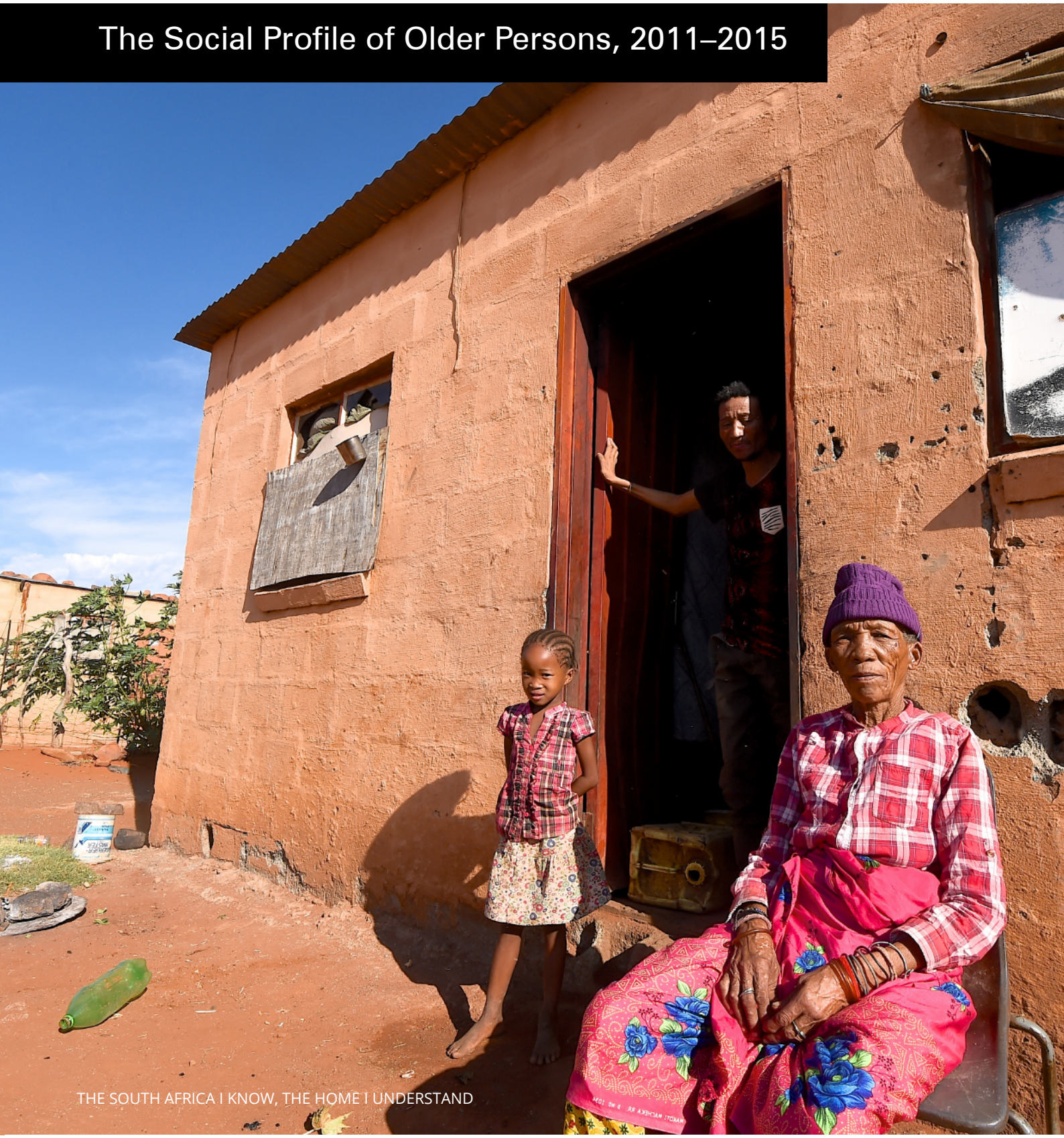
Vulnerable Group Series II

The Social Profile of Older Persons, 2011–2015



STATS SA
STATISTICS SOUTH AFRICA

Vulnerable Groups Series II:

The Social Profile of Older Persons, 2011–2015

Statistics South Africa

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Statistician-General

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FOREWORD

Census data suggest that the proportion of the total population that consists of persons 60 years and older has been increasing steadily since 2001. In 2016, 4,5 million people or 8,1% of the South African population were 60 years and older. Between 2001 and 2016 the aging index increased from 23 to 27, further confirming an increasingly older population. In terms of absolute numbers, Gauteng (1,2 million) and KwaZulu-Natal (0,8 million) had the most numerous elderly populations. The growing population of elderly persons reflects improvements in quality of life as well as life expectancy that have taken place during the past 10 years. However, it does have implications for planning and policy formulation, especially with regards to social safety nets provided for the elderly.

The demographic profile of the elderly suggests pronounced differences along racial and gender lines. For example, the black African population is relatively young and their share amongst the elderly (65%) is lower than their share in the general population (81%). At the same time, the share of white elderly persons among the total population is significantly higher (22%) than their representation in the population as whole (8%). The aging index, which reflects the proportions of older persons to children, stayed nearly stable between 2001 and 2016 for black Africans at around 20. During the same period, the index for coloureds increased from 21 to 32, for Indians/Asians from 33 to 57, and for whites from 84 to 130. Women continue to outnumber men with a ratio of 6 women to 4 men.

Evidence suggests that the elderly are increasingly likely to live alone and this has some implications for their care options and general integration within society. In spite of this more than two-thirds of black African elderly and 54% of the coloured elderly still live in extended families, where they would receive at least some psycho-social and economic support.

Thirteen per cent of the elderly are employed and approximately half of the elderly live in households without any employed household members. Nine out of ten elderly persons receive old age grants, while 80% of households headed by an elderly person indicated that grants were their main source of income. The percentage of persons 60 years and older, who lived below the upper bound poverty line decreased from 85% in 2009 to 81% in 2011. In 2016 the elderly were much better educated than in 1996, as evidence by the significant reduction of their functional illiteracy rates from 62,6% to 47% over the 20 year period. The elderly were more likely to have matric and post school qualifications than 20 years ago, with qualifications in the field of education predominating and with higher concentrations of elderly persons with post-secondary qualifications residing in Gauteng and Western Cape.

The three health conditions most common amongst the elderly were high blood pressure, diabetes and Arthritis. All three were more likely to affect women than men. Most elderly made use of public health facilities and only 23% are covered by medical aid. Once again stark divisions along racial lines are noted. Coverage was the highest for the white elderly (74%) and lowest for black Africans (6%). The most common underlying causes of death amongst the elderly were diseases of the circulatory system, neoplasms and disease of the respiratory system.

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CHAPTER 1: INTRODUCTION

1.1 Background

The convening of the World Assembly on Ageing in Vienna in 1982 was an acknowledgement of the fact that ageing could no longer be viewed as a phenomenon of the Western world. The Assembly provided, for the first time, a forum where both developed and developing countries could exchange ideas and information on their experience of the ageing process (Sen, 1994).[1]

Economic security, health, disability, and living conditions in old age are policy concerns throughout the world, but the nature of the problems differs considerably from continent to continent and between and within countries (Barney Cohen, Jane Menken)[2].

For the purposes of this report, older persons or the "elderly" are classified as people who are 60 years and older, as indicative of the South African retirement age. In 2016, they constituted about 8,1% of the South African population and they are considered as a potentially vulnerable group. With ageing, functional ability declines to some degree in every person. Older people also tend to have more disorders and disabilities than younger people. The changes that accompany ageing are more than just changes in health. Social issues (such as living arrangements or type of work) also influence an older person's risk and experience of illness (Merck Manual)[3].

The elderly are an integral part of our society and should enjoy the same rights that are enjoyed by all other South Africans as enshrined in our Constitution. Post 1994, particular attention has been paid to the need to fight the abuse of the elderly. Our Constitution states clearly that everyone has the right to the full and equal enjoyment of all basic human rights and freedom.

The political history of the country is characterised by racial exclusion, which negatively affected the levels of educational attainment, labour force structure and poverty levels of the elderly. The levels of education attained by persons 60 years and older during their time did not necessarily translate to improved standards of living.

Of all African countries, South Africa has the most developed framework that addresses the rights of older persons. The country recognises that the past discriminatory practices largely excluded the majority of previously disadvantaged people from pension and social security entitlements through provision of formal employment (Oloka-Onyango, 2015)[4]. In addressing this, the government currently provides social assistance in the form of an old-age grant to 3,1 million vulnerable older persons at a current rate of R1 500 per month.

Old-age dependency ratios compare the number of available workers with the number of those considered to be dependent on them. During the last five years, the old-age dependency ratio has risen in almost all provinces. A high dependency ratio is indicative of the dependency burden on the working population, as it is assumed that the economically active percentage of the population will need to provide for the health, education, pension, and social security benefits of the non-working population, either directly through family support mechanisms or indirectly through taxation (Barbara Ingham et al., 2009)[5] .

The elderly who are living in poor conditions still have limited access to clean water, refuse disposal and sanitation. Hence, investing in policies that promote healthy ageing should yield better health systems and societal returns. Current intervention programmes by the government involve providing housing, piped water and improved sanitation to poor communities across the country.

[1] Sen, K. (1994). Ageing: Debates on Demographic Transition and Social Policy. London: Zed Books Ltd.
[2] Barney Cohen, Jane Menken. (2006). Aging in Sub-Saharan Africa
[3] http://www.merckmanuals.com
[4] Oloka-Onyango, J. (2015). Battling over Human Rights: "Twenty Essays on Law, Politics and Governance", pp256.
[5] Barbara Ingham, Andrejs Chirijevskis, Fiona Carmichael. Implications of an increasing old-age dependency ratio: The UK and Latvian experiences compared, Issue 4 No.14 (2009), pp 221–230

Inequalities in South African society generated differences in the way different racial groups have adjusted to ageing; these inequalities stem from stratification, based on possession of certain resources. Living arrangements, therefore, follow these life patterns for the different racial groups of older people in the country.[6]

Family care remains the most widely used survival strategy for the majority of the elderly, in the context of extended families. According to Apt (1999), the historical role of the family in African communities is expressed as caring structures that preserved the quality of life for the elderly. Migration and urbanisation had both been identified as contributing factors to the destabilisation of the value that in the past sustained older persons in a closely-knit age-integrated African society. Such a practice had implications for the way older people were perceived within both the family and community structures.[7] Skip-generation households are also common, since HIV has infected young adults in the country, many of whom subsequently succumbed to AIDS related deaths. In many instances, grandparents have been expected to resume the caregiving responsibility to their orphaned grandchildren.

1.2 Legislation and policy framework

As populations age, governments need to protect and enable older people to manage their multiple health conditions, continue contributing as workers and valued members of the community (Age International)[8]. In order to promote the achievement of equality, legislative and other measures were designed to protect older persons who may be disadvantaged by unfair discrimination.

Constitution of the Republic of South Africa, 1996: the country commits to protecting the rights of older persons through recognising some of the following rights:

- **Right to equality**: Discrimination based on age is prohibited by the Constitution. No person should be denied access to social services, employment, or any benefit due to them based solely on his or her age.

- **Right to dignity**: This right is the basic foundation of all other rights. It intends to cover safety, to combat abuse and to access opportunities that promote social, physical, mental and emotional well-being of older people.

- **Right to access social security**: Under section 27 of the Constitution, South Africa recognises social security as a basic right. Elderly people and, among others, people living with disabilities, are vulnerable and bear the brunt of poverty and inequality. Social security provides a supplementary benefit when there is insufficient income to achieve a minimum standard of living.

National Development plan (NDP): One of the NDP goals is to eradicate poverty and reduce inequality by ensuring that old-age related poverty is eliminated by the year 2030. It also advocates for inclusive health and social protection systems that address all areas of vulnerability and are responsive to the needs, realities, conditions and livelihoods of those who are most at risk.

Promotion of Equality and Prevention of Unfair Discrimination Act, 2000: Prohibits unfair discrimination by the government, private organisations, and individuals and forbids hate speech and harassment.

Older Persons Act, 2006: Deals effectively with the plight of older persons by establishing a framework aimed at the empowerment and protection of older persons and at the promotion and maintenance of their status, rights, well-being, safety and security.

[6] Mapule F. Ramashala. Living arrangements, poverty and the health of older persons in Africa
[7] Apt, N.A. (1999). Rapid urbanization and living arrangements of older persons in Africa
[8] Age International. https://www.ageinternational.org

Sustainable Development Goals (SDGs): Goal 3 states “ensure healthy lives and promote well-being for all at all ages”. The SDGs make a broader commitment that “all indicators should be disaggregated by age” to improve the quality, consistency and use of data (Helpage.org)[9]. This will enable governments and development agencies to better understand the issues older people face in claiming their rights to health care, social protection, employment and education. The SDGs furthermore include a commitment to ensuring the implementation of national social protection systems that also benefit the poor and vulnerable, which could provide greater access to income security for older people.

1.3 Objective and layout of the report

The purpose of the report is to provide insight into socioeconomic and demographic variables, and to profile the dynamics of the living circumstances of elderly persons in South Africa using secondary data from Stats SA. The general analysis in the report covers these trends for older persons over a period of five years. Where applicable, change since 1996 or 2001 is also explored.

Chapter 1 contains the introduction. This chapter also seeks to establish the rationale for producing the report and describes data sources used.

Chapter 2 looks at the demographic profile of persons 60 years and older, and changes over the period 2011 to 2015.

Chapter 3 provides information about household characteristics, which include households headed by older people; household composition as well as generational household types.

Chapter 4 explores issues around migration and elderly people. Migration involves the movement of individuals over time and the changes pertaining to an individual’s place of residence.

Chapter 5 focuses on the education background of the target population.

Chapter 6 of the report presents an analysis of the employment profiles of persons aged 60 years and older, income security, poverty and economic development.

Chapter 7 looks at the health assessments, types of illnesses, access to medical aid, and access to health facilities by the elderly.

Chapter 8 provides a general description of the living conditions amongst the elderly in terms of housing and access to basic household services.

Chapter 9 summarises the main highlights from the report.

Chapter 10 contains the conclusion and recommendations, based on the contents of the report.

1.4 Data sources

The General Household Survey (GHS) was used as the primary data source, focusing on a comparison between the years 2011 and 2015. The GHS is an annual household survey that has been conducted by Stats SA since 2002, and is used as a tool aimed at measuring development progress, including service delivery in the country. The survey visits between 28 000 and 30 000 sampled dwelling units in all nine provinces annually.

Additional data sources produced by Statistics South Africa, such as the Quarterly Labour Force Survey (QLFS), Census 2011, Community Survey 2016 (CS) and the Income and Expenditure Survey (IES) were also used where applicable. The QLFS is a household-based survey that collects information about the labour market activities of individuals aged 15 years or older living in South Africa. The CS is the largest sample survey conducted by the organisation with approximately 1,3 million sampled households across the country. The most recent Community Survey was conducted in 2016.

[9] Help Age. http://www.helpage.org

1.5 Definitions

Adults are persons aged 35–64 years.

Child is a person under the age of 18 years.

Educational attainment refers to the highest level of education an individual has completed.

Elderly – see Older age person

Employed persons are those aged 15–64 years who, during the reference week, did any work for at least an hour, or had a job or business but were not at work (temporarily absent).

Geotype (geography type) is a classification according to land use management types. According to Stats SA, an urban area is defined as a continuously built-up area with characteristics such as type of economic activity and land use. Cities, towns, townships, suburbs, etc. are typical urban areas.

- An **urban area** is one that was proclaimed as such (i.e. in an urban municipality under the old demarcation) or classified as such during census demarcation by the geography department of Stats SA, based on their observation of the aerial photographs or on other information.
- A **rural area** is defined as any area that is not classified urban. Rural areas may comprise one or more of the following: tribal areas, commercial farms and informal settlements.

Grant is financial assistance provided by government.

Labour force comprises all persons who are employed plus all persons who are unemployed.

Marital status refers to the personal status of each individual in relation to the marriage laws or customs of a country.

Morbidity refers to the prevalence of a certain disease within a certain geographical location.

Mortality is a state of being susceptible to death.

Old-age grant refers to financial assistance provided by government to elderly people who comply with the means test.

Older age person refers to people aged 60 years and older.

Poverty line is a monetary cut-off point below which a person is deemed to be poor. A person falling below the poverty line is said to be living in poverty.

Unemployment rate is the percentage of the labour force that is unemployed.

Youth – individuals aged 15–34 years.

1.6 Abbreviations

AIDS – Acquired Immune Deficiency Syndrome

CBOs – Community-based Organisations

DCS – Department of Correctional Services

DLA – Department of Land Affairs

DoA – Department of Agriculture

DoBE – Department of Basic Education

DoH – Department of Health

DoL – Department of Labour

DoT – Department of Transport

DPLG – Department of Provincial and Local Government

DPW – Department of Public Works

DSD – Department of Social Development

DTI – Department of Trade and Industry

EAP – Employee Assistance Programme

FBOs – Faith-based Organisations

GCIS – Government Communication and Information System

HIV – Human Immune Deficiency Virus

HSRC – Human Science Research Council

MRC – Medical Research Council

NGOs – Non-governmental Organisations

NPOs – Non-profit Organisations

SAHRC – South African Human Rights Commission

SANDF – South African National Defence Force

SARS – South African Revenue Service

SAPS – South African Police Service

SASSA – South African Social Security Agency

SETA – Sector for Education and Training Authority

CHAPTER 2: DEMOGRAPHIC FACTORS

2.1 Introduction

Population ageing, which entails an increasing share of older persons in the population, is poised to become one of the most significant social transformations of the twenty-first century, with implications for nearly all sectors of society, including labour and financial markets, the demand for goods and services, such as housing, transportation and social protection, as well as family structures and intergenerational ties (United Nations, World Population Ageing). This is particularly true for South Africa, as the country recently experienced a bulge in the youth population, which will eventually transition to an older population and result in the country's having a greater number of older persons to care for.

Generally in this report, the terms "older population" or "elderly" refer to persons aged 60 years and older. This chapter will focus on the population dynamics of older persons, for example population change in size and structure over the period between 2011 and 2016. However, some tables and graphs will use data dating back to 2001 for comparisons over time.

2.2. Basic demographic profiles of the elderly

Table 2.1: Distribution of persons aged 60 years and older in relation to the total population, 2001–2016

	2001		2007		2011		2016	
Province	**RSA ('000)**	**60+ ('000)**	**RSA ('000)**	**60+ ('000)**	**RSA ('000)**	**60+ ('000)**	**RSA ('000)**	**60+ ('000)**
Western Cape	4 524	352	5 278	452	5 822	520	**6 279**	**594**
Eastern Cape	6 436	591	6 527	626	6 562	638	**6 996**	**563**
Northern Cape	822	67	1 058	95	1 145	98	**1 193**	**114**
Free State	2 706	197	2 773	222	2 745	228	**2 834**	**245**
KwaZulu-Natal	9 426	652	10 259	723	10 267	779	**11 065**	**805**
North West	3 669	269	3 271	250	3 509	292	**3 748**	**300**
Gauteng	8 837	544	10 451	718	12 272	842	**13 399**	**1 167**
Mpumalanga	3 122	195	3 643	238	4 039	284	**4 335**	**295**
Limpopo	5 273	408	5 238	443	5 404	467	**5 799**	**438**
South Africa	**44 819**	**3 280**	**48 502**	**3 770**	**51 770**	**4 151**	**55 653**	**4 525**

Source: Census 2001, CS 2007, Census 2011, CS 2016 (Based on Census 2011 boundaries)

The population aged 60 years and older numbered over 4,5 million in 2016, which accounted for just over 8% of the South African population. The population numbers of older persons have been growing consistently since 2001, as depicted in Table 2.1 above.

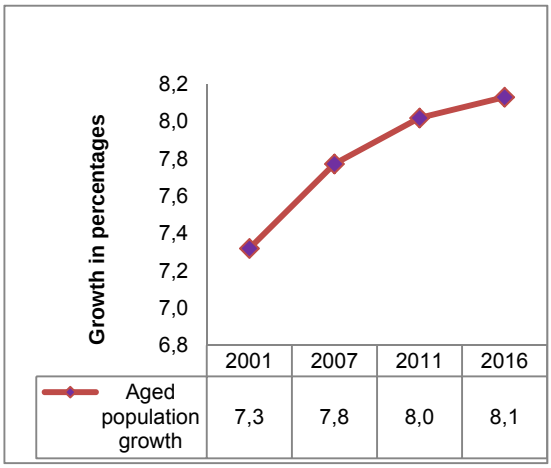
With regard to provincial variations, the analysis revealed that there has been an increase in the numbers of older persons in most of the provinces, apart from Eastern Cape and Limpopo. Between 2011 and 2016, the number of older persons in Gauteng increased by over 325 thousand, followed by the province of Western Cape, which realised an increase of just over 74 thousand.

Nonetheless, it is worth noting that the increase in the population numbers of older persons observed in various provinces over the reference period conforms to the country's overall population growth during the same period.

