

SECOND CARNEGIE INQUIRY INTO POVERTY
AND DEVELOPMENT IN SOUTHERN AFRICA

The aged and poverty
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THE AGED & POVERTY

INTRODUCTION:

Ageing is associated with impoverishment which in addition to financial losses includes physical, mental and emotional impoverishment. In preparing for this paper we found the topic so vast it was difficult to know what to leave out. We decided to highlight only the following aspects of ageing in relation to poverty:-

1. Losses, ostracism and isolation and the way these can impoverish the quality of life of the Aged.
2. Some economic implications of ageing.
3. Three case studies from different race groups that illustrate poverty indicators and their effect on individuals and families.
4. Findings from a survey that illustrate the impoverishing effect of re-location of a community, especially on the Aged in that community.
5. Research that H.S.R.C. is planning to undertake on poverty and the Aged.
6. Some recommendations for further planning.

- 1) (a) Impoverishing losses experienced by aged include loss of employment, status, role, a spouse, peers, older role models, energy, certain abilities due to deteriorating physical and mental functioning.
- (b) Ostracism and isolation may result when the Aged can no longer contribute actively to the family or society due to failing functioning.

To illustrate:-

- i) Deafness plus the decreased adaptability to the use of aids inhibits communication, causes frustration, may lead to ostracism and isolation.
- ii) Failing sight may mean the Aged must give up driving or well liked hobbies which increases dependancy and isolation.
- iii) Incontinence isolates Aged who become too embarassed and anxious to venture from home and known routines.
- iv) Decreased ability to contribute financially to family or society may decrease status, eg. double stigma of "Old Age Pensioner".

Ostracism and isolation of the Aged are also caused by society's anxiety about growing old. This stigma is related to fear and ignorance.

- (c) The quality of life of the individual may be drastically affected by these losses and result in lowered standard of living and withdrawal.

The accumulation of losses and stressful experiences greatly taxes the individual's coping strengths. As a result emotional problems such as depression and apathy are common. Related to these are problems of alcoholism, drug abuse and suicide. The individual's feeling of self worth are related to his feelings of being in control of his life and the role he is allowed to play in society eg. where he plays a needed part as a member of an extended family, or is able to continue in a chosen profession - his feeling of self worth is likely to be better than the individual who feels useless.

Some other effects of losses on the quality of life are:-

- i) Dependancy as when:-

- a) Mobility becomes a problem due to physical frailty. The individual may not be able to continue to shop, do house-keeping, visit the hairdresser etc. and is dependant on others to supply his needs/do chores.

Dependency as when (contd.)

b) Transport is impractical or hard to come by. When the individual has to give up driving his own car he must rely on others for transport or stay at home. The bus is often impractical for Aged because of high steps, impatience of some drivers, long waits, distances to the bus stop etc.

fi) Narrowing of life experience - his world begins to shrink. The individual with strong inner resources draws on these more and more. Those Aged who are able to do this remain examples of the indomitability of the human spirit under adverse conditions.

2) Economic and material implications of ageing.

An analysis of 580 case records of C.P.W.O.A. social work clients over a 3 month period in 1983 relating poverty and the Aged as seen by Social Workers.

55 Cases dealt with:

Neglect and exploitation of Aged by relatives and others.

Excessive use of alcohol.

Dependency - person who can no longer care for himself.

Mentally disturbed.

Isolation due to maladjustment and social problems.

158 Cases dealt with:

Serious behaviour problems combined with need for material relief.

318 Cases dealt with:

Need for material relief and supportive aid (Meals-on-Wheels, Volunteer assistance, transport, Home admissions)

Accommodation problems - inflated rents, debts, inability due to physical and mental factors to find own accommodation. Shortage of suitable and inexpensive accommodation.

Unemployment.

Inadequate budgeting of income. Need for pension administration.

Need for rehabilitative services eg. on discharge from hospital, Aged must be helped to return to their own homes. Supportive services such as Home Help, Meals-on- Wheels, etc. help them to adjust to deteriorating abilities.

49 Cases dealt with:

Financial crises which need:

Economic and material implications of ageing (contd.)

Three primary causes include unemployment, low income and escalating costs of accommodation.

- i) Unemployment: caused by enforced retirement that means lower income and uncertainty of future security, including accommodation and general standard of living.
- ii) Low Income: cause are as follows:-

- a) Inflation - large aged population, pension affected and capital devalues.
- b) Inadequate pension - to illustrate this problem we would like to discuss the following:-

Present minimum pensions from October 1983:

Whites	R 152,00 per month
Coloureds	R 93,00 per month
Blacks	R 114,00 bi-monthly

The minimum monthly income required to maintain decency and health (as projected by Human Sciences Research Council (H.S.R.C.) 1982)

	MALE 51 - 75	FEMALE 75+
Food	R 56,83	R 49,15
Clothing	R 20,44	R 36,02
Essential personal sundries	R 24,60	R 30,49
Household sundries	R 14,57	R 14,57
	<u>R 126,84</u>	<u>R 173,23</u>

Aged Couple R 232,10 per month

* Inclusive of 6% G.S.T., but excluding rent, medical expenses, holidays, entertainment, etc.

