



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

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Submitted in partial fulfilment of the requirements for the degree of Masters in Population

Studies

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2019

DECLARATION

I, Charlotte Zamokuhle Biyela, declare that:

- (i) The research reported in this dissertation, except where otherwise indicated, is my original research.
- (ii) This dissertation has not been submitted for any degree or examination at any other university.
- (iii) This dissertation does not contain other person's data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
- (iv) This dissertation does not contain other persons' writing unless specifically acknowledged as being sourced from other researchers.
- (v) This dissertation does not contain text, graphic or tables copied and posted from the internet, unless specifically acknowledged, and the source being detailed in the dissertation and in the references sections.

Signed

ACKNOWLEDGEMENTS

My sincere thanks and gratitude should go first, to my supervisor, Professor Pranitha Maharaj for her tireless effort in reading and re-reading my work to ensure that I came up with a good dissertation. Without your patience and guidance, this work would not have been a success. Special thanks to my family, particularly my husband Mr Themba Biyela for being supportive, my children Awande, Biyela, Lwandle Biyela and Melo Biyela for being so supportive and continue to encourage me when I became discouraged.

- To my friends, thank you for being so supportive, your words of encouragements have helped me.
- To my colleagues at school, thanks very much, I would not have done this without you.
- To my colleague, Mr Armstrong Luhlengwane thank you for allowing me time to finish my studies, your support is very much appreciated.
- To the local authority at Folweni Township, thank you for your input.

Finally I would like to thank God for his grace that has seen me this far.

DEDICATION

I humbly dedicate this work to my family for the sacrifices they made whilst I pursued this dream and milestone. I love you so much.

ACRONYMS

AU	-	African Union
CAI	-	Committee on Ageing Issues
DRTS	-	Demand Response Transportation System
EPWP	-	Extended Public Works Programme
GNP	-	Gross National Product
HIV/AIDS Syndrome	-	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICPD	-	International Conference on Population and Development
IEA	-	International Energy Agency
ILC	-	International Longevity Centre
ILO	-	International Labour Organisation
MDG	-	Millennium Development Goals
MIPAA	-	Madrid International Plan of Action on Ageing
NDA	-	National Development Agency
NGO	-	Non-governmental organisation
PAYG	-	Pay-as-you-go
PDP	-	Population Development Programme
PRB	-	Population Reference Bureau
SASSA	-	South African Social Security Agency
SFA	-	Strategic Focus Area
TFR	-	Total fertility rate
UN	-	United Nations
UNAIDS	-	United Nations Programme on HIV/AIDS
UNDESA	-	United Nations Department of Economics and Social Affairs
UNECE	-	United Nations Economic Commission for Europe
UNFPA	-	United Nations Population Fund
UNPD	-	United Nations Population Division
WHO	-	World Health Organisation

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ABSTRACT

The number of older persons in South Africa is larger than in any other country in Africa. In 2017, approximately 4.54 million (8.4%) people were aged 60 years and over. The number of older persons is likely to increase to 11% by 2030. Increasingly, studies suggest that old age comes with multiple health challenges. The study investigated the challenges facing the older persons in Folweni Township in KwaZulu-Natal. For the purposes of this study, an older person is defined as someone aged 60 years and older. The aim of the study was to understand the challenges facing the older persons in Folweni Township. A case study research design was used. For this study, purposive sampling was employed to select 20 participants; 10 females and 10 males. Data was collected using qualitative in-depth interviews. The study found that the challenges older persons face include among others economic; costly medical bills, limited education, poverty, inadequate grants, lack of planning for retirement, social; lack of older persons care, lack of support networks, lack of opportunity to participate in decision-making processes, lack of entertainment, lack of clear purpose of life, lack of accessible, acceptable and available transport, and health; disease conditions, lack of access to primary health care, lack of community care, lack of adequate food, impact of HIV and AIDS, physical and psychological challenges, and witchcraft. Informed by the findings in this study, there is a 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 and other parts of South Africa.

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

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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 INTRODUCTION

The population of the world is experiencing unprecedented growth and one of the factors contributing to this growth is the increase in the number and proportion of older persons. According to the United Nations (2017), 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 older population is likely to rise from 962 million in 2017 to 2.1 billion in 2050 and 3.1 billion in 2100 (WHO, 2017). According to WHO (2017), worldwide, the population of people aged 60 or above is increasing faster than the population groups of all younger people.

The United Nations (2017:8) observes that in 2017, there was an estimated 962 million people aged 60 or above in the world, comprising 13 per cent of the global population. The population aged 60 or above is growing at a rate of about 3 per cent per year. Currently, Europe has the greatest percentage of population aged 60 or over (25 per cent). Rapid ageing will occur in other parts of the world as well, so that by 2050 all regions of the world except Africa will have nearly a quarter or more of their population aged 60 and above. The number of older persons in the world is projected to be 1.4 billion in 2030 and 2.1 billion in 2050 and could go up to 3.1 billion in 2100. Globally, the number of persons aged 80 or over is projected to triple by 2050, from 137 million in 2017 to 425 million in 2050. By 2100 it is expected to increase to 909 million, nearly seven times its value in 2017 (United Nations, 2017).

Scholars argue that the percentage of the older people aged 60 and above in South Africa is larger than in any other country in Africa (Bohman, Vasuthevan, Turok, 2012; Statistics South Africa, 2016). 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, 2005). Turok (2012) states that aging makes people exempted from ordinary labour and socio-economic roles and responsibilities. This view is supported by Thukwayo (2014) who explained that aging, above 60 years, is a time when people become less productive and active, and sometimes unproductive and inactive. 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. Bury M (2013) said that aging is a time when people by nature become incapable of being part of the labour force and need to rest. Ramashala (2014) observed that aging is associated with increased chronic illnesses and disabilities. This finding is supported by Baloyi (2010) who stated that the longer a person lives the more likely a person will experience illnesses and disabilities. In addition, Bigombe & Khadiagala (2013) argue that aging makes it difficult for people to live independently such that they need support. Old age is also understood as a time when people need more attention including care and medical assistance. 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.

1.2 BACKGROUND TO THE STUDY

Older people are at an important biological phase in their individual lifetime. Old age has an influence on different aspects of the country including socio-economic, demographic, and social welfare. This has captured the interest of policy makers, as governments seek to set national priorities that cater for older persons as a vulnerable group. The Older People’s Act 2006 defines an older person as a person who, in the case of a male, is 65 years of age or older and, in the case of a female, is 60 years of age or older. This study uses 60 years of age and older to refer to an older person. Studies have been conducted to understand the needs of older persons but not on their challenges in KwaZulu-Natal in Folweni Township. This study setting was chosen because it is one of the townships in KwaZulu-Natal with the highest number of households headed by older people (Statistics South Africa, 2017).

Though government provides social grants to older people, many scholars argue that the older persons remain poor because many are carers and breadwinners, and the expenditure of

taking care of the family is very high (Van Der Gaag, and De Beer, 2015). The situation of the older people is worsened by lack of economic security, access to health and human services, adequate housing and personal safety. (Case, 2004). A study by (Petersen, Kandelman, Arpin and Ogawa, 2010, confirm this situation which found that older people suffer because of lack of basic services. The United Nations (2017) states that the implications of an aging population affect nearly all sectors of society, including the demand for housing, transportation and social protection, as well as family structures and intergenerational ties. It also affects labour and financial markets. The severity of the challenges that older people in South Africa face gave rise to this study to investigate the socio-economic challenges facing the older people in Folweni Township in KwaZulu-Natal.

1.3 RESEARCH PROBLEM

The Older Persons Act, 2006 was put in place by the South African government to protect, promote and maintain the status, rights, well-being and security of older persons. In support of the Older Persons Act, South Africa has seen several non-governmental organisations (NGOs) focusing on the needs of the older people. The organisations include the Institute of Aging in Africa (Conradie and Charlton 2012), and the South African Council for the Aged (Joubert, Swart and Reddy, 2008) working closely with the Department of Social Development. Though the rights of the older population are spelt out in the Older Persons Act 13 (Republic of South Africa 2006), older people continue to be undermined by a range of ills such as lack of family support, shelter and access to medical facilities. Older persons also suffer abuse, abandonment, and other socio-economic challenges that are currently widespread in South Africa (Case, 2004). Therefore, this study will investigate the socio-economic challenges facing the older persons in Folweni Township in KwaZulu-Natal. The findings of the study may help to inform the welfare of the country in diverse ways in particular in the generation of policy interest around the challenges of the older population. The study may also help government to set national priorities that cater for the older population as a vulnerable group.

1.4. RESEARCH QUESTIONS

The study aims to answer some key questions including:

- What are the experiences of the older persons in Folweni Township in KwaZulu-Natal?
- What are the socio-economic challenges facing older people in Folweni Township in KwaZulu-Natal?
- What are the measures put in place to deal with the socio-economic challenges that affect older people in Folweni Township in KwaZulu-Natal?

1.5 RESEARCH OBJECTIVES

The overall objective of the study is to understand the challenges facing the older persons in Folweni Township in KwaZulu-Natal.

The specific research objectives of the study is:

- To determine perspectives and experiences of aging population in Folweni in KwaZulu Natal.
- To understand the socio-economic challenges facing older people in Folweni Township in KwaZulu-Natal.
- To determine strategies put in place to cope with challenges that affect older people in Folweni Township in KwaZulu-Natal.

1.6 THEORETICAL FRAMEWORK

This study draws on the socio-ecological model to understand the challenges facing older people. Several studies indicate that the socio-ecological model (SEM) is effective in examining numerous and varied challenges facing a given community. The SEM posits that a person's behaviour is integrated in a dynamic network of intrapersonal characteristics, interpersonal processes, institutional factors, community features and public policy. The model assumes that interactions between individuals and their environment are reciprocal, implying that an individual is influenced by his or her environment and the environment is influenced by the individual. It is also assumed that the environment is comprised of several

overlapping levels (Dahlberg and Krug, 2001). Figure 1.1 depicts the various levels in the socio-ecological model.

Figure 1.1: Socio-Ecological Model levels



Source: Dahlberg and Krug (2001:9)

The intrapersonal level encompasses the participant's knowledge, awareness, attitudes, beliefs and perceptions of the challenges of aging. These factors are also influenced by the individual's physical and social environment. The older person's family, friends and health care providers comprise important components of the interpersonal level. The social or healthcare institution's rules, regulations and general attitudes toward the aging shape the institutional level within the model. Characteristics of the community that may influence an older person include local cultural attitudes about aging, the availability of public transportation and safety of the neighborhood. Public policy regarding socio-behavioural support of older persons is informed by local, state and government laws. The theory therefore argues that to understand the challenges older persons face, it is important to take into account the complex interplay between individual, relationship, community, and societal factors. It allows the researcher to understand the range of factors that make older persons

face challenges or have their challenges addressed. The overlapping rings in the model illustrate how factors at one level influence factors at another level (Dahlberg and Krug, 2002).

1.7 OUTLINE OF THE DISSERTATION

The dissertation has five chapters with the first chapter providing an overview of the study. This chapter gives background information on the research problem, the significance of the study, research questions and objectives. Chapter two presents literature on the concept of aging at the global level, and a review of studies outlining challenges facing the older persons. The next chapter presents the research methodology. It starts by outlining the study context. In addition, the chapter describes the data collection instruments and analysis techniques. The chapter ends by highlighting ethical measures that guided the study. Chapter four presents the main findings from the interviews. The final chapter presents and discusses findings in detail together with the theoretical underpinnings of the phenomenon of socio-economic factors that influence the challenges facing older people.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The number of older persons in South Africa is growing fast and so are the challenges. The increasing number of older persons is likely to have far-reaching implications making it imperative for South Africa to reconfigure its developmental policy in order to meet the needs of the ageing population. To understand the phenomenon of the challenges that are faced by the elderly, this study will investigate the challenges facing older persons in Folweni Township in Kwazulu-Natal. The first part of this chapter explores the concept of ageing in populations and the second part investigates the causes of ageing, the third part explores the effects of having an ageing population, and the fourth part deals with challenges faced by older persons.

2.2 THE CONCEPT OF AGEING

The concept of ageing is understood as a person's mental and physical status at a given time. The concept of ageing, according to Zaidi (2008) has an influence on how society is structured, which in turn has an influence on people's roles and status. Therefore, the concept of ageing is understood as changes that take place in people's lives that are unavoidable, and these include social, and physical changes (Zimmer and Martin, 2007) that have negative and positive effects on human beings.

Scholars (Aboderin, 2016; Ahmad and Ismail, 2011; Bloom, 2011) however argue that it is difficult to define ageing because many aspects are involved in the understanding of the concept of ageing. Some of the multiple-dimensional issues that have an influence on the understanding of the concept of ageing include culture, demography, physiology, race, and ethnicity. All the concepts of ageing underscore the phenomenon of people experiencing age-related decline in their capacity to function as before. The most important perspectives of aging are biological and social as discussed below.

2.2.1 Biological Aspects of Ageing

Scholars (Disney, 2006; Creedy and Guest, 2009; Bulete, 2011) argue that senescence is one explanation of ageing. This is a phenomenon that explains that human beings undergo a physiological process where there is an increase in age because of the isolation of cells in the body. The isolated cells have limited capacity to both divide and renew themselves. As a result, Ferreira and Kowal (2006) argues that this makes the body to have reduced capacity to respond to the body challenges such as risk of diseases, stress and homeostatic imbalances. Senescence reduces people's expectation and lifespan that increases mortality caused by disease in an ageing body that has reduced functional capacity (Grady, 2016). Greer (2016) added that there is no inherent chronological marking of old age. Therefore, the biological definition suggests that a person is said to be ageing as they advance through the passage of the lifecycle.

2.2.2 Social Aspects of Ageing

The Health Systems Trust (2011) states that ageing is a phenomenon that has an influence on the inner operations of society. For example, ageing has an influence on people's participation in society, their social roles and actions. Hue (2010) also explained that ageing has an influence on how society is organised. In addition, the understanding of ageing is different from culture to culture and society to society. For example, in Africa, ageing is seen as a positive perspective because older people are seen as having a higher level of information, knowledge, and wisdom than young people. While in Europe, ageing is perceived as a phenomenon that brings problems to families and society because ageing comes with greater dependency that is viewed as a burden to family members and society.

2.3 UNDERSTANDING OF THE CONCEPT OF THE OLDER PERSONS

The definition of older persons is different from one context to another, but many societies define the older persons as a group of people that have reached an age where they qualify for social security benefits, retirement, health care plan and pension schemes (Ito and Tabata, 2010).

As a result, development programmes and public policies refer to the older persons as 'pensioners'. Several demographers understand the older persons as people aged 60 years and above. Ageing is a result of the normal ageing life cycle that starts by the young moving

chronologically to the status where they are transformed in terms of size, status, characteristics, and role in society (Jorgensen, 2011). The socio-economic changes influence the creation of the final age group of the older persons. In addition, the older persons' age group is divided into different categories; young old, the old, and old old.

