Abstract ID: 19052

SOCIO- ECONOMIC CHALLENGES FACING THE OLDER PEOPLE: PERSPECTIVES AND EXPERIENCES OF OLDER PEOPLE IN EFOLWENI TOWNSHIP IN KWAZULU NATAL

Charlotte Zamokuhle Biyela

Supervisor: Professor Pranitha Maharaj

Abstract

The aim of the study was to understand the challenges facing the older persons who are 60 to 75 years of age in Folweni Township. A case study research design was used. Qualitative research methodology was used to underpin the study and purposive sampling was employed to select 20 participants; 10 females and 10 males. Data was collected using in-depth interviews, document collection, and analysed using thematic analysis. The study found that challenges older persons face include lack of livelihood sources, and economic challenges, social challenges, health conditions challenges, support systems challenges and community services challenges. Informed by the findings in this study, there is need for government policy makers, professionals, and stakeholders to formulate interventions relevant to lived experiences of the older persons in Folweni Township. Interventions on older people's livelihood, economic, social, health, support systems and community services challenges can help to improve the basic quality of life of older persons in Folweni Township.

Key Words: Challenges, Livelihood, Economic, Social, Health, Support systems, Community services, Older persons, and Folweni Township

Introduction

The population of the world is experiencing an unprecedented growth and one of the factors contributing to this growth is the increase in the number and proportion of older persons. The World Population Prospects Revision found that the number of older persons, that is those aged 60 years or above is likely to be more than double by the year 2050 and more than triple by 2100 (United Nations, 2017). This means that the world population for the aging is likely to rise from 962 million in 2017 to 2.1 billion in 2050 and 3.1 billion in 2100. According to WHO (2017) worldwide, the population of people aged 60 or above is increasing faster than the population groups of all younger people.

In South Africa, scholars argue that the percentage of the older people aged 60 and above, is larger than in any other country in Africa (Bohman, Vasuthevan, Van Dyk & Ekman, 2007; Turok, 2012). In 1990, older people in South Africa accounted for 6% of the population (World Health Organisation, 2015). In 2017 approximately 4.54 million (8.4%) people were older than 60 years (Statistics South Africa, 2017). The number of older people is likely to increase to 11% by 2030 (World Health Organisation, 2015). It is thus unarguable that the number of older people in South Africa is growing. Therefore, there is a need to pay attention to older people's quality of life. In many countries in Africa aging is closely associated to retirement and being a pensioner (Worsfold, 2015). Turok (2012) states that aging makes people exempted from the ordinary labour and socio-economic roles and responsibilities. Thukwayo (2014) who explained that aging, above 60 years, is a time when people become less productive and active, and sometimes unproductive and inactive supports this view.

The lifestyle of older people is mainly determined by their economic and health conditions hindering them from engaging in socio-economic activities to benefit their countries and families. Arber & Evandrou (2013) said that aging is a time when people by nature become incapable to be part of the labour force and need to rest. Ramashala (2014) added his voice that aging is associated with increased times of chronic illnesses and disabilities. Baloyi (2010) who stated that the longer a person lives the more likely a person will experience illnesses and disabilities supports this finding. Bigombe & Khadiagala (2013) put it well that aging makes it difficult for people to live independently such that they need support. Old age is also understood as time when people need more attention including care and medical assistance. This is one reason in many African communities one male member of the family is expected to live with the family to take care of the aging family members (Bohman, Vasuthevan, Van Dyk & Ekman, 2007). Mbiti (1991:115) put it very well when he said that: "When parents become old and weak it is the duty of the children, especially the heirs or sons, to look after the parents and the affairs of the family." Older people need a lot of care ranging from cooking, shopping, cleaning, to practical domestic responsibilities.

Study Context

The study was conducted at Folweni, a township of eThekwini. Folweni "is located in the province of KwaZulu-Natal and is situated about 71 kilometres from Pietermaritzburg, the capital city of KwaZulu-Natal. Folweni Township was established in the early 1930s. Before Folweni was formerly established, the area was called Ezabelweni. In 1970 to 1980 Boers started visiting Folweni and started building houses and some pieces of land were given to the big companies such as Ferrodo and Toyota to build house subsidies for their workers. This is how Folweni started to develop and people started coming to the area and become a Township. Today Folweni has more than 50 000 people and about 6 000 households. Black Africans account for 99.6% of the population and IsiZulu is the most spoken language (94.3%). Females are the majority (52.0%) compared to males. The majority of people are young people aged between 0-14 years accounting for 31.5%. Older person (65+) account for 3% of the population of Folweni. The level of higher education for people aged 20+ is 6%. The average household size is 4.6 and female-headed households account for 46.6%. Studied further show that formal dwellings is 96.3% and 95.3% of the people depend on local water scheme (Statistics South Africa, 2017). This location was chosen for this study because old people combine farming and non- farming methods to support their livelihoods.

