# COMMUNITY CARE OF THE AGED IN DURBAN UNICITY

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# PREFACE

This study focuses on Community Care of the Aged in Durban Unicity. The aim of this study is to show that being old is not to be identified with physical loss and not being forgotten by the world. It is necessary to regard community service as an integral element of any organisation for the aged. Community care is a service delivered in the community settings and not in institutions. The researcher's decision in choosing this topic came from her experience from working at Tafta and her continuous dealing with the elderly. She came to the conclusion that a service centre can be defined as a community based support service, which aims at enabling the elderly to maintain an independent life within the community. The elderly should be taken care of in every way possible: nurtured, revered and most importantly, loved by a proud nation – as proud mothers love their babies.

# ACKNOWLEDGEMENTS

# ABBREVIATIONS

| | |
|---|---|
| Tafta | The Association for The Aged |
| NHS | National Health Services |
| CCA | Community Care Act |
| DSS | Department of Social Work |
| XYZ | Extra Years of Zest |
| CPWOA | Cape Province White Old Age |

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# Chapter One

# Research Design

## 1.0    Knowledge Portfolio

The researcher has been employed by Tafta (The Association for the Aged) for fifteen years. When she began her employment at this company the researcher had no clue as to the importance of the aged and what significance they played in the community. At that time, the elderly to her was just an old person and someone that has accomplished his/her duties on earth and was waiting to die. Over the years as she became more involved and interested in her work environment she noted that the elderly played a very important role in our community and they in turn needed to be taken care of in their old age. The role of community care is essential in maintaining the aged within the community. The concern of the researcher is that although an integral part of Tafta's policy is to maintain the aged in the community, they only offer services to those living in the central business district of Durban.

The community that the researcher lives in does not cater for the needs of the aged. In addition to this her local church does not focus its services on the aged. Major focus is made on children and primary care and there is no room left to assist the elderly without whom we will not be here today. In the past, especially in the Indian community, everyone believed in extended families. Children were often left with the thought that it was their duty to stay at home and take care of their parents, but over the years this has fallen away. Due to the fact that both spouses have to be employed to meet the needs of the home, the elderly are most often left on their own.

Since her employment with Tafta, the researcher has realized that community care forms an integral part in the lives of the elderly. Community care is essential in maintaining the aged within the community and helps them to live an independent life. It was decided that the study would be confined to Community Care of the Aged in Durban Unicity because the researcher herself is an employee of a company that deals in the care of the aged and also research on community care of the aged is grossly lacking. Furthermore

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much emphasis is placed on institutional care and inclusion of this would have enormously increased the scope of the investigation. Instead the aim of this study is to make a limited but novel contribution to the study of the aged in South Africa.

## 1.1 Introduction

All the word's a stage, and all the men and women are merely players.
They have their exists and entrances; and one man in his time plays
many parts, his acts being seven ages. At first, the infant mewling
and puking in the nurse's arms. And then the whining schoolboy,
with his satchel and his shining morning face, creeping like a snail
unwilling to school. And then the lover, sighing like a furnace,
with a woeful ballad made to his mistress' eyebrow.
Then a soldier, full of strange oaths, and bearded like the pard;
jealous in honour sudden and quick in quarrel, seeking the bubble
reputation even in the cannon's mouth. And then the justice,
in fair round belly with good capon lines, with eyes severe and
bears of formal cut, full of wise saws and modern instances;
and so he plays his part. The sixth age shifts into the lean
and slippered pantaloon, with spectacles on nose and pouch on side,
his youthful hose, well saved, a world too wide for his shrunk shank;
and his big manly voice, turning again toward childish treble,
pipes and whistles in his sound. Last scene of all, that ends this
strange eventful history, is seemed childishness, and mere oblivion,
sans teeth, sans eyes, sans taste, sans everything.

<div align="right">- William Shakespere, <em>As You Like It</em></div>

Clements (1979:17) maintains that Shakespere helps us to see clearly a reflection of our dominant western image of the human life cycle – from the "mewling and puking" of infancy to sans everything of old age. Our model for aging in the first half of life seems to involve growth and ascendancy, for the last half of life decline and deterioration. Thus for many persons in our society being old is identified with physical loss and the process of becoming forgotten by the world.

Working from a systems theory perspective, it was necessary to regard community care as an important sub-system of any associations and organisations for the aged. General systems theory highlights the dependence of people on systems, which assist them to obtain material, physical, emotional, psychological, social and spiritual recourses, to enable them to cope with every day tasks and realize their aspirations. According to Pincus and Minahan, (1973:43) people obtain help from three types of resources: -

1.1.1 Informal or natural resource systems, such as family, friend colleagues and neighbours.

1.1.2 Formal resource systems, such as formal welfare organisations or structured membership guilds and associations.

1.1.3 Societal resource systems, such as hospitals, day care centers and social security programmes.

Community care forms an integral part of the formal resource systems, such as formal welfare organisations or structured membership guilds and associations. A service centre can be described as an institution that renders various services to the aged within the objectives of enabling them to remain independent members of society. Community care can be administered by a Welfare Organisation, in this instance by The Association for the Aged, for persons 60 years and older in the economic and sub-economic groups of the community. Service centers are a community based supportive service, which is aimed at maintaining the independence of the elderly. Their longevity and overall wellbeing benefit if they remain independent in their community social ties as long as possible. Long term maintenance of the elderly in institutions is costly to the individual, their family and to public programmes that pay for such medical care. Community based supportive services refers to services delivered in community settings, not in institutions, although institutionally based. Fauri & Bradford (1989: 259-260) claim that it can be concluded that a service centre can be described as a community based support service which aims at enabling the aged to maintain an independent life within the community

## 1.2 Aims and Objectives

According to De Bruyn (1986: 210) as people grow older they face a number of developmental changes such as biological, physical, intellectual, psychological, personality and aging. As a consequence, people tend to develop a multiple of needs they

did not have previously such as sensory, deterioration, self-concept decline, income drop, growing isolation, physical infirmity and external/internal stereotypes of aging are cited as some of the reasons for special service needs of the elderly. It has been assumed that attendance to the elderly in the community will meet some of these needs. It is also suggested that the older person's decreasing social life supports their senses of isolation and loneliness are the reasons for joining a service centre. The researcher has defined the problem as determining the effectiveness of community care in meeting its objectives. The organisation chosen for this research is the Home Help Department of Tafta as it is identified by the agency. Therefore the main objectives of this research will be as follows: -

1.2.1 To determine whether there is a need for Community Care of the Aged in Durban Unicity.

1.2.2 To determine whether service centres can provide necessary supportive services and activities that enable the elderly to continue to function independently and effectively as long as possible in the community.

1.2.3 To investigate whether service centres can combat the problem of malnutrition by means of a daily meal service.

1.2.4 To investigate whether the provision of a day care centre will enable the senior citizen who is already showing signs of frailty to be cared for at the service centre effectively in the daytime and in this manner protect him/her against loneliness.

1.2.5 To determine whether community care will help the aged to develop into meaningful individuals and group relations and have a valued role in society.

1.2.6 To ascertain the roles played by families in order to form the basis for the formulation of church policy on the care of the elderly in the community.

1.2.7 To determine whether the senior citizen will be stimulated to active participation by involving him/her in the programme at the centre promoting physical, psychological, social and mental stimulation.

1.2.8 To investigate whether community care will stimulate the learning of new skills in the aged for personal enrichment in the arts, language, music, drama, sports, games, dance and crafts.

1.2.9 To ascertain whether resources are the criteria in meeting the needs of the elderly in the community.

1.2.10 To investigate whether community care can help to increase participation, loyalty and feeling of self-esteem of the elderly by involving them in the management of a service centre.

## 1.3 Key Critical Questions

The main issue in each chapter is to show that no matter which community the aged live there is still a need for community care. Before community care is administered there are some key critical questions that need to be answered. These are as follows:-

1.3.1 Is there a need for community care of the aged in Durban Unicity?

1.3.2 What roles do families play when it comes to caring for the parents?

1.3.2 What part do we play as individuals in the community with regard to the aged in our society?

1.3.4 What are the common needs of the aged in the community?

1.3.5 Are there sufficient resources available to help the aged in the community?

1.3.6 Do the existing institutions offer sufficient services to the aged in the community?

## 1.4 The Relevance of the Research

According to Swanepoel (1977: 95-96) the research is needed to establish and define the person's needs precisely. This includes the interrelatedness of and the causality between needs and the variables that might influence them. The community worker or organisation must establish what the needs are, how they are linked and whether one need is the result of or leads to another. Research is therefore needed to get absolute clarity on the need to be addressed.

Research is required to establish what resources are available to tackle certain need. Quite often people have a better idea of their needs than their resources. They tend to overlook their resources. They are so negatively influenced by their situation that they can easily list their needs but at the same time, be blind to their resources. Resource not only has practical value but psychologically, it tends to make people more positive and thus more eager to address their needs. There are always obstacles or constraints to the use of resources and, through research, these obstacles and constraints, be they physical, psychological, are identified. It is also important to establish who will benefit most. If

the answer reveals that it will be a group of elderly who are better off than the average person, then the service has lost its value. If however, it is clear that it is the less privileged part of the community that will gain from it the service will be all the more worthwhile.

According Crandall (1980) the scientific study of human development is fragmented and incomplete. An examination of literature indicates that some stages of human development have been more thoroughly examined than others. One stage of human development that has not received very much attention until recently is old age. This lack of information on the aged is unfortunate since a greater percentage of people now live to reach old age and spend more years as aged persons than in previous generations. Crandall claims that until recently knowledge of aging and the aged was dominated by myth, stereotypes, prejudice, ignorance and personal fear of growing old. Such myths and stereotypes can be dangerous and damaging. The one way of challenging or dispelling them is by conducting empirical scientific studies of aging. Although recent interest in gerontology has produced a plethora of literature, much of the research is unfortunately, inadequate by basic research standards.

A review of literature has indicated that there are many gaps in the knowledge about aging and the aged in general. The situation appears to be even more critical in South Africa where research on the aged has in the past concentrated largely on institutional care only. This oversight by researchers can partly be attributed to the fact that it is often assumed that cultural differences characterize the social role of the aged in South Africa. The researcher is of the opinion that the blatant lack of research on community care of the aged be attributed to the fact that it is often taken for granted that they will be taken care of by their families. As such it is unlikely that they will experience any serious problems.

There is no doubt that the aged cycle of life can be a problematic one. In Nair (1987) Binstock and Shanas argue that recognition of aging as a social problem is recent and that recognition of aging as a social scientific problem is more recent still. They maintain that while some sociologists, as early as the 1940's, commented on the aged as a social

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category, sociological interest in the life cycle, in general and in the middle and later years of life, in particular, has never been substantial. They conclude that that more than a decade has passed before systematic sociological studies on aging appeared. In fact, explicit interest in human aging and the aged has increased markedly among social scientists only during the last four decades.

Steyn in Nair (1987) claims that in highly industrialized countries such as the United Kingdom and the United States, where the population is rapidly aging, the aged have become a focus of much scientific sociological research. In comparison relatively few studies have been done undertaken with regard to aged in South Africa, although 15% of the total population in South Africa are sixty years of age or more.

Mantizaris in Nair (1987) supports this contention by arguing that although the Aged Persons Act was passed in South Africa to safeguard the aged, research on and knowledge about the aged per se remain fragmentary. He adds that to date the most comprehensive study conducted in South Africa with regard to the problems of the aged, was undertaken on behalf of the Department of Health and Welfare. This study concentrated on examining the needs of citizens over the age of sixty-five years. Mantazaris concludes that most articles published in South Africa regarding the aged emanate from institutions and are based on day-to-day problems. He adds that such research lacks substance, vision and scientific clarity in most cases.

Among the works in this field which are based on scientifically acceptable methods are various articles and they tackled specific problems facing the aged in South Africa, very few have focused on Community Care of the Aged. Most researchers recommend that the role of the extended family and its decline be major considerations in planning for community services and possible alternative accommodation for the aged. The discussion above points to the urgent need for studies in the field of gerontology in South Africa, more especially in those areas that are relatively untouched. The fragmentary nature of research on Community Care of the aged helped to initiate the present study. It is hoped that the study will provide fresh insight into and open new avenues of understanding of this much-neglected area of gerontology.

## 1.5 Importance of the Study

Traditionally the aged in South Africa rarely presented a problem as they integrated into and were protected by the extended family system. However Burgess in Nair (1987) argues that in the recent years there has been an increasing breakdown of the extended family system resulting in a weakening of family ties. Consequently a large number of old people are left without care and support. It is often assumed that the integration of the old person into extended family is obligatory on the children. The caring of the aged by their families creates tremendous pressure for caregivers in respect of financial, social, physical and psychological energy.

The problems associated with caring for the aged are intensified in South Africa and is influenced by a number of social factors that impinge upon it. Modern industrialised societies have had a direct effect on the aged, hence the attitude of the young towards the extended family and towards parents have changed dramatically. Thus the question of who is responsible for the care of the aged in Durban Unicity becomes a critical issue. A second problem facing the community with regard to caring for the aged is the rapidly increasing aging population. Mantzaris in Nair concurs that there has been a rapid increase in the number of aged people in Durban Unicity.

A demographic shows the number of aged persons who received a government pension as at 2000. This demographic shows that there were a total of 73513 old age pensioners and 145 war veterans living in Durban Unicity. This rapidly aging population places a great burden on the family as far as care in the community is concerned. Although it is not claimed that the family is abandoning its role in support to the aged, the ability of the family to provide this support must, in some way be affected by the current economic and social circumstances.

| Town | Old Age Pension | War Veteran |
|---|---|---|
| Durban | 12 512 | 91 |
| Pinetown | 7 168 | 6 |
| Verulam | 3 868 | 4 |
| Phoenix | 7 383 | 11 |
| Chatsworth | 8 619 | 16 |
| Kwa Mashu | 8 951 | 5 |
| Umlazi | 10 197 | 4 |
| Umbumbulu | 10 117 | 1 |
| Mpumalanga | 10 060 | 4 |
| Inanda | 4 755 | 3 |
| | | |
| Total | 83 630 | 145 |

Mantzaris in Nair claims that the vulnerability of the "third" or "fourth" generations of citizens has, in recent years, been realized by sociologists, anthropologists, social workers and psychologists who maintain that solution to the problems associated with the aged can be uncovered through scientific research. Unfortunately the researcher has not found much studies regarding community care of the aged. In the light of this it is believed that a study such as this will not only be informative, but will also dispel any myths surrounding the issue if they do exist.

## 1.6 Value of the Research

Since community care forms an integral part of the formal resource system of Tafta (The Association for the Aged), the data gained would indicate whether the organisation is a community based support service which has been fulfilling its objectives successfully. The mission of the Association is to retain the aged within the community, wherever possible. If the community service is not fulfilling its objectives successfully and requires improvement and is not improved then the need of the aged would be better attended to within the community.

The findings would be useful in evaluating the present programme offered at the service centre with the aim of implementing new programmes to address the needs of the aged. The findings would be useful assisting the social workers in evaluating their professional skills and abilities in developing programmes. The findings will also serve as useful in comparing the needs of the aged to the objectives of the service centre.

1.6.1 Objectives:

To evaluate the effectiveness of the Home Help Department of Tafta in meeting the needs of the aged.

To make recommendation as to how the effectiveness of community care of the aged in Durban Unicity can be improved.

## 1.7   Research Method

There is a host of written material on the elderly and the aged but not much research has been done on community care of the aged. The researcher will make use of literature study to do a critical analytical study from whatever material that is available. She will also focus on empirical study of community care of the aged. The researcher intends to locate much of her theoretical investigation in the realm of family therapy and social work. It was deemed essential to consult with professional social workers in the field since it was felt that much useful knowledge based on practical experience might be obtained from such a venture. In social work it basically provides about the extent to which practitioners have achieved their objectives both in programmes and individual treatment, as well as information about the consequences of social work activities. In this research study literature study is used to determine whether the community plays an important role in the care and counseling of the elderly. This research is also done to prove that community care is essential in fulfilling its objectives as a service in meeting the needs of the aged in the society they live in. An approach will be made that integrates all the perspectives and especially the model of pastoral care as faith and life care in the aged.

## 1.8 Working Hypotheses

Hypotheses are statements of predicted relationships between two or more variables. One of the variables in the evaluative research studies is a programme, practice or technology (independent variable) while the other variable is the expected results of the independent variable (dependent variable). The independent variable is the Home Help Department (community service) of Tafta. The dependent variable is the objectives of the service centre. The term "effectiveness" needs to be operationalised. Effectiveness in this research would be used to determine to what extent the intended target population, (that is the aged) are represented in the objectives. Effectiveness also includes the question of what are the opinions for the intended target population regarding the extent to which the content of the programme is reaching them and reasons why programme contacts are not made.

The following hypotheses were formulated:

1.8.1 Acceptance of the responsibility of caring for the aged in the home environment is falling away in all races.

1.8.2 Gender, age, education, marital status, religion and income as basic socio-economic determinants of social life, have an effect on the attitudes of individuals towards the aged, in general and more specifically towards caring for the aged in the community.

These hypotheses were used to assess people's attitudes towards old people in general and towards caring for the aged in the community. A series of statements measuring various social problems associated with the care of the aged in the community was used to test the hypotheses.

## 1.9 Myths and Realities of Aging

Becker (1986:17) claims that accurate and truthful information about aging is important because this group of persons is now and will continue to be one of the larger groups in society. By the year 2010 persons over sixty will constitute 25% of the general population. Our attitudes are formed and affected by what we believe or know and in turn, our caring for others is coloured by our attitudes about them. If we are fearful of old age and aging, we may avoid all but the obligatory contacts with older people. Becker claims that if the aged anticipate that old age will be filled with misery, poverty,

suffering, loneliness and bitterness chances are greater than average that it will be so. When negative expectations, fears, prejudices, and stereotypes are uncovered, their insidious effect on later life can be diminished.

Becker maintains that if negative or false impression of aging dominates ones thinking, one will be more likely to engage in denial. Denial of the real negative aspects of aging is common in our youth-orientated society. Excessive denial is unwholesome because it prevents the denying person from facing the facts realistically and responding in appropriate ways to what is happening. It also encourages one to live in a world of fantasy. Someone who is one of the "frail elderly" and undertakes to go out and play a vigorous game of tennis under the delusion that you are "only as old as you feel" may be in for a serious heart attack.

Becker argues that the opposite of denial is not surrender. A careful regimen of exercise, diet, meditation, human contacts, and the maintenance of vital interests in order to minimize the negative effects of aging is not denial, but appropriate defensive behaviour. Kalish in Becker warns against a subtle reversal of ageism. This new ageism stereotypes the elderly as being helpless and dependent persons who need our services. It encourages the development of programs and services without adequate concern as to the effect these services have both on the needs of the persons being helped and on the reduction of their freedom. It has victimized countless, helpless people. Kalish also states that this new ageism has generated some failure models of aging. These models include the incompetent elder and the geriactivist elder. The incompetent model looks down on older people by saying that because they are poor, chronically ill, malnourished, lonely or in some other tragic way affected by aging, they need help, federal money, or advocacy programs which we the successful, strong and youthful can provide for them. Becker continues by saying that the important question is "whose needs are we serving?" A further danger is that older people may internalize or "buy into" this incompetent elder model and consider themselves failures. This is severely damaging to the self-esteem of the persons whose self-confidence we had hoped to elevate. The second failure model is the geriactivist elder who believe that successful aging requires that all aged become activists or advocates for the elderly. This too becomes a put-down for the elderly who

have been deprived of the usual routes of being productive and therefore worthy in our culture. By taking this form of social "work righteousness" the aging activist strives to prove him/herself worthy of acceptance, and of course also proves that he/she is aging successfully. For the geriactivist, something is assumed to be wrong with older people who prefer to sit around and talk with elderly friends, or stay at home and read or watch television, who wish to pray or meditate or for whatever reason prefer their world to be comfortably manageable, rather than stimulating, challenging and risky.

## 1.10 DEFINITION OF CONCEPTS

The study of aging and the aged has created the need for a special vocabulary. If individuals working in the field of aging are to communicate effectively with one another, critically analyse colleague's work, and intelligently compare studies, it is important that terms be clearly defined so that they will be used consistently. The researcher therefore attempts to clarify certain basic concepts that may be encountered in this study.

### 1.10.1 Gerontology

According to Willis (1991:10) gerontology is the study of the phenomena of the aging process from maturity into old age, as well as the study of the elderly as a special population. Crandall (1980) asserts that the term gerontology comes from the Greek word "geras" meaning old age and "logos" referring to a study or description of something. Thus gerontology is a study of old age. The term gerontology is very broad and encompasses the psychological, socioeconomic, and psychological aspects of old age.

### 1.10.2 Social Gerontology

(Nair 1987:14) claims that social gerontology is a sub-field of gerontology and was first used by E. J. Steiglitz in 1943. The social gerontologist is concerned with the reciprocal relationship between the individual and society. Although social gerontologists are not interested in the physical aspects of aging per se, they are interested in the individual's reactions to physical changes, as determined by the societal values placed on certain physical conditions. Social gerontology is concerned with biological and physiological aging in all animal and plant species. It also deals with the psychological and socio-

cultural aspects of aging in man in societies. Social gerontology encompasses the following: -

i)    The phenomena of aging which are related to man as a member of the social group and of society.

ii)   The phenomena that are relevant to aging in the nature and function of the system or society itself.

## 1.10.3 Geriatrics

Crandall (1980:8) claims that another sub-field of gerontology is geriatrics, which is the study of the medical aspects of the aged. It deals with both the causes and amelioration of physical pathology in old age. Geriatrics refers to the medical treatment of the elderly.

## 1.10.4 Educational Gerontology

Specialists in adult education have coined this term. The recent surge of interest in aging and the aged has made specialists in adult education aware of the problems and the needs of the aged. With problems and needs in mind, educators and gerontologists have begun to develop educational programs that are intended to provide the aged with meaningful experiences.

## 1.10.5 Senescence

This is a biological term referring to the physiological aspects of growing old. The term comes from the Latin word senescence, meaning, "to grow old." The Latin word "senex" refers to an old individual or elder in the community. Words such as "senator," "senile," "senior," and "senetude" are derived from this word.

## 1.10.6 Ageism

Johnson in Nair (1987:22) asserts that the terms "sexism" and "racism" have been used in referring to the various stereotypes and forms of institutional and customary discrimination perpetuated against women and racial minorities. In the recent years it has become increasingly evident that there is a parallel need to speak of ageism with respect to the injustices experienced by people because of the fact that they are aging or aged. The term ageism was coined by Robert Butler to describe prejudice against old people. It is seen as a process of systematic stereotyping and discrimination against people because they are old. Reaction to the elderly whether at a personal level or through the media is often negative. The conclusion is that the term "ageism" refer to the negative or pejorative image of the attitudes towards an individual simply because he or she is old.

The aged are thus seen as a minority group. It has been suggested by some writers that negative attitudes and stereotypes about the old may in fact not be so obvious. It is felt that gerontologists may be oversensitive to stereotypes of old age. According to the Ageing International surveys carried out in England show that ageism has now been recognized and labeled and various attempts have already been made to counteract it.

1.10.7 Age

Birren (1990:3) claims that a fuller definition of aging introduced the idea of the typical changes with time: "aging refers to an orderly or regular transformation with time of representative organisms living under representative environments. In scientific discourse, the core meaning of aging implies a determinant chain of events occupying a significant part of the life span after maturity. Imbedded in the concept of aging are the implications of such terms as characteristic, typical patterns of change and entertainment. The latter refers to the coalescing of influences on behaviour over time. Aging implies something that is associated with chronological age but not identical with it. Aging is used both as a label for an independent variable to explain other phenomena and as a dependent variable that is explained by other processes. The central focus of development research is aging or behaviour change over time. Age is defined in the following categories: -

1.10.8 Chronological Age

Kermis in Nair (1987:16) claims that chronological age is only an index of the length of time a person has been alive. It is measured from the time of birth in a social determined way.

1.10.9 Social Age

Kermis in Nair (1987) sees social age as a system of segregating people into different levels of maturation according to social factors. Social time is marked by events such as marriage, the birth of the first child, widowhood and retirement. Social age is a system of age based expectancies shared by all members of a given society and varying widely across ethnic groups and cultures.

1.10.10 Psychological Age

Kermis in Nair maintains that psychological age is measured in terms of capabilities, adjustment and knowledge. He concludes that it is possible for a person to be mature with respect to a particular variable, but not to have attained what is considered social or

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chronological maturity. Birren (1990:3) states that a simple definition of the psychology of aging is that is the study of the changes in behaviour that characteristically occur after young adulthood.

## 1.10.11 Biological Age

Kermis maintains that biological age refers to a person's rate of biological maturation and that this is influenced by both heredity and environment. He concludes that it is therefore possible for a person to be biologically old, but chronologically young, and vice versa. Kermis sums up by arguing that all measures of age are influenced by both culture and history and that age can be seen as a relative multifaceted concept that should be clearly defined in terms of the society and historical time of the subjects being measured. Of the four measures discussed above chronological age seems to be the most appropriate measure to use for a study such as this. Bond (ed.) (1996:21) asserts that we are all familiar with the human and social effects of ageing and senescence on people around us that most of us do not think of ageing in biological terms. Just as birth and development can be seen from biological as well as social and psychological viewpoints, so to can senescence and death at the other end of lifespan – in birds, bees or humans. Most living organisms show an age-related decline in functional capacity, which can be studied at various levels ranging from the intact organism, be it plant or animal, through its component organs and their cellular constituents, down to molecular structure.

## 1.10.12 Aging

Crandall (1980:9) contends that the term aging refers to the process of growing old. Technically, all organisms can be considered as aging from the moment of conception. Growing old is a universal experience which can be made more difficult because of societal attitudes and values, and the practices which exist because of them. It is often difficult for the young to imagine what it is like to be old: the problems, inconveniences and sometimes the degradation that can result from living in a society that glorifies youth and is structured around the desires and capabilities of the young and healthy.

Aging has been variously defined and used by researchers from different disciplines. In Nair (1987:18) Burgess argues that, in general, aging is seen as a process – it begins even before birth and continues until death. He adds that the term "aging" is customarily taken to mean the later stage or stages of the process. Harris and Cole in Nair (1987) maintain

that aging involves a pattern of changes not only in the structure and functioning of the body, but also in the adjustment and behaviour of the person. For most of us death does not come suddenly. Instead we slowly wear down. With the process of aging our looks, faculties and health decline. Our hair and teeth begin to fall out. Sometimes our minds dim and gradually we become unable to fully take care of our selves. We then become dependent on others.

It becomes apparent that aging is a gradual and imperceptible process which begins at birth and ends with death. To understand human aging we must accept the idea that whatever happens in the later years of life, it is part of a continuous process that begins at birth. Harris and Cole in Nair define aging as "all the regular changes that take place in biological mature individuals as they advance through the life cycle." Hence aging is viewed as a sequence of events that take place or are expected to take place during an individual's life course. Friedlander and Apte in Nair (1987:19) give a more concise definition of aging. They assert that "aging is a gradual process of deterioration that starts early in life and is irreversible. It is a complicated process involving each system of the body and is responsive to environmental factors." It is evident that aging has been viewed and experienced in widely varying patterns depending on prevailing social and cultural conditions. Aging has been "resented and resisted; welcomed and treasured. It has been regarded as a time of fruitful activity and a time of usefulness and idleness. It has brought promotion to a position of authority and demolition and degradation. It is said that aging appears to be viewed, by many researchers, as being a problematic period in life, rather than a fulfilling one.

Bond (1996:21) contends that the terms "ageing" or "senescence" which are often used interchangeably imply decline and deterioration. The ageing process has been defined as that which renders individuals more susceptible as they grow older to the various factors, intrinsic or extrinsic which may cause death. Recognising that death may arise from a decline in the individual organism's ability to maintain its intrinsic function in the face of physiological stress from an extrinsic source such as accident or disease. According to Comfort in Bond ageing is an increased liability to die, or an increasing loss of vigour,

with increased chronological age, or with the passage of the life cycle. The criteria proposed by Strehler in Bond have been widely accepted: -

i)      Ageing is universal in that it occurs in all members of the population

ii)     Ageing is progressive, a continuous process.

iii)    Ageing is intrinsic to the organism.

iv)     Ageing is degenerative.


Bond asserts that it should be noted that ageing and death are fundamental, intrinsic biological properties of living organisms including humans and that senescent changes are by definition deleterious. The biologist is concerned with measuring the nature and extent of ageing changes.

## 1.10.13 The Aged

Crandall (1980:9) maintains that the term "aged" is harder to define but they refer to those individuals who are over the age of 65 years. In Nair (1987:19) Cottrell argues that the finished product of aging is the aged. This is not to say that once a person becomes aged, he stops aging. There is no fixed time in a person's life when he or she becomes old. Harris and Cole in Nair maintain that because of this lack of a clearly defined time span, different societies use various criteria for determining when someone has reached the status of an elderly or aged person. Some societies define old age in functional terms, such as physical decline, while other societies view the beginning of old age in formal terms related to external events. In western societies, old age is defined in terms of a temporal or chronological definition of how many years a person has lived.

Stark, et al (1975:392) in Nair argue that there are several definitions of when a person becomes old, adding that 65 years is the most widely used and accepted one. In the United States this age was arbitrarily selected in 1935 as the earliest date for retirement under the Social Security Act. They conclude that "one of the most important definitions of 'old' is the one determining the point at which the job must be given up… accordingly, we will take 'sixty-five and over' as a definition of 'old people'." Stark asserts that a large part of the problem of the aged relates to the injustices of an arbitrary system that implies that everyone over the age of sixty-five is physically and mentally old. It is argued that the age sixty-five is arbitrary and has no basis in reality as the point at which

a person actually becomes old. Harris and Cole in Nair argue that since ancient times people have believed that the onset of old age takes earlier for women than for men. They indicate that according to Hippocrates, old age begins at about 55-60 years for men and between 45-55 years for women. They conclude that it is still believed that women age sooner than men by at least five years.

Following the patterns of the western societies, South Africa also uses the chronological definition of the aged. The aged Persons Act (1967) categorises all men over the age of sixty-five and women over the age of sixty years, as being old. Since the meaning of 'old' varies by social and cultural context, chronological age is at best an indicator, which marks substantial variation in both capabilities and behaviour.

Since definitions of the "aged" encountered during the literature survey, proved to be arbitrary and variable, no fixed definition can be provided. It also seems that the term "aged" is understood by most writers to mean sixty-five years and over (Burgess 1960, Tibbitts 1960, Harris and Cole 1980 and Crandall 1980). For the sake of convenience and clarity the researcher will for the purpose of this study, regard all persons over the age of sixty as the aged.

## 1.10.14 The extended family

According to Crandall (1980:60) this is the traditional family system which consists of large family units with two or more nuclear families which are affiliated through an extension of the parent-child relationship rather than the husband-wife relationship. This means that the nuclear family of a married adult is joined to that of his parents, thereby producing residential units of three or more generations, possibly with grandparents, parents and children.

A Graphic Representation of the Extended Family



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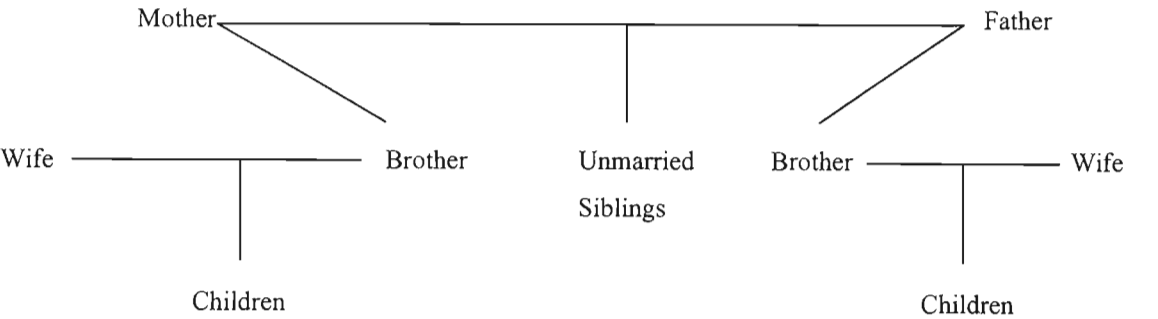
### 1.10.15 The Nuclear Family

This type of family is common in our society today. It refers to a group of at least two adults of opposite sex living together in a socially approved sexual relationship with their own or adopted children maintaining an economically independent household. A basic nuclear family usually comprises of residential units of two generations i.e. parents and children. The original nuclear family of the husband is the family of orientation. When he marries and sets up a home of his own he then starts another nuclear family, which is known as the family of procreation.

A Graphic Representation of the Nuclear Family

```
                    ┌────────────────────────────────────────┐
                    │  Mother_____        _____ Father  │
          ┌─────────┼───────────────\      /────────          │
          │ Spouse──┼──────\    /──── Brother          Sister │
          │          \    /     │                              │
          │           \  /      │                              │
          │ Brother    Sister   │      ┌──────────┐            │
          │                     │      │          │            │
          └─────────────────────┘      └──────────┘
```

                                    Family of Procreation
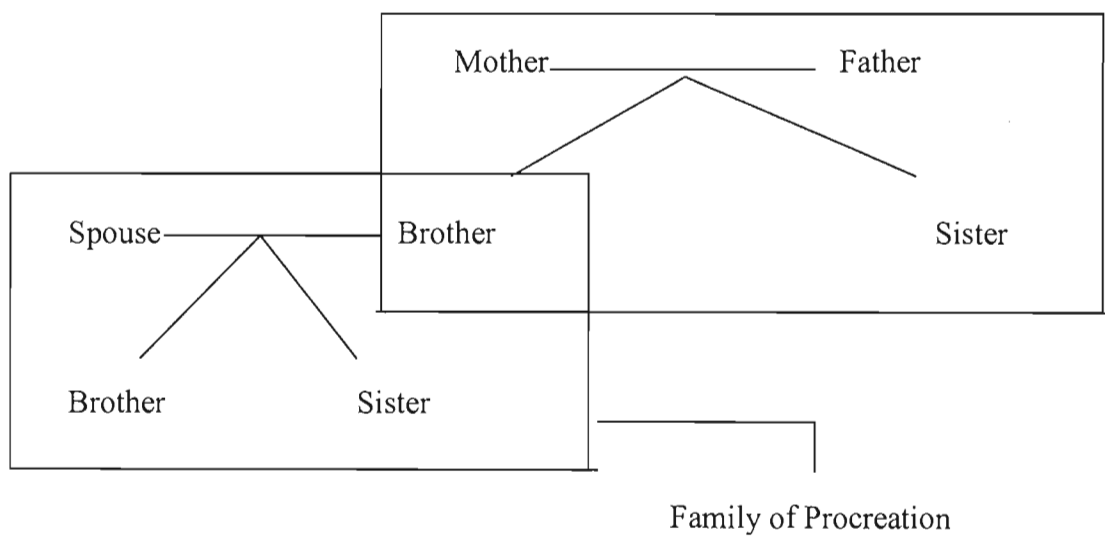
## 1.10  Community Care

Lewis (1989:7) defines community as a system of independent persons, groups and organisations that:

i)      Meet the individuals primary needs.

ii)     Affects the individual's daily life.

iii)    Mediates between the individual and a society as a whole.

The community is a system means, that it has unity and continuity. Members can therefore learn to predict its responses, that the individuals, groups and organisations making up a community are interdependent means that they are all linked, both affecting and being affected by one another. The community also links individuals with society as a whole. Thus the community serves as a medium through which individuals can act on

the world and through which society as a whole transmits its norms – that is, its behavioural expectations – to the individual.

Lewis asserts that under this working definition, a neighbourhood can be a community, as can a school, a hospital or a corporation. Accordingly, an individual may be a member of more than one community at a time. In any case, the presence and power of community is such than anyone working with individuals as a helper must, at some point, examine the effects of a community on clients behaviour and the impact of individuals on their environment.

Crandall (1980:286) states that by "community" sociologists are referring to the area and the people that the individual lives near and interacts with. The type of community in which an individual lives can have a tremendous impact on the individual's life. Crandall maintains that an aspect of the community that influences the lives of the aged is the availability and non-availability of facilities or resources for the aged. If a community is going to effectively serve the needs of its aged, many facilities and resources will have to be concentrated on.

Lombard et al. (in Weyers 1997:25) describes that community care is directed towards achieving one or more of the following objectives:

i)    To satisfy the broad needs of the community and to create and maintain a balance between the needs and resources in the community.

ii)   To provide the community with an opportunity to exploit its strengths and potential and to develop these in order not only to be able to deal with social problems and needs but also to prevent them.

iii)  To make the change in the community effective with regards to group relations and the distribution of decision-making powers.

According to McDonald although the NHS (National Health Service) and CCA (Community Care Act) of 1990 it is rightly seen as a watershed in the reorganisation of the delivery of services within local government, the effects of such changes on professional development are only just beginning to be seen. The 1998 White Paper entitled 'Community care in the Next Decade and Beyond' was not done for nothing.

