

DETERMINATION OF NEEDS OF BLACK AGED PERSONS IN PORT ELIZABETH: DIRECTION FOR FUTURE INTERVENTIONS

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ABSTRACT

Social, economic and health care needs of elderly black persons in Port Elizabeth and areas in its immediate vicinity are investigated. Conclusions are drawn from a sample study of 301 elderly people. The investigation reveals that the majority of pensioners are women, their educational standard is below standard 10, and they have little vocational or specialized training. A high proportion (86%) of them are breadwinners and therefore they are unwilling to reside in institutions. Recreational facilities are inadequate. Pension payout points are overcrowded and disorganized. Also health care services are inaccessible to most elderly people. In view of these findings, a community-based approach to care for the elderly is recommended. The approach should promote social interaction among elderly through establishment of luncheon clubs and service centres and well-being of all elderly through geriatric clinics as well as home care services for the infirm. This entails an intersectorial collaboration, with the elderly being fully involved and participating. Considering the exponential growth of the elderly population in South Africa, it is imperative that the government and other organizations should take cognizance of studies of this nature when making future decisions as regards the care of this group.

OPSOMMING

Die sosiale, ekonomiese en gesondheidsbehoefte van bejaarde swart persone in Port Elizabeth en die omliggende gebiede word ondersoek. Gevolgtrekkings word gemaak na aanleiding van 'n proefstudie van 301 bejaardes. Uit die ondersoek blyk dit dat die meerderheid van pensioenarisse vroulik is, dat hul opvoedkundige vlak onder standerd 10 is en dat hulle weinig beroeps- of gespesialiseerde opleiding het. 'n Hoe persentasie (86%) van hulle is broodwinners en hulle is dus onwillig om in inrigtings te woon. Ontspanningsgeriewe is te onvoldoende. Pensioen-uitbetalingspunte is ooroorvol en gedesorganiseer. Gesondheidsdienste is ook onbereikbaar vir die meeste bejaardes. In die lig van hierdie bevindings word 'n gemeenskapsgebaseerde benadering tot die sorg van bejaardes voorgestel. Hierdie benadering behoort sosiale interaksie tussen die aktiewe bejaardes te bevorder deur die stigting van eetklubs en dienssentrums asook die welsyn van bejaardes deur geriatryse klinieke en tuissorgdienste vir swak bejaardes. Dit behels 'n intersektorale samewerking wat die volle betrokkenheid en deelname van bejaardes insluit. Wanneer die eksponensiale groei van die bejaardes bevolking in SA in aanmerking geneem word, is dit uiters belangrik dat die regering en ander organisasies kennis moet neem van hierdie en ander soortgelyke studies wanneer toekomstige besluite m.b.t. die sorg vir bejaardes geneem word.

(W.H.O., 1974 & Holmes, 1983). These factors point to an inevitable situation in the near future that a larger elderly population may become dependent upon a smaller proportion of breadwinners. The problem is compounded by the fact that, in the past, the South African government did not cater for the needs of the black elderly. Black people were regarded as temporary sojourners for the purpose of employment after which they would return to the rural areas to retire.

The breakdown of the extended family system as well as the traditional rural lifestyle, due to modernization and rural to urban migration, have compelled most of the elderly to reside permanently in urban areas (Holmes, 1983, Hildebrandt, 1992, Ferreira et al, 1993 & Wessels, 1984). This has created an extra burden on the government and other organizations with regard to provision of essential services which include housing, sanitation and recreational facilities as well as health care.

For these provisions to be effectively planned and provided, it is necessary to determine the needs of the elderly and ensure that they are involved and are fully participating in existing and future community-based developmental projects. In this way, the elderly population will become part and parcel of the community, rather than a burden. Consequently they will be empowered to be active participants. This approach will dispel the prevalent notion that elderly people are passive and frail (O'Brien & Gillis, 1993).

