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RECIPROCAL TRANSNATIONAL CARING: EXPERIENCES OF THE AGED AND THEIR EMIGRATED CHILDREN

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ABSTRACT

Background

Globalisation is increasing and influences the families that emigrate as well as those that stay behind. In South Africa the left behind aged parents of adult children who emigrated experience a sense of helplessness as they feel that they have raised children who abandoned them when they relocated to other parts of the world due to push and pull factors. They also feel that they are missing the experiences of being part of their grandchildren's lives. Emigration of adult children disrupts the normal functioning of the family for the emigrants as well as those left behind. The reciprocal caring becomes difficult and complicated.

Aim of the study

The aim of the study was to explore and describe reciprocal transnational caring as it was experienced by aged parents in a selected retirement village in South Africa and their emigrated children.

Methodology

Descriptive phenomenological research was done where scheduled interviews were used with informed consent to obtain data from the 23 selected participants in a retirement village and their emigrated children abroad. Interviews were carefully recorded and transcribed where after the gathered data was used to identify the essence and supporting constituents of the phenomenon. The essence and constituents were thoroughly described and a literature study was done of existing material to integrate the findings of the phenomenon.

Findings

The findings revealed the essence as “We do love and care, but we can’t touch and hug”, and the supporting constituents: “We are as involved as we can”, “We live a dual life”, “The grandchildren outgrow the grandparents”, “Technology makes it much easier”, “They have a future as ‘world citizens’” and “Financially we are independent” were identified.

Key words

Transnational care, emigrated children, elderly parents, grandparents left behind, care across borders.

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DEDICATION

This study is dedicated to all families who are torn apart after the emigration of adult children. There is no compensation for the loss experienced by the parents and their children. The brave hearts of those involved may be kept together with love but the loss of time not spent together cannot be replaced. Value every moment that you have with those who are dear to you close enough that you can touch and hug them.

TABLE OF CONTENTS

	PAGE
ABSTRACT	i
ACKNOWLEDGEMENT	lii
DEDICATION	iv
CHAPTER 1: BACKGROUND TO THE STUDY	
1.1 INTRODUCTION	1
1.2 BACKGROUND AND RATIONALE	2
1.3 PROBLEM STATEMENT	5
1.4 SIGNIFICANCE OF THE PROPOSED STUDY	6
1.5 RESEARCH QUESTION	6
1.6 AIM AND OBJECTIVES OF THE STUDY	6
1.7 CONCEPT CLARIFICATION	6
1.8 DELINEATION	8
1.9 SUMMARY	8
CHAPTER 2: PARADIGMATIC PERSPECTIVE, PHILOSOPHICAL FRAMEWORK AND RESEARCH METHODOLOGY	
2.1 INTRODUCTION	9
2.2 PARADIGMATIC PERSPECTIVE	9
2.2.1 Research paradigm	10
2.3 PHILOSOPHICAL FRAMEWORK	12
2.3.1 Epistemological and ontological assumptions	13
2.3.2 Methodological assumptions	15
2.4 RESEARCH DESIGN	17
2.4.1 Research method	18
2.4.2 Assuming the phenomenological attitude	18
2.4.3 Researcher's role	20
2.4.4 Research setting	20
2.4.5 Selection of the participants	20
2.4.6 Data collection	26
2.4.7 Data analysis	32
2.4.8 Description of findings	35
2.4.9 Literature review	35
2.5 MEASURES TO ENSURE TRUSTWORTHYNESS	36
2.6 Ethical considerations	36
2.7 SUMMARY	38

CHAPTER 3: PRESENTATION OF FINDINGS OF THE STUDY	
3.1 INTRODUCTION	39
3.2 DESCRIPTION OF THE ESSENCE OF THE PHENOMENON AND ITS CONSTITUENTS	40
3.2.1 We are as involved as we can	43
3.2.2 We live a dual life	46
3.2.3 The grandchildren outgrow the grandparents	49
3.2.4 Technology makes it so much easier	52
3.2.5 They have a future as world citizens	55
3.2.6 Financially we are independent	58
3.3 SUMMARY	59
CHAPTER 4: DISCUSSIONS OF FINDINGS	
4.1 INTRODUCTION	61
4.2 THE ESSENCE OF THE EXPERIENCE AND ITS CONSTITUENTS	62
4.2.1 We are as involved as we can	64
4.2.2 We live a dual life	68
4.2.3 The grandchildren outgrow the grandparents	73
4.2.4 Technology makes it so much easier	76
4.2.5 They have a future as world citizens	80
4.2.6 Financially we are independent	82
4.3 SUMMARY	84
CHAPTER 5: SUMMARY OF FINDINGS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS	
5.1 INTRODUCTION	86
5.2 SUMMARY OF THE FINDINGS	86
5.2.1 The essence: “we care as much as we can but we can not touch and hug”	88
5.2.2 We are as evolved as we can	89
5.2.3 We live a dual life	90
5.2.4 The grandchilden outgrow the grandparents	92
5.2.5 Technology makes it so much easier	93
5.2.6 They have a future as world citizens	94
5.2.7 Financially we are independent	95
5.3 LIMITATIONS OF THE STUDY	95
5.4 RECOMMENDATIONS	96
5.5 CONCLUSIONS	98
REFERENCES	99

LIST OF ANNEXURES

ANNEXURE: A	LETTER FROM ETHICS COMMITTEE	111
ANNEXURE: B	WORLD MEDICAL ASSOCIATION DECLARATION	112
ANNEXURE: C	DECLARATION OF ORIGINALITY FOR UP	113
ANNEXURE: D	PARTICIPANT INFORMATION LEAFLET AND INFORMED CONSENT DOCUMENT	115
ANNEXURE: E	INSTRUMENT FOR DEMOGRAPHIC INFORMATION, MAIN AND PROBING QUESTIONS	119
ANNEXURE: F	LETTER TO DIRECTORS OF RETIREMENT VILLAGE TO REQUEST PERMISSION FOR RESEARCH	120
ANNEXURE: G	PERMISSION TO CONDUCT RESEARCH AT RETIRE@MIDSTREAM	121
ANNEXURE: H	EXAMPLE OF INTERVIEW AND FIELD NOTES	122
ANNEXURE: I	REFLECTIVE JOURNAL	132

CHAPTER 1

BACKGROUND TO THE STUDY

1.1 INTRODUCTION

In South Africa, the left behind aged parents of adult children who emigrated experience a sense of helplessness as they feel that they have raised children who abandoned them when they relocated to other parts of the world. They also feel that they are missing the experiences of being part of their grandchildren's' lives: "...we raise them to leave us..." (Minnaar, Myburgh & Poggenpoel 2014:854). The parents feel that they love and cherish their children and then they just leave them behind when they emigrate.

Emigration of adult children disrupts the normal functioning of the family (McGuire & Martin 2007:178) as caring across generations and the exchange of resources between generations become complicated (Zhou 2012:233). When emigration happens every family member gets directly or indirectly involved in the process of leaving or staying behind and thus experience the pain of loss (Mosca & Barrett 2014:21). When a decision is made to leave home and country, feelings of anxiety and uncertainty arise with those who are left behind as well as with those who left. Fear for the unknown and a life without dear ones are experienced (McGuire & Martin 2007:178). In future, caring will happen transnationally in a reciprocal manner as parents will in the beginning have to support the children who have left and as the parents age they will have to be supported by their emigrated children (Baldassar 2007a:279). This study aimed to explore and describe reciprocal transnational caring as it is experienced by aged parents and their emigrated children.

1.2 BACKGROUND AND RATIONALE

Migration is global and has rapidly increased since 1995 (Abel & Sander 2014:1521) with push and pull factors (Brettell & Hollifield 2014:153) such as the availability or lack of economic opportunities (Ratha, Yi & Yousefi 2015:262), and the improvement of overall living conditions (Boyle, Halfacree & Robinson 2014:vi) as the main drivers. A recent study has found that international migration figures in South Africa are higher amongst men than women (Camlin, Snow & Hosegood 2014:542). In the aged participants sample in this study, the ratios of their emigrated children were equal: seven sons and seven daughters who have emigrated.

Many South Africans have family in other countries (Marchetti-Mercer 2009:129). During the Apartheid years, emigration from South Africa was mainly because of political reasons, immediate pre-election due to fear of the unknown and because of the high crime and violence rates and economic uncertainty (Marchetti-Mercer 2012:377). Other factors that contribute to the emigration today are dissatisfaction with the standard of public and commercial services, high unemployment rate and moral decline in society (Minnaar et al 2014:853). Emigration in South Africa is not only amongst White South Africans after 1994, but Black professionals also leave the country for better career opportunities (Marchetti-Mercer 2014:244).

The growing phenomena of emigration of adult children is an increasing socio-psychological reality (Marchetti-Mercer 2009:132) that transforms the fabric of societies (Marchetti-Mercer 2009:129), disturbs the functioning of families (McGuire & Martin 2007:178) and transforms families to transnational families (Zhou 2012:233). Transnational families are not defined by geographic boundaries and not limited to specific time frames (Baldassar 2007a:276). Emigration affects both the emigrants as well as those left behind (Marchetti-Mercer 2014:243) causing pain for all involved (Mosca & Barrett 2014:21).

For the parents left behind, emigration has revealed various new and complex dimensions that influence the dynamics, experience, and process of aging (Zhou 2012:232). Some experiences of parents are found to be positive as their children are perceived to be safer, and able to compete internationally (Marchetti-Mercer 2012:384). Others feel that they are not part of the life of their children and miss the growing up of their grandchildren (Minnaar et al 2014:854). It appears however, that emigration benefits the emigrants more and has negative consequences for those who stay behind (Marchetti-Mercer 2014:252).

Whether migrants have their family's blessing to leave or not, they are under pressure to be successful. Successful emigrants are eager to visit family and can give better care but when they are not successful they feel ashamed and do not visit (Baldassar 2007a:284). Emigrated children also have to adopt new cultures to fit into the new community, and ethnic/cultural heritage and family relations cannot be separated, hence the relations with family (old culture) gets jeopardised (Falicov 2005:402). Acculturation is characterised by retaining parts of the old culture and incorporating them into the new culture (Falicov 2005:403).

Emigration of adult children affects the health and general well-being of parents (Böhme, Persian & Stöhr 2015:211). They experience emotional ambivalence as they know the emigration benefits their children but at the same time they experience loss and even a sense of death and mourning (Marchetti-Mercer 2012:378). A large number of these aged parents require counselling (Xie, Ding, Zhong, Yi, Zeng, Hu et al. 2014:368) as they suffer from poor mental health (Adhikari, Jampaklay & Chamrathirong 2011:11). Increased levels of depressive symptoms and feelings of loneliness are higher amongst the mothers of children who emigrated than fathers of children who emigrated (Mosca & Barrett 2014:3; He, Xie, Zhou, Zhong, Qin, & Ding 2015:638).

To overcome the vast distances, social communication technology, also referred to as “polymedia” because of the plethora of new emerging communication environments (Madianou & Miller 2013:6), has become a cornerstone of transnational families’ functioning (Bacigalupe & Cámara 2012:1425). They create a virtual space and time for their relationships (Falicov 2005:400), although some parents may not be capable of using it (Panagakos & Horst 2006:111). The expectations and obligations of the family determine the number of forms of virtual or face-to-face interactions needed to sustain relationships (Baldassar, Nedelcu, Merla & Wilding 2016:136). Because the family now lives in two or more countries, grandparents travel long distances to visit children and grandchildren (Zhou 2012:233) and these visits can be daunting and financially challenging (Marchetti-Mercer 2012:387).

In order to care for one another the families relate to transnational care as first described by Finch and Mason (1993). It includes practical, financial, personal, emotional and moral support; although the quality and accessibility may vary (King & Vullnetari 2006:784). Emotional and or financial care is initially provided by the parents to the children and later by the children to the parents (Baldassar 2007a:279). Emotional and moral support is rendered by “staying in touch” (Baldassar 2007b:388). Personal care can only be rendered during personal visits (Baldassar 2007a:276) and is preferred by the parents to be done by the children (Vullnetari & King 2008:142). Transnational care is reciprocal as parents and children support each other.

1.3 PROBLEM STATEMENT

With globalisation, the tremendous development in communication technology and the ease of crossing borders, (Marchetti-Mercer 2009:130) the world became smaller, but transnational family members still experience challenges to care for each other (Zhou 2012:233).

The trauma associated with the loss of emigrated children cannot be underestimated (Marchetti-Mercer 2009:133) as a decrease of well-being may be experienced by those left behind (Böhme et al 2015: 211). The aged individual may experience extreme loneliness, which is worse in cases when they are widows or widowers (He & Ye 2014:362), and moderate and severe depression is prevalent (He et al. 2015:638). Emigrated children may at first try to distance themselves from the family who was left behind to reduce their own pain (Marchetti-Mercer 2014:243). Over time some of the parents develop stress-related conditions that required medical care (Adhikari et al. 2011:11).

Transnational families try to stay in touch through routine care practices that involve communication technology (Baldassar 2007b:394) and when crises develop they try to deliver hands-on care (Baldassar 2014:403). Limited research has been done on transnational care worldwide and very few studies could be found that addressed the experiences of aged parents and their emigrated children of such care in South Africa.

1.4 SIGNIFICANCE OF THE PROPOSED STUDY

This study explored the experiences of families involved in reciprocal transnational care and the findings may lead to a better understanding of the care that is practiced by aged parents and their children in a Retirement Village in Gauteng Province in South Africa. It was possible to identify shortcomings that could be addressed and strengths that could be enhanced. A better understanding of the experiences may potentially lead to the development of support structures to facilitate optimal transnational care.

1.5 RESEARCH QUESTION

The primary research question was: How do emigrated children and their aged parents who remained in South Africa experience the reciprocal transnational care provided for each other?

1.6 AIM AND OBJECTIVES

The aim of the study was to explore and describe reciprocal transnational caring as it is experienced by aged parents in a selected retirement village in South Africa and their emigrated children.

The objectives of the study were to:

- Describe the experiences of reciprocal transnational care of the children emigrated.
- Describe the experiences of reciprocal transnational care of the aged parents left behind.

1.7 CONCEPT CLARIFICATION

In this study the following concepts are used:

- **Transnational care**

While transnationalism refers to concepts of migration and acculturation (Falicov 2005:399), transnational care refers to caring aimed at maintaining a sense of belonging between members of families with members in different locations to secure intergenerational networks of mutual trust, love and the obligation to take care of one another (Baldassar 2007a:276). For the purpose of this study transnational care refers to the care that family members provide to family members in other locations. It includes the care that aged parents who are left behind give to their emigrated children and the care that the emigrated children give to their parents, who remained in South Africa.

- **Reciprocal care**

The care, support, and love provided by parents to their children lasts a lifetime. When children become adults the care giving process goes the full circle and reciprocal care is evident in a family. The care process continues between emigrated children and their aged parents. This may include practical care, financial assistance by remittance and personal care during visits and emotional and moral support (Baldassar 2007a:276). For the purpose of this study reciprocal care refers to giving and receiving of care of both the emigrated children and their aged parents.

- **Left behind aged parents**

With globalisation people emigrate for various reasons and emigration out of South Africa has become an increasing phenomenon. This necessarily leaves the family unit functionality disturbed (Zhou 2012:232) and parents are left behind alone as they grow older and are distanced from their children and grandchildren (Marchetti-Mercer 2009:132). For the purpose of this study, left behind aged people 70 years and older who have children abroad and decided to remain in South Africa were the focus of the study. The term “parents” in this study will refer to the aged parents left behind.

- **Emigrated children**

When adult children decide to emigrate, the parents may stay behind in the country of origin. For the purpose of this study emigrated children refers to adult children of parents who emigrated while their parents remained in South Africa. The interviews done by the researcher with the emigrated children in this study were all done with the children of the parents also interviewed in this study.

1.8 DELINEATION

This study was done in a private retirement village where participants reside to explore and describe their experiences of reciprocal transnational care. The researcher has been exposed to this village for five years. The experiences of the emigrated children will be explored virtually.

1.9 SUMMARY

In Chapter One the background and rationale was positioned and the problem statement, aim and objectives of the study described. Concepts are clarified and the significance of the study illustrated. In Chapter Two the paradigmatic perspective, philosophical framework and research methodology was described.

CHAPTER 2

PARADIGMATIC PERSPECTIVE, PHILOSOPHICAL FRAMEWORK AND RESEARCH METHODOLOGY

2.1 INTRODUCTION

Nursing research attempts to improve and enrich the understanding and knowledge of nursing concepts (Botma, Greeff, Mulaudzi & Wright 2015:34). Enriched scientific knowledge will enhance practice and effective nursing interventions. It aims to improve the effectiveness, efficiency, efficacy, equity and acceptability of people in need of health care (Brink, van der Walt & van Rensburg 2012:4).

The aim of the study was to explore and describe reciprocal transnational caring as it was experienced by aged parents in a selected retirement village in South Africa and their emigrated children.

This chapter will provide a critical overview of the paradigmatic perspective, based on constructivism, and philosophical framework underlying the research process. This overview is followed by a thorough description of the research methodology based on descriptive phenomenology in accordance with the research phases.

2.2 PARADIGMATIC PERSPECTIVE

A qualitative iterative research approach was followed, with a constructivist paradigm to study the experiences of the aged parents and their emigrated children of the reciprocal transnational care. The individual experiences of the participants of the care given and received after emigration, was collected aiming to construe meaning. Information was collected by interacting with the participants with the emphasis on the holistic experience.

2.2.1 Research paradigm

“The word ‘phenomenon’ comes directly from the Greek, meaning “appearance” (Solomon & Higgens 1996:251). In this phenomenological study the researcher followed this philosophy that looked at the description of the real life-world (Finlay 2009:8) and the lived human experience as a mixture of the feelings of an intentional consciousness of the phenomenon (Higgs & Smith 2006:55) which in this study refers to the experiences of aged parents and their emigrated children of transnational care. Husserl, the father of phenomenology, focused on the life-world as the basic presupposition of all thought (Solomon & Higgens 1996:95). The life-world of people differs, and their intentional consciousness thereof may thus also differ.

A paradigm is a philosophical worldview that guides the ontological, epistemological and methodological assumptions of the researcher and reflects a belief system. It underpins the conceptual and philosophical framework of research decisions and choices towards research designs (Filstead 1979:34). In this study the researcher has chosen a constructivist paradigm with a descriptive phenomenological approach to guide the study to explore and describe how aged parents and their emigrated children experience reciprocal transnational care.

In the constructivist paradigm, a relativist ontological view looks at the multiple realities of the phenomena in the life-world of the lived human experiences of the participants (Denzin & Lincoln 2005:35). Ontology relates to the nature or set of assumptions of the reality as viewed by the individual (Brink et al. 2012: 24). Epistemology deals with the nature of knowledge and identifies the rules and principles of the known phenomena and how we can explain and know something (Botma et al. 2015: 40). The methodology followed refers to the rules and methods used to obtain the knowledge that is necessary to understand the meaning of the phenomena investigated.

In this study as a constructivist, the researcher aimed to understand rather than to challenge the experiences of the participants (Caelli 2000:372) in order to construct knowledge out of human engagement and emphasize the human understanding as a construction of human interaction (Barkway 2001:193). To understand the experiences of the participants the researcher engaged with aged parents and their emigrated children within the belief that experiences are exercises of intentional consciousness (Giorgi 2005:82). The participants described their conscious experience of the reciprocal transnational care that they receive and provide. The researcher supports a subjectivist epistemology that implies that only people who experience the phenomenon can describe and explain it (Denzin & Lincoln 2005:35).

The assumption is made with a constructivist paradigm that multiple subjective realities exist as different individuals experience the phenomenon (Denzin & Lincoln 2005:35). According to past experience and understanding of reality, each individual finds a different meaning and interpretation of their reality. Participants interviewed gave their own experience of the care given and received transnationally. Whether the experiences were positive or negative, they were interpreted differently and had different meaning to the participants. Parents and children may also attach different meaning to the reciprocal care across borders. The researcher, from a naturalistic approach with certain ontological assumptions, views the reality of the phenomenon not as a fixed reality but rather as a construction of the multiple interpretations of the reality that exists in the minds of the participants (Polit & Beck 2012:12).

The experiences were viewed as from a first-person perspective (Zahavi 2003:13). The researcher developed an understanding of the phenomenon, also referred to as a phenomenological attitude through “bridling” (Dahlberg 2006:16), a unique way of waiting for a meaning of the phenomenon to emerge from the research, knowing not to make the “indefinite” definite (Dahlberg 2006:17) but to approach the

phenomena as it is lived. The researcher cannot add the essence to the research but should wait for the essence to be revealed (Dahlberg 2006:12).

A set of methodological procedures within a constructivist paradigm was used. The interviews with the participants were held in their natural environment to ensure that they are as comfortable as possible, to give an open and honest response. Interviews that were held electronically from across borders were done at a convenient time as chosen by the participant to ensure that minimum stress was experienced.

Phenomenology, within the constructivist paradigm aims for a complex, rich description of a phenomenon as concretely lived (Finlay 2009:6). No set of judgments or external framework was imported and an open phenomenological attitude was adopted to describe the real-life world of the lived experiences.

2.3 PHILOSOPHICAL FRAMEWORK

Phenomenological research is a qualitative approach with the focus to derive meaning from the experienced phenomenon. It is not a direct report of all the experiences of the participants but a search for structural meaning of the experience (Giorgi 1986:41). A descriptive phenomenological approach must be free of all presupposition, and takes nothing for granted (Solomon & Higgens 1996:89). It focuses on the subject of experience, providing an elaborate description of the consciousness experience of the object. In this study the descriptive phenomenological research approach enabled the researcher to understand the experiences of the aged parents and children of the reciprocal transnational care after emigration.

