



A bioecological exploration of two older women's aging experiences who reside in Winnie
Mandela, Tembisa

By

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DECLARATION

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. None of the present work has been submitted previously for any degree or examination in any other university.



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DEDICATION

In memory of my late grandmother whom I have always treasured, I will forever remain grateful for the role she played in my life.

ABSTRACT

The numbers of people aged 60 years and older have been shown to be on the rise at a global scale, with Africa being at the forefront of this rise. In declaring 2020-2030 ‘The Decade of Healthy Ageing’, the World Health Organisation acknowledges that up until now aging has been neglected in terms of services, structures, research, policy development and implementation. As a result, there is very little knowledge on how older people experience their communities and what needs to be done to improve their aging experiences. This study aimed to address this gap in the research literature. The study used Interpretive Phenomenological Analysis (IPA) to explore two older people’s aging experiences within the Winnie Mandela community in Tembisa. The participants were recruited using both purposive and snowball sampling and semi-structured interviews was used as the method of data collection. The study design and analysis was informed by Bronfenbrenner’s bioecological framework. The findings show that an older person’s experiences are the outcome of an interplay between their biological bodies, social relationships with family, peers, and the larger community, and various structures within the community in which they are embedded. This intersection influences the experiences and emotional wellbeing of an older person. Key findings at the individual level showed that with increasing age, the older person experiences a decline in bodily functions, which is a reality that is difficult to accept. Despite this decline, older people showed the desire to still be active participants in their daily lives. The study also showed that older people develop emotional attachments to their places of residence, mainly because they provide them with familiarity of place and a sense of belonging. At the relational level, relationships with family, peers and the community were identified as essential for meeting the older person’s emotional (a sense of belonging) and daily functional needs. At the contextual level, neighborhood crime, the church, traditional practices, clinics, and social clubs all mediated the participants aging experiences.

Keywords: Aging in South Africa; Aging in place; Elder-friendly community; Bioecological framework

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CHAPTER ONE

INTRODUCTION

In 2011 the WHO (2011) predicted that there would be 1.5 billion people aged 60 years and older by the year 2050. Recent developments have shown that this prediction was an underestimate as the WHO (2020) indicated that there are already 1 billion people aged 60 years and older, suggesting that the numbers have risen at a much faster rate than previously predicted. Currently, Eastern and South-Eastern Asia are home to the largest number (260 million) of older people, followed by Europe and Northern America with 200 million (UN, 2019). Going forward, the numbers are expected to grow fastest in Northern Africa and Western Asia (from 29 million in 2019 to 96 million in 2050), and second fastest in sub-Saharan Africa, (from 32 million in 2019 to an estimate of 101 million in 2050) (UN, 2019).

In Africa, Nigeria has the highest number of older people (10 million), followed by Egypt (7 395), Ethiopia (5 748) and South Africa (5 207) with Kenya and Sudan showing the lowest rates (2 557 and 2 167 respectively) (He, Aboderin & Adjaye-Gbewonyo, 2020). He et al. (2020) note that factors that are unique to Africa, relative to other regions, include that (1) the leading cause of death is cardiovascular diseases, (2) there is a poor health care system with staff who are generally not well-equipped to attend to health care needs of older people, and, lastly, (3) the majority of older people are concentrated in rural areas. Adding to the list of unique factors that impact on aging in Africa, Makoni (2008) argues that much of aging occurs in the context of urbanization where younger members of families move into urban areas for work thus leaving older people in rural areas. This leads to a change in what Makoni (2008) refers to as “traditionally extended family structures” (p. 200). The change in family structures leaves older people with fewer options of care as the younger members of the family who would

normally meet their daily needs within homes are no longer available (Makoni, 2008; Powell, 2011; Wiles, Leibing, Geberman, Reeve & Allen, 2012).

In South Africa there is an expected increase in the number of people aged 60 years and older from 5 207 in 2020 to 13 722 in 2050 (He et al., 2020). Provincially, the Eastern Cape has the largest proportion of older people (11.4 %), followed by the Western Cape (10.3%) and then the Northern Cape (10.0%) (StatsSA, 2020). Factors such as high unemployment rates and high HIV related mortality rates have significantly impacted on the lives of older South African people and as a result they “use their pensions and time to support their children and grandchildren, with a measurable impact on their wellbeing” (Solanki, Kelly, Cornell, Daviaud and Geffen, 2019, p. 174). Undoubtedly, in the past years, South Africa has focused efforts in terms of research, services, policy development, and implementation on creating employment opportunities and curbing the spread of HIV/AIDS. With the rise in numbers of older people, there are indications that the area of aging is one that needs urgent prioritization.

Based on the results of a ‘Multidimensional Aging Society Index’, used to assess the status of older populations within countries across five domains (productivity and engagement, well-being, equity, economic and physical security and intergenerational cohesion), Chen, Goldman, Zissimopoulos & Rowe, (2018) contend that developed countries such as Norway, Sweden and the United States (among others) have shown “progress in adapting to aging” (Chen et al., 2018, p. 9169) and are thus better prepared for the rising numbers of older people. Given this, developing countries need to “adapt much more quickly to ageing populations... [as they often] have much lower national income and infrastructure and capacity for health and social welfare...” (WHO, 2020, p. 1). Older people in different countries will have different needs, according to the country’s development status.

In line with the rising numbers of older people globally, the WHO (2020) declared 2020-2030 as the 'The Decade of Healthy Ageing' where governments and different stakeholders will look into improving the lives of older people by creating 'elder-friendly communities'. A review of the literature indicates that in South Africa, very few studies have been conducted in relation to aging (Bohman, Vasuthevan, Van Wyk & Ekman, 2007; Bohman, Van Wyk & Ekman, 2009; Bigala & Ayiga, 2014; Van Der Pas et al., 2015; Kelly, Mrengqwa & Geffen, 2019). To date, the focus is on a certain aspect of aging such as older people's experience of daily life (Bohman et al., 2007), the influence of intergenerational relations on the care of older people (Bohman et al., 2009), elder abuse (Bigala & Ayiga, 2014), home and neighbourhood components that contribute towards aging (Van Der Pas et al., 2015) and older people's health care needs (Kelly et al., 2019). The methodologies used in these studies are either quantitative methods (cross sectional analysis and survey) or qualitative methods (focus groups and field observations).

Of the identified studies listed above, none of them look at aging through an ecological lens. In other words, there has not been much research that looks at the way a number of contextual factors intersect to influence the older person's experiences. The implication of this is that the older person's aging experiences are viewed and understood from a primarily decontextualized perspective. The older person is not viewed in relation to the way in which the context they are embedded in influences them. A large body of literature (Rose, 1991, cited in Flatt, 2012; Chatterji, Byles, Cutler, Seeman & Verdes, 2015; Chen 2001) has understood aging from a biological perspective where aging is associated with declination in bodily functions and not acknowledging ways in which older people positively navigate these experiences.

An ecological lens focuses attention on the fact that the older person is embedded in context. If research could systematically combine all aspects of aging, for example, the impact of relations on the care of older people, home and neighbourhood safety, and the health care system, the results could be used to contribute towards creating elder-friendly communities that are based on relevant research, ensuring that the needs of the older person are met.

Purpose of the study and key questions:

This study aimed to explore two older women's aging experiences within the community of Winnie Mandela in Tembisa. The following research questions were addressed by the study:

1. Do the participants experience their communities as elder-friendly?
2. What factors (individual, interpersonal and contextual) mediate the participants' aging experiences?
3. What do the participants believe would contribute towards creating a community that better supports their aging experiences?

Structure of the dissertation

This dissertation consists of five chapters. Chapter one is the introduction and provides an outline of the purpose of this study, and states the research questions this study addressed. Chapter two presents the literature review and theoretical framework and provides an overview of the bioecological framework by Bronfenbrenner, an adaptation of, which frames the analysis of the interview data. Chapter three provides an overview of the methodology employed for this study and its ethical considerations. Chapter four presents the analysis of the data and a discussion of the older people's aging experiences in relation to the wider theoretical framework and relevant literature. Lastly, chapter five, presents the conclusion and outlines the implications of the study, the limitations of the study, and future research possibilities indicated by the study.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

This chapter reviews literature that is relevant to this study. This review starts by defining aging, successful aging, aging in place and then reviews literature on both creating elder-friendly communities and older people's aging experiences in South Africa. Lastly, this chapter outlines Bronfenbrenner's bioecological framework, which was adapted to frame the analysis of the transcripts of interviews with two older people that explored their experiences of aging in their communities.

Defining aging

Rose (1991, cited in Flatt, 2012) defines aging as a "persistent decline in the age-specific fitness components of an organism due to internal physiological degeneration" (p. 1). From this definition, aging is understood from a biological perspective that is characterised by persistent declination of the body. In other words, as an individual gets older, the less they are able to do. This definition focuses on the dimension of the vulnerability of older people to diseases and being less mobile.

A biological perspective on aging focuses on the prevalence of chronic diseases among older people such as Alzheimer's disease, visual impairment and cardiovascular locomotor diseases (Chatterji, Byles, Cutler, Seeman & Verdes, 2015). In the South African context, "cancer, diabetes, hypertension and mental conditions, among others" (Solanki et al., 2019, p. 176) are the most common chronic diseases among older people. Consistent with Rose's definition of aging, such diseases are expected to reduce the older person's quality of life (Rose, 1991, cited in Flatt, 2012).

Defining aging from a biological perspective is important as it can assist in developing a health care system that is consistent with the physical health care needs of older people. However, this definition is not sufficient as it does not capture the holistic meaning of aging. As Reznek (1987) notes, “concepts have consequences” (p.1). Similarly, defining or conceptualising aging from only a biological perspective means that interventions will be consistent with the definition, such as focusing solely on providing health care services and ignoring other factors that contribute to a successful aging experience, such as “psychological changes, health-related behavior... [and] the environments in which people have lived throughout their lives” (WHO, 2020, p. 3).

Other definitions of aging focus on components of adjustment and change, which are associated with “declining independence [and] retirement” (Townsend, O’Neill, Swartz, De la Rey, Duncan, 2016, p. 99). Similarly, Chen (2001) states that some definitions associate aging with a loss of freedom, a loss of independence and being forgetful. From these definitions, aging is viewed from a negative perspective, which can be regarded as problematic because the main assumption is that being an older person is associated with dissatisfaction. Some definitions on the other hand, view aging from a positive perspective; they associate aging with privilege and being wise (Chen, 2001). In this way, aging is associated with a sense of satisfaction, which in most cases is referred to as successful aging.

Successful aging

According to Fernandez-Ballesteros (2008, cited in Nimrod and Ben-Shem, 2015) successful aging can be defined as “sound physical, mental and social well-being in later life, one that is synonymous with expressions such as healthy, productive, active, optimum, or positive aging” (p. 815). Similarly, Vance and Robinson (2004) define successful aging as “being cognitively and emotionally functional, having supportive social networks that fulfil personal and intimate needs, and avoiding medical problems while retaining vigour and mobility” (p. 62). From these

definitions successful aging is understood as characterized by multiple components; biological, personal and relational components. This can be seen as consistent with Ryff's (Ruff & Keyes, 1995) model of psychological well-being, wherein aging well is reflected through "autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, [and] self-acceptance" (p. 719). Rowe and Kahn (1997) argue that successful aging means active engagement with life. This means not being rendered helpless as an older person, but rather being able to engage in meaningful transactions.

Wiles et al. (2012) states that older people prefer to age in places that allow them a sense of independence and autonomy. Wiles et al. (2012) further argue that older people want to re-integrate and renegotiate their meaning and identity in a changing environment as they personally change within their environment. This suggests a dynamic interaction between the older person and their environment. From this perspective, as an individual grows in a changing environment, they continually negotiate, integrate and find meaning within the space that they are in.

Makoni (2008, p. 200) suggests that the term 'successful aging' has a different meaning in African countries as compared to Western countries:

while in Western countries independence in old age is a sign of successful aging, dependence upon others is interpreted as unsuccessful aging. Yet in Africa (South of the Sahara and possibly in Arab Africa as well) depending upon others [aging] may be interpreted as interdependence and a sign of successful aging, in which case it is not regarded as a problem unlike in Western countries.

This calls for caution in how aging and successful aging are defined, as the definition may vary from one culture or context to another. This also means that older people from different contexts may aspire towards different conditions under which they would want to age.

Aging in place

According to Vasunilashorn, Steinman, Liebig and Pynoos (2012), the concept of aging in place can be traced back to the 1980's, with its initial establishment in international studies in countries such as China, United Kingdom, Japan, New Zealand, Australia, Malaysia and Taiwan. Vasunilashorn et al. (2012) state that the concept of aging in place initially focused on "issues surrounding older adult migration between regions in the US, and municipal-level factors, such as zoning regulations" (p. 3). The concept has matured to cover other areas that go beyond migration and these include the environment, services, technology, health and the functioning of older people.

Vasunilashorn et al. (2012) cautions against an understanding of aging in place as a "one-size-fits-all concept" (p. 3). This means that different older people with different backgrounds, (that is - including, but not limited to, gender, being a caregiver, sexual orientation and whether or not one lives in a rural or urban area, will experience aging differently. This makes aging in place a concept that can vary from one individual to another because different older people may have different needs according to their backgrounds. There are a number of factors that are important to consider in understanding aging in place, which include social connectedness, connectedness and meaningful interactions in community.

Social connectedness

Social connectedness provides older people with systems of norms and social support (Cornwell, Laumann & Schumm, 2008). In this way, it can be said that through social connections, older people remain active in their environments. Cornwell et al. (2008) further state that social connectedness is one of the ways in which older people can experience aging more successfully, socializing with neighbours, participating in religious activities and spending time volunteering. It is important to note that social connections require reciprocity; this is when the older person is on both the receiving and giving end of relationships (Emlet & Mocerri, 2012).

Cornwell et al. (2008) state that social relationships are associated with better self-esteem and well-being, which in turn improves older peoples' sense of belonging. One can imagine what the impact of the opposite can be, that is, an older person who is socially isolated. Steptoe, Shankar, Demakakos and Wardle (2013) state that social isolation has negative consequences: increased risk of developing cardiovascular disease, cognitive deterioration, and mortality. In this case, social relationships and social connectedness are important in ensuring that people have a better experience of aging.

In a study conducted by Emlet and Mocerri (2012) older people indicated that deepening their relationships and maintaining social connectedness with family, friends and the larger community is important for their wellbeing. Moreover, the study emphasises "the importance of volunteer opportunities and that those opportunities [need] to be purposeful; and meaningful" (Emlet & Mocerri, 2012, p. 7). This suggests that part of successful aging is being in communities that will provide older people with opportunities to both maintain relationships and engage in community activities. Older people who report being satisfied are found to be

engaged more in social relationships compared to those who report dissatisfaction (Emlet & Mocerri, 2012).

Connectedness

Staying connected is not only related to social engagement, it is also associated with being attached to the place in which one lives, which comes with the sense of place and “physical insidedness” (Rowles, 1983, as cited in Yen, Shim, Martinez and Barker 2012, p. 2). Physical insidedness “comes from familiarity and routine within specific settings” (Yen et al., 2012, p. 2). In other words, as the individual engages with a place, it becomes more defined, and ultimately associated with memories. One would expect that being able to remain in a place that one has developed a sense of attachment to is closely linked to an individual’s identity or how they have come to know and understand themselves. As Yen et al. (2012) state, “place attachment ...include[s] cognitive and emotional bonding as well as behavioral, physical and social connection to community” (p. 2).

Oswald, Jopp, Rott and Wahl (2011, as cited in Yen et al., 2012, p. 2) argue that place attachment is highlighted by the ‘person-environment fit’, which centers on:

autonomy, identity, and well-being, proposing two parallel pathways: (1) experiences (e.g., familiar routines and relationships with the neighbors) leading to belonging (e.g., place attachment) and (2) behavior (e.g., moving to change conditions as an adaptation to aging) leading to agency (e.g., altered person-environment fit).

This perspective demonstrates that the experiences of older people are embedded within their environments. In other words, there is a reciprocal relationship between the individual and their environment, that is, the environment impacts on the individual and the individual impacts on

the environment leading to constant change and adaptation. In essence, aging peoples' experiences of the environment contributes to both their sense of belonging and well-being.

Wiles et al. (2012) notes that successful aging in place is essentially concerned with “enabling older people to maintain independence, autonomy, and connection to social support, including friends and family” (p. 357). The study conducted by Wiles et al. (2012) showed that older people expressed a desire to remain in their homes as they age. This is echoed by Scannell and Gifford (2010) who state that older people prefer to remain in their homes mainly because of the attachment that they develop with their homes. This attachment is understood as one that creates a sense of familiarity and security. Thus, the geographical and material places in which older people experience their aging contribute towards their sense of well-being.

Oswald, Jopp, Rott and Wahl (2010) argue that successful aging in place takes into consideration the neighbourhood and communities that older people's homes are embedded in, suggesting that the neighbourhood and the community have a direct impact on how older people experience aging. Wiles et al. (2012) add that neighbourhoods need to be able to provide “transportation, recreational opportunities, and amenities that facilitate physical activity, social interaction, cultural engagement and ongoing education” (p. 358) for older people. This suggests that it is important that older people experience aging in neighbourhoods that do not limit access to resources and interactions that they need in order for them to age successfully.

