Elderly South Africans’ in transition - the daily life circumstances, beliefs concerning health and illness and the influences on caring and family structure

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ABSTRACT

Elderly South Africans’ in transition – the daily life circumstances, beliefs concerning health and illness and the influences on caring and family structure.

The overall aim of this thesis was to shed light on different aspects of elderly South Africans experiences in a transitional period in order to reach culturally contextual knowledge within gerontological care.

The research objectives were to: identify and describe daily life and related concerns and interests as expressed by a group of elderly (I), illuminate how a group of elderly South Africans experience being old in a transitional period. (II), Study how a group of aged South Africans and their family members describe their intergenerational relations in a transitional period i.e. from a traditional to an industrialized society and how the transition influence the care of the aged in the extended family (II), illuminate beliefs in relation to health and illness expressed by elderly Africans within a South African context, in light of a society in transition (IV).

The research takes an ethnographic approach concerned with the perspective of individuals; the life world and the lived body of an individual, to enable an in-depth understanding of the influence of culture and an understanding of the processes by which people develop meaning in their daily lives, acknowledging the existing mutual influence between the world, context, and the individual.

Two analysis methods were used: qualitative content analysis (I-III), and interpretive phenomenology (IV).

Altogether sixteen elderly individuals were engaged in the research project, including ten females and six males (aged 52-76 years) (I-IV). In study II-IV individual in depth interviews were conducted with altogether ten elderly, nine female and one male participant from previous group interviews. In study III, nine elderly female from previous groups and individual interviews were engaged together with thirteen family members.

The results show four main themes: Being old in a changing society, Interpersonal and intergenerational relations, Reciprocal care and Beliefs in a transitional period.

The participants are reflecting on life and the changes that occurred during their life span and they return to disappointments and enjoyments in life (II). They express a growing frustration due to their powerlessness of not knowing what will happen to themselves and their family members also the loss of cultural norms and values are of great concern among the participants (I, II, III). Relations are essential in the lives of the participants and are viewed as a reassurance of support and care within the extended family (III). Interpersonal have an essential position in relation to health and illness, where illness may be caused due to disrupted interpersonal relations and on the other hand keeps one healthy when experiencing good relationships (II, IV). Caring is closely linked to respect and the role of reciprocity is emphasized (II, III). Believing is
seen as an essential source for improving and maintaining health and being cured. Being sick is normal and suffering and illness is perceived as both natural and a way of purification. HIV/AIDS is regarded as a new and modern disease, but the consequences of it cannot be explained through normal reasoning of an illness making a person stronger and is instead explained as misfortune or “bad luck” (IV).

The overall conclusion of the thesis is the importance of contextualized gerontological care and to acknowledge individuals beliefs in relation to health and illness. It further sheds light on the need of an African approach to gerontological care and the necessity to be sensitive to local conditions. In a wider perspective the findings of this thesis can be used in education to create understanding for the life world of an individual and the importance of being aware of a persons cultural, socio-economical, spiritual and environmental circumstance to avoid the notion of otherness in caring.

Keywords: Activities of daily living, aged, changing society, elderly, ethnography, family, health and illness beliefs, HIV/AIDS, interpretive phenomenology, keeping normality, modernization, reciprocity, South Africa, tradition, transition.
LIST OF PUBLICATIONS

This doctoral thesis is based on following original papers, referred to in the text by their Roman numerals:


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## CONTENTS

1 INTRODUCTION ........................................................................................................ 1

2 BACKGROUND ........................................................................................................ 2  
   2.1 South Africa’s location, people and socio-economic situation .......... 2  
   2.2 The historical background of South Africa ................................. 3  
   2.3 The historical population in South Africa and Sub-Saharan Africa (SSA) .... 4  
   2.4 Social benefits and elderly South Africans .................................. 6  

3 CONCEPTS AND THEORETICAL FRAME .................................................. 7  
   3.1 Life world perspective ........................................................................ 7  
   3.2 Embodiment ..................................................................................... 7  
   3.3 The concept of culture ...................................................................... 8  
   3.4 Health and illness in a South African context ................................ 9  
   3.5 The family concept in a South African context ............................... 10  
   3.6 Gerontological perspective ............................................................. 11  
   3.7 Theoretical frame ........................................................................... 11  
      3.7.1 Transition .............................................................................. 11  

4 THE RATIONALE FOR THE RESEARCH ................................................. 13  

5 RESEARCH AIMS .............................................................................................. 14  

6 METHODS .......................................................................................................... 15  
   6.1 Methodological framework .............................................................. 15  
      6.1.1 Ethnographic study design ...................................................... 15  
      6.1.2 Ethic – Emic/Experience near – Experience distant .............. 15  
   6.2 Data collection procedures ............................................................... 16  
   6.3 Study site: Majaneng, Hammanskraal district, Gauteng province ... 17  
   6.4 Gaining entry .................................................................................. 18  
   6.5 Recruiting participants ................................................................. 18  
   6.6 Participants .................................................................................... 19  
   6.7 Data collection methods ................................................................. 22  
      6.7.1 Qualitative interviews ............................................................... 22  
      6.7.2 Group interviews (I-IV) ......................................................... 23  
      6.7.3 Individual interviews (II-IV) .................................................... 23  
      6.7.4 Fieldwork/field notes and video recording (I-IV) ............... 24  
   6.8 Data analysis methods ................................................................. 24  
      6.8.1 Qualitative content analysis (I-III) ........................................ 25  
      6.8.2 Interpretive phenomenological analysis (IV) ....................... 25  
   6.9 Methodological considerations ....................................................... 25  
      6.9.1 The role of the researcher ....................................................... 25  
      6.9.2 The interview situation ......................................................... 26  
      6.9.3 Evaluating qualitative research ........................................... 26  

7 ETHICAL CONSIDERATIONS ........................................................................ 28  

8 SUMMARY OF RESULTS ............................................................................. 29  
   8.1 Being old in a changing society .................................................... 29  
   8.2 Interpersonal and intergenerational relations ................................... 29  
   8.3 Reciprocal care .............................................................................. 30  
   8.4 Beliefs in a transitional period ....................................................... 30  
   8.5 The family members’ perspective ................................................. 31
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>REFLECTIONS ON RESULTS</td>
<td>32</td>
</tr>
<tr>
<td>9.1</td>
<td>Transition</td>
<td>32</td>
</tr>
<tr>
<td>9.2</td>
<td>Two systems of thought</td>
<td>35</td>
</tr>
<tr>
<td>10</td>
<td>CONCLUDING REMARKS</td>
<td>36</td>
</tr>
<tr>
<td>11</td>
<td>ACKNOWLEDGEMENTS</td>
<td>37</td>
</tr>
<tr>
<td>12</td>
<td>POPULÄRVETENSKAPLIG SAMMANFATTNING</td>
<td>38</td>
</tr>
<tr>
<td>13</td>
<td>REFERENCES</td>
<td>40</td>
</tr>
</tbody>
</table>
LIST OF ABBREVIATIONS, DEFINITIONS, FIGURES AND TABLES

Figures

Figure 1 Map of South Africa and the study site
Figure 2 View from Majaneng area
Figure 3 Information meeting in 2000 at a clinic in Majaneng

Tables

Table 1 Demographics of South Africa, 2008
Table 2 Life expectancy South Africa and Sweden, 2008 and 2025
Table 3 An overview of the estimated total population and estimated population aged 50 and over in Africa, Sub-Saharan Africa, South Africa, Europe and Sweden, 2008, 2025 and 2050
Table 4 The estimated population aged 50 and over in South Africa, Sub-Saharan Africa and Europe 2008, 2025 and 2050
Table 5 An overview of project activities, 2000 – 2006
Table 6 A list of participants and sequences of interviews, study I – IV
Table 7 Schematic overview of the studies

Abbreviations

SSA Sub-Saharan Africa, including 50 countries on the African continent

Definitions

Africans Referring to South Africans’ representing the majority group
Elderly, Elder, Older, Aged The different terms are used interchangeably in this study as in literature the terminology does not give priority to one term over another.
Traditional practitioners Referring to different categories of African traditional practitioners as traditional healers, faith healers, diviners and bone throwers
1 INTRODUCTION

"Letlhaku le leswa le itshegetsa ka le legologolo"
(We who are young, we lean on those who are experienced and old)

My research originated from a personal and professional interest in expanding my understanding of how individuals in different contexts relate to health and illness and how intergenerational relationships influence the life of older/elderly people. This interest is possibly also connected to several aspects of my personal as well as professional life.

I was born in the 50’s, with a mother originally from Germany and a Swedish born father. During this particular period the Second World War was still close and fresh in people’s minds and I was frequently exposed to an “official picture” of Germans which did not coincide with my personal experiences. This made me aware of the existence of different “realities” and the importance of being sensitive and reflective in one’s opinions and statements about individuals, whilst acknowledging the complexity that lies within. These ongoing thoughts/reflections probably had a conscious or subconscious influence on my future choice of profession as a nurse, educator and international coordinator within the field of health education.

During my professional career within the health care and education sectors, I discovered how “we” often relate to others as “we” being the norm without reflecting on the life world or context of other individuals. Also, I often experienced in my work with internationalization, that students and teachers who took part in exchange, started to compare and deepened their reflections of their own personal situation and context in relation to others and what it means to be a person or patient. Another aspect of my interest is how the social and cultural context influences families’ relationships and beliefs and in its extension, how it affects the encounter between patients and health personnel.