2.3.1 Epistemological and ontological assumptions

Phenomenology claims that perceivable and objective truth exists, and that there is a 'real us' underneath people's masks and roles. The philosophy of phenomenology looks at the experience of a mixture of feelings, awareness and consciousness (Higgs & Smith 2006:55). Phenomenology both as methodology and philosophy, aims to understand social phenomena from the actors' own perspective and to describe the world as the participants experience it (Giorgi 1997:241).

Phenomenology, as defined by Husserl, is the scientific study of the essential structure of **consciousness**. He describes methods for taking up a specific standpoint, 'bracketing out' what is not essential and then understanding the basic rules through which consciousness works of knowing the world (Solomon & Higgs 1996:251). We must rigorously avoid all assumptions about existence of physical objects that distract our thoughts. The phenomenological attitude (the meaning of the experience) is revealed through the consciousness of the participant and not only a narrative description or natural attitude of the phenomenon.

Meaning is usually discussed within context of **intentionality**, which refers to the fact that acts of consciousness are always directed towards objects that transcends the acts in which the object appears (Giorgi 2005:82). Intentionality refers to the "relationship between a person and the object or events of the experience, or simply one's direct awareness of an object or event" (Dahlberg, Dahlberg & Nyström 2008:47). When we live, we are intentional beings. This refers to the direct awareness of an object or event. We experience events or objects because of the meaning that it has for us. Phenomenology is interested in how things present themselves to us and how we experience the meaning thereof. Husserl's phenomenology is a theory of intentionality (Hintikka 1995:78).

In order to aim to understand and construct knowledge from their experiences epistemological questions have been asked like “How do you know that there is reciprocal care between you and your parents?” to determine what valid knowledge is. Through “bridling” (Dahlberg 2006:16) the **meaning** of the phenomenon emerged from the research, by waiting for the essence to be revealed.

“Nominalist accounts of our ability to use concepts rely on our ability to generalize from **experience**” (Solomon & Higgens 1996:93). Husserl was seen as a nominalist as he stated that our knowledge of an “objective phenomenon” is based on our subjective experience. Husserl is of meaning that our knowledge of an objective phenomenon is based on subjective experience, which in turn is then really the fundamental source and ultimately the most reliable. He suggested what we see and experience is the real world (Cogswell 2008:85), and wanted the experience to be described from a first-person perspective (Zahavi 2003:13).

The task of phenomenology is to clarify the “**life-world**” or also called the natural attitude of the phenomenon. The life-world is a complex and interconnected relationship of events and the meanings attached of these events (Todres & Wheeler 2001:3). Husserl focused on the life-world as the basic presupposition of all thought (Solomon & Higgens 1996:95). People’s life-world differs as their intentional consciousness may differ. The life-world is the experience of the person, the understanding thereof and the feeling that the people may have towards the experience (Todres & Wheeler 2001:3).

The **essences** represent the true nature of a phenomenon being studied (Lopez & Willis 2004:728). Dahlberg described the essence as to be understood as the structure of essential meaning that explicates the whole phenomenon. The essence or structure is what makes the phenomenon the very phenomenon (Dahlberg 2006:11). The essence is already in the intentional relationship between the phenomenon and

the researcher and cannot be added, therefore it was the essence, not the outcome, of the interpretation of the researcher.

The method of phenomenology is in effect a method of pure **intuition** or essential analysis of the phenomenon of consciousness (Solomon & Higgins 1996:93). In line with the Husserl theory and the importance of transcendental consciousness, intuiting eventually brings one to a “live in the participant’s skin” experience. Intuition is grown when more data is generated and the researcher reflects critically on the participant’s experiences (Swanson-Kauffman & Schonwald 1988 in Wojnar & Swanson 2007:177). It is important that the researcher attaches the same meaning to the phenomenon as the participants through intuiting.

2.3.2 Methodological assumptions

The research focus of this study is to identify the structure of persons’ experiences (Husserl 1913/1862) of transnational care among aged parents and their emigrated children. “The philosophy of phenomenology attempts to penetrate illusion in order to get at the reality underlying that illusion” (Higgs & Smith 2006:56). As findings are constructed out of human engagement (Caelli 2000:372) and interaction with others (Barkway 2001:193) the researcher attempted to observe and reflect the experiences of the participants of their own life-world as obtained from interviews with them. Pre-conceived ideas of the researcher of the phenomenon were bracketed (Wojnar & Swanson 2007:174). According to the Husserlian phenomenology researchers distance themselves from their own cultural perceptions of the phenomenon (Converse 2012:30). In interaction with the participants these researchers explored and described the intentional consciousness of the phenomenon (Denzin & Lincoln 2005:35).

The theory and particulars of producing knowledge through research is referred to as methodology. As the complex life-world was shared and the phenomenon **(reciprocal transnational caring as it is**

experienced by aged parents and their emigrated children) described by the participants, the researcher attempted to determine the meaning and essence of the phenomenon through intuition and transcendental consciousness. The researcher focused on the complexity of the life-world and the phenomenon as part of it to enable her to describe the phenomenological attitude (Cogswell 2008:87). “As the phenomenologist aims to define the phenomenon under investigation she uses several frames of reference including: the transcendental subjectivity (neutrality and openness to the reality of others), eidetic essence (universal truths), and the live-world plane of interaction (researcher and participants must interact)” (Wojnar and Swanson 2007:174).

- **Assuming the phenomenological reduction**

The philosophical phenomenological method requires the researcher to apply transcendental phenomenological reduction. A phenomenon always appears from a limited perspective and never in its totality. No single appearance can be captured and exhausted as an entire object but always transcends it. We thus need a sum of different appearances to be described (Zahavi 2003:16). Phenomenological reduction allows us to explore the phenomenon exactly as the participant experiences it, with reality put on hold, and no personal interpretation of the data (Rapport & Wainwright 2006:232). This is achieved through free imaginative variation to get a sense of the essence of the phenomenon and moves us from the natural attitude to the phenomenological attitude in which meaning is embedded. During interviews the researcher “brackets” her perceptions of the phenomenon and describes only the experiences of the participants. By “bracketing” the natural attitude or “naïve belief in the reality of things” changes to a phenomenological attitude that makes inquiries into the life-world of the phenomenon (Dahlberg et al. 2008:55). When the researcher studies the natural attitude of what the participants tell us, it changes to the scientific

attitude and is called the phenomenological attitude (Dahlberg et al. 2008:33).

- **Descriptions from others**

Husserl was interested in understanding and describing the essential nature of consciousness from a first-person perspective where one's belief in factual existence is "bracketed" and the attention is fixed on the sphere of consciousness in which we study the immanent in it (Hintikka 1995:79). The researcher conducted interviews with the parents as well as the children to obtain a perspective of the experience of the reciprocal transnational care after emigration. Although we do not have access to other's emotional or mental life, we have the possibility to understand the other's experience by immersing ourselves in "our everyday experience of theirs in order to describe the meaning of what presents itself" (Dahlberg et al. 2008:59).

- **Search for the invariant meaning**

Through applying the eidetic reduction, the philosopher Giorgi searched for the essential in the experiences as described by the participants. The content and context of the experiences plays a pivotal role but also limits the generalization in the analysis (Giorgi 2005:81). In this study the eidetic reduction lead from the particular participants' experiences to the general essences of the phenomenon (Hintikka 1995:79), namely the experiences of reciprocal transnational care of the aged and their emigrated children.

2.4 RESEARCH DESIGN

The research methodology will be discussed according to research phases as followed in the study.

As very little research has been done on the reciprocal transnational care of the aged in South Africa and their emigrated children, qualitative research was performed. Qualitative research is conducted in real-life situations and has as purpose to obtain in-depth description and meaning of people's beliefs, actions and events in all complexity (Brink et al. 2014:121). Qualitative research reveals meaning from feeling, behaviours, thoughts, insights and actions in the form of words describing the phenomenon (Botma et al. 2015:182).

2.4.1 Research method

Descriptive phenomenology involves the rich description of the life world and concretely lived experience of the phenomenon at hand where the researcher has an open attitude and sets judgments and pre-set attitude aside (Finlay 2009:8). These experiences, which include hearing, seeing, believing, feeling, remembering, deciding, evaluating and acting of things or events, were carefully described by the participants involved in this study (Polit & Beck 2012:495).

2.4.2 Assuming the phenomenological attitude

To understand the phenomenological attitude we have to differentiate between an ordinary stance of the everyday viewpoint of natural affairs and a phenomenological viewpoint where we focus on the consciousness of things and not on things (Solomon and Higgens 1996:251). We focus then on the content of consciousness and not on the natural world as such.

- **An open life-world approach**

Our bodies are central to our sensory perceptions and behavioural exploration and play a key role in the constitution of our world by activating historically developed skills and habits to add meaning to our life-world (Wertz 2005:169). The life-world is always more complex than what we say about it as the lived is greater than the

known. Our life-world (and thus also the life world of the aged parents and their emigrated children) is not easy to capture in language because of the complexity of intricacy, texture, substance and interconnection of a lived experience. The task of phenomenology is to question the complexity that is taken for granted and to reflect upon it and to bring clarity and linguistic meaning to the life-world (Todres & Wheeler 2001:3). The researcher made use of an open life-world approach and remained open to the descriptions of the meaning of the studied phenomenon by the aged participants and their emigrated children.

- **Bracketing**

Bracketing refers to the process where any preconceived ideas and beliefs are identified and put aside (Offredy & Vickers 2010:101). Husserl named bracketing of an experience as the practice where you suspend your judgment of the experience as true without a theoretical filter. You look at the phenomenon and the experience of the phenomena (Cogswell 2008:86). As the researcher has personal experience of siblings who emigrated and witnessed the transnational care of her aged parents and emigrated siblings, it was extremely important to bracket preconceived ideas and expectations that could influence this study.

A reflective journal (Annexure I) was kept to clarify personal values and identify areas that could lead to bias and conflicting concepts and lack of neutrality (Polit & Beck 2012:495). Bracketing was done before the interviews were started to identify preconceived ideas and beliefs as well as after each interview to ensure that no interpretation and interference of personal perceptions could influence the next interview. The process of bracketing the personal experiences of the researcher was a journey through the past and brought back a lot of emotions and memories for the researcher. The participants who had similar experiences discussed some of the experiences that were described in the journal during their

interviews and the researcher had to consciously resist commenting or influencing the participants.

2.4.3 Researcher's role

The researchers' role was to obtain rich data from the detailed and complete description of the experiences of the participants while restraining any pre-conceived or expected ideas and judgment. After the transcription of all the interviews, eidetic reduction was done to extract the essential meaning (the whole phenomenon) and themes (parts) of the participants' perspectives in the phenomenon (Giorgi 2005:81). Similar themes were grouped together to form constituents of the essence of the phenomenon.

2.4.4 Research setting

The research was done in one specific retirement village in Gauteng province in South Africa. There are more than 750 residents in the village and many residents have adult children that have emigrated. The children of the residents have immigrated to various parts of the world: Canada, USA, UK, Dubai, Wales, Isle of Man, Singapore, Kenya, Tanzania, Mauritius, Australia, Switzerland, Germany and New Zealand. The researcher is involved in the retirement village as the Nursing Care Manager and has an office on the premises. This made it easier to have access to the residents and do the interviews in the residents' own environment.

2.4.5 Selection of participants

In this study the target population was residents of the selected retirement village over the age of 70 who have adult children who have emigrated as well as the adult children of the residents who emigrated.

Purposive sampling is most commonly used in phenomenological inquiry. On 14 October 2016 an “Around the World” luncheon was held as an initiative to get all the residents in the retirement village that have adult emigrated children, together. Famous dishes were served on tables representing the different continents. These included for example, cucumber sandwiches on the United Kingdom table, Samosas on the Asian table and Kroketter on the Europe table. During the function, five residents shared their experiences of the emigration of their children and how it had influenced them.

Twenty of the residents volunteered to participate in the study and supplied their contact details to the researcher after the function. The final list of participants was drawn from the volunteer list. The researcher is acquainted with the residents, thus it was possible to choose the most appropriate participants who could give in-depth interviews with the most information. A small number of participants are used in a phenomenological study because the focus is on the meaning of experiences of the participants and interviews are held until sufficient data are collected to enable the researcher to explore and describe the essence of the reciprocal transnational caring the aged parents and their emigrated children experienced. In phenomenology studies researchers hold the “ontological and epistemological idea that meanings are infinite, always expanding and extending themselves... consequently no meaning saturation can exist” (Dahlberg et al. 2008:176). Fourteen aged parent participants were personally interviewed in 10 interviews in their homes the retirement village and nine of their children were interviewed, either personally or with WhatsApp voice calls or WhatsApp video calls. There were four couples of parents interviewed and one couple of their children interviewed together. A total of 23 participants were interviewed in 18 interviews.

Inclusion criteria were set as follows: Interviews were conducted only with residents of the selected retirement village in Gauteng who are 70

years and older and have adult children who have emigrated. The interviews with the adult children were conducted only with those who are staying abroad (in any other country but South Africa) and have their parents as residents in the selected retirement village.

Maximum variation sampling ensured that the aged parents that were selected had children in various countries. To obtain rich data effort was made to ensure that both male and female (eight female and six male parents and four sons and five daughters / daughter-in-law's) participants were included and that the age range was as broad as possible. The parent interviews included widows, widowers and married couples. It was interesting that only one of the children interviewed involved his spouse in the interview. One of the children preferred to let his wife (daughter-in-law) do the interview as she was much more involved in the caring of the parents and he has a busy schedule. One of the children preferred to respond to the questions in writing to be able to thoroughly think about the caring in his own time, as he is also extremely busy.

The parents interviewed

Parent 1 (P1): Participant 1 is a widow for a long period already and has two daughters, both emigrated: one to England and one to Tanzania. Both her daughters have children and she visits the families frequently.

Parent 2 (P2): Participant 2 has a son and a daughter. Her son emigrated to Mauritius and her daughter is still in South Africa, but in a different province. Before her son emigrated, her husband fell very ill. At the time of submission of this report he was still in the frail care facility. Both children are married and have children.

Parent 3 and 4 (P3) and (P4): Participant 3 and 4 have two daughters who both emigrated, one daughter lives in England since 2008 and the

other daughter lives in Tanzania since 2000. Both children are married and have children. They do not have the opportunity to visit as frequently as Participant 4 has health issues when she travels.

Parent 5 and 6 (P5) and (P6): Participant 5 and 6 have a daughter who has been living in England the past 20 years and their son has been living in Singapore for one year. Both children are married with children and they visit their parents annually. The children also receive frequent visits from the parents and spend holidays together.

Parent 7 and 8 (P7) and (P8): Participant 7 and 8 have a son who emigrated to Australia in 2008. He is married with children. Their daughter recently emigrated to Australia, and they have another son who stays in South Africa, not too far from them. They visit at least every two years and the son has been back to South Africa for one visit again.

Parent 9 and 10 (P9) and (P10): Participant 9 and 10 have two sons, one emigrated more than ten years ago and now resides in Wales. He is married and has a son. The son that is in South Africa is not married yet. They visit every second year and the emigrated son and his family also come for visits to South Africa every other year so that they see each other annually.

Parent 11 (P11): Participant 11 lost her husband last year and has a son and a daughter. The daughter stays very close to her and the son has emigrated to Switzerland in 1999. She does visit her son, and has been in Switzerland five times since he emigrated, but it is very expensive to visit. They have children and her daughter also has a daughter that she is very involved with.

Parent 12 (P12): Participant 12 lost his wife to cancer four years ago and has three daughters and a son. One daughter emigrated to America and he also has a granddaughter in England. He travels a lot

and visits regularly and his emigrated daughter also visits South Africa frequently. The other children are spread around the country; all the children have children and he also has some great grandchildren. The grandchildren in England recently had a baby boy.

Parent 13 (P13): Participant 13 has a son in Australia and a daughter that lives very close to her. Her husband is very ill and the parents cannot travel to go and see the emigrated children anymore. Her daughter in law is not willing to come and visit, but her son has come to visit alone a few times.

Parent 14 (P14): Participant 14 is a widower and has a son in Australia and a grandson in Dubai. He has 2 other sons who still reside in South Africa. The son and daughter in law in Australia were very involved with the caring of their ill mother and both were present when she passed away 2 years ago. He is very close to his children and sees them regularly. He goes for regular visits to Australia and annually all the children meet their father for a vacation in different destinations.

Children interviewed

Child 1 (C1): Participant 15 resides in Mauritius since 2015 and is married with two children. They visit South Africa frequently and are in close contact with his mom. He is extremely busy and preferred to think about the questions and answer them in his own time. He is not an emotional person but could reflect on the reciprocal caring thoroughly in writing. He answered all the opening and probing questions in an essay format and a short interview was conducted with a visit to his mother.

Child 2 (C2): Participant 16 is also in Australia and has married an Australian citizen with three sons. They have a daughter of their own. His sister recently joined him in Australia with her family. They do still have a brother in South Africa who resides not too far from them. The

interview was held via WhatsApp voice call in the evening so that their baby could be settled in before the interview.

Child 3 (C3): Participant 17 has recently moved to Australia with her family. She spent a lot of time away from home on business while still in South Africa and her mother was very involved in the upbringing of her children. Now she is a stay at home mom while her husband works and this change brings its own challenges. They have two daughters. The interview was done via WhatsApp voice call.

Child 4 (C4): Participant 18 resided in Tanzania since 1998 and she has a sister in England. They are only two siblings and both have children. The daughters are very involved in the caring of their Mom and they visit and let her visit them often. The interview was held in the researcher's office when the daughter was visiting her mother.

Child 5 and 6 (C5) and (C6): Participant 19 and 20 were interviewed via WhatsApp voice call in their home in Wales. The interview had to be conducted later in the evening as they have a young child. He married a woman from the Netherlands as he first moved and spent time there and recently moved to Wales. He has a brother who is still in South Africa and resides close to his parents. This was the only interview with the emigrated children that was held with a couple. The daughter-in-law participated and contributed valuable information.

Child 7 (C7): Participant 21 had lived in Nigeria for a while but is now in England with her family. She is a stay-at-home mom and has a son to care for. She has a sister who emigrated to Tanzania a long time ago. The sisters are in very close contact and support each other and their mother. The interview was done at her home via WhatsApp video call while her son was at school.

Child 8 (C8): Participant 22 resides in England and the interview was done during her lunch hour via WhatsApp video call. The family

emigrated in 2008 and she has a sister who emigrated to Tanzania. The family does not often get the opportunity to visit her parents and her parents cannot visit frequently. The parents do not have any other children left in South Africa.

Child 9 (C9): Participant 23 emigrated to Australia 13 years ago with her family. They have two adult children. She has a brother who has also emigrated to Australia and one brother who still resides in South Africa. Her father-in-law is still in South Africa and her own parents emigrated to Australia. Her mother-in-law passed away while they were in Australia and her own parents now have poor health and are frail. This interview was conducted via WhatsApp video call during the morning, as she is not working.

2.4.6 Data collection

The Faculty of Health Science's Research Ethics Committee of the University of Pretoria approved the study reported here, before commencement (see Annexure A). The approval of the Home Owner's Association and Board of Directors of the Retirement village (see Annexure G) was obtained. Unstructured phenomenological interviews were scheduled and conducted to obtain the data.

Interviews with the elderly parents were held in the residents' homes to ensure that they were comfortable in their own surroundings. The elderly parents were asked for the contact details of their children and the research objectives were discussed with the children. The informed consent forms (see Annexure D) were discussed and made available. Because of time differences, the interviews had to be scheduled at times when the children would be home and found it comfortable to share information with the researcher. Interviews with the children were held via WhatsApp video and voice calls. All interviews were recorded with the permission of the participants.

Data collection was done using unstructured phenomenological interviews that were transcribed and field notes were taken during and after each interview to ensure that no information was forgotten or left un-noted. Researchers in phenomenology have as an objective to describe “how the phenomenon is and not what the participants say about it” (Dahlberg et al. 2008:255). The one open question: “How do you experience the care given to and received by your emigrated children / parents left behind in South Africa?” was asked and challenged the participants to describe their own experiences and perspectives of the reciprocal caring after emigration. To ensure a full scope of data collection, short-probing questions assisted to stimulate the participants’ reflection on their experiences.

Unstructured phenomenological interviews

- **Preparing for the interview**

The aged parents were carefully selected from the list of volunteers obtained during the “Around the World” event and were contacted telephonically or per e-mail to set up times that would suit them best for the interviews. Prior to the interviews, rapport was built between the researcher and the participants. The setting within the residents’ homes and the times of the interviews were chosen by them to ensure that they were most comfortable, and interviews could be held uninterrupted. Each participant was thoroughly briefed beforehand and an informed consent was obtained. Confidentiality was ensured and permission asked to record all the interviews, and it was made clear that they could withdraw from the research at any time. The aged parents were keen to participate and made appointments within a short period of time after being contacted.

