Older White people's experiences of giving care to or receiving care from their children

Sonia S. Howes

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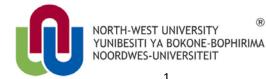**SUPERVISOR: Dr Lizane Wilson**

CO-SUPERVISOR: Prof. Vera Roos

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SUMMARY

KEY TERMS: Intergenerational relations, care, older White people, physical care, emotional care, financial care, qualitative case study

Social and demographic changes have a tremendous effect on the care for older people to the effect that caring for older people might have become a rare commodity. Increased life expectancy during the past century has prolonged the period in which older people need care and has made family care giving an increasingly recurrent activity for adult children. After the demolition of the apartheid area in South Africa, most research focused on previously disadvantaged groups, namely Black and Brown people which resulted in a research gap regarding older White people. Little is known about older White people's experiences of care in South Africa, as older White people are viewed as the minority group who were not previously disadvantaged. However, older White people's vulnerability is increasing because poverty is currently escalating amongst older White South African people as a result of early retirement and retrenchment because of employment equity and the conversion goal of Black Economic Empowerment. The aim of this study was to explore older White people's experiences of giving care to and receiving care from their children. A qualitative research approach with an explorative and descriptive nature was utilized for this study as the research question was aimed at understanding a subjective phenomenon. This research design allows the participants to give meaning to their own experiences. A case study design was followed during this research study in order to provide an in-depth description of older White people's experience of care. The specific population for this study consisted of all White people older than 60 years, co-residing with their adult children and living in the Midvaal area of the Vaal Triangle, Gauteng. Data were collected through journaling and semi-structured interviews, with 10 older White people. Interviews were conducted on a one-on-one basis at the office of the researcher or at the houses of the participants. This ensured the preservation of the participants' relationship with their children. The interviews were audio recorded and transcribed. Data were reduced through thematic data analysis and emerging themes and categories were identified. The principles and strategies for enhancing the trustworthiness of the data were done through crystallization and neutrality. The results indicated that older White people's experience of care can be summarized by means of physical, emotional and financial care. Most of the participants in this study were still physically independent from their children and they could attend to their own physical care. Emotional care was identified by the participants as the ultimate indicator

of caring and this component contributed profoundly to their psychological well-being. The financial care component highlighted that older White people's vulnerability is increasing and that poverty is more prevalent in older White people than what is reflected in current research.

OPSOMMING

SLEUTELTERME: Intergenerasionele verhoudinge, versorging, ouer Wit persone, fisiese versorging, emosionele versorging, finansiële versorging, kwalitatiewe gevallestudie

Sosiale en demografiese veranderinge het 'n enorme effek op die versorging van ouer Wit persone, in so 'n mate dat die versorging van ouer Wit persone moontlik 'n skaars verskynsel geword het. In die laaste dekade het die lewensverwagting van ouer mense toegeneem, met die gevolg dat die versorgingsperiode van ouer persone verleng is, wat weer meebring dat familieversorging 'n meer algemene verskynsel onder volwasse kinders geword het. Ná die beëindiging van die apartheidsera in Suid-Afrika, is die fokus van die meeste navorsing op bevolkingsgroepe waarteen daar voorheen gediskrimineer is, wat hoofsaaklik die Swart en Bruin ouer persone ingesluit het. Dít het 'n navorsingsgaping meegebring aangaande ouer Wit persone. Inligting oor hoe ouer Wit persone versorging in Suid-Afrika ervaar, is skaars, want Wit ouer persone word as die bevolkingsgroep in Suid-Afrika beskou waarteen daar nie voorheen gediskrimineer is nie. Tans is daar 'n verhoging in die kwesbaarheid van ouer Wit persone as gevolg van 'n toename in armoede. Die implimentering van die doelwitte ten opsigte van Swart Ekonomiese Bemagtiging het die ouer Wit persone tot vroeë aftredes en afdankings gedwing. Die doel van die studie was om ouer Wit persone se ervaring van die gee van versorging asook die ontvang van versorging ten opsigte van hulle kinders te eksploreer. 'n Kwalitatiewe navorsingsbenadering met 'n eksplorerende en beskrywende aard is tydens die studie gebruik omdat die navorsingsvraag daarop gerig was om 'n subjektiewe femenologie te verstaan. Die navorsingsontwerp het die deelnemers toegelaat om betekenis aan hulle eie ervaringe te gee. 'n Gevallestudieontwerp is tydens die studie gevolg, want dit het 'n diepgaande beskrywing van ouer Wit persone se ervaring van versorging meegebring. Die spesifieke populasie van die studie het uit slegs Wit persone ouer as 60 jaar bestaan. Die persone bly by hulle kinders in die Midvaal-area van die Vaaldriehoek in Gauteng. Data is deur joernale en semi-gestruktureerde onderhoude van 10 ouer Wit persone versamel. Onderhoude is op 'n een-tot-een basis in die kantoor van die navorser of by die deelnemers se huise gevoer. Om die onderhoude op hierdie manier te voer het verseker dat die deelnemers se verhoudinge met hulle kinders nie skade lei nie. Die onderhoude is ook op band opgeneem. Die ouditiewe opnames is deur die navorser getranskribeer met die doel om spesifieke tema's en kategorieë te identifiseer. Hooftema's is deur tematiese data-analise geïdentifiseer. Die beginsels en strategieë om die betroubaarheid

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van die data te verhoog, is deur kristallisasie en neutraliteit verseker. Die resultate van die studie dui daarop dat ouer Wit persone se ervaring van versorging deur fisiese, emosionele en finansiële versorging opgesom kan word. Die meeste van die deelnemers in die studie is fisies onafhanklik van hulle kinders en hulle kon self verantwoordelikheid neem vir hulle fisiese versorging. Emosionele versorging is deur die deelnemers as die belangrikste indikator van versorging geïdentifiseer, en die versorgingskomponent het aansienlik tot die sielkundige welsyn van die deelnemers bygedra. Die finansiële versorginskomponent het beklemtoon dat die kwesbaarheid van ouer Wit persone toeneem en dat armoede ook meer algemeen is in hierdie populasiegroep as wat tans in navorsing gereflekteer word.

PERMISSION TO SUBMIT

The candidate opted to write an article, with the support of her supervisors. We hereby grant permission that she may submit this article for examination purposes in partial fulfilment of the requirements for the degree Magister Artium in Psychology.

The article will be submitted to the *Journal of Intergenerational Relationships*. The guidelines for the submission to the journal are attached in Addendum F, Journal submission guidelines.

_____

Dr Lizane Wilson

_____

Prof. Vera Roos

DECLARATION BY RESEARCHER

I, Sonia Howes, declare herewith that the dissertation entitled:

Older White people's experience of giving care to or receiving care from their children, which I herewith submit to the North-West University, Potchefstroom Campus, is my own work and that all references used or quoted were indicated and acknowledged.

Signature: _____ Date: _____

Mrs S. Howes

DECLARATION BY THE LANGUAGE EDITOR

I, Mari Grobler, hereby declare that I have text edited the dissertation, **Older White people's experience of giving care to or receiving care from their children**, by Sonia S. Howes for the degree MA in Psychology.

Editor's confirmation, signature and contact details:

Mrs M. Grobler

groblermari@gmail.com

072 929 2036

SECTION A

Introduction and Problem Statement

The growth in the number of older people is so dramatic that it has been described as a silent revelation that will result in a worldly demographic change (Harrefors, Sävenstedt, & Axelsson, 2009). As many countries encounter demographic changes, the number of older people needing care, services and medical assistance will increase, causing an older growing population (Harrefors et al., 2009). Various people from different generations will need to share the same social and physical space for longer; they will compete for physical and emotional resources and negotiate with one another to fulfill their physical, social and emotional needs (Roos, 2013). Increased life expectancy during the past century has extended the period for which older people will require care and has made family care giving an increasingly frequent activity for adult children (Knodel & Chayovvan, 2009; Silverstein, Gans, & Yang, 2006). The care giving activities provided by adult children to their older parents can be linked to the concept of familial piety (Laidlaw, Wang, Coelho, & Power, 2010).

In South Africa, there is also an increasing awareness of the effects of social and demographic changes regarding the care of the aged (Brandt, Haberkern, & Szydlik, 2009; Keasberry, 2001). The care of older people are negatively influenced by social changes such as urbanization, industrialization, migration, decreasing fertility, increasing labour market flexibility, higher rates of female employment, divorce, poverty and HIV and/or AIDS (Bozalek & Hooyman, 2012; Brandt et al., 2009; Eagle, 2007; Keasberry, 2001). These social changes transform nuclear family structures and relationships between generations, with less adult children to care for older people (Blinkert & Klie, 2004; Michels, Albert, & Ferring, 2011)

Recent research on intergenerational relations in South Africa specifically highlights the perceived lack of care (referring to the physical and emotional aspect of care) and respect (referring to the showing of respect by the lifestyles and behaviour of the younger generation) as perceived by members of the older generations in their affiliation with members of younger generations within the family context (Bohman, Vasuthevan, Van Wyk, & Ekman, 2007; Chigali, Marais, & Mpofu, 2002; Lombard & Kruger, 2009; Tati, 2009).

The experiences of care of older people in relation to their children have been researched in African communities. In a study of older people at the community centre in Mfuleni Township, older people's experiences indicate high levels of loneliness as well as social and emotional isolation (Chigali et al., 2002; Makiwane & Kwizera, 2006). After the demolition of the apartheid are in South Africa, most research focused on previously disadvantaged groups, namely Black and Brown people (Lombard & Kruger, 2009; Tati, 2009) which resulted in a research gap regarding older White people. Little is known about older White people's experiences of care in South Africa as older White people were viewed as the minority group who were not previously disadvantaged. However, older White people's vulnerability is increasing because poverty is currently escalating amongst White older South African people as a result of early retirement and retrenchment due to employment equity and the conversion goal of Black Economic Empowerment (Lombard & Kruger, 2009). According to Statistics South Africa (2012), White older persons are currently the second largest group of older people in South Africa; this emphasizes this group's vulnerability and the necessity for research studies to focus on White older people. This study, therefore; hopes to contribute to the literature of intergenerational relationships studies regarding care and specifically on how older White people in South Africa experience either giving care to their children or receiving care from their children.

Intergenerational Relations

The concept of generation is a kinship term referring to separate stages in the natural line of descent from a general ancestor (Alwin & McCammon, 2007). This concept of generation provides a primary element for defining kinship relations, for example parents, grandparents, children, grandchildren, and is essential to intergenerational relations studies. Intergenerational relationships refer to the ties between individuals or groups of different ages (Davey, Savla, & Bellinston, 2003) and can be seen as the interaction between cross-age groups (Uhlenberg, 2000). Intergenerational relationships furthermore emphasize family ties and how family circumstances and the decisions made by members in the family of one generation can impact the same family members as well as other generations to come (Davey, et al., 2003).

Two groups of intergenerational relations are distinguished, namely historical and familial (Knodel & Chayovvan, 2009; Scabini & Marta, 2006; Uhlenberg, 2000). Historical relationships refer to a group of people of more or less the same age cohort, sharing a unique

subcultural identity by means of having experienced similar historical events in a similar manner at about the same time in their lives (Alwin & McCammon, 2007). Familial relationships are founded in the kinship conception of generations and refer to the relationships between family members living at the same time, for example the relationship between parents, grandparents, children and grandchildren (Alwin & McCammon, 2007). Familial intergenerational relationships have been widely researched and the findings indicate that members of all generations regard generational relationships as important and influential and that these relationships contribute to the members' psychosocial well-being (Bengtson, 2001; Monserud, 2008). The relationships between generations are established within families and they are linked through the life cycle of a family (Elder, Johnson, & Crosnoe, 2003). According to Grundy and Henretta (2006) a three-generational family structure is more common these days due to various social and demographic changes. The three-generational family structure can be described as mid-life adults (who represent the second generation – G2) who concurrently raise dependent children (who represent the third generation – G3) and care for their older parents (who represent the first generation – G1) (Grundy & Henretta, 2006).

Older persons represent the first generation (G1) and are regarded as people older than 60 years (Social Assistance Amendment Act, No 6 of 2008). According to Erikson's theory in human development, this age group represents the last developmental stage (Brown & Lowis, 2003; Erikson, 1959). This stage is characterized by the individuals' capacity to look back on their lives, perceiving that the end is near (Bee, 2000). Some older people might look back on their lives with happiness and a sense of satisfaction, fulfilment and contentment (Brown & Lowis, 2003; Harder, 2012). These individuals perceive that their lives had meaning and that they have added value towards life; this feeling Erikson describes as the ego developmental outcome of integrity (Harder, 2012). The opposite ego developmental outcome of this stage is despair. Older persons experience despair when they look back on their lives and they fail to find purpose and meaning in their lives. They tend to fear death and they have a desire to live their lives over again (Brown & Lowis, 2003; Meyer, 1997).

Adult children represent the second generation (G2) and are regarded as people older than 18 years up to the age of 60 years (Bee, 2000). Grandchildren represent the third generation (G3) and are regarded as infants up to the age of 18 years (Bee, 2000).

Intergenerational theories are theoretical approaches that explain relationships between members of different generations and also encourage ideas about effective interventions that can promote social unity (Wadensten & Carlsson, 2003). Theories that aim to explain intergenerational relationships include: (1) Intergenerational Solidarity (and conflict) Model; (2) Intergenerational Ambivalence Theory; (3) Contact Hypothesis; and (4) Interpersonal Communications Theory (Bengtson & Roberts, 1991; Connidis & McMullin, 2002; Hill, Watson, Rivers, & Joyce, 2007; Luescher & Pillemer, 1998; Lüscher, 2002; Mabry & Silverstein, 2002; Stone, 2008).

The Solidarity (and conflict) Model of Generational Relations developed by Silverstein and Bengtson (1997) provides a theoretical framework within which to view intergenerational relations. This model proposes six dimensions of solidarity, namely: (1) structure (e.g., geographic distance); (2) association (e.g., social contact and shared activities); (3) affect (e.g., feelings, affection); (4) consensus (e.g., agreement); (5) function (e.g., exchanges and aid); and (6) norms (e.g., sense of mutual obligation) (Antonucci, Jackson & Biggs, 2007). This model explains that the older generations are normally perceived to invest in younger generations as resources which are often seen to flow down from older to younger generations (Mabaso, 2011). The importance of the Solidarity Model of Intergenerational Relations lies in the theoretical and well-documented practical relationship between feelings of solidarity and conflict and individual psychological well-being. These feelings across generations are also linked with the provision of more support to older persons (Antonucci et al., 2007).

