language editing	142
Appendix H: Turn-it-in report	144

LIST OF TABLES

Table 1 <i>The number of white people and black African people aged 60 years and older in South Africa</i>	11
Table 2 <i>The implications of population ageing in South Africa</i>	13
Table 3 <i>Demographic details of the research participants</i>	80
Table 4 <i>Themes and categories of the experience of Afrikaans- and English-speaking grandparents</i>	87

ACKNOWLEDGEMENTS

This process of conducting research, combined with the start of my career as a clinical psychologist has been challenging, but rewarding. This was both an emotional and an educational process and I would like to acknowledge the following people for their support, assistance and guidance:

To my supervisor, *Dr Ruan Spies* and co-supervisor, *Ms Janine van Aardt*, without your assistance and guidance, this mini-dissertation would not have been possible. Thank you for your time, patience and support in facilitating this process. Thank you also for recognising the value of this research study.

To my loving husband, *Ulrich Spangenberg*, thank you for your motivation, support and patience throughout this process. Thank you for believing in me and allowing me the opportunity of achieving my dream.

To the remarkable women in my life, *Marlene Veldsman*, *Ulrike Bezuidenhout* and *Leandri le Grange*, I am privileged to have had you by my side during this journey. Thank you for all the support, motivation and encouragement during these few years.

To my loving grandparents, *Martie Saaiman* and *Kosie Saaiman*, thank you for always believing in me. You have always been such loving, kind and supportive grandparents and I am privileged to have you in my life. I am grateful that you can share in this achievement with me. Your unconditional love and numerous sacrifices are beyond measure.

To the *participants* in this study, thank you for your enthusiasm, optimism and willingness to participate in my research study. You are inspiring, and I learned so much from the interactions I had with you. Always remember that you have made a difference in many young people's lives through your knowledge, support and love.

SUMMARY

Older people's experiences of the Grandparent-Grandchild (GP-GC) relationship in the contemporary South African context.

Rapid demographical changes are evident worldwide owing to the significant increase in the number of older people. Seven-point eight percent of South Africa's total population consists of people ages 60 years and older, bringing about multi-generational bonds or intergenerational relationships (i.e. Grandparent-Grandchild relationship).

In the African context, grandparents play a major role in child-fostering and the care of grandchildren. Black South African grandparents perceive their grandchildren to be disrespectful and rude, while their grandchildren perceive their grandparents to be rigid and negative. Afrikaans- and English-speaking young adults describe older people as an integral part of society and have high regard for their contributions, past and present. This underpins the researcher's endeavour to explore Afrikaans- and English-speaking older people's experiences embedded in the GP-GC relationship.

The aim of the study was to explore, Afrikaans- and English-speaking older persons' experiences of the Grandparent-Grandchild relationship (GP-GC), in an effort to provide insight into the relational aspects of the GP-GC relationship in the South African context.

A qualitative approach was followed together with a qualitative descriptive research design to explore older people's experiences in-depth. In-depth interviews were conducted with 21 selected participants. The proposed research study required analysis of the collected interviews by means of thematic analysis, as the researcher endeavoured to explore the GP-GC relationship entrenched in the very nature of relationships shared between Afrikaans- and English-speaking generations.

Keywords: cohesion, experiences, intergenerational relationships, grandparents

PREFACE

- This mini-dissertation forms one of the requirements for the completion of the degree Magister Artium in Clinical Psychology. It has been prepared in article format and complies with the requirements identified by the North-West University in rule: A.5.4.2.7
- This article will be submitted for possible publication in the *South African Journal of Psychology*.
- This mini-dissertation adheres to the guidelines established by the American Psychological Association (APA: 6th edition). Section 2 of this mini-dissertation was compiled according to the author guidelines specified by the journal in which it might be published.
- The page numbering is chronological, starting with Section 1 and ending with the addendum.
- A language practitioner registered at the South African Translators Institute (SATI) conducted the language editing of this mini-dissertation.
- Data collection for the study (the semi-structured interviews) was conducted in the language preferred by the participants. English and Afrikaans interview questions were concurrently established and used during the interview process.
- Consent for the submission of this mini-dissertation for examination purposes (in fulfilment of the requirements for the Master's degree in Clinical Psychology) has been provided by the research supervisor, Dr Ruan Spies, and the co-supervisor, Ms. J. Van Aardt.

- This mini-dissertation was submitted to Turn-it-in, which established that this mini-dissertation falls within the norms of acceptability applying to plagiarism (Similarity Index: 2%)

PERMISSION LETTER FROM SUPERVISOR

Permission is hereby granted for the submission by the first author, Melishé Spangenberg, of the following article for examination purposes in partial fulfilment of the requirements for the degree Master of Arts in Counselling Psychology:

Older people's experiences of the Grandparent-grandchild (GP-GC) relationship in the South African context.

The role of the co-authors was as follows: Dr. R. Spies acted as supervisor and Ms JM van Aardt as co-supervisor of this research inquiry and assisted in the peer review of this article.



Dr R Spies

DECLARATION BY RESEARCHER

I, Melishé Spangenberg, hereby declare that this research manuscript, titled “**Older people’s experiences of the Grandparent-grandchild (GP-GC) relationship in the contemporary South African context**” is my own effort and has never been submitted for examination. I further declare that the sources utilized in this dissertation have been referenced and acknowledged. Furthermore, I declare that this mini-dissertation was edited and proofread by a qualified language editor as prescribed. I further declare that this research study was submitted to the Turn-it-in software and a satisfactory report was received regarding plagiarism.



Melishé Spangenberg

Student number: 22797815

SECTION 1: INTRODUCTION

Structure of the research

This mini-dissertation consists of four sections. Section 1 (p 8-24) consists of a literature overview that will inform the reader on important background information and concepts that are relevant to this study. Section 2 (pp 35-59) contains information relating to the methodological approach applied in this research study. Section 3 (pp 65-97) contains information regarding the article which will be submitted to *The South African Journal of Psychology* for possible publication. The article addresses the methodology used and the findings of the study, and it offers a discussion and conclusion of the study findings. Section 4 (pp 107-115) consists of a critical reflection on the study by the researcher and it will also indicate the contributions made by the study.

1. Introduction

This section of the mini-dissertation offers an in-depth overview of the literature to ensure that the reader gains a comprehensive understanding of the concepts and information that are relevant to this research study. The following topics are discussed briefly: 1) population ageing; 2) intergenerational relationships; 3) the Grandparent-Grandchild relationship; 4) the research sample and context of the research study: older people's experiences of the Grandparent-Grandchild (GP-GC) relationship in the contemporary South African context. The problem statement and the aim of the study are also included in this section.

2. Literature Overview

2.1. Population Ageing

Population ageing is a frequently-published phenomenon. It is of public concern owing to its social, political and economic implications, especially in developing continents such as Africa (Joubert & Bradshaw, 2006; Lutz, Sanderson & Scherbov, 2008). Population

ageing refers to a process whereby the proportion of individuals aged 60 and above are continually increasing and becoming a larger component of the total population (Joubert & Bradshaw, 2006; Giacalone et al., 2016). A combination of declining fertility, high mortality rates and increased longevity are leading stimulators of growth in the number of older people bringing forth demographic transitioning regarding the global age structure (MDG report, 2013). These age-structural changes refer to the changing roles of providers and dependants which will in all likelihood change from a large proportion of young dependent individuals to a larger proportion of older dependent individuals (Nabalamba & Chikoko, 2011).

2.2. Population Ageing: A global perspective

Over the last decade, the growth in the number of older people has increased tremendously and is expected to triple by 2050 (MDG report, 2013). The total global population reached a staggering 7 billion people in 2011, the majority consisting of individuals of 60 years of age and older (Harper, 2011b). For the first-time, older people will exceed the total number of children worldwide (Pillay & Maharaj, 2013, Harper, 2011a, Byng-Maddick & Noursadeghi, 2016). Population ageing is not only concerned with the increases in the numbers of people, but it also focusses on the increased longevity among older people stimulated by better health care services and active ageing (WHO, 2015).

Longevity refers to the average period of time that an individual is expected to live (Giacalone et al., 2016). Longevity and successful ageing are interrelated, whereby successful ageing is characterized by three distinct features: 1) upholding a low risk of disease; 2) upholding a high level of mental and physical functioning; and 3) maintaining an active engagement with life (Rice & Fineman, 2004). Successful ageing seems to be a frequent occurrence with a large proportion of generally healthy older people with little functional disability (Rice & Fineman, 2004). Rowe and Kahn (1997) performed a study to determine the specific variables that could be attributed to successful ageing. The study

showed that successful ageing is dependent on a healthy diet, exercise and lifestyle changes. The proportion of older people ageing successfully could therefore be enhanced by their engaging in the following strategies; a) physical activities and healthy lifestyle (Vaillant & Mukamal, 2001); (b) modern pharmacology (Ball & Birge, 2002); (c) educating the elderly about ageing (Sandhu & Barlow, 2002) and (d) access to community resources (Anetzberger, 2002) which would lead to successful ageing and increased longevity.

Decreased fertility rates are causing a decline in births, resulting in an increase in the number of older people and a smaller proportion of children worldwide (Joubert & Bradshaw, 2006). The phenomenon of declining fertility rates is causing a decline in the size of successive birth cohorts leading to an ageing population. It is estimated that the total fertility rate will decline from 5 children per woman in 1950–1955 to 2.6 children per woman in 2045–2050 (Pillay & Maharaj, 2013).

Furthermore, research also shows that mortality rates are decreasing owing to enhanced living conditions and lifestyles, modified eating habits, increased exercise and advances in science and technology (Rice & Fineman, 2004; Carey, Liedo, Orozco & Vaupel, 1992; Joubert & Bradshaw, 2006). Formerly fatal diseases and infections now seem preventable, resulting in dramatic gains in life expectancy and a rapid growth in the number of older people (Lutz, Sanderson & Scherbov, 2008).

2.3. Population Ageing: An African perspective

Africa, like other parts of the world, is experiencing rapid demographical changes, whereby a significant increase in the number of older people is evident (Aboderin, 2006; 2005; Nabalamba & Chikoko, 2011). Africa's population of people aged 60 years and older is growing at a rate of 2.27% and, despite a largely youthful population, the proportion of older people is increasing dramatically (Pillay & Maharaj, 2013). The expansion of the older population will cause an increased dependency burden of 93%, while the young dependency

burden will be reduced to 57% (Lloyd-Sherlock, 2000). The consequences for the working-age population is an increased need for the support of older individuals when it comes to pension systems, health care and support systems. This is regarded as an economic burden for the working population (Harper, 2011a). In addition to extended longevity and reduced fertility and mortality rates, the increases in the proportion of older people in Africa's population can also be attributed to a high prevalence of HIV and AIDS, which are more common among the younger population, causing a reduction in the adult age cohort (Nabalamba & Chikoko, 2011).

Sub-Saharan Africa (SSA), like most parts of Africa, is also known for its youthful population, yet this is also growing older with cumulative numbers of people of 60 years and older (Aboderin & Hoffman, 2015; Nabalamba & Chikoko, 2011; Palamuleni et al., 2007; Pillay & Maharaj, 2013). However, SSA's population ageing growth rate seems to be the lowest in Africa (Aboderin, 2005; Zimmer & Dayton, 2005). The fertility rates remain high with a gradual decline, while adult mortality continues to be high owing to the HIV and AIDS burden (Aboderin, 2005). The high fertility and mortality rates pose different challenges to the older population of SSA, such as custodial grandparenting, poverty and a decline in physical health and livelihood, as they are becoming older (Kalasa, 2001).

This is also true of South Africa, where a reported 7.8 % of the total population consists of people aged 60 years and older, a number which is expected to increase to 11.8 % by 2050 (StatsSA, 2016).

From the data published by Stats SA (2016), it was assumed that the global distribution of ethnic groups was consistent per age group and thus the number of white people and black African people aged 60 years and older could be calculated. Table 1 summarises the number of people aged 60 years and older across the 9 provinces in South Africa.

Table 1

The number of white people and black African people aged 60 years and older in South Africa

	Western Cape	Eastern Cape	Northen Cape	Free State	KwaZulu- Natal	Gauteng	North Wesrt	Mpumalanga	Limpopo
White	95082	25918	8779	20879	31432	158721	19252	15363	10089
Black African	212152	486818	54843	217881	701194	938321	275555	276541	425946

This table illustrates that the black population aged 60 years and older is significantly more than the number of white people aged 60 years and older. It is important to consider the different experiences of ageing for black South Africans relative to white South Africans. Physical, sociodemographic and psychological factors tend to influence people's experience of ageing, e.g. socioeconomic status, education and access to healthcare and other services (O'brien et. al., 2017). Furthermore, it is possible that the historical inequalities that were enforced along racial lines in South Africa could also have resulted in different challenges for different sectors of the population as they get older (O'brien et. al., 2017). These dynamics can be linked to how different race groups experience ageing today.

Recent studies focussed on ageing in South Africa not only emphasise the demographic changes, but also highlight the concomitant social impact with great focus on the family and care services available for older people (Aboderin & Hoffman, 2015; Goodrick, 2013; Goodrick & Pelsler, 2014; Van Aardt & Roos, 2016). This is of particular importance, as South Africans are not only ageing, but are also experiencing an equivalent growth in both the younger and the older generations, implying a double demographic burden (Aboderin, 2011; Goodrick & Pelsler, 2014). A double demographic burden is thus experienced in South Africa as a high-older-person and high-child dependency co-exist.

There are many more implications than would be associated with only high-older person dependency (Goodrick, 2013). The implications of a double demographic burden are an altered nuclear and extended family structure, in which older people remain part of the family for longer, resulting in multi-generational bonds in one family, where 4th to even 5th generation members bond with generation G1 (first generations in families) (Aboderin, 2012a; 2012b; Aboderin & Ferreira, 2008; Bengston, 2001; Fent, Diaz & Prskawetz, 2013; Harper, 2011a). Ultimately, population ageing has far reaching implications for South Africa. These implications are explained in Table 2.

However, there is a vast body of knowledge reporting the benefits and contributions of relationships between generational members which are referred to as intergenerational relationships (Rogler, 2002).

2.4. Intergenerational Relationships

The phenomenon of multi-generational families is becoming more common. Family members have the privilege of completing a life course with members of older generations in the family cohort. Rogler (2002) refers to bonds between members of different generations as intergenerational relationships, in which interactions are shared between older and younger generations, including biological and family-related generations.

Rogler (2002) suggests that intergenerational relationships are characterized by what is referred to as the four R's of intergenerational relationships. The four R's represent respect, responsibility, reciprocity and resilience within a relationship (Brubaker & Brubaker, 1999). Brubaker and Brubaker (1999) postulate that members of different generations are most likely to share relations based on mutual respect and responsibility for care. They exchange benefits reciprocally and are resilient to change.

Table 2*The implications of population ageing in South Africa*

Economic implications of population ageing	
Health care services	People aged 60 years and older require more health care services due a decline in their physical health (Lloyd-Sherlock, 2000). Consequently, they rely more on their health benefits, personal savings and familial resources (Bloom, Canning, & Fink, 2010).
Labour market and retirement policy	Factors such as reduced voluntary mobility between jobs, increase in involuntary job loss, reduced geographical mobility and a rise in the incidence of ill health and disability can all contribute to older people having to retire (Wiener & Tilly, 2002). A greater demand is placed on the government to provide financial support which in turn negatively impacts on the country's economic state and growth (Dixon, 2003).
Tourism products and destinations	An ageing population is likely to create changes in the patterns of demand for the choice of activities and destinations. Their consumption patterns and preferences change over time which could influence South Africa's overall tourism demand (Glover & Prideaux, 2009).

Intergenerational relationships between the first and third generation (G1 and G3) are important and influential, as older people and younger generations can care for each other in these relationships (Monserud, 2008). The mutual exchange of benefits in intergenerational relationships is conducive to what Silverstein and Bengtson (1997) refer to as intergenerational cohesion. Intergenerational cohesion suggests a deep, intimate relatedness,

associated with unconditional affection between generations. Intergenerational cohesion is entrenched in mutual respect shared within the relationship whereby both the older and the younger generation reciprocally share affection, warmth closeness and trust (Silverstein & Bengtson, 1997). The level of intergenerational cohesion existing in intergenerational relationships is different in every culture, group or community and can implicate the quality and nature of the relationship (Silverstein & Bengtson, 1997).

Relationships shared between members of different generations have received increased attention over the previous years, as intergenerational relationships hold significant benefits for both older and younger generations (Sung, 2004; Van Aardt & Roos, 2016). The benefits and the importance of intergenerational relationships have been highlighted throughout literature (Biggs, Haapala & Lowenstein, 2011; Monserud, 2008; Silverstein & Bengtson, 1997; Rogler, 2002; Van Aardt & Roos, 2016). However, these empirical studies have generally focussed on unrelated generations and little is known about the kinship between biologically-related older and younger generations.

Hoff (2007) argues the significance of relational bonds between biologically-related generations by highlighting the development of intergenerational relationships across time and place. This concurs with Crosnoe and Elder's (2002) argument that intergenerational relationships between biologically-related grandparents and grandchildren are very different from those between unrelated generations. Mitchell (2008) contributes to this argument by highlighting the specific nature of relationships among biologically-related generations. A grandparent remains an integral part of the family, and plays a significant role in providing informal care for grandchildren, thus differing from relationships formed between members of different generations outside of the family structure (Blinn-Pike & McCaslin, 2015; Crosnoe & Elder, 2002; Hoff, 2007). It is therefore important to contextualise the

intergenerational connection between the grandparent and the grandchild, and its contributions to the family as a cohort.

2.5.Contextualising the Grandparent-Grandchild (GP-GC) Relationship

The relationship between biologically-related grandparents and grandchildren is referred to as the Grandparent-Grandchild (GP-GC) relationship (Crosnoe & Elder, 2002; Biggs, Haapala & Lowenstein, 2001; Bengston, Giarrusso, Marbry & Silwerstein, 2002; Blinn-Pike & McCaslin 2015). Although it is not explicitly stated, the early works on the GP-GC relationship provide insights into the benefits that both generations gain from sharing intergenerational bonds (Mansson, 2013). The GP-GC relationship develops over time and is described as close and loving, where generations share emotional and physical resources (Kennedy, 1992; Mansson, 2013). Grandparents are particularly inspiring to younger generations because of their resilience, knowledge and life experiences. Grandchildren enjoy their grandparents' stories or the feeling of connection with a larger family that grandparents provide (Sedick & Roos, 2011; Harwood, 2000). Grandparents are viewed as the family historian/s who transfer traditional customs, spiritual beliefs and values. They also fulfil the role of a mentor and/or role model (Olen, Macht & Marchand, 1998).

According to Kivnick (1985,1988) and Thomas (1990), as cited by Harwood (2000), the GP-GC relationship is crucial for older adults. Older adults' peer relationships are lost due to death, and their ability/motivation to seek new relationships may decline. Thus, the grandchild may serve as a focus for both family pride and social interaction.

Harwood (2000) conducted a study to explore the reciprocal benefits of the GP-GC relationship by highlighting the role of communication between members of different generations. Grandparents and grandchildren learn new communication styles and skills within their relational context which would enable them to negotiate successful intergenerational relationships elsewhere (Harwood, 2000). Van Aardt and Roos (2016) also

report on the significance of communication between members of different generations, and provide insights into how verbal and non-verbal forms of communications are shared and mediate intergenerational cohesion. The GP-GC relationship also serves as a platform from which future intergenerational competencies are learned, where both generational cohorts learn from each other, contributing to their interpersonal skills repertoire (Mansson, 2013).

The GP-GC is not always regarded as a positive experience for the members involved. Empirical work on the GP-GC relationship gives insight into the nature of the relationship by highlighting the negative experiences of the generations. The grandparent role in families is not always welcomed by older people, some of whom describe the role of a grandparent as redundant and difficult (Silverstein & Marenco, 2001).

Findler, Taubman–Ben-Ari, Nuttman-Shwartz and Lazar (2013) found that intergenerational relations can generate negative experiences of grandparenthood specifically related to stress and conflict. Grandparents can be confronted with grandchildren who are noisy and destructive, ultimately generating problems on the basis of their behaviour. Furthermore, grandparents can also experience constant worry or concern for the well-being of their grandchildren, which may result in feelings of frustration and helplessness (Findler, Taubman–Ben-Ari, Nuttman-Shwartz & Lazar, 2013; Fingerman, 1998).

The aforementioned is not true of all grandparents. Some studies report on mostly positive experiences of grandparenthood, where older adults describe their GP-GC relationship as fulfilling and positive (Geurts, Tilburg & Poortman, 2012; Harwood, 2000; Mansson, 2013).

In a study focussing on the GP-GC relationship in America, both older and younger generations describe their GP-GC relationship entrenched in love and reciprocal care (Mansson, 2013). Older people in most cases provide physical care for younger generations by means of money or food, and younger generations provide care for older generations in

terms of social interaction and engaging in generational transmission like storytelling (Bengston, 2001; Hoff, 2007; Mansson, 2013). Older people's circles of interpersonal connection decline rapidly due to the death of friends and spouses, and connection with grandchildren provides a valuable source of connectedness (Cronsoe & Elder, 2002). Blinn-Pike and McCasalin (2015) provide insights into connectedness in the GP-GC relationship, reporting the influence of physical proximity. Grandchildren described a disconnected relationship with grandparents underpinned by long distances and fewer visits, in contrast with the close connectedness described by grandchildren who see their grandparents every day (Blinn-Pike & McCasalin, 2015). Chan and Elder (2000) report the significance of gender-perception, where grandchildren in general describe a closer connected relationship with their grandmothers than with their grandfathers. Mansson (2013; 2014) reports that grandchildren who have high levels of communication with their grandparents tend to perceive them favourably regardless of the grandparents' gender or their proximity. Interactions in which grandchildren experience communication of love, care and shared identity promote their experiences of closeness to their grandparents (Mansson, 2013; 2014).

2.6. Grandparent-Grandchild Relationship: an African perspective

Intergenerational relationships in the African context are entrenched in normative beliefs of collectivism, where community members are actively involved in raising children with little emphasis on biologically-related grandparents and grandchildren/generations (Eke, 2003; Hagestad, 2006; Antonucci, Jackson & Biggs 2007). The GP-GC relationship in Africa is often blurred by the multigenerational relationships that go beyond the boundaries of the biologically-related family (Aboderin, 2011). Drivers such as HIV and Aids and the socio-economic climate in Africa have an effect on the nature of relationships between members of different generations (Aboderin, 2011; Oppong, 2006; Zimmer & Dayton, 2005). African grandparents play a major role in the child-fostering and care of grandchildren brought about

by the death of parents and or their migration in search of better jobs (Zimmer & Dayton, 2005). There is evidence that African grandmothers have stronger relations with their grandchildren and younger generations in general, underpinned by their kinship role to care for younger generations (HelpAge, 2013). The relationship between older and younger generations in Africa can be conceptualised against the backdrop of traditional African beliefs and history. Traditionally, there is great emphasis on filial piety in Africa, whereby grandchildren have the responsibility of caring for and respecting their elders (Oppong, 2006; Van der Geest, 1997). The role of older generations and specifically grandparents is critical when it comes to managing family resources, including labour, providing shelter, advice, support and security for the young in the African context (Oppong, 2006). In return younger generations (grandchildren) should care for grandparents when they are not able to care for themselves (Van der Geest, 1997).

