

**“GROWING OLD GRACEFULLY?”:  
AGEING IN POST-APARTHEID SOUTH AFRICA**

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**This paper represents work in progress and findings are still tentative. Comments are most welcome and correspondence may be addressed to Ms. N Hunter or Prof J. May.**

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## 1.1 Executive Summary

This paper focuses on the a category of the older population not frequently included in analyses of the elderly: the so-called ‘near old’, aged 50 to 59, traditionally defined in African culture as being elderly, who are preparing for the transition to old age. These are the next generation of old people, living in a period of high vulnerability. Those aged 60 to 69 are in ‘old age’ and may experience reduced earnings, but not necessarily reduced health or strength, while those aged 70 to 79 are in ‘late old age’ and have likely undergone a transition from principal to nominal decision maker. The ‘frail old’ are aged 80 and over, and find themselves in a period of extreme dependency. The analytical framework that will be adopted in this paper is the life cycle perspective which views development as occurring in a sequential progression. From this view chronological age is a useful index of change over time, although some developmental processes are time dependent while others are time independent. Most research on the elderly in South Africa has focused on the impact of the Old Age Pension, and therefore on those aged 60 and over. Some of the research has shown that similar percentages of older Africans give financial support as receive it from their children, while the elderly play an important role in caring for their grandchildren and in promoting health care. A recent qualitative study has pointed to the caring and supporting that is undertaken by grandmothers in households with HIV positive children and grandchildren. There are a number of themes of vulnerability as ‘old age’ is approached: a risk of unemployment or retrenchment; rising costs of living; the possibility of a loss of assets or constraints to the effective use of assets; the possible reintroduction of reproductive work; the impact of being compromised in earlier life stages or the risk of earlier investments being compromised; the possible costs of losing an adult household member for which costs have been made and the costs of launching the next generation. In order to investigate the situation of the ‘near old’ two datasets have been used: a 10 percent sample of the 1996 Census and a dataset comprised of the population 50 and over from the 1998 and 1999 October Household Surveys, which together constitutes a sample of 26,918 individuals. Findings show that while not as many of the ‘near old’ as those in ‘old age’ are household heads, this group face noteworthy responsibilities in terms of performing important household tasks such as fetching water and wood, and a larger proportion of this group have parents that are still alive, meaning that there are caring burdens which they may face in addition. The health and disability status of this group is not substantially better than that of those at older ages. In addition, only 44 percent of the near old are employed in some way – about three quarters of these are employees, while 13 percent are unemployed. A surprisingly high percent are already retired, and a large proportion are homemakers. Education levels among this group do not seem to be high – only 11 percent have completed their schooling, not substantially less than the nine percent of those in ‘old age’ who have done so. Finally, in terms of chronic poverty there does not seem to be a noteworthy difference between this group of the elderly and those at older ages. Moreover, the same percentage of the ‘near old’ are ultra-poor as the next age category. Most of the analysis seems to point to the stark lack of differences between the near old age group and those at older ages that would be expected. Near old-age’ thus represents an important issue for investigation in which opportunities might still exist to prevent poverty among older people.

## 1.2 Introduction

The size and expansion of the older population in South Africa has recently received increasing attention among researchers. Ferreira (1998) reports that the pattern of population ageing in South Africa is that of a developing country. In 1995, between five and 6.3% of the African, coloured and Indian population were 60 years and older. At this time, more than a third of the total population aged 60 years and over was in the 60 to 64 year age bracket, which indicates the future exponential growth of the older section of the population (with females more numerous than males in all categories of the elderly. Census 2001 found that 7.3 percent of the population were 60 years of age and above, and 0.9 percent were 80 years and above (Statistics South Africa, 2003). Modelling completed by the United Nations Population Division (1999) shows that in the year 2050 12.1 percent of the population will be over the age of 60, while 2.2 percent of the population will be over the age of 80. This makes South Africa's one of the most rapidly ageing populations in Africa, although Ferreira (2000) does note that the proportion of older persons in the African population is expected to increase only slightly in the next 30 years, in contrast to increases in the other racial groups.

What distinguishes the elderly population in South Africa from many in Africa is the social Old Age Pension which elderly females and males receive as entitlement at ages 60 and 65 respectively. Indeed, the many quantitative and qualitative studies that have been conducted on the situation of the aged in South Africa have tended to concentrate on the role of the Old Age Pension. These studies (see for instance Lund, 1993; Ardington and Lund, 1995) have highlighted the fact that these payments form an important safety net, not only for the recipient of the pension, but for other members of older households.

Generally, a wide range of roles have been identified in which older people feature as prominent actors. Older people are traditionally recognised as providers of informal and traditional health-care and custodians of traditional values. However they are also often child-carers for employed family members with children. Aliber (2001) notes that 42 percent of African households are female headed and that 17 percent of these are 'granny households', in which the female household head is the grandmother rather than the mother of the children in her care. Increasingly with the onset of the HIV/AIDS epidemic, older persons are now filling roles as carers for sufferers of terminal disease and their dependents (Ferreira, Keikelame and Mosaval, 2001).

Most research on the elderly internationally and in South Africa tends to have focussed on those aged 60 and over. This is likely attributable to the fact that pensionable age is usually the limit used to define the elderly. The central aim of this paper is to focus attention on a group of individuals who have not received specific attention in the literature on ageing and in South African research. These are the 'near old' (50 to 59 years of age) who are preparing for the transition to old age. Indeed, in African society this 'group' of people are often traditionally regarded as being old. This can be thought of as the beginning of a period of reduced productive activity and the completion of reproductive activities. However, it is also a period of high vulnerability in which negative events or shocks can undermine prospects for a successful transition.

From the perspective of public finance, those in this age group are the next generation of old people, and future resource requirements can be estimated from the numbers and situation of

those in this age group. This paper attempts to fill a research gap on the elderly identified by May (2002), through an analysis of two major South African data sets. In general, the paper aims to add to analyses already completed on the South African elderly population, but to bring with it recently used concepts and approaches to analysis.

In section one the theoretical framework that will be adopted in this paper will be outlined. This will be followed by the particular definition of older people that will be adopted in this paper. An account of some of the findings from research on the elderly in South Africa will then be made. Next an attempt will be made to elucidate some of the themes of vulnerability as 'old age' is approached. Following this, the data analysis will be outlined – the 1996 Census and a combined October Household Survey data set has been analysed using age categories of the population 50 and over. A particular focus of the analysis is on the 'near old' aged 50 to 59, in order to understand something about the situation and circumstances of this group of the older population. Finally the paper will draw some conclusions, and reflect on further research on the elderly that should be conducted and some policy approaches that attention could be paid to.

### **1.3 Analytical Framework (The Concept of the Life Cycle and the Near Old)**

From a life cycle perspective, development is assumed to occur in a sequential progression. The central focus of this approach is a systematic emphasis on age or change over time.

Developmental theories seek to understand the nature of this sequence and to explain why it progresses in the manner it does. Developmental studies have one central concern, that is, age. Chronological age by itself may not be a very meaningful indicator of development, and at best provides a useful index of the passage of time. Some developmental processes are time dependent (such as biological growth), and as such will respond fairly well to the index of age, while others may be time independent (such as physical illness). Thus, Kimmel (1974) points to the goal of developmental research as being to replace 'age' with an understanding of the time-dependent and time-independent processes that bring about the changes that take place through the course of the human life cycle.

Many developmental theories attempt to identify general themes within these patterns of growth, change and development that may be thought to be valid for all people everywhere in the world. Since human development involves biological, psychological and social influences, most theories focus on the interaction of these factors. Kimmel (1974) identifies seven stages of human development: infancy, childhood, adolescence, young adulthood, middle age, old age and senescence. The author notes that the sequential progression through the stages involves considerable overlap between them. A number of normative crisis points or central issues occur during the adult years, and a midlife crisis may occur when the growth and expansion trends of the earlier years begin to give way to a contraction of social participation and productivity in the later years.