Escalated rents (1980 census) showed that 97% of aged persons live in own rented accommodation. Therefore a very high percentage of the aged population is effected by inadequate pensions.

- c) Compulsory Retirement Age - this aspect is of great concern as it adversely affects the Aged. The need for research into this matter is indicated.
- d) High Rentals - present rentals paid by Aged is usually far in excess of 25% of income (general norm used in practise)

Economic and material implications of ageing (contd.)

- iii) Accommodation: at present there is a nationwide shortage of low cost housing. Due to inflation, increased rentals and sale by sectional title, a great number of the Aged population have problems in finding decent accommodation and security of tenure. According to data collected from a survey done by C.P.W.O.A. Social Work Dept. among white aged in the Cape Peninsula in 1983 it was found that aged persons whose income is below R 300,00 per month (sub-economic) and those whose income is between R 300,00 - R 500,00 were hardest hit by this problem. Enquiries at C.P.W.O.A. intake office from November 1983 till March 1984 showed that 36,4% of the persons interviewed fell into this income group (below R 500,00 per month) and were urgently seeking alternative accommodation. Statistics from the Deeds Office showed that a total number of 104 blocks of flats with 1971 individual flats were affected from October 1983 to February 1984 by the Sectional Title Act. Details of Registration:-

<u>MONTH</u>	<u>BLOCKS OF FLATS</u>	<u>INDIVIDUAL FLATS</u>
October	21	532
November	26	416
December	15	249
January	14	246
February	25	478
till March 9, 1984	<u>3</u>	<u>50</u>
	TOTAL	<u>1971</u>
	<u>104</u>	

It can realistically be expected that a substantial number of tenants of these flats would be aged persons.

THREE CASE STUDIES THAT ILLUSTRATE PROBLEMS AMONG AGED THAT ARE RELATED TO POVERTY.

a) Elderly Couple living in Muizenberg

Family Composition and Background

Couple both 62 years of age. Married for 10 years. Mrs H's only daughter from her former marriage died 2 years ago. They have no other relatives.

Mr H had a very unsteady work history and for a few years this couple acted as caretakers at a Church where they earned a roof over their heads, food and second hand clothing-- no money.

Previous drinking by both parties aggravated circumstances.

Case Studies (contd.)

Upon the death of Mrs H's daughter, the couple moved into her flatlet in Muizenberg. One room - shared bathroom and toilet facilities with others. Furniture (sparse and old) were all left to Mrs H.

When this Agency was contacted in October 1983 by Community Sister, couple were in dire straits. Due to total lack of finance, diet consisted of one meals-on-wheels delivered twice a week for 40c which they shared. Groceries at hand: 1 bottle Purity baby food, peanut butter, jam, cabbage, and oats porridge.

Problem:

(a) Health:

Mr: Enlarged thyroid, heart problems, high blood pressure.

Mrs: High blood pressure. Presently in hospital - recently diagnosed C.A.

(b) Finance:

Since the age of 60 Mr H is in receipt of D.G. R 152,00 per month. Mrs H has been unable to apply for a pension as yet - has no I.D. document.

Flat rental - R 123,00 per month

Balance for food, etc. R 19,00 per month.

An added stress and burden is Mrs.H's hospitalization. Transport costs which visiting involves is a further negative factor.

Poverty Indicators:

- (a) Low income/insufficient income
- (b) Low educational level
- (c) Unstable work record
- (d) Alcohol abuse (cause and effect relates to poverty)
- (e) Poor diet
- (f) Low standard accommodation
- (g) Degree of isolation aggravated by lack of transport. Unable to visit wife often in hospital.
- (h) Emotional losses : failing health/physical limitations
loss of spouse imminent

Case studies (contd.)

b) Family situation GugulethuFamily composition

Mr X was born in 1895 and his wife in 1926. They have nine children ranging in ages from 38 years to 15 years. Two daughters are married and live in Durban. One son died, two are vagrants. Two sons and daughters live with the parents. One of the daughters has four illegitimate children who also stay in this house. In addition a girlfriend of one of the sons, and a boyfriend of the daughter with 4 children live in this house.

Population Group: (Ethnic Group)

Mr X is a Sumali. His wife and children are classified as Coloured people.