Studies in South Africa that focused on relationships between members of different generations vary from positive to negative to ambivalent experiences and were concerned mainly with black South African families (Cunningham, Elo, Herbst & Hosegood, 2010; Grobler & Roos, 2012; Kimuna & Makiwane, 2008; Nkosinathi & Mtshali, 2015). These studies focused for the most part on historically-related members of different generations, without showing explicit interest in biologically-related generations. In a study focussing on the relationships between Setswana-speaking grandmothers and granddaughters, an overall ambivalence and negative relational nature comes to the fore (Mabaso, 2012). The older generation in this study perceive their grandchildren as disrespectful and rude, while their granddaughters perceive them as rigid and negative (Mabaso, 2012). The role of grandparents in black South African communities is portrayed as custodial, as grandparents are taking care of their grandchildren (Kelley, Whitley & Campos, 2011). These grandparent-headed families are extremely common in poor South African communities,

presenting a variety of challenges to the grandparents (Nkosinathi & Mtshali, 2015). These challenges emerged from the physical and emotional levels, and included a lack of available resources (Grobler & Roos, 2012). The grandparents find it challenging and exhausting to discipline their grandchildren, owing to their limited mobility and strength. These grandparents are also being challenged emotionally, as the grandchildren are possibly disobedient but their safety still has to be ensured. This causes frustration and concern (Grobler & Roos, 2012). Lastly, the lack of finances and the inadequate pensions seem to be a matter of great concern for grandparents. They experience high levels of stress which decreases their state of well-being and contaminates the experience of the GP-GC relationship (Grobler & Roos, 2012).

In contrast with these findings, Afrikaans- and English-speaking older people described their grandchildren and the younger generations in general as pleasant and supportive (Van Biljon & Roos, 2015). However, one has to consider the proximity of such relationships, as the Zulu-grandmothers and granddaughters share physical space and time, and the grandparents in the second study live in a residential care facility.

Despite the appreciation Afrikaans- and English-speaking grandparents have for the GP-GC relationship, they are portrayed as more individualistic, with a strong need for personal fulfilment. The extended family is not their primary focus and they rarely stay with their children and grandchildren (Eckersley, 2006; Pruchno, 1999). Retirement homes or old-age homes are used when the grandparents reach a certain age or when their health starts to deteriorate (van Biljon & Roos, 2015).

However, in the case of custodial grandparenthood, Afrikaans- and English-speaking grandparents are more likely than African grandparents to feel trapped in their role, drained, lonely and isolated. They usually feel the need for time to themselves, and they feel their social life is being negatively influenced. They experience their relationships with other

family members as also being influenced by their responsibility in caring for their grandchildren, and feel that they don't have as much privacy as they would like (Pruchno, 1999).

Roos and Nagel (2016) discuss the GP-GC relationship from the perspective of young adults. They report an effective intergenerational relationship, characterised by physical and emotional intimacy and empathy, with the potential to fulfil the needs of both generations. Young adults describe their grandparents as affectionate, supportive and caring (Roos & Nagel, 2016). One may again postulate that proximity influenced the experiences of the relationship, as these participants were postgraduate students living away from home. They view their grandparents as wise and knowledgeable. These grandparents are eager to teach their grandchildren life lessons while attempting to adjust to the evolving society so as to be able to relate to their grandchildren.

3. Contextualisation of present research study

For the purpose of the present research study, the researcher endeavoured to include a diverse group of Afrikaans- and English-speaking older people, in an effort to explore the Grandparent-Grandchild (GP-GC) relationship in the contemporary South African context. This was done in an effort to report on the nuanced experiences of the GP-GC relationship from the perspective of older people.

The phrase "older people" in this study refers to individuals aged 60 years and older in accordance to the Older Persons Act of South Africa (Older Persons Act 13 of 2006). Maree and Pietersen (2011) suggest that researchers who want to study a homogeneous population, such as a group of Afrikaans- and English-speaking older people, could consider using smaller sample sizes. However, the researcher is not ignoring the heterogeneity within the group expressed by means of each person's unique life course and the relationship shared with their grandchildren. To understand the impact of a person's life course on his/her

experiences of a phenomenon, one has to explore the person deeply embedded in their social structures (Rumbaut & Komaie, 2010; Settersten & Ray, 2010).

In recent years, several empirical studies have reported on the high-prevalence of maltreatment and abuse of older people in these care-settings by a family member, and particularly by members of younger generations (Ferreira, 2004; Ferreira & Lindgren, 2008). Van Aardt and Roos (2016) and Aboderin and Hoffman (2015), suggest that South African social researchers should explore the relational nature of intergenerational relationships, specifically of biologically-related generations. Understanding the relationship shared between grandparents and their grandchildren may inform researchers of strategies that contribute to cohesion between generations, and in turn create an environment in which younger generations want to care for older generations. A strained relationship between a grandparent and their grandchild are not conducive to any form of care and reciprocal respect (Silwerstein & Bengston, 1997; Rogler, 2002; Van Aardt & Roos, 2016), so initially one has to explore the existing relationship in an effort to prepare the groundwork for future intergenerational programs focused on stimulating cohesion. These studies laid the ground work and identified individuals older than 60 living in a retirement home or old-age home as a population group whose relationship with their grandchildren should be further investigated. Furthermore, a gap in current research has been indicated, emphasising a need to gain a more in-depth understanding of intergenerational relationships, specifically between Afrikaans- and English-speaking grandparents and their grandchildren.

4. Problem Statement

The preceding literature study shows that population ageing is a worldwide phenomenon that results in an increased strain for the family supporting older people. Furthermore, a lack of research focussed on the GP-GC relationship in the South African context is also evident. The life-course perspective, together with the Intergenerational

Solidarity Framework (ISF) is used to explore relationships between members of different generations, in this case grandparents and grandchildren across time (Dunifon & Bajracharya, 2012; Monserud, 2008; Crosnoe & Elder, 2002). This theoretical approach is underpinned by the belief that intergenerational relationships change because one or both generations may be experiencing significant life events (Dunifon & Bajracharya, 2012; Hodgson, 1992, 1998; Monserud, 2008; Crosnoe & Elder, 2002). The life course perspective predicts that a) grandchild/grandparent involvement is tied to the place and time in which people are living (Elder & Johnson, 2003; Giele & Elder, 1998; Kemp, 2007; Settersten, 2010), b) each relationship between family members is influenced by the different family connections (Cox & Paley, 1997), and c) the age and the phase of life of family members affect the relationships among them (Elder, 1998). Applying the solidarity framework will enable the researcher to understand the GP-GC relationship underpinned by the intergenerational interactions that represent sentiments, attitudes and behaviours that unite family members across generations (Monserud, 2008).

The intergenerational solidarity conceptual framework represents an approach which aims to obtain family cohesion and, in turn, cohesion among members of different generations, with the focus on grandparents and grandchildren (Bengtson & Roberts, 1991; Silverstein & Bengtson, 1997). This approach will lead to an understanding of the GP-GC relationship from a multi-dimensional perspective (Silverstein & Bengtson, 1997). Intergenerational solidarity is conceptualised as a multidimensional construct that includes affectual, associational, consensual, functional, normative and structural solidarity (Bengtson & Roberts, 1991). Each of the multiple dimensions of solidarity is distinct, and each represents a positive and a negative aspect: intimacy and distance (affectual solidarity), conformity and opposition (consensual solidarity), dependence and autonomy (functional solidarity), integration and isolation (associational solidarity), opportunities and barriers

(structural solidarity), familism and individualism (normative solidarity) (Bengston et al., 2002; Bengston & Roberts, 1991; Silverstein & Bengston, 1997). Ethnic differences in intergenerational solidarity contributed to the understanding of how cultural and structural factors are associated with ethnic differences in intergenerational solidarity (Schans & Komter, 2010).

Exploring Afrikaans- and English-speaking grandparents' relationship of their GP-GC relationship will shed light on its relational nature from the perspective of the older generation. This is of particular interest against the backdrop of the staggering 4.4 million people aged 60 and older who reside in South Africa, where 8.2 % represent white older people (StatsSA, 2016). The importance of intergenerational relationships has been debated for many years, but little is known of the relational nature of relationships between biologically-related generations (Aboderin & Hoffman, 2015; Antonucci et al., 2007). This is of particular interest, as the ageing South African population will grow even older by 2030, suggesting that older people will remain part of their family and society for a longer period of time. Older people are going to need some form of care or assistance during their critical ageing stages (WHO, 2015). Caring for generations in South Africa is underpinned by the Afrocentric normative obligation whereby the family is described as most appropriate unit to provide care (Aboderin, 2012; Amoateng & Richter, 2007). Yet in recent years a number of empirical studies have reported a high-prevalence of the maltreatment and abuse of older people in these care-settings by a family member, and particularly members of the younger generations (Ferreira, 2004; Ferreira & Lindgren, 2008). Van Aard and Roos (2016) and Aboderin and Hoffman (2015, suggest that South African social researchers should explore the relational nature of intergenerational relationships, specifically those of biologically-related generations.

5. Aim of the study

This study aims to explore Afrikaans- and English-speaking older people's experiences of the Grandparent-Grandchild relationships (GP-GC) in an effort to provide insight into the relational aspects of the GP-GC relationship in the South African context. Understanding the relationship shared between grandparents and their grandchildren may inform researchers of strategies that contribute to cohesion between generations, and in turn create an environment in which younger generations want to care for older generations. A strained relationship between a grand-parent and their grandchildren is not conducive to any form of care and reciprocal respect (Silwerstein & Bengston, 1997; Rogler, 2002; Van Aardt & Roos, 2016). For this reason, the study will focus on exploring the existing relationship in an effort to prepare for future intergenerational programs focused on stimulating cohesion.

References

- Aboderin, I. (2005). Understanding and responding to ageing, health, poverty and social change in Sub-Saharan Africa. Paper presented at the Research on ageing, health and poverty in Africa, Oxford.
- Aboderin, I. (2006). Intergenerational support and old age in Africa. Transaction Publishers.
- Aboderin, I., & Ferreira, M. (2008). Linking ageing to development agendas in sub-Saharan Africa: Challenges and approaches. *Journal of Population Ageing*, 1(1), 51-73.
- Aboderin, I. (2011). Understanding and advancing the health of older populations in Sub-Saharan Africa: Policy perspectives and evidence needs. *Public health reviews*, 32(2), 357-376
- Aboderin, I. (2012a). Ageing Africa: opportunities for development. *Global Population Ageing: Peril or Promise?*, 161(242), 69.
- Aboderin, I. (2012b). Global poverty, inequalities and ageing in Sub-Saharan Africa: a focus for policy and scholarship. *Journal of Population Ageing*, 1-4.
- Aboderin, I., & Hoffman, J. (2015). Families, Intergenerational Bonds, and Aging in Sub-Saharan Africa. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 34(03), 282-289.
- Amoateng, A. Y., & Richter, L. M. (2007). Social and economic context of families and households in South Africa. In A. Y. Amoateng and T. B. Heaton (Eds.). *Families and Households in Post-Apartheid South Africa*: Cape Town: HSRC Press.
- Anetzberger, G. J. (2002). Community resources to promote successful aging. *Clinics in geriatric medicine*, 18(3), 611-625.
- Antonucci, T. C., Jackson, J. S., & Biggs, S. (2007). Intergenerational relations: Theory, research, and policy. *Journal of Social Issues*, 63(4), 679-693.
- Ball, L. J., & Birge, S. J. (2002). Prevention of brain aging and dementia. *Clinics in*

- geriatric medicine*, 18(3), 485-503.
- Bengtson, V. L. (2001). Beyond the nuclear family: The increasing importance of multigenerational bonds. *Journal of Marriage and Family*, 63(1), 1-16.
- Bengtson, V. L., & Roberts, R. E. L. (1991). Intergenerational solidarity in aging families: An example of formal theory construction. *Journal of Marriage and the Family*, 856-870.
- Bengtson, V., Giarrusso, R., Mabry, J. B., & Silverstein, M. (2002). Solidarity, conflict, and ambivalence: Complementary or competing perspectives on intergenerational relationships? *Journal of Marriage and Family*, 64(3), 568-576.
- Blinn-Pike, L. B., & McCaslin, B. (2015). College Students: Journaling about their intergenerational relationships with their living and deceased grandparents. *College Student Journal*, 49(4), 475-486.
- Biggs, S., Haapala, I., & Lowenstein, A. (2011). Exploring generational intelligence as a model for examining the process of intergenerational relationships. *Ageing and Society*, 31(07), 1107-1124.
- Bloom, D. E., Canning, D., & Fink, G. (2010). Implications of population ageing for economic growth. *Oxford review of economic policy*, 26(4), 583-612.
- Brubaker, T. H., & Brubaker, E. (1999). The four r's of intergenerational relationships: implications for practice *Michigan family review*, 4, 5-15.
- Byng-Maddick, R., & Noursadeghi, M. (2016). Does tuberculosis threaten our ageing populations? *BMC Infectious Disease*, 16(119), 1-5.
- Carey, J. R., Liedo, P., Orozco, D., & Vaupel, J. W. (1992). Slowing of mortality rates at older ages in large medfly cohorts. *Sci-ence*, 258, 457-91.
- Chan, C. G., & Elder, G. H. (2000). Matrilineal advantage in grandchild–grandparent relations. *The Gerontologist*, 40(2), 179-190.
- Cox, M. J., & Paley, B. (1997). Families as systems. *Annual review of psychology*, 48(1),

243-267.

- Crosnoe, R., & Elder, G. H. (2002). Life Course Transitions, the Generational Stake, and Grandparent- Grandchild Relationships. *Journal of marriage and family*, 64(4), 1089-1096.
- Cunningham, S. A., Elo, I. T., Herbst, K., & Hosegood, V. (2010). Prenatal development in rural South Africa: Relationship between birth weight and access to fathers and grandparents. *Population Studies*, 64(3), 229-246.
- Dixon, S. (2003). Implications of population ageing for the labour market. *Labour Market Trends*, 111(2), 67-76.
- Dunifon, R., & Bajracharya, A. (2012). The role of grandparents in the lives of youth. *Journal of family issues*, 33(9), 1168-1194.
- Eckersley, R. (2006). Is modern Western culture a health hazard? *International journal of epidemiology*, 35(2), 252-258.
- Eke, B. (2003). The Impact of AIDS on Intergenerational Relationships in Africa. *Journal of Intergenerational Relationships*, 1(3), 9-24.
- Elder, G. H. (1998). The life course as developmental theory. *Child development*, 69(1), 1-12.
- Elder, G. H., & Johnson, M. K. (2003). The life course and aging: Challenges, lessons, and new directions. *Invitation to the life course: Toward new understandings of later life*, 49-81.
- Fent, T., Diaz, B. A., & Prskawetz, A. (2013). Family policies in the context of low fertility and social structure. *Demographic Research*, 29, 963.
- Ferreira, M. (2004). Elder abuse in Africa: What policy and legal provisions are there to address the violence? *Journal of Elder Abuse & Neglect*, 16(2), 17-32.
- Ferreira, M., & Lindgren, P. (2008). Elder abuse and neglect in South Africa: A case of

- marginalization, dis-respect, exploitation and violence. *Journal of Elder Abuse and Neglect*, 20(2), 91-107.
- Fingerman, K. L. (1998). The good, the bad, and the worrisome: Emotional complexities in grandparents' experiences with individual grandchildren. *Family Relations*, 403-414.
- Findler, L., Taubman–Ben-Ari, O., Nuttman-Shwartz, O., & Lazar, R. (2013). Construction and validation of the multidimensional experience of grandparenthood set of inventories. *Social Work Research*, 37(3), 237-253.
- Geurts, T., van Tilburg, T. G., & Poortman, A. (2012). The grandparent-grandchild relationship in childhood and adulthood: A matter of continuation? *Personal Relationships*, 19(2), 267-278.
- Giacalone, D., Wendin, K., Kremer, S., Bom Frøst, M., Bredie, W., Olsson, V., . . .
- Risvik, E. (2016). Health and quality of life in an aging population – Food and beyond. *Food quality and preference*, 47, 166-170.
- Giele, J. Z., & Elder, G. H. (Eds.). (1998). *Methods of life course research: Qualitative and quantitative approaches*. Sage Publications.
- Glover, P., & Prideaux, B. (2009). Implications of population ageing for the development of tourism products and destinations. *Journal of Vacation Marketing*, 15(1), 25-37.
- Goodrick, W. (2013). Policy implications and challenges of population ageing in South Africa. (Unpublished master thesis). University of Free State, Bloemfontein, South Africa.
- Goodrick, W., & Pelsler, A. (2014). The greying of a rainbow nation: Policy responses to the implications of population ageing in South Africa. *Etude de la Population Africaine*, 28(1), 648.
- Grobler, H., & Roos, V. (2012). Psychosocial experiences of coloured grandmothers who

- are the primary care givers of their grandchildren. *Journal of psychology in africa*, 22(4), 623–632.
- Hagestad, G. O. (2006). Transfers between grandparents and grandchildren: The importance of taking a three-generation perspective. *Zeitschrift für Familienforschung-Journal of Family Research*, 18(3).
- Harper, S. (2011a). Demographic transition: positioning the age-structural change perspective. *Journal of Population Ageing*, 4(3), 119 -120.
- Harper, S. (2011b). Demographic transition and the demographic deficit: Rethinking intergenerational equity. *History*. 18(9), 56-82.
- Harwood, J. (2000). Communication media use in the grandparent- grandchild relationship. *Journal of Communication*, 50(4), 56-78.
- HelpAge International. (2013). Ageing in the twenty-first century: A celebration and a challenge. United Nations Population Fund (UNFPA), London: HAI
- Hodgson, G. M. (1998). On the evolution of Thorstein Veblen's evolutionary economics. *Cambridge journal of Economics*, 22(4), 415-431.
- Hodgson, G. M. (1992). The reconstruction of economics: is there still a place for neoclassical theory?. *Journal of Economic Issues*, 26(3), 749-767.
- Hoff, A. (2007). Patterns of intergenerational support in grandparent-grandchild and parent-child relationships in Germany. *Ageing & society*, 27, 643–665.
- Joubert, J., & Bradshaw, D. (2006). Population Ageing and Health Challenges. *View a breakdown of smaller files at <http://www.mrc.ac.za/chronic/cdl1995-2005.htm>, 204.*
- Kalasa, B. (2001). Population and ageing in Africa: A policy dilemma. *Addis Ababa: UNFPA*.
- Kelley, S. J., Whitley, D. M., & Campos, P. E. (2011). Behavior problems in children

- raised by grandmothers: The role of caregiver distress, family resources, and the home environment. *Children and Youth Services Review*, 33(11), 2138-2145.
- Kemp, C. L. (2007). Grandparent-Grandchild Ties Reflections on Continuity and Change Across Three Generations. *Journal of Family Issues*, 28(7), 855-881.
- Kennedy, G. E. (1992). Quality in grandparent/grandchild relationships. *The International Journal of Aging and Human Development*, 35(2), 83-98.
- Kimuna, S. R., & Makiwane, M. (2008). Older people as resources in South Africa. *Journal of aging & social policy*, 19(1), 97-114.
- Kivnick, H. Q. (1985). Grandparenthood and mental health: Meaning, behaviour, and satisfaction.
- Kivnick, H. Q. (1988). Grandparenthood, life review, and psychosocial development. *Journal of Gerontological Social Work*, 12(3-4), 63-81.
- Lloyd-Sherlock, P. (2000). Population ageing in developed and developing regions: implications for health policy. *Social science & medicine*, 51(6), 887-895.
- Lutz, W., Sanderson, W., & Scherbov, S. (2008). The coming acceleration of global population ageing. *Nature*, 451(7179), 716-719.
- Mabaso, T. (2012). An exploration of the intergenerational relationships between young adults and older people in the Khuma community (Unpublished master's thesis). North-West University, Potchefstroom.
- Mansson, D. H. (2013). The grandchildren received affection scale: Examining affectual solidarity factors. *Southern communication journal*, 78(1), 70-90.
- Mansson, D. H. (2014). Trust as a Mediator Between Affection and Relational Maintenance in the Grandparent-Grandchild Relationship. *Southern Communication Journal*, 79(3), 180-200.
- Maree, K., & Pietersen, J. (2011). In K. Maree (Ed.), *First steps in research 7*, 172-

- 180). Pretoria: Van Schaik Publishers.
- Mitchell, W. (2008). The role played by grandparents in family support and learning: considerations for mainstream and special schools. *Support for learning, 23*(3), 126-135.
- Monserud, M. A. (2008). Intergenerational Relationships and affectual solidarity between grandparents and young adults. *Journal of marriage & family, 70*(1), 182-195.
- Nabalamba, A., & Chikoko, C. (2011). *Aging population challenges in africa.*
- Nkosinathi, M., & Mtshali, G. (2015). The relationship between grandparents and their grandchildren in the black families in south africa. *Journal of comparative family studies, 16*(1), 75-83.
- O'Brien, E. L., Hess, T. M., Kornadt, A. E., Rothermund, K., Fung, H., & Voss, P. (2017). Context influences on the subjective experience of aging: The impact of culture and domains of functioning. *The Gerontologist, 57*(2), 127-137.
- Olen, S., Macht, M. P., & Marchand, M. (1998). Images of grandparents in English South African children's picture books. . *South African Journal of Library & Information Science, 66*(2), 78-85.
- Oppong, C. (2006). Familial roles and social transformations older men and women in sub-Saharan Africa. *Research on Aging, 28*(6), 654-668.
- Palamuleni, M., Kalule-Sabiti, I., & Makiwane, M. (2007). Fertility and childbearing in South Africa. In A.Y. Amoateng & T.B. Heaton (Ed.), *Families and households in post-apartheid South Africa: socio-demographic perspectives* (pp. 113-134). Cape Town: HSRC Press.
- Pillay, N. K., & Maharaj, P. (2013). Population ageing in Africa. In *Aging and Health in Africa* (pp. 11-51). Springer US.
- Pruchno, R. (1999). Raising grandchildren: The experiences of black and white grandmothers. *The Gerontologist, 39*(2), 209-221.

- Rice, D. P., & Fineman, N. (2004). Economic implications of increased longevity in the United States. *Annu. Rev. Public Health, 25*, 457-473.
- Rogler, L. H. (2002). Historical generations and psychology: The case of the great depression and world war II. *American psychologist, 57*(12), 1013-1023.
- Roos, V., & Nagel, U. (2016). Towards intergenerational solidarity: Relational qualities of young adults' in interactions with familiarly-related older people. Manuscript submitted for publication.
- Rowe, J. W., & Kahn, R. L. (1997). Successful aging. *The gerontologist, 37*(4), 433-440.
- Rumbaut, R. G., & Komaie, G. (2010). Immigration and adult transitions. *The Future of Children, 20*(1), 43-66.
- Sandhu, S. K., & Barlow, H. M. (2002). Strategies for successful aging. *Clinics in geriatric medicine, 18*(3), 643-648.
- Schans, D., & Komter, A. (2010). Ethnic differences in intergenerational solidarity in the Netherlands. *Journal of Aging Studies, 24*(3), 194-203.
- Sedick, S., & Roos, V. (2011). Older people's portrayal in the print media: Implications for intergenerational relations. *Journal of psychology in africa, 21*(4), 549-554.
- Settersten, R. A. & Ray, B. (2010). What's going on with young people today? The long and twisting path to adulthood. *The Future of Children, 20*(1), 19-41.
- Silverstein, M., & Bengtson, V. L. (1997). Intergenerational Solidarity and the Structure of Adult Child- Parent Relationships in American Families. *American journal of Sociology, 103*(2), 429-60.
- Silverstein, M., & Marenco, A. (2001). How Americans enact the grandparent role across the family life course. *Journal of Family Issues, 22*(4), 493-522.
- South Africa. Department of Social Development. (2012). *White paper on families in South Africa*. Pretoria: Department of Social Development.