Qualitative Methodology

This study "used qualitative research methodology designed to generate data on the quality of the phenomenon under study (Creswell, 2013). Qualitative research methodology was chosen for several reason discussed here below that benefited the study. First, qualitative research was chosen because the methodology is effective at digging deeper into the research problem. Second, qualitative research methodology was chosen because scholars such as Denzin and Lincoln (2013) argue that qualitative research methodology is effective in generating data on people's attitudes, views, opinions, desires, feelings, behaviour, and other issues related to the research problem. Third, the method was also chosen because of its effectiveness in exploring meanings participants make of the research problem and its ability to investigate into a phenomenon in a natural setting allowing the generation of reliable data the challenges facing older persons in Folweni Township in KwaZulu-Natal. Fourth, qualitative research methodology was chosen for the study because scholars (Grbich, 2013 and Hesse-Biber, 2012) argue that qualitative methodology builds a complex way of reasoning about a research problem. Therefore, the method was chosen to help the study build patterns, themes, and

categories of abstract units of information on the research problem in order to have a systematic understanding of the research problem. Fifth and lastly, qualitative research methodology was chosen because the approach provides a flexible research process that is not limited by rigid prescribed phases and processes but changeable in the course of research as need arises (Hill, 2012). Qualitative research methodology was therefore deemed appropriate because of the complex nature of the phenomenon of the challenges facing older persons in Folweni Township in KwaZulu-Natal". In short, qualitative research methodology allowed the researcher to benefit from its advantages and navigate an appropriate research approach that the research problem under study may require to be understood.

Results and discussion of findings

This section presents demographic results generated from this study as show in the table below.

Table 1: Distribution of participants aged 65-75 years according to their demographic profile

Sample Characteristics	Total
Gender	
Male	10
Female	10
Age	
65-69	10
70-75	10
Marital Status	
Married	12
Widow	4
Widower	4
Total Sample Size	20

Out of 20 participants in the study, results indicate that 10 were females and 10 were males. All the participants were aged between 65 years and 75 years. The study found that 4 of the participants were widows, 4 were widowers and 12 were married. Thus, the study has views from older persons with different marriage statuses and experiences of old age. Findings show that 100.0% of the participants were Christians. The findings do not come as a surprise because of majority of people in Folweni Township are Christians (Statistics South Africa, 2016:45). The study found that 100.0% of the old persons who participated in the study were on the old age grant scheme. In agreement, Goodrick (2013:45) found that KwaZulu-Natal province was one of the three provinces with a high number of old persons on the old age grant scheme.

Older people's main sources of livelihood.

The findings show that older persons' source of livelihood is non-labour activities that include grants, financial gifts from private organisations not associated to doing any form of work. The findings imply that older persons who are not physically active enough to work get remittances from government and private organisations in form of cash or in-kind that is not labour, related. Half of the participants explained that they have farm and non-farm resources for their livelihood. The findings suggest that farming portfolio is one of the livelihood strategies used by old persons in Folweni Township. In particular, findings show that farming of grain crops and animal rearing are important sources of livelihood for older persons in Folweni Township. Lam and Rachod (2015:3) argues that some old persons whose source of livelihood is farming do it as small-scale farmers using loans from government and private organisations.

The findings show that some older persons engage in non-farm activities for their livelihood. The finding also suggests that farming production is no longer the only source of households' income in South Africa. Solely depending on farming is unlikely to improve food security for older persons because of the increase in population pressure and recurring drought. In addition, many older persons have realised that farming is not enough to meet their consumption and cash income needs (Pelser, 2004:3).

Challenges facing older persons

1. Economic challenges

The findings are in agreement with the socio-ecological model underpinning the study that posits that economic factors affect people's lives because economic factors are connected with goods, services, and money that directly affect people's lives. The study for example found that cost of medicine, poverty, lack of education, inadequate grants, lack of support networks, economic content, and others that all refer to financial state of older persons on a greater level affect their lives in Folweni Township.

The study found that inadequate older persons' grant is one of the economic challenges facing older persons. A participant said that:

The grant I get as an elderly person is not enough to go round the month. I share my grant with my family members because we are a multigenerational household. We use my pension to support co-residents family members, pay for medicines, fees and clothes for my grandchildren (Interview 7, older person, 2018).