Table 2.2: Percentage growth in population of older persons, 2001–2016

Province	2001	2007	2011	2016
Western Cape	7,8	8,6	8,9	9,5
Eastern Cape	9,2	9,6	9,7	8,1
Northern Cape	8,2	9,0	8,6	9,6
Free State	7,3	8,0	8,3	8,7
KwaZulu-Natal	6,9	7,0	7,6	7,3
North West	7,3	7,6	8,3	8,0
Gauteng	6,2	6,9	6,9	8,7
Mpumalanga	6,3	6,5	7,0	6,8
Limpopo	7,7	8,5	8,6	7,6
South Africa	**7,3**	**7,8**	**8,0**	**8,1**

Figure 2.1: Population growth over time



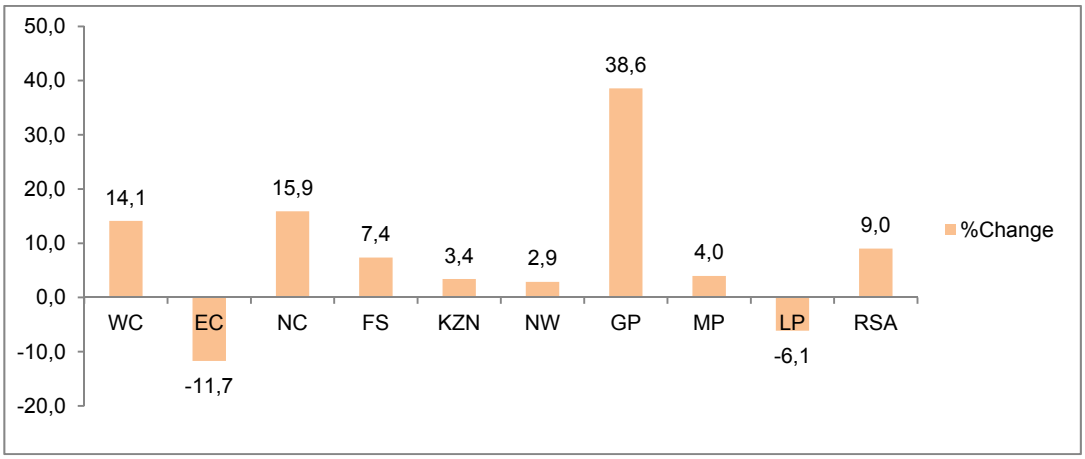
Source: Census 2001, CS 2007, Census 2011, CS 2016

The percentage population growth illustrated in Table 2.2 above is based on the provincial populations. For example, the table shows that the population size of Eastern Cape was over 6,4 million in 2001(refer to Table 2.1) and older persons represented 9,2% of the provincial population. At the time it was the highest ratio across the country.

Provincial variations revealed that the population size of older persons has been growing consistently by at least 6% in 2001 for the slowest growing elderly population in a province and 9,5% in 2016 for the province with the highest growth. In 2016, the highest population growth was recorded in Northern Cape, where the elderly population represented almost 10 per cent (9,6%) of the provincial population, followed by Western Cape with a 9,5% growth rate. These changes can mainly be attributed to the outmigration of young people in search of opportunities – in the case of Northern Cape – and because of an inflow of the elderly – in the case of Western Cape – as the province is generally regarded as good retirement destination for especially the white population.

Nationally, the elderly population increased from 7,3% in 2001 to 8,0% in 2011, with a further slight increase in 2016 to 8,1%, as shown in Figure 2.1 above.

Figure 2.2: Percentage change in elderly population numbers, 2011 and 2016

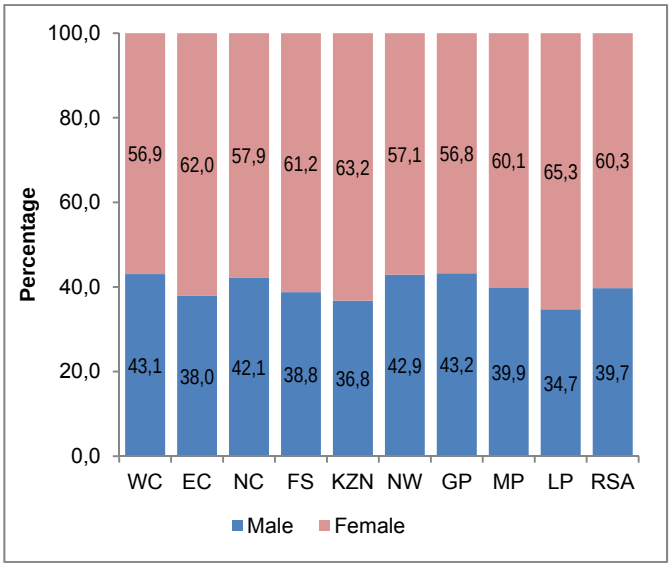


Source: Census 2011 and CS 2016

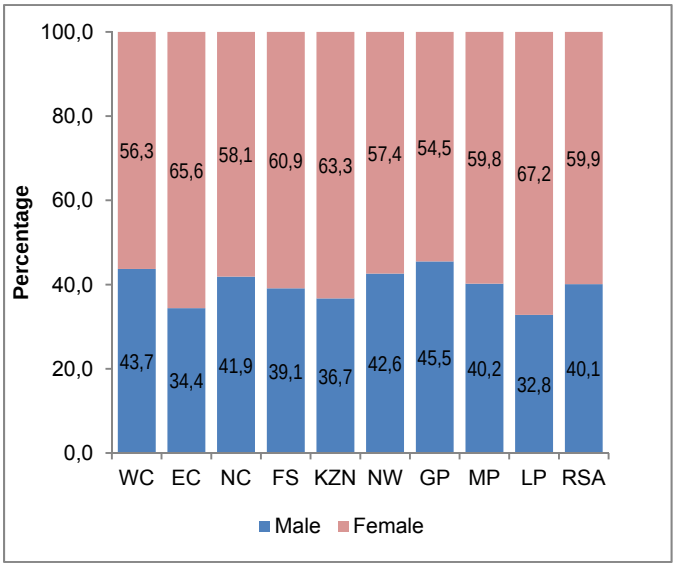
Figure 2.2 shows the percentage change in the elderly population between 2011 and 2016. According to the figure, the elderly population in South Africa increased by 9,0% during the five-year period. This increase was mainly driven by the largest percentage increase observed in Gauteng (38,6%), followed by Northern Cape and Western Cape (15,9% and 14,1%, respectively).

Although most provinces recorded increases in their elderly population, Eastern Cape and Limpopo observed noticeably larger percentage decreases of 11,7% and 6,1%, respectively.

Figure 2.3: Percentage distribution of older persons by province and sex, 2011 and 2016



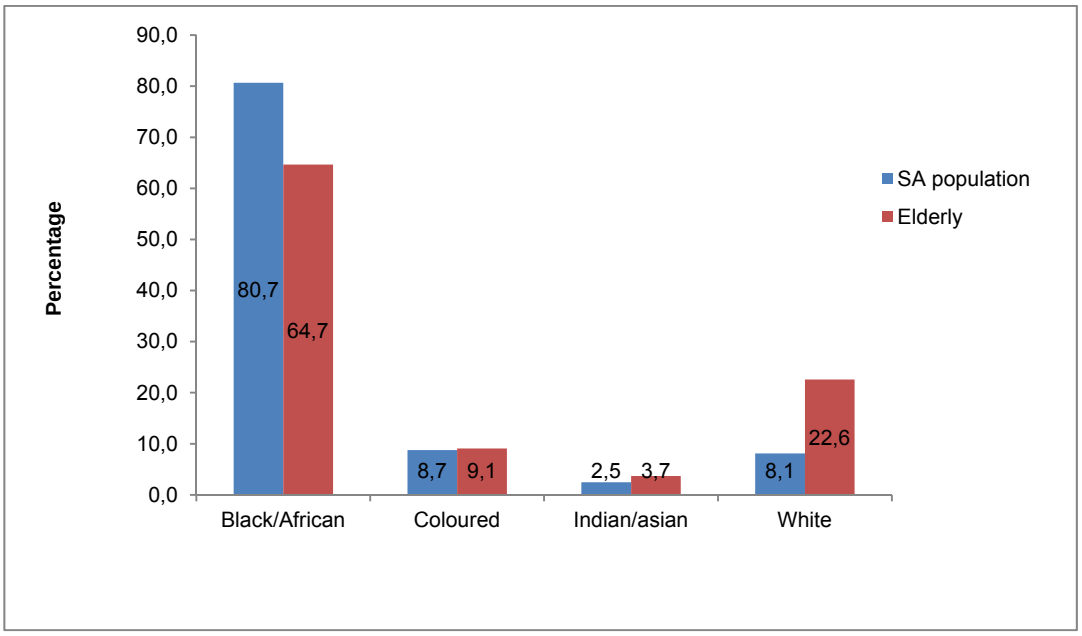
Source: Census 2011



Source: CS 2016

Figure 2.3 illustrates the distribution of older persons by sex within each province in 2011 and 2016. The elderly in all provinces were more likely to be female than male. However, females among the elderly population decreased slightly by 0,4 of a percentage point from 60,3% to 59,9% during the reference period. The decline in the female population was primarily driven by the decreases observed amongst the female share of the population in provinces such as Gauteng, Western Cape, Free State and Mpumalanga, which declined by 2,3; 0,6; 0,3; and 0,3 percentage points, respectively. Similarly, the male population increased due to increases observed in these same provinces with regard to the share of males.

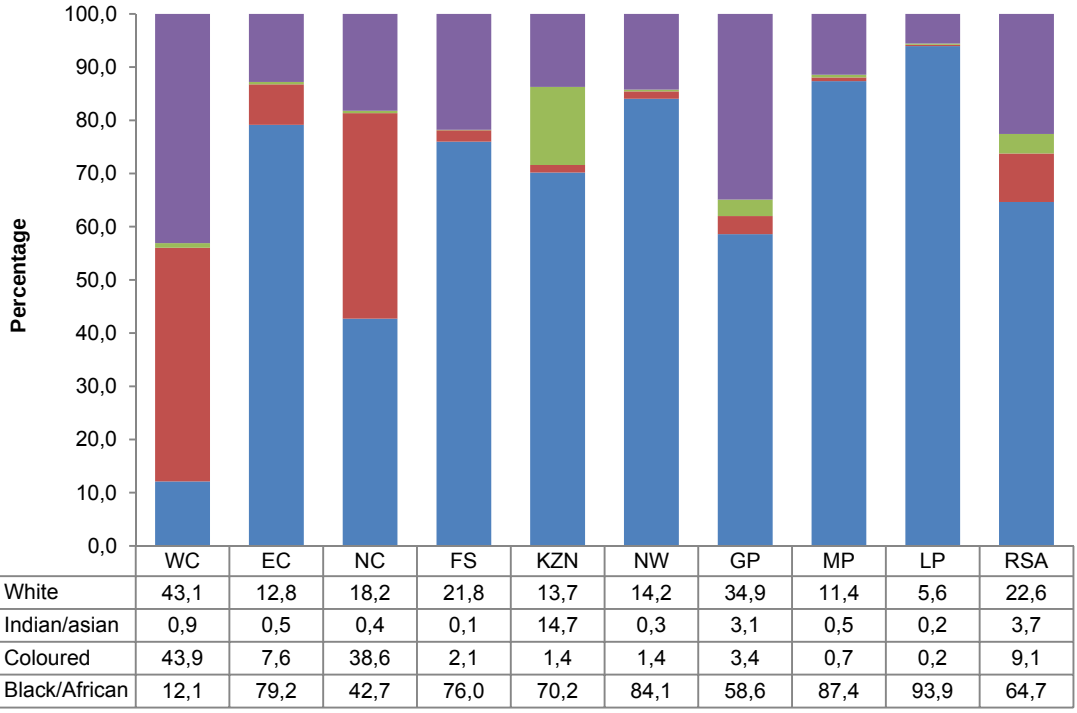
Figure 2.4: Percentage distribution of older persons to the total population, 2016



Source: CS 2016

When compared to the distribution of the four population groups within the general population, the distribution for the elderly is quite different as reflected by Table 2.4 above. In 2016, the percentage of elderly persons amongst coloureds and Indian/Asians surpassed the percentage observed for the general population by 0,4 and 1, 2 percentage points respectively. This gap reveals the manifestation of the ageing phenomenon within the two population groups. This further suggests that these two population groups have higher survival rates than black Africans and whites.

Figure 2.5: Percentage distribution of older persons by province and population group, 2016



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
White	43,1	12,8	18,2	21,8	13,7	14,2	34,9	11,4	5,6	22,6
Indian/asian	0,9	0,5	0,4	0,1	14,7	0,3	3,1	0,5	0,2	3,7
Coloured	43,9	7,6	38,6	2,1	1,4	1,4	3,4	0,7	0,2	9,1
Black/African	12,1	79,2	42,7	76,0	70,2	84,1	58,6	87,4	93,9	64,7

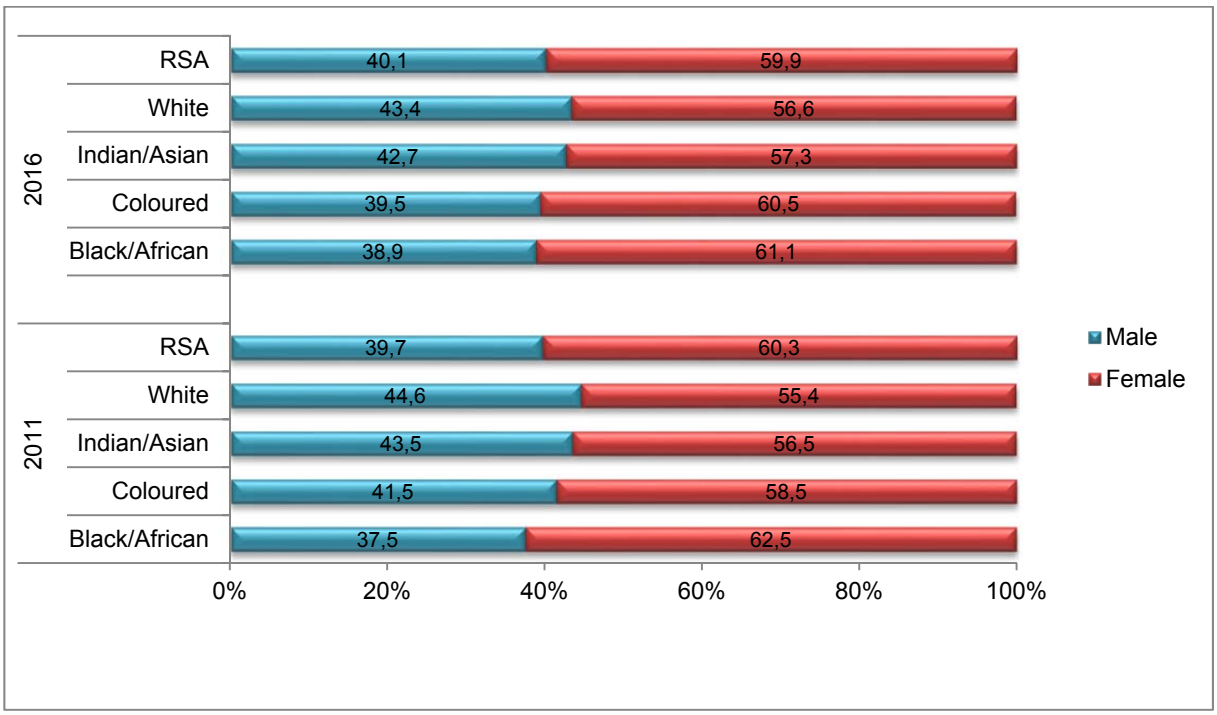
Source: CS 2016

Figure 2.5 shows the percentage distribution of older persons by province and different population categories. In 2016, the elderly population in South Africa constituted an estimated 4,5 million individuals, with black Africans (64,7%) being the dominant population group, followed by whites (22,6%). However

The predominance of black Africans amongst the elderly was mostly observed in Limpopo (93,9%), Mpumalanga (87,4%) and North West (84,1%).

Furthermore, the analysis revealed that in Western Cape, the coloured and white population groups had almost an equal share of the elderly population with 43,9% and 43,1%, respectively. The Indian/Asian population group had the highest representation in KwaZulu-Natal (14,7%) when compared to other provinces.

Figure 2.6: Percentage distribution of older persons by population group and sex, 2011 and 2016

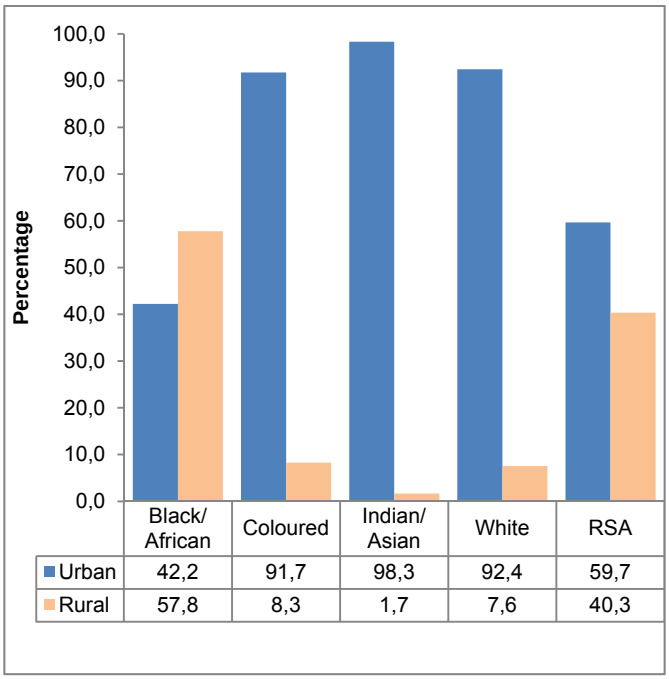


Source: Census 2011 and CS 2016

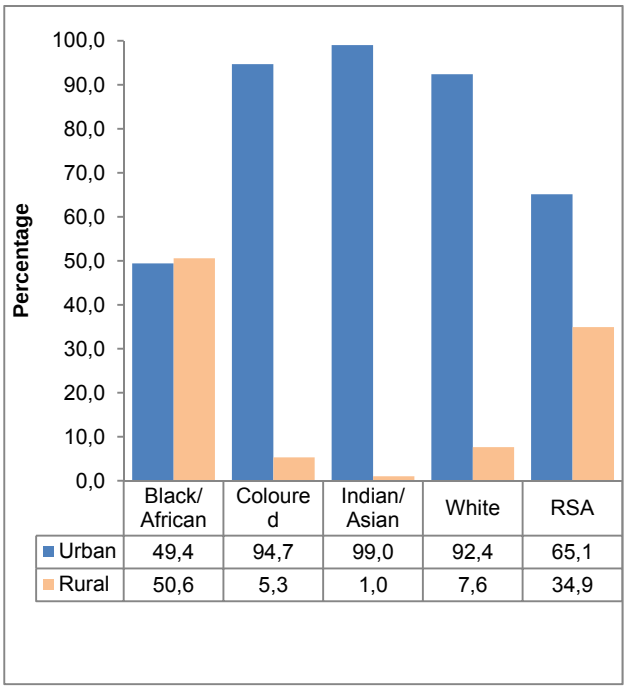
Figure 2.6 shows the percentage of older persons across different population categories by sex. Between 2011 and 2016, female proportions were noticeably higher across all population groups. Generally, this pattern shows the predominance of females, which tend to increase within the older age groups. Although more males are born than females, women tend to have higher survival rates than men and thus, older populations are usually disproportionately female[10].

[10] John Knodel and Napaporn Chayovan: Population Ageing and the Well-being of Older Persons in Thailand, Report 08-659, October 2008

Figure 2.7: Percentage distribution of older persons by population group and geography type, 2011 and 2016



	Black/ African	Coloured	Indian/ Asian	White	RSA
Urban	42,2	91,7	98,3	92,4	59,7
Rural	57,8	8,3	1,7	7,6	40,3



	Black/ African	Coloured	Indian/ Asian	White	RSA
Urban	49,4	94,7	99,0	92,4	65,1
Rural	50,6	5,3	1,0	7,6	34,9

Source: Census 2011 and CS 2016

***Rural geography type is comprised of tribal areas and farms

Figure 2.7 shows the percentage distribution of older persons by population group and geographical location. Between 2011 and 2016, the Indian/Asian, white and coloured population groups were more likely to reside in urban areas when compared to black Africans. In 2011, more black Africans (57,8%) were living in rural than in urban areas (42,2%). However in 2016, near equilibrium was reached with regard to black African residing in rural/urban areas.

Consequently, between 2011 and 2016, there was a national increase of 5,4 percentage points (from 59,7% to 65,1%) in the number of elderly living in urban areas among all population groups in South Africa, pointing to increased urbanisation and a decreased likelihood of moving to a rural area after retirement.