Meaningful interactions in community

According to Emlet and Mocerri (2012), the concept of “meaningful interactions” (p. 5) refers to engaging in community activities that are meaningful to them [older people] and important to the community” (p. 5). Emlet and Mocerri (2012) found that older people preferred to be in communities that provided them with volunteering opportunities, which for them meant that they contribute and actively engage with their communities. This suggests that part of

successful aging in place means that older people are able to make meaningful contributions within their communities and thus contributing towards their well-being.

Age-friendly communities

The WHO (2007) defines an age-friendly community as one that has “policies, services, settings and structures [that] support and enable people to age actively” (p. 5). Lui et al. (2009, p. 188) understand an age-friendly community as one that consists of components, both in the built and social environment. They argue that an age-friendly community should not be conceptualised from either a physical (built) environment or social environment perspective, but rather from both perspectives as these components are “mutually reinforcing” (p. 188).

From a physical environment perspective, an age-friendly community supports older people through the availability of affordable housing, houses without staircases, grocery shops that are within a walking distance and availability of transportation (Menec et al., 2011). A social environment perspective on the other hand is characterised by the existence of relationships with family, peers and other community members (Emlet and Mocerri, 2012). The danger that comes with focusing on the physical environment and excluding the social, or vice versa, is that successful aging in place goes beyond each of these. It incorporates both environmental and social factors. Therefore, good infrastructure and social relationships are both necessary for successful aging in place.

Lui et al. (2009) states that it is the physical environment that enables the older person mobility to engage in social activities. This mean that whether or not older people are able to visit, walk and engage in projects within their communities, it is very much related to whether the environment they are in allows for such movements. Liu et al. (2009), therefore, suggest that it would be best to conceptualise an age-friendly community from both the physical and social perspectives. The WHO (2020) states that in creating age-friendly communities, the

experiences, views and contributions of older people need to be considered. This makes research of older people's aging experiences important.

Research on aging experiences in South Africa

In South Africa, a number of studies have been conducted with older people to capture certain aspects of their aging experiences. A study by Bohman et al. (2007) explored how 16 older people experience daily life. Four themes emerged from their study. The first theme was a "lack of basic resources" (p. 328), which revealed that some of the older people lived without electricity. For those who did have electricity, the service was inconsistent, which resulted in food items in the fridge going to waste. This theme further showed that the older people had concerns about money; their "only income is the old age pension, and they try in different ways to make the small resources last. Some sew pillows, and baskets and others use strips of plastic to knit small carpets to get an extra income." (Bohman et al., 2007, p. 329). The findings of a different study by Bohman, Van Wyk and Ekman (2009) showed that the old-age pension in most cases is the only source of income for both older people and their extended family members in South African communities. The financial burden of older person taking care of themselves and others may present with the potential of not having enough resources for survival and leaving the older person's most basic needs unmet.

The second theme in the study of Bohman et al. (2007) is "routines in daily life" (p. 329), which revealed that older people have tasks they engage in on a daily basis. These activities include preparing for their grandchildren in the morning, cleaning, gardening and sewing on one specific day of the week. These older people believe that "being active and having daily responsibilities gives structure to life...keeping themselves busy is...a way of keeping themselves healthy" (Bohman et al., 2007, p. 331). This theme shows that active engagement with life is meaningful to older people as it keeps them healthy.

The third theme is the “experience of unsafe conditions” (Bohman et al., 2007, p. 331), which is associated with the use of alcohol and drugs within communities resulting in house break-ins at night and even instances of rape and fatal beatings. Van Der Pas et al. (2015) also found that “older South Africans living in poverty experience substantial risk of exposure to physical and property violence in their homes” (p. 217), and as a result, older people live in fear, anticipating that they will experience violence that is directed towards them. In this case, one begins to notice that the neighborhoods and communities that older people are embedded in affect their wellbeing; high levels of crime make the older person prone to violence and thus making them feel unsafe.

In a study conducted by Bigala and Ayiga (2014), involving 506 older people in Mafikeng Local Municipality, a disturbingly high 64.3 % of the males and 60.3% of the females experienced elder abuse; it was either emotional, financial or sexual. Shockingly, most of this abuse was not from the neighborhood or the community, but from family members within homes, in most cases children and grandchildren. This shows that in some cases the fear that older people have of being violated does not come from outside but from close family members in their homes. This theme also shows that the older person’s relationships have the potential to support aging experiences.

The fourth and last theme in the study of Bohman et al. (2007) focused on how the death of parents from AIDS negatively affected the well-being of older people. Under this theme, older people felt that they had limited capacity (physically, emotionally and financially) to take care of their grandchildren whose parents had died, making the role of being a caregiver extremely strenuous. In some cases, older females have to become care givers to their grandchildren because their children have migrated for work (Van Der Pas et al., 2015). In this way, older people are positioned in the care giver role for various reasons. It is, however, noted that because of normative constructions of gender the responsibility of care giving falls

disproportionately on older women, placing them at greater risk to experience financial and emotional strain.

In terms of health care needs, older people in the Western Cape indicated that their health care needs were not met and as a result they felt overlooked (Kelly et al., 2019). The findings further show that older people who experienced patient-centered communication with the health care provider had a better perception of the health care system and were more likely to comply with treatment. Based on this, Kelly et al. (2019) argue for patient-centered communication within the health care system as this will ensure that health-care providers are better able to understand and meet the needs of older people.

From the above review of the literature, it is evident that aging involves biological, social and environmental factors. Thus, the study reported on in this thesis aimed to use the bioecological lens to explore two older peoples' aging experiences within one particular community, that is, the Winnie Mandela community, located in Tembisa, Johannesburg.

Theoretical Framework

An adapted model of Bronfenbrenner's (1979) bioecological framework was used to design the current study and frame the analysis of the two older people's aging experiences in their communities. Bronfenbrenner was a developmental psychologist who developed the bioecological framework in an attempt to demonstrate the interaction between a developing child and their environment. The bioecological framework is based on the premise that human development is best understood "in the environments in which human beings actually live" (Eleuteri & Arduino, 2014, p. 204). This emphasises the interaction that occurs between the individual and their environment.

Mercon-Vargas, Lima and Tudge (2020) argue that ‘proximal processes’ are the fuel of development and are thus at the core of the bioecological framework. In providing an understanding of ‘proximal processes’, Bronfenbrenner and Morris (1998, p. 996) state that:

Especially in its early phases, but also throughout the life course, human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time. Such enduring forms of interaction in the immediate environment are referred to as *proximal processes*.

From this definition, proximal processes occur when (1) the developing person is involved in reciprocal interactions with other people, objects and symbols (2) on a “fairly regular basis” (Bronfenbrenner & Morris, 1998, p. 996), (3) through time and ultimately becoming more complex (4) within the immediate environment in which the individual is embedded. Mercon-Vargas et al. (2020) argue that effective proximal processes are

not unidirectional; there must be influence in both directions. In the case of interpersonal interactions, this means that initiatives do not come from one side only...objects and symbols...must invite attention and exploration for reciprocity to occur (p. 322).

With this understanding, the bioecological framework posits that the individual’s development is dependent on the interaction between the biological and their environment, determining the direction of the individual’s development (Lerner, 2015). In this way, the individual is influenced by their environment and vice versa. Importantly, the environment is made up of

different levels of influence, which Bronfenbrenner describes as “a set of nested structures, each inside the other like a set of Russian dolls” (Bronfenbrenner, 1979, p. 3). These structures include the micro-, meso-, exo- and the macrosystem, and the chronosystem, which is not necessarily a structure, but rather a time-based component. These levels are discussed in detail below.

Microsystem

The microsystem “is a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given face-to-face setting with particular physical and material features, and containing other persons with distinctive characteristics of temperament, personality, and systems of belief” (Härkönen, 2001, p. 7). It is at this level that the individual engages in face-to-face interactions with other individuals such as family, peers and neighbours (Krebs, 2009; Boon, Cottrell, King, Stevenson and Millar, 2012; Eleuteri & Arduino, 2014).

This part of the environment consists of the individual’s stable characteristics such as self-esteem, previous knowledge, intelligence, developmental level...and general health status” (Eleuteri and Arduino, 2014, p. 205). In essence, the individual uses their personal characteristics to engage in interpersonal relations within their immediate environment. Härkönen (2001) argues that the individual’s own biology forms part of the microsystem, mainly because their body is a “microenvironment that is the fuel for development” (p.3).

Older person’s biology, personality, beliefs, and their self-esteem (and other personality traits) influence how they interact with other people and the structures within their immediate environment. Moreover, while they engage with their immediate environment, they also relate with their body, which in turn (according to their health status) can either enable or disable them to further interact with other people and the immediate environment.

Mesosystem

The mesosystem “comprises the linkages and processes taking place between two or more settings containing the developing person...in other words, a mesosystem is a system of microsystems.” (Bronfenbrenner, 1994, p. 40). Boon et al. (2012) state that the mesosystem “represents the interconnections or lack thereof, between the individual’s microsystems; connections between...home and friends/peers.” (p. 390). For the older person, the connection between their family members and peers can facilitate a greater sense of harmony in their daily living and social relationships (Emlet & Mocerri, 2012). The disconnection between the two can mean that the older person may not experience satisfactory social relationships.

Exosystem

The exosystem “comprises the linkages and processes taking place between two or more settings, at least one of which does not contain the developing person, but in which events occur that indirectly influence processes within the immediate setting in which the developing person lives” (Bronfenbrenner, 1994, p. 40). The exosystem encompasses other structures such as as “the world of work, the neighborhood, the mass media, agencies of government (local, states, and national), the distributions of goods and services, communication and transportation facilities, and informal social networks” (Bronfenbrenner, 1977, p. 515). In other words, the exosystem can be understood as structures and activities that are external to the individual, but the effect of these structures and activities are made concrete or evident within the individual’s immediate environment (microsystem).

An example of the exosystem would be when the children of an older person leave their home for work, positioning the older person to be a caregiver (Van Der Pas et al., 2015). The exosystem in this case is “the world of work” (Bronfenbrenner, 1994, p. 40) wherein the effects will be made evident within the immediate environment where the older person would need to

make the necessary adjustments (emotionally, physically and financially) to meet the needs of their grandchildren.

Macrosystem

The macrosystem is the outermost part of the “nested structures” (Bronfenbrenner, 1979, p. 3) and refers to the

overarching pattern of micro-, meso-, and exosystem characteristics of a given culture or subculture, with particular reference to the belief systems, bodies of knowledge, material resources, customs, life-styles, opportunity structures, hazards, and life course options that are embedded in each of these broader systems” (Bronfenbrenner, 1994, p.40).

Bronfenbrenner (1994) argues that it is important to take note of the processes that occur in the macrosystem as these would enable a better understanding of “particular conditions and processes occurring in the microsystem” (p.40). In as much as the macrosystem is the system that is the furthest from the individual, the processes permeate the individual’s daily life.

A relevant example under the macrosystem would be the “broad age stereotypes and values assigned to being old which are unconsciously adopted and widely held by members of a particular culture” (Wahl, Diehl, Brothers & Miche, 2015, p. 213). These views will then permeate all the other parts of the system (macro, meso and exo) and thus influence the culture on aging, how older people are treated, whether or not the relevant services are provided, or relevant policies created concerning older people.

Chronosystem

The chronosystem is not regarded as a system but rather “a time-based dimension that influences the operation of all levels of the ecological system” (Johnson, 2008, p. 3). It constitutes the transitions that occur in the environment and the effects these transitions have on the individual. For Bronfenbrenner (1994, p. 40), the chronosystem is the

change or consistency over time not only in the characteristics of the person but also of the environment in which that person lives (e.g., changes over the life course in family structure, socioeconomic status, employment, places of residence, or the degree of hecticness and ability in everyday life).

Over time, certain characteristics within the environment and the individual may remain consistent or change. These characteristics will determine the experiences of the person. For example, as an older person’s bodily functions change, they increasingly need an environment that accommodates their changing needs (i.e., transportation to visit family or to do groceries when they cannot walk long distances). Similarly, in a culture that views “being old negatively” (Wahl et al., 2015, p. 213), the older person may need to adjust within themselves to find ways of positively navigating their experiences.

Although the bioecological framework was initially developed to gain an understanding of the interaction between a child and their environment (Bronfenbrenner, 1979), it has been adapted to conceptualise and frame research on aging (Wahl et al., 2015; Wahl, Iwarsson & Oswald, 2012). Wahl et al. (2015) state that negative views held about aging through the micro-, meso-, exo- and macro systems have the potential to limit older peoples’ development as the necessary structures and resources won’t be made available. Whereas positive views held through all parts of the ecology are seen as a resource for successful aging as the necessary

structures and resources in ecosystem are more likely to be made available to support older people's aging experiences.

For Wahl et al. (2012) old age is a critical life phase that is “profoundly influenced by the physical environment” (p. 307), which means the physical environment has great potential to constrain and/or facilitate successful aging. Similarly, Wiles et al. (2012) recognise that having “new housing solutions and new technologies [that] support declining competencies” (p. 307) of older people would be useful. This understanding is based on the premise that there is an ongoing interaction between the individual and the environment that they are embedded in.

Application of Bronfenbrenner's bioecological framework to the current study

An environment that enables the older person to age in place is an environment that will facilitate successful aging (Vasunilashorn et al., 2012). The WHO (2020) has identified factors that are necessary to enable older people to age successfully. These factors included access to health care, the ability to engage in activities that older people find value in, engagement with their communities, exercising independence, and experiencing supportive relationships and infrastructure such as housing and transportation.

Aging is, therefore, mediated by factors that form the microsystem (relationships), factors that facilitate linkages between two microsystems and thus form the mesosystem, the exosystem (the neighborhood) and the macrosystem (services and structures) that support successful aging. For this study, the aging experiences of older people was analysed through a bioecological lens. This study will use an adaption of Bronfenbrenner's model, and will explore how individual, relational and contextual factors mediate participants' aging experience.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter discusses the design of the current study. As previously stated, Interpretive Phenomenological Analysis (IPA) was used to guide the collection and analysis of data for the current study. IPA is a qualitative methodology that is mainly concerned with “how individuals make meaning of their life experiences” (Petkiewicz and Smith, 2012, p. 361). Given this, the study involved two older female participants who shared their experiences of aging and the meanings they make from these experiences. The remainder of this chapter will discuss in more detail the IPA methodology and how it was adopted for this study.

Qualitative, Interpretive Phenomenological Analysis research design

A qualitative design or study is one that seeks to “describe, decode, translate, and otherwise come to terms with the meaning, not the frequency, of certain more or less naturally occurring phenomena in the social world” (Van Maanen, 1979, cited in Merriam & Tisdell, 2015, p. 520). The emphasis is placed on the meaning that is attached to a phenomenon, within the context of the occurring phenomena. The advantage of qualitative research is that the researcher is able to pay attention to the stories of participants, thus allowing for an in-depth understanding of participants’ experiences, as opposed to seeking to make generalisations (Ulin, Robison & Tolley, 2005). Qualitative research has different approaches, each guiding the researcher on the research methodology they can use to design their study (Alase, 2017). One of these approaches is IPA.

Interpretive Phenomenological Analysis (IPA)

As explained previously, IPA is concerned with the meanings that individuals make from “their life experiences” (Petkiewicz & Smith, 2012, p. 361). It is a qualitative approach that “shows respect and sensitivity to the ‘lived experiences’ of the research participants” (Alase, 2017, p. 10). Smith and Osborn (2004) state that IPA is grounded in three theoretical orientations, which are phenomenology, hermeneutics and idiography.

Phenomenology is concerned with “detailed examination of the participant’s lifeworld; it attempts to explore personal experience and is concerned with an individual’s personal perception or account of an object or event” (Smith & Osborn, 2004, p. 53). In other words, phenomenology is concerned with how participants’ perceive their life experiences, thus focusing on accounts that are personal and specific to an individual. A phenomenological researcher aims to view experiences in the same way that participants view them. That is to “get close to the participant’s personal world” (Smith & Osborn, 2004, p. 53) as far as possible. However, it is noted that this process is “never completely possible” (Petkiewicz & Smith, 2012, p. 362) as it is mediated by the researcher’s interpretations. This leads to the second theoretical orientation known as hermeneutics.

The word ‘hermeneutics’ is from the Greek language, which means “to interpret” or “to make clear” (Petkiewicz & Smith, 2012, p. 362). This means the participant engages with the researcher “to make clear” or make meaning of their experiences. The researcher, on the other hand, interprets and makes sense of the meaning that participants attach to their experiences. This process is understood as ‘double hermeneutics’, meaning that “while participants make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world” (Smith & Osborn, 2004, p. 53). Through these interpretations, the researcher gets closer to the personal world of the participant.

The last theoretical orientation in which IPA is grounded is idiography, which is concerned with “an in-depth analysis of single cases and examining individual perspectives of study participants, in their unique contexts” (Petkiewics & Smith, 2012, p. 363). In essence, IPA does not seek to make generalisations on populations. Rather, it seeks to engage in a detailed exploration of each case, which can lead to a single case study or a study of multiple cases. Smith (2011) argues that when multiple cases are being studied, the researcher searches for “patterns across the cases” (p. 10) and notes the convergence and divergence of themes across the cases and the way the themes are represented for each individual.

