

**GRANDPARENTS' EXPERIENCE OF COMMUNICATING SEXUAL MATTERS
TO THE YOUTH IN EAST LONDON IN THE EASTERN CAPE PROVINCE**

by

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DECLARATION

I declare that **GRANDPARENTS' EXPERIENCE OF COMMUNICATING SEXUAL MATTERS TO THE YOUTH IN EAST LONDON IN THE EASTERN CAPE PROVINCE** is my work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted for any other degree at any other institution.

.....
SIGNATURE
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ABSTRACT

Grandparents fail to communicate sexual matters to the youth. It is their duty to initiate this communication. The escalating numbers of sexually transmitted infections among the youth require grandparents as carers to talk openly. The main purpose of the study was to support grandparents in their communication about sexual matters to the youth.

In-depth phenomenological focus group interviews were conducted. Data analysis revealed three themes: grandparents' experience of communication, emotional experience, and the experience of political and social influence. The study developed guidelines for grandparents. The limitations of the study involve the research sample, which was not truly representative of the whole population of East London.

The study recommends that all stakeholders be involved in supporting grandparents in their communicating sexual matters to the youth. The researcher recommends further research to describe youth perceptions of communicating sexual matters to grandparents

Key concepts

Communication; sexual matters; experiences; youth and grandparents.

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CHAPTER 1

Orientation to the study

1.1 INTRODUCTION

In South Africa and elsewhere in the world, the number of children orphaned by HIV/AIDS is gradually rising. Currently, in South Africa an estimated 230 000 children under the age of 15 years are living with HIV/AIDS and more than 450 000 are orphaned by HIV/AIDS. According to statistics (UNICEF 2000:111), in Sub-Saharan Africa there are over 2 million orphans. UNICEF (2000:111) reports that there are 12 million children orphaned by HIV/AIDS in the world. The researcher is of the opinion that this number might double in the next decade unless there is effective communication about sexual matters.

Apart from the children orphaned by AIDS, there are others whose parents have left the rural areas in search of jobs in urban areas. These children are left with grandparents, especially grandmothers. All these children have a grandparent as a role model and consequently prefer to talk to their peers about sexual matters. In view of this, many of them subsequently receive wrong information that could expose them to the danger of contracting HIV/AIDS, teenage pregnancy, and sexual abuse.

Little has been written on grandparents as a source of information on sexual matters. The current study explored youngsters' experience of receiving information on sexual matters from grandparents. Secondly, the researcher wished to develop and describe guidelines to assist grandparents to communicate sexual matters to their grandchildren.

1.2 BACKGROUND TO AND MOTIVATION FOR THE STUDY

Grandparents' reluctance to talk about sexuality to youth is an aspect that increases their susceptibility to sexual abuse and exploitation. Most grandparents are aware that their grandchildren talk about sexual matters at school but do not mention what they talk about or know to them. Grandparents are often reluctant to talk about health and sexual

issues in general. Some grandparents are not sure when, that is at what age, it is appropriate to introduce issues of sex to children.

The fight against AIDS in Africa is not going well; planners are confined to approaches of prevention that are not succeeding (Green 1994:1). According to Hunter (2003:7), by 2010, the AIDS death toll will be higher than that of the two world wars combined, and it will soon be worse than the total claimed by all wars put together. The prevalence of all types of sexually transmitted diseases (STDs) is spiralling worldwide with increased sexual behaviour. Young people are more likely to contract HIV and other STDs, die young, and have fewer children. If young people are informed, they might be able to change their sexual behaviours. Humans are genetically programmed to want sex; the level considered necessary is determined by beliefs about what is “normal” and “healthy”. People may have to confront their age-old taboos around frank discussions of sexuality with teens if they hope to help them avoid bearing the burdens imposed by STDs. It helps also to know that norms are human artefacts not God given rules (Hunter 2003:202).

1.2.1 An international perspective on the perception of sexuality

In Zambia, many cases of STDs are not recorded, as traditional doctors treat them and the diseases are regarded as shameful in that their presence reflects “loss of morals” (Green 1994:8). In Uganda, openness is believed to bring about change in dealing with sexuality without becoming promiscuous monsters. As people become more open about sexuality, sexual activity among teenagers diminishes. Hunter (2003:214) holds that young people need help in establishing healthy sex lives and stable family settings.

In Uganda, religious organisations joined hands in recommending HIV screening and premarital counselling for young people and advised them on safe sex. Hunter (2003:214) maintains that if gender relations were taken seriously in HIV/AIDS prevention and all development programmes, young people could gain control of their sexuality and exert better control over HIV transmission.

Apart from premarital counselling, several countries in Africa advocate for traditional healing instead of Western medicine in the fight against HIV/AIDS. For example, the Mozambique national programme to combat AIDS recognises the important potential

role of traditional healers in reducing the spread of HIV and the prevalence of other STD infections. A herbal decoction is used to treat STDs either for drinking or application directly to sores. Some healers in Mozambique claim to have cured AIDS or that they can cure the disease. For the prevention of STDs or AIDS, healers advise their patients to modify sexual behaviours such as giving advice on refraining from sexual intercourse whilst on treatment (Green 1994:139).

In Nigeria, people believe in Western medicine and that women must be at least nineteen years old in order to bear healthy children. The focus is not so much on STDs and AIDS, although there is a project to measure changes in knowledge, attitudes and practices in health-related issues (Green 1994:172). In Liberia, promiscuity was thought to cause or contribute to the spread of a number of locally recognised STDs. Liberians believe that a cure for gonorrhoea is for an infected man to have sex with a virgin as the intact hymen will kill the bacteria. Rural Liberians tend to think of STDs as primarily urban diseases, with rural people being at less risk than urban dwellers. Information about AIDS is derived primarily from the radio (Green 1994:88).

The people of Swaziland believe that certain types of sex ulcerations cause the symptoms of tuberculosis (TB). TB is believed to be an STD and most patients seek traditional therapy. They believe that family planning will emasculate Swazi culture, and White culture will predominate. They say that it is immoral to discharge semen in a “container” (condom) (Green 1994:15).

In the USA, AIDS is relatively uncommon; the most important advice for the 99 percent of the population who are not infected is to choose a partner who is at low risk of carrying the HIV antibody. This means getting to know each prospective partner very well before having sex with that person (Mays, Albee & Schneider 1989:64).

Although it is estimated that in South Africa, the number of AIDS orphans will be 24,3 million by 2010, Green (1994:184) points out that many South Africans still believe that AIDS can be cured by traditional healers. Some HIV-positive people believe the myth that having sexual intercourse with a virgin will cure the virus.

The rural elders in KwaZulu-Natal claim that virginity testing decreases the spread of HIV/AIDS as the practice discourages girls from sexual acts. However, children have

rights, including the right to privacy, and it is argued that testing is a violation of that right.

1.2.2 Religious influence on sexual behaviour

Religion influences attitudes and behaviours concerning sex, specific sexual practices, contraceptive use and premarital, extramarital and other intimate relationships (Mays et al 1989:271). Ward (2000:226) states that Catholic and Protestant theology tends to be very conservative with regard to sexual matters, both suggest constrained norms of sexual behaviour and little is said about sexuality and sexual issues.

Kamguian (2000:5) refers to a speech given at the 5th Symposium of the Arab Cultural Centre in London, where sexual apartheid still rules even in schools. Boys and girls are separated right from the early stages of schooling, which deprives them of free movement, association and enjoying social activities. Talking about sexual matters is treated as a crime and sex education is unacceptable, everything related to male/female relation is considered secret, sinful and humiliating.

Human life is highly valued in Islam. It is considered a gift from Allah and therefore no one has the right to misuse and abuse it. Islam has always encouraged discussions on matters that will help protect health and life, therefore sexual issues are discussed freely. Muslim men and women never feel shy to ask the Prophet about intimate sexual matters and the conversations are continued even at home with the entire family (Kamguian 2000:5).

1.3 PROBLEM STATEMENT

Grandparents are facing a burden of bringing up their grandchildren left under their care by their daughters or their sons who have succumbed to HIV/AIDS epidemic. Most grandmothers do not talk about sexual matters with their grandchildren, so they get their information outside the home. When sexual matters are brought up on television, some grandparents fear and do not wish to hear what will be discussed in their presence. Most of the time family education is about respect for elders, household chores according to gender and how to worship the ancestors, but little or nothing is said about sexual issues. Overprotection, sociocultural beliefs and religion are among the factors

that influence grandparents to refrain from talking to youth about sexual matters. Talking about sexual issues is believed to be part of Western culture and grandparents believe that the ancestors will turn their backs on them if they adopt Western cultures.

These orphans are more vulnerable to sexual abuse, teenage pregnancy, STDs and also to the extent of contracting HIV and AIDS. This prompted the researcher to undertake the study.

1.4 PURPOSE OF THE STUDY

The main purpose of this study was to devise mechanisms to support grandparents in their communication about sexual matters to the youth.