Systems, organisations and professions take time to adapt to fundamental changes in philosophy about how services should be delivered, to whom and at what cost. One of the fundamental questions is the extent to which community care has been required to adapt and has adapted to such changes.

Williams (1991:22 – 26) argues that local authorities have a responsibility to provide essential services for people living in the area. Many of these services come readily to mind – education, services from nursery to adult, housing, refuse collection and social services. All social services departments share the same responsibilities, laid down by law, or statute, to protect vulnerable groups of people and to provide services for them. These are statutory responsibilities. While some essential services are available everywhere, the precise nature and organisation of services, and who is eligible to receive them varies from one authority to another. Voluntary organisations are also enormously important in supplementing the services of the statutory health and social services. Their schemes and style of help can be tailor made-for the needs of the needs of the group of people they were set up to help. Voluntary services are not statutory which means that it was not set up by the health or local authority in response to legislation, but set up because the founders saw a need for the service.

According to William's practitioners, planners, policy-makers and the government are in agreement that there are sharp divisions between voluntary and statutory services. The funding by the National Health Services (NHS), the local authority, Department of Social Services (DSS) and voluntary agencies does not always result in the best care for individuals who need and use the services. The changes in nursing training and the increasing numbers of elderly people in the population forms the background to the changes introduced in the legislation 'Caring for People'. Williams asserts that community care is as follows: -

i)    To promote domiciliary, day and respite services to enable people to live in their own homes wherever feasible and sensible.

ii)   To ensure that service providers make practical support for a high priority. Assessment of care needs should always take account of the needs of caring family, friends and neighbours.

iii) To make proper assessment of need and good care management the cornerstone of high quality care. Packages of care should then be designed in line with individual needs and preferences.

vi) To promote the development of a flourishing independent sector alongside good quality public services. Make maximum use of voluntary providers and to increase the available range and widen consumer choice.

v) To clarify the responsibilities of agencies and so make it easier to hold them to account for their performance.

vi) To secure better value for taxpayers' money by introducing a new funding structure for social care. The government's aim is that social security provisions should not, as they do now, provide any incentive in favour of residential and nursing home care.

## 1.11 The History of Community Care

McDonald (1999:26) claims that the development of ideas about community care in the 1980's was fundamentally based on free market principles. It was one manifestation of the move towards the enabling state; the state as commissioner of services rather than a direct provider. The system divides neatly into purchasers of care and providers of care. In the provision of community care the following trends are discernible: -

i) Public sectors direct provision of services is becoming the exception rather than the norm.

ii) A multiplicity of care services is, potentially at least, able to develop.

iii) The user of services is treated as a consumer, rather than a client.

iv) Accountability for quality of service is divided between organisation in public and private sectors.

1.12.1 The Economics of Community Care

McDonald states that concern over the rising cost of residential provision for the aged was a major incentive for introducing a system of community care. Free access to public funding through the social security system was to be replaced by the gate-keeping function of needs-led assessment. This freeing up of funds could further develop community resources. Mc Donald argues that even though community care is expensive

the Audit Commission report of 1986 made it clear that community care would be 'comparable with the cost of institutional care'.

1.12.2 The Legislation of Community Care

The National Health Service and Community Care Act 1990 is in itself a minimalist piece of legislation, which transforms the organisation of social services departments in just nine sections of the act. Section 46 of the Act requires each local authority to prepare and publish a plan for the provision of community care services in their area and in so doing to consult with representatives of the private and voluntary sector as well as with housing and health authorities. There is also a duty to consult representatives of services and to consult private carers. The act contains a duty to assess the need for community care services and subsequently to make a decision as to what services should be provided.

1.12.3 Community Care Plans

According to McDonald (1999:31) the first community care plans were produced in April 1992 in accordance with the Community Care Plans Direction 1990. They therefore preceded by one year the implementation of community care 'on the ground' in April 1993. Local authorities are required to publish modifications to the current plan at intervals of not more than one year. Concern that providers of services were being insufficiently consulted led to a requirement being placed by the Community Care Plans Direction 1993 to consult any organisation representative of providers in the area which notifies the local authority of its wish to be consulted. Community care plans are public documents and blue prints for the authority's strategy for the year. They also contain information on eligibility for services, assessment criteria and local authority procedures.

1.12.4 Community Care Services

McDonald continues that section 47 of the National Health Service and Community Care Act 1990, refers to an assessment for community care services. The term community care services is in itself a term of art with a literal legal meaning. It does not mean any services that may be available to a person living in the community; strictly speaking it means only those services which are defined as community care services in section 45 of the Act. This means that services must be provided under: -

i)      Part III of the National Assistance Act 1948

ii)     Section 45 of the Health Services and Public Health Act 1968

iii)    Section 21 of the National Health Service Act of 1977

iv)     Section 117 of the Mental Health Act 1983.

Part III of the National Assistance Act 1948 refers to the duty to provide residential accommodation for those in need of care.  Section 45 of the Health Services and Public Health Act 1968 gives power but not a duty to local authorities to provide support for elderly people.  The National Health Service Act 1977 empowers a local authority to provide services to those suffering from any type of illness and also to provide a home help service for their area.

## 1.13   Community Profile

According to Hawtin et al. (1994:4), the term community profile is the broadcast in that it is used to refer to a diverse range of projects undertaken or initiated by different organisations including communities themselves, statutory agencies and voluntary organisations.  They also tend to be broadcast in their scope covering both needs and resources and the whole range of issues affecting communities.  What is perhaps distinctive about community profiles is the extent to which the community is involved.  Whereas needs assessments and social audits may benefit from the active involvement of the community, in practice this does not always occur.  However, a good community profile does require active community involvement.

Hawtin asserts that a community profile can be defined as a comprehensive description of the needs of a population that is defined, or defines itself, as a community and the resources that exist within that community.  It must be carried out with the active developing and action plan or other means of improving the quality of life in the community.  In this case it will be taking care of the aged in the community.  The key words in this definition are "comprehensive," "needs," "resources," "community," "active involvement" and "action plan."

1.13.1  Elements of a Community profile

Hawtin states that the difficulties which people experience in their everyday lives cannot be neatly defined as "housing problems" or "health" or social isolation."  Rather difficulties often interact in such a way that the whole is greater than the sum of the constituent parts.  Social, welfare workers and others that are responsible for meeting

with social needs and providing services know about the relationships between poor housing, ill health, or employment and depression. Therefore community profiles which are comprehensive in their coverage will challenge that bureaucratic departmentalism as well as more accurately reflecting the reality of people's lives.

Hawtin asserts that the second element of the definition of community profile, which we draw attention to, is "needs and resources". This is vital because a community does not only rely on the needs of the community but also the resources that exist within the community. Resources mean the assets held in the area and put to use for the benefits of the community. A further element of the definition which deservers attention is that of active community involvement because it is likely to result in a fuller, more comprehensive and more accurate description of the community and hence form a better basis on which to make decisions about provision and the way forward. It is an important way in which a community can be empowered through the development of skills, confidence and awareness of issues relating to the community. Active involvement of the community can also provide a focus for activity, which might aid other aspects of community development.

According to Hawtin the aim of the community profile must be to improve the quality of life of members of that community. One way in which this goal might be achieved is through the development of an action plan which identifies the issues, priorities and action to be taken, sets goals and targets and proposes a means of monitoring progress towards their achievement.

### 1.13.2 Why profile a communities needs

Hawtin claims that statutory services have a responsibility to assess needs in the areas for which they have responsibilities. These kinds of needs assessment involve very little direct community participation. Hawtin argues that the most useful thing in community profiling techniques is to get a full picture of the community that is to be served. Statutory services may also use community-profiling exercises to obtain accurate information that is of relevance to various stages of the policy process. For example community profiling may assist in the process of identifying those communities in most need for the purposes of relocating resources between areas or groups or to target

resources more effectively. Hawtin asserts that this might form the first part of an anti-poverty or equality strategy. Hawtin further claims that statutory agencies have also used community profiling as a means of identifying shortfalls in service delivery in an attempt to improve the quality of service delivery, for example by orienting services more towards the needs of user groups rather than those of producers. By familiarising service providers with the communities they are serving or by ensuring better co-ordination of services between departments or agencies. Community profiling can also be a useful means of evaluating policy outcomes to insure that policies and programmes are effective.

### 1.13.3 Voluntary community organisations

Hawtin claims that voluntary or community organisations have used community profiling exercises as a means of demonstrating to service providers that the community has needs that are not being met or that it lacks services or resources of a particular type. Community profiles have also been used as the basis of campaigns against particular developments. They have also been used by both statutory and community organisations as part of a broader community development strategy. For a community profile to fulfil this community development function, then it must meet a number of criterias. The community must be involved at all stages of the exercise (design, fieldwork, analysis and follow up) and hence achieve a sense of ownership of both the process and the outcomes. This means that sufficient time must be allowed for preparation and initial groundwork and subsequent work must also take place at a pace appropriate to the community.

The community profiling process must be designed in ways that generate ideas and discussion and lead to action. It is especially important in a community development context that mechanisms are built into the process for communication about what is happening both during and after the profiling. The profiling process should go beyond an assessment of needs and become a positive exercise identifying strengths and opportunities within communities. The community profile should, where possible, provide opportunities for a variety of views to be expressed across a wide range of subjects and to make connections between issues. Voluntary or community groups as a way of holding policy makers and politicians more accountable might also use community profiles. The community profile can establish a baseline or benchmark

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against which the effectiveness of subsequent developments may be measured. They might also be used as a means of community or voluntary groups reassessing the relevance of their activities.

1.13.4 Key issues

Needs assessments, social audits, community consultations and community profiles, while they share certain features in common can be distinguished from each other in terms of the agencies which are typically involved, the purpose of the exercise, the extent of community involvement and the scope of the exercise.

## 1.14 Resource Identification

Swanepoel (1997:123) maintains that no community care project can function without resources. The irony is that the need addressed by a project is invariably the lack of one or many resources. A further irony is that poverty, the main target of community development, can to a large extent, be seen as a general lack of resources. Yet no community, however poor the people may be, is entirely without resources. There is a tendency to look for resources outside the community. People are very much aware of their needs and can identify many when they are asked to do so. But when asked to identify their resources, they find it difficult to come up with more than a handful. There is also a tendency to argue that it is terrible to use the few resources the people have while there are abundant resources outside the community. Should one use the abundant resources rather than the meager ones? The internal resources are usually not enough. The big problem with external resources is that they are usually delivered with strings attached to them. Donors of resources may have their own agenda and their own resources for funding development. They may attach provisos to the use of their resources that scream against every principle of community development. Communities may also find themselves falling into dependency, an obstacle to gaining self-reliance. Dependency will also ensure that they do not become the owners of their development efforts. People can be manipulated by resource grants. They can be made to do things they do not want to do, or do not usually do. Donor dependency can be as bad a trap as the deprivation trap, and it can keep people in perpetual bondage. It is clear that the community workers, the organisations they represent and the government at all levels should be aware of this danger and should do everything in their power to counteract it.

## 1.14.1 Natural Resources

According to Swanepoel (1997:24) natural resources include water, climate, good soil, rainfall, vegetation and minerals. They are especially important in rural areas. No society has the sole use of a natural resource. It must be shared with other people. A river, for example, flows through an area, but it also flows through other areas. The first area may use it without depleting or polluting it because the second area has an equal right to use it. Apart from sharing natural resources with other people, we also share them with the people still to be born. It is very important to keep in mind that many of the natural resources, eg water and vegetation are finite and must be used responsibly so that future generations can also use them. A community care project that leads to abuse of natural resources is a worse than futile exercise. Care cannot be sustained if a project harms the environment. Instead of abusing the environment, community care projects must enhance natural resources.

Swanepoel (1997:125) claims that when natural resources are to be used community organisations should make use of expert advice. A person without expert knowledge may think that a proposed project will not harm the environment, but may be unaware of indirect or covert results of a project damaging the environment. It is in fact that the world's poorest people stay in the most fragile environments. Community workers cannot be too sensitive about this and must guard against good intentions leading to environmental disaster. Community organisations must also see to it that communities involved in development are given the necessary information regarding their natural environment. This does not mean that they are without knowledge of it. There is, however, information that they do not have that will help them launch their projects in an environment-friendly way.

## 1.14.2 Manufactured Resources

Swanepoel (997:126) states that manufactured resources include roads, water reticulation, communication networks, shops, markets, electricity, buildings, factories and even a meeting place for those involved in a project. These manufactured resources are called infrastructure and usually, a project depends on at least some of these. Community care projects can create infrastructure. The establishments of an old age home or care centre

are examples of the creation of infrastructure. Community care projects can also improve infrastructure, eg house improvement projects and projects to repair school buildings.

Swanepoel maintains that the existence of manufactured resources does not necessarily mean that they are available and that they can be used for community care. First, various questions must be answered: For who are the resources open? How must the resources be shared? What will they cost? Who has authority over them? Internal stratification can play a role in the use of these resources. People of a certain status or from a certain lineage can first or sole to use certain resources community workers need not honour such rights because they are, in most cases, discriminatory. However, in not respecting them, they are bound to encounter fierce resistance and opposition from the privileged and should, therefore, prepare themselves for potential conflict. It is important to establish who has authority over manufactured resources. Infrastructure is usually managed and maintained by an authority whose permission must, in most cases, be obtained before it can be used. It could be the community worker's task to establish this so that the action group can be informed beforehand.

One of the most important manufactured resources for community care is money. People think that a poor society with many needs has no money but this is not true. The poorest people can still generate some money. Poverty does not necessarily mean the absence of money. However, people will be prepared to spend money on a project only if they think it will be worthwhile and not too risky. People must also feel enthusiastic about a project before they will spend money on it. Most projects are financed from sources outside the community. It is very important that the action group knows the conditions under which they receive money for the project. Is it a loan or a grant? If it is a loan, what are the conditions for the redemption of the loan? Does the donor want some decision-making powers? Does the donor know what the community project is? Will the action group be able to meet the terms of the financing?

1.14.3  Human Resources

Swanepoel asserts that people are very often regarded, as the reason for certain needs and they are seen as part of the problem. External agencies start projects and the people are supposed to be grateful for the help. Because they are part of the problem and, because

they become the target, the people have no say in the matter. The fact that people are also a vital resource is completely obscured. The fact that people can and should be a part of the solution is overlooked. Human faculties are important resources and most people are potential important contributors. Human skills are extremely important resources. In poor communities, there are always people who mastered a skill when they were employed.

They may be out of work and not practicing their skills, but they still retain their knowledge of them. If people have faculties and skills, it does not mean that they do not need to be further developed as resources. The community worker must assist people in becoming better human resources. The road to self-reliance and self-sufficiency is the same as the road along which people become increasingly better human resources. Education and training help the process, but are not the only means of developing human resources. Reflection, debate, decision-making, experimental implementation and evaluation- which are all ingredients of the community development project, are all part of human resource development.

Norms and traditions can also be regarded as human resources. Again one is more likely to see them as obstacles to development, but there are norms and traditions that can be used to tackle needs and they then become human resources. Norms and traditions normally bring stability and harmony. This might be very valuable in a project. It also strengthens discipline, another important asset to a project. Whether they are a resource or an obstacle depends, to a large extent, on how they are handled. The community organisations must handle norms and traditions very carefully

1.14.4 Organisational Resources

Salem in Swanepoel (1997:128-129) claims that this type of resource is very important. No resource is of use if organisational resources are absent. The societal structures and other external structures influencing a society are very important organisational resources. They make the use of all other resources possible. An ability to organise is an inherent part of the human species. Even the most unsophisticated and isolated society uses its people's organisational ability to structure its existence. This extraordinary

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resource must be identified and used. It must also be developed, because it is a resource that cannot be depleted through use. In fact, the more it is used, the better it becomes.

Interest groups are important organisational resources that are often overlooked and therefore, warrant specific mention. Every community has several interest groups. Every community has its burial societies, stokvels, ratepayer's societies, youth and sports clubs. These are all valuable organisational resources. Normally, they are fairly well organised with clear membership and leadership structures. People with a measure of experience in interest groups can form an action group, or several members of the same interest group can form a project's action group. One could, therefore, find a group of old people, all belonging to the same senior citizens club, forming an action group to pursue a specific objective or address a specific need. The track record of these types of organisations in community development is quite good. People's participation through such groups seems to be more intense and authentic and they are able to mobilise the local people. However, the mere fact that such organisations are present is no guarantee that they will play their proper role. One must be careful not to overlook the fact that when interest group feel a project to be prejudicial to their interests, or if they foresee a project's spin-offs affecting them negatively, they can become possibly huge obstacles in the project's path. There is a greater possibility of this often than not, it is an elite interest group rather than an interest group comprised of ordinary people that is likely to hinder progress. Resource identification should take place in terms of the already identified needs. A specific need requires a specific resource.

## 1.15  Research Design

The researcher found that literature study, as well as the empirical research as most suitable for this research study. According to Tripodi (1983:1-2) evaluative research is applied research. In social work it basically provides about the extent to which practitioners have achieved their objectives in programmes and individual treatment, as well as information about the consequences of social work activities. In this research study evaluative research design is used by the student to determine whether the Home Help Department (community service) of Tafta is effective in fulfilling its objectives as a community work service in meeting the needs of the aged in Durban Unicity. Evaluative

research is most useful when it provides information that can be taken into consideration by social workers prior to making decisions that effect their clients (in this stance the aged) and programmes. Programmes are changes, altered or abolished, techniques are abandoned or modified, programmer or client objectives are changed, and so forth, based on the findings of the research. In planning an evaluative research study, the researcher would have to understand the factors that influence individuals and programmes, such as vested interests, demands of competing persons or groups, decisions of sponsors and changes in available resources.

## 1.16 Conclusion

Since her employment at Tafta the researcher has observed that community services and service centres, which are community care play a very important role in the lives of the aged. The role of community care is essential in maintaining the aged within the community. Service centres are a community based supportive service, which is aimed at maintaining the independence of the elderly. Their longevity and overall well being benefit if they remain independent in their community social ties as long as possible. Therefore it can be concluded that a service centre can be defined as a community based support service, which aims at enabling the elderly to maintain an independent life within the community. In community care resources are a positive action because it influences people positively. If available resources are identified in terms of the needs, they point to an outcome, a solution. Resource identification focuses people's minds on their objective and by doing so, lays the foundation of a community care project.

Our nation's treatment of the aged underlines this interpersonal fact. Forced into retirement, confined by limited income and rising prices, treated as periphery, the aged citizen must achieve a spiritual autonomy of heroic proportions to assert the value and wisdom of his or her years. To achieve that assertion of authority, to refuse to concede to a peripheral place in society, or accept merely marginal significance, an older person must depend on how he or she lived all through life. The care of the aged is a natural necessity in terms of the decline in physical capacity and increase need for care of older persons. The care of aged persons is a natural necessity in terms of the decline in physical capacity and increase in dependence of the older persons. Ferriera (1984)

maintains that if there is a tendency for the modern family to forego its functions as care-providers for the aged either as a result of youth migration, unwillingness or inability of the nuclear family to accommodate aging parents, society becomes implicated in taking over this function. It is therefore concluded that there is a lack of sensitivity in the observation, a lack of any real appreciation of how difficult life in old age can be, and why people react the way they do, so wrapped up in themselves or so critical of younger generations. Adjustments may be a greater task in later life because of the lack of support available to us in earlier life and we all have personality flaws that make us liable to fail. In earlier life these are absorbed in work and the family, in competing and loving, in striving and receiving comfort. In old age we are often left alone without support, without a partner, a job, a roles or money to spend. We may face infirmities and considerable isolation. It is no wonder that adjustment difficulties appear enhanced. Bond argues that many older people are remarkably well adjusted but because of our lack of imagination, we do not appreciate their adjustment. It is a shame that we have to grow old ourselves before we realise.

In chapter two the researcher will overview scholarly literature regarding legislations regarding the care of the aged with regard to the Aged Persons Act, the theories of aging and the Care of the Aged in the Biblical perspective. Chapter three will deal with the needs of the aged in the South African context. In this chapter the researcher will also investigate the needs of the aged by conducting a survey, a critical analysis of interviews with clients, social workers and people from the community. In chapter four the researcher will conclude the study and look at recommendations for further research on this study.

# Chapter Two

# Literature Overview

## 2.0    Introduction

Buthlezi (2001:18-19) clarifies that in the African tradition, elderly people are revered for many reasons.  Most importantly, they are the custodians of sacred family values and customs that are passed on from generation to generation.  Without their guidance, which is drawn from tested experiences of many years, a nation flounders in a state of oblivion.  However the sad circumstances surrounding the plight of the elderly that one has become accustomed to over the past years, represent a major shift from the traditional roles that our elderly play in society.  Reports of senior citizens dropping dead in the queue to collect their pensions, grants, being raped, suffering from starvation, living in a state of neglect and squalor, are some of the sorry stories attached to the aged of today.

Buthlezi defines a Zulu saying "Lafa'lihle kakhulu," means, "the dying of good old ways" is making way for the contemporary and often untraditional ones.  It is perhaps true to say that ageing can be likened to the infancy period.  The elderly should be taken care of in every way possible: nurtured, revered, and most importantly, loved by a proud nation - as proud mothers love their babies.  For some reason the bureaucratic system is not working. Due to the lack of government subsidies for old age homes, many are forced to close down.  Government subsidies continue to be inadequate; both in terms of caring for the elderly in the community and for those whose extremely frail condition requires their admittance to frail care homes.

## 2.1    Profile of a Senior Citizen or the Elderly

According to Black (1990:7) a Senior Citizen is one who was here before the pill and population explosion.   They were here before television, polio shots, penicillin, antibiotics and Frisbee's.  They were also here before frozen foods, nylon, dacron, Xerox, Kinsey, radar, fluorescent lighting, credit cards and ball point pens.   They were ahead of jet planes.  For an old person "time sharing," meant togetherness, not holidays; a chip meant a piece of wood.  "Hardware" meant hardware and "software" was not even a

word. "Beetles" were destructive insects and "Rolling Stones" were hazards to bush walkers. Senior citizens were around before pantyhose, drip-dry attire, icemakers, tumble dryers, freezers and electric blankets, videos, microwaves, along with disposable nappies and lighters, jeeps, pizzas and instant coffee, while Kentucky Fried Chicken wasn't even thought of. The senior citizens were here before men wore long hair and earrings and women wore tuxedos, before yoghurt, plastic, 40hour week and minimum wages. In their day, cigarette smoking was fashionable. Grass was for lawns and mowing, coke was a soft drink, "Pot" was something you cooked in and a joint was part of the skeletal frame or Sunday lunch. A "Gay" person was the life of a party, whilst "Aids," meant beauty potions or helping someone who is in trouble. They got married first and then lived together. Closets were for clothes and not coming out of, bunnies were small rabbits and beetles were not Volkswagens. The elderly were here before Medicare, cupsizing for bras, cleavage was what butchers did and fast food was what was eaten during lent. The aged person was also here before tape recorders, videocassette recorders, electric typewriters, word processors, computers, rock music and disco dancing as well as ahead of Batman, Rudolf, Snoopy and Pac-man. If they were asked to explain CIA, NATO, MS, UFO, NFL, CFL, IUD, CCF, they would have probably said 'alphabet soup'. Theses are today's senior citizens and a hardy bunch when we think of the adjustments that they had to make in changing this world.

According to its constitution Tafta is a welfare organisation, which was established in 1958. This organisation functions under the auspices of the South African Council for the aged. Tafta is interested in the welfare work amongst the aged. According to their constitution the objectives of the Association is as follows:-

2.1.1 Protect the interest and promote the welfare of the aged in the area of its operation as defined in the magisterial area of Durban.

2.1.2 Initiate, promote and develop welfare programmes and services to meet the needs of the aged.

2.1.3 Secure and maintain a basis for sound planning of services for the aged and to improve standards of services.

2.1.4 Develop resources and to render assistance, care and guidance to the aged.

2.1.5 To co-operate with other organisations to achieve its objectives and assist other organisations to achieve similar objectives amongst the aged.

2.1.6 To promote, manage and organise Service Centres, clubs and other social services, which are associated with the welfare of the aged living in the community.

2.1.7 To undertake housing schemes including retirement villages and retirement complexes for the benefit of the aged, and to provide facilities for nursing care if needed and at least one meal a day.

2.1.8 To promote the welfare of the aged persons by encouraging public interest therein and by co-operating with the government, provincial and local authorities and to undertake representations on and behalf of aged persons to government or other authorities.

2.1.9 To collect, canvass for and to accept subscriptions, donations, bequests, endowments and benefits of any nature for the Association from and persons or body or estate and from any source whatsoever.

2.1.10 To construct and or acquire approved dwellings to house the aged and to borrow money for such purposes.

2.1.11 To render assistance, both financially and in kind in the relief of distress.

2.1.12 To generally do all such things as may be conducive to the attachment of all or any of the above objects.

Tafta's community services and service centres form an integral part of the formal resource systems, such as formal welfare organisations. The Home Help Department of Tafta is a community based supportive service, which is aimed at maintaining the independence of the elderly. Hence these services are delivered in community settings and in institutions. Tafta can be defined as an institution, which renders various services to the aged within the objects of enabling them to remain independent and mature members of society. The care is administered in this instance by Tafta to persons sixty years and older in the economic and sub-economic groups of the Durban community.

## 2.2 Legislation about the Care of the Elderly

According of the Aged Persons Act No. 81 of 1967 the definition of an aged person means "a person, who, in the case of a male, is sixty-five years of age or older and in the case of a female, sixty years or older." The amended copy of the aged persons Act in

1972 makes provision for the protection and welfare of the aged against exploitation and neglect and also for the care of their interests. According to this Act every person is entitled to receive an old age pension if he or she is a citizen of South Africa for not less than fifteen out of twenty years immediately preceding the date of application. Income and assets are to be taken into account by the authorized officer in the Department of the Government in determining the amount of pension for a person who has applied for an old age pension. Conditions for the admission and occupation homes by old persons are also stipulated very clearly in the Aged Person's Act. In accordance with the Aged Person's Act the Department of Justice can intervene in channeling applications for assistance or applications for old age pensions. According to this Act old age pensions are to be paid to the needy, men aged sixty-five years and women aged sixty years or older. The Aged Persons Act was again amended in 1998, No. 100. This Act defines "abuse as the maltreatment of an aged person or any infliction of physical, mental, or financial power on an aged person which adversely affects the person."

## 2.3    Declaration of the Rights of the Elderly

According to Spencer of Tafta the Resolution No. 46/91 states that the declaration of the rights of the elderly is to add life to the years that have been added to life. He points out that the United National General Assembly approved the following principles on 16 December 1991: -

2.3.1   Independence

i)     Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.

ii)    Older persons should have the opportunity to work or to have access to other income-generating opportunities.

iii)   Older persons should be able to participate in determining when and what pace withdrawal from the labour force takes place.

iv)    Older persons should have access to appropriate educational and training programmes.

v)     Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.

vi)    Older persons should be able to reside at home for as long as possible.

2.3.1    Participation

i)    Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well being and share their knowledge and skills with younger generations.

ii)    Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.

iii)    Older persons should be able to form movements or association for older persons.

2.3.2    Care

i)    Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.

ii)    Older persons should have access to health care to help them to maintain the optimum level of physical, mental and emotional well being and to prevent or delay the onset of illness.

iii)    Older persons should have access to social and legal services to enhance their autonomy, protection and care.

iv)    Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in humane and secure environment.

v)    Older persons should be able to enjoy human rights and fundamental freedom when residing in any shelter care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for their right to make decision about their care and quality of their lives.

2.3.3    Self-fulfillment

i)    Older persons should be able to pursue opportunities for the full development of their potential.

ii)    Older persons should have access to the educational, cultural, spiritual, and recreational resources of society.

2.3.4    Dignity

i)    Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.

ii)   Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability, or other status and be valued independently of their economic contribution.

## 2.4   Religion and the Aged

Crandall (1980:464) suggests that religion has the potential to be an important variable for all individuals.  The reason is that religion has the ability to shape beliefs, opinions and values.  Religion can also provide individuals with a framework through which they see, interpret and comprehend the world, others and themselves.  The majority of the aged say that they believe there is a God.  Riley and Foner assert that one study show that 86% of the aged were absolutely certain that a God existed.  The aged considers that religion is more important in their lives than any other cohorts. Not only are the aged more likely than the young to hold religious beliefs, but the beliefs they hold are likely to be more conservative than those of the young.

Moberg in Crandall noted that although church attendance or "external" religious practices decline with increasing age, "internal" religious practices increases with age. For example the aged are more likely to read the Bible at home, to pray at home, or to listen to or watch religious programs at home in comparison to the young.  These findings indicate that although attendance at religious services decreases the aged still, maintain an active interest in religion.  Mindel and Vaughn  (1978) support this position and have found that although many aged do not frequently attend religious services, they are very frequently "non organisationally" religious.

Crandall maintains that the aged reduce their attendance at religious services for a number of reasons.  One of the primary reasons is health.  Failing health makes it impossible for many aged individuals to attend religious services.  Another reason is the lack of transportation.  It has also been found that some aged do not attend religious services because they cannot afford nice clothing.  Still others reduce or truncate their attendance because they feel that younger church members or perhaps a younger religious leader has pushed them aside and ignored their options.

### 2.4.1 Functions of Religion

McDonald (1973) concurs that there are many functions that a religious organisation can perform in the lives of the aged. Some of these functions are providing companionship and counseling; giving meaning to individuals lives; comforting the sick, suffering, bereaved and dying; supplying social activities and functions; offering visiting programs and chapel services in institutions and hospitals; protecting basic human rights and providing programs that stimulate individuals to come back into church and community.

Crandall states that some of the suggestions that came out of the 1971 White House Conference in America are as follows:

i) To use the aged for part-time jobs in the church;

ii) To provide pre-retirement and retirement counseling;

iii) To supply legal services that would help the aged in the preparation of taxes and wills;

iv) To have sickroom equipment on hand to loan to needy members;

v) To set up a visitation program for the aged who are sick; to sponsor nursing homes;

vi) To have chapel services within hospitals;

vii) To sponsor clubs and activities for the aged;

viii) To provide an outlet for sale of crafts made by the aged;

ix) To ensure that there is pastoral counseling for the aged.

Furthermore, the White House Conference on aging made recommendations concerning what the government should do to help religions meet the religious needs of the aged. These recommendations were as follows:-

i) The government co-operates with religious organisations in helping the aged meet their spiritual needs.

ii) The government co-operates with the appropriate agencies to help in the delivery of religious services to the aged.

iii) The government provides financial assistance to appropriate individuals to help them understand the spiritual needs of the aged.

iv) That licensed institutions providing care to the aged has the services of a chaplain.

Moberg in Crandall maintains that religious organisations can provide a number of other services to their aged members. Some of theses services might be the following:

i)      Exerting power in the community to help bring about the needed programs to satisfy the needs of the aged.

ii)     To help bring about needed programs to satisfy the needs of the aged.

iii)    Establishing programs and organizing centres for the aged.

iv)     Supplying transportation for the aged.

v)      Providing counseling for the aged.

vi)     Sponsoring facilities for the aged such as nursing homes or retirement villages.

### 2.4.2    Impact of Religion

According to Crandall (1980:472) religion is an important aspect in the lives of many older individuals. Because of its importance, religion can have a functional impact on the aged. Wolf in Crandall reported that religious beliefs, and faith in God all helped the aged to overcome many of the common problems in old age such as loneliness, grief and unhappiness. Religion may also help in the reduction of fear of death. It was found that those who held conservative religious views were less afraid of death than other groups. Hinton in Crandall found that religious individuals were relatively free of anxiety in regard to dying. Khubler –Ross in Crandall has also claimed that those who do not truly believe in a religious system or those who are 'tepid' believers have greater difficulty in accepting death.

Treanton in Crandall challenge the above conclusions by claiming that the differences in the fear of death noted above may not be due to religion in and of itself, but rather to the fact that religious individuals are more likely to have a support group from their religious organisations. Thus it is the reference group and not religion itself that makes the difference. Crandall maintains that there are studies indicating that the aged who are church members are better adjusted than nonmembers and that there is better adjustment among church members who do not assume such roles. Also those who read the Bible and frequently attend religious services adjust better than those who do not read the Bible or attend services infrequently.

Riley and Foner (1968) in Crandall reported that religious indicators such as attending church frequently, reading the Bible at home, believing in an afterlife, listening to religious radio programs or watching religious television programs correlated with high personal adjustment, high morale, and high life satisfaction. Blazer and Palmore concurred that the Duke Longitudal Studies have also confirmed the fact that there is a strong relationship between religious activity and feelings of happiness, usefulness and adjustment in old age.

Moberg in Crandall asserts that religion can also be functional for the aged for other reasons. For example, religion may offer an aged individual several important roles to play. Some of these religious roles might be the following:-

i)      Assisting the pastor.

ii)     Minister or rabbi in worship services.

iii)    Teaching Sunday school classes.

iv)     Assisting at church projects.

v)      Participating in visitation programmes to sick or infirm members.

vi)     Maintaining the church or synagogue grounds.

vii)    Assisting in secretarial or clerical duties.

viii)   Providing transportation to other aged members.

Crandall concurs that religion can also offer numerous activities and programs that are designed to be stimulating for the aged and to provide meaning in their lives. A program called the XYZ ("Extra Years of Zest") brought many aged out of seclusion and was termed a "life-saver program" by many of the aged who participated. The program blossomed into education, music, fun, and arts and crafts. The purpose of the program was not to find busywork for the aged but to bring them back into the community by having them participate in activities they found interesting, enjoyable and fulfilling. This program demonstrated that if the opportunities are present, there is an enormous potential for growth in the aged in the community.

Crandall concludes that religion can be an important part of the lives of the aged. He asserts that researchers have not spent much time in studying religion in the aged.

However, studies indicate that the aged are more religious than the young. The majority of people believe in God and consider religion to be important. Religion can function in several different capacities for the aged. For example religious beliefs can comfort individuals when they are sick, suffering or dying. Because many individuals have strong religious beliefs, religion has an impact on their lives. Some of the impacts are increased morale, lessened death anxiety, better adjustment and the opportunity to play important roles.

## 2.5    An Integral Part of Society

Knierim in Clements (1981:28) says that becoming old did not mean being phased out of the mainstream of Israel's society, or out of any ancient society for that matter. Old people always remained an integral part of societal life, and that in a twofold sense: diachronically and synchronically. Diachronically, in a society that perceived one generation as deeply imbedded in the tradition constituted by all the generations, the old people specifically represented the linkage between the former and younger generations, between past and future. They were the bearers of the living tradition. And synchronically, in a society, which understood itself as a corporate entity, the older people were very much a part of all the other groups of each generation. The diminishing vitality of individuals did not result in their removal from the society into isolated retirement homes. It did not result in being removed from societal functions that were proportionate to the potential of an old person. The ongoing societal importance of the elderly was institutionally guaranteed by the fact that they always remained a part of their families and clans. It is mainly in this framework that they continued to function for the society and the society supported them. The basis for this societal place of the elderly was the interdependence of the individuals in this group, and the interdependence of the generations in the on going process of life.

## 2.6    Protection by Society

Knierim in Clements (1981:29) comments that society's protection of the elderly begin with protection by the family, is expressed in the fifth commandment "Honor your father and your mother" (Exodus 20:12). The fifth commandment stands out in the centre of a variety of references that reflect an intensive concern for parents throughout the history

of the Old Testament society. "He who does violence to his father, and chases away his mother is a son who causes shame and brings reproach" (Prov. 19:26). "Cursed be he who dishonors his father or mother" (Deut. 27:16). These verses refer to the treatment of old parents by their adult children. It is important to note that concern of parents was considered so central that it became one of the ten injunctions when the Bible was composed as the most condensed summary of Israel's ethical and religious identity.

From Biblical evidence we learn that parents reached the moment of retirement when they transferred, sometimes by way of contract, their possessions to their sons, especially the oldest. In turn, sons then became responsible for the care of parents. Hence the commandment to honor father and mother must be understood holistically, in the sense of taking care of, supporting, protecting and respecting parents as long as they live. It reflects a genuine form of social security in which the oldest parents remained part of their families, with dignity and material security.

## 2.7    Old age in Indian Communities

According to Ara (1994) old age constitutes one of the major social problems of the modern societies. Advancement in medical services has resulted in the decline of birth rate and death rate. The number of the aged is increasing both in absolute terms as well as in proportion to the population. Old age is generally accompanied by a number of problems that the aged have to adjust within varying degrees. These problems are: insufficient income to support themselves, failing health, need of recognition, dignity and social participation. Economic dependence, poor health and non-participation in the life of the family and community tend to create among the aged feelings of meaninglessness and powerlessness. When the aged have lost friends, spouse, job influence, income, health, etc. that cannot be replaced, it brings in them intolerance, short-temperedness, rigidity of attitudes, selfishness and suspicion and this shift in their psychological makeup makes their living and adjustment in society more problematic. The loss of decision-making power, consultation status and control of productive resources leads to the problem of isolation, loneliness and a deep sense of worthlessness.