Intergenerational ambivalence was developed as an intergenerational theory to enlighten countervailing feelings, thoughts and behaviours in relation to the same person from the other generation, or the contradiction in social relationships and social structure (Luescher & Pillemer, 1998; Lüscher, 2002). A critical component of intergenerational ambivalence is that this theory highlights both positive and negative perceptions by an individual. Ambivalence therefore reflects the contradictions and paradox that are characteristic of social experiences (Luescher & Pillemer, 1998).

Contact hypothesis according to Stone (2008), explains why attitudes and feelings may adjust in positive directions when two different age groups interact. The contract hypothesis suggests that interactions between intergenerational groups in which

communication is positive will lead to transformation in people's attitudes and feelings towards the other group.

The Interpersonal Communications Theory states that interaction between people take place on a conscious and subconscious level (Vorster, Roos, & Beukes, 2013). People are not always aware of this communication on a conscious level or that they are actively participating in the interpersonal communication of a relationship, however they always become aware of the effect of the interaction on a subconscious level. Through the continuous interaction between generations, shared processes sustain the emotional experiences and behavioural impacts which are communicated in a series of shared reactions between the sender and the receiver (Hill et al., 2007). According to Jackson (1965), the interactional relationship between the two generations can be seen as a constant shared process of connecting and interacting. Hill et al. (2007) conclude that the implications of this theory is that if the opinions and experiences of older people can be described, assumptions can be made about the makeup of the intergenerational relations between historical generations, because according to the Interpersonal Communications Theory, every interpersonal interaction takes place on a personal level and has an impact on an emotional level and which in turn is demonstrated on a behavioural level.

Intergenerational Relationships and Care

In most societies, intergenerational relationships are considered most important for elder care (Brandt et al., 2009; Keasberry, 2002) because, according to Thomson (2010), care is heading for the uncertain distinction of being a rare commodity. Van der Geest (2002) defines care by means of two basic components; namely technical and/or practical care and emotional care. Technical and/or practical care describes the component of care where persons complete a task or activity for other persons who cannot do it by themselves, this type of caring emphasis helping one another. The emotional component of care refers to when caring expresses concern, dedication, and attachment. This can be seen in a caring activity when people do something with care or with special devotion, for example by telling persons with whom you are in a personal relationship that, 'I care for you or I love you.' (Van der Geest, 2002). The one component of care can dominate or even over rule the other, regarding the circumstance and need for care. For example, if persons are in poor health, they would need 'healthcare', which is in turn almost totally grounded on technical care. In personal relationships the emotional meaning of care has preference.

The practice of care, technical and emotional, can be seen to involve different phases with accompanying moral elements (Tronto, 1993). The first phase will include noticing that there are needs and that care is necessary, this will be followed-up by doing something about meeting the needs. In turn the aforementioned will be followed by the actual hands-on physical work of care-giving and finally the response to care from the care receiver (Bozalek & Hooyman, 2012; Tronto, 1993). Intergenerational research have found that adult children are more prone to engage in care giving activities when their parents are frail or are in need of help in coping with activities of daily living (Brandt et al., 2009; Keasberry, 2002; Knodel & Chayovan, 2009).

Mayerhoff's (1971) view of caring is that people actualize themselves by caring for others; this self-actualization resulting out of caring can only be obtained without self-interest. Caring is thus viewed as devoting oneself to another. The responsibility to care for someone is then founded in a person's devotion to that person and caring is then not forced upon that person. This view of caring can be linked to the concept of familial piety (Laidlaw et al., 2010). Filial piety is a multidimensional concept that involves a set of behaviours and attitudes that indicate feelings of love, respect and care adult children display towards their older parents (Laidlaw et al, 2010). It also refers to older persons' expectations of showing respect, fulfilling responsibilities, harmonizing the family, making repayments, showing affection and making sacrifices (Sung, 1995, 1998). Familial piety and caring are of the utmost importance in defining and determining intergenerational relationships culturally (Laidlaw et al, 2010).

Older people who need care, might have different expectations about the quantity and type of caring they need; as explained in the concept of familial piety. This may vary from culture to culture as the activity of caring is largely defined culturally, and will vary amongst different cultures. In order to determine what type of care is needed in a particular cultural setting and to enhance intergenerational relations in that cultural setting; it is necessary to listen to those who are directly involved in it and by observing their actions (Van der Geest, 2002).

Care in developed countries

Literature on care for older people indicate that due to various demographic changes and the dramatic increase in life expectation and lowered fertility, it has resulted in people

living longer in more multifaceted family structures (Antonucci et al., 2007). Throughout most of recorded human history, adult children have taken on the primary responsibility of caring for older parents with acute needs (Silverstein et al., 2006). During the past century increased life expectancy has extended the period in which older people require care and has made family care giving an increasingly frequent activity for adult children (Brandt et al., 2009; Silverstein et al., 2006). The responsibility for elderly care in under developed nations firmly lies on the family (Knodel & Chayovvan, 2009).

Traditionally children have had the obligation to take care of their parents and supporting them in their old age, especially when the parents have stopped working (Keasberry, 2001). In practice this often meant that the youngest child, preferably a daughter, stayed behind in the parental house and co-resided with the parents even after marriage (Keasberry, 2001). The care situation explained in this paragraph describes the filial piety concept of care. Filial piety is a multidimensional concept that involves a set of behaviours and attitudes that indicate feelings of love, respect and care adult children display towards their older parents (Laidlaw et al., 2010). It also refers to older persons' expectations of showing respect, fulfilling responsibilities, harmonizing the family, making repayments, showing affection and making sacrifices (Sung, 1995, 1998). One can therefore conclude that familial piety can be defined by multiple categories and actions.

In most developed nations older people are considered independent and are expected to tend to their own care (Keasberry, 2001). Decisions to care for older relatives are often conditionally based on the promise of future returns, such as an inheritance or, in some cases, the amount of support the older persons provided to the caregiver in the past (Silverstein et al., 2006). Although the majority of older adults in most developed nations live independently from their extended families (Silverstein et al., 2006), it is typically expected from adult children to feel responsible for their parents' well-being and engage in adequate support-giving behaviors (Brandt et al., 2009). This emphasizes that adult children continue to be the main providers of long-term care and support to aging parents and by most accounts form the backbone of their support systems (Silverstein et al., 2006). At the same time, older parents rely on their adult children as critical sources of support and care, should they become frail or experience other age-related deficits (Silverstein et al., 2006). The very old are particularly dependent on multifaceted support in their everyday life and these ranges from occasional help with the housework to round the clock physical nursing and care.

However, it is not uncommon for family members and adult children in most developed nations to intervene only if the older people require assistance with daily living activities because of poor health (Brandt et al., 2009; Knodel & Chayovvan, 2009; Lang & Schütze, 2002; Silverstein, et al., 2006). Adult children in developed nations only take on the primary responsibility of caring for older parents with acute needs (Silverstein et al., 2006); which can also be linked to other White societies where grown-up children are expected to care for their progeny as well as their aging parents (Kimuna & Makiwane, 2007).

Care in the South African context

In Africa, specifically with regards to older Black people, it has traditionally been assumed that extended families and the community will care for their older people, as opposed to them being the government's responsibility (Fernandez-Castilla, 2008; Shaibu & Wallhagen, 2002). Traditionally members of the older generation assisted with the upbringing of the younger generation, and the members of the younger generation, in turn, when they are older, looked after the members of the older generation if required (Stone, 2008). Unfortunately, families are no longer in the position to fulfill the economic, cultural, and social functions that they did before colonization and industrialization (Darkwa & Mazibuko, 2002). Urbanization, modernization of economies and the effects of HIV and/or AIDS are altering the family structures in traditional African societies and have placed great strains on the African extended family system with adverse consequences on the care of older people (International Population Reports 1992, cited by Van Staden & Weich 2007; World Health Organization, 1997). Burns, Keswell and Leibbrandt (2005) estimate that 60% of all Black pensioner households are multi-generational households and only 9% of White pensioners are in a similar situation. Statistics South Africa (2012) estimate that 14% of White older persons live alone, while a further 61,4% live in nuclear households.

There is a historical normative and societal assumption that care-giving is the natural life work of women. According to Bozalek and Hooyman (2012) these normative assumptions are also grounded in South Africa and result in women being the vast majority of informal caregivers as well as higher rates of poverty amongst women across their life course. In South Africa the need for care-giving is a growing cross-generational issue, with younger women, this includes mothers, daughters and daughters-in-law caring for both the youngest and oldest generations and older women caring for younger generations

(grandchildren and great grandchildren) when their parents are unable, unavailable or unwilling to provide care (Bozalek & Hooyman, 2012; Lombard & Kruger, 2009).

In South Africa, new legislation was passed in 2006, making provision for the protection of the rights of older people and shifting services from primarily institutional care to community-based care; consequently due to high incidences of HIV and/or AIDS, resulting in older people being the primary care-givers for sick children and orphaned grandchildren (Lombard & Kruger, 2009). Older people, mainly female pensioners, make it more likely for younger women to follow employment elsewhere and use their pensions to provide financial resources for children to attend school (Ardington et al., 2010; Madhaven, Schatz, Clark, & Collinson, 2012). This often causes financial poverty, as they have to share their small pension income with their intergenerational households. In their caregiver role, according to Lombard and Kruger (2009), the older people do experience improved meaning for their lives in contributing to society, which instills toughness and a sense of empowerment.

Care in the family context

Family structures in all racial groups have transformed significantly in the twentieth century due to various social changes and demographic changes (Grundy & Henretta, 2006). These demographic changes include; patterns of living arrangements, divorce and remarriage, decreases in fertility, increases in women's labour force participation and an increase in population aging (Davey et al., 2003). Family structures have transformed to being 'top-heavy' and are vertically extended (Hagestad & Herlofson, 2007) thereby increasing the prevalence of families with three, four and even five living generations (Grundy & Henretta, 2006). Harper (2005) explains this by stating that demographic shifts and changes have increased the amount of generations alive but have decreased the total number of relatives in a family. According to Grundy and Henretta (2006), these changes in the demographic structure of families have significant consequences for family behaviour because it influences the care of the elderly; the raising of depended children; as well as the cross generational relationships in families. The nuclear family may, for example, be altered due to divorce and low fertility; whereas the increases of generations that are alive at any one time increase the significance of extended family relationships. According to Makiwane and Kwizera (2006), the majority of older Black people in South Africa reside in a three-generational household

which include: grandparents, adult children and grandchildren or in 'skip-generation' households which include grandparents and grandchildren. Burns et al. (2005) estimate that only 9% of White pensioner households are multi-generational leaving the majority of White pensioners either residing independently or in nuclear households (Statistics South Africa, 2012).

Nuclear households can be defined as households that consist of one or more parents and their children and extended households are created when other family members are added to the nucleus (Statistics South Africa, 2012). The focus of this study was not placed on the traditional nuclear household but on an extended household structure which included the first generation and the second generation due to the specific sampling criteria of this study. These generations cohabit with one another due to various social and demographic changes that include: death of a spouse; divorce, unemployment, increase in employment where an adult daughter works fulltime or physical illness. For the purpose of this research the emphasis will be placed on extended family relationships, relationships between the first generation and the second generation and how these relationships influence the experience of giving and receiving care by older White people.

Research Methodology

Literature review

The following themes were investigated in the literature review: intergenerational relations, care, families in Southern Africa, older people and generations. The body of literature that was reviewed included journals, books and dissertations. Working papers and reports from the United States, Europe, Africa and South Africa were also included in the reviews. Another review also included was social surveys and statistics. Search engines included *Google*, *Google Scholar*, as well as the North-West University databases.

Empirical investigation

Research approach and design.

A qualitative research approach (Cresswell, 2007; Doody & Noonan, 2013) with a explorative and descriptive nature (Marshall & Rossman, 2006) was utilized for this study as the research question was aimed at understanding a subjective phenomenon (Ritchie, 2009;

Schurink, Fouchè, & De Vos, 2011) namely, the experiences older White people have of giving and receiving care from their children. Qualitative research is especially effective in obtaining culturally specific information about the values, opinions, behaviours and social contexts of particular populations (Mack, Woodsong, Macqueen, Guest, & Namey, 2005), as was the case in this study where the focus was on older White people's experiences of care in the specific geographical area of Midvaal, Vaal Triangle. According to Marshall and Rossman (2006) a qualitative research design is flexible, allowing new themes to come forward and other possibilities of interest to open. Such flexibility was important for this specific study, as it was completed within an interpretive framework in which knowledge was gained by meaning-making (Fouchè & Schurink, 2011). In order to gain knowledge about the subject phenomenon (e.g. care) the researcher emphasized the interviewing process by reframing and repeating questions regarding care to the participants. This ensured that the participants understood the questions and resulted in them sharing their personal everyday experience of care.

A case study design was chosen for this study as it was seen as most suitable for answering the research question asked in this study (Creswell, 2009). Yin (2009) states that case studies are seen as a means of empirical inquiry that investigates a particular phenomenon within its real-life context. Case studies focus less on the general and more on the particular (Thomas, 2011) to provide an in-depth description of one subject (Denscombe, 2010). Within this study it was essential to obtain an insight into how older White people experience care. This study focused on older White people's real-life experience of care. Denscombe (2010) states that the subject may refer to a process, activity, event, programme or individual, or multiple individuals, and that it form the basis of the investigation. The phenomenon, which is studied, has identifiable boundaries (Gerring, 2007; Henning, Van Rensburg, & Smit, 2004) and is seen as a bounded system. The case or 'bounded system' in this study was care and this specific phenomenon was investigated in a specific geographic area.

Participants.

The specific population (Strydom, 2011) for this study consisted of White people older than 60 years living in the Midvaal area of the Vaal Triangle. The Midvaal area in the Vaal Triangle has many families in which intergenerational care of older White people

occurs. Furthermore, Statistics South Africa (2012) state that 20,6% of the White population are older than 60 years, specifically in the Gauteng region where 46,3% of the older population are from the White population group. The older White population is viewed as the previously advantaged group and was therefore not extensively researched and thus recent information regarding the care of the older White population is limited. Older White people's vulnerability is also escalating due to the increase of poverty in this group (Lombard & Kruger, 2009). Information with regards to how older White people experience care could not be obtained by this researcher.