1.5 OBJECTIVES

In order to achieve the purpose, the study wished to

- explore and describe grandparents' experience of communicating about sexual matters to the youth
- formulate and describe guidelines to support grandparents in communicating about sexual matters with their grandchildren

1.6 RESEARCH QUESTIONS

The study wished to answer the following questions:

- What are the experiences of grandparents in communicating sexual matters to the youth?
- How can grandparents be supported in sharing about sexual matters with their grandchildren?

1.7 CONCEPTUAL FRAMEWORK

According to Freud's psychosexual theory, personality is decisively formed in the first few years of life, as children deal with conflicts between their biological, sexually related

urges and the requirements of society (Papalia & Olds 1992:213). Papalia and Olds (1992: 213), point out that children need guidance in shaping their personalities; parents have a role in this and in the absence of the parents, grandparents have to play this role.

Freud and Erikson's social-learning theory holds that children learn what it means to be male or female and what kinds of behaviour are right and proper from watching their parents and other adults. In cases where children are raised by grandparents, they learn these behaviours from them (Papalia & Olds 1992: 213).

According to Habermas' critical theory, things in the world are mediated through their symbolic content, their meaning; they are not inherently meaningful by the way people act towards them (Bem & De Jong 1998:85). "In their communicative interactions people share meanings or symbols. Sound rationality is communicative action, a way of life, in which undisturbed communication; unforced agreement, and mutual understanding are possible. People should arrive at consensus and shared opinion, which is made possible in a communicative community in which individuality and intersubjectivity, knowledge and morality, tradition and critical reflection are combined" (Bem & De Jong 1998:85). The experience of grandparents in communicating about sexual matters to their grandchildren is important in shaping the communicative community.

Samuel's disengagement theory holds that aging is a process of mutual withdrawal. Older people voluntarily cut down on their activities and commitments. There is a decline in social interaction (Papalia & Olds 1992:381). This withdrawal and decline in social interaction in grandparents as older people may affect their communicating sexual matters to the youth.

1.8 DEFINITION OF TERMS

For the purposes of this study, the following terms are used as indicated in the following definitions:

- **Communication**

Hybels and Weaver (1992:5) define communication as “any process in which people share information, ideas, and feelings. That process involves not only the spoken and written word, but also body language, personal mannerisms and style, the surroundings and anything that adds meaning to a message.”

- **Experience**

Allen (1994: 67) defines experience as “what one learns from the events of the past. It is all that is going on within the organism at any given moment that is potentially available to awareness.” *Collins English Dictionary* (1991:546) defines experience as “direct personal participation or observation; actual knowledge or contact; accumulated knowledge, esp. of practical matters”.

- **Youth**

Collins English Dictionary (1991:1783) defines youth as “the quality or condition of being young, immature, or inexperienced; the period between childhood and maturity, esp. adolescence and early adulthood; any period of early development; young people collectively”. Youth “begins at puberty, at which time psychological changes are accompanied by ‘psychic revolution’” (Allen 1994:67).

- **Grandmother**

Collins English Dictionary (1991:673) defines grandmother as “the mother of one’s mother or father; a female ancestor”.

- **Sexual matters**

Aggleton, Hart and Davies (1991:9) define sexual matters as:

- Sex. Whether someone is male or female.

- *Human sexuality*. It includes our sexual behaviours and functions, as well as our awareness of our bodies. Sexuality is a form of expression that begins at birth and continues through our lives, involving our physical, emotional, social and intellectual aspects.
- *Rape*. Rape happens when one is forced to have sex against one's will.
- *Sexual abuse*. Any kind of sexual contact between an adult and a child even if the child 'consents'. The reason is that power relationship is so unequal – a child has neither the emotional nor the sexual maturity to cope with the situation.
- *Sexually transmitted diseases*. They occur when germs are spread from one person to another through sexual contact, causing infection in the genitals, reproductive tract and sometimes the whole body.
- **Guidelines**

Collins English Dictionary (1991:689) defines guideline as “a principle put forward to set standards or determine a course of action”. The purpose of the study was to develop guidelines on how to communicate sexual matters to children/young people for use by grandparents.

1.9 RESEARCH DESIGN AND METHODOLOGY

1.9.1 Research design

A qualitative, explorative, descriptive and contextual research design was used (see chapter 2).

1.9.2 Population

In this study the research population comprised grandparents compelled to raise their grandchildren as well as those raising grandchildren orphaned as a result of HIV/AIDS in the East London area in the Eastern Cape Province. Grandparents taking care of their grandchildren were not excluded such as those whose children had migrated to other countries for work or whose children were disabled.

1.9.3 Sample

Purposive sampling was done because the study was qualitative. The researcher used her judgment in selecting the subjects representative of or knowledgeable about the topic under study. The sample comprised thirty one (31) participants, twenty three (23) females and eight (8) males with the age ranging from fifty five (55) up to eighty (80) years. See table 3.1 page 24 for full sample description. The sample size was concluded when data saturation was reached. Saturation is reached when no additional information is found during interviewing to develop properties of the given category (De Vos 1998:304).

1.9.4 Data-collection method

Data was collected by means of unstructured interviews using an interview schedule. Field notes were also kept. A tape recorder was used and the interviews conducted in a naturalistic setting, namely at the participants' homes. Kvale's (1996:30-31) interviewing principles were applied.

1.9.5 Data analysis

The tape-recorded interviews were transcribed and used as the database for the study. The data was analysed using Tesch's method (in Creswell 1994:155) for the identification of themes and sub themes. In addition, the raw data was sent to an independent coder for analysis (see chapter 2).

1.10 MEASURES TO ENSURE TRUSTWORTHINESS

In this study, trustworthiness was ensured by using Guba's model on trustworthiness (Krefting 1991:215). Guba identifies four criteria of trustworthiness:

- *Truth value* – Are the results a true reflection of reality? This is about how credible the findings are.
- *Consistency* – Would similar studies yield the same results? Consistency is ensured if the findings of the research can be transferable to another setting or group of people.

- *Applicability* – Can the research results be applied to other settings? The researcher is reasonably sure that the findings would be replicable if the study were conducted with the same participants in the same context.
- *Neutrality* – This is the extent to which the researcher succeeds in bracketing personal biases.

1.11 ETHICAL CONSIDERATIONS

The researcher ensured the ethical acceptability of the study throughout the research process (see chapter 2). Three basic principles were observed and guided the study:

- Principle of respect for persons. Researchers have an obligation to respect the rights, needs, values and desires of the participants.
- Principle of beneficence. No harm shall come to the participants during the study.
- Principle of justice. Researcher has to obtain written permission to conduct the study, and ensure the participants' anonymity and confidentiality.

1.12 OUTLINE OF THE DISSERTATION

Chapter 1 presents the background to and motivation for the study.

Chapter 2 describes the research design and methodology.

Chapter 3 discusses the data analysis and interpretation and the findings with reference to the literature review.

Chapter 4 develops and discusses guidelines to facilitate communication about sexual matters by grandparents.

Chapter 5 concludes the study, discusses its limitations and makes recommendations for practice and further research.

1.13 CONCLUSION

This chapter outlined the purpose and objectives of the study. The research design and methodology, including population, data collection and analysis, measures to ensure trustworthiness and ethical considerations, were also briefly discussed. Chapter 2 discusses the research design and methodology.

CHAPTER 2

Research design and methodology

2.1 INTRODUCTION

Chapter 1 discussed the background to the study, the problem statement and the objectives of the study. This chapter describes the research design and methodology, including data collection, analysis and interpretation.

Guidelines to optimise the communication about sexual matters between grandparents and grandchildren were formulated on the basis of the findings.

2.2 OBJECTIVES OF THE STUDY

The study was divided into two phases and the objectives were to

- explore the respondents' experience of communicating about sexual matters to the youth
- describe guidelines to support the respondents (and other grandparents) in communicating about sexual matters with their grandchildren

2.2.1 Objectives for phase 1

The objectives for this phase of research are dealt with in chapter 3 of this dissertation, and the manner to attain them is as follows:

- explore and describe grandparents' experience of communicating about sexual matters with the youth
- identify respondents' attitudes towards and perceptions of communication about sexual matters with their grandchildren
- determine whether the respondents had the necessary knowledge of the relationship between HIV/AIDS and sexual matters

2.2.2 Objectives for phase 2

In this phase, the researcher wished to

- formulate and describe guidelines to support grandparents in communicating about sexual matters with their grandchildren

2.3 RESEARCH DESIGN

A qualitative, explorative, descriptive and contextual research design was utilised to achieve the above objectives. The researcher employed Kvale's (1983:173) interviewing principles for data collection.

2.3.1 Qualitative

A qualitative design was selected to gain an insight into how grandparents made sense of their experiences in communicating about sexual matters to their grandchildren. Qualitative interviews aim at obtaining as many nuances of the interviewees' life-world as possible. Precision in description and stringency in meaning interpretation correspond in qualitative measurements (Kvale 1983:173). The approach is holistic and the focus is on participants' perceptions and experiences and the way they make sense of their lives (Creswell 1984:162).

2.3.2 Explorative

Explorative research is undertaken to explore relatively unknown areas thus gaining new insight into and understanding of a phenomenon (Kvale 1983:173).