Ara claims that old age has emerged as a social problem not only due to the rising proportion of the aged people in the population, but to a large extent owing to the rapid changes that the social structures are undergoing in the industrial societies. In such societies unitary families are the rule and extended families are an exception. According to Kooy in Ara the roles played by the aged members in the society have been transferred to various institutions. Hence many of the old people who need help and protection have not been able to get from their family members. Burgess in Ara remarks that old age emerges as social problem where economic competition works at every level, thereby creating a decline in the role and status of the old and non-earning members. The environment of the industrial society is not conductive to the old people to get satisfaction of their physical and socio-psychological needs. They have depended on their own capacity and resources. They are exposed to the vulnerability of the aging process. Talman in Ara states growing old is a painful process in a modern industrial society. However, it is not necessary that every aged confronts all or most of these problems and situations, as the nature and extent of the social adjustment may vary according to his experiences, personality make-up and the most important being the family and community environment that surrounds him.

Ara maintains that the Indian cultures accommodates the old and the dependent members of the society and lessens the strains and anxiety of old age. In most Indian societies the family works as an institution. They take up the role of insurance of the individual where in times of crisis, the family members do help each other and the old persons have to the scope to secure the tender loving care from the members and lead a peaceful life. Even in a poor family the aged share the miseries and happiness of their family members. There may be arguments and cold-wars between mother-in-law and daughter-in-law, but the old person continues to be a part of the family.

## 2.8 The Aged in Preliterate Societies

Crandall (1980:54) concurs that a preliterate society is one that does not have a written form of its language. Although most societies in the past were preliterate, today only a few still exist. Most of the information has come from anthropologists and the studies have been fragmentary and incomplete. Crandall maintains that in preliterate societies

the aged were treated well because the extended family could adequately care for them and because as repositories of knowledge, they were needed by the society. Simons in Crandall has pointed that aging is positive achievement and that the aged are valuable individuals. The environment must provide enough food for the aged, who are generally a dependent segment of the population. The aged person in preliterate societies is characterised by the following: -

i)     To sustain life until the negative aspects outweigh the positive.

ii)    To get ample rest, be relieved from mundane tasks and to be protected from the elements.

iii)   To protect any special rights, priviledges, authorities, skills, possession or prestige.

iv)    Remain active in the affairs of the community.

Almost all preliterate societies developed a particular way of life that demanded certain skills. It took time to learn many of the skills and the knowledge inherent in them, which was not readily disseminated to the general population. Thus the skilled individuals among the aged became an important and valuable members of society. Crandall (1980) maintains that in many preliterate societies, it was advanced age in and of itself that prepared the individuals to fulfill certain roles. For example, the aged held many religious leadership roles because by virtue of their advanced age and their nearness to death they were believed to have close contact with the spirit world. Preliterate societies did not have mechanisms to record information. For this reason the aged were often valued because of their accumulated knowledge, information and experience. Over time the aged individual had acquired certain information that the rest of the society needed. Because the society had few ways to record this information, it had to rely on the memory of the aged. Thus the aged became repositories of source material. The aged were responsible not only for the information relating to the physical survival of the group but also for the myths, legends and history surrounding it. The aged often disseminated these tables to the entire group through songs, stories, games and dances.

Maxwell and Silverman in Crandall found that even with increasing literacy, the aged were not replaced as information storage cells. This retention of the aged as sources of

knowledge occurred because the literacy rate was initially very low and the literate population acted primarily to supplement the information of the aged. Very often it was the aged who controlled the literacy system. They were the ones who determined who became literate or what types of information were transmitted. Crandall (1980:60) maintains that the family is another important factor in the treatment of the aged. If the norms of the society specify that the aged are to be adequately cared for by the extended family, then the aged stand a better chance of being well-treated and respected. The extended family consists of at least one nuclear family (a husband, wife and their children) along with other relatives. In many preliterate societies the extended family structure was very large and thus provision for and aged relative was not a burden on only a few individuals. Because the aged divided their dependency among several relatives, they were not an economic burden.

Crandall (1980:61) concurs that the nuclear family of an aged individual is also important for survival in old age. In some Western traditions an aged man who was having difficulty providing for himself and his family economically might marry a younger woman who could economically provide for him. In these traditions also an older woman will allow her husband to marry a younger woman who could care and provide for them both in their old age.

Religion also has an influence on the treatment of the aged. Many preliterate societies had quasi-religious groups that administered the rites-of-passage ceremony. These groups were generally composed of the aged since the ceremonial procedures were passed down from the aged to the aging. This practice gave the aged a great deal of power in the community since they were able to regulate the status of many younger community members by awarding or denying important positions to the young. These rewards or punishments often depended on whether or not the young were deferential to the old.

Crandall (1980:61) maintains that religious dogma frequently stated how the aged were to be treated. The thought of offending the gods by ill-treating the aged was generally enough to prevent any offensive actions against them. In many societies the aged served

as mediators between the living and the dead. The communication with the spirit world by the aged was thought possible since they were so close to death themselves. In some religions individuals were afraid to offend the aged since their spirits might come back after death to haunt or punish those who affronted them in life. In summary, the aged were generally well treated in preliterate societies if they were given important roles or positions of power or worked themselves into them. It was generally not age in and of itself that determined the treatment the aged received. Most of the aged in preliterate societies achieved respect and good treatment through individual effort and ability.

## 2.9    The Aged in the Biblical Perspective

Brown 1971:13 states that the Judeo-Christian religion portrays the ageing of every generation from the beginning of time as honored people. In describing a prominent citizen, the writer of the book of Samuel said, "Barzillai was a very aged man" (11 Samuel 19:32). Kings and noblemen respected him for his integrity pertaining to governmental affairs. When Joshua recognized the limitations of his own increasing age he called the elders together and assigned them to places of leadership. Religion down to the time of Jesus was linked with the political system through the influence of the elders. They were the chief instructors of the law. The elders made up the jury and acted as the judges. It was the elders who became the leaders in the early Christian church. The apostle Paul appointed elders, or seniors citizens, as overseers and administrators of the church. Developing new social conscience toward the aging is motivated by religious impulses, which are as old as the voice that asked Cain if he was his brothers' keeper. The mighty magnetic spiritual forces about us are uniting the efforts of local and state governments to promote the welfare of senior citizens. We are experiencing the same spiritual urgency in the caring for the elderly in our society as is seen in the organisation of communities to promote needed legislation and to combat epidemics. In this most worthwhile cause, we are again seeing that religion provides the motivating forces that verbalize the issue and set the pattern for work that keeps a nation united and strong.

The fact that an increasing number of retirees gravitate to the church and synagogue for cultural and social activities has caused the minister to broaden his concepts of the pastoral ministry. Opportunities to serve the community are missed because the pastor is

not fully aware of the needs of the aging. The role of religion in the aging process is threefold: -

i)     To acknowledge the spiritual contributions of retirees.

ii)    To make church membership meaningful for senior citizens.

iii)   To guide retirees toward personal adjustment.

Frequently we hear clergymen say, "Why spend so much time with the old folk? They have no future." A fitting reply is, "Were it not for the dedication of older people to their spiritual convictions, the church would have no glorious past." The minister who visits retirees, who have given their lives to leadership in the church, is inspired by the earnestness of their desires for the continuing witness of the church. The counselor with senior citizens must keep in mind that many retirees have few motivations apart from religion. The activities of the church were their all-consuming interest when they were not involved in programs related to their professions. When confronting difficult situations in business and personal relationships, they have drawn strength from spiritual resources and insights.


Laporte in Clements (1981:38-39) comments that the Early Church not only provided the elderly with material assistance, but also offered them an important role in the community, which raised them to an honorable status. The early writings of the Church identify several different categories of older people. In addition to assistance, the Early Church had certain ideals about its elderly, which deserve treatment in some depth, not only for historical reasons but also for the church of today to consider as it searches to define its relationship to the elderly. The respect accorded to the elderly, their positions as counselors, and their spiritual contribution to the community suggest some interesting possibilities for the Church today. According to Plato, the age of sixty is the time of old age and this is the minimum age found in 1 Timothy. Philo of Alexandria also considered man sixty years of age as old. The importance of the elderly in the Early Church is in itself a mark of respect. Early Christian writings show that the elderly were at the top of the pyramid of Christian society. Although age itself had a certain dignity, this dignity and respect were not only a mere matter of years.

### 2.9.1 Assistance

Until recently the elderly were often able to provide for their own welfare, but inflation is now robbing them of their savings, and many can expect to end their days in poverty. Just as in antiquity and in spite of their traditions in charity, churches cannot assume the whole burden of assistance to the elderly. However they can take care of exceptional cases of emergencies. For each particular case there can be no definite rules, since every Christian is in charge of the brother in need according to the principle of the Gospel: "Love your neighbour"

### 2.9.2 Respect

Just as in antiquity, younger generations of our times should give the elderly respect and consideration, although it is perhaps more difficult today because of the increasing gap of needs between generations. An enquiry among the elderly would reveal that the frustrations resulting from the modern development of bureaucracy are exceedingly painful and more humiliating for the elderly, who often can feel helpless and desperate when claiming their own rights.

### 2.9.3 Counseling

According to Laporte in Clements (1981:51) the world is changing so fast that the three generations – youth, adult and elderly differ deeply in their views regarding professional, pedagogical and moral matters. The ideals of righteousness on which the happiness of older generations relied, may simply turn into an unjust condemnation of the young, who do not find the same help and stability in society. If the pyramid of society remains in place, that is, the young, adults, and the elderly live together or see each other, counseling is possible. Of course, it can be appropriate and realistic only if it is co-operative and open-minded, and not understood as requiring mere obedience passivity. The Early Church provided the elderly with a culture of its own, essentially biblical but permeated with Christian ideas through symbolism and liturgical use, which fulfilled for them the ancient ideals of the feast of every day.

## 2.10  Christian Theologies and Ageing

Heinecken in Clements (1981:77) argues that any attempt to examine the various perspectives Christianity brings to aging, the theological perspective must be a significant consideration from various religious points of view particular responses, both theoretical

and practical, are elicited by the process of aging and the situation of the aged. According to Heinecken there can be no separate "theology of aging" set apart from the theological orientation as a whole. Rather the basic Christian theological affirmations are to be applied to the specific questions that arise in connection with aging and the aged. In a theological examination of the contemporary situation, it is imperative that the contemporary state of human insights and discoveries be taken into account, in this case with respect to the aging process and the aged. There are many ways of arriving at a human appraisal of the aging process and of old age. There are many different bases for asserting the dignity, worth, and rights, as well as the responsibilities of individuals including the aged.

## 2.10.1 The Aged and the Attitude of Love

Heinecken (1981) claims that significant implications for the attitude of the aged toward themselves, and of others to them are apparent in the subtle interplay of eros (sexual love), agape (self-giving, self-sacrificing love) and filia (love of friendship). The aged should be loved for the sake of the rich satisfaction they give to others, filling the wants of others out of their plenty. Their wisdom, their experience, their patience born out of years of self-giving constitute an inestimable treasure. It is one of the tragedies of our culture that with the loss of the extended family so many people are deprived of this treasure trove. The same is true in public life and in employment where the aged are hid away – out of sight, out of mind. Our culture is often too blind to the beauty of old age – wrinkles, white hair, halting gait, cracked voice, trembling hands and all – that deserve better than the designation of "old crone" or "old codger." Out of sheer self-interest society should give the aged their proper place.

There is no question that the aged can become a burden with no longer anything to offer, requiring nothing so much as "tender, loving care." We have too often yielded to the temptation to unload them or to neglect them, as past and present history so abundantly prove. It is then that agape must rule, even when they are not kindly, gentle, loving beings we want them to be but instead veritable demons of irritability, obstinacy and querulous self-centeredness. No matter how helpless or senile, wheel-chair patients cannot be run through the showers as though you were running dirty platters through the dishwasher and they cannot be kept under constant sedation, just to keep them out of your

hair. When meal-on-wheels are brought to a lonely person who wants nothing so much as to have you stay and talk and listen, this is when Christ-like love is needed. As for filia, what could be quite as wonderful as a friendship between youth and age where each serves and is served by the other and two souls are knit as one.

## 2.10.2 Asssurance of God's Love

According to Heinecken in Clements (1981:84) there are many factors that enter into the opinion, which people have of them, as they grow older. To one who has lost all self-esteem it is far too glib to simply say "never mind, God loves you." Nevertheless the Christian Church has no alternative except to offer that assurance again and again through its ministry of Word and Sacrament. "When my father and mother forsake me, then the Lord will take me up" (Psalm 27:10). In the final analysis a persons real worth depends upon the fact that there is a God to whom each person is equally precious. This is why the Christian's baptism, assuring the individual of God's unconditional acceptance as an heir of salvation, is the bulwark of the Christian's life freeing one from the burden of religiosity for work in the world. Luther made a distinction between security and confidence. In this world of our finite freedom, security is something we never have, in spite of all our desperate efforts. Confidence, ever renewed in a word of promise by a God who keeps his covenant, is a different matter. For the Christian, the Sacrament of the Lord's Supper with its repeated individual assurance, given and shed for you, is the seal upon God's promise. This assurance puts the whole ageing process – the various stages of growth from birth to old age – into a different perspective.

## 2.10.3 The Church as a Community of Caring

Heinecken in Clements (1981:85) describes the Churches assurances that God's love means nothing if this love is not embodied in flesh and blood but people who care. And if the Church is not a community of such caring love, it is not the Church of Jesus Christ. We can put no boundary around where God is graciously active and his love embodied. It is a notorious truism that there is often more actual love outside the Church than within. Nevertheless since the Church is constantly calling to repentance and rebirth and the grace of God is active there through Word and Sacrament, it is there that the prevailing "ageism" of our culture is to be counteracted. It is there that the needs of the aged, so long as the Church has resources, are to be met in love. It is there that an act of "consciousness-raising," which so many need is to be nurtured. It is there that the aged

are to be aroused to use the vast power and political clout of their numbers in the cause of justice for themselves and others. Obviously the Church can by no means meet all the needs of its own members, including those of its aged. Therefore, the Church must take up its advocacy on behalf of all those, especially the aged, who in our society are the victims of injustice.

## 2.10.4  Love, Justice and the Church

According to Heinecken in Clements (1981:85) as people are aroused to a sense of social responsibility for the plight of the aging, there is confusion from the failure to distinguish between justice and love. People are made into objects of charity when they are only asking for their just due and there is scarcely anything more demeaning than that. On the one hand the state becomes a charitable institution; instead of furthering the general welfare with equal justice for all, it doles out largesse from funds which it has coerced people to pay in the name of benevolence. On the other hand the Church instead of relying on gifts of love, virtually coerces people with the threat of punishment and the lure of reward. Thus law and gospel, justice and love, are confused, and the roles of church and state are often reversed. People are encouraged to bolster their self-esteem and feather their nest in heaven with grandiose gifts of benevolence, instead of shouldering a just burden of taxation which will guarantee to each member of society those basic requirements necessary for human life. Without exceeding its sphere of competency in economic matters, Christian theology has an essential contribution to make at this point. At the same time the Church must set its own house in order by convincing people that the way to show compassion and do justice in our society is by being willing to bear a sufficient and equitably distributed tax burden rather than by insisting on private benevolence.

Love is a matter of inner motivation and concern for the fellowmen. No one can love in obedience to command, nor can love ever be reduced to a set of rules. It must be free to do whatever the situation demands. If everyone truly loved everyone else and were wise enough to know what is in the best interests of others, there would be no need for law in the sense of rules with sanctions and power to enforce them. Law is necessary wherever people live together in this world, not only because of our ignorance, but also because of our sinfulness. Law is God's way of getting his will done in spite of our unwillingness to

do and without coercion. Therefore, Martin Luther spoke of the law as "the left hand of God." It is the same love of God who with his right hand accepts and forgives unconditionally and who with the left hand coerces for the common good. The purpose of law is to enforce justice. Justice means fairness, it means giving to each our due, our fair share, what we have earned, what we deserve. Justice is blind, carefully balancing her scales without respect to persons. Justice does not mean treating everyone alike but rather treating everyone as equals.

The close interrelationship of love and justice has enormous implications for the Church. Jesus' junction to his followers to "love one another" (John 15:17) enjoins the Church as well and demands a commitment to the task of advocacy on behalf of all the unjustly treated, including the aged. This most particularly includes the indigent aged, of whom there are millions in this land of abundance. We are not concerned now about the spontaneous act of compassion. We are talking about gross inequities, the brutal injustices of our fabulously wealthy society, which condemns millions – among them the aged – to poverty through no fault of their own. The Church must actively respond to the challenges of basic Christian affirmations as they relate to questions and problems of aging. If the Church is truly to be an agent of God's grace, if it is to proclaim the good news of God's unconditional love and manifest itself as a caring community, then it must join together with all persons of good will to advocate justice for the elderly by means of just laws justly enforced. The Lutheran Church in America, one of the large Protestant denominations and in some ways typical of others, has affirmed in its Statement on human rights:-

> "Older adults are entitled to respect, affection and care from their children, to the opportunity to continue as participatory members of the society, and should not be denied, because of circumstances beyond their control, adequate housing, sustenance, and health care."

This is a realistic minimal goal, readily attainable by shifting of priorities and elimination of waste, mismanagement and fraud. But it will take a real, sacrificial effort motivated by love. In these efforts the growing number of the aged who still have their wits about them and unflagging zeal, may be expected to play a major role.

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## 2.11 Programs for Pastors

Clements (1981) claims that first of all aging is a multidimensional reality that demands an interdisciplinary approach. Any examination of aging and the aged should reflect an understanding that it is a whole person who is aging and is aged. This wholeness requires the interfacing of spiritual, social, physical, mental and emotional dimensions of human growth and development. Insights of medicine, sociology, psychology and theology need to be brought into dynamic dialogue if an integrated understanding of the older adult is to emerge.

Anyone who takes an interdisciplinary approach tends to be biased in favor of a particular point of view, and integrates the subject accordingly. We need to grasp in order to be more effective ministers and ministering congregations. We tend to feel that the spiritual dimension is the inclusive dimension for understanding and integrating theories and concepts of human development with techniques and programs for ministry with older adults. Theology encompasses that which is not comprehensible in biology, psychology and other disciplines and that is the ultimate meaning, ultimate concern. An interdisciplinary approach to aging that includes a theological or spiritual perspective recognizes the spiritual core of a person as capable of taking a positive stand toward negative and painful external circumstances. By stressing that a human being is not simply a psychosomatic organism, this perspective affirms the defiant power of the human spirit and its capacity to find meaning in suffering. This unique spiritual capacity conveys a renewed awareness of self-worth and human dignity and helps persons comprehend themselves as fashioned in the image of God.

Clements argues that we interpret aging from the perspective of God's gracious purpose in creation and redemption. God's love is not determined by a person's age or productivity, but is unconditional and external. The wholeness of existence is under girded by an understanding of spiritual well being that is an affirmation of life in a relationship with God, self, community and environment that nurtures and celebrates wholeness. Whether you are embarking on a self-directed learning program on the subject of aging and the aged or are just looking into it, ask yourself why you are interested. Do you realize that if you knew more, you could do a better job of ministering

to the aged in your community? Are pastoral visits with the elderly in the congregation too easily postponed? Are conversations with elderly parishioners superficial or patronizing? As we work though the resources we have gathered and become more aware of the need of the aged persons and their families, we may realize that we need to polish certain professional skills. The importance is listening to the older person's concerns and reminiscences. Listening to the older person reminisce about days gone by is a most significant ministry, though too often we think of this activity as tedious at best of times.

Kimble in Clements asserts that spending time listening to and talking with an aged person is an enriching experience. More often than not the listener comes away with respect and admiration for the manner in which the person has coped with losses, surmounted illness and disappointment, moved through radical changes in life style and environment, maintained self-esteem, contributed to church and society. Close attention to what the aged persons are really saying can help you to understand not only their past but also their evaluation of the future. You may find it helpful to be aware of practical referrals in your area – community agencies, services for the elderly, professionals who adept at working with older people, etc. Is there a "Meals on Wheels" or "Congregate Meals" programme, for example? Is there a physician who is particularly experienced with elderly patients? Do any community agencies have a geriatric social worker, a day-care program? Are there agencies or organizations that would appreciate elderly volunteers?

You may find that there is precious little practical help or understanding available to the elderly. This can be a depressing discovery, but it can also inspire action. An intellectual understanding of aging and the needs of the aged person is not enough. Reading about conditions is an important part of learning, whether on a group or individual, self-directed level, but it is no substitute for personal observation and experience. Obviously, no program should be seen as a panacea for the perplexing and increasingly prevalent problems of aging and the aged. Certainly no program, however long-term or multifaceted, can hope to transform its participants into omniscient gerentological practitioners. However a well-planned event can be a stimulus for creative response to

the growing challenge and opportunity of developing new ministries with the aging. An understanding of the changes and crises experienced in the aging process should under gird lay and professional ministry. People of all ages who are informed and sensitized to the experience of growing old can provide a supportive atmosphere in which the elderly can share their concerns, strengths and abilities and can develop their resources.

Kimble in Clements (1981:219) found that participants in education programs struggle to develop and articulate a theological perspective that refracts knowledge and theory about aging and the aged through theological and biblical concepts relevant to the human condition. They see God's gracious purpose in creation and redemption as confirming the intrinsic dignity and value of each person regardless of age. They realise that the context of a Christian understanding of aging is the life of the church. It is here that theological resources for ministry and for the expression of the caring community are made visible.

## 2.12 Identification as an Older Person

According to Laporte in Clements (1991:52) churches today are still searching for a way to contribute to the elderly that is truly in the area of a church. Certainly churches can and to some extent should, organise leisure activities for the elderly, but the feeling is that it is inadequate to merely offer entertainment and games. Therefore, going to the other extreme, preparation for death has seemed to be the alternative. For those elderly who are willing to put their remaining strength to the service of the community, the Church and the city have many jobs, especially if no money is claimed and the area of charities is infinite. The early Church can provide the right answer to the question of the spiritual role of the elderly in the church of today. The Early Church encouraged prayer at home and meetings of prayer in the church. The prayer of intercession was also practiced for the needs of all and it was much more developed and diversified than today. The elderly were the basis of the community in these prayer meetings.

Retirement marks the movement into mature age. To be retired is to be old, at least as society sees it. One of the challenges of the retirement experience is to come to terms with what it means to be identified as an older person. Many retired persons have a

healthy resistance to being identified as old. Our culture's stereotyped images of aging are sufficiently negative that few of us would want to be described. Americans see the aged as sedentary, lonely, poor, helpless, and uninteresting. They report that life after retirement holds a mixture of possibility and problems, of satisfactions and disappointments, not unlike the patterns of life at other stages. But it is significant that older persons do not see their experience as a sign that the negative cultural stereotypes of aging are wrong. Instead they feel that they are the fortunate exceptions.

## 2.13    Ethical Issues in Aging

Becker (1986:106-123) argues that aging raises issues along with the medical, sociological, emotional and theological issues commonly recognized. Many of these issues revolve around questions of "quality of life," a prime concern of the Christian community. "I came that they may have life and have it abundantly" (John 10:10). We have a special mandate to be concerned about the ethical aspects of aging. For the Christian community, ethics and values have something to do with personal relationships. Value and ethics are cherished ideals growing out of and embedded in these relationships. When ethics are abstracted from these relationships and stand alone as laws, they become harsh, depersonalizing, frequently destroying concern, care and advocacy. The primary concern for aging is justice.

Becker claims that institutions and policies of any order should provide justice for all persons. He maintains that because human beings deal with human beings, justice is raised to higher levels of sensitivity and compassion. Within the church it is perceived that in God's self-revelation in Scripture two primary concerns of God are expressed and developed: God's justice and God's passion for all which is ultimately God's love. God is concerned that the powerless and the defenseless to be the objects of justice rather than oppression, a theme voiced by all the prophets and by Christ himself. Becker states that ethics, particularly as expressed in the fundamental principles of justice and love, is a two way street: all are responsible under God to give justice as well as to claim the right to justice. He states that every person lays claim to compassion and love from others even as all are bound to give compassion and love. This should be more so for the elderly than a person who is in the prime of life.

## 2.14 Ethical Aspects of Ageing

According to Bennett in Clements (1981:138) circumstances can easily force many elderly people to live in impoverished conditions. According to a recent estimate, six out of every ten elderly person is poor. One aspect of their poverty is that, many elderly people become poor after becoming old. The contrast between so much conspicuous wealth and their fall into poverty, which is a psychological shock in old age, is a moral offence. Moral offence though it be, the question often raised is, how can society afford to provide the material conditions for an external good life for so many who are not economically productive? Does society have an obligation to do better than it is now doing for the elderly? We can best make best moral sense of society's responsibility for the elderly by thinking of it as a matter of justice. Should we not think of justice as including provisions for the well being of humanity at each stage of the life cycle? The test of the justice of institutions and policies should be their effect on all persons. The years of productivity create claims for producers in their years of retirement. But being human involves claims beyond what one has earned. Here justice is raised through love to higher levels of sensitivity and compassion.

While society is not altogether consistent in its practice, there are many indications that we judge ourselves and our institutions by the degree to which provisions are made for the handicapped of all kinds. Christian ethics is clear about this; it puts emphasis on caring for those who, for whatever reasons, are in greatest need. Those who are guided by Christian ethics cannot evade the judgement in Jesus' story of the Last Judgement in Matthew 25, the parable of the Good Samaritan, and in the pervasive emphasis in the Gospels on the moral claims of the poor. Bennett in Clements claims that there are two considerations, which may enable productive people, who are most sure that they have earned their advantage, to accept their part in the support of the elderly:-

i)     The present producers will themselves become elderly and as things go, will probably live even longer than those who are now elderly. This means all they do to support better retirement incomes and better conditions of life for the elderly will create or maintain structures and policies from which they themselves will benefit in due time.

ii)     Younger producers in many cases have living parents and should feel some responsibility for them now. Under present conditions including parents in their own homes, as was often done in the past cannot discharge this responsibility. Moreover it is better for parents not to be financially dependent on their children; the problem is too immense to be solved entirely through the private efforts of individual families. The great increase in the span of life and the staggering medical costs for the elderly aggravate the problem so much that for most people it can only be adequately dealt with through public planning on a national scale.

## 2.15  The Elderly on their Own

According to Deeping (1979:30) one courageous and independent old lady claimed "I'd rather stay under my own roof. When I leave here it will be feet first!" Very few elderly people want to give up their own home and go to live with relatives or in an institution. Elderly people should never be persuaded against their will to move out of their own home, unless their mental or physical health or living conditions are so deplorable that they are a danger to their own or other people's safety. An elderly person living alone invariably has problems to cope with, though in some area of life, and ideally the people to help them should be members of their own family. The families are people who know their character and understand their needs. They do not have to make an effort to relate to and to trust and can move around freely in their own homes, to sort through the various 'pockets' of their anxiety more easily than any stranger can do.

Deeping continues that if everyone could look after their own, there would be far fewer people like community workers running around looking after other people's own. Unfortunately, in modern society, our 'own' are rarely living in the same town or even in the same country as their parents, which makes the ideal situation very difficult to achieve. The large extended family, with its reliable supporting cast of aunts, uncles and cousins, as well as sons and daughters, all willing to help older members to remain happily in their own homes for as long as possible, is a thing of the past. The responsibility now usually rests heavily on the shoulders of one or, with luck two relatives, and they will often need all the help they can get from the local social, medical, nursing and voluntary services.

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Deeping asserts that some are 'naturals when it comes to helping the elderly', because they are affectionate, imaginative and capable. Others, who are just willing, have great difficulties in trying to understand them and to meet their needs without appearing to intrude, or deprive them of their independence. The mere fact of having been cast in the role of daughter, daughter-in-law, son or son-in-law does not automatically endow any of us with the ability to play that part to perfection. This becomes reality particularly when it begins to need more than smiles and pleasantries at family gathering, and demands qualities of patience, perseverance and insight and the regular visiting of a lonely old person. Those who do their best but for reasons, which they may not be to blame, are not temperamentally suited to deep involvement in the special problems of the elderly may have other talents for caring. They may, for instance, be capable of rising magnificently to the occasion when a neighbour's sick, deprived, or even delinquent child needs help. They may be wonderful wives, husbands or parents and do much useful voluntary work in the community, and yet lack the particular type of emotional muscle required to support old people.

According to Deeping the first thing to do, if you are embarking on helping an elderly person who lives alone is to make sure that he/she knows that you have a genuine desire to assist them in every way possible. Then respect their rights to make either a positive or negative response to your overtures. It is always best to dip a toe in the water first, rather than plunging in with a programme of hopefully helpful ideas for the improvement of their lives and comfort. The need for independence, linked with the need for love, is amongst the last treasures of old age, and should be treated with great delicacy.

Not all elderly people who live alone are in need of a great deal of assistance: they just like to know that it would be available if they wanted it. If they are still in good health and spirits, they are often busy helping other people – including their own families – and living a full and satisfying life, continuing to manage and run their home and all their affairs quite efficiently. There are also those who have been rather self sufficient all their lives, who really like living alone, enjoying their own company and quiet pursuits. No two old people will react the same way, but most of them need our help in various ways when the going gets rough, and it is their need that we are examining here.

## 2.15.1 Visiting

According to Deeping (1979:32) visiting should be tailored not only to the needs of the elderly person but also the amount of time you can reasonably spare from family responsibilities. It is important to make a definite decision about this right from the start without letting the old person know that he/she is being given a monthly 'ration' of your time as a duty rather than a pleasure. Most old people prefer all the events in their lives to be regular and predictable. Old people are entitled to the same social courtesies as we are and it can be very irritating for them to feel that they are regarded as has-beens who have nothing better to do than sit around waiting to be visited at our convenience.

Deeping states that you need to remind yourself that a visit paid to an elderly person living alone is a very important occasion. You must be prepared to open your mind to their memories and experiences in life, realising the significance of their 'past' and to it is the 'present'. When you understand that the old are by no means always on the receiving end of their relationships, then you are ready to assemble the love, time, patience and energy you have to offer and decide on the best way of presenting them. Even if love itself is better for being carefully 'gift-wrapped' sometimes, when the recipient is elderly and fearful of the slightest hint of patronage or pity. Visiting an elderly person who may not be exactly on your list of favourite people is quite another matter but it will be much easier if you take the positive attitude. You are going to give all you have got and make something good out of it. Many old people are greatly deprived of essential physical contact. The most popular visitors to old people are good listeners, who concentrate with interest on what they are saying. Good listening is not only therapy, it is probably the most important contribution anyone can make to the happiness of the elderly who live alone. You do not have to be clever, or to know all the right psychological approaches; you just need to be kind and caring to become a sanity-saving safety – valve in an old person's life.

## 2.15.2 Social Life

Deeping claims that some elderly people can find pleasure in joining with others in their age group in various kinds of purposeful activity or service to the community. Alternatively, membership of one of the many different kinds of clubs that exist to suit all interests or attendance at a Day Centre may be the answer for them. Even though they

are not visibly disabled some elderly people reach a stage in their lives when slight muscular weakness and general frailty, combined with a natural anxiety about crossing roads or being jostled off their feet in crowded places makes going out difficult for them. Many of them struggle on bravely but sometimes a point is reached when they are no longer able to go out alone. We can make all the difference to the monotony of their existence by arranging to take them out. Where you take them should be within reason to them to decide. Many elderly still enjoy a visit to the cinema, or to a concert. Some just long for a slow 'mooch' around a department store. Others love a day at the beach or a picnic in the park. If the elderly are churchgoers, but unable to go out alone, it is helpful to organise lifts for them with other church members.

## 2.15.3 Domestic Chores

Deeping (1979: 40) asserts that many elderly people can remain in their own homes even if they are living alone, provided that they can get adequate help with some heavier and more awkward chores such as cleaning high up, or low down, under furniture or in corners which have become inaccessible to them. Jobs which involve using heavy domestic equipment or climbing steps and taking down curtains can be a real problem. The thorough spring-clean they always used to do becomes a complete impossibility if they happen to suffer from one of the common disorders of old age, such as arthritis or heart trouble. So they worry and look back to the good old days when there always seemed to be a kind and sturdy old neighbour who was willing to pop in to lend a hand to the elderly and disabled, in the closer-knit communities of their youth.

Deeping continues that the maintenance of proper standards of cleanliness in their homes is very important to most mentally impaired old people. If the home starts 'going to pot' they often feel that it appears that they are 'going to pot' with it. Much anxiety may be avoided to the elderly if we can organise family and friends in the community to help them regularly with jobs they cannot cope with – anticipating their needs rather than being waiting to be asked. Many old people tell their elderly friends, in confidence, that although they worry sometimes about various things in the house that need attention and are beyond their capabilities, they don't like to keep mentioning 'this and that' to their children when they visit. If for some reason it is impossible to arrange to give them the help they need a Home Help can be provided by the local authority social services

department. These are strong, friendly, competent women, employed to undertake a variety of household tasks, including some shopping, washing and ironing if necessary. Unless there is exceptional need they only work from Monday to Friday and as the service is very short- staffed in many areas most people can only receive a few hours help a week. Elderly people pay for this service according to their income, which has to be declared in full.

It is possible for them to make application direct to the social services department. It may be done through their general practitioner, or if they are being discharged from hospital and obviously need help in the home, it may be arranged be the hospital social worker. The Home Help Supervisor will call to see what type and amount of help is required and assists them if necessary to complete the forms on which the assessment for payment will be made. This is usually a very pleasant and reassuring interview for a worried old person, who can be helped to feel that much of the anxiety about her heavy housework is going to be taken off her hands. The supervisor will try as far as possible to choose just the right member of her staff to suit the needs of the applicant.

Deepings states that the Home Helps become very fond of the elderly people they visit, often doing all kinds of extra jobs for them when they have the time and the moral support they give the lonely old people is invaluable. Most social workers who are in touch with the elderly living alone hear praises of their Home Helps sung time and time again: 'she is like a daughter to me', and 'I don't know what I'd do without her'. These women, often with family responsibilities of their own, do a heavy and demanding job with great generosity of spirit.

2.15.4 Domiciliary Medical and Social Services

According to Deeping the most important person employed by the State to supervise the health care of the elderly at home is the general practitioner. A good general practitioner keeps an eye on the health of his elderly patients, knows the score and can conduct the whole orchestra of welfare on their behalf when they need it. He is the one with the knowledge and power to bring in the right instruments at the right time, often just by raising a hand to reach for his telephone. He should never be regarded as someone only to be approached when a prescription is required or when some serious breakdown in

health occurs. The emphasis with the old should be on prevention before the need for cure arises and some elderly people suffer quite unnecessarily from the 'silent types of illness which show no dramatic symptoms in their early stages. These illnesses could be well diagnosed if they visit their doctor on a regular basis.

The practitioner will also be in touch with all the local voluntary services for the elderly and disabled, whose help he can raise. Most important of all, he will have a good liaison with the local social services department, who can draw all the threads together and link his elderly patients with the organizations that can best meet their needs. Regular visits from a social worker can be of immense value to old people living alone, particularly if their family lives some distance away. The social worker will be like a 'skilled' friend to those who can not help themselves in many areas of their life. It could be in by suggesting ways of overcoming loneliness by putting in contact with the type of activity, club, Day Centre or workshop that would interest them, and arranging suitable transport for this. It could also be if they are not particularly keen on group social activities, sometimes by finding individual volunteers to visit them and take them out.

The social worker can, also in co-operation with the social services occupational therapist and physiotherapist, arrange for then to be supplied with any special aids they need for safety and mobility, and adaptations to their home. Elderly people can turn to the social worker as well for advice on their financial problems and welfare rights. The social worker can give them emotional support too, strengthening any network of support that already exists from relatives, friends and neighbours or trying to form one for them if they are in a position of isolation. The modern social worker's role is an enabling one, helping elderly people to make the best use of their own inner resources as well as the many social services available, and to retain some independence for as long as possible.

There are many groups and councils that provide services and information for elderly people throughout the country. Reliable young people who belong to local groups of Community Service Volunteers can often also be very helpful to elderly people who have no one to assist them with gardening, heavy house-cleaning and decorating. A phone call

to the local authority social services department should produce the right contacts for this, if there is such a group functioning near them.

### 2.15.5 Errands

Deeping asserts that many elderly housebound people living alone feel the loss of their independence very keenly and fear becoming a burden to others. Some of them are reluctant to ask visiting relatives, who may already be doing shopping for them, to run extra errands such as taking prescriptions to the chemist or clothes to the laundromat or dry cleaners, changing their books and collecting their pension. Therefore it is always important to check to make sure that you are meeting these needs, or arranging for someone else to do so.

### 2.15.6 Diet

Deeping states that cooking for others can sometimes be a dreary business, and many elderly people on their own do not eat the right types of food to maintain health. If they are frail or disabled and housebound they often become members of the tea-toast-and-tinned-soup brigade, and develop various kinds of vitamin-deficiency diseases. A change in diet, like any other change in the lives of the elderly, has to be introduced gradually to succeed.

