Meanings and Expressions of Care and Caring for Elders in urban Namibian Families:

A Transcultural Nursing Study

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English is the official language in Namibia, however, most people's mother tongue was one of the African languages or Afrikaans. Therefore, not all people are comfortable expressing complex ideas and experiences in English. Two of the three researchers speak and write both Afrikaans and English fluently.

Abstract

Since Namibia's Independence in 1990, the population of elders—persons 65 years old and older—in urban communities is growing steadily. As such, requests for home health care, health counselling, respite care and residential care for aging members of society are overwhelming nurses and the health care system. This study expands transcultural nursing knowledge by increasing understanding of *generic* (home-based) patterns of elder care that are practised and lived by urban Namibian families. Guided by Madeleine Leininger's theory of culture care diversity and universality and the ethnonursing research method, *emic* (insider) meanings and expressions of care and caring for elders in selected urban households have been transposed into five substantive themes. The themes, which depict what caring for elders means to urban families, include:

1 nurturing the health of the family,
2 trusting in the benevolence of life as lived,
3 honouring one's elders,
4 sustaining security and purpose for life amid uncertainty, and
5 living with rapidly changing cultural and social structures.

These findings add a voice from the developing world to the evolving body of transcultural nursing knowledge. Synthesis of findings with *professional care* practices facilitates the creation of community-focussed models for provisioning culturally congruent nursing care to elders and their families in urban Namibia.

Opsomming.

Na onafhanklikheid vanNamibië in 1990 was daar 'n geleidelike toename in die aantal persone ouer as 65 jaar in stedelike gebiede. Die gevolg hievan was 'n toename in die aanvraag na tuis versorging , berading, langtermyn versorging en residensiële versorging vir bejaardes wat die gesondheids sorg en verpleegsters oorweldig het. Met hierdie studie is die kennis oor trans kulturele verpleging uitgebrei deurdat meer begrip daar gestel is vir generiese (tuisgebaseerde) metodes van bejaarde versorging wat deur Namibiese families daargestel word.

Met behulp van die teorie van Madeleine Leiniger van " Culture care diversity and universality" en die etno - verplegings metode, is "emic" (ingewyde/lid) betekenisse en uitdrukkings van versorging en koestering vir bejaardes in geselekteeerde stedelike huis houdings getransponeer in vyf (5) temas. Hierdie temas, wat uitspel wat versorging en koestering vir die bejaardes in stedelike families beteken behels die volgende:

1 Koestering van die familie se gesondheid
2 Geloof in die goedheid van die lewe
3 Eerbied vir ouer persone
4 Onderhouding van die sekuriteit en doel van die lewe midde onsekerheid
5 Om saam te leef met vinnig veranderde kulturele en sosiale strukture.

Hierdie bevindings is 'n bydrae van die onwikkelende wêreld (lande) tot die uitbreiding van trans kulturele verpleegkennis.. 'n Sintese van hierdie bevindings met professionele versorgings en koesterings praktyke bevorder die daarstelling van gemeenskaps gebaseerde modelle vir die voorsiening van kultureel harmonieuse verpleegsorg aan bejaardes en hul families in Namibië.

Introduction

The population of the world is growing older. In both developed and developing countries, the population of elders—persons 65 years old and older—is growing faster than all other age groups. By 2025, one out of every four persons in the developed world (about 25 percent) and one out of every eight persons in the developing world (about 12 percent) will be 65 years old or older (United Nations, 1991). This latter percentage constitutes over 70 percent of the world's elders as developing regions continue to experience burgeoning population growth.

Since Namibia's Independence in 1990, the number of elders in urban communities has increased steadily and requests for home health care for elders have overwhelmed community health nurses. These realities are related most directly to rapid socio-cultural change, shifting population demographics and longer life expectancy. Throughout living memory, Namibian families of all cultural traditions have demonstrated high regard for elders. Women assumed the major responsibilities of looking after aging family members and those with fragile health, while the entire family devoted time and resources to elder care. Today, many factors have altered family traditions. Opportunities for young people, including women, are encouraging migration from rural homelands to cities where both men and women can pursue education and careers. As younger members of urban families become busy with school or jobs, it becomes increasingly difficult for them to provide adequate social, physical, and/or emotional support to their elders. Additionally, the AIDS pandemic in Namibia poses an unprecedented health threat to the younger generation. As the leading cause of death and hospitalization in the country, AIDS is claiming the lives of women and men who constitute the work force—persons between the ages of 20 and 49 (National AIDS Programme, 1998, p. 2). What this means for elders is difficult to discern. Will they have any surviving children or grandchildren to care for them? Will they be the sole support for their grandchildren?