2.3.3 Descriptive

In a descriptive design, the researcher begins with a well-defined subject and conducts research to describe it accurately. The outcome of a descriptive study is a detailed picture of a subject or an accurate portrayal or account of the characteristics of a particular individual, situation or a group (Burns & Grove 1999:38).

Kvale (1983:175) states that qualitative research interviews aim at obtaining uninterpreted descriptions. The interviewees describe as precisely as possible what they experience and feel and how they act. This design was therefore used to

- describe the experiences of grandparents in communicating sexual matters to the youth
- formulate and describe guidelines to support grandparents in communicating about sexual matters with their grandchildren

2.3.4 Contextual

Babbie and Mouton (2001:53, 270) describe contextual studies as “where the phenomenon of interest is studied in terms of its immediate context”. Kvale (1983:174) uses the term *life-world* as an aspect of qualitative research. According to Kvale (1983:174), the subject of qualitative interviews is the life-world of the interviewees and their relation to it. The purpose is to describe and understand the central themes they experience and live. The goal is to understand events within the concrete, natural context and setting in which they occur.

- **Meaning**

Qualitative studies seek to describe and understand the meaning of central themes in the interviewees’ life-world. The main task in interviewing is to understand the meaning of what is said. Consequently, researchers have to record and interpret what interviewees’ say as well as how it is said, be observant and able to interpret facial expressions, vocalisation and other body gestures (“body language”).

- **Specificity**

Kvale (1983:176) emphasises that qualitative studies seek to describe specific situations and action sequences in the interviewees’ world. It is not general opinions that are investigated. In this study, the researcher sought to understand the grandparents’ experience of communicating sexual matters to their grandchildren (youth) specifically but not other people’s opinions.

- **Presuppositionless**

Presuppositionless implies openness to new and unexpected phenomena (Kvale 1983:176). Researchers should be curious, and sensitive to what is and what is not said. The goal is to attempt to gather rich descriptions from participants.

- **Focused**

Kvale (1983:177) emphasises that the researcher should focus on or guide towards certain themes, but not guide participants towards certain opinions about the themes.

- **Ambiguity**

Interviewees' statements may sometimes be ambiguous and/or contradictory. In such cases, the researcher's task is to seek to clarify whether the ambiguities and contradictions are due to a failure of communication in the interview situation or whether they reflect real inconsistencies and contradictions. Contradictions may be adequate reflections of objective contradictions of the world the participants live in (Kvale 1983:177).

- **Sensitivity**

Research done by different researchers using the same guide may be different due to their varying sensitivity. A researcher who has not a sensitive ear to what is said may have difficulty in obtaining descriptions of experiences from interviewees. Qualitative research seeks to employ interviewers' varying abilities to obtain different depths of the themes (Kvale 1983:177).

- **Interpersonal situation**

The interview is an interaction between two people. Interviewer and interviewee react in relation to each other, and reciprocally influence each other. The interview is an interpersonal situation, as the relevant data are constituted by the interaction itself (Kvale 1983:177). The interviewer has to build a relationship with the interviewee in order to gather the relevant data.

- **Positive experience**

Kvale (1983:178) points out that a well carried through qualitative interview may be a rare and enriching experience for the interviewee. In practice, it may often be difficult to terminate a qualitative interview, as the interviewee will often wish to continue the dialogue.

2.4 RESEARCH METHODOLOGY

The research methodology involved ethical considerations, population and sampling, and data collection and analysis in phase 1. In phase 2, the researcher used consultation and methods to ensure trustworthiness.

2.4.1 Phase 1: Exploration of the respondents' experience of communicating sexual matters to youth

To explore the respondents' (grandparents') experience, the researcher began by ensuring ethically sound research, followed by data collection and analysis.

2.4.1.1 Ethical considerations

The researcher observed the ethical principles of informed consent, anonymity and confidentiality, and beneficence (Kvale 1983:109).

- ***Informed consent***

Informed consent entailed informing the respondents of the purpose of the study and any possible risks and benefits from participation. In addition, it was emphasised that participation was voluntary and that they had the right to withdraw from the study at any time should they so wish.

- ***Confidentiality***

The researcher assured the respondents of anonymity and that all data would be treated in the strictest confidentiality. Should it be necessary to publish any information

potentially recognisable to others, the respondents would then need to agree to the release of identifiable information. The researcher ensured their anonymity and privacy by changing their names and identifiable features in reporting the interviews.

- ***Beneficence***

The principle of beneficence means that the risk of harm to a subject should be the least possible. The sum of potential benefits to a subject and the importance of the knowledge gained should outweigh the risk of harm to the subject and thus warrant a decision to carry out the study (Kvale 1983:116).

2.4.1.2 Target population

Babbie and Mouton (2001:100) describe a population for a study as that group of people about whom researchers want to draw conclusions. In this study, the population was grandparents raising grandchildren, who were orphaned as a result of HIV and AIDS or whose parents had migrated for work or were disabled, in the East London area in the Eastern Cape Province.

2.4.1.3 Sampling criteria

De Vos (1998:191) defines a sample as the element of the population considered for actual inclusion in the study. Sampling criteria are the characteristics of the informants for inclusion in the target population. To be included in this study, the respondents had to be

- Women and men as it is usually grandmothers who take care of grandchildren.
- Middle aged (55-66) or elderly (66-80).
- Xhosa or English speaking.

2.4.1.4 Sampling technique

In this study, snowball sampling was used. Snowball sampling is appropriate when the members of a special population are difficult to locate. The term refers to the process of

accumulation as each located subject suggests other subjects (Babbie & Mouton 2001:167).

Interviewing the few members of the target population the researcher could locate, and then asking those individuals to name others whom they knew followed this procedure.

2.4.2 Data collection

In-depth semi-structured phenomenological interviews were conducted to collect data. De Vos (1998:298) describes semi-structured interviewing as “social interaction between equals in order to obtain research relevant information. Qualitative researchers direct interviews by means of a definite research agenda in order to gain information on the specific phenomenon under study.”

The purpose of this study was to explore the respondents’ experience of communicating sexual matters to the youth, therefore an in-depth semi-structured phenomenological method was chosen.

2.4.2.1 Phenomenological interviews

According to De Vos (1998:80), descriptive phenomenology stimulates researchers’ perception of lived experience while emphasising the richness, breadth, and depth of those experiences. Descriptive phenomenology consists of three steps, namely intuiting, analysing and describing.

- **Intuiting** enabled the researcher to become totally immersed in the phenomenon under investigation.
- **Analysing** helped the researcher to identify the essence of the phenomenon under investigation, based on the data obtained, and also to explore the relationship and connection with adjacent phenomena.
- **Describing** enabled the researcher to refrain from attempting to describe the grandparent’s experience prematurely.

2.4.2.2 In-depth interviews

The aim of semi-structured interviewing is to actively enter other people's worlds in order to understand them. In-depth interviewing limits the interviewer's contribution to the interview to a minimum. The role of the interviewer is to introduce the general theme on which information is required, motivate interviewees to participate spontaneously, stimulate them through probing, and steer them tactfully back to the research topic when there is regression (De Vos 1998:300).

2.4.2.3 Field notes

De Vos (1998:285) stresses that it is unwise to rely solely on one's memory to preserve data for analysis. Researchers should also make field notes, which are not merely summaries of events but rather detailed reproductions of what occurred. The researcher was able to describe fully the respondents' experience in communicating sexual matters to the youth. Field notes were used to describe how they expressed themselves, their facial expressions, and position changes and other observations.

2.4.3 Pilot interviews

Researchers can orient themselves to their studies by means of pilot studies. A pilot study is a prerequisite for the successful execution and completion of a research project (De Vos 1998:178). The researcher conducted two pilot interviews using similar subjects, settings, and data-collection and analysis techniques to those of the proposed study.

2.4.4 Data analysis

Data analysis was done using Tesch's eight steps (in De Vos 1998:343):

- Make sense of the whole by reading all the transcriptions carefully. Jot down ideas as they come to mind.
- Select one interview and think about the underlying meaning in the information. Write down all thoughts about the information.

- Make a list of all the topics after completion of the above task. Cluster or group topics together in terms of similarity and arrange them in major topics and leftovers.
- Code the topics and write appropriate segments of the text.
- Categorise topics with the most descriptive wording and reduce the total list by grouping together topics that relate to each other.
- Make a final decision on the abbreviation for each category and alphabetise the codes.
- Group data belonging to each category together and perform a preliminary analysis.
- Record existing data.

2.4.5 Literature review

According to Smit (in De Vos 1998:104), researchers are able to plan a project in a meaningful and scientifically valid manner only if they have made a thorough study of the literature relevant to the research theme. Conducting a search and evaluation of research literature, enables researchers to be confident that all relevant findings and theories have been reviewed. In most cases, a literature search for information related to a well-defined local problem will produce information that is recent and relevant (De Vos 1998:104).

In this study, the researcher conducted a literature review when writing the background information. A literature review was also done after data analysis to compare the findings of the study with those of previous ones.

2.4.6 Phase 2: Description and development of guidelines to support grandparents in communicating sexual matters to their grandchildren

In this phase the researcher worked together with the participants in order to arrive at appropriate guidelines so that they owned and were committed to the guidelines. Consultation was the main strategy implemented so that it was not the researcher's but "their" ("our") issue in order to instil a sense of responsibility.