The emigrated children were contacted via e-mail to inform them about the nature of the study. They were informed that their parent(s), had been interviewed and their contact details provided to the researcher by their parents. An informed consent form

(Annexure D) was also sent to them via e-mail and received back signed before the interviews were conducted. Although all of the emigrated children of the interviewed parents were contacted, not all were willing or able to participate in the study within the timeframe. Some of the children were on holiday and could only avail themselves a few weeks after the interviews with their parents. Some of the children that were contacted did not make appointments to facilitate an interview. Where the parents provided contact details of two emigrated siblings, both of the siblings of two families participated. Different options were proposed for the media e.g. WhatsApp video or voice calls, of the interviews and the participants chose their preferred communication media, as well as the time for the interview as time differences at some instances were vast. Permission to record the interviews was obtained. It was important to ensure the emigrated children that all information obtained during the interview would be strictly confidential and especially not shared with their parents.

- **Conducting the interview**

The initial open question “How do you experience the care given to and received by your emigrated children / parents left behind in South Africa?” was asked to all participants. Short probing questions (see Annexure E) were asked thereafter to stimulate thought and ensure that a rich description of the phenomena could be obtained. The probing questions were only asked when necessary. To ensure that participants fully describe their experiences of the reciprocal caring, open-ended questions were used to enhance the description of the phenomena, what is experienced and what are their perspectives regarding the phenomena.

The interviews lasted between 25 and 35 minutes per participant and interviews were sometimes paused due to the expression of emotion and crying. All the interviews could be completed. When

some of the participants became emotional during the interview, support was offered immediately by the researcher, and it was ensured that the participant was comfortable to continue with the interview. It was always offered to reschedule the interview should they not feel comfortable to continue, but they wanted to complete the interviews. When a parent showed a lot of emotion during an interview, a follow-up visit was done to ensure that the participant was in good state of mind, and external assistance offered should they want to make use of any debriefing or therapy. Debriefing and therapy could be supplied by the Social Worker of the Retirement village who was prepared to deliver such services for the study. The affected aged parent did not take up the offer.

Field notes

The researcher made field notes (see annexure H) during and after the interviews as part of the data collection. Not only are verbal data collected during interviews, but also non-verbal information to ensure that rich data are collected. Field notes are much broader, more analytical and interpretative than a list of occurrences that happened during the interview. The contribution of field notes ensures that the researcher generates and understands the meaning of the data collected (Polit & Beck 2012:542). Field notes consisted of informational, personal reflective notes and demographic notes. The personal reflective notes include methodological, theoretical and personal notes. The notes on interview 7 are presented as an example of the field notes of the interviews:

Example of field notes: Notes on interview 7

Interview 7: Participant 11

Informational notes:

She is a widow and her eldest son resides in Zurich for the past 18 years. He has two children who attend a Swiss school. Her son is a businessman and her daughter in law a student and they are Swiss citizens. She got very emotional about the loss of contact with her son and especially the grandchildren. She also has a daughter who resides in the same neighbourhood in South Africa.

Reflective notes:

- **Methodological:** a Personal and relaxed interview: guiding her back to the meaning of the care as emotions cropped up easily. She spoke freely about the experiences of care for her grandchildren. She frequently just mentioned an important experience and had to be redirected to elaborate on her thoughts of the caring experience. She recently lost her husband and it was clear that she still grieves.
- **Theoretical:** Repeat open ended questions and refrain from closed questions. Give time and comfort during spells of emotional displays, to enhance the data and get in depth insight. The researcher became aware of the importance of building rapport before the interview to ensure that there is a trust relationship with the participant.
- **Personal:** She has a difficult relationship with her grandchildren, as she does not feel important in their lives. Bracketing emotions of the researcher's experience with her parents and the emotions of their relationships with their grandchildren was also strenuous.
- **Demographics:** Participant 11 was interviewed in her home on her invitation. The interview was held in her spare bedroom as the cleaner was busy in the lounge and this gave a very personal touch to the interview.

Informative or descriptive field notes consist of the information gathered by the observation of the researcher as objective as possible of the dialogue, settings, and events or activities (Botma et al. 2015:218).

Methodological, theoretical and observational notes (Polit & Beck 2012:548) were also written immediately after each interview to describe the information gathered during the interview. Methodological notes refer to the reflections of strategies and methods used in the interview to obtain rich data. The theoretical notes describe the efforts of the researcher to subtract meaning from the observations to start analysis. Personal notes are also included and reflect the researcher's personal feelings and perception to ensure bracketing takes place. Demographic notes can contain the date, time and place of the field setting and participants.

Reflective journal

Prior to data collection a reflective journal (see annexure I) was written to ensure that the researcher's personal experiences, perspectives and pre-conceived ideas of reciprocal transnational care of the elderly and the emigrated child are bracketed to exclude bias and apply bracketing. A reflective journal is often used in phenomenological research to facilitate phenomenological reduction and bracketing. The reflective journal includes personal experiences of the researcher for example:

“Maybe because they were sons and not daughters, it always seemed that the contact and caring was not so intense as I thought it would be. My brothers kept my parents informed about their grandchildren, sent lots of photos, but there was **limited physical contact**. I remember that my brother from Windhoek bought a webcam and they tried to have video calls, but my parents found it **difficult to manage the electronics**. As soon as there was something wrong, they could not figure out how to fix it and started writing letters again, as they were used to.”

Alongside the field notes, the reflective journal was continuously used to note the emotions, thoughts and feelings after interviews and during data analysis to prevent bias opinion and ensure bracketing. An example of the bracketing:

“In a similar situation where my brother was separated from his wife and busy getting a divorce, we decided not to tell my parents and spare them the worry and pain as they were very frail, one participant had the same scenario when she was getting divorced when she was abroad. I had to guide the interview with sensitivity and care, and had to ensure that I bracket my feelings and experiences.”

2.4.7 Data analysis

In qualitative research, data analysis is done concurrently with data gathering and continues thereafter (Botma et al. 2015:220). In phenomenology the meaning of the phenomenon is studied and in this study the researcher analysed the data gathered to find the meaning of the reciprocal transnational caring between the elderly and their emigrated adult children. The narrated phenomenon as told by the participants (the natural attitude) is observed, organized, synthesized and throughout searched for themes and concepts to elicit meaning unto a new phenomenological attitude or “new whole” (Polit & Beck 2012:556).

Eidetic reduction

Eidetic reduction or variation is understood as a conceptual analysis in attempt to find the essence of the phenomenon, to imagine the object as being different from how it currently is. According to Husserl the eidetic reduction and variation, distinction between formal and material ontology are important philosophical investigations (Zahavi 2003:39). Husserl is also of meaning that by physically withdrawing ourselves from the world, we can get to know the objects and overcome the

hurdles of natural attitude. Reduction allows us to explore the phenomenon as experienced by the participants while we put reality on hold and objects can be described non-influential, pre-conceptually as per their essence in nature (Rapport & Wainwright 2006:232). The researcher had to distinguish between the features of the experiences of the participants that were incidental and accidental versus the essential features of the phenomenon (reciprocal transnational caring of aged parents and their emigrated children) (Wertz 2005:168).

Essences

In phenomenological studies the researcher attempts to see the true essential characteristics of the phenomenon. The essence is not the outcome of the interpretation of the researcher that gives the phenomenon its meaning. It is not something that is explicitly added or produced, but the essence is already there, and is disclosed in the act of researching between the phenomenon and the researcher (Dahlberg 2006:12).

Themes or constituents that substantiate the essence support the meaning or essence of the phenomenon (Carlsson, Dahlberg, Lützen & Nystrom 2004:193). According to Husserl, essences are attained through a process of free imaginative variation (Giorgi 1997:242). The researcher attempted to vary the characteristics of the phenomenon in order to see the true essential characteristics (Beck 1994:502) although the essences are never finally completely explored and described but are open, infinite and expandable (Dahlberg 2006:16).

Bridling (that covers all aspects of bracketing) was used to restrain the pre-understanding of personal beliefs, theories and assumptions to ensure that the phenomenon was understood as a whole. Bridling was implemented to ensure that some aspects were not seen as definite while still indefinite through a disciplined interaction with, and understanding of, the phenomenon (Dahlberg et al. 2008:130). The goal of bridling is to look at the real experiences of the participants and

the researcher and not to take anything for granted about the phenomenon (reciprocal transnational caring of aged parents and their emigrated children) (Dahlberg et al. 2008:242).

Descriptive analysis

Giorgi describes the steps of data collecting and analysis of the human scientific phenomenological method to move from the whole to the parts and then to the new whole to move towards finding the meaning of the phenomenon (Giorgi 1997:247).

- **Preparation of data**

After the interviews with the participants, the audio recordings were carefully transcribed to ensure that no data was lost or misinterpreted. The keeping of field notes and a reflective diary assisted in capturing detailed and accurate description of the experiences described and actions of the participants during the interviews.

- **The initial whole**

The transcribed interviews, reflective diary and field notes were read and reread several times to familiarize the researcher with the forming of a global sense of the phenomenon, also called the initial whole.

- **Phenomenological parts**

During this step the data was read and meaning units were identified as the researcher proceeded to work through the information. As the focus of phenomenology is on finding meaning, by slowly reading through the descriptions as a meaning unit is identified, it is marked and then moved on to read until a next meaning unit can be discriminated. After all the descriptions are read through and meaning units are marked, these are still kept in the original words of the participants. All these meaning units were

then probed, examined and re-described to evaluate the real value of the units.

- **Searching for an essence of the phenomenon – a new whole**

Phenomenological reduction through ‘bracketing’ was applied to ensure a pure description of the meaning of the phenomenon. The units as now described in the disciplinary language, through imaginative variation and bridling to ensure that no preconceived ideas influences the pure form of the meaning units, were examined to identify essential meanings that could be clustered together. As the clusters of meaning units started to naturally form patterns, the essence of the phenomenon could be identified and was revealed. The “new whole” of the phenomenon reflected the meaning of the experiences of the reciprocal transnational caring.

2.4.8 Description of findings

The findings of the study revealed the essence of the phenomenon substantiated by the constituents. Abstracts of the interviews were included in the description of the constituents as quotations from the participants (but not in the description of the essence) to link the data to the findings. A thorough literature review was conducted thereafter to support the constituents and a final conclusion was formulated to describe the experiences of the transnational reciprocal care of the elderly and their emigrated children.

2.4.9 Literature review

After the discussion of the findings in chapter three, formulating of the essence and the supporting constituents, a broad literature review was conducted as documented in chapter four. The literature review was done after the discussion of the findings in phenomenological studies and findings were validated with the current literature available.

2.5 MEASURES TO ENSURE TRUSTWORTHINESS

'Bracketing' was practiced to ensure that any preconceived ideas and judgment would not influence the interpretation or representation of the findings of the study. All forms of bracketing and the keeping of the reflective journal assisted the researcher to ensure that personal experiences and opinions would be kept aside from the perceived meaning of the phenomenon of the participants. The keeping of field notes also focused the researcher on the participants, their personal experiences and the detail of the interviews. Nothing was taken for granted about the phenomenon and the real experiences of the participants were pinned down. The natural dimension of the transnational caring of the elderly and their emigrated children was transformed to a phenomenological dimension through eidetic reduction (conceptual analysis).

During data analysis bracketing was consistently applied to avoid biasness and once the essence was identified and the constituents described re-integration was done through the integration of the bracketed information. The literature review also integrated the findings of the study into the knowledge base of the phenomenon (Gearing 2004:1433).

2.6 ETHICAL CONSIDERATIONS

The researcher supports and thus signed the World Medical Association Declaration of Helsinki's Ethical Principles for Medical Research Involving Human Subjects. The Declaration of originality of The University of Pretoria was also signed.

The Belmont Report issued by the United States' National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research provides a model of ethical guidelines. These ethical

regulations provide the most widely used guidelines for evaluating ethical aspects of research studies (Polit & Beck 2012:151).

As the participants that partook in this study were volunteers, the possible risks and benefits were taken into consideration of this particular method of sampling. Voluntary sampling is efficient and easy and the focus was on obtaining a diverse group with various experiences of transnational care. The risk of such sampling is that the group might not provide the most information-rich sources (Polit & Beck 2012:516).

The researcher followed the guidelines and ensured that the participants' right to freedom from harm, discomfort and exploitation was protected. She respected their human dignity and ensured that justice be done. All the participants were provided with comprehensive detail of the aims and objectives of the research to ensure that they understand their roles. They were provided with informed consent forms and a description of the study that was explained in detail and they had ample opportunity to pose any concerns and questions. No participant was forced to participate and it was made clear that they could withdraw at any stage with no penalty. Pseudonyms were used to protect the identities of the participants. No personal information was disclosed about any of the participants to any other party. All participants were treated equally and with respect and dignity despite any difference in background or other diversity.

The interviews with the parents were conducted at a place and time of choice of the participants to ensure their comfort and minimize stress. The interviews with the children were conducted via WhatsApp voice or video calls due to distance and one interview was conducted personally in the researcher's office, during a visit to the parents. All interviews were held at the pace of the participant. Because of the sensitive phenomenon under review, the researcher was very vigilant in anticipating any undigested feelings and emotions. The participant

who became emotionally distressed during the interviews was comforted by the researcher, given the options to stop the interview, and offered further counselling by the Social Worker of the Retirement Village. No debriefing or counselling of any participant was found necessary.

2.7 SUMMARY

In Chapter Two the paradigmatic perspective, philosophical framework, research design were described in detail. The precautions for the authenticity and ethical considerations are included in this Chapter. The findings of the research are described in Chapter Three.

CHAPTER 3

PRESENTATION OF THE FINDINGS OF THE STUDY

3.1 INTRODUCTION

The findings of the study about the experiences of the reciprocal care of the aged parent and the adult children that have emigrated will be discussed in this chapter. Using a purposive sampling method, participants were selected from a specific retirement village in Gauteng, South Africa, as well as their emigrated children in different countries around the world. 18 Interviews were held with 23 participants, 14 elderly and 9 emigrated children, until sufficient data was obtained to substantiate an understanding of the meaning of their experiences. All the aged parents had grandchildren that stayed with their parents in the receiving countries. Some of the grandchildren were born in South Africa and emigrated with their parents but other grandchildren were born after the emigration of their parents. In this chapter excerpts are used from the interviews and are referred to with codes as follows: (P1) refers to words used by parent one and (C3) refers to words used by the third child interviewed. Excerpts are the exact words used by the participants and might contain grammatical errors.

Informed consent forms were discussed, signed and collected from the residents in the village. The children received the consent forms electronically, and the forms were discussed before the interviews. The signed forms were scanned and e-mailed back to the researcher. All the interviews were recorded (permission to record the interviews was also specifically obtained) and carefully transcribed. Before the interviews, and after interviews were conducted, a reflective journal and field notes were written to ensure that there would not be any preconceived ideas, judgment or influence from the researcher. Preconceived ideas and experiences of the researcher would be

bracketed to exclude bias reporting (Finlay 2009:12). Bridling was applied throughout the collecting of data and analysis to prevent premature understanding and ensure trustworthy findings with an alert attitude and active waiting for the phenomena to reveal itself (Dahlberg et al. 2008:130).

The meaning of the phenomena (the experience of the reciprocal transnational care of the elderly and the emigrated children) was identified through the reading and re-reading of the data to reveal the essence that represents the true nature of the phenomena (Lopez & Willis 2004:728). The essence will be presented first as it will be difficult to see what the constituents are constituent of if not preceded of the essence. The initial whole (global sense of the phenomena) was found and described where after the constituents were identified through the reading and noting of each new meaning unit.

The meaning units were then grouped together in clusters of essential meaning (constituents) (Dahlberg et al. 2008:244). The clusters relate to each other and form a pattern to reflect a new whole (Dahlberg et al. 2008:245).

In this chapter, only the findings will be described. The essence will be described without any excerpts. In the description of the constituents excerpts will be used. Only the findings of the study will be discussed while the dialogue between the findings and the knowledge base through a literature review will be discussed in the next chapter.

3.2 THE DESCRIPTION OF THE ESSENCE AND THE CONSTITUENTS OF THE PHENOMENON

The essence will be described first to ensure that it is easy to understand how the constituents relate to the whole. All the data gathered during the interviews is applicable to the essence. The essence is formed after the meaning of all the data revealed.

The essence of this study refers to: “We do love and care: but we can’t touch and hug”. The participants all were very aware of the meaning of the love and caring for each other but the physical absence of the others left a void in the caring experience and intention. Caring was understood by the participants as to include emotional support, physical contact, financial and moral support and motivation as well as guidance during difficult decision making periods and sharing of wisdom. The contact that was kept between the parents and children was mainly through electronic media *e.g.*, e-mails, cell phone application like WhatsApp and internet social media for day to day contact although video calls and Skype were used for longer interactions. They share experiences and events with each other and try to support each other.

The frequency of communication plays a role in the meaning of the experience as well as the frequency of the visits to and from the parents and children. The concern of disclosing stressful events or situations to each other sometimes forced the children (or parents) not to tell each other of events that could cause pain and stress. The meaning of the role of the grandchildren (and grandparents) was influenced by the emigration as they could not share their world with each other and felt that they miss them growing up and are not part of their joys and sorrows. The parents also miss the participation in the grandchildren’s’ rearing and caring and they feel left out and that they do not know their grandchildren.

The parents have to continue with their own life and feel torn between their world and the new world of their children and grandchildren. They live a dual life. Although they do as much as they can to care, but the physical distance between them and their families changes the meaning of caring from what it was before the children left. The day-to-day involvement is no longer possible and they find it difficult to care if they cannot touch. Although the children live in a seemingly “smaller

world”, their schedules are busy and they have limited time to care and spend time with their parents.

As we are seeking to understand the meaning of reciprocal care between the parents and children we can easily refer to existentialism as a form of phenomenology in the study of this particular phenomena. Each person is a being for her or himself. Each person is his own judge, knows himself, experiences himself as free as he chooses things to do and decisions to make (Cox 2010:36). But being-for-himself constitutes only half of the picture, as people are seldom, if ever, alone and because we look at parents and children, they are there for each other. Being-for-others has an implication of being seen by others as an object in their world, to be for the other and also to possibly being belittled by the other. The other person: “The Other” has opinions about him, can make him into something he feels he is not, or feels responsible for. In opposition of his freedom The Other forces him to be what he is for them rather what he is for himself (Cox 2010:39). Being-for-others influences the persons’ behaviour as the Other is free to judge, admire, respect or despise him. The freedom of each person is subject of the freedom that reflects from the Other (Cox 2010:42). The caring for each other: being-for-others, has a great impact on both the parties involved: the children and the parents and can experience each other positively or negatively.

The constituents support the essence identified: “We do love and care, but we cannot touch and hug”. The constituents that were identified are: “We are as involved as we can”, “We live a dual life”, “The grandchildren outgrow the grandparents”, “Technology makes it much easier”, “They have a future as ‘world citizens’” and “Financially we are independent”. All these constituents will be substantiated in this chapter by excerpts from the transcripts of interviews of the participants. Although excerpts are used they will be limited as the focus is on the understanding of the meaning of the phenomenon and not the experience. It is important to keep in mind that the goal is to search for the meaning of the experience of the participants, and not the

experience itself. Transcripts of the interviews were read repeatedly to identify the meaning units of the constituents and the new whole. No literature review, or discussions of the constituents are presented in the present chapter. The constituents will be reviewed and compared to the knowledgebase in a literature review in the next chapter.

3.2.1 We are as involved as we can

Both the parents and the emigrated children felt that they were as involved in the care of each other as they possibly could be. The parents know that the adult children have very busy lives where they stay abroad and they need to make a living, raise and look after their children, and find a place in their new society. As the children emigrate to build a future for their own family, they are very focused on their work. The parents do experience them as very busy, but then the children would be busy here should they not have emigrated as well: *“They’re really very busy. When we were young we were the same. I understand that, that’s why I don’t expect that much from them...”* (P2).

The pressure to be successful in the new environment is high and the children put a lot of energy into their careers or businesses. They emigrated to find new challenges and new careers with a better chance to be recognized and succeed and build a future for their families. Not only does their work keep them occupied, but they also have to find new social stability and acceptance. The children were very socially involved before they emigrated. It would not have made a difference to their busy schedules, as they are also very social abroad now. They put in extra energy and time to adapt and find new friends and social communities like churches, clubs, and sport activities. Although they are very busy, they feel that they give as much care and attention to their parents as they can: *“They are very busy with their own things, they are very social and have a lot of friends and they are very busy...”* (P2).

The parent does feel that they care for their children and show interest in them, and feel that they receive the same reciprocal care from their children: *“I show interest in them, what they are doing when I speak to them or when they are here... They are very loving and very caring... I am very grateful towards them for what they do for me and how they support me...”* (P2). The parents who have other children that are still in the country, do compare the time and quality of interaction with these children with those abroad. Should the children live close by, they are involved and have frequent contact and spend a lot of time in the day-to-day activities with them: *“So the distance, whether it is England or Singapore is the same as if it is Cape Town...”* (P5). *“So there is still a strong connection, even if there is distance...”* (P11). Should the children stay in other cities or provinces, they do not spend so much time with them. They even spend more time communicating with the children abroad than with the children that stay far from them in South Africa: *“I noticed that I spoke to my parents more than when I lived in South Africa when I emigrated...”* (C5).

The parents appreciate the caring and support that they receive from the children. The children make effort to care for the parents by keeping in contact with them as close as possible: *“The children call us and, they care very much about us. They do so much for us, sometimes we don’t even know of all that they do for us. But they are always there for us...”* (P6).