While AIDS is talking its toll on young people, demographic data suggest that Namibian people are living longer today than they ever have before. About 5.6% of the 1.6 million people in Namibia--90,100 people--are over 65 years of age, and within this age group, 60% are over 75 years old, and 20% are over 80 years old (MOHSS, 1992). Like elderly individuals in other parts of the world, the frail oldest of the old in Namibia require a great deal of assistance and supportive care to remain at home. Chronic illnesses, including arthritis, hypertension, recurring respiratory infections, cancer and diabetes are associated with increasing age in Namibia. When families are not able to care for elders at home the options are limited.

As Namibian nurses begin developing models of assistance and support for families and elders in urban communities, it is critical to know and understand culturally valued patterns of care within the family.

Purpose of the Study and Domain of Inquiry

The purpose of this study was to expand transcultural nursing knowledge by gaining understanding of *generic* (home-based) patterns of elder care within urban Namibian families. An additional aim of the study was to identify culturally congruent models of community-focussed nursing care for elders and their families. *Emic* (insider) meanings and expressions of care and caring for elders as lived and experienced by selected urban families was the domain of inquiry for the study.

Theoretical Framework

Leininger's theory of culture care diversity and universality framed this research within the philosophy and science of nursing. According to Leininger (1985, 1988, 1991, 1995, 1997a, 1997b), the major premise of culture care theory is that care is a universal human experience with diverse meanings and uniquely patterned expressions in different human communities. Culture, the gestalt of human experience and knowledge, including "values, beliefs, norms, patterns and practices that are learned, shared and transmitted intergenerationally," influences care meanings and expressions (Leininger, 1997a, p 38). Differences (diversities) and similarities (universals) in care knowledge and practices among persons, families, groups and communities are predicted by the theory to be shaped by, and therefore embedded in, world view, environmental conditions, language, and social-cultural dimensions of kinship, religion, values, lifeways, technology, politics, economics and education (Leininger, 1991, 1995, 1997a, 1997b). Furthermore, the theory predicts that care meanings and expressions contribute to and explain health experiences of individuals, families groups and communities (Leininger, 1997b). Health, from a transcultural nursing perspective, is a state of well-being that enables persons to live their lives (Leininger, 1991; Andrews & Herberg, 1999). As such, health is defined, created and experienced by persons and communities as they live in harmony with their physical environment (including their own biology) and their cultural traditions.

Underlying assumptions in this study included the following:

- Care is the essence of nursing and a distinct, dominant, central and unifying focus of the discipline (Leininger, 1991).
- Caring for dependent elders within the family is a universal human experience with specific meanings and expressions that are culturally and socially determined.
- Urban Namibian families face unique experiences and challenges as they care for dependent elders.
- Urban Namibian families have developed culturally specific meanings and expressions of care and caring for elders that are essential for individual and family health, survival and for preserving the integrity of the family.
- Those members of the family who are primarily responsible for the care and well-being of elders will identify themselves and/or be identified by other family members.
- Family members who have primary responsibility for the care of dependent elders will discuss their caring activities and the meaning they ascribe to caring.
- Culturally congruent nursing care is essential to the health of elders, their families and the communities in which they live.
- Culturally congruent care occurs when the nurse knows and can participate in *emic* and *generic* meanings and expressions of care.

Additionally, the following orientational definitions, based on the culture care theory were formulated to serve as guides to study the domain of inquiry:

- *Health* - all that enables persons, families and/or communities to live their lives.
- *Culture care* (noun) / caring (gerund) *om om te gee* - ways of assisting, supporting and facilitating oneself or others toward health.
- *Urban family with dependent elders* - a group of people related by marriage and/or kinship that identify themselves as a family, have lived in an urban community for more than one year with at least one member of the family who is over 65 and dependent upon the family for assistance with activities of daily living, finances, and/or other health needs.
- *Urban community* - a community of over 20,000 inhabitants and with a strong industrial, business and retail center.
- *Key participant* - a person who identifies her or himself (or is identified by oth-