From this point my “journey” as doctoral student started and provided me with the opportunity within my profession as an international coordinator, visit South Africa in 1999.

Historically, South Africa has a special relationship with Sweden and this visit was the launch of the establishment of a network within higher education between Sweden and South Africa. My pre-understanding of South Africa as a country was quite vague in terms of the daily life situation of individuals. As a result of networking, a connection was established with the University of Pretoria, Department of Nursing Science, which provided me with the opportunity to participate in this research.
2 BACKGROUND

2.1 South Africa’s location, people and socio-economic situation

South Africa has an estimated population of 48.7 million and is defined as an upper middle income country (OECD 2006). It is geographically located within Sub-Saharan Africa, SSA, which includes 50 countries on the African continent (UN Population Division 2008).

In 1994, South Africa had its first democratic election which resulted in the abolishment of the previous apartheid system, which was based on the separation of people based on race. However, the country still suffers from the legacy of the apartheid era which denied citizenship and full participation in the political process to Africans, Asians and people of mixed races (Mabunda 2006; Wilson & Ramphele 1989).

Africans (black*) currently represent the majority of South Africans and constitute approximately 79.3 per cent of the population (see table 1).

During the apartheid era, it was not only the psychological and social consequences of the separation that were profound, but also the economical factors as the budget distribution was in favor of the white minority group. Leaving a minor part of the country’s budget to the black majority group (Ferreira et al. 1995).

Table 1. Demographics of South Africa, 2008

<table>
<thead>
<tr>
<th>Total population</th>
<th>Africans</th>
<th>White</th>
<th>Coloured</th>
<th>Indian/Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>48.7 (million)</td>
<td>38.6</td>
<td>4.5</td>
<td>4.4</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Source: Statistics South Africa (2008)

South Africa, like many African countries, is a multilingual country with 11 official languages (GCIS 2007).

English is the language that is predominately used within the education system as well as being the second language of the majority of South Africans and subsequently the most common language of communication between language groups.

Religion plays a central role in the South African society, with the major religious groups within the country consisting of the Christian church, Hindus, Muslims, Jews and Buddhists (GCIS 2007).

*The word “Black” is used to explain the background of the participants and does not refer to the previous segregated value system of South Africa.
The country is divided into 9 provinces, with this particular study conducted in the Gauteng province (see figure 1).

Figure 1. Map of South Africa and the study site

Whilst smallest of the nine provinces, Gauteng is the most densely populated and is home to 21.5 per cent of the population (Statistics South Africa 2008). With cities such as Johannesburg and Tshwane (Pretoria), Gauteng is the hub of South African commercial business and industrial sectors. South of Johannesburg lies Soweto (South-West-Township), which was developed as a township for black people under the apartheid system (GCIS 2007).

2.2 The historical background of South Africa

South Africa shares a similar experience of colonialism with other states on the African continent. The historical background of the implementation of apartheid was the introduction of pass laws, followed by the official introduction of apartheid in 1948. The Population Registration Act in 1950 divided the population into colour castes: White, Coloured, Asians (Indians) and Africans (Wilson & Ramphele 1989). The Group Areas Act from 1950 and the pass laws were means to keep the “separation” intact.

With the Native Land Act of 1913, Africans were not allowed to purchase land outside the homelands which were designated areas for Africans (de Wet 1995). If people were not living in an area set aside for their particular racial or ethnic group, it was often deemed necessary in terms of official policy for them to move to such an area.
The population, due to forced removals, changed rapidly in the 1980’s. Between 1960 and 1980, according to official statistics, the population in the homelands increased from approximately 4.5 million to 11 million and no less than 81 per cent were women, as most men resided outside the family due to the work demands (Wilson & Ramphele 1989). The female-headed households were more vulnerable as the husband was not at home working in the urban areas. With no access to a sufficient infrastructure the people in the homelands suffered from lack of water and electricity. They were depending on remittances from relatives working in the cities as there were no or very few job-opportunities within the homelands. The conditions in rural areas from the time before the first democratic election in 1994 are still reality for many poor people in South Africa. The South African state and its government, have to battle with unequal access to education, health, housing and work (Lurie 2007).

The census of 1996 highlights the large inequities in access to basic facilities and services by households in South Africa, where non urban African households are particular disadvantaged. The census also points out essential components of poverty as household size, dwelling type and access to various kinds of energy, water and sanitation facilities (Census 2001).

2.3 The elderly population in South Africa and Sub-Saharan Africa (SSA)

“Older persons do not respond to ageing in a uniform way, nor do societies ascribe status to, accommodate, or care for older persons in a similar way” (Makoni & Stroeken 2002, pp.1)

The definition of old age within an African context differs from the globally used term, which predominately indicates the age of 60 years as the lower chronological age for older persons (UN 2008). African gerontologists more often use the age of 50 as life expectancy at birth in SSA, which is typically ten or more years lower than in developed regions (WHO 2000). This definition has also been adopted by the MDS project which is developing a minimum data set on ageing and elderly persons in SSA (Velkoff & Kowal 2007; Ferreira & Kowal 2006). In-line with the revised definition in SSA (see MDA project), in this thesis, old age refers to 50 and over.

A large number of older persons live in developing countries and both the number and proportion of old people are estimated to increase (UNFPA, 2002; HelpAge International, 2002). Ageing in Africa is not a peripheral issue but a cogent imperative on several grounds. The ageing population will result in Sub-Saharan inhabitants aged 50 years and over to increase from 79.5 million in 2008 to 287.6 million by 2050 (US Census Bureau 2008) and according to Velkoff & Kowal (2007) the sheer number of older people is growing more rapidly in SSA than in the developed world.

In the year 2008, South Africa is estimated to have a total of 7.7 million elderly people (aged 50 and over) and in 2050, it is projected that South Africa will have an elderly population of about 13.5 million (see table 2).
Table 2. An overview of the estimated total population and estimated population aged 50 and over in Africa, Sub-Saharan Africa, South Africa, Europe and Sweden in the years 2008, 2025 and 2050

<table>
<thead>
<tr>
<th>Total population (million)</th>
<th>Africa</th>
<th>Sub-Saharan Africa</th>
<th>South Africa</th>
<th>Europe</th>
<th>Sweden</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>972.7</td>
<td>805.9</td>
<td>48.7</td>
<td>729.5</td>
<td>9</td>
</tr>
<tr>
<td>2025</td>
<td>1.377</td>
<td>1.170</td>
<td>48.7</td>
<td>712.1</td>
<td>9.3</td>
</tr>
<tr>
<td>2050</td>
<td>2.073</td>
<td>1.825</td>
<td>49.4</td>
<td>648.9</td>
<td>9</td>
</tr>
</tbody>
</table>

Population \( \geq 50 \) years (million)

| 2008                       | 102.4  | 79.5               | 7.7          | 254.1  | 3.4    |
| 2025                       | 171.5  | 131.5              | 9.3          | 301.5  | 3.9    |
| 2050                       | 375.7  | 287.6              | 13.5         | 310.4  | 4      |

Source: US Census Bureau, International Data Base (Accessed 08-09-09)

The trend of an increase of the population on the African continent defined as old in comparison to Europe is shown in table 3.

Table 3. The estimated population aged 50 and over in South Africa, Sub-Saharan Africa and Europe, 2008, 2025 and 2050.

Source: US Census Bureau, International Data Base (Accessed 08-09-09).
While the statistics reveal a similar demographic development on the African continent as in “the old world”, South Africa is simultaneously facing the consequences of the escalating HIV/AIDS pandemic. Illustrated in the life expectancy in South Africa vs. Sweden (see table 4).

Table 4. Life expectancy South Africa, Sweden 2008, 2025.

<table>
<thead>
<tr>
<th>Year</th>
<th>Life expectancy at birth</th>
<th>South Africa</th>
<th>Sweden</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>49</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>2025</td>
<td>53</td>
<td>82</td>
<td></td>
</tr>
</tbody>
</table>

Source: US Census Bureau, International Data Base (Accessed 08-09-09)

The situation of the elderly living in South Africa is varied and one important factor is the lack of access to resources. Especially Africans living in townships and rural areas who are exposed to poverty (Reddy 2002) and elderly black South Africans, who have during their course of life experienced apartheid and before that, under colonial ruling (Makoni & Stroeken 2002).

2.4 Social benefits and elderly South Africans

The South African government has placed an emphasis on offering social and welfare assistance programs for older people as a means of formal economic support, with the Old-Age Pension Grant the second-largest social grant (R870 in 2007). Women qualify for the grant at the age of 60 and men at the age of 65 (The Older Persons Act, 2006) and the estimated number of beneficiaries were 2 194 066 persons in 2007 (Department of Social Development 2006). The key objectives of the Older Persons Act (2006) are to maintain and promote the status, wellbeing, safety and security of older people, whilst recognizing the skills and wisdom of the elderly and encouraging participation of the elderly in community activities to support them as individuals. A guiding principle of the act (2006) regarding community-based care is that the elderly have the right to reside at home as long as possible. The act also emphasizes care and support services that may be provided to older people at residential facilities, but as Perold & Muller (2000) demonstrate, there are few residents from the majority group (Africans) in state subsidized institutions for the aged.
3 CONCEPTS AND THEORETICAL FRAME

The ontological foundation of this thesis focuses on the perspective of individuals; the life world and the lived body (embodiment) of an individual. It enables an in-depth understanding of how culture influences the processes by which people develop meaning in their daily lives, whilst acknowledging the existing mutual influence between the world, context, and the individual.