This study aims to address the above concerns and was inspired by an exploratory survey conducted in Port Elizabeth in April to May 1988 by the researcher. An interview and a questionnaire involving a small sample of elderly persons indicated social and economic hardships they encountered which resulted in ill health. Subsequently, in July to August 1990 a more comprehensive research project was conducted. Port Elizabeth was again chosen. The town is one of many urban areas in South Africa with a significant proportion of black elderly in its population. The objectives of the study were to:

- determine the social, economic and health care needs of the black aged persons in Port Elizabeth

INTRODUCTION

In 1980, elderly persons (men and women older than 65 and 60 years, respectively) comprised approximately 3.78% of South Africa's population (Van Rensburg, 1984). It has been projected that by the year 2015, this proportion will increase to over 5% of which about two thirds will be black (black is defined here in terms of the South African Population Registration Act of 1950 (Act No. 30). A

recent report of the Central Statistical Services (1991) indicated that the elderly population (60+ years old) comprise 4.3% of the total South African population. Of these, 55.4% are blacks (Table 1). The population is "increasing exponentially with time" (Hofmeyr and Mostert, 1989). Proposed improvements in standard of living and lifestyle, modern medicine and improved health care facilities will further contribute to a higher proportion of elderly people in society

TABLE Numbers (1 000a) of persons aged 60+ in six age groups, by population group.

Age Group (years)	Total population (60+)	Blacks	Coloureds	Indians	Whites
60-64	683	405	60	23	194
65-69	494	274	44	15	160
70-74	406	235	31	10	130
75-79	211	93	19	5	94
80-84	135	64	11	2	59
85+	85	45	7	1	32
TOTAL	2 014	1 115	172	57	669

Source: Central Statistics Services, Port Elizabeth, 1991.

Random sampling was carried out at pension pay points which included Santa and Empilweni hospitals, New Brighton, Kwazakhele, Zwide and farms (Walmer/Seaview and Greenbushes). Every tenth black elderly person who complied with the criterion of 60 years and above for females and 65 years for males was selected at the pension pay points. Sampling was carried out during the sixteen days the pension was paid out. Twenty (20) subjects were chosen each day. The total was 320 subjects. Of these, nineteen subjects were lost during interviews due to reasons stated in a subsequent paragraph. The remaining 301 constituted the sample. Five trained home nursing auxiliaries assisted the researcher to collect the data. The questionnaires were delivered to those elderly people who could write and read English, and were collected after completion. The interview schedule was used to collect data from the elderly people who could neither read nor write English.

The study had limitations in that there were no separate registers for pensioners. It was difficult at times to determine exact ages. It was also problematic to distinguish, among the total percentage of the aged population receiving pension, those who were bedridden, or disabled and those receiving pension through the bank. In addition, the survey was carried out just after the period of severe unrest in Port Elizabeth. At that time, house numbers were erased and the elderly people were unsympathetic and unco-operative to anybody coming "from the regime" to ask them questions. Consequently, some elderly people were unwilling to give responses on some aspects with which they felt uncomfortable. Nonetheless, 301 of them responded.

RESULTS

Marital Status, Sex and Age Distribution

Of respondents 48.1% were married, 40.7% widowed and the remainder (7.1%) single, divorced or separated. The survey also indicated that 33.4% were between the ages of 65 and 69 years, 27% between 60 and 64 years. Three elderly persons were aged 100 years and

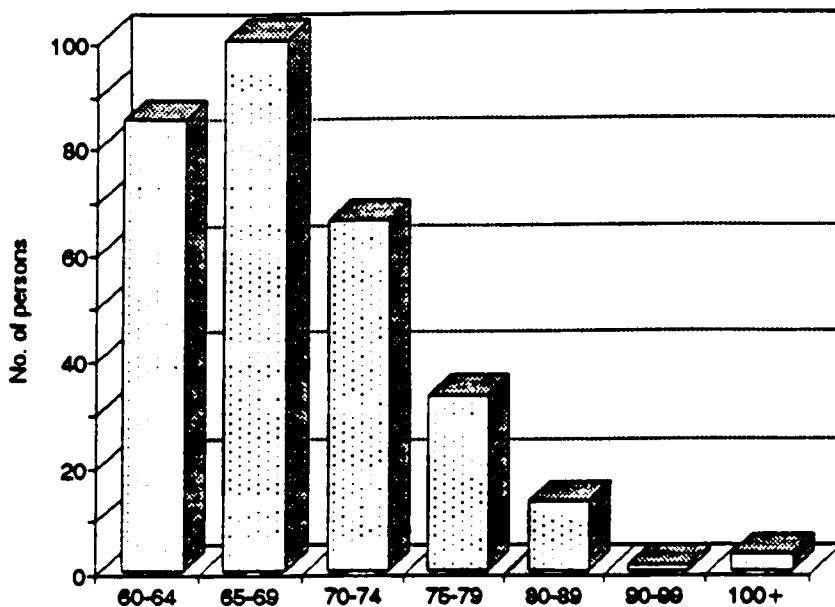


Figure 1: Age distribution of black aged persons in Port Elizabeth (N=301)