The parents also contribute to the caring of the children on an emotional level: *“I could give emotional support over the phone...”* (P1). *“I think for them emotionally it was difficult, but they seem to be fine now...”* (P10). The parents felt that sometimes the children needed more emotional support than what they needed themselves, especially just after the emigration: *“I love them the same abroad as what I would as if they were next to me...”* (P1). As parents feel that they do what they can, they also feel that the relationship is not much different as what it would have been if they were still in the country. The physical

distance might be larger, but the love between the parent and children remains the same: *“We don’t see each other so frequently, but there is no difference in my relationship with my other children. Really not... That is maybe because I treat them all the same...”* (P14).

A number of the emigrated children, especially sons, made the best provision they could for their parents’ care, by ensuring a safe environment, good medical care and facilities, and even good friends to take care of the day-to-day caring of their parents: *“I wanted to ensure that, in my absence from the country, they would still be in an environment that would provide the best care possible... The environment is safe and I believe she is happy there, despite us having moved away...”* (C1). Almost all the children made mention of the importance of the safe environment and the medical- and care facilities that are within their parents’ reach in the retirement village: *“...In various ways our children look after us, not directly but indirectly: emotionally and financially by their friends caring for us here and placing us in a safe and secure environment...”* (P5). This also contributed to the feeling that they did what they could to care for their parents. In the physical absence of the children, they felt that day-to-day care and assistance was taken care of by either siblings who were still in the country or good friends of theirs that could assist in a case of an emergency: *“I would first depend on my friend who lives in the estate to look after them...”* (C7). Hence they felt that they did put some measures in place to do what they can to provide care: *“I think they have ended up in a very, very good place. It seems that the emotional support, the friends, the medical care, everything there is actually of a very high level. So that does makes it slightly easier: no, slightly less difficult shall we rather say, in terms of basically having to let go of the caring of my parents...”* (C8).

3.2.2 We live a dual life

Parents live their life here in South Africa, but constantly find themselves torn between the life here and the life of their children abroad. They try to follow the children and grandchildren's lives and activities closely and stay involved with them: *"...She would always wear 2 watches, one with South African time and one with Australian time. She would all the time, when she was in Australia, keep track of what the kids in South Africa would be doing and what time it was there. If I would ring any time of day she would know what time it was and know what we probably were doing. She was constantly living the dual life..."* (C9).

Some of the parents and children had a very close relationship, which they still maintained: sharing the contact and care that they had before emigration. When the parents left their home to visit, especially over long distances, they would inform the children that they leave their home and also let them know when they have arrived at their destination. This was something they had always done before emigration of the children: *"...When they were at home and they would go somewhere, they would let us know and when they arrived safely she would call us again, so we always knew where they were..."* (C9).

If the parents have more children, and some are still in South Africa while others have emigrated, they also feel torn between the children. It is difficult to balance the attention and keep in close contact with all the children, especially if the emigrated children are in different countries abroad and there are vast time differences. *"...they were torn apart between the kids: "They are still having a difficult time about that..."* (C8). Many of the aged parents has children and grandchildren in different countries: Tanzania and England, Singapore and England, Australia and Dubai, America and England, apart from their children that remain in South Africa if all their children did not emigrate.

A dual set of values can develop and honesty was compromised at times. The emigrated children and their parents in some instances filtered the communication that was shared. To protect the parents, children did not share trauma or bad news with them at the time that it happened and vice versa: *“If she is not OK she will not tell us straight that she is not OK she will kind of hide it...”* (C3). As time passed and the other parties discovered the truth, they felt very sad and sometimes angry: *“I just found out the other day that my grandson had Malaria as a baby. They did not tell me...”* (P1). The question then was asked: *“How much was not shared...”* (P12). The aged participants did the same: *“She tried to hide things from me. She had a small stroke once and I only found out recently about the stroke. That made me feel extremely powerless and angry...”* (C4). Both the parents and their emigrated children try to protect the others and thus are dishonest about the challenges that they experienced leaving them feeling betrayed: *“That she felt she had to protect me from a crisis in her life... I did the same with her. We withhold information from each other... to try and spare and protect each other...The hardest thing was keeping information from each other, because you cannot care if you don’t know what’s going on, you cannot give the appropriate care...”* (C4). Although the intention is to protect the others (parents or children) from pain and worries a dual set of values can be formed. The good news and day-to-day experiences are shared, but as soon as there is a negative experience, crisis or concern this might not be shared or the seriousness of the incident might be masked. They then have to keep track of what is shared and what is not shared with each other.

The children are exposed to different cultures when they emigrate and have to adopt the cultures to be socially acceptable. Some try to retain most of their South African culture but eventually with time they let go and take on some new cultural habits and values. The parents that stay behind notice this and they experience it with mixed feelings: *“Their life is different from ours. I think they live a very different life from us...”* (P11). The grandchildren who are born abroad do not know the South

African culture and they are only exposed to it when visiting their grandparents or family in South Africa: *"They must grow up in a different culture now. That is part of the deal..."* (P6). With the grandchildren who have adopted a foreign culture, the children are now living within dual cultures. The parents do not always have insight in the culture that the children and grandchildren are living with and do not understand some of the behaviours, decisions and reasoning that they then experience with their children and grandchildren.

In some instances, there is even a language barrier between the parents and their grandchildren and they literally cannot understand each other: *"If they ask you what a word means, I can explain to my granddaughter in English, but I cannot explain in German to my grandson as he does not understand English..."* (P8). These children have emigrated such a long time ago that the grandchild was raised with a foreign language, which the grandparent is not familiar with, thus she cannot communicate with her grandchild. The world of the children and grandchildren are just so different from what the parent knows and is used to.

The left behind parent, although they feel that the children care as much as they can, the children cannot really care, even if they want to. They feel that the intention is there but it is just impossible because physical care and immediate problem resolution is not possible. They do not question the intention at all but practically it is not feasible as they are not close enough, distance wise, to be there for them when they experience a need that needs immediate physical action: *"I am not important in their lives ...I try not to depend too much on them because I think I must make my own life and they cannot really do anything for me except being there for me... so I do not need them right now..."* (P11) and *"Mostly I can cope by myself on my own..."* (P2). This creates feelings of guilt by the children as the parents then become more independent and relies on others to care and assist. The parents on the other hand believe that the children do not really need them as

they live their own new lives. The parents also at times experience feelings of guilt, loneliness and despondency as their children cannot but want to be there for them.

3.2.3 The grandchildren outgrow the grandparents

The grandchildren are a very sensitive subject to all the parents who have adult emigrated children with children of their own, whether they were born in South Africa or abroad: *“Yes, I miss the grandchildren of course but I have to live with it...”* (P1). The emigrated children play a huge role to determine the care experience of grandchildren and their grandparents in how they manage the relationships, the time spent with their grandparents and their accessibility to them. The children set the scene and can influence the grandchildren positively or negatively, but are mostly supportive of the relationships. The opportunity that the grandparents have to spend time with their grandchildren is mostly with visits to the children abroad or if the children come to visit their parents and bring the grandchildren along. In one instance the daughter-in-law who emigrated refused to return to South Africa as well as to give permission for her minor children to go back for visits. This caused a lot of heartache by both the grandparents and the grandchildren.

The grandparents cannot be involved in the same way as what they would have been should the grandchildren resided close to them. The grandparents like to attend school functions, prize giving ceremonies and school sport activities: *“Unfortunately I go there when it is school holidays so I do not attend school activities...”* (P1). This is not possible for the grandparents if they cannot visit in school semesters. The grandparents feel that they are excluded from the care of their grandchildren: *“...they possibly could be closer to the children should they see them more and were here to be part of their upbringing, but they try...”* (C2). The grandchildren also miss the interaction with their grandparents, and when they cannot be together, the grandchildren

verbalize the longing for the care of their grandparents: *“Who is going to play with me over the summer holidays...”* (P13).

“...There is no way that my parents can take care of my children because they are not here, and it’s just not possible unfortunately...” (C7). The children feel that their parents are too far to be involved on a day-to-day basis to assist with the caring of their grandchildren. Some of the grandchildren were born before the emigration and the grandparents had the opportunity to build good relationships with the grandchildren. They do miss out now on the interaction they had with their grandchildren since they have emigrated and cannot continue the kind of care and support they were able to give when they were more accessible. It seems that the absence of small everyday chores and contact leave a void in the care of the grandchildren: *“...What I miss most, is that she would just pop in and bake some rusks or look after James for an afternoon, water the plants.... Just the normal stuff, it is not the major stuff that I miss...”* (C6). Another grandparent described it as follows: *“...What I missed most is the involvement with my children: the baking of a birthday cake, the reading of a bedtime story...”* (P5).

Some of the grandparents who have older grandchildren abroad and where the grandchildren were born when the children already emigrated, feel further removed from their grandchildren: *“I feel very distant to them, as I have no physical contact with them. They have their own lives to live and they are busy,”* (P12). As the children grow older and into their teenage years, they seem to have less interest in close contact with their grandparents: *“They are teenagers now and they do their own things...”* (P2). Without regular contact the grandparents experience that they no longer are part of the lives of their grandchildren. They become strangers to them: *“...because they lose contact, and then there is nothing to talk about...you get estranged...you never build that connection with them..., I have not been part of all their experiences and their world...”* (P11)

The physical contact between the grandparents and grandchildren is also something that the grandparents miss dearly: *"I cannot hug him, it's a glass baby.... I think they miss it and we miss it. We always want to give a hug, you know, we like to give a hug. And that's not possible. That is difficult..."* (P10). Especially when the children are still small the grandparents want to hold them and cuddle and kiss them: *"It was hard for a two-year-old to build a relationship with his grandmother over a satellite phone...."* (C5). The children cannot talk to them, yet they want to be part of their lives; it creates a problem because they do not have the opportunity to see them frequently and have physical contact: *"...But it is very nice to see them every second year or more and we talk a lot over the cell phone. The way we care is different..."* (P6).

The grandchildren have to go on with their lives and build a future for them. They are faced with different challenges in the new environment and culture and do not have the frequent exposure to and guidance of their grandparents: *"If they could have stayed in South Africa we could have had a very big influence in their lives; the way they think, the way they play, the way they talk, the way they work, but because they are away now, that is cut off..."* (P6). As relationships and bonds (also reciprocal transnational caring) between generations are building through the sharing of everyday experiences and frequent contact it feels as if these do not have the opportunity to nurture. The grandchildren abroad have different relationships with their grandparents than those who still reside in South Africa: *'It's definitely different to have grandchildren here than when they are abroad...'* (P8). The relationships are not so close and they have to be revived every time they meet again: *"...our grandchildren are growing up without knowing us. Every time they meet us it is like they meet us for the first time...They don't know us and we don't know them...."* (P4). As the grandparents value relationships with their grandchildren they try to get to know their grandchildren during face-to-face opportunities: *"We miss to see them growing up...we can do some catch-up but we miss all the 'in between' steps..."* (P5).

It is sad that the grandchildren do not get to know their cousins: *“My children do not know any extended family at all...”* (C5). When the children are born in the host country and have limited contact with the grandparents, the chances are that they have little or no contact with their extended family, especially if the extended family lives abroad in other countries, or not close, or not in the same city as the grandparents. The emigrated family becomes an “island family”, isolated from any other cousins, aunts and uncles and not having the privilege of being part of a family group.

3.2.4 Technology makes it so much easier

Many years ago, it was extremely difficult to communicate and build a caring relationship with the emigrated children. Technology was not available to keep in close contact. They could not share photos and videos and did not see and talk to each other for long periods of time.

The development of technology has made communication much easier as well as the reciprocal caring between the emigrated children and their parents. The level of care depends to a great extent on the communication and accessibility of technology: *“Technology makes it much easier...”* (P14). Modern technology offers different options of communication to keep in touch with each other. The children (and parents) can use a variety of media and applications on their cell phones, laptops and computers to stay in touch and share photos and memories with each other.

Many families create groups on WhatsApp where all the family members, locally and abroad, have access to and can share their photos, daily activities, thoughts and feelings. Not only the emigrated children are included in the groups but all the siblings: *“...or we WhatsApp in between, we always add photos, lots of photos, we love to see all the photos that they send. Especially after the birth of John,*

we started a group on WhatsApp that we share with all the other family....” (P10). The focus is mainly on everyday news: *“...group chats, a lot of photos and messages is being shared and I guess that replaces the day to day care in a different perspective...”* (C4). Transnational reciprocal care for them became supported by technology and was made easier and more accessible.

This makes it so much easier to ensure that the whole family is staying up to date with what is happening and crisis situations can be addressed faster and easier: *“On WhatsApp we have a shared group and between the children overseas and the kids here in South Africa, everything is shared on the group; all the photos and activities they post on the group for all the family to see. They are constantly aware of what is going on, and if we need anything they will respond immediately...”* (P8). Unfortunately, it does not guarantee bonding between grandparents and grandchildren: *“It is hard for a two-year-old to build a relationship with his grandmother over a satellite phone...”* (C3).

The most frequent applications currently used are: cell phone calls, WhatsApp messages and voice calls, FaceTime and Skype: *“... it’s just a Skype and WhatsApp away...”* (C2) and *“WhatsApp but not WhatsApp calls, the chats work very well, and that’s the major communication that we have...”* (P3). The cost of staying in touch is remarkably lower and it is more affordable than years ago. Many of the parents and children have access to Wi-Fi, which makes connectivity better and communication cheaper: *“They don’t talk on the telephone, but they Skype and WhatsApp calling as this is cheaper and they have uncapped Wi-Fi...”* (P7). *“The calls are so cheap that there is no excuse to not talk to each other frequently. We contact each other weekly...”* (C8). Different applications work for different people and everybody has his choice of preferred media: *“I find sometimes a phone call is better than the Skype...”* (P3).

Most families have a routine where they Skype, FaceTime or WhatsApp weekly or at set times of the day. They spend time and effort to talk to each other and want to be involved in each other's lives. *"We Skype every two weeks for an hour, sometimes more than an hour...Yes, also FaceTime on Apple..."* (P10). Some of the participants even found that the communication even improved between the parents and children since emigration due to the set times dedicated to the communication. Before emigration there was no formal "appointment" for communication with the families and now they are forced to communicate with each other on a very regular basis: *"Communication has thus improved since we have been here especially the quality and frequency of the communication..."* (C5).

The location and country that their children emigrated to can also influence the quality of the communication and reciprocal caring that aged parents get. There are still countries where the signal coverage is poor and communication is sometimes just not possible: *"Skyping is actually very good, and of course in the UK the signal is very good and here as well, as there is good connectivity, so Skyping works very well. We tend to see the girls in the background so we do see them and we see them growing up.... In Tanzania...it is difficult, Skype for instance does not work; their connectivity is very poor. It works like once every three months...we sometimes cannot talk to them over the phone..."* (P3).

In general, the families find it convenient to care and keep in touch with the technology that supports their communication. All of the parents and the children have access to cell phones and computers: *"...we will keep them informed and share immediately, and keep them connected..."* (P8) and *"They phone when they have problems, then we try to solve them over the phone..."* (P7). Where there are different time zones between the parents and the children, the communication becomes a bit more difficult. Both the parents and the children have to be aware and consider the time differences before they engage with each other: *"The time difference makes it a bit difficult, as it is 7 hours. I*

can't talk to them after 12 o'clock because it is night-time there and they are sleeping already. I sometimes get messages in the middle of the night as they forget about the time difference..." (P7).

The aged parents seemed to be quite comfortable with the use of technology. Only one of the parents indicated that he struggles to use the devices to engage with his children, but his spouse assists him to stay in contact with his children: *"I grew up with the telex machine and the telegrams. So she does help me a lot. I am 80 years old and things change so rapidly. I don't keep abreast of that. I don't carry my phone with me..."* (P7).

3.2.5 They have a future as world citizens

Adult children emigrated to other countries from South Africa to look for better business or career opportunities, a better future for their children and a safer environment to live in. In South Africa, they experienced a lot of violence, political instability, corruption and discrimination. Some of the children or their families were victims of violent attacks and crimes and felt that they could not stay in South Africa: *"...her sister's parents-in-law were murdered on the farm..."* (P11). One of the spouses of the emigrated sons feels so strong about the safety of her children that she refuses to let them come and visit their grandparents: *"She said she is never going to South Africa again...She said she took her children out of this situation and she will not...expose them ever again to this crime situation..."* (P13).

They choose economical stable countries to emigrate to that offer good education and opportunities for their children where they could live peacefully and build a new future. Most parents of the emigrated children look at the emigration with a positive attitude and do realize that the future of their children and grandchildren are better off abroad as when they would have stayed in South Africa: *"...so for their children to grow up in Australia, or England, or Singapore, is just a*

benefit and gives them a future..." (P6) and *"...that there is no problem there, they are happy, they make a good living there, their kids are well looked after there..."* (P14).

Some of the children (or their spouses) emigrated when transferred by their employers; some started businesses in other countries, while others went to seek employment in other countries to seek a better future and opportunities for their families: *"...they sent him to Europe and asked him to open an office in Zurich..."* (P11). The children earn more and have a better lifestyle, thus, the parents feel that they are better off abroad: *"...they are better off there; she is certainly earning more than what she would here..."* (P4). The general opinion of the aged parents is that the children and grandchildren are happier abroad than what they would have been should they have stayed: *"We grant them the opportunity to be happy..."* (P10). The parents are also glad that their children and grandchildren get opportunities to visit other countries. Their children developed a different outlook on life and material things seem not to be so important to them. They would rather travel more and see the world. *"My son takes them to travel a lot, on cruises to see the world. It gives them other experiences and almost makes them 'world citizens'..."* (P11).

The modern transport and access to the transport also ensures that the distance between the families does not play such a big role anymore. The time it takes to travel by the parents and children to reach each other is much shorter currently, because of fast air travel: *"...them being there: it's only an overnight flight..."* (P10) and *"I can just hop on a plane and I'll be right there..."* (C2). Traveling time is sometimes even shorter than when they should have to travel by road to other children who still remain in the country: *"...so the distance whether it is England or Singapore is the same as if it is Cape Town, because the world is so much smaller now..."* (P5). The parents and their children feel that during a crisis hands-on reciprocal care can be delivered.

The children are viewed as being “world citizens” as the world is smaller and the country that they live in does not really make a difference to the relationship that they have with their parents: “*They are ‘world citizens’...*” (P11). The parents also feel that their identity as South Africans have become overshadowed by them being part of a bigger picture: “*We have realized that it is who we are...part of being international...*” (P10), although the younger generation sees the world different and smaller: “*Our generation sees the world much smaller than what they do...*” (C5) than the parents that stayed behind. The children also feel that the parents do their best to form part of their new world and *vice versa*. Caring for each other means to try and understand how the others perceive their status and position in the country that they prefer to call home: “*...they really try to be part of our world, and us of theirs...*” (C2).

The general acceptance of the parents of their children’s emigration is evident in that they are not so emotional about the loss that they experience and they try to see it in a more positive light: “*I do not experience it as so emotional, we have never been very emotional about it: it’s a journey... We see it as it is...*” (P10) and “*I try to be positive...*” (P12). One aged participant even feels that the relationship with his daughter has improved since she has emigrated and he now feels closer to her: “*...they say absence makes the heart grow fonder, and I think I have a better relationship with them now than ever. I am now closer to them than ever before and what I would be if they were here...*” (P14). The emigrated children all feel that they made the right decision to emigrate; despite the fact that they do miss their parents and other family: “*I do miss them but still think I made the right decision*” (C2).

The parents and children realize that they have to make the best of the time that they spend together. Although the time together physically, is short and visits are expensive and sometimes few: “*...It is maybe not frequent visits but it is quality visits...*” (C5). They ensure that this

precious time if thoroughly enjoyed: *“We make sure that you spend quality time with her: Because the time that we do have is real time... She realizes those moments count more and are precious because you don’t know if you will have them again... can’t take it for granted, because every second counts and you are leaving again soon...”* (C4).

The children feel refreshed and have new hope after a visit by or to the parents: *“You can charge your batteries with a visit...”* (C8). Some parents also feel very close to their children during visits: *“...there was sort of a more valued connection when we got together, there was a growing bond of appreciation between the two of us...”* (P12).

3.2.6 Financially we are independent

Most of the aged participants felt that they were financially independent. They do not rely on their children’s contributions and the children did not need any financial support from their parents at any time: *“...We don’t contribute to their daily living because they are fortunate and are self-sufficient and fortunately they don’t have to support us as we are self-sufficient...”* (P3) and *“Financially we don’t give money to them and they don’t give money to us...”* (P5) and *“We don’t support them and we are also independent...”* (C5).

Although the parents felt that they are financially independent, some children do contribute to their finances unrequested. One of the parents receives support for her husband’s medical care from her son: *“They are very supportive financially...I really appreciate their support...”* (P2); and there was a couple who stays in their son’s home and does not pay rent while they get a rental income from their own property: *“So in various ways our children look after us, not directly but indirectly, and emotionally, and financially...”* (P5).

One aged participant receives regular financial support from her daughters by means of providing for some of the day-to-day living expenses: *“Both my daughters are financially very independent and they help me here and there...”* (P1).

It is thus clear that the financial aspect of emigration of the children benefitted the children and possibly the parents. All the emigrated children seem to be financially independent and have secured good employment or their own businesses: *“Financially we do support her, not the other way around”* (C7). Where the daughters emigrate with their husbands, some of the daughters are homemakers and do not work, but the husband earns enough that they can make a good living. Some of the daughters, after a period of time would become employed again in the host country, and they are very happy with the employment. Where the sons emigrate, some took their wives along, and some married foreign citizens. All the sons are financially successful and can, and are willing to, support their parents should it be necessary.