The following concepts depart from the ontological perspective of this thesis.

3.1 Life world perspective

Life world according to Husserl (1982), is our un-reflected daily life where things are taken for granted, the lived world where we search for meaning and substance to life. The essence is then the experienced world, how we live and understand our lives in interaction with others (Dahlberg et al. 2007; Bengtsson 1988).

The meaning of being is essential and to be able to grasp the essence of meaning, the world of lived experience – life world - is an important concept. The world of everyday experience is not directly accessible and to be aware of (conscious of) what is around us requires phenomenological study (Cohen & Omery 1994). As consciousness is always intentional, the study of experience reveals that consciousness makes us see what is there but, otherwise concealed (Spielberg 1982). An important aspect is that lived experience is itself, essentially an interpretive process and the outcome of our interpretations which are linked to cultural norms, is understanding and possibilities.

3.2 Embodiment

As life world represents common, immediate and lived experience, the body offers the ultimate medium of experience and understanding of the phenomenal world.

Consciously and unconsciously we live and relate to the surrounding world through our bodies (Merleau-Ponty 1962). Our understanding of self and the world is embodied, related to our bodily skills and it is the body that first understands the world (Benner 1994). The body acts as a mediator and is essential for our experiences of health and illness (Benner 2000; Benner & Wrubel 1989) and the embodied person exist through relationships (Merleau-Ponty 1962 cf. Langer 1989).

According to Helman (2007), individuals embody the culture in which they live and exists through an individual and a social body, the “first self” acquired at birth and the latter required in order to live in a specific society and social group. The experience of the body and sickness is shaped by cultural values and social relations, and where the social body functions as a framework for perceiving and interpreting experiences (Helman 2007; Radley 1994; Scheper-Hughes 1987). This culturally skilled habitual body is acquired over time (Benner 2000; Benner & Wrubel 1989).
3.5 The concept of culture

Culture has various definitions. It can be described as a set of shared beliefs and knowledge (Hillier & Kelleher 1996; D’Andrade 1984) or as a process of language acquisition and socialization (Andrew & Boyle 1999). The concept of culture allows the ethnographer to go beyond what people actually say and do, and to understand that shared system of meanings (Boyle 1994). Models of transcultural and crosscultural care have been developed over the last three decades (Brink 1999; Meleis 1990; Andrew & Boyle 1999) where Leininger's (1988) Sunrise Model is one of the most widely recognized models. The theory has its roots in anthropology and studies of culture, cultural values, beliefs and practices. Leininger recognized that one of anthropology’s most important contributions to nursing was the realization that states of health and illness are strongly influenced by culture.

Leininger’s theory of culture care diversity and universality focuses on describing, explaining, and predicting nursing similarities and differences with the aim to provide care that is culturally in line with the expectations of the person’s cultural values, beliefs and practices (Leininger & McFarland 2002). The theory is complex and requires an understanding of the interrelationship between different concepts (Alexander et al 1986). Therefore a major limitation of transcultural nursing models, is their lack of consideration of the relationship between power and knowledge and the analysis of prejudice and discrimination (Mulholland 1995). To gain an understanding health and illness, it is important to avoid “victim blaming” - considering the poor health of a population as the sole result of its culture, instead of also looking at their economic or social situation (Helman 2007).

Ethnicity and culture are closely linked concepts, sometimes used to describe differences between cultures which may lead to discrimination and prejudice (Holland & Hogg 2001). There is an increasing need for nurses to actively engage in overcoming the health disadvantage and discrimination experienced by many members of minority ethnic communities (Gerrish & Papadopolous 1999). Within this thesis, ethnicity refers to a sense of belonging, group identity and shared conditions such as economic, political and cultural (Heikkilä et al. 2007; Heikkilä 2004; Blakemore & Boneham 1994; Brah 1994).

Geertz (1973), who inspired this thesis, argues that the concept of culture has two interlocked dimensions; an ontological one (what culture is) and an epistemological one (how do we know it), where “culture” must be understood from the actor’s point of view and be seen as the “webs of meaning”. A state within which people live and ascribe meaning encoded in symbolic forms (language, artefacts, etiquette, rituals, calendars etc.) that can be understood through acts of interpretation. Within this ethnographic study, culture refers to how meaning is constructed in a particular context (Geertz 1973) and that culture is a dynamic, on-going changing body incorporating new perspectives and new responses to the surrounding environment (Kelleher 1996).
3.4 Health and illness in a South African context

There is a variety of definitions referring to health and illness. Since 1948, the World Health Organization claims that health is a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 1998 p. 100). In Health for All in the Twenty-first Century (WHO 1998), a broader definition of health is introduced, emphasizing not only absence of disease, but issues that relate to spiritual dimensions as well as ethics and gender.

Illness compared to disease (representing the western biomedical paradigm, which refers to biological and psycho-physiological processes malfunctioning or maladaptation), characterizes personal, interpersonal and cultural reactions to disease or discomfort influenced by social systems of rules of behavior and is hence culturally constructed (Kleinman et al. 1978; Kleinman 1986).

Cultural context inevitably affects a person’s view of health and illness (Kleinman et al. 1978), including such aspects as interpretation of symptoms and patterns of seeking help (Aguirre-Molina et al. 2001; Hunt et al. 1998; Good 1994). These circumstances often seem to challenge health care providers, many who are influenced by a refined, abstract definition of health (Yurkovich & Lattergrass 2008; Chalmers 1996). To enable an understanding of an individual’s beliefs in relation to illness and when receiving care, the awareness of the philosophical reasons behind peoples choices is vital (van Dyk 2001). It is when beliefs can be understood as the web of assumptions that underlies ways of viewing the world at any given time (Wright et al. 1996).

According to Kleinman (1986), the existing formal and informal systems providing care can be explained as cultural systems, built out of meanings, values and norms.

In South Africa the domination of Western biomedicine is challenged by traditional medicine/healing, which often is the first alternative in rural areas. A tradition where the older generation plays an important role as the bearers of culture. African traditional healers (practitioners) reflect a wide variety of cultures and beliefs systems on the continent and embrace a range of practices, from herbalism to spiritualism including the relationship towards ancestors. Tension is evident between western biomedicine, where a focus on “material causation” is required in order to understand and treat illness. On the other hand, traditional medicine generally looks towards the “spiritual” origin such as displeasure by ancestors in order to cure an ailment (Peu et al. 2001). According to WHO (2002), approximately 80 per cent of the African population chose to consult traditional medicine when ill. The acknowledgement of traditional medicine stemmed from the Assembly of OAU (Organization of African Unity) Heads of States and Government Summit in Lusaka (2001) which declared the period 2001-2010 as the OAU Decade for African Traditional Medicine. In the Gaborone Declaration on Health (2005), the main objective of the plan of action was to recognize, accept and integrate traditional medicine into the public health care system in the region.

The existence of a dual healthcare system in South Africa is evident, as 60-80 per cent of the African population frequently use the services of traditional healers (Puckree et al 2002). In South Africa, different categories of African traditional practitioners are represented; the traditional healers are the herbalists who use herbs and other
preparations for treating diseases. Other traditional practitioners as faith healers, diviners and bone throwers represent those that utilize supernatural forces (Pretorius 2001). A study by van Wyk (2005) reveals similarities in the definition of the person, health and environment by nursing and traditional African medicine which can promote an integration of western and traditional African medicine.

3.5 The family concept in a South African context

In the South African context, the nuclear family was predominantly the “official” concept of household until the 1970s. Malinowski (1913) defined the family as consisting of a bounded social unit which was distinguishable from other similar units, a physical location where the functions associated with child rearing were performed and a specific set of emotional bonds between family members existed. This view of the family’s form and function is very much a Western ideal idea (Reynolds 1993). Reynolds (1993) points out that the concepts of motherhood, fatherhood and childhood are cultural constructions elaborated differently across societies and that it is not possible to analyze the nature of the family without simultaneously analyzing or at least understanding, the role of the state. This is because the state determines where and how families constitute themselves through legislation with regard to tax, social security, housing, employment, education, health provision, etc.

The migrant labour pattern of South Africa has meant that many African children could never expect that those who care for them, and who support them both materially and emotionally, would do so regularly and reliably over time, or would consistently comprise the same set of individuals (Spiegel et al. 1996).

Reynolds (1993) offers a redefinition of the family from her experiences of working with children in South Africa, defined as a cluster of relationships which is distinguished by connections across time that operate in accord with kin ties that have proved supple in their accommodation and flexible in their role of allocation (pp. 116). The traditional care system of Africa derives from complex family systems including reciprocal care and assistance among generations (Apt 2002). A study by Spiegel (2003), shows that the importance of kinship is not specifically a biological bond. Most importantly between people without resources, is their reliability as exchange partners in reciprocal relationships. To provide meaning to their relationships they imbed and sediment them culturally, by constructing them in terms of kinship. Spiegel (1996), also discusses the importance of clanship in the southern African context, most of whom are connected by kin or blood relationships (Ankrah 1993). The clan function still exists in the way that migrants arriving in a new place are often able to call on people of the same clan for assistance, even if only temporary.