The findings show that older persons' grants are not enough because in most cases older persons' grants are used to support entire households. Older persons' grants are used to buy food as households receiving grants typically do not have savings. To survive households have to spend whatever older persons receive. Kalula (2010:11) found that the number of dependants exceeds the number of older persons' social grant beneficiaries by a considerable margin making grants inadequate to support households. In agreement, Kaufman (2007:2) said that one in five older persons in South Africa on a social grant skip meals at least five days each month. This is partially attributed to the rising costs of living and rising prices of basic food items such as bread and maize-meal, leaving less for older persons to spend on other food groups

2. Social challenges

The study found that lack of older persons care, lack of support networks, lack of involvement in decision making processes, lack of entertainment and no purpose for life were the main social challenges at Folweni Township

When participants were asked about the social challenges they face in Folweni Township, some participants talked about lack of 'elderly care'. Here is what one participant said that:

The challenge is that we do not have adequate elderly care whether formal or informal. There is no adequate community care within the community where we can be taken care of in our homes by workers from our communities (Interview 6, Older Person, 2018).

Findings above show that Folweni Township is struggling to provide formal institutional home care and long-term care for older people. There is an urgent need to ensure that there is elderly care at home provided by formally trained community workers. The lack of elderly care is attributed to the increase in the number of older people who have complex needs. Swartz (2010:3) said that there is need for South Africa to increase the amount of home support given to older people.

3. Health issues

Findings show that older persons' disease conditions and HIV and AIDS are more individual challenges while the issue of lack of health services, transport, home care and support and food security are organisational and community factors that affect older persons. The study therefore confirms that the socio-ecological model (Dahlberg and Krug, 2001) provided an effective lens to understand the challenges older persons face in particular the organisational and community factors.

The study found that older persons face HIV and AIDS challenges. A participant put it this way:

Taking care of people living with HIV and AIDS comes with physical demands and emotional trauma. Additional domestic house responsibilities, lack of enough food, insufficient income, second stigmatisation, and stress of taking care of terminally sick and challenge of losing children to AIDS negatively affect old persons' health (Interview 9, Older person, 2018).

The findings show that HIV and AIDS is a challenge facing older persons. Most of them have to take care of themselves and be caregivers to their children who are living with HIV and AIDS and dependants. In support of the finding on second stigma experienced by older persons, Kaufman (2007:4) argues that lack of information on HIV and AIDS caregivers face second stigma for their children who are living or died with AIDS. In addition, some older persons and their children are living with HIV and AIDS worsened by stigmatisation. Therefore, older persons are affected by first and second stigma in addition to their caregiving challenges that is physically and emotionally draining.

Older person's main sources of support

When participants were asked to talk about their views on their main sources of support, majority of the participants reported family members followed by others discussed below. The findings confirm the socio-ecological model (Dahlberg and Krug, 2001) that explains that social networks and social support systems for example, family, friends, peers, and religious networks are sources of people's support.

A participant said that:

As an older person I need more support and help on the day-to-day basis. When I am ill it is my family that supports me through illness (Interview 14, Older person, 2018).

In agreement, another participant said that:

My family assists me by carrying out my physical tasks such as dressing, bathing, feeding me and getting my medication (Interview 19, Older person, 2018).

The findings show that older persons in Folweni Township rely on their family for basic care. Therefore, many older persons would be destitute without family support. In other words, families were key sources of older persons' support because families visit them and assess their situation and act accordingly by providing hands-on care after assessing their health and needs. The findings therefore seem to entail that families give older persons emotional and physical support which enhances their relationship and better-care.

Community services for older persons

The research objective was to determine community services available to older persons and the challenges to the services provided at Folweni Township. The findings are in agreement with the socio-ecological model that posits that community factors such as relationships among organisations, institutions, and informational networks within defined boundaries, including the built environment, associations, community leaders, businesses, and others are some of the sources of people's support in the community (Dahlberg and Krug, 2001).

Findings show that older persons are offered spiritual activities organised by different churches. A participant said that:

We have spiritual activities provided by different churches where old persons are encourage meditating, participating in prayer groups, and spend time with nature. The challenge is that these activities are not consistent as they happen as churches can afford (Interview 4, Elderly person, 2018).

The findings-seem to suggest that private organisation believe that spirituality and aging should go together therefore provide spiritual activities for the older persons in Folweni Township. Ebb (2011:3) in agreement reported that both local and international faith-based organisations were providing spiritual support to older persons. This service is based on a belief that when older persons get older, they tend to deepen a person's longing for the things that a spiritual

life can provide such as sense of comfort, meaning, purpose, and connection. Vaupel (2015:3) found that helping elder people to sing or listen to spiritual music helps them to renew their outlook on life, become more attuned to their place in the world, and benefit from the potentially restorative nature of life-affirming spiritual practices. The findings therefore imply that the spiritual activities provided to old persons are not adequate in spite of old persons' belief in God or their practice of a particular religion.