A stratified purposive sampling method (Nieuwenhuis, 2007) was used, as the participants had to comply with the specific criteria. The specific inclusion criteria for the sample were:

- Participants had to be White people, male or female, older than 60 years;
- Participants had to be able to communicate in Afrikaans or English;
- Participants had to be living with a child for whom they were caring or from whom they were receiving care;
- Participants had to be living in the Midvaal area, Vaal Triangle, Gauteng.

The sample consisted of 10 older White people, eight female and two male.

Research procedure.

The research was conducted under the ethical code, NWU-0005-10-S1, which was approved by the North-West University. The pastor of the largest local church in the Vaal Triangle, Midvaal area was contacted. The nature and the aim of the study were explained to the pastors who invited potential participants to participate in the study. Appointments were scheduled with participants who were willing to participate during which the participants were again informed about the research project and the aim of the study. The confidentiality of the information disclosed was discussed and appointments for the individual interviews were scheduled. Written consent was obtained from all the participants that partook in the study; they had the right to withdraw from the study at any time.

The data were collected through semi-structured interviews as well as journaling. The interviews were conducted at a place chosen by the participants that included the homes of the participants and the office of the researcher. Confidentiality was insured by emphasizing that the interviews were conducted in the presence of the researcher and the participant only.

This ensured that the participants were not exploited. The interviews were audio recorded and transcribed verbatim. Journals were kept privately by participants who volunteered and these journals were delivered to the researcher's office by the participants personally. Interviews were conducted and journaling data were received. The raw data were then transcribed, analyzed and interpreted.

Data collection method.

During this research study data were collected by the utilization of interviews (Nieuwenhuis, 2007) and journaling (Hayman, Wilkes, & Jackson, 2012). Interviews employed during this study were one-to-one semi-structured interviews (Greeff, 2011; Holloway & Wheeler, 2010) during which the researcher asked the participant questions to collect data and to learn about ideas, beliefs, views, opinions and behaviours of the participants (Nieuwenhuis, 2007). The aim of the interviews was to obtain insight regarding the experience of care the participants were subjected to. The semi-structured interview method allowed space for flexibility through open-ended questions which offered the researcher the opportunity to explore issues that arose spontaneously (Berg, 2009); this in return provided the participants with the opportunity to express their views and personal experience of care. Open ended questions were utilized during the one-on-one interviews. The following questions were asked: *Please tell me what you understand when you hear: care*? *Please tell me how you experience care from your children*? *When do you feel cared for by your children*? *Give examples from your own experience*.

Probing questions were used when the participants did not spontaneously refer to emotional care, which proved to be an efficient data collection technique for this research as it allowed for a personal account (Crabtree, 2006) and it also encouraged elaboration and explanation (Holloway & Wheeler, 2010) from the participants to reflect on more in-depth information regarding care within the family. These questions were categorized in two main groups. The first group of questions focused on gathering information concerning giving care and the following type of questions were asked: *How often do you listen to your children speaking about their problems and/or achievements*? The second group of questions focused on receiving care and included questions like: *How often do you speak to your children about your problems and/or achievements*? A detailed outline of the questions utilized during this research study has been provided in Addendum A.

The individual interviews were conducted at either the participants' homes or the researcher's office, depending on where the participants felt safe and comfortable to share their experiences. The time duration of the interviews fluctuated between 45 and 60 minutes. Each interview was audio recorded and the raw data were transcribed verbatim.

The journaling method provided an opportunity for the participants to share their thoughts, ideas, feelings and experiences through writing and/or other media (Hayman et al., 2012). During this research study participants were asked to keep a journal for a period of three weeks after the interviews were conducted to reflect on how they experienced the giving and receiving of care. These journals had open-ended guiding questions which proved to be an efficient data collection method for this research as it allowed for a personal account from the participants to reflect a true story of their life experiences in their own words (Deacon, 2000). An example of the guiding questions was: *Today I experienced care from my children when...* A detailed outline of the questions used during this research study has been provided in Addendum B.

The keeping of the journal was optional and voluntary. The journal was kept by the participants for a period of three weeks after the initial interview; where after the journals were either collected by the researcher or delivered to the researcher personally. The data in each journal were then developed to support the findings already obtained through the interviews.

Data analysis.

Thematic data analysis was utilized in this study to convert the data obtained from the interviews and journals, into significant information (Braun & Clarke, 2006). It emphasizes pinpointing, examining, and recording patterns (or 'themes') within data (Braun & Clarke, 2006). The themes became the categories for analysis and were then coded (Schurink, 2011). The coding process consisted of six phases in order to create and establish meaningful patterns. These phases were: familiarization with data, generating initial codes, searching for themes amongst codes, reviewing themes, defining and naming themes and producing the final report (Braun & Clarke, 2006).

The collective data in this study consisted of interview transcriptions from all the participants and the kept journals of two participants. The fragmented data were then read

over and over until patterns and categories emerged. These patterns and categories were then coded. As a specific theme appeared other relating concepts were grouped around it.

Trustworthiness

The principles and strategies that were used during this study to enhance the trustworthiness of the data were accomplished by crystallization (Ellingson, 2009). Crystallization enhances trustworthiness by giving an in-depth and complex insight about the research phenomenon (Ellingson, 2009). In this study in-depth information regarding the phenomenon was established through a variety of qualitative research data collection methods, which included individual semi-structured open-ended interviews and journaling. Data were collected from different sources as this allowed for the raw data to be represented in different and creative ways, giving the researcher a deeper understanding of the research phenomenon. The interviews and the journaling provided rich and detailed information regarding the participants' experience of the studied phenomenon. Interviews were audio recorded. During the open-ended interviews the participants were constantly asked to clarify their experiences. According to Maree and Van der Westhuizen (2007) trustworthiness can be enhanced through the validity and reliability of the data that can be measured by the degree in which the interpretations and concepts have the same meaning for the researcher and the participant. The interpretation made by the researcher based on the participants' description of the studied phenomenon was also checked with the participants by the researcher.

Lincoln and Guba (1985) suggest that trustworthiness can also be enhanced by means of objectivity. Objectivity was obtained by applying neutrality where the research findings were created by the perspectives and experiences of the participants and not through research bias; this was achieved by using open-ended interviews and journaling data collection methods as well as the thematic data analysis in this study to convert data into significant information (Braun & Clarke, 2006). By recording the interviews and transcribing them verbatim ensured that the participants' perspectives and experiences were correctly replicated without criticizing the opinions of participants.

Ethical considerations

Mack et al. (2005) emphasize that the fundamental ethical consideration in qualitative research is to guarantee the well-being of participants by ensuring that no physical or emotional harm will come to them as a result of participation in the research study.

Throughout the study the researcher aimed to treat all participants with respect, professionalism and gratitude. The dignity and autonomy of all research participants were respected in order to protect participants from exploitation of their vulnerability. This was done by emphasizing the confidentiality of the research. The following ethical guidelines (Mack et al., 2005) were adhered to during this research study:

- Informed written consent was obtained from all the research participants;

- The participants were informed about the overall purpose and procedures of the research. The researcher explained the following to the participants: what would be expected from them; what the data will be utilized for; what the name and contact information of the researcher's supervisor was if they wished to contact the supervisor with questions or problems related to the research;

- Participants were informed that that participation in the research was voluntary (Brinkmann & Kvale, 2008), and that they could withdraw from the research at any time with no negative repercussions;

- Participants were informed that there will be no remuneration involved;

- Confidentiality was discussed with the participants. To ensure confidentiality the researcher: (1) Did not report on any private data that could disclose the identity of the participants; (2) Interviews were conducted on a one-on-one basis at the office of the researcher or at the houses of the participants. This ensured the preservation of the participants' relationship with their children; (3) The researcher also advised the participants that the research findings would be reported, but that the names of the participants would be withheld (Brinkmann & Kvale, 2008);

- The research data will be stored for a period of five years at the Centre for Child, Youth and Family Studies, Wellington Office (North-West University). The Centre stands under ethical obligation to protect participants and operates under a code of conduct enforced by the North-West University, Potchefstroom Campus;

- As a gratitude gesture each participant received a chocolate gift;

Resnik (2011) emphasizes that a researcher needs to adhere to the codes and practices of research ethics and strive for honesty, objectivity, openness, social responsibility and respect

for intellectual property. During this research study the researcher aimed to conduct this study based on the aforementioned ethical criteria.

Layout of the Dissertation

The dissertation follows the article format as prescribed by the North-West University. The dissertation consists of the following sections:

Section A: Orientation to the research and literature review (APA referencing style)

Section B: Article (APA referencing style)

Section C: Critical Reflection

Section D: Addenda

The *Journal of Intergenerational Relationships* has been identified as a possible journal for submission.

References

Antonucci, T. C., Jackson, J. S., & Biggs, S. (2007). Intergenerational relations: Theory, research, and policy. *Journal of Social Issues*, *63*(4), 679-693.

Alwin, D. F., & McCammon, R. (2007). Rethinking generations. *Research in Human Development*, *4*(3-4), 219-237. doi: 10.1080/15427600701663072

Ardington, C., Case, A., Islam, M., Lam, D., Leibbrandt, M., Menendez, A., & Olgiati, A. (2010). The impact of AIDS on intergenerational support in South Africa: Evidence from the Cape area panel study. *Research on Aging*, *32*(1), 97-121.

Bee, H. L. (2002). *The journey of adulthood* (4th ed.). New Jersey: Prentice Hall.

Bengtson, V. L. (2001). Beyond the nuclear family: The increasing importance of multigenerational bonds. *Journal of Marriage and Family*, *63*, 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*, *53*, 856-870.

Berg, B. L. (2009). *Qualitative research methods for the social sciences* (7th ed.). Boston, MA: Allyn and Bacon.

Blinkert, B., & Klie, T. (2004). Gesellschaftlicher wandel und demografische veränderungen als herausforderungen für die sicherstellung der versorgung pflegebedürftiger menschen. *Sozialer Fortschritt*, *55*, 319-325.

Bohman, D. M., Vasuthevan, S., Van Wyk, N. C., & Ekman, S. L. (2007). We clean our houses, prepare for weddings and go to funerals: Daily lives of older people Africans in Majaneng, South Africa. *Journal of Cross-Cultural Gerontology*, *22*, 323-337.

Bozalek, V., & Hooyman, N. (2012). Ageing and intergenerational care: Critical/political ethics of care and feminist gerontology perspectives. *Agenda: Empowering Women for Gender Equity*, *26*(4), 37-47.

Brandt, M., Haberkern, K., & Szydlik, M. (2009). Intergenerational help and care in Europe. *European Sociological Review*, *25*(5), 585-601.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101.

Brinkmann, S., & Kvale, S. (2008). Ethics in qualitative psychological research. In C. Willing & W. Staintor-Rogers (Eds.). *Qualitative research in psychology* (pp. 213-228). Thousand Oaks, CA: Sage Publications.

Brown, C., & Lowis, M. J. (2003). Psychosocial development in the elderly: An investigation into Erikson's ninth stage. *Journal of Aging Studies*, *17*, 415-426.

Burns, J., Keswell, M., & Leibbrandt, M. (2005). Social assistance, gender, and the aged in South Africa. *Feminist Economics*, *11*(2), 103-115.

Chigali, G. M., Marais, M., & Mpofu, R. M. B. (2002). An investigative study of the experiences of older people in a South African Black Township. *South African Journal of Physiotherapy*, *58*(3), 21-26.

Connidis, I. A., & McMullin, J. A. (2002). Sociological ambivalence and family ties: A critical perspective. *Journal of Marriage and Family*, *64*, 558-567.

Crabtree, C. D. (2006). *Qualitative research guidelines.* Retrieved from http://www.qualres.org/HomeSemi3629.html

Cresswell, J. W. (2007). *Five qualitative approaches to inquiry*. Thousand Oaks, CA: Sage.

Darkwa, O. K., & Mazibuko, F. N. M. (2002). Population aging and its impact on older people welfare in Africa. *International Journal of Aging and Human Development*, *54*(2), 107-123.

Davey, A., Savla, J., & Bellinston, L. (2003). *Intergenerational relations. International encyclopedia of marriage and family.* Retrieved from http://www.encclopedia.com/doc/1G2-3406900234.html

Deacon, S. A. (2000). Creativity within qualitative research on families: New ideas for old methods. *The Qualitative Report*, *4*(3&4). Retrieved from

http://www.nova.edu/ssss/QR/QR4-3/deacon.html

Denscombe, M. (2010). *Ground rules for social research. Guidelines for Good Practice* (2nd ed.). England: Open University Press.

Doody, O., & Noonan, M. (2013). Preparing and conducting interviews to collect data. *Nurse Researcher*, *20*(5), 28-32.

Eagle, W. (2007). Activists for the aged press for greater care, pensions in Africa. Retrieved from

http://www.bing.com/search?q=Activists+for+the+aged+press+for+greater+care%2C +pensions+in+Africa.+Washington&go=&form=QBRE3

Elder, G. H., Johnson, M. K., & Crosnoe, R., (2003). The emergence and development of life course theory. In J.T. Mortimer & M.J. Shanaan (Eds.). *Handbook of the life course* (pp. 3-19). New York: Kluwer Academic/Plenum.

Ellingson, L. L. (2009). *Engaging in crystallisation in qualitative research: An introduction*. Thousand Oaks, CA: Sage Publications.

Erikson, E. H. (1959). *Identity and the life cycle*. New York: Norton.

Fernandez-Castilla, R. (2008). Panel discussion. Evidence-based policy making to implement the Madrid International Plan of Action on Ageing. Organised by the Government of South Africa, the United Nations Department of Social and Economic Affairs and UNESCO'S Management of Social Ageing Int (2009) 34:119-135 133.

Fouchè, C. B., & Schurink, W. (2011). Qualitative research designs. In A. S. De Vos, H. Strydom, C. B. Fouchè, & C. S. L. Delport (Eds.). *Research at grass roots: For the social sciences and human service professions* (4th ed., pp. 307-327). Pretoria: Van Schaik Publishers.

Gerring, J. (2007). *Case study research: Principles and practices.* Cambridge: Cambridge University Press.