The weaker currency in South Africa benefits the children financially as they are in a position to assist their parents should it be necessary: *“It is easier for me to ensure that they are ok there and assist them financially because we have a stronger currency...”* (C4). The parents may not need any financial support now, but the emigrated children are all financially strong and independent and will be willing to support their parents should it become necessary: *“I support my parents financially where I can...”* (C1).

3.3 SUMMARY

The essence that was disclosed is: We do love and care, but we can't touch and hug. The identified constituents that support the essence were discussed in this chapter: “we are as involved as we can”, “we live a dual life”, “the grandchildren outgrow the grandparents”,

“technology makes it much easier”, “they have a future as world citizens” and “financially we are independent”.

In the next chapter the discussions of the findings will be presented.

CHAPTER 4

DISCUSSION OF THE FINDINGS OF THE STUDY

4.1 INTRODUCTION

In this descriptive phenomenological study the goal was to investigate the phenomena of the reciprocal transnational care between the parents and emigrated children, using frames of reference including transcendental subjectivity, eidetic essence and the live-world plane of interaction (Wojnar & Swanson 2007:174). In chapter 3 a detailed discussion of the findings of this study were presented. The essence that was identified was: We do love and care, but we cannot touch and hug. The essence makes the phenomena what it is (Dahlberg 2006:11).

During the interviews with the participants, it was very clear that there is definite reciprocal care experienced and given between the parents and the children. The significance of the experience of the emigration of the children and of the parents that stay behind is wrapped up in the meaning of the essence. The relationship between the individual participants and the experience of the reciprocal transnational care is the main theme or intentionality of the study (Dahlberg et al. 2008:47). The participants articulated that they have frequent contact, share their everyday life experiences as well as crisis situations, and support each other with advice and emotional support, although they are not physically close to each other. The constituents that support the essence will be described and theoretically explored and substantiated in this chapter.

The supporting constituents are: “we are as involved as we can”, “we live a dual life”, “the grandchildren outgrow the grandparents”, “technology makes it much easier”, “they have a future as world citizens”, and “financially we are independent”.

4.2 THE ESSENCE OF THE EXPERIENCE AND ITS CONSTITUENTS

We do love and care, but we cannot touch and hug was found to be the essence of the caring experience of both the parents and the emigrated children. The bond between the parents and their children and the love shared, does not diminish after the adult children's emigration. The meanings of "care" for the participants include the emotional, financial and moral support as well as physical care, guidance and sharing of wisdom and day-to-day experiences. The intention to care for each other remains strong but becomes complicated after emigration and practically more difficult to implement and execute. The distance between the family members, the difference in time zones and the communication mediums are problems that practically influence the caregiving.

The mere fact that the parents know that the emigrated children are so far has an emotional impact on the parent and vice versa. They miss each other; they miss spending time together with normal day-to-day activities like sharing meals and having coffee together. The parents are concerned and worried about their children's wellbeing and integration into the new communities. The emigrated children on the other hand are concerned about the health, safety and independency of their parents.

They support each other as best as they can with the media that they are comfortable with and have available. Most of the parents learn to use modern technology to facilitate their communication with their children to channel care and support and stay in touch with them. They will go to great length and spend a lot of time and energy to send the children photos, messages and voice or video call them at set times. The emigrated children try to include the grandchildren into the care and communication with the grandparents as far as possible. This becomes a challenge when the grandchildren become older and more

independent and develop more relationships and interests in their new environment.

Both the parents and the children miss physical contact, sharing of hugs and being able to touch each other. Especially in crisis situations where there might be someone who is hospitalized or ill, or if there is a child that has an emotional crisis like a divorce, or a grandchild that is hurt badly, the parents or children want to hold their hand or be close to their loved ones. When there are times of great joy and celebration like the birth of a new baby, a graduation or a wedding of a grandchild, the physical presence is important to the family, but not always possible.

It is unfortunate that the aged persons sometimes cannot travel due to health or financial reasons, to attend joyous events or a crisis situation of their children and grandchildren in host countries. The children usually make serious attempts to share in these events and, if possible and necessary, sponsor their parents to visit them for occasions with the grandchildren. When the parents are ill most of the children will make a lot of effort to visit and be with their parents until the crisis is resolved. In a crisis situation, the children will fly home to their parents and may leave their spouse and children in the host country. Children also come to visit their parents in the event of celebrations and traditional family times like birthdays, Christmas and wedding anniversaries or for family holidays.

Because the caring of the families is reciprocal between the parents, the children and the grandchildren, perception and expectation of the experiences of care also play a great role. We can apply the existentialism theory in this phenomenon. The being of any individual with self-reflection and self-consciousness (being-for-self) is only half the picture. As the individuals are constantly confronted by the existence of other people as subjects who see them, judge them, and reduce them to an object in their world, they become the Other (Cox 2010:37). The being-for-others is complex in this phenomenon as

subjectivity and objectivity comes into play in the encounters with, and caring for each other. Each person experiences his or her being-for-others with different emotions that can include guilt, shame, embarrassment, but also pride, joy, and dignity. Sometimes the Other can force a person to be what he is for them rather than what he is for himself. The Other can thus have a great impact on the reciprocal expectation and care offered between the parents and children who emigrated.

As time goes by and the children are away for a long period, the care given and expectation of care to be received can change as well from parents as well as the children. Shortly after emigration the interaction and communication can be more frequent to support each other. The need to touch and hug each other is felt intensely as the family misses each other and miss the frequent contact, especially the first time they have to celebrate a birthday and other events separately. When the children have been gone for a long period of time the feelings may either numb or grow more intense. The experience of the reciprocal care on the longer term could possibly be linked to the relationship that was formed before the emigration between the parents and the children and grandchildren. Children and grandchildren who had very strong relationships with their parents and grandparents before emigration will attempt to retain those relationships and put in a lot of time and effort to take care of each other, even when they are apart for long periods of time.

4.2.1 We are as involved as we can

A number of factors influence the quality, type, and frequency of the transnational care: kin relationships, family history and obligations, cultural background and capacity of time, finances and opportunities to visit family abroad (Baldassar, Vellekoop & Wilding 2007:5). All these factors make the experience of the care given and received different in every family. Should there be a great capacity of time, finances and

traveling opportunity, and the relationships of the families are strong and flourishing, the quality of the care provided will be good and the involvement of parents and children in each other's lives will be substantial.

Although the parents might support the initial employment abroad, it is not always part of the expectation that the children will permanently emigrate (Minnaar et al. 2014:862). Sluzki identified different phases of the migration process that have their own unique characteristics and trigger different coping mechanisms like conflict or other symptoms, in families involved. The phases can be distinguished but are not bound to time frames: preparatory phase, act of migration, period of overcompensation, period of decompensation and finally resulting in a transgenerational phenomenon (Sluzki 1979:379). In each different phase the reciprocal involvement of the parents and children may be different depending on the means available, the structure, family history and culture.

There are strong filial obligations and concerns of the emigrated children towards their elderly parents that are left behind in their country of birth. The reciprocity obligations of caring for their parents in response to the love and care they received as children, contributes to the motivation of caring of the children for their parents. The obligation to care financially, emotionally and physically is very strong for both for parents and of the parents for their children (Okoro 2013:117). The culture of the children also plays a role as the respect for their elders and appreciation for what their parents contributed towards their rearing enhances the quality of care provided.

The life phase theory of Eric H.Erickson, 1959, points out the conflict between generativity vs. stagnation of personal development in the adult years (Hutchison 2010:31). The choices made in this phase, as how to approach old age, will influence the care provided to the emigrated children and the involvement in their lives.

After emigration, the caring needs could change for the parents as well as the children and grandchildren. The support from the children adapt to the changing needs of the parents as they grow older and their circumstances change: should the financial needs increase when the parents' income decline, more monetary support from the children could be expected, if their physical state declines, instrumental support can increase (Guo, Chi & Silverstein 2009:547). Guo found that the out-migration's impact tends to enhance monetary and emotional support for older parents and diminish instrumental support, but not to the expected large extent.

Geographic proximity has no significant effect on the involvement and receiving or providing of emotional support between aged parents and emigrated adult children, on the contrary, emotional support flow may be more adequately (Grassi & Ferreira 2016:124). Although emigrants are separated from their families by international borders or large distances, they maintain mutual care-giving relationships. In a study by Marchetti-Mercer (2012) one of her participants mentioned "I don't think because you are far away your love or anything changes" thus, feeling that the distance between them does not change her bond with her children. Care exchanges are not necessarily diminished by time differences and distance but may be transformed disrupted and fragmented (Baldassar et al. 2007:239). The parents may even feel that the communication, involvement, and emotional support between them and the emigrated children sometimes might even be stronger as they have set appointments for communication sessions to engage and can support each other emotionally during these interactions.

The emigration of the children can benefit the psychological welfare of the elderly who are content with their life and are actively living to the fullest. The sudden loneliness and the change in the roll of the parent and grandparent when the children emigrate, leaves the parents with time to spare and can contribute to an opportunity to personal growth

and development. The emigration crisis can have a positive influence where parents reflect on their lives and see the opportunity for personal growth (Minnaar et al. 2014:854). Active parents who still plan and start new projects may not necessarily miss their children less but keep themselves occupied with an increase in knowledge and other positive development in their lives (Minnaar et al. 2014:857). On the contrary some parents who are dealing with a personal crisis of their own or their spouse, such as ill health, or a robbery, may experience emotional distress, loneliness and even feel depressed at times.

The parents get more involved in other activities for which they did not have the time previously, when they were involved in the supervision and care of their grandchildren. Some of the parents got more involved in religious activities and others started hobbies that were neglected previously. Their social involvement in supporting others and doing voluntary work grows and adds to the growth in their sense of worth. Due to the resilience of the families' relations and the power of human narrative the aged are able to make changes and modifications in their later stages of life to their benefit (Coles 2001:404). The development and continuous growth of the parents does not mean that they are less involved in their children's lives, but the involvement may just happen differently and is modified from what it was before the emigration.

Some parents are very rational about the emigration of their children and just accept it and handle the emigration in a pure cognitive and reasoned way (Kline 2004:47). Peaceful total acceptance means that the person wholly accepts, has mourned and is able to be happy and content in life again (Sadock & Sadock 2007: 64-65). Similar as to when children may have to move to another city for the purpose of an employment transfer, they have just chosen to leave the country and find another opportunity that suits them and their children for a better future. The parents find different ways to be involved in their children and grandchildren's lives. Physical contact can never be substituted but they stay involved as much as they can in other ways to

compensate for this component of care.

The emigration of their children is easier accepted and parents adapt faster if they are active and healthy and can visit the children frequently. Some parents are very happy that their children have emigrated (Gardner 2009:21), because their children have a prosperous life in their new country and this makes the whole acceptance of the process easier. When your children are happy in another country, it is easier to accept that they have emigrated (Marchetti-Mercer 2012:384).

Not only is the emigration beneficial for the parents that stay behind, but also for the children and grandchildren that emigrate. With the political situation in South Africa, some parents feel that the children's emigration is a solution for their unemployment and also gives opportunity for their grandchildren to have better schooling abroad. Some adult children have the opportunity to gain valuable experience and skills and can bring these back to their home country for their benefit (Minnaar et al. 2014:858). It does seem, however, that the wellbeing and quality of life of the emigrated child has a direct influence on the way that the parents experience the emigration (Minnaar et al. 2014:857). If the emigration is experienced positively the parents and children are eager to be more involved in each other's lives as no blame and strong feelings of loss are overwhelming.

4.2.2 We live a dual life

The emigrated adult children are "world citizens" and see themselves as citizens of both countries rather than migrants in a foreign country (Baldassar 2007a:293). Distance is not considered an impediment to healthy transnational family relationships as they feel part of both cultures. The children and grandchildren thus live in one country but are part of two countries at once. To be socially acceptable in their new receiving country they have to form part of the new culture and teach

their children the “new ways” while they still have the culture of their parents in their blood.

Migration brings along family transformation that is inevitable. Immigrated families are challenged by gender and generational dilemmas through exposure to new cultures also seen as conflict between modernism and traditionalism (Falicov 2007:163). In this era of globalization there is a greater possibility of maintaining a lifestyle of trans-contextualism where people live in different contexts with other cultures.

The parents who stay behind in the sending country are part of their culture for many years and are now exposed to new views and cultural habits through their children. It is increasingly common to see transnationalism, living in one or more cultures and maintaining connections to both (Stone, Gomez, Hotzoglou & Lipnitaky 2005:381) in both the parents and children. They try to understand and accept some of the new behaviour and cultural beliefs they experience in their children and grandchildren. According to the Alternation model (LaFramboise, Coleman & Gerton 1993:395) it is possible to know and understand two different cultures at once and live with both. Some aged adults have no children close to them to relieve their solitude as they live alone or only with a spouse and can be referred to as “empty nesters” (Gao, Wei, Shen, Tang & Yang. 2014:1821). Yet, these “empty nesters” have to live with two different sets of cultures (or even more should they have children in different countries) and these cultures might differ immensely.

There is a sense of altruism amongst the aged parents who are left behind by adult children who seek another country to spend their future in. Altruism is referred to when people’s needs are fulfilled through sacrificially fulfilling other’s needs (Kline 2004:47). The parents put their own needs aside and focus on the happiness and wellness of their emigrated children: “Their happiness is ours” (Minnaar et al. 2014:857).

In South Africa parents facing a retirement and old age without the support and presence of their children and grandchildren as the adult children emigrate, is an increasing socio-psychological reality that family's experience in society (Marchetti-Mercer 2009:132). A sense of altruism was experienced by the participants in this study.

In a study in India where adult children immigrated to the USA, 40 percent of the parents found that their children had better employment and educational opportunities in the USA and hence (especially those with no other children in India) felt that they would sacrifice their sense of security and happiness in order for their children to succeed. By withholding their expectations of support and care from their children they felt that they expressed a sense of devotion to their children (Miltiades 2002:52). Many parents who are left behind, but also some of the emigrated children, live with the ambiguity of living with two hearts rather than to live with a broken heart (Falicov 2005: 400). The parents felt that their children had better employment abroad than what they would have had, should they have stayed in South Africa.

The parents do not want to become a burden on family members as they age. They prefer to be as independent as possible for as long as possible (van der Geest, Mul & Vermeulen 2004:466). This makes it difficult if there is no family around anymore to turn to when it becomes necessary to ask for some kind of assistance and care, regardless of how small it may be. It is in the support of small things that gives the elderly a sense of independence if they still can do most tasks themselves. In India, parents from emigrated children do not stay with extended family but would rather depend on daily support from hired help, so that they can retain their independency although some of the extended family members may support them. The hired help is relatively inexpensive and this substitutes the help that the children would have provided, and so they prevent feelings of loneliness and depression and being dependent on others (Miltiades 2002:33).

Aged people expect to be respected and one of the most valuable parts of this respect is to be able to share the wisdom and advice that they have accumulated with their offspring. Should the children and grandchildren not have the opportunity or time to listen to the sharing thereof, the aged will experience this as a denial of respect and feel disrespected and lonely (van der Geest 2004:77). It is difficult for the emigrated children to engage in deep conversations with their parents over time differences and electronic media and with spouses and children around. This can easily lead to the misperception that the parent is not respected. They would like to share wisdom and advice although the children do not ask for their parents' input in their life. It is then easier to share wisdom and advice with the children who are still in the same country on visits in face-to-face conversations. In some of the interviews it was evident that respect and sharing of wisdom was very important to the parents.

It is important for the parents and children to retain a high quality of life. Psychological factors such as enjoyment of life, having a meaningful life, feelings of abandonment, despair, anxiety and depression could be potentially complicate the ability of the parent to cope with the emigration. Some environmental factors may contribute to maintain a high quality of life such as safety, sufficient finances, access to health services, transport and information, leisure activities and a pleasant physical environment (Sudnongbua, LaGrow & Boddy 2010: 268). The emigrated children would like to ensure that the parents have all the necessary resources to ensure that they have a good quality of life and also seek the same for their own family in the receiving country. The emigrated children participants articulated that they ensured that they left their parents well cared for in a protected and safe environment.

Research was conducted on the incidence of physical (Burazeri, Goda, Tavaxhi, Sulo, Stefa, & Kark 2007:1265, Song 2015:144) and psychological (Mosca & Barrett 2014: 687) vulnerability of the parents that stay behind. The health and welfare of both parties are important

to ensure efficient reciprocal transnational caring. Should the parents have a higher incidence of physical and or psychological ailments, the caring burden on the emigrated child is much higher as they need to be more involved when their parents are unwell. The children then spend a lot of time and possibly money to take care of, and organize care for their parents, and they still have to take care of their own family's wellbeing in the receiving country. They are torn apart between the concerns for their parents and their family. The parents cannot fulfil their caring responsibility of their children and grandchildren when they are not well physically and or psychologically.

A number of studies conducted in China found that the parents left behind when children migrate have a higher risk of contracting chronic disease lasting two weeks to six month compared with other older individuals (Cai 2006:121). They also had more symptoms of depression; their anxiety became depression or a combination of depression and anxiety (Nie, Wang & Yao 2011:2366). Here mental health is the single most important influencing factor on quality of life (Xie et al. 2014:364). Parents expect their children to be involved and play an important role in their lives and the sense of loss and depression might be the result of the physical distance barrier between the parents and their children (Miltiades 2002:51). In Thailand, the out-migration of children was independently associated with higher utilization of health facilities by the parents (Adhikari et al. 2011:143). More mental health professionals encounter visits from those who choose to leave the country as well as those who have to deal with the aftermath thereof (Marchetti-Mercer 2009:133).

Gender also seem to play a role in the vulnerability of the parents who stay behind after their children have emigrated as Song discussed in her PhD dissertation. She found that females contract more physical and psychological ailments than their male counterparts. They are more probable to be underweight if they have children that have emigrated and if all children emigrate their HbA1c levels were higher

than that in males. With psychological wellbeing, increased depression symptoms for the left-behind parents are mostly found in older female adults (Song 2015:145). Depressive symptoms and loneliness was found only in the mothers of migrated children (Mosca & Barrett 2016:687).

4.2.3 The grandchildren outgrow their grandparents

An instinct to nurture and care, especially for the first grandchild, is present within each grandmother (Kornhaber & Woodward 2003:56). The combination of longing to see, hear, hold and care for the grandchildren are instincts most grandparents feel (Kornhaber & Woodward 2003:61). Some of the children emigrate when they do not have children yet, but there are also children who emigrate with their whole family taking all their children of different ages along. There are parents who visit their children with the birth of their grandchildren and some only visit later if the grandchildren are born already. Especially the grandmothers find it very difficult not to be there for their daughter when they bear children. When a new baby is born, the grandparents take up contact frequently and cannot wait to see, hear, cuddle and touch the new family member.

When the emigrated grandchildren are a bit older the opportunity to offer assistance with the grandchildren when the children are occupied or in a crisis, or just be able to make small talk with them is not there anymore. Some days are easier than other days but the realization that they are gone leaves the grandparents with feelings of vulnerability (King & Vullnetari 2009:35). When the grandchildren are not physically present the elderly miss the personal contact with them; to fiddle with a grandchild's hair or to enjoy doing the things that they did together, such as going on a hunting trip or fishing, where the grandfather now has to go alone (Minnaar et al. 2014:858). The age of the grandchildren also play a role. The teenage grandchildren often find it difficult to still feel part of the "old" culture as they focus on "belonging"

to their new environment and new friends. The grandparents of older grandchildren have a bigger sense of loss as the contact with them is more limited because of their busy schedule as well.

The role of a grandparent suddenly changes and has different challenges when the children and grandchildren emigrate. The socially and culturally accepted role of “grand parenting” is put under great stress and seems totally different from what the peers of those left behind experience. The grandchildren are now absent from the physical social environment and this changes cultural codes of the grandparents. The grandchildren also find themselves in a different culture and social environment with different acceptable rules and norms. This does not only pose stress on the grandparents but also on the grandchildren. Whenever they find themselves together they then are forced to acclimatise or contend with each other’s different cultural and social norms. The grandparents are pressured and struggle to make the children and grandchildren’s world their own as this requires them to understand and change the idea of the role of being a grandparent from what they are used to or believe in, to fit the ideas of the grandchildren’s new world. Physical distance and cultural alienation then in a sense impedes the role of the grandparent and makes their role different from the other elderly whose grandchildren are still in the sending country (Sigad & Eisikovits 2013:314)

The new transnational cultural role of the grandparents brings foreign elements into the relationships with their grandchildren. To fit into their grandchildren’s new transnational culture, they adjust their notions with patience but an unconscious feeling of loss and confusion emerges. A sense of disposition and discourse evolves and some effort is made to change back to the familiar role of grandparent. They have to hesitantly change their position and start to grow their own “global fitness” to ensure that they fit into the new global vision of their emigrated family (Sigad & Eisikovits 2013:315). When the children see their parents, who are left in the old culture, as worthy carriers of the cultural

knowledge that they value of their country of birth, it can relieve or eliminate some conflict between the parents who might be stuck in the past and the children who have adapted to their new environment and culture (Marchetti-Mercer 2009:132).

It may be argued that the grandchildren are not as attached to their larger community as their parents but rather to their closer family structure and therefore, do not struggle with the same difficulties as their parents in adapting to the new home country (Marchetti-Mercer & Roos 2006:52). In most cases the grandchildren are not consulted in the emigration decision and because they are so dependent on their parents who are under immense stress and not able to give the necessary security and support at the time of change (Grinberg & Grinberg 1989:12), the grandchildren feel alienated and experience a time of great uncertainty. The grandchildren may often feel ignored as the needs and stressors of the adult children take precedence (Marchetti-Mercer 2009:132).