Sometimes a Meals-on-Wheels service can help if old people cannot prepare food for themselves and are unable to get to one of the luncheon clubs they run. A good hot meal is delivered to their home and a modest charge is made for them. They should eat a proper breakfast and supper as well, though, since the meals have to be kept hot en route to the recipients and some of their original vitamin content can be lost. If the frail or housebound are to eat properly, it is essential to see that they get help with their shopping, for carrying or pushing heavy baskets soon becomes an impossibility and very few shops now deliver goods.

### 2.15.7 Financial Problems

Deeping claims that some elderly people who are living on reduced incomes have good reason to worry about money particularly when they live alone. But even those who are reasonably secure financially often experience more anxiety over money matters in old age than at any other time in their life. They feel that the 'rainy day' for which they have worked and saved so long has now arrived and they fear that they may, at any time, have

to dip into whatever nest egg they have tucked away for emergencies. Retaining this nest egg of savings untouched, however small it is of the greatest importance to the elderly. Many have a dread of something happening that will plunge them suddenly into a situation of near poverty, and a few also unconsciously use their financial problems as pegs on which to hang their much deeper fears concerning their health and their future, which they may find hard to face. In all this, as with everything else in their lives, you can help them best by listening with patience and sympathy, never dismissing their anxieties.

## 2.15.8 Communication

According to Deeping to be alone is one thing, but to be alone and to have no means at all of shattering the shell of silence around you to summon the comforting sound of human voice is quite another. To have no line of communication to your own kind available can turn a tolerable solitude into a state of intolerable isolation; and yet thousands of elderly people, who live on their own and are too frail to get out, are in this position. Some of them do have families but from time to time they do not take care of the long days and nights when apart from their desperate need for company, they feel frighteningly cut off from the world of people who would come to their aid if the were ill. One of the most important lines of communication for the elderly is the telephone. However if the elderly has no telephone and cannot afford one, the local authorities can be contacted who are empowered to provide assistance towards the cost. Deeping claims that telephoning the elderly who live alone needs even more care and tact than talking with them in the course of a visit. To us the phone may be just one of the many activities packed into a bust day, whereas to the elderly it might be a main event. When we replace the receiver after calling them, we get caught up at once by all the pressing demands of our time, while the old person may be left sitting in a silent room, turning over everything you said. The old and lonely person is very vulnerable and if you have sounded detached, preoccupied or hurried during the conversation they can easily feel hurt and rejected; and that hurt can be like an emotional graze that will remain painful.

## 2.16 Perspectives on Older people

The study of the aged encompasses a wide variety of subjects and can be viewed from many perspectives. Each perspective in turn may encompass numerous theories. There

is, thus, a distinct difference between a theory an a theoretical perspective. Baum and Baum (1980:4) claim that a theory is "a system of inter-related concepts in which the definitions of each is systematically related to the definitions of the others." In contrast, they add, "theoretical perspectives' consist of sensitizing concepts. Hence, they conclude that the difference is that sensitizing concepts are not defined according to their systematic interrelationships. In order to keep them distinct, the researcher will first discuss the theoretical perspectives on older people and thereafter concentrate on the social theories of old age. Baum and Baum in Nair (1987:26) maintain that the three most appropriate perspectives on older people in family life are abandonment, liberation and diachronic solidarity.

## 2.16.1 Abandonment

This perspective holds that being old in modern industrial societies amounts to a state of relative deprivation. It is argued that this is so because industrial society has no use for older people. The abandonment perspective is based on a number of empirical assertions that in essence claim that whereas pre-industrial social orders needed older people, modern industrial society does not need them. Baum and Baum in Nair argue that unlike in pre-industrial societies, knowledge and skills become rapidly outdated in modern industrial societies, and older people are consigned to premature obsolescence. They add that society casts the aged out against their will to suffer social isolation and despair.

As far as the place of older people in family life is concerned, Baum and Baum are of the opinion that modernity and industrialization have wiped out the extended family, thereby prompting the younger generation to desert the older. It is argued that previously old people lived in the homes of their children and were cared for until death, but nowadays the old are left o fend for themselves. Thus, if abandonment perspective is valid, then aging parents suffer from relative deprivation compared with their earlier status in the family. The live alone not through choice and are neglected by their offspring. Adult children feel no obligation to their elders and put them into institutions if they no longer can care for themselves. It is evident that the abandonment perspective centers on relations between the generations or bloodlines.

## 2.16.2 Liberation

The second perspective mentioned by Baum and Baum in Nair is called the liberation perspective and is seen as an alternative and competing perspective because it implies the opposite of the abandonment perspective. The liberation perspective focuses on retirement and older people are seen as serving an important function rather than being condemned to social obsolescence. Old people are seen as being active in the family in modern industrial societies and can even assume a status of relative privilege. They can find new and exciting roles, such as being grandparents, family integrators and chroniclers. In such ways they continue to be very useful to their children. The liberation perspective assumes, therefore, that old people can perform family functions and are very much part of the family in spite of their age.

## 2.16.3 Diachronic Solidarity

Although the themes of abandonment and liberation can be found directly or indirectly in most prevalent social theories of aging in modern times, the third theoretical perspective, namely diachronic solidarity, is derived from the way in which most industrial countries finance social security. Baum and Baum in Nair (1987:28) argue that in most industrial societies, social security is earned by the young at work but is allocated to the elderly who are no longer working. Thus the young provide for the elderly in the expectation that they will be provided for in turn upon their entry into old age. This mode of caring for the older people in modern industrial society is the basic clue to the concept of diachronic solidarity.

Diachronic solidarity is thus a self-perpetuating form of intergenerational solidarity. Baum and Baum maintain that diachronic solidarity can be defined as a social identity shared with successive generations that always connects the younger with the older in a perpetual chain of community, lasting indefinitely through time. Hence the focus here is on a social identity shared intergenerationally and one that is handed on from generation to generation. Turning to the family, modern societies have a larger number of generations living at the same time. Thus the opportunity for intergenerational help has increased. Norms and practices governing mutual assistance that generate perpetual obligations can be expected to arise. If there is diachronic solidarity, both younger and older generations must assume specific obligations and relationships to one another. For

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example, any flow of resource up or down the rank of age that implies an expectation to be taken care of, in turn indicates family diachronic solidarity, should this be needed.

Baum and Baum in Nair maintain that as present generations pass away and new ones take their place, the younger generations consider loyalties and duties to old people as bonds that will endure over time. They conclude that only then can one make a case for the family as an institution operating to ensure that social bonds can survive in a changing world. They add that if such a pattern of expectation or sharing does not occur, then the chain has been broken and diachronic solidarity does not exist.

## 2.17   Theories of Ageing

Ulanov in Clements (1981:113) says that one emphasis in depth psychology cuts all schools of theory and stresses aging as a product of what is stored up in youth. If as elderly persons we look back on our lives with a sense of despair at having missed its meaning, that despair manifests itself in terms of concrete stages of missed identity, failures of intimacy, of stagnating instead of generating renewed interests in life as both it an we change. Winnicott sees adult disorders as rooted in early failures of innate maturational processes to unfold. These processes were hindered, Winnicott believes, because the environment demanded compliance with others' expectations instead of their own. On the other hand, our old age can find us reaping the benefits of our lives richly spent, not only in the storehouse of memories, but in the fruition of problems worked through, plans executed, meditations undertaken, suffering survived. Old age harvests the work of a lifetime, making available the fullness of a richly ploughed imagination and well-nourished mind, a body exercised and cared for. Even in suffering illness and infirmity, our engagement, in life lived to the full sustains a life that is livable right up to the end, for its ends go on being met.

Who I am and who I have come to be are the result of who was with me when I was growing, whose influence molded the vision of life that took shape within me. This dependence of the self upon others is a frightful fact of human life, sometimes demonstrating with grim force how much we make or break for each other the possibility of being. Our nation's treatment of the aged underlines this interpersonal fact. Forced

into retirement, confined by limited income and rising prices, treated as periphery, the aged citizen must achieve a spiritual autonomy of heroic proportions to assert the value and wisdom of his or her years. To achieve that assertion of authority, to refuse to concede to a peripheral place in society, or accept merely marginal significance, an older person must depend on how he or she lived all through life. From this perspective, age is simply the consequence of what we have stored up in youth. If we spend a lifetime avoiding who we are, veering off from the central issues of finding and building our personal way of being, our personal ways of putting ourselves into the world. When we face the hard questions of injustice and suffering or the sometimes-harder ones of justice and pleasure or face the blasting challenges of really loving someone more than ourselves. Surviving failure and learning from it, of reaching to the center, always the center, seeing persons as uniquely themselves, not really defined by class or economic level or education or talent, we reap the results in old age.

Ulanov in Clements claims that aging does not bring emptiness; it only increasingly reveals what is or is not there. If we fled hard questions then, now we find ourselves overwhelmed with the problems of the world, with little hope in human ingenuity and goodness. Attitudes we formed in our earliest years come to the fore again in our late years. Our attitudes focus on feelings of struggle and persecution on the one hand, and creative mixture and reparation on the other. Aging brings a weakening of energies. Illness often enough, forgetfulness, restriction of movement, fear of death. Some of us feel done in by these events, as if assaulted, almost overcome, defeated. We experience aging as a malevolent process directed against us. As if especially singled out, we feel persecuted by the inevitable physiological process and defend ourselves with elaborations on a persecutory motif. Thus the older person retreats into hypochondria, hedged round by an army of combative symptoms that ward off any simple meeting with another person or with their own actual inner selves.

If we are the ones trying to make contact with an aging relative or friend living the drama of victim hood, we must deal with the hostility they arouse in us when they refuse any comfort or intimacy we may be bringing them. They, who feel so persecuted by life, will in effect be persecuting us. They make us angry by refusing anything that exists outside

their self-enclosed preoccupation: they enrage us with their constantly telegraphed message: "You owe me!" But worse still, the hostility they arouse in us evokes a hostile self attack in us. We suffer guilt and self-reproach at our sense of being burdened by them, by their suffering, by their aging victim hood. They make us feel guilty for being ourselves and guilty for the anger that their self-centered manipulations of us provoke in us, guilty for the inevitable process of aging.

Ulanov argues that in sharp contrast, those who age with attitudes of creative mixture and reparation make us hopeful about the resources of the human spirit. Think of those older friends or relatives who continue to take what life offers them and reshape it into their personal styles of being, not denying hardship, but neither reducing it to some simple black and white scheme. Instead, illness, chronic pain, even a major operations can be endured and somehow found place for. These people see the possibilities of receiving help from medicine, from reading and reflection and they welcome visits from friends as friends, not mere collaborators in misery or victim hood. Such people go on living reaching out for what is available, thinking new idea, exposing themselves to what is there – a new book, a new bird, a new sight or sound, a new way of sensing or feeling or understanding their worlds. Such persons long ago gave up the simplistic fantasy that one can get rid of all baldness and hold onto only the good. They are tough-minded. They consent to the mixture of good and bad that inevitable surrounds us all, making creative use of what is there, what is offered- in themselves, in the world around them – with less emphasis on or complaining about what has been taken away, lost, or denied. These are our wise old people to whom we must look for hope and strength, on whom we can gratefully lean, for they inspire a faith in being, a conviction that what we need will be provided. We recognize them as content as gifted with all the full acceptance of life. Old wise men and women repair the damage done by depression, by pain, by ungratefulness, because they recognize the complex mixture of positive and negative, of good and bad, in themselves, in us and in life, and they work with that full construction of reality.

Crandall (1980:108) states that a theory is basically an attempt to explain, predict and understand behaviour. It attempts to integrate several sets of obversations into one

logically contrived explanation. Binstock and Shanas in Nair (1980:29) argue that systematic development application of theory are activities which for most part have been and continue to be strikingly absent in the social scientific study of aging. They add that until recently social scientific research in this field has tended to be indifferent to theory, concentrating instead on the description of behaviour in late life or on the social contexts within which the aged live and the aging run their life's course.

Crandall (1980) asserts that theories in general can be of two types: macrotheories, which present a very broad and general explanation of human behaviour and microtheories which, attempt to explain behaviour in certain situations or in particular groups. He adds that in gerontology, macrotheories began to emerge around 1960. Since then several theories have been developed or used by gerontologists. An overview of some theoretical approaches, which are considered appropriate to this study, is presented. This will eventually allow an assessment of the theoretical implications of the findings of the empirical study.

2.17.1 Disengagement Theory

Crandall (1980:109) describes that the most persistent and controversial theory in gerontology is the disengagement theory. The theory maintains that people entering old age gradually phase out of former roles, thereby allowing society to continue functioning. Consequently the phasing out of older individuals out of important roles their deaths are not disruptive to the functioning society. The disengagement theorists recognize that although the process of disengagement is inevitable, variations will occur because of differences in health and personality.

Crandall claims that the disengagement theorists believe that high levels of life satisfaction are associated with the aged persons reducing of the number of importance of their roles. Thus happiness in old age consists of individual's recognizing the fact that they are no longer young and that there are more competent individuals to fill their roles. Disengagement is a process whereby society and individual separate themselves from each other. Cummings and Henry (1961) in Crandall maintain the individual and society prepare in advance for the ultimate disengagement, which is death. By means of a gradual, mutually beneficial process the individual and society withdraw from one

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another. They state that "aging is an inevitable mutual withdrawal or disengagement resulting in decreased interaction between the aging person and others in the social system he/she belongs to. The process may be initiated by the individuals or by others in the situation.

Baum and Baum in Crandall (1980) argue that this does not have much empirical verification and that it has had an unfortunate history of misapplication. They add that most work on this theory has not stuck to the theme of dying. Instead, general patterns of disengagement among the aged were looked for. They conclude that contrary to the original formulation it is not a process of mutual disengagement between the old and young but rather a pattern of one-sided abandonment of the aged. They argue that the disengagement theory belongs to the abandonment perspective. It is argued further that factors other than preparation for death can lead to involuntary disengagement, e.g. rapid social change or making the old obsolescent before their time. It becomes obvious that many theorists believe that disengagement is largely a result of a lack of opportunities for the aged, rather than a desire to disengage on their part. Crandall concludes that the choice to live within the family or outside the family is really beyond the aged, since this is determined by external factors such as social change.

2.17.2 Activity Theory

Crandall (1980: 111) claims that owing to its controversial nature the advent of disengagement theory provided a valuable impetus for gerontology because it created a great deal of research. Subsequently this increase in research activity produced many new theories. One such theory which, was formulated to demonstrate the weakness of the disengagement theory is the activity theory. It may be regarded as the antithesis of the disengagement theory and clearly belongs to the liberation perspective. The activity theory assumes that older people have the same psychological and social needs as do middle aged people and that by remaining active the older person will remain psychologically and socially involved. Essentially activity theory focused on activity and the importance of activity in order to be happy in old age. Crandall refers to activity theory as the "golden-years" concept of aging. The ideal old age for activity theorists is one in which individuals maintain their prior activity levels. The theory essentially claims that the person who stays active will enjoy a higher morale and thus experience

optimal ageing. With retirement the individual must find new activities, and when family and friends die they must form new relationship.

Crandall (1980) reviewed Maddox's activity theory which essential claims that in order to achieve happiness in old age, individuals need to keep active. Maddox argues that happiness is achieved by denying the onset of old age through maintaining the middle-aged way of life, values and beliefs as long as possible. Activity theorists believe that if existing roles or relationships are lost, it is important to replace them otherwise there will be a drop in the level of life satisfaction. Essentially then activity theory states that the greater the activity the greater the life satisfaction. Lowenthal and Haven in Crandall found very little support for the activity theory. Their data suggests that a high morale be not determined by the number of roles an individual had but by an enduring stable and intimate relationship with at least one other individual. They maintain that individuals who had one highly intimate and stable relationship were not as depressed and had greater satisfaction than those without such a relationship. They conclude that a confidant did not have the ability to act as a buffer between an individual and physical illness. Thus physical illness would generally be a loss in morale.

Crandall concludes that there are other criticisms of activity theory. One of the major criticisms is that it may not be role activity that determines high morale. Rather it may be that those with high morale can form friendships and have a greater probability of staying active than those with low morale. Another problem is that for many older individuals happiness is not obtained by staying active. Many older individuals prefer what might be called a rocking-chair approach to old age. For these individuals maintaining the activity levels would be a strain and also the fear of failure could produce anxiety, stress and fear.

2.17.3 Personality Theory

Tunstall (1966:231) claims that "personality" is a difficult term to define, since there is such a wide variety of theories and measurements. In general, personality refers to the distinctive behaviour patterns of individuals. As a biological process aging appear to take place at a fairly steady pace. Despite these important biological changes the social roles which individuals perform remain comparatively stable. Social aging tends to present the

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older person with the problem of adapting to new problems and behaviour. Crandall in (1980:113) states that the theory attempts to explain the contradictions in the disengagement and activity theory and the date inadequate to explain them. Disengagement theory states that low activity will result in high life satisfaction and high activity will in low satisfaction, while activity theory stated the converse. Life satisfaction theory claims that it is not that amount of activity, which determines life satisfaction, but rather the personality type. That is, different personality types require different activity levels in order to attain highlife satisfaction. Crandall maintains that there are two personality types. The "reorganizers" try to remain middle-aged by finding new roles to replace lost roles and therefore support the arguments of activity theory but not those of disengagement theory. The "disengaged" on the other hand have voluntarily given up most of their roles. They prefer the rocking-chair approach to life. The have low levels of activity but high levels of life satisfaction.

Cummings and Henry in Tunstall criticize the implicit theory of aging which recommends an old person to keep alive. They criticize naïve conceptions in the popular literature such as that a person abruptly enters old age at one point and time. Cumming and Henry suggest on the contrary that ageing is a process – an inevitable mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system he belongs to. They argue that "we can describe the process by which he becomes so we can do this without making assumptions about successful aging."

2.17.4 Subculture Theory

Arnold Rose in Crandall proposed that the aged form a subculture and that it is this subculture that defines and gives direction to their behaviour. A subculture is a group within the general society that exhibits many of the cultural characteristics that are unique to it alone. A subculture may be formed on the basis of such variables as age, gender, race, ethnicity, religion, or social class. Several variables have led to the formation of a subculture of the aged. Crandall (1980:114) asserts that a larger percentage and number of the population are now aged. At one time the number and percentage of the aged were small and dispersed throughout the country. Consequently it was difficult for the aged to form a group with separate ideas, beliefs, values and behaviours. The increase in the

number and percentage of the aged has affiliated the formation of an aged subculture. Crandall maintains that the aged are also excluded from participation in general society. Mandatory retirement laws, health factors and an emphasis on youth have served to separate the aged from the rest of society. The segregation of the aged from the rest of society has not only been social but also physical.

Crandall further maintains that the exclusion of the aged from society have led to an enhanced age consciousness. The aged can now recognize that they are "different" from the rest of society. They have different values, lifestyle, interests, needs and behaviours. Age consciousness is intensified by age segregation and a commonality of interests and needs. Their commonality of interests and needs has united the aged as a social group. Crandall (1980:113) concurs that proponents of the subculture theory recognize that many of the distinctive behaviours of the aged result from factors other than the aged subculture such as biological changes, social norms, and generational changes. Writers of this theory recognize that sub-culture is not the only factor that contributes to the behaviour that is peculiar to the aged. The sub-culture theory recognizes that the aged population is not homogenous and there is, therefore only one aged sub-culture. They also maintain that there are several factors that keep all the aged in contact with society. These factors include family contact, the mass media, employment, welfare organisations and an attitude of resentment toward growing old.

Crandall (1980:115) suggests that in the subculture of the aged there are two types of status. The first type of status is conferred by the society. Some of the variables that contribute to an individual's status are money, occupation, education and achievement. These status variables play an important role on those aged living in age-integrated communities than those living in age-segregated communities. The second status involves two variables. The first variable is physical and mental health. The second variable is social activity. Those individuals who occupy leadership roles, who influence other aged individuals or who exhibit greater social-activity levels have higher status in the aged subculture. Crandall concludes that the subculture of aging theory makes an important contribution toward understanding the aged in our society. The diversity of the aged and the aged subculture makes it a very general theory.

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### 2.17.5 Social Exchange Theory

Baum and Baum (1980) assert that intergenerational solidarity in the family has been aptly analysed through the application of the exchange theory. They maintain that the social exchange interaction from the point of view of the search for reward, the avoidance of punishment and how much of stake individuals have in the group to which they belong. This theory they add emphasizes strategies of rational action seeking to maximize rewards and to minimize costs. It is argued that in modern industrial societies the person who cannot contribute according to expectations is abandoned. In most cases, the persons who are abandoned happen to be old, since the body and mind grow older, the competitive edge goes to the younger members of the family. Baum and Baum see the extended family as an all purpose care taking system and insists that the family is still seen as "the place where they have to take you in." Baum and Baum conclude that once the idea takes hold that parental obligation and filial duty are matters of some child-rearing phase and not matters of life-long obligation, the idea that the family as a group is obligated to take the age in, would vanish.

### 2.17.6 Labeling Theory

Bengston in Crandall (1980) states that theory has traditionally been used by sociologists to explain criminal behaviour and mental illness. This can also be used to explain some of the behaviour of the aged. Through the process of labeling, individuals are forced into acting out specific roles. Labeling theory suggests that when we are given a label such as "senile" or "old" this label has a significant impact on the way we will be treated and perceived by others. Once labeled it is difficult for one to change the label because all of our behaviours are interpreted in light of the new identity. Often behaviour that is contradictory to the label will be ignored and behaviour that supports the new identity will be emphasized.

Crandall maintains that the labeled individual may not believe he is senile but it is only a matter of time before the label is incorporated into his presentation of self. This happens because of three reasons.

i)   Other people respond to him as though he was in fact senile.

ii)  The individual will receive positive sanction for behaving in a senile manner and negative sanctions for behaving in a normal manner.

iii) The individual may be placed with others who have received the same diagnosis. It is likely that in this environment he/she will receive very little cognitive stimulation and will have little or no chance of changing his label.

Crandall concludes that the labeling theory does not maintain that all individuals who have the label "senile" are in fact "normal." The theory simply points out the fact that labels can have a tremendous impact on the way in which we react to others. Once labeled as old, senile, dependent or sick the individual will experience a marked reduction in number, types and option of roles available. The labeled individual will enter into largely predetermined groups and organisations. The label "old" may cause severe depression in one individual and senior pride in another. Although labeling theory is important, the general nature of its terms is a limitation.

2.17.7 Modernization Theory

Baum and Baum (1980) argue that Cowgill and Holmes (1972) made the strongest case for the necessary abandonment of older people in modern society. They applied tenets of the exchange theory to intergenerational relations and more specifically to relationships within the family. Working from many qualitative and quantitative observations of the fate of older people in pre-industrial and industrial societies, they set out to show why modern societies necessarily have less use for their older people than did pre-modern societies and why becoming old in modern society must amount to suffering relative status deprivation. They argued that the status of the elderly is found to be universally proportional to: -

i) Their supply in society;

ii) The rate of social change;

iii) The rate of residential mobility;

iv) Their level of literacy

v) The prevalence of children establishing their own household after marriage.

Cowgill and Homes appear to base their arguments on a few contrasting features in the organisation of society in its pre-industrial and industrial forms. They found that in modern society people play roles in quite varied institutions with sharply contrasting and normatively contrary expectations. The underlying belief is that people were needed in

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pre-industrialised society and were allocated important roles in society. In modern society there is simply no comparable demand for the elderly. They conclude that because of this modern societies abandon their older people, economically, socially and culturally, more so than did pre-industrial social orders.

2.17.8 Aged Stratification Theory

Crandall (1980) asserts that age stratification has been set forth as a model to explain the behaviour of the aged. Ageing is perceived as an important determinant of behaviour for two reasons. The first is that ageing may limit a person's ability to perform certain roles. The second is that the rights, roles, opportunites and priviledges are allocated differently by society on the basis of age. Age is a variable that determines what social roles, rights, obligations and opportunities will be available to the elderly. Chronological age can affect role performance because of biological, legal or social restrictions that is biological age limits role alternatives.

Age also determines role alternatives because of legal requirements. Legally there are requirements for certain roles that limit entrance into them or facilitate an exit out of them. For example driving a car, drinking alcoholic beverages, voting in elections or holding certain offices all have age requirements. Mandatory retirement laws force individuals out of working roles. Chronological age separates or stratifies the population into age strata. Each age stratum has a set of rights, roles, obligations and opportunities associated with it. Age strata are different not only in age but also in their participation and contribution to society.

Crandall maintains that in each age stratum there are age-related expectations. These expectations occur in areas such as modes of dress, style of hair or language and to enforce these role expectations there are sanctions. Which are rewards for behaviour that conforms to social expectations and punishments for behaviour that deviates from social expectations. Socialization is a mechanism used to reinforce social expectation in regard to role performance. Socialization is simply the process of learning the beliefs, values and norms of the society in which we live. It is considered to be a process that ends with death and is necessary to prevent the aged from behaving inappropriately.

Socialization is a necessary process for a smooth transition from one age stratum or one life period to another. If an aged individual were to keep values, beliefs and norms of youth there would be a conflict between what was desired and what was possible. For example if an individual were an athletic when he/she was younger this program would have to be modified in order to prevent internal conflictbetween aspirations and capabilities. It means that the individual has to learn to value a different program of physical activity.

Crandall concludes that although the age-stratification model has been well received by researcher, it has some problems that must be corrected. One problem is that the theory does not take into account different social classes or racial or ethnic groups and their perceptions and expectations. Society is stratified not only on the basis of age but also on the basis or race, ethnicity and other variables. Each generation of the elderly is unique thereby reflecting experiences peculiar to that particular generation.

## 2.18. Overview of the Social Theories

According to Kermis in Nair (1987:36) the scientific value of theories and research in this field lies in their ability to give shape to the core body of gerontological knowledge. Aging theories and research are not absolutes. They are more properly directives to the acquisition of knowledge and serve to organise the structure of knowledge. Most theories in gerontology are applications of more general theoretical orientations in sociology to the phenomenon of old age. Although only the disengagement theory can be regarded as a genuine effort towards researching aged people, the other theories discussed above should not be dismissed as irrelevant. They can form the basis of a thorough investigation into life activities, needs, fulfillment and relationships of the aged.

It must be acknowledged that it is not possible for any one theory to fully explain the aging process or its consequences. Crandall (1980) asserts that given the complexity of the aging process, different theories address discreet aspects of the process. It remains the task of the researcher to successfully integrate the disparate nature of these theories into a core explanation of any aspect of aging. The questions asked during both the informal discussions with social workers and in the administering of the structured

interview schedule in this study were at least partly guided by theoretical propositions discussed above. It is against this background that the theoretical implications of the results emanating from the study will be discussed.

## 2.19  Education and the Aging

Miller in Clements (1981:235) says that by aging he means the awareness by an individual or community who are following the normal decline in vitality that characterizes the latter part of life prior to death. With this definition he puts emphasis upon social, cultural and psychological awareness in response to a biological process. Since nurture, education, has traditionally been a central function of both Jewish and Christian communities, it is appropriate to ask how adult religious education ought to function in relation to the elderly. Miller's focus is religious education for the aging but he is also concerned with the aging as an educational resource for the community and the importance of the aging for the whole community.

### 2.19.1  Aims of Religious Education for the Aging

Any concept of education implies certain ideas of individual and community maturity that is an idea of direction of optimal growth toward which learning aims. When religious educators raise the question of maturity, they are raising not only a profound educational question but also equally profound theological questions. The primary experiences through which the Christian grows are social experiences. One encounters Christ and the opportunity to serve him in others; the maturity of the individual is realized only in loving unity with others. Miller in Clements (1981:236) suggests the following concept of maturity for Christian education of adults: faithful response to the love of God and growth in Christ like grace through interaction within a responsive and responsible community in ways that are appropriate for and with persons of declining and limited vitalities. Such a conception of maturity implies characteristics of awareness, intentionality, coherence and mutuality. These are characteristics that come from a consideration of what constitutes strength of personhood and moral agency and each suggests an aim of education for aging.

### 2.19.2  Education for Awareness

Aging is a time of changing sensibilities and capacities. Such changes are of course radically individual. Persons of a given age will vary widely for any given physical or

mental characteristic (for example memory, visual acuity, reaction time). There is nevertheless clearly a decline in vitality from younger years and there is a change in sensibilities. The vision of what is possible in life and the sense of the proximity of death certainly change. Aging people are treated differently and their bodies function differently. To be able to accept these changes, to be able to express one's feelings and to accept such feelings, is what we mean by awareness.

This kind of awareness implies an inner perception of feelings and an outer perception of circumstances related to the aging process. Such awareness is not complete without some objective understanding of biological, psychological, social and cultural processes, in terms of personal feelings, understandings and interpersonal relationships within a living community, cannot be separated from one another. Religious awareness of aging becomes a matter of following the feelings and commitments about the process of aging to their deepest roots. It is finally, the awareness of God who sets the limits of all our experiences.

### 2.19.3 Education for Intentionality

According to Kimble in Clements a second aim of education is intentionality – the owning, acceptance and cognitive expression of the urges and impulses of our own personal existence. Intentionality may be lost by an inner failure to accept impulses, to give them cognitive form, or to meet the overwhelming press and pain of circumstances. Aging is often a time of decline responsibility, yet it is frequently a time of making very stressful decisions – moving one's residence or changing one's vocation – with little assurance that these decisions can be permanent. Aging persons are sometimes afraid to take the risk deciding. A clear aim of education for the aging is to increase the range of intentional decisions people can make regarding their own circumstances. Aging is a unique opportunity to discern and act in God's will.

### 2.19.4 Education for Coherence

Another aim for education according to Kimble in Clements (1981:238) is coherence, which means accepting and bringing together our outer and inner experience to gain a clear sense of self, community, and world in spite of a wide range of experience that have not yet been fully reconciled. At deeper levels our coherence derives from our sense of selfhood, community and world but in each of these realms coherence must be

considered, acted upon and responded to if it is to be maintained. Both slow and dramatic changes will occur in the lives of the aging – changes such as decrease in appetite, death of a spouse, change in working patterns, or increased sensitivity to cold. Such changes must not only be understood, but also accepted into one's self-concept. To make sense of their lives and communities, aging persons need to engage in an ongoing process of reinterpretation.

The coherence - and the divergence – of life are sensed in the ambiguity of promise and fulfillment in the lives of the aging. The promise of life is always only partially fulfilled. All choices made along the way mean that other possibilities were cut off, and sometimes repressed. Repressed possibilities and missed opportunities may reassert themselves in the form of regret. There is an opportunity to find coherence with past and future generations. Fulfillment can come for the aging that continues to follow the promises of life.

2.19.5 Education for Mutuality

Kimble in Clements says that a fourth educational aim is that of mutuality, or the interaction between persons, groups and generations through which other educational aims are also enhanced and extended. The concept of mutuality can be seen in Erikson's description of teaching: "Evolution has made man a teaching as well as a learning animal, for dependency and maturity are reciprocal: mature man needs to be needed, and maturity is guided by the nature of that which must be cared for. Aging often means a declining range or associations as old friends die. Aging people sometimes long to be in touch with someone else; they may die from isolation and loss of dignity as well as from physical illness. They need the interaction of mutuality, yet too often they are cut off from each other, from other age groups, and from community at large.

The limits of injustice and interdependent care are God's judgement and God's love. God's judgement reestablishes community, and God's love deepens and extends the human community. The love of God is the basis and aim of all our relationships with one another. The love of God for the aging means to be in touch, to regain dignity, to regain friendship, to reestablish dialogue. Kimble summarizes the aims of religious education for the aging as enabling the aging and their surrounding community to: -

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i)    Become aware of personal feelings as well as well as biological, psychological, social and cultural conditions that affect aging, and which finally include an awareness of God who sets the limits of life.

ii)   Care responsibility for themselves and one another especially with reference to the conditions of aging, which finally includes an acceptance of the will and purpose of God.

iii)  Develop a greater sense of fulfillment within the continuities of life with their own life experiences merging into previous and succeeding generations, which finally include the power and meaning of the Word of God.

vi)   Interact as a caring community toward the embodiment of justice in all relationships with the aging, which finally includes being judged and loved by God.

## 2.20  Retirement

According to Whitehead in Clements our ambivalence reflects, in part, our widely different experiences of retirement. Retiring as a widowed domestic worker in poor health is quite different from retiring as a corporate executive with a well-financed pension and stock options. The use of one word- retirement – to designate these and many other experiences seems to suggest that there is a single, common pattern that does or should describe what it is to be retired. But we know, of course, that is not the case. Retirement is not a homogeneous experience. For each individual what it will mean to retire will be dramatically affected by health, family situation, interests and skills, gender and social class, and by the money on which one will live.

2.20.1 Social Tasks of Retirement

Retirement is not, in the experience of most people an unwelcome event. It is however, a time of significant transition. It marks a movement from one adult way of life to another. For most of us, marriage had marked a significant change in our personal life style of early adulthood. The decision to marry and to marry this person affects how we see ourselves, how we relate to other people, how we use resources of time and money and talent. Retirement marks a similar transition in life style. The development of a post-retirement way of life that is personally appropriate and personally satisfying is a central task in mature adulthood.

2.20.2 Financial Adjustment

With few exceptions, retirement income is less than that of the immediate pre-retirement years. And while some work-related expenses may fall off, the overall effect of retirement is to reduce the money upon which one lives. For many persons in retirement it is not this initial reduction in income that is of most concern, but the threat that inflation will continue to erode the buying power of this relatively fixed amount.

2.20.3 Use of Time

The establishment of a satisfactory post-retirement lifestyle will require decisions about using time. Should we resume a busy schedule in a second career or adopt a recreation-centered life style? Do we want to spend more time with our grandchildren or shall we assume a new set of responsibilities as community volunteer? These choices concerning the use of time will require personal flexibility as we adopt new roles and adapt to changes in former relationships.

2.20.4 Living Arrangements

Retirement is often the occasion of major decision about living arrangements. Should we keep the house or get a smaller apartment? Should we seek out a better climate or stay here where we have roots? Do we want to be closer to our married children or strike out on our own? Should we move now to a retirement complex that has medical and other support services available in case we may need these, as we grow older? Whatever the decision made concerning living arrangements, it will have significant effect on the development of a postretirement life style.

## 2.21  Conclusion

The scientific value of theories and research in this field lies in their ability to give to the core body of gerontological knowledge (Kermis 1984). Baum and Baum assert that aging theories and research are not absolutes. They are more properly directives to the acquisition of knowledge and serve to organize the structure of knowledge. Most theories in gerontology are applications of more theoretical orientation in sociology to the phenomenon of old age. Although only the disengagement theory can be regarded as a genuine effort towards researching aged people, the other theories discussed above should not be dismissed as irrelevant. They can form the basis of a thorough investigation into life activities, needs fulfillment and relationships of the aged.

According to Crandall (1980) it must be acknowledged that it is not possible for any one theory to fully explain the aging process or its consequences. Given the complexity of the aging process, different theories address discreet aspects of the process. It remains the task of the researcher to successfully integrate the disparate nature of these theories into a core explanation of any aspect of aging. The questions asked during both the informal discussions with social workers and in the administering of the structured interview schedule in this study were at least partly guided by the theoretical proportions discussed in the theories of aging. It is against this background that the theoretical implications of the results emanating from the study will be discussed.

Clements argues that we interpret aging from the perspective of God's gracious purpose in creation and redemption. God's love is not determined by a person's age or productivity, but is unconditional and external. The wholeness of existence is under girded by an understanding of spiritual well being that is an affirmation of life in a relationship with God, self, community and environment that nurtures and celebrates wholeness. Whether you are embarking on a self-directed learning program on the subject of aging and the aged or are just looking into it, ask yourself why you are interested. Do you realize that if you knew more, you could do a better job of ministering to the aged in your community? Are pastoral visits with the elderly in the congregation too easily postponed? Are conversations with elderly parishioners superficial or patronizing? As we work though the resources we have gathered and become more aware of the need of the aged persons and their families, we may realize that we need to polish certain professional skills. The importance is listening to the older person's concerns and reminiscences. Listening to the older person reminisce about days gone by is a most significant ministry, though too often we think of this activity as tedious at best of times.

According to Ulanov (in Clements 1981:110) aging means more than fear and infirmity and death. It touches all the large questions of life. What is our end? To what goal are we moving? What purpose guides us? When we come to an end, at what end shall we have arrived? Aging presses these questions upon us throughout our lives. Deep psychology makes that indisputably clear. Unconscious fantasies and dreams indicate

subliminal awareness of these end-questions throughout life, even from our earliest years. What does aging look like from the perspective of unconscious mental process? Aging looks like a determined philosopher asking fundamental questions about the ends of life – its meaning, its purpose, its goals. Aging looks like a passionate psychologist insisting on making sense of all his patients.

According to Deeping (1979:30) one courageous and independent old lady claimed "I'd rather stay under my own roof. When I leave here it will be feet first!" Very few elderly people want to give up their own home and go to live with relatives or in an institution. Elderly people should never be persuaded against their will to move out of their own home, unless their mental or physical health or living conditions are so deplorable that they are a danger to their own or other people's safety. An elderly person living alone invariably has problems to cope with, though in some area of life, and ideally the people to help them should be members of their own family. The families are people who know their character and understand their needs. They do not have to make an effort to relate to and to trust and can move around freely in their own homes, to sort through the various 'pockets' of their anxiety more easily than any stranger can do.