Greeff, M. (2011). Information collection: Interviewing. In A. S. De Vos, H. Strydom, C. B. Fouchè, & C. S. L. Delport (Eds.). *Research at grass roots: For the social sciences and human service professions* (4th ed., pp. 341-374). Pretoria: Van Schaik Publishers.

Grundy, E., & Henretta, J. C. (2006). Between elderly parents and adult children: A new look at the intergenerational care provided by the 'sandwich generation'. *Aging and Society*, *26*(5), 707-722.

Hagestad, G. O., & Herlofson, K. (2007). *Micro and macro perspectives on intergenerational relations and transfers in Europe.* Retrieved from http://www.un.org.nwulib.nwu.ac.za/esa/population/meetings/EGMPopAge/EGMPopAge_17_GHagestad.pdf

Harder, A. (2012). *The developmental stages of Erik Erikson.* Retrieved from http://www.support4change.com/index.php?option=com_content&view=article&id=47:erik-eriksons-developmental-stages&catid=35:who-you-are&Itemid=108

Harper, S. (2005). Grandparenthood. In M. L. Johnson (Ed.). *The Cambridge handbook of age and ageing* (pp. 422-428). Cambridge: Cambridge University Press.

Harrefors, C., Sävenstedt, S., & Axelsson, K. (2009). Older people's perceptions of how they want to be cared for: An interview study with healthy older people couples in Northern Sweden. *Scandinavian Journal of Caring Sciences*, *23*, 353-360.

Hayman, B., Wilkes, L., & Jackson, D. (2012). Journaling: Identification of challenges and reflection on strategies. *Nurse Researcher*, *19*(3), 27-31.

Henning, E., Van Rensburg, W., & Smit, B. (2004). *Finding your way in qualitative research.* Pretoria: Van Schaik Publishers.

Hill, A., Watson, J., Rivers, D. & Joyce, M. (2007). *Key themes in interpersonal communication*. Berkshire: Open University Press.

Holloway, I., & Wheeler, S. (2010). *Qualitative research in nursing and healthcare* (3rd ed.). Oxford: Wiley-Blackwell.

Jackson, D. D. (1965). The study of the family. *Family Process*, *4*(1), 1-20.

Keasberry, I. N. (2001). Elder care and intergenerational relationships in rural Yogyakarta, Indonesia. *Ageing and Society*, *21*, 641-665.

Kimuna, S. R., & Makiwane, M. (2007). Older people as resources in South Africa: Mpumalanga households. *Journal on Ageing and Social Policy*, *19*(1), 97-114.

Knodel, J., & Chayovvan, N. (2009). Intergenerational relationships and family care and support for Thai elderly. *Ageing International*, *33*, 15-27.

Laidlaw, K., Wang, D., Coelho, C., & Power, M. (2010). Attitudes to ageing and expectations for filial piety across Chinese and British cultures: A pilot exploratory evaluation. *Aging & Mental Health*, *14*(3), 283-292. doi: 10.1080/13607860903483060

Lang, F. R., & Schütze, Y. (2002). Adult children's supportive behaviors and older parents' subjective well-being – A developmental perspective on intergenerational relationships. *Journal of Social Issues*, *58*(4), 661-680.

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.

Lombard, A., & Kruger, E. (2009). Older persons: The case of South Africa. *Aging International*, *34*, 119-135.

Luescher, K., & Pillemer, K. (1998). Intergenerational ambivalence: A new approach to the study of parent-child relations in later life. *Journal of Marriage and the Family*, *60*, 413-425.

Lüscher, K. (2002). Intergenerational ambivalene: Further steps in theory and research. *Journal of Marriage and Family*, *64*, 585-593.

Mabaso, T. (2011). An exploration of the intergenerational relationships between young adults and older people in the Khuma community. (Unpublished Master's thesis). North-West University, Potchefstroom.

Mabry, J. B., & Silverstein, M. (2002). Solidarity, conflict, and ambivalence: Complementary or competing perspectives on intergenerational relationships? *Journal of Marriage and Family*, *64*, 568-576.

Mack, N., Woodsong, C., Macqueen, K. M., Guest, G., & Namey, E. (2005). *Qualitative research methods: A data collector's field guide*. Retrieved from http//www.fhi.org

Madhaven, S., Schatz, E., Clark, S., & Collinson, M. (2012). Child mobility, maternal status and household composition in rural South Africa. *Demography*, *49*, 699-718.

Makiwane, M., & Kwizera, S. A. (2006). An investigation of quality of life of the older people in South Africa, with specific reference to Mpumalanga Province. *Applied Research in Quality of Life*, *1*, 297-313.

Maree, K., & Van der Westhuizen, C. (2007). Planning a research proposal. In K. Maree (Ed.), *First steps in research* (pp. 24-44). Pretoria: Van Schaik Publishers.

Marshall, C., & Rossman, G. B. (2006). *Designing qualitative research* (4th ed.). Thousand Oaks, CA: Sage Publications.

Mayerhoff, M. (1971). *On caring*. New York: Perennial Library, Harper & Row.

Meyer, W. F. (1997). The ego psychological theory of Erik Erikson (1902-1980). In W. F. Meyer, C. Moore, & H. G. Viljoen (Eds.). *Personology: From individual to ecosystem* (pp. 203-228). Johannesburg: Heinemann.

Michels, T., Albert, I., & Ferring, D. (2011). Emotional relations with grandparents and

    received support: The adolescent view. *Journal of Intergenerational Relationships*,

    9(3), 264-280. doi: 10.1080/15350770.2011.593435

Monserud, M. A. (2008). Intergenerational relationships and affectual solidarity between

    grandparents and young adults. *Journal of Marriage and Family*, *70*, 182-195.

Nieuwenhuis, J. (2007). Qualitative research designs and data gathering techniques. In K.

    Maree (Ed.). *First steps in research* (pp. 70-92). Pretoria: Van Schaik Publishers.

Republic of South Africa (RSA). 2008. Social Assistance Amendment Act, No 6 of 2008.

    Government Gazette. Vol. 516, No. 31248. Pretoria: Government Printer.

Resnik, D. B. (2011). *What is ethics in research and why is it important?* Retrieved from

    http://niehs.nih.gov/research/biothics/whatis/index.cfm

Ritchie, J. (2009). The applications of qualitative methods to social research. In J. Ritchie, &

    J. Lewis (Eds.). *Qualitative research practice. A guide for social science students and*

    researchers (pp. 26-34). London: Sage Publications.

Roos, V. (2013). Self-Interactional Group Theory (SIGT) to explain the

    relational/interactional nature of intergenerational relations. Manuscript submitted for

    publication.

Scabini, E., & Marta, E. (2006). Changing intergenerational relationships. *European Review*,

    14(1), 81-98.

Schurink, W. (2011). Qualitative data analysis and interpretation. In A. S. De Vos, H.

    Strydom, C. B. Fouchè, & C. S. L. Delport (Eds.). *Research at grass roots: For the*

    social sciences and human service professions (4th ed., pp. 397-424). Pretoria: Van

    Schaik Publishers.

Schurink, W., Fouchè, C. B., & De Vos, A. S. (2011). Qualitative data analysis and

    interpretation. In A. S. De Vos, H. Strydom, C. B. Fouchè, & C. S. L. Delport (Eds.).

Research at grass roots: For the social sciences and human service professions (4th ed., pp. 397-423). Pretoria: Van Schaik Publishers.

Shaibu, S., & Wallhagen, M. I. (2002). Family caregiving of the older people in Botswana: Boundaries of culturally acceptable options and resources. *Journal of Cross-Cultural Gerontology*, *17*, 139-154.

Silverstein, M., & Bengtson, V. L. (1997). Intergenerational solidarity and the structure of adult child-parent relationships in American families. *American Journal of Sociology*, *103*, 429-460.

Silverstein, M., Gans, D., & Yang, F. M. (2006). Intergenerational support to aging parents: The role of norms and needs. *Journal of Family Issues*, *27*(8), 1068-1084.

Statistics South Africa, (2012). *Social profile of vulnerable groups in South Africa.* Retrieved from: http://www.statss.gov.za

Stone, M. E. (2008). The attitudes of the younger and older generations prior to and after intergenerational program (Unpublished Master's thesis). Available from ProQuest Dissertations and Theses database. (UMI No. 1460306).

Strydom, H. (2011). Sampling in the quantitative paradigm. In A. S. De Vos, H. Strydom, C. B. Fouchè, & C. S. L. Delport (Eds.). *Research at grass roots: For the social sciences and human service professions* (4th ed., pp. 222-235). Pretoria: Van Schaik Publishers.

Sung, K. T. (1995). Measures and dimensions of filial piety in Korea. *The Gerontologist*, *35*, 240-247.

Sung, K. T. (1998). An exploration of actions of filial piety. *Journal of Aging Studies*, *12*, 369-386.

Tati, G. (2009, April). *Older people headed households, markets and consumptions in urban South Africa*. Paper presented at the IHDP Open Global Meeting, Bonn, Germany.

Thomas, G. (2011). *How to do your case study. A guide for students and researchers*. London: SAGE Publications.

Thomson, D. (2010). *The four walls of my freedom*. Toronto, Ontario: McArthuer & Company.

Trochim, W. M. K. (2006). *Research methods.* Retrieved from http://www.socialresearvhmethods.net/kb/sampnon.php

Tronto, J. C. (1993). *Moral boundaries. A political argument for an ethic of care*. London: Routledge.

Uhlenberg, P. (2000). Integration of old and young. *The Gerontologist*, *40*, 276-279.

Van der Geest, S. (2002). Respect and reciprocity: Care of elderly people in rural Ghana. *Journal of Cross Cultural Gerontology*, *17*, 3-31.

Van Staden, A. M., & Weich, D. J. V. (2007). Profile of the geriatric patient hospitalized at Universitas Hospital, South Africa. *SA Family Practitioner*, *49*(2), 14-24.

Vorster, C., Roos, V., & Beukes, M. (2013). A psycho-diagnostic tool for psychotherapy: Interactional pattern analysis (IPA). *Journal of Psychology in Africa*, *23*(3), 163-170.

Wadensten, B., & Carlsson, M. (2003). Nursing theory views on how to support the process of ageing. *Journal of Advanced Nursing*, *42*(2), 118-124. doi: 10.1046/j.1365-2648.2003.02594.x

World Health Organization. (1997). *Ageing in Africa*. Geneva, Switzerland: WHO.

Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). USA: SAGE.

Section B

Older White people's experiences of giving care to or receiving care from their children

Older White people's experiences of giving care to or receiving care from their children

SONIA HOWES

BA(PSYC), BAHONN(PSYC), BAHONN (INDUSTRIAL PSYC)

sonias.howes@webmail.co.za

LIZANE WILSON, PhD

Senior lecturer, Centre for Child, Youth and Family Studies, North-West University, SA

23376147@nwu.ac.za

VERA ROOS, PhD

Older White people's experiences of giving care to or receiving care from their children

SONIA HOWES, LIZANE WILSON PhD and VERA ROOS PhD
University of North-West, Potchefstroom, South Africa

Social and demographic changes have a tremendous effect on the care for older people to the effect that caring for older people might become a rare commodity. This study aimed at exploring older White people's experiences of giving care to and receiving care from their children. The research made use of a case study design. Data was collected through semi-structured interviews and journaling, with ten older White people who co-resided with their children. Main themes were identified through thematic data analysis. The findings indicated that older White people's experience of care can be divided into physical, emotional and financial care.

KEYWORDS: intergenerational relations, care, older White people

Introduction

The care of older people internationally and nationally is negatively influenced by social changes such as urbanization, industrialization, migration, decreasing fertility, increasing labour market flexibility, higher rates of female employment, divorce, poverty and HIV and/or AIDS (Bozalek & Hooyman, 2012; Brandt, Haberkern, & Szydlik, 2009; Eagle 2007; Keasberry, 2001). Internationally and nationally it seems, that these social changes modify nuclear family structures and relationships between generations resulting in the trend that more older people will need care and fewer adult children will be able and willing to render care to older people (Blinkert & Klie, 2004; Keasberry, 2001). The increased life expectation for older people during the past century has prolonged the period in which older people need care and has made family care giving an increasingly frequent activity for adult children (Knodel & Chayovvan, 2009; Silverstein, Gans, & Yang, 2006). Therefore; in most societies, intergenerational relationships are considered most important for elder care (Brandt et al., 2009; Keasberry, 2001) as care is heading to become a rare commodity (Thomson, 2010).

Intergenerational relationships refer to the ties between individuals or groups of different ages (Davey, Salva, & Bellinston, 2003) and can be seen as the interaction between cross-age groups (Uhlenberg, 2000). Intergenerational relationships also highlight family ties and how family circumstances and the decisions made by members in the family of one generation can have an impact on the same family members as well as other generations to come (Davey et al., 2003). Two groups of intergenerational relations are distinguished, namely historical and familial (Knodel & Chayovvan, 2009; Scabini & Marta, 2006; Uhlenberg, 2000). Historical relationships refer to a group of people sharing an exclusive subcultural identity by means of shared experiences of similar historical events in the same manner at about the same time in their lives (Alwin & McCammon, 2007). Familial relationships are established in the kinship idea of generations and refer to the relationships between family members who are born and living at the same time (Alwin & McCammon, 2007). These relationships between generations are formulated within families and they are linked through the life cycle of a family (Elder, Johnson, & Crosnoe, 2003). According to Grundy and Henretta (2006), three-generational family structures are more frequent these days as a result of various social and demographic changes. The three-generational family structure can be explained as mid-life adults (who represent the second generation – G2) who concurrently raise dependent children (who represent the third generation – G3) and care for their older parents (who represent the first generation – G1). When referring to the term generations, Alwin and McCammon (2007) describe this concept as a kinship term referring to separate stages in the natural line of descent from general ancestors which provide a primary element for defining kinship relations, for example parents, grandparents, children, grandchildren, and is essential to intergenerational relations studies.

The relationships between members of different generations are explained by intergenerational theories. These theories are theoretical approaches which also encourage

ideas about effective interventions that can promote social unity (Wadensten & Carlsson, 2003). Theories that aim to explain intergenerational relationships include: (1) Intergenerational Solidarity (and conflict) Model; (2) Intergenerational Ambivalence Theory; (3) Contact Hypothesis; and (4) Interpersonal Communications Theory (Bengtson & Roberts, 1991; Connidis & McMullin, 2002; Hill, Watson, Rivers, & Joyce, 2007; Lüscher, 2002; Mabry & Silverstein, 2002).