As the grandparents are not part of the grandchildren's daily life anymore they lose close contact with them and know that the relationships have changed. They miss things such as seeing them grow up, as long periods of time lapse and the grandparents wonder if their grandchildren will remember them (Marchetti-Mercer 2012:384), and if they will be able to take up the bonds that they had before they left. After a visit they might feel closer to them again, but after a while they do not have much to talk about anymore again. The grandparents also compare the relationships they have with other grandchildren who are still close to them with those who have emigrated and feel very sad that they do not have the same opportunity to share a part of their lives with them anymore.

King et al. identified three stages of emigration of grandparents who follow their children to the receiving country and eventually back to their home country again, and their advantages and disadvantages. In

the first stage where the grandchildren move away, the grandparents miss their grandchildren but still have their other social contacts. In the second stage, the grandparents are re-united with their grandchildren and offspring, but do not have their other social support with them and sacrifice their independence as they stay with their children. In the third phase when they are re-united with their social support but miss their grandchildren again (King, Cela, Fokkema & Vullnetari 2014:737). We see this cycle with the same effect in the relationships of the grandparents of the emigrated children. With the visits to the children, over and over again, and every time the visit is over (whether it is a visit to or from the children and grandchildren), the grandparents go through the same emotional trauma of re-uniting and having to say goodbye. It is a continuous cycle between the material wealth, social interaction and family solidarity.

4.2.4 Technology makes it much easier

From previous studies, we know that transnational families with digital citizenship experience have an increased social connectivity, engagement and independence. Those left behind also experience better health and wellbeing (Coeckelbergh 2013; Coelho & Duarte 2015; Garattini, Wherton & Prendergast 2012; O'Mara 2014; Saborowski & Kollak 2015). The very nature of the relationships, autonomy, interdependence and inter-subjectivity of the transnational families are transformed by the way people keep in contact and communicate. Even those elements that form the basis of reciprocal care and support of the families are changed by the technologically advanced means of communication that are used (Madianou & Miller 2012; Ling 2008).

Communication technology allows all, irrespective of their age, to keep in touch (Marchetti-Mercer 2012:384). The majority migrants and parents in Baldassar's study reported increased frequency of connections and exchanges through the advent of communication

technologies and more affordable travel (Baldassar 2007a:293). New technologies make it possible for all too virtually stay in touch and socially connected across distances without burdens of physical movement. Social context and neighbourliness is not necessarily bound by demographics anymore but can occur across the globe simultaneously (Levitt & Schiller 2004:1002). The everyday lives of migrants and their families have been transformed by the availability and access of new technology of the polymedia, Internet, and mobile phone based platforms (Madianou & Miller 2013:169).

The development of modern technology goes hand in hand with globalization. Not only are the borders of countries easier to cross, but also the access to communication and technology assist people to keep and build better relationships. The families who emigrate and those who stay behind have to re-create connections across borders in their physical absence and communication technology allows them to stay connected in new ways (Marchetti-Mercer 2017:73). The parent is now able to frequently (and continuously) communicate with children and grandchildren and this facilitates caring and builds social bonds between families and generations and also contributes to the emotional and psychological wellbeing of those left behind after emigration (Cooper 2010:328). It was found in studies where qualitative data was used that the functional use of the Internet improves the quality of life of the elderly (Boz & Karatas 2015:189).

Reciprocal transnational care and intergenerational contact is enhanced by the use of communication technology. A great deal of emotional support and communication take place across international borders in today's rapidly growing global economy (Kalavar, Zarit & Ferraccio 2015:141). Two case studies by Brandhorst, clarifies the "work of imagination" around the connections of technology. Whether they are actual or virtual interpersonal connections; they provide "the emotional closeness and the feeling of connectedness" in a family (Brandhorst 2017:56).

The transnational family members who stay behind, are increasingly involved in the caring and engagement of their children and grandchildren. No matter where they age (transnational aging), technology plays an important role even though they might be challenged by access and skill using it (Sigad & Eisikovits 2013:308).

Not all the parents have the capacity to engage in new technology that is meaningful for them and support their need to stay connected to the people in far-away places. Some aged people who are uncomfortable with modern technology have to be trained to use communication media and some even find using technology for communication frustrating and have little comfort in using it to keep in touch with family and friends. Some might even feel alienated by technology (Marchetti-Mercer 2012:384). “As Brandhorst’s case study suggests, new technologies may also have the potential to reproduce, or exacerbate, pre-existing inequalities – based not only on the selective ability to use them, but also on their material availability in the first place” (Baldassar et al. 2017:5). Should parents be financially able to access and afford technology and can be successfully trained to use them, it contributes to the feeling of a closer bond with the emigrated children (Minnaar et al. 2014:863).

An important motivator that pushes the parent to learn more about the use of communication technologies is the separation of their families, to enable them to communicate with their children and grandchildren (Ivan & Fernández-Ardèvol 2017:41). In their broad study, Ivan and Fernandez-Ardèvol included parents from various locations (including Barcelona, Bucharest and rural areas, Toronto, Los Angeles, Montevideo, and Lima) and found that all parents were interested in taking up the use of communication technologies to support and enhance the care of their family members who live across borders or vast distances from them. The motivation was key to the successful uptake and usage of the technology. (It is then also true that they might

lose interest and stop using the technologies should the families be reunited). It would be beneficial to have training programs and develop literacy programs for the parents to enable them to enhance the experience of the caring and support of transnational family (Baldassar et al 2017:5).

Where there are time differences between the members of transnational families, forward planning has to be used to make communication successful and spontaneity might be limited as there cannot always be immediate contact (Marchetti-Mercer 2012:384). Where parents have children in different countries and different time zones than where they reside, the communication may be delayed and even difficult when it becomes necessary in times of crisis.

Because the parents and the emigrated children understand the importance of the sustained communication to support the family relationships, they do go to great length to ensure that frequent and continuous communication takes place. Most of the parents have set appointments on certain days and times where the family sits down and speaks, shares experiences, ideas and advice. There are families that find that their relationships even grew stronger and that they had spent more time-sharing, as they did not do this before emigration. The children tend to call more on an *ad hoc* basis as their lives are busy and they do not always have the time to communicate on set times as their schedules change and are busier. In between the calls and video calls, a lot of other social media contact, short messages and photos are sent to share the day-to-day experiences. Groups are created on mobile phone applications within families to ensure that all the members share their experiences. The use of technology communication has really given the support, care and involvement of the transnational family a total new perspective and dimension.

4.2.5 They have a future as world citizens

Traditionally citizenship refers to the exclusion of groups based on race, gender, religion, class, ethnicity, place of origin and years spent in the country. Citizenship also refers to political, social and economic rights and cultural affinities and equality within citizenship can be still disputed. Because of the unequal distribution of wealth, labour and worth historically imbalances were created in cultural hierarchies in a global context (Arshad-Ayaz, Andreotti & Sutherland. 2017:30). World citizens are exposed to and accept different cultures. An awareness of cultural differences is essential to promote respect for one another (Nussbaum 1997:68) and a respectful attitude needs to presume that value exists in all cultures that all have meaning and identity.

The adult children that emigrate, and their families, become part of globalization and the parents view their children with new eyes and they have to broaden their own perception of transnationalism. They are exposed to new cultures and environments and visit places that they perhaps would not have seen or know of, should the children not have emigrated. In a way, they feel excited and privileged that they have the opportunity to travel more and be exposed to foreign countries, cultures, and traditions. All the parents are very proud of their children, as they had to take risks to venture into the unknown and build a new future. Most of the emigrated children are professionals, businessmen or entrepreneurs who felt that they had a better opportunity for success in another country, felt safer abroad, or wanted to be part of a stable and prosperous economy. The parents feel that their children have become part of the bigger world, and the children perceive their parents as still being part of a smaller world.

The parents see the children as “world citizens” and some even find that this also has made them world citizens as they have a broader understanding of transnationalism. Reysen and Katzarska-Miller define Global Citizenship as: “Awareness, caring, and embracing cultural

diversity, while promoting social justice and sustainability, coupled with a sense of responsibility to act” (Reysen & Katzarska-Miller 2013:856). Although the intension of the emigration might not have been to become global citizens, some of the characteristics are made their own initially and they might even later add some of the others as they stay longer and become more involved in their new environment and they embrace the new culture.

Sherman, in his presentation, refers to global citizens that also acknowledge universal values such as respect for cultural diversity, human rights and social justice, the interconnectedness of life and empathy of others, and feel a responsibility to act (Sherman 2015:13). There is an understanding of the wider world and how it works and a sense of one’s own role as a world citizen. To successfully integrate into their new environment the emigrated children are forced to adopt and change their roles to world citizens. Some of the children are based in a country abroad but travel to other continents for business and really fit the profile of world citizens as they integrate with many different people and cultures.

Ikeda identifies three pillars of global citizenship and describes them as follows: firstly, the wisdom to perceive the interconnectedness of all life and living, secondly, the courage not to fear or deny difference, but to respect and strive to understand people of different cultures and to grow from encounters with them. Lastly, to have the compassion to maintain an imaginative empathy that reaches beyond one's immediate surroundings and extends to those suffering in distant places (Ikeda 2010:112). As the children leave their home country they do perceive the interconnectedness of humankind, and they cannot afford to fear or deny difference. They have to respect the new culture that they make themselves part of and try to understand the people of their new home. Whether they do develop empathy and compassion beyond their surroundings and extend to those in suffering was not established in this study.

The emigrated children are now part of a global scene and the parents, although they are concerned about their children and grandchildren, feel that they do have a better future where they are now. The children also feel that they made the right decision to emigrate and adopt a new global role.

4.2.6 Financially we are independent

In this study, most of the participants were financial independent, both the emigrated children as well as the parents that remained behind. The global economy and current political climate in South Africa also contributes to the weaker currency, which implicates that the children abroad can contribute to their parents needs should it be necessary. The emigrated children only assisted financially should there be health problems that are costly such as frail care of one of the parents or if the living standards can be improved by their contribution to keep the parents in a safe and comfortable environment. Some of the parents reside in their children's homes that they still own in South Africa and they can then rent out their own property.

In general, the parents have enough pension and or reserves to live from. They do very carefully plan for their future but pride themselves that they are still independent. They are proud of the fact that they still can support themselves. This generation promoted throughout their lifetime a healthy lifestyle, strong family and social ties, coping skills acquisition, and saving and accumulation of assets; hence they still have reserves in their later life (Grundy 2006:128). In some cultures, it is expected of the children (mainly sons) to take care of their parents, but this cultural norm seem to be broken when parents pride themselves to be financially independent (Miltiades 2002:52).

The emigrated children, both sons and daughters, receive no financial support from their parents. Should the daughter emigrate with the son-in-law, they might not be able to work in the receiving country, as different emigration laws apply. There might be a period that they are financially dependent on their husbands as they are not able to earn any income, but the family does not need any support from their parents. Parents spend holidays with their children either in their home country or the parents spend time with their children in the receiving country. Some of the families even have enough finances to meet on a boat or in a holiday destination abroad to spend time together.

Parents might find it very expensive to go for visits to their children and grandchildren and may not be able to afford these visits but feel obliged to (Marchetti-Mercer 2012:385). This places an additional burden on the parents. Should they physically be able to still go and visit and sit through very long flights they still feel that it is very expensive and that they may not be able to travel as frequently as what they would have liked to travel to visit the family. Although it might be less expensive for two parents to visit than it would be for a whole family with children to visit, some children then pay for the traveling expenses to enable a family re-union.

In Europe, old age and poverty are no longer synonymous. In Grundy's study it was shown that only ten percent of older people have income below the median in Austria, Italy and the United Kingdom. In the Netherlands, the poverty rates of the elderly are lower than the poverty rate of the whole population (Grundy 2006:111). Left behind parents in China do need more care than monetary support or income maintenance, the social capital is also less than their peers whom have their children still with them (Lin, Yin & Loubere 2014:274). Although their material resources are relatively secure, their shortage of adequate facilities causes the parents psychological and emotional needs not to be met, resulting in unhappiness and a low quality of life. Adhikari et al., found however that a higher percentage of the parents

with migrated children sought medical treatment compared to other aged persons. This might be that they used remittances received from their children abroad to afford the healthcare (Adhikari et al. 2011:7). This is supported by the study of Cong and Silverstein who have shown that parents who receive financial support from their children have an overall psychological benefit and lower incidence of depressive symptoms (Cong & Silverstein 2008:21).

In an interesting paper Abas found that there were less depressive symptoms found in parents where all their children had emigrated than in parents when only some children had emigrated. The association of the social support, wealth and health and characteristics of the parents was also taken into account. The parents with all migrated children received more financial remittances from their children and perceived that their children's support was as good as what it would be had they still been in Thailand (Abas, Punpuing, Jirapramukpitak, Guest, Tangchonlatip, Leese & Prince 2009:54). Emigration where no remittance or financial support is given in Albania, may be associated with marked health effects in those that stay behind, and more particularly in woman (Burazeri et al. 2007:1265).

All the participants claimed to be financially independent in this study and did not receive remittances for the emigrants, and no psychological or health effects were mentioned because of the emigration of the children.

4.3 SUMMARY

Chapter Four is a literature review with theoretical discussion of the findings of this study's essence and constituents. The essence: "We do love and care, but we can't touch and hug" and the supporting constituencies: "we are as involved as we can", "we live a dual life", "the grandchildren outgrow the grandparents", "technology makes it much easier", "they have a future as world citizens" and "financially we

are independent” were discussed and relevant literature used to motivate and support the findings. In Chapter Five the summary, the limitations of the study and the conclusion is presented.

CHAPTER 5

SUMMARY OF FINDINGS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

In this descriptive qualitative phenomenological study the experiences of the reciprocal transnational care was explored amongst the left behind aged parents and their emigrated children. In the first chapter the background information, aim of the study, problem statement and the significance of this research were stated. The second chapter comprised of the paradigmatic perspective, philosophic framework and the research methodology. In the third chapter the findings of the chapter were discussed. The essence identified as: “We do love and care, but we can’t touch and hug”, and the supporting constituents: “We are as involved as we can”, “We live a dual life”, “The grandchildren outgrow the grandparents”, “Technology makes it much easier”, “They have a future as ‘world citizens’” and “Financially we are independent” were discussed. In the fourth chapter a review of the literature was presented to integrate the findings of the study with known literature.

In this chapter the findings of the interviews, the essence and their constituents are being carefully presented as a multiple reality incorporating the literature consulted. The data gathered with this study reflects congruency with recent studies as a whole.

5.2 SUMMARY OF THE FINDINGS

The objective of the study was reached: To describe the experiences of reciprocal transnational care of the children emigrated and to describe the experiences of reciprocal transnational care of the aged parents left behind.

The primary research question is: How do emigrated children and their aged parents who remained in South Africa experience the reciprocal transnational care provided for each other? Probing questions were formulated and asked to ensure the collection of rich data (see Annexure E). Interviews were conducted only with residents of the selected retirement village in Gauteng who are 70 years and older and have adult children who have emigrated. The interviews with the adult children were conducted only with those who are staying abroad (in any other country but South Africa) and have their parents as residents in the selected retirement village. A wide variety of elderly participants were selected with children in various countries.

To obtain rich data effort was made to ensure that both male and female (eight female and six male parents and four sons and five daughters / daughter-in-law's) participants were included and that the age range was as broad as possible. The parent interviews included widows, widowers and married couples. Fourteen participants were interviewed in 10 interviews of the retirement village and nine of their children were interviewed. A total of 23 participants were interviewed in 18 interviews.

To ensure that participants fully describe their experiences of the reciprocal caring, open-ended questions were used to enhance the description of the phenomena, what was experienced and what are their perspectives regarding the phenomena. A reflective journal was kept throughout the study (see Annexure I) to ensure that bridling took place and thorough field notes (see Annexure H) were taken with each interview. The goal of bridling is to look at the real experiences of the participants and the researcher and not to take anything for granted about the phenomenon

Eidetic reduction was applied, which allows us to explore the phenomenon as experienced by the participants while we put reality on

hold and objects can be described non-influential, pre-conceptually as per their essence in nature.

The data was read and meaning units were identified as the researcher proceeded to work through the information. As the clusters of meaning units started to naturally form patterns, the essence of the phenomenon could be identified and was revealed. The “new whole” of the phenomenon reflected the meaning of the experiences of the reciprocal transnational caring.

The findings of the study revealed the essence of the phenomenon substantiated by the constituents. Excerpts of the interviews were included in the description of the constituents as quotations from the participants (but not in the description of the essence) to link the data to the findings.

5.2.1 The essence: We do love and care, but we can't touch and hug

The participants all were very aware of the meaning of the love and caring for each other but the physical absence of the others left a void in the caring experience and intention. Caring was understood by the participants as to include emotional support, physical contact, financial and moral support and motivation as well as guidance during difficult decision making periods and sharing of wisdom. The intention to care for each other remains strong but becomes complicated. The contact that was kept between the parents and children was mainly through electronic media *e.g.* e-mails, cell phone application like WhatsApp and internet social media for day-to-day contact although video calls and Skype were used for longer interactions. They share experiences and events with each other and try to support each other as they want to.

The caring for each other; being-for-others, has great impact on both the individuals involved, children and aged parents and can be experienced positively or negatively. Although they do as much as they can to care, the physical distance between them and their families

changes the meaning of caring from what it was before the children left. The distance alone has an emotional and psychological impact. The day-to-day involvement is no longer possible and they find it difficult to care if they cannot touch and hug. The frequency of communication plays a role in the meaning of the experience as well as the frequency of the visits to and from the aged parents and their children. Visits can be limited due to physical constraints or financial limitations and prevent families to share precious moments of joyous and crisis events.

The being-for-self and the being-for-others are influenced by the emigration and play a subjective and objective role in the experience of caring for each other. The Other can have a significant impact on the expectation and experience of the reciprocal care. The depth of interpersonal relationships of the family members before emigration does influence the quality of the care provided and received.

5.2.2 We are as involved as we can

Both the parents and the emigrated children felt that they were as involved in the care of each other as they possibly could be, but there are factors like capacity for time, opportunity to visit and finances that influence the quality of the care. During the different phases of the migration process, different experiences of care can present itself. The parent knows that the adult children have very busy lives where they stay abroad and the pressure to be successful in the new environment is high. Although they are very busy, they feel that they give as much care and attention to their parents as they can. The children can feel obliged to return the care provided by their parents in financial, emotional, and physical ways. Care for the parent is adjusted as the care needs of the parents change due to the aging process.

The parent feels that they care for their children and show interest in them, and feels that they receive the same reciprocal care from their

children. The proximity has no significant effect on emotional support and involvement of the families, and can even be experienced as being stronger and benefit the psychological welfare of the parents. Families can even feel that the bonds become stronger as they engaged more through standing appointments to communicate. As parents feel that they do what they can, they also feel that the relationship is not much different as what it would have been if their children were still in the country. The physical distance might be larger, but the love between the parent and children stay the same. The loss might lead to parents becoming more involved in other activities, which allow them to continue to develop and grow in the community and in self-worth. This however, does not imply that they are less involved in their children's lives. With the positive acceptance of the emigration, parents can be content if their children are happy. The physical healthy and active parent finds acceptance easier.

A number of the emigrated children, especially sons, made the best provision they could for their parents' care, by ensuring a safe environment, good medical care and facilities, and even good friends to take care of the day-to-day caring of their parents. This also contributed to the feeling that they did what they could to care for their parents.

5.2.3 We live a dual life

Parents live their lives here in South Africa, but constantly find themselves torn between the life here and the life of their children abroad. They try to follow the children and grandchildren's lives and activities closely and stay involved with them. Time differences may complicate this and they have to "wear two watches". If the parents have more children, and some are still in South Africa while other have emigrated, they also feel torn between the children.

A dual set of values can develop and honesty was compromised at times. The emigrated children (as well as the parents in some instances) filtered the communication that was shared. To protect the parents, children did not share trauma or bad news with them at the time that it happened and *vice versa*. The good news and day-to-day experiences are shared, but as soon as there is a negative experience, crisis, or concern this might not be shared or the seriousness of the incident might be masked. As the parents age and become weaker, the care burden becomes greater but the parents would then rely more on other siblings in the country for care and support.

The children are exposed to different cultures when they emigrate and have to adopt the cultures to be socially acceptable. They then view themselves as “world citizens” who are part of both cultures, and become “transnationalists” (living with more cultures simultaneously). The parents that stay behind notice this and they experience it with mixed feelings. The parents do not always have insight in the culture that the children and grandchildren are living with and do not understand some of the behaviours, decisions and reasoning that they then experience with their children and grandchildren. The parents become “empty nesters” who try to understand and adopt different cultures.

The left behind parents, although they feel that the children care as much as they can, the children cannot really care, even if they want to. They feel that the intention is there but holistic care is impossible because physical care and immediate problem resolution is not possible. This creates feelings of guilt by the children as the parents then become more independent and relies on others (in the community or other siblings) to care and assist. The parents on the other hand believe that the children do not really need them as they live their own new lives. The parents also at times experience feelings of altruism as they focus on their children’s happiness and success and not their own. Guilt, loneliness and despondency also present as their children cannot

but want to be there for them. They live with the ambiguity of two hearts rather than broken hearts. The parent focuses on their own quality of life, safety, physical-, and mental health to ensure their independence.

5.2.4 The grandchildren outgrow the grandparents

All grandparents instinctively want to care and nurture their grandchildren. They want to hold, feel and touch them and get tired of looking at a “glass baby”. The opportunity that the grandparents have to spend time with their grandchildren is mostly with visits to the children abroad or when the children come to visit their parents and bring the grandchildren along.