- Statistics South Africa (2016). *Statistical release: Midyear population estimates*. Pretoria: Statistics South Africa.
- Sung, K. T. (2004). Elder respect among young adults: A cross-cultural study of Americans and Koreans. *Journal of Aging Studies, 18*(2), 215-230
- Thomas, J. L. (1990). The grandparent role: A double bind. *The International Journal of Aging and Human Development, 31*(3), 169-177.
- United Nations Economic and Social Council. (2013). Millennium Development Goals (MDG) report. New York. (E/UN.2013/MDG2013).
- Vaillant, G. E., & Mukamal, K. (2001). Successful aging. *American Journal of Psychiatry, 158*(6), 839-847.
- Van Aardt, J. M. (2014). *Young adults' experiences of respect in their relations with older people* (Master dissertation, North-West University).
- Van Aardt, J. M., & Roos, V. (2016). Young female adults' experiences of respect in relation to older people in South Africa: A relational perspective. *International journal of psychology, 51*(S1), 49-51. doi: 10.1002/ijop.12295
- Van Biljon, L., & Roos, V. (2015). The nature of quality of life in residential care facilities: the case of white older South Africans. *Journal of Psychology in Africa, 25*(3), 201-207.
- Van der Geest, S. (1997). Between respect and reciprocity: Managing old age in rural Ghana. *Southern Journal of Gerontology, 6*(2), 20-25.
- Wiener, J. M., & Tilly, J. (2002). Population ageing in the United States of America: implications for public programmes. *International journal of epidemiology, 31*(4), 776-781.
- WHO (2015). *World Report on Ageing and Health*. Geneva: World Health Organization.
- Zimmer, Z., & Dayton, J. (2005). Older adults in sub-Saharan Africa living with children and grandchildren. *Population studies, 59*(3), 295-312.

SECTION II: RESEARCH DESIGN AND METHODOLOGY

This section consists of a discussion on the research approach and the paradigm used in this research study. Thereafter, the rationale of the use of a qualitative descriptive research design is placed within a theoretical context and its application in this study is explained. Key elements pertaining to the participants and research context, data generation and data analysis are included. In addition, an explanation of the strategies used for ensuring sound research quality and methodology are provided, together with the ethical principles that were considered. The section concludes with a detailed account of the research procedure followed in conducting the study.

6. Methods

Creswell (2013) defines a research design as a systematic plan to conduct a specific study. Fick (2015) maintains that a research design is a plan for collecting and analysing evidence that will enable the researcher to answer questions relating to the selection of the techniques of data analysis. This research study aims to explore older people's experiences of the GP-GC relationship. The research design and methodology therefore consist of the following main components: (1) the *methodology*; (2) the *site, sampling* and *sample* of where and from whom the data was collected; (3) the *data generating strategies*; and (4) the *data analysis* that was implemented in the research study.

6.1. Research approach and paradigm

A qualitative research approach was used to explore older people's experiences of the GP-GC relationship. Qualitative research produces data that are rich in detail and sensitive to context and can be a reflection of complex processes or sequences of social life (Neuman & Wiegand, 2000). This method provides an in-depth understanding of the subjective experiences of the relationships in the context in which they take place (Creswell, 2007). It was therefore considered to be the most suitable approach to achieving the aim of the present

study. Employing qualitative research methodology gave the researcher an insider's view of older people's perception of the GP-GC relationship. Older people's experiences of the GP-GC relationship could not be genuinely appreciated if it were to be defined exclusively by quantifiable constructs. The framework of quantitative research methodology would not be nugatory, but merely incongruent with the context of this study.

A paradigm refers to "a set of interdependent assumptions about the social world that provides a philosophical and conceptual framework for the organized study of that world" (Ponterotto, 2005). A paradigm leads to a world view, a set of assumption and shared understanding about ontology, epistemology and methodologies (Schultheiss, 2005). Constructivism assumes that *context* is vital in the understanding of events, behaviours and attitudes. This paradigm assumes that knowledge is socially constructed by the individuals that participate in the research study. Connections are therefore being made between the participants' experiences and systems of influence such as family and interpersonal relationships (Schultheiss, 2005). Grandparents are viewed as social agents whose experiences are all different and unique, constructed through social interaction with their families and specifically their grandchildren. The social constructivism paradigm was adopted to guide her interpretations of the social experiences as reported by the participants (Ponterotto, 2005; Schultheiss, 2005). The researcher attempted to steer away from relying on her own assumptions and was aware of personal, historical and cultural bias, which could influence her interpretations of the data.

6.2. Research design

Lambert and Lambert (2012) argue that a research design refers to a comprehensive summary of the different components of the study in a coherent and logical way. The research design ensures that the research problem is effectively addressed and constitutes a blueprint for the collection, measurement and analysis of data. A qualitative descriptive

design was adopted based on its eclectic nature and the well-considered combination of sampling, data collection and analysis (Sandelowski, 2000). This design drew from naturalistic enquiry, which refers to studying a phenomenon in its natural state as far as possible within the research context (Lambert & Lambert, 2012). Sandelowski (2000) suggests that qualitative researchers apply this design in an effort to explore the phenomenon being studied in terms of the What, the Where and the Why. Following this design enabled the researcher to describe the studied phenomenon comprehensively by means of the experiences shared by the participants. This research design gives an in-depth conceptual description and explanation of a particular phenomenon while using methods of synthesizing, theorizing and decontextualizing while staying close to the data gathered (Neergaard et al., 2009). During this research study, the researcher attempted to maintain a naturalistic and objective stance while gathering information and to formulate accurate descriptions and interpretations while staying true to the facts provided by the participants.

6.3.Participants and research context

6.3.1. Research setting. The research setting refers to the location where the data collection took place. The setting requires careful consideration, as it can affect the quality of the data (i.e. the quality of the responses and the recording) (Hesse-Biber & Leavy, 2010). The accessibility, suitability and feasibility of the research setting required careful consideration as it would influence the findings of the research study. Furthermore, seeing that the sample consisted of older people (vulnerable participants), the safety and convenience of the participants was also prioritised throughout the research process. Three residential care facilities situated in the Gauteng province were selected by means of purposive sampling and based on the facilities' willingness to participate in the research study. This method of sampling is described as the researcher's judgement together with the primary purpose of the study which was used to select participants who have the required experience relating to that

specific topic/theme (Groenewald, 2004). Subsequently, permission from the management/director of each facility was obtained by means of a letter of goodwill (Appendix A) indicating their voluntary agreement to participate in the research study.

6.3.2. Sampling. Cleary, Horsfall, and Hayter (2014) explain sampling as a process that involves the selection of a portion of the population being studied. Twenty-one participants were recruited by means of purposive sampling which was regarded as most effective in providing clear and understandable knowledge regarding issues of human behaviour, experiences and perceptions in qualitative research (Marshall, 1996).

6.3.3. Sample. A sample refers to a small group of individuals selected from the population by means of a specific sampling method. This sample is representative of the population rendering the results generalizable to that specific population (Gravetter & Farzano, 2012). The participants were purposefully selected according to the specific characteristics that were in line with the requirements of the inclusion criteria (Maree & Pietersen, 2011). For this study, the participants had to meet the following inclusion criteria:

- Participants have to be 60 years of age or older in accordance with the Older Persons' Act of South Africa.
- Afrikaans or English must be the participant's first language.
- Participants must have at least one living grandchild.
- Participants must be situated in Gauteng owing to established relationships with the gatekeepers. Geographical distance between the grandparent/s and grandchildren is irrelevant and in accordance with the number of Afrikaans- and/or English-speaking older people in the Gauteng province, South Africa.

The exclusion criteria for the research study include the following:

- Older persons who are diagnosed with a neurocognitive disorder for whom an interview would be too taxing or who may be unable to communicate coherently.
- Older persons who are physically weak and fatigue easily will not be able to participate in a 45-minute discussion.
- Older persons who do not have any grandchildren.

6.3.3.1. Vulnerability of the participants. Aldridge (2014) argues that ‘vulnerability’ is context specific and points towards one’s susceptibility to harm or risk or is an indication of enhanced need. Vulnerability can also refer to one’s capacity for self-care and ability to conduct one’s own affairs (Aldridge, 2014). The participants in this research study included Afrikaans- and/or English-speaking older people aged 60 years and older. They were classified as vulnerable because of the increased likelihood of chronic conditions, as well as physiological, sensory, and cognitive decline resulting in frail and vulnerable individuals (Kang, 2014). Vulnerable adults are known to struggle with the balance of personal capabilities and situational demands, which includes difficulty with mobility, self-care tasks, isolation, lack of support and poverty (Greysen et al., 2014). These definitions of vulnerable adults make it clear that additional precautions should be taken when approaching older adults to participate in a research study. As a result of this vulnerability, the necessary arrangements/precautions were implemented to ensure their safety at all times during the data collection.

6.3.3.2. Recruitment of participants. First, the manager/programme coordinators of the three identified old age homes/retirement homes with authority to control access to the different settings were identified as *gatekeepers*. A formal meeting was arranged in which the present research study was discussed in detail. The researcher was present to address questions and concerns regarding the research. Qualified social workers employed at the facilities served as

mediators. The mediators were responsible for the recruitment of prospective participants by informing them about their role in the research study, the purpose and aim of the study, ensuring clear communication between the researcher and the participants.

Secondly, the recruitment and informed consent process was performed by the mediators. Prior to the recruitment process, the researcher met with the mediators to explain the research study as well as the content of the consent forms. Thereafter, the mediators issued the informed consent forms to each participant and were granted the opportunity of taking the informed consent form home for two to three weeks before deciding whether they would agree to participate (Appendix B). This allowed them to carefully read through the consent form and to think about possible questions or uncertainties they might have relating to the research study. These questions or uncertainties were addressed at the meeting arranged with the mediator where those participants who had agreed to participate in the study signed the consent forms.

Thirdly, the mediator was contacted to schedule a meeting time at the specific facility and to conduct an in-depth interview with the prospective participant. Before the interview commenced, the participant was reminded of the purpose of the interview, the length of the interview and the issue of confidentiality (Becker, Roberts, Morrison & Silver, 2004).

6.4. Data collection

Data collection is a systematic process during which information/facts are obtained regarding a specific phenomenon or experience (Berry, 2009). In depth interviews were conducted to generate a rich and detailed database relating to a specific topic.

6.4.1. In-depth interviews.

In qualitative research, interviews are utilized to generate an understanding of people's lived experiences and the meaning/interpretation of their experience (Doody & Noonan, 2013; Seidman, 2013). Berry (2009) describes in-depth interviews as an unstructured conversation between the researcher and a participant, in which the researcher

elicits information in order to achieve a holistic understanding of the phenomena being studied. Unstructured interviews are non-directive and flexible. An interview schedule is utilized, comprising different themes and several open-ended questions (Doody & Noonan, 2013). Conducting in-depth interviews gave the researcher an insider's view of the participant's thoughts and interests, which allowed her to generate rich data through probing and following up on interesting cues/themes.

An interview schedule refers to a set of questions aimed at testing a certain hypothesis or assumption (Doody & Noonan, 2013). The different themes were identified during a thorough literature review from which questions arose to elicit participants' ideas, thoughts and feelings relating to the experience of grandparenthood (Malagon-Maldonado, 2014). The researcher asked the participants the following;

Tell me about your relationship with your grandchildren (Appendix C).

This gave the researcher the space to use probing (if needed), to focus on specific aspects mentioned by the participants, and to enable the researcher to understand the GP-GC relationship from the worldview of the participant (Berry, 2009). The researcher attempted to keep the follow-up questions open-ended, neutral, sensitive and clear to the participants (Britten, 1995). An important skill required for conducting qualitative research includes qualitative sensibility, which refers to the orientation towards research (Clarke & Braun, 2013). The researcher therefore paid attention to her own judgements/ biases (bracketing), I developed double-consciousness by listening intently and reflecting on what was being said. She also adopted a warm/friendly manner to put the participants at ease and to establish rapport and trust (Clarke & Braun, 2013). Special attention was given to the participants' social cues (i.e. voice, intonation, body language, etc.), providing extra information which added to the verbal answer of the participant (Opdenakker, 2006). The interview commenced

with non-threatening and easy-to-answer questions/themes and gradually moved to the more difficult or sensitive topics (Doody & Noonan, 2013).

The themes that arose from the literature review were focussed on during the interviews and were as follows:

- Positive intergenerational bonds
- Sources of support
- Intergenerational transmission of knowledge and wisdom and
- Challenges and concerns regarding grandparenthood.

Follow-up questions were posed to clarify a participant's response to a question (i.e. 'How did you feel about that?' or 'Can you tell me more about that?').

6.4.1.1. Conducting the in-depth interviews.

Qualitative research usually takes place in an individual's own territory, in naturally occurring settings (e.g. homes, schools etc.) (Willig, 2013). The participants were therefore regarded as the experts on the phenomenon being researched, allowing them the opportunity of describing/explaining their experiences, perceptions and interpretation of the specific phenomenon (GP-GC relationship). As a qualitative researcher, the researcher attempted to be interactive and sensitive to the language and concepts used by the participants and maintained the flexibility of the research agenda (Britten, 1995). She continually clarified her understanding with the participant instead of relying on her own assumptions. During the interviewing process, she was aware of the possible pitfalls and/or challenges commonly associated with qualitative interviewing as outlined by Britten (1995) and Clarke and Braun (2013) respectively: maintaining control over the interview, handling large volumes of data, interruptions, distractions, stage fright, awkward questioning and the temptation to counsel the participants.

The in-depth interviews were conducted on the premises of the different facilities at the specific/allocated times and at the most convenient location for the participants. It was either in a participant's room or in a cool, ventilated room/office with beverages and comfortable seats available for the participants. The setting was appropriate, suitable and easily accessible for each participant, especially for the individuals who made use of wheelchairs, walking frames and crutches. The setting also allowed for privacy and ensured confidentiality (Hesse-Biber & Leavy, 2010). The interviews were audio recorded for transcription purposes and to ensure that the information did not get lost. Audio recording proved to be beneficial because it could be listened to repeatedly when in doubt during the data analysis and it provides a basis for validity and reliability (Al-Yateem, 2012).

During the interviewing process, the researcher wanted comfortable interaction with each participant to allow them to provide a detailed account of their experiences, perceptions and interpretations of the GP-GC relationship (Doody & Noonan, 2013). The researcher familiarized herself with the necessary interviewing techniques and strategies that would enable her to conduct effective qualitative interviews (Britten, 1995). The following strategies were followed: empathy, active listening, maintaining eye contact, probing, paraphrasing, clarification and summarising (Doody & Noonan, 2013). The researcher was continually aware of how the participants might be affected by the interview and the method of interviewing (Al-Yateem, 2012). She therefore explained the method of interviewing before the interview started and monitored their comfort levels throughout the process.

A concluding statement, summarizing the major points of the interview, was made at the end of the interview. The researcher tried not to end the interview on a difficult, threatening and painful topic. The concluding remarks steered the interview towards a positive experience (King, Cassell & Symon, 1994). Each participant was allowed an opportunity to ask questions or comment on the discussion and the process that had taken

place. The researcher thanked the participants for their willingness and cooperation in taking part in the study. They were also reminded that they could attend a debriefing session conducted by a registered independent psychologist, should they require it. This was done to address any concerns or potentially harmful risks that might have arisen during the interview. To date, no participants have asked to attend a debriefing session. The services will be made available those who might request it in future.

The number of participants was not predetermined, so the interviews continued until data saturation and information redundancy had been reached (Sandelowski, 2000). In other words, the sample size was fixed once no new information on the specific topic/theme being studied was found, which ensured complete, trustworthy and balanced findings. Guest, Bunce and Johnson (2006) suggest that a qualitative researcher should use at least 12 participants in order to yield the individuals' and the group's rich experiences. Following the twenty-first interview, data saturation was reached. This was determined when the participants started repeating themes and information. The researcher listened to the participants' interview recordings and realised that no new information would be generated if the data gathering process were to continue.

6.4.2. Field notes.

Fieldnotes are a method of data collection that gives the researcher the opportunity of recording what is seen and heard outside the immediate context of the interview (Ritchie, Lewis, Nicholls & Ormston, 2013). The researcher made use of field notes to record observations made during the interviews which helped her make sense of the participants' experiences and perspectives (Montgomery & Bailey, 2007). The field notes included keeping a reflective journal during the data generation process (Palmer, 2010).

6.4.2.1. Reflective notes.

Reflection on the research process is becoming increasingly more popular in the field of qualitative research (Majid, 2016; Cheng, 2017). It allows the researcher to reflect upon her presuppositions, choices, experiences and actions during the research process (Hamill & Sinclair, 2010). Keeping a self-reflective journal facilitated reflexivity and allowed for the self-assessment of evolving attitudes or beliefs relating to the research study (Hamill & Sinclair, 2010). The journal in this case included the researcher's thoughts, insights and reflections relating to the research and she was able to start identifying emerging themes throughout the data gathering process.

6.5.Data analysis

Data analysis refers to a process whereby raw data is transformed into useable information (Clarke & Braun, 2014). It highlights people's perceptions, feelings, experiences and understandings which is paramount in the study (Vaismoradi, Turunen & Bondas, 2013).

Braun and Clarke's (2013) model of thematic analysis was used to analyse the data of the present study. Thematic analysis is defined as a qualitative analytic method for identifying, analysing and reporting patterns and themes within data (Braun & Clarke, 2006; 2013). One of the benefits of thematic analysis is its flexibility and theoretical independence (Braun & Clarke, 2006; 2013). Thematic analysis highlights people's perceptions, feelings, experiences and understandings, which is paramount in the present study (Vaismoradi, Turunen & Bondas, 2013). The process of data analysis in thematic analysis involves the following steps:

6.5.1. Phase 1: Familiarising yourself with the data.

In the first phase of data analysis, the raw data set obtained from the in-depth interviews was transcribed into written form while the original meaning of the information was retained (Clarke & Braun, 2013; Vaismoradi, Turunen & Bondas, 2013). The researcher

made use of an independent coder who was given the interview transcripts. She analysed the data independently and immersed herself in the data by reading and rereading the transcribed text, to familiarize herself with the text's content. She also noted any initial and relevant observations made during the interviews (Braun & Clarke, 2006; Vaismoradi, Turunen & Bondas, 2013).

6.5.2. Phase 2: Generating initial codes.

This phase involved the coding of interesting features of the data systematically across the entire data set (Vaismoradi, Turunen & Bondas, 2013). It involved generating initial codes by means of documenting where and how patterns occurred and reoccurred. Coding is defined as a form of qualitative analysis that involves the recording of text linked by a common theme/pattern (Fereday & Muir-Cochrane, 2006). Coding was conducted manually by means of notes and highlighters, identifying a priori codes. Distinct concepts, categories and reoccurring patterns within the text were identified by means of open coding. The researcher moved on to axial coding, rereading the text while consistently referring back to the concepts and categories identified in the open coding process. This process ensured that the identified codes accurately represented the data and was related to the text. Selective coding was the last step in this phase, whereby codes are identified to be further defined, developed and refined to form an overall story constructed by the collected data (Clarke & Braun, 2013).

6.5.3. Phase 3: Searching for themes.

In this phase, the researcher collated codes into potential themes. Mind maps were used to organise codes into themes, which facilitated the decision as to which codes to retain and which to discard (Vaismoradi, Turunen & Bondas, 2013). These themes were closely analysed to determine the meaning, the possible relationships that might exist between the themes and whether they could be divided into more manageable themes.

6.5.4. Phase 4: Reviewing themes.

This phase involved determining how the themes supported the data by revising the themes, collapsing certain themes into one main theme and organising certain themes into sub-themes within main themes. A thematic map was generated in the form of a visual representation of themes, codes and their relationships involving a detailed account and description of each theme, their criteria and exemplars (Vaismoradi, Turunen & Bondas, 2013; Clarke & Braun, 2013). The researcher then considered the validity of individual themes in the thematic map, determining whether they accurately reflected the entire data set.

6.5.5. Phase 5: Defining and naming themes.

This is ongoing analysis for refining the specifics of each theme, generating clear definitions and names for each theme (Vaismoradi, Turunen & Bondas, 2013). The essence of each theme was identified, along with what was interesting about it and what aspect of the data it captured.

6.5.6. Phase 6: Producing the report.

This phase was the final opportunity for analysis. The selection of vivid, compelling extract examples took place, after which they were related back to the research question and the literature (Clarke & Braun, 2013). A report was produced containing a list of selected the themes considered to provide the most meaningful contribution to the study. This report was written in a coherent, logical and interesting manner to convince the readers of the merit and validity of this analysis.

6.6. Trustworthiness

Trustworthiness in qualitative research is a measure that determines the quality of the study. One ensures trustworthiness by being objective and providing sound evidence for the reported results of a specific study (Rolfe, 2006). Guba (1981) proposed a model for assessing the concept of trustworthiness in qualitative research. In this study, trustworthiness

was accomplished by utilizing the four major concepts relevant to the criteria of trustworthiness as proposed by Guba (1981) (Graneheim & Lundman, 2004; Krefting, 1991).

6.6.1. Truth value (credibility). Credibility refers to the congruence between the findings and reality, in other words internal validity. Credibility can be achieved with detailed, rich and thick descriptions that elicit an in-depth understanding of the meaning of the information provided by the participants (Tracy, 2010). Credibility was ensured by giving a rich and meaningful description and interpretation of the information gathered during the in-depth interviews. Further, the use of audio recordings and transcriptions enabled the researcher to critically assess the verbatim notes and their interpretations. Other strategies, such as member checking and clarifying questions asked during the interviews, gave the researcher a clear and detailed understanding of the participant's point of view on the specific topic/theme.

6.6.2. Applicability (transferability). Applicability refers to the extent to which the findings can be applied to other situations (Graneheim & Lundman, 2004). Generalizability is limited in qualitative research and the findings are usually context-specific. It was therefore necessary to take the context and geographical area in which the data was collected into account. Further, a detailed account of the relevant literature, the research context and the participants were provided to ensure that transferability was achieved and data saturation had occurred (Rolfe, 2006). Transferability can be improved by conducting similar studies in different environments to obtain a clear and more inclusive overall picture (Shenton, 2004). Transferability can be ensured by planning future studies that resemble the present study to gain a better understanding of the experience of grandparents in areas other than Pretoria/Gauteng.

