AN INVESTIGATIVE STUDY OF THE EXPERIENCES OF ELDERLY PEOPLE IN A SOUTH AFRICAN BLACK TOWNSHIP

CHIGALI GM, Dip. PT (Zambia), BSc Hons. PT (UWC) [1]; MARAIS M, Dip PT (UCT), MSc(Physiotherapy) (UWC) [2], MPOFU RMB, PhD (UWC), MSc Rehab. (So'ton UK). MCSP [3].

[1] Livingston General Hospital, Livingstone, Zambia.
[2] Lecturer, Department of Physiotherapy, Faculty of Community and Health Sciences, University of the Western Cape.
[3] Professor and Dean Faculty of Community and Health Sciences, University of the Western Cape.

ABSTRACT: *The aim of this study was to investigate the experiences which impact on aspects of the lives and sense of well-being of elderly people in a township in South Africa in order to make recommendations for future service delivery. A cross-sectional, qualitative survey was carried out in Mfuleni Township, a part of the Cape Metropolitan Region in the Western Cape.*

Sixteen people of ages ranging from 60-82 years were conveniently selected from a group of elderly people who meet regularly at a community centre. Data were collected through focused group discussions and unstructured interviews. Analysis of data revealed three main categories namely, psychological/ emotional, socio-economic and health, under which different themes emerged. The experiences of individuals in a given society may vary, but somehow, their basic rights tend to be universal as revealed by the literature. Loneliness and isolation, lack of recreation facilities, loss of dignity and respect, poor health services and lack of shelter are some of the experiences expressed by the elderly people in this sample. These experiences highlight the need for clearly stated policies and commitment by governmental and non-governmental structures, appropriate health service strategies and improved socio-economic standards supported by properly researched data.

KEY WORDS: AGEING, GERONTOLOGY, HEALTHY AGEING, NEEDS OF OLDER PERSONS.

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INTRODUCTION

Health professionals such as physiotherapists are increasingly being recognized as important partners in the delivery of services at Primary Health Care level, which includes community-based rehabilitation. The traditional role of physiotherapists has to change to meet the needs of the communities in which they work. One of the requirements for the success of policy implementation and intervention by health professionals in communities is an understanding of the socioeconomic, political and cultural factors that may affect the well-being and quality of life of communities or individuals. Knowledge of such factors should enable the physiotherapist to adopt a more holistic approach in community-based service rendering.

Prior to 1994 South Africans lived through a system of racial discrimination which meant inequality in accessing of the country's resources by the various racial groups, classified by the previous government as "African, Coloured, Indian and White". The "Apartheid" policies brought about disparities in education, health care and financial resources with the first three groups being highly disadvantaged when compared to their white counterparts. A survey conducted by Ferreira and Charlton (1992) found that 80% of elderly Africans living in rural areas and 50% in urban areas had no formal education and only some had access to the means-tested social old age pension scheme. Hampson (1996) observed that, despite the national state pension scheme, the vast majority of the rural elderly population still depend mostly on the family support system, whose continued existence is being threatened by a host of factors, namely modernisation, urbanisation and the HIV/AIDS pandemic.

Ferreira and Charlton (1992) noted that a significant number of the elderly Africans living in urban areas suffered a greater degree of ill-health and disability than other racial groups. Furthermore, the older persons from rural and urban areas had difficulties in accessing health services due to lack of transport, whereas the former also experienced the lack of health professionals as a major barrier to accessing health services.

Ferreira and Charlton (1992) reported that most of the factors seen as con-

CORRESPONDENCE TO:
George M. Chigali
Livingston General Hospital
P.O. Box 60091
Livingstone
Zambia
Tel +260 3 320756
E-mail: geochigali@hotmail.com

tributing positively to the quality of life of older South Africans were related to basic rights, such as satisfactory health, housing, favourable living arrangements, economic security and psychological well-being, particularly in terms of feeling in control of one's life and having some degree of independence.