Table I: Phases of the Ethnonursing Method

Phases Ethnonursing	Processes engaged by researchers and participants
Collecting, describing, and documenting raw data:	• Conducting semi-structured interviews (conversations) • Recording observations and interview data • Engaging in participatory experiences beyond conversations • Identifying contextual meanings (Recording observations) • Making preliminary interpretations (Documenting hunches) • Identifying symbols (Writing descriptive and detailed reports.) • Focusing on *emic* descriptions, while being attentive to *etic* ideas (Writing memos and questioning the data.)
Identifying and categorizing data:	• Coding and classifying data related to domain of inquiry • Comparing and studying *emic* and *etic* descriptors in context • Studying recurring categories for meanings
Recognizing pattern and context:	• Scrutinizing data to discover saturation of ideas and recurrent patterns of similar or different meanings, expressions, structural forms, interpretations, or explanations • Examining data to show patterning with respect to meanings-in-context • Establishing credibility and confirmation of findings (Taking findings back to participants.)
Identifying major themes, findings, and theoretical formulations:	• Analyzing, synthesizing and interpreting meanings of patterns • Configuring relationships between and among major concepts • Abstracting and presenting major substantive themes • Writing research report and presenting findings • Making recommendations and theoretical formulations (Leininger, 1991, p. 95).

ers) as the primary care provider for the elderly in a family.

• *General participant* - a member of the family (other than the primary care provider) who has experience living with and assisting a dependent elder; a person who is frail and elderly and dependent upon family for care; and/or a member of the nursing profession or other health professions who have experience caring for the dependent elders.

Research Questions

Questions relevant to the domain of inquiry included:

1) What is the experience of caring for dependent elders in urban Namibian families?

2) What are the *emic* meanings and expressions of care and caring?

3) How does the cultural context of the urban community influence meanings and expressions of care for the elderly?

4) Which family members assume primary caring roles?

and

5) What cultural differences, if any, exist in care meanings and expressions among urban Namibian families?

Research Method and Design

Leininger's (1991) ethnonursing qualitative research method was used to guide this study. The *Stranger to Trusted Friend* and *Observation-Participation-Reflection* (OPR) enablers (Leininger, 1991, pp. 91-94) provided the researchers with systematic and respectful ways of entering into the communities and lives of participants, engaging them in meaningful dialogue and leaving them with appreciation for their contributions to *emic* and *generic* understandings of elder care within the family.

Inviting Participation and Respecting Participants' Rights

Persons from urban communities in a large metropolitan area were invited in a purposive manner to participate in the study. Community health nurses and members of the research team identified most of the participant. Eleven women between the ages of 21 and 71 who had cared for a dependent elderly family member at home for 2 to 15 years were key participants.

Additionally, there were 18 general participants in the study. The most common kinship relationships between elders (care receivers) and the key participants (primary care-givers) were parent-child and grandparent-grandchild. Key participants had lived in the city for six or more years. All but one were single. Two were widows and five had never been married. The 18 general participants included elderly members of the community, frail elders who were dependent on a family member for care, professional nurses, other family members and members of the community who were responsible for elder care.

Two institutional review boards for the protection of human rights in research

Table II: Literal Descriptors, Patterns, and Substantive Conceptual Themes

Literal Descriptors	Patterns	Concepts/Themes
• We must respect the elder's dignity and keep them clean and never leave them alone. • I try to preserve the dignity of my father always. Like wiping the saliva away from his mouth if he drools. • I had worked outside the home, but I resigned from work to look after my mother. • My caring for Oupa allows my family to live their lives freely. • My children are happy I am doing this, they would not like to see their grandfather in an old age home • Caring to me is physical and spiritual, you cannot separate the two.	• Being physically present and available to the elder • Making commitment to care "full-time" • Attending to physical and spiritual needs of the elder	• Nurturing the well-being of the family by preserving the integrity and dignity of the elder
• I am an only daughter. Caring for my Pa is my responsibility. No one in the family is as able as I. • I love Ouma, that is why I care for her. • We are her children, that is why we care for her. • I know they will look after me. I don't even think about it (elderly participant). • I do not plan for tomorrow or the future. Why? We live from day to day. • I ask people to pray for me and for my father. • All my worries, I pray about. What good is worry. God will provide. • Praying for an elder is very important. They appreciate it very much.	• Accepting the care giver role without deliberation • Living from day to day • Praying • Letting go of worries	• Trusting in the benevolence of life as lived moment by moment
• We must respect our elder's and keep them clean and never leave them alone. They should always be seen in dignified dress. • My family respects me and listens to me (frail elderly participant.) • I must look after my mother. If I don't she will be unhappy until she dies. • When Pa is very quiet, I tell him to smile. Also, I ask him if he is sick. He says that if he doesn't talk to me, he can talk to God. • I talk to children and elderly alike. I tell them not to abuse alcohol and to look after the elders so they do not suffer.	• Being respectful • Keeping elders from despair and loneliness • Warning elders and family members about destructive life style choices • Protecting elders from theft, harm, and/or wrong-doing	• Honoring one's elders