Oppong (2006), argues that traditional family systems and patterns in Sub-Saharan Africa are clearly gendered, with women playing a significant more active role in the daily care of offspring as children and grandchildren.
3.6 Gerontological perspective

Gerontology focusing on the normal process of ageing, including the biological, psychological and social perspectives (Wadensten 2007), is an established research area in Europe and North America. One circumstance is the increased number older people (WHO 2000) with concurrent demands of service and care.

Within gerontology a number of different areas are represented such as; biogerontology, psycho-gerontology, social gerontology, and cultural gerontology. A number of studies focus on the influences of being old in specific cultural environments as well as the importance of culturally relevant theoretical framework for the study of successful ageing (Torres 2006; Emami et al. 2001).

One area of importance is gerontological care, which is concerned with the knowledge regarding the care of ageing people and the promotion of the highest possible quality and wellness of older people (Heikkilä et al. 2007; Eliopoulos 2001).

There is an increasing demand for research on topics related to aging in Sub-Saharan Africa/ SSA due to a growing number of elderly, the impact of the HIV/AIDS pandemic on older people and changing family patterns (National Research Council 2006). Research within gerontological care in an African context has consequently an important role to play to illuminate and increase the knowledge and understanding of being old in a specific cultural environment as well as recognizing the traditional, indigenous knowledge (Reddy 2002). The South African Council for the Aged has emphasized the need for increased research focusing on the situation of the older generation and their needs.

3.7 Theoretical frame

3.7.1 Transition

Transition is a central concept within the caring domain and hence the results of this thesis have been discussed in light of the theoretical framework of transition (Meleis et al. 2000), which has had a strong impact on nursing and caring research over the last decades. The framework involves changes on a developmental, situational and organizational level, as well as change in health and illness. Change which have a multidimensional and comprehensive effect on roles, relationships, identities, abilities and patterns of behaviour on both a family and individual level, as well as on structure, function and dynamics at the societal level (Meleis et al. 2000; Schumacher & Meleis 1994).

The middle range theory of transition, further developed by Meleis (Meleis et al. 2000; Chick & Meleis, 1986), has guided the comprehensive interpretation in study I-IV and has been utilised as theoretical framework in order to bring the results of the four studies together into a broader understanding. The nature of transition varies and several definitions have been offered; passage, transformation, shift, are frequently used, but most agree that transition involves a passage of change (Kralik et al. 2006). A definition which has influenced nursing refers to Chick & Meleis (1986).
“A passage from one life phase, condition, or status to another, is a multiple concept embracing the elements of process, time span, and perception. Process suggests phases and sequence; time span indicates an ongoing but bounded phenomenon; and perception has to do with the meaning of the transition to the person experiencing it….Transition refers to both the process and the outcome of complex person environment interactions” (pp. 239-240)
4 THE RATIONALE FOR THE RESEARCH

The demographics of a growing population of elderly is a global phenomenon which has effectively increased the demand of care and services from society. From an African perspective, there is a need for a contextual approach to these matters and implications for practice. While there has been extensive research conducted on gerontological care in Sweden (e.g. Nygren 2006; Heikkilä 2004; Nilsson 2000; Emami 2000), within South African context there is limited research within this field of interest (Vasuthevan 2005). On the other hand integrative nursing (van Wyk 2005), which focuses on the similarities of the meta paradigm of nursing and traditional healing, is an attempt to contribute to the integration of traditional medicine and Western medicine in Africa, which is a body of knowledge in South Africa. The aim to combine Swedish and South African research teams, creates the opportunity to broaden and enhance the knowledge within the field of gerontological care and integrative nursing. Further gerontological care in an African local context has relevance for an international audience, since analyses of and solutions proposed to local ageing issues may resonate with experience in other parts of the world, particularly among increasingly diversifying ageing minority communities of Northern America and Western Europe (Marklund 2007; White 2006).
5 RESEARCH AIMS

The overall aim of this thesis was to shed light on different aspects of elderly South Africans experiences in a transitional period in order to reach culturally contextual knowledge within gerontological care.

The research objectives were to:

Identify and describe daily life and related concerns and interests as expressed by a group of elderly (I).

Illuminate how a group of elderly South Africans experience being old in a transitional period (II).

Study how a group of aged South Africans and their family members describe their intergenerational relations in a transitional period i.e. from a traditional to an industrialized society and how the transition influence the care of the aged in the extended family (III).

Illuminate beliefs in relation to health and illness expressed by elderly Africans within a South African context, in light of a society in transition (IV).
6 METHODS

6.1 Methodological framework

This thesis is based on an interest in the experiences of individuals and how meaning is constructed in a certain context, the life world perspective constitutes the epistemological foundation. The ethnographical approach inspired by Geertz (1973) was deemed suitable to facilitate this intention. The interpretive ethnographic approach enables the reader to get “into touch with the lives of strangers” (Geertz 1973) and provides us “our own constructions of other people’s constructions of what they and their compatriots are up to” (Geertz 2001).

The four studies included in this thesis was based on a qualitative research approach, including various data collections and analysis methods in order to provide answers to the specific aims of the research.

6.1.1 Ethnographic study design

There is a diversity of approaches in ethnography (Emerson 2001) and there is no ultimately, universal method within the field (Richardson 1992). Despite acknowledging the differences, the ethnographic traditions share many common facets; they are grounded in a dedication to the first-hand experience and exploration of a particular social or cultural setting. Participation also maintains the characteristic facets of the ethnographic approach involving other research methods (Atkinson et al. 2001). Muecke (1994), suggests the following criterion for recognizing a good ethnography:

“It should be a tool for enabling us to take a more understanding account of whomever we perceive as “the Other”, or “Not Me”.

(pp 191)

Most ethnographies share certain common characteristics; they are contextual, and reflexive. Ethnography is a means of gaining access to beliefs and practices of a culture and allows view of the phenomena in the context in which they occur. Rather than studying people, ethnographers learn from people, trying to grasp the emic/experience-near view of participants.

6.1.2 Emic –Etic/Experience-near –Experience distant

Emic and etc are frequent used terms in ethnography, the emic perspective is the insider’s view, or the informant’s perspective of reality, the etic perspective represents the outsider’s framework, the ethnographer’s perspective entering the field (Helman 2007; Emerson 2001; Boyle 1994).

As a reaction to the natural sciences and turning away from prior positivist approaches within ethnography, field researchers as Geertz (1973) introduced the concept of “thick description” where he argued that the foundational task of ethnography is to describe the specific “meaningful structures” through which local actors produce, perceive and interpret their own and others actions.

Geertz’s (1973) “thick description” reconsiders and challenge the standard emic/etic characteristics, highlighting the relationship between members of a society constructs
and the ethnographer’s construction of those constructs (Emerson 2001). Geertz (1976) suggests terms of “experience-near” and “experience-distant” where the former refers to emic-like concepts that a member of a society would “naturally and effortlessly use to define what he or his fellows see, feel, think, imagine, and so on, and which he would readily understand when similarly applied by others”. The latter refers to etic-like concepts employed by specialists “to forward their scientific, philosophical, or practical aims” (Geertz 1976).

Fundamental characteristics of ethnography (Spradley 1979), which are essential to this study include the following aspects;

- the researcher as an instrument: mainly through observation and recording of data
- the fieldwork: including aspects as participating in social events, the daily life of participants, to physically situate oneself in the environment of the studied culture.
- the cyclic nature of data collection and analysis: data collected in the field leads to other questions and answering these questions leads to more questions.
- focus on culture: is the main purpose of ethnography, to understand the ways of life of individuals connected through group membership, to focus on a group of people who have something in common.
- cultural immersion: meaning the depth and length the ethnographer must spend among the participants who are involved in the study.
- the reflexivity path: which involves the tension between researcher as a researcher and researcher as cultural member. As a consequence the fieldwork in itself is a social phenomenon, is inevitably part of the very social worlds it seeks to discover, describe, and analyze (Streubert & Carpenter, 2007).

From this point of departure the data collection and data analysis commenced.

### 6.2 Data collection procedures

The ethnographic design adopted in this study is based on multiple data collection sources and recurrent visits to the study site, shown in table 5.

<table>
<thead>
<tr>
<th>Project activities</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information meetings with local representatives</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group interviews</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual interviews</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informal follow up meetings with participants</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Home visits and participation in community activities</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Table 5. An overview of project activities, 2000 – 2006
6.3 Study site: Majaneng, Hammanskraal district, Gauteng province

Majaneng, district of Hammanskraal is situated about 50 km north of the administrative capital city of Tshwane (Pretoria) a semi-rural area in northern Gauteng, see figure 1. The area includes a number of villages, a township, informal settlements and farms with an estimated population of 300,000 (Census 2001), not including informal settlements.

The district is under the leadership of a traditional authority with offices in Majaneng which is made up of several sections; Bridgeview, Portion 9, Remotse, Marakolong, Kekana Village, Bosplaas, Pompong, Selosecha, Mosate, Park Town and Mahwelereng.

Under South Africa’s former apartheid policy Majaneng was part of a Trust Land in the former Bophuthatswana “homeland”. The homelands during the former apartheid era included the Transkei and Ciskei in Eastern Cape, Venda in the north, and Bophuthatswana in the north-west region of South Africa which was designated to the African population. In 1994 when the first democratic elections took place, the homelands were integrated into the nine provinces of South Africa and from a local government perspective Majaneng came under the Eastern District Council, North West Province. Since 6 December 2000 it has been under the city of Tshwane (Pretoria) Metropolitan Municipality.