Study setting and context

This study was conducted in Winnie Mandela, an informal settlement in Tembisa, under the Ekurhuleni Metropolitan Municipality, in Gauteng. Winnie Mandela is characterised by underdevelopment, few economic opportunities and very limited distribution of resources (Kihato, 2014). The current living conditions in Winnie Mandela can be traced back to when the ban of political parties such, as the ANC and PAC, was lifted in 1990 led to a rise in informal settlements (South African History Archive, 2020). There was an increase in the number of people who left rural areas and moved towards cities with the hope of making a better living (Kihato, 2014; SAHA, 2020). While the Reconstruction and Development Programme (RDP) improved the lives of many South Africans, including those in Winnie Mandela, by making improvements in terms of services and infrastructure, it remains evident that some living conditions remain unfavorable as some people still live in shacks with few economic opportunities (Mvuyani & Myeni, 2017).

Winnie Mandela was chosen as the relevant study setting as it has a rich historical and political background, making it a good context in which to explore the interplay of various contextual factors that facilitate life experiences. I do not have personal relationships within Winnie

Mandela, but I do have personal relationships in a section closer to Winnie Mandela, which afforded me the opportunity to witness general living conditions in the community. From my perception, Winnie Mandela is characterised by underdevelopment – in terms of roads, transport not reaching certain parts of the community, a housing system that is highly politicized leaving some parts of the community characterised by houses and some by shacks. Based on my perceptions, together with the historical and political background of Winnie Mandela, I understood that the older people who currently reside in Winnie Mandela are likely to have had their life experiences influenced by the structure and events that occurred over time. This rich background also provides an opportunity to understand how these older people in Winnie Mandela navigate these experiences.

Selection of study participants

The selection of participants for this study was informed by the IPA approach, which emphasizes giving “full appreciation to each participants’ account (case)” (Petkiewics & Smith, 2012, p. 364). Based on this, Petkiewics and Smith (2012) argue that IPA sample sizes are generally small, ranging from one participant to fifteen participants. This is so that the researcher is able to pay detailed attention to each case. Considering that the essence of IPA studies is to explore a specific phenomenon, participants are selected based on having a lived experience of the phenomenon under study. IPA participants are “selected purposively (rather than through probability methods) because they can offer a research project insight into a particular experience (Smith et al., 2009, cited in Alase, 2017, p. 13). The sample size for this study was small (two participants) and were purposively selected to explore the phenomena under study (aging experiences of older people).

I established criteria that stipulated the relevant characteristics that participants needed to have in order to participate in the study. The criteria included: (1) the participant must be South African, (2) they must be 60 years and above of age, and lastly, (3) the participant must live in Winnie Mandela, Tembisa on a full-time basis. These criteria were useful as they ensured that the study participants were purposively selected.

Although I am from Tembisa, at the time of the study, I was not familiar with the Winnie Mandela community, as a result, I asked one of my community members who is familiar with Winnie Mandela to assist me with identifying one individual who might be willing to participate in my study. After two interviews with the first participant, I asked her to assist me with identifying another individual within the Winnie Mandela community with similar experiences. Thus, both purposive and snowball sampling were used to select the participants for this study. As previously stated, two female participants were finally selected to take part in the study. Each participant is briefly introduced below and are discussed in the sequence they were interviewed in.

Sophie is a 67 year old female. She lived in Soshanguve, Pretoria and only moved to Tembisa in 1974 after getting married to her husband at the age of 23. In 2003, her husband passed away, upon which she moved to Winnie Mandela to have a place of her own. Sophie describes Winnie Mandela at the time of moving there as extremely underdeveloped relative to now, as there was no running water, proper sanitation and people lived in shacks. Sophie has three (3) children, one son and two daughters, and has a total of eight (8) grandchildren. She lives with her last-born daughter who recently gave birth and assists with taking care of her new-born granddaughter since her daughter goes to work. She also lives with two other grandchildren on a fulltime basis, while the others visit during school holidays. Sophie's children contribute

towards the household financial needs. She also receives a pension from the government, which she mostly spends on leisure activities.

Martha is an 87 year old female. She is originally from Limpopo where she grew up and got married in 1958. From the marriage, Martha had five children, of which one passed away and is left with four. After her husband passed away, Martha left Limpopo to live and work in Tembisa, where she met a man who later became her partner. Although they did not get married, they lived together in Tembisa. Martha could not recall many dates, as a result they cannot be reported on. An important detail to note is that Martha and her partner moved to Winnie Mandela to find a place to stay. From the discussion with Martha, when arriving Winnie Mandela was not well developed as people lived in shacks and not houses.

Martha and her partner did not have a pleasant experience in Winnie Mandela as they were constantly threatened to be moved out of their place by the local government authorities, local security forces and the police. These threats were experiences of betrayal by their neighbours, and, as a result, they did not have good relationships within the community. After her partner passed away, she continued not to have many relationships in the community. The only close relationship she experiences is with her grandson who is a university student, whom she lives with. Martha receives a pension from the government, money from tenants in her yard, and by being part of various stokvels. She uses this money to provide for her needs and those of her grandson, including school fees.

Data collection method

The method of data collection that aligns with the principles of an IPA study are semi-structured interviews (Smith & Shinebourne, 2012) which were adopted for this study. Although there are other forms of data collection that can be used, semi-structured interviews are most appropriate because they “elicit rich, detailed and first-person accounts of experiences and phenomena

under investigation” (Pietkiewicz and Smith, 2012, p. 365). This data collection method allows the researcher and the participant to engage in a dialogue that helps unpack the phenomena and for the researcher to gain a better understanding of the experiences of the participants. I found this method useful as it is flexible enough to accommodate the exploration of arising issues during the interview as compared to “stick[ing] very closely to the interview schedule and behave with as little variation as possible” (Smith & Shinebourne, 2012, p. 57) which would have limited exploration of the phenomenon under study.

The dialogue with participants occurred in SeSotho, which is both the participants’ and my home language. The dialogue occurred easily as both participants were willing to talk and engage. As a novice interviewer, preparing an interview schedule with open-ended questions before the interviews was useful, as they served as a guide for the dialogue (see Appendix A). I used probes and follow up questions to further explore responses during the interview. Martha (the second participant) was relatively easier to interview, particularly because at the time of her interview, I had already conducted two interviews with Sophie, which made the process less anxiety provoking for myself.

Data collection process

For the interviews, I traveled to the participants’ homes by taxi. I chose to go their homes because I wanted to get a sense of their community. I understood that if I am researching ‘aging in place’, it was important to interview the participants in their ‘place’. As a young African female entering an unfamiliar township community, I felt extremely unsafe and very vulnerable. This may be due to my personal preconceived idea that Winnie Mandela was unsafe. On the other hand, the streets were full of movement with a number of guys sitting outside consuming alcohol as it was a Saturday. At this point, I had to wonder how other African females may feel or experience the community on a daily basis; either living desensitised or feeling unsafe and vulnerable as I did. I wondered how safe my participants felt in this context.

Martha and Sophie live in the same area; they are one street away from each other. As a result, their homes were both easily accessible. On the day of the first interview, Sophie was waiting for my arrival as my referral had already informed her of my coming. Sophie's yard is big and contains her house and a small shack. Sophie was very warm and welcoming in her home. I found her with her daughter and four grandchildren. I introduced myself to Sophie and her daughter and explained my reason for visiting. Sophie asked a number of questions as a way of getting to know me, and perhaps assessing my trustworthiness. She asked where in Tembisa I was from and asked about what I was studying. I answered all her questions as these allowed her an opportunity to become more comfortable with who she was talking to.

I took time to explain the aims of the study to Sophie and then asked her to sign the consent form, stating her agreement to be interviewed and recorded. She was eager to participate in the study and share information about herself. I had two interviews with Sophie. The second interview was deemed as important as there were still areas of Sophie's lived experiences that I had not yet explored. I did not schedule the follow up interview immediately after the first interview. I called her two weeks later to check her availability and schedule the second interview. This interval allowed me to listen to the first interview and identify further questions I could ask Sophie in the next interview. It also allowed her some time to think about what I had asked and what she had told me, preparing her for the second interview.

After the second interview with Sophie, I asked her to refer me to another older person in the community. She contacted me when she had found someone and asked me to meet her at her house on the day of the interview, and we walked together to Martha's home, where she introduced us and left. I then introduced myself to Martha and told her about the aims of the study. She did not have questions. She signed the consent form and I started tape recording the interview. Martha was very calm and willing to participate in the study. I only had one interview

with her and after reflecting on it, I decided that the interview had reached a point of saturation and that no follow up interview was needed.

Method of analysis

IPA recommends that researchers “totally immerse themselves in the data or in other words, try step into the participants’ shoes as far as possible” (Pietkiewics & Smith, 2012). The researcher needs to aim at understanding what participants said from their perspective. Smith and Shinebourne (2012) argue that “meaning is central, and the aim is to try to understand the content and complexity of those meanings rather than measure their frequency” (p. 66). Given this, the researcher needs to adopt specific steps to ensure that they immerse themselves in the data and that they capture the complexity of meanings embedded in the data. Smith and Shinebourne (2012) outline steps that may serve as a guide for the IPA researcher to follow: (1) looking for themes in the first case, (2) connecting the themes, (3) continuing the analysis with other cases and lastly (4) writing up. These are the steps that were adopted in this study and are discussed further below.

Step 1: Looking for themes in the first case

This step involves transcribing the interview verbatim; noting what the participant said and the silences during the interview. Since the audio tapes were in SeSotho, I listened and transcribed them on a word document in English; I started by translating and transcribing the first interview with Sophie. I then listened to the audio again, this time while reading the transcript to ensure that I had captured the interview as it occurred. I repeated this process with the second interview. I then read and re-read through the first case (interviews with Sophie) to familiarise myself with the data. According to Terre Blanche and Kelly (1999) verbatim transcription is important in interpretive methods as it ensures that the researcher gives the data equal attention without prematurely deciding what is important and what is not. On the third reading of the

transcript, I made comments on the left-hand side margin of thoughts and comments on “similarities and differences, echoes, amplifications, and contradictions is what the person is saying” (Smith & Shinebourne, 2012, p. 67).

Smith, Jarman and Osborn (1999) state that researchers should then transform the comments on the left-hand side margin into emergent themes and key words that capture the quality of what the participant said on the right-hand margin. For Smith and Shinebourne (2012) this part of the analysis may invoke the use of psychological and theoretical terminology to better understand the experiences of the participant. This step was adopted in the current study. The extract below shows how comments on the left-hand side of the margin were transformed into emergent themes, psychological and theoretical terminology on the right-hand side of the margin:

Left-hand side margin	Text from the transcript	Right-hand side margin
Getting involved ≠ loneliness Connect while being creative Benefits of being a senior citizen Food prepared	P: A lot. A lot. You don't get lonely. When we are at the club we talk and we are busy working with our hands. When the time is up. But we don't stay for long, from 10 to 12. I: But maybe the time there is nice because you meet with other older people? P: It is very nice. Isn't like the government, you find that they do things for us, like lunch, whatever. Right now we are going to the Zoo on the 27 th and we go in for free [both interviewer and participant laugh]. You see. You maybe just bring something to drink. Breakfast, they prepare it for us.	Social connection Built environment can facilitate a sense of social connection Senior citizen benefits

Table 3.1 Analysis example

Step 2: Connecting the themes

The second step involved listing the emergent themes and psychological terminology on the right-hand margin on paper and “looking for connections between them” (Smith & Shinebourne, 2012). Guided by Smith et al. (1999) this step involved going through the themes to cluster them together in a way that made sense, while checking the transcript to ensure that these themes actually captured Sophie’s words and experiences. For this study, I enlisted the themes on a word document as it made it easy and faster to enlist and reshuffle the themes whenever it was necessary. This part of the analysis can be regarded as interpretive as it is “iterative and involves a close interaction between reader and text” (Smith & Shinebourne, 2012, p. 72). I proceeded to give each cluster a name, which represented the superordinate themes. Under the superordinate themes, I enlisted the identified themes under that cluster and treated them as sub-themes that helped elucidate the superordinate themes. Accompanying the sub-themes were extracts and page numbers from the transcripts that captured the words of participant in line with the themes, all organized in a table (Smith & Shinebourne, 2012, p. 72).

Step 3: Continuing the analysis with other case(s)

Smith and Shinebourne (2012) state that the analysis of other cases can either be oriented by the first case or be analysed from scratch. For the current study, I chose the latter because I felt that it would better appreciate the themes of the second (Martha’s) case as they emerged and not framing them in line with the previously analysed case. At this stage of the analysis, Smith and Shinebourne (2012) argue that the researcher needs to be disciplined enough to note similarities and difference between the cases. Once this is done, the themes from the second case are also included in the table that was created with the first case. I noticed that this process allowed a better appreciation of the similarities and differences between the

cases. Below is an extract of the table. The full table is attached as Appendix B so that the reader can have a better appreciation of how the themes were organised.

Theme name	Cluster	Identifier – Participant 1 Transcript 1	Identifier – Participant 1 Transcript 2	Identifier – Participant 2 Transcript 1
Place attachment	Own space	“let me look for a place that is mine” – 1.5 “other people’s places are not comfortable” – 1.15 (own space = bringing a sense of freedom and comfort)		“He is pointing out that this house is his, this house is mine”- 8.9 “being OK I will see by seeing them come and build and RDP”- 19.6 (own space = uncomfortable, incomplete comfort)
	Sticking to familiarity	“not how I was raised” – 1.21 “where I grew up, we grew up living well” – 1.19		

Table 3.2 Emergent themes example

Step 4: Writing up

This part of the analysis involves translating the themes into a “narrative account” (Smith & Osborn, 2004, p. 76). Pietkiewicz and Smith (2012) state that this is done by describing the themes and exemplifying them with “extracts from the interviews(s), followed by analytic comments from the authors” (p. 369). The goal is to capture the experiences of participants and form an analytic account that is grounded in these experiences. For the write up, I included a ‘results and discussion’ section where I presented the themes while linking them to the relevant literature and theoretical concepts (Smith & Shinebourne, 2007).

The role of the phenomenological researcher

Polkinghorne (1989) argues that a reader should reflect on a phenomenological study and feel that they “understand better [now] what it is like for someone to experience that” (cited in Alase, 2017, p. 13). In other words, the study should reflect experiences of participants, and very little of the researcher. Given this, the role of the researcher is to “bracket themselves away from the issue that they are investigating” (Alase, 2017, p. 13). The researcher has the role of putting aside their preconceptions of the phenomena and allow the “phenomena to speak for themselves” (Pietkiewicz & Smith, 2012, p. 362).

I ‘bracketed’ myself from the phenomena by asking open-ended questions that were in line with the aims of the study and framing my probes and follow up questions based on what the participant had said. However, it is important to note that this process is not completely possible (Pietkiewicz & Smith, 2012) as the researcher is actively engaged in the design of the study, the collection and interpretation of the data. For example, based on my preconceived idea that Winnie Mandela is unsafe, I experienced difficulty fully exploring themes of violence in the first interview with Sophie; the less I had to think about the unsafety levels, the better I felt. Hence in the second interview with Sophie her experience of violence in the community was explored in greater detail, hence allowing the “phenomena to speak for themselves” (Pietkiewicz & Smith, 2012, p. 362) as far as possible.

Ethical considerations

For an IPA study, the “researcher should endeavour to do everything within [their] power to protect the rights, dignities, and privacies of the research participants” (Alase, 2017, p. 17). Based on this, it was important to obtain ethical clearance from the Human Science Research Committee at the University of KwaZulu-Natal which was granted (see Appendix C). This process ensured that the study is ethically sound and non-maleficent.

Both participants were given written information on the nature of the study, which was also verbally explained in their home language which is SeSotho. Both participants were informed that their information in the form of transcripts and audio-tapes will be used for purposes of this study and will be treated confidentially, keeping it with the supervisor of this study no longer than five years. The confidentiality principle was also kept by using pseudonyms for the write up, so that participants are not identifiable. Both participants were assisted in understanding that their participation was voluntary and that they were allowed to excuse themselves from the study at any point if they experienced any form of discomfort, without incurring any penalty. Both participants were also asked if they had any questions, which were answered. After explaining the nature of the study and answering all questions, both participants were asked to give their consent by signing the consent form (see Appendix D), which was followed by tape recording the interviews. Based on these ethical considerations, the researcher believes that the “rights, dignities, and privacies” (Alase, 2017, p. 17) of this study’s participants were protected.

Tools for a quality IPA study

The aim of an IPA study is to represent the lived experiences of participants from their perspective and amplify their voices through the process of analysis. Alase (2016, cited in Alase 2017) argues that an IPA study that represents the lived experiences of participants puts “mechanisms (tools) [in place] that will allow for the research data and findings to be thoroughly authenticated so that the end results are not cued or defective” (p. 17). In other words, these mechanisms (tools) are put in place to ensure that an IPA study represents the experiences of participants and thus of good quality. These mechanisms include “trustworthiness, member-checking, triangulation and auditing” (Alase, 2016, cited in Alase, 2017, p. 17). The mechanisms are discussed in detail below and how they were applied to this study.