Housing for Africans living in urban areas is still posing a great challenge. Most of them cannot afford to purchase houses of their own due to prohibitive costs and thus remain living in multi-generational houses with little living space. Mfuleni Township is an example of this housing arrangement. This township is located in the Tygerberg Region of the Cape Metropolitan area in the Western Cape Province. It has a population of around 20 000 which is continuously increasing because of a growing eruption of informal settlements. Mfuleni is an almost exclusively African community. Many of the estimated 2 500 elderly residents of this community are pensioners who have been employed as labourers and domestic workers. These elderly people live either with their children, grandchildren or alone. A number of them meet at a community centre (Masiphumle - Let us rest) which was built and is maintained mainly by donor funding.

For the past ten years this township has been one of the community-based education centres for students from the Faculty of Community and Health Sciences at the University of the Western Cape. New students from this faculty are orientated to community life in a disadvantaged community such as this, while senior students are placed here for their clinical practice/community-based education (Mpofu 1999).

The aim of this study was to investigate the experiences of the elderly people who attend the centre in Mfuleni Township with a view to assist the planners of community-based education curricula for health sciences students to understand and to provide solutions to some of the needs of the elderly people with whom the students interact.

METHODOLOGY

On the day of the study a convenient sample of sixteen volunteers was recruited. This was done after the details of the study were explained to a group of approximately twenty five elderly people who attended the Masiphumle Community Centre.

The criteria for selection were that the participants were

- currently living in Mfuleni,
- sixty years and over (both female and male were accorded the same chance),
- capable of hearing instructions (with or without hearing aids) and
- able to understand the spoken word to carry out the instructions.

The participants were randomly divided into groups of four, irrespective of gender. A qualitative cross-sectional experience survey was carried out. This method, used in sociological research, takes a snapshot approach to the social world and it can be exploratory, descriptive or explanatory (Neuman, 2000). In this study the researcher collected information at one point in time, namely on the day of the study.

All discussions and interviews took place at the Masiphumle Community Centre in Mfuleni. The participants of each small group, facilitated by the researcher and a translator, discussed their needs freely, using both English and Xhosa. The responses elicited during the small group discussions were followed up with individual interviews to explore certain issues that had emerged. Each small group discussion lasted an average of 80 minutes while the individual interviews lasted five to ten minutes each. The subjects responded to a variety of issues affecting their lives, namely health, finance, marriage, family support, housing etc. All interviews were tape-recorded and transcribed verbatim and checked by two translators who were proficient in English and Xhosa.

Six participants were fluent in the English language while the rest spoke Xhosa only which is the predominant language in Mfuleni Township. The Xhosa responses were translated into English verbatim. Notes were taken, describing key phrases of responses and some non-verbal cues, which provided information about emotions and effects associated with certain sensitive issues. Categories were generated from the data and further refined and validated through constant comparative analysis. Data that did not fit any of the categories were arranged in new categories.

RESULTS AND DISCUSSION

Of the sixteen participants, nine were female while the rest were male. Their mean age was 68.9 years with ages ranging from 60 to 82 years. Only one of the females and three males had spouses while the rest were widowed.

Three major categories which emerged from the discussions are tabulated in Table1.

1. PSYCHOLOGICAL /EMOTIONAL

This category included themes of loneliness/isolation, sexuality/love/marriage, lifestyle/ behaviour and respect/dignity. These are discussed below.

1.1 Loneliness/isolation

Most of the participants who stayed with their children and grandchildren

Table 1: Summary of categories and themes

CATEGORIES	THEMES
1. Psychological/ emotional	Loneliness/isolation Sexuality/ love/marriage Life-style/ behaviour Respect and dignity
2. Socio-economic	Recognition/money/status Pension Safety and Security. Family and community support
3. Health	Mobility Technical aids Functional activities. Recreation

complained of being lonely most of the time. They explained that during the day their children were at work and when they came back from work they were either too tired to socialise with them or they went out for leisure. This dilemma is explained by the following quotation:

"I stay with my son who is not married and the nature of his work requires him to be out of town most of the time. I am left in the house, sometimes for a day or more depending on which town he has gone to work and I cannot even prepare meals for myself. I depend on meals from the Centre".

Those who are widowed miss the companionship they had with their late spouses, as when their partners were alive it was easy for them to engage in discussions of interest and of relevance to both. They mentioned that the spouses show love and they care for each other and provide good interaction, as one participant said:

"I really miss my husband; we used to talk about a lot of issues and laugh. It is difficult to talk with children because they are rarely at home and in addition do not enjoy the topics that we old people like".