- ascertain the necessity for the establishment of service centres, old age homes and frail age homes in Port Elizabeth
- obtain the views of the elderly persons as regards the establishment of these services
- make recommendations for the services of the elderly people to the organizing bodies and the government

based structures (ANC, 1994) while O'Brien & Gillis (1993) highlight the need for the government to see the elderly as a major source which could play a significant role in meeting some of the human resource needs of this country. These recommendations could prove invaluable to decision makers in policy formulation and urban planning.

METHODOLOGY

The study was conducted in ten urban and peri-urban townships of Port Elizabeth.

In 1985, the Central Statistics Services for Port Elizabeth reported that elderly people comprised 10.95% (20656) of a total population of 226080 people over one year old up to an age of 55 years and older. The ratio can be safely assumed to be fairly representative of all urban areas of the country, although for bigger cities like Johannesburg and Cape Town it could be much higher.

It is realised that the handicaps faced by the elderly in Port Elizabeth revealed by this investigation, are applicable elsewhere in South Africa. Vilakazi (1994) notes that more than 80% of the elderly live in impoverished circumstances, where illiteracy is high and lack of pension and access to health care is prevalent. It is noted that in meeting the basic needs, the government proposes that partnership be developed with community-

Table 2 Black Aged Living in Overcrowded Housing (N=301)

Overcrowding	Frequency	%	Cumulative Frequency	Cumulative Percent
Yes	186	62.6	186	62.6
No	111	37.4	297	100.0
No response	4	-	301	-

Table 3 Respondents Who Prefer to Live Independently Within the Community (N=301)

Independent Living	Frequency	Percent
Yes	243	90.0
No	27	10.0
No response	31	-
Total	270	100.0

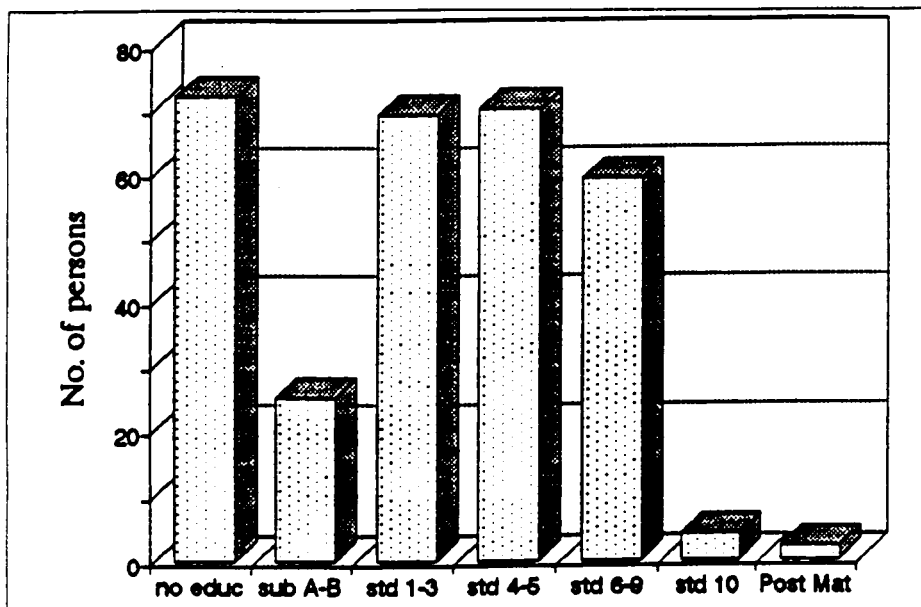


Figure 2: Educational standards of black aged persons in Port Elizabeth (N=301)

over (Figure 1). In addition to the above, 78.9% were female, showing a tendency of women to outlive men.

Education and Skills

Figure 2 highlights the educational standard among the respondents and shows that a majority of the sample were poorly educated with only 1.3% having attained the level of Standard 10. Only 10.4% of them had received some form of specialist training in their occupation. Thus, their skills they had were centred around work experience.