2.3 Age structure of older persons

Table 2.3: Distribution of persons aged 60 years and older by age and sex, 2011 and 2016

	Male		Female		Both sexes	
	N ('000)	Per cent	N ('000)	Per cent	N ('000)	Per cent
Age group	**2011**					
60–64	612	37,1	773	30,9	1386	33,4
65–69	402	24,4	556	22,2	958	23,1
70–74	293	17,8	455	18,2	748	18,0
75–79	165	10,0	316	12,6	481	11,6
80–84	101	6,1	222	8,9	323	7,8
85+	76	4,6	180	7,2	256	6,2
Total	**1 649**	**100,0**	**2 503**	**100,0**	**4 152**	**100,0**
	2016					
60–64	704	38,8	869	32,1	1573	34,8
65–69	500	27,6	679	25,1	1179	26,1
70–74	320	17,6	505	18,6	825	18,2
75–79	163	9,0	323	11,9	486	10,7
80–84	74	4,1	177	6,5	251	5,5
85+	53	2,9	158	5,8	211	4,7
Total	**1 815**	**100,0**	**2 710**	**100,0**	**4 525**	**100,0**

Source: Census 2011, CS 2016

Table 2.3 displays the population distribution of older persons by age and sex. Between 2011 and 2016, the age group 60–64 contained the largest percentage of older persons, followed by age group 65–69, whilst the age group 85+ comprised only 5% of the elderly population in 2016. Furthermore, a higher percentage of males than females was observed amongst the age groups 60–64 and 65–69. However, after the age of 70 years, the percentage of females as part of the total female elderly population was higher than that of their male counterparts. These results display the ageing phenomenon, which entails a change in the sex composition of the population, since women tend to outlive men and therefore constitute the majority of the older population.

In 2016, there was an increase in the proportions of older persons among both sexes in the age groups 60–64, 65–69 and 70–74. After age 75, there is a steady decline in the percentage of elderly persons for both sexes, with a steeper decline for males than for females.

Figure 2.8a: Age population structure, 2011

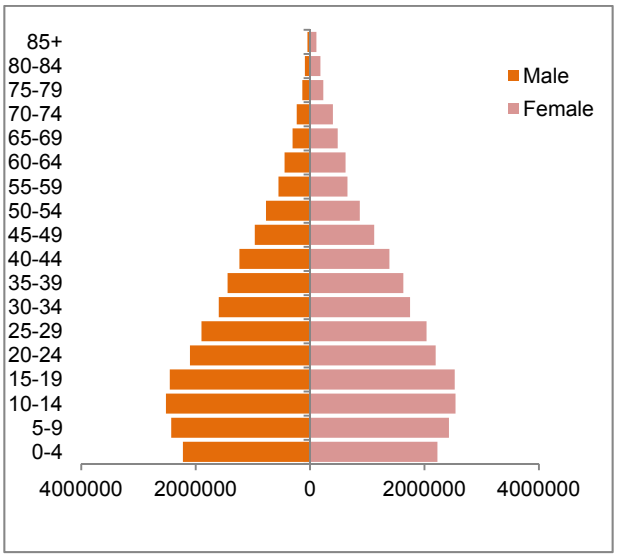
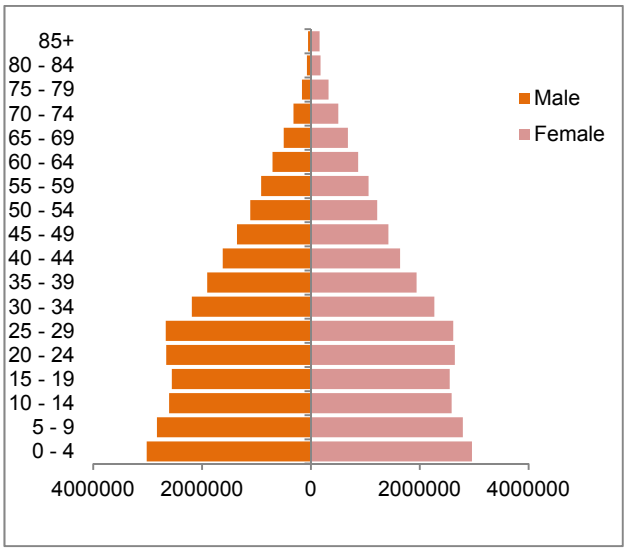


Figure 2.8b: Age population structure, 2016



Source: Census 2001 and CS 2016, Census 2011 boundaries

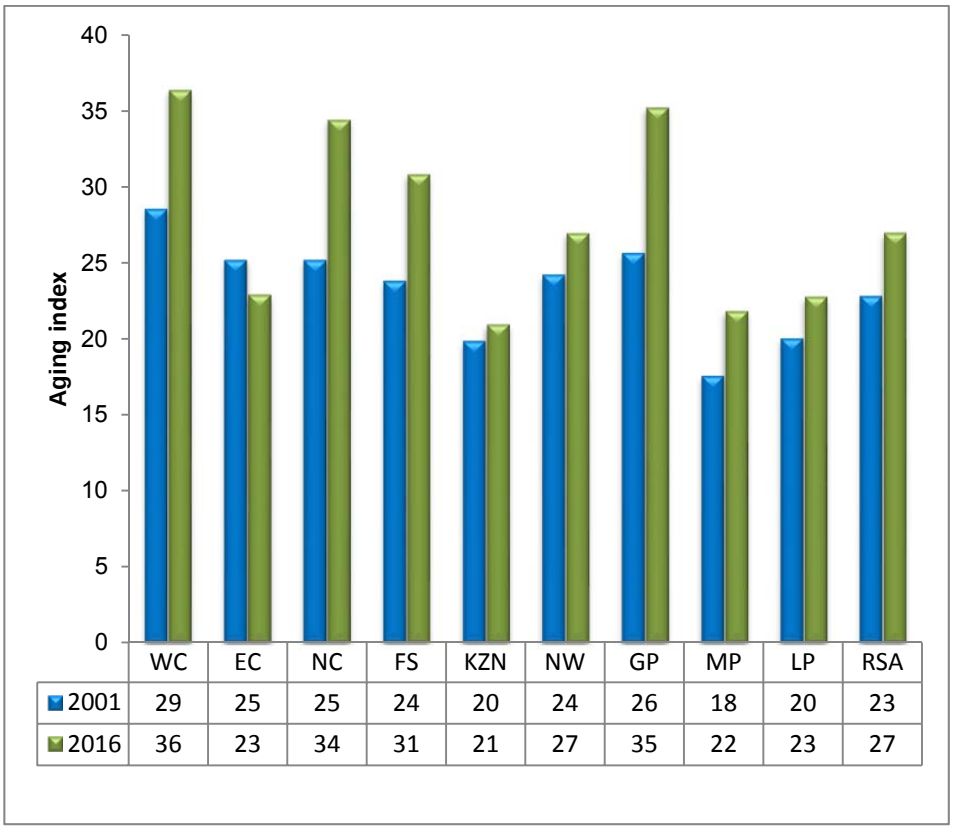
Figures 2.8a and 2.8b look at the distribution of the population with respect to age and sex. For 2001, Figure 2.8a shows an expansive type of population pyramid, which indicates a larger percentage of the population in the younger age groups. The second population pyramid shows a slowly growing older population, which is characterised by low levels of fertility and mortality rates. Therefore, life expectancy has increased and a larger percentage of people have survived to old age. As a result, the population has been gradually ageing.

2.4 Ageing index

The ageing index is a common measure of the age structure and is intended to highlight the changes in the proportionate share of the population accounted for by age groups 0–14 and 60 years and older. It is defined as the number of older persons (aged 60+ in this report) per hundred persons under age 15[11]. If the number of persons aged 60 and older exactly equals the number of persons under age 15 in the population, the ageing index equals 100. Values under 100 denote that the number of older persons is less than the number of young persons, while the opposite is true for values greater than 100.

[11] John Knodel and Napaporn Chayovan: Population Ageing and the Well-being of Older Persons in Thailand, Report 08-659, October 2008

Figure 2.9: Ageing index by province, 2001 and 2016

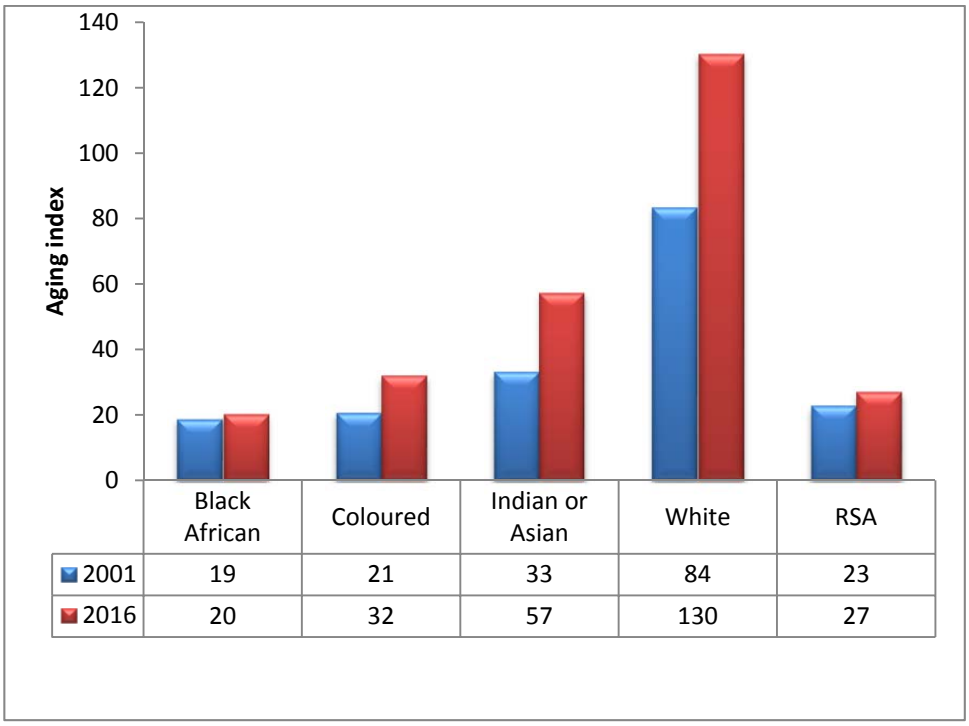


	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2001	29	25	25	24	20	24	26	18	20	23
2016	36	23	34	31	21	27	35	22	23	27

Source: Census 2011 and CS 2016

According to Figure 2.9, the ageing index across all provinces greatly varies for both 2001 and 2016. Provinces with the highest ageing index in 2016 include Western Cape (36), Gauteng (35) and Northern Cape (34), indicating that these provinces had higher proportions of older persons when compared to all other provinces. Mpumalanga and KwaZulu-Natal had the lowest ageing index for both years of reporting. Nationally, between 2001 and 2016, the ageing index increased from 23 to 27, re-confirming that the South African population is progressively ageing.

Figure 2.10: Ageing index by population, 2001 and 2016



Source: Census 2011, CS 2016

Figure 2.10 illustrates the ageing index by population group. Between 2001 and 2016, the ageing index amongst the white population group increased from 84 to 130, although the national average for 2016 was at 27. The increase in the ageing index amongst the white population group could be attributed to a rapid decline in fertility and a lower rate of mortality when compared to the other population groups. The percentage of older persons amongst the white population group grew at an alarming rate. A significantly higher percentage of older persons relative to children suggests an increased future burden of care, as well as a decline in future family support[12].

Black Africans had the lowest ageing index relative to all other population groups (lower proportions of older persons to children) and re-confirms the youthfulness of the black African population in the country.

[12] John Knodel and Napaporn Chayovan: Population Ageing and the Well-being of Older Persons in Thailand, Report 08-659, October 2008

2.5 Marital status of older persons

Table 2.4: Marital status of persons older than 60 years by gender, 2011 and 2016

	Male		Female		Both sexes	
	N ('000)	Per cent	N ('000)	Per cent	N ('000)	Per cent
Marital status	**2011**					
Married	1 146	69,5	958	38,3	2 105	50,7
Living together like married/partners	106	6,4	63	2,5	169	4,1
Never married	163	9,9	403	16,1	566	13,6
Widower/Widow	171	10,4	960	38,4	1 131	27,3
Separated	19	1,2	29	1,2	48	1,2
Divorced	42	2,6	87	3,5	129	3,1
Total	**1 648**	**100,0**	**2 502**	**100,0**	**4 151**	**100,0**
	2016					
Married	1 242	68,5	1 169	43,2	2 411	53,3
Living together like married/partners	103	5,7	67	2,5	170	3,8
Never married	184	10,2	420	15,5	604	13,4
Widowed	205	11,3	925	34,2	1 130	25,0
Separated	17	1,0	22	0,8	40	0,9
Divorced	61	3,4	104	3,9	165	3,7
Total	**1 813**	**100,0**	**2 708**	**100,0**	**4 522**	**100,0**

Source: Census 2011, CS 2016

Table 2.4 shows the percentage of older persons who were married, living together like husband and wife/partners, never married, windowed, separated or divorced, over the period 2011–2016.

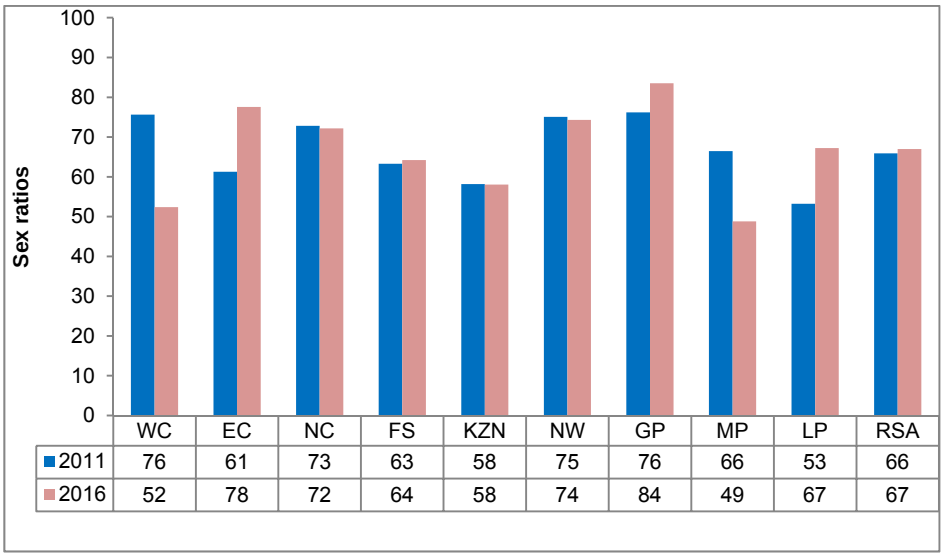
The percentage of older persons who were married remained the largest of the six marital status options over the five-year reporting period. This percentage increased by 2,6 percentage points in 2016 (from 50,7% to 53,3%). The percentage of persons who were divorced increased for both sexes (from 3,1% to 3,7%).

Between 2011 and 2016, the percentage of older persons who were widowed decreased by 2,3 percentage points from 27,3% to 25,0%. However, male spouses were more likely to die before their wives because of the higher levels of male mortality and the fact that men tend to marry younger wives. In 2016, a larger percentage of females (34,2%) than males (11,3%) were widowed. This represents a 22,9 percentage point difference between the two sexes. Relatively few older persons were separated during the reference period at approximately 1%.

2.6 Sex ratios among older persons

The sex ratio is the main measure of sex composition used in demography. The sex ratio is usually defined as the number of males per 100 females. One hundred is the point of balance of the sexes according to this measure. A sex ratio above 100 denotes an excess of males, and a sex ratio below 100 denotes an excess of females. In other words, the greater the excess of males, the higher the sex ratio, and the greater the excess of females, the lower the sex ratio.

Figure 2.11: Sex ratio by province, 2011 and 2016



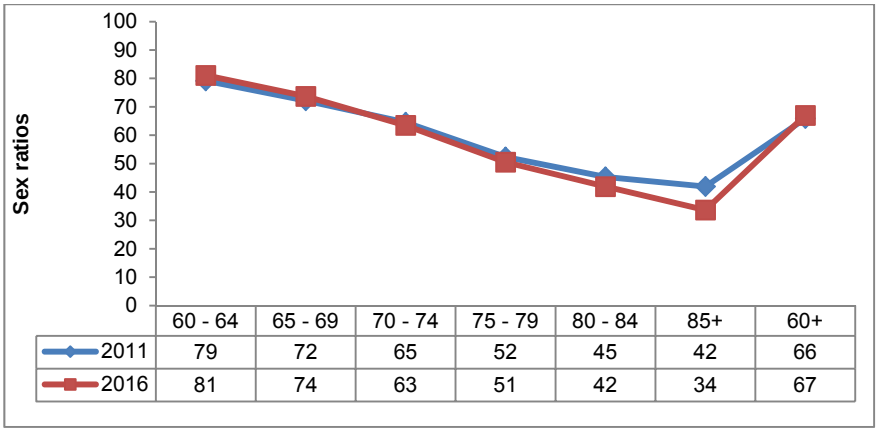
	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2011	76	61	73	63	58	75	76	66	53	66
2016	52	78	72	64	58	74	84	49	67	67

Source: Census 2011 and CS 2016

According to Figure 2.11, sex ratios among persons aged 60 years and older vary greatly by province. In 2011, the sex ratios were the lowest in Limpopo (53 men per 100 women) and KwaZulu-Natal (58 men per 100 women). Five years later, in 2016, sex ratios were lowest in Mpumalanga (49 men per 100 women), Western Cape (52 men per 100 women) and KwaZulu-Natal (58 men per 100 women).

In 2016, the sex ratio of older persons in Gauteng was the closest to being balanced of all provinces (84 men per 100 women).

Figure 2.12: Sex ratio by age group, 2011 and 2016



	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	85+	60+
2011	79	72	65	52	45	42	66
2016	81	74	63	51	42	34	67

Source: Census 2011 and CS 2016

Figure 2.12 illustrates the sex ratios by age group of older persons. The majority of older persons are women, and female predominance tends to increase with age. This fact is reflected in the Figure 2.12, where sex ratios are lower in the older age groups. Between 2011 and 2016, sex ratios were almost balanced for the age group 60–64, with 79 men per 100 women in 2011 and 81 men per 100 women in 2016.

2.7 Conclusion

The elderly population has been growing consistently during the past fifteen years (between 2001 and 2016). The shape of the population pyramids in 2001 and 2016 reflects the gradual transition from a youthful population that the country is currently experiencing to that of an ageing population. These findings are also substantiated by the increase in the levels of the ageing index (from 23 to 27) between 2001 and 2016. Whites had a high ageing index, which confirms the presence of the population ageing phenomenon amongst the white population similar to what is currently being experienced in Western Europe and parts of North America. The elderly population is disproportionately female, as the elderly in all provinces are more likely to be females, and the sex ratios are consequently skewed towards females. Males experienced higher percentage increases in the age groups 60–64 and 65–69 between 2011 and 2016, before consistent declines start for all subsequent age groups.

CHAPTER 3: HOUSEHOLD CHARACTERISTICS

3.1 Introduction

This chapter provides information about the number of households headed by older persons, the characteristics of the household head, the household composition as well as inter-generational household types.