2.3.1 The Young Old

This is a sub-group of older persons' age cohort that have retired and reached retirement age but are still full of vigour (Kalula, 2010). This group of people is able to engage in different activities without being hindered by physical challenges because of their good health.

2.3.2 The Old

This is an age group of the older persons who are still healthy and able to engage in normal daily activities such as participating in economic activities (Health System Trust, 2011). The age cohort is also relatively not affected by physical disabilities but prone to senescence. Demographers put this age between 75 and 85 years (Kocak, 2011).

2.3.3 The Old Old

Scholars (Kresl and Ietri, 2010; Mason and Lee, Lan and Yen 2011) understand this group as one that is unable to participate in normal economic development activities and is susceptible to disabilities and diseases causing limited functional capacities. Lee, Lan and Yen (2011) argue that most of the people in this group need everyday care in health institutions and fall in the age 85 years and above. This age cohort is ageing retirees suffering effects of economic changes and experiencing family constellations, and failing body and mind. The oldest of the old also experience physical illness, and depend mostly on family members for most things. However, lifestyles and new technology is helping the old old with energetic living. Kurek (2011) found that the population of the old old is increasing fast and state support is not increasing accordingly.

2.4 POPULATION AGEING

Marquez (2010) argues that life is characterised by societal transitions or changes in everyday life and human activities. Maree (2007) said that the post-industrial society is inebriated with many changes such as ageing of populations. Population ageing is caused by continued fertility declines.

Ageing complicates society as low infertility continues. Lutz, Sanderson and Scherbov (2008) said that population ageing means several things including:

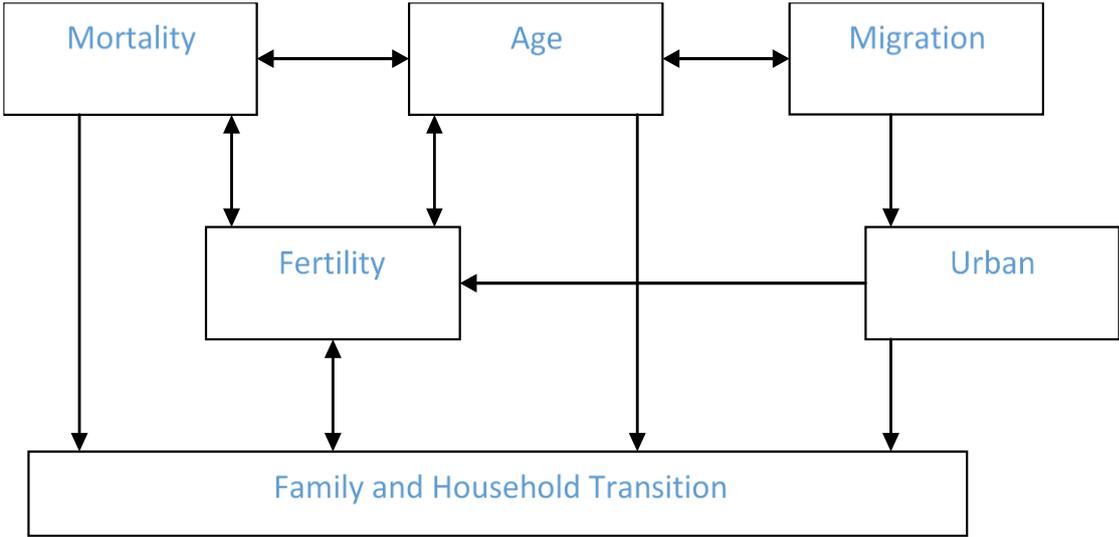
- Slow movement towards an older population;
- An average of the people in the given population are growing older;
- Increase in the number and proportion of people aged between 65 years and above in a given population or setting.

Demographically and statistically speaking, when older persons who are 65 years and more make up less than 4% of the population that population is considered young population. When a population has 4% and 7% of ageing people it is considered as a mature population, when a population has 7% and more of ageing people it is called an older population, and when the population has 14% and more of the ageing people it is regarded as an ageing society (Murdoch, 2007).

The ageing population is caused by interrelated demographic changes: usually the transition experienced is due to the following changes (National Institute on Ageing and National Institute on Health, 2007):

- **Health and mortality:** this is because of a shift from deaths at younger age (due to communicable diseases) to deaths at older age (due to degenerative diseases), and people living longer because of the life expectancy gains;
- **Fertility transition:** this is a shift from natural high fertility to controlled low fertility and few births;
- **Migration transition:** this is a situation where people from overpopulated areas move to urban areas;
- **Family household transition:** this is where family structures change because of other transitions as shown in the figure below.

Figure 2.1: The transitions that comprise the impact of demographic transitions on society



Source: Adapted from Weeks (2008:23)

Pelser (2016) said that a combination of consequences increase life expectancy, and both mortality and fertility transitions influence the population to experience ageing transitions. Ageing therefore alters a population’s composition and structure. A few number of people who join the group of older persons makes the number of older persons to increase.

It is possible that in 2050 the number of people will be more than the number of young people (National Institute on Ageing and National Institute on Health, 2007). This means that our population may have older persons aged 65 years and above that will make the number of older persons come to 1.2 billion by 2025 and this number is likely to double by 2050. The number of older persons may be more than 15% of the world’s population (National Institute on Ageing and National Institute on Health, 2007) as shown in the table below.

Table 2.1: Proportions of world population aged 65+ years old and <15 years old

Year	65+ years old (%)	<15 years old (%)
1950	5.2	34.3
1975	5.7	36.7
2000	6.9	30.2
2010	7.6	26.8
2025	10.5	23.9
2050	16.2	20.5

Source: Constructed with data from UNDESA (2015:34)

2.4.1 CAUSES OF POPULATION AGEING

Scholars (Phang, 2005; Population Bureau, 2010; McNeil, 2010) argue that for most of human history, the majority of populations have been very young. These populations' age structures were made up of a large proportion of young people (0-14 years old); a modest fraction of people in the young adult and middle adult ages (15-64 years old), and very few older people (65+ years old). However, due to the iterative consequences of various transitions, populations inevitably experience changes in their age structures, resulting in the experience of the ageing transition* (Ahmad and Ismail, 2011; Weeks, 2012). Populations experience the following three stages of alterations to their age structures:

Stage One

First, scholars argue that populations experience a rejuvenation of their age distribution due to declines in mortality. This allows for the proportion of children to increase because of increased survival at younger ages, while also having the strongest impact on ageing indices. The transition that has an impact on the age structure of a population is most often the mortality transition that encompasses the transition from high death rates to much lower death rates. However, there is no central or unilateral road to low mortality, as the pattern of death, but rather, a combination of many different elements ranging from improved nutrition to improved education (Weeks, 2012).

Stage Two

Second, populations experience a maturation in their age structure due to fertility reductions, which result in populations experiencing declines in their proportion of young people, which

is accompanied by a rise in the proportion of adults of working age. The historical reduction in birth rates have seen many populations experiencing transitions from total fertility rates of 6 to 8 children per women in the 19th and 20th centuries, to 2.6 children per women in 2000, and 2.4 children per women in 2010 (Tapinos, 2000; UNDESA, 2015). In this stage, scholars argue that although mortality declines may initiate the progression and ageing of populations, the defining factor in the demographic transition is the progression towards the maturation of any population which regards human capability and its control over fertility levels; the actual reproductive performance of an individual, a couple, a group, or a population (PRB, 2004). Human beings historically have not allowed for natural fertility that exists in the absence of deliberate fertility control to define populations. Weeks (2008:202) put it well that: “the genius of the species has not been to rely on a birth rate so high that it can overcome almost any death rate, no matter how high. The genius of the species is rather to have a few offspring and invest heavily in their care and training.” This mind set has come to define modern and contemporary population thinking and has often led to populations experiencing fertility transitions which embody the shift from high fertility, characterised by only minimal individual deliberate control of fertility, to low and sometimes extremely low fertility, which is entirely under a woman’s or couple’s control (PRB, 2004).

Stage Three

Third, populations finally become older in their age structure once they have experienced lengthy periods of fertility and mortality decline, resulting in the proportions of both children and adults of working age declining, while the proportion of older persons rises (Vos et al., 2008). Scholars (Kendall, 2011; Kurek, 2011; Weeks, 2012) argue that the health and mortality transition (stage 1 of population ageing), as well as the fertility transition (stage 2 of population ageing), may engineer the initial ageing of populations, but populations only experience significant transitions towards becoming older populations, if there are lengthy declines in both mortality and fertility over the same period. This combined effect (stage 3 of population ageing) results in the proportions of both children and adults of working age declining, while the older persons population invariably ages (Vos *et al.*, 2008).

The occurrence of mortality declines when fertility is still high or increasing, only serves to produce a survival boom which results in more people living to older ages, thus improving life expectancy. Moreover, the occurrence of fertility declines when mortality is high will reduce the number of younger persons; yet, the ageing of populations will be reduced due to

persistently high and affective mortality rates that remove the potential people who will age and eventually reach the older persons cohorts. These older persons would have added to the growing numbers of older persons. In the third stage of population ageing however, both fertility and mortality are declining together, thereby producing the prime conditions for population ageing. For example, countries experiencing the ageing transition are characterised by mortality declines resulting in more people surviving to older ages and living longer, while fewer people born results in reductions within the younger age cohorts. Consequently, this allows for greater numbers of people to enter older age cohorts, while fewer enter the younger ones, when fertility declines accordingly take place. Overall, stage three produces populations where there are imbalances in young-old ratios .

By and large, the progression of populations through each stage results in two salient effects: i) in the short term, sustained reductions in fertility and mortality produce increases in the proportion of children and youth; whereas ii) in the long term, sustained reductions in these demographic processes lead to older populations. Furthermore, age distributions are also bound to be affected by migration processes that may either accelerate or slow down population ageing. In the end, populations experience a transition from the classical picture of a high fertility, high mortality society with a broad base built of numerous births, to a contemporary illustration of a low mortality, low fertility postindustrial society (Kendall, 2011; Kurek, 2011; UNDESA, 2017; Weeks, 2012).

2.5 POPULATION AGEING IN SOUTH AFRICA

One developing country set to face the inescapable effects of population ageing is South Africa, which, since the early 1990s, has experienced rapid declines in both fertility and mortality rates, while also experiencing increased longevity among certain population cohorts (Aboderin, 2015; Department of Social Development, 2010). Even though the impact of HIV and AIDS has perpetuated an increase in mortality over the past few decades, increased longevity has generated an escalation in the number of older persons in the South African population (Ziehl, 2007). As Joubert and Bradshaw (2006:3) declare, “although the proportion of the older population will increase moderately over the projection period, the absolute size is projected to increase by 112 per cent, from 2.47 million in 1985 to 5.23 million in 2025, i.e. a doubling over the course of 40 years”. Census 2001 counted 3.28 million older persons. These figures reveals that population growth in the older age cohorts

will be considerably more rapid than in the age cohorts younger than 60 years old. Pelsler (2009) and UNDESA (2015) reveal that it is more realistic that by 2025, there will be approximately 3.9 million older aged South Africans. Furthermore, South Africa also faces issues not dealt with before by many other nations which are experiencing the ageing transition. Weeks (2012) explains that due to transitions not necessarily occurring in a smooth, uniform manner, especially when alterations in the age structure that are part of the age transition arise, there are opportunities for inequities to creep into the social structure. This calls for concern, as South Africa's more variable age transition can potentially cause further changes in economic organisation, political dominance, and social stability. This can be noted from examining the country's population structure which has experienced major emigration in the young white cohorts, as well as rising mortality rates among young and middle-aged blacks due to high HIV/AIDS prevalence rates (MacFarlane, 2005).

In addition, the country will also experience a double demographic burden, which refers to a trend within the ageing transition, in which several parts of the nation will encompass both high child dependency and high old-age dependency. This places conflicting pressures on the economically active cohorts who will become the smaller of the age cohorts. This means that much of the resources required for social expenditure and security for both young and older persons are provided both indirectly and directly by activities of the economically active age cohorts. The country will be faced with dealing with the burdens of two dependent groups, not only one, as in the case of developed nations who have progressed furthest in the ageing transition (UNDESA, 2015). This illustrates that South Africa will witness the progression of the ageing effect, as well as inequities that serve to construct more complex ageing implications. The implications of experiencing the ageing transition are not all disadvantageous to the country; with careful planning, South Africa may be able to harness the various opportunities of having an older population, who provides an immense consumptive and knowledgeable force (Department of Social Development, 2012).

For South Africa to effectively deal with the issue of population ageing, the State should plan ahead in order for the country to be able to afford to grow old. One way of doing this regards the implementation and activation of socio-economic policies that emphasise ageing and accommodate the social, economic and environmental impacts of ageing.

2.6 CHALLENGES FACING AFRICAN OLDER PERSONS IN SOUTH AFRICA

Older persons in South Africa as in many developing countries are prone to a number of challenges, these include economic, social and health related issues. Many older adults in South Africa are overburdened with caregiving, which exacerbate their financial challenges. Poverty is also rife among the older persons in South Africa; this is because they live most of their life in poverty, which is transferred to their old age, as they are reliant on the grant provided by the government. Studies also reveal that older adults face social challenges such as elderly abuse, crime and in some communities; they are even accused of witchcraft put in involuntary isolation. This section will provide a detailed discussion on the types of challenges facing the elderly in South Africa.

2.6.1 Health care cost problems

Studies (Ferreira and Lindgren, 2008) show that although many people have free access to health care in South Africa, older persons, who need some specialised forms of health care because of their age, are not covered by many of the medical aid schemes. “Most hospital cash back plans do not cover people over the age of 65 years” (South African Hospital Plan, 2015:1). Unlike a medical aid that cannot discriminate against a person based on age, hospital cash back plans are insurance policies. Insurance companies have to bear the greater risk with this age group and will therefore not offer cover for the insurance of older persons as it becomes expensive. Aging exposes people to a range of health problems. The poor health often experienced by the aged and the retired is exacerbated by high medical aid costs. Theron (2014) noted that although some retirement funds appear to be improving the quality of medical aid for pensioners, the majority of pensioners lacked this service - 75% of the retirement funds do not offer such benefits.

In agreement, Maharaj (2014) argues that aging does not only lead to health challenges discussed above but increases social and economic demands for the South African communities. However, the South Africa government like many African governments are not able to respond effectively to the health issues and other needs of the older population (Maharaj, 2014). To respond for example to health issues facing older persons would require a better understanding of the socio-economic and demographic situation of the older population in South Africa (Maharaj, 2014; Grundy, 2008).