The participants at the centre in Mfuleni Township complained of loneliness as well as social and emotional isolation, factors which are supported by the literature (Peplau and Perlman 1992; Dugan and Kivett 1994). Some studies reveal interplay of factors as causative factors of loneliness while Dugan and Kivett (1994) showed that changes in loneliness were related to transitional life events like changes in marital status, usually through loss of a spouse and health. Furthermore, Dugan and Kivett (1994) recognised the seriousness of loneliness and isolation in association with other debilitating conditions such as depression, grief and anxiety. Thiberg (1989) viewed loneliness and isolation as threats to health, while Weiss (1973) identified two dimensions of loneliness, namely social and emotional isolation. Weiss (1973) stated that social isolation results from being or feeling detached from a social network or community, whereas emotional isolation stems from loss or absence of an attachment figure. One could argue that the threat to the continued existence of the extended family system which the elderly of today lived through has a serious negative impact on them. They are no longer holding positions of prominence in societal structures as they are no longer the folklore tellers, neither are they considered as repositories of wisdom. The elderly at the centre confirmed this as they said that their children were no longer available as most of them go out for leisure and come back home only to find the elderly already in bed. Abongomera (1994) put it simply that the youngsters of today prefer to turn to schools, newspapers, radio, and other media to acquire modern technical knowledge. Deprived of a social role, the elderly lose the meaningful routines and stimulation that keep them active and in good health (Apt, 1995). In this study the elderly at the centre in Mfuleni stressed social isolation which is characterised by not feeling integrated or included in supportive networks. Dugan and Kivett (1994) identified factors that contribute to social isolation. These include instability of residence, infrequent contact with friends and children, lack of participation in social groups and decline in sensory acuity and health.

1.2 Sexuality /love/marriage

The widows felt that it was difficult for them to have sexual partners because they lived with their children and grandchildren, with one mentioning: *"We are supposed to be good role models to our children and grandchildren. It becomes difficult to advise them if we do not act as good examples to them".*

They said that marriage was entangling, as one of them explained: *"Marrying again means you as a woman moving into another home and if you have children they have to follow you to the new home and this could create a lot of problems. Traditionally a woman is supposed to be maintained by her husband. This means that relatives of your new husband will have to depend on you for all domestic chores. Secondly the children become aliens in your new home and thirdly most of the men will ask you to change your name and this presents further problems, for instance, you have to assume a new identity. Old as we are, it becomes very demanding for a woman to fulfil all those roles. We are old. We cannot remarry".*

The widowers, however, expressed some desire to remarry, but complained of not finding the right partners as one said: *"When we try to remarry it is difficult to find the right woman, as most women want only to get married for the sake of money".*

Those who were married said that life goes on as usual. All the groups, however, agreed that marriage provides better companionship as long as the spouses continue to love and care for each other.

The issue of sexuality and marriage is a challenging one. Ebersole and Heiss (1990) defined sexuality as quality of the person, energy-force that is expressed in every aspect of the person's being. The World Health Organisation (WHO) defines it as integration of the somatic, physical, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhances personality, communication and love. The participants pointed out that they could best share their experiences, emotions and cultural values that relate to their generation with their own spouses. They viewed changing cultural values, lack of space and responsibilities as a serious dilemma. The fast changing culture due to development leads to a widening intergenerational gap, particularly in places where this development is not matched with the resources. It brings conflict of interest in all aspects of living. Sadly, the new lifestyles and values that come with development may cause the generation of people aged 60 years and over to be devalued (Alvarez 1989) as they are forced to depend on their children on a number of issues.

As also confirmed by this study, the loss of spouse was the single most important factor contributing to loneliness in later life (Berg et al 1981; Kivett and Scott 1979). Revenson (1986) observed greater loneliness among those elderly that never married, or became separated, divorced or widowed than married elderly persons. Social isolation in elderly people is also associated with increased tiredness, visits to health providers, drug prescriptions, and physical and psychological symptoms (Svanborg and Selker 1993).