In this most worthwhile cause, we are again seeing that religion provides the motivating forces that verbalise the issue and set the pattern for work that keeps a nation united and strong. The fact that an increasing number of retirees gravitate to the church and synagogue for cultural and social activities has caused the minister to broaden his concepts of the pastoral ministry. Opportunities to serve the community are missed because the pastor is not fully aware of the needs of the aging. The role of religion in the aging process is to acknowledge the spiritual contributions of retirees, to make church membership meaningful for senior citizens and to guide retirees toward personal adjustment.

Service centres form an integral part of the formal resource systems, such as formal welfare organisations. Community based supportive service aims at maintaining the independence of the elderly. Hence these services are delivered in the community settings and in institutions. Tafta is one of such institutions that can be defined as an

institution, which renders various services to the aged within the objects of enabling them to remain independent and mature members of society. The care is administered to people sixty years and older in the economic and sub-economic groups of the Durban community. According to this Act old age pensions are to be paid to the needy, men aged sixty-five years and women aged sixty years or older. The Aged Persons Act was again amended in 1998, No. 100. This Act defines "abuse as the maltreatment of an aged person or any infliction of physical, mental, or financial power on an aged person which adversely affects the person."

Buthlezi (2001:18-19) clarifies that in the African tradition, elderly people are revered for many reasons. Most importantly, they are the custodians of sacred family values and customs that are passed on from generation to generation. Without their guidance, which is drawn from tested experiences of many years, a nation flounders in a state of oblivion. "Lafa'lihle kakhulu," a Zulu saying meaning, "the dying of good old ways" is making way for the contemporary and often untraditional ones. It is perhaps true to say that ageing can be likened to the infancy period. The elderly should be taken care of in every way possible: nurtured, adored, and most importantly, loved by a proud nation - as proud mothers love their babies.

# Chapter Three

# Contextualisation and Data Analysis

## 3.0    Introduction

According to Lund and Madlala (1993:1-2) there are more and more elderly people living in South Africa.  The extended family, where people from different generations lived together and care for each other, is breaking down in cities and in towns.  It is fast disappearing in rural areas as well.  Many of the elderly living in poverty and welfare services in South Africa have not been well developed, especially for black elderly people.  There are people who are professionally qualified to take care of old people, but there are not enough of them.  The task of care is thus placed squarely on the shoulders of the families and relatives of the elderly.  Neighbours, and members of religious and community organisations, are also being asked to volunteer to care for the elderly in their own homes.  Such home carers may get a lot of satisfaction from the caring role but the cost of the caring can be heavy in terms of the hard physical work and emotional stress.

Florida Scott-Maxwell in Clements (1981:110) says that those who are old know that old age is more than a disability.  It is an intense and varied experience, almost beyond our capacity at times, but something to be carried high.  If it is a long defeat, it is also a victory, meaningful for the initiates of time, if not for those who have come less far. These words of Scott-Maxwell capture the essence of aging as a process no less complicated and mysterious in its psychology and spirituality than in its physiology.  We cheat on our loved ones and ourselves, when we resort to over-simplified pictures of what it means to grow old.  We reduce many levels to one, we flatten richly textured meanings into monotony; we squeeze out passions and excitements to focus on dread alone – the dread of illness, of infirmity, of isolation, of death.

According to Ulanov in Clements (1981:110) aging means more than fear and infirmity and death.  It touches all the large questions of life.  What is our end?  To what goal are we moving?  What purpose guides us?  When we come to an end, at what end shall we have arrived?  Aging presses these questions upon us throughout our lives.  Depth

psychology makes that indisputably clear. Unconscious fantasies and dreams indicate subliminal awareness of these end-questions throughout life, even from our earliest years. What does aging look like from the perspective of unconscious mental process? Aging looks like a determined philosopher asking fundamental questions about the ends of life – its meaning, its purpose, its goals. Aging looks like a passionate psychologist insisting on making sense of all his patients. Take for example a young woman, who seeks therapy either to escape from, or finally turn and face, the menacing sense of emptiness that has dogged her for many years. Her earliest memory of this encroaching threat was at the age of six when her mother made her try on last year's summer clothes to see which ones still fit. She could no longer squeeze into her favorite playsuit, its stiff white material still vivid in her mind's eye with its red and blue rickrack trim. She remembered registering intense shock, as if struck by a blow. She loved that playsuit and had attached herself to it. It was her favorite clothing, her favorite self! That it no longer fit, that she no longer fit, that things could go away like that, no more part of herself, marked the terrible passing time, even to a six year old. All things to which she attached herself could go away, then no longer "fit" for her. The adult woman remembered that moment as her first unforgettable taste of mortality, of the tragic fact that loving something did not make it immune to time and change.

Other images of aging involve a similar sense of time passing, or worse, running out, to a beleaguered psychic. A late middle-aged man suffering extreme anxiety at the thought of retirement and all that yawning unfilled time ready to swallow him, vacillated between compulsive readings of his project income, in bed with the door closed and the blinds drawn, and total withdrawal into sleep. There in bed, he hoped to escape the fearful future by abandoning the present, immersing himself into the past, reading trashy historical novels about people from other pasts. Working through his panic about retirement, and no longer holding down a job, he became acutely aware of the poverty of his life where so few of his energies were put to work. He projected onto retirement a present emptiness that he tried to displace by frantic overworking. Retiring threatened the end of this defence, and as it came to an end, revealed to what purpose the defense had been employed: to protect him from what he felt to be an endless void. Facing the end of work meant facing the end hiding from what he feared was a life devoid of

purpose, without end. What he feared as an ending at last showed itself as a beginning. Finally he had to take up the end-questions: Who was he apart from work? What was this feared void? Where was meaning to be found?

## 3.1    Basic Needs of the Elderly

The researcher is of the opinion that any attempt to improve the quality of life of the must be based on an understanding of the needs and problems experienced by the aged person him or herself. This contention is supported by Lowy in Spencer and Dorr 1975:142 who argue that an organizing principle in the field of social welfare and the aged is the concept of human needs which are specifically related to the conditions of aging. Lowy in Spencer & Dorr describes human needs as outgrowths of human drives influenced and conditioned by cultural imperatives and by the processes of aging, for example food needs or sexual needs change with age. Since functional requirement for a society and concerns to meet the needs of its population are in a state of quasi-stationary equilibrium, discrete policies exist between these two areas. This is evident in the organisation of services and programmes to the aging population in the United States and in several other countries around the world. Lowy quotes Leo Simmons, a noted anthropologist, in his study of various cultures in diverse historical settings has looked for persistent, recurring interest of aging persons. He summed up these functions by citing five major interests or needs: -

i)      To live as long as possible;

ii)     To get more rest, to get relief from humdrum tasks;

iii)    To remain an active parcipant in group affairs;

iv)     To safeguard and strengthen any prerogative acquired;

v)      To withdraw from life when necessity requires it, as honorably and comfortably as possible.

Lowy in Spencer and Dorr (1975:151) maintains that a society which is concerned with the well-being of its older population, must take heed of these needs and devise arrangements that respond to them and so ensure its older people their optimum development. Although the problems and needs are somewhat diverse but they can be

summarized under three main headings, namely, Material (food, housing and financial) Social Roles and Interaction and Physical (medical, health).

### 3.1.1 Material – Food Needs

Lowy claims that diet in the older person changes because of various biological and psychological reasons. There are may be dietary adjustments due to loss of teeth, decreased perception or diminished taste or smell, loneliness, anxiety or stress in terms of appetite loss. There are also cultural and social meanings of food and eating habits. In any of these needs disregarded problems in the nutrition of people are likely to occur and the need arises for provision in the form of programs (eg. meals on wheels). The amount of income available has an influence on the type of food one can buy and the kind of nutrition the body will get and the frequency of meal intake one can afford.

### 3.1.2 Material – Housing Needs

The physical environment may either enhance and complement the quality of life of the aged person and restrict their opportunities for independence and satisfaction. While some aged persons may be living with and are supported by, extended family, others may have to provide for their own housing, food and clothing. Rosenfield in Nair (1987:38) describes the plight of the latter as follows: "In the crumbling core of our major cities live many long-time residents – single, insecure and sometimes sick – fending for themselves in an environment at once familiar but frightening. Their incomes are small, their options few… many dream of getting out, of moving to 'some place nice', but the waiting lists are long for the housing they can afford." Judging by the aforementioned statement it is therefore not surprising that one of the major issues in policy debate concerning the elderly has been the provision of adequate and appropriate housing.

Lowy in Spencer & Dorr (1975:155) describes that adequate housing facilities are necessary for everyone. However the basic needs in housing for older people are somewhat different from the needs of the growing younger family with smaller incomes and poorer health. Older people require less room in their homes. Smaller size and efficient arrangement are important considerations, which have to include proximity to the availability of public transportation and access to shopping facility, recreation, church and cultural centers so that the older person can remain active in the community. Many of the aged living alone in rooming houses, usually in one of the blighted sections of the

cuts are usually shunted off from contact with others. Their sense of isolation and aloneness is aggravated by the problems of living alone and sometimes maintained by absentee landlords. It has been recognised that for older people to live alone successfully and in dignity, it is essential to have a battery of help and social services available which are easily accessible to them (eg. home health care, assistance, friendly visitors, transport and meals on wheels services).

According to Ferriera in Nair (1987) an investigation of attitudes of South Africans regarding provisions for old age was undertaken by the Institute for Sociological and Demographic Research of the human Science Research Council. One of the findings of this study was that although many respondents realized the need to make provision for old age, they were more concerned, instead with coping with their immediate circumstances than providing for later life. These findings serve to highlight the critical financial position of the aged of the future, should these trends continue.

Studies by Ferriera have indicated that changes in family patterns and attitudes may require the establishment of special accommodation for the aged. She also found in her study that most people in South Africa anticipated living in their own dwelling after retirement. Evidence such as these suggests that planners should consider alternative accommodation for the aged, as basic needs.

### 3.1.3 Material – Financial

Financially speaking, the aged tend to be worse off than the rest of the population and in the majority of cases their only income is an old age pension. As people grow old, their capacity for productive work is reduced and their incomes usually dwindle. Subsequently, the battle to make ends meet becomes a constant struggle for many elderly persons who have made little or no provision for old age.

### 3.1.4 Social Roles and Interaction

People perform different social roles throughout their life span – roles relating to family, work friends and community. The continued involvement of elderly persons in these social roles and networks is considered a deterrent to feelings of loneliness and to alienation and isolation in later life. It has been shown that with advancing age there is a change or loss of social roles and a decline in the amount of interaction and the variety of

social contacts. Rose and Paterson in Nair (1987:40) maintain that a decrease in the elderly person's social contacts can result in a depreciation of his self-image, which can promote depersonalization. Hence, sound social relations are seen as being important in assisting the aged to more easily handle personal crises related to aging.

Rose and Paterson in Nair conclude that social relations and activities play a meaningful role in establishing and maintaining the aged person's identity and the nature of these relations has a significant effect on the aged person's attitude towards life. In this regard, much needs to be done in caring for the aged in the community. Anderson et al in Nair (1987) point out that various community support systems and services are lacking. They suggest that the following services be made available to prevent isolation and to promote sound social relations among the aged in the community: -

i)      Friendly visiting services.

ii)     Foster grant – parenting.

iii)    Adult education geared to the needs of the aged.

iv)     Recreation and leisure services (e.g. holiday schemes, clubs, day-care centres, functions and entertainment)

v)      Pre-retirement counseling with a view to preparation for retirement.

### 3.1.4.1 Physical Health

According to Van Der Burgh in Nair aged people generally suffer from one or more physical and or mental disability because of normal biological and psychological passage into old age. Declining health is a source of continuing annoyance and apprehension to elderly people. For the aged person who has had his or her life disturbed by the advent of a chronic disease, assistance may be needed in solving social, psychological and economic problems as well as those that are largely physical. Thus the aged, more than any other group in society, rely heavily on health and welfare resources.

Stark et al in Nair states that it seem that the real problem of the aged is not simply that people get old, but that society neglects the needs of the elderly. Because of this neglect they become poor and lonely which in turn weakens their physical and mental health.

Stark et al maintains that to overcome this problem it is essential that medical and health services be geared to render the necessary support. They conclude that some of the essential services required for physical well being of the aged are as follows: -

i)    Home nursing and night attendants.

ii)   District nursing and health visiting services.

iii)  Geriatric clinics.

iv)   Medical aid.

v)    Therapeutic services in the form of physiotherapy and occupational therapy.

vi)   Mobile clinics.

vii)  Programmes on nutrition.

3.1.4.2 Medical Needs

Benedict in Spencer & Dorr (1975:210) quotes the National Health Survey carried out in Rochester, New York. It measured the health status of an entire aged population at home and in varied care facilities. The important findings relate to age, socio-economic level and appropriateness of the medical care setting. With regard to age, 92% of the 65-69 years age group is able to live independently or without special supervision. The percent of those living independently declined sharply after 75 years of age and by 90 years only 20% were judged to have this capability. There was little variation in physical care need at various economic levels, although there was some increased need for physical medical care in the lowest socio-economic bracket compared to the more affluent elderly. The mental and emotional needs of the elderly were more sharply related to socio-economic status. When appropriateness of medical care setting was studied it was found that over 40% of the elderly needing care were inappropriately placed. This misplacement involved all aspects of treatment but concerned the institutions primarily.

Anderson in Nair sums up that the three most basic needs of the aged are material (that is food, financial and housing), the provision for social interaction and health services. In a sense, these needs can also be seen as the three most basic problems facing the aged in our communities since there appears to be a definite lack of facilities in these areas. The universality of the aging phenomenon ensures that policies and methods successfully applied elsewhere can be carried over with some adaptation for the aged in all our communities.

The researcher suggests that the real problem of the aged is not simply that people get old, but that society at times neglects their needs. Stark, et al in Nair argues in the same direction. They maintain that because of societal neglect, old people become poor and lonely, which in turn weakens their physical and mental health. Hence an assessment of the needs of the aged is essential in the provision of guidelines for care.

## 3.2 Specific Needs of the Elderly

According to Hjelle and Ziegler (1987:368) human desire are innate and they are arranged in ascending hierarchy of priority and potency. The needs identified on the various levels according to ascending order are, right at the bottom is the psychological needs, safety need, belonging and love need, the esteem need and finally on the highest level is the self-actualization need. Underlying this scheme is the assumption that low-order pre-potent needs must be at least somewhat satisfied before an individual can become aware of higher-order needs. For example if one is starving to death, one urgently needs food and drink before one is able to worry about higher-order needs. Gratification of needs lower in the hierarchy (that is physiological needs) must be met before safety needs become salient, both physiological and safety needs must be satisfied to some degree before the needs for belonging and love emerge and so forth.

3.2.1 Physiological Needs

According to Hjelle & Ziegler (1987:369-370) the most basic powerful and obvious of all human need is the need for physical survival. Included in this group are the needs for food, drink, oxygen, activity and sleep, sex, protection from extreme temperature and sensory stimulation. These physiological needs must be satisfied before any attempts are made to satisfy higher level needs. Psychological needs are crutial to the understanding of human behaviour.

3.2.2 Safety Needs.

Once the Physiological need is satisfied, the individual becomes concerned with safety and security needs. Safety needs include the preference for a job, which is financial protection. It is also the establishment of a savings account and the acquisition of insurance (eg. old age pension).

### 3.2.3 Belonging and Love Needs

This constitutes the third hierarchical level. These needs emerge primarily when the physiological and safety needs have been met. An individual motivated on this level longs for affectionate relationships with others, for a place in his/her family or peer group. Maslow also stressed that a person's need for love involves both giving and receiving love. Not being loved generated futility, emptiness and hostility.

### 3.2.4 Self-esteem Needs

According to Hjelle and Ziegler (1987:372) when ones' needs for being loved and for loving others have been reasonably gratified, their motivating force diminishes, paving the way for self-esteem needs. Maslow divided these into two subsidiary sets namely: -

ii)     Self respect which include things as desire for competing, confidence, personal strength, adequacy, achievement, independence and freedom. An individual needs to know that he or she is worthwhile and capable of mastering tasks and challenges in life.

ii)     Esteem from others includes prestige, recognition, acceptance, attention, status, fame, reputation and appreciation. In this case people need to be appreciated for what they can do (ie. they must experience feelings of worth because their competence is recognized and valued by significant others.

Once again it is important to remember that one seeks self-esteem needs only after one's love and belongingness needs are satisfied. Satisfaction of the self-esteem needs generates feelings and attitudes of self-confidence, self-worth, strength, capabilities and the sense of being useful and necessary in the world. Contrary to the above needs, this leads to feelings and attitudes of inferiority, ineptness, weakness and helplessness. These negative self-perceptions in turn may give rise to basic discouragement, a sense of futility and hopelessness in dealing with life's demands and a low evaluation of self vis-à-vis others. There is a physiological jeopardy when one relies exclusively on the opinion of others. For self-esteem to be solid it must be founded on one's actual worth not on external factors outside ones' control.

### 3.2.5 Self Actualization Needs

According to Hjelle & Ziegler (1987:373) self-actualisation is the desire to become everything one is capable of becoming. To self-actualise is to become the kind of person

one wants to reach the peak of one's potential. Maslow says that self-actualisation generates fulfillment but it also generates fear of responsibilities and the unknown. Maslow's doctrine of self-actualisation is exciting and refreshing because it makes a person look up to what he/she can be and thus live with zest and purpose.

### 3.2.6 Social Needs and Social Services

For Rose & Peterson as described by Lowy in Spencer & Dorr (1975:155), meeting intrapersonal and interpersonal relationships needs are significant for older people as meeting their primary biological, health and income needs. Older people have to fulfill new developmental tasks and make adjustments to new demands at a time when some of their resources internally and externally are shrinking, when their losses frequently exceed their gains. To assume that older people have different emotional needs from younger people is evident by the fact that they are older, but to assume that they do not have similar needs for emotional sustenance and gratification as younger people is a fallacy. In a study done by the United Charity of Chicago as part of their casework services for the aged, the agency has provided some evidence of the problem areas for which their aged clients have sought from them during the last few years. The following problems have been identified in order of priority: -

i) Problems in individual adjustment and family relationships: it was found that many of the problems concerned the relationship between aged parents and adult children, that could be labeled as "inter-generation conflict" and "filial crisis" and problems of isolation and loneliness.

ii) Problems in physical illness and medical planning: There is a link between the physical illness and emotional breakdown. Also physical illness in one of the partners when they are still married created heightened anxiety.

iii) Acute breakdown and inability to manage their own affairs: These were the problems whereby many of the people living alone could no longer fulfill their regular responsibilities and needed assistance (eg. home care and at times protective services).

iv) Economic problems: Economic problems such as financial deprivation as well as problems with budgeting and shopping.

v) Living and housing problems: Older people found it difficult to adjust to their home and living situation or to an institutional setting. Family casework and

counseling, group work, information, referral, protective services, consumer information, meals on wheels, friendly visitors and home making services are probably the major types of social services that have been developed to cope with such problems.

## 3.3 Institutions Associated in Caring for the Aged in South Africa

Anderson et al (1983) in Nair contend that the question of who is responsible for the care of the aged varies from community to community depending on the cultural beliefs and values of the particular community. They maintain that in most western countries the aged are increasingly forced to turn to the State and community organisations for assistance as families no longer consider it their responsibility.

According to Anderson et al "the old person can no longer count as a right and legal obligation, on economic support by his children. He is likely to be offered shelter by them if he is widowed and more likely to be institutionalized." On the basis of this argument, Anderson maintains that there will always be a need for homes for the frail and needy aged. But Ferriera in Nair claims that the general policy on the care of the aged in most countries in the western world, which also includes South Africa, is to de-emphasise institutionalization in favour of assisting the aged to continue living independently in the ordinary community.

In South Africa the current policy of the government is to assist welfare organisations intending to erect homes for the frail and the needy aged. This is a shift in the provision and nature of services for the elderly away from homes for aged towards expanded self-help systems and delivery services in the community. It becomes apparent that the three institutions, which are generally associated with the responsibility of providing services for the aged, are the family, the Government and the community. Anderson et al in Nair argues that in South Africa, the Government appears mainly to undertake the financial responsibility. This, they maintain "is done through the provision of old age pensions, war veterans pensions, attendance allowances and subsidization of services provided by community based organisations.

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Although welfare organisations by religious groups within the communities are making concerted efforts to meet the needs of the aged, a lot still remains to be done. Winckler in Nair (1987:44) suggests that community services for the aged person should include "a variety of services. This should be aimed at enabling the aged to carry on their normal lives in the community for as long as possible. They could be in a house, flat or room – and obviating the necessity of admission to a home for the aged where they become members of the old age home community largely isolated from normal society." To date it seems as if the Government has played a minimal role in the provision of facilities for the aged. The discussion thus far suggests that the greatest responsibility as far as caring for the aged is concerned will still expected to be shouldered by the family. Baum and Baum in Nair point out that, generally law does not specify the obligations of children and other relatives and that family assistance to older people is voluntary. They maintain that it is offered out of affection, respect or a sense of duty. However, in modern industrialised societies this sort of family help is not always possible, since caring for the aged in the home environment can create tremendous pressure for the care-givers in respect of financial, social, physical and psychological energy.

Anderson et al in Nair conclude that if families become overburdened by of their involvement, both parties suffer – family members become irritable, the old person's mental condition is aggravated and subsequently there will be a breakdown in the care given. Against this background, the attitudes of respondents towards caring for the aged in the community were determined in this study and an attempt was made to assess whether the problems mentioned above are actually experienced.

## 3.4    The Changing Family Structure and the Aged within these Structures

Tibbitts in Nair (1987:48) argues that of all the institutions, which condition the behaviour and adjustment of the individual, none is more important than the family. He maintains that this may be particularly true for older people, in as much as the later years often mark a decline of active participation in other institutions and in fact, older people may, in the extreme instance, have only their families. He believes that a correct understanding of the behaviour and adjustment of older people may be assumed to depend upon understanding the family, as a key institution is society. He concludes that

an important aid in understanding the significance of the family for older people is by describing living arrangements of the aged and the aging.

Tibbitts in Nair ascertains that one of the most absorbing endeavours involves not only the study of existing institutions but also the study of the evolution of institutions, since each contemporary institution has its historical antecedents and comparative examination provides a fruitful source for generalization concerning social and cultural change. He maintains that from such an analysis one is able to view the context of present behaviour in relationship to patterns of behaviour, which obtained in the past. He concludes that this is of particular importance in the field of gerontology, for the older people of today have presumably participated in institutional forms which in some measure no longer exist. Subsequently, in a study such as this it becomes imperative that comparisons are made between traditional and current family structures.

## 3.4.1 Basic Family Forms: Past and Present

Anthropologists and sociologists have recorded an amazing variety of family patterns that exist or have existed in different societies of the world. It is, obviously, not logical to expect a single ideal type of family to exist in highly differentiated societies but rather a diversity of family types. Industrial societies create every possible form of life, varying from the highly integrated extended family in which the older person has security and respect, to the highly dispersed network of nuclear families on whose periphery the aged person has an isolated position. However, for the purpose of comparison, two extreme family forms will be discussed, one representing traditional family structures (the extended family) and the other a current family structure (the nuclear Family).

In Nair (1987) Burgess and Lock have constructed two ideal types as regards the family, namely: the Institutional Family and the Companionship Family. The first type is said to be found in small isolated societies with a simple economy where conditions have been stable enough to evolve large extended families and the second, in large complex modern cities where the process of industrialization and urbanization have presumably exerted their greatest influence. The Burgess and Locke theory presupposes that the forces of industrialization and urbanization will affect the basic structure of families in the same way. Despite their shortcomings, these abstract types are methodologically useful, for

they permit a somewhat accurate estimation of the degree to which a family system has moved from one type to the other. The traditional large extended family would be very near to Burgess and Locke's description of the Institutional Family and the nuclear family would approximate their Companionship Family.

Baum and Baum in Nair (1987) state that the general thesis throughout much sociological literature is that the extended family (the traditional type) has declined, and that today the nuclear family is the dominant form. While change is reflected in every aspect of our lives, from norms and values to science and technology it has become such a prevalent element that one frequently takes it for granted. Nonetheless changes in family structures are hard to ignore.

Baum and Baum maintain that the family changes in structure, size and function in the mass society. They believe that the extended family of three or more generations has tended to shrink to the nuclear family and is accompanied by alterations in living arrangements of horizontally related kinfolk. Many sociologists argue that this change in family organisation is responsible for many of the problems that confront the aged.

3.4.2   The Extended Family

Baum and Baum in Nair (1987) argue that the extended family was once the prevalent form in societies. Often it took the form of the large patriarchal family with authority and decision making in the hands of its head, usually the oldest male member. Further it is contended that in traditional extended families one would have found a large supportive network surrounding a person from birth to death and always providing replacement to keep the family line alive. Baum and Baum maintain that the extended family gave people a sense of continuity beyond their own lifetime and provided for care in decline and infirmity. Most important of all, more stability in family relations was offered in the sense that more support and care was provided for the aged since all family members lived under the same roof. They conclude that the extended family in principle is a perfect example of diachronic solidarity as it provides an unbroken chain of obligations between the generations, extending through all time. In a situation such as this, each generation can expect to receive from its elders that which they in turn will pass on to their children. In such instances, the elderly always have the right to live in the

households of their offspring and to depend on them for care in old age. Hence no aging relative, certainly no parent, would ever be neglected or abandoned to an institution.

Tibbitts in Nair argued that extended families come in several varieties, one of which is the stem family. In this type of family, one child passes on the first-born son the lineage from each generation, almost always the first-born son. This child lives in the parental household with his wife and children and thereafter owes primary allegiance to his lineage. In turn his first-born son will remain in the same residence throughout his lifetime and so on into infinity. To the first-born goes the family inheritance. Thus the basis of the stem family is some form of inheritance which belongs to the one designated child when the parents die. Baum and Baum in Nair assert that a lineal-extended family (the second type of extended family) uses the same principles as the stem family but with more generous specifications in terms of decent lines. This kinship system specifies that all children of one gender, often male, will remain part of the parental household and share the inheritance. They conclude that both the stem and lineal families, through the emphasis on residence and inheritance, provide a means of keeping aging parents and at least some of their adult children together.

Since the oldest male has the most prestigious position, by acting as the responsible executive in all matters pertaining to the welfare of the group, he is accorded respect and is given considerable care in infirmity. In short, it may be concluded that the fully extended family may be seen as a powerful umbrella of warmth and support wherein the need of its members are secured from cradle to grave.

3.4.3    The Nuclear Family

Baum and Baum in Nair ascertain that sociological literature on the development of the family in industrial societies has succeeded in creating the impression that industrialization and urbanization result in a type of family which is 'atomistic', 'particularistic', 'loose-knit', 'unstable' and even 'dissolved'. The see the nuclear family as a small unit occupying a tiny niche among other towering social institutions. The nuclear family seems to be the most basic of all family types, comprising a husband, a wife and their family stem and set up their own independent living arrangements. Each marriage thus initiates a new nuclear family that terminates with the death of either

spouse. The family can only perform limited services for its members, since other specialized institutions undertake the economic, political, educational and religious functions. This type of family is described as having a joint conjugal role relationship associated with a loosely knit network.

Baum and Baum conclude that it is evident that the autonomous nuclear family has the characteristics that seem adapted to the urban way of life. The central value of the nuclear family is, obviously, companionship of husband and wife and of parents and children. In addition to this, the nuclear family also provides early socialisation for children and meets the socio-emotional needs of its immediate members. All other responsibilities are seen to by other specialized institutions. Hence, the emphasis on dependence for nuclear family units sees to dominate, despite minor variations.

### 3.4.4 The Impact of Changing Family Structures on the Aged

Harris and Cole in Nair (1980:55) assert that the major cause of changes in family structure from extended to nuclear families is considered to be industrialization. They argue that with industrialization. Workers are required to move where job opportunities are available. This geographical mobility tends to undermine the kinship bonds in the extended family by decreasing the frequency and intimacy of contact between its members. They maintain that the traditional social institutions are subjected to forces that modify their structure, their role and their hold on the behaviour of individuals. They conclude that rapid technological change has not only transformed the physical world in which man lives, but it has also altered his way of life. The economic change it always destructive to a joint family system and that the family which was once a functional kin group is now reduced to a biological group of parents and children.

It becomes apparent that change in the structure of the family will have a bearing on the relationship of family members, in this instance, more especially the aged. Older people, prior to the industrial revolution, experienced their main satisfactions in life through their membership in the extended family. The found in it security, responsiveness and recognition. In their role of advice-givers and in assisting their adult children, they performed a vital function. But the effects of economic and social trends in the last

hundred years has been to decrease the economic function of the extended family and at the same time to change the role and status of older persons.

Tibbits in Nair argues that the fundamental problem of the aged in industrial societies is that they have no definite place in the social structure. There are no regular, institutionally sanctioned responsibilities for their care and social participation, which are in keeping with both traditional values and the requirements of an industrial society. This arises from the fact that it is often taken for granted that the family will care for the aged, since in traditional family systems the aged were not thought of as problems, but rather as important figures in the household. However, in industrial societies, the knowledge, experience and skills of the older people no longer relate to the present, for it is impossible for them to keep pace with a dramatically changing society. Thus the importance of their functional position is seen to be declining and with it their authority and also much of the respect and prestige that formerly went with it. The modern nuclear family is viewed by some social gerontologists as having evolved in a direction highly disadvantageous to older people.

3.4.5    An Overview of the Position of the Aged within the Family

Old people and their place in the family are often ignored in family research. The tacit assumption that old people have essentially a negative role in the family results from the belief that the nuclear family is the ideal type of family within industrial societies. In general, theories about family development seem either to have stressed a trend towards family dissolution or a trend towards the predominance of an isolated nuclear type of family. It has been postulated that such a family, in terms of its social and physical mobility, is most likely to survive successfully and to maintain itself in an urban environment.

The current state of historical knowledge on aging and on the family status of older people is still in its formulative stages and cannot provide a fully comprehensive picture of change over time. It has provided, however, valuable insights that help revise preconceived notions about the past and about current conditions. In the light of the preceding discussion, the researcher attempted to place the position of the aged within the context of existing family patterns. This was done by assessing the attitudes of

individuals towards the aged in general and specifically towards caring for the aged in the community. It is hoped that the findings of this study will indicate whether or not the community is will and able to care for the aged in the community.

## 3.5 The Past and the Present Aged in South Africa

Droskie (1984:4) states that growing old can be a critical experience because it involves biological, emotional and social changes. It has been stated that old age begins at that point in an individual's life when he ceases to perform all those duties and enjoy all those rights which were his during mature adulthood; when he begins to take over a new system of rights and duties. We do not really know what aging is. Consequently we cannot decisively separate the social, behavioural and biological changes, intrinsic to aging, from medical history, cultural and ethnic background, environment and all external factors which have gone to the making of a person's life. Not really knowing what aging is or means we generally rely on an arbitrary chronological division between middle-age and old age usually set at 60 years for women and 65 years for men.

Droskie asserts that in earlier days, welfare and social work, as we know it today did not exist and charitable work was more or less confined to the giving of alms and shelter. Accommodation was provided specially for the aged as far back as 1890 in Kloof, Natal. The emphasis in the past was on providing accommodation for normal aged pensioners in reasonably good health. In 1934 the state made housing loans available for the construction of residential homes and cottages for married couples only, for persons with economic and sub-economic incomes. Family welfare organisations, including welfare organisations attached to the various churches, realised the need for a national conference to be organised to discuss the welfare of the aged. In 1950 the Department of Social Welfare and Pensions, in co-operation with family welfare organisations, organised the first conference on the aged to be held in South Africa in Bloemfontein.

Droskie claims that in 1955 CPWOA (Cape Province White Old Age) organised a second conference on the Care of the aged and it was at this conference that it was decided to form a National Council. It was only after the formation of the national Council in September 1956 that emphasis was shifted from institutional care to supportive services

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in the community. The first home-help scheme was started by CPWOA in 1963, meals-on-wheels by Shawco in 1964 and the first service centre which opened its doors to aged members was run by Pietermaritzburg and District Council for the Aged in 1963. Since its inception the National Council has advocated the registration of privately run homes for the aged. In many cases old people living in these homes were badly cared for and exploited by the owners of these establishments. In 1967, with the introduction of the Aged Person Act No. 81 of 1967, all persons accommodating more than five elderly people were compelled to register their homes with the Department of Welfare and Pensions and were subject to inspection.

Droskie continues by saying that in 1977 a Charter for the Aged was drafted. In the Charter it was stated that the retired elderly do not represent a small minority nor are they a social problem. They comprise millions of ordinary people. Their first needs and talents are varied as those to be found in any other generation and they display the full range of human characteristics. According to the Charter the elderly should have: -

i)      Independence and exercising of individual initiative.

ii)     An adequate income and standard of living in retirement.

iii)    Employment opportunities.

iv)    Participation in civic, recreational, educational and cultural activities.

v)     Suitable accommodation.

vi)    Medical services.

vii)   Effective social services.

viii)  Life and death with dignity.

Droskie claims that up to the present policy objectives have been poorly defined and we have as yet not successfully achieved the development of a total perspective on the position of the elderly in South Africa. It can be argued that 7% of the aged are living in institutional care and perhaps 13% are housebound, then there are approximately 80% are living a more or less active life in the community. Policies have been directed towards keeping old people active and independent in their own homes. The generalised adherence to this assumption in principles does have dangers. The dangers are the experience of living independently, for the recently retired 65 year old couple, with a

substantial private pension, good health and a large family, as compared to a frail, widowed 80 year old with a social pension, no family and expensive accommodation.

Droskie concludes that the older persons rights to independence should not blind us to their right to be dependent, in other words, to be supported by others. It has been accepted that older persons are an important national resource, which is not being fully utilised and that they should be afforded the opportunity to contribute their skills, talents and experience to the process of national development. At present South Africa has reached a developmental stage where communities are accepting as their responsibilities the welfare of the aged living in there are. The formation of a special committee on health matters for the aged, under the auspices of the Department of Health and Welfare has been a major step in trying to find solutions to the health problems of the aging population in South Africa.

## 3.6 Models of Services for the Aged

According to Tobin and Toseland (1990:27-29) two kinds of models that provide services for the elderly can be identified. The first model focuses on the classification of services, by relating the location or geography of services to levels of impairment. The second model in turn reflects an attempt to develop configurations for the provision of services encompassing service delivery and organizational components. Service delivery components include target group to be served, the services that will be delivered, how these services will be provided and who will provide these services. In turn organizational components include co-ordination and the planning and allocation of resources. A geography of services provides one way for planners and practitioners to understand the terrain of service delivery. Currently a variety of services exist in all communities that need to be co-ordinated if individual elderly are to benefit from their presence. Discrete services for older people have existed since antiquity. In modern industrial society, particularly since the inception of social security, there has been enormous increase in programmes and services for both the young and the old. These programmes and services have however, not arisen as part of carefully thought-out plan for meeting the needs of the aged. Rather these programmes and services have been developed in large part, in a "band-aid" patchwork fashion, as needs were identified and

political pressures were sufficient to bring about the development of specific programmes and services.

According to Walker Black (1990:9-10) census figures tell us today that in South Africa the average person is living longer and that the population group over sixty five years of age constitutes an increasingly large segment of our society. Sufficient thought is not always given by most of us to that period of our lives when we retire from our jobs and look forward for new ways to satisfy our basic needs for useful, mental and physical activity. As a result of this lack of planning, some older men and women are living out their last years of their lives in a state of futility.

3.6.1    Community Service to the Elderly

According to Fauri and Bradford (1986:259-260) maintaining the independence of elderly persons who are frail, impaired or vulnerable is becoming a critical element of social services for the elderly. Their longevity and psychological well being benefit if they remain independent and continue their community social ties as long as possible. Long-term maintenance of the elderly in the institutions is costly to the individual, their families and to public programmes that pay for such medical care. Community services have expanded for individuals qualified on the basis of expanded income. Higher income individuals with substantial savings or family resources can often purchase needed services. Neither of these kinds of service may be available for the middle-income elderly. People in this segment of the population may have limited resources or they may feel that accepting public services is inconsistent with their values. They may not wish to disclose the personal information that is required to establish eligibility for services. Community based support services refers to services delivered in community settings, not in institutions, although institutionally based. Community based support services provide assistance in private residences or accessible locations such as community centers. They are not limited to Home Health services and may be provided either in central locations or delivered to a person's home.

3.6.2    Legislation Governing Community Services within a South African Context

According to Bromberger (1981:1) the South African National Council for the Aged is a National Body which aims to promote the interest and wellbeing of the aged. They are there: -

i)   To co-ordinate the activities of everyone interested in welfare work among the aged.

ii)  To promote and carry out surveys relating to these needs of the aged persons.

iii) To acquire and distribute information on any subject relating these needs.

iv)  To serve as a channel through which the problems, findings or proposals of member organizations can be conveyed to government authorities

v)   To undertake independent negotiations with government authorities.