6.6.3. Consistency (dependability).

Dependability refers to reliability in quantitative terms, which means ensuring that similar results are obtained when the process/research study is repeated (methods, participants

and context) (Graneheim & Lundman, 2004). To prove that the results of the study were accurate and derived from the data gathering process, the methodology, data generation and data analysis process were discussed/explained in previous sections. The coding-recoding procedure was also replicated following a two-week lapse between the initial coding processes and when the data was recoded, and the results were compared. Further, dependability was ensured with the use of an independent coder who analysed the data separately. The findings were compared and consensus was reached.

6.6.4. Neutrality (confirmability).

The criteria of confirmability are reached once the researcher acknowledges his/her predispositions, social identity and bias. Confirmability refers to the objective nature of the researcher and the assurance that the findings of the research study are based on the participants' real experiences and ideas instead of the researcher's own preferences, assumptions and beliefs (Graneheim & Lundman, 2004). In the present study, confirmability was ensured by employing methods of triangulation to reduce investigator bias, member checking and peer examination. Triangulation refers to the idea of using multiple perspectives to ensure mutual confirmation of the data indicated thorough investigation of every aspect of the particular topic/theme (Cope, 2014). Triangulation also includes member checking, which will enhance the study's confirmability by revealing research material to the participants to ensure accurate translation and to minimize misinterpretations (Shenton, 2004), in addition a second coder will code the transcribed interviews. Peer examination was also used, when the researcher discussed the results with experienced colleagues/ This simultaneously increased the researcher's honesty and reflexivity when it came to interpreting the results (Long & Johnson, 2000).

6.7. Ethical considerations

Orb, Eisenhauer and Wynaden (2001) postulate that ethical issues usually arise during research procedures. Doing good and avoiding harm is the main aim of any research process and these can be achieved by applying the appropriate ethical principles in the research process (Orb, Eisenhauer & Wynaden, 2001; Guillemin & Gillam, 2004). In qualitative research, there are two major domains of ethical considerations; 1) procedural ethics; and 2) “ethics in practice” (Guillemin & Gillam, 2004).

6.7.1. Procedural ethics. This concept refers to approval sought from the relevant ethics committee(s) to undertake the research involving humans (Guillemin & Gillam, 2004). Ethical approval was obtained from the Health Research Ethics Committee (HREC) which allowed the researcher to conduct the research study as planned, following a detailed description of the study in the form of a comprehensive research proposal.

6.7.2. Ethics in practice.

This concept refers to the consideration of the everyday ethical issues that may arise during the research process, usually articulated in a professional code of ethics or conduct (Orb, Eisenhauer & Wynaden, 2001; Guillemin & Gillam, 2004). The researcher familiarized herself with the general ethical guidelines for health researchers as outlined by the health professions council of South Africa (2004) and by the Department of Health (2015). The following principles were continually applied throughout the research study:

6.7.2.1. *Respect for persons (autonomy and confidentiality).*

Certain participants had a diminished capacity for deliberation about their choices, so they needed to be protected against harm from irresponsible choices. In these instances, the social workers intervened and provided a list of people who could potentially participate in the research study because they were cognitively sound and had no neurocognitive disorder. These participants were offered the opportunity of deciding freely whether or not they wanted

to participate in the research study. Their choices were respected as well as their capacity for self-determination. The participants had enough time to decide whether they wanted to participate and they were not pressured into making an immediate decision.

6.7.2.2. *Relevance and value.*

The research study aimed to be responsive to the health of the participants and the researcher aimed to conduct the research in line with the national health research priorities. The health needs of vulnerable groups, the cost-effectiveness of the research study and the availability of human and institutional resources for the implementation of possible interventions related to the study were taken into consideration throughout the research study (Health Professions Council of South Africa, 2004). With the completion of the research study there will be a better understanding of the experience of grandparenthood in the Afrikaans and English communities. It is an important understanding because the South African ageing population is rising which implies that older people will remain part of their family and society for longer. Older people will need some form of care and or assistance during their critical ageing stages, but there is a high prevalence of maltreatment and abuse of older people by family members, and particularly younger generations in care-settings (Ferreira, 2004; Ferreira & Lindgren, 2008). The researcher therefore wanted to explore the relational nature of intergenerational relationships (i.e. grandparent-grandchild relationship) to be able to inform researchers of strategies that contribute to cohesion between generations, and in turn create an environment in which younger generations want to care for their elders.

Further, the *indirect benefits* arising from this study are as follows:

- This research will give this particular population, Afrikaans- and English-speaking grandparents, a voice to describe and explain their experiences, opinions and beliefs when it comes to grandparenthood.

- The data that will be gathered will contribute significantly to the current research field, specifically to the field of gerontology. It will provide a better understanding of this particular group's individual experiences of grandparenthood.
- This data will help researchers to identify the major themes regarding the experience of these grandparents, which will include the difficulties encountered by the majority of them, the different needs these individuals experience and the different opinions/beliefs these individuals stand for.
- This information will be very valuable to future researchers and be used to refine/adapt the study for future research.
- This study could potentially lead to research on new questions and a new focus could be placed on individual aspects that were prominent in the findings of the study (e.g. communication difficulty in the GP-GC relationship).

6.7.2.3. Scientific integrity.

The study design and methodology are vital in obtaining reliable and valid data. It will prevent any unnecessary risk of harm and burden to the participants (DoH, 2015). The qualitative research design and methodology for this study were guided by its specific aims. It also ensured reliable and valid data that produced useful and valuable knowledge relating to grandparenthood in Afrikaans and English communities.

6.7.2.4. Risk-benefit ratio.

A risk-benefit analysis preceded this research study, which found that there was a medium level of risk, with no direct benefits for the participants. The research study was reviewed by the Health Research Ethics Committee (HREC) after which approval was obtained to continue with the study. Certain research studies require participants to recount experiences or events in their life in great detail and have the potential for participants to experience negative emotional reactions (Legerski & Bunnell, 2010). For this reason, the

necessary precautions were implemented to protect the participants against potential risk and/or harm. The possible risks involved in the research study were as follows:

- The present study's sample consisted of older adults categorized as a vulnerable group. The researcher needed to be aware of all the potential risks that could negatively impact on the participants and the necessary arrangements had to be made to ensure their safety at all times during the data collection (e.g. The duration of an interview would be approximately 40 - 45 minutes owing to their difficulty in sustaining their attention and because they they could very easily become tired).
- Risks involving the participants' physical health and well-being were also considered. Factors like fatigue and exhaustion were taken into account and the necessary precautionary measures were put in place by the researcher in collaboration with the manager/director and the staff of the different facilities/institutions.
- Secondary trauma: Psychological risk or discomfort for the participants was a risk that had to be accounted for. There was a possibility that the discussions could be emotionally loaded, which might cause emotional distress. A debriefing session was provided to the identified participants who could benefit from a debriefing session by an independent psychologist. No such services have been requested to date.

6.7.2.5. Fair selection of participants. The recruitment, selection, exclusion and inclusion of participants for the research study was based on sound scientific and ethical principles. The inclusion and exclusion criteria were determined by the aim and the nature of the research study. The researcher guarded against unfair discrimination based on the participants' race, age, gender, disability and language. (DoH, 2015).

6.7.2.6. Informed Consent.

Researchers should always provide the participants with sufficient information as to the nature of the research study. They should be informed of the potential risks,

consequences and benefits to enable them to make an informed decision on their participation (Health Professions Council of South Africa, 2004). The participants were given a comprehensive informed consent form in which the research study was explained in detail by the acting mediator for the research study. The participants were made aware of the fact that participation was voluntary and they were allowed to withdraw at any time during the research study.

6.7.2.7. Confidentiality/ ongoing respect for participants.

According to the Health Professions Act 56 of 1974 (2007), psychologists must assure clients of their privacy and the maintenance of confidentiality relating to the identification of details and confidential information/records. This rule is also applicable in the research context, where each researcher must inform the participants of their right to privacy and confidentiality when identifying particulars and confidential information/records (Health Professions Act 56 of 1974, 2007). In the research study, all the confidential information that was obtained throughout the course of the research is being safeguarded by means of a password-protected laptop/computer, a password-protected external hard drive and a safe/storage unit where it will be kept for at least five years after the study has been conducted. After six years, the data will be destroyed. The audio recordings were destroyed upon completion of the transcriptions. Further, the individual who performed the transcriptions signed a confidentiality agreement regarding the data that was transcribed and none of the participants' identifying details were published. The exceptions to confidentiality were discussed with each participant. Permission was obtained from each participant to record the in-depth interviews electronically and to transmit the information electronically. The participants were also informed of the risks involved when it came to the use of electronically transmitted devices, which could lead to a breach of confidentiality. Lastly, information/results of the research study were not withheld

from the participants, who were entitled to the information on condition that it didn't breach confidentiality for any other participant (Health Professions Council of South Africa, 2004).

6.7.2.8. Reimbursements.

Reimbursement refers to a payable amount made to the research participants to cover expenses resulting from participation in the research study (DoH, 2015). However, no form of incentive or compensation was offered to the participants as a way of gaining their participation. The participation in the present study was completely voluntary and was based on the participants' willingness and their openness to new experiences. However, a token of appreciation was provided for the participants in the form of suitable platters/refreshments consisting of a wide variety of different canapés.

6.7.2.9. Role-player engagement.

The quality and rigor of the research study was improved by engaging with various role players at different stages of the research process (DoH, 2015). The scientific integrity of the research study was ensured by regular discussions and input by a research supervisor and co-supervisor at the North-West University (Potchefstroom Campus). The expertise and skills of a research supervisor and co-supervisor were employed as they reviewed and analysed the methodology and results of the research study. An independent coder was consulted to ensure the competency and trustworthiness of the research study.

6.7.2.10. Dissemination of research findings.

With the completion of the informed consent form prior to the data collection phase of the study, the participants were able to indicate on the form whether they wanted to receive feedback on the research findings. Appointments will be made with the interested parties and the researcher will discuss the data findings in person with them.

6.8. Research procedure

- The research process commenced with a detailed literature review using multiple databases, pivoting on intergenerational relationships, specifically the Grandparent-Grandchild relationship in the Afrikaans and English communities.
- A research proposal was completed and presented to The Health Research Ethics Committee (HREC) of the North-West University (Potchefstroom Campus) to obtain ethical approval. Consequently, the study was approved under ethics number NWU-00006-17-S1 (Appendix F).
- The prospective participants were identified by conducting internet searches and making telephonic inquiries to different old age homes, retirement homes and institutions that work with older individuals located in the Gauteng Province.
- The directors and/or managers of each institution, also known as the gatekeepers of the community, will be contacted to arrange a meeting to discuss the present research study in detail.
- Specific permission from the management/director of each facility was obtained and followed by a letter of goodwill confirming that the research study can take place in that specific facility.
- The recruitment and informed consent process was conducted by an independent third party called the mediator.
- The participants were asked to give consent after they voluntarily agreed to take part in the research study.
- The participants were allocated a time and date when the in-depth interviews were to be conducted.
- The data collection took place on the premises of the different institutions where it was most convenient for the participants. It was either in the participants' room or in

a cool, ventilated/air-conditioned room/office with beverages/platters and comfortable seats available for the participants.

- The necessary arrangements will be made for participants making use of wheelchairs, walking frames and crutches. Bathroom facilities that they will find convenient and comfortable will also be made available to the participants.
- The researcher transcribed the some of the in-depth interviews herself (7 interviews). She chose to do this so as to familiarise herself with the data.
- Owing to time constraints, an independent individual transcribed rest of the interviews. She signed a confidentiality agreement regarding the data to be transcribed.
- The data was analysed (thematic analysis) separately by the researcher and the independent coder (Appendix E).
- Upon completion of the data analysis, a consensus discussion was held with the independent coder.
- The manuscript was written.
- The mini-dissertation and manuscript for examination were edited and proofread by qualified language editors as prescribed (Appendix G). The summary of the study was translated into Afrikaans by a qualified translator (Appendix G).
- The mini-dissertation was submitted to the Turn-it-in Software, and a satisfactory report was obtained (Appendix H).
- All documents and confidential information have been stored on an external hard drive that is being kept separately in a safe/storage unit at the office of COMPRESS on the NWU Potchefstroom Campus. It will be stored for the next five years. All electronic data is protected by means of a password. Upon completion of the specified five-year period, the data will be destroyed.

- Upon completion of the manuscript, the researcher will hold a feedback session on the findings of the research study with the participants interested in receiving feedback.
- Finally, the results of this study will be documented in an article written by the researcher, her supervisor and her co-supervisor. The article will be presented for possible publication to the *South African Journal of Psychology*.

7. Conclusion

This section consisted of a comprehensive overview of the research design and methodology, with specific focus on the consideration of a qualitative methodology and the social constructivism paradigm. Further, the use of a qualitative descriptive design research design was justified, which led to the use of thematic analysis. Following the introduction of the research approach, paradigm and design, a systematic description of the participants and research context, data generation, data analysis, trustworthiness and ethical considerations were provided. The section was concluded by providing a detailed account of the research process. The following section will consist of the completed manuscript in the form of an article that will be submitted to the *South African Journal of Psychology*.

References

- Aldridge, J. (2014). Working with vulnerable groups in social research: dilemmas by default design. *Qualitative Research, 14*(1), 112-130.
- Al-Yateem, N. (2012). The effect of interview recording on quality of data obtained: a methodological reflection. *Nurse Researcher, 19*(4), 31-35.
- Becker, H., Roberts, G., Morrison, J., & Silver, J. (2004). Recruiting people with disabilities as research participants: Challenges and strategies to address them. *Mental Retardation, 42*(6), 471-475.
- Berry, R.S. (2009). . Collecting data by in-depth interviewing. Paper presented at the British Educational Research Association Annual Conference, University of Sussex at Brighton, September 2-5, 1999. Retrieved on September 20, 2016 from: <http://www.leeds.ac.uk/educol/documents/000001172.htm>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101.
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage.
- Britten, N. (1995). Qualitative research: qualitative interviews in medical research. *Bmj, 311*(6999), 251-253.
- Cheng, G. (2017). The impact of online automated feedback on students' reflective journal writing in an EFL course. *The Internet and Higher Education, 34*, 18-27.
- Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The psychologist, 26*(2), 120-123.
- Clarke, V., & Braun, V. (2014). Thematic analysis. In *Encyclopedia of critical psychology* (pp. 1947-1952). Springer New York.
- Cleary, M., Horsfall, J., & Hayter, M. (2014). Data collection and sampling in qualitative

- research: does size matter?. *Journal of advanced nursing*, 70(3), 473-475.
- Cope, D. (2014). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, 41(1), 89-91.
- Creswell, J. W. (2007). *Qualitative enquiry and research design: Choosing among five approaches*.
- Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.
- Doody, O., & Noonan, M. (2013). Preparing and conducting interviews to collect data. *Nurse researcher*, 20(5), 28-32.
- Department of Health Republic of South Africa. (2015). *Ethics in health research: Principles, processes and structures* (2nd ed.). Retrieved from http://www0.sun.ac.za/research/assets/files/Integrity_and_Ethics/DoH%202015%20Ethics%20in%20Health%20Research%20%20Principles,%20Processes%20and%20Structures%202nd%20Ed.pdf
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International journal of qualitative methods*, 5(1), 80-92.
- Ferreira, M. (2004). Elder abuse in Africa: What policy and legal provisions are there to address the violence? *Journal of Elder Abuse & Neglect*, 16(2), 17-32.
- Ferreira, M., & Lindgren, P. 2008. Elder abuse and neglect in South Africa: A case of marginalization, dis-respect, exploitation and violence. *Journal of Elder Abuse and Neglect*, 20(2), 91-107.
- Flick, U. (2014). *An introduction to qualitative research*. Sage.
- Gravetter, F. J., & Forzano, L. B. (2012). *Research methods for the behavioral sciences*. Wadsworth, Cengage Learning. *International Edition: ISBN-13, 978-1.*

- Groenewald, T. (2004). A phenomenological research design illustrated. *International journal of qualitative methods*, 3(1), 42-55.
- Greysen, S. R., Hoi-Cheung, D., Garcia, V., Kessell, E., Sarkar, U., Goldman, L., . . . Kushel, M. (2014). “Missing pieces”—functional, social, and environmental barriers to recovery for vulnerable older adults transitioning from hospital to home. *Journal of the American Geriatrics Society*, 62(8), 556–1561.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods*, 18(1), 59-82.
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse education today*, 24(2), 105-112.
- Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Technology Research and Development*, 29(2), 75-91.
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and “ethically important moments” in research. *Qualitative inquiry*, 10(2), 261-280.
- Hamill, C., & Sinclair, H. A. (2010). Bracketing—practical considerations in Husserlian phenomenological research: Conal Hamill and Helen Sinclair discuss bracketing in Husserlian phenomenological research. *Nurse researcher*, 17(2), 16-24.
- Health professions act 56 of 1974, Health professions council of South Africa, 56 Stat. 1-63 (2007).
- Health professions council of South Africa. (2004). *Rules of conduct pertaining specifically to psychology*. South Africa.
- Hesse-Biber, S. N., & Leavy, P. (2011). *The practice of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Kang, K. (2014). Disaster preparedness among vulnerable older adults with chronic diseases:

- Results from a cross-sectional study in Incheon, Korea. *Nursing and health sciences*, 161(1), 46–51.
- King, N., Cassell, C., & Symon, G. (1994). Qualitative methods in organizational research: A practical guide. *The Qualitative Research Interview*, 17.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American journal of occupational therapy*, 45(3), 214-222.
- Lambert, V. A., & Lambert, C. E. (2012). Qualitative descriptive research: An acceptable design. *Pacific Rim International Journal of Nursing Research*, 16(4), 255-256.
- Legerski, J. P., & Bunnell, S. L. (2010). The risks, benefits, and ethics of trauma-focused research participation. *Ethics & Behavior*, 20(6), 429-442.
- Long, T., & Johnson, M. (2000). Rigour, reliability and validity in qualitative research. *Clinical effectiveness in nursing*, 4(1), 30-37.
- Maree, K., & Pietersen, J. (2011). In K. Maree (Ed.), *First steps in research* (7th ed., pp.172-180). Pretoria: Van Schaik Publishers.
- Marshall, M. N. (1996). Sampling for qualitative research. *Family practice*, 13(6), 522-525.
- Majid, F. A. (2016). The use of reflective journals in outcome-based education during the teaching practicum. *Malaysian Journal of ELT Research*, 4(1), 11.
- Montgomery, P., & Bailey, P. H. (2007). Field notes and theoretical memos in grounded theory. *Western Journal of Nursing Research*, 29(1), 65-79.
- Neergaard, M. A., Olesen, F., Andersen, R. S., & Sondergaard, J. (2009). Qualitative description—the poor cousin of health research? *BMC medical research methodology*, 9(1), 52.
- Neuman, W. L., & Wiegand, B. (2000). *Criminal justice research methods: Qualitative and quantitative approaches*. Boston: Allyn and Bacon.
- Opdenakker, R. (2006). Advantages and disadvantages of four interview techniques in

- qualitative research. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* 7(4).
- Orb, A., Eisenhauer, L., & Wynaden, D. (2001). Ethics in qualitative research. *Journal of nursing scholarship*, 33(1), 93-96.
- Palmer, C. (2010). Observing with a focus: field notes and data recording (Chapter 10, pp. 141-156). *Ethnography in social science practice*. Routledge, London.
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of counseling psychology*, 52(2), 126.
- Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (Eds.). (2013). *Qualitative research practice: A guide for social science students and researchers*. Sage.
- Rolfe, G. (2006). Validity, trustworthiness and rigour: quality and the idea of qualitative research. *Journal of advanced nursing*, 53(3), 304-310.
- Rogler, L. H. (2002). Historical generations and psychology: The case of the great depression and world war II. *American psychologist*, 57(12), 1013-1023.
- Sandelowski, M. (2000). Focus on research methods-whatever happened to qualitative description?. *Research in nursing and health*, 23(4), 334-340.
- Silverstein, M., & Bengtson, V. L. (1997). Intergenerational Solidarity and the Structure of Adult Child- Parent Relationships in American Families. *American journal of Sociology*, 103(2), 429-60.
- Schultheiss, D. E. P. (2005). Qualitative relational career assessment: A constructivist paradigm. *Journal of Career Assessment*, 13(4), 381-394.
- Seidman, I. (2013). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. Teachers college press.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for information*, 63-75.

- Tracy, S. J. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. *Qualitative inquiry*, 16(10), 837-851.
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & health sciences*, 15(3), 398-405.
- Van Aardt, J. M., & Roos, V. (2016). Young female adults’ experiences of respect in relation to older people in South Africa: A relational perspective. Manuscript submitted for publication.
- Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-Hill Education (UK).

SECTION III: ARTICLE

Older people's experiences of the Grandparent-Grandchild (GP-GC) relationship in the contemporary South African context.

8. Selected journal and instructions for authors

The *South African Journal of Psychology* was selected for submitting the article for possible publication, as the chosen research topic is in line with the aims and scope of the journal.

The *South African Journal of Psychology* forms part of SAGE publications, which is a unique collection of Southern African and African journal titles. The *South African Journal of Psychology* publishes contributions in English from all fields of psychology. The journal places emphasis on empirical research, However, theoretical and methodological papers, review articles, short communications, reviews and letters containing fair commentary are also accepted. Specific articles, relevant to the African context that aim to address psychological issues of social change and development, are prioritized.

9. Instructions for authors

9.1.General

In general, the manuscript must be written in English, consisting of high grammatical standard and follow specific technical guidelines stipulated in the submission guidelines. The *American Psychological Association*, 6th edition, is followed in preparation of the manuscript. The research presented in the manuscript should be consistent with generally accepted standards of ethical practice as presented by the Committee on Publication Ethics (COPE). The journal aims to publish ethically sound, accurate and transparent research.

9.2.Manuscript submission

The South African Journal of Psychology forms part of SAGE Track and ScholarOne™ Manuscripts, which is a web-based online submission and peer review system. Authors should log onto the system to submit an article or manuscript. As a new user, the author is required to create an account in the system with Scholar One to be able to log on. Authors can obtain guidance on submitting their manuscript online by visiting ScholarOne

[Online Help](#). The preferred format for submission is Microsoft Word®, it should be electronically prepared to reduce the editorial processing and reviewing times. It shortens the overall publication times. Authors should connect directly to the site:

<http://mc.manuscriptcentral.com/sap> and upload the manuscript files following the instructions provided on the screen.

9.3. Editorial policies

Peer review policy. A blind peer review process is followed following submission. Each manuscript will be reviewed by at least two referees. The editorial team strives to review all manuscripts as rapidly as possible to be able to provide feedback within 8-10 weeks of submission. This process is however dependent on reviewer availability. Authors who are required to revise manuscripts for re-submission will be notified by the editor. The intention of the resubmission will be explained to the author. The revised manuscript should be re-submitted within 4 weeks following revision by the author.

Authorship. All individuals who have contributed to the article should be included as authors. Principal authorship, authorship order, and other publication credits should be based on the relative scientific or professional contributions of the individuals involved. In this study, the student will be listed as the principal author because the publication substantially derived from the student's dissertation/thesis.

Acknowledgements. Acknowledgements of those individuals who have contributed to the research study will be listed in the Acknowledgements section. This would include individuals who provided purely technical help, or a department chair who provided only general support. This section will appear at the end of the article prior to the Declaration of Conflicting Interests, any notes and the References.