Trustworthiness

A trustworthy IPA study is one that is able to illustrate the “steps in the data analysis process to demonstrate that the findings are not based on personal opinion, but on a rigorous analytical transparent process” (Roberts, 2013, p. 217). For this study, trustworthiness was ensured by firstly ensuring a transparent step-by-step write up on the process of data analysis (coding of transcripts, transforming codes in themes and organising themes). Further, a table of the themes is provided for the reader to have a better appreciation of how the themes were organised during the analysis process. Secondly trustworthiness was attained by presenting themes with extracts from the participants’ transcripts during the write up. This process ensured that the analysis of the participants’ experiences was grounded in what participants said, rather than my personal opinion.

Member-checking

Member-checking refers to the researcher validating their interpretations by returning to participants to either confirm the interpretations they made during the process of analysis (McGaha & D’Urso, 2019). McGaha and D’Urso (2019) argue that member checking may not be reliable as participants may be in a different place when the researcher returns. Based on this, they suggest that the interpretations of the researcher can be verified by as many experts as possible. For this current study, member checking was obtained through continuous checking in on themes with the supervisor of the current study. Although it was only one person, the benefit was that I was guided when I overlooked certain themes thus increasing the extent to which the themes can be relied on.

Triangulation

Triangulation refers to “the use of multiple methods or data sources in qualitative research to develop a comprehensive understanding of phenomena” (Carter, 2014, p. 545). While only one method (unstructured interviews) was used for this study, it is worth noting that there were multiple sources (two participants) for this study. It is believed that the multiple sources contributed towards a comprehensive understanding of the phenomena (older people’s aging experiences).

Auditing or audit trails

Auditing or audit trails refer to “providing a thick description... such that readers can follow the research process and make sense of the subsequent data analysis” (Cronin-Davis, Butler & Mayers, 2009, p. 335). Echoing this, Hadi & Closs (2016) argue that it is important that others understand how the researcher “reached their conclusions by creating detailed documentation of each aspect of the research process” (p. 642). For the current study, I provided descriptions of the data method, data collection and analysis processes, a description of the study setting and participants. It is believed that these details were ‘thick’ enough to give the reader a clear understanding of the processes that led to the conclusions of the study.

CHAPTER FOUR

ANALYSIS AND DISCUSSION

This chapter provides an analysis and discussion of the participants' personal accounts of their aging experiences through the use of interpretive phenomenological analysis. Nine major themes emerged from this study. Under the major theme of 'the biological aspect of aging', two sub themes were identified and these included 'reflections on the life span' and 'exercising agency over the body and the immediate environment'. The second major theme is 'place attachment: emotions'. The third major theme is 'social connectedness' with the following subthemes: 'family', 'relationships with peers', 'relationships with other community members' and 'the older person in community: feeling valued or not?'. Other major themes included 'the education system', 'the world of work', 'the clinic and health care services', 'religious and traditional settings', 'the neighborhood' and 'mediating factors', with the following as subthemes: availability of programmes and institutions', access to information and resources' and 'mediating structures that influence individual experience'. For this study, aging is understood as an experience that involves different parts of an individual's ecological surrounding. Thus an adapted model of Bronfenbrenner's bioecological framework (1979) was used to analyse and discuss the participants' accounts.

This analysis and discussion is organised under three main headings, which are an adaption of the various levels of Bronfenbrenner's bioecological framework: the individual level, the relational level and the contextual level. It is important to note that in reality, these levels are interdependent and influence one another. They are only separated for purposes of this analysis and discussion. The diagram below demonstrates the different levels of the ecology and how they are embedded within each other. It further shows that this analysis and discussion will begin with the innermost

part of the ecology, which is the individual level and end with the outermost part of the ecology, which is the contextual level.

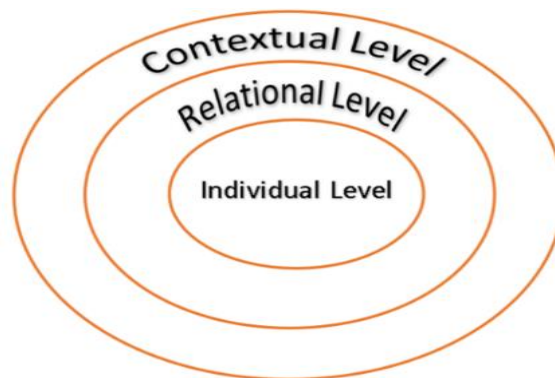


Figure 1: The embedded ecological system

The individual level

In Bronfenbrenner’s bioecological framework, the microsystem is understood as the individual’s immediate environment where the individual engages in relationships (Bronfenbrenner, 1994). Boon et al. (2012) notes that family, home, friends and peers characterize the microsystem and that the interconnections that occur in the microsystem are referred to as the mesosystem. Given this, the individual and relational levels in this analysis and discussion will be equated to the microsystem and the mesosystem. Looking at the individual level, the older person’s biological body is seen as a microsystem. This is mainly because the older person’s own biology is “the primary microenvironment that is the fuel for development” (Härkönen, 2001, p.3). This means before understanding the immediate embodying environment, one needs to have a look at the developing biological individual. Thus, the themes that were identified under the individual level include the biological aspect of aging (reflections on the life span and exercising agency over the body and the immediate environment) and lastly, place attachment: emotions.

The biological aspect of aging

Rose defines the biological aspect of aging as a “persistent decline” (1991, as cited in Flatt, 2012). This means that as individuals grow older, they experience a declination in bodily functions. Both the participants indicated that they experience this decline. For Sophie, it is “being forgetful”, “experiencing diseases that [she] never had before” and on some days she “wake[s] up and [her] body is not OK”. For Martha, her “eyes always have tears”, her “body, [her] arms get tired” and “legs trouble” her. All these are indications of declination in bodily functions. Not only did participants report these changes, they also mentioned the implications these changes have on their functioning. Sophie states that:

You see something I would say disturbs you, it is when your body is not coping anymore. You see? You find that you can't leave here, to go to the shop or mall, and your heart wishes to go, you see? Sometimes you feel like going, going to the mall, but you find your body refuses. And that thing makes you feel down, you see? But there is nothing you can do. It means that the time has come. There is nothing you can do...

Sophie has noted that these bodily changes impact on how she currently leads her life as sometimes her body refuses to do what she wants it to do. This extract indicates that these changes limit her ability to interact with the physical environment, and ultimately that she struggles to meet her own needs and wants. This indicates a mismatch between her inner world and her bodily or external reality. In other words, an alignment between her inner world and external reality would mean that she is able to fulfill her inner desires without her body placing limitations on her. The result of this mismatch causes her to “feel down”. It is difficult to accept these changes as they are “disturbing”. Sophie also mentions that “there is nothing you can do”, which suggests that a part of her is willing to accept these changes.

Similar to Sophie, Martha seems to experience a mismatch in realities relating to bodily changes. A part of her is aware of the adjustments she needs to make. At the same time a different part of her is in direct conflict with these adjustments. This is evident in the following extract:

Even this leg is bothering me [I: OK] mmh because I don't deny that I am old but, I am not that old to use a walking stick that is how I feel, ayi. I see that the time is here to use one but this is not the time for me to use a stick and walk with it [I: Yes] because I can feel in my body that I am alright, let me stand a bit, I just have difficulty standing, walking without a stick...

In this extract, Martha clearly acknowledges that it is the right time for her to use a walking stick, but, at the same time, she feels that she is not old enough to warrant using it. This creates a conflict within her in relation to these bodily changes. Similar to Sophie, there seems to be a mismatch in realities, in that they internally desire to engage in activities, but their bodies do not allow them to do so. For Sophie it is being prevented from going to the mall and for Martha it is not being able to walk or stand with ease. For both participants, there is a sense that their bodies are failing them as they cannot engage in daily activities in the way that would want to. In other words, their bodies do the opposite of what they feel, wish for or desire.

Rantakokko, Mänty and Rantanen (2013) state that older people experience bodily limitations mainly because of the “physiological changes [that come with] advancing age, affect[ing] specific body systems and may result in impairments such as decreased muscle strength” (p. 19). Rantakokko et al. (2013) understand these bodily limitations as normal, since they are a direct result of advancing age. In this study, both participants are aware that these bodily changes, and the limitations that come with them, are normal because they are growing older.

This reasoning is at a logical and objective level. However, at the emotional and subjective level, both participants find it difficult to accept this new reality.

Although Sophie struggles with her body on some days, she is still able to perform daily functions. In the following extract, she reflects on the implications of aging on her friend, which indicates how she perceives these bodily changes and the impact they may have:

At home, she used to run this person. You know right now shame, sometimes they tell the truth when they say what kills you is your heart. Thinking about where you come from, how you were. Now you spend most of your life by sleeping. Ayi, your heart could kill you. Knowing that me, I have become like this. All these things I did for myself...

Sophie's friend transitioned from being able to "run" to spending more of her time "sleeping". This transition suggests moving from being an active participant of life to being mostly inactive. Although Sophie is talking about the current state of her friend, the words "me", "I" and "myself" suggest that in her mind, she sees herself being affected by aging in a similar way as her friend. She continues to mention that "your heart could kill you. Knowing that me, I have become like this". These words suggest that she is experiencing difficulty anticipating these bodily changes. The "killing" that takes place may not necessarily be physical. Not being able to engage in life in the same way as before could be the "killing" that Sophie's friend is experiencing that terrifies Sophie.

In a study conducted by Palsdottir (2012) in Iceland, results showed that older people experienced difficulty accepting that they could no longer rely on themselves for tasks and activities. de Freitas, Queiroz and de Sousa (2010) acknowledge that some older people

seem to be receptive to new experiences, they realize that old age is a broader and deeper phase in life during their existence. Others, on the contrary, remain rigid as to the changes characteristic of old age and the way of seeing and identifying old age (p.404).

In essence, the meanings attached to aging vary from one older person to another. Some older people embrace it and some don't. For this study, Sophie and Martha can be seen as experiencing difficulty accepting the changes that come with aging. For them, aging means they are not able to engage with life in the same way they did before. The older person's changing body can be seen as a reality that the older person could find difficult to accept.

The changes in bodily functions that come with both participant's increasing age can be seen as marked by the chronosystem in Bronfenbrenner's (1994) bioecological framework. The chronosystem is understood as the changes that take place either in the individual, their environment, or both. In this case, the change that is seen in the participants' bodily functions is marked by the number of years that they have lived. Suggesting that with time, the older person's abilities will change and thus affecting the level to which they can interact with their environment.

According to Ryff's scale of measuring well-being, autonomy is noted as one of the dimensions that contribute to an individual's psychological health (Ruff & Keyes, 1995). Papalia, Sterns, Feldman and Camp (2002) mention that in Ryff's scale, autonomy refers to a desire to regulate behaviour and show independence. This study showed that both participants have a desire to regulate themselves and show independence. Sophie chooses the word "killing" to make sense

of being unable to regulate herself as she was able to before. For Martha, her resistance to use a walking stick is also an indication of wanting to regulate herself and continue to show independence.

Makoni (2008) also mentions that the association between aging and autonomy is often thought of as a Western understanding of successful aging. This study has shown otherwise; in that the inability to exercise autonomy can be frustrating as the older person adjusts from being independent to being dependent on what their body is able to do. In essence, this study has shown that the desire to maintain autonomy and independence as an older person is not limited to Western societies.

A possible difference in how an older person in a Western society and how an older person in an African community experience the process of an aging body may be related to how relationships are understood. In a Western society, the presence of relationships is understood as a form of dependency. Whereas in an African community, relationships are understood as a way for the older person to accomplish that which they cannot on their own. This is elucidated in Sophie's engagement:

it becomes even more difficult if there is no one who can help you. But like
if you have children or grandchildren, they sometimes they help you. Isn't?
I get to say hey, go to the mall for me...

As much as Sophie finds her bodily limitations frustrating, she also acknowledges that the presence of children and grandchildren makes a difference for her. In other words, her children and grandchildren are able to perform tasks that she cannot perform on her own. This reality is affirmed by Makoni (2008) who proposes that "depending upon others may be interpreted as interdependence and a sign of successful aging, in which case it is not regarded as a problem unlike in Western countries" (p.200).

One of the things that remain active and functioning in a way that is pleasing to Martha is her mind. She feels that with her mind, she has been able to do what she needed to do. She mentions that:

Everything needs a plan and mind [I: Yes] yes, no one can come here to explain to you, no [I: Sure] you must think of it you yourself to see what you must do and must do [I: Yes] mmh.

In this extract, Martha is reflecting on how she has to use her mind to ensure that she has a house to sleep in. For everything that she wants in life, she must think about it and make a plan to ensure that it happens. She mentions that:

Those I came with here, they have not built like I have, they get shocked that this grandmother walks with a stick but there is something she does [I: Sure] yes, with your mind, you have to be smart...

When she compares herself with people who were around when she first arrived in the community, she believes that she has done much more than they have. This is mainly because she used her “mind” and was “smart” enough to be able to do what she wanted to do. It is also noted how people within the community were shocked that although she “walks with a stick” she has been able to do “something”. This suggests a level of surprise at Martha being an older person and being productive. Chrisler, Barney and Palatino (2016) state that negative views expressed towards older people may negatively affect their health to a point where they embrace what people say about them and end up not being as productive. Martha has challenged the assumption that she can do far less because she is an older person. Even though her body is not functioning as she desires, she looks back and feels proud for being “smart” and doing what she wanted to do using her mind.

Reflections on life span

In this study, it was noted that participants felt differently on whether or not they wanted to continue living. Sophie was preoccupied with living longer. While Martha was preoccupied with death. Sophie speaks about the life span of her family members. Her engagement is as follows:

Sophie: My aunt passed away at one hundred and two (102). My uncle passed away at ninety (90). His wife passed away at, she was probably about eighty eight years (88). And in my mom's family, there is still my aunt. This year she turns ninety (90) and she is not taking any medication this person. She does not have high blood, she does not have anything.

Interviewer: So your understanding is that maybe somethings are in the family?

Sophie: Yes, somethings are in the family. They come from way back.

Sophie is reflecting on the number of years her family members have lived. She states that she hopes to live until the age of seventy:

I pray that God gives me life to reach it and do the things that I want to do.

(Silence) You know me, I'm busy, I'm busy.

For her, living longer means she can be "busy", thus providing the opportunity to accomplish more things in her life. According to Ryff's scale of well-being, 'purpose in life' is marked by "having aims and objectives" (Papalia et al., 2002, p.435). Sophie hopes to live longer so that she can still fulfil certain aims and objectives in her life.

Martha, on the other hand, appears to be preoccupied with death. This is possibly due to feeling that she has done all that she desired to do, which is building herself and her grandson a house and taking her grandson to school. Based on this, she has been thinking about her funeral and the funeral proceedings:

I want that when I have passed away they know that she (Martha) has her own society [I: Yes] yes they just add here and there [I: Sure] I musn't be happy to eat because here in the world we are visiting. There is a day of leaving...

This extract suggests that Martha has accepted the reality of death and has already started preparing for it by ensuring that she has secured enough funds for the proceedings of her funeral. She states that in the world, everyone is “visiting” and because of this “there is a day of leaving”. Hallberg (2004) contends that the perception of death may vary from one older person to another, with very old people being more accepting and less anxious in relation to death. This is seen in Martha's case, whose age has advanced and feels that she has achieved all that she wanted to achieve.

Exercising agency over the body and the immediate environment

In this study, it was noted that both participants exercised agency to change what they felt needed to change. For example, in moments where Sophie feels that her body is not able to perform what she wants, she tells herself, “let me go to the kitchen”. In this way, she is keeping her body engaged as she also feels that “a disease wants you when you are sitting doing nothing”. By going to the kitchen, she aims for an active body as much as possible.

Martha on the other hand decided that she would change the quality of the food she puts in her body, by eating ‘a box of *khwangula* it is chicken, just bones’ which is cheaper than buying actual chicken with meat. By sacrificing the quality of food she puts in her body, she saved the money over time and built a house for her and her grandson. Both participants in this study exercise agency for the change that they wanted to see in their immediate environment. This agency directly impresses on the understanding that older people continue to engage with life even as their bodies age (Moore, Richardson, Sim, Bernard & Jordan, 2014).

Place attachment: Emotions

Scannell and Gifford (2010) state that place attachment “is a concept that characterises the bonding between individuals and their important places” (p. 1). The tripartite model they created captures the components that make up place attachment. These include looking at the person who is attached, the psychological process of the attachment and lastly the dimension of the place that the individual is attached to. Scannell and Gifford (2010) further acknowledge that people attach to places for reasons that are personal to them. For this study, both participants experienced attachment to their places for reasons that were personal to each of them.

Both participants were asked how they came to live in Winnie Mandela, Tembisa. This question was seen as important as the answer could reflect the circumstances under which participants chose their places of residence, and their reasons for attaching to these places. Sophie, after getting married, started living with her husband, together with her husband’s family in a different section of Tembisa. The house belonged to her mother-in-law. After the passing of her husband, she decided to look for a place of her own, mainly because she did not feel comfortable in her mother in law’s house. The following extract captures Sophie’s engagement:

Interviewer: So coming here at Winnie was so that you can have your own place?

Sophie: Yes. My place (laughs). You know other people’s places are not comfortable. Especially us when we got married, isn’t we had aunts...

Interviewer: Mmh. So you could not live comfortably?