The Council assists in the establishment of the Associations and Homes for the aged. They supervise the services of social workers involved in the care of the aged. Administer social work subsidies on behalf of the Central Government; act as a liaison with the representative of various committee-statutory bodies, voluntary Organisations and Associations – relating to the care of the Aged. They submit written and oral information to the various Central Government Departments with regard to the needs of the aged and also organizes and attends conferences and symposia relating to the care of the aged.

3.6.3  Background on Establishment of a Service Centre

According to Lowy (1979:343-347) the history of centers for older people begins in 1943 when The William Hodson Community Centre was established in New York City by its Welfare Department. The idea of a centre arose among social workers, who noticed how desperately their older clients sought communication to escape the loneliness and isolation of their lives. At first the city merely provided the space, some refreshments and games then left and three hindered or so original participants to fend for themselves. The hope was that somehow a program would develop eventually it did. The next centres were established in other cities, though each serve a different type of community; they came to play an important role in the daily lives of the older people they served. For a number of years now, research findings have begun to attend the multiple needs of the elderly. Sensory deterioration, self-concept decline, role changes, reduction of social reinforcement, income drop, growing isolation, physical infirmity and external/internal stereotypes of aging are cited as some of the reasons for the special service needs of the elderly. It has been assumed that that attendance at service centres

will meet some of these needs. It is further suggested the older person's decreasing social support, their sense of isolation and loneliness are the major reasons for joining a centre.

3.6.4   Service Centres within a South African Context

Service centres were established in the interests of the senior citizens and that is why senior citizens should be actively involved in the management of the service centre. The senior citizen who believes/feels that the service centre is his and that it is being managed for his benefit, will become actively involved and will place the interest of the centre first at all times. According to Kruger (1986:1-2) in our modern society the value and the importance of service centres have become strongly to the fore during the past decade. This is closely allied to changes in the modern society, which has been further strengthened by the striving of the aged towards greater independence. On the other hand, Organisations which are concerned with the aged found that by rendering certain community services to the latter, the aged are enabled to retain their independence for a lengthier period of time. They also experience greater security and have lesser need for intensive care whilst being able to live a happier life. Not only do the aged benefit as a result of this, but also the savings for the whole of the population are considerable. With the increasing institutional care, alternative community services for the aged are unavoidable. Service centres should serve as basis from which various community services should be able to be rendered to the aged outside the institutional context. For most Organisations who work with the aged, a service centre is a well-known phenomenon. Appreciation of the value of service centres to satisfy the basic needs of the aged has developed.

3.6.5   Definition of a Service Centre within a South African Context

According to Kruger (1986:3-4) a service centre can be defined as an institution, which renders various services to the aged within the objects of enabling them to remain independent and mature members of society. A service centre can be administered by a registered welfare organization and/or church and all aged persons (over 60 years in the economic and sub-economic groups) in the community avail themselves of the services of such nature. A service centre must open for at least five days for a maximum of thirty hours per week to the aged persons. All members of the service centre are obliged to pay membership fees and such a centre has to have at least seventy-five enrolled members resident in the community and not in the old age home. In order to receive a subsidy

from the Department of Health Services and Welfare, a service centre has to provide various services prescribed.

3.6.6 Structural Composition of a Service Centre within a South African Context

According to Kruger (1986:9-10) for the past decade, service centres have been established in accordance with the guidelines laid down by the government In view of the fact that funds for financial assistance to service centres are reasonably limited, the government has laid down strict and explicit instructions in relation to the basic lay out of a service centre. In so far as a service centre is concerned, the Department of Health and Welfare Services stipulates that it must be situated in a building that should contain sufficient rooms in order to render an effective service to the aged person in an institutional context. The service centre should be laid out in such a way that it could well realize its primary objectives namely, to reach the majority and especially to place emphasis on the social aspect of service.

3.6.7 Financing a Service Centre within a South African Context

According to Van Den Heever (1986:1-2) service centres are mainly dependent on state subsidies from the Department of Health and Welfare as well as upon donations from the community for financing their activities. Service centres have the following main source of income.

i)      A subsidy from the Department of Health and Welfare services.

ii)     Donations from the community.

iii)    Fund-raising by the senior citizens.

iv)     Grants-in-aid from the City Council.

With regard to the subsidy from the Department, a service centre is not subsidised on the grounds of membership but according to the daily attendance figures in addition to the average daily visiting points. It is most important to note that the service centre is not subsidised per activity or service, which is rendered. This means that although one senior citizen makes use of five different services during the same day, he is counted only once for subsidy purposes. It is essential, therefore, that the service centre organiser should possess sufficient financial knowledge and management in order to conduct the service centre on an economical basis. In view of the fact that the subsidy from the Department is insufficient to cover up all the monthly expenditure one must be able to:

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i)      Involve the senior citizens actively in fundraising projects.

ii)     Activate the community for the rendering of financial support.

iii)    Make optimal usage of volunteers.

3.6.8   The purpose of a Service Centre within a South African Context

Van den Heerver (1986:6-7) quotes the Gerontological Department of Aging in Pretoria, which states that the main purpose of a service centre is to enable the aged person to live an independent and responsible life in the community for as long as possible. This objective is attained by the provision of community services to the aged.

An indepth evaluation of this objective brings various aspects to the fore and these are as follows.

i)      By means of specific services and programmes, the aged can be assisted as a group and individuals to handle certain demands and age related problems effectively.

ii)     It affords them the opportunity of enjoying the present and plan realistically.

iii)    It affords the aged opportunities of discovering their worth, to prove it by productively and to once again become useful to themselves and others.

iv)     It is an ideal place for restricting loneliness because there is ample opportunity of enjoying, meeting and talking to persons of a similar age.

v)      For the community a service centre also provides a convenient base from which services for the aged may be co-ordinated. Such a centre can act as a convenor or representative of all institutions who are concerned with the aged to co-ordinate and evaluate existing programmes, point out and eliminate shortcomings, make the community aware of and assist in meeting the needs and the utilization of the capabilities of the aged.

3.6.9   The Objectives of a Service Centre within a South African Context

According to Van den Heever (1986:5-6) the objectives of a service centre are as follows: -

i)      Long Term objective is to provide the necessary supportive services and activities which enable the senior citizen to continue to function independently and effectively as long as possible in the community.

ii) Short Term objective, which are to combat the problem of malnutrition by means of a daily meal service. To enable the frail aged senior citizen to continue living a meaningful life by the rendition of health services (examinations, foot care, bed washing, cleaning services, delivery of meals, etc.). To provide social work services and to assist the senior citizen in this manner to continue functioning socially as desired. To provide a library service in order to stimulate the senior citizen and in this way combat mental regression. The provision of a day care centre to the senior citizen who is already showing signs of frailty to be cared for at the service centre effectively in the day time and in manner protect him/her against loneliness. To stimulate the senior citizen to activate participation by involving him/her in fund raising projects thereby increasing their involvement and self-esteem. At the same time the service is enabled to operate economically. To increase the participation, loyalty and feeling of self-esteem of the senior citizen by involvement in the management of the service centre.

3.6.10 Services Rendered at a Service Centre within a South African Context

There are three types of services that are rendered at a service centre. These are social services, reality orientation and religious activities.

i) Social Services: According to Kruger (1986:18-21) at the service centre the emphasis falls strongly on the socializing aspect. A service centre can do much to satisfy the social needs of the aged in such a manner that it actually increases the quality of their lives. It is essential for this purpose; therefore a service centre should present weekly, organised social programmes. In order to satisfy the actual needs of the aged, the aged should participate in programme planning.

Reality Orientation: The application of reality orientation in a service centre is based on the multi-team approach. This entails, inter alias, nursing, psychiatry, occupational therapy and welfare work. Handy work and hobby programmes, educational lectures and film videos, library and hair dressing services are part of the programme of a service centre, to offer the aged person psychosocial stimulation and upliftment. Indoor and outdoor games should also form part of the daily programmes for a service centre. Not only do activities such as physical exercises and bingo result in physical stimulation they are also good for psychosocial upliftment.

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ii)     Religious Activities: The value and importance of religious programmes should never be underestimated. In an investigation into the place of religious activities in service centres, it was found that although the attendance by the aged of religious activities in the community showed a decline, a high percentage still maintained a positive religious attitude. It was also found that there was connection between religion and happiness, feelings of value and adaptations. Spiritual care definitely increases the emotional security and personal adaptation of the person.

## 3.7    Change in Elder Care in South Africa

Eckley (1991) states that South Africa is in the midst of a process of fundamental change in respect of its total character, hence the term 'New South Africa'. New in respect of elder care presupposes that the old methods of approach have either become redundant or inappropriate to face up to the challenges of the future. The changes within the socio-economic political arena will no doubt have a direct influence on the welfare field. Social needs of people will change – new needs and problems will arise due to urbanisation, depopulation of rural areas, extremes of wealth and poverty, changing values etc. It can be expected that old and new welfare needs would increase demands on the welfare system. Eckley suggests that we must be ready to face the challenges of the future. We need to be innovative and progressive in our thinking and willing to plan pro-actively to meet the challenges.

Eckley argues that he has little doubt that the welfare services, which we render today, may not survive in the future. According to him we must look deeply and critically at our present services, evaluate existing needs and to undertake long term planning. Toffler in Eckley emphasises that organisations, which are not able to evaluate and plan continuously, will perish – ' failing to plan means planning to fail'.

3.7.1   Demographic Factors

Eckley emphasises that the population of South Africa will continuously age due to the increase of the number of persons over the age of sixty-five years.

i)      The present 1,5 million persons over 65 years will increase within 20 years to 2,8 million.

ii)     Females will outnumber men by 3 to 1.

iii)    Number of very 85 + will increase by 70 % over the next 20 years.

iv)     More than 60% of older persons will live in urban areas by the year 2010.

v)      Dependency ratios, that is the number of elderly persons against the number of employed persons, will become critical twenty years hence, probably 2 employed to 1 elderly person.

vi)     Six out of ten elderly persons will be black by the term of the century.

3.7.2   Declining Family and Community Support.

Since the beginning of man's existence elderly persons were care for in the family and community.  In modern times more and more elders either wish to live independently or can no longer depend on family and community support.  We need to evaluate whether family care is still not a viable option.

3.7.3   Poverty

Eckley argues that South Africa is known to be one of the countries with a very skewed distribution of incomes.  An inflation rate of 15 % over the last ten years and high levels of taxation have eroded the incomes of those elderly persons who did make reasonable provision for retirement, resulting in the emergence of a new generation of poor.

Lack of sufficient income has a direct implication on the quality of life of the elderly persons.  This creates a syndrome of worthless and dependency which in time leads to increasing demands on service provision by the community who may not be able to keep up with service demands.

3.7.4   Appropriate and Affordable Social Services

Presently institutional care dominates the elderly care system in South Africa. Community care programmes are few.  According to Eckley there are only 131 services centres in existence.  According to a minimum criteria for community services 20% of the elderly need to be reached.  In South Africa less than 4% of elder persons are presently receiving community services.  Presently housing is a vital component in services to the elderly.  The minimum housing criteria for South Africa's elderly is 10%. Presently only 7% of the aged are afforded special housing.  The core problem in years to come will be to provide care to the poverty stricken and the frail.  It is critical to look care fully at our present system and answer the following questions:

i)      Are the services addressing the true needs of the people?

ii)     Do these services enhance the quality of life of those that we serve?

iii)    Are they affordable and cost-effective?

Eckley strongly believes that the majority of services to the aged in certain communities are inappropriate and inadequate, while services in our underprivileged communities are virtually non-existent and totally inadequately financed.  Priority attention needs to be given to address the backlog and disparity in pensions and subsidies to the derived groups.

Eckley argues that in building a new dispensation we need to look very carefully at the present care-system before we embark on any new ones.

i)      Lack of acknowledgement of private care giving - No institutional care model can ever be as good as informal care in the community rendered by ordinary people.

ii)     Under utilisation of the elderly as a source - A service which does not involve at all levels the elderly, is a bottomless pit which will create and cultivate more needs and deplete scare financial and manpower resources.

iii)    Excessively high professional care standards - Ageing is not an illness.  Elderly persons in need of care are not patients and care giving is in its nature not a professional activity.  We must learn to utilise our professionals, social workers and nurses more wisely as facilitators and educators in service delivery.

iv)     Over regulation by government results in costly bureaucratic services lacking innovation and skill.

v)      Outdated management practices are the result of domination by professionals, government regulations, inappropriate subsidisation and the attitude that welfare services are different from business operations.  The sooner we can marry business principles with welfare principles the sooner services will become cost-effective and meaningful.

vi)     Outdated fundraising practices - The generation of new funding resources is a top priority.  A clearly defined marketing and fundraising strategy involving the total organisation and the whole community will ensure regular funding resources. The 'please help us' attitude is no longer working.  We need to understand that in

the modern world people have become so conditioned to 'pay for what you get' that unless you have something to see you will not make it.

vii) Lack of clearly defined care models suitable to the South African situation. Most of the care services are based on overseas models – institutions as separate entities, service centres run according to prescribed types of services whether they are appropriate to a specific community or not.

3.7.5 Ageism

According to Eckley attitudes towards ageing and older persons have become suspect and outdated. It seems that young and old still believe that when you reach a certain age you are old and useless with no power and with no basic right to live a full life. It seems that too many elderly persons themselves believe that they must surrender and become helpless, victims of age. This results in the following: -

i) Undermining of self-esteem

ii) Under utilisation of own qualities.

iii) Exploitation, discrimination.

iv) Future generations not taking preparation for retirement seriously.


Eckley believes that it is time that elderly persons need to unite on issues that affect them as a group and to institute social action in shaping their socio-political choices and to remain as full and equal citizens. Eckley is referring to the emergency of a new force – 'Grey Power'

3.7.6 Care models for the future

Eckley states that at this time it is necessary to take a brief look at care models, which will help build a new dispensation. He highlights a few principles dealing with one care model.

i) Guiding Principles - The right of people to make their own decisions and be involved – self-determination. If we accept that services should be based on what people need and recognise their right to be full and equal participants, they will also become partners and service providers. Services will become both relevant and affordable.

ii) All people have the potential to develop and grow. There is no future for those services, which only concentrate on corrective action – it is a dead end. A service

system that will stand the test of limited resources will have to utilise every person to his fullest potential. It is time to educate and train elderly recipients to be full participants in service delivery.

iii) Full community involvement and participation is a sure key to success. Elder care is a community affair with a welfare organisation receiving its sanction to deliver certain services from the community. This principle demands full utilisation and acknowledgement of all the segments of the community. Eckley believes in the concept of a civic society taking full responsibility of all human services – a people's welfare democracy.

iv) Rational planning and co-ordination  - An organisation with a clear vision and mission backed by defined objectives and programmes will be able to remain on track. According to Eckley it is necessary to revise long term planning from time to time in order to be sure that the organisation remains relevant to the needs and resources of the community. Elder services should be integrated in the total welfare system for the community and care must be taken not to overlap with other services. Where possible, services should share facilities and programmes. Comprehensive care will enhance community involvement and ensure cost-effectiveness.

vi) Welfare is a business and should be run like one. Managers need to be exposed to specialised management training. The organisation, which operates on a team basis – participation management, decentralised decision making coupled with innovative marketing programmes will survive in the future.

### 3.7.7 Ideas on Care Models

Eckley suggests that a care model is basically a frame of reference providing direction and meaning to a specific service programme. It is not a recipe but rather an orientation for direction. He shares one such a model that has emerged in recent years which is called Community life care.

i) The problem

Elderly persons living in an area with very little resources and low access to basic amenities like clinics, homes for the aged, hospitals, etc. Majority are single women residing in rooms, own houses or living with family.

ii)  Vision/Mission

To create a care environment in which the elderly becomes active, participating citizens in developing services appropriate to own community needs and resources in order to enhance their quality of life and remain in the community as long as possible.

iii)  Participants

Eckley states that the participants in elder care should be all elderly persons, schools, Local authorities, churches, businesses, farming communities, individuals and other organisations.

iv)  Facilitators

The model emerges with an individual or a group identifying a need for comprehensive care. The facilitators must commence to identify others who are willing to participate.

v)  Process

The process starts with the identification of needs and resources involving the total community. What makes elderly persons unhappy, happy, how do they survive. Setting up of workgroups in order to compile a community profile. The planning and commencing of services through existing infrastructure, such as funeral clubs, women's clubs, etc. Hold community seminars in order to verify existing and planned operations and the formation of an organisation following discussions, negotiations with individuals and groups. This would legitimise the infrastructure. By this time majority of elderly would have been reached and available talents would have been identified and motivated.

Services start to grow at the pace, which the community can manage and afford. Existing facilities are used to the maximum. Needs are therefore addressed through local renewable resources – networking. Negotiations for State funding for certain critical areas such as housing subsidies will commence once the infrastructure is in place and working.

vi)  Practical services structure

A central facility like a church hall can be used as a nerve centre and satellites such as other halls and rented garages could be used. The types of services

required are home care (nursing, cleaning, meals), transport, clubs, recreation, security, education, housing, support groups, etc.

Depending on the size of operations, the basic requirement is for a facilitator/organiser, a secretary and a domestic staff. Majority of services can be rendered by volunteer force backed by a few paid staff members. All recipients of services are also service providers. The key to this model is to make it possible to rendered services wherever it is necessary.

3.7.8   A Challenge

In the New South Africa financial resources from government for elder care will be limited. The priorities to put South Africa back on the road will be: -

i)     A new educational system

ii)    Creation of vast employment

iii)   Affordable housing

iv)    Upgrading health services

v)     Parity in pensions

Eckley says that the challenge in the field of elder care will be to find answers to the elimination of backlogs in deprived communities and at the same time render services which will be less dependent on State funding. He believes that it is now the appropriate time to discover the vast and unique resources of our elderly population and develop this force optimally.

## 3.8   Injustices against the Aging

Johnson (1972:1) claims that in recent the years, television, newspapers and magazines have given considerable attention to the plight of the aged. These media often focus on extreme examples of the injustices that some of the elderly are forced to endure. There are lurid reports of elderly couples starving to death in their own apartments, their utilities have been cut off because they cannot pay the bills. We also hear of the elderly who must eat cat food in order to survive on their pensions. There are also those who were once middle class or even affluent who run the risk of poverty in old age. The following is an example of how misfortune strikes the added.

"Mrs Rosa Gabriel was ninety years old, wispy and frail. She lived in a room filled with yellowed newspapers, magazines and books. The room was filthy. There were cockroaches everywhere and there was an ugly permeating stench. She was too frail and weary to clean. Mrs Gabriel had been the wife a prominent physician but she had the "misfortune" of living to a ripe old age and outliving her children and also the money that was provided for her old age. Most of her money went of extensive medical expenses and she now has to rely on welfare.

The aged are a heterogeneous group, and for this reason they inmact of such problems as such as poverty, crime and inadequate health care varies considerably. The injustices that affect one person are often quite different from those that affect another. Many of the social problems associated with aging begin long before a person a person would be appropriately referred to as elderly. For example, discrimination against older persons seeking employment is more the rule than the exception. There are four categories of injustices namely exploitation, oppression, discrimination and victimization.

## 3.9  Community Services

Hofmeyer (1989) points that the total South African elderly population is expected to quadruple from 1.5million to 6 million in the next few decades. Trends in other developed communities (USA) indicate there will be an unprecedented disproportionate growth in the "very old" population group. Thus, indications are that in South Africa the care for the aged will become a priority both now and in the future. Cole in Clements (1981:253) explains that the churches and synagogues working together gave stability to the original concept, supplying participants, volunteers, and security to those needing to be served. The Shepherd's Center made the care and concern of the faith community visible to older people, giving them hopes and helps. Their purposes are: -

i)      To sustain older people who desire to live independently in their own homes and apartments in the community.

ii)     To provide retired people with an opportunity to use their experience, training and skills in significant social roles.

iii) To enhance life satisfaction in later maturity and enable self-realisation through artistic expression, community service, caring relationships, lifelong learning and the discovery of inner resources.

iv) To demonstrate life as its best in later maturity so as to provides attractive role models for successful aging.

v) To advocate the right of older people to a fair share of society's goods, and to assist them in gaining access to services.

vi) To contribute to knowledge about what is required for successful aging and to experiment with new approaches and programs for meeting the needs of older people

Birren (1990:421) asserts that the service most frequently requested by caregiving families is respite. The idea of respite encompasses in home help that would let the caregiver leave the house, adult day care and short-term residential placement that would give the caregiving family a vacation. Residential or inpatient respite has been a service of particular interest. The uses the families make of respite time include taking a vacation or visiting relatives, simply getting a rest and tending to personal needs. All three are positive perceptions of respite care. Birren reported that there was improvement in behaviour problems for respite patients. Demographics of caregiving feed into public policy questions about whether incentives are needed to encourage families to do more: whether greater availability of formal community services would entice families to do less and whether financial assistance would alleviate family burden. On the whole most families are doing all they can and institutionalisation is used as a last resort.

## 3.10  Community Care and the Elderly

Lund and Madlala (1993 : 24-27) point out that care givers are in an ideal position not only to care for the physical needs of the older people in their care, but also to contribute to their mental well-being. They are in constant and close contact with older people and know more about their dreams and worries than most people. In their attitudes towards older people, community care can set an example for the entire community.

### 3.10.1 Being Children in an Adult Old Age

Community carers spend a lot of time caring for the physical needs of older people. They are sometimes kept so busy that they lose sight of the adult needs and desires of older people. There is a danger of stifling self-esteem and happiness through too much well-meaning love and care! In caring well for older folk it is important to strike the right balance: to give loving care without robbing older people of their sense of identity as adult persons. The elderly say that they appreciate things being done for them. They feel special, pampered and respected. The aged have contributed much to their families' welfare and the development of their communities throughout their lives. On retirement, when they are old, they enjoy being looked after by young people and feeling like children again. Older people say that they like to be taken seriously as adults. They like to feel they are important people. They delight in telling us of our cultural traditions, of our history as families and communities. They help us preserve the story of our people.

### 3.10.2 The Elderly and Modern Life

While the elderly take a strong interest in tradition, they also enjoy taking part in some of the fun and advantages of modern life. They wish to have the choice to participate, as they like and can. The elderly sometimes rely on young people to attend to some of the modern aspects of their lives, like dealing with accounts and technical gadgets. They cannot be bothered or do not wish to be involved in troublesome encounters with strange machinery and foreign routines. Here, it may be important not to take over where the elderly need only to boost to their confidence to learn how to do things for themselves.

### 3.10.3 The Value of Routine and Fun for the Elderly

As community carers we are often concerned about creating a familiar routine for the aged in our care. People like routine in their lives, which gives them a sense of security. At the same time, they also like to break out of their daily routines, to "breathe fresh air," as they put it. Most elderly people look forward to excitement and an escape from the humdrum of everyday life. Just like young people they enjoy singing and dancing, going on excursions, discovering new places and making new acquaintances and friendships with men and women.

Like younger people, the aged need highlights in their lives: special events and things to look forward to. They are accessible even in the poorest communities. The treats may

include, favourite radio programmes and television programmes; visits to family and friends; going to clubs; church and meetings excursions; special things to eat and pretty things to look at. Special occasions often provide an opportunity to dress up. This is one of the major distinctions between everyday and special occasions. It is important to have events to look forward to which give the elderly a reason to wear their best clothes. Dressing up is good for the morale.

### 3.10.4 The need for Approval and Support

The elderly often look to their children and grandchildren for approval in what they do, where they go, and what they wear. It is therefore important for the younger generation to give them the support they need to go out into the world with confidence. Their self-confidence may be made or broken by our encouragement or disapproval.

### 3.10.5 Independence and Reliance

We feel that it is often easier to do everything for the elderly who have some health problems, than letting them do as much for themselves as they are able in their own time. No one wants to become helpless and dependent on others in old age. Community workers need to give appropriate assistance, which promotes rather than suppress the aged person's ability to help themselves and remain independent. Even physically weak older people can take a healthy interest in their surroundings. However to participate in the world around them, they may need more stimulation and assistance from care givers than stronger people do. In such cases, the reward for community carers will be that much greater.

### 3.10.6 Community Carers as Role Models

Community carers can be proud of their achievements. They have proved that they can cope under difficult circumstances where they lack the modern equipment and facilities. They use and adapt the best that is at hand to meet the needs of those in their care. They know the importance of love and individual care. They give their time and effort and receive very little support and acknowledgement.

Above all community workers have shown that they are concerned about the dignity and happiness of the elderly in the community. Dignity and happiness in old age is all about being active as well as resting, being allowed to be an adult as well as a "child" and remaining as independent as possible while feeling comfortable and secure. They are

also in an excellent position to promote the right attitudes toward the elderly. They must have attitudes, which will allow the elderly to grow old as happy and dignified people. In this way, community workers can provide role models for all members of the community to follow.

## 3.11 Social Work within Community Care

McDonald (1999) cites that the advent of community care has had a profound effect upon the practice of social work in all sectors and in all specialisms. Care management, like any other method of social work must be evaluated for its ability to innovate and for its effectiveness in targeting sources of need and suggesting means by which they might be resolved. Considerable emphasis is placed upon legalism and due process, acknowledging the importance of a correct understanding of the legislative framework which, supports community care policy and the critical nature of procedural rights where there is competition for resources. Helping users of a service to understand what is available, by what means and at what cost is fundamental to a user-centered model of practice. These are also principles of good administration which the system of community care is designed to uphold. This is not to imply that the care management process of assessment, care planning, monitoring and review can be mechanistic; the challenge to the reflective practitioner is to integrate new models of working with the traditional social work agendas of care, protection, support and advocacy.

McDonald asserts what is controversial is the extent to which community care has changed not only the context and style, but also the meaning, of social work practice. By emphasising efficiency in the allocation of resources and the rationality of competition, business skills have been incorporated into the job that social workers do. Providing support and advocacy for vulnerable and disadvantaged people will necessarily involve values and choices, which fit uneasily into this framework. Community care is a system based on needs, not on rights. The social worker's role in assessing need means that he or she acts as a gatekeeper for potential users of services. How many people are allowed to enter the system, and according to what criteria, will vary in relation to the amount of resources the agency has at its disposal, its policy decisions concerning competing demands on those resources, and its interpretation of its legal obligations towards

different individuals and groups. McDonald argues that this comprises professionalism by the constraints that it imposes on the breadth of an assessment or the range of choices that can subsequently be offered. Tensions may exist between economic and social objectives, managing the budget and advocacy for the best deal possible for an individual who is seeking a service.

Community care policy is based upon a consensus model of society within which change is seen as incremental and based upon rational principles. This is overlaid by a belief in personal responsibility and family values. Thus the means-testing of payment for services and the emphasis on informal, or family based, care may be seen to reflect a system based on unequal opportunities and traditional roles. Even though social work within community care has become closely identified with care management, other methods of working cannot thereby be discounted. If it is accepted that the relevant assessment is not simply that of individuals but of social relationships in families and groups then social casework remains a relevant method of intervention. Most people will have a pre-existing social network of family and friends and involved professionals around which a package of care can be built. Maintaining and adjusting these relationships is the stuff of social casework. Given that formal services are inadequate to compensate for informal care, a focus on the needs of carers and other family members is an essential part of maintaining people in the community. Harnessing the resources of the community itself to support its members or incorporate new ones, will involve skills in community social work as well as networking.

McDonald further states that evidence-based practice increasingly emphasises the importance of evaluation, monitoring and review. It is important therefore that the criteria for progress and achievement are fixed at the outset. The terms 'quality assurance' and 'quality control' show a concern that quality should be built into systems for delivering service. The important question then is; whose quality is that which is being determined and assessed? Is it of the provider or of the consumer? Systems of regulation such as that for residential and nursing have always had to juggle these, sometimes competing, notions of quality. It is important to give people the right of 'exit'

from a system with which they are unhappy, but also the best systems allow for the consumer's voice to be heard in the design of services.

Another area in which the development of a professional identity has perhaps become more difficult is that of multi-disciplinary working. Griffiths in McDonald certainly saw care management as a role, which could be performed by people with backgrounds other than social work, and although some authorities have appointed only qualified social workers to care assessor posts, others have recruited people from a variety of backgrounds. Finding a distinct identity for social work has thus become more difficult. Petch in McDonald draws a distinction between role and task. The role of the assessor or care manager may be open to people from different professional groupings, but the task of the social workers is prescribed by a distinctive set of values and skills which focus on respect for persons and skills in negotiating social and personal relationships. The long-term nature of care management, particularly for people with chronic needs, should not be underestimated.

### 3.11.1 Social Policy Perspectives

McDonald declares that the social policy perspectives are relevant to services for older people. Means and Smith in McDonald recount the long history of neglect, which is common to the aged both in the unsatisfactory nature of institutional provision and in the persistent failure to develop adequate community based systems of support. Means and Smith use the perspectives of political economy, institutions and service neglect, informal care and service neglect, cultural stereotypes to explain both inertia in policy change and marginalisation of the aged.

i)    The political economy

This perspective focuses on changes in the mode of production and the shift from a communal agrarian to an urban economy based on individual waged labour. Those who were seen as unproductive – the old, the sick – were necessarily marginalised within such a system. Thompson and Thompson in McDonald state that minimal provision for older people, no longer valued as workers, could also be used to socialise a younger generation into the virtues of family responsibility, thrift, and saving for the future. The current debate around funding continuing care for older people draws heavily upon the political economy perspective. Ageism and disability are thus seen as structurally entrenched in social economy

policy. Welfare legislation for those groups conceals such structural inequality by presenting old age as 'personal tragedy', thus shifting the focus to the individual. The claims of the aged are not then acknowledged as rights of citizenship, but are granted privileges or concessions.

ii)  Institutions and service neglect

For people dependent upon public welfare, Means and Smith in McDonald identify a frequent theme in the literature on institutions: that many were designed to impose stigma upon residents, and to serve as a warning to others. Institutions, typically in remote locations, isolated residents from the community as a whole. Institutional provision, however, is not cheap; hence the attractiveness of arrangements to support people in the community, possibly at a lower cost and certainly with greater control over access to expensive resources.

iii)  Informal care and service neglect

McDonald asserts that informal care given by family and friends is not of course a creation of community care policy, but a background to much service neglect in the past. Fear of undermining the family as an institution, as well as increasing public expenditure, may serve domiciliary care, and of emphasising personal and familial responsibility. This of course places an enormous burden on informal carers.

iv)  Cultural stereotypes

Cultural stereotypes about ageing and disability have informed service provision. Negative stereotypes of old age emphasise physical and mental decline and dependency. Old age is presented not as a developmental stage, but as a 'problem' for policy makers to address. Bernard in McDonald states that the 'Rising Tide' initiative in the 1980s with its references to a 'demographic timebomb' is an example of this

v)  The Social Policy of Community Care

The Social Democratic view is that change is incremental, based upon consensus and a humanitarian reaction to objectively verifiable 'facts' such as demographic change or increased prosperity. The introduction of old age pensions may be presented in this way as facilitated by greater prosperity and a desire to compensate in old age those who had contributed to the common good.

Guillemard in McDonald argues that the same pension provision would be that it placated workers no longer productive at a time of threatened high unemployment. The emphasis on personal and family responsibility is a theme taken up by the New Right: it informs much of community care policy, particularly in its emphasis on the residual nature of public provision.

vi)    The legal framework of community care

The Community Care Act does not offer a comprehensive legislative framework for the practice of social work in adult care. The legislative framework of working with the aged therefore cannot be understood from a reading of the Community Care Act alone. Reference needs constantly to be made to previous legislation relevant to the provision of services and important pieces of legislation are to be found outside the framework of the Act.

Lewis and Glennerster in McDonald see the history of the Community Care Act as almost wholly driven by financial considerations; in particular by the need to redress the 'perverse incentive' for the growth of the aged residential sector which was based on unlimited access to social security funding. An assessment of need, whether for social services, medical care housing or any other type of benefit, is the classic tool policy in rationing scarce resources. The legislation does not specify how much of a certain type of benefit should be made available to meet the demand place upon it. Much emphasis is then placed on devising procedures for a 'fair' allocation of services and a due process model for dealing with disputes.

## 3.12    Task-centred Model for Work with the Aged

According to Cormican (1974:490) an examination of the recent literature dealing with social work and the aged reveals that practice emphasis seems to be directed toward the institutionalised or severely mentally impaired aged. The practice literature glosses over the 95% of the over 65 population who remain in the community but are also often in need of services. This section describes a model based on short-term services to the community- based elderly population.

Assumptions underlying the model are that most clients, although elderly, can make decisions for themselves, want to make those decisions and need to make those decisions in order to remain functioning in the community. Twente (1970:14) maintains that old people should have the opportunity to assess their own capacities, needs and interests and make decisions that affect their well being. Persons who have the decision making power taken away from them stagnate, lose touch with themselves and their environment and often become institutionalised. Task centred casework fits this model because it is based on the assumption that a person who asks for help should be able to choose what he wants help with and what he does not.

Comican (1977:490) posits that social work methods are most effective 'if they are concentrated on helping clients achieve specific and limited goals of their own choice within brief, bounded periods of service. The time-limited nature of task centred work also makes it applicable to older clients who have awareness that future time is scarce. Motivation is increased as the client realises that change is possible within a brief period of the short time he has left to live. A model that stresses the client's ability to cope within a limited time framework naturally calls for a worker who has a positive view of the client system. In our society, the elderly are often considered victims because of their age and cannot therefore be helped by worker who reinforces this attitude and has a negative view of ageing. The self image and the image of oneself held or thought to be held by others always plays a vital part in the capacity to use potentials and to be self directing. The workers assessment of the older person should likewise focus on his strengths, in addition to considering his limitations.

Cormican asserts that sometimes social workers spend so much time delineating problems that they lose sight of the client's strengths. Changes in status and role, retirement from productive work physical and psychological changes, reduced income, changes in housing arrangements, loss of spouse and friends are often viewed as negative changes for the elderly. This negativity compounds the tendency to overlook the strengths and potential of the client. It is often difficult for both the worker and the client not to be overwhelmed by the situation. Yet it is precisely these positive elements that must be employed to work constructively on any problem area.

needed to aid the client in presenting and maintaining a positive self-image to attack. The task and cope with the problem; it releases and mobilises unused potential. Planning centres on what needs to be done by the client and worker before the next interview. It is of special concern when the task involves dealing with the bureaucratic structure with which the aged person may not be familiar. While this model stresses independence of the client, it is that same quality which often makes termination at the agreed upon time more difficult for the elderly client than for many others. Negative attitudes toward aging are so prevalent in our society today that when the elderly do discover someone who views them positively and encourages them to action on their own, they may want to maintain that relationship for as long as possible.

## 3.13 Needs-Led Assessment

According to McDonald Section 47 of the 1990 Act says where it appears to a local authority that any person for whom they may provide or arrange for the provision of community care services may be in need of any such services, the authority: -

i)      Shall carry out an assessment of his needs for those services.

ii)     Having regard to the results of that assessment shall then decide whether his needs call for the provision by them of any such services.

### 3.13.1 What is Assessment

Veronica Coulshed in McDonald gives a succinct of what assessment is: "an assessment is a perceptual/analytical process of selecting, categorising, organising and synthesising data." In other words, assessment is an intellectual process, which seeks to make sense of the world by gathering together, interpreting and processing information relevant to the issue or problem under scrutiny. Source materials for the putting together of an assessment may be diverse. They may come from agency files, other professionals, interviews with clients and interviews with carers. It is the responsibility of social workers to guide people through the assessment process. This requires a range of interpersonal skills to encourage people to explore often-difficult areas of their lives and relationships.

### 3.13.2 Skills in Assessment

According to McDonald a study of users and perceptions of helping skills emphasise the importance of the following skills: -

i)     Listening and communicating

ii)    Counseling and understanding

iii)   Knowledge about local services

iv)    Enabling and negotiating

iv)    A sense of judgement about risks

All of these are basic and enduring social work skills. Particular skills may be needed in interviewing people with different needs; for example, people whose language of choice is not English, or people with sensory impairments. The core competence 'communicate and engage' stresses the importance of understanding both verbal and non-verbal communication skills and blocks to communication due to language differences in values and perceptions of need. The worker will need to be aware of their own values base and assumptions, which may not reflect the experiences of people who live with poverty or racism as part of their daily lives. In interviewing the aged, the complex relationship between age, poverty and the use of language is explored. Barrett in McDonald claims that language which is used, as a coping or defence mechanism needs to be understood not only in a historical context of avoiding 'the welfare' or 'the workhouse'. Due to its continuing relevance to the marginalisation of the older people through poverty and ageism scarce resources are to be allocated. Robertson in McDonald argues that older people are themselves acutely aware that they are expected to demand little and be content with less.