Funding. All authors are required to acknowledge funding of the research study under a separate heading. The format of the acknowledgment text can be confirmed by visiting the

[Funding Acknowledgements](#) page on the SAGE Journal Author Gateway in the event of funding. In the case where no funding was received, the author is required to disclose it in the following way: *This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.*

Declaration of conflicting interests. Authors are encouraged to disclose any conflicting interests relevant to the research study.

Publication policies and ethics

The journal is committed to uphold the integrity and standards of the Committee on Publication Ethics (COPE). This journal values sound and reliable research that is presented honestly and without fabrication.

Plagiarism. The *South African Journal of Psychology* will consider manuscripts if it is original and has not been published, submitted or accepted elsewhere. The journal takes issues of copyright infringement and plagiarism seriously. Any claims of plagiarism or misuse of published articles will be investigated. The journal seeks to protect their reputation against malpractice. Submitted manuscripts usually are checked with duplication-checking software. Any signs of misconduct on the part of the author will be followed by either retracting the article, addressing the head of the department of the author's institution and/or taking appropriate legal action.

Prior publication. The journal will not accept a manuscript that has been published previously. The journal will however accept previously published material under the following circumstances:

- Material presented at conferences (e.g. abstracts or posters)
- Raw data (i.e. it does not include the analysis and organization of the data) and clinical trial registries (i.e. without accompanying context).

Note: Special permission is still required to re-use this material

- Working papers or versions of the paper posted on a pre-print server.

Contributor’s publishing agreement. The author will be required to sign a Journal Contributor’s Publishing Agreement before publication. This agreement is an exclusive license agreement stating that the author retains copyright in the work but grants SAGE the sole and exclusive right and license to publish for the full legal term of copyright.

Open access and author archiving. The journal offers optional open access publishing via the SAGE Choice program. This program allows the author to make their article freely available upon publication in different subscription-based SAGE Journals. SAGE Choice is available in most SAGE journals.

Note: There is a standard article processing charge (APC) applicable.

9.4. Manuscript style

The *South African Journal of Psychology* conforms to the SAGE house style stipulated in the guidelines of SAGE UK House Style. The following format is required to be used for research-based manuscripts:

- No heading is required for the introductory/literature review.
- The heading/subheadings required in the manuscript is as follows: Method (Participants; Instruments; Procedure; Ethical considerations; Data analysis (which includes the statistical techniques or computerized analytic programs, if applicable); Results; Discussion; Conclusion; References.
- It is important to include the name of the institution that granted the ethical approval for the study under the “Ethical considerations” heading.

Format. The journal only accepts electronic files that adheres to the stipulated guidelines. The format of the manuscript must be either Microsoft Word or LaTeX files. Templates are available on the [Manuscript Submission Guidelines](#) page of the Author

Gateway. All manuscripts should be formatted to print out double-spaced throughout and with a minimum of 3cm for left and right-hand margins and 5cm at head and foot. The text should be standard 12 points. The specifically tailored [Word template](#) and [guidelines](#) are available to assist with the format and structure of the article, and includes useful general advice and Word tips.

Keywords and abstracts. The abstract should be a maximum of 250 words and is important for readers to be able to find the article online. The abstract must be written in such a way that it provides the necessary information/data to a search engine for it to be able to find the article and rank it in the search results page. 6 alphabetical keywords should be included in the abstract and highlighted throughout. The key descriptive phrases should be repeated and focused in the abstract. The SAGE's Journal Author Gateway Guidelines will enable the author to write an abstract and select the important key words by visiting the *How to Help Readers Find Your Article Online*.

Artwork, figures and other graphics. The guidelines for the use of illustrations, pictures and graphs in electronic format is clearly stated in the SAGE's [Manuscript Submission Guidelines](#).

Reference style. The journal adheres to the APA reference style and the specific APA guidelines are available to ensure that the manuscript conforms to the reference style. It is the authors' responsibility to produce an accurate reference list. The references should be listed alphabetically at the end of the article and in-text references must be referred to by name and year in parentheses. The references should include the following:

- last names and initials of all authors,
- year published (in brackets)
- title of article
- name of publication

- volume number
- and inclusive pages

The Publication Manual of the American Psychological Association, 6th Edition can be consulted for accurate formatting of reference. The style and punctuation of the references should conform to the APA style. Illustrated below are examples of different styles:

- Journal Article

Silverstein, M., & Marenco, A. (2001). How Americans enact the grandparent role across the family life course. *Journal of Family Issues*, 22(4), 493-522.

- Book

Johnson, C. L. (1988). *Ex familia: Grandparents, parents, and children adjust to divorce*. Rutgers University Press.

English language editing services. The language used in the manuscript needs to be accurate and of sufficient quality to be understood by editors and reviewers during the assessment process. The author can consider the following:

- A colleague whose 1st language is English can review the manuscript for clarity.
- Visit the English language tutorial to review the manuscript.
- Professional editing services can be utilized to review and edit the manuscript.
- SAGE Language Services can be considered to format the manuscript to fit the journal's specifications and standards.

9.5.Submitting the manuscript

ORCID. The journal is a member of ORCID, the Open Researcher and Contributor ID to ensure ethical, transparent and fair peer review process. ORCID provides a persistent digital identifier that distinguishes researchers from each other. It integrates key research workflows including manuscript and grant submission, supports automated linkages between researchers and their professional activities to ensure that their work is recognized. Authors

are encouraged to add their ORCIDiDs to their SAGE Track accounts and include their ORCIDiDs as part of the submission process.

Information required for completing submission. The author is required to provide contact details and academic affiliations for all co-authors and indicate the corresponding author. All required statements and declarations should be included and uploaded upon submission.

Permissions. The author should ensure that the necessary permission is obtained from copyright holders for reproducing any illustrations, tables, figures etc. The author can make use of the Copyright and Permissions page on the [SAGE Author Gateway](#) for guidance on fair dealing for criticism and review.

9.6. Acceptance and publication

SAGE Production. The SAGE Production Editor will keep the author informed about the article's progress throughout the production process. Proofs will be sent via PDF to the corresponding author and should be returned promptly. It is important to check the proofs carefully to confirm that all author information, including names, affiliations, sequence and contact details are correct. The Funding and Conflict of Interest statements should also be accurate. If there are any changes to the author list, all authors are required to complete and sign a form authorizing the change.

Online First publication. Online First allows final articles to be published online prior to their inclusion in a journal issue. This significantly reduces the lead time between submission and publication. Visit the [SAGE Journals help page](#) for more details, including how to cite Online First articles.

Promoting the manuscript. The author can help disseminate the manuscript and ensure it is as widely read and cited as possible. The SAGE Author Gateway provides

numerous resources to promote research and manuscripts. Visit the [Promote Your Article](#) page on the Gateway for tips and advice.

9.7.Ethical responsibilities of authors

The journal is committed to uphold the integrity of published work. The journal adheres to the Committee of Publication Ethics (COPE) guidelines to address journal-related ethical issues. The journal is committed to maintain editorial independence of the journal editors, encourage journal editors to produce ethical and transparent journals. Furthermore, authors are encouraged to refrain from presenting damaging research results to the journal, compromising the integrity and trust of the journal. The rules of good scientific practice are available to preserve the integrity of the research and its presentation:

- The manuscript presented to the journal was not fabricated or manipulated to support the conclusions or findings.
- The manuscript had not been previously published and was submitted only to this journal (South African Journal of Psychology).
- No material was taken from other sources (including their own published writing) and presented as the author's. The source was clearly cited along with proper acknowledgement to the work of other authors.
- The author's work did not infringe on any rights of others, including privacy rights and intellectual property rights.
- The author stated any conflicting or competing interest on submission of the manuscript.
- The author adhered to all research ethics guidelines of the discipline, particularly because human subjects were involved.
- The authorship of the paper was accurately represented and all who participated were credited and gave consent for publication.

In addition:

- The journal also subscribes to the International Standards for Authors that was developed at the 2nd World Conference on Research Integrity, July 2010.
- This document aims to establish international standards for authors of scholarly research publications and to describe responsible research reporting practice.
- The following principles are included in the document:
 - Soundness and reliability
 - Honesty and originality
 - Transparency
 - Appropriate authorship and acknowledgement
 - Accountability and responsibility
 - Adherence to peer review and publication conventions
 - Responsible reporting of research involving humans or animals

10. Title of mini-dissertation, future authors and contact details

Older people's experiences of the Grandparent-Grandchild (GP-GC) relationship in the contemporary South African context

Melishé Spangenberg¹, Ruan Spies¹, Janine van Aardt¹

¹School of Psychosocial Behavioural Sciences: Psychology

North-West University

Private Bag X6001

Potchefstroom

2520

South Africa

Correspondence should be addressed to:

Dr R. Spies

North-West University

Private Bag X6001

Potchefstroom

2520

South Africa

e-mail: Ruan.Spies@nwu.ac.za

Tel: (018) 285 2388

Fax: (018) 285 2213

11. Manuscript for examination

12. Abstract

Older people remain part of their family for longer so that worldwide multi-generations exist in one family structure. Recently, the central position of older people in the lives of younger generations and especially their grandchildren has been emphasised. Grandparents play a significant role in child-fostering in the African context, as parents migrate in search of better jobs. In South Africa's multicultural society, where familial relationships differ in character, it is important to investigate this in minority populations which have not been extensively researched. This underpins the researcher's endeavour to explore Afrikaans and/or English-speaking older people's experiences of the Grandparent-Grandchild (GP-GC) relationship. Twenty-one participants, aged more than 60 years, were purposefully selected to share their experiences by means of in-depth interviews, which were thematically analysed. The themes identified in the study include: (1) positive intergenerational bonds (2) sources of support and (3) intergenerational transmission. Understanding the relationship shared between grandparents and their grandchildren, informed the researcher of strategies that contribute to cohesion between generations and contribute to future intergenerational programs focused on stimulating cohesion.

Keywords:

intergenerational relationships, experiences, grandparents, cohesion

13. Introduction

There has been much scholarly debate over the last decade concerning the ever-increasing numbers of older people globally and how this affects the economic growth of developing countries (Aboderin & Hoffman, 2015; Goodrick, 2013; Goodrick & Pelsler, 2014; Aboderin, 2012a; Beard et al., 2012). Older people are living and, remaining part of society for much longer than in previous years, resulting in increased demands for social and financial care for these cohorts. Developing countries such as South Africa have only recently started to implement strategies and policies to assist the older population with different needs identified (i.e. financial, health, occupation) (UNDESA, 2015; UNFPA, 2012).

Advances in science, technology and medicine are the modern drivers of the longevity that enables the older population to live longer (Harper, 2014). However, population ageing is having profound economic and societal consequences worldwide (Harper, 2014). Furthermore, when older people remain longer as part of the family, the result is altered nuclear and extended family structures (Aboderin, 2012a; 2012b; Fent, Diaz & Prskawetz, 2013; Harper, 2011). The younger generations in many developing countries do not necessarily have the means of supporting the older generations because of their own familial obligations and limited economic resources (Aboderin & Hoffman, 2015). In African and Asian countries, there are cultural expectations that adult children will care for their parents, irrespective of their own means (Aboderin & Hoffman, 2015; Liu, Han, Xia, Li & Feldman, 2015; Sung, 2004).

Older people remain part of their family structure for much longer, thereby increasing the multi-generational connections in one family (Nagarajan, Teixeira & Silva, 2016). Rogler (2002) refers to these multi-generational connections as intergenerational relationships, in which interactions are shared between older and younger generations, including historically

and biologically related generations. Relationships shared between members of different generations have received increased attention in recent years, as intergenerational relationships hold significant benefits for both the older and the younger generations (Sung, 2001; Van Aardt & Roos, 2016).

Existing literature describes older generational members and in turn grandparents as an integral part of the family, playing a significant role by caring for grandchildren (Blinn-Pike & McCaslin, 2015; Crosnoe & Elder, 2002; Hoff, 2007). There is a vast body of knowledge describing the central position of grandparents in the lives of their grandchildren, resonating with the benefits of intergenerational relationships (Crosnoe & Elder, 2002; Hoff, 2007; Mansson, 2013). The Grandparent-Grandchild (GP-GC) relationship develops over time and is described as close and loving, allowing generations to share their emotional and physical resources reciprocally (Crosnoe & Elder, 2002; Biggs, Haapala & Lowenstein, 2001; Bengston, Giarrusso, Marbry & Silwerstein, 2002; Blinn-Pike & McCaslin, 2015). Younger people find their grandparents particularly inspiring because of their resilience, knowledge and experience of life (Sedick & Roos, 2011). In turn, the younger generations teach their grandparents the skills they need for performing optimally in society (Crosnoe & Elder, 2002; Geurts, van Tilburg & Poortman, 2012; Harwood, 2000).

Harwood (2002) emphasizes the reciprocal benefits of the GP-GC relationship by highlighting the role of communication between members of different generations. Grandparents and grandchildren learn new communication styles and skills within their relational contexts, enabling them to negotiate successful intergenerational relationships elsewhere (Harwood, 2000). Van Aardt and Roos (2016) report on the significance of communication between members of different generations, providing insight into how verbal and non-verbal forms of communications are shared in the South African context and how this mediates intergenerational cohesion. Previous studies carried out in the South African

context report mostly on historically-related generations, and little is known of the relationships shared between generations who are biologically related (Sedick & Roos, 2011, Grobler & Roos, 2012; Van Aardt & Roos, 2016).

In an effort to explore the GP-GC relationship in the South African context, the researcher endeavours to describe generations by means of the life-course perspective and by applying the Intergenerational Solidarity Framework (ISF). The life course perspective helps researchers to explore relationships between members of different generations, in the present case, grandparents and grandchildren across time (Dunifon & Bajracharya, 2012; Monserud, 2008; Crosnoe & Elder, 2002). The ISF enables researchers to describe the GP-GC relationship underpinned by intergenerational interactions that represent the sentiments, attitudes and behaviours that unite family members across generations (Monserud, 2008).

The ISF represents an approach that aims to obtain family cohesion and, in turn, cohesion among members of different generations, with the focus on grandparents and grandchildren (Bengtson, Giarrusso, Mabry & Silverstein, 2002; Schans & Komter, 2010). This approach mediates an understanding of the GP-GC relationship from a multi-dimensional perspective (Silverstein, Conroy & Gans, 2012). Intergenerational solidarity is conceptualized as a multidimensional construct that includes affectual, associational, consensual, functional, normative and structural solidarity (Bengtson, Giarrusso, Mabry & Silverstein, 2002). Each of the multiple dimensions of solidarity is distinct and each represents a positive and a negative aspect: intimacy and distance (affectual solidarity), conformity and opposition (consensual solidarity), dependence and autonomy (functional solidarity), integration and isolation (associational solidarity), opportunities and barriers (structural solidarity), familism and individualism (normative solidarity) (Bengtson, Giarrusso, Mabry & Silverstein, 2002; Silverstein, Conroy & Gans, 2012).

This research study was motivated by the ever-increasing numbers of older people in South Africa, against the backdrop of the importance of relationships shared across generations, with specific focus on biologically-related generations. It is important to contextualize biologically-related generations, and the unique contributions of these interactions in the South African context, enabling the formulation of the following research question which will lead this research study; *What are older people's experiences of the Grandparent-Grandchild relationship in the South African context?* This research was conducted in an effort to provide an insight into the relational aspects of the GP-GC relationship in the South African context.

14. Method

14.1. Participants

Three residential care facilities situated in the Gauteng province were selected by means of purposive sampling and based on the facilities' willingness to participate in the research study. Subsequently, permission from the management/director of each facility was obtained. They issued a letter of goodwill indicating their voluntary agreement to participate in the study. The recruitment of participants and the informed consent process were conducted by an independent third party. The participants were asked to give consent after voluntarily agreeing to take part in the research study. The participants were each allocated a specific time and date when their in-depth interview was to be conducted. Twenty-one participants were recruited by means of purposive sampling, which was which was thought to be the most effective when it came to elicit clear and understandable knowledge relating to grandparents' experiences (Sandelowski, 2000). The sample size of twenty-one participants was the result of information redundancy and data saturation (Sandelowski, 2000; Rolfe, 2006). Table 3 sets out the demographic details of the participants in the research study.

Table 3
Demographic details of the research participants

No.	Age	Grandmother/ grandfather	Language	Province	Socio-economic status
1	61	Grandmother	English	Gauteng	High
2	70	Grandfather	Afrikaans	Gauteng	High
3	61	Grandmother	Afrikaans	Gauteng	High
4	64	Grandmother	English	Gauteng	High
5	60	Grandmother	Afrikaans	Gauteng	High
6	68	Grandmother	Afrikaans	Gauteng	High
7	75	Grandfather	Afrikaans	Gauteng	High
8	78	Grandmother	Afrikaans	Gauteng	Medium
9	69	Grandmother	Afrikaans	Gauteng	Medium
10	73	Grandmother	Afrikaans	Gauteng	Medium
11	65	Grandmother	Afrikaans	Gauteng	Medium
12	67	Grandmother	English	Gauteng	Medium
13	68	Grandmother	Afrikaans	Gauteng	Medium
14	78	Grandfather	Afrikaans	Gauteng	High
15	65	Grandmother	Afrikaans	Gauteng	Medium
16	73	Grandfather	Afrikaans	Gauteng	Medium
17	66	Grandmother	English	Gauteng	Medium
18	70	Grandmother	Afrikaans	Gauteng	Medium
19	70	Grandmother	Afrikaans	Gauteng	Medium
20	72	Grandmother	Afrikaans	Gauteng	High
21	68	Grandmother	Afrikaans	Gauteng	High

It should be noted that the information provided during the interviews that was related to income, education, and occupation were used to determine the participants' socio-economic statuses. The location of the different facilities as well as the costs of living in the different facilities were also used to determine the socio-economic status of the participants in the study. Furthermore, the final sample group is unbalanced with regards to the number of Afrikaans speaking older persons and English speaking older persons. However, their availability and willingness to participate in the research study varied as evidenced by the unequal number of English speaking older people in relation to Afrikaans speaking older people included in the final sample group. This unequal distribution was considered with the interpretation and generalization of the results.

14.2. Instruments

Data for the study was collected by means of in-depth interviews to generate an understanding of people's lived experiences and their meaning/interpretation (Doody & Noonan, 2013; Seidman, 2013). A self-reflective journal was also used during the data generation process.

14.2.1. In-depth interviews. The in-depth interviews gave the researcher an insider's perspective on the participants' thoughts and interests. It allowed for the generation of rich data by probing and following up on interesting cues/themes (Berry, 2009; Tseliou, 2013). The different themes were identified during an extensive literature review with questions arising which could be used to elicit the participants' ideas, thoughts and feelings relating to the experience of grandparenthood (Malagon-Maldonado, 2014). Consequently, an interview schedule was used. Interviews opened with the following suggestion:

Tell me about your relationship with your grandchildren.

This statement gave older populations enough space and a sufficiently wide context to open

an initial conversation. In some cases, if probing was required, it was applied to motivate an effective conversation.

14.2.2. Self-reflective journal. The researcher kept a reflective journal during the research process. It allowed for reflection on the researcher's presuppositions, choices, experiences and actions during the research process (Hamill & Sinclair, 2010). The journal encapsulated the researcher's thoughts, insights and reflections relating to the research and allowed the researcher to start identifying the themes that emerged during the data-gathering process (Majid, 2016; Cheng, 2017). The reflective journal served as a pedagogical strategy that increased the researcher's ability to think critically, thereby enhancing the process of analyzing, synthesizing, and evaluating the data (Naber & Wyatt, 2014). This process contributed to an increase in truth-seeking, clarity, accuracy, precision, relevance, depth, breadth, logic and the fairness of the data (Naber & Wyatt, 2014).

14.3. Procedure

14.3.1. Research design. A qualitative descriptive design was followed for this study, based on its eclectic and naturalistic nature (Lambert & Lambert, 2012; Sandelowski, 2000). This design provided an in-depth conceptual description and explanation of the experiences of Afrikaans- and English-speaking grandparents. It enabled the researcher to describe the participants' meanings, perspectives and interpretations by using methods of synthesizing, theorizing and reconstruction, while staying close to the gathered data (Neergaard, Olesen, Andersen & Sondergaard, 2009). Furthermore, the participants were viewed as social agents, whose experiences were all different and unique, constructed by social interaction with their families, specifically their grandchildren. The social constructivism paradigm was adopted to guide the researcher's interpretations of the social experiences as reported by the participants (Ponterotto, 2005; Schultheiss, 2005).

14.3.2. Data collection process. The Health Research Ethics Committee (HREC) of the North-West University (Potchefstroom Campus) gave ethical approval for the study under the ethics number of NWU-00006-17-A1. The data collection took place on the premises of the different institutions where it was most convenient for the participants.

Once the data-gathering had been completed, the researcher and an independent person transcribed it. The researcher was required to sign a confidentiality agreement regarding the data that had been transcribed, and the data analysis commenced. After the researcher and the independent coder had analysed the data, a consensus meeting took place to merge and reach an agreement on the themes identified.

14.4. Ethical considerations

In qualitative research, there are two major domains of ethical consideration; 1) procedural ethics and 2) “ethics in practice” (Guillemin & Gillam, 2004). Procedural ethics refers to the approval sought from the relevant ethics committee(s) to undertake the research involving humans (Guillemin & Gillam, 2004). The ethical approval for this study was granted by the Health Research Ethics Committee (HREC) of the North-West University (NWU-00006-17-A1). Following ethical approval, three facilities located in Gauteng agreed to participate in the research study. Rigorous efforts were made to meet the requirements of ethical research, which included creating and maintaining an environment of respect. A prerequisite for participation included the consent forms to be signed by each participant, indicating that they understood the research process and agreeing to voluntarily participate in the study.

“Ethics in practice” refers to the consideration of everyday ethical issues that may arise during the research process, usually articulated in a professional code of ethics or conduct (Orb, Eisenhaue & Wynaden, 2001; Guillemin & Gillam, 2004). The ethical principles applied in the study are as follows: (1) the researcher always considered the

participants' right to anonymity and confidentiality. The necessary precautions were implemented to protect any identifying information/details of the participant (i.e. data collection commenced in a separate/private room/office, a coding system was employed during data analysis and during the disclosure of the findings); (2) the researcher attempted to ensure that the research study was relevant and added value to the research community. The researcher conducted a thorough literature review to identify gaps and/or insufficient research relating to the experience of grandparenthood in Afrikaans- and English-speaking communities; (3) the researcher rigorously maintained scientific integrity throughout the research process. The researcher attempted to maintain an objective and clear mind-set while steering away from bias, fabrication and plagiarism; (4) the researcher attempted to design a research study in which the benefits outweighed the risks of participation. The researcher employed the necessary precautions to minimize potential physical and psychological risks (i.e. a cool, ventilated interview room/office, available debriefing sessions when following up on completion of the interview); (5) the researcher attempted to employ a fair selection of participants through purposeful sampling, consistently including participants who met the inclusion criteria; (6) informed consent was obtained from all the individual participants included in the study, and lastly; (7) each participant was assured that the necessary steps would be taken to disguise their identity and they could indicate whether they wanted to be informed about the research findings. The participants agreed that the findings could be disclosed to research institutions and the public, while confidentiality would be maintained.