Sophie: Yes. Even though they did not live in the house, when they come, they will tell you that this is their home, me, because I am married in the house, does that mean I come from the tree? I don’t come from the tree. Their

brother found me at my own home...yes... he did not find me from the tree or in the streets. Do you understand me, yes. So people sometimes talk about you as though you are just randomly from the air. When in fact, it is not like that. They must also think about you, that you are a person and were given birth to by people. You need their support. They must also know that they need your support.

From Sophie's reflections it appears that her experience at her mother in law's house was not pleasant as she felt uncomfortable. This discomfort came from the way in which her family in law treated her. She mentions that "they will tell you that this is their home". In her discussion of her experience, she appears to adopt what she imagines as her family in law's perception of her and describes herself as coming from the "tree", "streets" and "randomly from the air". This explanation and choice of words suggest that Sophie may have felt insignificant and as an outsider to the family. In other words, she may have felt like an outsider in a family where she expected to experience a sense of belonging and "support". From having her own place, Sophie transitioned from being uncomfortable to being comfortable. Sophie's reflections are consistent with the findings of Scannell and Gifford (2017) which showed that place attachment is associated with emotional wellbeing.

Martha's arrival in Tembisa was after the passing of her husband, upon which she met a different man who became her partner. They then lived together in a different section of Tembisa. After some time, they decided to register their names for a house in Winnie Mandela, Tembisa. They did not get a house per se, but rather a space where they built a shack as their shelter. While her partner was alive, there were constant attempts to remove them from their space by *Makomiti*, which is the local governmental committee within the community. Her late partner made efforts, alongside Martha to keep the place by attending the court and facing allegations from the committee and the police. Martha asserts that although her partner has

passed away, she is “remaining here”. Suggesting that she feels strongly about keeping her place.

Sophie and Martha’s emotional attachment to their places is informed by reasons that are unique and personal to each of them. In Sophie’s case, her attachment to her place is due to the comfortability it affords her. In Martha’s case, her attachment is based on having fought and defended her place, which may have grown to have meaning for her. An understanding that can be drawn from this is that their places represent something that they value based on their life experiences. This is confirmed by Korpela (2012) who states that place attachment is an emotional bond that occurs between an individual and a place, based on their personal experiences.

Not only is there an emotional attachment that occurs, but there is also a “bidirectional relationship” that occurs between the older person and their place of attachment. Both participants were looking for a place to stay, which they both found. For Sophie, it was for comfort and for Martha it was to have shelter. It is noted that in turn, the places did provide them with an emotional bond that is understood as “a source of self-esteem and self-identity and support a sense of autonomy and personhood” (Gitlin, Szanton, & Hodgson, 2013, p. 53). This bidirectional relationship between the older person and their place affirms that there is a dynamic relationship between the older person and their environment.

The relational level

In Bronfenbrenner’s bioecological framework, relationships are understood to form part of the microsystem (Bronfenbrenner, 1977; Krebs, 2009), wherein the individual engages in face-to-face relational interactions (Boon et al., 2012). These relational interactions involve family, peers, neighborhood connections and social clubs (Brendtro, 2006). Beyond the microsystem, relationships also form part of the mesosystem, which is the interaction between two

microsystems. In this way, relationships are understood as a medium through which the individual interacts with other parts of the ecology (Härkönen, 2001). In this study, both participants spoke of the significance of interpersonal relationships on their aging experiences.

Social connectedness

A concept that can be seen as consistent with interpersonal relations is what Emlet and Mocerri (2012) refer to as “social connectedness”, which is the maintenance of social connections with family, peers and the larger community. For this analysis, the concept of social connectedness will be explored in relation to family (both immediate and extended family), peers, and the community. This is because these relationships make up the microsystems that the individual interacts with (Bronfenbrenner, 1977; Härkönen, 2001). Bronfenbrenner (1994) states that it is in the microsystem that proximal processes occur, which “are posited to have a greater impact...throughout the life course” (p. 38). Thus, by exploring the most influential processes, light will be shed on the role relationships have on older people.

Family

Both participants have shown indications of having good relationships with their immediate family members. While Sophie indicated a good relationship with her extended family members, Martha lives with her grandson, whom is the only person she is close with and shares most of her experiences with:

...he goes through struggles with me [I: Yes] mmh. He struggles with me (silence)... Mmh he looks after me he washed my clothes right now he washed my blankets [I: mmh] mmh if I have not eaten, granny have you eaten, do you not want to eat I say I want to eat my child [I: Yes] he gives me the sun goes down granny here is water bathe and sleep [I: mmh] he

looks after me straight no jokes. He looks after me. I love him and he loves me [I: Yes] mmh.

This extract suggests that Martha's grandson plays an active role in her life. He meets Martha's emotional and daily needs, which makes her feel taken care of. Martha has mentioned that her "body" and "arms" get "tired", which suggest that she may not be able to wash her own "blankets" and "clothes", prepare food, and prepare water to "bathe". In a sense, her grandson fulfills the tasks that she has difficulty fulfilling in order for her to function on a daily basis. This kind of relationship is highlighted by Lawron (1992) who emphasises the need for older people to have help with "errands or household tasks, and social-emotional support" (p. 1). This supportive relationship is necessary as Martha finds it useful. In contrast to Martha, Sophie sees to the household duties and ensures that her grandchildren are able to function in daily life. Her role in her house is described in the following extract:

I wake up at 4:30 and prepare water for her [granddaughter], we don't have a geyser. I prepare water for her and she gets in the bath to wash. Do you know what time the transport fetches her from here? At 5:30. And then the other one, he goes to crèche but his transport comes around 7:30. You see when I wake up at 4:30, I don't feel like sleeping anymore...

Sophie prioritises her grandchildren; she ensures that they are on time for school and crèche by waking up early in the morning to prepare for them. As a caregiver, Sophie is also attuned to her grandchildren's differences. She states that "they are not the same. And then, like even when you give them food, they differ. The other one likes milk, the other one likes meat". She is aware of their unique differences and preferences, and aims to meet them. Bohman et al. (2007) refers to such activities as forming part of the older person's "routines in daily life" (p.329). From the study results, Bohman et al. (2007) note that older people felt that these routines in

daily life provide them structure and are a way of keeping healthy and busy. Similarly Sophie's routine provides her with a structure for her day and also keeps her "busy".

A similarity between Sophie and Martha's case is that they are both caregivers. However, their roles are not the same. While Sophie ensures that her grandchildren go to school and eat, Martha ensures that she has "money for electricity", "pay[ing] for water" and making sure that "the child (grandson) goes to school" by paying school fees. She also sees herself as the only person that her grandson has. This is reflected when she says, "I am his mother I am his father I am his sister". For Martha her role is to meet both financial and emotional needs for her grandson.

Martha and her grandson form a family unit characterised by interdependence; her grandson meets her needs and she also meets her grandson's needs. A similar pattern is noted by Mtshali (2015) in stating that in "African settings interdependence and reciprocity have been more valuable than independence as individuals age" (p.79). This interdependence and reciprocity can be seen as valuable for Martha as her daily needs are met and she is able to meet the needs of her grandson.

Martha's interdependence is largely limited to her relationship with her grandson, while, for Sophie, it involves her relationship with her children and grandchildren. For example, Sophie takes care of her grandchildren and her children take care of her household and her basic needs. Sophie's engagement on these relationships is as follows:

Isn't I don't have a problem, their mothers buy groceries. Where do I get in? Mine is to care that they have eaten I wash for them, they get to be clean, they go to school clean.

In Sophie's immediate family set-up, there are clearly defined roles for her and her children, forming a whole family unit that is functional and benefitting for all the family members. This

family set up creates a bidirectional relationship where family members contribute towards the needs of the older person and the older person also contributes to the needs of the family.

Sophie also indicated that she has a relationship with extended family members; she spends December holidays with them. Her plans for the following December holidays were as follows: “this year we are going for lunch in Sedibeng but not at my place, at a different family because last [December] they were here...”. Sophie explains that she and her extended family members rotate each year in terms of whose house they will meet to celebrate and spend time together. This affords Sophie the opportunity to engage in social activities.

Sophie spends a lot of time occupied with activities that involve her family (taking care of grandchildren), both immediate and extended (meeting for celebrations), and has reported a sense of satisfaction with her life. In contrast, Martha states that “people from my family I don’t trust them” and as a result her only family member is her grandson. Consequently, she spends her time with her grandson, or by herself. Martha also appears to spend most of her time preoccupied with her late partner, a relationship that was emotionally fulfilling for her. The following is Martha’s reflection on the passing of her late partner:

I can just say in my life I have never encountered something that has led me into poverty. There only thing that has to do with poverty is losing someone through death. Losing a partner is painful. Isn’t you tell them every single thing?...

For Martha there has not been a greater pain, than the pain of losing her partner. She described this experience as “poverty”. Interestingly, poverty is often defined in relation to economic factors (Kingdon & Knight, 2006) and not emotional. Although Kingdon and Knight (2006) do not refer to poverty in terms emotions, it is clear that Martha does. For her poverty is the lack of emotional connection after the passing of her partner. Poverty is the lack of sharing life

experiences and thus not being able to share “every single thing” that may be concerning for her. Looking at Sophie and Martha’s cases, one begins to notice the impact of active social relationships and the lack of them. The presence of relationships in Sophie’s life led to fulfilment. Whereas the lack of relationships in Martha’s life has led to ‘emotional poverty’.

Relationships with peers

The sub-theme of ‘relationships with peers’ was very evident in Sophie’s case. Sophie is involved in a social club for older people within the community. The following dialogue captures Sophie’s experience:

Interviewer: But maybe the club keeps you busy?

Sophie: A lot. A lot. You don’t get lonely. When we are at the club we talk and we are busy working with our hands. When the time is up. But we don’t stay for long, from 10 to 12.

Interviewer: But maybe the time there is nice because you meet with other older people?

Sophie: It is very nice. Isn’t like the government, you find that they do things for us, like lunch, whatever. Right now we are going to the Zoo on the 27th and we go in for free [Sophie and interviewer laugh]. You see. You maybe just bring something to drink. Breakfast, they prepare it for us.

For Sophie, the club keeps her from getting “lonely”. It keeps her engaged with other older people as they “talk” and use their “hands” to engage in activities. Even though the meetings only last for two hours, she experiences the club as “very nice”. Moreover, the club comes with benefits, such as outings that are paid for by the government. Sophie also mentioned that “they tend to bring [them] food” and “play games”. In essence, the club allows her to connect with

other older people and enjoy herself. A study conducted by Emlet and Mocerri (2012) found that older people preferred to be in communities that encouraged involvement in meaningful activities. The benefit of these activities is that they made these older people feel socially connected, actively involved in their community and better fulfilled with their aging experiences. Sophie's case has shown a similar finding in that involvement in social activities leads to social connection and better satisfaction with life.

Holt-Lunstad, Robles and Sbarra (2017) contend that social connectedness is associated with low risk for a range of diseases for older people. This might be true for Sophie who has extensive social connectedness and reported less bodily ailments in comparison to Martha who is not as socially connected and has reported more bodily challenges than Sophie. When asked what could be done in order for older people to experience aging better in their communities, Sophie stated that she "would say some grannies right now who are sitting neh, they must join these clubs for grannies. They help a lot". For Sophie, connecting with other older people is valuable, and is key to creating an elder-friendly community.

Not only does Sophie connect with other older people at the club, she also interacts face to face with other older people within her community, which is how she came to know about the club for older people. Sophie states that she "was told by another woman...I'm used to her she told me about it". It is through this woman that Sophie found out about the club for older people. Sophie has developed a relationship with a peer within the community which enabled her to connect to something she finds value in, that is, the club for older people. Aldrich and Meyer (2015) argue that social relationships and social networks that individuals form within their communities provide access to resources, including information. Although Aldrich and Meyer (2015) refer to social connections as useful particularly in regions where natural disasters are common, they essentially understand social relationships as a resource that assists individuals adapt and thrive where they are. Looking at Sophie's case, her social connection has also

enabled her to gain information, capacitating her to gain access to a resource she finds value in, which is the social club for older people.

Relationships with other community members

These are relationships that the older person has apart from their family members and peers. Sophie notes that as a community member, she ensures that she remains involved and connected with other community members by staying for longer at funerals. Her reflection is as follows:

Yes. You see. You can't go to the people, come back from the grave yard, wash your hands and then you leave. You are in a hurry, always in a hurry. Sometimes you stay, if there are people you are used to there, you stay a bit with them. Then when you are tired, you leave, at least.

After returning from the graveyard, Sophie ensures that that she is not in a “hurry” so that she can “stay a bit” and spend time with people that she knows. She later mentions that “isn't I came because I want to support you, so everything that is done, I must also do it... the day you have a funeral, people come they will support you”. Sophie is showing a willingness to be a part of the activities that take place in the community. Her intention is to connect and support others, with the understanding that she will get the same support some other day. Sophie's interactions can be described as ‘social reciprocity’ (Emlet & Mocerri, 2012), which refers to engaging in social interactions that involve a “giving and receiving to/from one's community”. Sophie offers her presence and support to others and she hopes to receive the same in time. Like the older people in the study of Emlet and Mocerri (2012), Sophie is expressing her desire to engage in interactions that are mutually beneficial to community members and to her as an older person.

Sophie referred to more relationships with family, peers and other community members in comparison to Martha. It is possible that Sophie actively engages with other community members because her body is still able to be active, while Martha's body is not able to function as it did before, showing an important interaction between the body, social connectedness and well-being. There is a possibility that an older person whose body is still active stands a better chance of remaining active in social relationships, while an older person with a less active body may remain limited in the social relationships, they can engage in.

The older person in community: Feeling valued or not?

Emlet and Mocerri (2012) state that older people prefer to age in communities where they feel respected and valued as older people. The participants in this study did not feel respected or valued. Sophie stated that "there are some children who don't respect older people. The person lives right here, but they won't greet you." For Sophie, lack of greeting by children in the community equates to not being recognised as an older person and thus disrespected. Sophie expressed a similar feeling from an interaction she had with the social worker from the social club. Upon organising for the social worker to come into her community to negotiate for a space with another social worker for the re-opening of a social club, the social worker did not come. Sophie referred to the social worker condescendingly as "this social worker girl". This interaction left Sophie feeling belittled, unrecognised and disrespected, which she then projects onto the social worker by condescending her. Sophie's feelings are further reflected in the following extract:

They would think that older people are old there is nothing that they know.

There are things we also know, even those that are not from books. But with knowledge from the life we live where we live, you see? I can have experience that is more than hers.

From this extract, it is clear that Sophie felt as though her ideas and suggestions were not taken seriously, because she is an older person. She understood this interaction with the social worker as evidence that as an older person she is perceived as having nothing of value to contribute. Sophie pushes back against this stereotype by arguing that while older people may not have formal education, like many of the youth today, they do have something to offer based on their “knowledge” that comes from their life “experience”. In fact, Sophie believes she may be even more knowledgeable than the young social worker. The belief that older people have nothing of value that they can offer is a factor that prevents older people from fully participating in their communities (Macionis and Plummer, 2012). In essence, the social worker not taking Sophie’s idea or suggestion into consideration prevents her from seeing the change she wishes to see in her community.

Martha is also aware of wider community perceptions in relation to her being an older person and what she is capable of achieving. She comments that:

Those I came with here, they have not built like I have, they get shocked that this grandmother walks with a stick but there is something she does.

In this case, community members were shocked at Martha having built herself a house, while she “walks with a stick”. There is an unspoken expectation from the community that as an older person, she is not expected to achieve something of that magnitude. Martha used her “mind” to navigate limitations that could have been placed on her by the expectations her community had on her. Martha has successfully navigated her surroundings and gone beyond community expectations by creating and achieving a change that she wished for as an older person in her immediate surroundings, leaving her with a sense of pride. Both Sophie and Martha’s cases show that older people have the capacity to make meaningful contributions both in their immediate surroundings and in their community. How the older person is perceived can however be a barrier.

Sophie notes that she is aware that some grandchildren within the community mistreat older people. She states that:

Some grandmothers don't enjoy their old age, their grandchildren don't treat them well...when a grandmother comes from getting their SASSA money, their children or grandchildren are waiting for her, you find that they want money.

For Sophie, this mistreatment of older people leads to them not enjoying their old age. She recounted an incident where this financial mistreatment led to an older person in the community being killed by their grandchild:

the grandmother relied on this child who was helping her, like if she woke up not feeling well. He went to collect her grant money for her. Do you know what he did? He said to this grandmother he wants this, he wants that, and the grandmother said she does not have it. He killed the grandmother with a knife and locked her inside the house and left...

In this case, the grandmother was killed after refusing to give her grandchild the money that he demanded. In both extracts above, it is clear that some older people in the community do not experience the “respect and reverence elderly people enjoyed in most African societies” (Bigala & Ayiga, 2014, p. 464). Older people are mistreated, to the point of murder. Bigala and Ayiga (2014) further note that this change in treatment of older people can be accounted for by social and economic changes that came with “modernization and urbanization which have eroded the traditional social support system leading to neglect, exclusion and abuse” (p.464). The change in values over time, have also changed how older people are perceived and treated in their communities. Looking at it from the bioecological framework, the change in values that came with time are marked by the chronosystem, a time based component pointing to the changes that

occur in the environment and ultimately affecting the individual (Bronfenbrenner, 1994), in this case, the older person.