Conclusion and Recommendations

The study revealed that old persons have different sources of livelihood including non-labour sources such as old persons' grants given by government through the South African Social Security Agency that distributes social grants to deserving South Africans. The grant given to older persons is not less than R1600 per month. The study shows that older persons' economic challenges include costly medical facilities, lack of economic contentment caused by lack of assuring support from family members and society. The study found that older persons' lack of education makes it difficult for them to be aware of their entitlements, rights and current technological advancements. The study found that older persons are affected by poverty attributed to the apartheid system that denied black communities basic services. The study also found older persons' inadequate grant to be a challenge. Older persons share their grant with their multigenerational households to buy medicines, fees, clothes, and other needs.

The study revealed that older persons are not able to plan for retirement. As a result, older persons are not able to cope with economic problems in a modern society. The study revealed that the Department of Social Development has social security pay points where older persons get their grants preventing them from travelling long distances to banks or ATM or the Post Office. The challenge however is that sometimes the system is not working and there is no money.

The study found that older persons are supported by family members who carry out physical tasks including feeding and getting them medication when ill. Findings indicate that friends through meaningful interaction and assistance support oldeer persons when they have no children or children have relocated to other cities. Community workers are part of the source of support for oldeer persons. The study found that community workers visit older persons, perform health assessment to determine the health care older persons need, and provide

counselling. In addition, neighbours are a support source for older persons. The study revealed that neighbours coordinate health services, cook and organise transport for old persons.

References

- Arber, S. & Evandrou, M. (eds.), 2013, *Aging, independence and the life course*, Cromwell Press, Melksham, Wiltshire.
- Baloyi, E., 2010, 'An African view of women as sexual objects as a concern for gender equality: A critical study', *Verbum et Ecclesia* 31(1), Art. #380, 6 pages. http://dx.doi/org/10.4102/ve.v31i1.380
- Bigombe, B. & Khadiagala, G.M., 2013, *Major trends affecting families in sub-Saharan Africa*, viewed 18 June 2005, from http://www.un.org/esa/socdev/family/Publications/mtrendsbf.htm/.
- Bohman, D.M., Vasuthevan, S., Van Dyk, N.C. & Ekman, S., 2007, "We clean our houses, prepare for weddings and go to funerals": Daily lives of elderly Africans in Majaneng, South Africa', *Journal of Cross Cult Gerontol* 22, 323–337. PMID: 17616794, http://dx.doi/org/10.1007/s10823-007-9040-8.
- Creswell, J. W. 2013. Qualitative inquiry and research design: Choosing among five approaches (3rd ed.). Los Angeles, CA: Sage.
- Creswell, J. W., & Plano, C. V. L. 2011. *Designing and conducting mixed methods research*. Los Angeles, CA: Sage.
- Denzin, N. K., & Lincoln, Y. S. 2013. *Strategies of qualitative inquiry* (4th ed.). Los Angeles, CA: Sage. H61.
- Grbich, C. 2013. Qualitative data analysis: An introduction. London, England: Sage.
- Hill, C. E. 2012. *Consensual qualitative research: A practical resource for investigating social science phenomena*. Washington, DC: American Psychological Association.
- Kalula, S. 2010. *Quality of health care for older persons in South African*. Cape Town: Albertina & Walter Sisulu Institute of Ageing in Africa.
- Lam, M., Leibbrandt, G. & Ranchhod, V., 2016, 'Aging in Sub-Saharan Africa:

 Recommendation for Furthering Research. Labourforce withdrawal of the elderly in South Africa', [blog], viewed 15 October 2015, from www.ncbi.nlm.nih.gov.

- MacFarlane, M. 2005. *Blight and flight in South Africa's population* [Online]. Retrieved from: http://www.sairr.org.za [26 February 2011].
- Mbiti, J.S., 1991, *Introduction to African Religion*, Heinemann Educational Publishers, Sandton, Johannesburg.
- Pelser, A.J. 2004. Enkele tendense en uitdagings op die koppelvlak van bevolking, ontwikkeling en omgewing in Suid-Afrika (Some trends and challenges at the interface of population,
- Ramashala, M.F., 2014, 'Living arrangements, poverty and the health of older people in Africa', *Population Bulletin of the United Nations* 19, 1–18.
- Statistics South Africa (2016) Community survey 2016: Statistical release P0301. Stats SA Pretoria
- Statistics South Africa. 2017. *Estimation of fertility from the 2007 Community Survey of South Africa*. Pretoria: Statistics South Africa.
- Thukwayo, K., 2014, 'No food for six days', Daily Sun, 04 July, p. 15.
- Turok, I., 2012, Urbanisation and development in South Africa: Economic imperatives, spatial distortions and strategic responses emerging population issues, Working Paper 8, International Institute for Environment and Development, London, viewed on 14 October 2015, from www.pubs.iied.org
- World Health Organisation, 2015, Ageing and life course, WHO, Geneve.
- World Health Organisation, 2017, Ageing and life course, WHO, Geneve.
- Worsfold, B.J. (ed.), 2015, Women aging. Literature and experience, University of Lleida, Lleida