14.5. Data analysis

The data was analysed by referring to and using Braun and Clarke's (2013) model of thematic analysis. The first phase in the process of data analysis comprised the researcher's familiarizing herself with the data. The raw data was transcribed into written form, while the original meaning of the information was retained (Clarke & Braun, 2013; Vaismoradi,

Turunen & Bondas, 2013). In the second phase, the researcher went on to generate codes of interesting features of the data systematically across the entire data set (Vaismoradi, Turunen & Bondas, 2013). During the third phase, the researcher collated the codes into potential themes. Mind maps were used to organize codes into themes, which facilitated the decision as to which codes to retain and which to discard (Vaismoradi, Turunen & Bondas, 2013). Thereafter, the researcher attempted to determine how the themes supported the data by revising the themes, conflating certain themes into one main theme and organizing certain themes into sub-themes within main themes (Vaismoradi, Turunen & Bondas, 2013; Clarke & Braun, 2013). During phase five, ongoing analysis refined the specifics of each theme, generating clear definitions and names for each theme (Vaismoradi, Turunen & Bondas, 2013). The final phase involved the final opportunity for analysis. The selection of vivid, compelling extract examples took place, after which it was related back to the research question and literature (Clarke & Braun, 2013). A report was produced containing a list of selected themes, which were thought to provide the most meaningful contribution to the study.

An independent coder, an experienced intern research psychologist, was employed to contribute further to the quality and trustworthiness of the study (Braun & Clarke, 2006). Once the separate data analyses were complete, a meeting was arranged to reach consensus on the identified themes and sub-themes. A few discrepancies became apparent during this meeting. These were dealt with by identifying the underlying cause of the inconsistencies, reviewing the codes and comments on the transcripts and reviewing the current literature relating to the research topic. Once these discrepancies were clarified, consensus was reached.

14.6. Trustworthiness

Trustworthiness was accomplished by including the four major concepts relevant to the criterion of trustworthiness as proposed by Guba (1981) (Graneheim & Lundman, 2004; Cope, 2014). *Truth value (credibility)* was achieved by providing a rich and meaningful description and interpretation of the data, the use of audio recordings and transcriptions, member checking and clarifying questions asked during the interviews. Further, the researcher completed a reflective journal that allowed for reflection on her own presuppositions, choices, experiences and actions during the research process (Anney, 2014).

It allowed for critical thinking and also contributed to an increase in accurate and relevant findings (Naber & Wyatt, 2014). *Applicability (transferability)* was achieved by providing a detailed account of the relevant literature, the research context and the participants. This ensured transferability and showed that data saturation had occurred. *Consistency (dependability)* was achieved by providing a comprehensive description of the methodology, data generation and the data analysis process, as well as the consensus meeting with the independent coder. *Neutrality (confirmability)* was achieved by employing methods of triangulation to reduce investigator bias, member checking and peer examination.

15. Results

Following the data analysis three major themes were identified, which were differentiated in different sub-themes, displayed in Table 4. The themes relating to the experience of Afrikaans- and English-speaking grandparents are reported with verbatim quotations to substantiate the respective themes.

Table 4

Themes and categories of the experience of Afrikaans- and English-speaking grandparents

Main Theme	Subtheme
Positive relational experiences	Close relationships
	Communication
Sources of support	Providing emotional support
	Providing practical support
	Providing financial support
Intergenerational transmission	Transmission of life experience and life skills
	Transmission of normative religious beliefs

15.1. Positive relational experiences

Positive relational experiences refer to the nuanced description of the GP-GC relationships. Positive relational experiences demonstrate how grandparents perceive their relationship with their grandchildren as a sense of fulfilment, meaning and purpose echoing closeness in the relationship.

15.1.1. Close relationships. Close relationships for these older people refer to the close-knitted connections they share with their grandchildren. They described it in examples and metaphors. One grandparent said;

It is like a special destination, you can go to them and they can come to you. My grandson loves me, and I love him.

Another participant added;

Their [Grandchildren] love makes it worthwhile to be a grandparent. They do it spontaneously with joy and without holding back.

That resonates with what someone else said;

It is like a “hug” feeling. A feeling of you are loved and trusted.

The importance of close relationships can be inferred from the data, in which grandparents discussed the importance of the close relationship with their grandchildren with empathy for older people without grandchildren. One grandparent added;

.... you know it must be very lonely not to have anyone.

Another grandmother said;

My life would have been so empty if I didn't have any grandchildren. They are always concerned about us and we are always concerned about them. I would like to think they must think we are lovely and we're always there for them.

Some grandparents described their close relationship with their grandchildren as a privilege linked to the reflections on having no one, by adding;

I would say it is a privilege to be a grandparent, I think it is one of the biggest privileges and the most wonderful thing that could happen to you.

Grandparents also described the nature of their close relationship, by describing it as a different type of close relationships. Some described these differences by mentioning age differences. One grandparent said;

I found it easier being a grandmother to children who are grown up [adults] than small children.

In contrast, another grandparent said;

Every grandchild is unique and valuable, the one isn't better than the other.

Other grandparents described the difference in closeness in terms of physical proximity and availability;

It is difficult, especially those overseas. Distance does make a difference, it is not struggling it is more longing.

That resonates with the contribution by another grandparent:

We lived far away at some point in our lives. However, it didn't influence the closeness of the GP-GC relationship, the distance actually caused the relationship to become closer...

15.1.2. Communication. Communication refers to the process of information exchange between the older and younger generations. Communication was described as an important part of the GP-GC relationship. One participant said;

Communication is very important in the relationship [relationship with grandchild]. Once we stop communicating the relationship will perish [cease to exist]."

That links to the contribution by a grandmother who said;

Communication opens or closes the door to have a relationship with your grandchild.

And another participant added;

Communication is important. Because they [Grandchildren] are busy, it becomes my responsibility to keep the communication channel open... It is important for me [grandmother] to fit into and accommodate their busy schedules.

This contribution resonates with what a grandfather said:

When I miss them [grandchildren], I pick up the phone and call them.

These narratives shed light on older persons' central position in this communication process.

Communication with grandchildren was always discussed with reflection on the role of technology and how contemporary technology contributes to various forms of communication, which in turn contributes to positive experiences in their close relationships.

One grandparent said;

Technology makes communication easier. With this type of communication [i.e. photos, WhatsApp messages, voice notes etc.], I am even more part of their [grandchildren] live.

This narrative reflects the contribution by another grandparent, who added;

Communication is everything, they [grandchildren] grow up in a world that is strange [unfamiliar] to us, now I am referring to technology. We must ensure that we are up to date with technology, otherwise you won't have anything to talk about.

Another grandfather contributed;

It is important to understand technology otherwise we will become immobile and isolated.

15.2. Sources of support

This study revealed that grandparents perceive themselves as a source of support for their grandchildren and for the overall family structure, mainly on the emotional, physical and financial levels.

15.2.1. Providing emotional support. The participants referred to emotional support as the ability to nurture, comfort, understand and listen to their grandchildren. The nature of emotional support emerged from data in which older people described themselves as approachable, and able to provide advice to grandchildren with empathy and understanding. One of the participants narrates;

My role was supportive and caring. I tried to be there for my grandchildren. They can come to me anytime and I will be there for them.

That links to the contribution by another participant:

I tried to be there for them. My granddaughter struggled after her parents' divorce. I just want them to know that they can come to me and that I will always be there for them.

One grandmother described her emotional support as follows:

I think I am their [grandchildren] anchor.

A different metaphor links to what another grandparent said;

I open up because my daughter doesn't talk to her son about things... he asks me things about manhood and I usually tell him. He prefers that the conversation stays between us.

And someone else recounted:

When our grandchild's dad committed suicide, he came and live with us for a while. We were worried about him and tried to be there for him on an emotional level.

15.2.2. Providing physical support. Physical support refers to what older people perceive as instrumental forms of support. Grandparents described physical support as engaging in different forms of behaviours to support their grandchildren. It typically includes looking after the grandchildren while they are young, assisting them with home work, driving them to school, cooking for the etc.

A grandmother explained:

I used to look after them [grandchildren] when they were little and I taught them how to read and write. I also used to pick them up from school for a long time.

That links with the contribution by another grandparent;

I raised my grandchildren since the age of 3 months.

A further contribution that resonates with what another participant stated:

I took care of my oldest grandson, I taught him how to read and write until he was ready to go to school.

Another grandparent added:

I raised all of them since a young age. Their parents dropped them off during the mornings and came to pick them up in the afternoons.

Grandparents described the physical support they offered as an attempt to support their grandchildren when their parents were unable to complete their primary caregiver's role.

One grandparent shared:

I went to pick them up from school for a very long time. I took care of them at my home until their parents came to fetch them.

This was followed by:

We drove around and helped where we could."

This links with another grandparent's narrative:

We are a back-up, when something happens, we are here to look after the grandchildren.

They were available when they were needed, whether it was to transport the grandchildren or to take care of them in the afternoons or school holidays. A grandfather added:

I looked after the grandchildren when their mother had to work. I cooked for them and played with them.

15.2.3. Providing financial support. Grandparents referred to financial support as a form of monetary support provided to their grandchildren. Many grandparents gave financial assistance to their grandchildren in the form of university funds, school/sport tours and birthday treats. A participant stated:

We helped our grandson financially when he went to study....

A grandmother added:

The financial contribution we made was by helping our granddaughter when she went overseas...

This is similar to another grandparent's narrative:

I had to work hard because I had to help my grandchildren financially....

However, most of the participants reported that they were in a better financial position to provide assistance to their grandchildren when they themselves were still employed. One participant stated,

...we don't have money left, we are on pension

It is difficult for grandparents to provide financial support at more advanced age when their pension is their only source of income. Many participants reported that they wanted to make greater financial contributions to their grandchildren, although it was not possible. A participant commented: *I would have liked to do more if I had money*

followed by

I wish I could do more, but I am broke.

A third participant stated:

I would have liked to pay more for the grandchildren's, university funds and things like that.

15.3. Intergenerational transmission

Intergenerational transmission in this context refers to the wisdom and knowledge shared by grandparents with their grandchildren and to transmitting their life experiences, life skills and normative religious beliefs. Intergenerational transmission and its centrality in the GP-GC relationship comes to the fore in most of the narratives. A grandparent described it as;

A grandfather must be a stately person, you must convey your knowledge and be an example to your grandchildren. With grandparenthood comes a certain status in life. You are respected and have to be an example to your grandchildren.

15.3.1. Transmission of life experiences and life skills.

The grandparents described their transmission of life experiences by means of examples that portrayed their own life, family history and personal experiences. One grandfather explained:

Now that I am older, I know more about life. I gained interpersonal skills and knowledge and I can give advice to my grandchildren.

Another grandparent added: *I want to give them knowledge and wisdom about life.*

This resonates with what another participant said:

...if you want knowledge, visit an old age home.

Transmission and life experiences also emerged in stories, when grandparents discussed how they taught their grandchildren specific things. A grandmother explained:

I teach her how to crochet and to make buttonholes. I also teach her about birds, leaves and nature.

Another participant added:

I teach all my grandchildren how to make their favourite dish.

A grandfather added:

I teach them jokes, I tell them to smile about simple things, I teach them not to get angry easily. I try to make them smile more.

These participants view grandparenthood as an opportunity to add value to their grandchildren's lives in a way that their parents cannot, as pointed out by a participant;

Grandparenthood is being what the parents can't be.

Their life experiences make being a grandparent easier, as well as enabling them to give advice and guidance to their grandchildren. A participant shared:

Knowledge about life makes it easier to raise the grandchildren. I can share my knowledge with them.

Transmission of life experiences also emerges as a sense of warning and vigilance among older people. They transmit knowledge to their grandchildren because of their own experience. One grandmother explained:

I notice a lot more things against which I can warn my grandchildren.

Another grandmother stated:

Especially with my granddaughter, I notice things and then I will talk to her about it in a non-threatening way without her even noticing what I am doing.

The role of transmission resonates with a contribution by another grandparent:

I teach them about alcohol, wrong friends and wrong places. I tell them that alcohol is like jick [a dangerous substance to consume], it bleaches everything out of your life.

15.3.2. Transmission of normative religious beliefs

The transmission of normative religious beliefs refers to grandparents teaching and modelling religious values and beliefs to their grandchildren. Religion was described as an important aspect of life which forms part of these older participants' normative beliefs.

Through teaching religious messages and by modelling these practices, the grandparents feel that they are transmitting pro-family messages to their grandchildren. A grandparent explained this transmission by sharing:

We try to set a Christian example for our grandchildren. We want to leave them with a spiritual heritage.

This was in line with contributions from many other grandparents. A grandfather added:

I am a Christian and I would like to see that my grandchildren read the Bible and adopt God as their saviour.

Another grandparent added:

When they [grandchildren] were younger, during the evening, I go and lie next to them in bed and then we would read Bible stories...

A further participant added:

I teach them how to keep their hand in God's hand, I also teach them not to lie and they frequently ask me about Bible matters, then we talk about it...

16. Discussion

This study endeavoured to contribute to knowledge about the GP-GC relationships from the perspectives of Afrikaans- and English-speaking older people who reside in different residential care facilities in Gauteng, South Africa. The findings showed grandparents' accounts of interpersonal connections with their grandchildren. This connection was mostly described as positive, showing that they share close relationships entrenched in intergenerational cohesion (Hărăguș, 2014; Min, Silverstein & Lendon, 2012). In these close relationships older people value communication with their grandchildren and describe themselves as a source of support by means of the currencies of emotional, physical and financial support they give them. The grandparents also discussed a GP-GC relationship characterised by the transmission of knowledge, skills and normative values embedded in the Christian beliefs and practices.

Grandparents' positive relational experiences show a connection with international (Bengston, 2001; Braungart, 1984; Fent, Diaz & Prslawetz, 2013; Scabini & Marta, 2006; Wadensten & Carlsson, 2003) and national work (Aboderin & Hoffman, 2015; Hoffman & Pype, 2016), that highlights the positive contributions of intergenerational connections for both generations. The implication of this type of relationship is that it creates a safe environment which meets Rogers' (1986) criterion for an optimal environment for self-actualisation. A relationship is optimal when unconditional positive regard, acceptance and accurate empathy are present (Corey, 2009). Participating grandparents described close relationships and communication contributing to their positive relational experiences.

Older persons who initiate positive and close relations with their grandchildren probably elicit the same response from their grandchildren. Close relationships were

described as synonymous with what Silverstein and Bengtson (1997). refer to as intergenerational cohesion that suggests a deep, intimate relatedness between generations associated with unconditional affection. Cohesion and effective communication between generational members mediates affectual solidarity, where a deep relationship between generational members exists characterised by warmth, affection and effective communication (Bengtson & Roberts, 1991; Min, Silverstein & Lendon, 2012). This reciprocal positive interpersonal interaction will inform both generations' perceptions of each other and in turn positively influence the GP-GC relationship. The effective interpersonal interaction, described by these grandparents will allow both generations to express their needs in an effective way, because they know from experience that their needs can be negotiated in relation to the other.

The supportive role to which the grandparents referred in their close relationship with their grandchildren was significant to the backdrop of its central role, especially in an African context (Paskov, 2016; Horn & Schweppe, 2015; Donati, 2014; Malherbe, 2010; Aboderin & Hoffman, 2015; Bengtson & Oyama, 2007). Grandparents described themselves as a source of emotional, physical and financial support for their grandchildren. Being a source of support for grandchildren and younger generations in general links to what Bengtson and Roberts (1991) refer to as functional solidarity. The grandparents described their role as a source of support relevant to their position in the family, especially in terms of helping their children out and providing support for their grandchildren.

Bengtson and Oyama (2007) describe affectual solidarity as fundamental to biologically-related generational members, where exchanges of resources occur but only with the safety-net of a family structure. Mansson (2013) argues that affectual solidarity can be observed only when generational members have a strong and positive relationship. Thus, a

close relational context serves as a mediator for the practice of affectual solidarity (Bengston & Oyama, 2007; Hoff, 2007).

Affectual solidarity as described by these grandparents can also be linked to research that describes providing support for members in a family structure as a way of re-positioning oneself in the structure (Hoff, 2007). When grandparents show themselves to be a source of support, they indirectly receive support in return, especially when they spend time with their grandchildren. This form of involvement enhances their personal satisfaction/well-being and stimulates family cohesion (Sands, Goldberg, Glen & Thornton, 2005; Mitchell, 2007; Ruiz & Silverstein, 2007).

Intergenerational transmission was a finding that emerged from the narratives of these grandparents. Grandparents described exchanges of knowledge and experiences as part of the relational contexts they shared with their grandchildren. This finding links with literature that describes transmission between generational others as part of the lifecycle of families and people in general (Dohmen, Falk, Huffman & Sunde, 2012; Golijani-Moghaddam, 2014; Min, Silverstein & Lendon, 2012; Walsh, 2015). Min et al., (2012), argue that transmission of values such as religion and its practice is likely to improve the quality of intergenerational relations, stimulate cohesion and ultimately facilitate transmission between generations. Thus, the closer the GP-GC relationship the more transmission takes place (Copen & Silverstein, 2008; Min et al., 2012).

The grandparents in this study discussed the transmission of life experience and skills as well as normative religious beliefs, which concurs with Vedder, Berry, Sabatier and Sam's (2009) types of transmission throughout the life course. Vedder et al, (2009) refer to the transference of social attitudes that collectively refer to a specific way of thinking and feeling among generational members. The grandparents described how they taught their

grandchildren across their life span, underpinned by their own life experiences. These teachings are embedded in subjectivity and transferred from one generation to another.

The transmission of normative religious beliefs found in this study is aligned with international literature that discusses the role of parents and grandparents as agents of religious socialization (Copen & Silverstein, 2008; Min et al., 2012; Vedder et al., 2009). Religious beliefs are rooted in the family culture and the elders in a family shape the religious beliefs of the younger generations (Bengston, 2009; Copen & Silverstein, 2008; Min et al., 2012; Vedder et al., 2009). Min et al., (2012) found a high correlation between the transmission of religious beliefs and close relationships between generational members, thereby giving meaning to the position of theme one and the relevance of religious beliefs as a theme.

17. Conclusion

This qualitative descriptive study uncovered some key factors relevant to the experiences of grandparents in the GP-GC relationship. Grandparents in the Afrikaans- and English-speaking communities were given the opportunity of sharing their experiences of grandparenthood by participating in in-depth interviews. These interviews provided rich and detailed descriptions of their experiences, which allowed us to explore a wide number of issues related to the topic. The study underlines the importance of communication, support and generativity, as it enhances grandparents' experience of the GP-GC relationship and stimulates family cohesion. Finally, it may be concluded that Afrikaans- and English-speaking grandparents in Gauteng, South Africa subjectively experience their relationship with their grandchildren as positively entrenched in their unique position within the family structure and their supportive role shared among the members of the family.

18. Funding

This research received no specific grants from any funding agency in the public, commercial, or not-for-profit sectors.

References

- Aboderin, I. (2012a). Ageing Africa: opportunities for development. *Global Population Ageing: Peril or Promise?*, 161(242), 69.
- Aboderin, I. (2012b). Global poverty, inequalities and ageing in Sub-Saharan Africa: a focus for policy and scholarship. *Journal of Population Ageing*, 1-4.
- Aboderin, I., & Hoffman, J. (2015). Families, Intergenerational Bonds, and Aging in Sub-Saharan Africa. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 34(03), 282-289.
- Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria.
- Beard, J., Biggs, S., Bloom, D., Fried, L., Hogan, P., Kalache, R., & Olshansky, J. (2012). Global population ageing: Peril or promise?.
- Bengtson, V. L. & Roberts, R. E. L. (1991). Intergenerational solidarity in ageing families: An example of formal theory construction. *Journal of Marriage and the Family*, 856-870.
- Bengtson, V. L. (2001). Beyond the nuclear family: The increasing importance of multigenerational bonds. *Journal of Marriage and Family*, 63(1), 1-16.
- Bengtson, V., Giarrusso, R., Mabry, J. B. & Silverstein, M. (2002). Solidarity, conflict, and ambivalence: Complementary or competing perspectives on intergenerational relationships? *Journal of Marriage and Family*, 64(3), 568-576.
- Bengtson, V. L., & Oyama, P. S. (2010). Intergenerational solidarity and conflict. In *Intergenerational Solidarity* (pp. 35-52). Palgrave Macmillan US.
- Berry, R. S. (2009). . Collecting data by in-depth interviewing. Paper presented at the British

- Educational Research Association Annual Conference, University of Sussex at Brighton, September 2-5, 1999. Retrieved on September 20, 2016 from: <http://www.leeds.ac.uk/educol/documents/000001172.htm>
- Biggs, S., Haapala, I., & Lowenstein, A. (2011). Exploring generational intelligence as a model for examining the process of intergenerational relationships. *Ageing and Society, 31*(07), 1107-1124.
- Blinn-Pike, L. B., & McCaslin, B. (2015). College Students: Journaling about their intergenerational relationships with their living and deceased grandparents. *College Student Journal, 49*(4), 475-486.
- Bolton, L. (2014). *The nature of transmission in intergenerational relations: older persons' perspectives* (Doctoral dissertation).
- Bramlett, M. D., & Blumberg, S. J. (2007). Family structure and children's physical and mental health. *Health affairs, 26*(2), 549-558.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research In Psychology, 3*(2), 77-101.
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage.
- Braungart, R. G. (1984). Historical generations and generation units: A global pattern of youth movements. *Journal of Political & Military Sociology, 12*(1), 113-135.
- Cheng, G. (2017). The impact of online automated feedback on students' reflective journal writing in an EFL course. *The Internet and Higher Education, 34*, 18-27.
- Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist, 26*(2), 120-123.
- Corey, G. (2009). *Theory and Practice of Counseling and Psychotherapy*. Belmont: Brooks/Cole Cengage Learning.

- Cope, D. G. (2014). Methods and meanings: credibility and trustworthiness of qualitative research. *In Oncology Nursing Forum, 41*,(1).
- Copen, C., & Silverstein, M. (2008). The transmission of religious beliefs across generations: Do grandparents matter? *Journal of Comparative Family Studies, 39*-59.
- Crosnoe, R., & Elder, G. H. (2002). Life Course Transitions, the Generational Stake, and Grandparent- Grandchild Relationships. *Journal of Marriage and Family, 64*(4), 1089-1096.
- Deindl, C., & Tieben, N. (2017). Resources of Grandparents: Educational Outcomes Across Three Generations in Europe and Israel. *Journal of Marriage and Family, 79*(3), 769-783.
- Dohmen, T., Falk, A., Huffman, D., & Sunde, U. (2011). The intergenerational transmission of risk and trust attitudes. *The Review of Economic Studies, 79*(2), 645-677.
- Donati, P. (2014). Intergenerational Solidarity: Old and New Scenarios, Challenges and Prospects. Pontifical Academy of Social Sciences, *19*(40).
- Doody, O., & Noonan, M. (2013). Preparing and conducting interviews to collect data. *Nurse Researcher, 20*(5), 28-32.
- Dunifon, R., & Bajracharya, A. (2012). The role of grandparents in the lives of youth. *Journal of Family Issues, 33*(9), 1168-1194.
- Durant, R. W., Davis, R. B., George, D.M.S., Williams, I. C., Blumenthal, C., & Corbie-Smith, G M. (2007). Participation in research studies: factors associated with *failing* to meet minority recruitment goals. *Annals of Epidemiology, 17*(8), 634-642.
- Fent, T., Diaz, B. A., & Prskawetz, A. (2013). Family policies in the context of low fertility and social structure. *Demographic Research, 29*, 963.
- Geurts, T., van Tilburg, T. G., & Poortman, A. (2012). The grandparent-grandchild relationship in childhood and adulthood: A matter of continuation? *Personal*

Relationships, 19(2), 267-278.