2.6.2 Accusations of witchcraft

Older persons in South Africa are accused of witchcraft (Theron 2014; Keikelame and Ferreira, 2014:3). Witchcraft in South Africa is used as one of the cultural explanations of the causes of diseases (Grundy, 2008). The abuse resulting from the accusation of witchcraft is a unique case of abuse as it often befalls older persons who, because of their physical appearance: appearance of extensive wrinkles; physical limitations such as walking slowly, dragging of legs; and sometimes mental incoherence such as talking to oneself, talking in a confused manner, are labelled as witches (Morrow- Howell, 2016). Once suspected, these older persons are often stigmatised and ostracised by the community. They suffer psychological abuse as they are mostly socially isolated and verbally assaulted. Sometimes they suffer physical abuse and in several cases are set alight and killed for being witches (Keikelame and Ferreira, 2014; Department of Social Development, 2016).

Tubb (2011) found that HIV and AIDS are often rationalised through the lens of witchcraft in South African cultures: “the practice persists in poor settings in part because witchcraft can be used in communities without routine access to modern medicine and science to explain seemingly inexplicable instances of death and misfortune” (Mgbako, 2011:7). For example, in KwaZulu-Natal where this study was conducted some communities like so many others across South Africa believed that HIV and AIDS deaths were caused by a curse from God. They believed that curse was cast by witches and a witch was anyone who lived to be “very, very old” or in local parlance, anyone over the age of 60 (Gumede, 2012:23).

Witchcraft is strongly associated with the abuse of older persons. At least 75 percent of the women who appeared as victims in witchcraft cases in the Thohoyandou Magistrate's Court were older persons. They are often frail and less powerful than their assailants, they are therefore seldom able to resist attack (Pelser and Redelinghouys, 2008). They are sometimes perceived to do no work for their share of the wealth. For example, they would not be working when the youth leave early in the morning for school or other activities and they would have completed their daily tasks when the youths return late in the day (Bond *et al.*, 2014). There is a belief in Venda that women have many secrets and that by the time they are old they know about many things. Hence the Venda saying that: “all women are the same and all women are witches” (Payze, Minnaar, and Offringa, 1992:3).

In this context, medical issues are interpreted in a culturally sensitive manner. For example, 80 percent of sick people seek the attention of a traditional healer in South Africa before seeking a doctor (Pelser and Redelinghouys, 2008). The police men who persecute 'witches' are hailed as selfless heroes committed to 'freeing' people from 'supernatural evils'. Police are fighting a losing battle as they address only the symptoms of a deep-rooted problem. The problem is that police can only act against those who physically attack the victims not against those who indoctrinate the youths to believe in witchcraft. The master-minds behind the killings are often left alone (Department of Social Development (2016).

Witch hunts, the heavy stigma and the reliance on 'traditional healers' and medicine actively complicate the difficulties and suffering of older people in dealing with the disease (Pelser and Redelinghouys, 2008).

2.6.3 Poverty and unemployment

Theron (2014:20) cites the widespread assumption that older persons' debts will be settled and their children will be self-supporting by the time they retire, leaving them as the sole beneficiaries of the monthly pension. However, this is rarely the case. In South Africa, the majority of the population, black people in particular, live in poverty and retire in poverty.

Unemployment in South Africa is an undeniable reality for many people, even for those who have families and children to take care of. The result is that older persons who receive grants or other retirement benefits often find themselves burdened with the responsibility of caring for children or grandchildren. For some families, older person's pension is the family's only source of income. "A pensioner may have no choice but to use this small amount of money to support the family" (Legido-Quigley, 2013:12; Moller and Sotshongaye, 2006:4). The South African old-age pension is too small to be an effective measure of poverty eradication, but it is still regarded as a major source of income to support poor families (Lam, Leibbrandt and Ranchhod, 2006). This makes unemployment one of the causes for the desertion of the older person by the middle-aged and young people.

2.6.4. Caregiving burden on older person

Children with deceased fathers and children who have been abandoned by their fathers become a burden to take care of and to be provided with a decent education. Ernest (2013) conducted extensive research into the effects of divorce on children globally by identifying a large number of problems that resulted from the separation of parents. Of relevance to this

study is the fact that divorce results in many children being raised in single-parent households, and their financial support is often inadequate (Theron, 2014). In such situations, where single parents have parents who receive a pension, the pensioner would try to reduce the burden on his or her child by using the little money he or she receives to ensure that the children in the household receive education, shelter, food and clothing. In fact, this means that the pensioner is responsible for supporting the family financially (Ernest, 2013:24).

Similarly, there are children whose fathers have abandoned them by being unfaithful to their mothers; this is frequently experienced by both adult women and teenage girls. (Ratele, Shefer, and Clowes, 2012:538) conducted a qualitative study on the experience of 29 young men who grew up without their biological fathers because of abandonment. Grandparents were often obliged to use their pension to help them.

Khomo (2014) reports the heart-breaking story of a family in KwaZulu-Natal where the death of the three adult children left seven children in the care of their grandparents. This is one of the mostly disturbing challenges older persons have to deal with, particularly in the black communities. 'In the last two years the burden has increased', the report reads. 'The kids are growing up and have started attending high school. This means they need more expensive items and more expensive support.' In another case in Emadakeni, near Queenswood, an old woman was left to care for all her grandchildren solely from her pension after her three daughters died. The extent of the financial burden forced the children to stop attending school because of the unaffordability of school uniforms and other relevant items (Thukwayo, 2014). This is just one case, but there are many children who have to discontinue their studies due to this problem - particularly in areas where the community forums, who should watch over the orphans, are not functional.

In South Africa, older persons frequently find themselves in the position where they have to use their pensions to support orphaned children whose parents died for any one of a range of reasons. In particular, the high incidence of HIV and AIDS in this country is costing the lives of many black people -often those in an age group that would, under normal circumstances, be taking care of their own children. Older persons are therefore left with no other choice but to take on the responsibility of care for their grandchildren (Ernest, 2013:24).

Although Theron's research (2014) was done in the Potchefstroom area, particularly within the predominantly white old age institutions, some of the problems, which were indicated as encountered by older persons, are similar to those encountered by black older persons in their respective rural communities. Theron (2014:6) confirms that these are a few cases out of many where older persons have to look after their orphaned grandchildren whose parents died of HIV and AIDS. The challenge to make the situation better is mostly to ask for the children to be registered in order to receive a social grant. Theron (2014) suggests that older persons should be assisted to register these children for social grants.

2.6.5 Experience of loneliness

Some older persons complain about feeling forgotten by friends and family (Ernest, 2013). In some cases, loneliness occurs, because older persons do not receive regular visits and have no one to talk to after younger members of the family relocate to urban areas in search of jobs. In other cases, older persons are left alone, because they, themselves, have chosen to remain in their traditional homes or villages for a variety of reasons (Davey, 2016:128-141). De Haan (2015) is only partially correct in arguing that, in some cases, relocation is the reason why younger people do not accept the responsibility for the caring of aging parents. This may be true in some cases, but in others it is the parents who do not wish to join their children in the cities and towns, because they prefer to remain in the villages and continue to engage in the activities they are used to. That is why the black older persons who are in the local day care centres, mentioned by Theron (2014:5), are doing well and look happy. They have regular interaction with their families, relatives and community.

Joubert and Brandshaw (2006:206) found that at the familial or household level, internal migration may affect older persons; this can be either beneficial, when older persons are in receipt of remittances from working relatives, or disadvantageous, when they lose their traditional care-giving base as children migrate.

One pattern of migration that is presently common in South Africa is when members of the younger generation relocate to urban areas to seek employment and end up owning or renting smaller properties to accommodate themselves alone (Ernest (2013:24). This leaves older persons to live lonely lives in the traditional rural areas. The social isolation experienced by older persons is often associated with a sense of confusion, particularly in those who suffer from chronic illnesses (Roos and Malan, 2012:2).

According to World Health Organisation (2015), the proportion of people, living in rural areas, dropped from 48% to 38% between 1990 and 2011, whilst the migration of people from rural to urban areas increased from 52% to 62% in the same period. These statistics are derived from the research conducted by Turok (2012:13), who argues that South Africa is one of the most populous and rapidly urbanising countries. The relevance of migration and urbanisation to this article lies in the fact that, whilst it is mostly young people who migrate to cities and towns, hunting for work and more conducive life circumstances, many members of the older generation prefer to remain in the rural areas and are therefore left in solitude, receiving only occasional visits in the villages from young people. Bohman *et al* (2007:352) clarify this relationship by showing that young and middle class people are often forced to migrate to urban centres in search of job opportunities, leaving the aged in rural areas to face a life of loneliness and alienation.

As May (2003:18) points out: the extended family is an important safety net for older persons especially black Africans. The rapid rate of urbanisation of young people, seeking employment and education, therefore isolates older persons from their children, and leaves them to live a solitary life (Ramashala, 2014:2).

2.6.6 Abuse of older persons

According to (Sneed and Cohen, 2013) one 80 year old woman was locked (by her own son) in a windowless room without any running water or electricity for almost a year where she received food every fourth day. The violation of older persons' human rights is escalating as many of them are forced to change their property ownership to children and relatives, whilst others are raped and even killed.

Ferreira and Lindgren (2008:98) define elder abuse as “the maltreatment of an aged person or any other infliction of physical, mental or financial power on an aged person which adversely affects that person”. De Haan (2015:165) observes that elder abuse is a widespread problem that arises from a number of factors, including their children's need to share in their pension. Baloyi (2010:4) quotes Calvin Sengani (a former police commissioner in Limpopo), who stated that some 4810 rape cases of women and children had been reported in 2002 in Limpopo alone. In that report he added that a 75-year-old woman had also been raped by a 25-year-old. The article therefore shows that crime of violence is also aimed at older persons

(Ferreira and Lindgren, 2008:98). This is a clear indication of the need to ensure the security of the older persons in this country particularly in rural areas, where they can easily become targets of rapists and thugs.

Older persons are also sometimes physically and emotionally abused by their children or relatives. Brennan and Heiser (2004:57) reported that the predominant types of abuse are physical, psychological and financial. Such abuse is often accompanied by neglect in the form of refusal or failure to provide older persons with necessities such as food, shelter, clothing, comfort and hygiene.

Some families are so poor that they simply have no resources to help older persons, whilst others are guilty of deliberate neglect. In some cases, family members say that they find older people to be stubborn and difficult to deal with, whilst others argue that they receive a pension and so should be able to take care of themselves (Ferreira and Lindgren, 2008). This kind of betrayal and neglect often causes emotional distress for older persons and undermines their trust in young people. African Eyes News Service (AENS 2014:6) reported that a certain grandmother and a pensioner in Motlatse village, outside Acornhoek in Mpumalanga was raped by her own nephew. This suggests that, although many similar cases are not reported, violence against older persons is a global phenomenon (Gillam, 2014).

2.6.7 Crime

Studies (Ernest, 2003, Braungart and Hoyer, 2015.) raised the issue regarding crime in which older persons are victims because of isolation. Braungart and Hoyer, 2015.) found that many older persons feared becoming victims of crime and tended to be housebound. Many studies (Ernest, 2003; AENS 2014:6) referred to older persons' need for social inclusion by family and community but there was also an inclination to isolate themselves because of crime. Yet this tendency appears to be a double-edged sword, in that the reason behind the self-imposed isolation in itself may also result in becoming victims of crime Braungart and Hoyer, 2015.) Some older persons are victims of crime at the hands of their own grandchildren who are involved in crime themselves (AENS, 2014:6). Such theft is often also accompanied by disrespect and sometimes assault. Kasiram and Hölcher (2015) found that a simple strategy not to fall victim to crime was not possessing or keeping valuables at home. In agreement, Mudananhu (2008) said that keeping valuables such as money and appliances out of the home, however, appears to be more than just an inconvenience but, rather, a form of self-

deprivation akin to staying at home to avoid crime. As such, it seems to be a stopgap in the face of high levels of vulnerability and hardly addresses the vulnerability experienced by older persons (Kasiram and Hölscher, 2015).

2.6.8 Inadequacy of grants

South Africa's policy on older persons in the form of a social pension scheme dates back to 1928 with the introduction of the Social Pension Act from which Black South Africans were excluded (Kasiram and Hölscher, 2015). Although the 1944 Pension Law Amendment Bill provided for the welfare of older Black South Africans, the value of the pension was of a mere one-tenth of that accorded White people. Finally, in 1965, under the National Welfare Act, a uniform and incremental pension scheme was made available to all Black South Africans. The Social Assistance Act of 1992 made strides in deracialising pensions and achieving pension parity, which was finally granted only in 1993, just one year prior to the first democratic elections. By 1993, the take-up rate among eligible Black South African men and women stood at 80 percent. At this time, the maximum benefit was equal to twice the median per capita income in rural areas and three times the level of the least generous World Bank poverty line (Department of Social Development, 2012).

In 1994, the South African Constitution made it clear through Section 27 of the Constitution of South Africa that: "Everyone has the right to...social security, including, if they are unable to support themselves and their dependents" (Department of Social Development, 2012:20). This includes the older persons. To ensure such a goal, the South African government has made much progress in facilitating the implementation and use of the Aged Persons Grant, as well as a Grant-in-Aid that enables incapacitated older persons to obtain the assistance of a caregiver (Lloyd-Sherlock, 2012). The South African Social Security Agency (2016) posit that South Africa's public welfare system is exceptional among developing countries, and even matches the aims and outputs of many developed countries. According to the Department of Social Development (2012:21), such a grant has been able to reduce the poverty gap for older persons by approximately 94%. Furthermore, a War Veterans Grant is also payable to old men and women who served in the former South African Defence Force during World War I and II. In 2002, the pension was raised to more than twice the median

monthly individual earnings of Black South Africans, becoming an important route to escape poverty for many families (Lloyd-Sherlock, 2012:23).

Nowadays, in South Africa, non-contributory pensions reach 1.9 million older persons (South African Social Security Agency, 2016). The social pension system in South Africa is one of the most far-reaching and generous in the developing world, representing the core component of the South African social safety net. The pension is a non-contributory, means-tested pension that is payable to women aged 60 and above and men aged 65 and above. Pension benefits are an important source of income to poverty-stricken family units. Pension sharing is common in multigenerational households and is used to support all co-resident family members, and to pay school fees as well as clothes and medicines for grandchildren.

In the context of extreme poverty when the older persons support their grand-children through school and their children through illness, the amount of pension received becomes the only income and is therefore crucial. Unfortunately, few older persons in charge of their grandchildren take advantage of child support grants, foster care grants, disability grants, school fee exemptions a year and free antiretroviral therapy government hospitals (Ferreira, 2015:2). This is because the foster care grant, much bigger than the child support grant, is only awarded when the older carer establishes legal guardianship through the children's court, which takes at least two years, whereas the child care grant can go through within weeks. Moreover, many older Black South Africans do not have birth certificates, so they have to rely on their identity papers for proof of age. But these are often inaccurate, so the person has to obtain new papers before applying for a pension.