The expectations about the quantity and type of care for older people vary from culture to culture. In under developed nations the responsibility for elder care lies firmly on the family (Knodel & Chayovvan, 2009) where in developed nations, decisions to care for older relative are often conditionally based on the promise of future returns, such as an inheritance or, in some cases, the amount of support the elderly provided to the caregivers in the past (Silverton, et al., 2006). Although the majority of older people in most developed nations live independently from their extended families (Bosak, 2013; Silverstein et al., 2006), adult children continue to be the main providers of long-term care and support to aging parents and by most accounts form the backbone of their support systems (Silverstein et al, 2006). At the same time, older parents expect of their adult children to be critical sources of support and care should they become frail or experience other age-related deficits (Silverstein et al, 2006). Adult children, therefore; often engage in care giving activities when their parents are frail or in need of help in coping with activities of daily living (Knodel & Chayovan, 2009). Adult children in Western countries take on the primary responsibility of caring for older parents with acute needs (Silverstein et al, 2006); which can also be linked to White societies where it is expected of adult children to care for their progeny as well as their aging parents (Kimuna & Makiwane, 2007).

In African cultures, the traditional assumption was that extended families and the community will care for their older people, and that they will not be the responsibility of the government (Fernandez-Castilla, 2008; Shaibu & Wallhagen, 2002). Traditionally members of the older generation helped with the upbringing of the younger generation, and the members of the younger generation, in turn, when they are older, looked after the members of the older generation if required (Stone, 2008). Social changes, however; have placed great strains on the African extended family system with harsh consequences with regards to the care of older people (International Population Reports 1992, cited by Van Staden & Weich 2007; World Health Organization, 1997).

Van der Geest (2002) defines care as consisting of two components, namely technical and/or practical care and emotional care. Technical and/or practical care describes the component of care where persons complete tasks or activities for other persons who cannot do it by themselves, this type of caring emphasizes helping one another. The emotional component of care refers to when caring expresses concern, dedication, and attachment. This can be seen in a caring activity when persons do something with care or with special devotion, for example by telling someone with whom you are in a personal relationship that, 'I care for you or I love you.' (Van der Geest, 2002). Mayerhoff's (1971) view of caring is that people actualize themselves by caring for others; this self-actualization resulting out of caring can only be obtained without self-interest. Caring is thus viewed as devoting oneself to another. The responsibility to care for someone is then founded in a person's devotion to another person and caring is then not forced upon that person. The care situation explained in these paragraphs describes the filial piety concept of care. Filial piety is a multidimensional concept that involves a set of behaviours and attitudes that indicate feelings of love, respect and care adult children display towards their older parents (Laidlaw, Wang, Coelho & Power, 2010). It also refers to older persons' expectation of showing respect, fulfilling

responsibilities, harmonizing families, making repayments, showing affection and making sacrifices (Sung, 1995, 1998). This view of caring can be linked to the concept of familial piety (Laidlaw et al., 2010).

Older people who need care might have different expectations about the quantity and type of caring they need; as explained in the concept of familial piety. This may vary from culture to culture as the activity of caring is largely defined culturally, and will vary amongst different cultures. In order to figure out what type of care is used in a particular cultural setting and to enhance intergenerational relations in that cultural setting; it is necessary to listen to those who are directly involved in it and by observing their actions (Van der Geest, 2002). Familial piety and caring are of the utmost importance in defining and determining intergenerational relationships culturally (Laidlaw et al, 2010).

According to Statistics South Africa (2012), the number of older people in South Africa has significantly increased over the past decades. Statistics show that between 2002 and 2011, the total number of persons over the age of 60 years increased by 35% to 3,9 million. The percentage of older persons during this period increased from 6,3% to 7,7%, making South Africa the country with the primary percentage of older persons on the continent. According to Statistics South Africa (2012), the ratio break down of older people according to race were as follows in 2011: 6,2% of the Black African and 7,4% of the Brown population were over the age of 60 years, compared to 11,% of Indians/Asians and more than 20,6% of the White population. This ratio highlights that White older persons are currently the largest group of older people in South Africa. In South Africa the majority of older people reside in three-generational households which include grandparents, adult children and grandchildren or in 'skip-generation' households which include grandparents and grandchildren (Makiwane & Kwizera, 2006).

Burns, Keswell and Leibbrandt (2005) estimate that 60% of all Black pensioner households are multi-generational households and only 9% of White pensioners are in a similar situation. The majority of White pensioners are either living independently or in old age homes (Statistics South Africa, 2012).

Recent research on intergenerational relations in South Africa that was conducted on previously disadvantages groups focused mainly on Black old people, specifically highlighting the perceived lack of care (referring to the physical and emotional aspect of care) and respect (referring to the showing of respect by the lifestyles and behaviour of the younger generation) as uttered by members of the older generations in their affiliation with members of younger generations within the family context (Chigali, Marais & Mpofu, 2002; Lombard & Kruger, 2009; Tati, 2009). A study of older people at the community centre in Mfuleni Township, South Africa, emphasized that older Black people experience a lack of emotional care by indicating high levels of loneliness as well as social and emotional isolation (Chigali et al., 2002; Makiwane & Kwizera, 2006).

After the demolition of the apartheid area in South Africa, most of the research focused on previously disadvantaged groups, namely Black and Brown people (Lombard & Kruger, 2009; Tati, 2009). Little is known about older White people's experiences of care in South Africa as older White people are not seen as part of the previously disadvantaged groups. However, older White people's vulnerability is increasing because poverty is currently escalating amongst White older South African people as a result of early retirement and retrenchment due to employment equity and the conversion goal of Black Economic Empowerment (Lombard & Kruger, 2009). According to Statistics South Africa (2012), White older persons are currently the largest group of older people in South Africa; thus

emphasizing this group's vulnerability and the necessity for research studies focusing on White older people.

The primary research question was: *What are older White people's experiences of care in relation with their children*?

The aim of the study is to investigate the experiences that older white people have regarding care that they either receive from their children or give to their children.

Research- Method and Design

A qualitative research approach (Cresswell, 2007; Doody & Noonan, 2013) of an explorative and descriptive nature (Marshall & Rossman, 2006) was used for this study because the research question was aimed at understanding a subjective phenomenon (Ritchie, 2009; Schurink, Fouchè, & De Vos, 2011). A case study design was chosen as it was most suited for answering the research question asked in this study (Creswell, 2009). Case studies focus less on the general and more on the particular (Thomas, 2011) in order to provide an in-depth description of one phenomenon (Denscombe, 2010). Within this study it was essential to obtain insight into how older White people experience care in relation with their children.

Research Context and Participants

A stratified purposive sampling method (Nieuwenhuis, 2007) was used. The participants had to comply to the following specific criteria: (1) Participants had to be White people, male or female, older than 60 years; (2) Participants had to be capable to communicate in Afrikaans or English; (3) Participants had to be residing with a child, which represented the second generation, for whom they were caring or from whom they were receiving care; (4) Participants had to reside in the Midvaal area, Vaal Triangle, Gauteng.

The sample for this study consisted of ten older White people, eight females and two males. All of the participants could still take care of their own day-to-day physical needs. They were either retired or unemployed. Half of the participants were financially independent and the other half was financially dependent on their children and also received a state pension provided by the South African government.

The Midvaal area in the Gauteng region of South Africa has many families in which intergenerational care of older White people occurs. In Gauteng, 48,7% of the older population are Black Africans followed by the White population of 46,3% (Statistics South Africa, 2012).

This study did not focus on the traditional nuclear family structures but family structures that included the first generation (which represented the older people – G1) and the second generation (which represented the adult children – G2). These generations cohabited with one another as a result of various social and demographic changes that included: death of a spouse; divorce, unemployment, increase in employment where the adult daughter worked fulltime or physical illness. For the purpose of this research the emphasis will be placed on extended family relationships, relationships between the first generation and the second generation and how these relationships influence the experience of care by older White people.

Research Procedure

The procedure for the study was as follows: Ethical clearance was obtained from the North-West University: NWU-0005-10-S1. The pastor of the largest local church in the Vaal Triangle, Midvaal area was contacted because of his active involvement in the community he had numerous relationship with older white people. The nature and the aim of the study were

explained to the pastor who invited potential participants to participate in the study. Appointments were scheduled with participants who were willing to participate during which the participants were again informed about the research project and the aim of the study. They were also informed about other ethical aspects such as what was expected from them, what the data would be used for, the termination of their participation; confidentiality; the safekeeping of records, material and recordings. Appointments for the individual interviews were scheduled. Written consent was obtained from all the participants that partook in the study and they had the right to withdrew from the study at any time. The data was collected by means of semi-structured interviews and journals. The interviews were audio recorded, transcribed verbatim and analyzed.

Data gathering

Semi-structured interviews (Nieuwenhuis, 2007) and journaling (Hayman, Wilkes, & Jackson, 2012) was used to collect the data. Open ended questions were asked during the one-on-one semi-structured interviews (Greeff, 2011; Holloway & Wheeler, 2010) to learn about the ideas, beliefs, views, opinions and behaviours the participants (Nieuwenhuis, 2007) had regarding their experience of care and also provided the researcher with the opportunity to explore issues that arose spontaneously (Berg, 2009). When the participants did not spontaneously refer to emotional care, probing questions were used. The following questions were asked: *Please tell me what you understand when you hear: 'care'*? *Please tell me how you experience care from your children*? *When do you feel cared for by your children*? *Give examples from your own experience*. This was an efficient data collection technique for this research because it allowed for a personal account (Crabtree, 2006) and encouraged elaboration and explanation (Holloway & Wheeler, 2010) from the participants to reveal more in-depth information regarding care within the family. The

interviews were conducted in a safe environment which included the homes of the participants or the office of the researcher.

The journaling method provided the participants with an opportunity to share their thoughts, ideas, feelings and experiences through writing (Hayman et al., 2012). The keeping of the journals was optional and voluntary. Willing participants were asked to keep a journal for a period of three weeks after the interviews were conducted, to reflect on how they experienced the giving and receiving of care. The journals had open-ended guiding questions which was an efficient data collection method for this research, as it permitted for a personal account from the participants to reflect a true story of their life experiences of care in their own words (Deacon, 2000). An example of the guiding questions was: *Today I experienced care from my children when …*

Data analysis

Thematic data analysis emphasizes pinpointing, examining, and recording patterns (or 'themes') within data (Braun & Clarke, 2006). This technique was used to convert the collective data, which included all the transcribed interviews and the journals of two participants, into significant information (Braun & Clarke, 2006). The fragmented data were read over and over until patterns and themes emerged. As a specific theme appeared, other relating concepts were grouped around it. The themes became the categories for analysis and were then coded (Schurink, 2011) in order to create and establish meaningful patterns.

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Ethical Considerations

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The fundamental ethical consideration in qualitative research is to guarantee the well-being of the participants by ensuring that no physical or emotional harm will come to them as a result of participation in the research study (Mack, Woodsong, Macqueen, Guest & Namey,

2005). Throughout the study the main aim of the researcher was to treat all the participants with respect, professionalism and gratitude. In order to protect participants from the exploitation of their vulnerability, the dignity and autonomy of all the research participants were respected by ensuring confidentiality. The following ethical guidelines (Mack et al., 2005) were adhered to during this research study: (1) Informed written consent was obtained from all the research participants; (2) The participants were informed about the overall purpose and procedures of the research; (3) The participants were informed that participation in the research was voluntary (Brinkmann & Kvale, 2008); and that they could withdraw from the research at any time with no negative repercussions; (4) The participants were informed that there would be no remuneration involved; (5) Confidentiality was discussed with the participants. To ensure confidentiality, the researcher did not report any private data that could disclose the identity of the participants; interviews were conducted on a one-on-one basis at either the office of the researcher or at the house of the participant ensuring the preservation of the participants' relationship with their children; the researcher also informed the participants that the research findings would be reported on, but that the names of the participants would be withheld (Brinkmann & Kvale, 2008); (6) The research data will be stored for a period of five years at the Centre for Child, Youth and Family Studies, Wellington Office, North-West University.

Trustworthiness

Crystallization was used to enhance the trustworthiness of the data (Ellingson, 2009). This was done by providing in-depth information regarding the phenomenon through a variety of qualitative research data collection methods, semi-structured open-ended interviews and journaling. As trustworthiness can also be enhanced through the validity and reliability of the data measured by the degree in which the interpretations and concepts have

the same meaning for the researcher and the participants (Maree & Van der Westhuizen, 2007). Therefore; the interpretation made by the researcher based on the participants' description of the studied phenomenon, was also checked with the participants by the researcher.

Lincoln and Guba (1985) suggest that trustworthiness can also be enhanced by means of objectivity. Objectivity was established by means of neutrality where the research results were created by the perspectives and experiences of the participants and not through research predisposition. Objectivity was obtained by means of the semi-structured interviews and journaling data collection methods as well as the thematic data analysis that was utilized in this study to convert data into significant information (Braun & Clarke, 2006). Member checking as well as supervision from the research supervisor was utilized to ensure that the analysis stayed true to the meanings attached by the participants. The recording of the interviews and transcribing them verbatim, guaranteed that the participants' perspectives and experiences were correctly replicated without criticizing the participants' opinions.

Findings

Results obtained from this study indicate that older White people's experience of receiving and/or giving care can be described by the following three themes.

Physical care

Four types of physical care were described by the participants, namely: the receiving of physical care from their children (this included day-to-day caretaking activities and ensuring their physical safety), the receiving of physical care from their grandchildren; the physical caring that they provide to their children and/or grandchildren and the physical caring that they could still provide to themselves. The majority of the participants indicated

that they receive physical care from their adult children which include the performing of day-to-day caring activities as well as through ensuring their physical safety: '*At night my son will make sure that all the doors are locked*' (PA). This care is not only provided by the adult children (G2) but also by the grandchildren (G3) as stated by the following participant: '*After the operation my granddaughter physically took care of me. She bathed and dressed me, she cooked food for me, she made sure that I took my medication and she took me for my medical check-ups*' (PD).