Background

He originally comes from Malawi. He arrived in Cape Town in 1918 with his parents who died here. In 1945 he married and stayed in Kensington with his family until 1954 when he moved to Athlone. In 1965 he was moved to Gugulethu where he presently lives. According to his wife he was a herbalist and owned a 'chemist' (herbal shop) in Kensington. At that time he was a heavy drinker and the couple was not on good terms. He did everything without consulting his wife; as a result she knows nothing about the 'chemist' shop and his money. Children were born and grew up in that loose situation and without the concern or supervision and interest of the father. For six years, his wife left him to go and stay with one of the daughters in Durban.

Problems

(a) Health condition of family members:

Mr X had a stroke and has been bedridden for approximately five years. He cannot communicate well due to the stroke. His mind is still sound. He is incontinent and has been catheterised. His wife suffers from arthritis, but is not receiving any treatment. One of the sons is totally blind.

(b) Finance:

Mr X is not in receipt of a pension. His wife and children did not know the procedure to apply for a pension. He has no identifying particulars. Efforts have been made to obtain his particulars from the Reference Bureau in Pretoria, in terms of the Population Registration Act. His wife is in the process of applying for a Disability Grant. One son is employed and contributes a sum of R 20,00

Case Studies (contd.)

The blind son is receiving a grant and only contributes an amount of R 30,00.

The reputed father of the daughter's four children died and they were receiving a maintenance grant. This has been withdrawn in January 1983 when somebody went to the Dept. of Internal Affairs to report that their mother was abusing it. To supplement this little income the wife is selling liquor.

(e) Neglect:

Mr X is neglected by his wife and children. The house is well kept but his room is always filthy. He cannot feed himself properly and nobody cares to assist him. He is seldom bathed. He occupies a room with the blind son and is very lonely. His catheter bag is not regularly attended to.

(d) Overcrowding: Four roomed house

There are eight adults and four children. During week-ends the house is a drinking place. The last born of the couple and the grandchildren are attending school. It is very difficult for them to study.

(e) Schooling:

The couple's children could not obtain better education owing to the unstable home: Interaction among these members is poor.

Social Aspects

Mr X has no relatives in this area. He is not even visited by friends and neighbours. The only outside contact he has is with the Social Worker, home helper and District Sister.

Evaluation

The family presents multiple problems. An analysis has to be done to assess the main and the contributing factors. The whole unit is disorganised and there is little co-operation from other members especially when it comes to working with Mr X.

Poverty Indicators

- | | |
|--------------------------|----------------------------|
| (a) Low Income | (e) Neglect of Aged person |
| (b) Lack of education | (f) Ignorance |
| (c) Overcrowding | (g) Lack of resources |
| (d) Physical disablement | (h) Abuse of alcohol |

Case Studies (contd.)

Causes

Heavy drinking of Mr X whilst young which resulted in an unstable home. Such a home could not perform its duties and there is a lack of parental control. Because he was drinking, he had no time to plan for his retirement and that has caused great problems. Ignorance on the part of family members of the available resources which they could have made use of. They did not know about the procedure to apply for a pension and nobody consulted agencies for help. Lack of resources and co- ordination of available services is another major problem in the community.

c) Family Composition

Client - Mr A.F. 72 years old.

Cohabit partner - Mrs G.D.

Children - Mary D. : cohabiting

John D. : married

Margaret P. : stepdaughter, married

Background History

Client, a bachelor, lived with Mrs G.D. while the latter's husband was away during the war. Two children were born out of wedlock. Cohabit wife left client approximately 20 years ago because of his excessive use of alcohol. Client hereafter drifted from place to place and lived the life of a vagrant. Client suffered a stroke and was admitted to False Bay Hospital in 1978. From there he was admitted to Erica Old Age Home on July 5, 1978 after he was found to be in need of care - no information about his background, no place to stay, no relatives to take responsibility for care.

During a visit to the Home, client was 'discovered' by his step-daughter in whose care he was placed on December 30, 1979. Because of overcrowding and because step-daughter could not cope with the care needed by bedridden client he was transferred to his daughter.

In November 1983 the squatter camp where daughter lived was raided. Daughter was sent to prison and client was sent to Victoria Hospital due to physical condition.

In January 1984 he was placed with his son, John, who is physically disabled and wife could not cope with caring for both. He was re-admitted to Erica on March 5th 1984.

Case Study (contd.)

Problems

- (a) Health - client is bedridden, incontinent and must be fed. Disability as a result of stroke. Mentally infirm.
- (b) Lack of auxillary services in community to assist family in caring for client.
- (c) Financial exploitation by family members.
- (d) Malnutrition.

Poverty indicators

- (a) Low standard of education.
- (b) Low income.
- (c) Housing problems. Employment confined to farm labour in order to obtain housing - overcrowding
- (d) Alcohol abuse
- (e) Malnutrition.