The households that rely most heavily on the social pension are not only mostly Black and poorer but are also larger in size (South African Social Security Agency, 2016:5). Multi-generational households are common amongst Black South African families, accounting for the larger household size at the bottom of the income distribution (60 percent of all Black pensioner households are three-generation households with children, compared to only 9 percent of White pensioner households). A further 14 percent of Black pensioner households are skip-generation households containing only grandparents and young children (Department of Social Development, 2012:9).

These findings resonate with other research showing that older persons, particularly Black women, are increasingly assuming the role of primary caregiver and that South Africa's social pensions are therefore vitally important for the welfare of the unintended beneficiaries. Mgbako (2011:2) said that pension receipt has been positively and significantly associated with improvements in older persons' lives and those relying on older persons for health status, school attendance, and others. Bulete (2011:12) argues that social grants for older persons is not enough. In light of this evidence, providing pensions to the older persons would lead to the devolvement of resources to all strata of society. Older persons, especially grandparents through social grants seem fundamental for the distribution of resources and maintenance of an adequate standard of living. Therefore, the challenge is that the social grants are often inadequate and not available to all people, but rather, to certain eligible older persons. Thus, it is not entirely universal in provision. Even though the grant is limited to certain older persons, it remains a primary source of income for many older persons who would otherwise be living in abject poverty (Kasiram and Hölscher, 2015).

2.8 SUMMARY

The chapter presented literature review summarising and explaining current state of knowledge on challenges facing older persons. The first section of the chapter explored the concept of ageing in populations and the second section investigated the challenges faced by older persons such as livelihood challenges, economic challenges, social, health challenges, support systems challenges, and community services challenges, and the chapter ends with this chapter summary.

CHAPTER THREE

RESEARCH METHODOLOGY AND DESIGN

3.1 INTRODUCTION

This study relied on qualitative data from in-depth interviews to investigate the challenges facing older persons in Folweni Township in KwaZulu-Natal. Semi-structured in-depth interviews were used because they are flexible and allow researchers to probe participants to share in-depth information that answer research questions in a study. In-depth interviews allow researchers to prepare for the interviews and generate in-depth data. The chapter outlines the methods used in the study. It starts by firstly describing the study site, research methodology, data collection tools as well as techniques used for data analysis. In addition, it looks at ethical considerations and limitations of the study. The chapter ends with a chapter summary.

3.2 STUDY CONTEXT

The study was conducted at Folweni, a suburb of eThekweni, KwaZulu-Natal. The study site is shown in Figure 3.1

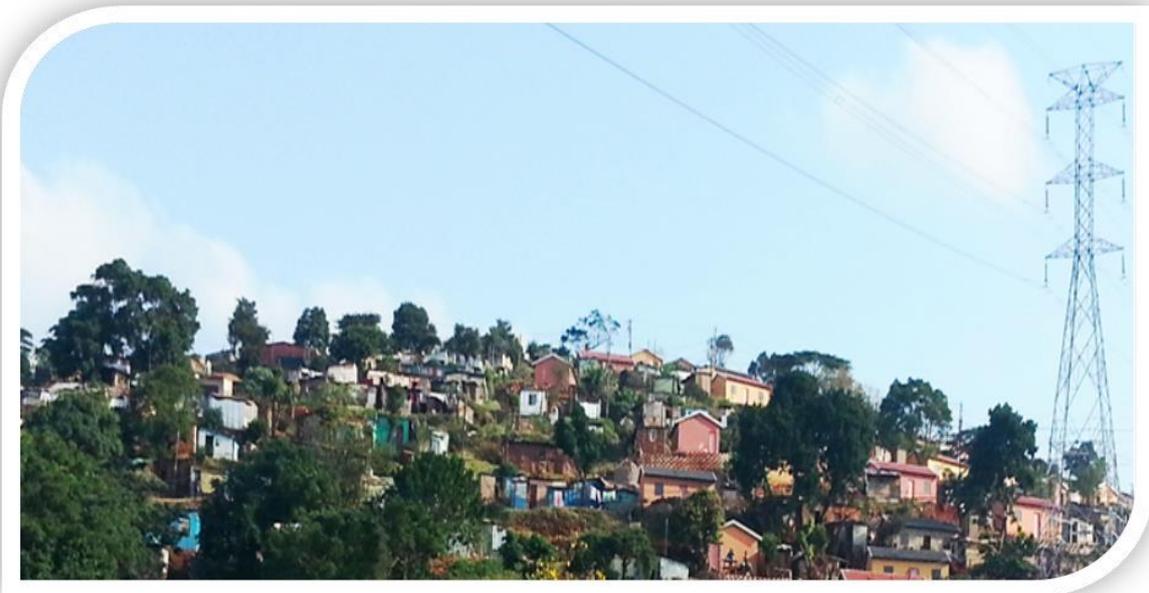
Figure 3.1: Map of Folweni Township



Source: Statistics South Africa (2017:12)

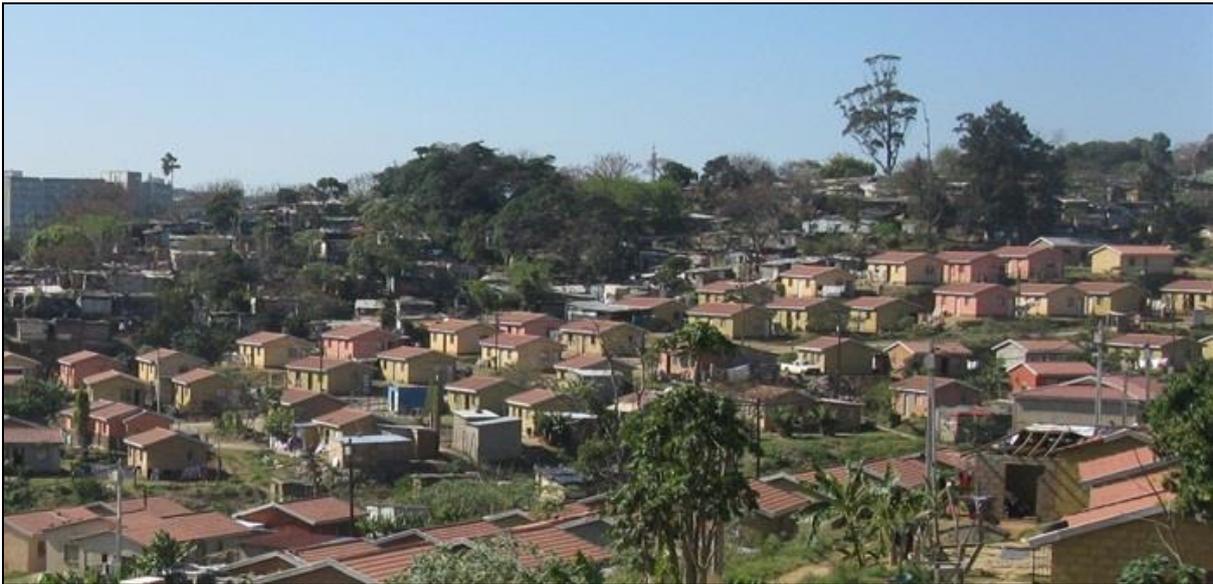
Folweni is located in the province of KwaZulu-Natal and is situated about 71 kilometres from Pietermaritzburg, the capital city of KwaZulu-Natal. Folweni Township was established in the early 1930s. Before Folweni was formerly established the area was called Ezabelweni. In 1970 to 1980 Boers started visiting Folweni and started building houses and some pieces of land were given to the big companies such as Ferrodo and Toyota to build housing subsidies for their workers. This is how Folweni started to develop and people started coming to the area and it became 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% (Statistics South Africa, 2017). The photo below shows part of Folweni Township.

Figure 3.2: Part of Folweni Township



The average household size is 4.6 and female headed households account for 46.6%. Some of the households studied are in the house presented in the photo below.

Figure 3.3: Part of Folweni Township



Studies further show that formal dwellings is 96.3% and 95.3% of the people depend on the local water scheme (Statistics South Africa, 2017). This study site was chosen due to the considerable amount of older persons in this area.

3.3 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 reasons. 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 (2011) 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, qualitative research methodology was chosen because of its capacity to interpret the meaning of the research problem through data informed by people's perceptions and experiences of life, in this situation in relation to people's perceptions and experiences of the challenges facing older persons in Folweni Township in KwaZulu-Natal. Fourth, 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 on the challenges facing older persons in Folweni Township in KwaZulu-Natal. Fifth, qualitative research methodology was chosen because qualitative

research methodology collects data in natural settings in which participants tend to be truthful in their responses (Creswell and Plano (2011) therefore this influenced the selection of the qualitative research method so as to generate credible findings. Sixth, 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. Seventh 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.

3.4 RESEARCH DESIGN

This study used a case study research design. The research design was chosen to allow this study to focus on one research problem of the challenges facing older persons in Folweni Township in KwaZulu-Natal. The case study design was used to illicit understanding of the challenges faced by older people in the context of the Folweni Township. The design thus allowed the researchers to dig deeper into the phenomenon under study to gain an in-depth understanding of the research problem (Ivankova (2015). Therefore, a case study was selected to allow the researcher to delve deeper into the research problem of the challenges facing older persons.

In short, a case study was deemed appropriate blueprint for this study because of its ability to allow researchers to focus on one specific research problem and organisation. As a result, the study was able to elicit rich data to understand the research problem in this case, challenges facing older persons in Folweni Township in KwaZulu-Natal. The target population for this study is older persons (60 years to 75 years) in Folweni Township. The township has seven clusters; Adams, Mission, Dodoza, Emsahweni, Kwahlongwa and Mkhazena that will be part of the study.

3.5 PROCESS OF DATA COLLECTION

This study used non-probability sampling method because the study is qualitative in nature. Non-probability method entails that units or participants are selected to participate in the study based on the judgment of the researcher. In particular, the study used purposive sampling. This technique allowed the researcher to select participants informed by the purpose of the study and researcher's knowledge of the population under study (Rubin, 2008.)The researcher purposively selected participants to give her information to understand the phenomenon under investigation. Twenty older persons; ten males and ten females from Folweni Township were selected to participate in the study. These participants were selected purposefully based on their age as older persons. The sample for this study was purposively selected and involved twenty older persons (ten males and ten females) from Folweni Township.

For this study, semi-structured, in-depth interviews were used. Semi-structured interviews are flexible and therefore it allowed participants to share in-depth information on the topic. In-depth interviews generated rich and descriptive information. Semi-structured in-depth interviews allow participants freedom to answer questions, as they understand them (Babbie, 2010). This allowed the study to generate data reflecting participants' views that is critical in this study. Twenty in-depth interviews were conducted with older persons to provide data needed to understand the research problem under study.

3.6. DATA QUALITY CONTROL

In order for a study to generate findings that are reliable, data quality control measures were put in place. This study employed the following data control measures:

- **Credibility:** is confidence in the 'truth' of the findings. The study used this data control measure by ensuring that methods used in this study are those that have been used by other researchers and have been found to be reliable in generating credible research results. In addition, only participants who were willing to be part of the study were included in the study.

- **Transferability:** is the generalization of the study findings to other situations and contexts. This data quality control measure was used to succinctly and adequately highlight the context of this study and the findings to help researchers find it easy to ascertain transferability of the research findings .

- **Dependability:** showing that the findings are consistent and could be repeated. The researcher ensured that the methodology used in particular data collection instruments are scientific to allow interested researchers to use the methodology to conduct research and realise the similar results (Hill, 2012).

- **Confirmability:** a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest. The study ensured that results generated in this study are confirmed by literature review and participants if results presented reflect their views shared during semi-structured in-depth interviews about challenges facing older persons in Folweni Township in KwaZulu-Natal.

3.7 DATA ANALYSIS

Thematic analysis was used to analyse data. The researcher started by familiarising herself with the data on challenges facing older persons in Folweni Township in KwaZulu-Natal by immersing herself fully in the data collected. The researcher then generated initial codes or features of the data related to the research topic under study and searched for themes by starting to interpret the collated codes. The researcher then reviewed the themes against the code extracts and the thematic themes were generated from data. Then, the researcher defined and renamed themes into a unified story of the data as presented through themes on challenges facing older persons in Folweni Township in KwaZulu-Natal. Six thematic analysis phases were followed in this study as discussed below:

- Step one: familiarisation with the data. This was the initial phase the researcher used to familiarize herself with the data on challenges facing older persons in Folweni Township by creating potential codes
- Step two: generating initial codes. In this stage the researcher generated initial list of items from the data set on challenges facing older persons in Folweni Township that have a reoccurring pattern. This coding was informed by research question.
- Step three: searching for themes. The researcher searched for themes and ascertained themes that works and themes that do not work. Codes were analysed and combine to form main themes in the data. This enabled the researcher to have a list of themes.
- Step four: reviewing themes. The researcher, in this stage, expanded and revised the main themes as they developed. This allowed the researcher to identify potential themes with some themes collapsing into each other, and others condensed into smaller units.
- Phase five: defining and naming themes. In this stage, the researcher identified themes demonstrated how each theme affected impacted on the entire picture of the data.
- Phase six: writing the final report. This stage allowed the researcher to write the final report after ascertaining the main themes and subthemes. The researcher decided on themes report on especially those that allowed her to answer the main the research questions underpinning the study.

3.8 ETHICAL CONSIDERATIONS

The Research Ethics Committee at the University of KwaZulu-Natal provided ethical clearance. The gatekeepers' letter was provided by the relevant authority at Folweni Township. The main rationale of getting ethical approval is to ensure that human rights and dignity for all participants are not violated. Participants were provided with adequate information about the nature of the study and their role in the study was adequately and

clearly explained to participants to allow them to make decisions based on correct facts or information about the study; to participate or not to participate in the study. The research participants were assured of the strictest confidentiality and anonymity; identifying characteristics such as names and physical address were not to be used in any time during the study. Participants were ensured that pseudonyms will be used instead, in addition, participants were told that the voice recordings and transcripts were to be kept in a secure locked cabinet in the supervisors office and no unauthorized personnel was to see the shared information, digital files will be kept in an encrypted file on drive and the study documents (signed and dated informed consent forms, transcripts etc.) will be disposed of after five years.

3.9 LIMITATIONS OF THE STUDY

Due to time constraints, this study only included one township (Folweni) in KwaZulu-Natal. Therefore, it was a limited representation of the whole population of challenges experienced by older persons. As a result, findings cannot be generalised to the wider population.

Transcribing and coding were time consuming and the researcher needed adequate resources. Sixteen of out twenty interviews were carried out in isiZulu and then transcribed to English when the researcher's memory was still fresh. However, the sample was reliable to allow the study to generate credible findings.

3.14 SUMMARY

The chapter discussed the step by step methods that will be implemented to conduct the study. First, the research methodology is presented followed by the research design, study site, target population and techniques that will be used to select participants. The data collection instruments, data quality control measures, and ethical issues for consideration are also discussed. The chapter ends with a summary of the chapter.