The physical care that the participants provide to their children (G2), mostly focused on the performing of day-tot-day household activities '*… and I now stay with my daughter helping her with her day-to-day tasks …*' (PA) as most of them are working: '*I help my daughter with her children when she is at work*' (PB). These activities include taking and fetching the grandchildren from school and helping them with schoolwork: '*I take them to school and go and fetch them from school in the afternoon*' (PB). '*I take my grand-grandchild to school and after school I go and pick her up and take her to all her extra mural activities. I help my grandchild with her homework*' (PD), and providing them with lunch: '*Then I make sure that when the kids get home from school that their lunch is made and ready to eat*' (PB). The child care that older people provide to their grandchildren does not only include the physical care but also emotional care: '*... and when we have some extra-time I would read her a story*' (PD).

A view the participants shared was that they are still active and that they could still contribute to their families positively as stated by the following participants: '*I am still very active, I go to church and church group meetings, I can still look after myself physically, but for me to be with my children makes it safer for me and provides me with an opportunity to be there for them while they are now going through difficulties*' (PA). '*I am now in good*

health after my heart operation and physically I can look after myself. I can now help my

granddaughter and be there for her, as she was for me when I needed her' (PD).

Emotional care

It is evident from the various perspectives of the participants that they view emotional

care as very important when defining care. The participants distinguished between receiving

emotional care and providing emotional care. When referring to the receiving of emotional

care, some of the participants stated that the emotional care received, included verbal

affirmation statements and sincere concerns regarding their well-being from their children

(G2) and grandchildren (G3): '*A while ago I was ill, my daughter-in-law phoned me every*

morning, just to ask me how I was feeling and if I needed anything' (PA). '*To me caring is*

the emotional support somebody gives to you, it's the SMS that I get that says: "We are

thinking of you and we love you"' (PF). '*Then she would tell me: "Granny thank you so much*

for all you support and help, I couldn't have accomplished my life goals if it wasn't for your

support", Such affirmation and recognition makes me feel important, emotionally I then feel

cared for' (PD).

The participants also felt that they receive emotional care through support and visits

from their children: '*During the weekends she was the one that would come and visit me just*

to have a cup of tea with me to make sure everything was still okay. It's that sincere concern

that makes me feel that they care for me emotionally and that I am important to them' (PA),

but also through gifts that they receive from their grandchildren (G3): '*My granddaughter*

will always buy me a thank-you gift just because I help her with the great-grandchildren'

(PD). One participant indicated that she feels cared for by the fact that her son will make sure

that she is safe: '*At night my son will make sure that all the doors are locked. I now don't*

have to be worry about the garden that needs to be cleaned or coming home late, because I

don't come home to an empty house' (PA).

The emotional care that the participants provide to their children and grandchildren mostly focuses on verbal encouragement and the physical display of affection: '*Both my daughters' husbands have passed away. For them it's extremely traumatic. I now support them by encouraging them …*' (PA), comforting them: '*When L cries, I just comfort her, I hug her, I go and make her some tea, and then we chat*' (PA), and by empowering them: '*My daughter is disabled. Sometimes she really battles to successfully complete her own day-to-day activities, I would then tell her that I have full confidence in her and that I know she can do it, she must just keep on trying*' (PG).

The emotional care that they provide to their grandchildren also includes verbal encouragement: '*My granddaughter is so special to me, … I always try to help her when she had a bad day at school, I will encourage her to talk about it …*' (PE). '*My granddaughter is currently busy with her research article, sometimes she really gets so discouraged, then I'll motivate her; I'll tell her she can do it and that I'm proud of her*' (PD), as well as the physical display of affection: '*… and when there is tears I just hold her and hug her till she feels better*' (PE).

Financial care

Two types of financial care were described by the participants, namely financial care that they receive from their children and financial care that they provide to their children and grandchildren. The financial care that they receive includes economic support in the form of providing money, food, commodities and luxuries. '*My daughter and her husband now pay the electricity and buy food for us*' (PC). '*My granddaughter looks after all my financial needs, she pays my medical-aid, and she buys me clothes and personal toiletries*' (PD).

The financial care that the participants provide to their children mostly focuses on sustaining day-to-day living costs: '*I get a small government pension, so when I see that my daughter is battling financially I will give her my money, she will then use that money for food*' (PB). '*My daughter is disabled, I'm concerned about her, I always ask myself what would happen to her if I had to die, especially financially. So when she borrows money from me for petrol, I make sure she gives it back, then I invest that money on her behalf for the day that I am not there anymore*' (PG).

Discussion of Findings

This study aimed to investigate the experiences that older White people have regarding care that they either receive from their children or give to their children. As seen in the results, White older people experience care in the form of physical, emotional and financial care.

Brandt et al. (2009) confirm that very old people are predominantly dependent on all-round care in their everyday lives. This care ranges from occasional help with the house-work to constant physical nursing and care. Within this study it was found that the physical care that the participants receive from their adult children includes the performing of day-to-day caring activities as well as ensuring their physical safety. This care is not only provided by the adult children (G2) but also by the grandchildren (G3). Keasberry (2001) supports this, by stating that older people tend to depend on their children for care, especially when they are not working anymore and when they become frail (Lang & Schütze, 2002). The participants also emphasized that in their experience of physical care they also provide care to their children and/or grandchildren. This includes performing day-to-day household activities (such as cooking food, cleaning the house and attending to the laundry). Bozalek and Hooyman (2012) confirm that physical care provided by older people, especially older

women to their children, is mainly focused on household care work. It also includes taking on the responsibility of physically looking after their grandchildren.

Various research studies (Bozalek & Hooyman, 2012; Lombard & Kruger, 2009; Silverstein et al, 2006) indicate that older people, who are not frail, mostly still tend to their own daily care activities. According to Knodel and Chayovvan (2009), older people are also of the opinion that they are not in need of any physical care assistance. Results obtained in this research study support these findings. All of the participants in this study can still take responsibility for their own day-to-day physical needs. They are all cohabiting with their children and the participants shared that they are still active and that they can still contribute to their families (meaning their children and grandchildren) positively.

The experiences of the participants reflect that the ultimate indicator of caring for them is emotional care, which exceeds physical and financial care in importance. The participants distinguished between receiving emotional care as well as providing emotional care to their children and/or grandchildren. The emotional care that they receive from their children includes verbal affirmation statements, sincere concerns regarding their well-being and gifts. These care gestures are also given to them by extended family members such as their daughters and/or son-in-laws. This makes them feel loved, special, important and as if they are still contributing to their families in a positive manner. The participants' experience is that their lives still have meaning and they are filled with a sense of contentment due to the emotional care they receive. Harder (2012) and Meyer (1997) both support this viewpoint that when older people look back on their lives with happiness and a sense of satisfaction, fulfilment and contentment, these individuals perceive their lives to have meaning and that they add value towards other's lives. This was confirmed in these research findings.

The participants' experience of providing emotional care to their children and/or grandchildren mostly focused on verbal encouragement and the physical display of affection. Emphasis was also placed on comforting behaviour and verbal statements that resulted in the empowerment of their children and grandchildren. The Intergenerational Solidarity Theory supports this finding, as Mabaso (2011) states that the older generations are normally perceived to invest in younger generations as resources are often seen to flow down form older to younger generations. It would appear from the experiences of the participants, that emotional care improves their psychological well-being and life satisfaction. Chigali et al. (2002) state that when older people feel deprived of social responsibilities, they lose the significant stimulation that keeps them active and in good health.

The experience that the participants described regarding financial care, emphasizes that some of the participants are financially dependent on their children for the provision of economic support in the form of providing them with money, commodities such as personal toiletries and clothing, medical expenses, food and luxuries such as haircuts and personal presents. The participants expressed that they are financially not secure enough to take care of themselves. This contradicts the overall belief that the previously advantaged group; viewed as White older people, are financially secure to provide in their own needs and live independently from their children. This can inter alia be attributed to early retirements and retrenchments (Lombard & Kruger, 2009; Statistics South Africa, 2012). Lombard and Kruger (2009) support literature that highlights older White people's vulnerability is increasing because poverty is currently escalating amongst White older South African people as a result of early retirement and retrenchment due to employment equity and the conversion goal of Black Economic Empowerment (Lombard & Kruger, 2009). The experiences the participants described concerning financial care that they provide their children, indicates that older White people share their small pension income with their intergenerational households.

This also contradicts research findings that only previously disadvantaged groups share their government state pension to provide financially for their children often causing financial poverty in this group, as they have to share their small pension income with their intergenerational households (Ardington et al., 2010; Madhaven, Schatz, Clark, & Collinson, 2012).

Limitations and recommendations

Although the participants in this study provided a rich description of their experiences, a limitation could be that the sample was selected from one specific church group in a specific area. Older White people from other church groups could perhaps have provided more experiences and perspectives regarding care. Therefore results from this study cannot be generalized.

The findings in this study concerning emotional and financial care, can contribute to the current bigger research project on intergenerational relationships, as these findings provide information on how specifically older White people experience care. The data collected with regards to the emotional component of care can be emphasized in further research with the main aim to develop support programmes for families who care for older people to help them provide emotional care. The information collected regarding the financial component of care and how older White people experience financial care can also be explored in further research. Additional research is needed to explore how White adult children experience care when they provide care to their parents or receive care from their parents. Research that can explore the care that grandchildren experience from their grandparents and parents and how this caring contributes to intergenerational relations would be of great assistance.

Conclusion

The exploration of older White people's experiences of care shows that care is defined by them as physical, emotional and financial care. Physical care focuses more on either the provision or receiving of day-to-day physical care. Emotional care is identified as the primary component that contributes to their overall psychological well-being, where their experiences regarding financial care emphasize that older White people's vulnerability is increasing. This is owing to the escalation of poverty amongst White older South African people due to early retirement and retrenchment because of employment equity and the conversion goal of Black Economic Empowerment. Although White older people are still viewed as the previously advantaged group, it seems that the older white people utilized in this study are currently not financially secure enough to provide in their own needs and to live independently from their children.

References

Alwin, D. F., & McCammon, R. (2007). Rethinking generations. *Research in Human Development*, *4*(3-4), 219-237. doi: 10.1080/15427600701663072

Ardington, C., Case, A., Islam, M., Lam, D., Leibbrandt, M., Menendez, A., & Olgiati, A. (2010). The impact of AIDS on intergenerational support in South Africa: Evidence from the Cape area panel study. *Research on Aging*, *32*, 1, 97-121.

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*, *53*, 856-870.

Berg, B. L. (2009). *Qualitative research methods for the social sciences* (7th ed.). Boston, MA: Allyn and Bacon.

Blinkert, B., & Klie, T. (2004). Gesellschaftlicher wandel und demografische veränderungen als herausforderungen für die sicherstellung der versorgung pflegebedürftiger menschen. *Sozialer Fortschritt*, *55*, 319-325.

Bosak, S. V. (2013). *Grandparents today.* Retrieved from www.tcpnow.com/guides/gptoday.html

Bozalek, V., & Hooyman, N. (2012). Ageing and intergenerational care: Critical/political ethics of care and feminist gerontology perspectives. *Agenda: Empowering Women for Gender Equity*, *26*(4), 37-47.

Brandt, M., Haberkern, K., & Szydlik, M. (2009). Intergenerational help and care in Europe. *European Socialogical Review*, *25*(5), 585-601.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101.

Brinkmann, S., & Kvale, S. (2008). Ethics in qualitative psychological research. In C. Willing & W. Staintor-Rogers (Eds.), *Qualitative research in psychology* (pp. 213-228). Thousand Oaks, CA: Sage Publications.

Burns, J., Keswell, M., & Leibbrandt, M. (2005). Social assistance, gender, and the aged in South Africa. *Feminist Economics*, *11*(2), 103-115.

Chigali, G. M., Marais, M., & Mpofu, R. M. B. (2002). An investigative study of the experiences of older people in a South African Black Township. *South African Journal of Physiotherapy*, *58*(3), 21-26.

Connidis, I. A., & McMullin, J. A. (2002). Sociological ambivalence and family ties: A critical perspective. *Journal of Marriage and Family*, *64*, 558-567.

Crabtree, C. D. (2006). *Qualitative research guidelines.* Retrieved from
http://www.qualres.org/HomeSemi3629.html

Cresswell, J.W. (2007). *Five qualitative approaches to inquiry*. Thousand Oaks, CA: Sage.

Davey, A., Savla, J., & Bellinston, L. (2003). *Intergenerational relations. International Encyclopedia of Marriage and Family.* Retrieved from
http://www.encclopedia.com/doc/1G2-3406900234.html

Denscombe, M. (2010). *Ground Rules for Social Research. Guidelines for Good Practice.* 2nd Edition. England: Open University Press.

Deacon, S. A. (2000). Creativity within qualitative research on families: New ideas for old methods. *The Qualitative Report*, *4*(3&4). Retrieved from
http://www.nova.edu/ssss/QR/QR4-3/deacon.html

Doody, O., & Noonan, M. (2013). Preparing and conducting interviews to collect data. *Nurse Researcher*, *20*(5), 28-32.

Eagle, W. (2007). Activists for the aged press for greater care, pensions in Africa. Retrieved from

http://www.bing.com/search?q=Activists+for+the+aged+press+for+greater+care%2C+pensions+in+Africa.+Washington&go=&form=QBRE3

Elder, G. H., Johnson, M. K., & Crosnoe, R. (2003). The emergence and development of life course theory. In J. T. Mortimer & M. J. Shanaan (Eds.), *Handbook of the life course* (pp. 3-19). New York: Kluwer Academic/Plenum.

Ellingson, L. L. (2009). *Engaging in crystallisation in qualitative research: An introduction*. Thousand Oaks, CA: Sage Publications.

Fernandez-Castilla, R. (2008). Panel discussion. Evidence-based policy making to implement the Madrid International Plan of Action on Ageing. Organised by the Government of South Africa, the United Nations Department of Social and Economic Affairs and UNESCO'S Management of Social Ageing Int (2009) 34:119-135 133.

Greeff, M. (2011). Information collection: Interviewing. In A. S. De Vos, H. Strydom, C. B. Fouchè, & C. S. L. Delport (Eds.), *Research at grass roots: For the social sciences and human service professions* (4th ed., pp. 341-374). Pretoria: Van Schaik Publishers.

Grundy, E., & Henretta, J. C. (2006). Between elderly parents and adult children: A new look at the intergenerational care provided by the 'sandwich generation'. *Aging and Society*, *26*(5), 707-722.