- Golijani-Moghaddam, N. (2014). Applying family life cycle concepts in psychological practice with children and young people. *Applied Psychological Research Journal*, 2, 26-33.
- Goodrick, W. (2013). Policy implications and challenges of population ageing in South Africa. (Unpublished master's thesis). University of the Free State, Bloemfontein, South Africa.
- Goodrick, W., & Pelsler, A. (2014). The greying of a rainbow nation: Policy responses to the implications of population ageing in South Africa. *Étude de la Population Africaine*, 28(1), 648
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24(2), 105-112.
- Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Technology Research and Development*, 29(2), 75-91.
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and “ethically important moments” in research. *Qualitative Inquiry*, 10(2), 261-280.
- Hamill, C., & Sinclair, H. A. (2010). Bracketing—practical considerations in Husserlian phenomenological research: Conal Hamill and Helen Sinclair discuss bracketing in Husserlian phenomenological research. *Nurse Researcher*, 17(2), 16-24.
- Hărăguș, M. (2014). Intergenerational Solidarity in Co-Residential Living Arrangements. *Social Work Review/Revista de Asistentă Socială*, 13(4).
- Harper, S. (2011). Demographic transition: positioning the age-structural change perspective. *Journal of Population Ageing*, 4(3), 119 -120.
- Harper, S. (2014). Economic and social implications of ageing societies. *Science*, 346(6209),

587-591.

- Harwood, J. (2000). Communicative predictors of solidarity in the grandparent-grandchild relationship. *Journal of Social and Personal Relationships, 17*(6), 743-766.
- Hoff, A. (2007). Patterns of intergenerational support in grandparent-grandchild and parent-child relationships in Germany. *Ageing & Society, 27*, 643–665.
- Hoffman, J., & Pype, K. (2016). *Ageing in Sub-Saharan Africa: Spaces and Practices of Care*. Bristol, UK: Policy Press.
- Horn, V., & Schweppe, C. (Eds.). (2015). *Transnational Ageing: Current Insights and Future Challenges* (Vol. 32). Routledge.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy, 45*(3), 214-222.
- Kruse, A., & Schmitt, E. (2012). Generativity as a route to active ageing. *Current Gerontology and Geriatrics Research, 2012*.
- Lambert, V. A., & Lambert, C. E. (2012). Qualitative descriptive research: An acceptable design. *Pacific Rim International Journal of Nursing Research, 16*(4), 255-256.
- Liu, H., Han, X., Xiao, Q., Li, S., & Feldman, M. W. (2015). Family structure and quality of life of elders in rural China: the role of the new rural social pension. *Journal Of Aging & Social Policy, 27*(2), 123-138.
- Mabaso, T. (2012). An exploration of the intergenerational relationships between young adults and older people in the Khuma community (Unpublished Master's dissertation). North-West University, Potchefstroom, South Africa.
- Majid, F. A. (2016). The use of reflective journals in outcome-based education during the teaching practicum. *Malaysian Journal of ELT Research, 4*(1), 11.
- Malagon-Maldonado, G. (2014). Qualitative research in health design. *HERD: Health Environments Research & Design Journal, 7*(4), 120-134.

- Malherbe, E. D. (2010). *Intergenerational solidarity and the provision of support and care to older persons* (Doctoral dissertation, University of the Western Cape).
- Mansson, D. H. (2013). The grandchildren received affection scale: Examining affectual solidarity factors. *Southern Communication Journal*, 78(1), 70-90.
- Min, J., Silverstein, M., & Lendon, J. P. (2012). Intergenerational transmission of values over the family life course. *Advances in Life Course Research*, 17(3), 112-120.
- Mitchell, W. (2007). Research review: The role of grandparents in intergenerational support for families with disabled children: A review of the literature. *Child & Family Social Work*, 12(1), 94-101.
- Møller, V., & Sotshongaye, A. (1999). They don't listen: Contemporary respect relations between Zulu grandmothers and granddaughters/-sons. *Southern African Journal of Gerontology*, 8(2), 18-27.
- Monserud, M. A. (2008). Intergenerational relationships and affectual solidarity between grandparents and young adults. *Journal of Marriage and Family*, 70(1), 182-195.
- Naber, J., & Wyatt, T. H. (2014). The effect of reflective writing interventions on the critical thinking skills and dispositions of baccalaureate nursing students. *Nurse Education Today*, 34(1), 67-72.
- Nagarajan, N. R., Teixeira, A. A., & Silva, S.T. (2016). The impact of an ageing population on economic growth: an exploratory review of the main mechanisms. *Análise Social*, 4-35.
- Neergaard, M. A., Olesen, F., Andersen, R. S., & Sondergaard, J. (2009). Qualitative description—the poor cousin of health research? *BMC Medical Research Methodology*, 9(1), 52.
- Olshansky, J. S. (2012). *Global Population Ageing: Peril or Promise*. Geneva: World

- Economic Forum, 2012.
- Orb, A., Eisenhauer, L., & Wynaden, D. (2001). Ethics in qualitative research. *Journal of Nursing Scholarship, 33*(1), 93-96.
- Paskov, M. (2016). Is solidarity less important and less functional in egalitarian contexts?. *Acta Sociologica, 59*(1), 3-18.
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126.
- Pratt, M. W., Norris, J. E., Hebblethwaite, S., & Arnold, M. L. (2008). Intergenerational transmission of values: Family generativity and adolescents' narratives of parent and grandparent value teaching. *Journal of Personality, 76*(2), 171-198.
- Rogers, C. R. (1986). Carl Rogers on the development of the person-centered approach. *Person Centered Review, 1*(3), 257-259.
- Rogler, L. H. (2002). Historical generations and psychology: The case of the great depression and world war II. *American Psychologist, 57*(12), 1013-1023.
- Rolfe, G. (2006). Validity, trustworthiness and rigour: quality and the idea of qualitative research. *Journal of Advanced Nursing, 53*(3), 304-310.
- Ruiz, S. A., & Silverstein, M. (2007). Relationships with grandparents and the emotional well-being of late adolescent and young adult grandchildren. *Journal of Social Issues, 63*(4), 793-808.
- Sandelowski, M. (2000). Focus on research methods-whatever happened to qualitative description? *Research in Nursing and Health, 23*(4), 334-340.
- Sands, R. G., Goldberg-Glen, R., & Thornton, P. L. (2005). Factors associated with the positive well-being of grandparents caring for their grandchildren. *Journal of Gerontological Social Work, 45*(4), 65-82.

- Scabini, E., & Marta, E. (2006). Changing intergenerational relationships. *European Review*, 14(1), 81-98. doi: 10.1017/S106279870600007X
- Schans, D., & Komter, A. (2010). Ethnic differences in intergenerational solidarity in the Netherlands. *Journal of Ageing Studies*, 24(3), 194-203.
- Scheidt, R. J., & Norris-Baker, C. (2012). Understudied Older Populations and Settings in Environmental Gerontology: Candidates for Future Research. *Journal of Housing for the Elderly*, 26(1-3), 251-274.
- Schultheiss, D. E. P. (2005). Qualitative relational career assessment: A constructivist paradigm. *Journal of Career Assessment*, 13(4), 381-394.
- Sedick, S., & Roos, V. (2011). Older people's portrayal in the print media: Implications for intergenerational relations. *Journal of Psychology in Africa*, 21(4), 549-554.
- Seidman, I. (2013). *Interviewing as qualitative research: A Guide for Researchers in Education and The Social Sciences*. Teachers College Press.
- Silverstein, M., & Bengtson, V. L. (1997). Intergenerational Solidarity and the Structure of Adult Child- Parent Relationships in American Families. *American Journal of Sociology*, 103(2), 429-60.
- Silverstein, M., Conroy, S. J., & Gans, D. (2012). Beyond solidarity, reciprocity and altruism: moral capital as a unifying concept in intergenerational support for older people. *Ageing & Society*, 32(7), 1246-1262.
- Sung, K. T. (2001). Elder respect: Exploration of ideals and forms in East Asia. *Journal of Ageing Studies*, 15(1), 13-26.
- Tseliou, E. (2013). A critical methodological review of discourse and conversation analysis studies of family therapy. *Family Process*, 52(4), 653-672.
- UNFPA. (2012). *Ageing in the twenty-first century: A celebration and a challenge*. United Nations Population Fund, Population division. USA: New York.

- UNDESA. (2015). World Population Prospects: The 2015 revision, key findings and Advance Tables. Working Paper No. ESA/P/WP.241. United Nations, Department of Economic and Social Affairs, Population Division. USA: New York.
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences, 15*(3), 398-405.
- Van Aardt, J. M., & Roos, V. (2016). Young female adults' experiences of respect in relation to older people in South Africa: A relational perspective. Manuscript submitted for publication.
- Vedder, P., J. Berry, C. Sabatier, D. Sam. (2009). The intergenerational transmission of values in national and immigrant families: The role of zeitgeist. *Journal of Youth and Adolescence, 38* (2009), p. 642.
- Wadensten, B., & Carlsson, M. (2003). Nursing theory views on how to support the process of ageing. *Journal of Advanced Nursing, 42*(2), 118-124.
- Yancey, A. K., Ortega, A. N., & Kumanyika, S.K. (2006). Effective recruitment and retention of minority research participants. *Annu. Rev. Public Health, 27*, 1-28.

SECTION IV: CRITICAL REFLECTION BY THE AUTHOR

19. Introduction

The field notes made during the data generation process are provided In Section IV. The notes provide a detailed description of the researcher's subjective experience of the research process. They also include the reflective processes experienced as the researcher. As a point of departure, the contribution made by this research study is clarified and explained.

20. Field notes

20.1. Reflective notes

My interest in the GP-GC relationship stems from the significant role that my own grandparents have play(ed) throughout my life. This curiosity about intergenerational relationships was further stimulated by the different relationships I had with my maternal grandparents (grandmother and grandfather) as opposed to my relationship with my paternal grandmother. My maternal grandparents were involved and supportive throughout my life. They formed part of most of my childhood memories, even into adulthood. My paternal grandmother was not as involved in my life and usually reached out on special occasions (i.e. Christmas, birthdays, etc.). These different GP-GC relationships were difficult for me to understand when I was younger. Following my parents' divorce, I experienced my paternal grandmother as being more involved with my nephews/cousins and assumed that she did not need to reach out to me. I did not consider the fact that my family system at that time did not allow her to be more involved in my life. Further, many of my peers' grandparents were much older than my grandparents and they did not seem interested/comfortable in reaching out to their grandchildren. Years later, I embarked on my journey to become a clinical psychologist; during my postgraduate studies and internship I was exposed to different intergenerational family systems (i.e. Afrikaans-speaking, English-speaking, Setswana-Speaking). I noted that many Setswana-speaking families (as well as families speaking other

African languages) consisted of a grandparent-grandchild family system rather than a parent-child family system. I made an interesting observation during my interactions with these grandparents, which was that most of them were responsible for their grandchildren. They assumed a custodial role, usually because the parents had to work away from home or they were deceased. Most of these grandparents reported that they had assumed the parental role and were saddened that they could not just be a grandparent to their grandchildren.

My interactions with Afrikaans- and English -speaking grandparents revealed different observations. These family systems usually consisted of three generations, which included the grandparents, the parents and the children. The grandparents in these communities usually played a supportive role in the family and occasionally had to assume the caretaker role. These grandparents reported having a positive experience of grandparenthood. This exposure bolstered my appreciation of the GP-GC relationship and how it differs in certain communities. I wanted to help grandparents understand how family systems can impact on the GP-GC relationship and consequently on their well-being and family cohesion.

Through lengthy discourse with my supervisor and co-supervisor, who are experts in the field of gerontology, as well as reading literature on family systems, intergenerational cohesion and intergenerational relationships, the aspect of empowering grandparents has become increasingly important to me. By focussing specifically on helping grandparents to successfully negotiate positive GP-GC relationships (Aboderin, & Hoffman, 2015; Bengtson, 2001; Blinn-Pike & McCaslin, 2015; Dunifon & Bajracharya, 2012; Hoff, 2007; Sands, Goldberg-Glen & Thornton, 2005; Williams, 2011). Conducting a literature review on the topic supported this notion as there was limited information available, particularly within the Afrikaans- and English-speaking communities. This could be owing to the underrepresentation of these minority groups. Further, their participation in research is

usually underestimated because of the researchers' perception of lower interest from these groups, along with a lack of investigator confidence (Durant et al., 2007; Yancey, Ortega & Kumanyika, 2006). Furthermore, certain research is incentivized by resources that motivate researchers to select high profile topics/populations that may lead to research over years of study (Scheidt & Norris-Baker, 2012). There might be more funding opportunities and agendas that are set at the national levels. Lastly, stigmatization might also create and reinforce a devalued status reflected in research involving older people (Scheidt & Norris-Baker, 2012; Durant et al., 2007). Older people, specifically grandparents, have only recently been recognized as social agents whose experiences are all different and unique. Research in this field could refine and expand our understanding of the nuances of social interaction between older people and their families (Ponterotto, 2005; Schultheiss, 2005).

Drawing from my own experiences, it was clear that the relationships I had with my maternal and paternal grandparents were very different. Our family system also impacted on the role each grandparent fulfilled in my life. These different GP-GC relationships made me wonder and reflect about relationships other grandparents have with their grandchildren. I was also interested in how these grandparents experienced their role within the family. This study allowed me to answer my own personal questions relating to different intergenerational relationships, at least to some extent. Familial interactions are unique to specific family systems and usually extend beyond the nuclear family (i.e. to include grandparents). This form of extended kinship is usually multigenerational and involves support as an adaptive strategy that influences children's growth towards positive developmental pathways. (Lamborn & Nguyen, 2004). However, grandparenthood is heterogeneous and the styles, types and degrees of involvement are highly variable (Kemp, 2004). Ultimately, in many families the grandparent-role is fluid and is interpersonally negotiated in response to the wider family and social network (Kemp, 2004; Lamborn & Nguyen, 2004). Further, the

grandparent role may also vary, depending on the personalities of the grandparents and of the grandchildren (Fingerman, 1998). However, literature reports that most grandparents have a positive experience of grandparenthood (Giarrusso, Feng, Silverstein, & Bengtson, 2001; Lamborn & Nguyen, 2004; Kemp, 2004; Fung, Siu, Choy & McBride-Chang, 2005; Hebblethwaite & Norris, 2011). Older people are in a stage of development where guidance, nurture and teaching become important to them. This brings about successful ageing and stimulates family cohesion (Schoklitsch & Baumann, 2012).

The study consolidated my understanding of the different factors that influence the grandparent-role in Afrikaans- and English-speaking communities. Family systems and the types of interpersonal relationships within a family influence the role grandparents fulfil (e.g. a single parent family system might require more involvement from the grandparents than that of a two-parent-headed household). Furthermore, grandparents' personality styles dictate the type of interaction they initiate with their grandchild (e.g. an extroverted, flexible grandmother might be more involved in her grandchildren's lives than an introverted, rigid grandmother).

I believe this study also provided a platform for grandparents to share their experiences of grandparenthood in a non-judgmental and accepting environment/context (Scheidt & Norris-Baker, 2012; Ponterotto, 2005; Schultheiss, 2005). They were able to report on how they negotiated the grandparent role within a family system, which led to the identification of different strategies for enhancing the GP-GC relationship. Many participants reported that they did not have the opportunity of sharing their experiences of grandparenthood earlier in their lives. Many of them reported that the in-depth interview allowed them to feel *important*, *heard* and *relieved*. Throughout this process, I came to appreciate the participants as social agents with different and unique experiences. They (people older than 60 years) have been an underrepresented population and stigmatized by

society, which minimized their participation in research (Scheidt & Norris-Baker, 2012; Durant et al., 2007). However, once they were given the opportunity of participating in the research study, they were enthusiastic and excited. Most of them found the participation to be therapeutic. It evoked positive emotional experiences, as they were given the opportunity of talking about their experiences and being listened to (Lakeman, McAndrew, MacGabhann & Warne, 2013). They reported that they felt that they were being given a voice, which made their experiences meaningful.

As the researcher, I attempted to gain a clear and explicit understanding of the subject matter. The application of the methodology proved challenging, as I had to give attention to the participant's story as well as to the emotional subtext inherent in the narrative (Lakeman, McAndrew, MacGabhann & Warne, 2013). Furthermore, I had to create a containing environment in which the participants felt comfortable enough to safely discharge their emotions. Furthermore, I had to demonstrate empathy and had to be aware of my own emotional experiences of the moment.

Following each interview, I reflected upon the personal impact of the discussion I had to become aware of and bracket my emotions to prevent them from impacting on my interpretation of the data. Furthermore, the older people's frailty and, to some extent, helplessness, evoked a feeling of sadness within me. It reminded me of my own grandparents and how they are in the same life-phase as these older people. I became aware of the importance of spending time with them and enjoying the limited time I have left with them. The participants' dedication to and love for their grandchildren evoked a feeling of appreciation in me. I came to appreciate my own grandparents more as I remembered how much they had supported and cared for me throughout my life.

This research process provided a rich learning experience and a worthy research attempt in my becoming a capable, knowledgeable and skilled researcher. Quality and

precision are two concepts that I strove to apply while I was engaging in research. I also wish to continue cultivating these qualities in myself. Throughout the research process I ensured that I provided a true and accurate account of the data that was generated. I utilized the strategies of member checking and peer examination to ensure the trustworthiness of the data. Furthermore, I engaged in a supervisory environment, so that the study was scrutinised and open to review by my supervisor, co-supervisor and independent coder. A thorough explanation of the methodology and findings was provided and the additional documents were stored in a locked cabinet at the North-West University (Potchefstroom Campus), which serves as evidence to prove that this study occurred in the manner it did. Access to these documents is granted only to the research team, which includes me, my supervisor and the co-supervisor. The documents will be stored for the next six years, after which my supervisor will destroy them. I believe that my transparency as the researcher is shown in these actions.

21. Contributions of the study

This study will contribute to the literature because research studies on the experience of grandparenthood in the Afrikaans- and English-speaking communities is lacking. The current study has found that most of the participants had close relationships with their grandchildren and that communication was a key factor in cultivating positive relational experiences. The majority of the grandparents assumed the role of provider of emotional, physical and financial support to their grandchildren. Furthermore, the transmission of knowledge and skills also emerged as an important aspect in the GP-GC relationship. The study revealed that the role grandparents assume is closely related to the life phase that they are currently in. They want to offer their own strengths and virtues in the service of something bigger than themselves. The participants reported that they want to be able to guide the next generation, which would not only strengthen the family ties but also enhance family cohesion (Welsh, French & Wall, 2011).

Furthermore, the findings of the study demonstrate that the real essence of intergenerational relationships is in the relationship itself and not necessarily in the individual. The different strategies were identified that grandparents follow in intergenerational relationships, specifically in the GP-GC relationship, to facilitate and ensure cohesion in the family system and to cultivate positive GP-GC relationships:

- Grandparents and their grandchildren should purposefully collaborate to support and nurture each other to promoting intergenerational cohesion (So & Shek, 2011).

Possible activities: Display interest in each other's wellbeing. Take time to recognize each other and encourage bonding time during the week to foster an attitude of gratitude, to build confidence and a sense of self-worth.

- Frequent intergenerational communication is an important aspect of stimulating family cohesion (Mansson, 2013). Intergenerational communication can be complex and it is therefore advisable to begin the discussion with a safe topic (i.e. "ice breaker"), followed by building a dialogue, finding similarities and achieving rapport in the relationship (Strom & Strom, 2015).

Possible activities: Create a time schedule to spend time together (i.e. "getting to know you" time); share books (read the same book and engage in discussion about the book); be a "guest speaker" (take turns to share experiences with each other) (Spudich & Spudich, 2010).

- Intergenerational communication can be further stimulated by engaging in appropriate self-disclosure. Reciprocal self-disclosure leads to favourable perceptions of the GP-GC relationship, thereby stimulating cohesion (Mansson, 2013).
- Affectionate communication in the form of verbal statements, non-verbal behaviour and social support can also contribute to the cohesion within the GP-CG relationship (Mansson & Booth-Butterfield, 2011; Mansson, 2013).

Possible activities: Holding hands; praising accomplishments, etc. (Mansson, 2013).

- Adopting lightweight technologies to enhance the quality of intergenerational communication (Lindley, 2012).

Possible activities: Learn how to operate smart phones or computers by attending short courses or workshops tailored for the individual's needs (Lindley, 2012).

- Engage in emotional and practical support by exchanging supportive resources to enhance cohesion (Harris & Molock, 2000). Emotional and practical support in the GP-GC relationship can increase the physical and psychological well-being for both or either parties (Wiscott & Kopera-Frye, 2000).

Possible activities: Expression of love, empathy and trust, being optimistic, and giving advice, babysitting, outings, providing transport or attending school activities (Lee & Gardner, 2010; Harnett, Dawe & Russell, 2014).

- Promotion of financial support. Financial support can also be linked to intergenerational cohesion by reducing finance-related stress and anxiety (Dillon, De La Rosa & Ibañez, 2013). The majority of grandparents want to help build a healthy financial future for their grandchildren.

Possible activities: Grandparents can consider a variety of different investment options to help ensure a better future for their grandchildren.

- Teaching grandchildren knowledge and skills essential for being more self-reliant is also a contributing factor in intergenerational cohesion (Kenner, Ruby, Jessel, Gregory & Arju, 2007). Most grandparents have a need to leave an imprint on their grandchildren's lives and to guide and teach them important values (Villar, & Serrat, 2014).

Possible activities: Cooking with grandchildren, outings to history museums/parks, reading or doing bible study with grandchildren.

- A mentoring program can be initiated to assist grandparents in teaching their grandchildren life skills, values and norms.

Possible activities: Guest speakers, or other grandparents, can be invited to share their own experiences related to a specific topic (e.g. interpersonal relationships).

- Old age and physical limitations are interrelated and a major challenge for most older persons (Yaffe, Barnes, Nevitt, Lui & Covinsky, 2001). Many participants found it frustrating and debilitating not being able to physically engage in activities that they used to before with their grandchildren. They felt that their role as grandparent was being limited due to poor physical health.

Possible activities: Initiate weekly training programs, join a walking club, light intensity exercise (i.e. Yoga, Pilates, etc.).

22. Concluding comments

The research study revealed findings that enabled the researcher to answer the research questions by outlining the experiences that Afrikaans- and English-speaking grandparents have within the GP-GC relationship. The findings suggested ideas that were illustrated in current literature, as reviewed in Section I, and therefore, contributed to the available literature by illuminating the experiences of grandparents in the Afrikaans- and English-speaking communities. The current study found that the grandparents' experience of the GP-GC relationship was mostly positive. This role is mainly influenced by the family system, the interpersonal relationships within the system and the grandparents' different personality styles.