The grandchildren also miss the physical interaction with their grandparents. It seems that the absence of small everyday chores and contact leave a void in the care of the grandchildren. Some of the grandparents who have older grandchildren abroad and where the grandchildren had been born by the time that the children emigrated, feel further removed from their grandchildren. As the children grow older, and into their teenage years, they seem to have less interest in close contact with their grandparents. The teenagers belong to the “new culture” and friends and feel removed from the old. The grandchildren have to go on with their lives and build a future for them. They are faced with different challenges in the new environment and culture and do not have the frequent exposure to and guidance of their grandparents. The grandparents have to adapt to a more transnational cultural stance to fit into the world of the grandchildren.

The grandchildren are mostly not consulted in the emigration process and might have difficulty to adapt into the new culture. They can feel alienated and uncertain and this may put even more stress on the relationship with the grandparents. They do not feel part of their world now and they miss the security they provided. They experience the

loss every time they have to part after a visit, which causes more traumas. The grandchildren do not get the opportunity to walk through the streets of life with the guidance and wisdom of their grandparents close by.

5.2.5 Technology makes it much easier

The development of technology has made communication much easier as well as the reciprocal caring between the emigrated children and their parents, irrespective of their age. The level of care depends to a great extent on the communication skills and accessibility of technology. The children (and parents) can use a variety of media and applications on their cell phones, laptops and computers to stay in touch and share photos and memories with each other. Many families create groups on WhatsApp where all the family members, locally and abroad, have access to and can share their photos, daily activities, thoughts and feelings. The most frequent applications currently used are cell phone calls, WhatsApp messages and voice calls, FaceTime and Skype. Very few of the aged parents are not able to use the polymedia available to stay in touch with their children. The motivation to support and enhance the relationships with their families encourages them to engage in, and learn the media.

Electronic communication is affordable and makes virtual contact easy across distances. The cost of staying in touch is remarkably lower and it is more affordable than years ago. Many of the parents and children have access to Wi-Fi, which makes connectivity better and communication cheaper. Most families have a routine where they Skype, FaceTime or WhatsApp weekly or at set times of the day. Some of the participants even found that the communication even improved between the parents and children since emigration due to the set times dedicated to the communication.

Where there are different time zones between the parents and the children, the communication becomes a bit more difficult. Both the parents and the children have to be aware and consider the time differences before they engage with each other. The elderly seems to be quite comfortable with the use of technology.

Communication sessions that are scheduled create opportunity to strengthen relationships, even improve communication and care. The usage of group communication is hugely supportive in the sharing of pictures and information to create a feeling of belonging within the families.

5.2.6 They have a future as world citizens

The parents become part of globalisation with the exposure to their children's new life. Their perceptions broaden and they may have the opportunity to visit and travel to foreign countries, be exposed to cultures and traditions. The parents and their children have a better understanding and respect for diversity, interconnectedness of life and empathy for others. There is a better understanding of the world and the role as a world citizen. The emigrated children have a different outlook on life and material things seem not to be so important to them. They would rather travel a lot and see the world and adopt a transnational culture with universal values. The modern transport also ensures that the distance between the families does not play such a big role anymore. The time it takes to travel by the parents and children to reach each other is much shorter currently, because of fast air travel. The children are viewed as being "world citizens" as their world is smaller and they are part of the global scene.

The parents and children realize that they have to make the best of the time that they spend together. The children feel refreshed and have new hope after a visit by or to the parents and gain strength and

encouragement from their family. They do however feel that they have made the right choice to emigrate and feel part of the “bigger picture”.

5.2.7 Financially we are independent

Most of the aged participants felt that they were financially independent and do not rely on their children’s contributions and the children did not need any financial support from their parents at any time. The parents enjoyed a healthy lifestyle and acquired enough savings and assets for their later life. Because of the stable financial position of the parents, they have access to good medical facilities and adequate support, which has a positive impact on their psychological and physical health.

The parents are not seen as dependent or in need of support. The traveling expenses for visits may however become a burden and visits can become few as their financial position changes. The children will assist with the traveling cost in most cases as it is cheaper for the parents to go and visit than it would have been for an entire family to travel.

It is clear that the financial aspect of emigration of the children benefitted the children and possibly the parents. All the emigrated children seem to be totally financially independent and have secured good employment or their own businesses. The weaker currency in South Africa benefits the children financially as they are in a position to assist their parents should it be necessary. The parents may not need any financial support now, but the emigrated children are all financially strong and independent and are willing to support their parents should it become necessary.

5.3 LIMITATIONS OF THE STUDY

The study was done in an affluent retirement village where the participants all have access to good health care in a very secure

environment and are financially independent or well supported. Although not a limitation of the study, it must be mentioned that ,should any of the circumstances be different, the caring experiences between the emigrated children and those left behind could be different.

Some of the interviews with the emigrated children were done via WhatsApp voice calls. During these interviews the researcher could not observe the non-verbal communication of the participants. Especially in a phenomenological study, it is important to observe all communication to stimulate relevant probing questions to create a better understanding of the context of the phenomenon.

Another limitation could be that the researcher could not identify possible emotional support that the emigrated children may need and in which the researcher could not provide or address, due to the distance between the researcher and the participants.

5.4 RECOMMENDATIONS

The holistic wellbeing and reciprocal care of the family from a community health perspective should be taken into consideration where the children have emigrated. The effects of boredom and loneliness on the aged who stay behind can be devastating. Community nurses should be aware of the implications of the “broken” families and assist to ensure their wellness. In any setting where there is elderly who share facilities in a community, whether it be in a retirement village, religious or church community or even in a sport or informal group or club, it is recommended that the persons who have emigrated children are encouraged to share their experiences, success stories and frustrations with each other. They can support each other and enrich their relationships with their children and grandchildren if they can learn from others how they are involved with their loved ones abroad.

It would be beneficial to the aged parent (and for their children) if there could be frequent training programs on communication media to ensure that the elderly who stay behind are empowered to keep in touch and can care for their families who have emigrated. Retirement villages, old age homes, senior clubs or sport clubs can host special events for those who have emigrated children where they can exchange their experiences and build relationships with others in the same position. Support staff in retirement villages and old age homes can assist the frail and elderly to communicate with their families, keep the families informed via electronic media to create a better caring experience especially when the parents cannot initiate the communication anymore. Photos, videos and voice messages can be sent to the families or made available where the elderly participate in activities.

The parents with emigrated children can be an inspiration to others and can be used in a community to motivate other elderly people to widen their horizons. Should the elderly who have no other children in the country anymore be healthy they can participate in “adopt a grandchild” projects or families can “adopt a granny”, where they get the opportunity to be grandparents to children who might not have a grandparent to fulfil that role. Such an aged person can add tremendous value to a family where the parents both work and they need assistance with and care for their children. Such programs cannot replace their grandchildren but can provide a sense of belonging and give them the opportunity to care.

The delivery of acute nursing care to the aged where there is no support from children in the country becomes increasingly difficult and more common. The children are not there to support the elderly physically and they receive no visitation. It is difficult to obtain authorisation for procedures, decisions around end of life involvement and nursing care at home or in facilities. Further research and the search for solutions and support in this field is crucial. Although the

aged parents in this study did not have any financial needs and were independent, community nursing staff must be aware that those less fortunate can easily become neglected or totally dependent on the children's' remittances.

Further research can be done to ensure that the gerontology modules in nursing education include the phenomenon of the left behind aged parents and the holistic care they need. Research, needs analysis and development of support programs for the holistic care of the left behind parents in the community has not been done and becomes more and more relevant to our society.

5.5 CONCLUSION

The aim of the study was to explore and describe reciprocal transnational caring as it is experienced by aged parents in a selected retirement village in South Africa and their emigrated children. The findings revealed the essence as "We do love and care, but we can't touch and hug", and the supporting constituents: "We are as involved as we can", "We live a dual life", "The grandchildren outgrow the grandparents", "Technology makes it much easier", "They have a future as 'world citizens'" and "Financially we are independent", were identified.

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ANNEXURE: A

ETHICS COMMITTEE APPROVAL CERTIFICATE

The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567, Approved dd 22 May 2002 and Expires 03/20/2022.
- IRB 0000 2235 IORG0001762 Approved dd 22/04/2014 and Expires 03/14/2020.



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences Research Ethics Committee

18/04/2017

Approval Certificate New Application

Ethics Reference No.: 71/2017

Title: RECIPROCAL TRANSNATIONAL CARING: EXPERIENCES OF THE AGED AND THEIR EMIGRATED CHILDREN

Dear Mrs Irene Charlotte Venter

The **New Application** as supported by documents specified in your cover letter dated 31/03/2017 for your research received on the 3/04/2017, was approved by the Faculty of Health Sciences Research Ethics Committee on its quorate meeting of 12/04/2017.

Please note the following about your ethics approval:

- Ethics Approval is valid for 1 year
- Please remember to use your protocol number (**71/2017**) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, or monitor the conduct of your research.

Ethics approval is subject to the following:

- The ethics approval is conditional on the receipt of **6 monthly written Progress Reports**, and
- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

Dr R Sommers; MBChB; MMed (Int); MPharMed, PhD
Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health).

☎ 012 356 3084 ✉ deepeka.behari@up.ac.za / fhsethics@up.ac.za 🌐 <http://www.up.ac.za/healthethics>
✉ Private Bag X323, Arcadia, 0007 - Tswelopele Building, Level 4, Room 60, Gezina, Pretoria

ANNEXURE: B

DECLARATION OF HELSINKI

Declaration of Helsinki

World Medical Association Declaration of Helsinki

Ethical Principles for Medical Research Involving Human Subjects

Adopted by the 18th WMA General Assembly, Helsinki, Finland, June 1964; amended by the 29th WMA General Assembly, Tokyo, Japan, October 1975; 35th WMA General Assembly, Venice, Italy, October 1983; 41st WMA General Assembly, Hong Kong, September 1989; 48th WMA General Assembly, Somerset West, Republic of South Africa, October 1996, and the 52nd WMA General Assembly, Edinburgh, Scotland, October 2000

A. Introduction

1. The World Medical Association has developed the Declaration of Helsinki as a statement of ethical principles to provide guidance to physicians and other participants in medical research involving human subjects. Medical research involving human subjects includes research on identifiable human material or identifiable data.
2. It is the duty of the physician to promote and safeguard the health of the people. The physician's knowledge and conscience are dedicated to the fulfillment of this duty.
3. The Declaration of Geneva of the World Medical Association binds the physician with the words, "The health of my patient will be my first consideration," and the International Code of Medical Ethics declares that, "A physician shall act only in the patient's interest when providing medical care which might have the effect of weakening the physical and mental condition of the patient."
4. Medical progress is based on research which ultimately must rest in part on experimentation involving human subjects.
5. In medical research on human subjects, considerations related to the well-being of the human subject should take precedence over the interests of science and society.
6. The primary purpose of medical research involving human subjects is to improve prophylactic, diagnostic and therapeutic procedures and the understanding of the aetiology and pathogenesis of disease. Even the best proven prophylactic, diagnostic, and therapeutic methods must continuously be challenged through research for their effectiveness, efficiency, accessibility and quality.
7. In current medical practice and in medical research, most prophylactic, diagnostic and therapeutic procedures involve risks and burdens.
8. Medical research is subject to ethical standards that promote respect for all human beings and protect their health and rights. Some research populations are vulnerable and need special protection. The particular needs of the economically and medically disadvantaged must be recognized. Special attention is also required for those who cannot give or refuse consent for themselves, for those who may be subject to giving consent under duress, for those who will not benefit personally from the research and for those for whom the research is combined with care.
9. Research Investigators should be aware of the ethical, legal and regulatory requirements for research on human

subjects in their own countries as well as applicable international requirements. No national ethical, legal or regulatory requirement should be allowed to reduce or eliminate any of the protections for human subjects set forth in this Declaration.

B. Basic principles for all medical research

10. It is the duty of the physician in medical research to protect the life, health, privacy, and dignity of the human subject.
11. Medical research involving human subjects must conform to generally accepted scientific principles, be based on a thorough knowledge of the scientific literature, other relevant sources of information, and on adequate laboratory and, where appropriate, animal experimentation.
12. Appropriate caution must be exercised in the conduct of research which may affect the environment, and the welfare of animals used for research must be respected.
13. The design and performance of each experimental procedure involving human subjects should be clearly formulated in an experimental protocol. This protocol should be submitted for consideration, comment, guidance, and where appropriate, approval to a specially appointed ethical review committee, which must be independent of the investigator, the sponsor or any other kind of undue influence. This independent committee should be in conformity with the laws and regulations of the country in which the research experiment is performed. The committee has the right to monitor ongoing trials. The researcher has the obligation to provide monitoring information to the committee, especially any serious adverse events. The researcher should also submit to the committee, for review, information regarding funding, sponsors, institutional affiliations, other potential conflicts of interest and incentives for subjects.
14. The research protocol should always contain a statement of the ethical considerations involved and should indicate that there is compliance with the principles enunciated in this Declaration.
15. Medical research involving human subjects should be conducted only by scientifically qualified persons and under the supervision of a clinically competent medical person. The responsibility for the human subject must always rest with a medically qualified person and never rest on the



ANNEXURE: C

DECLARATION OF ORIGINALITY - UNIVERSITY OF PRETORIA

The Department of Health Sciences places great emphasis upon integrity and ethical conduct in the preparation of all written work submitted for academic evaluation.

While academic staff teaches you about referencing techniques and how to avoid plagiarism, you too have a responsibility in this regard. If you are at any stage uncertain as to what is required, you should speak to your lecturer before any written work is submitted.

You are guilty of plagiarism if you copy something from another author's work (e.g. a book, an article or a website) without acknowledging the source and pass it off as your own. In effect you are stealing something that belongs to someone else. This is not only the case when you copy work word-for-word (verbatim), but also when you submit someone else's work in a slightly altered form (paraphrase) or use a line of argument without acknowledging it. You are not allowed to use work previously produced by another student. You are also not allowed to let anybody copy your work with the intention of passing it off as his/her work.

Students who commit plagiarism will not be given any credit for plagiarised work. The matter may also be referred to the Disciplinary Committee (Students) for a ruling. Plagiarism is regarded as a serious contravention of the University's rules and can lead to expulsion from the University.

The declaration which follows must accompany all written work submitted while you are a student of the Department of Health Sciences. No written work will be accepted unless the declaration has been completed and attached.

Full names of student: Irene Venter
Student number: u16336322
Topic of work: Dissertation.

Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.
2. I declare that this Proposal for dissertation (e.g. essay, report, project, assignment, dissertation, thesis, etc.) is my own original work. Where other people's work has been used (either from a printed source, Internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.
3. I have not used work previously produced by another student or any other person to hand in as my own.
I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

SIGNATURE

IRENE VENTER

ANNEXURE: D

INFORMATION LEAFLET FOR RECIPROCAL CARE EXPERIENCES OF THE AGED AND EMIGRATED CHILDREN

TITLE OF THE STUDY:

“RESIPROCAL TRANSNATIONAL CARING: EXPERIENCES OF THE AGED AND THEIR EMIGRATED CHILDREN”

Dear Participant (parent of emigrated children / emigrated child of aged parent who stayed behind)

1. INTRODUCTION

You are invited to participate in a research study. This brochure will assist with giving you the relevant information to help you decide to participate. It is important to understand what the study entails before you can make a decision to participate. Should this brochure fail to provide all the information you need to know, feel free to ask the researcher.

2. THE NATURE AND PURPOSE OF THIS STUDY

The purpose of the study is to explore and describe how aged parents and children who have emigrated, experience the care given and received across distances while in different countries. You as the aged parent of an emigrated child / children or the emigrated child of an aged parent who stayed in South Africa are considered as a very important source of information and are thus approached to take part in this study.

3. EXPLANATION OF PROCEDURES TO BE FOLLOWED

The participants in this study will comprise of residents of a selected retirement village who have children who have emigrated. The emigrated children are also participants. Interviews will be conducted in the homes of the parent/s and will not last longer than one hour. The

interviews with the children will be conducted virtually and also not last longer than one hour each. You will be asked questions about the way you experience the care given and received from each other. The interviews will be conducted in English by the researcher. Interviews will be voice recorded with your consent, and later transcribed to be studied.

4. RISK AND DISCOMFORT INVOLVED

Possible risk is emotional discomfort from talking about your experiences. The interview will be held in the comfort of your home and you will determine the pace of the interview. You will be free to stop the interview at any time should you find it difficult to talk about the experiences. A counsellor will be available for debriefing should any emotional stress be experienced.

5. POSSIBLE BENEFITS OF THIS STUDY

A possible benefit of participating could be an opportunity to talk to somebody who is interested in your experiences.

6. WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time during the interview without giving any reason. Your withdrawal will not affect you in any way. Should you wish to withhold information, you may do so without explanation.

7. HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study received written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria (contact person: Dr R Sommers, contact no: +27 12 356-3084) and of the Retirement Village management. Copies of the approval letters are available if you wish to obtain a copy.

8. INFORMATION AND CONTACT PERSON

The contact person for the study is Mrs Irene Venter. If you have any questions about the study please contact her at 083 297 9649. Alternatively you may contact her supervisor Prof Neltjie van Wyk at cell 082 776 1649.

9. COMPENSATION

Your participation is voluntary. No compensation will be given for your participation.

10. CONFIDENTIALITY

All information that you give will be kept strictly confidential. Once the information has been analysed no one will be able to identify you. Research reports and articles in scientific journals will not include any information that may identify you.

11. CONSENT TO PARTICIPATE IN THIS STUDY

I confirm that the person asking my consent to take part in this study has told me about the nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I am participating willingly. I have had time to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will not affect me in any way.

I have received a signed copy of this informed consent agreement.

Participant's name:
(Please print)

Participant's signature: Date:

Researcher's name:
(Please print)

Researcher's signature: Date:

Witness's name:
(Please print)

Witness's signature: Date:.....

ANNEXURE: E

INSTRUMENT FOR DEMOGRAPHIC INFORMATION, MAIN AND PROBING QUESTIONS

Demographic information

Age?
Married/widowed?
Country child / children emigrated to?
Grandchildren in foreign country? (Yes / No)
Academic qualifications?
Professional qualifications?

Main question

How do you experience the care given and received to and by your emigrated children / parents left behind in South Africa?

Probing questions

NB!! This is not a questionnaire. These questions will only be asked when necessary and not in a specific manner. The researcher will only use questions when participants find difficulty to tell about the experience.

How do you perceive the emotional and moral support of your child/ren / parent/s since emigration?

How do you experience the personal care given and received in crisis situations?

How do you experience the role of modern technology in assisting with care giving?

How do you experience the care for and support of grandchildren?

Do you give or receive any financial support?

ANNEXURE: F

PERMISSION TO CONDUCT RESEARCH AT THE RETIREMENT VILLAGE

2 Dunkeld Close
Midstream Estate
1692

The HOA
Retirement Village

Dear Mr Chairman

I hereby request permission to conduct a study at the Retirement Village. The study is for the purpose of fulfilling the requirements of the Master's degree in Advanced Community Health Nursing at the University of Pretoria.

The title of my research study is: "Reciprocal Transnational Caring: Experiences of the aged and their emigrated children". The study is intended to take place between March 2017 and December 2017. A qualitative research design will be used. Interviews will be held with 10 residents in their homes and with their children virtually. The participants will be provided with information prior to the study about the nature of the study and will be requested to sign an informed consent to ensure that participation is voluntary. The rights of the participants will be protected by not linking information to any participant's identity.

The results will be shared with representatives of your institution.

I hope my request will be taken into your consideration.

Mrs Irene Venter
Cell: 083 2979 649
Email: irene.venter@live.com

ANNEXURE: G

Retire@Midstream Estate
Home Owners Association NPC

Non-Profit Company
Reg. No. 2009/015067/08

RETIRE @MIDSTREAM

P.O. Box 93,
MIDSTREAM, 1692

1 Madeleine Street,
Retire@Midstream, MIDSTREAM, 1692

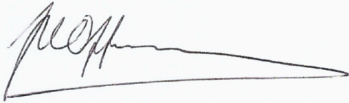
Tel: (012) 940 9555 Fax: (086) 510 2941

2017-03-17

To whom it may concern

PERMISSION TO CONDUCT RESEARCH AT RETIRE@MIDSTREAM

Permission is hereby granted to Mrs Irene Venter to conduct a study at Retire@Midstream, as set out in her attached application, for the purpose of fulfilling the requirements of the Masters degree in Advanced Community Health Nursing at the University of Pretoria.



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ANNEXURE: H

EXAMPLE OF FIELD NOTES AND AN EXAMPLE OF AN INTERVIEW

Interview 1: Participant 1 (P1)

Informational notes: (descriptive)

Participant 1 has 2 daughter that emigrated: one to the UK and one to Tanzania. The interview was held in her lounge. She is a widow, whose husband has passed away many years ago.

Reflective notes:

Methodological: (guidance and strategy: forming thoughts and tactics for different situations). She has two daughters abroad and the caring is different for them as the one in the UK is safe and lives in luxury in civilization while the other one lives in a rural part of the Serengeti in Tanzania. This influences the time spent communicating and the availability of the children and grandchildren.

Theoretical: (thoughts and understanding). Caring for the daughter in the UK is easier and more convenient while she spent more time visiting the daughter in Tanzania for longer periods.