3.13.3  What are Needs

According to McDonald (1999:54) the Practitioners Guide defines needs as the shorthand for: 'the requirements of individuals to enable them to achieve, maintain or restore an acceptable level of social independence or quality of life, as defined by the particular care agency or authority'. Needs then are by their definition never absolute and thereby within the realm not of rights, but of privilege. 'Need is thus as a relative concept. In the concept of community care, need has to be defined at the local level. The definition sets limits to the discretion of practitioners in assessing resources.

## 3.14   The History and Establishment of Tafta

In 1958 the Round Table in Durban adopted "Care of the Aged" as a project for the year. As the members became involved in providing for the needs of the aged in the

community, it became apparent that the plight of many Durban pensioners was critical. It was obvious that the problem was far greater than was originally envisaged, the assistance of the Press was sought to find the hundreds of old folk who were known to be living in virtual isolation in rooms in old buildings all over the central area.

The Round Table was able to alleviate a certain amount of distress by providing food parcels and clothing but it was soon realised that this was only touching at the fringes of the problem. So in October 1958 a number of well known Durban citizens among them John Conradie and Mary Asher, met to establish an organisation that would cater specifically for the needs of the aged. A constitution was drawn up and adopted and the name "The Association for the Aged" was agreed upon. Mr Grant Loundon, well known as one of the "Three Wise Men" on radio abbreviated this to TAFTA.

Application was made to register this organisation as a Welfare Organisation. In March 1959 two small offices were rented in the Saambou Building opposite the Cenotaph and a part-time social worker was employed, ably assisted by volunteers. Money was scarce but the public were amazingly generous with regards to food, clothing and furniture which were distributed by the volunteers, who also assisted with cleaning rooms, bathing pensioners, providing transport, etc.

In 1963 Tafta's offices moved to the Roof Garden in London House, West Street, Durban. A wheelbarrow was used to move the possessions of Tafta. In 1964 the Roof Garden Service Centre was opened (this is now the Mary Asher Centre). The first social worker was employed in 1964 and Meals on Wheels started in 1960. Volunteers collected donations from the Warwick Avenue market in a wheelbarrow.

Gradually, as needs were identified in the community, services were implemented to meet these needs eg. Frail Care Tafta House in 1969. This home was opened by B.J. Vorster the minister of welfare. The Home Help Department of Tafta started in 1970.

## 3.15 Tafta as a Welfare Organisation

Tafta is a welfare organization dedicated to the alleviation of distress and the promotion of the welfare and happiness of aged persons living in the Durban area. It is Tafta's policy to do the greatest possible good for the greatest number with no thought of who deserves help but only of who needs help. Tafta's basic aim is to encourage the elderly to live as independent members of the community in their own homes for as long as possible. In order to maintain that independence and to support and assist the elderly and their families Tafta has developed many services. Any person who is over the age of fifty and in need of help or any person who knows of an elderly person who is in need of help is encouraged to phone Tafta or call in person.

3.15.1 Social Agency

Qualified and registered social workers are trained and equipped to advice clients and families on a variety of subjects. The Intake Social Worker arranges for one of the Social Workers to visit them at home. When the needs and requirements have been discussed, the social worker will try to assist in one or more of the following ways: -

i)    Able to give confidential guidance and counsel on any difficulty an elderly person may experience.

ii)   Offer assistance and advice on budgeting and management of finance.

iii)  Provide material help in the form of clothing, blankets, food parcels and essential household items. Tafta charges on a sliding scale according to income.

iv)   Arrange for auxiliary social worker to provide with further assistance if required. The auxiliary social worker helps with varied tasks under the supervision of a registered social worker. This service is available to the elderly in Tafta's housing establishments in the Durban central areas.

v)    Arrange various services to help alleviate loneliness – in some cases a weekly telephone call or perhaps a volunteer to call on a friendly visit.

vi)   Inform clients about the variety of accommodation available to the aged in and around Durban, including frail aged care. Information will also be given about Tafta's facilities.

vii)  Inform on Tafta's service centers, Social Clubs, Stroke Club, Wider Horizons Club and the Alzheimer's Support Group.

viii) Refer to the Tafta's Home Help Services (including the laundry and appliances schemes).

ix) Refer to Meals on Wheels.

x) Arrange assistance with minor essential household repairs, through Tafta's Squirrel's Workshop.

xi) Refer to other organizations and persons in Durban for assistance.

The social agency does not charge for any Social work consultation or visit.

3.15.2 Home Care Service

i) Home Help - The Home Help Department (community service) employs a staff of trained Home Carers and Domestic workers trained in the care of the aged under the supervision of an organizer and an assistant. Home Help duties cover personal hygiene services eg washing, bathing and dressing. Making beds and tidying rooms. Household duties such as cleaning, dusting and personal laundry. Assisted living duties eg. daily medication issue and shopping.

Any person requiring Home Help is referred by the Social Workers to the Home Help Organiser. The organizer or the assistant visits and assesses the caring needs and gives advice or training to the caregivers. Assessment is done to determine whether a client needs full time care in Tafta frail care institutions or will manage or how they can manage in one of Tafta's residential buildings with home help services or assisted Living care. The charges are assessed according to income.

ii) Laundry Scheme - if one has no means of arranging for the laundering of bed linen, Home Help supplies a change of sheets, pillow cases and towels. A minimal charge is made on this service.

iii) Appliance Scheme - Home Help is able to assist with the loan of appliances eg. wheelchairs, walking frames, tripods, commodes, bedpans, urinals etc. a nominal charged based on income is made for the loan of these items.

v) Full Time Home Care Services - a person in the community may wish to employ a trained multidisciplinary worker who is available on a daily or weekly basis. Trained staff at one of the Tafta departments carries out the training. Training includes domestic work, bed bathing and care of pressure areas, lifting and transferring from a bed into the bath and vice versa. Basic cooking and economic

shopping is also taught. The Home Help Department helps prospective employees by conduction the interview discussing duties and salaries. Although Tafta trains the Home Carer, the contract is between the employer and the employee. Tafta makes no charge and the Department assists when and if a problem arises.

### 3.15.3  Meal delivery Service

If a person cannot manage to cook for him or herself, a ready-to-eat midday meal consisting of soup, main course and a sweet can be delivered to their home Monday to Friday. Where essential, special arrangement is made to cove the weekend. Special diet for diabetics are also available. A nominal charge based on income made for Meals on Wheels.

### 3.15.4  Service Centres

Tafta has service centres that serve a meal at lunchtime at a very affordable cost. Persons wishing to join the service centre may do so by contacting the organiser. The service centres also provide recreation for those living within a reasonable traveling distance and those who can travel on public transport. The meals are prepared at the Cook and Care unit and are supplied to the different Tafta buildings and also to clients on the district.

### 3.15.5  Accommodation

Although Tafta aims to assist the elderly to remain independent by offering both practical and social services, it does sometimes become essential for a person to move into a protective environment. In some cases the need is simply for friendly support, in other cases twenty-four hour nursing care is necessary. Tafta owns several retirement complexes, homes, residential buildings and blocks of flats. Full details regarding admission, rules and charges for all homes, flats and housing can be obtained from the home secretary. All the Homes and flats have waiting lists of various lengths. Housing units are available to rent or to purchase on a life right basis. Tafta has a variety of accommodation and has designed a number of schemes that allows the elderly person to find suitable affordable accommodation.

## 3.16  Government Subsidies

According to the annual of Tafta the running of the organisation is getting very difficult. Change and adaptation were the key words, which have epitomised the field of care

within which Tafta operates. They fear that the future will require dynamism and flexibility. The researcher noted that in 1993 the organisation had a staff of 665 members and cared for 1 411, but by 2001 this figure dropped to 248 staff members and 1,342 clients. The reason for this is that the Government subsidies continues to be inadequate, both in caring for the elderly in the community and those with extremely frail condition requires their admittance into frail care homes. Specific examples are as follows: -

3.16.1 Subsidies for Services Centres

The threshold of those who receive subsidies for services available at service centres has been decreased from an income of R1 300 per month to R1 000. For many, the meals and company that Tafta provides at their venues are the only glimmer of solace and comfort amidst the life of loneliness and suffering. For some the midday meal is their main source of sustenance.

3.16.2 Subsidies for the Kinless

Subsidies for those kinless people whose condition, whilst not necessitating full frail care, still need daily assistance, has been stopped completely. These people are no longer admitted to frail acre unless they are economically able to afford the ever-spiraling costs.

3.16.3 Subsidies for Frail Aged Homes

The subsidies for the frail aged homes have not increased since 1993. This has resulted in many homes being forced to close. In 1996 there were 800 frail aged homes in South Africa. In 1999 the numbers have shrunk to 400 (many of whom now insist that the full cost must be met). This has meant that many that should have been admitted are often alone in the community, deprived of care and security.

Cognisance need to be taken of the Government's failure to adequately fund their own initiatives. They have developed a policy, which advocates keeping the elderly in the community, yet they have failed to allocate funds to facilitate this initiative. In terms of 'Home Help' and 'Meals on Wheels' there has been no increase in subsidy, whilst residential accommodation receives no subsidy whatsoever.

Graph showing Government Subsidies in Tafta Decline over the years:-
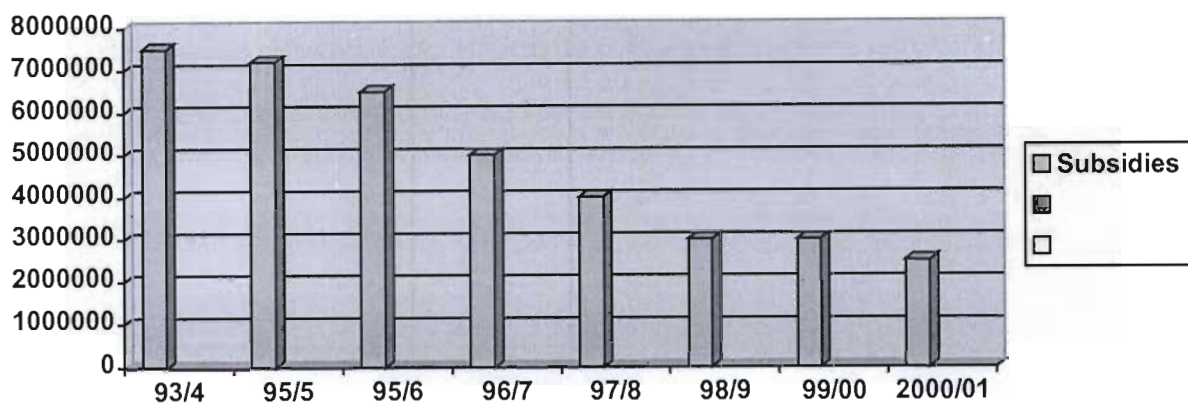
## 3.17 Data

According to Tuckman Lorge in Nair the assessment of attitudes towards the elderly has been a focal concern in gerontology since they initiated a pioneering series empirical studies on the topic decades age. Such sustained interest in attitude research was fuelled partly by the conviction that attitudes are an important, influential feature of the socio-cultural environment and partly a lack of agreement about typical content, extremity and negative attitudes toward the aged. Mantzaris (1986) claims that the majority of surveys and research on the aged undertaken in South Africa are based on quantitative methods, especially questionnaires. These methods of data are often used by researchers since they have numerous advantages.

The present study is also based on quantitative methods, utilizing an interview schedule as means of data collection. Many researchers believe that the interview schedule is an objective method of collecting data since it presents questions and or statements and often a choice of answers in such a way that respondents need merely mark or indicate the answer of their choice. When compared to other methods this method seemed to be the most suitable for the present study. The interview schedule has a number of advantages for this type of study. It is straightforward, easy to administer and usually easily understood in a common sense fashion by a wide variety of respondents.

The interview schedule was divided into two sections namely, screening questions and questions regarding the aged. In constructing the schedule face validity was ensured by

covering various aspects relating to respondents attitudes towards the aged and problems associated with caring for the aged in the community. These aspects were attitudes towards the aged in general, tradition, family relations, and financial implications of the aged and caring for the aged in the community.

The research study was carried over a period of several months. The researcher had been flexible with the time allocated for administration of the questionnaire. A period of two months was allocated for the collection of data especially since the questionnaires were self administered by the researcher to most of the respondents because many were illiterate and also experience eye sight problems. The researcher in some cases used semi-structured interview schedule as her measuring instrument. This was done in order to accommodate unexpected responses. Use of the semi-structured interview schedule entailed the following advantages; -

i)      The immediate provision of accurate and complete information.

ii)     Consistent interpretation of questions.

iii)    Observations of non-verbal behaviour. The interview schedule allowed the respondents to take their time in interpreting the questions and the presence of the researcher helped them to understand the questions the needed clarification.

iv)     The semi-structured interview schedule included some specific items but the researcher was given some space to explore in her ways matters pertaining to the research assumption being studied.

In terms of validity, the researcher looked at face value and content of validity. Face validity was used in order to assess whether the interview schedule was measuring the objectives of research in relation to caring for the aged in the community. The researcher also looked at content validity, which proceeded one step further than face validity. The researcher assessed whether the items in the interview represented the issue under investigation. A literature survey was also undertaken which served as the basis of the first two chapters of this research. It created a theoretical basis for the study and served to place the study in a broad context of research on the aged. The literature survey further assisted the researcher in formulating a reliable and valid method of data collection.

The findings are that the purpose of a service centre is to assist the aged as individuals and as a group through specific services and programmes to handle certain demands and age related programs. The services rendered at the service centre should be able to: -

i)      Help reduce loneliness because there is ample opportunity of enjoying, meeting and talking to their peer group. It affords them an opportunity of enjoying the present and plan realistically for the future.

vi)     It afford them opportunities of discovering their worth to prove it by productivity and to once again to become useful to themselves and others.

vii)    The objective of the service centre must be to help develop meaningful individual and group relationships as well as a valued role in society.


## 3.18   Selection of Population or Sample

A literature survey was undertaken which served as the basis of the first three chapters of this report. It created a theoretical basis for the study and served to place the study in a broad context of research on the aged. The literature survey further assisted the researcher in formulating a reliable and valid method of data collection. The sampling procedure was used to provide a representative random sample of all adults residing in Durban Unicity. The choice of the study area was determined by two factors namely:-

i)      A large portion of the aged reside in this area.

ii)     By confining the study o this area cost could be minimised and practical manageability could be ensured.

The sample consisted of ninety respondents who reside in various parts on Durban Unicity. The respondents were randomly chosen since the population is too large and in terms of feasibility, that is the time period of this research, it would be impossible to use the whole population.


## 3.19   Informal Interviews with Social Workers

Since the literature survey highlighted the fact that data on the aged in South Africa are limited, the informal interviews with the professional nurse and social workers proved to be both informative and useful, since knowledge based on practical experience was obtained. It was decided that for the informal interviews an unstructured interview schedule would be used for data collection. Data were obtained through general

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discussion with the social workers. These discussions were recorded on tape and an abstraction of useful data was later made, using the unstructured schedule as a guideline. Although the interviews were not based on a random sample of social workers in the field, the information thus obtained was nevertheless invaluable. After four interviews, the researcher noticed that the answers were falling into a consistent pattern and it was decided that no further interviews would be conducted. On the basis of these interviews, the researcher was not only able to develop an appropriate method of data collection, but also to gather information which later could be used to verify certain empirical findings of the main study. The following was a case study that was obtained from informal interview with a professional social worker. They show the family's desire to keep the older person in the community for as long as possible despite advanced years.

Mrs John is a seventy-two year old widow with six supportive children. She suffered three strokes within the last ten years and is now bedridden, incontinent, catheterised and unable to converse properly. All of these have been the result of her strokes. Her eating habits had also changed and she became weaker, unable to fend for herself. Mrs John's mental functioning was also affected, she became slightly disoriented and confused. Emotionally, she had a difficult time accepting, her mental and physical frailty and used to find herself depressed and tearful. Eventually, she accepted her predicament, allowing her children to do everything for her.

Mrs John's needs were adequately met, when she lived in Verulam, relying on the assistance of four children. However, when she moved to Durban all this changed. She moved into a two bed roomed flat with her two daughters, who found it a tedious task, trying to juggle their fulltime jobs with caring for their frail mother. After learning more about what resources were available to them, Mrs John's daughters contacted Tafta for advice and assistance. They were soon visited be a social worker that saw a definite need for Mrs John to receive help and supervision. The social worker suggested the family employ a fulltime home carer to care for Mrs John. However her children felt that this extent of assistance was not necessary. And so, home-help service was implemented. Mrs John was assisted three times a week for one hour each. This service then proved to

be insufficient and so the family decided to employ a full time home carer to assist their mother, while the children were at work.

The home carer was well suited to Mrs John and her services are well appreciated by Mrs John and her family, who regard her as being 'God-sent'. The social worker also referred Mrs John to an occupational therapist for an assessment. The occupational therapist found that Mrs John would not be able to rehabilitate and suggested that Mrs John's hire a wheelchair from Tafta's Home Help Department. This was done with the assistance of the social worker. Mrs John hired the wheelchair for a few months but returned it as she had a brand new wheelchair donated to her from National Lotto. This wheelchair has proved to be most beneficial for Mrs John and the carer.

Mrs John is one of the many elderly people, whose lives have been made easier because of services such as home help, social work intervention and occupational therapy. She is now much more mobile because of the wheelchair and having a carer to push her around. Mrs John has made a new friend who sees to it that she is well taken care of while her daughters are away at work. The carer also helps the family by preparing hot meals for Mrs John's and keeping the flat clean and tidy in their absence.

## 3.20 Informal interview a Professional Nurse

According to Faviz (2000) the Home Care Services provider is the better established services providing, in varying degrees, counseling services, health care services, clothing when available, home feeding services, domicilary services and accommodation. These specialised service providers are unfortunately few in number and are seriously inadequately equipped to render a truly adequate and penetrating service. These are the 'Good Samaritan' services that do their absolute best to provide for the elderly best as they can on a daily basis. They have both permanent facilities from which they operate as well as mobile outreach services. The Service Providers' are the 'vehicle' that should be sufficiently equipped to provide adequate home care services. Faviz concludes that the services provided are greatly appreciated. The potential of this outreach concept has not been grasped and exploited, an expansion of this type of service will alleviate the

pressure in other service areas. Faviz foresees that this service will become an arm of all encompassing Service Providers.

In the light of the above statement the researcher carried out an interview with the professional nurse who is the organiser of the Home Help Department of Tafta which is a service provider. The interview proved to be very informative and enlightening. This department (community service) employs a staff of ten Home Carers and Domestic workers trained in the care of the aged under the supervision of an organizer and an assistant. Home carers duties cover personal hygiene services eg washing, bathing and dressing, making beds and tidying rooms and household duties such as cleaning, dusting and personal laundry.

## 3.21 Limitation of the Interview Schedule

Mantzaris in Nair (1987:20) argues that it is common knowledge that the exclusive use of standardised research instruments, such as questionnaires and interview schedules, raises major validity problems because of the 'subjectivity orientated' factor. Despite the considerable objectivisation of the scale, the method of rating remains to a certain degree subjective, since the assessment of attitude position is left to the respondent. Mantzaris points out that people generally tend to give the interviewer socially desirable answers when polled. Moser and Kalton in Nair contend that the avoidance of extremes or 'error of central tendency' is a common occurrence with rating scales. It is however concluded that these limitations are common to all rating scales. Despite these limitations, many researchers have used quantitative methods and have arrived at sound and valid conclusions.

## 3.22 The Pilot Research Study

According to Selltiz and Wrightsman (1976) a necessary step in social research of this nature is a pilot study in which the interview schedule is presented for shortcomings. A pilot study provides a means of detecting and solving unforeseen problems in the administration of the interview schedule and may also indicate the need for additional questions or the elimination of others. Such a study was carried out by the researcher, prior to the full-scale study.

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The pilot study consisted of a total of ten interviews. Respondents were purposefully selected taking into account age, gender, household income and religious affiliation. The respondents selected for the pilot study appeared eager to participate in the survey and this resulted in 100% response rate. This excellent response rate can be attributed to the fact that these respondents were of the option that such a study was useful and some even hinted that a study such as this was needed. This positive response led the researcher to expect an equally good response in the final study. The researcher was thus convinced that the chosen method of data collection was suitable for the present study.

The researcher had no trouble in maintaining a rapport with the respondents since they were fully understood what the overall aim and intent of the study was. The administration of the interview schedule presented no problems, and the respondents easily understood the questions. Two of the respondents were suspicious of question six and twenty six and could not see the relevance of the study. They, nevertheless, seemed satisfied to have it included on the schedule after the researcher explained the relevance of socio- economic characteristics to the attitudes of people in general. It was heartening to note that none of the respondents were either bored or impatient throughout the interview. All of the ten respondents indicated a desire to know the outcome of the study. In addition to verifying the suitability of the method of data collection, the pilot study also established the adequacy of the interview schedule. Each interview lasted approximately twenty minutes, at the end of the, which neither the researcher nor the respondent was tired. On the basis of the pretest, the interview schedule remained unchanged, since it had proved adequate for the purpose of the study.

## 3.23 The findings of the Empirical Survey

For the purpose of this study ninety respondents were selected. Once the fieldwork was completed, each interview schedule was scrutinized for completeness and accuracy. All schedules were found to be consistent and acceptable. A coding frame was drawn up. Each interview schedule was assigned a number and coded according to the coding frame. The response categories for the questions and statements were divided into two sections, which are the screening questions and general questions regarding the aged.

The general question regarding the aged was further divided into two section namely, positive statements and negative statements.

3.23.1 Screening questions

i)      Age

There is clear indication that most of the people living in Durban Unicity are over the age of fifty. These findings are of considerable importance since these people are nearing retirement or are already retired they now constitute the aged. As such their attitudes may in some way be indicative of their expectation with regard to their care in old are.

| | |
|---|---|
| Under 30 | 12 |
| 30 – 40 | 14 |
| 41 – 50 | 15 |
| 51 – 60 | 19 |
| 61 – 70 | 11 |
| 71 – 80 | 13 |
| Over 81 | 6 |
| | |
| Total | 90 |

ii)     Gender Distribution

The ratio of males to females in the sample was virtually equal, with 43 males and 47 females having been interviewed. This very close distribution of males and females facilitated accurate comparisons in the analysis of the data by gender.

| | |
|---|---|
| Males | 43 |
| Females | 47 |
| | |
| Total | 90 |

ii)     Marital Status

Forty of the respondents were married, 5 were divorced, 23 of them were widowed and 21 of the respondents claimed that they were single.

iii)    Religious Affiliation

Forty-nine of the respondents were Christians, twenty five of them were Hindus, twelve Muslims and four did not state their religion.

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| | |
|---|---|
| Christians | 49 |
| Hindus | 25 |
| Muslims | 12 |
| Unidentified | 4 |
| | |
| Total | 90 |

iv)   Employment

Forty three respondents claimed that they went out to paid employment whereas forty seven of the respondents were unemployed.

| | |
|---|---|
| Employed | 56 |
| Unemployed | 34 |
| | |
| Total | 90 |

v)   Income

A substantial proportion of the respondents were reluctant or unable to reveal their household income. It should be noted, also that during some of the interviews, researcher sensed a degree of hesitation and guessing on the part of the respondents when asked this question. The researcher speculates that these reactions could be due to the fact that although respondents were willing to reveal their personal incomes (where applicable), they were however, unaware of the earnings of other members of the family and so were not in a position to provide an accurate answer. The table below gives an indication of the respondent's household income.

| | |
|---|---|
| 0 – R 600 | 8 |
| R   601 – R1 000 | 22 |
| R1 001 – R2 500 | 12 |
| R2 501 – R3 500 | 9 |
| R3 501 – R4 500 | 13 |
| R4 501 - R5 500 | 15 |
| R4 501 – R5 500 | 11 |
| | |
| | 90 |

vi)   Living Arrangements

Fifty-three respondents lived with families while thirty-seven of them lived alone. Fifteen of the respondents living alone do not do so by choice but because they have no families. They have either outlived their families or their families have emigrated to other parts of the world. The respondents that live alone commented that sometimes it is good but at others times you are very lonely. Some are happy with this situation. They have their freedom and independence. One respondent commented that living together with three generations causes problems. One enjoys the peace and quiet while another respondent claimed that he did not want to be a burden to his family.

Some respondents stated that when you are alone you there is no one to care for you in times of illness. There is nobody to share your problems. When you live alone you become depressed, discouraged and anti-social. Only your family can support you when you have no finances. The respondents that live with families claim that there are always someone there to care for you. Everything works both ways you take care of the home and the children while the parent's work and you are taken care of financially. To some respondents large families mean everything. There is sharing, love, companionship and interaction. One respondent claimed that the aged should not be treated like outcasts. While another claimed that no man is and island. Yet another respondent stated that it is not good to be a lone Lone Ranger because even he had a friend call Tonto.

vii)  Family Situation

Forty-one of the respondents have large or extended families while forty nine respondents do not have large or extended families.

Forty eight of them felt that having large or extended families is a good thing and twenty nine of them did not think so but thirteen of the respondents were still undecided whether having large or extended families is a good thing or not.

viii) Family relationships

Fifty-three respondents have good relationships with their families and nine have excellent relationships with families. Fifteen of the respondents were undecided while thirteen of them have no contact with their families. These respondents rely

totally on friends, neighbours and community support. One respondent claimed that she has very strong relationship with her family. Yet another respondent claims that she is isolated and very lonely.

ix)     Services

Eighty-six respondents claimed that there are many old people living in their communities. Two answered no and two were undecided. Of the eighty six every one of the respondents strongly emphasised that there is definitely a need for community care of the aged in the areas in which they lived.

Respondents claimed that various services are needed such as health care, medical care, home care, volunteer services, domestic services, public transport, spiritual educators, skills training, retirement villages, meals on wheels services, social clubs, day care centres, feeding schemes and respite care. Social clubs, help with domestic and personal hygiene, volunteer visits and meals seem to be in the highest demand.

x)     The aged in the community

Seventy-eight of the respondents claimed that it is good for the aged to live in the community. Seven of the respondents did not think that the aged should be in the community while five of them were undecided. The reasons given were as follows:-

It gives them independence and security.

To teach the youth cultures and pass on the traditions.

The younger generations will be able to draw from their strengths and learn from their weaknesses.

To pass on wisdom and discipline to the younger generations.

It gives them a sense of identity.

They are an integral part of our community.

Having the aged in the community helps to build relationships.

It helps them to interact with the younger generation.

It gives them a sense of belonging and need.

They are our role models.

They can also be able to contribute to society.

It shows the world that the aged are not a forgotten gereration.

xi) Clubs for the aged

Thirty-two respondents claimed that there are clubs for the aged in the community, forty two said that there were no clubs for the aged in their communities while sixteen of the respondents did not know if there were any such clubs. Of the thirty-two respondents that said that there are clubs for the aged in their communities seventeen said that there were only bingo clubs and five respondents only knew of churches that have get togethers for the aged very seldom.

Sixty five of the respondents stated that there is an urgent need for clubs for the aged in their communities, fourteen did not agree that there was a need and eleven were undecided. The respondents that stated that there was a need for social clubs for the aged in their communities gave their reasons as follows:-

It takes away loneliness and boredom.

It helps the old people to integrate.

It helps them to mingle with other people.

It gives them a sense of responsibility.

It helps tem to socialise.

It stops the old person from brooding.

It builds character.

It keeps them busy.

It the old and lonely person a sense of direction.

To prevent ill health and depression.

It builds relationships.

The researcher has therefore come to the conclusion that there is a definite need for social clubs for the aged in the area of Durban Unicity.

xii) Library

Thirty-eight of the respondents claimed that their local library keeps information that might be useful to the aged. Twenty-nine of the respondents said that their libraries did not keep any information and twenty-three of the respondents did not

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know if their local libraries kept any information on the aged.  If the local libraries did keep such information, the respondents would like reading material that has large print to suit the aged.  Material on health care for the aged, religious material and more information on aging would be appreciated.

xiii)    Recreational centres

Twenty-one respondents said that there were recreational centres in their communities, fifty one said that there was no recreational centres while eighteen did not know if there was any such centres in existence.  The respondents that answered yes stated that these centres are only sports centers for young people.  It has been concluded that there are no centres that provide special facilities for the aged in Durban Unicity.

xiv)    Move from present home

Seventy-eight of the respondents would not like to move from their present homes, for of the respondents would like to move and eight of the respondents were not sure whether they would like to move or not.

One of the respondents that would like to move stated that they have no choice because they have become too old to cope on their own and three of them would like to live with their families because it is becoming too costly to live on their own.

xv)    Speaking to other people regarding community care of the aged

Twenty-three respondents claimed that they have spoken to other people about the care of the aged in their communities and sixty seven of them did not speak to any one about this.

## 3.24   Table on General Questions Regarding the Aged

1.    Old people prefer to live in the community.

   41  I strongly agree   37  I agree   7  I disagree   5  I strongly disagree      - 9 0

2    Old people are needed in families to pass on customs and traditions.

   36  I strongly agree   38  I agree   12  I disagree   4  I strongly disagree      -  90

3.    Institutions cannot offer the emotional support that a family can.

   21  I strongly agree   48  I agree   13  I disagree   8  I strongly disagree      -  90

4.    It is depressing to have an old person in the house.

9   I strongly agree   22   I agree   41   I disagree   18   I strongly disagree   -   90

5.   Old people are grateful for the help that they get from families and other organisations.

37   I strongly agree   41   I agree   6   I disagree   6   I strongly disagree   -   90

6.   Old people are a burden to the community.

8   I strongly agree   13   I agree   39   I disagree   30   I strongly disagree   -   9

7.   In present times you cannot expect your children to take care of you when you get old.

21   I strongly agree   13   I agree   38   I disagree   18   I strongly disagree   -   90

8.   Putting an old person in an institution takes away their independence and dignity.

22   I strongly agree   31   I agree   27   I disagree   10   I strongly disagree   -   90

9.   Old people are useful to have in the community.

30   I strongly agree   48   I agree   7   I disagree   5   I strongly disagree   -   90

10.   Caring for an old person does not cost any more than caring for a young person.

22   I strongly agree   38   I agree   26   I disagree   4   I strongly disagree   -   90

11.   Conflicts results when old folks move in with family.

19   I strongly agree   23   I agree   39   I disagree   9   I strongly disagree   -   90

12.   Older persons in the family often help with child rearing.

23   I strongly agree   48   I agree   14   I disagree   5   I strongly disagree   -   90

13.   It is the duty of all children to take care of their aging parents.

34   I strongly agree   32   I agree   18   I disagree   6   I strongly disagree   -   90

14.   It is important that the government be involved in caring for the aged in the community.

56   I strongly agree   23   I agree   5   I disagree   6   I strongly disagree   -   90

15.   It is the responsibility of churches and other religious organisations to take care aged.

30   I strongly agree   33   I agree   20   I disagree   7   I strongly disagree   -   90

16.   If old people live alone they feel alienated.

21   I strongly agree   36   I agree   25   I disagree   8   I strongly disagree   -   90

17.   Old people should be financially supported by their children.

25   I strongly agree   43   I agree   18   I disagree 4   I strongly disagree   -   90

18.   The joint extended family system is no longer predominant in our communities.

24   I strongly agree   33   I agree   19   I disagree   14   I strongly disagree   -   90

19.   Aged parents should live as far away as possible from their children.

10   I strongly agree   20   I agree   36   I disagree   24   I strongly disagree   -   90

20.   Most families are now the single nuclear type.

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22  I strongly agree  43  I agree  19  I disagree  6  I strongly disagree  -  90

21.    Family relations are enhanced if older people live in the community.

22  I strongly agree  53  I agree  12  I disagree  3  I strongly disagree  -  90

22.    Old people are very rude to people that come to help them.

7  I strongly agree  20  I agree  46  I disagree  17  I strongly disagree  -  90

23.    Old people are very racialist.

9  I strongly agree  22  I agree  38  I disagree  21  I strongly disagree  -  90

24.    Given the resources old people are quite capable of caring for themselves.

25  I strongly agree  37  I agree  21  I disagree  7  I strongly disagree  -  90

25.    Sharing one's home with an old person leads to loss of personal privacy.

14  I strongly agree  29  I agree  35  I disagree  12  I strongly disagree  -  90

26.    Old people complain unnecessarily

11  I strongly agree  26  I agree  31  I disagree  22  I strongly disagree  -  90

27.    Old people do not trust anyone coming in to help them.

7  I strongly agree  25  I agree  44  I disagree  14  I strongly disagree  -  90

28.    Old people are abusive towards people that take care of them.

8  I strongly agree  13  I agree  43  I disagree  26  I strongly disagree  -  90

29.    Old people should only go into an institution if the community has tried all other options.

23  I strongly agree  51  I agree  12  I disagree  4  I strongly disagree  -  90

30.    Old people become attached to their carers.

13  I strongly agree  54  I agree  16  I disagree  7  I strongly disagree  -  90

## 3.25 Questions Regarding the Aged

The questions regarding the aged were divided into positive statements and negative statements.

3.25.1 Positive Statements

The following statements indicate a positive attitude towards the care for the aged in the community (1, 2, 3, 5, 9, 10, 14, 15, 16, 17, 21, 24, 29 and 30). The same number that was given for each respondent in the screening questions was used. Each statement was coded as follows:

Strongly Agree    4

Agree    3

Disagree      2

Strongly Disagree  1

## 3.25.2 Negative Statements

The following statements indicate a negative attitude towards the caring for the aged in the community (4, 6, 7, 8, 11, 13, 18, 19, 20, 22, 23, 25, 26, 27 and 28). The same number for each respondent was used. Each statement was coded as follows:-

Strongly Agree   1

Agree      2

Disagree     3

Strongly Disagree  4

Strong agreement with positive statements and disagreements with negative statements meant that problems were not perceived and that the aged should be cared for in the communities that they live in. Strong agreement with a negative statements and disagreements with the positive statements implied that problems and a negative attitude to the caring for the aged in the communities that they live in. Respondents attitudes towards old people in general, and particularly towards caring for the aged in the community were thus indicated by their high scores. This meant that they were in favour of the aged being cared for in their homes for as long as possible.

## 3.25.3 Attitudes of the Total Respondents

It has been hypothesised that the acceptance of the responsibility of caring for the aged in the community and the home environment is falling away. This used to be very prevalent amongst the majority of Indian and Black families. This no longer possible because in most cases both spouses have to work or of families migrate and in some cases the parents outlive their children. A series of statements measuring various social problems associated with the care of the aged in the community was used to test these hypotheses.

## 3.25.4 Attitudes towards old people in general

Ten statements (5, 6, 9, 16, 22, 23, 26, 27, 28 and 30) were used to assess the respondents attitudes towards old people in general. High scores for this aspect reflects a positive attitude towards old people and low scores a negative. The workings of this study shows that people are inclined to be more positive in their attitudes towards old people.

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Statement five shows that seventy-eight out of ninety respondents agree that old people are grateful for the help they get from families and other organisations.

Statement six proves that sixty-nine out of ninety respondents disagree that old people are a burden to the community.

Statement nine enlightens us that seventy-eight out of ninety respondents agreed that old people are useful to have in the community.

Statement sixteen makes it clear that fifty-seven out of ninety respondents agree that old people feel alienated if they live alone.

Statement twenty-two clarifies that sixty-three out of ninety respondents disagree that old people are rude to people that come to help them.

Statement twenty-three proves that fifty-nine out of ninety respondents disagree that old people are racialists.

Statement twenty-six shows us that fifty-three out of ninety respondents disagree that old people complain unnecessarily.

Statement twenty-seven points out that fifty-eight out of ninety respondents disagree that old people do not trust anyone coming in to help them.

Statement twenty-eight makes it clear that sixty-nine out of ninety respondents disagree that old people are abusive towards people that take care of them.

Statement thirty clarifies sixty-seven out of ninety respondents agree that old people become attached to their carers.

These results refute the findings of Sullivan in Nair (1987) that reactions to the elderly are often negative. This study has established that people are generally positive in their attitude towards the aged. This positive attitude can be attributed to the cultural heritage, religious teachings and personal experiences of our population show us that they have been taught to show reverence for their elders.

i)    Tradition

Four statements (2, 7, 12 and 13) were used to verify the belief held by some researchers that it is traditional for the aged to be taken care of in their own homes and communities. High scores for this aspect indicates that respondents believed

that it is traditional for the aged to be care for in their own communities and low scores indicate that they did not believe this to be the case.

Statement two points out that seventy-four out of ninety respondents agree that old people are needed in families to pass on customs and traditions.

Statement seven indicates that fifty-six out of ninety respondents disagree that you cannot expect your children to take care of you when you get old.

Statement twelve points out that seventy-one out of ninety respondents agree that old people often help with child rearing.

Statement thirteen helps us to understand that sixty-six out of ninety respondents agree that it is the duty of all children to take care of their aging parents.

The majority of respondents agree that old people should live in their own homes and that it is traditional to take care of ones aged.  An equal number of respondents felt that it is the duty of all children to take care of their aging parents and disagreed that old people preferred to live alone.  Respondents believed that old people were needed in families to perform certain functions such as child rearing and passing on customs and traditions.  Most respondents disagreed that that in present times one cannot expect one's children to take care of the aged.  These statements indicate clearly that old people are useful to have in the community.