(4) SURVEY TO ASSESS THE NEEDS OF THE AGED IN AN RELOCATED COLOURED COMMUNITYOBJECT, SCOPE AND ORGANISATION OF DATA**1.1. OBJECT OF SURVEY**

During field visits the social worker attached to the Cape Peninsula Welfare Organisation for the Aged was amazed at the amount of Senior Citizens residing in some of the extensions in Belhar. During informal discussion with residents it was learned that the pensioners were particularly hard hit by the lack of essential facilities, ineffective transport, lack of a post office pay out points for pensions, no churches, lack of health facilities or recreational facilities and were prone to exploitation.

Due to a high rate of unemployment and the destabilising effect caused by the removal of families because of the government policy - Group areas act, many seniors have found the adjustment to their new environment traumatic.

Belhar is essentially re-location area. We needed to establish to what extent family life and other activities were disrupted. A short-term goal was to establish the various needs of the pension population in the new extensions in certain sections of Belhar, the extent thereof and the ways of initiating services that would alleviate some of the problems experienced, and cater for their needs. From this, to deduce whether the services of a community worker would be necessary for the area, and ultimately establish whether a centre/old age home or Day Care centre should be established for senior citizens.

1.2. SCOPE OF THE SURVEY**1.2.1. STUDY UNIT**

The basic unit of study was senior citizens as defined in the Aged Person's Act No. 81 of 1967, all females of 60 years and older; and all males of 65 years and older. The study unit also included all pensioners, single divorced, married, widows living on their own or with other people (be it family friends or strangers).

1.2.2. THE SURVEY AREA

The survey was conducted in the sub-economic section of Belhar and included the following extensions : 9, 11, 12, & 13.

1.3. SAMPLE SIZE

Because of the size of the Survey Area, and the number of interviews available every house-hold where pensioners resided was covered. This was especially important in view of the services envisaged for the area (planning and costing out of services/programmes and homes for the aged of this particular area.)

Provision was made to do a follow up to the house-holds if pensioners were not available or where family members were not available to verify or fill in on certain information in the case of senile or physically frail residents. In the case of married couples separate questionnaires were completed for each spouse.

In all, 320 inhabitants were interviewed.

1.4. ORGANISATION OF THE SURVEY

1.4.1. QUESTIONNAIRE

1.4.1.1. CONSTRUCTION

A number of questionnaires used by the S.A.N.C.A. for similar studies as well as that used by C.P.W.O.A., Guguletu, Langa, and Nyanga was used to construct the survey. Personnel attached to the Sociology Department and Institute for Social Development, University of Western Cape, and the Urban Planning Unit of the C.T.C.C. assisted in an advisory capacity.

Detailed information was requested under the following headings : -

- a) Identifying particulars e.g. age, name, address, religion, sex, marital status and language.
- b) Physical abilities/disabilities e.g. mobility, dependent living in the community.
- c) Mental condition
- d) Present accommodation : Type, nature, renting, subletting, boarding.
- e) Immediate Environment conducive or not to independent living in the community for Senior Citizens.
- f) Economic circumstances : Income - private pension, civil pension disability grant. Support family members - private pension.

1.4.1.1. (Continued ...)

- g) Social circumstances : Nature of care, often homebound, looked after by children, looked after by family/friends/neighbours/ or other.
- h) Meals : Lack thereof/nutritional foods, nature and frequency.
- i) Social Activities and contacts : Family contact, contact outside family circle/support system, communications network/ clubs, organisations isolation.
- j) Personal adjustment in new environment.
- k) Primary and Secondary needs : Social contact (clubs for senior citizens pre-arranged outings/visiting services, home-help services, meals-on-wheels, health services - district and community nursing, first-aid, casework services, financial assistance, institutional care, transport.
- l) Final evaluation : Whether pensioners would be able to function independently in communities if certain services as listed above could be provided.

1.4.1.2. PRETESTING

Pretesting by experienced social workers and interviews in the survey areas revealed a number of problems: -

- a) That important data could not be extracted from certain pensioners (due to physical disabilities and mental impairment) and that family members were not always available to fill in on necessary data.
- b) That it was necessary to verify certain information through probing questions and not just to accept a yes or no., e.g. very few aged would admit that their food intake is not always, or seldom is, nutritional enough. Others do not know what a balanced meal consists of.
- c) Because of the age of the respondent it was necessary to pause and slow the interview down considerably.

1.4.1.2. PRETESTING (Continued)

d) "Relative concepts" such as happiness: A lot of interpreting needed to be done e.g. general remark would be that they are happy and well adjusted; however, as interview progressed, interviewer would realise that this is not so - no buses, thus restricted in terms of movement and thus isolated. Also the question of a balanced meal - some aged regarded bread and tea as a balanced meal.