Harder, A. (2012). *The developmental stages of Erik Erikson.* Retrieved from http://www.support4change.com/index.php?option=com_content&view=article&id=47:erik-eriksons-developmental-stages&catid=35:who-you-are&Itemid=108

Hayman, B., Wilkes, L., & Jackson, D. (2012). Journaling: Identification of challenges and reflection on strategies. *Nurse Researcher*, *19*(3), 27-31.

Hill, A., Watson, J., Rivers, D., & Joyce, M. (2007). *Key themes in interpersonal communication*. Berkshire: Open University Press.

Holloway, I., & Wheeler, S. (2010). *Qualitative research in nursing and healthcare* (3rd ed.). Oxford: Wiley-Blackwell.

Keasberry, I. N. (2001). Elder care and intergenerational relationships in rural Yogyakarta, Indonesia. *Ageing and Society*, *21*, 641-665.

Kimuna, S. R., & Makiwane, M. (2007). Older people as resources in South Africa: Mpumalanga households. *Journal on Ageing and Social Policy*, *19*(1), 97-114.

Knodel, J., & Chayovvan, N. (2009). Intergenerational relationships and family care and support for Thai elderly. *Ageing International*, *33*, 15-27.

Laidlaw, K., Wang, D., Coelho, C., & Power, M. (2010). Attitudes to ageing and expectations for filial piety across Chinese and British cultures: A pilot exploratory evaluation. *Aging & Mental Health*, *14*(3), 283-292. doi: 10.1080/13607860903483060

Lang, F. R., & Schütze, Y. (2002). Adult children's supportive behaviors and older parents' subjective well-being – A developmental perspective on intergenerational relationships. *Journal of Social Issues*, *58*(4), 661-680.

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.

Lombard, A. & Kruger, E. (2009). Older persons: The case of South Africa. *Aging International*, *34*, 119-135.

Lüscher, K. (2002). Intergenerational ambivalene: Further steps in theory and research. *Journal of Marriage and Family*, *64*, 585-593.

Mabaso, T. (2011). *An exploration of the intergenerational relationships between young adults and older people in the Khuma community.* (Master's thesis). North-West University, Potchefstroom.

Mabry, J. B., & Silverstein, M. (2002). Solidarity, conflict, and ambivalence: Complementary or competing perspectives on intergenerational relationships? *Journal of Marriage and Family*, *64*, 568-576.

Mack, N., Woodsong, C., Macqueen, K.M., Guest, G., & Namey, E. (2005). Qualitative

    research methods: A data collector's field guide. Retrieved from: http//www.fhi.org

Madhaven, S., Schatz, E., Clark, S., & Collinson, M. (2012). Child mobility, maternal status

    and household composition in rural South Africa. *Demography*, *49*, 699-718.

Makiwane, M., & Kwizera, S.A. (2006). An investigation of quality of life of the older

    people in South Africa, with specific reference to Mpumalanga Province. *Applied*

    Research in Quality of Life, *1*, 297-313.

Maree, K., & Van der Westhuizen, C. (2007). Planning a research proposal. In K. Maree

    (Ed.), *First steps in research* (pp. 24-44). Pretoria: Van Schaik Publishers.

Marshall, C., & Rossman, G. B. (2006). *Designing qualitative research* (4th ed.). Thousand

    Oaks, CA: Sage Publications.

Mayerhoff, M. (1971). *On caring*. New York: Perennial Library, Harper & Row.

Meyer, W.F. (1997). The ego psychological theory of Erik Erikson (1902-1980). In W. F.

    Meyer, C. Moore, & H. G. Viljoen (Eds.), *Personology: From individual to ecosystem*

    (pp. 203-228). Johannesburg: Heinemann.

Nieuwenhuis, J. (2007). Qualitative research designs and data gathering techniques. In K.

    Maree (Ed.), *First steps in research* (pp. 70-92). Pretoria: Van Schaik Publishers.

Ritchie, J. (2009). The applications of qualitative methods to social research. In J. Ritchie, &

    J. Lewis (Eds.), *Qualitative research practice. A guide for social science students and*

    researchers (pp. 26-34). London: Sage Publications.

Scabini, E., & Marta, E. (2006). Changing intergenerational relationships. *European Review*,

    14(1), 81-98.

Schurink, W. (2011). Qualitative data analysis and interpretation. In A. S. De Vos, H.

    Strydom, C. B. Fouchè, & C. S. L. Delport (Eds.). *Research at grass roots: For the*

social sciences and human service professions (4th ed., pp. 397-424). Pretoria: Van Schaik Publishers.

Schurink, W., Fouchè, C.B., & De Vos, A. S. (2011). Qualitative data analysis and interpretation. In A. S. De Vos, H. Strydom, C. B. Fouchè, & C. S. L. Delport (Eds.), *Research at grass roots: For the social sciences and human service professions* (4th ed., pp. 397-423). Pretoria: Van Schaik Publishers.

Shaibu, S., & Wallhagen, M. I. (2002). Family caregiving of the older people in Botswana: Boundaries of culturally acceptable options and resources. *Journal of Cross-Cultural Gerontology*, *17*, 139-154.

Silverstein, M., Gans, D., & Yang, F. M. (2006). Intergenerational support to aging parents: The role of norms and needs. *Journal of Family Issues*, *27*(8), 1068-1084.

Statistics South Africa. (2012). *Social profile of vulnerable groups in South Africa.* Retrieved from http://www.statss.gov.za

Stone, M. E. (2008). The attitudes of the younger and older generations prior to and after intergenerational program (Unpublished Master's thesis). Available from ProQuest Dissertations and Theses database. (UMI No. 1460306).

Sung, K.T. (1995). Measures and dimensions of filial piety in Korea. *The Gerontologist*, *35*, 240-247.

Sung, K.T. (1998). An exploration of actions of filial piety. *Journal of Aging Studies*, *12*, 369-386.

Tati, G. (2009, April). *Older people headed households, markets and consumptions in urban South Africa*. Paper presented at the IHDP open global meeting, Bonn, Germany.

Thomas, G. (2011). *How to do your case study. A guide for students and researchers*. London: SAGE Publications.

Thomson, D. (2010). *The four walls of my freedom*. Toronto, Ontario: MacArthuer &

    Company.

Trochim, W. M. K. (2006). *Research methods.* Retrieved from

    http://www.socialresearvhmethods.net/kb/sampnon.php

Uhlenberg, P. (2000). Integration of old and young. *The Gerontologist*, *40*, 276-279.

Van der Geest, S. (2002). Respect and reciprocity: Care of elderly people in rural Ghana.

    Journal of Cross Cultural Gerontology, *17*, 3-31.

Van Staden, A. M., & Weich, D. J. V. (2007). Profile of the geriatric patient hospitalised at

    Universitas Hospital, South Africa. *SA Family Practitioner*, *49*(2), 14-24.

Wadensten, B., & Carlsson, M. (2003). Nursing theory views on how to support the process

    of ageing. *Journal of Advanced Nursing*, *42*(2), 118-124. doi: 10.1046/j.1365-

    2648.2003.02594.x

World Health Organization. (1997). *Ageing in Africa*. Geneva, Switzerland: WHO.

SECTION C

Critical Reflection

Traditionally, after the demolition of the apartheid area in South Africa, research on intergenerational relations regarding care specifically focused on previously disadvantaged groups, namely Black and Brown people (Bohman, Vasuthevan, Van Wyk, & Ekman, 2007; Chigali, Marais, & Mpofu, 2002; Lombard & Kruger, 2009; Tati, 2009). The findings from such explorations found that previously disadvantaged groups perceive a lack of care in the physical and emotional component of care (Chigali et al., 2002; Makiwane & Kwizera, 2006). Most of these findings conclude that previously disadvantaged groups tend to provide physical care to their children and their grandchildren and that this increases the prevalence of poverty and multi-generational households in these groups (Chigali et al., 2002; Lombard & Kruger, 2009; Tati, 2009). Research findings also indicate that previously disadvantaged older people's experiences of care points to high levels of loneliness as well as social and emotional isolation (Makiwane & Kwizera, 2006).

Little is known about older White people's experiences of care in South Africa as older White people were previously viewed as the minority group, who was not disadvantaged, and research are mostly conducted with older Black people. This resulted in a research gap regarding previously advantaged groups. Statistics South Africa (2012) states that White older persons are currently the second largest group of older people in South Africa; this emphasizes this group's vulnerability and the necessity for research studies to focus on White older people.

This study hoped to contribute to the literature of intergenerational relationships studies regarding care and specifically on how older White people in South Africa experience giving care to or receiving care from their children.

All of the participants in this study were White older people who could still take care of their own day-to-day physical needs. They were either retired or unemployed. Half of the participants were financially independent and the other half were financially dependent on their children and also received state pensions provided to them by the South African government. In this study, focus was placed on family structures that include the first generation (which represents the older people – G1) and the second generation (which represents the adult children – G2). These generations cohabit with one another as a result of various social and demographic changes that include: the death of a spouse; divorce, unemployment, increase in employment where an adult daughter worked fulltime or physical illness.

The findings of this study indicate that older people's experience of receiving and/or giving care can be described by three themes, namely physical, emotional and financial care.

The experiences expressed by the participants regarding physical care are that they receive physical care from their adult children with regards to performing day-to-day caring activities as well as by ensuring their physical safety. It was evident that physical care is not only provided by the adult children (G2) but also by the grandchildren (G3). The empirical data supports these findings that the physical care provided by older people to their adult children include performing day-to-day household activities (such as cooking food, cleaning the house and attending to the laundry) as well as taking on the responsibility of physically looking after their grandchildren. Tsai, Motamed, Elia and Roughemont (2011) confirm that the child care that older people provide to their grandchildren can be viewed as both physical

care (for example, taking grandchildren to school and looking after them when their parents are at work) and emotional care (for example, taking an interest in their lives and reading books to them and helping them with homework). This also indicates that there is a reciprocated relationship that occurs between G1 and G2 with the end goal to support G3.

Based on the experiences of the participants, the ultimate indicator of caring is experienced through emotional care. The emotional care that they provide to their children and/or grandchildren results in the empowerment of their children and grandchildren. It furthermore improves the participants' psychological well-being and satisfaction. Chigali et al. (2002) state that when older people feel deprived of a social responsibility, they lose the significant stimulation that keeps them active and in good health. The emotional care that they receive shows that gestures enhance their sense of contentment and purposefulness (Mabaso, 2011). This confirms what was found in the research study of older Black people at the community centre in Mfuleni Township, that older people's experiences indicate high levels of loneliness as well as social and emotional isolation (Chigali et al., 2002; Makiwane & Kwizera, 2006), indicating that they are not emotionally cared for. It would appear out of the experiences of the participants that emotional care improves their psychological well-being and life satisfaction.

The experiences that the participants described regarding financial care highlighted that participants are financially dependent on their children for the provision of economic support. The participants expressed that they are not financially secure enough to take care of themselves. This contradicts the overall belief that the previously advantaged group, viewed as White older people, are financially secure to provide in their own needs and live independently from their children (Statistics South Africa, 2012). Older White people's vulnerability is increasing because poverty is currently escalating amongst White older South

African people as a result of early retirement and retrenchment because of employment equity and the conversion goal of Black Economic Empowerment (Lombard & Kruger, 2009). The experiences that the participants described regarding financial care that they provide to their children show that older White people share their small pension income with their intergenerational households. This contradicts traditional research views that only previously disadvantaged groups share their government state pensions to provide their children with financial resources, often causing financial poverty in this group (Lombard & Kruger, 2009). The financial care component in this study highlights that older White people's vulnerability is increasing and that poverty is more prevalent in older White people than what is reflected in current research (Statistics South Africa, 2012).

The findings from these explorations show that older White people in South Africa are experiencing similar situations as the previously disadvantaged groups in South Africa. It would evidently appear out of the empirical data that older White people's vulnerability is increasing due to poverty that is escalating in this group making three-generational households more likely than what was thought by various researchers.

References

Bohman, D., M., Vasuthevan, S., Van Wyk, N. C., & Ekman, S. L. (2007). We clean our
houses, prepare for weddings and go to funerals: Daily lives of older people Africans
in Majaneng, South Africa. *Journal of Cross-Cultural Gerontology*, *22*, 323-337.

Chigali, G. M., Marais, M., & Mpofu, R. M. B. (2002). An investigative study of the
experiences of older people in a South African Black Township. *South African
Journal of Physiotherapy*, *58*(3), 21-26.

Lombard, A., & Kruger, E. (2009). Older persons: The case of South Africa. *Aging
International*, *34*, 119-135.

Mabaso, T. (2011). An exploration of the intergenerational relationships between young
adults and older people in the Khuma community (Unpublished Master's thesis).
North-West University, Potchefstroom.

Makiwane, M., & Kwizera, S. A. (2006). An investigation of quality of life of the older
people in South Africa, with specific reference to Mpumalanga Province. *Applied
Research in Quality of Life*, *1*, 297-313.

Statistics South Africa. (2012). *Social profile of vulnerable groups in South Africa.* Retrieved
from http://www.statss.gov.za

Tati, G. (2009, April). *Older people headed households, markets and consumptions in urban
South Africa*. Paper presented at the IHDP open global meeting, Bonn, Germany.

Tsai, F., Motamed, S., Elia, N., & Roughemont, A. C. (2011). Evolution in intergenerational
exchanges between elderly people and their grandchildren in Taiwan: Data from a
multiple round cross-sectional study from 1993 to 2007. *BMC Public Health*, 11, 639-
647. Retrieved from http://www.biomedcentral.com/1471-2458/11/639

SECTION D

Addendums

Addendum A: **INTERVIEW QUESTIONS**

The following interview questions were included during this study:

- Please tell me what you understand when you hear: care?

- Please tell me how you experience care from your children?

- When do you feel cared for by your children? Give examples from your own experience.

The following probing interview questions were included during this study:

Group 1: Giving care:

- How often do you listen to your children speaking about their problems and/or achievements?

- What kind of problems and/or achievements?

- Who is speaking to you most of the time?

- How do you feel while they are speaking to you about their problems and/or achievements?

- How do you feel after they have spoken to you about their problems and/or achievements?

- Please give examples of the type of problems and/or achievements your children have recently talked to you about and how you have helped them?

Group 2: Receiving care:

- How often do you speak to your children about your problems and/or achievements?

- What kind of problems and/or achievements?

- Who are you speaking to most of the time?