CHAPTER FOUR

RESULTS

4.1 INTRODUCTION

As people age they are more likely to experience a range of challenges. The aim of the study was to describe the socio-economic challenges facing the elderly in Folweni Township in KwaZulu-Natal. In order to explore challenges facing the elderly, in-depth interviews were held with 20 participants, which consisted of 10 males and 10 females. The chapter commences with an outline of the demographic characteristics of the study participants. It thereafter explores the major themes that emerged from the in-depth interviews including the main source of livelihood, the main sources of support and the challenges facing older people in Folweni Township.

4.2 DEMOGRAPHIC INFORMATION

Out of 20 participants in the study, 10 were females and 10 were males. All the participants were aged between 65 years and 75 years. The average age of the sample was 70 years. Participants were from seven different clusters in Folweni Township (three from each of the six clusters, and two from cluster seven). The researcher ensured that each cluster was equally presented. The study found that the majority of participants (11) were previously married, six were in traditional or civil marriages and three were never married. All of the participants were Christians. These findings are expected because the majority of people in Folweni Township are Christians (Statistics South Africa, 2016). The study found that all of the older persons who participated in the study were recipients of the old age grant. In agreement, Goodrick (2013) found that KwaZulu-Natal was one of the three provinces with a high number of older persons on the old age grant scheme.

Table 4.1: Characteristics of the study

Interview	Names	Age at interview	Residence/Cluster	Marital status of parent of the participant	Gender
1	John	69	1	Married	Male
2	Grace	73	7	Never Married	Female
3	Mamazane	72	4	Widow	Female
4	Maureen	66	6	Widow	Female
5	Dudu	65	5	Widow	Female
6	Josephine	70	6	Widow	Female
7	Clerine	68	7	Widow	Female
8	Mary	70	1	Widow	Female
9	Samuel	68	2	Married	Male
10	John	65	3	Widower	Male
11	Thokozani	75	1	Widower	Male
12	Sphindile	73	2	Never Married	Female
13	Vuma	65	3	Married	Male
14	Gugu	66	4	Married	Female
15	Moses	71	5	Married	Male
16	Skebhe	70	6	Never Married	Male
17	Keleb	72	7	Widower	Male
18	Masoka	70	4	Married	Male
19	Bhiza	75	6	Widower	Male
20	Constance	70	3	Widow	Female
Total			20		

Not real names

4.3 OLDER PEOPLE'S MAIN SOURCES OF LIVELIHOOD

From the interviews, the participants shared their main sources of livelihood. None of the participants reported that they were employed at the time of the interviews. The majority stated that they were not in formal employment and as a result, they did not earn a regular source of income. However, a few reported that they were involved in informal economic activities such as small scale trading.

The participant's view below suggests that the majority of the participants rely on non-labour financial sources for their livelihoods. Most of the participants' state that they received a grant from the government. The old age grant is an attempt by government to

redistribute wealth and improve older persons' standards of living to create a more equitable society (Department of Social Development, 2008)

“The maximum amount we receive from government is different according to the age of the older persons, but it is between R1780 and R1800. The grant is deposited into our banks, or post bank. I personally use shops like Boxer, Shoprite or Spar to withdraw my money because it is cheaper, there are no bank charges you get your money as it is.” (IDI#7, Female, 68 years).

The older people reported that they are also involved in vegetable farming. They plant vegetables in their gardens to generate an income for their families. The quote below suggests that there are many older persons whose livelihood is dependent on small-scale farming. They kept a few cows that produce milk and they sell their dairy products to the community. The income they gained from these activities are used to take care of their families as well as the household's necessities.

“I used to have six cattle but due to droughts, I now only have three left, I sell milk from the cows and sometimes I sell my cows if there are people who want to buy them. I also have chickens and goats, my neighbours use to buy them or buy chicks to keep and grow them because its hard to get traditional hens these days.” (IDI#1, Male, 69 years).

The older people reported that they grow a variety of vegetables including spinach, cabbages, onions, carrots and potatoes. In this way, they are able to earn some money. For the purpose of this study, the term livelihoods refers to the securing basic necessities of life such as earning an income, practising subsistence farming, and any other activities that ensure the maintenance of the elderly. One of the participants highlighted the following:

“We have a garden that belongs to the Municipality, each household who want to plant something gets a small plot and use it to grow vegetables. If it is a good rainy season I produce and sell a lot of vegetables, then the community members used to come and buy those spinach, cabbages, tomatoes, onions etc. The vegetables that we plant also help the household because when they are ready we do not have to buy vegetables at the shop but we get it from the garden.” (IDI#6, Female, 70 years).

One of the participants in the study expressed that:

“I have a lot of fruits in my yard; these are bananas, oranges, peaches, grapes, granadilla, guavas and avocados. I sell these fruits to my neighbours whenever they are ready. I also have a tuckshop and sometimes children steal the fruits in my trees when they came to buy in the tuckshop. I make more money with granadillas because there is a juice factory that collects granadillas once they are ready.” (IDI#1, Male, 69 years).

Reports from the participants suggest that they are dependent on other small-scale farming methods as well. They have kept a few cows that produce milk and they sell their dairy products to the community. The income they gained from these activities is used to take care of their families and household necessities. However, it is not a secure source of income as they mentioned that farming activities have been affected by climate conditions particularly the drought that has been gripping the country.

Overall, the findings reveal that farming of grain crops and live animals are an important source of livelihood for older persons. This becomes their only source of income as in most cases they sell the produce to attain financial resources needed for their survival. The study found that older persons also rely on non-farm sources of livelihood, mainly participating in entrepreneurial ventures. A few sell their goods (like bread, sugar, salt, etc.) to other members of the community in spaza shops and in this way, they are able to generate an income. A spaza shop is a small outlet where people sell grocery items such as sugar, bread, rice and mealie meal. One participant indicated that:

“I have a tuck shop where I sell small grocery goods like ice blocks, bread, and cigarettes. In the tuck shop, I also keep the machine to sell all network airtime, electricity card and payment of DSTV.” (IDI#13, Male, 65 years).

Another participant also mentioned that her tuckshop was managed by her son who sells products such as bread, airtime and electricity. In this way, she was able to secure her livelihood.

“I opened a tuckshop with my son and we sell grocery goods such as sugar, milk, eggs, bread, rice, airtime, electricity cards and so on. My son is responsible for running the tuck-shop.” (IDI#2 Female, 73 years).

The elderly use formal and informal means of generating a livelihood. Subsistence farming was one of the most important ways that they used to generate an income.

4.4 ATTITUDES TO AGING

As life expectancy is increasing throughout the world, there has been growing interest in how older individuals perceive their own ageing and how this affects their quality of life. This theme emerged when exploring older people's perceptions of ageing. The findings of the study highlights that the majority of participants have positive attitudes towards getting old. Some believed that with age comes wisdom because as people age they accumulate more knowledge through experiences. They felt that older people were appreciated by the younger generation for their wisdom. They feel that ageing enables them to take senior roles in the community and provide guidance to the younger generation. They could use this wisdom to give advice to the younger generation. The older people expressed that they were grateful and positive about reaching a certain age as they regarded getting old as a blessing. They reported that as they are ageing, they have had the opportunity of building a good relationship with God. The participant commented as follows:

"I feel blessed as I am ageing. I enjoy being the older person at church because the youth listens to me and they take advice from me. They take me very seriously as they understand that they receive their blessings through older people." (IDI#9, Male, 68 years)

"I am thankful that I wake up every morning and I am thankful that God kept me for such long." (IDI#19, Male, 75 years).

Most participants believed that getting old means that they receive support and respect from younger people. The participants reported that getting old is a blessing from God as they get to see their children grow and later receive financial and emotional support from their children and grandchildren.

"My life has been difficult for me and my siblings as we grew up without parents. It makes me happy that I have reached this age and I am able to see my grandchildren. I am glad that we are able to face and overcome all the problems as a family. This is something that I did not experience with my parents." (IDI#17, Male, 72 years).

Participants reported that receiving pension has given them financial relief as most of them are overburdened with taking care and providing for their family. Some participants reported that they did not use their grant money to maintain the household however many did use their

grant to secure their livelihoods. The grant was used for their needs as well as assisting other members of their household.

“It is hard to be an older person because everything is on my shoulders and I do not enjoy my pension alone. When I wake up every morning, everyone looks at me and asks me what we are going to cook for the day.” (IDI#7, Female, 68 years).

There were also negative attitudes towards ageing. The participants reported that they carry the burden of having to provide financial support for the whole family because their children are not employed and they rely on them for all their household necessities. Additionally, even though they were getting frail they still had to provide caregiving to their grandchildren. The older people also reported that getting old frustrated them as they were suffering from different sicknesses such as arthritis, blood pressure and diabetes. In addition, they were physically unfit to perform certain duties such as washing their clothes, walking, and preparing meals for the family. The findings of the study highlights that getting frail contributes to negative attitudes, as most participants reported that they do not enjoy getting old because they are constantly getting sick. One participant indicated that:

“I do not enjoy getting old. This is because I have many responsibilities in the household. It is my duty to guide my children and grandchildren as they are growing and building their lives. This is not an easy task because sometimes my children do not take me seriously as they think that I am old and outdated. I think this is the reason why older people develop sickness.” (IDI#17, Male, 72 years)

“Getting old is not easy because I have to fetch medication from the clinic every month. I have blood pressure and diabetes. I was also sent to Emshiyeni hospital for a check-up because my legs were swollen.” (IDI#11, Male, 73 years)

The lack of financial support from families also contributed to their negative attitudes toward ageing. Their lack of financial support exacerbates their stress and anxiety as they often do not have anyone to depend on. One participant indicated that there are times where he does not have any food.

“It is hard to answer that question however, most people who are happy that they are old have financial support. I am not happy because I do not have anyone to support me, I am always sick. It is very painful to be sick with no food in the cardboard.” (IDI#19, Male, 75 years)

There were mixed reactions to ageing by the participants. The majority of the older people expressed *positive* attitudes towards ageing especially if they have children to care for them. The participants appreciated the financial relief that the grant gave them but this becomes burdensome when they need to provide financial assistance for the entire family.

4.5 CHALLENGES FACING OLDER PERSONS

One of the main research objectives of this study was to determine the challenges facing older persons in Folweni Township. Some of the challenges that emerged from the study included economic and social challenges as well as health issues.

4.5.1 Economic Challenges Facing Older persons

The main challenge facing older persons pertains to finances. Unanimously, the participants shared concerns about their economic situation. They stated that they are unable to pay for their essential necessities. It became even more difficult to receive proper care and treatment from public health facilities as they were not adequately resourced and there was a lack of staff members. Many older people could not afford to pay for medical care as the costs of specialised treatment was high. Even though medication is free in public hospitals, they do not always help with the symptoms that they are experiencing. Participants stated that they only received painkillers in the hospitals to help ease the pain that they were experiencing. The older people cannot always afford to purchase medication from pharmacies, as it is very costly. Some highlighted that they were forced to visit private doctors as they did not receive any assistance from public hospitals. Their comments are as follows:

“Yesterday I was discharged from the hospital after staying for three weeks. I was diagnosed with cancer and I was told that I am on stage four. They told me that they cannot do anything about my health situation. There was no medication given to me regarding cancer, I was only given painkillers to stop the pains that I was experiencing. I then decided to visit a private doctor as I did not receive any support from the public hospital. I wanted a second opinion with regards to my health therefore, I had to pay for doctor’s service and this was expensive for me as an elderly person.” (IDI#15, Male, 71 years)

Overall, participants were dissatisfied with their economic situation. They reported that it is difficult to attain economic stability as they lack adequate financial support from either their families or the government. Some of the participants in the study indicated that most of their family members were not residing with them in the same household as they had migrated to the city in search of better educational and employment opportunities. One participant said the following:

“My 3 sons are married and staying with their wives. They have their own houses and children. I am staying with my last-born son and my granddaughter in this house. Both of them are not working and cannot find job. I am the only one who receives an income and that is the old age grant, I have to buy all the groceries in this house.” (IDI#19, Male, 75 years).

A major factor that is contributing to the participants’ economic struggle is the legacy of apartheid. Folweni Township was a former labour reserve during apartheid. During the apartheid era spatial inequalities for economic opportunities and amenities existed between white residential areas and townships that were labour reserves for Africans. As a result, this area has features of a typical labour reserve such as inadequate service delivery and poverty-stricken households. The study participants have lived a significant amount of their lives under the apartheid regime and because they are Africans, they had limited access to economic opportunities.

Many participants expressed that the injustices of the past have shaped their reality. They experience sadness and heart-break because of their living conditions. They have a lack of adequate housing structures and they do not have a stable income to improve their situation. This situation is challenging for older people as they need financial support in order to survive and meet their basic needs. One participant shared the following:

“The effects of apartheid has a negative impact on us older persons because we are facing poverty. It is heart breaking to see how poverty is part of our lives in this community worsened by extended family members (aunties, uncles and cousins) not being able to meet their daily needs but expect us older persons to use our little pensions and grants to support children and grandchildren.” (IDI#17, Male, 72 years).

The majority of the participants are dependent on state-funded grants. The study found that the grant is insufficient to meet the needs of the older persons especially when this is their only source of income. The participants stated that the grant is not enough because it is used to support the entire household. They use this money to buy groceries to feed their families. Food is expensive and they cannot afford to pay for electricity for the entire month and as a result they sometimes have to sleep in the dark. One participant reported that:

“It is a challenge because I buy grocery with the money I get from the old age grant. I buy food with all the money as you are aware food is very expensive nowadays. I do not even have a cell phone because I cannot afford to buy it with this money. The grant I get is not enough to get me to the next month. We sometimes sleep in the dark when the electricity is finished and we do not have money to buy electricity card.” (IDI#16, Male, 70 years)

“The government provides a grant to all older persons who meet the requirements to receive the grant. However, this grant is not enough as it is the only income in the family.” (IDI#20, Female, 70 years).

Older persons reported that they experience difficulties in adapting to a rapidly modernising world. Some participants expressed that they cannot access new technological devices such as cell phones, which is important to facilitate communication with their relatives in a modern society. Communication with relatives that are staying far from the household is important for the elderly because they are able track their health status from time to time. It is important for family members to be informed about the health status of the elderly in the event that they require assistance and support. One participant emphasized that:

“Most of us older persons are experiencing a lot of difficulties. The olden days were good because life was simple with no confusing technology you young people have nowadays. We cannot use new technologies, young people adapt easily in societies that are changing very fast. For example, we cannot afford to buy cell phones as they are important for communication. In addition, we have trouble in using cell phones that are technologically advanced.” (IDI#19, Male, 75 years).

Overall, insufficient income to meet basic needs; the apartheid legacy, support of dependents and adapting to a modernising world are the main economic challenges that older persons experienced. Reports from participants indicate that older persons have challenges concerning planning for their retirements and old age.