Table 3.1: Distribution of elderly-headed households in South Africa, 2011 and 2015

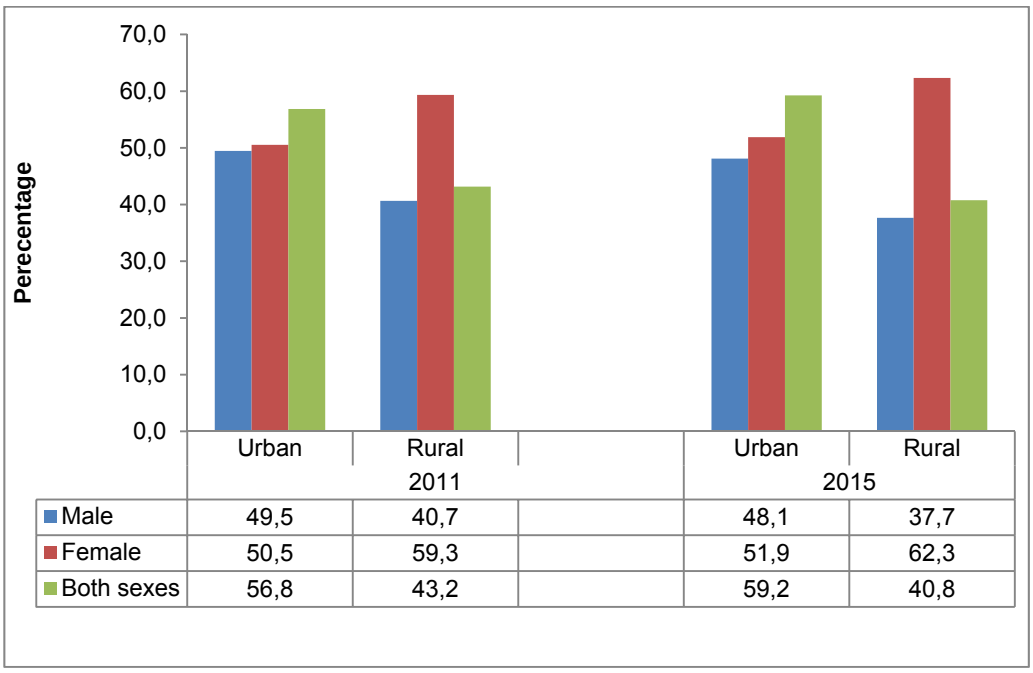
	All households (Excluding elderly)		Elderly households					
			Male		Female		Both sexes	
	N ('000)	Per cent	N ('000)	Per cent	N ('000)	Per cent	N ('000)	Per cent
Province	**2011**							
Western Cape	1267	80,6	158	51,8	147	48,2	304	19,4
Eastern Cape	1 174	73,3	180	42,1	247	57,9	427	26,7
Northern Cape	224	77,4	31	47,5	34	52,5	65	22,6
Free State	663	80,5	72	45,0	88	55,0	161	19,5
KwaZulu-Natal	1 894	78,0	216	40,5	317	59,5	534	22,0
North West	863	80,6	100	47,9	108	52,1	208	19,4
Gauteng	3 413	85,5	311	53,9	266	46,1	577	14,5
Mpumalanga	876	83,3	76	43,2	100	56,8	175	16,7
Limpopo	1 046	77,5	114	37,6	189	62,4	304	22,5
South Africa	**11 419**	**80,6**	**1 258**	**45,7**	**1 497**	**54,3**	**2 755**	**19,4**
2015								
Western Cape	1 405	79,2	201	54,4	168	45,6	369	20,8
Eastern Cape	1 278	74,0	179	39,9	270	60,1	450	26,0
Northern Cape	246	77,0	31	42,6	42	57,4	74	23,0
Free State	711	78,5	82	42,3	112	57,7	194	21,5
KwaZulu-Natal	2 121	77,2	242	38,7	384	61,3	626	22,8
North West	978	80,5	106	44,5	132	55,5	237	19,5
Gauteng	3943	84,1	368	49,3	378	50,7	747	15,9
Mpumalanga	988	81,6	95	42,7	128	57,3	223	18,4
Limpopo	1 200	78,3	120	36,3	212	63,7	332	21,7
South Africa	**12 871**	**79,8**	**1 425**	**43,8**	**1 826**	**56,2**	**3 251**	**20,2**

Source: GHS 2011 and GHS 2015

Table 3.1 illustrates the percentage of elderly-headed households by province and sex. This analysis measures the prevalence of households headed by older persons between 2011 and 2015 in relation to the total number of households in South Africa. Between 2011 and 2015, at national level, South African household heads decreased slightly from 80,6% to 79,8%. Provincial variations indicate that there was a decrease in the percentage of household heads in almost all the provinces, apart from Eastern Cape and Limpopo, where increases of 0,7 and 0,8 percentage points were recorded. Substantial decreases were observed in Mpumalanga and Gauteng (1,7 and 1,4 percentage points, respectively).

Between 2011 and 2015, the percentage of households headed by older persons for both sexes increased slightly from 19,4% to 20,2%. This increase was mainly driven by the increase in the percentage of households headed by females (from 54,3% to 56,2%) and the accompanying decline in male-headed households within the group of elderly-headed households. The decline in male-headed households was recorded across all provinces, except for Western Cape, where there was an increase of 2,6 percentage points in male-headed households with a similar decrease in female-headed households

Figure 3.1: Percentage distribution of elderly-headed households by sex and geography type, 2011 and 2015



	Urban	Rural		Urban	Rural
	2011			2015	
Male	49,5	40,7		48,1	37,7
Female	50,5	59,3		51,9	62,3
Both sexes	56,8	43,2		59,2	40,8

Source: GHS 2011 and GHS 2015

Figure 3.1 illustrates the percentage distribution of elderly-headed households by sex and geographical location over the period 2011 to 2015. The findings show that the majority of household heads were females for both urban and rural areas. Female-headed households increased by 1,4 and 3,0 percentage points for urban and rural areas, respectively, whilst the percentage of male-headed households declined by the same percentage points. Generally, between 2011 and 2015, there was an increase in the percentage of elderly-headed households among both sexes in urban areas, while a decline of 2,4 percentage points was observed in rural areas. This point to increased urbanisation taking place amongst households headed by the elderly.

3.2 Living arrangements

The living arrangements of older persons are determined by cultural norms regarding co-residence and intergenerational ties and familial support. Living arrangements are also fundamentally affected by demographic change, and, in particular, by population ageing. In an aged population, older persons have relatively fewer children and grandchildren than in youthful populations. Partly because of this, older persons in more aged populations are less likely to live in multi-generational households and are more likely to live independently; that is, either alone or only with a spouse. The longer life spans associated with ageing populations open opportunities for more complex intergenerational living arrangements, such as three or more generation households (United Nations, 2005).

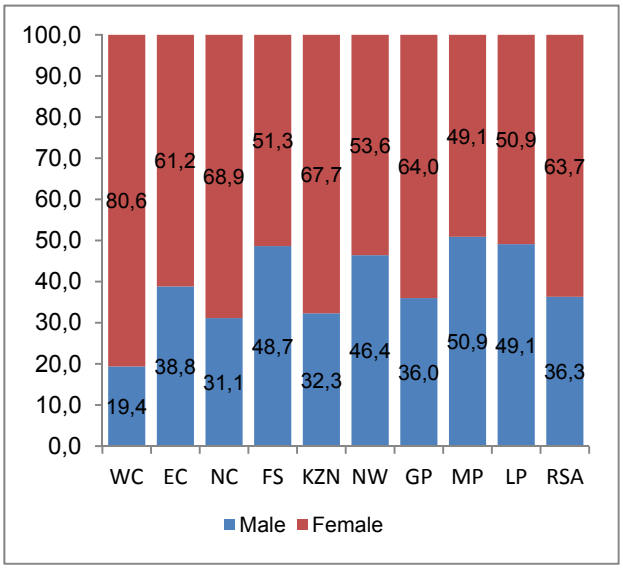
Table 3.2: Distribution of persons aged 60 years and older living alone, 2011 and 2015

	2011			2015		
	Living alone		Elderly population	Living alone		Elderly population
Province	N ('000)	Per cent	N ('000)	N ('000)	Per cent	N ('000)
Western Cape	63	12,9	487	65	11,0	589
Eastern Cape	51	9,3	548	61	10,4	585
Northern Cape	8	8,6	95	15	13,7	108
Free State	22	10,4	213	28	11,5	246
KwaZulu-Natal	42	5,9	722	65	7,8	831
North West	27	10,2	265	35	11,7	302
Gauteng	81	8,9	907	119	11,1	1076
Mpumalanga	20	8,4	238	29	10,2	289
Limpopo	26	6,6	402	36	8,8	413
RSA	**341**	**8,8**	**3876**	**454**	**10,2**	**4440**

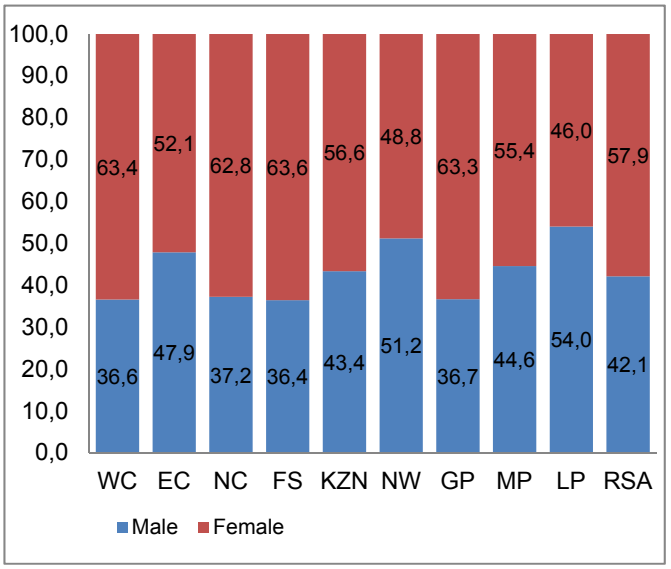
Source: GHS 2011, GHS 2015

Table 3.2 displays the percentage of older persons living alone in relation to the total elderly population. Between 2011 and 2015, the proportions of older persons living alone increased by 1,4 percentage points (from 8,8% to 10,2%). This increase was observed across all provinces, with the exception of Western Cape, which dropped by 1,9 percentage points (from 12,9% to 11,0%).

Figure 3.2: Percentage of older persons living alone by province and sex, 2011 and 2015



Source: GHS 2011

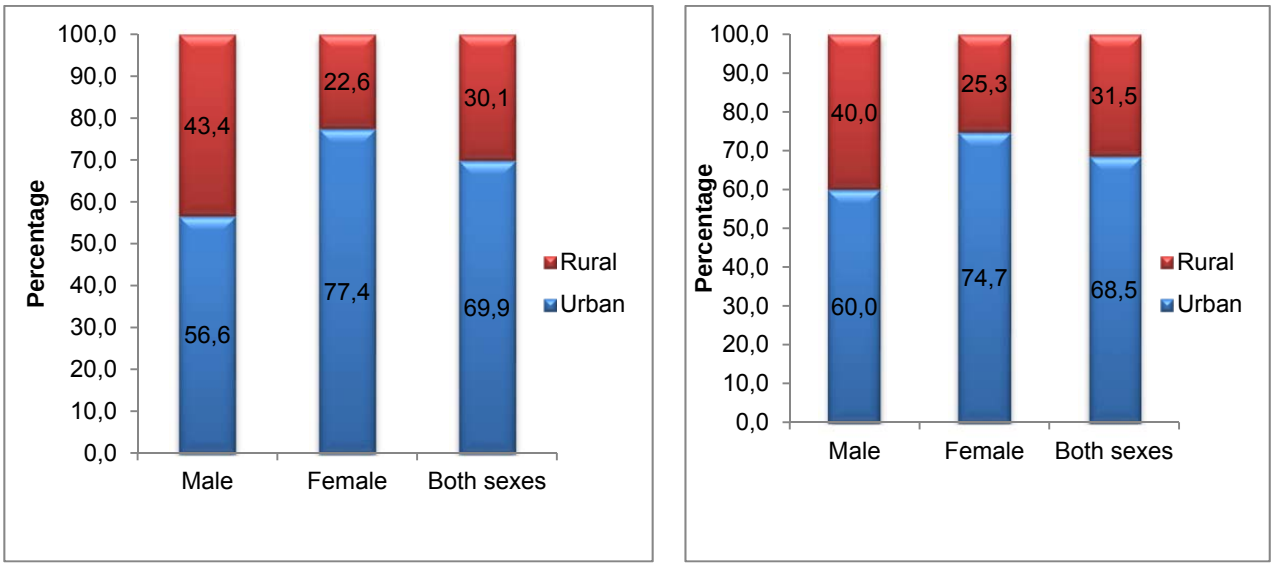


Source: GHS 2015

Figure 3.2 illustrates the percentage distribution of persons aged 60 years and older living alone by province and sex. Females were more likely than males to be living independently/alone in at least eight of the nine provinces in 2011 and in seven of the nine provinces in 2015. Western Cape (80,6%) had the highest proportions of females who were living alone in 2011, although there was a large drop of 17,2 percentage points in 2015 (from 80,6% to 63,4%).

Generally, there were significantly larger gender imbalances in terms of those who were living alone, with the female elderly more likely to be in this position. In South Africa, older persons are considered to be vulnerable, and thus living alone poses certain risks, particularly if older persons have limited resources to sustain themselves.

Figure 3.3: Percentage of the elderly living alone by geography type, 2011 and 2015



Source: GHS 2011 and GHS 2015

Figure 3.3 shows the percentage of persons aged 60 years and older living alone by geographical location. The data revealed large differences in terms of the preferred geographical location by older persons who were living alone. Most elderly who were living alone, live in urban areas regardless of gender. Between 2011 and 2015, there was a slight increase in the percentage of men living alone in urban areas and an increase in women who were living alone in rural areas.

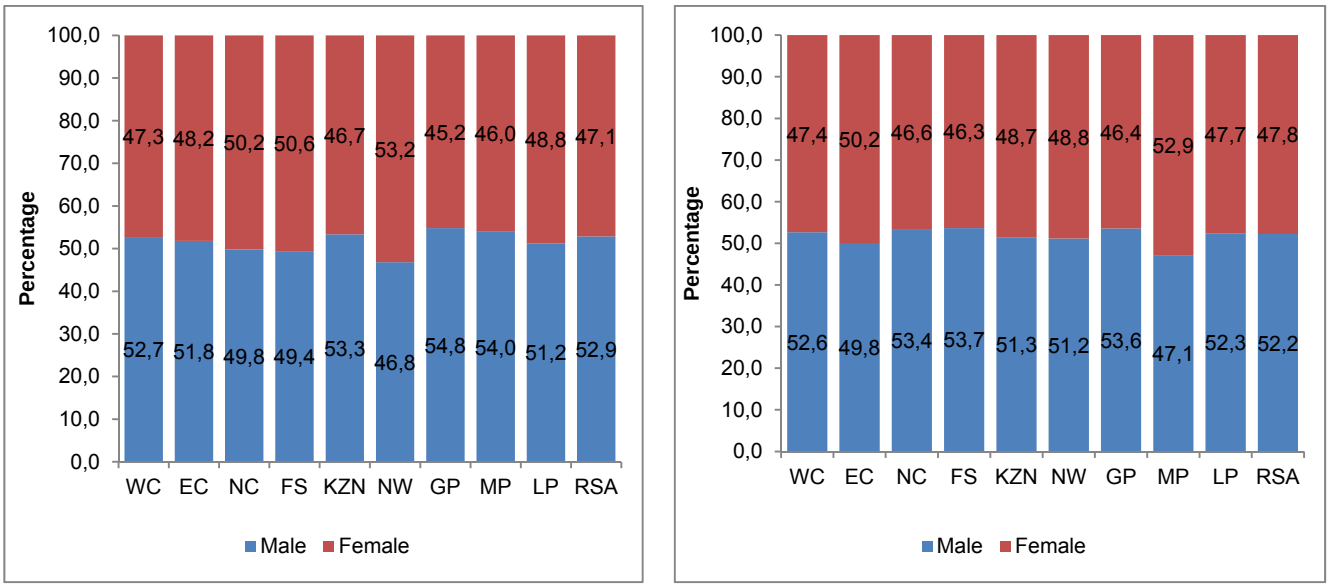
Table 3.3: Distribution of persons aged 60 years living with a spouse, 2011 and 2015

	2011			2015		
	Living with spouse		Elderly population	Living with spouse		Elderly population
Province	N ('000)	Per cent	N ('000)	N ('000)	Per cent	N ('000)
Western Cape	193	39,7	487	248	42,1	589
Eastern Cape	112	20,5	548	109	18,6	585
Northern Cape	25	25,9	95	27	25,1	108
Free State	60	28,4	213	73	29,6	246
KwaZulu-Natal	170	23,6	722	188	22,6	831
North West	59	22,3	265	81	26,9	302
Gauteng	384	42,3	907	427	39,7	1076
Mpumalanga	54	22,9	238	60	20,8	289
Limpopo	60	14,9	402	70	16,8	413
RSA	**1 118**	**28,9**	**3 876**	**1 283**	**28,9**	**4 440**

Source: GHS 2011, GHS 2015

Table 3.3 shows the percentage of older persons living with their spouses as compared to the total elderly population. Between 2011 and 2015, the number of older persons living with their spouses increased by over 165 thousand. However, the increase in numbers was not significant, as the proportions to the total elderly population remained unchanged at 28,9%. Provinces had larger variations with regard to older persons living with their spouses. North West, Western Cape, Limpopo and Free State recorded increases of 4,6; 2,4; 1,9; and 1,2 percentage points, respectively, whereas Eastern Cape, Northern Cape, KwaZulu-Natal, Gauteng and Mpumalanga experienced a decline in the proportions of those who are living with their spouses.

Figure 3.4: Percentage of the elderly living with a spouse by province, 2011 and 2015

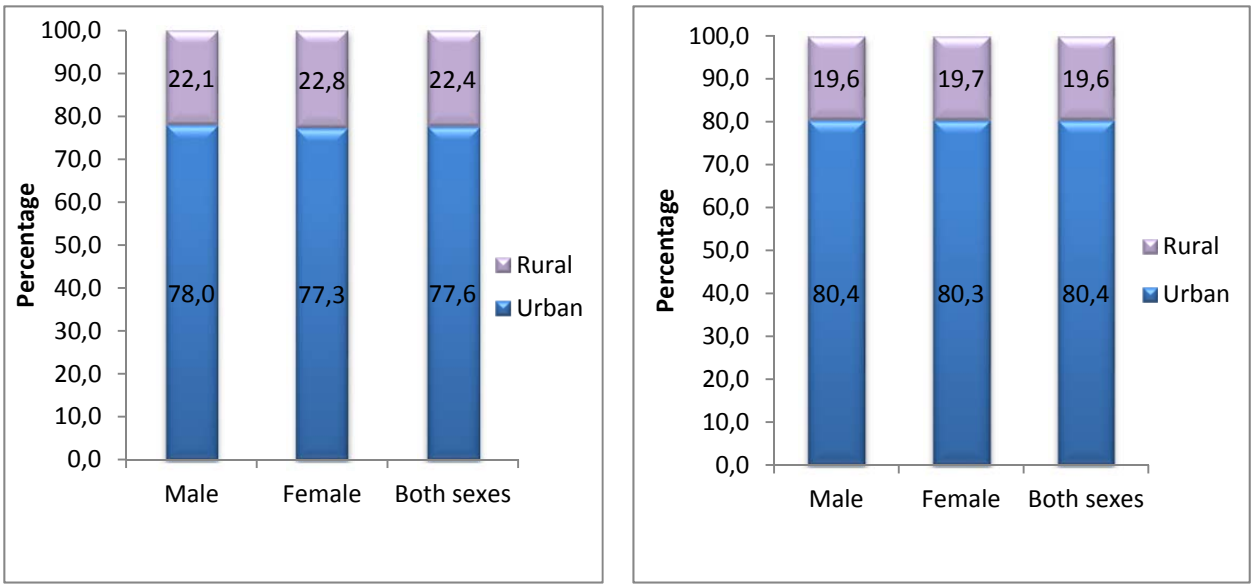


Source: GHS 2011 and GHS 2015

Figure 3.4 shows the percentage of older persons living with their spouses. Spouses can be a primary source of material, social and emotional support and providers of personal care during time of illness or frailty. Thus, living together with a spouse typically has advantages for older persons[13]. The analysis revealed that women were more likely to live alone than with a spouse, while the contrary was true for men. In 2015, Mpumalanga and Eastern Cape had higher percentages of females who were living with their spouses (52,9% and 50,2%, respectively) when compared to other provinces.

[13] John Knodel and Napaporn Chayovan: Population Ageing and the Well-being of Older Persons in Thailand, Report 08-659, October 2008

Figure 3.5: Percentage distribution of the elderly living with a spouse by geography type, 2011 and 2015



Source: GHS 2011 and GHS 2015

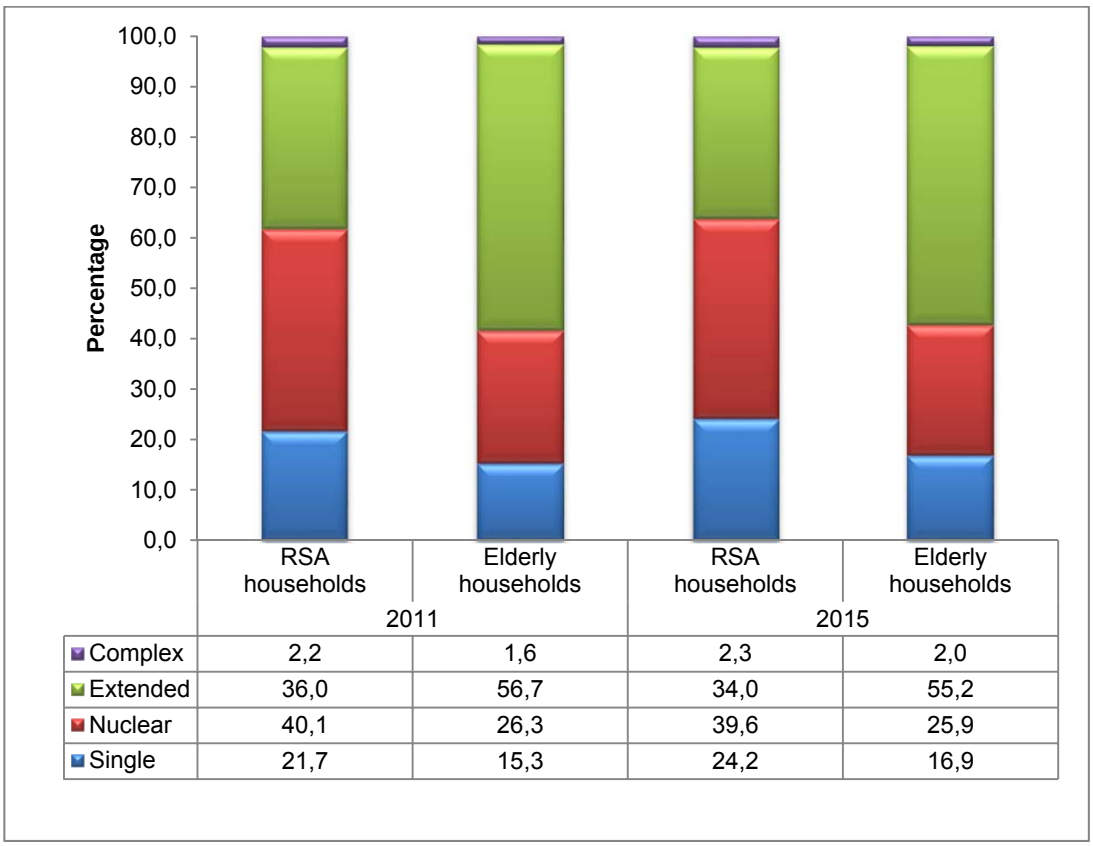
Figure 3.5 shows the percentage of older persons living with spouses by geography type. Between 2011 and 2015, there were higher percentages of older persons of both sexes who were residing in urban areas with their spouses. In 2015, the percentages of those living in urban areas increased by 3,0 percentage points for females, 2,4 percentage points for males and 2,8 percentage points among both sexes. Generally, there were very small gender differences that emerged from this analysis, as both males and females still living with their spouses were residing in urban areas.