Literal Descriptors	Patterns	Concepts/Themes
• Caring for an elder means you have a protecting role. • I pick up his pension...it is hardly enough to steal...but it would be very unsafe for him. • This is my father's house, I will inherit it someday. • The nicest thing about caring for my mother is love. This is the most rewarding and I feel happy. • The nicest thing about caring for Ouma is that she is always friendly. • Both the old and young give and receive. The elderly are sometimes giving advice. • Caring for a parent is giving and taking. They mostly give appreciation. • My religious beliefs are deep. Caring for elderly is what we should do. I cannot live if I do not care. • Caring for my father means I will receive a reward from God. This is one of my goals in life.	• Reciprocal sharing of material resources, skills and self • Giving and receiving non-material gifts • Fulfilling the Biblical calling to care for one's parent/elders	• Sustaining security and purpose for life amid uncertainty
• Young people do not see caring for the elderly as their responsibility so much any more. • I have very little time to think about, or care about myself. • I don't know why some people care and some don't. Maybe it has to do with poverty and the financial limits of people. If it were not for my son and his wife, Pa and I could not live on his pension. So they help us. • I am only human and some days it is very difficult and I'm short tempered with Pa. I'm lonely and I'm not working. This is my life right now to look after him. After i get angry, I feel sorry. But I'm alone and no one is here to help me. • Living in the city, people are close together so there are opportunities for the community to care for elderly, but the city also has problems of drugs and people have very little money. • Times are changing. It used to be cheaper to buy food and clothes.	• Balancing traditional gender roles and responsibilities in the family with individual desires to take advantage of opportunities available to all people, including women • "Making do" with limited economic resources in a society where everything costs more	• Living with rapidly changing cultural and social structures in urban Namibian society

approved the study. The review boards represented the institutions with which the team of researchers were associated. An Informed Consent Statement was read to each participant in the language of her/his preference (Afrikaans or English) prior to the first meeting with them. Each participant signed or made her/his mark on the statement.

Collecting, Describing and Documenting raw data

Participant-observation and data collection was based on the following philosophic, epistemic, and ontological principles:

- maintaining a perspective of open discovery, active listening, and genuine learning in the total context of the participant's world
- being active and curious about the "why" of whatever is seen, heard, or experienced, and being appreciative of what participants share (reflecting on local *emic* viewpoints and *etic* or professional ideas
- recording whatever is shared in a careful and conscientious way to preserve full meanings and participant's ideas (Leininger, 1991, pp. 107-109).

As such, meetings with participants were conducted, for the most part, in their homes in a language they were most comfortable speaking.

A semi-structured interview guide was piloted and used to guide conversations with participants.

The interview guide included the following questions and statements:

* Tell us what is it like for you to care for .....?
*How did it happen that you begin caring for .....?
* From childhood, what do you remember about the elders in your family?

All conversations were translated into English[1] during the discussion. Detailed notes were taken and transcribed onto a word processing program for ease of analysis. Raw data---transcribed verbatim conversations with participants and detailed observations made in participant's homes and communities---were read and re-read by the researchers. Analysis and interpretation of meaning were contemplative processes where hunches and symbols were identified and preliminary interpretations were made in the form of memos. Memos attempted to answer the questions, "What's happening here?" and "What does this mean? When categories and groupings of data began to emerge, descriptive codes were assigned to data groupings and comparisons were made to determine patterns. Patterns were the researcher's best statements that reflected the meanings and experiences of the participants. Patterns were eventually scrutinized to discover saturation of ideas and to identify similar or different meanings, expressions, structural forms, interpretations or explanations. Participants were asked to clarify and explicate findings at all stages in the analysis. Patterns of care were examined and confirmed in the context of the participants' experiences. An abbreviated listing of the phases of the ethnonursing method are presented in Table I.