Majaneng which is very densely populated consists of a large number of blocks, with a mixture of formal and informal settlements representing South African citizens and illegal immigrants from neighbouring countries. Much of the public infrastructure, such as schools and churches, was built by the communities themselves. The road network is not streamlined and in bad shape. Access to water and water-borne sewerage services and electricity in large parts of the area is still severely limited.

Since the closure of the railway line between Hammanskraal and Pretoria, due to safety precautions by the former Bophuthatswana homeland, train transportation is not available. The remaining transport is a bus service. Many of the homes consist of mud buildings and one-to-two roomed shacks made of corrugated iron and wood, see view from the Majaneng area (figure 2).
Correspondingly, the availability of formal social services is limited, both in diversity and range and formal services directed towards older residents are inadequate. This relates both to the provision of old age homes and care as well as home help and home care. To some extent, None Governmental Organisations; NGO’s offer support focusing on children and older people. Social support and care is mainly provided by family and through a network of friends within the community.

6.4 Gaining entry

The most critical part of the ethnographic study may be to gain access to the field of interest. As the researchers are not usually members of the society/context/community studied, individuals representing the society may be unwilling or unable to provide access that is required (Streubert & Carpenter 2007). The gatekeepers play a crucial role and in this study, one of the research team members from South Africa who was connected to the University of Pretoria had regular contacts via clinics and as service provider to the local hospital, which contributed to the development of a trusting relationship between the researchers and the research participants.

6.5 Recruiting participants

In the beginning of 2000, local authorities were contacted to gain permission to explain the purpose of the study to the representatives of the community. In May 2000, an information meeting was set up at the clinic in Majaneng with representatives of the
area. The meetings involved members of the Tribal Authority such as the wife of the tribal chief, other senior members of the tribal family and community leaders (see figure 3).

Figure 3. Information meeting in 2000 at a clinic in Majaneng.

Approximately 30 elderly from the community were present during the meeting. The meeting was facilitated by the South African-Swedish research team who used the opportunity to explain the proposed project and obtained the permission from the chief’s wife to proceed with the research. In February 2001 and in October 2001, follow-up meetings were conducted engaging elderly participants of the community. Due to the lack of statistics on individual household members and difficulties of reaching presumptive participants, information related to the study was communicated with the assistance of health personnel at a clinic in the area and through representatives of the community who had participated in the initial information meetings.

6.6 Participants

In line with the qualitative, ethnographic approach a limited number of elderly participants from the chosen area were engaged for an extended period of time to achieve a deeper understanding of the context and the lives of the participants based on the following inclusion criteria:
- aged 55 and older
- equal number of women and men to obtain both gender perspectives.
- resident in the selected area
- proficiency in English. As one of the official languages, English is generally accepted by the South African population when interacting with people of different ethnic origins. Hence, English was decided to be the language used during the interviews. Africans were selected to participate, as they represent the majority group in the area and since the research was concentrated on the experiences of elderly African in general, and not on the experiences of only one African ethnic group.

During the October 2001 meeting, participants were selected consecutively from those who fulfilled the criteria and had notified interest in participate in the study (12 persons). The set-up criteria was initially adhered to, but had to be adjusted due to the majority of the participants being female. In order to achieve a more balanced perspective, the research team decided to increase the number of male participants and at a later stage (October 2003), a group of four elderly men from the area agreed to participate in the research. One of the participants, 52 years old, did not fulfil the age criterion of 55, but since he was involved in community activities for old people, his participation was therefore valued.

Altogether sixteen elderly individuals were engaged in the research project, including ten females and six males (aged 52-76 years) \( (I-IV) \). In study \( II-IV \) individual in depth interviews were conducted with altogether ten elderly, nine female and one male participant from previous group interviews. In study \( III \), nine elderly female from previous groups and individual interviews were engaged together with thirteen family members. Group interview participants were divided into three groups (A-F, G-L, M-P) (see table 6).
Table 6. A list of participants and sequences of interviews, study I – IV.

<table>
<thead>
<tr>
<th>Group interviews with the elderly</th>
<th>Group interviews with the elderly and family members</th>
<th>Individual interviews with the elderly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age span: 52-76 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A 76 years</td>
<td>A ♀ Grandchild ♂ Child ♀</td>
<td>A</td>
</tr>
<tr>
<td>B 73 years</td>
<td>B ♀ Niece ♀</td>
<td>B</td>
</tr>
<tr>
<td>C 72 years</td>
<td>C ♀ Grandchild ♂</td>
<td>C</td>
</tr>
<tr>
<td>D 70 years</td>
<td>D ♀ Daughter-in-law</td>
<td>D</td>
</tr>
<tr>
<td>E 69 years</td>
<td>E ♀ Family-friend ♂ Family-friend ♀</td>
<td>E</td>
</tr>
<tr>
<td>F 69 years</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>G 69 years</td>
<td>G ♀ Niece ♀ Family-friend ♂ Family-friend ♀</td>
<td>G</td>
</tr>
<tr>
<td>H 67 years</td>
<td>H ♀ Cousin ♂ Family-friend ♀</td>
<td>H</td>
</tr>
<tr>
<td>I 66 years</td>
<td>-------------------------------------------------</td>
<td>I</td>
</tr>
<tr>
<td>J 59 years</td>
<td>-------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>K 58 years</td>
<td>K ♀ Family-friend ♂</td>
<td>K</td>
</tr>
<tr>
<td>L 58 years</td>
<td>L ♀ Child ♂</td>
<td>L</td>
</tr>
<tr>
<td>M 71 years</td>
<td>-------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>N 64 years</td>
<td>-------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>O 61 years</td>
<td>-------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>P 52 years</td>
<td>-------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>* Deceased</td>
<td>-----------------</td>
<td>Not participating</td>
</tr>
</tbody>
</table>

* Deceased               ----------------- Not participating
6.7 Data collection methods

This study was conducted during a period of six years (2001 to 2006), with the data collection based on focused ethnography (Morse & Field 1995; Muecke 1994; Lipson 1994; Boyle 1994) involving various data collection methods. Both group and individual interviews were conducted in combination with frequent contacts with the participants commencing with information meetings, followed by visits to the field site and homes of participants to attain a better understanding of the context. The ethnography of rituals, symbols and objects of a group of people will only be meaningful if it includes in-depth interviews with those people reflecting upon the events (Devisch et al. 2002).

Table 7 shows an overview of the respective studies, (I-IV).

Table 7. Schematic overview of the studies

<table>
<thead>
<tr>
<th>Paper</th>
<th>Participants</th>
<th>Data collection</th>
<th>Data analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>16 elderly participants 52 to 76 years</td>
<td>Group interviews Field notes/Video recording Home visits/ participation in social activities</td>
<td>Qualitative content analysis</td>
</tr>
<tr>
<td>II</td>
<td>16 elderly participants 52 to 76 years</td>
<td>Group interviews Individual interviews Field notes/Video recording Home visits/ participation in social activities</td>
<td>Qualitative content analysis</td>
</tr>
<tr>
<td>III</td>
<td>16 elderly participants 52 to 76 years + 13 family members</td>
<td>Group interviews Individual interviews Field notes/Video recording Home visits/ participation in social activities</td>
<td>Qualitative content analysis</td>
</tr>
<tr>
<td>IV</td>
<td>16 elderly participants 52 to 76 years</td>
<td>Group interviews Individual interviews Field notes/Video recording Home visits/ participation in social activities</td>
<td>Interpretive ethnography/ Interpretive phenomenology</td>
</tr>
</tbody>
</table>

6.7.1 Qualitative interviews

The qualitative research interview is characterized by the dialogue between the interviewer and the interviewee, with a focus on topics of the research. It also has a distinctive possibility for gaining access and description of the everyday world of the interviewee and his or her relation to it (Kvale 1996). The interview is always
conducted in a certain context and the interviewer is the main tool for the data collection (Morse & Field 1995). The qualitative interview seeks to describe and understand the meaning of central themes of the participants’ life world, allowing them to speak from their own perspective and allow unforeseen and distinctive data (Kvale 1996).

6.7.2 Group interviews (I-IV)

Group interviews provide insight into beliefs and attitudes and it is through group interaction individual participants can be enhanced in the environment. Group interviews also have the advantage of generating substantial quantities of data and the interaction between participants may reveal different opinions and new discussion areas (Reed & Payton 1997; Morgan 1997).

Group interviews were selected in order to inspire meaningful discussion among the participants, as well as a more relaxed atmosphere. The aim was also to introduce the participants to the interview situation as it has been shown that participants who are in the company of friends and acquaintances will feel more comfortable with the interview situation than with a single interviewer.

Within this thesis, the group interviews commenced with a thorough introduction, providing all of the participants with the opportunity to ask questions or clarify uncertainties. Discussion topics were prepared to promote the interviews and the participants were divided into three groups.

During the group interviews, the discussions focused on activities of daily life and associated concerns (I), good life in old age (II), the elderly in the family (III) and beliefs in relation to health and illness (IV). The data generated new topics for the individual interviews.

Two researchers (SA/SW) participated in each group, except for the group interviews with male participants, which were performed with only one researcher (SW). In total, each participant took part in nine group interviews which lasted approximately 60 – 90 minutes each. The additional group of males participated in a total of three interviews which lasted approximately 60 minutes each. All of the interviews were performed in English, tape recorded and transcribed verbatim.