3.3 Household composition

Household composition is derived from information about the relationship of each household member to the household head. Households have been categorised into four broad household types: single, nuclear, extended and complex. A single household is a one-person household. Nuclear households are defined as 'households consisting of household heads, their spouses and offspring', while the extended household would include other relatives in addition to the nucleus. Complex households are households with members who are not related to the household head.[14]

[14] United Nations Statistics Division – Demographic and Social Statistics: http://unstats.un.org

Figure 3.6: Percentage distribution of the composition of elderly-headed households as compared to the overall South African households, 2011 and 2015

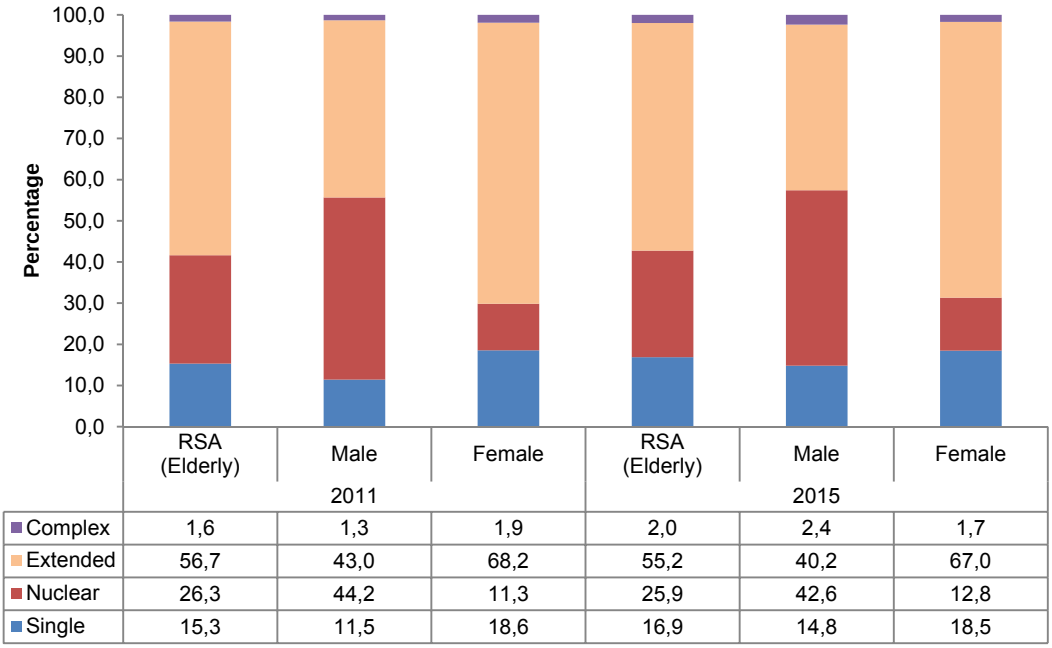


	2011		2015	
	RSA households	Elderly households	RSA households	Elderly households
Complex	2,2	1,6	2,3	2,0
Extended	36,0	56,7	34,0	55,2
Nuclear	40,1	26,3	39,6	25,9
Single	21,7	15,3	24,2	16,9

Source: GHS 2011 and GHS 2015

Figure 3.6 illustrates the living arrangements of older persons relative to the general patterns of South African households between 2011 and 2015. The analysis shows an increase in the proportions of older persons who are residing in single-person households. Nuclear households, which were the second most common, experienced decreases in the proportions for both older persons and South African households. Extended households were more prevalent (above 50%) amongst older persons than they were for South African households. However, the proportions of older persons in these households declined by 1,5 percentage points. The percentage living in complex households was low for both years of reporting, although there was a slight increase of 0,4 of a percentage point in 2015.

Figure 3.7: Percentage distribution of composition of elderly-headed households by sex, 2011 and 2015



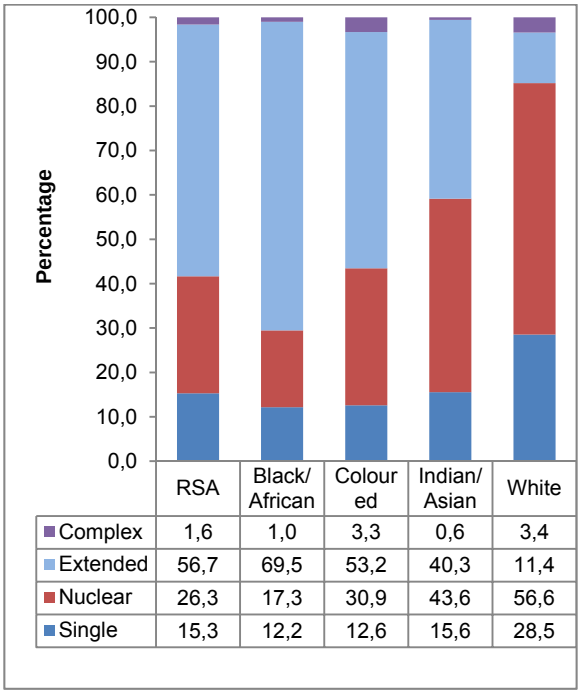
	RSA (Elderly)	Male	Female	RSA (Elderly)	Male	Female
	2011			2015		
Complex	1,6	1,3	1,9	2,0	2,4	1,7
Extended	56,7	43,0	68,2	55,2	40,2	67,0
Nuclear	26,3	44,2	11,3	25,9	42,6	12,8
Single	15,3	11,5	18,6	16,9	14,8	18,5

Source: GHS 2011 and GHS 2015

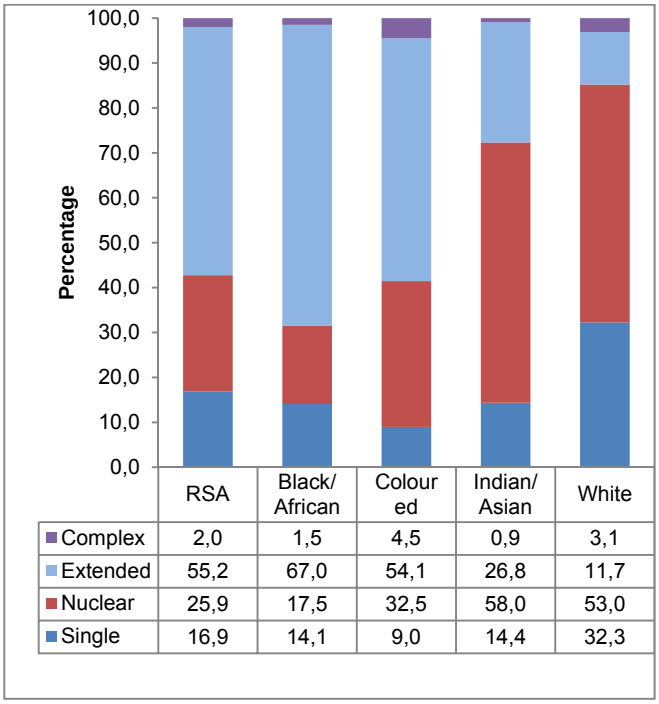
Figure 3.7 depicts the distribution of older persons by household composition and sex. The findings show that single-person households were more prevalent amongst females than they were for males over the five-year reporting of period. Females were more likely to live in single-person households, although a decline of 0,1 of a percentage point was observed among this group between 2011 and 2015. The proportion of males living in single-person households increased by 3,3 percentage points. This phenomenon of a high percentage of females living in single households can mostly be attributed to marital choices and high levels of mortality among their male counterparts.

Between 2011 and 2015, higher proportions of females were likely to live in extended households, whereas males were more likely to live in nuclear households. Extended households were the most common among older persons when compared to other types of households. Complex households were least common for both sexes.

Figure 3.8: Percentage distribution of composition of elderly-headed households by population group, 2011 and 2015



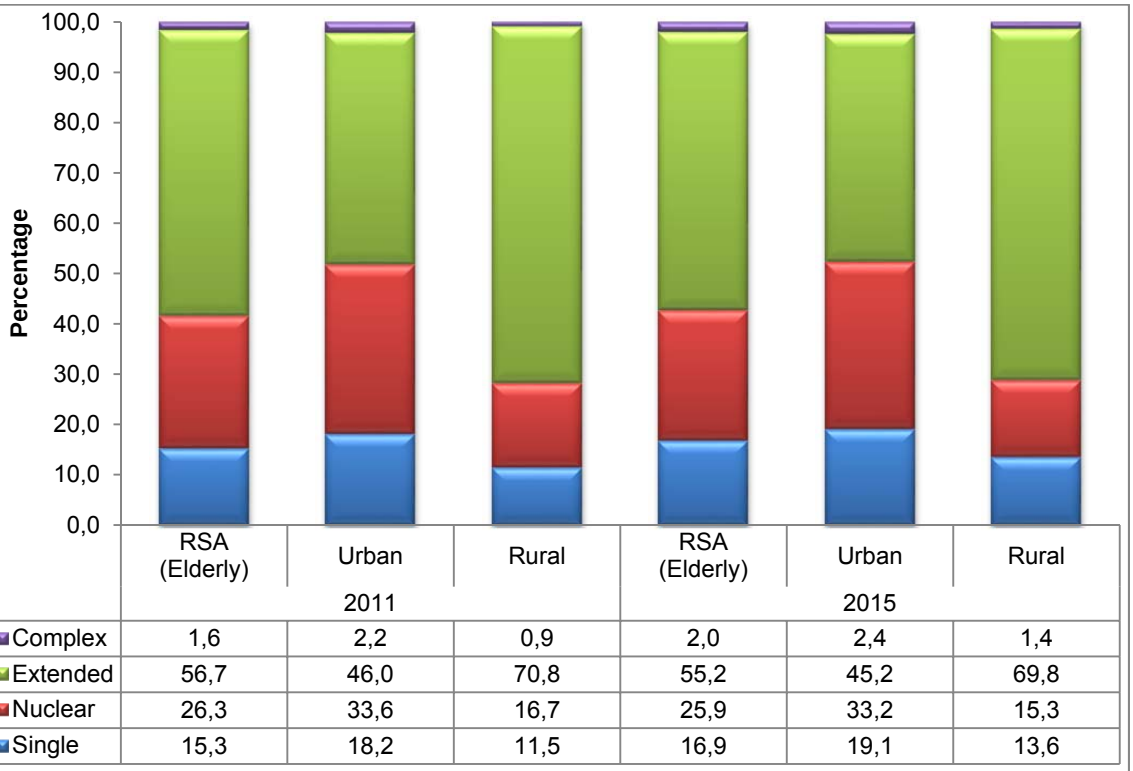
	RSA	Black/ African	Coloured	Indian/ Asian	White
Complex	1,6	1,0	3,3	0,6	3,4
Extended	56,7	69,5	53,2	40,3	11,4
Nuclear	26,3	17,3	30,9	43,6	56,6
Single	15,3	12,2	12,6	15,6	28,5



	RSA	Black/ African	Coloured	Indian/ Asian	White
Complex	2,0	1,5	4,5	0,9	3,1
Extended	55,2	67,0	54,1	26,8	11,7
Nuclear	25,9	17,5	32,5	58,0	53,0
Single	16,9	14,1	9,0	14,4	32,3

Figure 3.8 depicts the distribution of older persons by household composition and population group. In both 2011 and 2015, elderly persons in the black African and the coloured populations were most likely to live in extended households. Whites were the least likely to live in extended households, with only 11,7% of white elderly-headed households classified as extended. During the five-year period under review, the most significant change took place amongst the Indian/Asian elderly population. Whereas 40,3% of them lived in extended households in 2011, by 2015 only 26,8% found themselves in extended families. The percentage of Indian/Asian households headed by the elderly and classified as nuclear, increased from 43,6% to 58,0%. Single-person households were primarily found amongst elderly whites (28,5% in 2011 and 32,3% in 2015).

Figure 3.9: Percentage distribution of the composition of elderly-headed households by geography type, 2011 and 2015



	RSA (Elderly)	Urban	Rural	RSA (Elderly)	Urban	Rural
	2011			2015		
Complex	1,6	2,2	0,9	2,0	2,4	1,4
Extended	56,7	46,0	70,8	55,2	45,2	69,8
Nuclear	26,3	33,6	16,7	25,9	33,2	15,3
Single	15,3	18,2	11,5	16,9	19,1	13,6

Source: GHS 2011 and GHS 2015

Figure 3.9 depicts the percentage distribution of older persons by household composition and geographical location. The analysis reveals large differences in terms of the geographical placement of different types of households among older persons.

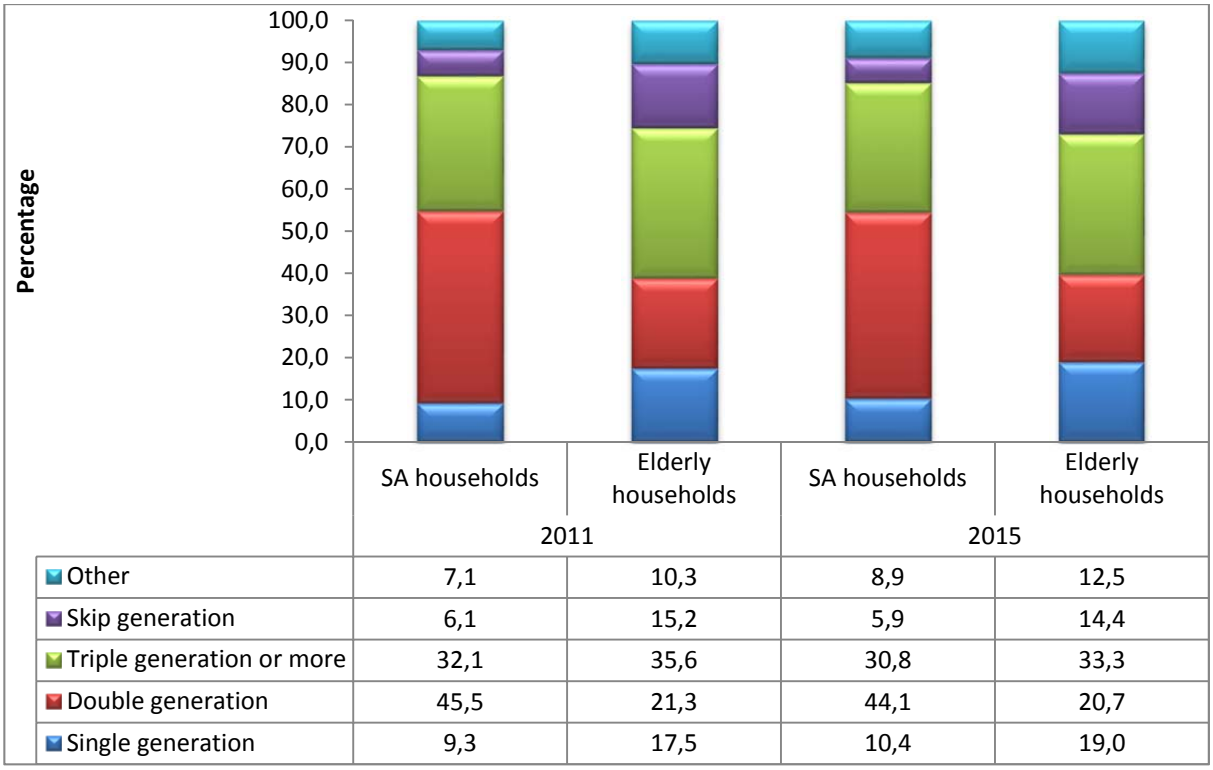
Between 2011 and 2015, extended households were predominant among elderly-headed households in rural areas, with 7 out of 10 falling into this category. A third of elderly-headed households in urban areas were nuclear, and 19,1% were single-headed households. Nuclear households were mostly observed in urban areas, rather than in rural areas. Complex and single households experienced increases in both urban and rural areas during the reference period. This phenomenon was also evident at national level, as single households increased by 1,6 percentage points and complex households by 0,4 percentage points.

3.4 Intergenerational household types

The prevalence of intergenerational households differs amongst population groups, as household income may impact on how the households are structured. Population groups with high incomes tend to have lower proportions of intergenerational households when compared to low- and middle-income groups.

Intergenerational households in this report are classified into four main groups, namely one (single) generation, two generations, two or more generations and skip generations (Wolf and Folbre, 2012)[15]. A one- (or single) generation household consists of people of the same age group: a married or cohabiting couple, a single person, siblings, or roommates. A two-generation household includes a parent or parents and their child or children under age 25. In households consisting of more than three generations, the ages in the household can range from infancy to extreme old age. Lastly, when a generation is skipped or not present in a household, this is defined as a skipped-generation household. For example, a skip generation household is formed when grandparents care for their grandchildren whose parents may be dead or unable to care for them.

Figure 3.10: Percentage distribution of household type of elderly-headed households as compared to the overall South African household heads, 2011 and 2015



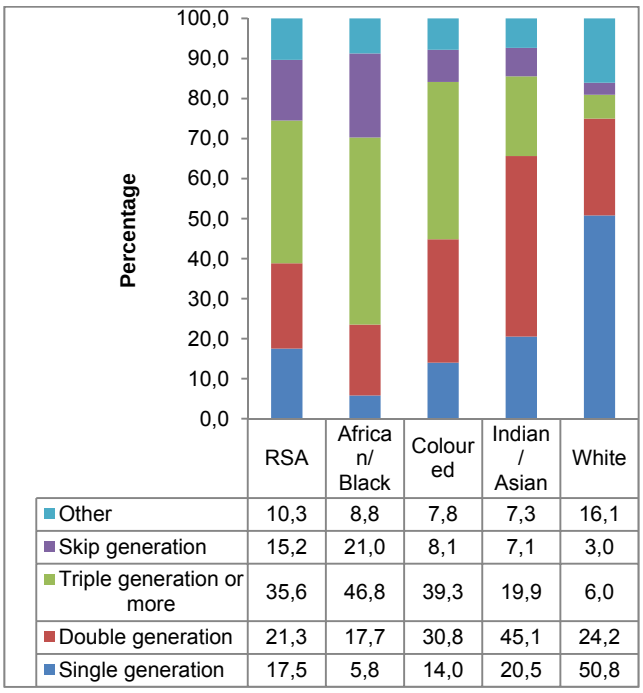
	2011		2015	
	SA households	Elderly households	SA households	Elderly households
Other	7,1	10,3	8,9	12,5
Skip generation	6,1	15,2	5,9	14,4
Triple generation or more	32,1	35,6	30,8	33,3
Double generation	45,5	21,3	44,1	20,7
Single generation	9,3	17,5	10,4	19,0

Source: GHS 2011 and GHS 2015

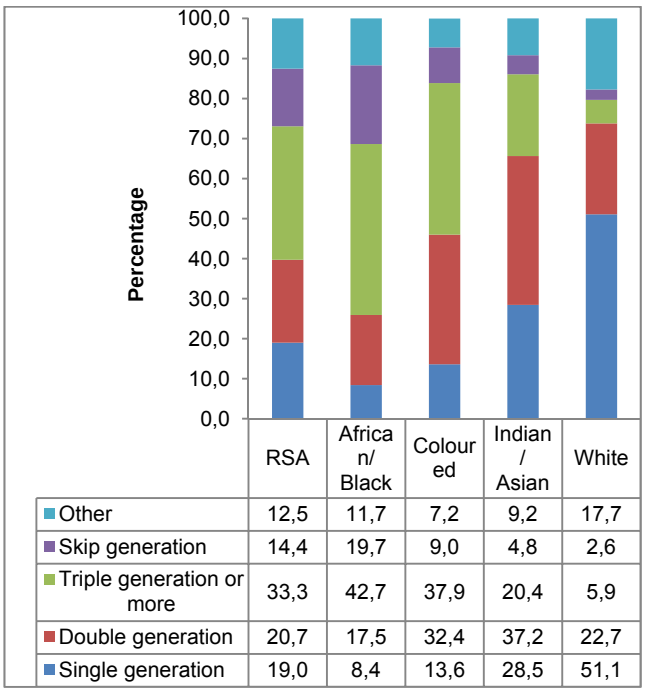
Figure 3.10 illustrates the percentage distribution of older persons across intergenerational households. Data from Figure 3.10 show that between 2011 and 2015, there were fairly large differences between South African and elderly-headed households with regard to intergenerational household spread. Triple-generation or more households were more prevalent amongst older persons relative to other types of intergenerational households. Double-generation households were the second most likely to occur, followed by single-generation households. However, skip-generation households were noticeably more prevalent (above 10%) amongst elderly-headed households than for South African households in general.