The context level

The context level will be understood as the outermost layer of the ecology. Looking at Bronfenbrenner's bioecological framework (Bronfenbrenner, 1977), the context level would be equated to both the exosystem and the macrosystem. The exosystem is defined as a setting in which the individual is not involved, but the activities that occur in that setting affect them (Bronfenbrenner, 1977). For this study, an example would be a grandchild attending school, requiring the older person to make arrangements to accommodate school activities and requirements. The macrosystem on the other hand is understood as "belief systems, bodies of knowledge, material resources, customs, life-styles, opportunity structures, hazards, and life course options" (Bronfenbrenner, 1994, p.40) that permeates other parts of the ecology. Themes that are consistent with the exosystem are the education system, the world of work. Themes consistent with the macrosystem included the clinic and health care services, religious and traditional settings, the neighbourhood and lastly, mediating structures and factors.

The education system

In this study, both participants do not have direct contact with the education system. However, the structure of the education system has a direct impact on them. The school and crèche that Sophie's grandchildren attend are located further from their home. In other words, the school and the crèche are not located in their community or immediate surroundings. As a result, Sophie wakes up at "4:30 and prepares [bathing] water" for her grandchildren and also ensures that they get transport to arrive at school on time. Sophie's lack of resources (a geyser with hot water and access to transport), and a school and crèche that are located further from their home, means that she has to wake up early in the morning. This suggests that external factors affect how the older person navigates their experiences. The location of the school

and the socioeconomic status of Sophie cannot be separated from the historical context of Apartheid in South Africa. In this way, aging experiences are influenced by the wider socio-political and historical context in which the aging person is located.

The education system also requires payment of school fees. For Martha, this means that from the money she gets, she has to ensure that her grandson's school fees are paid. She mentions that:

on the other hand I am taking him to school, on the other side I am putting money together [I: Yes] mmh. We didn't have meat we didn't have anything...

For Martha, there was a time when she was struggling to meet her and her grandson's basic needs. While Martha was doing her best to ensure that there was money to buy food, she had to ensure that school fees were paid as well. Like Sophie, Martha is not directly involved with the education system. However, the knowledge that her grandson needs to pay school fees means she has to manage her finances differently. In a study conducted by Mokone (2006) one of the factors that affected older people was finances. Older people felt that they had to make financial sacrifices in order to meet the needs of their grandchildren. This financial sacrifice is seen in Martha's case, who ensures that her grandson's school fees are taken care, sacrificing the decency of the food she eats. Pointing to the possibility that if there was not any school fees requirement, Martha would have been better able to meet their need for food.

The world of work

While Sophie does not have direct access or contact with the world of work of her children, the structure and the activities of her children's world of work has a direct impact on her. This was seen when she mentions that:

Eish. I am busy a lot. So...Right now, because this one's mother has to go [to work], we spoke yesterday that I will come often. I came in the morning here, I arrived here around past 6

In this extract, Sophie refers to the fact that her schedule has changed since her daughter had to return to work after her maternity leave. She had to rotate between two households; her mother-in-law's house where her grandchildren had gone to visit for holidays, and her own house where her daughter was with her youngest grandchild. If Sophie's daughter did not return to work, Sophie would be in one household and would not necessarily have to rotate. Härkönen (2007) notes that the world of work determines the activities that take place within the microsystem. In Sophie's case, her daughter returning to work determines the amount of time she spends in her own home. It also determines her schedule for the day as she has to rotate between two households, taking care of her grandchildren, while her daughter has gone to work.

The clinic and health care services

The clinic and health care services help determine whether or not the older person will be able to gain access to all their medical needs. In this study, both participants reported having access to the clinic and health care services. It was, however, noted that their experiences of the clinic and health care services differed. Sophie feels that all her medical needs are met at the clinic:

Interviewer: So would you say your needs, medical needs, are they met at the clinic, like everything that you need?

Sophie: All of them in Ekurhuleni. Yes.

Sophie is able to easily access the clinic. Not only does she visit her local clinic within her immediate surroundings, she also visits other clinics within the Ekurhuleni municipality, and feels that all her medical needs are met. There are also indications that Sophie engages with the

health care providers when she has clinic visits. For example, she recalls an interaction with a doctor who told her:

 this chicken...cook it without skin because on the skin, there is something that causes cholesterol on the body and this high blood pressure. I said OK. So I have started taking medication...and right now like I control my high blood, I don't go every month to the clinic.

By visiting the clinic, Sophie gains access to medication and information that helps her regulate her “high blood pressure” diagnosis by focusing on how she cooks her food. This in turn makes Sophie feel that all her medical needs are met and that she has control over her health.

Martha on the other hand feels that her medical needs are not met at all. From her responses, there seems to be a mismatch between her medical needs and how the health care provider intervenes. Martha feels that the health care provider cannot identify what could be causing her health challenges. In the following extract, she talks about her experience at the hospital in relation to her swollen feet that are troubling her:

 Ayi the legs, they did not pay attention to the legs. They only cared about the issue of high blood [I: OK]. When I went there and said ayi, this leg of mine bothers me, ayi they did not care about me

Upon her visit to the hospital, Martha did mention to the health care provider that her feet are bothering her and feels that the health care professional “did not care”. From Martha’s understanding, her high blood pressure diagnosis is separate from her swelling feet, as she states that “they only cared about the issue of high blood”. Looking at Martha’s experience, one begins to understand that Martha’s diagnosis of high blood pressure is not separate from her swelling feet that are troubling her. Martha first went to the clinic and was then referred to the hospital

for high blood pressure, where it was not explained to her that her high blood pressure diagnosis is associated with troubling feet. Lu, Chen and Kuo (2011) note that high blood pressure is associated with difficulty with feet as they swell. An explanation from the health care provider could have helped her to understand that her high blood pressure diagnosis is related to her swelling feet. In other words, the lack of information giving from the health care provider translated to Martha feeling as though they “did not care” about her.

Further, Martha mentioned that during her hospital visits, health care providers take her blood, but she never knows what the blood results are:

Martha: I tell them about everything. I think it's been two days they take my blood but that blood I have never heard about the results about the blood, how it went. I went back again they took blood ah every time there is blood taken but results don't come back, but they pour in the bottles they even take urine but what they found [I: Sure] I've never heard.

Interviewer: Have you asked them?

Martha: I did not ask them, I just kept quiet isn't I don't know if it's their protocol or what.

There seems to be a mismatch between Martha's medical expectations and what the health care provider does for her. She expects feedback and she does not get it. She also does not have a clear understanding of her experiences, which can be mediated by information giving. As the discussion continued, it became apparent that Martha is frustrated with her medical needs not being met, but at the same time, she tells herself that she “can't blame the doctor” as she feels that her experiences can be explained by African traditions. A part of her does not understand why her medical needs continue to be unmet, yet she sees a health care provider, who takes

“blood”, “even takes urine” and gives her medication that does not make a difference to her. A different part of her is willing to understand that her medical or health challenges can be explained in African ways and that there is possibly an intervention that may be consistent with African ways.

In understanding the importance of health care needs for older people, Kalula (2011) notes that health care services need to be person centered, which means being responsive to “individual preferences, needs and values” (p. 22) of older people. Looking at Sophie’s case, she is satisfied with all her health care needs. This is because her needs in terms of medication and information giving are met. She also has the liberty to choose a clinic that she prefers. Martha on the other hand gets medication that does not make a difference for her. Moreover, her preferences in terms of getting feedback continue to be unmet. It is also noted that the health care system does not align with her African traditional values.

With the aim of meeting healthcare needs of diverse populations, Wilson-Stronks, Lee, Cordero, Kopp and Galvez (2008) argue that cultural competence is essential within the health care system as it will enable health care workers to track “patient needs, providing staff with the tools to address these needs appropriately” (p. 14). For Wilson-Stronks et al. (2008) cultural competency “can help reduce disparities in service provision and care” (p. 15). Martha’s health care needs continue to be unmet because they are not properly tracked in clinics and hospitals, indicating a gap in cultural competency within the health care system. Looking at Martha and Sophie’s cases, one begins to understand that health care needs for older people need to meet their needs, preferences and values. The opposite of this leads to frustration and dissatisfaction for the older person.

Religious and traditional settings

Both participants have interacted with the religious setting, in particular the church. Martha has interacted with the traditional system as well. Martha referred to church as a place where she sought help when she was extremely sick and feels that she did not get the help that she needed. She describes her experience as follows:

I'm saying me at church I go [I: Yes] but I have not seen a bit of help with my legs, ayi. When you get help from a place, you won't go back. You go for a year, or five months, not even a single thing to change you would get tired of going mmh. You need to get a little bit of something and see that ayi, here it looks like there is life.

Martha went to church with the expectation that she would get help with her legs. She was hoping that her legs would stop swelling. Going to church for Martha has become tiring because she feels that she did not get what she needed. This experience was very disappointing for her as she identified church as a support structure that could intervene during a time of need. Martha then decided that she would seek help from a traditional healer, as she also suspected that the difficulty with her legs may be related to an ancestral calling.

Martha's first few experiences with traditional healers were disappointing as she mentioned that "all these traditional healers they helped people but me (laughs) I just bounced you know". Her interpretation of the experience was that everybody received the help they needed except for her. Although Martha was able to eventually receive help from one of the traditional healers, there is a possibility that the constant rejection from different places that she approached with the hope of getting help – the clinic, the hospital, the church and a few traditional healers – meant that she may have felt a lack of support, and desperation. In a review article Lui et al. (2009) identify factors that make an age-friendly community and note that older people need a

“wide range of support services in the community” (p. 116). Lui et al. (2009) further note that the effect of not having these support services reduces the quality of social participation for the older person. There is a possibility that lack of social participation for Martha is due to the lack of support when she needed it the most. This indicates the importance of supportive structures in an elder-friendly community.

Sophie mentioned that she attends church. She explained that their church has a “year-end party”, which she normally participates in. Sophie’s relationship with the church is a positive one as she has a “uniform” and regularly attends services. Menec et al. (2011) notes that part of an elder-friendly community involves structures that allow older people to participate in spiritual activities. In Sophie’s case, she attends church and has not reported any complaints. Comparing Sophie and Martha’s case, they both have access to systems that allow spiritual participation. The only difference is that church is fulfilling to Sophie. Martha, on the hand, is not happy to attend church and some traditional settings as she feels that they are not useful or meeting any of her needs. Thus, in creating structures that promote spiritual participation in elder-friendly communities, it is important that the older person finds it useful, personally fulfilling and meeting needs.

The neighborhood

Van Der Pas et al. (2015) state that neighborhood safety has shown to have an impact on the older person’s wellbeing; the safer the neighbourhood is, the safer the older person felt and more at ease to actively participate in their community. In this study, both participants mentioned incidents of crime and violence within their neighborhood, which facilitated their experiences in the community to an extent. Martha had direct experiences of crime and violence within her neighborhood. Sophie on the other hand has not had direct experiences of violence. Instead, she witnessed incidents of crime and violence that were directed towards other people

within the neighborhood. Sophie recalled an incident in the neighborhood when there was a house break in, which led to the owner of the house being shot and killed:

As they take the t.v. he heard them, he came out and say ‘ah guys would you really take my t.v. Erh they probably thought that maybe he knew them and they shot him... the ambulance came and took him, as he got there entering the hospital, he passed away. This means he bled a lot. You see? It was not nice you know.

Although Sophie did not witness the incident directly, she did hear about it and for her the experience “was not nice”. She further mentioned that the incident for her represented a loss, since the community member that was shot “grew up in front of [her]” and was a “respectful” child. Shortly after mentioning this incident, Sophie started talking about her level of safety in relation to the criminal activities that take place in the neighborhood. She mentioned that:

Since the tavern is here, it’s like, when I have gone out, the boy from the tavern, if he sees me go out, it’s not in many occasions that you can come in here with him seeing you. He will ask if you are looking for magogo (grandmother)? Tell me who are, what you want and I will tell her when she comes back.

Sophie transitioned from talking about crime and violence towards a neighbour to talking about her own safety and that of her house. When she leaves her house, she is assured that the owner of the tavern will watch over it, possibly meaning that there is no criminal that will come in. This transition suggests that Sophie does not think of her safety and that of her house as separate from the crime and violence that takes place within the neighbourhood. There is a possibility that the crime and violence that takes place in the neighbourhood makes Sophie feel vulnerable and unsafe. Thus, knowing that the tavern owner will watch over her house makes her feel a bit

more at ease. In a study conducted by Van Der Pas et al. (2015) findings showed that older people were happy to receive help from neighbours in relation to neighbourhood safety; presence of neighbours made older people feel at ease. Consistent with the findings of Van Der Pas et al. (2015) the help Sophie receives from her neighbour mediates her levels of feeling unsafe.

The most important difference between Sophie and Martha in relation to crime is that Sophie has never experienced violence or an act of crime directed at her. Martha on the other hand has. Martha has experienced a neighbour who joined with *Makomiti* to take away her place from her. She continues to feel unsafe as this act of crime involved other various authorities from the neighbourhood, such as metro police and local security forces. It is important to note that these acts of violence and crime involved structures that Martha could rely on for her safety and protection. The result of this is feeling unsafe in her home. Echoing this finding, Meyer and Meyer (2019) show that South Africa has a high crime rate and as a result, majority of South Africans feel unsafe in their neighborhoods and homes. As Bronfenbrenner (1994) mentioned “features at the macrosystem level...ultimately affect particular conditions and processes occurring in the microsystem” (p. 40). In this study, the norms on crime and violence in South Africa and the community in which Martha and Sophie are embedded permeate their homes, leaving them feeling vulnerable and unsafe.

The crime and violence reported on in this study was also towards community property. It was witnessed particularly by Sophie who was initially involved in the social club for older people within her neighborhood. She mentioned that the social club had to move because “they stole the things we used to work with. So, the social worker said because they steal from us, let us move”. The social club then had to move to a different place as a result of this criminal act. This

criminal act has caused a destabilisation for Sophie as she now has to travel to access the social club which sometimes costs her taxi money.

The destabilisation because of crime was also noted in relation to the exercising equipment that was stolen within the neighbourhood. Sophie explains:

Wow (laughs). I used to exercise here, but these nyaope boys take them.

You don't know how much they make me mad. Those things are important. They are important, a lot...actually, you see we have things like high blood, you don't want, when you have high blood and diabetes, to just sit.

In this extract, Sophie is talking about how 'nyaope boys' - boys who consume drugs – steal the exercising equipment that is made available in the neighbourhood. The stealing of this equipment makes Sophie “mad” as she feels that the equipment is “important, a lot”. For Sophie this equipment means she is able to exercise and stay healthy, as she is prone to diseases such as “high blood and diabetes”. Therefore, the stealing of the equipment means there is a compromise to her ability to stay healthy and fit. Sophie's view is echoed by Bonaccorsi et al. (2020) who argues that the built environment has an impact on “the promotion of the physical activity at the neighborhood scale” (p. 18). In Sophie's case, the criminal acts by the “nyaope boys” makes her neighbourhood less conducive to engage in physical exercises and making her prone to diseases.

Mediating structures and factors

Availability of programmes and institutions

This sub-theme refers to the programmes and institutions that participants find useful as mediating structures. These structures differed for both participants. For Sophie, she felt that the social club is very useful. She emphasised that programmes for older people “are there”, yet most of older people do not know about them. Emlet and Mocerri (2012) propose that in an elder-friendly community, older people need to be able to “develop new sources of fulfilment and engagement” (p. 2). In other words, programmes and structures that allow older people to remain active and engaged are important. The findings further showed that older people are frustrated by a lack of programmes that allow them to remain engaged in their communities. Looking at Sophie’s case, the opposite of this frustration is reflected in her sense of satisfaction as she mentioned that the social club is “very nice”. Her case also demonstrates the interaction between the relational and the contextual, wherein the opportunities to have social engagements are due to a structure that is available in the community; the social club.

The social club also provides transportation (sometimes) for Sophie whenever she needs to go for sessions. This transportation can be seen as forming part of the programme as it allows Sophie to travel to and from the social club. Indeed, transportation is seen as an important component of an elder-friendly community as it allows the older person access and active participation (Menec *et al.*, 2011). However, Sophie did express frustration in relation to the transportation component of the programme, as she sometimes had to pay for it herself:

...sometimes she does not give me the money I used to come from home, she only gives me money to return you see? What if I borrowed money to take a taxi when I go to the club?

The original arrangement for the attendance of the programme involved transportation that was paid for by the social club. For Sophie, transportation became frustrating as it was eventually not properly catered for as per the arrangement. In noting Sophie's frustration, it would follow that the component of transportation makes access easier when administered properly.

An institution that Martha found useful, and still does is the court. During a time when *Makomiti* were giving Martha and her late partner a difficult time, they made use of the court, which ensured that they retained the space they were allocated.

I won it in court this stand [I: Yes] even now, if I see that they bother me, they come with their issues, it is much better, I will start the case over. Mmh [I: OK].

From this extract, it is clear that Martha still trusts and believes that she can rely on the court for continuous protection of her space. The extract also shows that Martha lives in anticipation of *Makomiti* returning and coming "with their issues" in attempt to remove her from the space. For her, knowing that she can still "start the case over" makes it "much better". The representation of the court in her mind helps her feel relatively safer. Alley, Liebig, Pynoos, Parnejee and Choi (2007) acknowledge that older people may have different needs in accordance with the communities they live in. In Martha's case, she lives in a community where property corruption has been a reality for years. Thus, access to the court is important since it provides her with the protection she needs.