6.7.3 Individual interviews (II-IV)

The individual interviews commenced after contact was established with the participants through group interviews. The in-depth interviews were carried based on a form of dialogue and the participants were encouraged to tell their stories from their everyday life with as little interruption as possible. The interviews lasted from 60 to 90 minutes and were audio-taped and transcribed verbatim by the author, which provided an overview and facilitated an initial understanding of the data.
6.7.4 Fieldwork/field notes and video recording (I-IV)

Field notes are intended to provide descriptive accounts of people, scenes and dialogues as well as personal experiences and reactions (Atkinson et al. 2001).

As the data collection was based on a focused ethnographic approach, consisting of specific topics. The fieldwork was an essential source of understanding the context which was difficult to grasp during interview sessions. The study site was visited twice per year and included participation in social events and visits to the homes of the participants.

An extensive period of time was dedicated to fieldwork. Throughout the entire process diary entries played an essential role, both as a note book for documenting pre-understanding, and to have the ability to follow the personal process during the research. When pre-understanding was challenged, the diary and discussions with fellow researchers also played an important role. Video recordings during the fieldwork served as an aid to recall the context through visualizing memory (Gradén & Kaijser 1999).

6.8 Data analysis methods

Two different analysis methods were used. In Study I-III, a qualitative content analysis facilitated the ethnographic analysis process based on a rich amount of data from various sources (c.f. Graneheim & Lundman 2004). In study IV, interpretive phenomenology (Benner 1994) inspired by interpretive ethnography (Geertz 1973) was used.

6.8.1 Qualitative content analysis (I-III)

In study I-III the qualitative content analysis was used where the researcher goes beyond what was said or written and infers meaning of the topic studied in line with the ethnographical tradition (Boyle 1994).

The analysis commenced parallel with the data collection and continued throughout the study. The field notes, video recordings and interviews were read during the entire process to be able to catch the underlying meaning of the data, resulting in the creation of sub themes and themes.

First the interview transcripts were reviewed by reading the transcripts and by repeated auditing of the audiotapes. Subsequently, the interview text was divided into content units reflecting specific meaning; the units were condensed into a description close to the text, followed by an interpretation of the underlying meaning. The condensed meaning units were seen as a whole and abstracted into sub-themes and themes.

All of the members of the research team were involved in the data analysis. Field notes from home visits and transcribed text from video recording focusing on description of the context provided support for the analysis of the interviews.
6.8.2 Interpretive phenomenological analysis (IV)

In study IV the interpretive phenomenological analysis, based on a phenomenological frame of reference (Benner 1994; Benner & Wrubel 1989; Geertz 1973; Heidegger 1988; Merleau-Ponty 1962) was used. From the perspective of Heideggerian phenomenology the understanding of individuals does not occur in isolation of their culture, social context, or historical period in which they live (Wojnar & Swanson 2007) and individuals cannot separate themselves from various contexts that influence their choices and give meaning to lived experience. As a consequence, Heidegger’s phenomenology try to emphasizes the situatedness of individual’s dasein (the human way of being in the world) in relation to the broader social, political and cultural contexts. From this point of view, people experience their world through embodied intelligence, background meanings, concerns and understandings of the situation. This is in contrast to the Cartesian view, which divides the private subject from the outside objective world. It is essential as a researcher to reflect on one’s pre-understanding as it is closely linked with how one understands the world and that such understanding is linked with how one interprets reality (Benner 1994).

The method used for this thesis is based on the use of paradigm cases (strong examples), that provide new insights, which may otherwise be difficult to grasp. The analysis includes several interrelated processes with a focus on the participants own expressions and actions related to health and illness; the verbatim-transcribed group interviews and individual interviews together with the transcribed field notes and video sequences are read repeatedly to gain a general understanding of the text and its context. After the initial analysis transcribed data was individually read and interpreted, followed by interpretation of data as a whole in which the interpretation moves back and forth between the whole and parts to allow understanding, comparison and critical reflection on the text. Two paradigm cases reflecting the participant’s expressions and actions related to health and illness are then identified. After identifying these cases, the data was analyzed for themes in relation to the participants expressions of beliefs in relation to health and illness (thematic analysis), followed by a comparison of entire data and themes. The interpretation process moves back and forth between paradigm cases and the thematic analysis in order to achieve a comprehensive understanding of the whole and deeper comprehension of underlying beliefs in relation to health and illness. An important aspect of the analysis is to search for commonalities and differences within the data.

6.9 Methodological considerations

The research methods have to some extent been discussed in involved studies.

6.9.1 The role of the researcher

In ethnography the research has a markedly social approach and as interaction is the key to the method, the ethnographer is the research instrument (Lipson 1991; Cassell 1980) where field work in itself is a social phenomenon (Streubert & Carpenter 2007). The interaction with participants has had a central role where the reassurance of continuity has been essential to the participants. As extensive time was dedicated to fieldwork, access to the study site has been a time consuming process involving
recurrent problems such as entry, access, trust, and security issues (difficult for the research team to reside in the area) which may have influenced the results. Other methodological aspects are linked to issues of gender, age and ethnicity, where the influences on the research process cannot be ignored. Emerson (2001) emphasises the critical, but often unnoticed influence of the researcher’s/observer’s socio-economic background, status, ethnicity, appearance and goals, which are aspects that may have influenced the interview situation to some level. The combination of a team of Swedish and South African researchers with different pre-understandings may also have influenced the findings.

6.9.2 The interview situation

The participants in this study had no previous experience of being interviewed and in order to create an atmosphere of trust the initial interviews were conducted via group interviews. Despite this, there may have been situations when group dynamics influenced the findings. The interview situation creates an exposed environment for participants as it often entails questions of personal nature (Kvale 1996).

During the study the issue of communication was relevant as neither the participants nor the researchers communicated in their first language. In the initial phase an interpreter were present, but as the researchers and participants became more acquainted the need for assistance was not necessary anymore, which created an atmosphere of “first hand communication”. Despite this, situations still occurred when time was spent on clarifying what the participants actually wanted to put forward. Other aspect relevant to communication is the power relationship which may occur during the interaction between the researchers and participants due to different levels of language skills. The place of the interviews can also have had its influence on the findings. The plan was to set up meetings for group interviews in the homes of the participants, but as the participants have very small resources and tend to offer what they have during the meetings, the decision was taken to suggest the university satellite campus in Majaneng for the interview sessions, which received the approval of the participants.

6.9.3 Evaluating qualitative research

According to Thorne (1994), evaluating criteria for qualitative research should demonstrate some essential characteristics; epistemological integrity, meaning that a qualitative study should follow a defendable line of reasoning throughout the entire study, founded on the theoretical and methodological frame of reference which form the base of the study. Consequently the study should show representative credibility, meaning the synthesis should be made in line and consistent with the sample the study is conducted on. In addition, a qualitative study should reveal analytic logic that is clearly accessible to the reader in order to know what was learned from this particular research. Finally, the research should demonstrate an interpretive authority, meaning that the information, which forms the base of the results, should be sufficiently available in the text.

Epistemological integrity; In this thesis the qualitative content analysis and interpretive phenomenology/interpretive ethnography were found to be appropriate methods in line
with the qualitative approach focusing on individual experiences and can be seen as fulfilling the criteria for epistemological integrity.

Representative credibility; As the participation was based on voluntariness and ability to communicate in English it is important to emphasise that the participants may not be representative of the total number elderly South Africans living in the same circumstances and if results from qualitative studies are to be applied the context description is essential. During the selection procedures there may have been presumptive volunteers that missed out on the information due to health conditions or other circumstances as well as the criteria of language proficiency in English (although interpreter was present in the initial phase of the research).

During the period of when participants were recruited for the study, a national consensus was conducted to improve existing statistical material, but this information was not available to the research team at the time. Therefore, the decision was made to base the participation on voluntariness.

Another limitation was the gender implications, particularly with this study, it was difficult to engage an equal number of women and men in the research. To some extent this was solved through the additional interviews with men, who provided more balance to the gender perspective of the participants.

Analytic logic; This criteria according to Thorne (1994) includes the readers accessibility to the process of conducting the data and to know what was learnt by a particular piece of research. As the ethnographic research is an on-going process involving the same group of participants throughout the research as circular process of data collection and data analysis, there are limitations regarding the difficulties to describe the process of analysis in detail. Nevertheless, the results are presented with an extensive amount of quotes and examples from data. One issue of concern is the inconsistency between the instructions from journals of limited space and the characteristics of ethnography with detailed descriptions.

Interpretive authority; The trustworthiness of the data is a matter which is linked to which perspective the reader adopts. As in all research, the researcher depart from his or her pre-understanding and in line with Geertz (1973), the interpretations are interpretations of interpretations. Throughout the research process all of the researchers have been involved in the analysis at different stages which enhances the credibility.
7 ETHICAL CONSIDERATIONS

The following bodies approved the protocol for the studies:

i) Faculty of Health Sciences Research Ethics Committee at University of Pretoria, reference number S 182/2001.

ii) The Karolinska Institutet’s Research Ethics Committee, Huddinge University Hospital, reference number 2/02.

iii) Local administration in Majaneng, South Africa.