During the final phase of the ethnonursing analysis, substantive concepts were abstracted (distilled from the patterns) and relationships between and among patterns and substantive concepts were identified. At this point, patterns were transposed into substantive themes depicting what care for elders means within urban Namibian families. Tables II presents raw data (*emic* verbal descriptors), patterns and substantive themes that emerged from data analysis.

Rigor, or trustworthiness of the study was demonstrated by being attentive to credibility, confirmability, meaning-in-context, recurrent patterning, saturation and transferability (Leininger, 1997; Leininger, 1991). Table III explains these concepts.

Table III: Criteria for Rigor

Credibility: The believability of direct evidence from the people and the environmental context as truths to the people. (Interview and observational data collected over two years, and participants interpretations and explanations.)

Confirmability: Documented verbatim evidence from the people who can firmly and knowingly confirm the data or findings. (As categories and patterns begin to emerge, they are taken back to the informants for verification.)

Meaning-in-context: How meaningful or understandable findings are to the people living in the experience. (Being attentive to context and going back to the participants regularly to check on out emerging patterns and hunches.)

Recurrent patterning: Documented evidence of repeated patterns, themes and acts over time. (Affirmation of consistency in lifeways.)

Saturation: Refers to in-depth evidence of taking in all that can be known or understood about a domain of inquiry under study. (Hearing the same stories and explanations over and over.)

Transferability: Refers to whether the findings from the study may have similar, not identical, meanings and relevance in other similar situations or contexts. (Reviewing literature and research on similar topics and making comparisons.)
(Leininger, 1997, pp. 44-45; Leininger, 1991, pp. 112-114)

Discussion of Findings

Women were clearly the primary care givers for elders in urban Namibian families. Although men were supportive of women's efforts, they knew very little about what women did for elderly family members and seemed generally uninterested. One young man said, "Sure, I admire what my sister does for our *Ouma,* but I don't know a thing about taking care of someone. We leave that up to women." The literature supported the near universal tendency for women to assume the primary care giving role for frail elders among cultural groups throughout the world (Given & Given, 1998; Jones, 1995; Miller & Cafasso, 1992; O'Neill & Ross, 1991; Phillips, 1989; Robinson, 1997; Sterritt & Pokory, 1998).

Subtle differences in culture care patterns were noted between Herero participants and Nama, Damara, Coloured, and Baster participants. These differences were associated with cultural norms and values related to kinship structures and will be discussed as substantive themes are presented. Likewise, the other research questions are answered in the discussion of the substantive themes.

Five substantive themes that reflect the meanings and expressions of care and caring experienced and described by participants were transposed from recurrent patterns and descriptors. Thus, care and caring in urban Namibian families means:

***nurturing the health of the family,**
***trusting in the benevolence of life as lived,**
***honouring one's elders,**
***sustaining security and purpose for**

Table IV: Substantive Theme II with supporting Descriptors and Patterns

Condensed Descriptors: Segments of transcribed observations and verbatim (literal) experiences shared by participants	**Patterns**
Sara has looked after her father for several years. It was when he suffered a stroke in 1993 that he became completely dependent upon her. At that time she took him to hospital and devoted herself to his recovery. When he first came home from hospital he was unable to walk and could not use his right hand. Sara initiated a rigorous program of physical therapy herself because she did not have transportation to take her father to the hospital, several kilometers away, nor did she have the money to pay the clinic a sliding fee for the therapy. During this time, Sara never questioned whether or not she should care for her father. He needed her and she "just responded to his needs." She said, "It is good that I can look after my father because today's children cannot do that. Today's children do not have time to look after their parents." At the end of the month, Sara's family, who now consisted of 10 individuals, would have no money for food, but somehow they always had enough. Sara placed a great deal of trust in God to provide and she spent little time planning or worrying about the end of the month or about tomorrow, because "worry doesn't help and it doesn't change anything anyway."	• Accepting the care giver role without deliberation • Living from day to day • Praying in times of difficulty and always • Letting go of worries
Verbatim (literal) experiences shared by other participants: I am an only daughter and so caring for my Pa is my responsibility. We are her children, that is why we care for her. *An elder said*: They will look after me. I don't even think about it. I do not plan for tomorrow or the future. We live from day to day. I ask people to pray for me and for my father. Praying on your knees is where you get your strength. I might get weary but the Lord doesn't get tired. All my worries I pray about. What good is worry? God will provide. Praying for an elder is very important. They appreciate it.	*Additional patterns:* • Making commitment to care "full-time." • Being physically present and available to the elder • Attending to physical and spiritual needs
Substantive Theme II Trusting in the benevolence of life lived moment by moment	

life amid uncertainty, and
***living with rapidly changing cultural and social structures.**