Access to information and resources

Hausman, Hanlol and Seals (2007) acknowledge that information facilitates civil participation. In other words, access to information allows people to participate within their community and further gain access to available resources. For this study access to information determined whether the older person is able to gain access to certain resources and structures within the

community. Looking at Sophie's case, she found out about the social club for older people through "another woman" that she is "used to". Upon gaining access to this information, Sophie joined the club. Martha on the other hand, knowing that there is a mismatch between the rules that the municipality has and the rules that the court has in relation to property has enabled her to stand her ground and fight for her space. She states that:

They wanted to take the stand [I: OK] Ja [I: OK OK] and when we go to the municipality, the municipality they tell you that they want blue form, blue form that is not even required isn't they also benefit [I: OK] Yes... I won it in court this stand [I: Yes] even now, if I see that they bother me, they come with their issues, it is much better, I will start the case over

When Martha reached out to the court for the protection of her stand, she realized that the municipality was not going to be useful as they want a "blue form that is not even required" mainly because they were also going to "benefit" in taking her stand away. For Martha, the ruling of the court for her stands superior to any information that can be given by the municipality, which seems to stand in agreement with *Makomiti*. Further, she and her late partner were told (in court) that "if he [the neighbour who partnered with Makomiti] comes after you, come and call us we will deal with him and he will be imprisoned here". In knowing that she can return to the court and get protection makes her feel "much better" and she knows that she can "start the case over". In this case, knowing that she can access the court for her protection acts as a cushion that aids Martha's sense of safety and, as a result, she lives feeling less anxious.

Looking at both Sophie and Martha's cases, there is a clear distinction between the role of access to information and resources as mediating factors. In Sophie's case, her access to information allows her to connect with other people as she gained access to the social club for older people. Martha's access to information allows her to gain access to protection. There is a possible conclusion that can be drawn from this distinction. Sophie may feel that she can participate in her community as an older person. Martha, on the other hand, may possibly feel that she needs to look after herself in the community, which possibly prevents her from having full participation in her community. Indeed, access to information and resources mediate the older person's experiences as they allow them access to what they need (Nimrod and Ben-Shem, 2015) access to resources is seen as an integral component to successful aging. They understand access to resources as a mediating factor as it allows the older person to have access to the help that they need.

Mediating structures that influence individual experiences

From this study, it was noted that contextual factors can mediate individual experiences. This is seen in both cases, where both participants' attachment to their places was linked to their experiences with various mediating structures within the community. As mentioned, Martha received multiple threats from *Makomiti* to remove her and her late partner from the place where she currently resides. The threats were related to accusations that the place did not belong to them. The following is Martha's engagement:

yes there was a habit of shifting, this shifting came out here, it was not a shifting from the law it was from *Makomiti*, they formed this thing that we have to shift or they were doing it so that those who don't have a place to stay can be able to find a place to stay, I don't know [I: OK]. Because on the first day, the old man (late husband) was in the toilet, when he was in the toilet

they had told him at work that he was supposed to be there at 5 [I: OK] he sees shoes under the door of the toilet...he held him by the belt by the gate. Where are you from running so much and you are our neighbor? He said we did not sleep, let's go to the office *Makomiti* have given me your stand. When they give you my stand, where do they say I must go, he said I don't know...as they did not succeed those people sent other people, they came here, when they came here they arrived and said greetings, when I peep I see it is two men

In this extract, Martha is talking about the “shifting” of people from one place to another in the developing stages of Winnie Mandela. This was a way of ensuring that everyone has a place to stay. From what she says, the shifting was illegal. The first attempt from *Makomiti* to remove them from their space was when *Makomiti* sent their neighbour to get an address of their space, as an attempt to allocate it to their neighbor. This man came in the early hours of the morning, most likely hoping to not be seen as he may have assumed that Martha and her partner were sleeping. As this first attempt by *Makomiti* failed, the second attempt was when they sent two different men to Martha's house to let her and her late partner know that the space belonged to their aunt. The attempts by *Makomiti* to remove them from their space led to violence and distraction in Martha's home as she refused to leave:

they came to break down the house, they broke they broke they broke, they destroyed a lot of things in the house. The mirror stand is there, it does not have a mirror, the wardrobe they broke

Not only was the outside of their home destroyed, but the inside as well, including their personal belongings. Given this, one would imagine that Martha and her late partner would have given up and left. Instead, they raised the case in court, which transpired that the space did actually

belong to them; they were the legal owners of the space. Although there have not been clear attempts to remove Martha recently, she continues to expect and anticipate *Makomiti* to remove her. This is seen as she states that:

sometime they can come and break down I don't know...only they know...
(sighs)...but if they come back here, I will revive it in Rabasotho. I will revive
the case...mmh...they won't succeed I will revive the case, isn't I won it [I:
Yes] I will revive it in Rabasotho. Only a person rots, a case doesn't. I am
remaining I am here know this issue very well [I: Yes] mmh I know it well

Martha uses the words “I don't know” which suggest her uncertainty in the space she lives in. She indicates an anticipation of destruction and violence. Although the case has been legally finalised in court, it is clear that Martha still expects *Makomiti* to return at any point in time. She is determined to revive the case at Rabasotho, which is where the police station and the court are located. This indicates her willingness to continue fighting for the space that she lives in. She uses the word “revive” four times, possibly indicating just how strongly she feels about keeping the space. The words “I am remaining” indicate Martha's assertiveness as the person who remains to fight the case as her partner has passed on. This level of place attachment is acknowledged by Scannell and Gifford (2017) as they state that people attach to places despite the incivilities that exist that may evoke fear in their surroundings. Despite feeling unsafe, Martha insists that she will not remain and fight for the stand.

Since Martha had received a space allocated to her and her late partner, an activity that needed to follow up was the building of an RDP house for them. She describes the current state as “a habit of favouritism to build”. In other words, some people did get the opportunity of having RDP houses built for them, and some did not. Martha is one of the people whose house was not built by the local government. As a result, she had to build the house herself:

Even when the old man passed away there was a shack here, there was not even a single room [I: Yes]. I made a plan, I became a part of the stokvel that I am talking about [I: Yes]. I built two room, I finished off and built three room [I: OK] mmh from the stokvel [I: OK]. No one helped me here

Martha has had to be a part of a stokvel to be able to raise money in order to build a house for herself. Seeing that the local government would not make it possible for her to have a house, she needed to make a plan, and she did. Contrary to Martha, Sophie got her house relatively easier. She is among the people whom the process of building houses favoured within the community. She describes her experience as follows:

Yes, they come, the people from housing. They go around noting names they see who qualifies. Like as I tell you that people lived 2 in 1, when they get to such people, they ask...who is the owner of the place, the one who came first. Isn't you would find that I came first and you came after and lived like having hired the place but not really hired, isn't they did not pay anything. So they want to know who came first if two people live together. And then they take down the name of that person, they are the one who qualify for the house. And then the others they write them down, but separate. So that if they find a place, they can move them there.

What Sophie is describing here are the early stages of her arrival in Winnie Mandela. Initially, no one had a house. People arrived in Winnie Mandela, made shacks for themselves and made a living. She is describing people who lived 2 in 1, which means two people from two different shacks shared a toilet. One of the factors that made one qualify for a house was that they occupied a particular space first. In this case, Sophie arrived first in the space, and as a result qualified for a house which was later built for her by the local government.

Sophie and Martha's cases are in sharp contradiction. For Sophie, coming to Winnie Mandela meant that she would find comfort. For Martha, she and her partner needed a place to stay. Martha's stay has not been comfortable as she has been in direct conflict with *Makomiti* and continues to live in this discomfort. She has also had to make means to create the house she wanted to live in. In both cases, contextual factors (the process building RDP houses) influenced whether or not the older person gained access to what they needed (a house) and their level of feeling safe.

As previously noted, older people attach to their places regardless of experiences they may have had in relation to that place (Scanell & Gifford, 2010). At face value, the concept of place attachment may appear to have a positive connotation. In other words, one can easily assume that the older person may be attached to their house or place because it is associated with positive experiences. This study has shown that place attachment may not be associated with positive personal experiences. Instead, older people continue to stay in their places because they evoke a sense of well-being and identity. In essence, contextual factors are not separate from personal individual or personal experiences. Rather, contextual factors facilitate the experiences of the older person in the community they are embedded in.

CHAPTER FIVE

CONCLUSION

This study looked at two older people's aging experiences in the Winnie Mandela community in Tembisa. Two older women participated in the study, one who is 67 years old and the other is 87 years old. Interpretive Phenomenological Analysis (IPA) was employed, along with an adapted model of Bronfenbrenner's bioecological framework to understand participants' experiences. This model was found to be useful, as it assisted in capturing older people's holistic aging experiences; capturing the biological and environmental factors involved.

This study confirms that aging is not just a biological experience where the older person experiences a declination in bodily functions, but rather an experience that is influenced by a number of factors at different levels of the environment in which the older person is embedded. The diagram below serves as an illustration of the different factors at different levels that influence the older person's aging experiences in this study.

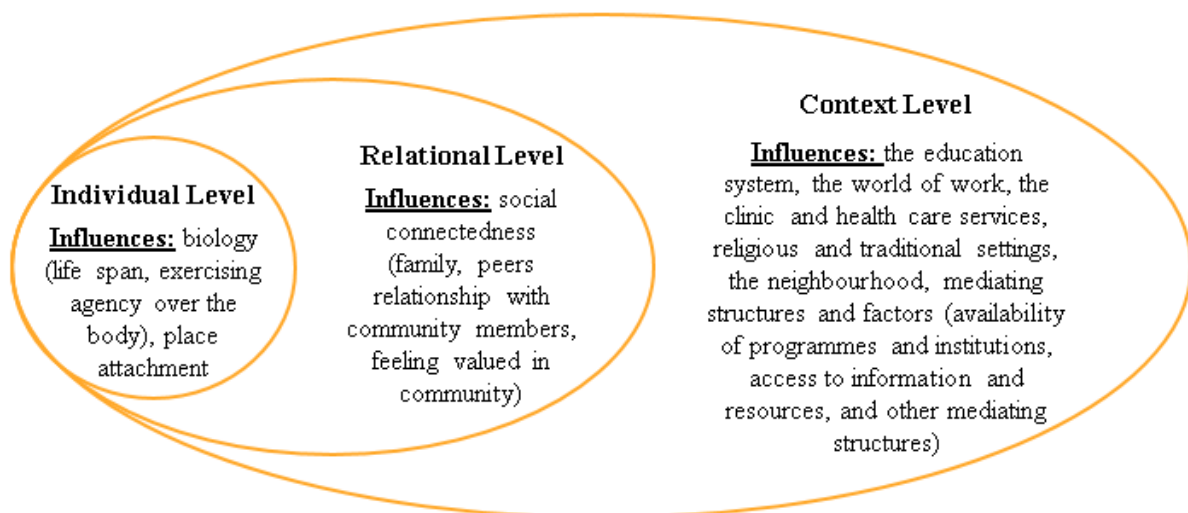


Diagram 5.1 The levels influencing aging

At the individual level, the older person's body appears to experience a decline in bodily functions, a reality that is difficult to accept. Despite this decline, older people expressed a desire to remain active participants in their daily lives. This study also showed that older people develop an emotional attachment or bond to their places of residence, regardless of whether or not they had positive experiences or memories of the place. Martha for instance experienced repeated exposure to violations within her home by the local governmental and security forces, causing her to live in constant fear and anxiety. Despite these experiences, she continues to remain attached to her place as it provides her with a sense of emotional well-being.

At the relational level, relationships with family, peers and the community were identified as essential to the older person's aging experiences. Family members, such as children and grandchildren were seen as important contributors to older people's daily functioning as they would perform daily functioning needs and emotional needs. An important difference is noted between Martha and Sophie's cases; Sophie's case is marked by support and interaction, with her children, grandchildren and the larger community. Martha's case is marked by precarity, isolation and limited support. This difference indicates that aging experiences can differ significantly even within the same community. This indicates that experiences of aging are not homogenous and that the ways in which wider social and contextual factors mediate aging are varied, complex and nuanced.

The study also showed that in some cases, community members hold the view that older people cannot make valuable contributions in community life. Despite these views, older people in this study have continued showing agency and resilience to achieve what they want, challenging the stereotypes that older people are inactive members of communities.

At the context level, factors such as the demands of the education system (waking up early to prepare for school and paying school fees) and the world of work position the older person to

step in as a caregiver for their grandchildren, which structures how older people spend their money and time. In Martha's case for instance, she structures her finances such that she is able to pay for her grandson's tertiary fees. Sophie on the other hand ensures that she avails time to take care of her grandchildren while her children have gone to work. In terms of access to the clinic and health care services, this study has shown that person-centred, an approach that places emphasis on the older person's individual needs, preferences and cultural or traditional values (Kelly et al., 2019) is the best approach to meet the needs the medical and health care needs of the older person. In a case where a health care intervention was not person-centred – inconsistent with needs (medication that does not work or not receiving information on their health status), preferences and cultural values – the older person was left feeling uncared for, dissatisfied and unmotivated to seek medical help when they need it. This study has also showed that religious and traditional settings are spaces where the older person can access help (when feeling sick) and through participation can feel a sense of belonging. In cases where the older person felt unsafe in their home, it was due to neighbourhood crime and violence, showing that the neighbourhood that the older person is embedded in can greatly influence their how they experience their homes and communities.

Other factors at the context level included availability of programmes (social club for older people) and institutions (the court), access to information and resources, and normative constructions of gender. It is also important to note that current aging experiences in the South African context cannot be separated from the structural impact of Apartheid. In sum, it is clear that a number of factors come together in complex and nuanced ways to mediate the older person's experiences.

Drawing on the work of Bronfenbrenner (Bronfenbrenner, 1979), which recognises that different levels of the environment interact to facilitate the individual's experience, this study has shown that factors at the individual, relational and context level interact and mediate the

older person's aging experience. For instance, the crime and violence that is characteristic of Sophie and Martha's neighbourhood leads to feelings of anxiety and unsafety in their homes. Another example is Sophie, who indicated that her social club experience makes her feel a sense of belonging and not "lonely", contributing to her emotional well-being as an individual. Most literature understands aging from a single aspect, such as the biological, neighbourhood safety or providing care for older people (among other aspects), capturing aging as an experience characteristic of certain aspects and not others. On the contrary, this study has shown that the older person's aging experiences are better understood from an ecological lens. In sum, the older person's aging experience is an interplay of different factors at different levels of the ecology. The ecological lens focuses attention on the fact that the older person ages in context. Based on this, fulfilling elder-friendly communities can only be those that incorporate and encourage the necessary factors at the individual, relational and contextual levels of the older person's ecology.

The last conclusion drawn from this study was that older people have different understandings of what an elder-friendly community is. For Martha, it is living free of medical conditions and for Sophie it is being able to participate in the social club for older people, which makes her feel a sense of belonging. This then helps in understanding that definitions of an elder-friendly community may vary from one older person to another. Indicating that in creating elder-friendly communities, older people's views and understandings need to be considered and incorporated, as excluding them would mean that elder-friendly communities are not necessarily what older people need, which may prevent them from aging successfully in place.

Implications of the study

From the conclusions drawn from this study, there is an indication that older people's bodies change as they grow and ultimately place limitations on their daily experiences. There is a

possibility that older people's aging experiences can be improved if there are structures or aids in their homes to assist them make up for their bodily limitations. In other words, structural changes may greatly enable older people to function in daily life with few limitations that their bodies impose on them.

Since older people show agency, desiring to be active in daily life and wishing to be part of community, it would be useful to create more programmes that will enable older people to remain active. From this study, the social club for older people has been found to be useful; there is a possibility that creating more social clubs will enable older people to remain active and involved in their communities.

In designing and creating elder-friendly communities, it is important to note that older people desire to remain in their homes and within their communities. This helps policy developers to understand that an elder-friendly community is not necessarily a separate community in a separate location, but rather it is improving the communities that older people already live in and making them elder-friendly. Moreover, these communities should encourage social connections with family, peers and the community, since older people have shown to attain their emotional well-being from being socially connected.

In creating a health care system for older people, a person-centred approach needs to be considered. This is a health care system that will put the needs, values and preferences of older people first. Moreover, a person-centred health care system is one where older people are able to engage with the health care practitioner and thus can be equipped with knowledge and information to better understand their medical conditions. A person-centred health care system will ensure that older people's needs are met and that they are satisfied with the services.

In creating elder-friendly communities, it would be useful to incorporate the definitions and understandings of what an elder-friendly community is according to older people. As indicated,

aging in place is not a “one-size-fits-all-concept” (Vasunilashorn et al., 2012, p.3), which means that different older people may need different things in an elder-friendly community. Incorporating older people’s views would mean that elder-friendly communities are created with older people’s needs at the forefront.

Limitations of the study

The researcher acknowledges the following as limitations of the study and as factors that may be worth considering when conducting research of a similar nature:

- This study could have been conducted with a more diverse sample, but due to time limits, this could not be possible.
- As a new researcher, the researcher may have missed out on important questions that could have better assisted in understanding the participants’ experiences.