[15] Wolf, D. & Folbre, N. 2012. *Universal Coverage of Long Term care in the United States*, Russel Sage Foundation: ISBN-13 / ISBN-10 978-1-61044-799-7

Figure 3.11: Percentage distribution of household type of households headed by the elderly by population group, 2011 and 2015



	RSA	African/ Black	Coloured	Indian / Asian	White
Other	10,3	8,8	7,8	7,3	16,1
Skip generation	15,2	21,0	8,1	7,1	3,0
Triple generation or more	35,6	46,8	39,3	19,9	6,0
Double generation	21,3	17,7	30,8	45,1	24,2
Single generation	17,5	5,8	14,0	20,5	50,8



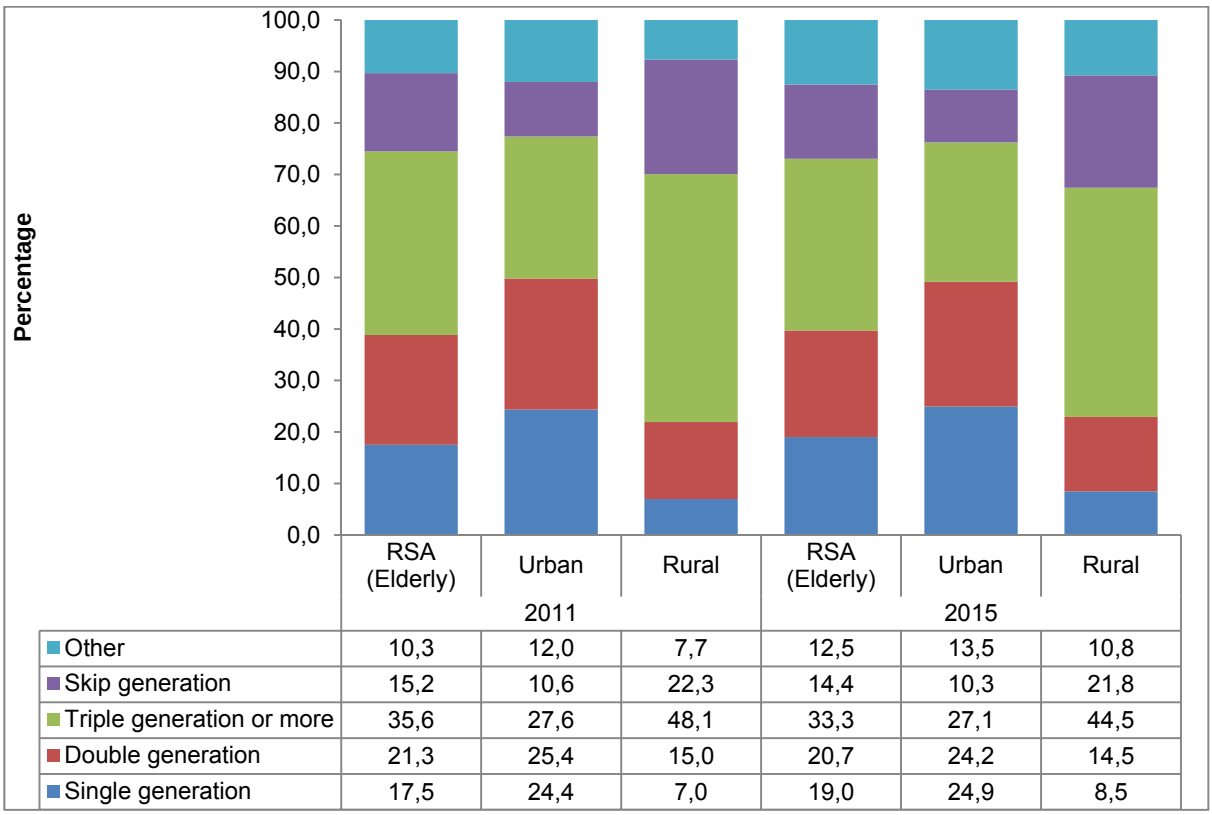
	RSA	African/ Black	Coloured	Indian / Asian	White
Other	12,5	11,7	7,2	9,2	17,7
Skip generation	14,4	19,7	9,0	4,8	2,6
Triple generation or more	33,3	42,7	37,9	20,4	5,9
Double generation	20,7	17,5	32,4	37,2	22,7
Single generation	19,0	8,4	13,6	28,5	51,1

Source: GHS 2011 and GHS 2015

Figure 3.11 illustrates the percentage distribution of older persons across intergenerational household types by population group. The analysis shows that between 2011 and 2015, there were fairly large variations between population groups with regard to intergenerational households. Compared to other population groups, elderly persons from the Indian/Asian and white population groups were most likely to live in single-generation households. The percentage of elderly persons living in single-generation households from these two population groups increased by 8,0 and 0,3 percentage points, respectively, over the five-year reporting period. A decrease of 0,4 of a percentage point was observed amongst the coloured population group. The number of older persons living in double-generation households declined during the reference period for almost all population groups, apart from the coloured population group, which experienced an increase of 1,6 percentage points.

Compared to older persons from other population groups, triple or more generation households were most common amongst the black African and coloured population groups when compared to the Indian/Asian and white population groups. Over two-fifths of black African (42,7%) and over one-third of coloured (37,9%) older persons lived in triple or more generation households in 2015. A noticeably higher percentage of older persons amongst black Africans (19,7%) were living in skip-generation households relative to other population groups. This showed that larger number of older persons in the black African population were caring for their grandchildren as compared to other population groups.

Figure 3.12: Percentage distribution of household type of elderly-headed households headed by geography type, 2011 and 2015

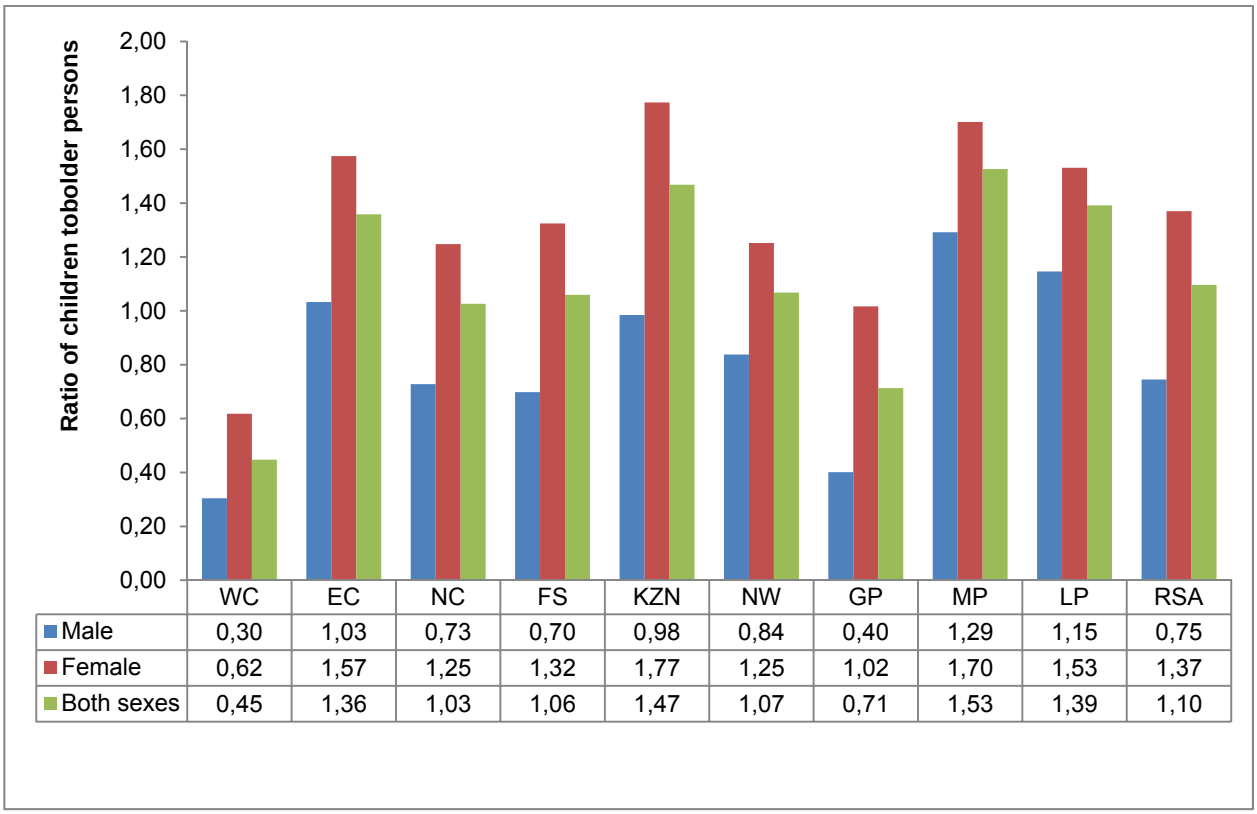


	2011			2015		
	RSA (Elderly)	Urban	Rural	RSA (Elderly)	Urban	Rural
Other	10,3	12,0	7,7	12,5	13,5	10,8
Skip generation	15,2	10,6	22,3	14,4	10,3	21,8
Triple generation or more	35,6	27,6	48,1	33,3	27,1	44,5
Double generation	21,3	25,4	15,0	20,7	24,2	14,5
Single generation	17,5	24,4	7,0	19,0	24,9	8,5

Source: GHS 2011 and GHS 2015

Figure 3.12 summarises the percentage distribution of older persons across intergenerational households by geographical location. Between 2011 and 2015, there was a fairly uniform spread of older persons who lived in single-, second- and triple-generation households in urban areas. In contrast to this in 2015, a higher percentage of older persons from triple or more generation households were residing in rural areas (44,5%) as compared to other types of households. Skip-generation households were also more common in rural areas than in urban areas, with an 11,5 percentage points difference.

Figure 3.13: Ratio of children to older persons in elderly-headed households by sex, 2015



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Male	0,30	1,03	0,73	0,70	0,98	0,84	0,40	1,29	1,15	0,75
Female	0,62	1,57	1,25	1,32	1,77	1,25	1,02	1,70	1,53	1,37
Both sexes	0,45	1,36	1,03	1,06	1,47	1,07	0,71	1,53	1,39	1,10

Source: GHS 2015

Figure 3.13 depicts the ratio of children to older persons in elderly-headed households. The measure expresses the ratio of children under the age of 18 years to persons aged 60 years and older. Nationally, the ratio of children to older persons was visibly higher amongst females (1,37) than amongst males (0,75). This indicates that households headed by older women were more likely to reside with or care for children than men. However, among both sexes (1,10), the analysis revealed that older persons, regardless of sex, were more likely to live with or care for at least one child under the age of 18.

The provincial variations found in 2015 indicate that the highest ratios of children to the elderly can be found amongst female-headed households living in KwaZulu-Natal (1,77), Mpumalanga (1,70) and Eastern Cape (1,57). Western Cape had the lowest ratios of children to older persons for both sexes. However, within the province, the ratios for male-headed households were still lower than those for female-headed households.

3.5 Subjective household happiness

This component of the report explores the perceptions with regard to happiness among households headed by persons aged 60 years and older. Notions of subjective well-being or happiness have a long tradition as central elements of quality of life[16]. The measure of subjective happiness is relevant for monitoring the well-being of people (older persons in respect of this report).

Table 3.4: Subjective happiness of households headed by persons aged 60 years and older by province, 2014 and 2015

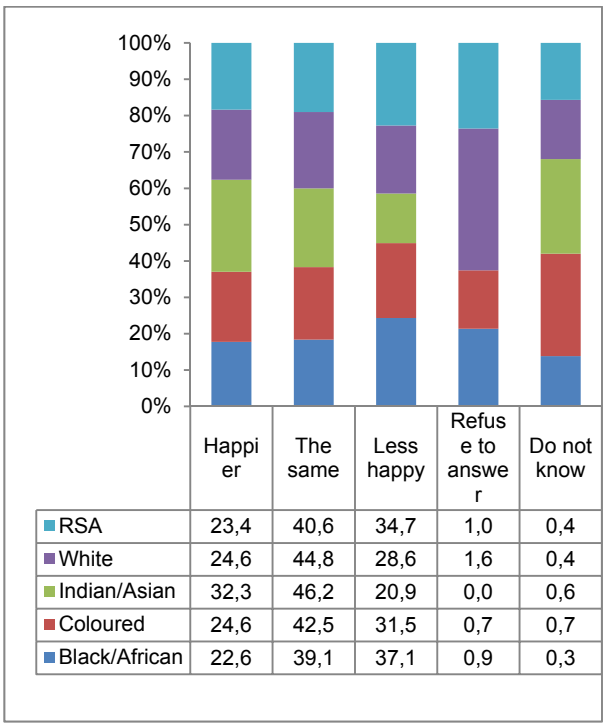
Province	Happier than 10 years ago	The same as 10 years ago	Less happy than 10 years ago	Refuse to answer	Do not know	Total
	2014 (Per cent)					
Western Cape	24,0	44,8	29,4	0,8	1,0	**100,0**
Eastern Cape	27,8	34,1	36,6	1,5	0,0	**100,0**
Northern Cape	33,2	35,0	31,0	0,0	0,8	**100,0**
Free State	32,1	39,8	27,1	0,8	0,2	**100,0**
KwaZulu-Natal	18,8	39,6	40,5	1,1	0,1	**100,0**
North West	25,4	42,3	31,8	0,2	0,4	**100,0**
Gauteng	19,7	42,3	36,3	0,9	0,9	**100,0**
Mpumalanga	35,4	37,5	26,8	0,4	0,0	**100,0**
Limpopo	17,1	45,6	35,6	1,6	0,1	**100,0**
RSA	**23,4**	**40,6**	**34,7**	**1,0**	**0,4**	**100,0**
	2015 (Per cent)					
Western Cape	31,9	39,3	28,1	0,6	0,1	**100,0**
Eastern Cape	27,0	33,4	38,8	0,8	0,0	**100,0**
Northern Cape	40,2	27,6	31,4	0,8	0,0	**100,0**
Free State	27,9	43,5	28,1	0,5	0,0	**100,0**
KwaZulu-Natal	20,7	35,3	43,1	0,6	0,3	**100,0**
North West	25,5	40,0	34,5	0,0	0,0	**100,0**
Gauteng	29,8	36,0	32,5	1,1	0,5	**100,0**
Mpumalanga	35,6	35,2	29,2	0,0	0,0	**100,0**
Limpopo	14,7	49,1	35,1	0,6	0,5	**100,0**
RSA	**26,6**	**37,7**	**34,8**	**0,6**	**0,2**	**100,0**

Source: GHS 2014, GHS 2015

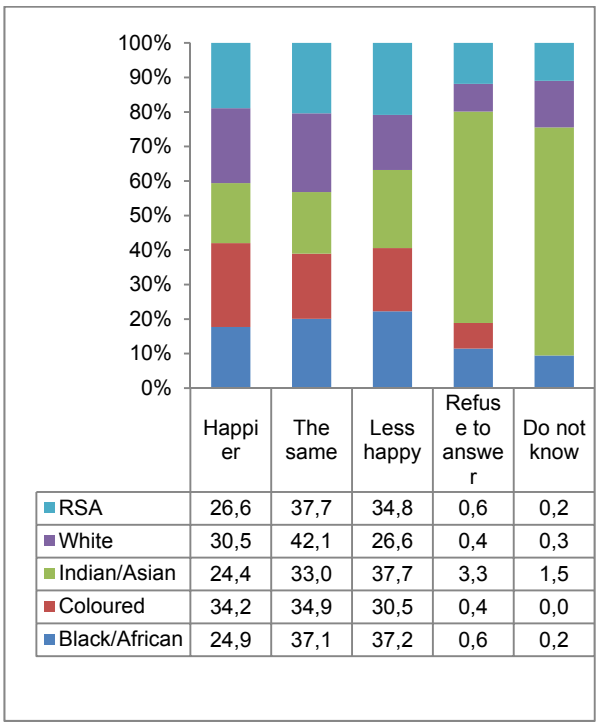
Old age often brings a deterioration of circumstances in some ways, including a decline in happiness, as represented by Table 3.4 above. The provinces where the highest percentages of households headed by the elderly felt that they were happier than 10 years before were Northern Cape (40,2%), Mpumalanga (35,6%) and Western Cape (31,9%). Provinces where households headed by the elderly were most likely to feel the same as 10 years ago included Limpopo (49,1%), Free State (43,5%) and North West (40,0%). Households headed by the elderly that were less likely to be happy than 10 years ago were found in KwaZulu-Natal (43,1%) and Eastern Cape (38,8%).

[16] OECD Guidelines on Measuring Subjective Well-being

Figure 3.14: Subjective happiness of households headed by older persons by population group, 2014 and 2015



	Happier	The same	Less happy	Refuse to answer	Do not know
RSA	23,4	40,6	34,7	1,0	0,4
White	24,6	44,8	28,6	1,6	0,4
Indian/Asian	32,3	46,2	20,9	0,0	0,6
Coloured	24,6	42,5	31,5	0,7	0,7
Black/African	22,6	39,1	37,1	0,9	0,3

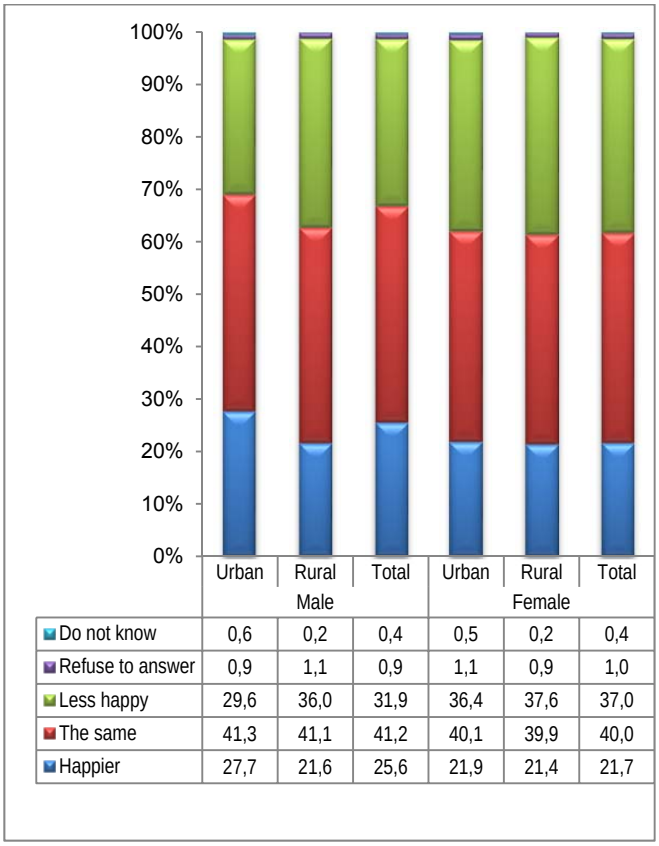


	Happier	The same	Less happy	Refuse to answer	Do not know
RSA	26,6	37,7	34,8	0,6	0,2
White	30,5	42,1	26,6	0,4	0,3
Indian/Asian	24,4	33,0	37,7	3,3	1,5
Coloured	34,2	34,9	30,5	0,4	0,0
Black/African	24,9	37,1	37,2	0,6	0,2

Source: GHS 2014, GHS 2015

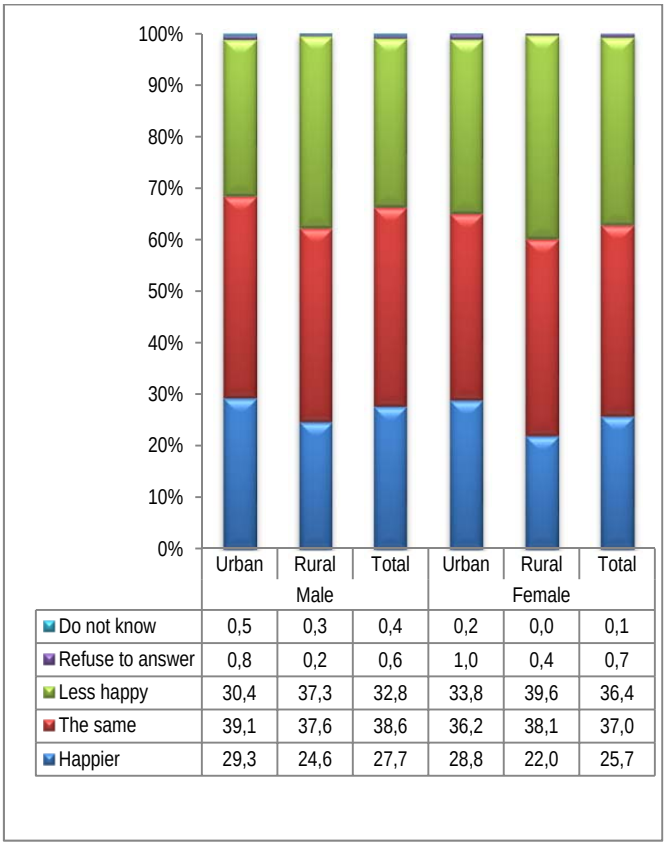
Figure 3.14 illustrates the subjective happiness of households headed by older persons by population group. In 2014, Indian/Asians (32,3%) were most likely to be happier than the other population groups. This group also had the highest percentage of elderly persons who felt the same level of happiness than ten years earlier (46,2%). Both the white and coloured population groups recorded the same percentage (24,6%) with regard to the percentage of older persons who indicated that they were happier in 2014. Black African elderly persons (22,6%) were least likely to indicate that they were happier across all population groups. This was also lower than the national figure (23,4%). In 2015, the coloured (34,2%) and white (30,5%) population groups felt happier than they did in 2014. Of these two, the coloured population group observed the largest increase of 9,6 percentage points, whereas there was an increase amongst the white population group of 5,9 percentage points. The percentage of the Indian/Asian population group who indicated that they were happier in 2014 dropped by 7,9 percentage points in 2015. Again, the black African population group was trailing behind all other population groups with regard to their happiness status, even though the group experienced an increase of 2,3 percentage points between 2014 and 2015 (from 22,6% to 24,9%).