However, while the theory of the life cycle is useful theoretically it has not been regarded as analytically useful by a number of authors. Spiegel (1982) sees a class analysis as a necessary underpinning for any analysis using the developmental cycle perspective. He shows at the household level that the various sequences in the life cycle are constrained by the material conditions of their existence at different phases of the cycle. Kimmel (1974) too acknowledges that systematic research on the effects of social class, ethnic background and male-female differences on adult development is greatly needed. Carter and May (2001) discuss the inter-

relationship between time, asset accumulation and exposure to risk. Noting that time brings both the opportunity to build and use assets, as well as negative events such as illness or job loss, Carter and May show that a segment of the poor may find themselves trapped in poverty. For those in the near-old group who have been unable to accumulate sufficient assets to insure themselves against negative events, time may simply not be available to recover from shocks, and a temporary reversal might become permanent. This results in a persistence of poverty which may transfer across generations. 'Near old-age' thus represents an important issue for investigation in which opportunities might still exist to prevent poverty among older people.

#### **1.4 Definition of Older People**

Being old can occur at different chronological ages, determined by the prevalent socio-cultural milieu, or even by the specific context of sub-groups within society. Economic structures also play a role in terms of the type of work that can be carried out, the availability of health facilities and other support infrastructure, and the existence of insurance and financial markets that permit savings for the future.

Following the World Health Organisation (WHO) funded 2000 Harare MDS Workshop, all those aged 50 and above have been taken to be old rather than the more frequently used cut-off of 60 years (WHO, 2001). There are several reasons for this:

Firstly, those in the 50 to 59 year age group are preparing for the transition to old age and experience many of the life-cycle changes that will lead to the success of this transition. This can be thought of as the beginning of a period of reduced productive activity, the completion of reproductive activities, including the care and education of the next generation, and the consumption of accumulated savings. It is also then a period of high vulnerability in which negative events or shocks can undermine prospects for a successful transition.

Secondly, for planning purposes, those in the 50 to 59 year age group are the next generation of old people, and future resource requirements can be estimated from the numbers and situation of those in this age group. This would include projections of the demand for social security payments, facilities and institutional care.

Finally, the more traditional African definitions of an elder or 'elderly' person correlate with the chronological ages of 50 to 65 years, depending on the setting, the region and the country (WHO, 2001). In a Zimbabwean case study of the impact of AIDS on older persons, those 50 and older are the focus of the research (WHO, 2002). It is noted that 50 years is the age at which one is commonly categorised as ageing, especially in Africa. The argument for choosing this definition is that in most poor economies the burden of sheer survival puts people at a greater disadvantage than in richer countries, leading them to age prematurely. Further, in most African traditions the title 'older person' is socially dictated by one's role in society – an example of this is becoming a grandparent. Such titles are conferred regardless of chronological age. The choice of 50 years accommodates these definitional complexities, and makes place for cultural, functional, social and chronological categories of old age. Using chronological age in a definition of a particular life stage does not come without its own warning signs. Indeed, Heslop and Gorman (2002) note that for the majority of the world's older people the meaning of old age is not a chronological definition but the changing roles that accompany physical change and reduced capacity to contribute or maintain a livelihood.

Further breakdowns are distinguished in an attempt to differentiate stages of ageing. While it would be tempting to follow convention and adopt five or 10 year age gaps, this approach may conceal critical life events that occur during ageing. In the specific context of South Africa, Sagner's (2000) historical analysis of the government pension system suggests that the age of eligibility for pensions is the most important of these. He notes that the introduction of the Pension Laws Amendment Act in 1944 that extended the Old Age Pension (OAP) to Africans constituted a turning point in the social history of ageing in South Africa. From this point, pensionable age began to mark a biographical orientation point by which the life course was organised. For the sake of simplicity, in this paper, pensionable age has been taken at 65 as the age when both men and women are eligible for the OAP<sup>2</sup>. The categories used are the same as those adopted by Dayton and Ainsworth (2002) in their study of elderly persons and AIDS, and will therefore allow for some form of comparability:

- **Near Old Age (50-59):** The international definition of demographic ageing appears to be after 65. This is the age when all eligible older people can receive a government pension, and as a result the upper boundary of this group may be thought of as an institutional/legal definition. Those under the age of 60 years are not eligible for an Old Age Pension. The 'near old' group are those for whom the consolidation and preservation of their assets is critical if they are to avoid poverty as they age. It is hypothesised that although people in this age group are likely to be breadwinners, key decision-makers and caregivers, this is a period of high vulnerability, in which shocks and the failure to accumulate can have dire long-term consequences.
- **Old Age (60-69):** This group corresponds to the conventional definition of older people, and represents a period of reduced earnings, but without necessarily the reduction of health status and strength. It is expected that many people in this group will not be dependent upon their families or other institutions for support, and through social pensions may continue to be a principle breadwinner as well as caregivers to grandchildren.
- **Late Old Age (70-79):** This age band is expected to be that in which the shift occurs from being a principle decision maker to a nominal decision maker, and in which the transition is also completed from bread winner to consumer.
- **Frail Old Age (80+):** This period is seen to be one of extreme dependency on families or other institutional arrangements for physical and economic support. People in this category are thus most likely to be receiving care and least likely to be able to provide care or financial support to others.

Obviously any such categorisation is not inflexible, and it is possible that ill health may result in the extreme dependency of those younger than 60, while accumulated wealth may ensure that those older than 80 retain their position as principle decision maker. Furthermore, due to the heavy workload of many older people, it is quite possible that some of those in the 'frail old age' category may still be performing household chores. There will also be differences between men and women, not the least of which will be differences in the age of eligibility for the OAP.

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<sup>2</sup>/ In the current OAP system, women are eligible for a pension from 60 years of age while men are eligible from 65 years.

However, this approach retains the notion of a chronological or demographic definition of ageing, and ties in with a life cycle approach, but should allow for differences between social groups to emerge.

## **1.5 Findings from research on the elderly in South Africa**

As noted at the outset, much of the research that has focused on the elderly in South Africa has been interested in the impact of the Old Age Pension. It has been found that the pension is an important means of support not only for the pension recipient but for the households in which they live (Ardington and Lund, 1995; Lund, 1993). More recent work (Barrientos, 2003) also continues to focus on the impact of the pension, confirming the key poverty protection role of the pension among households with older persons. This research shows that the poverty headcount would be 2.8 percent higher in South Africa if the pension income was removed, and the poverty gap would be 40 percent larger (Barrientos, 2003:17). As noted earlier, most of the research on the elderly in South Africa has tended to focus on those 60 and over, and this is most likely attributable to the fact that official pensionable age begins for women at this age.

There have been few specific surveys on the elderly in South Africa. The Multidimensional Survey of Elderly South Africans (1990-1991) is the most notable one, and although dated, contains detailed information not available in other studies. Unfortunately, the sample of 1200 excludes the former 'independent' bantustans of Transkei, Venda, Bophuthatswana and Venda (TBVC), limiting the usefulness of this study.<sup>3</sup> The multidimensional survey (see Ferreira, Møller, Prinsloo and Gillis, 1992) reveals that between 92 percent and 93 percent of older Africans (non-institutionalised and aged 60 years and over) live in a multigenerational household, with a mean number of co-residents of six. In more than 80 percent of cases the older person is found to be the head of the household. Further, older Africans were found to have four living children on average. Of interest is the fact that fairly similar percentages of older Africans give financial support to their children as receive it.

Ferreira, et al (1995) note that older Africans have on average four living children and more than four-fifths of older Africans feel that their children respect them, although over three-quarters feel that younger people today show less respect to older people than in the past. Finally, the Multi-Dimensional Survey found older Africans' life satisfaction to be mainly influenced by basic factors such as health, housing and income. Self-reported good health significantly contributed to their subjective wellbeing. However, a lack of money, poor health, poor access to health care, memory loss, depression and a fear of being robbed were the most serious problems affecting the quality of life of more than three-quarters of older Africans.

Møller (1993b) highlights the stark differences in living conditions for the African and white older population and finds that white old South Africans tend to conform to first world lifestyles and live separately, whereas the majority of Indian, coloured and African older persons live in multi-generational households. Care and financial security for Africans were cited as the most important benefits for the old living in co-residence. Both child and parent needs seem to be met

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<sup>3</sup> Apartheid South Africa was balkanised into regions designated for different population groups. The TBVC were designated for the African population and given token independence. As a result many statistics are not available for these regions.

in co-resident households, particularly when taking into account the pressures of housing and finances. Co-residence facilitated intergenerational financial exchange, which tended to favour the old. However, overcrowding in urban areas was the main cause of dissatisfaction amongst the old. The study concludes that the extended family was an important safety net for the old.