2.5 MEASURES TO ENSURE TRUSTWORTHINESS

In this study, the researcher combined Guba's model with Babbie and Mouton (2001:276) approach. They identify four criteria of trustworthiness: truth-value; applicability; consistency, and neutrality.

2.5.1 Truth-value

Truth-value asks whether the researcher has established confidence in the truth of the findings for the subjects and the context in which the research was undertaken. Credibility was assured by using the following strategies:

- **Prolonged engagement**

According to Babbie and Mouton (2001:277), researchers must stay in the field until data saturation occurs. The researcher established rapport and built a relationship with the participants. Consequently, data was collected after three visits, the participants were relaxed, and information flowed freely.

- **Persistent observation**

The researcher spent a great deal of time and searched for what did and what did not count. What was said by the respondents was compared with what was not said (eg, body language and changes in positions).

- **Triangulation**

The researcher applied the strategy of seeking different sources, using different methods and asking different questions in order to gather information from the respondents about their experience in communicating sexual matters to the youth.

- **Referential adequacy**

The researcher made use of a tape recorder and a writing pad to jot down notes. These were placed so as not to obstruct either the researcher or the interviewee's view.

- **Peer debriefing**

The researcher regularly met with colleagues to discuss the study, methods and techniques and findings.

- **Member checks**

The researcher played the tape recorder and listened to the interviews with the participants, read out the interpreted notes to verify and clarify information. Member checks aim at creating an opportunity to summarise what the first step of the data analysis should be, and to assess the overall adequacy of the data (Babbie & Mouton 2001:277).

2.5.2 Applicability

Applicability in qualitative research refers to whether it is fitting or transferable. It refers to the degree to which the findings can be applied to other contexts and settings or with other groups (De Vos 1998:331). The researcher ensured that the findings could be generalised from the sample to the target population.

2.5.3 Consistency

Babbie and Mouton (2001:278) maintain that an inquiry must also provide its audience with evidence that if it were to be repeated with the same or similar respondents in the same context, its findings would be similar. Applying the following techniques attains dependability in qualitative research:

- **Credibility**

The respondents verified the data from the interviews and the field notes. Triangulation was employed to ensure the validity and reliability of the study.

- **Inquiry audit**

The researcher conducted in-depth unstructured individual interviews, which were jotted down and audiotaped to ensure an audit trail. The literature review verified the data analysis and interpretation.

2.5.4 Neutrality

Confirmability is a strategy to ensure neutrality. Neutrality as a criterion of trustworthiness refers to the degree to which the findings are a function solely of the informants and conditions of the research but not of other biases, motivations and perspectives (De Vos 1998:331). The researcher used a tape recorder to enrich the study and findings.

2.6 CONCLUSION

This chapter described the research methodology used for both phases of the study, including sampling, data-collection techniques, ethical considerations, and measures to ensure trustworthiness.

Chapter 3 presents the research findings and literature review.

CHAPTER 3

Findings and literature review

3.1 INTRODUCTION

This chapter presents the findings with reference to the literature reviewed in order to contextualise them. The main purpose of this study was to explore and describe the respondents' (grandparents') experience in communicating about sexual matters to youth.

During data collection and analysis, three themes emerged:

- The respondents' experience of communication
- Emotional experience
- The experience of political and social influence

3.2 SAMPLE DESCRIPTION

For this study, the sample was drawn from a population of grandparents living with their grandchildren from urban, rural and an informal settlement area in East London in the Eastern Cape Province. The sample comprised six focus group interviews with three to six participants who volunteered to participate. Data collection continued until data saturation occurred and no new data or themes emerged.

Table 3.1 represents the demographic description of the sample distribution.

Table 3.1 Sample distribution

1	Age	55-66 years 6	66-80 years 21	Not known 4
2	Sex	Males 8	Females 23	
		Total = 31		
3	Race	All Blacks		
4	Marital status	Single 4	Married 21	Widowed 6
5	Occupation	All on old age pension		
6	Highest standard passed	Primary 22	Secondary 4	Tertiary 3 No education 2
7	Income	All on old age pension		
8	Religion	Zion 8	Apostolic 11	Methodist 7 None 5
9	Settlement (rural/urban/informal)	Rural 7	Urban 8	Informal 16
10	Number of children	Males 17	Females 29	
		Total = 46		

3.3 FIELD EXPERIENCE BY THE RESEARCHER

According to Polit and Hungler (1995:205), field studies are in-depth qualitative studies of people or groups conducted in naturalistic settings; that is, in the field. The researcher's aim was to get close to the phenomenon as it evolved in real life; in other words, to obtain first-hand information about how the participants thought, acted and felt about the phenomenon of interest (communicating about sexual matters with their grandchildren).

In the urban and rural areas, the researcher met with the participants in their homes. Permission to conduct the study was easily obtained, as some of the participants were from the same congregation as the researcher. In the informal settlement, the researcher asked the community representative to help identify the potential participants. The participants were interested in the research topic, so they used the interview session as a way of sharing and socialising with one another. There were six interviews, and the size of the group was determined by the number of participants willing to share their experiences with the researcher.

At first, the participants were not willing to share certain aspects openly; but kept talking amongst themselves and ignoring the questions. Some walked away with excuses. The researcher convinced the participants to participate in the study by telling them that she

communicated with youth who were not her own grandchildren but of the same age as their grandchildren.

Pilot interviews were conducted with five participants to improve the researcher's interviewing skills. The researcher discussed the first pilot interview with the supervisor and a colleague who advised her on good facilitation and how to stay focused. The pilot interviews improved the researcher's facilitation, listening and reading non-verbal communication skills.

In-depth structured phenomenological interviews were used to collect data. As interviews continued, the researcher gained confidence and collected a lot of information through the application of effective communication skills. During the interviews a co-facilitator assisted the researcher by operating the tape recorder and reminding her about missed questions. Transcribing and coding the data was time consuming. The qualitative co-coder assisted the researcher in identifying themes and categories emerging from the transcriptions and coding.

3.4 THEMES IDENTIFIED DURING DATA ANALYSIS

Three themes emerged during the data analysis, namely (1) the respondents' experience of communication, (2) emotional experience and (3) experience of political and social influence. Table 3.2 represents the themes and their categories that emerged from the data analysis.

Table 3.2 Themes associated with the respondents’ experience of communicating about sexual matters to youth

THEME	CATEGORIES
3.4.1 Respondents’ experience of communication	3.4.1.1 Grandparent-grandchild communication 3.4.1.2 Grandchild-grandparent communication 3.4.1.3 Grandparent-grandparent communication 3.4.1.4 Non-verbal communication on sexual matters 3.4.1.5 Gender influence on communication
3.4.2 Emotional experience	3.4.2.1 Fear <ul style="list-style-type: none"> ▪ Fear for the health of grandchildren ▪ Fear of dying ▪ Fear of leaving grandchildren alone ▪ Fear of instigating sexual practices 3.4.2.2 Feeling of frustration <ul style="list-style-type: none"> ▪ Seeing themselves as failures ▪ Disobedience of grandchildren 3.4.2.3 Feelings of anxiety <ul style="list-style-type: none"> ▪ Uncertainty about future ▪ Talking “foreign language”
3.4.3 Experience of political and social influence	3.4.3.1 Political influence on grandchildren’s behaviour <ul style="list-style-type: none"> ▪ Child abuse as misinterpreted by grandchildren ▪ Free primary health care services ▪ Child support grant 3.4.3.2 Social influence on grandchildren’s behaviour <ul style="list-style-type: none"> ▪ Peer pressure ▪ Media influence

3.4.1 Respondents’ experience of communication

Barker and Gant (1996:5) describe communication as “a process in which two or more elements of a system interact in order to achieve a desired outcome or goal”. It is generally assumed that a great deal of human conduct is shaped by forces outside the individual, but Defleur and Ball-Rokeach (1989:282) maintain that social expectations of high-ranking members of a group, such as grandparents, dictate the required pattern of behaviour.

3.4.1.1 Grandparent-grandchild communication

The respondents viewed sex education as a focus of communication. Their main focus on sex education was sexual intercourse and AIDS (see chapter 5). According to the respondents:

“We were also involved in sexual matters but not the way our grandchildren are doing. We were practicing non-penetrating sex in bushes but not sleeping out for the whole night.”

“Youth of today die like flies. We attend funerals every weekend, burying youth who died because of AIDS, but our children don’t listen. They sleep with many partners and some of those partners are married.”

“We just tell them to go to the clinic for condoms.”

Neven (1996:239) is of the opinion that it is important for children to be told the truth about events or experiences so that they can understand the facts, rather than to pretend that these events are not taking place. The respondents felt that it was useless to talk about sexual matters, as the youth already knew about those things.

3.4.1.2 Grandchild-grandparent communication

Glanz and Spiegel (1996:207) found that youth considered their parents’ recipes for living inappropriate for the demands of modern township life.

In this study, the respondents indicated that youth today displayed oppositional and non-cooperative behaviour and seemed to know everything:

“She told me she was aware of her return date for family planning, but after six months I observed that she was pregnant.”