Figure 3.15a: Subjective happiness of households headed by older persons by sex and geography type, 2014



	Urban	Rural	Total	Urban	Rural	Total
	Male			Female		
Do not know	0,6	0,2	0,4	0,5	0,2	0,4
Refuse to answer	0,9	1,1	0,9	1,1	0,9	1,0
Less happy	29,6	36,0	31,9	36,4	37,6	37,0
The same	41,3	41,1	41,2	40,1	39,9	40,0
Happier	27,7	21,6	25,6	21,9	21,4	21,7

Figure 3.15b: Subjective happiness of households headed by older persons by sex and geography type, 2015



	Urban	Rural	Total	Urban	Rural	Total
	Male			Female		
Do not know	0,5	0,3	0,4	0,2	0,0	0,1
Refuse to answer	0,8	0,2	0,6	1,0	0,4	0,7
Less happy	30,4	37,3	32,8	33,8	39,6	36,4
The same	39,1	37,6	38,6	36,2	38,1	37,0
Happier	29,3	24,6	27,7	28,8	22,0	25,7

Source: GHS 2014 and GHS 2015

Figures 3.15a and 3.15b illustrate subjective happiness of households headed by older persons by sex and geographical location. In 2014 and 2015, male- and female-headed households living in rural areas were more likely to say that they are less happy now than 10 years ago, than their urban counterparts. In 2015, the percentage of males indicating they are less happy increased by 0,8 of a percentage point in urban areas and by 1,3 percentage points in rural areas. In the case of female-headed households, the same trend was observed with a 2 percentage point increase in rural areas and a 2,6 percentage point decrease in urban areas for those who felt less happy than 10 years ago.

Between 2014 and 2015, the percentage of older persons who felt indifferent about their status of happiness (the same) dropped among both sexes and for both geographical locations. The percentage of older persons who recorded that they were happier increased among both sexes and for both geographical locations. The increase observed was higher amongst females than amongst males. Feelings of greater happiness amongst females increased by 4,0 percentage points (from 21,7% to 25,7%) and increased by 2,1 percentage points (from 25,6% to 27,7%) for males.

3.6 Conclusion

The percentage of elderly-headed households increased between 2011 and 2015 from 19,4% to 20,2%. This was mainly driven by an increase in the percentage of households headed by females, as the analysis revealed that the majority of household heads were female. This was the case in both rural and urban areas. Females were mostly living alone, whilst males were more likely to live with a spouse. Over 50 per cent of the elderly were living in extended households, which was higher than the percentage for South African households in general. Females were more likely to live in extended households, whereas males were more likely to live in nuclear households. Again, the elderly were mostly living in triple/multiple-generation household types, and these were mostly found in rural areas. Skip-generation households were more prominent amongst elderly-headed households than among South African households in general, and these were also more prevalent in rural areas. A higher percentage of households headed by elderly women were caring for children than those headed by elderly men, as was indicated by the higher ratio of children to elder persons amongst households headed by women.

The measure of subjective happiness indicated that elderly-headed households in Northern Cape, Mpumalanga and Western Cape were happier than they were 10 years ago, while elderly-headed households in Limpopo, Free State and North West were feeling indifferent about their state of happiness. Elderly-headed households in KwaZulu-Natal and Eastern Cape were less happy than they were 10 years ago. A larger percentage of black Africans were less happy compared to 10 years ago, and these individuals were mostly found in rural areas.

CHAPTER 4: ELDERLY MIGRATION PATTERNS

4.1 Introduction

Migration involves the movement of individuals over space and the change of an individual's place of residence. Migration may be involuntary, where individuals or households are forced to move (for example, in response to forced removals or evictions) or it may be voluntary, where people choose to move. In the case of internal migration, people move within the country, whereas international migration refers to people changing their country of residence. Migration may also be permanent because it implies a permanent change of residency, or it may be temporary in that migrants retain membership in their household (or country) of origin, to which they expect to return at some point in the future (Daniela Casale and Dori Posel, 2006).

For the elderly, post-retirement migration can be positive, especially when moves are made to enhance lifestyles or to meet changing needs. Delays in moving, whether due to a lack of housing options or an unwillingness to move, can worsen health outcomes. When older persons downsize to smaller homes and to locations that are closer to informal support networks, movement produces positive outcomes for local areas by releasing larger family-sized homes to younger people and reducing pressure on social care services[17].

Table 4.1: Percentage distribution of older persons by province of birth and province of usual residence, 2016

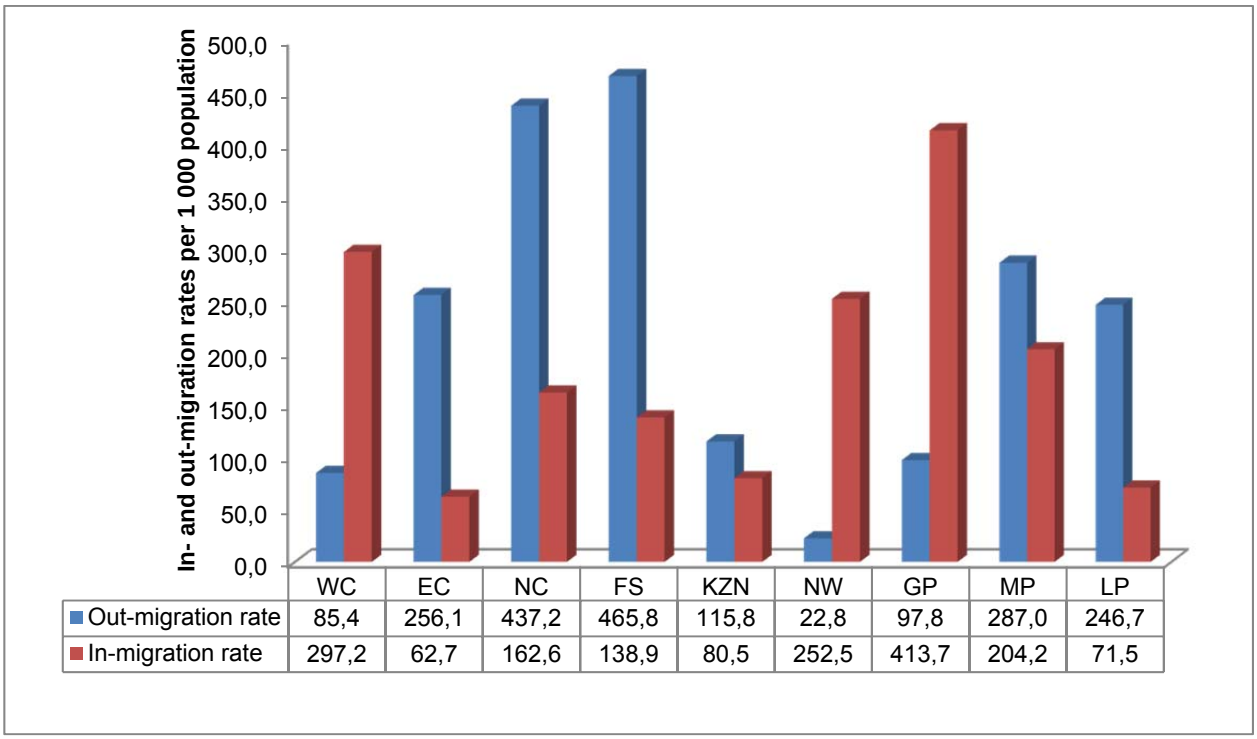
Province of birth (origin)	Province of usual residence (destination)								
	WC	EC	NC	FS	KZN	NW	GP	MP	LP
	Per cent								
Western Cape	89,0	2,3	0,8	0,7	0,9	0,5	5,2	0,4	0,2
Eastern Cape	9,6	78,4	0,4	1,0	2,0	0,6	7,4	0,4	0,1
Northern Cape	12,7	1,4	65,6	2,6	1,5	3,8	10,9	0,8	0,6
Free State	3,2	0,9	1,2	64,8	2,1	3,9	21,5	1,8	0,5
KwaZulu-Natal	1,1	0,4	0,0	0,3	88,8	0,3	8,2	0,7	0,1
North West	1,4	0,2	1,4	0,9	0,7	76,5	17,2	1,0	0,8
Gauteng	3,9	0,9	0,2	1,0	2,3	2,8	85,5	2,2	1,1
Mpumalanga	0,8	0,2	0,1	0,4	1,1	1,8	19,1	73,3	3,1
Limpopo	0,3	0,1	0,0	0,1	0,2	2,8	15,3	2,4	78,9
Outside south Africa	23,3	4,8	1,1	3,6	8,8	4,5	43,8	6,8	3,3

Source: CS 2016

Table 4.1 illustrates the migration flows of older persons between and within the nine provinces of South Africa. The analysis shows that in 2016, over three-quarters of older persons continued to live in their province of birth. Moreover, Western Cape, KwaZulu-Natal and Gauteng generally retained their elderly population. Within these provinces, Western Cape had the highest percentage share of 89,0%, followed by KwaZulu-Natal (88,8%) and Gauteng (85,5%). Northern Cape lost significant percentages of older persons to Western Cape (12,7%) and Gauteng (10,9%). Gauteng received large percentages of elderly persons from Free State (21,5%), Mpumalanga (19,1%), North West (17,2%) and Limpopo (15,3%). On the other hand, Gauteng (43,8%) and Western Cape (23,3%) experienced a large influx of older persons from outside South Africa. Population ageing and the associated increases in the number of older persons is potentially less favourable for Gauteng, as this increases the economic support burden and demands on the province's health care system.

[17] Jenny Pennington, Migration trends in later life, (June 2013)

Figure 4.1: In- and out-migration rates by province, 2016



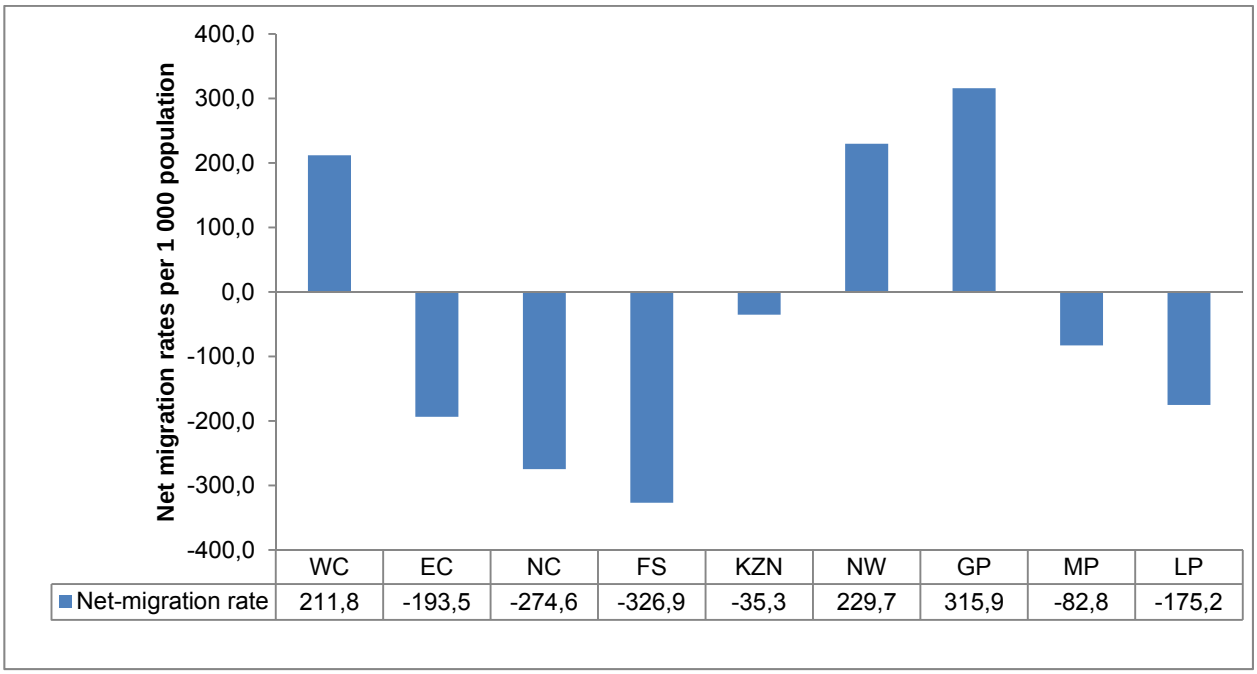
	WC	EC	NC	FS	KZN	NW	GP	MP	LP
Out-migration rate	85,4	256,1	437,2	465,8	115,8	22,8	97,8	287,0	246,7
In-migration rate	297,2	62,7	162,6	138,9	80,5	252,5	413,7	204,2	71,5

Source: CS 2016

Figure 4.1 summarises migration rates by province. Gauteng, Western Cape and North West experienced the highest in-migration levels of persons 60 years and older when compared to other provinces. Of these, Gauteng had the highest influx of older persons from other provinces and places or origin outside South Africa, with an in-migration rate of 413,7. Larger proportions of older persons moved to these provinces, and all three of these had net positive migration flows.

In contrast to this, Free State and Northern Cape were most likely to lose their elderly population to other provinces.

Figure 4.2: Net migration rates by province, 2016



	WC	EC	NC	FS	KZN	NW	GP	MP	LP
Net-migration rate	211,8	-193,5	-274,6	-326,9	-35,3	229,7	315,9	-82,8	-175,2

Source: CS 2016

Figure 4.2 above depicts provincial net migration rates. The net migration rate reflects the effect of migration on the total population of an area. A positive net migration rate means that the number of people moving into an area exceeds the number of those moving out. Similarly, a negative net migration rate means that an area has lost more residents than it has gained through migration[18].

Gauteng, North West and Western Cape experienced the largest positive net migration rates. This indicates that the three provinces received large proportions of older persons from other provinces and had fewer out-migrants than other provinces. Gauteng (315,9) attracted a larger influx of older persons than North West (229,7) and Western Cape (211,8).

Free State and Northern Cape lost larger shares of older persons than they gained through migration, and therefore have negative net migration rates.

4.2 Conclusion

The levels of mobility are generally low amongst elderly persons, and this is particularly true for South Africa, as most provinces retained their elderly population in 2016. However, Gauteng, North West and Western Cape experienced the highest influx of elderly persons from other provinces, including those who were coming from outside South Africa.

[18] Helen Ginn Daugherty and Kenneth C.W. Kammeyer. July 1995. An introduction to population, Second edition

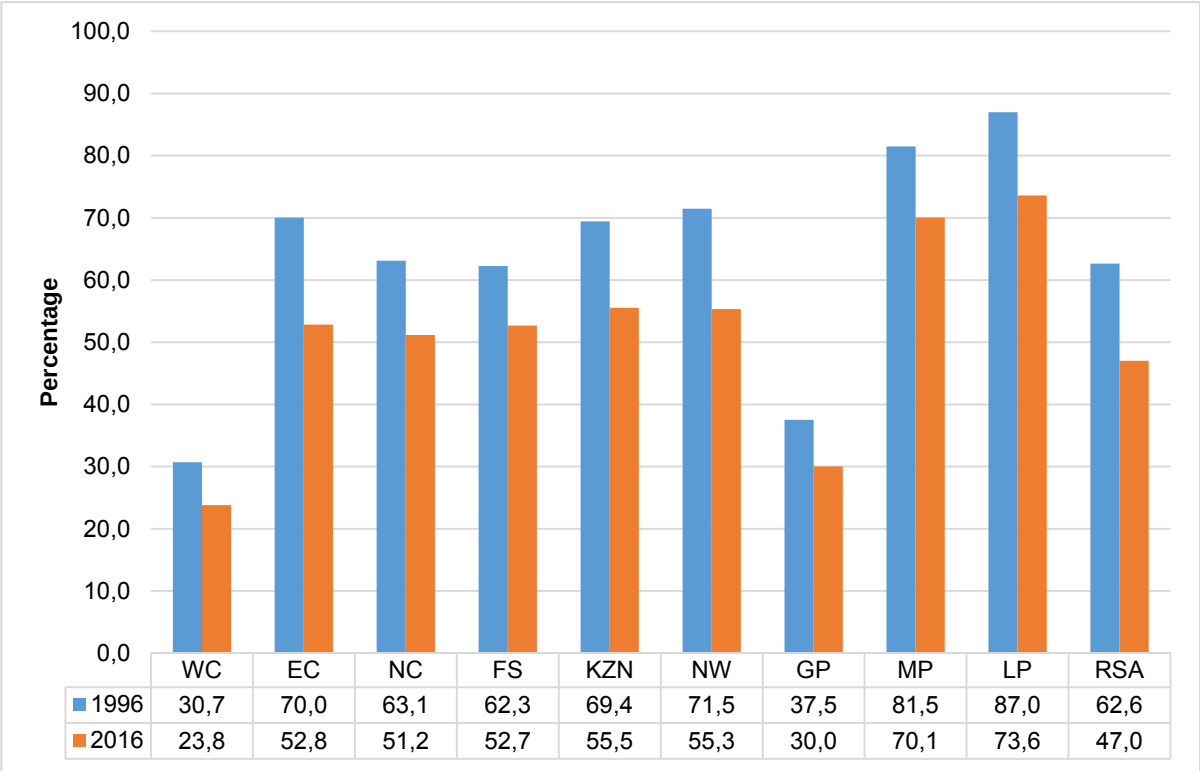
CHAPTER 5: EDUCATION

5.1 Introduction

Literacy is an important social attribute that contributes to the well-being of people and their involvement in society. It prevents social exclusion, especially when social interaction is made possible via various languages. Elderly persons who are literate can also benefit from various media platforms to keep abreast with current affairs, and they will also be able to engage in political discourse and other social matters. In South Africa, low levels of educational attainment often translate to poor living conditions, as it has a bearing on the type of employment and income levels during a person's economically productive years as well as their ability to be economically independent after retirement.