HelpAge International (1996) finds that the two most significant contributions of older people to their households were the contribution to the families' budgets from the monthly OAP, and the care taken by older people of their grandchildren, who often live with their grandparents unaccompanied by their parent(s). Further findings of the study are that older women contribute to the household by helping with harvesting, stamping mealies, cutting grass for thatching, helping with the sick and providing income from sources other than a pension, such as working for a farmer or weaving mats and selling them. In the study a strong theme was older women's role as the preservers of food. Some older men contribute by carving stamping blocks, plates, spoons and sculptures for the household or to sell. In another study (Mohatle & de Graft Agyarko, 1999) that focusses on the social and economic role and contribution of older people to their families and communities, it is also noted that older women are more often than not willing to be involved in community programmes, that they are often the main financial providers, and they frequently play a major role in health care.

Other work that has been conducted gives a further idea of the situation of the elderly. Møller (1993a) finds that the middle generation make the largest contribution to the family's financial resources, while children contribute by doing housework and grandparents contribute through childcare. It is concluded that the culture of extended families and mutual support has resulted in strong co-operation between the generations, often boosting the performance of school children, and providing an important basis for positive wellbeing amongst elderly members.

Burman (1995) documents an investigation of the extent of child-care services rendered by low-income elderly persons in Cape Town, and the consequences in terms of finances, status within the family and future support. The study finds that a large percentage of the women care for children after school or crèche, through force of circumstance rather than by choice. Many of the interviewees were found to provide child-care without payment in cash or in kind, and a quarter made accommodation available to the family without financial assistance. It is argued in the study that strong bonds within the family structure mean that the elderly play an important role in the welfare of the household.

The definition of the elderly is not clear in all of these papers, and it is not always certain whether they receive the OAP. Nevertheless various roles fulfilled by older persons, especially their caring role is clear in most of the studies.

A recent South Africa study has focussed on the 'younger' elderly, and this work has had a link to HIV/AIDS. In South Africa Ferreira, Keikelame and Mosaval (2001) undertook research on the situation and caregiving burden of older women who are carers to adult children with HIV/AIDS and co-resident grandchildren (who may have HIV/AIDS or have been orphaned as a result of AIDS). A qualitative longitudinal study was conducted in 43 purposively selected households in which a grandmother aged 50 and over lived with a child who was infected with HIV/AIDS and children of the people with AIDS (PWA) in various Cape Town townships. A total of 156 children (younger than 19) and 97 adult children (aged over 19 years) and 10



grandfathers were found to co-reside with the grandmothers. Two follow up interviews were conducted using semi-structured questionnaires, at three months and at six months after baseline in 41 households, in order to identify changes in the situation of older women and household dynamics over time, and eight case studies are presented. The overarching finding of the study is the pervasive and desperate poverty of the study households, and a lack of household income in these urban households was found to impact on households most heavily in terms of food poverty. Other pressing needs of grandmothers in the study were for money for transport to take the PWA for medical treatment, money to pay for grandchildren's schooling, and money to purchase funeral insurance for dying PWAs. Half of the older carers in the sample did not benefit from a pension most likely because they were too young, and where carers did receive a pension, it was often a household's only income. Carers noted experiencing difficulties in applying for a Child Support Grant for age-eligible co-resident grandchildren, particularly children with HIV/AIDS. Further findings include the emotional trauma experienced by grandmothers and the physical burden of caregiving and deteriorating health of this group. Further research on the burden of caregiving on older persons is currently taking place according to Ferreira (2003).

## **1.6 Themes of Vulnerability as 'Old Age' is Approached**

Some means of defining poverty is required, and in this paper the poor are defined not from a perspective of income, but by taking concepts of vulnerability as well as assets into account. Meth (2002) has recently completed interesting work in which he ranks the most vulnerable households in South Africa. Workerless households are noted as facing the most challenges in terms of survival, followed by skip-generation households which usually contain a grandparent and grandchildren with no parent generation. Households containing domestic workers and those containing informal economy workers are respectively ranked third and fourth. The South African social assistance system does not provide relief to all of these vulnerable groups. It is an extremely categorical system in terms of who it makes provision for. Various categories of vulnerable people are covered, namely the elderly (women 60 and over and men 65 and over), disabled adults and disabled children, poor children under the age of nine, and children in foster care. Those of working age and those willing to work who cannot find work are without social protection coverage, as are the working poor many of whom receive a wage that is too low to allow them to move out of poverty.

With unemployment rates in the order of 40.9 percent if broadly defined to take discouraged workseeking into consideration and 29.4 percent if the official rate is to be adopted (Meth, 2003:16), the likelihood of many of the poor in the 'near old' group working would seem low. Aliber (2001) points to the small chances of this group of older adults finding gainful employment. As people age, health deterioration leads to a lessened ability to work, and this is combined with the tendency for real wages to decline later in the life cycle (Raymo and Cornman, 1997). Therefore the likelihood that this particular group in poorer households are working would be expected to be relatively low when compared with those at younger ages.

Carter and May (1999) used the data from the 1993 South African living standards survey to analyse two proximate forces that underlay those poverty rates: (a) access to assets/endowments, and (b) constraints to the use of those endowments. By using flexible econometric methods to identify the mapping between household assets and well-being, Carter and May identify those

asset bundles that mapped into livelihoods above the poverty line given the market structure in place at apartheid's end. Although this analysis refers to African and Indian households of all ages, their analysis uncovers three dimensions of the poverty problem that are applicable to the current study:

- Returns to uneducated labour are so low that claims on other economic or social assets are necessary to lift a family above the poverty line. May (2002) shows that functional illiteracy is higher among chronically poor older persons, and increases in older groups, especially for rural Africans;
- The topography of the livelihood map identifies financial constraints that limit the poor's ability to effectively utilise productive assets and endowments (e.g., land). Poverty is thus not only a matter of few assets, but also of constraints to effective use of those assets, including access to necessary complimentary assets. This is especially important for people preparing for retirement since the limitation is both on access to savings facilities as well as credit.
- The burden of meeting basic needs, especially water and fuelwood collection in rural South Africa creates a "time poverty" that further constrains households' ability to effectively employ those resources to which they do have access to in the generation of livelihood. As will be discussed later, older persons continue to perform these activities well into old age, and this work may often be essential in freeing up others to undertake productive activities.

In a later paper, Carter and May (2001) go on to identify the impact of shocks as an additional factor preventing households from 'getting ahead' due to the loss of income and assets that result. This analysis usefully directs attention to events that might occur during the period of 'near old-age', in which the loss of assets built up over the economically active ages could have a potentially devastating impact upon future well-being. Access to risk reducing measures such as insurance, savings and information emerge as important issues for poverty reduction and are especially pertinent for the 'near old'. Issues for further analysis include the impact of unemployment, both in terms of the time taken to find new employment, and the prospect of early involuntary retirement due to retrenchment. Domestic workers are a potentially vulnerable group in this respect, as are farmworkers and other unskilled labourers.

A possible scenario for some of those approaching old age is as follows: the macro economic climate impacts on micro economies at the household level. Whereas the economy previously allowed for more jobs, the economy is now shrinking and now more people are retrenched than before. Since unemployment is so high it is not possible to find new employment. If this is a workerless household with little or no other forms of income, it may be necessary to start using savings in order to get by. Now future prospects are compromised as it is unlikely that savings for the future will be replenished with such low job prospects, especially at this age.

With high poverty and relatedly high unemployment levels, many in this group would still be attempting to earn a living. Dependent children who cannot find employment may need assistance in some way. Linked to this are very real burdens and constraints: the possibility of children dying, needing to care for these children and their children in turn.

With regard to the near old, not much attention has been paid to this group in South Africa or internationally, although one piece of research has focused on the cross-cultural perceptions and

preparation for retirement by the near elderly in Singapore. Mehta and Cheung (1997) document the concerns of the near elderly over rising costs of living, specifically medical costs. In terms of provision for retirement, these researchers point out that the cost of living had risen rapidly over the decade which preceded the study, and therefore what was seen as a large amount of savings then would fetch far less today. With escalating medical costs, any private savings that had been made could easily be 'wiped out' in one medical emergency that the household could face.