Written information was provided regarding the research as well as a detailed verbal explanation of the research which was presented in English and interpreted into the participants’ first language. Both verbal and written consent (from literate participants) was provided to confirm their approval that the data obtained could be used for research purposes. The exposed situation of the participants and the ethical considerations due to this fact were taken into account during the entire research process (Helsinki declaration 1964).

Ethical issues that arise during the data collection and interaction with the participants were linked to the ethnographical approach of long-term frequent visits to the study site and the expectations of participants. Even though the specific focus of the research was revealed the exposed daily situation of the participants raised expectations that were not within the scope of the research.

As Emerson (2001) points out fieldwork practice in itself may involve some misdirections. Particularly with regards to those studied and ethnographers regularly face a variety of personal and ethical issues arising in the course of the field relations with those studied.

The departure from the field raises certain ethical questions. The closure of a study can be managed in different ways. Some choose to have a definite ending of the relationships they have developed. Others prefer to keep “the door open” for the future, either to engage in research or to deepen relationships, especially with key informants (Emerson 2001). In this study a visit is planned by the end of this year to provide feedback to participants involved in the study and to ensure the dissemination of the results.
8 SUMMARY OF RESULTS

In following section, a short summary of the key findings regarding the elderly South African participants’ experiences of being old in a changing society. In addition interpersonal and intergenerational relations will be provided. Furthermore, the findings about the role of caring and beliefs in a transitional period will be summarized.

8.1 Being old in a changing society

The participants reflect on life and the changes that have occurred during their life span. They return/revisit disappointments and enjoyments that have taken place in their lives as the missed opportunities of education, reduced possibilities to provide for the families and traumatic experiences of the loss of relatives. However, they also reflect on memories of good relationships, recognition from their work life and times of voluntarily community work (II). At present, daily life is associated with limited basic resources, increasing unsafe conditions and a shortage of basic facilities such as electricity and water and a mistrust in authorities due to failed implementations of modern infrastructure in the community. It is also a time of reconciliation; to cherish what you have, to be tolerant towards others and to put an effort in contributing to the community (I, II). They express a growing frustration due to their powerlessness of not knowing what will happen to themselves and their family-members and the loss of cultural norms and values are of great concern among the participants (I, II, III). Under these circumstances, to maintain normality in an acceptable manner is essential (I). The elderly perceive changes as inevitable and the process of being old is recognized as an unavoidable move with the times (II). Being old is both recognized from a chronological perspective, the starting point for receiving old age pension, but also from the traditional African way of viewing an older person as someone who has knowledge and wisdom (II). It is perceived as a process which influences every aspect of life, including health and illness and physical changes are interpreted as the body being unfamiliar (IV). The expectations of the future is connected to how well they have accomplished to sort out what has been expected from them and how they have achieved taking care of their families (II). The traditional strong position of the elderly is declining but they still hold an important but redefined position within the family as frequently being the main financial- and care provider (I, II, III) a stabilizing factor, a unifier and an advisor within the family (III).

8.2 Interpersonal and intergenerational relations

Relations are essential in the lives of the participants and are not only viewed as a reassurance of support and care within the extended family (III), but also something influencing you as a person which the participants refer to as the traditional African aphorism “Ubuntu”; what you do to others reflect you as a person (II). There is a conviction among the participants that in order to achieve success in life you must be united, belonging to a group provides strength. In the end one’s ethics is about how to best unify one’s relationships (II, IV).

Interpersonal relations have a essential position in relation to health and illness. Illness may be caused due to disrupted/bad interpersonal relations and on the other hand keeps
one healthy when experiencing good relationships (II, IV). Hence relationships are one important reason for consulting traditional practitioners (IV).

A family member is defined by the elderly from a relational perspective and not necessarily from biological bonds (III) and relations are not only essential in interaction with those who live but also in relation to ancestors. The unseen forces of daily life, who are viewed as family members and are consulted when important events occur in the family. The elderly possess a key role as mediators and as interpreters of messages from deceased family members (II). The community plays a central role where the church as an entity symbolizes the spirit of the community and communion. The community based orientation often gives priority to the group before individual needs (I, II).

8.3 Reciprocal care
Caring is closely linked to respect and the role of reciprocity is emphasized (II, III). The transition influences care patterns and even though reciprocal care between generations act as a reassurance of care, which is often an arrangement where the aged bears the financial responsibility and the children take care of daily duties in the household, the elderly do not take support from family members for granted. Under these circumstances the complaint discourse functions as a reminder to the younger generations of their obligations towards the elderly (III). The Bible is also frequently used as reference for the assurance of care (II). The western influence with children and grandchildren leaving for cities adopting a more individualistic lifestyle, is blamed for the decreasing influence of the elderly and in its extension less care from family members (III). Caring is in all a consideration for the community through informal care, of those who is in need, which is perceived as a sign of ubuntu. (II, III). The female elderly participants act as the main informal care providers, not only for their children and grandchildren leaving for cities adopting a more individualistic lifestyle, but also for their peers. This is something that is expected of them both implicitly and explicitly (I, II, III). The male participants have fewer caring responsibilities toward the younger generations and describe the attention from grandchildren as repayment (III). There is a fear among the participants concerning the lack of formal care institutions as they are uncertain about their own future situation (II). The severe impact of HIV/AIDS; referred to as “the disease” by the elderly, is evident and instead of being cared for they care for their family members (I, III). They see a connection between failure among young people to follow customs, of not listening to the elderly, and the HIV/AIDS pandemic (I, III).

8.4 Beliefs in a transitional period
As an extension of ubuntu most events in the lives of the participants evolve around their religious and spiritual beliefs. Faith is considered to be the backbone of life, it provides meaning to every day life and helps the participants to adapt to changes and they receive comfort and consolation through prayer (II). Believing is seen as an essential source for improving and maintaining health and being cured. Besides environmental causations such as climate conditions, illness is interpreted as a means to get in contact with God. Being sick is normal and suffering and illness is seen as both natural and a way of purification, where illness enables you to reach another level (IV).
The fatalistic world view is present in everyday actions and serves as explanation to whether one falls sick or not (II, IV). HIV/AIDS is regarded as a new and modern disease, but the consequences of it cannot be explained through normal reasoning of an illness making a person stronger and is instead explained as misfortune. The participants move between two parallel systems of belief; the western biomedicine which represents change and the traditional African medicine representing continuity. They preferably seek advice from western biomedicine for “modern diseases” such as diabetes and high blood pressure. The traditional practitioner is consulted in cases when the western medicine is not seen as an option as preventing illness caused by social interaction or to strengthen oneself as a person. They also see the traditional practitioner as an option in case the western biomedicine fails (IV).

8.5 The family members’ perspective

The family member participants perceive the elderly as bearers of traditional values and customs. To show respect to the aged is perceived as important by all family members as they comment that listening to the aged and to respond positively to advice from the aged is highly valued. The grandchildren express that they want to keep some parts of their traditions, but not all aspects. However, they also complain that the experiences of the aged are much different from their experiences of modern day living and that the advice from the aged do not always comply with modern times.

Reciprocity is defined as taking care of parents, as they took care of them when they were young. Sometimes they will even have to leave their own homes to care for an old parent.

To give something in return is important. The grandchildren express the importance to care for and helping their grandparents, as the aged often are both financially and emotionally responsible for the family.

To consult people outside the family may be seen as a sign of mistrust of the aged and of questioning their authority.

The family fulfills an important role in transferring traditional values from one generation to the next and they express it as respect begins at home (III).
9 REFLECTIONS ON RESULTS

This thesis reflects on what it means being old and the intergenerational relations in a context of transition. It also study how transition affects the elderly in relation to aspects of health and illness.

The ethnographic approach focusing on elderly South Africans, equally enables the ability to be critically conscious of the cultural presuppositions of the process of being old and to be conscious of how intergenerational relationships and the situation of elderly influence in a specific context.

9.1 Transition

Transition has a consistent reoccurring theme within in the four papers of this thesis, as changes on different levels have influenced the life of the participants.

The increasing interest from nursing in the transition process is two folded; changes in health and illness of individuals in itself create a process of transition, and individuals in transition are likely to be more vulnerable to risks that may in turn affect their health. By understanding the transition process, it may be easier for nurses to uncover these risks and support positive processes (Meleis et al. 2000; Meleis & Trangenstein 1994).

The middle range theory of transition (Meleis et al. 2000), is one attempt to explain and highlight a diversity of aspects on different levels influencing an individual in transition with the purpose to develop good care. The theory derives from a western perspective and whether a theory developed in a certain context has its applicability in all contexts is questionable.

This thesis is informed based on a life world perspective where “transition” may be a complex phenomena. Following aspects from the developed framework will be discussed from the results of the study; transition time span, creation of meaning, cultural beliefs and attitudes and critical points and events and the influence of societal changes.

Transition time span

An essential point of departure in a transition framework is how time is defined, as transition often refers to a linear process of “presents”, which do not correspond with time from a phenomenological perspective of temporality. A notion of time that is prior to or more original than our common sense of time usually defined in a chronological order. Instead it applies only to being now which also includes every aspect of the past and the future (Leonard 1994). According to Heidegger (1988), the now has in itself a character of a transition.