Housing and Economic Dependency

The majority (85.9%) of the elderly were heads of their households. This is higher than the 75% observed by Aquilino (1990); 81.5% of them resided in houses while the rest lived in shack dwellings and 62.6% of the sample (Table 2) reported overcrowding. Shack dwellers represented 17.4% of the sample.

Living Independently within the Community

Of the respondents 90% preferred to live independently but within their communities (Table 3). They identified themselves as an integral part of the communities they lived in and they did not want to be separated from their families. After all, the majority of them were the breadwinners. When asked whether they would like to live in institutions, only 30 responded positively and the rest were against the idea.

Recreational Facilities and Social Activities

Recreational facilities were generally lacking for all age groups. Social clubs were too few, consequently, only 28.9% were able to enjoy the services offered by these clubs. Only 27% were near recreational facilities. The radio was seen as the main form of entertainment by

73.2% of the elderly; 24.4% were able to watch television daily while only 1.4% frequently went to cinemas. Owing to the low literacy rate among them, only 11.6% took some time to read on a fairly regular basis. The church was accessible to most (67.8%) elderly people. Hildebrandt (1992) noted the same finding in Duduza township in the PWV Region.

Accessibility of Social Services

Transportation was satisfactory for 76.4% of the respondents. The Post Office, however, was rather too far distant according to 77.1%. The banks were even more distant for 86.4%. Just under half (46.5%) reported they were within easy reach of their pension pay points (Table 4)

Social services	Frequency within reach	Percentage
Supermarket	226	75.1
Church	204	67.8
Transport	230	76.4
Post Office	69	22.9
Bank	41	13.6
Social Club	87	28.9
Pension pay-point	140	46.5
Recreational facilities	9	3.0

Activity	Independent	Little help	Constant Help / Cannot do it	No Resp
Move around	275 (93%)	10 (3%)	12 (4%)	4
Make own bed	264 (89%)	20 (7%)	14 (4%)	3
Bath, etc.	266 (91%)	16 (5%)	11 (4%)	8
Clean teeth	276 (95%)	4 (1%)	12 (4%)	9
Feed yourself	279 (93%)	4 (1%)	16 (5%)	2
Dress yourself	276 (94%)	5 (2%)	14 (4%)	6

Income/Pension Pay-out System

The pension was paid at intervals of two months. The study showed that 93.8% of the elderly preferred to receive their pension monthly.

Health Care Needs

The study showed that 44.2% of the elderly felt that their health was ranging between poor to very poor (Figure 3). Chronic diseases like hypertension, arthritis, heart conditions, diabetes mellitus and lung conditions were common. It is of utmost importance to note the 4% of the elderly who needed constant help with activities of daily living (Table 5).

Services to cater for the needs of the frail aged should be planned and established within an accepted and affordable community framework. The elderly voiced a need for home visiting services either by a nurse or a community worker.

DISCUSSION

The findings of the Port Elizabeth survey, like similar research elsewhere in South Africa, illustrate the obstacles identified by the elderly population in an urban setting which should be addressed by the government through RDP.

The following is a summary of the P.E. investigation:

Most of the elderly persons preferred to stay within the communities in which they belonged. Institutions for the elderly are not favoured by the majority of the black community who regard the concept as contradictory to tradition.