Future possibilities highlighted by the study

- This study has shown that very little is known about older people’s aging experiences in South Africa. There is an indication that research needs to be conducted to gain a better understanding of older people’s aging experiences as this would assist in creating elder-friendly communities.
- There is a need to create and implement policy in order to meet the needs of older people in their communities.
- There is a need for different organizations and structures to work together to improve the lives of older people. This is mainly because aging is a bioecological experience, suggesting that it is not limited to personal or individual factors, but rather it involves various structures, institutions and organisations.

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Interview guide

1. Can you tell me about your upbringing?
2. How did you come to live in this community?
3. How has your life been since you lived in this community?
4. Do you feel valued in this community?
5. Do you feel that your daily living expenses are met to allow you to age successfully?
6. Who do you feel is responsible for the current status of the community?
7. What do you regard as an elder-friendly community?
8. What changes would you like to see for this community to be elder-friendly?

Master Themes

All Transcripts

Theme name	Cluster	Identifier – Participant 1 Transcript 1	Identifier – Participant 1 Transcript 2	Identifier – Participant 2 Transcript 1
Place attachment	Own space	“let me look for a place that is mine” – 1.5 “other people’s places are not comfortable” – 1.15 (own space = bringing a sense of freedom and comfort)		“He is pointing out that this house is his, this house is mine”-8.9 “being OK I will see by seeing them come and build and RDP”-19.6 (own space = uncomfortable, incomplete comfort)
	Sticking to familiarity	“not how I was raised” – 1.21 “where I grew up, we grew up living well” – 1.19		
The biological aspect	Physical changes as an inhibitor	“My leg was painful” – 11.2		“I am unable to go to the bus”-22.12
	Physically active	“I exercise, I’m busy, busy” – 11.20 “I used to walk from here to Oliphant every morning” – 11.22		
	Personification of disease	“a disease wants you when you are seating doing nothing” – 12.7 “the disease must know that you don’t have time for it, to entertain it” – 12.8		

		“don’t entertain a disease” – 12. 9		
	Changing biological self		<p>“sometimes maybe being forgetful” – 10.10</p> <p>“you experience like diseases that you never had before” – 10.9</p> <p>“knowing that I have become like this” – 14.22</p> <p>“body refuses...that thing makes you feel down” – 16.7</p> <p>“sometimes when you wake up your body is not OK” – 12.7</p>	<p>“My body, my arms I get tired and don’t know what it is” – 1.13</p> <p>“The legs they trouble me”- 2.21</p> <p>“I am not that old to use a walking stick” – 20.4</p> <p>“I just have standing, walking a bit without a stick” – 20.7</p> <p>Explanation: Ayi I won’t tell you what it is, or it’s growing up or what I don’t know”-3.1</p> <p>“what they can help me with, it is these diseases”-19.20</p> <p>“I can see the person but not completely...my eyes always have tears”-19.25</p>
	Disapproval of inactivity	<p>“people are lazy, they want to wake up, eat and sleep” – 12. 27</p> <p>“You, yourself you are killing yourself”-13.1</p>		<p>“To stand up here and go to the house , ayi, I’m tired”-2.23</p>
	Personal responsibility for health	<p>“isn’t I control it”- 13.10</p> <p>“You watch food, the food you eat”-13.16</p> <p>“a lot of the things I don’t fry” – 13.17</p>	<p>“I control my high blood” – 11.1</p> <p>“to reduce food” – 11.5</p>	<p>“I then bought pills of...of...Lerumo la madi”- 3.22</p> <p>“it is Lerumo la madi...yes it works well”-4.13</p>

				<p>“I went and asked the traditional healer I said I want to know about these legs”- 23.18</p> <p>“high blood is going well it is because of these pills that I am telling you about”-21.27</p>
Needs that are met	Senior citizen benefits	<p>“we go in for free”- 9.1</p> <p>“they pay them for me”- 10.3</p> <p>“I also benefit”- 9.26</p>		
	Personal goals	<p>“invite them to my party for 70”- 12. 21</p> <p>“God gives me life to reach it”- 12.24</p>		<p>“she has her own society”-17</p> <p>“you must eat and know that on the last day, your things are in order”-13.23</p> <p>“they must not struggle with me”-14.1</p>
	Basic needs met	<p>”let me look for a place that is mine” – 1.5</p> <p>“not OK, I have to go to the clinic”-19.24</p> <p>“their mothers buy groceries” – 14.20</p> <p>“they started moving us they brought toilet” – 17. 25</p>		<p>“We didn’t have meat we didn’t have anything”-9.10</p> <p>“Creche everything, school everything, it was him who stood up for this child”-10.2</p> <p>(Interpretation: her late husband took care of everything, since his passing, she has had to meet those needs he took care of) note next sentence: “right now he left me, he goes through struggles with me”</p> <p>“right now I think it is much better”-11.13</p>

				<p>“we bought a box of <i>khwangula</i> it is chicken, just bones”-12.14</p> <p>“I have to have money for electricity, I have to pay water, the child goes to school from it”-12.26</p> <p>“I have a society”-13.7</p> <p>Meeting basic needs of grandchild: “On the other hand I am taking him to school”-9.8</p> <p>“The little that I find I give him”-11.15</p>
The role of relationships / Social connectedness	A sense of belonging	<p>“you are an outsider” – 2.13</p> <p>“does that mean I come from the tree?”-2.24</p> <p>“</p> <p>“you need their support” – 2.29</p>	<p>“every child must know where they come from” – 20.7</p> <p>“like us here, we have a place” – 21.3</p>	<p>“We lived well well well” 10.18</p> <p>“so when my father got me, a girl she was happy beyond”- 10.20</p> <p>“Even where I married into, it was well”-11.1</p>
	Social connectedness	<p>“You don’t get lonely”-9.9</p> <p>“when there is something, an event for grannies, I must go” – 10.4</p> <p>“We play games”-10.12</p> <p>“I was told by another woman”- 11.11</p>	<p>“isn’t I came because I want to support you” – 11.23</p> <p>“stay a bit with them” – 12.1</p>	<p>Lack of social connectedness: “people from my family I don’t trust them”-8.2</p>
	Positive relation			<p>“Very well with this surname”-5.1</p> <p>“I am his mother I am his father I am his sister”-9.19</p>

				<p>“I must take care of you because you also take care of me”-9.24</p> <p>I love him and he loves me”-10.12</p> <p>“I trust my grandchildren”-21.5</p> <p>Loss of a positive relation:</p> <p>“He passed away a long time ago”-5.10</p> <p>“losing someone is not something that goes away”-5.20</p> <p>“A person like that I won’t forget”-6.10</p> <p>“This one I won’t forget. I won’t forget him”-6.26</p> <p>“It still hurts a lot”-6.22</p> <p>“Even now I have to put a tombstone where he is resting”-7.19 (<i>meaning attached to tombstone in African cultures</i>)</p> <p>“poverty is losing someone through death”-11.5</p> <p>“Losing a husband is painful. Isn’t you tell them every single thing”-11.6</p> <p>“right now when your husband is gone you don’t know who to tell”-11.8</p>
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	Social interdependence	<p>“so they have to teach you” – 3.10</p> <p>“their mothers buy groceries”- 14.20</p>	<p>“she will take her and then bring her back to me and then go to work” – 4.5</p> <p>“it becomes more difficult when no one can help you” – 16.13</p> <p>“not in many occasions that you can come in here with him seeing you” -7.9 (quote used in adapting to violence)</p>	<p>“he looks after me”-10.7</p> <p>“He built and I slept”-12.1</p> <p>“find that they are traveling home I go in, pay them and go”-</p>
Violence in the community	Less signs of violence	<p>“Tembisa was rough”-6.9</p>	<p>Contradiction to transcript 1: “they say that boys break into people’s houses” – 5.27</p> <p>“...and they shot him” – 6.6</p> <p>“is there someone, huh” – 7.5</p>	
	Witnessing violence	<p>“all three of them raped her”-6.22</p> <p>“phuma silwe” (come out let’s fight) 17.14</p>		<p>“they broke...they destroyed a lot of things in the house”- 17.15</p> <p>“you see...it is disrespect”- 19.3</p>
	Adapting to violence	<p>“they kill you because they are afraid that you will speak” -7. 5</p> <p>“it is painful shame”-7.10</p>	<p>“you see me, isn’t it has been a while since I stayed here” – 5.25</p> <p>“not in many occasions that you can come in here with him seeing you” -7.9</p>	<p>“We went to the police station and opened a docket”- 15.11</p> <p>“they can come and break down I don’t know”-19.7</p> <p>“if they come back here, I will revive it”-19.8</p>
	Crime/ Violence: Loss	<p>“they stole the things we used to work with”-11.9</p> <p>“these nyaope boys take them”- 12.1</p>	<p>“isn’t it’s those children who grew up in front of me” – 7.29</p>	<p>“the mirror stand is there, it does not have a mirror, the wardrobe they broke”-17.16</p>

			“there is a child who killed their grandmother” – 17.16	“It did not sit well...it is our neighbour that did this”-18.11 “They broke the shack and put it down”-18.8 “they broke a lot of things. They broke them down”-18.24
	Change in male/ female relations	“able to handle marriage until when”-4.22 “don’t do anything about it, and he repeats”-4.9 “today’s generation...I feel...I’m scared for their lives”-5.12 “Do you see how guys kill girls”-5.13		“these days, they just kill a woman”-6.13 “We had proper men”-6.18
	Mistreatment of older people	“grandchild is giving them difficulties”-20.23 “even their grant money, they don’t feel it” – 22. 11	“grandchildren, don’t treat the well. Their children don’t treat them well” – 16.17 “grandchildren are waiting for her, you find that they want money”- 16.21 “he killed the grandmother with a knife and locked her inside the house and left” – 17.23 “these children do things that no one can stand for” -17.10	
Mediating structures/Factors	Availability of programmes/institutions	“I joined these clubs of grannies”-16.1 “They are there”-20.15	“year party of the church” – 2.15 “I want to go to church” – 2.6	“if he comes after you, come and call us”-15.28
	Personal beliefs (mismatch between			“There are thing of African people when you go to the

	experience and medical intervention)			hospital, they won't see it"- 3.4 "I can't blame the doctor...but African people also have their own ways"- 4.6
	Social worker as a mediator	"talk to social worker, and they are able to refer"-20.	"she refuses with things that don't belong to her" – 23.21 "I don't understand how her being a social worker works" – 24.17 "she must treat us equally" – 25.10 "are people from the township. She lives in Kempton Park" – 25.12	
	Access to information and resources	"the wools I'm talking about they bring them'-9.3 "when they are available I don't want to leave them" – 9.23 "title deeds or wills if you want to make a will"-21.22 "I know where to go"-22.4	"at the clinic, they encourage us, every two years I do pap smear" – 13.13 "this chicken...cook it without skin because on the skin, there is something that causes cholesterol on the body and this high blood pressure" – 10.26 "when you go to these specialists...they hire a car here" – 13.27 "I went to the social worker that works here, me myself" – 24.8	"they brought me transport to get there"-1.9 "I do get grant"-12.21 "But the high blood I have noticed it has gone down"- 1.12 "I am going to see the doctor"-1.11 "when I went to the clinic"- 1.21 "they sent me to hospital"- 1.23 "and we got the stand right here"-8.27 "I know how I am living my life"-21.13

				<p>Denial of access to resources: “Whether this year they will build or they won’t build, I don’t know”- 8.13 “‘This thing we made a plan...we didn’t eat anything with the grandchild”-8.14 “I went through a lot with this child”-9.8</p>
	Perspective on governing services/structures	<p>“even today they did get help”- 16.19 “I’m sure soon they will sort them out”-17.6</p>	<p>“they tried to call the ambulance and you know the issues with the ambulance” – 6.8 “they told the police that ayi, you, most of the time when we call you, you come late” – 6.29</p>	<p>“blue form that is not even required isn’t they also benefit”-16.9 “they bother me, they come with their issues”-16.14 (consider the previous question for analysis) “<i>Makomiti</i> are full of corruption, a lot of it”-18.6</p>
	Built environment reinforcing social environment	<p>“most people lived two in one and it was problematic” – 16.21 “they used to fight for these stands”-17.4</p>		<p>“Ayi I went through a lot in this place...ayi I have had it”- 18.23 (this violation of physical structures has probably left her emotionally violated as well)</p>
	Failing mediating structure			<p>“they only gave me medication” – 1.6 “No, I did not get help”-2.19 “right now we broke your house when they know that they sold it to someone”-18.5</p>

				<p>“they take my blood but that blood I have never heard about the results”-20.14 (on page 21, line 1, she unconsciously makes mention that good service involves an explanation of procedure and knowing the outcome) “traditional healers, churches they don’t get better” -23.28 “they helped people but me”-24.12 “they did not pay attention to the legs”-2.5 “they did not take me to X-ray”-2.12 – Both these highlighted responses could be perceived failures “there is a habit of favouritism to build”-14.7 “<i>Makomiti</i> have given me your stand”-14.19 “<i>Makomiti</i> have broken down the house, the Metropole and security”-17.23 “when they know they sold it to someone”-18.5 “they did not get back to me. Me going back there they prick me again”-21.22</p>
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				“church you go but help, even one I have not seen”-22.21
Sense of purpose	Daily routine	“I prepare water for her”-7.21 “After that I stay alone”-7.26 “Ja. We are busy”-8.4 “I do things that they want”-14.17	“I was making sure that they can get ready and leave” – 1.20	
Agency				“I made a plan, I became a part of the stokvel”-9.5 “If you want nice things...nothing will go well for you”-9.13 “Everything needs a plan and mind”-12.5 “with your mind, you have to be smart”-12.11 “No I did not agree”-17.3 “will you leave? Like that? No you would not”-18.18 (possible projection) Systematic agency: “they want to go out as well”-23.10



12 August 2019

Ms Nosipho Bernadette Mkhomazi (214525622)
School of Applied Human Sciences
Howard College Campus

Dear Ms Mkhomazi,

Protocol reference number: HSS/0474/019M

Project title: A qualitative study on how older people experience aging within the Winnie Mandela community

Approval Notification – Expedited Application

In response to your application received on 25 April 2019, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. **PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 1 year from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....
Dr Rosemary Sibanda (Chair)

/ms

Cc Supervisor: Ms Kerry Frizelle
cc Academic Leader Research: Professor Ruth Teer-Tomaselli
cc School Administrator: Ms Ayanda Ntuli

Humanities & Social Sciences Research Ethics Committee

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UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

APPLICATION FOR ETHICS APPROVAL
For research with human participants

INFORMED CONSENT RESOURCE TEMPLATE

Information Sheet and Consent to Participate in Research

Date: 9 November 2019

Greeting Sir/Madam

My name is Nosipho Mkhomazi from the University of KwaZulu-Natal, Psychology Department, email address nosiphomkhomazi@gmail.com and cellphone number 072 227 3352.

You are being invited to consider participating in a study that involves research in relation to understanding the aging experiences of older people. The aim and purpose of this research is to have a better understanding of the changes that can be made in communities as a way of improving older people's aging experiences. The study is expected to enroll two (2) participants, from Winnie Mandela Section Tembisa in the Gauteng Province. It will involve the conduction of interviews and writing about the results of the interviews for academic purposes. The duration of your participation if you choose to enroll and remain in the study is expected to be two months long, this is so that interviews can be conducted and to allow the researcher to be able to clarify other areas of the interview.

The interviewing process may raise sensitive topics. Please note that the researcher will assist participants in managing the situation and refer them to a social worker or other people if it becomes necessary. Although there may be no direct benefit to participating in this study, I hope that by interviewing you I will acquire insight into the aging experiences of older people and use these insights to make recommendations for positive changes that could contribute to more successful aging.

It is important to note that participation in this research is voluntary and, therefore, participants can withdraw from the study at any point. In the event of refusal/withdrawal of participation, the participants will not incur penalty or loss of treatment or other benefits to which they are normally entitled.

Should participants withdraw from the study, the researcher will carry the responsibility of finding other participants who may wish to participate in the study. As a way of withdrawing from the study, participants can inform the researcher and their information will not be used for purposes of this study. The researcher will terminate participation if it becomes clear that participation is doing harm to the participants.

Participants will not incur any costs as a result of participating in this study. Participants will have refreshments as an incentive to participating in this study.

The information obtained from participants in the form of recordings and transcripts will be kept with the supervisor for five years to ensure that it is safe and that confidentiality is maintained. Confidentiality will only be breached if the researcher suspects that participants are in danger in terms of harming themselves or someone else.

CONSENT

I (Name) _____ have been informed about the study entitled ‘A qualitative study on how older people experience aging within the Winnie Mandela community’ by Nosipho Mkhomazi.

I understand the purpose and procedures of the study which are aiming at understanding the aging experiences of older people, which will be accomplished through interviews.

I have been given an opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at 072 227 3352.

I hereby provide consent to:

Audio-record my interview YES / NO
Use of my photographs for research purposes. These are photographs of the community and the surrounding environment, which will assist in having a better understanding of the surroundings that older people are exposed to YES / NO

Signature of Participant

Date

**Signature of Witness
(Where applicable)**

Date

**Signature of Translator
(Where applicable)**

Date

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION
Research Office, Westville Campus
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