Using Census and other official statistics, Ferreira (2000) notes that, from a demographic perspective, a particular concern with regard to older persons is the increasing number of young and middle aged adults who die as a result of AIDS, often leaving orphaned children behind to be reared by grandparents, who themselves will be without support from adult kin in their old age. Attempts to deal with the illnesses that result from HIV/AIDS would add to the medical emergencies noted by Mehta and Cheung (1997). This would also result in the skip generation households that Meth (2003) refers to.

As the prevalence of AIDS escalates, the 'caring' and providing role undertaken by the elderly, particularly the 'near old', for those who are orphaned and ill with HIV/AIDS is set to become increasingly prominent and important. South Africa has HIV/AIDS prevalence rates that are amongst the highest in the world – prevalence rates of 25 to 30 percent of 15 to 49 year olds have been documented (HelpAge International, 2003:2). Some estimations have shown that by 2005 there will be 920,000 AIDS orphans in South Africa (Whiteside and Sunter, 2000).

In other African countries this impact of AIDS on the elderly has received much attention. HelpAge International research in five villages in Tete province, Mozambique shows that more than half of all older people are caring for an average of three orphans (HelpAge International, 2003:4). Dayton and Ainsworth (2002) in a study in rural Tanzania show that a significant proportion of adults suffering from AIDS return to their parents' home shortly before death. Therefore the burden of caring is increasing, and the parent role is being reintroduced since many parents of these children have to look after their children in the AIDS stage, and then their grandchildren who can no longer be looked after by their own parents. Moreover, in a study of six districts in Uganda, parents were most commonly cited as principal caretaker for AIDS patients (Ntozi and Nakayama, 1999, as cited in Dayton and Ainsworth, 2002:1). Economic and time costs increase in turn, resulting in an increasing burden on those who are preparing for old age. Following death there are funeral costs, but the production of the deceased individual has to be replaced too. Finally, the actual caring process can have adverse effects on the elderly carer. Dayton and Ainsworth point to the fact that the elderly may receive less medical care or food so that more can be spent on the patient. In sum, this work shows that the elderly are often especially likely to be adversely affected by the death from AIDS of prime aged adults, and that deaths of adults from AIDS are likely to have the largest adverse impacts on the elderly in poor households.

A Zimbabwean study (WHO, 2002) on the role of older people in HIV/AIDS related care shows that the barriers to care for persons with AIDS and orphans included financial constraints, lack of basic necessities such as food, burn out, stigma, fear of contracting the disease and frustrations inherent in performing basic chores. The high prevalence of abuse relating to care giving was also noted. In all, the study shows that older caregivers are under serious financial, physical and emotional stress due to their care giving responsibilities.

If the near elderly have been compromised in prior life stages – either in health, economically – it can be expected that they will be less well prepared for any challenges that they now face. Dayton and Ainsworth (2002) point to the high correlation between poverty and low health status. Moreover, reproductive work which had stopped, is now being taken on again (WHO, 2002). Productive activities which would usually decline as pensionable age is approached have to now increase in order to support dependants. If this is not sufficient, savings may have to be used or assets sold in order to get by.

Finally, some studies have shown that older people continue to engage in migration and that this group is also particularly vulnerable. According to Sagner (1997), older citizens in the Western Cape have participated in the recent rural-urban migration, albeit on a somewhat smaller scale (only two percent of migrants from the Eastern Cape were older than 60 at the time of leaving). As these people generally do not intend to move back to a rural area, this old age migration pattern has serious implications for service provision. It appears that regional differences in the availability and quality of health services, a lack of access to the pension system and the poor quality of physical infrastructure in rural areas all play a dominant role in the decisions for out-migration. Recent movement patterns have been dominated by intra-urban mobility, particularly for older citizens. Over 20 percent of all older persons have moved within the greater Cape Town area in recent years, centrally for access to safe and better housing. Cases of return migration in old age appear to be rare (only 16 percent of those aged 60 and over favoured a place in the Eastern Cape as their retirement residence). Urban-rural visits appear to be motivated largely by the search for security, both in a material sense as well as a future-oriented strategy to secure care by kinfolk in case of deteriorating health. The participation rate of older people in intermittent urban-rural migration appears to be significantly higher than that of their younger counterparts. From this research it appears that older urban households are often part of an integrated urban/rural nexus.

## 1.7 Data Analysis

This analysis will involve two central data sets, the first of which is the 1996 Census. Official census data is perhaps the most common and most important data source in any country. In the case of South Africa however, as with most of the other data collected during the latter period of the apartheid regime, the Census's of 1985 and 1991 were deeply flawed. This was due to a combination of inadequate planning, design inefficiencies and poor implementation. Census 1996 attempted to rectify these problems and although not without controversy, offers perhaps the best data available since the 1970 census. The most recent census in 2001 was released in July 2003 and has been intended in part to address some of the concerns relating to under-enumeration that were raised in Census 1996<sup>4</sup>.

The results of the 1996 Census reveal that the South African population amounted to some 40.6 million, which was estimated to have increased to 43.3 million by 1999 (Stats SA, 2001:13), and 44.8 million in Census 2001. Just under 78 percent of the population are African, nine percent coloured, 2.6 percent Indian and 10.5 percent are white<sup>5</sup>. Furthermore, the Census suggests that the non-urban areas of South Africa have a population of some 18.7 million people or 46.1

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<sup>4</sup>/The micro-data for Census 2001 have not yet been released along with a number of important variables. As a result this paper continues to make use of the 1996 data unless otherwise noted.

<sup>5</sup>/The population group categorisation used in official statistics has been adopted in this paper (Stats SA, 2001:9).

percent of the country's total population. Finally, the Census shows that there are 1.94 million people 65 years and older (five percent of the total population), of which 61 percent are women, 68 percent are African and 22 percent are white. The majority of African older people reside in rural areas (69 percent).

Both the Census 96 and the most recent census held in 2001 contain information on the situation of old people in South Africa. Data was gathered on access to services, work, health and a crude measure of household and individual income was collected. Although a number of reports have been published on different aspects of the census, a specific study on the aged has not yet been released.

In addition, a combined October Household Survey (OHS) data set consisting of 1998 and 1999 data will be used in this analysis. These are two national cross-sectional studies that were undertaken in the two years – the database contains information relating to 26,918 people 50 years and older. The two data sets were only one year apart. Both the Census and the OHS data provide similar information that can be compared, and unique information specific to the particular data set. Because the sample is larger than a single data set it is possible to speak with more certainty about the findings. However, the 1996 Census data and the 1998 and 1999 OHS data are not able to reveal trends as these are not panel data sets. Rather, they can only give a snapshot at a certain time. The Census data has been weighted, while it has not been possible to weight the combined OHS data set as both surveys had a separate set of weights specific to the particular data set.

While there is much that these data sets can reveal about the older population, there is much that they cannot show. It is not possible to understand more about the household contexts, living arrangements and household membership of the older population and the households in which they live. It is not possible to tell whether the older population are grandparents, for example, or whether they live in skip generation households. Many of the issues raised in the literature section of this paper will not be addressed in the analysis simply because the data that is being analysed does not contain the relevant information.

Throughout the analysis percentages will be reflected for all categories of the elderly, but particular attention will be paid to elucidating the facts around the near old. It could be argued that comparing the near old to younger age groups could be more revealing with regard to some analyses, however the focus is on expanding the definition of the elderly and therefore this has not been done.

Arguing that different methodologies lead to a wide divergence of possible poverty lines, Woolard and Leibbrandt (2001) use a range of thresholds to provide a rigorous analysis of poverty in South Africa<sup>6</sup>. Consistent with other estimates of poverty in South Africa, they conclude that some 40 to 50 percent of South Africans can be categorised as poor, while 25 percent can be categorised as ultra-poor. They also find that the poverty rate is far higher in rural areas than in urban areas (65 percent of individuals compared to 22 percent) and 27 percent of rural dwellers are below half the poverty line, and thus are likely to also be chronically poor. In urban settlements, just seven percent of the population fall into this group and as a result, 78 percent of those likely to be chronically poor are located in rural areas (Woolard and Leibbrandt,

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<sup>6</sup>/ For most of their analysis Woolard and Leibbrandt (2001:56) settle on the Household Subsistence Level and \$1 a day 'International' line (R3509.00 and R2200 per annum per adult equivalence in 1995 Rand). The latter may be thought of as the ultra-poverty line.