4.5.2 SOCIAL CHALLENGES

This section outlines the various social challenges reported to affect older persons in the study. Participants were asked about the social challenges that they experienced, some older persons emphasized the lack of facilities available for ‘older persons care’. The participants mentioned that there are inadequate old age homes where they can be taken care of. They were not satisfied with community care. One participant indicated that:

“There are no old age homes in this township, and there is no one who is taking care of us. At some stage, I reported at the clinic that I am staying alone and there is no one who can fetch water for me and even check if my heart is still beating. The nurses told me that they cannot help me because the old age homes are expensive and they are privately owned you only find it in the City. They told me that they do not know any government old age home that can help me.” (IDI#11, Male, 75 years).

The comment above is an indication that Folweni Township lacks formal institutional home care and long-term care for older persons. This is important because some older persons are not living with relatives. In some cases older persons reported that their families have abandoned them. Many participants expressed that there is lack of support networks such as groups of people who can provide practical and emotional help to assist with daily living (for example bathing, changing, and feeding). One participant stated that:

“There is no group or community members who assist older people with bathing or feeding them. I stayed in this community for years and I have never experienced such service. Even though there are older people who have no families, they still have to try and take care of themselves.” (IDI#5, Female, 65 years).

The finding shows that older persons require social and active support networks. These support networks can provide support for older people who cannot care for themselves.

Social support networks are important because they can identify and assist older people who cannot perform certain duties for themselves.

Participants highlighted that they were excluded from decision-making processes. They felt that they were not given an opportunity to have a voice within their families and communities. Reports from participants suggest that they were not given an opportunity to participate in decisions concerning programs designed to uplift and improve their quality of life. Some participants further stated that if they were given an opportunity to voice their opinions, they were not taken seriously. When young people do not understand certain things, they seek advice from the internet rather than asking for guidance from the elderly. The participant commented as follows:

“In this community there are no forums. When we try to suggest or give any advice during family or community meetings, we are not taken seriously as the elderly. Most young people use Google when they lack knowledge about certain concepts as they do not trust our judgement and suggestions.” (IDI#17, Male, 72 years).

Contrastingly, some participants shared that they take on many roles and responsibilities. This includes caring for their grandchildren who do not have parents or whose parents are living in other cities. Therefore, part of their roles and responsibilities is to ensure that they provide guidance to younger members of the household and community. Hence, it becomes a challenge for older people to raise their grandchildren as they are ageing and may be experiencing certain health issues. Older persons complained that they do not receive any appreciation as they are viewed as people who are behind the times, not up to date and often no longer considered relevant to the modernised society . One participant expressed herself as follows:

“I am currently staying with my grandchildren and I have duties of ensuring that they are well taken care of. Their mom (daughter in law) passed away when they were very young; they only knew myself, their father (my son) and their mom. I had to take the responsibility of raising, guiding and ensuring that they get better education and emotional support. I am responsible for financially support them, I also give guidance to young children at church.” (IDI#2, Female, 73 years).

The study found that another social challenge that participants face is the lack of entertainment. Participants indicated that they do not have appropriate facilities designed to

entertain the elderly such as gaming or reading clubs and gymnastic amenities where older persons can go to curb loneliness and boredom. It is important for the elderly to have different forms of entertainment to avoid the stress that may come with ageing. They feel that these recreational facilities will assist them to get in touch with other older people in the community. The participant highlighted that:

“There is no entertainment provided to us in this area, the only thing we do is to stay at home with our families. Previously, they used to prepare Christmas parties for us, but it was last held three years ago. We do have the gym machines at the park, but no transport to take us there; it seems as if no one cares for the elderly.” (IDI#18, Male, 70 years).

In accordance, another participant reported that:

“Folweni Township has no place, where older persons can go for entertainment. There is nothing except shebeens and nightclubs.” (IDI# 20, Female, 70 years).

Another social concern that emerged is that some participants feel hopeless and believe that they have no purpose in life. More especially if they have lost their family members or beloved ones. Participants indicated that if they do not have any grandchildren to look after and spend time with, they often feel like they do not have any purpose in life. The findings suggest that older persons are struggling with loneliness and anxiety. Men and women who have lost a spouse are most likely to feel this way. They feel a sense of emptiness. One participant highlighted as follows:

“I feel that my life ended when my wife died. There is no reason why God has kept me alive for so long. I have no one to talk to and to laugh with; I only listen to the radio day and night. My children died and one is staying in another area, he does not even come to check up on me, I do not know if he is still alive as we have never contacted each other for such a long time.” (IDI#11, Male, 75 years).

The study observed transport accessibility as a major social challenge for the elderly. Some participants complained that transport is not designed to accommodate older persons. The findings of this study highlights that at Folweni township there is a lack of transport infrastructure that can support the needs of older persons such as walking rails. Participants indicated that they have trouble in accessing public transportation, as it is often far from their homes and not friendly to older people. Older persons required transportation when they have

appointments at the hospital to collect their medication. Therefore, they are forced to walk long distances to access public transport. One participant stated that:

“It was better when I still had a car. I used to hire the driver to take me to the hospital, but now my car is broken and no longer moving. When I have to visit the hospital, I have to take public taxis or the bus and it is difficult to get into the public transport because of the steps. The bus drops me at the gate, it is a long distance to walk from the gate to the hospital therefore, I walk slowly until I reach the hospital, I suffer a lot.” (IDI#13, Male, 65 years).

Folweni Township is not adequately designed to accommodate the needs of the elderly and as a result, the current transport facility in Folweni Township are negatively affecting older persons as they have limited access for mobility.

4.5.3 HEALTH ISSUES

The interviews suggest that access to primary health care was one of the major challenges faced by the participants. Most of them mentioned that they are suffering from chronic illnesses and they do not have hospitals in the area. They highlighted that due to health concerns, some older people need to see specialists. However, they are unable to consult specialists, as they are not available in the area. Participants also emphasized that there are long queues in the clinic and they spend almost the whole day at the health facility when they have an appointment. Here is what a participant stated:

“We do not receive services that can help prevent some of our diseases and neither do we have access to care for diseases that we have as older persons. Older persons are also not provided with treatment where their health is checked regularly. Some needs to see specialists in order for them to recover from the diseases they are facing. There is no better healthcare services for the elderly, the hospitals are not providing high-quality treatment for health concerns of the elderly.” (IDI#13, Male, 65 years).

Another participant also added his frustration as follows:

“When I have an appointment in the clinic, I have to wake up at 5am in the morning in order to take the first bus or taxi. There is always a line as most

people wake up early. I spend almost the whole day in the line and there are many queues to follow before reaching the doctor.” (IDI#13 Male, 65 years).

The study found that many of the participants suffer from a range of health conditions including limited mobility and their inability to carry out daily activities. The findings have shown that the prevalence of chronic health conditions among older person is common.

“My health issues started when I was working as I was using a walking stick. I have to travel long distances to find medical help from the nearest hospital, which is in another township. The doctor firstly diagnosed me with arthritis and now I am taking medication for arthritis, BP and diabetes. I find it difficult to walk long distances; I struggle with walking to the church and clinic. ” (IDI#2, Female,73 years)

This study discovered that participants had challenges with accessing adequate and healthy food as they could not afford. Older persons mentioned that the old age grant they receive is not enough to purchase healthy food because it is costly. This is because some participants are advised by the health workers to purchase nutritious food that will not worsen their health situation. It becomes expensive and some participants cannot afford to buy groceries that can last the whole month. Here is what a participant stated:

“Lack of food and money to buy food is really a challenge to us older persons. We do not have enough money to buy healthy food. The money we have cannot buy groceries that can last the whole month.” (IDI#7, Female, 68 years).

In agreement, another participant emphasized that:

“The challenge is not only accessing food however, we cannot afford to buy healthy food that can boost our body cells. We eat whatever is available regardless of whether it is healthy or not. As I’m talking to you there is no food in the kitchen not even bread.” (IDI#19, Male, 75 years).

The study also found that some older persons are indirectly affected by HIV and AIDS as they have children who are living with this disease. They are supportive towards family members who are living with HIV and AIDS. Older persons have to take care of their sick children, buy medication and pay for transportation to seek medical care. A participant stipulated that:

“When my child was still alive, I usually used my entire grant to meet the needs of my child who was living with HIV and AIDS. There is also very limited public assistance to people living with HIV and AIDS. There is no support for caregivers of people who are living with HIV and AIDS even if it is an older person who looks after their child. We have to deal with the issue of transport and buying medicine for the sick children.” (IDI#5, Female, 65 years).

Participants stated that they experience challenges in looking after their infected children because they are weak and frail. They are physically unable to carry out certain care giving activities such as bathing, carrying or lifting bed ridden family members living with HIV and AIDS. Furthermore, participants indicated that they experience secondary stigmatisation from other community members because they are taking care of people living with HIV and AIDS. This does not only come with physical demands but also causes emotional disturbances. One participant stated that:

“Taking care of people living with HIV and AIDS is physically and emotionally draining. We have to clean, cook and ensure that they take their medication daily and on time. We as older people do not have a lot of money and food to care for our sick children. It is very painful to see my child dying in front of me while there is nothing much I can help with.” (IDI#5, Female, 65 years).

The study found that some members of the community have a negative perception of older persons as they believed that older persons are involved in witchcraft. The study highlighted that many people in townships believe that HIV and AIDS is caused by older people practicing witchcraft. Here is what a participant said that:

“I moved to this community a long time ago, when we came it was that period when young people were dying of HIV and AIDS. Families lost a number of their children. The parents of the children who dies made allegations in the community that their children were bewitched by my wife and I. Community members then treated us as killers. It was painful because we had nothing to do with the death of their children.” (IDI#9, Male, 68 years).

Findings from this study highlight that older person face many health challenges. They experience difficulties in accessing primary health because they do not sufficient income. Reports from participants also highlight that they affected by HIV and AIDS,

as they are burdened with the care of their infected children. On top of this, they face secondary stigmatisation and in some cases, they are accused of practising witchcraft.

4.6 SUPPORT SYSTEMS AND THEIR CHALLENGES

One of the research objectives was to understand the support systems for older persons. The interviews revealed that there are many factors that inform older persons' support system. The findings show that older persons had community-based care and support systems like feeding scheme programmes, drug awareness campaign and teaching services. Here is what a participant said:

“Before, we used to go to the community hall where we were learning about drugs and how to notice a child’s behaviour when they are taking drugs. We were given books with contacts that may help our grandchildren who are on drugs. We were also taught about the dangers of drugs and other related issues.” (IDI#6, Female, 70 years).

Another participant who supported the view above mentioned that:

“Yes, we as older persons used to receive cooked free meals in the community hall. They cooked soup and pap for us; sometimes they cook chicken and rice. This food is helping us because we do not sleep with empty stomachs. However, what is annoying is that everyone wants free food, even the youth would go and queue for our food, sometimes we would end up not receive the food.” (IDI#8, Female, 70 years).

The findings suggest that most of the community-based care and support systems that older persons have are mainly from family's personal social networks, which may consist of but are not limited to relatives, close family friends, neighbours and other close community members. There are also feeding schemes in the community that seek to help poor older persons.

Some older people are able to collect their pension in their communities which make their lives easier. This means that they do not have to travel long distances to access their pension. The study found that in an effort to contextualise the Batho-Pele principles the Department of Social Development has put in place a support system where social security pay points are

now available in townships. Some of the main principles of Batho-Pele include citizen consultation, service standards and access (KZN Health, 2019). Here is what a participant stated:

“I collect my pension grant in the post office machine, I used to collect it at the pension centre but now there are long queues. You have to be physically fit because if you are not, people may skip you from the line. The government has put in place pay points such as the post office and ATM’s which are available within the community. We do not have to travel long distances when we want to collect our pension.” (IDI#19, Male,75 years).

The study shows that efforts are being made to ensure that services are rendered to older persons in their communities. There are pay points such as the post office and banking ATM that are available within the community.

The study found that all participants were receiving the old aged grant that assisted them in meeting their needs. It was discovered in the interviews that some older people felt that the pay points such as the post office and banking ATM were not reliable and friendly to older persons. Here is what a participant said that:

“At first I used to receive my pension through the ATM and now it is the post office. The challenge that I face is that SASSA is constantly updating their system and changing cards. This can be confusing for us as the elderly. Another challenge is that if you have not changed your card, you cannot receive your pension and for us as the elderly we sometimes forget to change our cards. At first, we were told to collect our pension in the ATM and now they have changed the system to the post office. All of this is confusing for us especially if you do not have grandchildren who may help you when the system is changing.” (IDI#15, Male, 71 years).

The findings suggest that all participants receive their old age grants however, the challenge is that the payment system is not reliable as it is constantly changing and this confuses the elderly.

The study found that criminals target older persons because they are aware that they are physically weak and cannot defend themselves. The experience of older persons being attacked is a real concern, as there is a number of incidents reported for older person being attacked and raped within the community. They highlighted that when such incidents occur,

the police take action to support them and find the criminals. The participant reported as follows:

“Most of the young people take advantage of us older persons by robbing us our pension money. When we report these incidents, we are supported by the police. The only problem is that it takes long for the police to come and take action as a result criminals get a chance to run away.” (IDI#5, Female, 65 years).

The older people are worried about the high levels of crime in their community. They were also worried about becoming victims although they acknowledge that the police often take action in ensuring that criminals are caught and punished.

4.7 SOCIAL SUPPORT

Most participants reported that family members were the primary source of support. Other important sources of support included friends, peers, and religious networks. Families were the key sources of support for the elderly because they visit them, assess their situation and act accordingly by providing hands-on care. Participants mentioned that families give them emotional and physical support, which enhances their relationship and care. A participant stated that:

“My son is always the one who assists me and takes me to church, clinic and everywhere I want to go. This is because if I take taxis or the bus, I end up being sick because I cannot walk a long distances.” (IDI#2, Female, 73 years).

In agreement, another participant also stipulated that:

“My grandchildren assist me when I have to consult the doctor; they also collect my medication from the clinic every month. My neighbours sometimes collect my medication if my grandchildren are occupied with school work and they cannot collect them.” (IDI#12, Female, 73 years).

The findings show that older persons rely on their families for their primary source of support. Participants stated that their family members assist them by collecting their medication and transporting them. Thus, this shows that family members played a crucial role in the lives of the elderly.

The study found that older persons are also supported by their friends. Participants stated that their friends from church assisted them with household chores such as cleaning, cooking and washing. The elderly depend on friends for support when their children are not present in their lives. Therefore, their friends have played an effective role in supporting the elderly. One participant reported that:

“I have made good friends from the church, others are even younger than me. They cook for me, wash my church uniform and clean my house. I do not feel lonely because they always there for me.” (IDI#12, Female, 73 years).

The interviews suggest that social networks of friends act as buffer against stress and helps older persons to improve their quality of life. Deducing from the findings it seems that the social networks of friends provide social structure that older people need for support.