Furthermore, the findings revealed that grandparents value communication in the GP-GC relationship. They view themselves as a source of support and they value the intergenerational transmission of knowledge and skills. This research study further provided an array of different strategies that grandparents could employ to strengthen the GP-GC

relationship. The findings generated in this study may further be incorporated into therapy or enrichment programmes for Afrikaans- and English-speaking grandparents. Grandchildren may also use the findings/strategies to ensure reciprocal involvement in the GP-GC relationship. The findings could also help families understand the role of grandparents and allow them to be involved in ways that give them meaning and purpose.

In conclusion, although this study addressed a significant gap, further studies could be conducted to focus on how grandparents relate to grandchildren of different developmental ages (Salari, 2002; Vacha-Haase, Ness, Dannison & Smith, 2000) and exploring challenges, concerns and coping strategies followed by grandparents (Williams, 2011; Carr, Gray & Hayslip, 2012). Although some regard older people as uninterested and difficult, I invite you as the reader to appreciate the contribution made by these older people and acknowledge their experiences as valuable, meaningful and interesting.

References

- Aboderin, I., & Hoffman, J. (2015). Families, Intergenerational Bonds, and Ageing in Sub-Saharan Africa. *Canadian Journal on Aging/La Revue Canadienne du Vieillissement*, 34(03), 282-289.
- Bengtson, V. L. (2001). Beyond the nuclear family: The increasing importance of multigenerational bonds. *Journal of Marriage and Family*, 63(1), 1-16.
- Blinn-Pike, L. B., & McCaslin, B. (2015). College Students: Journaling about their intergenerational relationships with their living and deceased grandparents. *College Student Journal*, 49(4), 475-486.
- Carr, G. F., Gray, J., & Hayslip Jr, B. (2012). Needs for information about supportive resources: A predictor of needs for service and service use in African American grandmother caregivers. *Journal of Intergenerational Relationships*, 10(1), 48-63.
- Dillon, F. R., De La Rosa, M., & Ibañez, G. E. (2013). Acculturative stress and diminishing family cohesion among recent Latino immigrants. *Journal of Immigrant and Minority Health*, 15(3), 484-491.
- Dunifon, R., & Bajracharya, A. (2012). The role of grandparents in the lives of youth. *Journal of Family Issues*, 33(9), 1168-1194.
- Durant, R. W., Davis, R. B., George, D. M. M. S., Williams, I. C., Blumenthal, C., & Corbie-Smith, G. M. (2007). Participation in research studies: factors associated with failing to meet minority recruitment goals. *Annals of epidemiology*, 17(8), 634-642.
- Fingerman, K. L. (1998). The good, the bad, and the worrisome: Emotional complexities in grandparents' experiences with individual grandchildren. *Family Relations*, 403-414.
- Fung, H. H., Siu, C. M., Choy, W. C., & McBride-Chang, C. (2005). Meaning of grandparenthood: Do concerns about time and mortality matter? *Ageing International*, 30(2), 122-146.

- Giarrusso, R., Feng, D., Silverstein, M., & Bengtson, V. L. (2001). Grandparent-adult grandchild affection and consensus: Cross-generational and cross-ethnic comparisons. *Journal of Family Issues, 22*(4), 456-477.
- Harnett, P. H., Dawe, S., & Russell, M. (2014). An investigation of the needs of grandparents who are raising grandchildren. *Child & Family Social Work, 19*(4), 411-420.
- Harris, T. L., & Molock, S. D. (2000). Cultural orientation, family cohesion, and family support in suicide ideation and depression among African American college students. *Suicide and Life-Threatening Behavior, 30*(4), 341-353.
- Hebblethwaite, S., & Norris, J. (2011). Expressions of generativity through family leisure: Experiences of grandparents and adult grandchildren. *Family Relations, 60*(1), 121-133.
- Hoff, A. (2007). Patterns of intergenerational support in grandparent-grandchild and parent-child relationships in Germany. *Ageing & Society, 27*, 643-665.
- Kemp, C. L. (2004). "Grand" expectations: The experiences of grandparents and adult grandchildren. *The Canadian Journal of Sociology, 29*(4), 499-525.
- Kenner, C., Ruby, M., Jessel, J., Gregory, E., & Arju, T. (2007). Intergenerational learning between children and grandparents in East London. *Journal of Early Childhood Research, 5*(3), 219-243.
- Lakeman, R., McAndrew, S., MacGabhann, L., & Warne, T. (2013). 'That was helpful... no one has talked to me about that before': Research participation as a therapeutic activity. *International Journal of Mental Health Nursing, 22*(1), 76-84.
- Lamborn, S. D., & Nguyen, D. G. T. (2004). African American adolescents' perceptions of family interactions: Kinship support, parent-child relationships, and teen adjustment. *Journal of Youth and Adolescence, 33*(6), 547-558.
- Lee, M., & Gardner, J. E. (2010). Grandparents' involvement and support in families with children with disabilities. *Educational Gerontology, 36*(6), 467-499.

- Lindley, J. A. (2012). Applying systems engineering to implementation of adaptive signal control technology. In *Proc., 19th ITS World Congress*.
- Mansson, D. H. (2013). College students' mental health and their received affection from their grandparents. *Communication Research Reports, 30*(2), 157-168.
- Mansson, D. H., & Booth-Butterfield, M. (2011). Grandparents' expressions of affection for their grandchildren: Examining grandchildren's relational attitudes and behaviors. *Southern Communication Journal, 76*(5), 424-442.
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126.
- Salari, S. M. (2002). Intergenerational partnerships in adult day centers: Importance of age-appropriate environments and behaviors. *The Gerontologist, 42*(3), 321-333.
- Sands, R. G., Goldberg-Glen, R., & Thornton, P. L. (2005). Factors associated with the positive well-being of grandparents caring for their grandchildren. *Journal of Gerontological Social Work, 45*(4), 65-82.
- Scheidt, R. J., & Norris-Baker, C. (2012). Understudied Older Populations and Settings in Environmental Gerontology: Candidates for Future Research. *Journal of Housing for the Elderly, 26*(1-3), 251-274.
- Schoklitsch, A., & Baumann, U. (2012). Generativity and ageing: A promising future research topic? *Journal of Ageing Studies, 26*(3), 262-272.
- Schultheiss, D. E. P. (2005). Qualitative relational career assessment: A constructivist paradigm. *Journal of Career Assessment, 13*(4), 381-394.
- So, K. M., & Shek, D. T. (2011). Elder lifelong learning, intergenerational solidarity and positive youth development: the case of Hong Kong. *International Journal of Adolescent Medicine and Health, 23*(2), 85-92.
- Spudich, D., & Spudich, C. (2010). Welcoming intergenerational communication and senior

- citizen volunteers in schools. *Improving Schools*, 13(2), 133-142.
- Strom, R. D., & Strom, P. S. (2015). Assessment of intergenerational communication and relationships. *Educational Gerontology*, 41(1), 41-52.
- Vacha-Haase, T., Ness, C. M., Dannison, L., & Smith, A. (2000). Grandparents raising grandchildren: A psychoeducational group approach. *Journal for Specialists in Group Work*, 25(1), 67-78.
- Villar, F., & Serrat, R. (2014). A field in search of concepts: The relevance of generativity to understanding intergenerational relationships. *Journal of Intergenerational Relationships*, 12(4), 381-397.
- Williams, M. N. (2011). The changing roles of grandparents raising grandchildren. *Journal of Human Behavior in the Social Environment*, 21(8), 948-962.
- Wiscott, R., & Kopera-Frye, K. (2000). Sharing of culture: Adult grandchildren's perceptions of intergenerational relations. *The International Journal of Ageing and Human Development*, 51(3), 199-215.
- Yaffe, K., Barnes, D., Nevitt, M., Lui, L. Y., & Covinsky, K. (2001). A prospective study of physical activity and cognitive decline in elderly women: women who walk. *Archives of Internal Medicine*, 161(14), 1703-1708.
- Yancey, A. K., Ortega, A. N., & Kumanyika, S. K. (2006). Effective recruitment and retention of minority research participants. *Annu. Rev. Public Health*, 27, 1-28.

APPENDICES**Appendix A: Goodwill letters from selected residential care facilities**



28 April 2016

Vir wie dit mag aangaan

Navorsing met die oog op 'n Meestersgraad in Kliniese Sielkunde

Hiermee word toestemming verleen aan Melishé Spangenberg om navorsing in die Oostvallei Aftreeoord te doen oor die ervarings van Afrikaanssprekende Grootouers in Suid-Afrika.

Lede van die teikengroep sal deur myself genader word om vas te stel wie inwillig om aan die navorsingstudie deel te neem.

Onderhoude vir die studie moet asseblief gedurende die tydperk 1 Mei 2016 tot 30 April 2017 geskied. Toegang tot die Oord moet telkens vooraf met my gereël word.

U word voorspoed met die studie toegewens.

(geteken) SP (Fanie) Pretorius

Voorsitter: Bestuurskomitee

Tel 012 755 4036

Sel 082 551 5615

E-pos: faniepret@gmail.com



**SUID AFRIKAANSE VROUEFEDERASIE
SUSAN STRIJDOMHUIS
VIR VERSWAKTE BEJAARDES**

FONDSINSAMELINGSNOMMER: 02 200032 115 2

TEL: (012) 430 5508
(012) 430 5044
FAX: (012) 342 2443
E-MAIL: erasmus@susanstrijdom.co.za

P.O BOX 11157
QUEENSWOOD
0121

17 Januarie 2017

Vir wie dit mag aangaan

Navorsing met die oog op 'n Meestersgraad in Kliniese Sielkunde

Hiermee word toestemming verleen aan Melishé Spanenberg om haar navorsing oor die ervarings van Afrikaanssprekende Grootouers in Suid-Afrika, in SAVF Susan Strijdom te doen.

Lede van die teikengroep sal deur Mev. Bothma (maatskaplike werker) bepaal word en die afspraak moet deur haar gereël word. Die tydoerk vir goedkeuring is Januarie tot Junie 2017.

Voorspoed met u studies word u toegewens.

Die uwe


Barend Erasmus
Bestuurder


Anneliese Bothma
Maatskaplike werker

HUIS HJ PIEK TUISTE VIR OUER PERSONE

085-628-NPO

Tel: 012 – 460 6231/2

Middelstraat 153

Posbus 17142

Faks: 012 – 460 8397

NIEUW MUCKLENEUK 0181

GROENKLOOF 0027

E-Pos: huispiek@mweb.co.za

19 Januarie 2017

NoordwesUnivirsiteit
Fakulteit van Gesonderheidswetenskappe
Privaatsak X6001
POTCHEFSTROOM
2522

"LETTER OF GOODWILL"

DEELNAME AAN NAVORSINGSPROJEK

STUDENT: Melishe Spangenberg

VOORLOPIGE TITEL: Older people's experience of the Grandparent-Grandchild relationship in the contemporary South African context.

Ek verwys na die skrywe van wat bogenoemde student ontvang is. Indien hierdie studie enigsins daartoe kan bydra om die verhouding tussen grootouers en kleinkinders positief te bevorder, lewer die tuiste graag 'n bydra.

Dit sal waardeer word indien die student Huis Piek tussen Januarie en Julie 2017 kan besoek om die nodige inligting te versamel.

Me Spangenberg is welkom om met die kantoor by die bogenoemde nommers kontak te maak om die nodige reëlings te tref.

Ons sien daarna uit om u by te staan.

Die uwe

G E de Kock

Bestuurder

Sentrum.749

Appendix B: Consent form

HREC Stamp

INFORMED CONSENT DOCUMENTATION FOR OOST - VALLEI RESIDENTS/PARTICIPANTS

TITLE OF THE RESEARCH STUDY: Older people's experiences of the Grandparent-Grandchild (GP-GC) relationship in the South African context

ETHICS REFERENCE NUMBERS: NWU-00006-17-A1

PRINCIPAL INVESTIGATOR: Dr. Ruan Spies

POST GRADUATE STUDENT: Melishé Spangenberg

ADDRESS: 14 Maglin Villas, Avian Avenue, Pierre van Ryneveld, Centurion, 0157

CONTACT NUMBER: 0798794610

You are invited to participate in a research project that forms part of my Master's study. The details of the project are presented in this document and you are encouraged to read through it on your own time. Please ask the researcher any questions that you might have pertaining to the specific study that you do not fully understand. It is important that you are satisfied with the information presented in this document and that you fully comprehend what the study/research entails and how you could become involved. Furthermore, your decision to participate is **completely voluntary** and you are also allowed to decline/cease participation. You will not be negatively affected if you decide not to participate in the study and you can also withdraw at any point during the research study.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00006-17-S1)** and will be conducted according to the ethical guidelines and principles of the International Declaration of

Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

What is this research study all about?

- This study will be conducted at residential care facilities in Gauteng and semi-structured interviews (45 minutes each) will be conducted with participants residing at the specific residential care facilities in Gauteng. 25-35 participants will be included in this study.
- The aim of this study is to explore Afrikaans and English speaking older persons' experiences of the Grandparent-Grandchild relationships (GP-GC), in an effort to provide insight into the relational aspects of the GP-GC relationship in the contemporary South African context.

Why have you been invited to participate?

- You have been invited to participate in this study, because the aim of this research is to explore white-Afrikaans speaking older person's experiences of the GP-GC relationship. You meet the criteria of being a white-Afrikaans speaking grandparent residing at a residential care facility in Gauteng and you are therefore invited to participate in this study.

What will be expected of you?

Your responsibilities for participating in this specific research study will include the following:

- Scheduling time for a 45 minute semi-structured interview that will be conducted in a room/office on the premises of retirement home/ old age home.
- Informing the researcher if you will be unable to attend the arranged meeting for any reason and if you wish to reschedule the interview.
- Completing the consent form, in addition to providing verbal consent to the researcher.
- Responding to the questions in an open and honest manner.
- Informing the researcher if you wish to avoid answering any particular question from the interview schedule.
- Informing the researcher if you experience any form of discomfort or distress during the research process and informing the researcher if you at any time feel the need to terminate your involvement in the research process.

Will you gain anything from taking part in this research?

- The main benefit of the proposed study is that this research will give this particular population, Afrikaans and English speaking grandparents, a voice to describe and explain their experiences, opinions and beliefs regarding grandparenthood. This is regarded as an indirect benefit as there will be no direct or tangible benefits for the participants taking part in the proposed research study.
- The data that will be gathered will contribute significantly to the current research field, specifically to the field of gerontology. It will provide a better understanding of this your experiences of grandparenthood.
- This data will help researchers to identify the major themes regarding the experience of Afrikaans speaking grandparents that will be valuable for future researchers.

Are there risks involved in you taking part in this research?

- The physical dangers and risks involved in this study are minimal, however there might be some degree of psychological risk for discomfort for the participants because of the emotional nature the discussions might involve.

How will we protect your confidentiality?

- In the proposed research study, all confidential information that is obtained throughout the course of research will be safeguarded by means of a password protected laptop/computer, a password protected external hard drive and a safe/storage unit where it will be kept for at least 5 years after the study has been conducted.
- The exceptions of confidentiality will be discussed with each participant.
- Permission will be obtained from each participant to record the in-depth interviews electronically and to transmit the information electronically.
- The participants will also be informed of the risks involved regarding the use of electronically transmitted devices which could lead to the breach of confidentiality.
- Lastly, information/results of the research study will not be withheld from a participant who is entitled to the information on condition that it doesn't breach confidentiality of any other participant.

What will happen with the findings or samples?

- The data that will be gathered will contribute significantly to the current research field, specifically to the field of gerontology. It will provide a better understanding of this particular group of individual's experiences of grandparenthood.
- This data will help researchers to identify the major themes regarding the experience of these grandparents, which will include difficulties the majority of them encounter, the different needs these individuals experience and different opinions/beliefs these individuals stand for.
- This information will be very valuable for future researchers and be used to refine/adapt the study for future research.
- This study can potentially also lead to new questions that can be researched and new focus can be placed on individual aspects that was prominent in the findings of the study (e.g. communication difficulty in the GP-GC relationship).

How will you know about the results of this research?

- With the completion of the informed consent form prior to the data collection phase of the study, the participants will be able to indicate on the form whether they want to receive feedback about the research findings.
- Appointments will be made with the interested parties and the research team will discuss the data findings in person with them.

Will you be paid to take part in this study and are there any costs for you?

- No, you will not be paid to take part in the study but beverages (i.e. water) will be provided during the interviews. There will be no costs involved for you, if you decide to take part in the research study.

Is there anything else that you should know or do?

- You can contact Melishé at 079 879 4610 if you have any further queries or encounter any problems.
- You can contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 2094; carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.
- You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I agree to take part in the research study titled:.....

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

.....

Signature of participant

.....

Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

- I clearly and in detail explained the information in this document to
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....

Signature of person obtaining consent

.....

Signature of witness

Declaration by researcher

I (*name*) declare that:

- I clearly explained the information in this document to
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....

Signature of researcher

.....

Signature of witness

Appendix C: Interview Schedule

INTEVIEW SCHEDULE

TITEL OF RESEARCH PROJECT:

Older people's experiences of the Grandparent-grandchild (GP-GC) relationship in the contemporary South African context.

REFERENCE NUMBER: [NWU-00006-17-A1]

HEAD RESEARCHER: Melishé Spangenberg

QUESTION(S)

1. Tell me about your relationship with your grandchild(ren)?

Possible follow-up questions:

- 1.1. What does it mean to you to be a grandparent?
- 1.2. What do you feel when you think about your grandchildren?
- 1.3. Have your grandchildren ever given you feedback about the role you play in their lives?
- 1.4. What are the typical barriers/challenges you experience as a grandparent?
- 1.5. Does communication play a role in the closeness of the grandparent-grandchild relationship?
- 1.6. How would you describe your role as a grandparent?
- 1.7. Would you say that the geographical distance between you and your grandchildren impacts on the closeness of the grandparent-grandchild relationship?
- 1.8. Do you feel appreciated as a grandparent? If yes, how so?
- 1.9. Do you feel that you want to make a contribution in your grandchild(ren)'s life? If yes, what kind of a contribution?

Potchefstroom	Institute of	018 299 1737
Campus	psychology and wellbeing	IPWinfo@nwu.ac.za

Appendix D: Contact Details of researcher, supervisor and co-supervisor


Ms Melishé Spangenberg	
Intern Clinical Psychologist	
PSIN 0134782	
North West university	Mobile: 0798794610
Potchefstroom	e-mail: melishebecker2012@gmail.com
2520	BA (Hons.) Psychology, BCom Marketing Management.

Doctor Ruan Spies	
Supervisor	
North West university	Telephone: 018 285 2388
Potchefstroom	e-mail: Ruan.Spies@nwu.ac.za
2520	PhD in psychology

Ms Janine van Aardt	
Co-supervisor	
North West university	Telephone: 018 285 2388
Potchefstroom	e-mail: 20556888@nwu.ac.za
2520	MA Research Psychology

Appendix E: Letter from the independent coder

Ms Melishe Spangenberg's research data on the experiences of older people regarding to the GP-GC relationship in the contemporary South African context was co-analysed by Ms Amori du Plessis in August 2017. The researcher and the independent co-coder coded the data according to the steps for thematic analysis as described by Braun and Clarke (2013). A consensus meeting was held, and the researcher and the co-coder discussed and refined the themes.



Amori du Plessis

HonsBA (Psychology), HonsBA (Sociology), BA Psychology and Sociology

HPSCA no: PS S 0141160

Tel: 0791948817

e-mail: amori.duplessis@live.co.uk

Appendix F: Ethical approval certificate



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom,
South Africa, 2520

Tel: (018) 299-4900

Faks: (018) 299-4910

Web: <http://www.nwu.ac.za>

Institutional Research Ethics Regulatory Committee

Tel: +27 18 299 4849

Email: Ethics@nwu.ac.za

ETHICS APPROVAL CERTIFICATE OF STUDY

Based on approval by Health Research Ethics Committee (HREC) on 11/05/2017 after being reviewed at the meeting held on 16/02/2017, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby approves your study as indicated below. This implies that the NWU-IRERC grants its permission that provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Older people's experiences of the Grandparent-grandchild (GP-GC) relationship in the contemporary South African context.			
Study Leader/Supervisor: Dr R Spies			
Student: M Spangenberg			
Ethics number:			
N	W	U	-
0	0	0	0
6	-	1	7
-	A	1	
<small>Institution</small>	<small>Study Number</small>	<small>Year</small>	<small>Status</small>
<small>Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</small>			
Application Type: Single study			Risk: Medium
Commencement date: 2017-05-11			
Continuation of the study is dependent on receipt of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation.			

Special conditions of the approval (if applicable):

- Translation of the Informed consent document to the languages applicable to the study participants should be submitted to the HREC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The study leader (principle investigator) must report in the prescribed format to the NWU-IRERC via HREC:
 - annually (or as otherwise requested) on the monitoring of the study, and upon completion of the study
 - without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.
- Annually a number of studies may be randomly selected for an external audit.
- The approval applies strictly to the proposal as stipulated in the application form. Would any changes to the proposal be deemed necessary during the course of the study, the study leader must apply for approval of these amendments at the HREC, prior to implementation. Would there be deviation from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the study may be started.
- In the interest of ethical responsibility the NWU-IRERC and HREC retains the right to:
 - request access to any information or data at any time during the course or after completion of the study;
 - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.
 - withdraw or postpone approval if:
 - any unethical principles or practices of the study are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the HREC or that information has been false or misrepresented,
 - the required amendments, annual (or otherwise stipulated) report and reporting of adverse events or incidents was not done in a timely manner and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.
- HREC can be contacted for further information or any report templates via Ethics-HRECApply@nwu.ac.za or 018 299 1206.

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your study. Please do not hesitate to contact the IRERC or HREC for any further enquiries or requests for assistance.

Yours sincerely

Prof LA
Du Plessis

Digitally signed by
Prof LA Du Plessis
Date: 2017.05.15
16:28:20 +02'00'

Prof Linda du Plessis

Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

Appendix G: Proof of language editing

Dr Karen Batley

BA (Hons), BEd, UED (UCT); MA (UP); D Litt et Phil (Unisa)

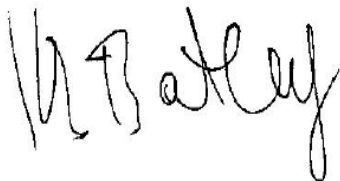
Academic and language practitioner

2017-11-01

To whom it may concern

In my capacity as a professional editor, I was responsible for the English language editing of the thesis written by Melishe Spangenberg: **Older people's experiences of the Grandparent-Grandchild (GP-GC) relationship in the South African context.**

Karen Batley (Dr/Ass. Prof)

A handwritten signature in black ink that reads "K Batley". The signature is written in a cursive style with a large initial 'K'.

Dr Karen Batley
(Academic & Language Practitioner)
082 415 6656
Office : (012) 341 9217
Fax: 086 536 2340

Appendix H: Turn-it-in report



Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

Submission author: **RUAN SPIES**
Assignment title: **dissertation turn it in third years ig...**
Submission title: **Turn_it_in_weergawe.docx**
File name: **Turn_it_in_weergawe.docx**
File size: **202.19K**
Page count: **94**
Word count: **21,881**
Character count: **129,674**
Submission date: **31-Oct-2017 11:30AM (UTC+0200)**
Submission ID: **871937020**