“They will tell you that you are not saying anything new to them, that information is there.”

“AIDS can be contracted by older people too and nobody is labelled that he is.”

At times grandparents are not competent communication guides, mainly through lack of education and most of the youth are better educated than them. In this study, the respondents were of rural origin where there is a lack of sophistication.

3.4.1.3 Grandparent-grandparent communication

The purpose of focus groups is to use group interaction as part of the method; people are encouraged to talk to one another (Mays & Pope 1996:36). The method is useful for exploring people’s knowledge and experiences and can be used to examine not only

what people think but how they think and why they think that way (Mays & Pope 1996:36). Effective communication occurred between the respondents and their peers, which provided support for them:

“I never knew that other people also have problems with their grandchildren.”

“It’s good that you talk to your granddaughters as you know nothing about circumcision for ...

“Time has changed. It is of no use not to talk about it.”

“Even if I see them kissing in the street, I just keep quiet, because I don’t know what mine are doing when I am out of their sight.”

3.4.1.4 Non-verbal communication on sexual matters

Messages can also be conveyed without the use of words, using other forms of communication (Wryley-Birch & Wright 2003:99). The respondents indicated that they could not talk openly to their grandchildren, but they did communicate, and vice versa:

“I just make sure that condoms are available in their rooms and you will find that when you come and check there is a decrease.”

“When he was about to go to circumcision school, I just sent him to my brother.”

“When I noticed some stains in her underwear I just gave her money for sanitary pads.”

“He just left his photo album on the table with photos of a girl.”

“The first day I noticed that she didn’t sleep at home, I just threw her clothes outside.”

Body movements, sign language and picture language were some of the forms of non-verbal communication that the respondents chose to use when they did not want to talk to their grandchildren for some reason.

3.4.1.5 Gender influence on communication

The way the respondents communicated with their grandsons was different from the way they communicated with their granddaughters. Men believe that it is the women’s responsibility to talk to girls and women believe there are issues that men must discuss

with boys. Goleman (1996:133) points out that women are empathetic and skilful when it comes to reading other people's facial expressions, especially their children's. According to Nash, Stoch and Harper (1992:470), Harlow (1971) found that none of the experimental males achieved adult sexual functioning on account of inadequate mothering. According to the respondents in this study:

"They talk to their grandmother so I don't even bother."

"With my grandson, I tell him what it looks like to be a man. But, then, what to tell to the girl?"

"I do not know what is happening in initiation school; I know nothing about the circumcision procedure."

"Girls used to be the flowers of the nation, nowadays you cannot differentiate between a girl and a boy."

"It is girls who stand in the streets, laughing, wearing short skirts; why do mothers allow that?"

Gender influence in terms of communication can impact negatively on young people's future. They might be deprived of the basic foundations of sexuality and this, in turn, could affect the next generation.

3.4.2 Emotional experience

Nash et al (1992:237) define *emotion* as a state of feeling with physical, psychological and expressive or social aspects. Grandparents as caregivers should set limits; have ideas about what they feel is right and wrong, and be able to communicate this in a fair and reasonable way to their grandchildren. Setting limits and boundaries for children is one of the areas that grandparents often have the greatest difficulty with in contemporary society. Grandparents feel themselves to be in a state of transition as they experience many changes in their own lives and this degree of change can affect them emotionally (Neven 1996:113).

3.4.2.1 Fear

The respondents, as people raising their grandchildren, stated various fears.

- **Fear for the health of grandchildren**

Some of the respondents cared for grandchildren orphaned by HIV and AIDS. They were aware that AIDS is a killer disease, yet their grandchildren behaved as if the disease did not exist:

“These children have multiple partners and I have heartache whenever I think about what they are doing when they are not at home.”

“To think what can happen to them if the wife can be aware of this relationship.”

“If my grandchild is not indoors at night I do not sleep at all because the world is cruel outside”.

- **Fear of death**

Death is marked by separation from loved ones, unfinished business, and concern for others (Nash et al 1992:448). The respondents feared what would happen to their grandchildren when they died. They feared to leave behind the orphans with no one to take care of them:

“I am old with old age diseases I can die any time, what will happen to these poor kids?”

“Their parents died, it means that nobody will stay forever.”

“My heart becomes sore when I think that one day will be my turn to leave forever.”

- **Fear of instigating**

Some of the respondents indicated that they were reluctant to talk about sexual matters with their grandchildren in case that would motivate them to start love affairs, and they were not sure of the grandchildren's response:

“When I started to talk about sexual matters, she seemed not to be listening, but two weeks later she came and told me that she now had a boyfriend.”

“No, I won't start...how do I know that she is doing those things?”

“Sex issues are for old and married people, they are not to be discussed with children.”

3.4.2.2 Frustration

People react differently to different situations. The respondents indicated feeling frustration when it came to communicating about sexual matters with their grandchildren. Louw and Edwards (1998:559) stress that “**ego** functions let us satisfy our needs in socially acceptable ways such as to tolerate frustration”. In this study, the respondents felt frustrated for various reasons.

- **Seeing themselves as failures**

In life people have endeavours, but if they do not succeed they become frustrated. The respondents tended to blame themselves for failing when they made an effort to show their grandchildren how to lead a healthy life, but at the end the results were not good:

“I tried to sit down with my granddaughter ... but I was surprised to discover that she was pregnant.”

“I make sure that he gets everything that he asks for but even today I cannot understand why he decided to undergo circumcision, because it was botched.”

- **Grandchildren’s disobedience**

Many of the respondents felt guilty, knowing that their grandchildren did not display the expected behaviour in the outside world:

“You will see these children kissing, they do not care who is around.”

“If you ask them why they come home late, they are just cheeky and do the same thing even the following day.”

3.4.2.3 Anxiety

The respondents reported that they experienced unpleasant emotions, sometimes accompanied by definite physical symptoms, namely a state of apprehension or uneasiness (Nash et al 1992:244). Cooper and Kingsley (2000:9) assert that children’s non-cooperative behaviour presents a personal threat to the parent’s authority and sense

of competence, which can be a major source of stress. Some of the respondents were anxious for several reasons:

- **Uncertainty about the future**

All parents desire a bright future for their children. The respondents held the same desire and hope for their grandchildren entrusted to them. They found the rate of deaths among children alarming:

“Our children died, leaving behind these kids who are also not promising.”

“What kind of society will we have, looking at the rate of deaths?”

“I do not see any tomorrow ...”

- **Talking a “foreign language”**

Most people have wrong perceptions about talking about sexual matters, and think only of sexual intercourse rather than sexuality, sexual identification or normal physiology. According to the respondents:

“We were not taught to speak like that.”

“Sex is something for adults. What do I say about it to children?”.

“Unfortunately, I am not a teacher”.

3.4.3 Experience of political and social influence

During childhood and adolescence, the individual is trained by the family to become a social being. However, there are other sources outside the family that contribute to this process (Nash et al 1996:517).

3.4.3.1 Political influence

The 1989 Children Act led to profound changes in the legal basis of the relationship between children and adults. This Act is consistent with a trend towards children being seen as a minority group with their own rights. The emphasis shifts from one of adults having rights over children to adults having responsibilities of care towards children

(Cooper & Kingsley 2000:33). Political influence was dealt with in the following categories:

- **Child abuse**

The law stipulates “any person who attends to, or cares for any child and suspects that such child has been ill treated, shall immediately report such circumstances” (Skelton 1998:114). The respondents felt that they could not punish their grandchildren as they used to, and this affected the way of upbringing. Some of the respondents were not aware of the meaning of “child abuse” consequently their grandchildren took chances by misusing the term:

“You cannot even raise your hand to these children and they run straight to police station.”

“Children do as they wish they are protected by law.”

“Child abuse is their day-to-day term.”

- **Free primary health care (PHC) services**

Youth benefit both from children’s rights as well as from rights of ordinary citizens of the country. In South Africa, the Department of Health changed its national policy so that all pregnant mothers would be entitled to free health care at state institutions (Skelton 1998:63-68). Girls have a right to reproductive health including access to an abortion. These rights were among the outside factors that affected the process of communication between the respondents and their grandchildren on sexual matters:

“If your granddaughter happens to be pregnant, she is entitled to services without being asked.”

“They are told to visit the clinic for family clinic, but when they get pregnant no one is to ask them why.”

“For operations to be performed in the hospital, the parent has to sign, but I was surprised to learn that my granddaughter was in hospital for an abortion.”

- **Child support grant**

Youth live in competitive and changing times, and want to live a life of sophistication without looking to their backgrounds. Life is about money, and young people will do anything that will earn them money. Some of them fall pregnant so that they are entitled to child support grant.

The child support grant is a smaller amount of money that aims to reach a wider range of families. It is not limited to two children per family but falls away when the child turns seven years old (Skelton 1998:189). According to the respondents:

“Even the money they get from the government for their babies is used to buy cell phones and clothes.”

“One would think that it was an accident to fall pregnant, but can you really fall pregnant more than once.”

“As a person who is taking care of this great-grandchild, you don’t have a word for this money ...”