Substantive Theme One: Nurturing the Health of the Family

The first substantive theme, *nurturing the health of the family,* was supported by the socio-cultural dimensions of kinship and religious and spiritual beliefs. Participants explained that "family members are expected to look after one another" in Namibian society. Patterns of being physically present and available to elders were important caring activities. A 54-year old woman who was caring for her 88 year-old father simply stated, "I never leave Pa alone." Likewise, the elderly expected to always have someone in the family close by them. When one person in the family assumed a primary caring role, this freed other family members to pursue their own dreams and ambitions. It also kept the family members' feelings of pride about the family in tact. A participant said, "The children are happy I am doing this [caring for her father], they would not like to see their grandfather in an old age home." Other studies have noted that a family's emotional well-being and ability to function is influenced by successfully providing care for elders within the family (Carruth, et. al., 1997; O'Neill & Sorenson, 1991).

Caring for an elderly parent or grandparent was considered a full-time commitment. This was described and demonstrated in a variety of ways. Only two of the eleven key participants worked outside their homes. Most care givers elected to forgo education or employment, explaining that "caring is my life now." A young woman said that when she began caring for her mother she resigned from a job. Participants said that giving up a job was risky, as it meant that one became dependent upon other family members for support or one had to "make do" on an elder's pension check of $N160 ($US30) per month. In their study of care giver hardiness, Piccinate & Rosenbaum (1997) noted that the commitment of the care giver was critical to their being able to carry on the care giving role.

The other pattern supportive of *nurturing the health of the family* was attending to the physical and spiritual needs of the elder. All participants, spoke of a deep and fundamental faith in God. Living that faith by praying for each other and helping people in need, beginning with members of their own families, were consistent practices in Namibian society. Verbatim descriptors related to attending to the elder's physical and spiritual needs included descriptions of what was done for the elder for example: "She baths herself, but I do the washing and cleaning and cooking. I also go with her to the clinic. On days when she cannot see, I must then give her tablets."

Walking with the elder to church or taking them via a taxi or car, praying with them and for them, and reading the Bible together, were some of the more pragmatic and visible ways that spiritual needs were being attended to on a daily basis. In another study by Chang et al. (1998), it was noted that care givers of disabled elders who relied on religious or spiritual beliefs to cope with care giving had a better relationship with care recipients and lower levels of depression and role submersion.

Table V: Substantive Theme III with Descriptors and Patterns

Condensed Descriptors: Segments of the transcribed observations and verbatim experiences shared by participants	Patterns
Susan cared for her 88 year old father for 8 years until he died in April of 1998. Susan is an "only" daughter and therefore knew that it was her responsibility as well as her privilege to care for her father. Important caring practices for her were never leaving him alone, looking after his emotional well being as well as his spiritual and physical well being, and keeping him from making choices that she viewed as destructive to health. For many years Susan's father smoked. As he became older, Susan felt he must quite smoking because he was coughing a lot. Susan and her friends began praying that her father would stop smoking and he eventually was able to give up cigarettes completely. So for the last five years of his life he did not smoke. Susan also had made arrangements with the pension agency to fetch her father's pension herself. "This," she said, "prevents thieves from stealing his money." Pensions are distributed in cash---N$160 per month, which is about US$35. Many times Because Susan was an only daughter, she often felt very alone with her caring responsibilities. Sometimes this frightened her, and sometimes she felt sad and guilty for becoming frustrated and impatient with her father. She could not even go next door to have tea without thinking that he may need something and try to get up and he would fall. Susan's primary values were care of one's kin, but she also wished she could get "out of the house" more and perhaps try getting a job and earning a bit of cash, so that she would have some money to spend on things she needed for the house, as well as on nice food. Verbatim (literal) experiences shared by other participants: • We must respect our elder's and keep them clean and never leave them alone. They should always be seen in dignified dress. • My family respects me and listens to me (frail elderly participant.) • I must look after her. If I don't she will be unhappy until she dies. • When Pa is very quiet, I tell him to smile. Also, I ask him if he is sick. He says that if he doesn't talk to me, he can talk to God. • I talk to children and elderly alike. I tell them not to abuse alcohol and to look after the elders so they do not suffer. • Caring for an elder means you have a protecting role. • I pick up his pension...it is hardly enough to steal...but it would be very unsafe for him.	Being respectful Keeping elders from despair and loneliness Warning elders and family members about destructive life style choices Protecting elders from theft, harm, and/pr wrong doing *Additional patterns:* • Fulfilling the Biblical calling to care for one's parents/ elders • Accepting the care giver role without deliberation • "Making do" with limited economic resources in a society where everything costs more • Attending to physical and spiritual needs
Substantive Theme III Honoring one's elders	