- When do you experience joy in your relationship?

- How do you feel while you are speaking to your children about your problems and/or achievements and/or joyful experiences?

- How do you feel after you have spoken to your children about your problems and/or achievements?

- Please give an example of the types of problems and/or achievements you have recently shared with your children and how they have helped you?

Addendum B: **JOURNAL QUESTIONS**

The following questions were included in the journaling:

- Today I experienced care from my children, when …

- Today I gave care to my children, when …

- Today I listened to ... and I felt ... about it.

Addendum C: INTERVIEW TRANSCRIPTIONS

Extract of interview transcription

26 July 2013

PARTICIPANT:

PD: 71 years old female

Researcher: 'Please tell me what do you understand when you hear: care?'

PD: 'Care is when somebody looks after someone else. They look after you by means of physical, financial and emotional support.'

Researcher: 'Please tell me how you experience care from your children?'

PD: 'After my heart operation my granddaughter physically took care of me. She bathed and dressed me, she cooked food for me, she made sure that I took my medication and she took me for my medical check-ups. Currently my granddaughter is taking care of me financially. I live in her house; she pays my medical aid each month. She also buys me clothes and personal toiletries. When I need clothes or a haircut, she supplies the finances for it. She also takes me to the shop to buy the items for me. When I am sick she'll take me to the doctor and also pay any extra medical expenses for me. When I feel down or depressed or sick, she also takes care of me. She will sit with me, talk to me and she will pray with me.'

Researcher: 'When do you feel cared for by your children? Give examples from your own experience.'

PD: 'Currently my granddaughter is taking care of me financially. I live in her house; she pays my medical aid each month. She also buys me clothes and personal toiletries. When I need clothes or a haircut, she supplies the finances for it. She also takes me to the shop to buy the items for me. When I am sick she'll take me to the doctor and also pay any extra medical expenses for me. When I feel down or depressed or sick, she also takes care of me. She will sit

with me, talk to me and she will pray with me. I am now in good health after my heart operation and physically I can look after myself. I can now help my granddaughter and be there for her, as she was for me when I needed her. **I take my grand-grandchild to school and after school I go and pick her up and take her to all her extra mural activities**. **I help my grandchild with her homework and when we have some extra-time I would read her a story**. *My granddaughter will always buy me a thank-you gift just because I help her with the great-grandchildren, then she would tell me: Granny thank you so much for all you support and help, I couldn't have accomplished my life goals if it wasn't for your support. Such affirmation and recognition makes me feel important, emotionally I then feel cared for.'*

Main Theme	Sub-themes	
Physical care	**Provided**	*Received*
	I take my grand-grandchild to school and after school I go and pick her up.	*She bathed and dressed me*.
Emotional care	**Provided**	*Received*
		She will sit with me, talk to me and she will pray with me.
Financial care	**Provided**	*Received*
		I live in her house; she pays my medical aid each month.

Addendum D: JOURNAL TRANSCRIPTION

Extract of journal transcription

4 September 2013

PARTICIPANT: **PA**

PA: 80 year old female

Main Theme	Sub-themes	
Physical care	**Provided** **I make breakfast, lunch and I cook supper. I also did grocery shopping.**	*Received* *My daughter washed my washing and she came and helped me with preparing food.*
Emotional care	**Provided** **My children are heartbroken; so I will comfort them by hugging them.**	*Received* *My daughter said: Thank You mom, I don't know what I would have done without you.*
Financial care	**Provided** **I went and bought some groceries.**	*Received* *My eldest daughter and her late husband build me a flat next to their house.*

Addendum E: **CONSENT FORM FOR RESEARCH**

TOESTEMMING VIR DEELNAME AAN NAVORSING

Title: **Older White people's experiences of giving care to or receiving care from their children**

Beste Meneer of Mevrou

U word hiermee vriendelik uitgenooi om aan 'n navorsingstudie deel te neem wat deur Sonia Howes, 'n magistergraadstudent in Psigologie aan die Noordwes-Universiteit, onderneem word. Die bevindings van hierdie studie sal in 'n tesis vervat word. U is as 'n moontlike deelnemer geselekteer om aan hierdie studied eel te neem omdat u aan die studie se steekproefvereistes voldoen. U insig, wysheid en ervaring sal opreg waardeer word.

DOEL VAN DIE STUDIE

Die doel van hierdie studie is om vas te stel wat ouer Wit persone se ervaring van versorging is.

PROSEDURES

Indien u toestemming sou verleen om aan hierdie studie deel te neem, verlang die navorser die volgende van u:

- Om tydens 'n semi-gestruktureerde onderhoud u ervaring van versorging te deel. Die onderhoud sal ongeveer 60 minute duur en sal by Kosmos Kleuterskool gevoer word. Dit mag 'n eenmalige onderhoud wees, maar die moontlikheid bestaan wel dat u genader kan word om aan 'n opvolg-onderhoud met die navorser deel te neem.

- Om 'n joernaal vir drie weke te hou waarin u persoonlike ervarings van versorging deel. Die hou van die joernaal sal aan u verduidelik word tydens die onderhoud.

POTENSIËLE RISIKO'S EN ONGEMAK

Geen potensiële risiko's of ongemak word deur die navorser voorsien nie. Indien u egter tydens u onderhoud enige ongemak ervaar, mag u dit onder die navorser se aandag bring. Indien u voel dat die navorser nie daarin slaag om hierdie ongemak na behore aan te spreek nie, mag u die onderhoud beëindig of die vertrek verlaat.

POTENSIËLE VOORDELE VIR U

Die moontlike waarde van so 'n studie sou wees dat beleidmakers, universiteite, regeringsinstansies en nie-regeringsorganisasies bewus gemaak kon word van die huidige stand van sake met betrekking tot die versorging van Wit ouer persone en ook om aanbevelings te maak oor die wyses waarop die versorging van Wit ouer persone verbeter kan word.

BETALING VIR DEELNAME

Deelnemers sal nie vergoed word vir hulle deelname aan hierdie studie nie.

VERTROULIKHEID

Privaatheid, anonimiteit en vertroulikheid sal te alle tye gerespekteer word. Inligting wat vanuit hierdie studie bekom word, sal anoniem weergegee word om die privaatheid van al die deelnemers te beskerm. Die deelnemers se name sal nie op die transkripsies verskyn nie, en die ingeligte toestemmingsvorms, tesame met die transkripsies en veldnotas, sal veilig by die Sentrum vir Kinder-, Jeug- en Familiestudies, Wellingtonkantoor (NWU) bewaar word.

DEELNAME EN ONTTREKKING

U mag self besluit om aan hierdie studie deel te neem of nie. Indien u wel besluit om aan hierdie studie deel te neem mag u, op enige tydstip en sonder enige gevolge, besluit om van u onderhoud te onttrek. U mag ook self besluit watter vrae u wil beantwoord en nie wil

beantwoord nie. Die navorser mag onder spesiale omstandighede u wel vanuit die studie onttrek.

KONTAKBESONDERHEDE

Indien u enige verdere navrae of onduidelikhede omtrent hierdie studie het, is u welkom om die navorser, Sonia Howes, by 0828237791 of sonias.howes@webmail.co.za of dr Lizane Wilson by 082730 8396 of 23376147@nwu.ac.za te kontak.

REGTE VAN DEELNEMERS

U mag u toestemming tot deelname op enige tydstip en sonder enige gevolge terugtrek. Indien u enige vrae het rondom u regte, mag u vir dr Lizane Wilson by 082730 8396 of 23376147@nwu.ac.za kontak.

HANDTEKENING VAN DEELNEMER OF REGSVERTEENWOORDIGER:

Bogenoemde inligting is in Afrikaans of Engels met .... deur Sonia Howes bespreek. Ek het die inligting en taal verstaan en is die geleentheid gebied om vrae te stel en hierdie vrae is bevredigend beantwoord.

Ek gee hiermee toestemming dat ek vrywillig aan hierdie studie sal deelneem. 'n Afskrif van hierdie dokument is aan my verskaf.

_____

Naam van Deelnemer

_____

Naam van regsverteenwoordiger (indien van toepassing)

_____

Handtekening van Deelnemer of regsverteenwoordiger

_____

Datum

_____

HANDTEKENING VAN NAVORSER:

Ek verklaar dat ek die inligting wat in hierdie dokument vervat is aan

_____ [naam van deelnemer] en/of sy of haar

regsverteenwoordiger _____ [naam van regsverteenwoordiger]

verduidelik het. Daar was ruim geleentheid aan hom of haar gebied om vrae te stel.

_____   _____

Handtekening van navorser   **Datum**

Addendum F: **TECHNICAL GUIDELINES FOR JOURNAL**

Journal of Intergenerational Relationships – Instructions for Authors

ORIGINAL PAPERS ONLY

Each manuscript must be accompanied by a statement that it has not been published elsewhere and that it has not been submitted simultaneously for publication elsewhere. Authors are responsible for obtaining permission to reproduce copyrighted material from other sources and are required to sign an agreement for the transfer of copyright to the publisher. All accepted manuscripts, artwork and photographs become the property of the publisher.

SCHOLARLY PAPERS

- Since this is an international journal, it is important that authors provide a broad context for their papers.
- With respect to intergenerational initiatives, authors are encouraged to address implications for practice, policy and/or research.
- To help provide content balance, authors are encouraged to identify the primary emphasis of their article (Research, Practice, Policy or Advancing the Field).

Practice-Based Papers

- Provide a rationale for why the described program is important (describe the social issues addressed by the program).
- Describe the goals, participants, location, benefits and lessons learned.
- Explain the cultural assumptions and values underlying the described program.
- Extend beyond a simple program description to include its relevance to other locales.
- Briefly describe the policy framework that drives the program.

- Discuss the implications for other practitioners, researchers and policymakers.

Research-Based Papers

- Include relevant literature, research question(s), methodology and results.

- Discuss implications for practice, policy and further research in an emerging

  multidisciplinary field of study.

- Include conceptual, theoretical and/or empirical content.

Policy-Based Papers

- Describe the policy and social issues addressed.

- Provide background on cultural assumptions and values underlying the article.

- Discuss implications for inquiry and practice.

Advancing the Field Papers

- Reflect theoretical, social, educational and/or cultural factors that can influence the

  development of the intergenerational field.

- Include background, concept, ideas and structure that advance the field, as well as

  implications and inquiry.

MANUSCRIPT LENGTH

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

MANUSCRIPT STYLE

References, citations and general style of manuscripts should be prepared in accordance with the APA Publication Manual, 6th ed. Cite in the text by author and date (Smith, 1983) and include an alphabetical list at the end of the article *(www.apa.org).* If an

author wishes to submit a paper that has been already prepared in another style, he or she may do so. However, if the paper is accepted (with or without reviewer's alterations), the author is fully responsible for retyping the manuscript in the correct style as indicated above. Neither the Editor nor the Publisher is responsible for re-preparing manuscript copy to adhere to APA style.

MANUSCRIPT PREPARATION

All parts of the manuscript should be typewritten, double-spaced, with margins of at least one inch on all sides. Number manuscript pages consecutively throughout the paper. Authors should supply a shortened version of the title suitable for the running head not exceeding 50 character spaces. Each article should be summarized in an abstract of no more than 100 words. Avoid abbreviations, diagrams and reference to the text in the abstract.

Cover page

Important — indicate the article title plus authors' academic degrees, professional titles, affiliations, mailing addresses and any desired acknowledgment of research support or other credit.

Second 'title page'

Enclose an additional title page. Include the title again plus an ABSTRACT no longer than 100 words. Below the abstract, provide 3-5 key words for bibliographic access, indexing and abstracting purposes.

FROM THE FIELD PAPERS

In addition to scholarly papers, we are seeking the following contributions for review by a JIR Board committee:

Programs, Reflections & New Ideas

Program Profiles (900-1400 words) are single-spaced descriptions of innovative, cutting-edge programs including information on: goals, participants, activities, benefits, lessons learned, other unique features and contact information.

Reflections from the field (900-1400 words) are critical reflections on specific topic/s of intergenerational relationships and practice. They could be based on personal experience in intergenerational relationships or statements from people participating in intergenerational programs or otherwise involved in intergenerational research. These submissions should include information on: background and rationale, explanation of relevance of the topic to the developing intergenerational field and discussion of relevance of the topic in a broader theoretical/conceptual context (as appropriate).

New programs in the field (900-1400 words) are concept papers about new program ideas or programs under development. This category will help to connect people interested in similar concepts or looking to develop new projects. Submissions under this category should include brief background, objectives and goals and proposed methodology for the program(s).

Book and Media Reviews

Publishers, distributors and authors may submit adult books, children's books, videos, films, etc. for review to our editors. The subject matter must be intergenerational. Books and media in any language will be reviewed in English. The review (500-1400 words) should include a summary of the content and its relevance for publication in JIR highlighting the intergenerational components. Where appropriate, indicate age appropriateness, characteristics of special note and uniqueness of the piece.

Forum

This section includes two or three short contributions (900-1400 words) from authors with diverse views and from different countries dealing with a specific question or intergenerational programming, research or policy. Readers are invited to submit questions for discussion in Forum.

SPELLING, GRAMMAR AND PUNCTUATION

You are responsible for preparing manuscript copy which is clearly written in acceptable English and which contains no errors of spelling, grammar or punctuation. Neither the Editor nor the Publisher is responsible for correcting errors of spelling and grammar. The manuscript, after acceptance by the reviewers and editor, must be ready for typesetting as it is finally submitted by the author(s). Check the accuracy of all arithmetic calculations, statistics, numerical data, text citations and references.

INCONSISTENCIES MUST BE AVOIDED. Be sure you are *consistent* in your use of abbreviations, terminology and in citing references from one part of your paper to another.

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

- 300 dpi or higher

- Sized to fit on journal page

- EPS, TIFF, or PSD format only

- Submitted as separate files

Color Illustrations. Color illustrations will be considered for publication; however, the author will be required to bear the full cost involved in color art reproduction. Color art can be purchased for online only reproduction or for print and online reproduction. Color reprints can only be ordered if print and online reproduction costs are paid. Rates for color art reproduction are: Online Only Reproduction: $225 for the first page of color; $100 per page for the next three pages of color. Print and Online Reproduction: $900 for the first page of color; $450 per page for the next three pages of color. A custom quote will be provided for articles with more than four pages of color.

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