3.4.3.2 Social influence

Social influence may take many different forms such as conformity, compliance and obedience. Foster and Louw-Potgieter (1991:124) maintain that social influence is an exercise of power by a person or group to change others’ opinion or behaviour. In this study, social influence was be dealt with under the following categories:

- **Peer pressure**

According to Louw and Edwards (1998:503), “*peer group* refers to others of the same age with whom children spend a lot of their time”. Peer groups play an important role in influencing behaviours and attitudes, as the child grows older. Acceptance by the peer group and popularity within it are related to various personal characteristics such as pleasing appearance. According to some of the respondents grandchildren do things to pleasing their peers without looking at the consequences. According to the respondents:

“He pressurised me for his circumcision because most of his friends were circumcised.”

“He told me that his colleagues would forbid him to enter certain areas as long as he was not circumcised.”

“All her friends fell pregnant the same year and the following year it was her turn.”

“She said she was tricked by her friends to get a boy friend so as to be happy.”

- **Media influence**

The impact of television and other forms of communication are very powerful and people should try to understand how they can live with them, rather than struggle to eliminate them (Neven 1996:173). Children have access to information and, in some cases, are overwhelmed by difficult events that they cannot really digest properly. Almost all the respondents did not grow up with television when they were children, but it is important for them to be vigilant about what their children watch.

Some of the respondents blamed the media for their grandchildren’s behaviour:

“They will tell you that you are not saying anything new.”

“I decided to let T V do the teaching as they appear to listen to it instead of me.”

“These children watch late movies where they see children of their age having sexual intercourse and they think that is the correct thing that they can also do.”

3.5 CONCLUSION

This chapter discussed the research findings with reference to the literature review. The study found that the respondents had difficulty coping with the changing society and being able to communicate with their grandchildren effectively.

Chapter 4 presents guidelines to support the respondents (grandparents) in communicating sexual matters to young people.

Chapter 4

Guidelines to support grandparents in communicating sexual matters to youth

4.1 INTRODUCTION

Chapter 3 discussed the findings with reference to the literature review. This chapter describes the guidelines for supporting grandparents in their communication about sexual matters to their grandchildren in the East London area in the Eastern Cape Province. The guidelines cover three aspects, namely

- Development of communication channels between grandparents and grandchildren.
- Management of grandparents' emotional experience in their communication on sexual matters.
- Development of support mechanisms for grandparents with regard to political and social influence on them.

4.2 GUIDELINES FOR DEVELOPING COMMUNICATION CHANNELS BETWEEN GRANDPARENTS AND GRANDCHILDREN

These guidelines deal with grandparent-grandchildren relationships and vice versa:

4.2.1 Grandparent-grandchildren relationship

- **Keep the channels of communication open**

The study found that the respondents were still secretive about sexual matters. Grandparents need to create an environment that promotes openness by youth. Openness about sexual matters to young people is a critical responsibility.

- **Provision of sex education to youth**

Without good sex education, children grow up incorrect ideas about sex. Even if grandparents do attempt to provide sex education, they often focus only on sexual facts, ignoring the child's mere sexual make-up. Youth need to know what to expect as they grow. Grandparents must give accurate but age-appropriate information about sexuality. Help them to understand that sexual behaviour is an adult behaviour.

- **Be informed about sexual issues**

Grandparents need to take into consideration that books are not a substitute for face-to-face interaction; older people are there to explain issues that cannot be said by the media referring to knowledge and experience.

- **Be alert to your grandchild's ways of behaving**

By understanding their grandchildren's behaviour, grandparents will be aware of focal areas when communicating about sexual matters. Grandparents need to be firm but gentle with them, no matter how difficult it feels.

4.2.2 Grandchildren-grandparent relationship

- **Youth need to display a positive attitude**

Youth should be encouraged to voice their concerns and misunderstandings about sexual matters. Grandparents will not know what information to give if youth keep quiet.

- **Youth involvement and availability in discussions about sexual matters**

Sexual matters are discussed at school, as part of life orientation (LO) and this needs youth to be active when talking with grandparents as to comprehend information gathered.

- **Be honest with grandparents**

The study found that youth did not tell the respondents the truth about their involvement in sexual activity.

- **Show respect to older people**

The chances that grandparents can mislead their grandchildren are limited even if they exist. Youth tend to forget that older people are full of experience; they respect their peers and disrespect grandparents.

4.3 GUIDELINES FOR MANAGEMENT OF EMOTIONAL EXPERIENCE ASSOCIATED WITH COMMUNICATING SEXUAL MATTERS TO YOUTH

The study found that the respondents (grandparents) were exposed to emotional trauma, which could put them at risk of developing mental health problems. McCulloch and Boxer (1997:203) hold that emotional experiences can influence the onset of mental illness and have a significant impact on the degree, severity and longer-term damage caused by mental ill-health. For intervention purposes, guidelines to support grandparents experiencing emotional trauma need to be developed and implemented.

The researcher developed guidelines to deal with three elements of the problem:

- (1) Guidelines for managing **anxiety**
- (2) Guidelines for managing **fear**
- (3) Guidelines for managing **frustration**

4.3.1 Guidelines for management of anxiety

The aim of intervention is to lower feelings of anxiety and this can be achieved by:

- **Learning to cope with and accept stressful situations**

All grandparents set some goals when bringing up children, but because time is not static, neither is children's behaviour. Grandparents are anxious about future goals unlikely to be achieved or that achievement will result in a negative cost-benefit balance.

Not all situations are easy or good in life; some are stressful but grandparents must have a way of coping with or accepting things they cannot change. Nordhus, Van den Bos, Berg and Fromholt (1998:340) emphasise that coping strategies that seek to modify stressful events will lead to better outcomes.

- **Engagement in social ties**

What the respondents found stressful varied considerably. This applies to grandparents generally. Grandparents need to know that they are not alone; there are other people around them to confide in. The fact that a particular problem exists does not mean that all grandparents experience it as stressful. Some problems that are difficult or challenging also change over time, especially when they are not a problem to other people.

- **Engagement in support groups**

Groups are efficient ways of disseminating information, but have their limitations. People who join support groups are affected by certain situations, whether directly or indirectly. Activities performed in support groups occupy the people concerned and help them to forget about stressors. Support groups also provide grandparents with the chance to interact with others and increased confidence. It is often better to use support groups for long-term support. Grandparents should be encouraged to form support groups or join existing ones.

4.3.2 Guidelines for management of fear

The study found that the respondents had different fears, which suggested that guidelines developed should focus on promoting mental stability and eliminating a

sense of cowardliness in grandparents. It is therefore important for grandparents to focus on:

- **Encouraging peers to talk about sexual matters at their homes**

Communicating about sexual matters with youth must be made a hobby at home so as to minimise or eradicate any ill-feelings that may exist.

- **Speaking one's own mind**

To hide the source of a problem makes it difficult to arrive at a solution. Therefore, it is important for grandparents to tell their grandchildren what they fear so that the fear itself is shared.

- **Seeking professional counselling**

Fear can affect people's psychological aspects and this can lead to mental illness. When all avenues have been exhausted in eliminating fears, grandparents should visit government institutions and seek advice.

4.3.3 Guidelines for management of frustration

Intervention strategies to manage frustration can be achieved by:

- **Understanding youth behaviour**

It is helpful for grandparents to clarify why their grandchildren behave the way they do. In cases of disobedience, grandparents often believe that their behavioural problems are intentional but that is not always the case. Grandparents often confront youth about disobedience, which usually upsets both parties' concerned and does not change the behaviour. A productive approach is for grandparents to try to understand the underlying cause of any misbehaviour so as to deal with it before it affects their emotional being.

- **Seeking information about priority health issues**

Children are sometimes not able to absorb the information given to them at school or they may think of questions later. Grandparents need to have all the questions answered before children can get wrong information. Health institutions must be visited to collect not only medication, but also information about health issues.

- **Generating possible solutions for problems**

Nordhus et al (1998:355) maintain that families have basic ways to deal with problems and clear misunderstandings. In family meetings it is usually possible to make progress on the practical issues and thereby decrease the levels of frustration.

4.4 GUIDELINES FOR DEVELOPMENT OF SUPPORT MECHANISMS WITH REGARD TO POLITICAL AND SOCIAL INFLUENCE

The findings from this study suggest that grandparents find it difficult to assimilate some of the state rules and social influences as they find them conflicting with the upbringing of the youth. Political economists emphasise the social construction and value-laden nature of state activities, which include establishment of rules about citizens and maintenance of social order. For intervention purposes, guidelines to inform grandparents on how to manage the influences, the researcher developed guidelines on political influence and on social influence.

4.4.1 Guidelines on political influence

Since laws dictate the process of bringing up children, grandparents at times feel that those laws bring conflicting ideas to the process. Consequently, the laws are perceived negatively. In order for grandparents to have a positive attitude towards the laws of society, the following guidelines are suggested:

- **Transparency on the development of state laws and policies**

Grandparents as children's caregivers must be part of law and policy development before it is passed. It is important for the people at grass roots level to have an understanding of the policies and this can be achieved only by allowing them contribute to the development so that they own the policies.