Substantive Theme Two: Trusting in the Benevolence of Life

Caring for an elder also meant *trusting in the benevolence of life as lived moment by moment.* Reflected in this theme was confidence that all of life was unfolding and becoming what it was meant to be. Both key and general participants believed that "things were the way they should be" and that their day to day security would continue because "God's providence would never fail" them. The cultural and social structures of religion, kinship, and life experiences influenced this theme. Participants spoke of a strong faith in God "to provide for everyday needs."

Four patterns of caring supported the theme of *trusting in the benevolence of life.* One pattern was accepting the care giver role without deliberation. Key participants viewed themselves as the most capable of taking on the role of caring for an elder within their family. One care giver said she assumed the role of care giver because her brother and her sister could not provide a stable home for her mother. Another simply said, "She's my mother and I'm the youngest. All my brothers and sisters are out working and I must do this."

Living from day to day, praying in times of difficulty, and letting go of worries were three additional patterns that supported persons' trust in the overall benevolence of life. A key participant summarized, "I do not plan for tomorrow or the future. Why? We live life from day to day. All my worries, I pray about. What good is worry? God will provide. I believe this because it is my experience." Sara's story in Table IV illustrates this substantive theme, along with supportive patterns, descriptors and social and cultural dimensions.

Substantive Theme Three: Honoring One's Elders

Honoring one's elders was a significant expression of caring in urban Namibian families. Patterns of being respectful, keeping elders from despair and loneliness, warning elders and family members about destructive life style choices, and protecting elders from theft, harm, and/or wrong-doing supported this theme. Listening, doing what the elder asks, keeping them clean, never leaving them alone, and dressing them in dignified clothing were all important ways of expressing respect. An Herero participant explained why elders are so highly respected in her culture:

In the extended Herero family there is always a "head of the family." This is usually the eldest man or woman in the family. The family cannot do anything without consulting the head of the family. The head of the family gives permission for family members to marry, sell cattle, go to school, to do just about anything. Therefore, the old lady or the old man gets the best of everything.

Anthropological accounts of aging in Herero society support the participants examples of older people receiving def-

erence and respect (Keith et al., 1994). Participants, representing Nama, Damara, Coloured, and Baster cultures, did not share this formalized kinship practice with the Herero. Nevertheless, all participants spoke of the importance of respecting an elder for their life and the contributions they have made to the well-being of the family.

Substantive Theme Four: Sustaining Security and Purpose for Life

Having a place to live and a reason for living was important to all persons in the study---care givers and the elder recipients of care. *Sustaining security and purpose for life in the midst of uncertainty* was a mutual process where the elder and the care giver alike contributed to each other's security and sense of purpose in a variety of ways. Many of the homes in which the elder and primary care-giver were living were owned by the elder, and all but one elder shared their pension checks ($N160 per month or $US30) with the care giver and the household. Many elder's felt they were "working for the children," and the children were "working for them."

Substantive Theme Five: Living with rapidly changing cultural and social structures

As cultural change sweeps through Namibian society, Western values of individualism and personal achievement are becoming more and more desirable. Since Independence in 1990, educational opportunities, employment, and mobility have touched the lives of all Namibian people. Key participants who were committed to caring for their elderly relative said that it was not always easy. One care giver who found it necessary to work outside her home said, "I love my mother...but I feel a great deal of stress. It is difficult to cope and I do not really care for myself...I do not have time." Others who were managing with the elder's small monthly pension check and help from relatives expressed worry that the children were not learning the values of the culture, particularly the value of caring for the elderly.