In Meleis et al. (2000) framework: transition time span, is one property which to some extent acknowledges the phenomenological perspective of transition. It supports the idea that experiences do not always follow the chronological trajectory and that it might even be counterproductive to place boundaries on the time span. Even though the participants express their reflections in terms of what happened in the past and what they expect from the future, the present, “now” includes all aspects (II). Their
relationship to their ancestor are as vivid as their associations to family and friends and from a phenomenological perspective everyday life forms a series of transitions, some of which we are not aware of (I, II). What to be aware of from a nursing perspective, would then be the circumstance that latent old transitions experiences may be periodically surfaced in times of distress. In the local South African context of this study one can assume that individuals have a multi-fold of latent transitions that may influence them in health and illness.

Creation of meanings
According to the framework one of the personal conditions which influence transition is the creation of meanings (c.f. phenomenology), where the meaning ascribed to circumstances may influence the transition. Maintaining continuity of meaning, either by re-establish disrupted connections, or by replacing with new ones, is an important part of the transition process (Chick & Meleis 1986). The findings presented in the four papers (I-IV) included in this thesis indicate that the meanings the participants’ attribute to certain aspects of their life is connected to religious and spiritual beliefs, which provide meaning to their experiences of illness and health. It also provides comfort in times of distress (IV) and may then facilitate a healthy transition (Melesis 2000). Often they relate to God and that whatever will happen to them it is in God’s hands (I, II, IV). A redefinition of roles to maintain involvement and find a purpose in life is also apparent. While experiencing a declined influence in the traditional role, they are still very much involved with extended responsibilities as main financial and care providers for the family (III). The HIV/AIDS pandemic has challenged their view of illness as being an act of God which strengthens you as a person (IV). The explanation of HIV/AIDS as “bad luck” may then be recognized as an inhibited transition, as stigma is often attached (Green et al 2003). Relationships have a significant position in the lives of the participants, where the mere existence of a person is through relationships (IV). Relationships define you as a person, ubuntu, you are what you are in relations to others, and the meaning of a relationship may shift according to situations (III). The impact of relations on your health and the possible causation of illness are apparent in the findings. Bad relations may cause you illness as well as good relations will keep you healthy (IV). These meanings may be covered and from a nursing perspective it is then important to be aware of and acknowledge the importance of meaning to facilitate transition (Schumacher & Meleis 1994).

Cultural beliefs & attitudes
In the framework attention is placed on the wider cultural context, which is a factor that shapes the transition experience (Schumacher & Meleis 1994). Awareness of the socio-cultural context of a transition is of importance in the interaction with individuals. Bäärnhielm (2004) points out that lack of awareness of individuals’ cultural context may result in a disruptive experience of illness, interpret from the framework as an inhibited transition. The findings emphasize on norms and values (I-IV), the participants relate to ubuntu and what is expected of the individuals from the group (II). The needs of the group have higher priority than the needs of individuals (I, II, III). The informal care provided by elderly women is referred to as culture, what is expected due to tradition. The lack of institutional support may then function as barrier in individuals transition e.g. women’s position in the community. The participants feel tradition is gradually losing its importance and to emphasise their role as a stabilizing,
unifying factor within the family is a way of still feeling connected, still present in the
world (Rosenberg 1997). It is obvious that there is a gap between the family members’
perception of what is important and the elderly. The grandchildren express that they
want to maintain parts of their tradition, but not all aspects, as the experiences of the
elderly do not always comply with modern times. Respect within this specific context
entails both reassurance of care and mark of authority (III), which is in line with
Tucker (1998) who argues that in tradition-oriented societies the transfer of traditions;
traditional memory, allows social experience to be collectively understood and to
maintain power. An important part of the cultural beliefs system is linked to the
participants’ relations towards western biomedicine and traditional African medicine. It
is expressed as navigating between the systems, where western biomedicine represents
the changing process in the society and the traditional African medicine continuation
(IV).

Critical points and events
Some transitions are associated with a specific episode and the majority of transition
experiences involve critical turning points or events. The results presented in this thesis
outlines several critical points and events which may have had and have severe impacts
on the participants daily life and ultimately their health. A family member’s death or
serious illnesses are common stories from the lives of the participants (II, IV). Older
adults often experience multiple transitions both in terms of change of their roles,
changed routines in their daily lives and more exposure to illness. Critical points
includes an increased awareness of change or more active engagement in the transition
experience and also a need to find routines and skills. To be involved, to care may be
seen as signs of active involvement to adapt to changes. Menopause is perceived by the
female participants as a bodily disruption, something unfamiliar. The disrupted taken
for granted world which breaks into the normal rhythms of the world may be interpret
as a transition (IV).

The influence of societal conditions
The impact of the modern society is repeatedly expressed among the participants (I-
IV). In contemporary South Africa even the most tradition-oriented individuals live in
situations influenced by institutional components of modernity (Sagner 2002). The
societal transition demonstrated in this thesis reveals implications on various levels
such as insufficient resources, inadequate support, transformation of family patterns,
impact on health as well as reconstruction of what it means to be old (I-IV). This study
shows the intersection between collective and individual processes within societal
transformation (Kleinman & Fitz-Henry 2007) and that important transitions have an
effect on one’s self and how one relates to health and illness.

Although the findings of this study can not fully be reflected from the perspective of
presented transition framework (Meleis et al. 2000), it provides a valuable insight into
various aspects of transition from an individuals perspective.
9.2 Two systems of thought

In the South African context there is a process to establish collaboration between traditional African practitioners and the western-trained health care professionals (van Wyk 2005). In this thesis (IV) the findings reveal how the participants interact within two different health care paradigms: the western biomedicine and the traditional African medicine.

On one hand, the western biomedicine focuses on the body as a physiological body, an independent entity, on the other hand the traditional African medicine acknowledges body and mind as an entity. There is a specific difference on how the participants interact with the two systems.

The encounters with health personnel at the clinic is mainly based on consultation on specific issues related to illness, while the decision to consult a traditional practitioner is the beginning of the development of a relationship between the traditional practitioner and the individual (Pinkoane et al. 2005). The traditional practitioner does not only supply treatment, but also is a good listener (Gumede 1990).

What the findings reveal is the need to increase the understanding of how individuals construct meaning in relation to health and illness and how to integrate the two perspectives in health care in a wider context.
10 CONCULDING REMARKS

Although this study is specifically conducted in a South African context, the results draw attention to the life world of individuals and what it means to be old in a transitional period. It emphasises the need of contextualized gerontological care and to acknowledge individuals beliefs in relation to health and illness. It further sheds light on the need of an African approach to gerontological care and the necessity to be sensitive to local conditions.

In a wider perspective the findings of this study can be used to educate and create understanding for the life world of an individual and the importance of being aware of a persons cultural, socio-economical, spiritual and environmental circumstance to avoid the notion of otherness in caring.
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12 POPULÄRVETENSKAPLIG SAMMANFATTNING

Äldre sydafrikaner i förändring – det dagliga livet, föreställningar kring hälsa och sjukdom samt påverkan på omvårdnad och familjestruktur.


Syften: Det övergripande syftet med denna studie var att belysa olika aspekter av äldre sydafrikaners erfarenheter i en övergångsperiod för att nå kulturell kunskap inom gerontologisk omvårdnad.

Syftet med studie (I) var att identifiera och beskriva en grupp äldre sydafrikaners dagliga liv och deras angelägenheter och intressen.

Syftet med studie (II) var att belysa en grupp äldre sydafrikaners erfarenheter av att vara äldre i en övergångsperiod.

Syftet med studie (III) var att studera hur en grupp äldre sydafrikaner och deras familjemedlemmar beskriver sina relationer mellan generationerna i en övergångsperiod, från ett traditionellt till ett industriellt samhälle och hur övergången påverkar vården av äldre i familjen.

Syftet med studie (IV) var att belysa föreställningar i relation till hälsa och sjukdom uttryckta av äldre afrikaner i ett sydafrikanskt sammanhang mot bakgrund av ett samhälle i en övergångsperiod.

Metoder: Denna avhandling som har en kvalitativ etnografisk ansats utgår från ett livvärldsperspektiv med ett intresse i individers upplevelser och hur mening är konstruerad i ett speciellt sammanhang.

Sammanlagt deltog sexton äldre personer i hela studien, vilket inkluderade tio kvinnor och sex män från 52 till 76 års ålder (I-IV). I studie II-IV genomfördes individuella djupintervjuer med sammanlagt tio äldre personer, nio kvinnor och en man som deltagit
i tidigare grupp intervjuer. I studie III, deltog nio kvinnor från tidigare grupp och individuella intervjuer och tretton familjemedlemmar.

Två analysmetoder användes för att, beskriva och tolka materialet; Kvalitativ innehållsanalys (I-III) samt tolkande fenomenologi (IV).

Resultat: Resultatet visar på fyra huvudteman; Att vara äldre i ett föränderligt samhälle, Mellanmänskliga relationer och relationer mellan generationer, Ömsesidig omvårdnad, och föreställningar/övertygelser i en övergångsperiod.


Slutsats: Den övergripande slutsatsen av denna studie är betydelsen av kontextualiserad gerontologisk omvårdnad och att uppmärksamma personers övertygelser i relation till hälsa och sjukdom. Vidare bestrider studien behovet av en afrikanskt anpassad gerontologisk omvårdnad och behovet av att vara uppmärksam på lokala förhållanden. I ett vidare perspektiv kan resulteren av denna studie användas i undervisning för att skapa förståelse för individers livsvärld och betydelsen av att vara uppmärksam på individers kulturella, socio-ekonomiska, spirituella och omgivande omständigheter för att undvika utanförskap.
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