- **Make laws known**

Community leaders have a duty to educate people about state laws, as the people elected them. Leaders know what language to use for members of the community to understand, and this also must cater for older people. Government professionals, such as professionals from the Department of Health and the Department of Social Development are obliged to talk to the public about the laws in their departments.

4.4.2 Guidelines on social influence

Youth reach a stage when they experience strong sexual feelings coupled with strong peer pressure to experiment and engage in sexual activity. They spend more time with their peers than with their grandparents. The study found that the respondents (grandparents) felt that youth listen to their peers rather than to them. The respondents were also of the opinion that the media have a negative impact on children's upbringing, and the media are no longer regarded as educational or a form of entertainment, therefore:

- **Set limits and be firm**

Youth must know when you are cross; older people must refrain from pretending that nothing has happened. Talking about children's wrongdoing need not be postponed otherwise they will not know the difference.

- **Set family rules**

Every family has rules to guide all the members. Rules should be set by members so as to build that ownership. Rules about the expected sexual behaviour must be clear. Children can manipulate the rules, but grandparents must not stop reminding them about the family rules.

- **Conduct family meetings**

Family meetings should be conducted on a regular basis, not only when the need arises. Everybody must participate in the meeting and youth must be praised for good behaviour displayed. Grandparents must also allow children to voice their concerns and opinions.

- **Watch television as a family**

Be open and comment on issues, whenever applicable, express opinions on things. Try and address the questions and misunderstandings about issues that come from television.

- **Know your (grand)children's circles**

Grandparents should not to choose their friends for their grandchildren, but they should at least know who they are. Some children are known to have a bad influence on other children. There is nothing wrong with grandparents warning their grandchildren about those. Knowing children's circles also means knowing where children are if they are not indoors.

4.5 CONCLUSION

This chapter described guidelines for supporting the respondents and other grandparents in their communication about sexual matters to youth in the East London area in the Eastern Cape Province. The guidelines covered communication channels between grandparents and grandchildren; managing emotions associated with

communicating sexual matters to youth, and support mechanisms with regard to political and social influence.

Chapter 5 concludes the study, discusses its limitations, and makes recommendations for practice and further research.

Chapter 5

Conclusions, limitations and recommendations

5.1 INTRODUCTION

Chapter 4 described guidelines to support grandparents in communicating sexual matters to youth in the East London area in the Eastern Cape Province. This chapter presents the researcher's conclusions, discusses the limitations of the study, and makes recommendations.

5.2 CONCLUSIONS FROM THE FINDINGS

The main aim of the study was to understand the respondents' (grandparents) experiences in communicating sexual matters to youth. A qualitative, explorative and descriptive research design was employed to enable the researcher to gain insight into the respondents' experiences in the process of communication on sexual matters.

Data was gathered by means of tape-recorded in-depth, structured phenomenological interviews and field notes. Three themes emerged from the data analysis, namely

(1) The respondents' experience of communication

- Grandparent-grandchild communication
- Grandchild-grandparent communication
- Grandparent-grandparent communication
- Non-verbal communication on sexual matters
- Gender influence on communication

(2) The respondents' emotional experience

- Fear
- Frustration
- Anxiety

(3) The respondents' experience of political and social influence

- Political influence on grandchildren's upbringing
- Social influence on grandchildren's upbringing

The researcher developed guidelines to support grandparents in the communication about sexual matters to youth according to the challenges that grandparents face. This study found an urgent need to address the gaps and deficiencies in the communication of sexual matters by grandparents as caregivers. From the findings it was clear that the respondents did not see themselves as fully responsible for communicating sexual matters. Consequently, youth had conflicting ideas about sexual matters.

The findings also revealed shortcomings in the ability of community leaders and government professionals to provide older people taking care of youth with the necessary knowledge of the services rendered in the respective institutions and organisations.

5.3 LIMITATIONS OF THE STUDY

The researcher identified the following limitations in this study:

- The area of research was limited to one Sub-Local Service Area of Buffalo City, namely East London, and the research sample was not truly representative of the whole population of East London.
- In terms of gender, women outnumbered men as respondents yet issues such as circumcision that form part of sexual communication should be explained and discussed by men.
- The respondents only focused on sexual activities during interview sessions and areas of sexuality, such as people's physiological make-up, were not discussed.
- Youth were not considered hence their experiences were not included in the study.

5.4 RECOMMENDATIONS

Based on the findings, the researcher makes the following recommendations for the community, community leaders, government officials involved in sexuality issues and further research.

5.4.1 The community

The results of this study revealed that there are deficiencies and gaps in the support required by grandparents to communicate sexual matters to youth. It is therefore recommended that community members need to have a working relationship with each other and speak with one voice against sexually related illnesses.

5.4.2 Community leaders' participation

Community leaders need to explain government efforts to improve the lives of the people. The public must know the laws of the government and the services rendered.

5.4.3 Officials involved in sexual issues

Officials attached to health and welfare centres need to work as a team with community members. These people can contribute to educating community members including youth on the service benefits offered by their respective departments.

5.4.4 Further research

The researcher recommends that further research be conducted on:

- An exploration of grandparents' experiences in the whole Eastern Cape Province in order to generalise the findings.
- Qualitative research into young people's perception of communication about sexual matters with older citizens.
- An investigation to establish the extent of education provided by health care officials on sexual matters.

- An investigation to determine the ways of formal inclusion of sexual education in the school curriculum.

5.5 CONCLUSION

The study found that communication about sexual matters by older people is still a challenge that needs a joint effort in order to improve the health status of society. Older people must see themselves as important sources of information based on experience acquired from life.

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Annexure 1

Department of Health Studies
University of South Africa
PO Box 392
UNISA
0003

14 February 2005

The Ward Councillor
Buffalo City Municipality
East London
5200

Dear Sir

REQUEST TO CONDUCT A RESEARCH STUDY IN YOUR COMMUNITIES

I am a student at the University of South Africa (UNISA) presently pursuing a programme for a Master's degree in Public Health. I am expected to undertake a research project, in partial fulfilment of this programme. The title of my topic is: **GRANDPARENTS' EXPERIENCE OF COMMUNICATING SEXUAL MATTERS TO THE YOUTH** with Professor TR Mavundla as my supervisor.

I hereby request access to grandparents in your communities who are staying with grandchildren, to conduct case studies. In this study we undertake to safeguard the anonymity of the communities, grandparents' confidentiality and other ethical considerations. The findings of this study will assist the members of your communities to support each other and to communicate freely with the youth and thereby contribute to the decrease of sexually transmitted infections in East London in the Eastern Cape Province.

I trust this request will receive your considerate response.

Thanking you in anticipation

.....
WE Mangxola
Researcher: BCur (UFH), RN

.....
TR Mavundla
Supervisor: Prof, D Cur, RN

Annexure 2

Department of Health Studies
University of South Africa
PO Box 392
UNISA
0003

CONSENT LETTER FOR PARTICIPATION

Dear Sir/ Madam

REQUEST FOR CONSENT TO PARTICIPATE IN A RESEARCH STUDY

I am a student at the University of South Africa, presently pursuing a programme for a Master's degree in Public Health.

I am expected to undertake a research project, in partial fulfilment of this programme.

The objective of this study is to **explore and describe grandparents' experience of communicating about sexual matters to the youth.**

To complete this study I need to conduct interviews with groups and the sessions will take approximately 45-60 minutes. No form of identification will be required; a tape recorder will be used which will be erased immediately after the taped material is transcribed. Only I and another independent expert on qualitative research will share the transcribed material.

Your co-operation in this study will be greatly appreciated and important, as the findings will assist in supporting you to communicate sexual matters effectively with your grandchildren.

A summary of the research findings will be available to you on request. Should you wish to contact the researcher, do so at the following address:

Mrs WE Mangxola
20 Culloden Road
Haven Hills
Amalinda
5247
Cell: 0829359061

Thanking you in anticipation.

(SIGNATURE) PARTICIPANT:DATE:

.....
WE Mangxola
RESEARCHER: BCur (UFH) RN

.....
TR Mavundla
Supervisor: Prof, D Cur, RN

GROUP 1: INTERVIEW

Researcher:

“Hello, as we met last time and we decided to meet here again today, we together with the co-researcher wish to share your experiences of communicating sexual matters to your grandchildren with us”.

Informant 1:

“Sakude sithini kuba abantwana babukela I TV apho kungekho nto Ifihlwayo khona” (I am forced to talk about sexual matters to my Grandchildren as they watch TV and nothing is being hidden there).

Researcher:

“What exactly do you talk about with your grandchildren?”

Informant 1:

“Ndiyabaxelela ukuba umntwana ukhe walala nendoda engatshatanga Uyakumitha afumane ne AIDS” (I used to tell them that if one is Involved in sexual practices before marriage she will fall pregnant and can get AIDS).

Informant 2:

“Umtshana wam wabulawa yiAIDS ndiyabaxelela ukuba nabo bayakufa Ukuba balala namadoda”(My niece died of AIDS and I tell them that if they are involved in sexual intercourse they will also die).

Researcher:

“How do they respond when talking to them?”

Informant 2:

“Basuke bahleke ndicaphuke mana kwaye ndingaphindi ndithethe nabo” (They just laugh, and I always feel offended as a result I don't talk to them very often).