1.3 Life-styles/ behaviour / Respect and dignity

The elderly people complained of the different life-styles of the young generation compared to theirs, as one said: *"We never used to smoke and drink the way our children and grandchildren do. It was rare to see a young woman smoke and drink, but nowadays things have changed. Children have the freedom to do what they want".*

Most of the participants blamed the intergenerational gap in culture and the new legislation, such as the Human Rights Charter for giving the young people excessive rights, thus resulting in the elderly losing their respect and dignity. One participant commented: *"Each child wants to live the way they want. If you try and intervene by suggesting that this is not the way we should live and treat each other, the children either ignore you or they tell you to mind your own business. You cannot beat them because they will report you to Social Welfare for child abuse. Further, the problem is compounded by our dependency on the children both financially and materially. Our children do not respect us as it used to be in the olden days. Those olden days are gone for good".*

2. SOCIO-ECONOMIC

This category contained the themes of recognition/money/status, pension, safety and security as discussed below.

2.1 Recognition/Money/Status.

The elderly people in this study complained that life was difficult without enough money. They thought that the situation could be helped if they could help themselves, as one said: *"Our status in this society could be maintained if we had better houses and property so that the children could visit us instead of us being dependent on them".*

2.2 Safety and security/ Dependency

Most of the participants said that they take most of the major decisions concerning them though they sometimes consult their family in order to have different opinions on the matter. Some also said that they do control and direct how they feel their money should be spent, as one said: *"I make decisions on how to spend my money no matter how little it may be".*

Some of them said that they made wills in which their children will mostly be the beneficiaries of their estate.

2.3 Family/community support

Most of the participants acknowledged the support they got from their children and immediate members of the family like brothers and sisters and sometimes from the grandchildren. This support was mainly in the form of domestic chores, financial, material and transport, as one said: *"They do provide me with financial support. It is usually not enough but at least it is there. Sometimes it is difficult to get all you want at once because they have to manage their lives as well".*

Some community members also help the elderly in the form of transport and visits in times of illness, as one said: *"When you have not been seen for a day or so some members of the community come to check on you and if you are very ill they do arrange transport to take you to the hospital".*

Wilkin (1987) offers a useful definition of dependency as, "a state in which an individual is reliant upon others for assistance in meeting recognised needs". Clearly this is the prevailing situation in Mfuleni where the elderly who participated in this study were dependent on their children or grandchildren. Even those who were married and staying alone were dependent on financial and material support from their children or grandchildren, because they no longer had a source of income of their own.

The participants complained of poor housing, pointing out that the houses they lived in were small and that they find themselves sharing a room with their grandchildren and sometimes the children, as one said: *"We stay in small houses and some of us share one room with our children and grandchildren. I suggest that the Centre could build houses for us elderly so that we can rent them".*

2.4 Pension

The participants who receive pensions from the National Pension Scheme said that R 475.00 per month was inadequate to meet their requirements. However, it was not difficult for them to get the pensions as the offices of the Social Welfare were situated about three hundred metres away from the Centre. One of them said: *"The pension is not enough. They* (Government) *should increase it by about 20-30%. Sometimes the churches require us to contribute as much as we can, but we find ourselves without money to contribute".*

3. HEALTH

Most of the participants said that they were in good health despite having chronic medical disorders, such as hypertension, arthritis, neurological disorders and visual defects. The major difficulty, which was highlighted, was accessibility to health facilities. Transport was cited as one of the problems leading to difficulties in accessing health care facilities. Mfuleni has one Community Health Centre which does not handle serious cases, although referral systems exist between the clinic and the nearest government hospitals, such as Tygerberg Hospital which is 30 kilometres away from Mfuleni.

Participants cited overcrowding at hospitals and lack of drugs as difficulties they encounter when seeking health services. They complained of standing in long queues in government hospitals where they are exempt from paying medical fees, as one said: *"We have to queue for a long time to see a doctor and sometimes medicine is not available".*

A few had medical aid schemes which helped them to access private hospitals which, they said, were better organised in terms of provision of medical services.

3.1 Functional Activities

All the participants mentioned that they did not experience any difficulties in activities of daily living such as bathing, eating, dressing, walking and use of the toilet. They noticed, however, that they were slow in some of these activities. Over half of the participants expressed having difficulties in doing one or two of their chores. Shopping was cited as the most cumbersome as the following quotations illustrated: *"We send the kids to buy for us",* and *"I go on my own to buy whatever I want. When I used to send the kids they used to cheat on change".*

3.2 Mobility and technical aids

Masiphumle Centre has an administrative vehicle which is used to provide some elderly with transport to and from the Centre. The majority of the participants said that they were able to walk for over a hundred metres without serious problems, though slowly. One said: *"Though I do not go very far I am able to walk around the house and visit my neighbours. I do not walk very fast but at least I am able to walk on my own and do what I want in the house without overburdening my children"*.