The study found that community workers are part of the main source of support for older persons. The findings reveal that community workers constantly visit older people who are in need of health support and provide health care and assistance where possible. A participant highlighted that:

“When I was able to walk, I used to take transport to the clinic, but now it’s difficult to walk a long distance and I cannot wait in the long queues at the clinic. There is a community worker but they call her health worker (uNompilo) who comes, take my card, and collect the medication for me. She makes sure that she checks my health regularly; she is supportive and helpful.” (IDI#3, Female, 72 years).

The study observed that neighbours are another support source for older persons as they help older people meet some of their needs by providing frequent and intensive support to their elderly neighbours. The findings of this study underscores that neighbours play a vital role in supporting the elderly such as ensuring that the older person are well taken care of in terms of personal hygiene, providing emotional support, making sure they meet clinic appointments and ensuring that the day to day needs of the elderly are met. Here is what a participant stated:

“My neighbour used to assist me, she normally takes me to the hospital, drop me there and told me to phone her once I am done so that she will come and fetch

me. Even when I was sick she used to take me to the hospital, ensures that I eat before taking medication until I got better.” (IDI#5, Female, 65 years).

The interviews suggest that neighbours were helping older persons in many ways including cooking, transportation and doing other practical things for older persons.

4.8 COMMUNITY SERVICES FOR OLDER PERSONS

One of the objectives from this research was to determine community services available to older persons and the challenges to the services. The study indeed found that older persons have limited care services. A participant indicated that:

“There is not much services provided in this area, ever since I stayed in this area four years ago, the health workers only came once to provide disease awareness. I remember it was after we had heavy rains, they informed us about the spread of cholera, that was years ago” (IDI#12, Female, 73 years).

The study indicates that the government is providing home community-based care that was helping to promote older persons’ good health. The government provided health services to older persons in their home in order to promote, restore and maintain older persons level of comfort, function and health.

The government is also helping older persons by building RDP houses. They provide them with safe, affordable and accessible accommodation although they complained that there are often a long waiting period and that the process it takes to deliver the houses to older persons is long. The participants reported that:

“As you may agree with me looking for a house is not an easy thing to do especially for us older persons who need a lot of care. They therefore offer us accommodation that is safe, affordable, accessible, and near support services. However, the process seems to take long to deliver the houses to older persons.” (IDI#1, Male, 69 years).

The interviews suggest that the government offered older persons an opportunity to exercise and engage in physical activities in order for them to maintain a healthy and active lifestyle. However, some participants complained that the park was far from their houses therefore it was challenging to walk a long distance.

“There are machines for exercising in the community park. I think this is meant to help us exercise and remain healthy. The only challenge is that it is far from our houses and we have to walk a long distance” (IDI#13, Male, 65 years).

The interviews also show that older persons attend spiritual gathering organised by different churches where they are encouraged to meditate, participate in prayer groups and spend time together. This gathering allowed the elderly to relieve stress and share some of the challenges they face as they are ageing. The major issue concerning these gathering is that they are often inconsistent. A participant stated that:

“We have prayer gatherings organised by different churches within the community. The older persons are encouraged to fast (refrain from eating certain food), participate in prayer group and spend time together as older persons. These gathering allows older people to share some of the challenges they face and relieve the stress. The challenge is that these gatherings do not take place regularly as they happen when churches can afford.” (IDI#9, Male, 68 years).

From the findings, participants believe that community organisations play a crucial role in enhancing the quality of life of older persons. Community organisations create a variety of activities and programmes to improve the participants’ physical, cultural and spiritual lives.

The study found that community organisation arrange awareness campaigns on older persons’ rights. These programmes enlighten older persons about their rights and how to report if they are violated. Participants felt that these programmes were useful as they were able to learn about their rights. One participant highlighted that:

“I have attended one awareness campaign on our rights as older people. This campaign enlightened us about the importance of understanding our rights and how to report if our rights are being violated.” (IDI#2, Female, 73 years).

The study found that there is no support provided to older persons that will teach them financial literacy or guidance on how to manage their finances and demonstrate other financial alternatives which may help them to attain an income. These financial alternatives may include activities such as equipping older persons with skills on how to budgets and save for emergencies from their old aged grant. One participant commented as follows:

“We have no support to continue gaining knowledge and skills to earn a living and support our dependents. We do not even understand how to make money and save for any emergencies.” (IDI#4, Female, 66 years).

The study revealed that older person are not offered guidance with regards to their finances. They reported that they did not know how to make money and how to save for emergencies.

4.9 SUMMARY

This chapter presented the finding generated from interviews. It was discovered that the majority of participants rely on non-labour financial sources of livelihoods. They used both farming non-farming activities to secure their livelihood. The findings revealed that certain participants felt that ageing was a blessing as they were able to witness their children growing and later received financial and emotional support from their children and grandchildren. However, certain participants reported that ageing caused a burden of having to provide financial support for the whole family. They were getting frail and still had to take care for their grandchildren. As a result, they reported that getting old frustrated them as they were suffering from different sicknesses such as arthritis, blood pressure and diabetes. Participants faced economic, social and health challenges. Participants reported that the old age grant was not sufficient to meet their basic needs, as some of them were the breadwinners in household. They highlighted that they could not voice their concern within their families and communities. In addition, some of the elderly were not respected within their household and communities whilst some enjoyed great respect and consultation by the young in their midst. Participants mentioned there are not enough old age homes where they can be taken care of. Most participants reported that they were suffering from chronic illnesses and there were no hospitals in the area, they had to wake up early and travel long distances to get medical assistance.

The findings show that older persons had community-based care and support systems like feeding scheme programmes, drug awareness campaign and teaching services. Participants reported that their primary source of support was from their families, friends and neighbours. The government provided home community-based care that helped to promote older persons' good health. The findings suggested that government provided health services to older persons in the home in order to promote, restore and maintain older persons' level of comfort, function and health.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

South Africa has a rapidly ageing population. According to the South African 2011 Census data, older persons in the country constitute approximately 8% of the population (Statistics South Africa, 2011). Projections further indicate that the country's proportion of older persons will increase to 15.4% in the next 30 years (World Health Organisation, 2015). Older persons continue to lack access to adequate health, social support and other basic services. They face economic challenges and they have very little prospects of securing employment because of their age. Many older persons have also become responsible for financially supporting their family members. This situation is further exacerbated by the impact of HIV and AIDS because many children are left orphaned by the premature death of their parents and they then become the responsibility of their grandparents. The overall aim of this study was to explore the challenges facing older persons. The study draws on the socio-ecological systems theory to explain the findings from this study. There are several challenges that older persons face such as economic, social and health related barriers. This chapter outlines the findings in relation to existing literature. This chapter concludes by discussing the recommendations that emanated from the study findings.

5.2 DISCUSSION

It is well documented in the literature that many older persons rely on social grants. All participants in the study reported that they were beneficiaries of the old age grant that is provided by the government. Reports from participants highlight that they receive grant, which helps with their needs however, they still carry the financial burden of supporting their family. Findings from this study reveal that older people's grants are not adequate to meet their basic needs because in most cases they use their grants to support the entire households. In accordance with these findings, Kalula (2010) found that the number of dependants exceeds the number of older persons who are beneficiaries of the social grant by a considerable margin. As a result, participants reported that grant is inadequate to support the household. Similarly, Mtshali, (2012) observed that one in five older persons in South

Africa who are beneficiaries of 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.

The study also found that the elderly are involved in farming and non-farming activities, however empirical evidence suggest that subsistence farming is the most important source of livelihood (Pelser, 2009). Findings from this study suggest that older persons rely on non-labour activities such as subsistence farming as their main source of livelihood. The majority of the participants reported that they practised grain crops and animal rearing which was observed as an important livelihood strategy used by older people. Mtshali, (2012) found that there are many elderly people in KwaZulu-Natal whose livelihood is dependent on dairy projects. Similarly, Joubert and Bradshaw (2006) reported the existence of dairy projects in communities give the elderly an opportunity to extend their livelihood strategies.

Even though participants reported that their main source of livelihood was subsistence farming, the study also observed that it was not their only source of income. Solely depending on farming is unlikely to cater for their necessities. In agreement, Pelser (2009) found that many older persons have realised that small-scale farming is not adequate to meet their consumption and cash income needs. For this reason, policy makers have an interest in promoting income-generating activities via non-farm livelihood diversification at the household level. This finding is supported by Numbisi and Zuberi (2001) who observed that the development policy of the South African government emphasises the importance of the non-farming sector in poverty reduction. In agreement, MacFarlane (2005) explained that government is promoting diversification of sources of household income to supplement people's farm income by improving their access to education, credit, infrastructures and marketing.

The study observed that the majority of older persons who participated in the study had positive attitudes towards getting old. Reports from participants highlight that these positive attitudes were associated with the belief that getting old is a blessing and reported that in their old age they had the time to have a relationship with God. Participants who shared positive attitudes had financial and emotional support from their children and were grateful to see their grandchildren grow up, as a result they reported that they were happier, healthier and more content. Similarly, Gale and Cooper (2018: 89) found that having a more positive

attitude to ageing with regards to "physical and psychological loss" was associated with risks of becoming physically frail.

The study also observed that some of the participants had negative attitudes toward ageing. They associated getting old with increasing frailty. Participants reported that getting old frustrated them as they were suffering from different sicknesses such as arthritis, blood pressure and diabetes. Similarly, a research study by Gale and Cooper (2018), found that older people with more negative attitudes to ageing are at increased risk of several adverse outcomes, including decline in physical function and increased difficulties with activities of daily living. This is in accordance to the findings of this study as it observed that older people who had negative attitudes experienced difficulties in performing daily physical activities such as walking and washing their clothes. A recent study found that older adults who held negative attitudes to ageing had significantly poorer physical health and they were reported to be more depressed (Korkmaz Aslan et al, 2019).

Findings from this study suggest that older persons face several economic challenges. The most prominent economic challenge that they faced was providing for their entire household using their government grant. The study found that older person are often the main breadwinners in their households. They use their grant money to provide for their children and grandchildren, which becomes a major economic challenge, as they are old and cannot attain employment to earn an income. High rates of unemployment also contribute to this challenge, as most of their children are unemployed and therefore dependent on their old parents.

The study also observed that older persons living in predominantly black communities do not have entertainment outlets to help them exercise their body. These findings are similar to those presented by Swartz (2009) who found that townships unlike cities have no activities that are fun and beneficial which is instrumental in promoting health and wellbeing. Lack of entertainment for older persons is not only a problem in South Africa but in many African countries as well because of lack of investment in activities that create leisure time, happier and healthier life. Findings show that older persons do not have activities that can make them get out and to get active.

Findings from this study also show that some older persons seem to have no purpose in life. This means that older persons have no strong sense of purpose in life which is cited to have a negative impact on their emotional wellbeing. Older adults who have lost their family

members or beloved ones struggle with loneliness. Reports from participants reveal that if they do not have any grandchildren to look after and spend time with, they often feel like they do not have any purpose in life. Similarly, Weeks (2008) reported that older persons with an above average sense of purpose in life were less likely to lose strength or walking speed and those with the highest sense of purpose were even somewhat likely to gain strength and improve walking speed. These findings suggest that lack of purpose in life among older persons makes them vulnerable to many negative health and psychological outcomes. Therefore, improving older persons' sense of purpose of life can have health benefits.

The study also observed that older adults are often excluded from the decision-making process in their community. This stems from the majority of participants who reported that were not given an opportunity to have a voice within their families and communities. Some participants further stated that even though they were given an opportunity to voice their opinions, they were not taken seriously. If older persons are excluded from decision-making processes, services that are provided will continue to neglect their needs. These findings are in contrast to those by Sagner (2000) who found that older persons are involved in decision making in cases where they are not included, their exclusion does not have an impact on the decisions taken. Findings from this study suggest that including older adults in decision making especially when it concerns programs that are specifically designed for the ageing population improve the results of such initiatives. Similarly, Pelsler (2009) observed that most of the successful programmes for older persons are those that include views or opinions of older persons where appropriate.

The findings of this study highlights that Folweni Township lacks transport infrastructure that can support the needs of older persons such as walking rails. The study revealed that lack of transport facilities are negatively affecting older persons. Many older people rely on public transport to get around and these are not always easy to access. Public transport is important to older persons' quality of life, their sense of freedom and independence. The findings are in agreement with Kalula (2010) who argues that transport in many African countries is not affordable, available, accessible and elderly friendly. However, Joubert and Bradshaw (2006) argues that public transport in South Africa is better than in most of African countries because of the realisation that public transport is important to elderly people's quality of life, their sense of freedom and independence.

Crime is another factor in South Africa that affects older people. The majority of participants in the study reported that they have been victims of crime in their old age. Criminals target older persons because they know that they are physically weak and not able to defend themselves. The study observed that older adults who have been victims of crime are offered emotional and practical support, however based on the reports from the participants the problem is that it takes long to act on criminals. The views above resonate well with Sibanda and Zuberi (2009) study that reported that elderly people are given emotional and practical support by the Victim Support Programme after experiencing crime. However, the problem is that it takes long for the programme officers to act on criminals and very few elderly are aware of the existence of this programme.

Aging was reported as a risk factor for different disease conditions for older persons. Therefore, older persons' age makes them more likely to experience diseases and face challenges accessing health care. Older persons have challenges in relation to accessing primary health care. Most of them are suffering from chronic illnesses and they do not have hospitals in the area. Participants reported that in order to travel to the closest hospital they have to wake up early and travel long distances to get medical assistance. The study found that there are no departments of geriatrics in Folweni Township. Geriatric healthcare in South Africa is one area that is not a priority in education, training and institutional training. In agreement, Kulalo (2010:7) reported that "there are only five out of eight medical schools in South Africa that have faculty members with interest in geriatric medicine." This severely limits the health care that the older population is likely to receive.

Lack of financial resources leads to challenges in accessing certain medicine that may not be provided by the state. Reports from participants reveal that they find medicine to be expensive because they do not have an income or adequate financial support. In addition, when people grow old, they become weak and ill. They often require treatment for some chronic conditions such as arthritis, even though they reported that they get medication from public hospitals they mentioned that there is certain medication they have to buy. As a result, receiving treatment is critical for their survival. As people age, they are more likely to visit health facilities more frequently. In addition, they may require specialised health care which is out of their reach. The findings from this study reaffirms results from previous research, Sagner (2000) who found that in some cases older person may lack financial resources to buy medicine or access specialised health care that may help prolong their life span.

Older persons have to take care of themselves and be caregivers to their children who are living with HIV and AIDS and other dependants such as grandchildren. The study found that older persons experience stigma because they were caring for family members who were living with HIV and AIDS. Older adults are often accused of witchcraft in their communities. Reports from participants reveal that most people in townships still believe that HIV and AIDS is caused by older persons' witchcraft. Joubert and Bradshaw (2006) observed similar findings that older persons based on their physical appearances and lack of mental coherence are believed to be witches.