1.4.2. SAMPLING

Because of the nature of the survey the same sampling procedures were followed throughout. The sample frame consisted of maps of the various extensions indicating streets and housing units. A copy of this was given to each interviewer - latter worked in pairs (for safety purposes) visiting each alternative house to establish whether the household included a pensioner or pensioners.

1.4.3. ORGANISATION OF THE FIELDWORK

The Divisional Council Clinic was used as base. Students were dropped here and questionnaires were collected from here at the end of the day.

1.4.3.1. SELECTION OF INTERVIEW

Social work students attached to U.W.C. and Community Health Nursing trainees of the Bellville Technikon were recruited to act as interviewers. The choice of interviewers was twofold: Their field of study would help them understand and be sensitive to the respondents' circumstances and they would know the area.

* In the case of the Community Health nursing trainees they would be able to evaluate the respondents' physical/mental conditions and capabilities. They were in no way connected with the Local Authorities to arouse suspicion, especially where subletting took place.

* They could also relate better being older and more mature.

Two way fruitful experience - they would get very real practical experience in the field of contact that is vital for both professions and we would gather valuable information for the extension of our services and needs of our target area.

1.4.3.2. TRAINING OF INTERVIEWERS

A three stage training programme was conducted over a period of approximately one month using again personnel of the various surrounding training institutions.

In the first stage, interview was brief : About the organisation launching the study; the purpose and importance of the study; existing services in the community.

Formal lectures were pre-arranged on methodology of research including the different methods of research with specific reference to the questionnaire as a tool, in research. This was preceded by lectures on methods of interviewing/counselling. Because of the fact that pretesting was done interviewers could be warned about problems that might crop up - and how to avoid these.

Each interviewer was issued with a copy of the particular questionnaire to scrutinise but also to use as a trial run with family or friends. This was followed by a session for questions interviewers had on questionnaire.

1.4.3.3. INTERVIEWER CONTROL

Completed questionnaires were collected at a central point on the day of completion. This was then checked by the field supervisor responsible for the project bringing errors to the attention of interviewers.

BEHOEFDEBEPALING TEN OPSIGTE VAN DIE BEJAARDEBEVOLKING IN

.....

A. IDENTIFISERENDE BESONDERHEDE

1. NAAM

2. ADRES

3. KERVERBAND

4. GESLAG Manlik

 Vroulik

5. GEBOORTEDATUM

6. OUDERDOM

onder 60	60-64	65-69	70-74	75-79	80-84	85-89	90+
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7. HUWELIKSTAAT

Getroud

Woon saam

Geskei/Vervreemd

Ongetroud

Wewenaar/Weduwee

8. HUISTAAL

Engels

Ander

Afrikaans

B. LIGAAMLIKE EN GEESTESTOESTAND

9. Vermoë tot Selfhulp

- a) Kook en voedsel voorberei
- b) Sy/haar woning aan die kant hou
- c) Inkopies doen/boodskappe doen
- d) Was/bad
- e) Aantrek en liggaamlik versorg
- f) Eet

Ja	In beperkte mate	Nee

10. Mobiliteit

Beweeg met redelike gemak selfstandig

Beweeg met moeite/hulpmiddels

Bedlêend

11. Algemene Gesondheidstoestand

Goed

Wisselvallig/swakkerig

Swak

12. Spesifieke afwykings ten opsigte van 11.

13. Algemene gesondheidstoestand

Verstand hoofsaaklik nog helder

Twyfelagtig

Seniel

14. Spesifieke afwykings ten opsigte van 13.

15. Klassifikasie van liggaamlike en geestelike toestand deur beamppte

Normale bejaarde

Verswakte bejaarde

C. HUIDIGE HUISVESTING

16. Aard van Huisvesting

a) Eie woning

b) Huurhuis

c) Kamer

d) Woon by ander

e) Ouetehuis

f) Hospitaal

g) Ander (Spesifiseer)

17. Algemene toestand van huisvesting en omgewing (in die lig van liggaamlike en geestelike toestand van bejaarde)

- a) Goed
 b) Gangbaar
 c) Swak/ondoeltreffend

18. Sekerheid van huisvesting

- a) Kan aanbly
 b) Onseker
 c) Moet verlaat
 d) Kan aanbly maar omstandighede geval bejaarde nie

D. EKONOMIESE OMSTANDIGHEDE

19. Finansieel onafhanklik (Privaat inkomste)

Bron van inkomste

20. Ouderdomspensioen/Toelaag

Nommer en bedrag

21. Geen inkomste

Rede

E. MAATSKAPLIKE EN PSIGIESE OMSTANDIGHEDE

22. Aard van Versorging

- a) Eie huishouding
 b) Word deur kinders versorg
 c) Word deur ander/familie versorg
 d) Loseer
 e) Ander (spesifiseer)

23. /

- i) Vervoer a) ten opsigte van mediese dienste
b) ten opsigte van persoonlike/sosiale kontakte

Primêr	Sekondêr

j) ander (spesifiseer)

3. Is beamppte oortuig dat onder huidige omstandighede en met die dienste tans in die gemeenskap beskikbaar, die bejaarde aangewese is op inrigtingsversorging.