The present study refutes the findings of Baum and Baum (1980) that modernity and industrialisation have wiped out the extended family.  Baum and Baum argue that previously old people lived in the homes of their children and were cared for until death, but nowadays they are left to fend for themselves.  Contrary to these findings the present study has found that the majority of the people still have strong traditional values and as such consider it their duty to care for their aged.

ii)     Family types and Relations

Six statements (11, 18, 19, 20, 21 and 25) were included to establish people's attitudes towards family types and relations.  High scores on this aspect indicate that traditional family forms are still seen to be predominant and also that respondents did not see old people as having a negative effect on family relations.

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Low scores on these aspect indicate a negative effect and that family values are declining.

Statement eleven clearly shows us that forty-eight out of ninety respondents disagreed that conflicts results when old folk move in with the family.

Statement eighteen indicates that fifty-seven out of ninety respondents agree that the joint family system is no longer predominant in our communities.

Statement nineteen points out that sixty out of ninety respondents disagree that aged parents should live as far away as possible from their children.

Statement twenty shows us that sixty-five out of ninety respondents agree that most families are now the single nuclear type.

Statement twenty-one proves that seventy-five out of ninety respondents agree that family relations are enhanced if older people live in the community.

Statement twenty-five enlightens us that forty-seven out of ninety respondents disagree that sharing ones home with an older person leads to loss of personal privacy.

The study indicates that the majority of respondents felt that the extended family system is no longer predominant and that most families are now the single nuclear type. Although the majority of respondents felt this way they disagreed that aged parents should live as far away as possible from their children. This indicates that even though family types are changing, people still want to be close to their aged parents.

The study also shows that the respondents were more or less evenly divided as to whether or not family relations are affected by the presence of old people. A majority of respondents agreed that family relations are enhanced if the aged live in the community. Statement twenty-five clearly indicates to us that respondents were evenly divided as to whether or not conflicts result when old folk move in with the family. Anderson in Nair claims that although there is some evidence of extended family system declining, it nevertheless still prevails. It is concluded that there seems to be indications that people are more positive than negative with regard to the effect which old people have on family relations.

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iii)   Financial Implications of Caring for the Aged

Five statements (10, 14, 15,17 and 24) were included to assess whether people's attitudes towards caring for the aged are influenced by financial considerations. High scores for aspect indicate that finances are not seen to be a problem in caring for the aged and low scores show that finance is a problem in caring for the aged. Statement ten indicates that sixty out of ninety respondents agree that caring for the aged does not cost any more than caring for a young person.

Statement fourteen shows us that seventy-nine out of ninety respondents agree that the government must get involved in caring for the aged in the community. Statement fifteen points out that sixty-three out of ninety respondents agree that it is the responsibility of churches and other religious organisations to take care of the aged. Statement seventeen indicates that sixty-eight out of ninety respondents agree that old people should be financially supported by their children. Statement twenty-four suggests that sixty-two out of ninety respondents agree that old people are quite capable of taking care of themselves if they are given the resources.

The study shows that respondents tended not to see the financial implications of caring for the aged as being a problem. The respondents did not feel that it is too costly to care for an old person and that it does not cost any more to care for an old person than it would cost to take care of a young person. Majority of respondents felt that old people should be supported by their children and they also felt that if the old person was given financial assistance they could live in the community with no problems. These results suggest that the financial implications of caring for the aged are not considered to be a problem.

iv)   Caring for the aged in the community.

Five statements (1, 3, 4, 8 and 29) were used to show whether it is viable for the aged person to be taken care of in the community. High scores on this aspect reflect a positive attitude towards caring for the aged in the community and low scores reflect a negative attitude.

Statement one proves that seventy-eight out of ninety respondents agreed that old people prefer to live in the community.

Statement three shows us that sixty-nine out of ninety respondents agreed that institutions cannot offer the emotional support that a family can.

Statement four indicates to us that fifty-nine out of ninety respondents disagree that it is depressing to have an old person in the house.

Statement eight points out that fifty-three out of ninety respondents agree that putting an old person in an institution takes away their independence and dignity.

Statement twenty-nine clarifies that seventy-four out of ninety respondents agree that old people should only go into an institution if the community has tried all other options.

The statements discussed above are indirect measures of people's attitude towards caring for the aged in the community. The findings reveal that the respondents were more inclined to be positive than negative in their attitudes. Majority of the respondents agreed that institutions cannot offer the emotional support that a family can and also that old people should only go into in institution as a last resort. Respondents did not feel that it is depressing to have and old person at home and it is not inconvenient to take care of the aged in the community.

On the basis of these findings it is concluded that generally most people are willing to take care of the aged in the home environment within their own communities. Some respondents were however looking at it from a practical point of view an as such admitted that caring for the aged leads to conflicts and financial problems. It is however clear from the findings of this study that that hypothesis – caring for the aged in the home environment is still prevalent in majority of families in Durban Unicity. The researcher is therefore of the opinion that families in Durban Unicity are willing to accept responsibility of caring for the aged in the community and they do not percieve any problems in doing so. They in fact see it as their moral obligation and duty to do so.

3.25.5 Theoretical Implications of the Research Study

This section discusses the theoretical implications of the findings in the terms of the three perspectives expanded on in Chapter Two.

i) The Abandonment Perspective

According to Nair (1987:108) It is often argued by the proponents of the abandonment perspective that being old in modern industrial societies amounts to a state of relative deprivation (disengagement theory). They assume that industrial societies have no use for older people who are then cast out against their will to suffer social isolation and despair (modernisation theory). This perspective also maintain that modernisation has wiped out the extended family and that old people are put into institutions if they can no longer care for themselves.

The findings of this study contradict the arguments of this perspective, in that they clearly indicate that the aged are still being useful and are needed in the communities to perform various functions. The fact the majority of respondents are prepared to accept the responsibility of caring for the aged suggests that the aged in our communities are unlikely to suffer the fate of being cast out against their wishes and will. The falling away of the extended family situation does not mean that it has been wiped out by modernisation.

ii) The Liberation Perspective

To a large extent, the liberation perspective seems plausible in explaining the findings of this study. Chetty in Nair claims that this school of thought sees old people as being active in the family in modern industrial societies and as having a status of relative privilege. The proponents of this perspective see the role of the aged as being that of grandparents and chroniclers and as such their being useful to their children.

The present study supports the liberation perspective in that the aged have been found to be useful in so far as the passing on of customs and traditions are concerned. More especially, the aged are seen as being needed for child-rearing. The researcher surmises that the latter finding can be related to the fact that in the

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past few decades there has been a marked increase in the employment of women in industry. As such the services of grandparents, in the caring for their grandchildren, have become invaluable. This perspective therefor assumes that old people do have family functions to perform and are very much part of the family in spite of their age.

iii)    The Diachronic Solidarity Perspective

This perspective on its own is inadequate in explaining this study but there are similarities between this perspective and the manner in which, communities and families operate with regard to the aged. According to Nair (1987) this perspective is derived from the way in which most industrial societies finance social security, that is social security is earned by the young at work but is allocated to the elderly who are no longer working. The idea that for the young to provide for the elderly, in the expectation that they will provide for in turn upon their entry into old age. The extended family is a perfect example of diachronic solidarity, as it provides an unbroken chain of obligations between the generations through all times. In a situation such as this, each generation can expect to receive from its elders that which they, in turn, will pass on to their children. However the major shortcoming of this perspective in so far as explaining the care of the aged in the community is concerned, is that it considers intergenerational loyalties and duties as financial obligations instead of traditional and moral obligations.

## 3.26 Conclusion

According to Black (1990:10-110) the realisation that we are getting old comes as a shock! Most of us often go through life unaware of our slow age; inwardly we somehow visualize ourselves as eternally eighteen or twenty-one, even though the stairs seem a little step now, and the newsprint not as clear as it used to be. The discovery of ageing usually occurs as a result of some experience. It may be the marriage of our children or our becoming a grandparent. It takes a special kind of experience to jolt us we then become upset. Ageing is a continuous and normal part of life. Everyone gets older and sooner or later reaches a point in life when work is either no longer desired or no longer possible.

Old age is often described as a season of loss and depressive reaction. Kermis as cited (in de Bruyn, 1986:213-214) states that research indicated that old people could better tolerate the loss of loved objects and prestige than a decline in health. Physical disability leads to mobility disruptions, which increase social isolation. Isolated people lose self-esteem and if they also feel ill or are in pain, develop depression.

According to O'Brien (as cited in Kruger 1986:22-23) it became clear from an analysis of services that a community care can offer the aged person security on the physical plane and spiritual satisfaction on the social plane. As a human being it can improve his self image to such an extent that he can once again discover existing and sometimes new faculties to utilize towards a respectable and independent as long as possible.

Community care lightens the burden on the family caring for the aged and protects the aged from abuse and harm during the day when no one is home. Throughout South Africa there exists long waiting lists for institutional care. The main reason for this is inadequate community facilities. Community care helps the aged to live an independent life as long as possible outside the institutional context. This is also the policy of Tafta, to enable the aged to live within the community as long as is possible. They strive to maintain the aged within the community by assisting in providing the aged with facilities to further their independence.

Hofmeyer (1989) points that the total South African elderly population is expected to quadruple from 1.5million to 6 million in the next few decades. Trends in other developed communities (USA) indicate there will be an unprecedented disproportionate growth in the "very old" population group. Thus, indications are that in South Africa the care for the aged will become a priority both now and in the future. The Shepherds Center in America and Tafta in South Africa both aim at meeting the needs of the elderly. Matter where in the world we live there are the aged around us, and that they need community care and counseling. Tafta is a welfare organization dedicated to the alleviation of distress and the promotion of the welfare and happiness of aged persons living in the Durban area. It is Tafta's policy to do the greatest possible good for the greatest number with no thought of who deserves help but only of who needs help.

Tafta's basic aim is to encourage the elderly to live as independent members of the community in their own homes for as long as possible.

Droskie concludes that the older persons rights to independence should not blind us to their right to be dependent, in other words, to be supported by others. It has been accepted that older persons are an important national resource, which is not being fully utilised and that they should be afforded the opportunity to contribute their skills, talents and experience to the process of national development. At present South Africa has reached a developmental stage where communities are accepting as their responsibilities the welfare of the aged living in there are. The formation of a special committee on health matters for the aged, under the auspices of the Department of Health and Welfare has been a major step in trying to find solutions to the health problems of the aging population in South Africa.

Lund and Madlala (1993 : 24-27) point out that care givers are in an ideal position not only to care for the physical needs of the older people in their care, but also to contribute to their mental well-being. They are in constant and close contact with older people and know more about their dreams and worries than most people. In their attitudes towards older people, community care can set an example for the entire community. Above all community workers have shown that they are concerned about the dignity and happiness of the elderly in the community. Dignity and happiness in old age is all about being active as well as resting, being allowed to be an adult as well as a "child" and remaining as independent as possible while feeling comfortable and secure. They are also in an excellent position to promote the right attitudes toward the elderly. They must have attitudes, which will allow the elderly to grow old as happy and dignified people. In this way, community workers can provide role models for all members of the community to follow.

McDonald (1999:241) claims that community care cannot be described in terms of one system despite common ideological roots and a single legislative framework. Historical antecedents, demographic issues and the diverse concerns of professionals and service users have influenced the development of services for older people. The knowledge base

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of community care has become so large that a return from specialisation to genericism in the delivery of services is probably unrealistic. The major infrastructure issues however have commonalties. The provision of social care cannot be isolated from health care, housing and financial support. In all these areas major change has to take place, emphasising both the split between purchasers and providers of services, and in its wake, the new mixed economy of public and independent sector provision. Support from informal carers has been a basic tenet upon which community care has been built. This has however, been provided by families rather than communities. Individualism remains the basic model of service provision in community care.

At the structural level the strength of community care has been that it has allowed strategic planning to take place, often on an inter-agency basis. The requirements in number 46 of the National Health Service and Community Care Act of 1990 which states that local authorities should produce community care plans, has required agencies to be explicit about what services they can provide. What services is the responsibility of other agencies and their criteria for assessing services according to different levels of need.

McDonald asserts that an assessment of need is the gateway to service provision, but 'need' in itself is a term with a shifting meaning according to changing political and economic circumstances. Service planning must also be responsive to needs, which may not have previously been well articulated. The needs of carers, for example, have only recently found legislative expression in the Carers (Recognition and Services) Act 1995 which gives those who provide a substantial amount of care n a regular basis a right to an assessment of their needs separate from that of the service user. The appropriateness of traditional service provision also needs to be evaluated. Services for black communities, for example are need of fundamental reappraisal. The importance of fine-tuning mainstream services as well as making specialist provision has emphasised the 'ordinary life' principles of community care as integration within living and working communities. In fundamental sense community care was intended to achieve the ending of separate and segregated provision, and the enhancement instead of people's ability to live and develop within their own communities.

# Chapter Four

# Conclusion

## 4.0    Introduction

Kimble (in Clements 1981:209-211) comments that any examination of ministry and aging evokes both surprise at what the church has done and disappointment and dismay at what it has left undone. Clearly the church is called to speak the word of God and to provide a vision of society in which there is justice for the aged. Participation in the political realm on behalf of the aged can easily be seen as part of the Christian's vocation and response. There is, in fact, a special urgency for Christians to be involved in any constructive change of public attitudes and values about aging and the aged. The social statements of many of the denominations underscore the importance of understanding the church as a prophetic community and as an advocate for the elderly. The responsibility of the institutional church to be a caring community and an agent of positive change can best be carried out through the local congregation. The church is emerging as natural context for a rich and variegated ministry with the aged. Pastors are obviously in a strategic position to respond to developmental changes and life-cycle crises of the aged and their families. Pastors also have a unique opportunity to be facilitators and enablers of congregational programs involving the entire community.

Unfortunately pastors are sometimes ill equipped or apathetic in responding to opportunities for individual and congregational ministering. Their inadequacy appears to be rooted, in part in the pastors' own attitudes and anxieties about the aging process, a problem shared with most people in our society. Only recently have seminaries considered adding courses that have the aged as their primary focus. For many old people, happiness or otherwise in the later years of their lives depends on the attitudes of adult individuals concerning them. In some instances the elderly are honoured as sages and leaders, while in others they are left along the trail to starve or die of exposure. The place of the aged in the community in industrial societies is also a subject of controversy. The modern family is viewed by certain gerontologists as having evolved in a direction that is highly disadvantageous to older people.

In most industrialized countries the aged are increasingly forced to turn to the Government for assistance, since families perceive them as being a burden and no longer consider it their responsibility to care for them. As a result, it is commonly believed that old people are alienated from their children and that families are unwilling to care for their aged. A review of literature, such as those mentioned above, suggests a sense of gloom and hopelessness with regard to the future of the aged. This chapter offers some concluding remarks on the major findings of the study. Since most of the important points have already been summarised at the end of each chapter, this section of the research has been kept brief. A conclusion is first provided, followed by recommendations emanating from the conclusion. Future research areas are then explored and the chapter ends with a summary.

## 4.1    Value of the Research

Since Service Centres form an integral part of the formal resource system of Tafta the data gained would indicate whether the service centre is a community based support service, which has been fulfilling its objectives successfully. The mission of the Association is to retain the aged within the community, wherever possible. If the service centre is not fulfilling its objectives successfully and requires improvement and are improved, then the needs of the aged would be better attended to within the community.

Student will do an evaluation on this in the next year of study. Further studies would be useful in evaluating the present programme offered at the service centre with the aim of implementing new programmes to address the needs of the aged. The findings would be useful in assisting the social worker at the service centre, as well as the other social workers at the Association in evaluating their professional skills and abilities in developing programmes at the service centre. The findings will also serve useful in comparing the needs of the aged to the aims and objectives of their service centre.

## 4.2    Conclusion

According to Black (1990:10-11) the realisation that we are getting older often comes as a shock! Most of us often go through life unaware of our slow ageing; inwardly we somehow visualize ourselves as eternally eighteen or twenty-one, even though the stairs

seem a little steep now, and the newsprint not as clear as it used to be. The discovery of ageing usually occurs as a result of some experience! It may be the marriage of our children or becoming a grandparent. It takes a special kind of experience to jolt us. Then, we become upset. Ageing is a continuous and normal part of life. Everyone gets older and sooner or later reaches a point in life when work is either no longer desired or no longer possible. Old age is often described as a season of loss and depressive reaction. Kermis (in de Bruyn, 1986: 213-214) states that research indicated that old people can better tolerate the loss of loved objects and prestige than a decline in health. Physical disability leads to mobility disruptions, which increase social isolation. Isolated people lose self-esteem and if they feel ill or are in pain, they develop depression.

The result of this is that self-image of the aged person becomes a stumbling block for him in his self attainment which eventually manifests itself in withdrawal, loneliness, negligence and uselessness. A service centre can play an important role in the upliftment of the self-image of the aged. According to O'Brein (in Kruger, 1986:22-23) it became clear from an analysis of the services, that a service centre can offer the aged person security on the physical plane and spiritual satisfaction on the social plane. As a human being it can improve his self image to such an extent that he can once again discover existing and sometimes new faculties to utilize towards a respectable and independent life as long as possible.

The service centre or church lightens the burden on the family caring for the aged. The service protects the aged from abuse and harm during the day when no one is at home. Throughout South Africa, there exists, long, waiting lists for institutional care. It is therefore evident that the main reason is inadequate community facilities. The service centre helps the aged live an independent life as long as possible outside the institutional context. This is also a policy of Tafta, to enable the aged to live independently within the community for as long as possible. They strive to maintain the aged within the community by assisting in providing them with facilities to further their independence. It can therefore be concluded that community care aims at enabling the elderly to maintain an independent life within the community they live.

The results of this study leads the researcher to support the contention of Meer in Nair that there will always be at least one child left to care for the aged in our community. The researcher contends that one of the main reasons for this continuing loyalty to their aged, may be attributed to the strong traditional values that most people still appear to hold. Scoombee (1986) argues in the same direction. He maintains that although many communities live in areas where westernisation and its concomitant forces such as urbanisation, secularisation, and industrialisation are particularly strong, the South African community generally still considers the traditional family to be an important social institution.

The researcher therefore concludes that notwithstanding the gradual decline of the extended family system, the aged can count on their families and the community for care and support. As clearly indicated in this study the majority of respondents have indicated a willingness to accept responsibility of caring for their aged who do not perceive any major social problem in doing so.

## 4.3  Recommendations

The empirical findings of the study have important implications for those responsible for the provision of facilities for the aged. Although the study has shown that some individuals are willing to care for the aged in the community, there are nevertheless indications that point to a decline of the extended family system. Planners and policy makers should take cognizance of this fact and plan alternative types of accommodation for the aged, should they be required in the future.

Ferriera (1984) asserts that the general policy with regard to the care of the aged in most western societies is to de-emphasize the institutionalization of the elderly in homes for the aged, in favour of assisting them to continue living independently in the community. The empirical findings of this study appear to lend considerable support to this policy. Respondents were inclined to be somewhat negative in their attitudes towards old age homes per se, but agreed that specialized care is at times required for the frail. Further, the majority of those who were interviewed favoured the idea of Government subsidised flats or cottages and special 'granny flats' as alternative types of accommodation for the

aged. As such, it is recommended that policy makers consider these options when planning for the aged in the future.

Nair (1987) maintains that those families who take care of their aged should be given some sort of financial assistance, if needed. In this respect, the researcher suggests that the government could provide assistance where needed in the form of grants and or subsidies to those families who undertake the responsibility of caring for their aged. The main focus of this study was directed at caring for the aged in the community and attitudes of carers towards accepting this responsibility. Future research in this field should also concentrate on he following:-

i)    The attitude of the aged towards old age homes as an alternative type of accommodation and the circumstances under which they would consider moving into such accommodation. The present study has shown that the respondents are inclined to be somewhat negative in their attitudes towards old age homes as alternative accommodation for the aged. The feelings of the aged themselves with regard to this issue are not known.

ii)   An in-depth assessment of the financial implication of caring for the aged in the community. This study has merely touched on the issue of finances; in in-depth study is required to ascertain the implications of caring for the aged in the community.

iii)  A closer study of the effects which old people have on interpersonal family relations in extended family structures. This issue was superficially examined and should be dealt with in greater detail.

iv)   An evaluation of the facilities available to the aged and the extent to which they adequately meet the needs of the aged. During the discussion of the literature survey for this study, mention was made of the fact that the aged have certain basic needs in order to ensure a reasonable quality of life. An analysis of these needs should be made with the intention of improving existing and providing new facilities for the aged.

## 4.4 Summary

It is necessary to regard community service as an important element of any organisation or association for the aged. Community care form an integral part of our formal resource systems and community based supportive service, is aimed at maintaining the independence of the elderly. If the elderly remain independent within their community and maintain social ties as long as possible, their longevity and overall well being benefit. The early Church not only provided the elderly with material assistance, but also offered them an important role in the community. The importance of the elderly in the Early Church is in itself a mark of respect. Early Christian writings show that the elderly were at the top of the pyramid of society, which has fallen away in our communities today.

The church of today must actively respond to the challenges of basic Christian affirmations as they relate to the elderly. If the Church is truly to be an agent of God's grace. If it is to proclaim the good news of God's unconditional love and manifest itself as a caring community, then it must join together with all persons of goodwill to advocate justice for the elderly by means of just laws justly enforced.

The present study was undertaken to ascertain and analyse the contemporary attitudes of adults in the Durban Unicity area towards the aged in general and more specifically towards the caring of the aged in the community or the home environment. The study was carried out in three phases namely: -

i)      A literature study

ii)     Informal interviews with professional social workers in the field informal interviews with a professional nurse in charge of the Home Help Department care in Tafta

iii)    A full-scale empirical investigation of the attitudes of aged within the study area.

An interview schedule was constructed based on the informal interviews with the social workers and the relevant literature pertaining to the study. This schedule was used as the method of data collection for the empirical survey. A pilot study was carried out in which the interview schedule was pre-tested for shortcomings.

The simple random sampling technique was used to select ninety respondents which was the required number to ensure that a 95% confidence level at a 5% margin of tolerated error was attained. Once fieldwork was completed, the data was processed with the aid of a computer using a coding means as the main measure of central tendency in the analysis of the data. The majority of the respondents were positive in their attitudes towards old people in general and in their willingness to care for the aged in the community, they did not perceive any problems in this regard. These attitudes were in no way affected by socio-economic determinants such as gender, age, marital status, and religion, education or household income. Respondents were more included to favour Government subsidised houses and cottages and "granny flats" rather than old age homes as alternative type of accommodation for the aged. The findings were explained in terms of the liberation perspective, which sees old people as having important roles to perform in the community.

It must be concluded that despite indications that point to gradual change in the family structures, people are still willing to care for their aged and perceive no real problems in doing so. It is inferred that this can be due to the strong traditional and cultural values that most adults appear to hold.

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# Appendix I

## Unstructured Interview Schedule

Name: _____

Occupation:_____

Educational Qualification: _____

---

1.      Extent of involvement with the aged in the community.

1.1     Length of involvement

1.2     Capacity of involvement


2.      Basic problems concerning the aged in the community

2.1     Discussion

2.2     Suggestion


3.      Basic needs of the aged in the community.

3.1     Discussion on facilities that exist and facilities that are needed


4.      Respondents attitude towards caring for the aged in the home environment

4.1     Advantages

4.2     Disadvantages

4.3     Alternatives


5.      Family Structures

5.1     Discussion on how the family structures have changed from the traditional (the extended family) to the present day modern structures (the nuclear family).

5.2     The role of the extended family and its place in current South African society.


6.      General

6.1     Other valid points that the respondent could contribute related to the study.

6.2     Suggestion and comments on the proposed study.

# Appendix II

## Letter of Motivation for the Questionnaire

| University of<br>Kwa Zulu Natal | PRIVATE BAG X54001   DURBAN<br>4000   SOUTH AFRICA<br>TELEGRAMS: 'UDWEST'<br>TELEX: 6-23228 SA<br>FAX:  (031) 204-4383<br>PHONE: (031) 2044111 |
|---|---|

20 Raven Place

Lotus Park

Isipingo

4110

Dear Sir/Madam

This study is being carried out to determine whether there is a need for Community Care for the Aged in Durban Unicity. This study is also one to ascertain how the aged individuals feel about being cared for in their own home environment.

Since it is not possible to interview every single person in the community of Durban, respondents are chosen randomly. Therefore your attitudes are of vital importance to this study. The information that you provide will be treated as strictly confidential and will be used only for scientific research purposes. Your name will not be used anywhere in the questionnaire.

Please read the following questions carefully before answering. Also tick the appropriate square relating to the statements. Thank you for your co-operation.

Yours sincerely

_____

P. GOVENDER

RESEARCHER

# Appendix III

## Questionnaire

### 1.    Screening Questions

1.1    How old are you? _____

1.2    What is your gender? _____

1.3    What is your marital status? _____

1.4    What is your religion? _____

1.5    Do you go out to a paid employment? _____

1.6    What is your household income? _____

1.7    Do you live alone or with family? _____

1.8    Do you feel that this is a good thing? _____

1.9    Why do you feel this way? _____

1.10   Do you have a large or extended family? _____

1.11   Is it a good thing to have a large or extended family? _____

1.12   How would you relate your relationship with your family? _____

1.13   Are there many old people living in your community? _____

1.14   Do you think that there is a need for community care for the aged in your area? _____

1.15   What types of services do you think is necessary? _____

1.16   Is it good for old people to live in the community? _____

1.17   Why do you say so? _____

1.18   Is there any clubs for the old people in your community? _____

1.19   What types of clubs are they? _____

1.20   Is having clubs especially for old people a good idea? _____

1.21   Why do you say so? _____

1.22   Does your local library have any information that might be useful to the aged? _____

1.23   If not what kind of information or reading material would you like? _____

1.24   Are there any recreational centres in your community? _____

1.25   Do they provide any special facilities for the aged in the area? _____

1.26   Would you like to move from you present home? _____

1.27   If yes, why would you like to move? _____

1.28   Did you speak to anybody in your area regarding the care of the aged? _____

## 2. General Questions Regarding the Aged

2.1 Old people prefer to live in the community.

☐ I strongly agree ☐ I agree ☐ I disagree ☐ I strongly disagree

2.2 Old people are needed in families to pass on customs and traditions.

☐ I strongly agree ☐ I agree ☐ I disagree ☐ I strongly disagree

2.3 Institutions cannot offer the emotional support that a family can.

☐ I strongly agree ☐ I agree ☐ I disagree ☐ I strongly disagree

2.4 It is depressing to have an old person in the house.

☐ I strongly agree ☐ I agree ☐ I disagree ☐ I strongly disagree

2.5 Old people are grateful for the help that they get from families and other organisations.

☐ I strongly agree ☐ I agree ☐ I disagree ☐ I strongly disagree

2.6 Old people are a burden to the community.

☐ I strongly agree ☐ I agree ☐ I disagree ☐ I strongly disagree

2.7 In present times you cannot expect your children to take care of you when you get old.

☐ I strongly agree ☐ I agree ☐ I disagree ☐ I strongly disagree

2.8 Putting an old person in an institution takes away their independence and dignity.

☐ I strongly agree ☐ I agree ☐ I disagree ☐ I strongly disagree

2.9 Old people are useful to have in the community.

☐ I strongly agree ☐ I agree ☐ I disagree ☐ I strongly disagree

2.10 Caring for an old person does not cost any more than caring for a young person.

☐ I strongly agree ☐ I agree ☐ I disagree ☐ I strongly disagree

2.11 Conflicts result when old folks move in with family.

☐ I strongly agree ☐ I agree ☐ I disagree ☐ I strongly disagree

2.12 Older persons in the family often help with child rearing.

☐ I strongly agree ☐ I agree ☐ I disagree ☐ I strongly disagree

2.13 It is the duty of all children to take care of their aging parents.

☐ I strongly agree ☐ I agree ☐ I disagree ☐ I strongly disagree

2.14 It is important that the government be involved in caring for the aged in the community.

☐ I strongly agree ☐ I agree ☐ I disagree ☐ I strongly disagree

2.15 It is the responsibility of churches and other religious organisations to take care aged.

☐ I strongly agree ☐ I agree ☐ I disagree ☐ I strongly disagree

2.16   If old people live alone they feel alienated.

☐ I strongly agree   ☐ I agree   ☐ I disagree   ☐ I strongly disagree

2.17   Old people should be financially supported by their children.

☐ I strongly agree   ☐ I agree   ☐ I disagree   ☐ I strongly disagree

2.18   The joint extended family system is no longer predominant in our communities.

☐ I strongly agree   ☐ I agree   ☐ I disagree   ☐ I strongly disagree

2.19   Aged parents should live as far away as possible from their children.

☐ I strongly agree   ☐ I agree   ☐ I disagree   ☐ I strongly disagree

2.20   Most families are now the single nuclear type.

☐ I strongly agree   ☐ I agree   ☐ I disagree   ☐ I strongly disagree

2.21   Family relations are enhanced if older people live in the community.

☐ I strongly agree   ☐ I agree   ☐ I disagree   ☐ I strongly disagree

2.22   Old people are very rude to people that come to help them.

☐ I strongly agree   ☐ I agree   ☐ I disagree   ☐ I strongly disagree

2.23   Old people are very racialist.

☐ I strongly agree   ☐ I agree   ☐ I disagree   ☐ I strongly disagree

2.24   Given the resources old people are quite capable of caring for themselves.

☐ I strongly agree   ☐ I agree   ☐ I disagree   ☐ I strongly disagree

2.25   Sharing one's home with an old person leads to loss of personal privacy.

☐ I strongly agree   ☐ I agree   ☐ I disagree   ☐ I strongly disagree

2.26   Old people complain unnecessarily

☐ I strongly agree   ☐ I agree   ☐ I disagree   ☐ I strongly disagree

2.27   Old people do not trust anyone coming in to help them.

☐ I strongly agree   ☐ I agree   ☐ I disagree   ☐ I strongly disagree

2.28   Old people are abusive towards people that take care of them.

☐ I strongly agree   ☐ I agree   ☐ I disagree   ☐ I strongly disagree

2.29   Old people should only go into an institution if the community has tried all other options.

☐ I strongly agree   ☐ I agree   ☐ I disagree   ☐ I strongly disagree

2.30   Old people become attached to their carers.

☐ I strongly agree   ☐ I agree   ☐ I disagree   ☐ I strongly disagree

I once again assure you that the information you have provided above will be kept confidential and will be used only for scientific research purposes.

Thank you for your assistance with this questionnaire.

# Appendix IV

## Value of the Aged

## What Do You See Nurse?

William (1991:241) states that according to the Health Service Journal Kate, the writer of this poem was unable to speak, but was occasionally seen to write. After her death, her locker was emptied and this poem was found.

What do you see, nurses, what do you see?

Are you thinking, when you are looking at me;

A crabbit old woman, not very wise,

Uncertain of habbit, with far away eyes,

Who dribbles her food and makes no reply

When you say in a loud voice "I do wish you would try"

Who seems not to notice the things that you do,

And is forever losing a stocking or shoe,

Who unresisting or not, lets you do as you will

With bathing and feeding the long day to fill.

Is that what you are thinking, is that what you see?

Then open your eyes, nurse. You are not looking at me.

As I tell you who I am, as I sit here so still,

As I rise to your bidding, as I eat at your will.

I am a small child of ten, with a mother and a father,

Brothers and sisters, who love one another.

A young girl of sixteen, with wings on her feet,

Dreaming that soon now, a lover she'll meet.

A bride soon of twenty; my heart gives a leap,

Remembering the vows that I promised to keep;

At twenty-five now I have young one of my own,

Who need me to build a secure, happy home.

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A young woman of thirty, my young now grow fast,

Bound to each other with ties that should last.

At forty, my young ones, now grown, will soon be gone,

But my man stays beside me, to see I do not mourn.

At fifty once more, babies play around my knee.

Again we know children, my loved one and me.


Dark days are upon me my husband is dead.

I look at the future and shudder with dread,

For my young are all busy rearing young of their own,

I think of the years and the love that I have known.

I am an old woman now, and nature is cruel.

It is her jest to old age to look like a fool.

The body is crumbled, grace and vigour departs.

There is now a stone where I once had a heart.

But inside this old carcass, a young girl still dwells,

And now and again my battered heart swells.

I remember the joys I remember the pain,

And I am loving and living life over again

I think of the years, all too few, gone too fast.

And accept the stark fact that nothing can last.

So open your eyes, nurses, open and see

Not a crabbit old woman, look closer ...see ME

### What Are Seniors Worth

Did you know that old folk are worth a fortune?

Silver in their hair, gold in their teeth, stones in their kidneys, lead in their feet and gas in their stomachs.

I've become a little older since I last saw you. A few changes have come into my life.

Frankly, I've become a frivolous old girl. I'm seeing five gentlemen everyday.

As soon as I wake up Will Power helps me out of bed.

Then I visit John. Next it's time for Mr Kellog, followed by the refreshing company of Mr Tetley or my other friend I just call by his initial P.G. Then comes someone I don't really like, Arthur Ritis. He knows he's not welcome but insists and what is more, he stays for the rest of the day.

He doesn't stay in one place at a time, so he takes me from joint to joint.

After such a busy day, I'm really tired and glad to go to be with Johnny Walker.

What a life! Oh yes, I'm also flirting with Al Zeimer.

The minister called the other day and said at my age I should be thinking of the hereafter.

I told him, "Oh, I do all the time. No matter where I am, in the bedroom, kitchen, sitting room or even in the garden, I stop and ask myself, now what am I here after?"


## OLD IS WHEN

'OLD' IS WHEN... your sweetie says, "let's go upstairs and make love,"
      and your answer is "honey I can't do both."

'OLD' IS WHEN...Your friends compliment you on your new alligator shoes
      and you are barefoot.

'OLD' IS WHEN...A sexy babe catches your fancy and your pacemaker
      opens the garage door.

'OLD' IS WHEN...Going bra-less pulls all the wrinkles out of your face.
      forever is losing a stocking or shoe,

'OLD' IS WHEN... You don't care where your spouse goes, as long as you don't have to.

'OLD' IS WHEN...You are cautioned to slow down by the doctor instead of the police.

'OLD' IS WHEN...Getting a little action means I don't need to take any fiber today.

'OLD' IS WHEN...Getting lucky means you can find your car in the parking lot.

'OLD' IS WHEN...An "all nighter" means not getting up to go to the loo.

# Appendix V

## Other Community Care Organisations

1.  Anerley Haven
    Ocean Drive
    Anerley
    4230
    Phone: 039 6812261

2.  Clayton Gardens Home for the Aged
    189 Clayton Road
    Sydenham
    4091
    Phone: 031 2087122

3.  Darul - Yatama
    301 Randles Road
    Sydenham
    Phone: 2098720

4.  Daynand Garden Home
    80 Arena Park Drive
    Chatsworth
    Phone: 031 4049523

5.  Ekuhlengeni Care Centre
    Old South Coast Road
    Umbogintwini
    Phone: 130 9051342

6.  Elim Residential House
    14 Grandmore Road
    Stanmore
    Phoenix
    Phone: 031 5024199

7.  Haven of Rest
    83 Hospital Hill Road
    Tongaat
    Phone: 0329450118

8.  Helen Gibling Gardens
    Burman Drive
    Durban
    4001
    Phone: 031 3128272

9.  Hibiscus Retirement Village of Happiness
    North Drive
    Margate
    Phone: 039 3173511

10. Highway Aged
    90 Crompton Street
    Pinetown
    3610
    Phone: 031 7015571

11. Jabulani

    Sutton Lane

    Warner Beach

    4125

    Phone: 031 9161231


12. Kloof Rest Home

    40 Aberlia Road

    Kloof

    3610

    Phone: 031 7643121


13. Kwa Mashu Christian Care Society

    P41 Mkhiwane Road

    Kwa Mashu

    Phone: 031 5034434


14. Mooi Havens

    31 Middleton Road

    Winkelspruit

    4145

    Phone: 031 9162412


15. Natal Settlers Memorial omes

    Cnr Hutchinson and Selborne Road

    Durban

    Phone: 0312051351

16. Nazereth House
    82 South Ridge Road
    Durban
    4001
    Phone: 031 2612207

17. Poinsettia Park
    612 Kingsway
    Amanzimtoti
    Phone: 031 9042079

18. St Martins Village
    51 St Theresa Road
    Sydenham
    Phone: 031 2085045

19. Tafta (The Association for the Aged)
    Kings Hall
    80 Aliwal Street
    Durban
    Phone: 031 3323721

20. Verulam Frail Care
    100 Todd Street
    Verulam
    Phone: 0325337538

21.   Westsun Home for the Aged
      395 Road 706
      Montford
      Chatsworth
      4092
      Phone: 031 4049526

22.   Westville Homes for Senior Citizens
      7 Queen Elizabeth Drive
      Westville
      3630
      Phone: 03102672091

23.   Umlazi Christian Care
      433 W Section
      Umlazi
      Phone: 031 9069141

24.   Zuland Home for the Aged
      P.O.Box 13
      Eshowe
      3815
      Phone: 035 4742402