Informant 1:

“Abam bathi akukho nto bangayaziyo kuba bayafundiswa esikolweni”(Mine used to say they know everything as they are taught at school).

Researcher:

“What about other people? Please grandparents share your experiences with us”.

Informant 3:

“Abazukulwana bam ngamakhwenkwe odwa andiyazi ke ukubaNdingathetha ntoni na nabo”. (My grandchildren are all boys and I Don’t know anything I could talk to them about, their grandfather died long ago whom I think would be the right person to talk thingsLike initiation rituals).

Researcher:

“Do you think talking about sexual matters is it only about initiation?”

Informant 3:

“Ndicinga njalo, yintoni enye ongayithetha namakhwenkwe?” (That is what I think, what else one can say to boys).

Informant 4:

*“Mna ndinamakhwenkwe bayakubuza into ezifana nokuba wena Mhakhulu unganayo I AIDS umdala ngoluhlobo. Ndiye ndithathe Elohuba ndithethe nabo malunga nezesondo” (Well, I also have Boys and they will come with questions like ... **Granny, can you get AIDS at your age?** I always grab that opportunity to talk to them about sexual matters).*

Researcher:

“What exactly do you talk about, and how do you feel when talking to Your grandchildren?”

Informant 4:

“Ndiye ndigxininise kubaluleko lwemfundo phambi kokuba umntu acinge Ngezesondo, ndiyabaxelela ukuba umfundi akangekhe abekwangumzali Kwaye I AIDS iyabathanda abantwana abalala naye nokuba ngubani, Kona ndiva kabuhlungu ukuthetha nabazukulwana ngezo zinto kubaAndizange ndithethe nonina wabo ezozinto” (I talk about concentrating To education before one can be involved in sexual intercourse, I Emphasize that a student can never be a parent and AIDS like children That sleep around. Honestly I feel bad when talking such things to my Grandchildren as I never talked like that to my daughter who is their Mother”.

Researcher:

“Can you tell us the reason of feeling bad when talking to your Grandchildren”.

Informant 4:

“Ngelethu ixesha izinto zocantsi yayiyinto yabantu abadala kodwa Ngoku ixesha ayiselilo elethu, siyanyanzeleka sithethe ngezizinto Abantwana bethu bayafa”. (During our days sexual matters were never discussed with children, but time has changed we are forced to say those things we have no choice our children are dying”.

Informant 5:

“Bafazi, abantwana bethu bazi ngaphezu kokuba sisazi, ndiye ndithi Kubo mabacime I TV emva kweendaba kuba ndiyazi bazakubukela Amanyala, kodwa baya kuphinda bayivule xa bebona ukuba ndilele” (My dear, these children know more than we know I used to say they must switch off TV after news as I know that they will watch those horrible stories but they will start to switch it on as I sleep).

Researcher:

“Can you give us examples of horrible stories that your grandchildren watch”.

Informant 5:

“Abantwana bayibukela njani into yabantu abalalanayo? Loo nto Asilosiko lwethu. Ngamanye amaxesha kukho abantu abazakubonisa Indlela yokusetyenziswa kwe condom yonke loo nto ngamanyala”.(How can children watch people having sex? That

is against our culture sometimes there are people demonstrating the way condom of using Condoms that is horrible).

Researcher:

"I do not know what other people feel about these horrible things as mentioned by the last speaker".

Informant 1:

"Singathi ngamanyala kodwa okubalulekileyo iTV iluncedo kuthiSingabanye kuba asikwazi kuxelela abantwana yonke nto" .(We may say they are horrible but the bottom part is that TV is of great Help to some of us as we cannot tell our children everything about sex".

Informant 5:

"Kuxhomekeka ukuba umntwana wakho ufuna ukumkhulisa njani, kodwa Ndisatsho ukuthetha ngezocantsi nabantwana asilo sifo lwethu, Andikhathali nokuba omnye umntu uthini". (Well it depends on how we want to raise our children, but I still maintain talking about sex to Children are against our culture I don't care who says what.

Researcher:

"Ladies, I would like to thank you all for the active participation and cooperation, this was a wonderful session and I promise to bring to you at some stage an approved document reflecting the experiences of grandparents in communicating sexual matters to the youth from around Buffalo City area in the Eastern Cape Province. Thank you once again".

GROUP 2: INTERVIEW

Researcher:

“Hello ladies and gentlemen, I am so excited to see many grandfathers joining us today. Remember, the last time we met here there were some issues that we felt grandfathers can contribute a lot about them, we needed also to concentrate on our experiences of communicating sexual matters to our grandchildren. We together with the co-researcher would like you to share your experiences. In order to understand each other we need to focus on the following question:

What exactly do you talk about with these children, and how do they respond?

Anyone can start, everybody here will be given a chance to share the experiences with us:”

Informant No. 26:

“Ndabona ukuba ndichitha ixesha ngokuthi mabangayi ecantsini Kuba abantwana bangoku bavele bazazi ezi zinto besebancinci Into endibaxelela yona yeyokuba I AIDS iyabulala”.

(It is useless to tell our grandchildren about noninvolvement in sexual as they start to know about these things at an earlier age, I just tell them that AIDS kills).

Informant No. 15:

“Unyanam ndiyamxelela ukuba ukuze ndifumane uninakhulu ndoluka Kuqalq ndaza ndaphangela, ken aye makalinde lide lifike ithuba, Uphendula athi ngoko kwakungoko”

(I always tell my grandson that I started a family after being circumcised and got a job, he must wait time will come. He responds by saying I am outdated).

Informant No. 25: *“Abantwana bethu sithi mabangamithi phambi kwexesha, urhulumente Kwelinye icala uyabondlela abantwana, uthi nokuba uzama Ukuthetha aphenidule umntwana athi sukuzixakekisa umntwana Akazukondliwa nguwe”.* (We teach our children

about teenage pregnancy but on the other hand the government is giving them child support grant as a result they do not listen to us).

Informant No. 16:

“Umzukulwana wam wamitha eselula ndamthumela eclinic aye Kucwangcisa wathi uyile. Waphinda wamitha umntwana engekagqibi Neminyaka emibini xa ndizama ukumthethisa wathi urhulumente Akanamlinganiselo”. (My granddaughter got pregnant at an early age, within less than two years he got pregnant again in spite of me advising her for family planning. When I tried to confront her she told me that the government does not set limits for child grants).

Informant No. 20:

“Eyona nto indixakayo yile yokuba abantwana bemamela into Ethethwa ziiitshomi ngaphezu kwale ithethwa nguwe. Wothi umntwana Umbonisa indlela yokuziphatha angakuva ngoba kaloku unezinye lititshala ngaphandle. Akukwazi nokuba ungambetha umntwana kuba Uzakuthembisa ngokukubamba. Xa uzama ukumxelela ngobungozi Bezesondo usuke akuxelele ukuba yonke loo nto bayayifundiswa Esikolweni”. (Children listen to their friends than to us, friends out there have a strong influence. You cannot even spank your grandchild otherwise you will be charged of child abuse. When your sex education, the child will tell you that he knows about that they are taught at school).

Informant No. 26:

“Kubanzima apha kuthi ukuthetha ngezeso ebantwaneni kodwa Mna ndivele ndiye eklinik ndicele condoms ndizibeke kwela gumbi Labo ndingathethanga namntu, xa uphinda usiya wofika ziphelile Ke loo nto indenza ndazi ukuba bayazisebenzisa. Abantwana bethu Bathandana nabantu abadala kubo abanye abatshatileyo, ndibone Kengoku ukuba kufunwa le mali. Wena ke mzali xa umbonisa Ngobungozi baloo nto uyakukuxelele ukuba ubomi bakhe bobakhe Unelungelo lokwenza nantonina ngesiqu sakhe”. (It is difficult at times to discuss sexual matters, what I usually do is to go and fetch condoms from the clinic and just put the in their bedroom, when I go and check them later they are not there and I assume that they practice protected sex. Our children are involved with older people some of them married, the only thing they want is money. When you as a parent try to caution you will be reminded about children’s’ rights).

Informant No. 21:

“Asilali mntwana wam ngabazukulwana bethu, uthi usakucinga Ngekamva labo buphele ubuthongo. Ngamanye amaxesha uye Ungazi nokuba nguwe na lo ubangela ukuba abantwana bangeva Eyona nto uyicingayo yile yokuba bazakufa sesi sifo. Nathi asizizo Izimakade sizakufa kengoku bashiyeke besithini bona beziinkedama Kwabona nje. Yi lento uye uqonde ukuba nezizifo zeswekile sinazo Azinakuze ziphele. Eyona nto abahloniphi mntu”

(We get frustrated when we think about the future of our grandchildren sometimes you tend to blame yourself, what we think is that they are going to die from the killer disease. Even us as grandparents we not going to live forever and we become frustrated when you think about them because they are orphans. We do not see any improvement from our chronic diseases we suffer, our grandchildren are disrespectful).

Researcher:

“At this juncture, allow me to thank you all for the active participation that you have shown, and all the experiences that you have shared with us on communicating sexual matters with youth. Thank you once again”.