2001:59-60). Aliber (2001:40) calculates that in 2000 at least 18 to 24 percent of all households in South Africa were chronically poor or highly susceptible to chronic poverty. He suggests that by the year 2010 AIDS may contribute to the chronic impoverishment of 26 to 33 percent of additional households, bringing the share of chronically poor households to 24 to 30 percent.

Race is important in any socio-economic analysis in the South African context, since the apartheid government used racial categorisation to blatantly discriminate against the African population, and to a lesser extent against the coloured and Indian populations. It is therefore not surprising that, in line with other studies, a far greater proportion of Africans are poor, making up almost 80 percent of those who are poor although Africans comprised 76.7 percent of the population in 1996. Households headed by women are also more likely to be poor than households headed by men, while the Eastern Cape consistently emerges as the poorest province in South Africa, containing 27 percent of those likely to be chronically poor. KwaZulu-Natal and Northern Province account for 19 and 17 percent of the chronically poor respectively.

Using the 10 percent sample of the 1996 Census, the following table indicates the number of people who fall into the different cohorts compared to the estimated number in each age cohort for 1998 and 1999.<sup>7</sup> The table also gives some insight into findings from the separate OHS data sets. According to the Census, there were some 5.1 million older people in South Africa in 1996. Approximately 41 percent (2.3 million people) fall into the 'near old' group, suggesting that meeting the needs of older people is an emerging priority for public, private and civil action over the next decade. The combined OHS data reveals that by 1998/1999 this figure has grown to about 45 percent of the older population which now fall into this age category. Both sets of data indicate that about one third of the older population is aged 60 to 69 and 16 percent is aged 70 to 79. The data sets differ with regard to those aged 80 and over: while the OHS data indicate that six percent of the older population is this age, the Census data more than doubles this estimate. This finding is difficult to explain. Consistently throughout the analysis the findings on the 'frail elderly' from Census 1996 will be pointed to as difficult to explain. This is likely because of measurement errors, which have also been noted in the Statistics Council Evaluation of Census 2001 (Statistics Council, 2003). The Council notes that preliminary investigations indicate that the 2001 census probably resulted in higher than expected numbers aged 80 and older, in the African population. Surveys tend to have better defined data than censuses, and it would seem that this is a measurement problem of sorts.

**Table 1: Size of Older Population**

Age Groups	Census 96	% of Total Pop 50+ (Census 96)	% of Total Pop 50+ (OHS 98)	% of Total Pop 50+ (OHS 99)	% of Total Pop 50+ (OHS 1998 & OHS 1999)
50-59	2,334,054	41.3	46.2	44.9	45.6
60-69	1,651,881	29.2	32.0	32.5	32.2
70-79	861,789	15.2	15.6	16.1	15.8
80+	804,296	14.2	6.2	6.5	6.3
N	5,652,019		14,650	12,095	26,745

As expected, and as Table 2 shows, females are always in the majority in all age categories of the elderly, but with age this increases substantially from just over half of the older age categories to

<sup>7</sup> In all analyses a Pearson's Chi Square test was run. In nearly all cases the difference was found to be significant at the 0.01 level. Therefore the results of the test will only be stated where no significant difference was found.

almost two-thirds for those 80 and over. Importantly, among the near old aged 50 to 59, just under half are male and just over half are female – demonstrating an almost equitable distribution by sex at these ages.

**Table 2: Distribution of Older Population by Sex (OHS 1998 & OHS 1999)**

Age Groups	Males	Females
50-59	45.2	54.8
60-69	39.5	60.5
70-79	38.5	61.5
80+	33.9	66.1
N	11,128	15,613

With regard to race, over two-thirds of the population 50 and over are African while about a fifth are white, a tenth are coloured and a much smaller proportion are Indian. As Table 3 shows, there are interesting similarities in percentages in each age category of the African and white older population, although as we would expect there are more white than African elderly at very old ages. Under apartheid the white elderly received institutional care and better health care than the other race groups, and these effects can still be seen. There are more coloureds and Indians at younger ages and less at older ages. Approximately two-thirds of the near old are African, nine percent are coloured, almost four percent Indian and a fifth white. The fact that proportionately more Indians are in the youngest age group when compared with other races reflects both the lower life expectancies faced by the Indian population in the past as well as the demographic changes that have occurred more recently.

**Table 3: Distribution of Older Population by Race (OHS 1998 & OHS 1999)**

Age Groups	African	Coloured	Indian	White
50-59	67.8	13.5	3.4	15.3
60-69	70.2	11.8	2.5	15.5
70-79	71.0	9.6	1.6	17.8
80+	70.7	9.8	1.5	18.0
N	18,494	3,229	730	4,249

As Table 4 shows, more of those at older ages living in rural areas and more of the ‘younger’ elderly living in urban areas. Among the near old the majority (59 percent) live in urban areas. Studies on the experience of poor older people reveal a number of common features. For example, Ferreira *et al* (1995) have shown that older rural dwellers have a lower education level, poorer health status and that fewer receive a government pension than their urban counterparts. Yet, more urban dwellers are found to be depressed (particularly women), to feel less respected by the family, and to be far less satisfied with their living arrangements than rural dwellers. Moreover, the study shows that older Africans living in urban areas may feel distanced from traditional values and systems, and experience feelings of alienation. However, the findings in this study show that approximately half of the elderly aged 60 and over are living in rural areas, while findings from the Multidimensional Survey completed in the early 1990s reveal that over two-thirds (69 percent) of the elderly aged 60 and over are located in rural areas.

**Table 4: Percentage of Older Population in Rural/Urban Areas (OHS 1998 & OHS 1999)**

Age Groups	Rural	Urban
50-59	41.5	58.5
60-69	47.8	52.2
70-79	50.0	50.0
80+	50.9	49.1
N	12,155	14,590

May (2002) finds that the distribution of chronic poverty largely follows the distribution of the national poverty profile, with the Limpopo Province, Eastern Cape and Free State being the poorest areas, while the Western Cape and Gauteng are the least poor. In terms of chronic poverty and ageing, it is noteworthy that in most provinces poverty is higher for those who are not old, or are in the 'near old' group, although in some provinces such as KwaZulu-Natal, Mpumalanga and Limpopo this trend is not very strong. Combined OHS data reveal with regard to the near old that 14.9 percent live in Gauteng Province where there is the highest level of industrialisation and the best job prospects, while 13.3 percent live in the Western Cape, the second wealthiest province. A further 15.7 percent of those aged 50 to 59 live in KwaZulu-Natal, the most populous province, but also one of the poorest, while 14.6 percent live in the Eastern Cape and 9.2 percent live in the Limpopo Province, both provinces with high rates of poverty.

Table 5 shows that with age the likelihood of becoming a household head increases, and this applies not only to all of the older population, but to the African population specifically, and more particularly to African females. This likelihood seems to peak in the 70 to 79 age group, and then declines for those 80 and over. This ties in with the definition of the frail old as no longer being decision makers, as outlined at the outset. From the OHS combined data set it is evident that a quarter (25.8 percent) of the near old are spouses or partners of household heads, while in the 60 to 69 and 70 to 79 year age groups substantially more of the elderly are heads of households - 20.7 percent and 12.7 percent respectively are spouses of heads of households. Only 9.1 percent of the frail elderly are spouses of heads of households. For those aged 50 to 59, 63 percent are household heads, while a quarter are spouses. Therefore this group carries a fair amount of the decision-making burden for the household, although this percentage increases with age.