The study found that older adults also face social challenges such as lack of support networks, abandonment and lack of entertainment facilities. The participants expressed that they do not have support networks; therefore, they do not have anyone they can lean on for emotional support and assistance to carry out daily physical activities. The finding is in agreement with Woolard and Klasen (2010) argument that elderly people require social, psychological and instrumental support networks. This is because the ageing population in South Africa is increasing. This is worsened by the increasing age and changes in family circumstances that entail that substantial proportion of older people need support. In agreement, Prinsloo (2011) stated that most elderly people in South Africa were living in unstable and unsupportive social networks and have low levels of contact with family, friends and neighbours. Older people in these networks are susceptible to loneliness, isolation and poor emotional and physical health. Pelsier (2009) states that lack of adequate social support networks for vulnerable elderly people is contributing to their poor health, loneliness and isolation. The findings of this study are in line with the socio-ecological model used in this study that categorically states that social or interpersonal factors both formal and informal social networks and social support systems such as family, friends, peers, co-workers, religious networks, customs or traditions have an influence on individual behaviours (Dahlberg and Krug, 2001).

There are no old age homes in Folweni Township. The township lacks formal institutional home care and long-term care for older persons. The study also found that civil society organisations, such as community-based caregiving, are struggling to provide formal institutional home care and long-term care for older persons. There is a need to provide community-based care at Folweni Township by formally trained community workers. The lack of care services is attributed to the increase in the number of older persons who have

complex needs. Similarly, Swartz (2009) found that there is need for South Africa to increase the amount of home support given to older persons.

Findings reveal that older persons rely on their family for basic care. The study found that many older persons would be destitute without family support, as families are a valuable source of support. Reports from participants indicate that families visit them and assess their situation and act accordingly by providing hands-on care after assessing their health and needs. The findings of this study are in accordance to those by Joubert and Bradshaw (2006) who reported families are indispensable support system for older persons. Furthermore, the study found that social networks of friends act as buffer against stress and helps older persons to improve their quality of life. Some older persons depend on friends for support because their children have migrated to cities such as Pretoria, Durban, Johannesburg, and Cape Town. Therefore, involving friends in the care of their lives has been an effective source of support. Kalula (2010) observed similar result that the participation of friends who visit older persons is important for the wellbeing of the elderly.

Community workers are an important source of support for older persons. The study found that community workers visit older persons' houses to educate them on their rights and responsibilities. Some community workers act as advocates for older persons to ensure that their rights are protected, and needs met. A study by Kalula (2010) confirms the findings above as it reported that community workers provided support to older person and assisted them in different ways. Reports from participants indicate that neighbours assisted older persons in many ways including cooking, shopping and doing other practical things for older persons. Neighbours may also assist by providing transport to older persons for hospital appointments. The study also found that neighbours are a support system for older adults in terms of addressing loneliness as they get to spend time with them. The views above resonate with the study by Lam *et al.* (2015) that found that neighbours were helping elderly people in many ways including cooking, shopping and doing other practical things for elderly people. Pelser (2014) in their study conducted in Western Cape found that neighbours were providing transport to elderly people for hospital appointments. The findings suggest that most of the community-based care and support systems that older persons have are mainly from family's personal social networks. Similarly, the Department of Social Development (2010) reported that older persons need community care and support that cannot be provided by private organisations alone. Pelser (2009) said that the challenge of elderly people's health should

not be left to communities and private organisations, but it requires collaboration from different stakeholders.

Government and private organisations play an instrumental role in encouraging older persons to volunteer to work and assist within their communities. Reports from participants indicate that this encouragement was done to help them spend their time constructively and prevent boredom. Findings suggest that encouraging older persons to volunteer is one of the effective strategy of helping them to do something new that breaks their routine. This is often done so that they have some of sort of entertainment and eliminate feelings of loneliness and boredom. However, Joubert and Bradshaw (2006) found that an effective way to encourage older person to volunteer in activities is to introduce events and tasks they are interested in. Therefore, the study suggest that older person should be consulted on activities that they want to engage in.

5.3 RECOMMENDATIONS

Older persons' economic challenges include costly healthcare facilities. There is need for the South African government to generate a policy on free quality health care for older persons to reduce the financial barriers older persons experience when trying to access health services. As this study acknowledges the efforts made by the government in providing free primary health care, it suggest that there should be programs aimed at training health professionals so that the service provided is of the highest standard.

The study found that older persons' grant is inadequate because they share it with their multigenerational households to meet household needs. For older persons who are still active government should empower them with elementary entrepreneurship knowledge to do part time work and for person between 90 and 99 years old should receive a social grant of at least R2000.00. As reported by the participants, many older persons have no plans for old age and retirement. There is a need for government to put in place compulsory programmes on retirement planning to help those who are still employees to set income goals, actions and decisions necessary to be financially independent when they are retired and old.

The participants also face numerous social challenges. Findings revealed that older persons' lack of education makes it difficult for them to be aware of their entitlements and rights. The

government should come up with strategies of promoting education programme among older persons to empower them with knowledge on their rights. These programs can be facilitated through churches and other community based organisations through a collaboration between the department of education and social development.

Communities have an important role to play in supporting older persons. As reported by the participants in this study, Folweni Township has inadequate formal or informal community care facilities for older persons. There is need for government and stakeholders to build facilities or renovate old buildings to provide formal paid care to older persons. The study found that older persons are ignored in decision-making processes designed to improve their life. There is need for community leaders to use a participatory approach to allow older persons to contribute their ideas or opinion on how best they should be taken care of. Older persons should be given space to identify, analyse, and solve problems that they face. The participants reported that there is a lack of entertainment in their community. In collaboration with the private sector, government should identify fun, productive and beneficial activities such as swimming, morning walks, gardening, group trips, and games with proven benefits for both physical and mental well-being. This initiative can be achieved by training unemployed volunteers in the community. Another concern that emerged from this research is that many older persons lack a sense of purpose of life. There is a need for families and community leaders to be trained to help older persons feel connected and useful as this is effective in nurturing a sense of purpose and living life to the fullest. This can be done through a community health counsellor that will be stationed in the clinics.

The study suggests that the current transport system is failing to meet the needs of older persons. It is high times the South African government encouraged the pooling and sharing of resources to help fill gaps in local transport provision, working together with the voluntary sector. There is a need for older persons' access to healthcare to be improved by linking of health and transport services. All future design of public transport should have old person users in mind, using technological improvements and customer insight to improve their experiences. Vehicle manufacturers must ensure they take older people's needs into account.

Older persons do not have easy access to primary and secondary healthcare. There is a need for government to train geriatric social and health workers by investing in geriatrics. The

study found that older persons have food security and nutritional challenges. There is a need for government to mobilise older persons around matters of nutrition and food security by giving them support they need to access food they need. This should be done by training them on the already existing government initiative of one home one garden and should be provided with free seeds.

Older persons carry out roles of carers for AIDS patients and suffer first and second HIV and AIDS stigma. There is a need for government and private organisations to run counselling programmes on how to take care of HIV and AIDS patients and how to deal with different levels and types of HIV and AIDS stigma.

The study has indicated that the government needs to bolster its efforts in the provision of facilities to support older persons. As reported by the participants, it takes long for older persons to receive accommodation from government. Government should put mechanisms in place to improve house service delivery so that older persons do not get houses posthumously. Though government has put in place a Victim Support Programme for older persons who are targeted by criminals, there is need to improve service delivery so that people who abuse older persons are arrested as soon as the matter is reported. Government should partner with all salient stakeholders to organise fun activities for older persons. Most importantly, government's grant for the older persons is inadequate.

There is need to investigate socio-economic challenges facing the older persons in Folweni Township in KwaZulu-Natal using quantitative research methodology to provide an in-depth understanding. Moreover, there is a need to conduct a longitudinal study on the challenges facing the older persons in Folweni Township in KwaZulu-Natal. The study should be replicated in other townships in South Africa and there is also a need to conduct a comparative research between townships if there are differences in the different townships and geographic sites. Finally, this study can be replicated focusing on family members and government to allow the collection of community balanced findings.

5.4 CONCLUSION

In South Africa as many other countries' life expectancy is increasing, therefore it is important to have a clear understanding of the attitudes, challenges and experiences of older persons so that programs geared towards improving their quality of life can be implemented. Older persons are faced with several economic and social challenges. They are overburdened with care of their grandchildren and in some instances even their unemployed children. The study concludes that the majority of participants rely on the grant for their livelihoods but they also depend on other financial sources of livelihoods. They used both farming and non-farming activities to secure their livelihood. The findings revealed that participants faced economic, social and health challenges. Participants reported that the old age grant was not sufficient to meet their basic needs, as some of them were the breadwinners in household. Participants reported that their primary source of support was from their families, friends and neighbours.

Drawing on the socio-ecological theory, the study highlights that participant primary source of support was from their families, friends and neighbours. As this study acknowledges the efforts made by the government in improving the quality of life for the elderly such as providing social grant and other services. The study suggests that there is a need for government to put in place compulsory programmes on retirement planning to help those who are still employees to set income goals, actions and decisions necessary to be financially independent when they are retired and old. Older persons do not have access to primary and secondary healthcare; therefore, there is a need for government to train geriatric social and health workers by investing in geriatrics. There is a need for government and private organisations to run training programmes on how to take care of patients living with HIV and AIDS and how to deal with different levels and types of HIV and AIDS stigma.

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APPENDIX A

INTERVIEW GUIDE

I.....(full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project. I understand that I am at liberty to withdraw from the project at any time, should I so desire.

SIGNATURE OF PARTICIPANT:

DATE:

.....

Section One: Preamble

- 1.1 Introduce myself.
- 1.2 Thank the participant for agreeing to the meeting.
- 1.3 Briefly describe the study and purpose of the study.
- 1.4 Explain that it is their perceptions and experiences of service delivery including their opinions I'm seeking and encourage them to express themselves freely.
- 1.5 Explain to the participant that they have a right to confidentiality and anonymity. They are allowed not to answer all questions and can take a break/leave the interview at any time.
- 1.6 Explain the need for recording their answers.
- 1.7 Ask if they have any questions.
- 1.8 Request the participant to read and **sign** the informed consent forms.

Section Two: Brief Bio

- 2.1. Age:
- 2.2. Place of residence:
- 2.3. Marital Status:
- 2.4 Religion:
- 2.5. Living arrangements:
- 2.6. Number of living children
- 2.7. Old age grant

Section Three: Interview Questions

- 3.1. What is your main source of livelihood? Are you receiving any financial support? What formulae does this take?
- 3.2. What are some of main **challenges** facing the elderly people in Folweni Township in KwaZulu-Natal? Probe: social, economic, health issues?
- 3.3. What support systems/networks are there in this area? Who is your main source of support?
Family? Friends? Neighbours? Community Workers? What is some of the problems you experience with your support system? What could improve it?

3.4. If you need to get a health facility, who provides you with assistance? What do you think about the health facilities in your area? Are they meeting the needs of the elderly?

3.5. What community services are available for the elderly in this area? What do you think about them? What more community services would you like to see in this area?

3.6. How do you feel about government services for the elderly in this area?

Closing Remarks

- Is there anything else on these issues that you feel should be addressed in this interview?

Thank you for your valuable time!

APPENDIX B

DECLARATION LETTER

This is to declare that I..... will ensure that the respondents' privacy is protected. I will not use the participants' name in any of the information received from this study or in any of the research reports. Any information received in the study will be recorded with a code number that will be secured. When the study is completed, the key that shows which code number goes with your name will be destroyed. Participants have the right to withdraw from the study at any time without any negative consequences.

I also confirm that respondents have the right to withdraw from the study at any time without any negative consequences.

Please contactif you have any questions about the study, or would like more information.

Cell no.:

Email:

Address:

Supervisor:

Contact:

Alternatively you may contact the UKZN Humanities and Social Science Research and Ethics Committee:

Mrs Mariette Snyman

Humanities and Social Science Ethics (HSSREC) Research Office,

Govan Mbeki Building, Westville Campus, Private Bag X54001, DURBAN 4000

Tel: 031 260 8350

Snymanm@ukzn.ac.za

Thank you in advance for your cooperation with this research exercise.

Sincerely,

Mrs C.Z. Biyela

APPENDIX C

CONSENT FORM



Information Sheet and Consent to Participate in Research.

Good day, my name is **Charlotte Zamokuhle Biyela** I am Masters student at the University of KwaZulu Natal, School of Built Environment and Development Studies under the discipline of Population Studies.

I would like to invite you to participate in a research study titled “**Socio- Economic Challenges facing the older people: perspectives and experiences of older people in Folweni Township in KwaZulu Natal**”

Purpose of the study

The study will provide evidence on the challenges of elderly people to inform evidence based decision-making that is becoming indispensable practice because of its role in ensuring efficient management of population, economic and social affairs.

Study Procedures

This study will involve sixteen older people, which will consist of 8 males and 8 female who are aged 65years and from Folweni Township. They will be invited to partake in an in-depth-interview of approximately an hour. It will cover topics around socio- economic challenges affecting older people. The interviews will be held at the participant’s place of residents.

Possible Risk

There is minimal risk to participate in this study. There won’t be any expected challenges and problems. However, some people may experience some discomfort to the nature of some questions as it may trigger emotions on the experiences of the topic covered in the interview.

Possible Benefits

This study will benefit the older people hence it intends to inform government and organizations in South Africa to understand the challenges that affect older people. In return, government and organizations may be able to formulate evidence-based policies on the socio-economic issues that affect older people that require attention in terms of policy formulation.

Confidentiality

Your name will not be used in presentation or publication of the study. The information shared in the interviews will be recorded under unique participant code numbers to ensure confidentiality and anonymity. The supervisor will provide storage space for all the documentation used in the study within the university facilities. All the documents used will be shredded and electronic data deleted after five years.

Contact Details

If you experienced any problems or would like to obtain information regarding the outcome of the study you may contact the researcher Ms Charlotte Zamokuhle Biyela at **0835375349** and the supervisor Prof Pranitha Maharaj at 031 260 2243 or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

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KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Declaration by Participant

I, _____, confirm that I have read the information sheet that describes this study and have had an opportunity to ask questions so as to understand the purpose of the study.

I understand that my participation is **voluntary** and that I am free to withdraw at any time without giving any reason.

I understand that I do not wish to answer all the questions if I **do not** wish to and may take a break or leave the interview at any time.

I understand that if I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557- Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

I am aware that any information I provide will be treated in the strictest confidence.

I agree to take part in this interview.

Please tick box

Yes

No

I give permission for brief extracts of my interview to be used for research purposes with strict adherence to anonymity.

Signature of participant: _____

Date: _____

Signature of witness: _____
(where applicable)

Date: _____

Signature of translator: _____

APPENDIX D

ETHICAL CLEARANCE