Ja

Nee

Is beamppte van mening dat bejaarde met behulp van maatskaplike hulpdienste (soos genoem in 27) en gemeenskapsgesondheidsdienste bejaarde onafhanklik in gemeenskap kan woon.

Ja

Nee

Voltooi deur

Datum

Nagesien deur

Opmerking

.....

Datum

(5)

PRESENTATION OF DATA AND MAIN FINDINGS

PRESENTATION OF DATA

QUESTION 4 & 6 (AGE & GENDER)

<u>AGE GROUP</u>	<u>MALE</u>	<u>FEMALE</u>
under 59	2,1	4,3
60 - 64	1,17	22,31
65 - 69	16,10	23,26
70 - 74	7,17	20,18
75 - 79	3,4	13,13
80 - 84	1,3	4,3
85 - 89	3,2	12,1
90+	1	1,1
	TOTAL = 283	

QUESTION 7 (MARITAL STATUS)

Married	61,33
Divorced/Seperated	12,7
Widow/Widower	71,82
Unmarried	3,4
Cohabit	5,5
TOTAL = 283	

QUESTION 9 (DEGREE OF INDEPANDANCE)

	<u>YES</u>	<u>TO SOME EXTENT</u>	<u>NO</u>
a	60,87	13,18	63,42 = 283
b	75,60	20,22	40,66 = 283
c	53,75	24,16	44,71 = 283
d	74,139	30,16	14,10 = 283
e	78,138	16,28	14,9 = 283
f	93,158	23,5	4 = 283

222)

QUESTION 10 (MOBILITY)

	under 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	85 - 89	90+	TOTAL
1)	2,2	33,20	30,29	21,19	8,10	3,4			
2)	2,3	11,6	9,7	12,10	10,5	1	5	1,1	
3)	1	2				3	13	1	
	10	71	73	62	33	11	18	3	

QUESTION 11 (OVERALL GENERAL HEALTH)

1)		13,24	26,22	14,18	5,11		0,8	.0	
2)	4,4	12,20	13,14	13,16	10,6	0,10	1,9	0,2	
3)	2	0,2	0,0	1,0	0,1	1,0	0,0	1	
	10	71	75	62	33	11	18	3	

QUESTION 12 (CONTENT ANALYSIS)

Hypertension	18,9
Diabetic	1,9
Angina Heart	13,5
Arthritis/Rheumatic	18,10
Weak legs/Veins	9,8
Weak eyesight/Blind	12,6
Physically frail	8,3
Chronic Chest	10,6
Asthma	9,7
Leg amputations	1,2
Prostrate op.	1,0
Hemiplegia	3,0
Stomach complaints	1,0
Back ache	2,0
Incontinence	1,0
Stroke	3,0
Cancer	1,0
Other (water, deafness)	

** Most common complaint amongst aged - arthritis, hypertension

QUESTION 13

	Under 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	85 - 89	90 plus	
A.	4,4	25,41	31,33	23,31	15,15	4,12	0,2		240
B.	1,0	2,1	7,2	4,3	0,5	0,5	0,0	1	29
C.	1,0	0,2	0,0	1,0	0,1	1,2	0,1	1,1	12

QUESTION 14

Under 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	85 - 89	90 p
Short of Memory	2	1			2		
Senile	3			1	2,3		
Confused	5		1	4	2,9		1

QUESTION 15

normal

A.

3	34,21	29,32	27,17	16,14	9,3	2	
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physically

rail

B.