**Table 5: Percentage Head/Acting Head of Household of Older Population (OHS 1998 & OHS 1999)**

Age Groups	All	African	African Female
50-59	63.2	66.8	51.2
60-69	68.8	72.3	61.9
70-79	74.0	78.4	70.7
80+	68.3	71.6	64.2
N	17,918	13,088	6,575

Overall fewer of those aged 50 and over have fathers that are alive than mothers alive as Table 6 indicates. We can assume that some of the respondents will have the responsibility of caring for their parents, although it is not possible to know how many will carry this burden. On the whole, a third of the mothers of the near old are still alive, while only 13 percent of fathers are still alive for this group. While this younger 'older' age group has the highest proportion of parent's alive,



and while some of these older parents may even be helping their children, no doubt they too are experiencing a caring burden. While the likelihood of this group having parents alive is higher than for those at older ages, in most instances this will mean additional work for this category of the elderly if they have the responsibility for caring for their parents, as these parents are likely to be frail.

**Table 6: Percentage of Mothers/Fathers Alive for Older Population (OHS 1998 & OHS 1999)**

Age Groups	Mother Alive	Father Alive
50-59	33.9	12.5
60-69	13.6	4.5
70-79	6.6	3.3
80+	3.6	2.3
N	2,520	932

Table 7 provides information on the marital status of the older population. The vast majority of those 50 to 59 are married/living together, and this is also true for the 60 to 69 age group. However, for the older age groups this percentage drops as spouses no doubt die with increasing age. Related to this, the percentage of widow/ers increases with age. Fewer of those at older ages are divorced or separated, which reflects the fact that this is a more recent trend that has become far more socially acceptable than it used to be. More of those at younger ages are never married – also an emerging trend. Could this mean that the near old are lacking in support when compared with those at older ages, particularly when they were aged 50 to 59? With regard to the near old, 70 percent have a spouse although it is not certain what percentage of these are living together. The apartheid migrant labour policy resulted in the separation of male workers from their spouses, who remained behind in the homelands. Therefore, it is difficult to say something about the actual support the near old receive from their spouses. In all, one tenth of those 50 to 59 are widowed, and it is assumed that their situation is more difficult than for those whose spouses are alive. Finally, a third of those 80 and over have never married, and this finding seems difficult to explain – it would be expected that this percentage would be substantially lower. However, as already noted, this is likely due to some type of measurement error with regard to this age group.

**Table 7: Marital Status of Older Population (Census 1996)**

Age Groups	Married*/ Living Together	Widow/er	Divorced/ Separated	Never Married	Spouse Not Alive (OHS98&99)
50-59	69.9	10.4	5.5	12.5	21.5
60-69	63.0	22.2	3.7	9.4	38.4
70-79	51.4	33.1	2.4	7.9	54.2
80+	31.7	18.0	1.9	34.9	65.7
N	3,388,646	1,040,160	224,838	796,113	7,050

\* Married = married civil, married traditional, living together

Therefore, the loss of family support is another feature of ageing, especially in terms of spouses, siblings and parents. The combined OHS data allows an analysis of the percentage of spouses that are no longer alive, where applicable. It can be seen that for one fifth of those in the near old category their spouses are still alive. As would be expected, this percentage declines over

time. However, this analysis conceals significant racial and gender differences. The OHS data further reveals that just over 86 percent of white males still had a living spouse compared to fewer than 40 percent of African females. Moreover, some 80 percent of African males still had a living spouse and 64 percent of white females were in the same position. The incidence of spouse mortality is already high for African women in the early age categories compared to all other groups.

As can be seen from Table 8, with age a smaller proportion of the older population reply that they have any schooling, and the proportion that have grade six, then 10, then 12 diminishes with age, as would be expected. One quarter of those 50 to 59 have no education whatsoever, which substantially reduces any chances of finding gainful employment. About six percent of the near old have completed their junior schooling (grade six), slightly more have completed grade 10, while about one-tenth of this age group have completed their final year of schooling. This is not particularly high, and leads to the assumption that only a small proportion of those in this age group can be skilled.

**Table 8: Highest Schooling Level Completed among Older Population (OHS 1998 & OHS 1999)**

Age Groups	No schooling	Grade 6	Grade 10	Grade 12
50-59	23.3	7.1	7.7	11.0
60-69	36.9	5.7	6.5	9.0
70-79	44.5	4.7	5.4	9.1
80+	56.5	4.4	3.4	8.3
N	8,846	1,629	1,782	2,641

However, 76.6 percent of the near old report in the OHS that they can read (n=9,663), and 75.9 percent report that they can write (n=9,542). As would be expected, with age a smaller proportion of the elderly are able to read or write. Just over 40 percent of those 80 and over can read and write, while just over 60 percent of those 60 to 69 are able to do so. In all, slightly more than 31 percent of older persons reported that they could neither read nor write and could thus be described as being functionally literate. However, there are significant differences by race and by poverty class as May (2002) notes. Moreover, May points to the fact that the chronically poor aged are far more likely to be unable to read or write than those who are not poor. This increases dramatically in the higher age groups, with two-thirds of those who are chronically poor and in the 'frail old' group unable to read or write.

In addition, a very small percentage of the elderly are currently studying.<sup>8</sup> Census findings show that 1.9 percent of the near old are studying full- or part-time (1.7 percent of 60 to 69 year olds, 1.9 percent of 70 to 79 year olds, 12 percent of those 80 and over).<sup>9</sup> Again, this high percentage for the frail elderly is difficult to explain. Combined OHS data reveals that less than one percent of the near old (0.9 percent) are currently studying in some capacity, while even more negligible amounts of those in the older age groups are currently undertaking some form of education.

Table 9 reveals surprising findings with regard to reproductive work undertaken by those 50 and over. With regard to the average number of children still living, it would be expected that this would decline with age, as indeed it does. However, with regard to the average number of children born, instead of the average increasing as the age groups increase, the average

<sup>8</sup> Either these respondents are in school, university, technikon, college, completing adult basic education, or other adult education or general education.

<sup>9</sup> N = 183,417

decreases, which is difficult to explain. Moreover, it would be expected that the average age of first birth would increase with age, however, findings show that the average age seems to have decreased over time, with those at younger ages giving birth at younger ages. These latter findings beg an explanation, and can perhaps be attributable to difficulties in recalling information. It should be noted that fertility data in Census 2001 was badly reported (Statistics Council, 2003), and this could be the case here as well.

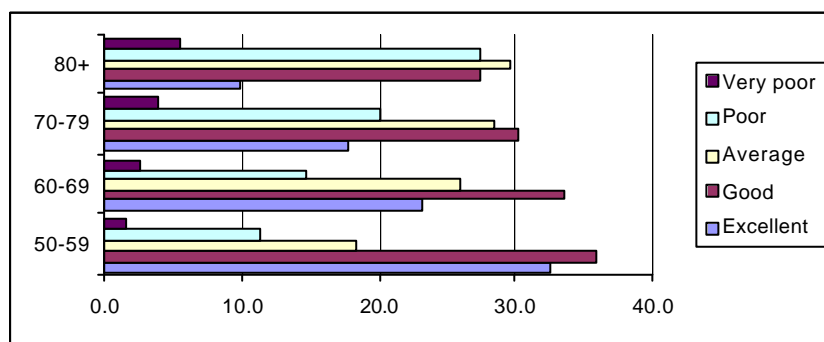
**Table 9: Reproductive Work Completed (Census 1996)**

Age Groups	Average Number of Children Ever Born	Average Number of Children Still Living	Average Age of Mother at First Birth
50-59	4.5 (1,175,935)	3.7 (1,170,903)	23.4 (976,370)
60-69	5.1 (923,566)	3.9 (919,792)	24.7 (722,565)
70-79	5.1 (472,026)	3.7 (469,784)	26.0 (355,688)
80+	3.8 (315,605)	2.8 (313,593)	28.0 (116,524)

Note: n's in parentheses

Figure 1 shows that with age more of the elderly report themselves to be in poor, very poor and average health status, and that when younger age categories of the elderly are considered, more describe their health to be excellent or good than those at older ages. With regard to the near old, a third (32.5 percent) consider themselves to be in excellent health, a further third (36.1 percent) in good health, and just under a fifth (18.5 percent) have 'average' health. Slightly more than a tenth (12.9 percent) of those 50 to 59 are in poor or very poor health.