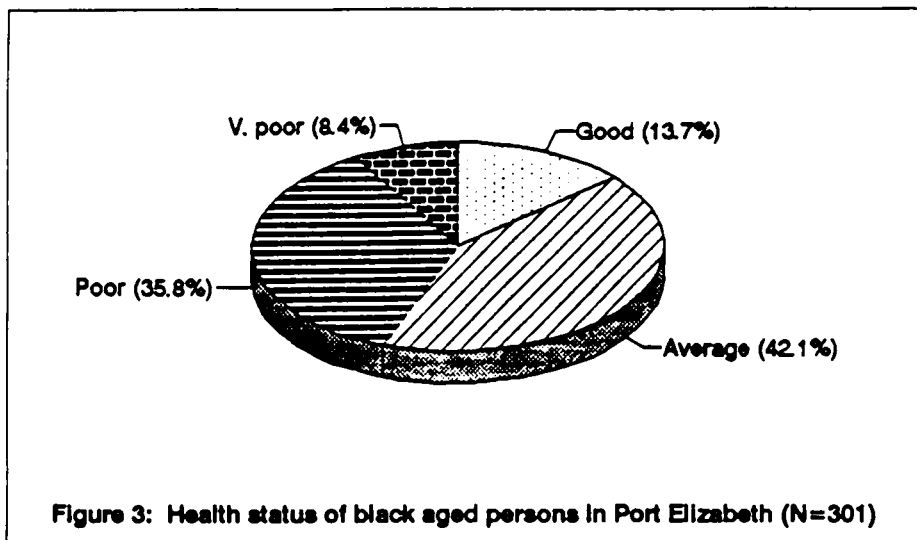


Figure 3: Health status of black aged persons in Port Elizabeth (N=301)

In addition, 90% of the elderly preferred to live independently within the community (Table 3). They did not want to be separated from their families. Shangase (1991) also emphasized the fact that it is important for the elderly to remain in the community safely, usefully and actively for as long as possible.

Bryrone (1986) and Ferreira et al. (1993) concur with the above findings and recommend that housing policies should aim at assisting and enabling the elderly to find affordable accommodation within the community.

South Africa has a long history of experiencing a severe housing shortage which has affected a vast section of the population, especially blacks (Bell, 1993). In view of the reported overcrowding, accommodation for the elderly should receive prompt attention. Welfare organizations, the business sector and the local authority should work out a co-ordinated strategy to meet this enormous problem (Ntshona 1991, Ferreira & Lamont 1990).

The church meets the spiritual, social and recreational needs of most elderly blacks. It is recommended that service centres and luncheon clubs be established in order to meet some other needs of the elderly people e.g. social interaction with peers, occupational therapy and the enjoyment of a balanced meal in congenial surroundings.

It is noted that the government has met the proposed recommendation of providing income to black seniors on the same criteria as other population groups and pensions are now paid out monthly. What still remains difficult is the congestion and disorganization at pension pay points. Repeated efforts by the South African Council for the Aged (SACA) to have a humane system implemented have resulted in a commission of enquiry, and it is hoped that the situation will be rectified soon (Eckley, 1993).

It is recommended that the community should be involved in helping the elderly to raise

funds to meet some of their needs. Hildebrandt (1992) proposed self-help projects in which the elderly could participate and Eckley (1993) mentioned that business could be undertaken from home.

Self-help schemes like the teaching of handwork, gardening, etc., running a business from home, involvement in education and the elderly initiating social clubs with peers are suggested. Moller (1990) in her study on the role of black seniors in education discussed the involvement of the elderly in the education system, which could meet some financial, social and psychological needs.

Creation of job opportunities for those from all age groups and who are eligible and healthy is encouraged. Small entrepreneurship and educational opportunities based on need could have social, economic and psychological benefits to the individual (Ntshona, 1991).

Community geriatric clinics to help monitor and maintain the health of the elderly are needed as invariably the elderly suffer from chronic conditions. A significant percentage of the elderly was frail and there is a need to plan and establish a frail care service, for example a home care service to support the family. A frail care institution is only recommended for the frail and destitute elderly or when the family can no longer cope alone. Eales (1980) proposed that district geriatric clinics for preventive care be established in black townships. Hildebrandt (1992) concurs with this suggestion. Knowledge about self-care could empower elderly people to make appropriate choices in their daily lives to maintain their health and to respond to treatment.

A further recommendation is that pre-retirement programmes should be designed and implemented five to ten years before retiring. Employers should try to be involved in the preparation for retirement of their employees especially the non-professional and the poorly educated groups. The preparation ensures that they will not depend on the state pension only and that

the necessary psycho-social adjustments are made.

CONCLUSION

It can be concluded from this investigation that a community based approach to the care of the elderly should form the central pillar around which programmes for this group of people should revolve. However, the government has a role in constructing a clear framework for addressing the needs of the elderly. It should be noted that some of the recommendations made here are being addressed currently by the community, the South African Council for the Aged and the government. It is imperative that the remaining needs be addressed. An endeavour to involve the elderly people actively in planning for their care can only serve to empower them, an investment that can pay dividends on the long term.

As most needs of the elderly are interwoven and interrelated with those of the other age groups, it is recommended that appropriate community organizations or interest groups should address the needs of the other age groups also e.g. creating employment opportunities for the young adults. Problems of the elderly can be compounded by the frustrated aspirations of their children and grandchildren.

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