1,6	11,4	6,7	2,11	5,2	11,2	0	2,
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QUESTION 16

ACCOMMODATION (TYPE)

a) Home owner	0,0
b) Rented Accommodation	117,64
c) Rooms	6,3
d) Board	40,53
e) O A H	0,0
f) Hospitals	0,0
g) Other (specify)	0,0

QUESTION 17

GENERAL STATE OF ACCOMMODATION

a) Good	108	74	=	182
b) Fair	38	43	=	81
c) Poor	17	3	=	20
	<hr/>			
	163	120	=	283

QUESTION 18

SECURITY OF ACCOMMODATION

a) Secure	112	144	=	256
b) Insecure	4	8	=	12
c) Must vacate	1	2	=	3
d) Unsatisfactory	3	9	=	12
	<hr/>			
	120	163	=	283

QUESTIONS 19, 20 and 21

INCOME, TYPE AND PLACE

TYPE	R50 - 70	71 - 90	91 - 110	111 - 130	131 plus
Private Civil Pensions	1	2	2		3
Social Pension Grants	1,1	109,144	2,1		
None	5,2				

PAYPOINTS

1. Ravensmead
2. Heideveld
3. Cape Town
4. Bishop Lavis
5. Elsie's River
6. Gatesville
7. Matroosfontein
8. Bellville
9. Phillipi/Ottery
10. Parow
11. Lotus River/Grassy Park
12. Eerste River
13. Lansdowne
14. Athlone
15. Tygerberg Hospital Post Office

(figures need to be adjusted is few of new pension figures)

QUESTION 22SOCIAL & PHYSICAL CIRCUMSTANCES

a) Independent living	59, 91
b) Care for by children	43, 46
c) Cared for by family/friends	10, 17
d) Boards	8, 7
e) Other (Specify)	0, 2

(283)

QUESTION 23NUTRITION

a) Regular balanced meals	72, 91
b) At least 1 B.M. a day	45, 26
c) Uncertain of B.M.	3, 44
d) Lacking in balanced meals	0, 2

(283)

QUESTION 24 (SOCIAL CONTACTS)

	Under 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	85 - 89	90 plus
A. Sufficient contact with Children	3,2	17,35	17,30	19,30	9,11	4,14	1,1	1
B. Sufficient contact with family(extended)	1,2	3,14	3,12	1,9	2,4	1,13	1	
C. Insufficient Social contact	3,2	5,13	7,9	6,10	10,9	0,3	1	1
D. Isolated		2,2	4,2	2,0	0,0	0,2	0	1

QUESTION 25

LIST OF CLUB ACTIVITIES THAT RESPONDENTS BELONG TO/TAKE PART IN

Mostly church group and social clubs were mentioned e.g. - Members had to terminate due to lack of transport and/or cost of transport. Could not initiate new ones due to lack of community facilities.

QUESTION 26

PERSONAL ADJUSTMENT IN NEW ENVIRONMENT

POSITIVE	36	45	=	81
NEGATIVE	127	75	=	202
	163	120	=	283

QUESTION 27

NEEDS IN ORDER OF PRIORITY

QUESTION 28 - N/A

QUESTION 29

INDEPENDENT LIVING WITH THE NECESSARY BACKUP SERVICES

YES	150	99	=	249
NO	13	21	=	34
	163	120	=	283

S U M M A R Y

The survey done in this relocated community showed that housing alone does not guarantee quality of life. Indeed, as the people of Belhar experienced afterwards, they were in fact worse off than before. Not only was the housing of a poor quality (damp, cracked walls, that has been linked to the increased incidence of T.B.) but very few people could in fact afford the high rentals - this led to subletting and inevitable overcrowding.

As the leading specialised organisation for the aged we were particularly concerned about the density of the aged population. For this particular study, only five extensions in the Township of Belhar was covered - in all, 320 aged people and their families were interviewed with a total housing stock of ± 700 - roughly gives us an aged person in every second home.

In view of their particular physical condition, the aged were particularly hard hit by this relocation in a number of ways.

- a) The lack of a postal facility meant that they had to travel all over the peninsula to collect their pensions - fifteen different paypoints were identified (see question (19-page 8)
- b) The lack of a regular and effective transport service left them vulnerable to financial exploitation - seniors had to pay up to R5.00 for private taxis to collect pensions from the various paypoints - an additional amount was charged when they wanted to do some shopping and the taxis had to wait. After twelve years, a post office was opened in November of 1983. Due to the vastness of the township and the lack of internal transport, some aged still have problems collecting their pensions.
- c) Most aged live in complete isolation due to :
 - i) The lack of proper transport services and (ii) their general physical condition. The fact that they were removed from familiar surroundings and friends added to this feeling of isolation and loneliness.
- d) The lack of a regular and effective transport service and the removal from existing services such as hospitals and day hospitals has led in a number of cases, to the physical deterioration of the aged person.

SOME GENERAL OBSERVATIONS/INFORMATION

- a) Of the 320 seniors interviewed, the majority falls within the 65 - 69 age group.
- b) The above can be regarded as "young" aged who are physically still able to function fairly independently in their community - provided certain services can be rendered e.g. meals on wheels, home help etc.
- c) The tendency for females to outlive males was once again proved in this study. In all eight age categories, the females outnumbered the males.
- d) The most common ailment among the aged population in Belhar was found to be arthritis. Hypertension ran a close second. For a complete list of ailments suffered by aged, see question 12 - page 4 of presentation of data.
- e) A very small percentage (3.3%) of aged was found to be mentally impaired.