**Figure 1: Health Status of Older Population (OHS 1998 & OHS 1999) (n=14594)**



With age more of the elderly have experienced illness in the past month, and more have had to visit hospital in the past month as Table 10 shows. In contrast, the percentage of the older population who have access to medical aid declines with age, as it becomes no doubt difficult to sustain with age. While the percentage of those 50 to 59 who have experienced an illness in the past month and those who have medical aid is less and more respectively than the percentages for those in older age groups, the difference between the near old and those in the older age categories is not as striking as would be expected.

**Table 10: Health Status of Older Population (OHS 1998 & OHS 1999)**

Health Status Indicator	50-59	60-69	70-79	80+	N
Illness past month	15.3	17.9	20.0	22.0	2,092
Hospital past month	6.4	7.3	8.5	9.3	868
Medical aid <sup>10</sup>	18.5	14.4	12.5	10.4	4,143

Note: totals may not add up to 100%

Overall, analysis of the combined OHS data with regard to disability status generally shows that with age more of the older population have some form of disability – and this can be seen in Table 11.<sup>11</sup> About 8.4 percent of the near old are disabled, a tenth (10.2) of those aged 60 to 69, 13.2 percent of those in the ‘late old age’ category, and a fifth (19.8 percent) of the frail elderly. The differences between the age groups is not as big as could be expected. Census findings on specific disabilities indicate sight, physical and hearing disabilities to be most prominent. Again, of concern is the percentage of the frail elderly experiencing various types of disabilities, but in particular with regard to findings on sight disabilities. Among the near old sight and physical disabilities are most common, but from this data disabilities do not seem all that frequent among this group of the older population.

**Table 11: Disability Status of Older Population (Census 1996)**

Age Groups	Sight	Hearing	Physical	Mental	Multiple
50-59	6.2	1.3	3.8	0.8	0.9
60-69	8.2	2.1	4.2	0.7	1.4
70-79	11.1	3.3	4.6	0.6	2.3
80+	6.4	2.4	2.6	0.6	1.8
N	427,719	112,920	217,331	40,500	78,714

Note: With regard to disability, in Census 1996 the respondent was allowed to decide on what they felt a serious disability to be. Interviewers were given the following as a guide: indicate that a serious disability is one which prevents the person from performing normal activities of daily living, for example, getting in or out of bed, dressing, washing or even working, without assistance or equipment.

Table 12 shows that less than half of the near old are employed – this is strikingly low. This declines rapidly as retirement is reached, although a relatively high percentage of the frail old are still working. Thirteen percent of the near old are defined as unemployed and again this declines over time. About six percent are not working but are not looking or are not wishing to work. Fifteen percent of the near old are housewives or home makers. Finally, about 15 percent describe themselves as retired – a sizeable proportion of this age group, and higher than would be expected.

<sup>10</sup> The question in OHS 1999 is as follows: “Is \_\_\_ covered by a medical aid and or a medical benefit scheme or other private health insurance?”

<sup>11</sup> With regard to disability, the OHS 1999 survey asked about major disabilities experienced by any persons within the household. “Is \_\_\_ limited in his/her daily activities (at home, at work or at school) because of a long-term physical or mental condition (lasting six months or more)?”

**Table 12: Employment Status of Older Population (Census 1996)**

Employment Status	50-59	60-69	70-79	80+
Employed	44.0	15.3	4.4	15.1
Unemployed (official definition)	13.0	4.4	1.4	6.1
Not working – not looking	3.8	1.9	0.7	1.4
Not working – housewife/homemaker	15.4	8.0	4.0	3.4
Not working – scholar/full-time student	0.3	0.7	1.1	11.2
Not working – pensioner/retired person	14.7	62.5	83.7	37.0
Not working – disabled	2.6	1.8	1.0	0.9
Not working – not wishing to work	2.2	1.8	0.9	0.8
Not working – none of the above	4.0	3.6	2.8	13.1
Unspecified	0.0	0.0	0.0	10.9
N	2,306,672	1,632,618	838,723	727,268

Of the older population who are working, the bulk are employees as Table 13 demonstrates. A third of the near old are employees – only three percent each are employers or self-employed.

**Table 13: Work Status of Older Population (Census 1996)**

Work Status	50-59	60-69	70-79	80+
Self-employed	3.3	1.5	0.7	0.9
Employer	3.0	1.3	0.6	0.6
Employee	34.8	11.0	2.6	11.5
Works in family business	0.8	0.4	0.2	0.2
Unspecified	58.0	85.8	96.0	86.8
N	2,224,651	1,610,383	834,859	711,821

The analysis below was restricted to the rural elderly population as the question is more relevant to this population. Table 14 shows that as older age groups are approached, progressively fewer of the rural elderly still fetch water and wood, but it is still of concern to see that 17 percent of those 80 and over still fetch water, and that 13 percent still fetch wood. About a third of those 60 to 69 in rural areas complete these tasks, while about a fifth of those 70 to 79 still complete these activities. A substantial portion of the near old in rural areas fetch water (43 percent) while about a third collect wood. Many of these 50 to 59 year olds in rural areas are still completing very physical and strenuous tasks. This underscores the economic role that continues to be played by older people into late old age, and shows that the transition from producer to consumer is not an option for many older people.

**Table 14: Household Chores and Rural Older Population (OHS 1998 & OHS 1999)**

Fetches in the last 7 days	50-59	60-69	70-79	80+	N
Water for home use	42.2	36.1	22.1	17.1	2,334
Wood for home use	34.2	28.9	18.7	13.3	1,886

The rapid take up of the Old Age Pension in all age groups which are eligible for the benefit can be seen in Table 15. Only 4.2 percent of the near old are accessing the Disability Grant (for which those aged 60 and over are not eligible) and three percent of this group are receiving a retirement pension. In the absence of the Old Age Pension, a substantial portion (eight percent)

are reliant on outside support from relatives/other people – a figure which declines as the older population becomes eligible for the state pension.

**Table 15: Non-Employment Income of Older Population (OHS 1998 & OHS 1999)<sup>12</sup>**

Non-Employment Income	50-59	60-69	70-79	80+	N	Range (Rand per month)
Government Old Age Pension	0.0	53.9	84.1	88.1	9279	200-5080
Retirement pension	3.0	7.8	7.4	6.6	1456	60-5640
Disability Grant	4.2	1.8	0.4	0.4	646	400-9600
Workers Compensation	0.4	0.3	0.1	0.1	87	130-96000
State Maintenance Grant	0.5	0.1	0.3	0.0	86	20-9600
Private maintenance	0.4	0.3	0.2	0.4	85	200-180000
Care Dependency Grant	0.1	0.1	0.1	0.1	23	400-6000
Foster Care Grant	0.0	0.1	0.0	0.1	16	430-6000
Unemployment benefit	0.6	0.4	0.1	0.2	11	200-42000
Support from relatives/persons	8.0	6.6	5.1	4.3	1783	20-7200
Gratuities/other lump sums	0.5	0.5	0.4	0.5	130	90-8500000
Other income	1.2	1.8	2.2	2.4	442	-

Note: the Old Age Pension, the Disability Grant and the Care Dependency Grant were worth R470 in April 1998, and increased to R520 by July 1999. The Parent Allowance of the State Maintenance Grant was worth R322 in April 1998 and decreased to R215 in July 1999. The Foster Care Grant was worth R340 in April 1998 and increased to R374 by July 1999.

In terms of reflecting on the poverty that is present amongst the older population, some of the analyses completed by May (2002), in a paper that focuses on chronic poverty among the elderly, have been included in this paper. The age categories that May uses are slightly different to the ones that have been employed in the analyses in this paper, however this should not make too much of difference since the international definition of demographic ageing and of retirement age appears to be after 65. For the sake of consistency, raw values have had to be coded into the ranges that were used. As a result, a per capita or adult equivalence poverty line is not possible and instead a threshold of R800 per household per month has been used<sup>13</sup>.