Another area of concern arises from the non-availability of technical aids and other assistive devises such as spectacles and hearing aids. Three of the sixteen participants had walking aids which they obtained through the assistance of the Centre. Assistive devices were not obtainable anywhere in Mfuleni. Those elderly persons who had spectacles said that the nearest place where they could obtain spectacles, although expensive, was from Bellville which is about 20 kilometres away. They suggested the establishment of mobile services which could provide technical aids.

In a study by Ferreira and Charlton (1992), health was ranked first as a factor affecting the quality of life of the elderly people in South Africa. The WHO defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease". It further states explicitly that the enjoyment of the highest attainable standard of health is one of the fundamental rights for all.

3.3 Recreation

When the community centre was established, the participants expected to be involved in activities which would reduce their boredom. They realised later that the facilities, which were available at the Centre, were inadequate to provide the recreation that they had anticipated, as one of them said: *"Most of the time we come and sit around and do nothing. We need a place to be developed specifically for recreation so that we can learn to weave, to read and write, and do some physical exercises to keep us active. We would like to participate in sewing and knitting"*.

The impression was that they rarely visit each other outside the Centre due to the distance between their living quarters. Their outcry was the lack of adequate facilities in Mfuleni for the elderly to have fun. While they appreciated the literacy classes, they still felt that they should be involved in a lot more recreational activities than provided at their centre. Recreational activities are said to be important for the elderly people in helping them to 'enjoy' life and endure morbidity (Borgono 1989). It is well documented in the literature that healthy ageing could be influenced by a lot of factors such as interacting with others, participating in a lot of developmental tasks and feeling of worth that one is part of a developing society (Alvarez 1995; Ebersole and Hess 1990; Svanborg and Selker 1993). The elderly can influence and direct certain decision-making processes and hence be involved in the problem-solving process.

Although the elderly people in Mfuleni said that they could carry out basic activities of daily living this did not mean that they could carry out tasks such as shopping, use of transport and the ability to manage finances. Finlay (1993) stated that the quality of life in many elderly people depend upon being mobile to pursue a variety of indoor and outdoor activities.

CONCLUSION AND RECOMMENDATIONS

The findings of this study are similar to those of other studies (Berg et al 1981; Borgono 1989; Dugan and Kivett 1994; Ferreira and Charlton 1995; Hampson 1996). The economic situation of these elderly is closely related to the changes taking place in the social conditions of society. The pension which some of them receive is not adequate to meet most of their basic requirements and as a result most elderly people rely on remittances from their children and grandchildren, which apparently cannot satisfy all the requirements of the elderly. Another very important issue is the interdependence of these categories. For instance, health is dependent on economic security, while care is dependent on the security of the household. Other issues that emerged from this study were loneliness, isolation, respect, dignity, health care, function, family and community support and recreation.

Physiotherapists are not traditionally involved in addressing the issues relating to some of the needs and experiences of the elderly highlighted in this study. However, physiotherapists could use their skills in promoting physical activity and delaying the onset of disablement in the elderly. Furthermore, physiotherapists could facilitate the participation of this sector of the community as integral members of society. Health professionals and students in the different health-related professions could assist in raising awareness among the youth about the elderly as a potential resource. Students placed here for fieldwork should be made aware of these needs in order to plan and implement appropriate interventions in collaboration with the different sectors of the community.

The research could have benefited from a longitudinal study including more elderly participants from this township, as opposed to a cross-sectional one, so as to observe the variations of experiences over a period of time. A longitudinal study would entail periodical group discussions and interviews to see if the results are consistent over a period of time. More research is necessary in this area so as to gather more information to provide the necessary insight into the experiences of elderly people in a township like Mfuleni.

These experiences highlight the need for a human rights approach with clearly stated policies and commitment, appropriate health service strategies, and improved socio-economic standards supported by properly researched data.

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