RECOMMENDATIONS

Since the completion of this study, the area Social Worker has established three groups for senior citizens in the different extensions, of which the membership total \pm 100. The extreme lack of community facilities (no community centre, church hall, schools or other buildings), however has hampered services by this organisation a great deal. Currently, groups are being held in homes and the Divisional Council clinics. Both these venues are however far too small with the result that very few aged can benefit from these activities. The need for a service centre in this area is indicated. This very necessary facility could be used for social, recreational, religious, medical and numerous other activities. By providing this service, we will be able to contribute positively to the quality of life of the senior citizens.

A budget should be drawn up and financial aid given until such time as the aged community can supply it's own resources through fundraising which will allow them to function fairly independently.

The provision of meals on wheels and home help services were high-lighted as priority services needed in the area to enable seniors to function independently in their community for as long as possible. These services should emanate from a service centre.

The need for a visiting committee for contact with the aged, either through visits and or the telephone, is especially needed to break down the isolation and loneliness that surrounds the senior citizens in Belhar. Arrangements to launch such a committee is well under way.

RECOMMENDATIONS (Continued)

Similar studies should be conducted in areas not covered by this survey to highlight accurately the needs of aged in relocated communities.

5) H.S.R.C. RESEARCH ON POVERTY AMONG THE AGED

During 1983 H.S.R.C. had meetings and discussion to consult with professionals who are representatives of organisations working in the field of geriatric care in order to establish the need for research and to prioritize some of the areas for study.

At a meeting held on March 12, the H.S.R.C.'s Research Priorities Committee have accepted in principle the recommendations made by their co-ordinator for research on poverty among the aged. These recommendations were that:-

- a) There should be a national multi-disciplinary programme of research into poverty among the Aged.
- b) That priority areas should include:-
 - i) The Aged and the economy
 - ii) Preparation for retirement
 - iii) Psycho-social aspects of ageing
 - iv) Social integration versus disengagement
 - v) Housing
 - vi) Social Services
 - vii) Health Care
- c) That work committees be appointed to study these poverty areas.
- d) That a Data basis be established.

While these recommendations have been accepted in principle, money has not yet been allocated for this research.

It is considered by those who work in the geriatric field that this research would be of tremendous value for future planning of services for alleviation of poverty and empoverishment among the Aged.

6) SOME RECOMMENDATIONS FOR FUTURE PLANNING

- a) Provision of low cost accommodation for the low-income aged should receive urgent attention from State and private sector. Innovative plans will need to be thought of.
- b) There should not be a compulsory age for retirement. Each individual should be assessed according to his ability to contribute effectively in the market place. This will have improved economic implications for many of the aged and improve the individual's feeling of self worth.

Some recommendations for future planning (contd.)

- c) Stigma attached to the aged should be lifted through education of society through positive coverage in the media and schools and churches. The aged should not be isolated as a group.
- d) More preventative work needs to be done in helping individuals to prepare for old age. Programmes such as pre-retirement planning, health and fitness and safety programmes should be launched.
- e) More support programmes are needed for families caring for the aged such as day care, holiday relief placements, financial assistance etc. More effective use of volunteers in support programmes.
- f) Attention should be given to harnessing the expertise of aged to benefit the economy of the country by allowing aged to work part-time or flexi-time or in voluntary programmes.
- g) More effective use of existing services and closer liaison and co-ordination of providers of services to avoid duplication (this includes Welfare Organisations).
- h) Better dissemination of information to the aged to avoid under utilization of service due to ignorance of same.
- i) More realistic State subsidies to be paid for services rendered to aged by Welfare Organisations and other service organisations, of all race groups.
- j) State and Civil pensions should be related to cost of living increases.
- k) More community services (support services) designed to help aged maintain independent living rather than institutional care. South Africa lags far behind countries such as United Kingdom in providing these back up services. These services should be located according to demographic population of aged.

These community services should include:-

- i) Attendant care for aged patients discharged from acute hospital nursing care. Frequently such persons have inadequate home nursing care on discharge which may result in rapid deterioration, re-admission to hospital or in some cases, death.
- ii) Geriatric units for better assessment, screening and prevention of geriatric complaints.

Some recommendations for future planning (contd.)

- iii) Day care in day hospitals.
- iv) Transport to fit the needs of aged to prevent isolation, to enable them to utilise community services.
- 1) Attention should be given to the vagrant aged, the dysphoric and alcoholic aged who are almost impossible to accommodate in existing facilities.
- m) More research into the needs of the aged is needed for future planning.

Sturston