**Table 16: Poverty Rates by Age Category (OHS 1998 & OHS 1999)**

Poverty Measure	Not old	50-63	64-73	74-83	84+	Total
0.5 Poverty Level	28.0	25.5	24.8	23.5	25.1	27.6
Poverty Level	30.0	27.4	32.4	31.2	29.7	29.9
1.5 Poverty Level	14.2	13.7	13.7	14.0	13.4	14.2
2 Poverty Level	7.6	7.7	6.8	7.1	7.7	7.6
+2 Poverty Level	20.1	25.7	22.4	24.1	24.1	20.7

Table 16 shows that while 28 percent of the total population live in households earning less than half a poverty line of R800 per month, a marginally smaller proportion of older households fall into this group. Thus, these data suggest that of the estimated 11,658,000 people categorised as being chronically poor in 1999, 1,347,000 (12 percent) are people 50 years of age and more, with

<sup>12</sup> Significance was found at the 0.01 level for all non-employment income sources except for the following: Private Maintenance – Pearson’s Chi Square = 5.802; p=0.122; Care Dependency Grant – Pearson’s Chi Square = 1.912; p=0.591; Foster Care Grant – Pearson’s Chi Square = 2.460; p=0.483; Gratuities/Other Lump Sums – Pearson’s Chi Square = 2.152; p=0.905.

<sup>13</sup> This follows Stats SA’s (2000:2-3) analysis of poverty in South Africa using the Census and 1995 Income and Expenditure Survey (IES).

some 43,000 ‘frail old’ people defined as chronically poor. Put another way, one quarter of all older people can be expected to be chronically poor in terms of the poverty line that has been used. What is striking with regard to the ‘youngest’ category of the elderly is that there does not seem to be a noteworthy difference between this group of the elderly and those at older ages. The same percentages of persons that fall into the category that is comparable to the near old category are ultra-poor as the next age category (comparable to the ‘old age’ category).

**Table 17: Poverty Rates of Africans and Whites (OHS 1998 & OHS 1999)**

Poverty Measure	Not old	50-63	64-73	74-83	84+	Total
<b>African</b>						
0.5 Poverty Level	32.6	33.1	32.6	31.2	31.7	32.6
Poverty Level	34.0	34.2	39.8	39.8	36.2	34.3
<b>White</b>						
0.5 Poverty Level	7.5	7.0	4.9	7.1	12.3	7.3
Poverty Level	9.1	9.6	11.6	12.5	12.6	9.5

Similar findings are evident in Table 17 as well. Given the national profile of poverty, it would be expected that there are significant differences between the poverty profile of African and white old people as is shown in this table.<sup>14</sup> One third of Africans can be thought of as being chronically poor compared to just seven percent of the White population, with the result that Africans make up almost 90 percent of chronically poor older people. This implies that older poverty is even more concentrated in the African population than is the case for poverty more generally. As with the total population, chronic poverty does not seem to increase across age groups, although the poverty rate does increase. Almost the same percentage of those in the youngest age category and the other age bands are ultra-poor.

Although technically it would be feasible to measure the depth and severity of older poverty using established methodologies such as those reported by Woolard and Leibbrandt (2001), no published study has undertaken this work. The analysis by Carter and May (2001) using the KwaZulu-Natal Income Dynamics Survey (KIDS) make use of a breakdown of dynamic poverty measures according to age group. Using a ‘trajectories’ notion of poverty, Carter and May refer to five groups:

- the structurally poor who lack the assets to generate sufficient income not to be poor, and who have not succeeded in accumulating assets over time;
- the sometimes poor who have sufficient assets to generate an income sufficient not to be poor, but who may fall into poverty for a ‘time-spell’ due to misfortune or some other cause;
- the structurally upward who are succeeding in the accumulation of assets to work their way out of poverty;
- the structurally downward, who are losing assets due to misfortune or life-cycle events and may become poor in time, and finally;

<sup>14</sup> For the sake of clarity the data refers only to the white and African population groups. This is not intended to imply that chronic poverty is insignificant among the coloured and Indian populations, and it is appreciated that pockets of extreme poverty have been identified in the Indian population, while there is widespread poverty and deprivation among the coloured population especially in rural areas. However, in many cases the specific condition of chronic poverty in these population groups is lost when examining data from national surveys.

- the never poor who have sufficient assets to generate an income above the poverty threshold and have succeeded in doing this on a permanent basis.

**Table 18: Dynamic Poverty Measurement by Age Group (OHS 1998 & OHS 1999)**

<b>Dynamic Poverty Measure</b>	<b>Not old</b>	<b>50-63</b>	<b>64-73</b>	<b>74-83</b>	<b>84+</b>	<b>Total</b>
Structurally Poor	20.3	16.3	19.1	17.1	23.7	19.9
Sometimes Poor	8.3	7.1	11.4	11.6	13.2	8.4
Structurally upward	5.0	4.1	5.0	5.4	2.6	5.0
Structurally downward	25.2	20.0	23.3	28.7	31.6	24.8
Never poor	41.2	52.5	41.1	37.2	28.9	41.9

*N=10510*

The distribution of older people between these dynamic poverty groups is shown in Table 18. Just under 20 percent of the sample were living in households categorised as being structurally poor, with no clear trend apparent across age groups. Of interest though is that the proportion of the ‘sometimes poor, those who are vulnerable to poverty, and the ‘structurally’ downward groups increase in the older age groups, while the proportion who are never poor falls from 41 percent to below 30 percent of the sample.

## **Conclusions and Recommendations**

In societies that enjoy similar levels of economic development to South Africa, it might be anticipated that financial, labour and factor markets may function in a way whereby those who are thrifty and who work hard would be able to save for their own retirement. Only misfortune or indolence would lead some to becoming poor when old. During the apartheid years, South Africa was no such economy. Legislation systematically prevented the African population, and especially the rural African population from settling where they chose, from engaging in the work that they might have best been suited to, and from acquiring assets, especially land and housing. At the same time, the physical and economic infrastructure of these areas were neglected, and consequently, the prospect of building up savings for the future was severely constrained. The econometric analysis undertaken by Carter and May (1999, 2001) shows the impact of these policies on the markets faced by South Africa’s poor. Other researchers describe similar segmentation and ‘malfunctioning’ of markets in South Africa, and in reviewing this evidence, May (2000) concludes that most markets faced by the poor can be thought of as missing, thin or distorted<sup>15</sup>.

As a result, it can be expected that all of the sub-groups of the older population identified in this paper have had their prospects of secure ageing prejudiced by these laws, and as such, the Old Age Pension may represent one of the few mechanisms open for meaningful restitution. The acceptance of neo-liberal policy rhetoric thus extends beyond the establishment of ‘customer care departments’, in which recipients of the Old Age Pension are no longer citizens seeking their entitlements and are rather consumers in a market, and has underplayed the rights dimension of the social security system in South Africa. This is perhaps the most important issue to address in future research and advocacy activities, in examining the changing relationship between citizens and government over the course of their lifetime. Social security is one aspect

<sup>15</sup>/ Thin markets occur when there are few buyers and sellers, or where those that do exist are poorly resourced.



of this relationship and needs to be placed as one element of the lifetime 'trajectory' spoken of earlier. The issue for policy analysis is the extent to which markets function in favour of the poor. For policy concerned with ageing, an example is the existence of finance markets that permit poorer people to develop their retirement plans without jeopardising their prospects of securing an Old Age Pension.

The manner and extent to which those currently in the 'near old' age groups, and in younger age groups are able to make provision for their ageing is an important point to address particularly in light of the findings of this paper, which point to the differences between the near old and those at older ages as being far less than would be expected. For those in the near-old group who have been unable to accumulate sufficient assets to insure themselves against negative events, time may simply not be available to recover from shocks, and a temporary reversal might become permanent. This results in a persistence of poverty which may transfer across generations. This does not imply that private provision should replace public support, but rather to identify ways in which direct public transfers relate to the accumulated assets of older people and to the strategies that they have followed during their productive lives in order to acquire assets. 'Near old-age' thus represents an important issue for investigation in which opportunities might still exist to prevent poverty among older people, and future research in this area should be encouraged.

More generally, chronic poverty reduces the options of older people to move from producer to consumer. Key events should be identified, especially those which public policy intervention could prevent, and which could alleviate/minimise such negative outcomes. This analysis has not been able to look into the household contexts and household structures within which the older population live, and has not been able to increase understanding about the living circumstance of the older population, and particularly of the near old. Future research should take this analysis further. Finally, this study also supports Sagner's (1997) earlier argument that there is a general lack of hard statistical evidence relating to the living circumstances of older households and older people, and to their socio-economic and geographical dynamics in specific spatial settings. A particular area of neglected gerontological research has been the migration experiences of senior males and females.

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