Nursing care within the community

Culture Care Preservation

Participants felt that the patterns and substantive themes describing and explaining the meanings and expressions of care for the elderly should be preserved and strengthened. Clearly all participants in the study—frail elderly and their care givers alike—believed the well-being of the family, as well as the integrity and dignity of elderly members, were maintained when elders lived at home. It also became evident in the study that participants were seeking security and purpose in their lives, a substantive theme they wanted not only preserved, but strengthened.

Culture Care Accommodation

Culture care accommodation refers those professional actions and decisions undertaken with the person, family, group or community, are deemed beneficial to health and well-being. Family care givers of elders have a formidable responsibility infused with a great deal of self sacrifice. Nurses must realize that it is the family and primary care givers that are the constant in the care of the elders. How to support the family, then should be the primary goal of nursing. In this study, participants said they wished nurses could make more visits to the homes in the community where elders live. In this way, the professional care system was viewed as helpful, but not substituting for family care giving. From an *etic* perspective, elders and family care givers were perceived as being in need of direct nursing care, health counselling, health assessment, and resource linking. Care givers said, "Just knowing if I'm giving him the right tablet or if I must get something different would help me." And, "I don't know where to turn for help."

More nurses are needed in the community to make family health assessments and offering counselling and guidance about the care of elders are needed. Nurses must bear in mind unique patterns of care and the meanings attributed to these patterns. For example, trusting in the benevolence of life as lived is supported by the patterns of prayer and letting go of worries. Nurses will need to be creative in encouraging family care givers and elders to talk about their worries, as this is not a common practice.

Respite care for elders in the community would give family care givers release time from their full-time commitments of always being present with the elderly person. It would bring peace of mind, as well, as they would not have to be playing the protective role 24 hours a day.

Culture Care Repatterning

Culture care repatterning, like accommodation, is a process of making changes in caring practices. This means adopting practices that are new and more beneficial to the individual, group, or community. Since participants believed strongly that the patterns and substantive themes reflecting the meanings and expressions of elder care be preserved and strengthened, the focus of repatterning should take the form of finding creative ways to strengthen the substantive themes. For example, how does one instill in young people a respect and regard for their elders today when they are told by the dominant culture to think about "me first?" How do elders relate to young people who are living in a society where common technology is difficult for them to imagine? What do women do when they want to attend the university, obtain a degree and pursue a career, and also believe in their kinship obligations to family? Is there a role for community nurses in the needs of the elders and their families.

Conclusions and recommendations

Findings from this study will be valuable on several levels.

*First, data will provide nurses and health care providers in Namibia with guidance for developing culturally congruent nursing care and community responses to families and elderly members in urban communities.

* Secondly, information related to health patterns of the elderly will raise public and professional awareness of the needs of this growing population group.

* Thirdly, it provides guidance for structural changes in the delivery of health care and community health nursing services. Clearly, more social and nursing support for elders in the community are needed. As less adult women care givers are available, more elders will be in need of respite care and old age homes. Those families who do take on the commitment to care for an elder will need support at home. It is anticipated that additional research questions will be generated from this study. The largest health resource in Namibia is currently nurses. More nurses are needed to meet the community health needs of families with elders in the community.

There are different cultural traditions represented in Namibia and also distinct "first world" and "third world" communities—communities where individuals have greater education and wealth which gives them more choices and communities where wealth is severely limited, as is education and choices. This study was conducted primarily in communities where individuals choices were restricted due to poverty. It would be interesting to conduct this study in a "first world" community, one in which

wealth and education were not limited. Also, the cultural traditions represented in this study were Nama, Damara, Coloured, Herero, and Baster. The only subtle difference noted was that within Herero tradition an elder (oldest living member of a family) is expected to make decisions for the family and to be consulted about small and large family choices. This was not apparent in other cultural traditions. What of the Afrikaner cultural tradition in Namibia? Also, Ovambo speaking people were not represented in the study. This is another large cultural group in Namibia whose beliefs and values about elder care should be explicated. As more knowledge accumulates, the care of persons as they age should become more and more congruent with their expectations and lead to greater well-being and quality of life.

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