Personal: (feelings and emotions that are bracketed). Although the participant was very open and willing to give her thoughts and experiences, a lot of probing questions had to be asked to reveal the meaning of the experiences. There were no personal feelings from the interviewer's side that had to be bracketed here.

Interview 14: Participant 18 (C4)

Informational notes:

Interview held in my office with participant as she was visiting her mother in the village. She had emigrated to Tanzania in 1998. Her sister more recently moved to the UK.

Reflective notes:

Methodological: Very rich information obtained in a relaxed and comfortable interview.

Theoretical: The precious time spent with the grandchildren was stressed a lot as well as the hiding of important information during crisis situations.

Personal: Had to focus on bracketing own experiences as very similar scenarios were previously experienced as in the interview. She talked freely of her difficult experiences and the lack of support during the times that her mother was not available. It really bothered her that she and her mother had not shared the events that caused pain, potential danger and risk in an effort to save the other parties' worry and stress. The mentioning of the family isolation was also interesting that her children did not realize that they had an extended family as they never or hardly made contact with them, and did not feel included in the family.

Interview 6: Mr and Mrs Coetzee

Background:

2 sons: eldest PETER 35 years, married to SUSAN (not their real names), living in Swansea, Wales emigrated 10 years ago, when he went over to Eindhoven, Netherlands to do his PHD after his studies in Pretoria, where he met Susan and they married there. They since have moved to Swansea where there was a position for Peter at the university, One baby boy, John that is 5 months old now and that is "ons hart se punt".

The other son is still in South Africa, living in Centurion, which is close to us, he is not married yet. He enjoys traveling and was over to see his brother in April and also with us for the wedding 4 years ago. He has also made wishes to stay overseas, but he still currently resides in South Africa, has a good and steady job. He seems still to be happy to reside in South Africa.

We are going to talk about the experiences of care given and received from yourself and your son and daughter-in-law and grandchild in Wales. Reciprocal transnational care experiences.

We Skype every two weeks for an hour, sometimes more than an hour, and exchange all the news: everything that is happening in their lives and everything that is happening in our lives. We even share some photos. Our son loves to WhatsApp some photos while we are Skyping.

The main contact that you have with them is through Skype?

Yes, also facetime on Apple, every two weeks or we WhatsApp in between, we always add photos, lots of photos, we love to see all the photos that they send. Especially after the birth of John, we started a group on WhatsApp that we share with all the other family. My mother and our other son are also part of the group that they share all the photos. This is then the way we share all the experiences of John with all the family. Both of us are not very emotional about it all: even when we went over for the wedding, it was an experience. I don't think we experienced it as very emotional at all. I think the difference is that it's a boy and it's not a girl that is not with us anymore: a boy you rear to set free and they have to go into the world and make their own life. You have to let them go. I think if it was a girl, I think it would have been differently. Even if my other son would go overseas now, we would have to let him go, it would not be so difficult.

It's not so difficult, I do not experience it as so emotional, and we have never been very emotional about it: it's a journey. "Ons het nog nooit baie gehuil nie" We have never cried a lot about it. Maybe it's because we have our youngest son here with us: he is the more emotional one. He is the one who will give his mother a hug while Peter is not so emotional and he does not show his emotions so much. He is a bit colder in the relationship. I must say that when we have our discussions, he is the one that would come with something even if we are closing off and it's almost been an hour into the discussion, he would start all over again and it's as if he wants to hang on for a little bit longer. We honestly felt that he wants to talk a bit more. He is the one that we can see that there is the longing in his voice. The other thing is that maybe why we are not so emotionally: My family came from Holland, My father, Peter Coetzee, immigrated to South Africa and my son has his grandfather's name, and now my son went back to Holland and married a Dutch girl. It's as if the circle is now complete. He has closed the loop. His grandfather did all the

trouble to emigrate and come to South Africa, and now my son has gone back there, and married a Dutch girl. So it's part of our genes. We have realized that it's who we are, its part of being international. Whereas where you would have two South Africans who have lived there whole live in South Africa, it would be different. If then a family member goes overseas, I think it's quite emotionally, but I think we have adapted to that.

Sometimes I think it was more emotionally for him to leave South Africa: He called us last night and asked us to bring some South African Afrikaans children's books for them to read to John. So their home language is Dutch and English, but now they want some Afrikaans book to read to John, and Susan insisted on it, not Peter. She wants Peter to read to John in Afrikaans. Which was very nice. When we were there and they started to look for songs to sing to the baby and to teach him, they looked on the internet and looked for Carika Keusenkamp, and her Afrikaans songs. On U-tube, and I don't even want to sing one of those songs then I would not get rid of them the whole day. She definitely wants him to speak Dutch to him that we pick up. Peter is very fluent in English and they communicate 70% of the time in English with each other. Peter finds it very difficult to communicate fluently in Dutch because it is so close to Afrikaans. When her parents are there he obviously has to do it. We find it interesting with John: he will have 3 languages: English, Dutch and Afrikaans. We are quite excited about it because when he comes to visit one day, he will be able to communicate easily with us. He will be able to understand.

I just want to mention that we have very good friends in Rustenburg. Sarah cannot come to terms that her eldest son and grandson are in America. She is sick to the bone about this. Literally she is sick, physically. She has got depression and she has got pain everywhere, after she has been to a psychologist, she is still sick. And we say it's because of her son's emigration, and if we compare it to us, I will say we have experienced it quite positively. We grant them the opportunity to be happy. Although he is living in Swansea, he is now working for a company in America, San Fransisco, but they opted not to move to America. Then they would be far from both families. He has admitted that he would then be too far from us. She also feels like that. That

to them is still important: her family in Holland and his family in South Africa. So there is still a strong connection, even if there is distance.

If any crisis has to happen, how would you handle it, from both sides?

Health wise we are very blessed and have not had any crisis situations yet, but should there be something, we will share that immediately. Like Sandra's operation or my Mom, we will keep them informed and share immediately, and keep them connected.

What I think affected Peter a lot, when my brother fell ill and he since has passed away. When he passed away I could see that Peter was effected as he could not even be here for the funeral. When they got married, my brother went over to attend to the wedding, he was the only family, except for us who attended the wedding from South Africa.

Things like that I think has affected Peter, where there are close family that are ill or have passed away. And we then just have to keep him informed. But it does affect him. But otherwise we have not experienced any crisis.

The birth of the grandchild: that was really interesting. They went to the hospital with an induction and he called and said it would be 12 - 14 hours before the baby comes. He was calling and keeping us informed all the time. And after 3 hours then the baby was born. There was a problem with the feeding. Then he calls: Mom there is a problem with the feeds, what do we do? I just told them to hang in there...After a day or two we do get a message that she is not hanging in there, she switched to bottles now. It was interesting that on such a personal level, he will still ask his Mom what he must do: the baby is not drinking, she is tired and he does not know what to do? I just hen Whatsapped him and said Peter just be there for her, you cannot do anything, just be there for her. Don't leave her side, and just be there. And when they put him on the bottle, the baby was fine.

I think for them emotionally it was difficult, but they seem to be fine now. He works from home and she is not working, I don't think that she will go back to work again, as they seem to be managing with one salary. They have now split the chores and they share the responsibilities. He is cleaning and she is feeding and then he feeds and she cleans. They are both in their 30s and I think they enjoy the baby. We were there 2 weeks after the birth and we could

see that she was still pretty tired. And she felt guilty that she was not able to breastfeed. But I also had two bottle babies and they are two big healthy men today. I think when she realized that it is ok to bottle feed and she did not feel guilty anymore, as she really wanted to breastfeed, she was much better. When we left she was fine.

We had to be very careful when we were there as she is our daughter-in-law, we could not just say anything and had to be thoughtful before we gave advice. The fact that Peter was there to support her was very good. He was not out of house and could be there for her. He catches up with the work after hour and even helped her with the duties with the baby. Just to give her a gap. What I must admit about Susan though. She does insist to sit in on the conversations with us on facetime. In the beginning when they were still courting, she did not sit in every time, but since they got married, she sits in every time. I think it is her wish to be in contact all the time. And now that Mark is there, they bring him into the picture every time. Yesterday they were lying on the bed with John, and they want us to see him. They are really trying their best to get across the family feeling. I don't think we are too depressed about it.

The interesting thing about this is that John was an AI baby. She had problems with her tubes. But from the beginning she sent me a photo of him when they saw him the first time. I do still have the photo on my phone. This is the chosen one! Every time there was a sonar, she sent me the photo. She was definitely included us right from the beginning. Those WhatsApp's did not come from him, they came from her, from her phone. I must also give the British health system a lot of credit. The way that they treated them, they were getting a bit impatient because they were in the queue for the AI. They then went to a private Gynaecologist and got tests done. As soon as they had the results of those tests, they contacted the national health again and they were pushed forward. And they were phoned a week later and said that they could come in and have it done.

They also said they will also said that they only implant one egg cell and not more. Having said that Susan was 34, 35 and her age helped that they looked at her more favourably. The after birth care was also remarkably, we were so surprised! The nurse comes to the house. And they are very strict and are

there to see that there are no mistakes made! They examine the baby and look out for everything. The baby struggled with some “cradle cap” and she was so worried that they would be unhappy about it. If there should be a blue marking or bruise on the baby they can actually take the baby away! They are very aware of any sign of abuse. They have a look that there are no mistakes made. Their house has to be clean and neat!

I think the support that they got from the national health was also a great help because the mother and mother in law were not there.

Do you miss personal, day-to-day care and involvement?

Yes, definitely, say for instance if there is a birthday, we used to all get together as a family and have a meal or a day together and we have a big party, but now they cannot be here, and we miss them. We always have to take a photo and send it to them. If we sit around the table and we are singing. We set up Skype and we sing for them that they can watch. I think they miss it and we miss it. We always want to give a hug, you know, we like to give a hug. And that's not possible. And that's difficult. But I wonder if they are not even missing it more than us almost? We do have a support group here but they do not have family there as her family is also not with them. It comes from my Mother side as well you know, If someone has a birthday, it must be celebrated. Even if we just have a meal together. Even the other way around, when we went to the wedding, it was only my older brother that went with to the wedding, He insisted to go to the wedding, even if he was not well as he had been diagnosed with cancer already. He said to his wife and retarded child that we are going to Peter's wedding in Wales. He actually passed away four months after the wedding. They got remarried here in South Africa and had a feast here for all the family and friends that could not attend their wedding in Wales. And she brought her dress with, although it was dirty, she put on the dress and we took some more photos and with some lilies she took to the ceremony. They were on their way to Mauritius for their honeymoon. Like the Christening now in July, basically it will be all her family that will attend the Christening. We will be the only ones from our family.

They get support from her family from Holland but they are about an hour's flight from them. It was an interesting point she made the other day. They

almost want to be in a neutral country and they do not want to stay in her or his country that they can have the same support from both. No favouritism from one family. So they did not want to go back to Holland as well. So we said it will not matter, if she wants to go back to her country and have the support from her parents and her brothers, we will not be jealous...

The role of modern technology: do you think it makes it easier: especially because he has been there 10 years already?

Yes definitely! We are very comfortable with it. We see it as it is. They send us photos and we can see the baby. She sends photos on 3 months and then 4 months. I think you do not miss out on anything. She did make an interesting remark the other day: "Jy is nou moeg om na 'n glas babatjie te kyk"

You are tired of looking at a glass baby....

He asked recently to assist with allotment, they rebuilt the shed and worked in the garden and replant the strawberries and the rubarb, and yesterday he sent us a photo with a bunch of strawberries! Oh yes how the rubarb is doing.... So you are more into it, you know about their lives, it makes it so much closer. Even with strawberries and rubarb!

There is a bit of a debate going on, because we were there in January with the birth and we are going now with the Christening. But usually we only go once a year. They are contemplating to come here in the beginning of next year, and flights are extremely expensive during the Christmas season, so they might come January or February. There is no way that I am going to miss his first birthday though! We will probably have to go again! But that's one thing about them being there: it's only an overnight flight. It's so important for us to live and feel part, like the allotment, it was such a good bonding with our son when we were there, Susan and the baby stayed home and we went alone with our son. We went out twice to work there, as winter was becoming seriously close we had to finish: the next day the snow was falling! The municipality rents out these strips of ground that the people can then work on and plant whatever they want. And they applied for it but now they find a bit difficult: allotment vs. baby....

They enjoy the allotment, Sandra jumped in and cleaned a piece that was dirty and overgrown and she made a nice little corner with slasto. We got a photo yesterday with the remark: John likes the little corner that his grandfather made. Happy Fathers day! So modern technology is working because we know everything that is happening in their life. I can remember when I was small, my mother used to get these blue airmail letters from overseas and we had to come and sit and listen while she read the letters to us. Oupa and Ouma Coetzee or the other Ouma and Oupa or the uncles wrote and we had to catch up on the news. And then the next day she would sit for hours and she wrote back to them, telling them all that was going on here. And it took 3 to 4 weeks before these letters arrive. And now we can speak to each other, we can see each other directly without any time delay! It's unbelievable. It's definitely a big advantage to have the technology!

Your grandchild is still very small and your relationship with your grandchild, how do you see that?

Well, what we would like to think, currently he is more attracted by our movements on the screen, but I think he recognizes our voices and he will recognise us when we see him. He is focused on the screen. Eventually he will realize, but now he is too young to. We only was him last when he was 2 weeks old. I don't know when they really see the faces and the pictures in front of them? He just watches all that moves. They were in Barcelona last week and he saw John was focused in one direction and Peter thought that he was watching the TV but he was watching a billboard with a lot of movement and flashing lights on. But the repetition also will help him to recognize our voices.

Financial support?

I think if they would be closer to home you would probably want to do more. Our younger son just bought a new car and he asked me to go with him. And I went with him and asked a lot of questions to all the dealers. After we had a look at all the cars he said thanks for coming Dad you asked a lot of more questions than I would have asked. And he is very appreciative of what we do for him.

When we go to Peter we do our best not to be a burden for them. We would go and shop and pay for the groceries, and the food. If you would compare the two sons: We spend a lot of money to visit Peter and Susan and I don't think Francois would ever question that but we also like to help Francois here and there. I don't think we would ever be able to make up to Francois what we spend on Peter, but maybe one day Francois will tell us that he is emigrating and then we will spend money visiting him. You are quite aware of the fact that you do spend a lot of money on the eldest son on the trips to visit him, these trips are not cheap. Around R10 000 per person and spending money. So Then You realize that Francois is actually missing out a bit, so then you help him a bit as well. There is no expectation from Peter to help financially or from Francois. They both are financially independent and in a good position, especially after the Pound now dropped again and he gets paid in Dollars to the Pound. He is now smiling to the bank...

We have an account on that side that they can draw some money on birthdays and special days. We also club together to buy things for them like we as a family clubbed together to buy the cot for John, so we know that he has a South African cot....

I think we see the emigration in quite a positive way, yes it would be nicer to have him closer to home, but it is sometimes difficult. But we do not get emotional after each of the facetime interactions, we rather are positive and have the expectation to see and chat to them. It's not only the holiday that you see them, it's also the build-up towards the holiday and getting excited to see them again. And we will go for the birthday in January again. Yes it has changed a lot since the birth of John. When it was only the two of them, we found them very Independent, we were quite comfortable to reciprocate, one year they would visit and the next we would visit. But now this has changed, it's passed this stage. We look at it positive and make sure that they have their future.

ANNEXURE: I

EXCERPTS OF THE REFLECTIVE JOURNAL

Bracketing of preconceived ideas before the study of reciprocal transnational caring of elder parents and their emigrated adult children

May 2017: The experience of my two brothers, both medical doctors, who emigrated after they had completed their studies and left my parents with my eldest brother and myself, had a big influence on our family.

As my parents were also immigrants from the Netherlands, I hardly knew my grandparents, uncles and aunts and their children. In expectation of having 3 siblings and a **full family life**, this could not come to fruition as two of my brothers emigrated. I also lived in many different places and was not always in the same vicinity as my parents.

While I was younger and raised children of my own, I also missed family gatherings with aunts and uncles, nieces and nephews. My children also missed out on the **extended family contact**.

Our parents raised us very open-mindedly and encouraged us always to find the **best future** for us as well as our children. Although they were very supportive with the emigration of my brothers, I think they felt heartbroken and left behind, while the children had a bright future and they could not express their true feelings.

My brother just 18 month older than I, met his wife while still studying and he left for Namibia soon after he completed his theoretical studies to complete his practical year in Windhoek. He got married to the Namibian girl, emigrated to Namibia and had 3 sons. He visited with big family occasions and birthdays and my parents visited them a few times.

My younger brother completed his practical year and wanted to specialize as physician but had a few terrible experiences during his first year of specializing where a patient was killed with a knife in his ward, his car thrown with stones and narrow personal escapes that motivated him to leave South Africa. He went to Canada, wrote his international exams, and later married a Canadian girl. He had 2 children and visited South Africa once before my parents passed away. My parents went to Canada once for the wedding and once to visit and see the grandchildren. **Traveling** to Canada is **very expensive and tiring**, and my mother had back problems, which made it difficult for them to travel far distances.

Maybe because they were sons and not daughters, it always seemed that the contact and caring was not as intense as I thought it would be. My brothers kept my parents informed about their grandchildren, sent lots of photos, but there was **limited physical contact**. I remember that my brother from Windhoek bought a webcam and they tried to have video calls, but my parents found it **difficult to manage the electronics**. As soon as there was something wrong, they could not figure out how to fix it and started writing letters, as they were used to.

Not only was it difficult for my parents to cope but it was also difficult for me as I felt that I could not get to know my brothers' children and their wives as closely as I would have like to and **could not build strong relationships** with them. I only saw my brother from Canada's first wife once. He since got divorced and remarried. During the difficult time of his divorce he used to call me and we had very long conversations in the silly hours of the night as he was distressed and could not really speak to anyone else in confidence. Both my parents passed away without them knowing that he got divorced as we felt that they did not need to experience the stress.

The family structure had weakened because of **limited communication**. The normal reciprocal support of parents and siblings and the reciprocal care was difficult to maintain over distance with limited tools of communication and contact.

As the sibling that was left behind, and most probably also because I am a professional nurse, many of the **important decisions** were left for me to decide upon and little input was received from the emigrated brothers. They many times just left decisions and caring for my parents to myself. This also put pressure on myself and I felt mostly responsible for my parents as the physical closest child available, and caused a lot of emotional tension. During important family decisions like placing my parents in a retirement village, the sale of their home, health care decisions when their health deteriorated was difficult because of distance between the siblings.

Even from a **financial** aspect, the burden to ensure that my parents were comfortable and not lacking anything was mainly mine, although my brother in Namibia contributed to their care and wellbeing financially.

In my role as nursing care manager of a retirement village, I am in contact with many elderly whose children have emigrated and they share their feelings, views and perceptions with me. This has also taught me to stay as neutral as possible when they share and to actively listen to their experiences. I must be aware not to **conflict my roles** as nurse and researcher in this instance, and stay objective.

Reflection during and after the interviews were conducted:

September 2017: Participants share a lot of emotion with me and I need to ensure that this is about their experience and not influence them by guiding them with loaded questions. Neutral open ended questions were found the best to guide them to explore their own emotions and feelings.

To stimulate thoughts of **participants that are struggling to open up** and give information, questions had to be rephrased and repeated to obtain rich data. I have to be very supportive and empathetic when participants open up their deepest emotions and explore their hearts to talk about their children and grandchildren. Sometimes an interview has to be paused to give the participant chance to collect him / herself again before we can continue.

I got the idea that some of the participants do not think about or are hesitant to think about their experiences of caring for their emigrated children as this brings to the surface emotions that are upsetting.

When doing an **interview with two persons** (parents of the emigrated children) I must ensure that both feel that they can open up and share their experiences by directing the questions to the person who is more in the background and is coming across as quiet and reserved. This has led to very valuable information of sharing experiences and understanding of the spouse about the experiences of the caring of the children that they were not aware of. Sharing of feelings about incidents that were discussed assisted with the other party gaining more understanding and compassion of the emotions of their spouse.

When interviews with **widows** were conducted, it seemed that they shared their feelings and emotions quite easily and openly.

It is important to ensure that personal history that was shared and counselling given to **known participants** previously did not influence the knowledge shared by the participants during the interview. Additional probing questions were asked to ensure that they did not take for granted that knowledge would be included into the study but has to be mentioned in the interview.

Different scenarios may be relevant when emigrated children are in **different countries** and the experience might be influenced by the country and living environment of the emigrated child and grandchildren. Communication availability e.g. cell phone network coverage and availability of Wi-Fi can hamper the communication and thus the experience of caring.

Making sure that previous interview's information and similar conditions were not mentioned and shared in interviews.

The **health services** available in the host country can be of concern in some instances and the emigrated children are more vulnerable which causes the parent that stays behind to be more concerned. This may also make it more difficult for the elderly to visit the children in an underdeveloped country and influences the frequency of contact between the parent, children and grandchildren.

In a similar situation where my brother was separated from his wife and busy getting a divorce, we decided not to tell my parents and spare them the worry and pain as they were very frail, one participant had the same scenario when she was getting divorced when she was abroad. I had to guide the interview with sensitivity and care, and had to ensure that I bracket my feelings and experiences.

The mentioning of the criticism of the emigrated children towards the children who stay behind and take on the responsibility of the caring of their parents was something that the researcher had to handle with great care and guard against any comments. It was experienced frequently and was difficult to manage as the emigrated children do not have the insight in the cost and emotional effort that is involved in the caring of the elderly frail parent.