5.2 Functional literacy

Figure 5.1: Functional illiteracy by province, 1996 and 2016



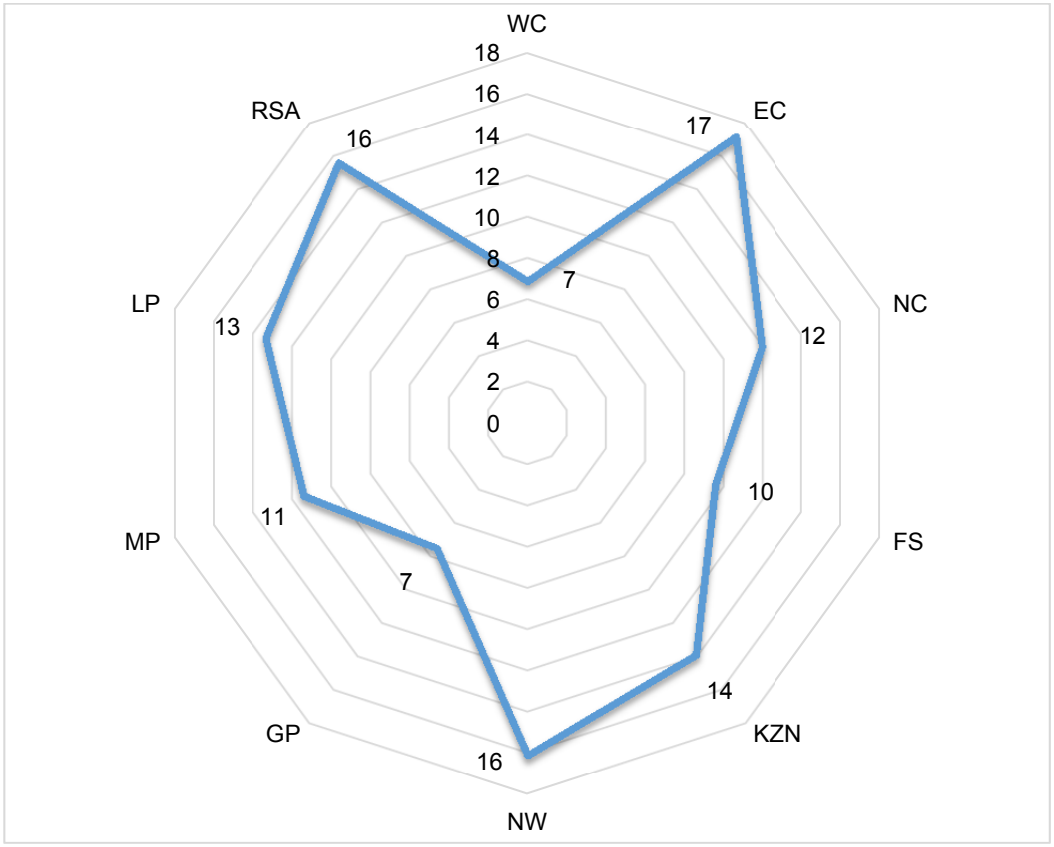
	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
1996	30,7	70,0	63,1	62,3	69,4	71,5	37,5	81,5	87,0	62,6
2016	23,8	52,8	51,2	52,7	55,5	55,3	30,0	70,1	73,6	47,0

Source: Census 1996 and CS 2016, 2011 boundaries

The elderly in South Africa generally have low levels of education. However, during the past twenty years, there has been a significant improvement in literacy rates (from 37,4% in 1996 to 53% in 2016).

According to Figure 5.1, there has been a reduction in illiteracy across all provinces. Illiteracy rates are currently the highest in Limpopo, Mpumalanga, North west and KwaZulu-Natal. These provinces also had the lowest literacy rates in 1996, with the inclusion of Eastern Cape and North West in their ranks. Western Cape and Gauteng were consistently the provinces with the lowest levels of functional illiteracy.

Figure 5.2: Percentage point reduction in functional illiteracy rates by province between 1996 and 2016



Source: Census 1996, CS 2016, 2011 boundaries

Figure 5.2 shows that during the past 20 years, the most significant progress with regard to reducing illiteracy rates amongst the elderly took place in Eastern Cape (17 percentage points) and North West (16 percentage points). These changes are close to or equivalent to the national percentage point change of 16. Gauteng and Western Cape, who already had good functional literacy rates in 1996, registered modest improvements (7 percentage points each) during the reference period.

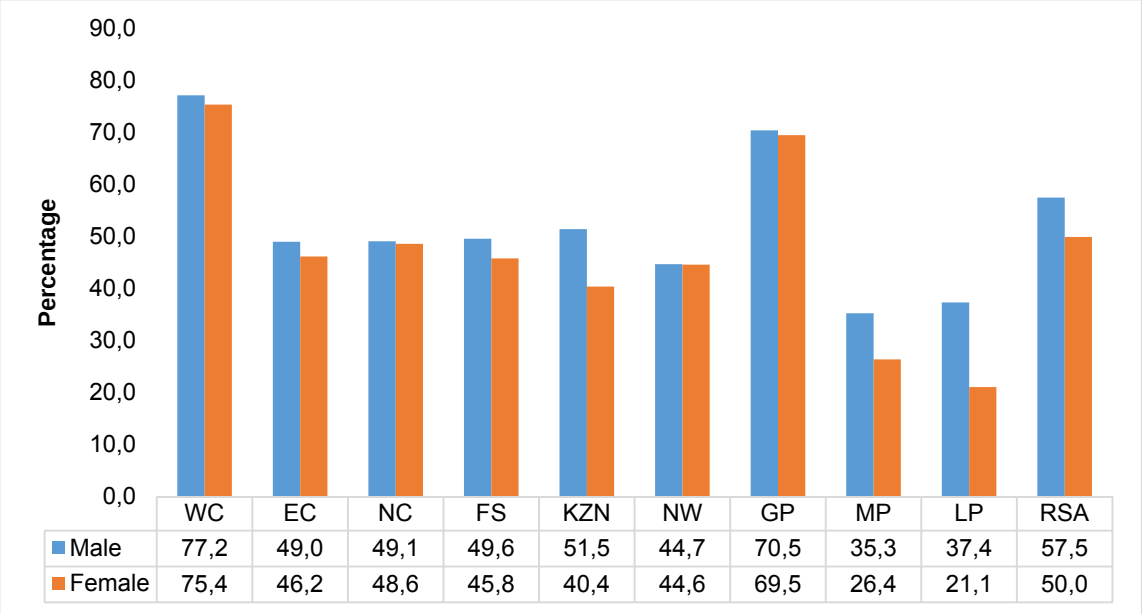
Table 5.1: Number of the elderly who are functionally literate and illiterate by sex and province, 2016

Province	Functionally illiterate			Functionally literate			South Africa
	Male	Female	Total	Male	Female	Total	
WC	57 043	79 207	**136 250**	193 158	242 944	**436 102**	**572 352**
EC	97 090	196 589	**293 679**	93 358	168 761	**262 119**	**555 799**
NC	23 462	33 046	**56 508**	22 665	31 300	**53 965**	**110 473**
FS	47 071	79 182	**126 253**	46 376	66 981	**113 357**	**239 610**
KZN	142 023	300 774	**442 797**	150 623	203 973	**354 596**	**797 393**
NW	68 213	93 324	**161 537**	55 154	75 206	**130 360**	**291 897**
GP	150 129	186 716	**336 845**	358 264	426 220	**784 484**	**1 121 329**
MP	74 444	126 942	**201 386**	40 533	45 537	**86 070**	**287 455**
LP	87 781	228 310	**316 091**	52 349	60 947	**113 296**	**429 386**
RSA	**747 256**	**1 324 090**	**2 071 346**	**1 012 479**	**1 321 869**	**2 334 348**	**4 405 694**

Source: CS 2016

A total of 2 071 346 elderly persons in South Africa are illiterate, and 6 out of 10 (1,3 million) of them are women. In absolute numbers, elderly persons who are functionally illiterate are primarily found in KwaZulu-Natal (442 797), Gauteng (336 845), Limpopo (316 091) and Eastern Cape (293 679).

Figure 5.3: Percentage of the elderly who are literate by sex and province, 2016



Source: CS 2016

In most provinces, elderly men are more likely than elderly women to be literate. The biggest percentage point differences between the sexes are found in Limpopo (16,3 percentage points), KwaZulu-Natal (11,1 percentage points) and Mpumalanga (8,9 percentage points).

Table 5.2: Number of the elderly who are functionally literate and illiterate by population group and geography type, 2016

Population group	Illiterate			Literate		
	Urban	Rural	Total	Urban	Rural	Total
Black/African	715 347	1 111 917	**1 827 264**	677 237	344 098	**1 021 335**
Coloured	136 872	15 161	**152 033**	234 783	5 815	**240 598**
Indian/Asian	47 310	586	**47 896**	113 786	1 098	**114 884**
White	40 626	3 528	**44 154**	883 958	73 573	**957531**
RSA	**940 153**	**1 131 193**	**2 071 346**	**1 909 764**	**424 584**	**2 334 348**
Per cent						
Black/African	39,1	60,9	**100,0**	66,3	33,7	**100,0**
Coloured	90,0	10,0	**100,0**	97,6	2,4	**100,0**
Indian/Asian	98,8	1,2	**100,0**	99,0	1,0	**100,0**
White	92,0	8,0	**100,0**	92,3	7,7	**100,0**
RSA	**45,4**	**54,6**	**100,0**	**81,8**	**18,2**	**100,0**

Source: CS 2016

According to Table 5.2, six out of ten black African elderly persons who are illiterate (1 111 917), reside in rural areas. Of those who are literate, only one-third live in rural areas. More than ninety per cent of elderly persons in the other population groups (both literate and illiterate) reside in urban areas.

5.3 Educational attainment

Table 5.3: Highest educational attainment of the elderly by province, 2016

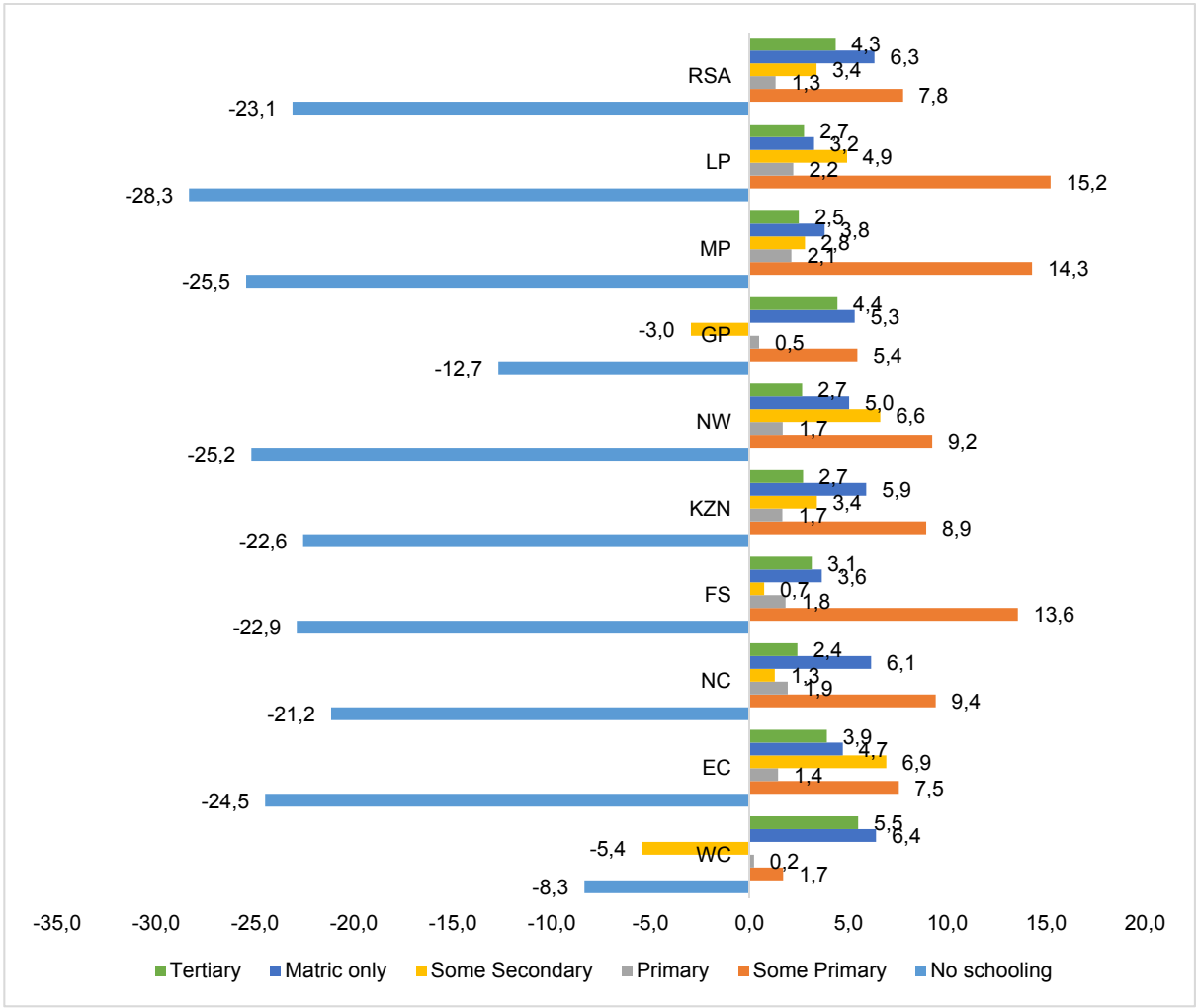
Province	Statistic	Highest level of education							
		Number							
		No schooling	Some primary	Completed primary	Some secondary	Grade 12/ Standard 10	Higher	Other	Total
WC	Number	36 804	99 447	37 925	173 825	125 228	93 657	26 647	**593 532**
	Per cent	6,2	16,8	6,4	29,3	21,1	15,8	4,5	**100,0**
EC	Number	136 670	157 010	41 425	136 860	46 240	35 135	9 921	**563 261**
	Per cent	24,3	27,9	7,4	24,3	8,2	6,2	1,8	**100,0**
NC	Number	25 314	31 195	7 696	26 214	13 110	6 504	3 929	**113 961**
	Per cent	22,2	27,4	6,8	23,0	11,5	5,7	3,4	**100,0**
FS	Number	49 279	76 974	14 257	53 553	27 055	17 402	6 988	**245 508**
	Per cent	20,1	31,4	5,8	21,8	11,0	7,1	2,8	**100,0**
KZN	Number	231 681	211 116	42 816	162 786	94 311	51 235	11 254	**805 200**
	Per cent	28,8	26,2	5,3	20,2	11,7	6,4	1,4	**100,0**
NW	Number	78 299	83 238	17 811	71 427	25 985	14 279	9 728	**300 767**
	Per cent	26,0	27,7	5,9	23,7	8,6	4,7	3,2	**100,0**
GP	Number	126 670	210 175	61 810	355 774	220 162	137 856	54 369	**1 166 816**
	Per cent	10,9	18,0	5,3	30,5	18,9	11,8	4,7	**100,0**
MP	Number	134 538	66 848	12 529	40 288	20 038	12 232	8 878	**295 350**
	Per cent	45,6	22,6	4,2	13,6	6,8	4,1	3,0	**100,0**
LP	Number	219 812	96 278	19 235	53 682	21 755	17 233	10 578	**438 573**
	Per cent	50,1	22,0	4,4	12,2	5,0	3,9	2,4	**100,0**
RSA	**Number**	**1 039 065**	**1 032 281**	**255 505**	**1 074 408**	**593 883**	**385 532**	**142 293**	**4 522 967**
	Per cent	**23,0**	**22,8**	**5,6**	**23,8**	**13,1**	**8,5**	**3,1**	**100,0**

Source: CS 2016

Table 5.3 summarises the highest level of educational attainment for the elderly per province. In the country as a whole, almost 46% of elderly persons have an educational level less than completed primary; this percentage is nearly equally split between “no schooling” and “some primary” education. Approximately 13% of the elderly have Grade 12 and 8,5% have a tertiary qualification. The elderly in Western Cape and Gauteng are generally better educated than elsewhere. Thirty-seven per cent of the elderly in Western Cape and thirty-one per cent in Gauteng have a qualification of Grade 12 or higher. The elderly in Limpopo (8,9%), Mpumalanga (10,9%) and Eastern Cape (14,4%) are the least likely to have a qualification of Grade 12 or higher.

Even though this picture is not that encouraging, it is a significant improvement on the situation found in 1996, as can be seen from the graph in Figure 5.4.

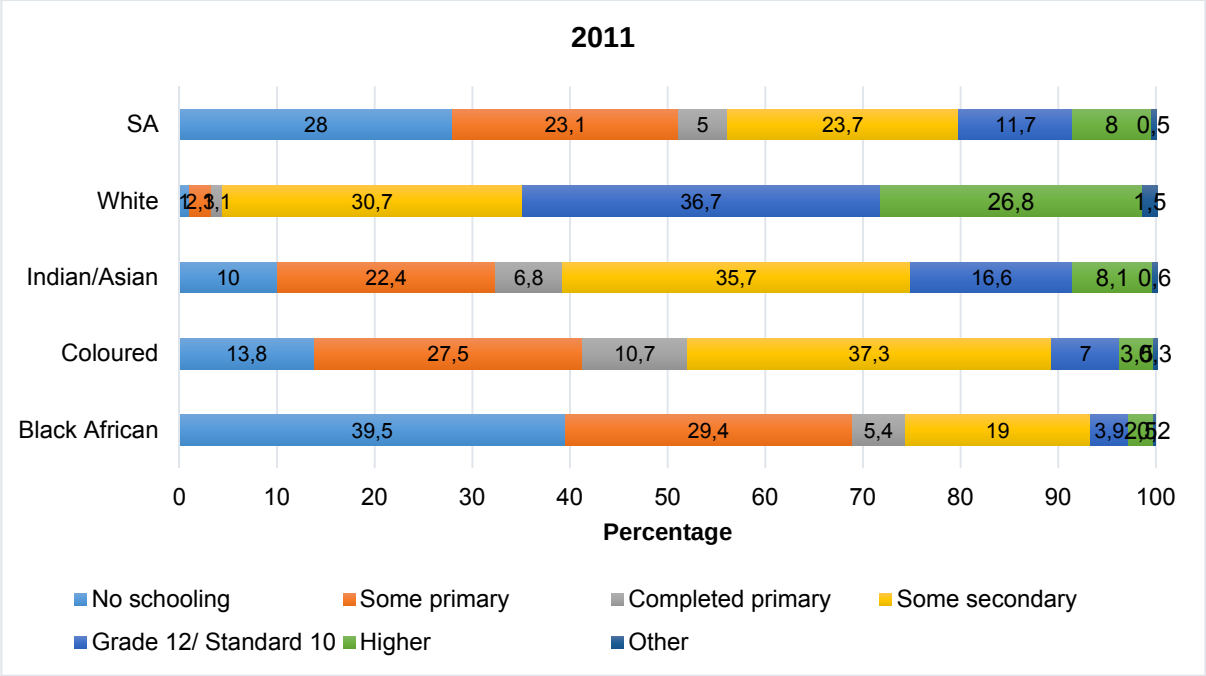
Figure 5.4: Percentage point changes in highest educational attainment of the elderly between 1996 and 2016, by province

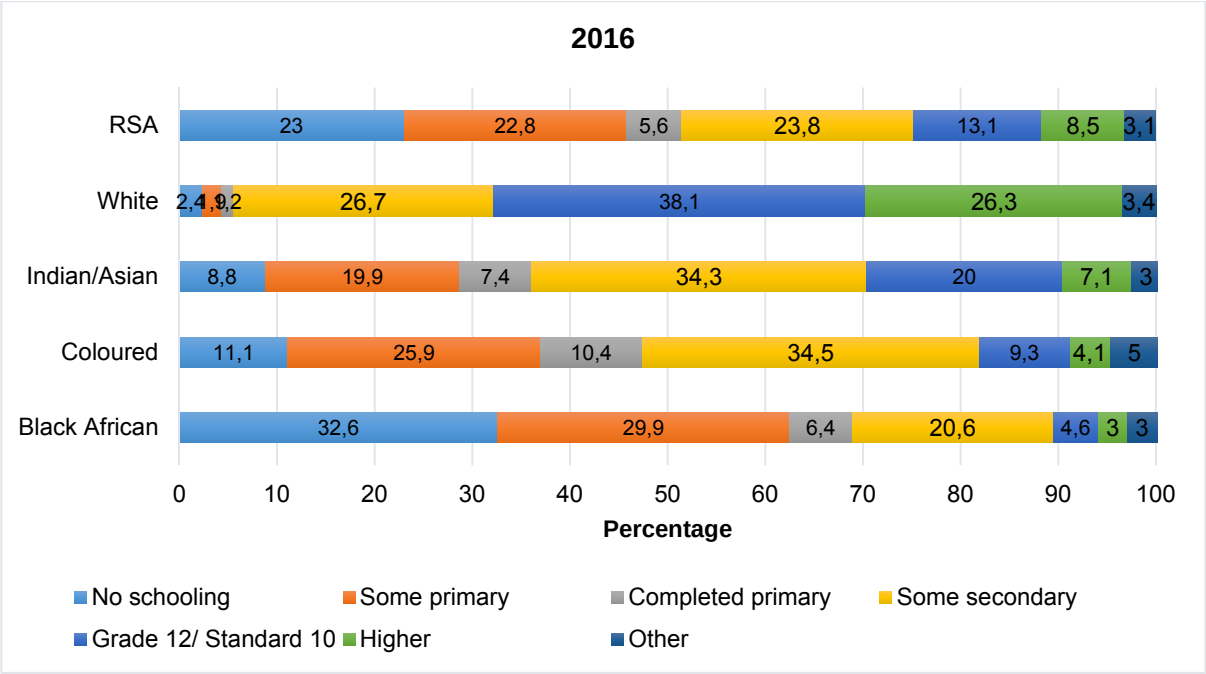


Source: Census 1996 and CS 2016, 2011 boundaries

In 1996, a significant percentage of elderly persons had no education or were functionally illiterate. Since then there have been significant decreases in the percentage of elderly persons with no education and an increase in those with some secondary, Grade 12 and/or tertiary education. These changes were most marked in Eastern Cape, Mpumalanga and North West. In the case of Western Cape and Gauteng, which had started off in 1996 with better educational profiles, these changes were more modest. Nevertheless, some of the biggest changes regarding Grade 12 and tertiary education took place in those two provinces.

Figure 5.5: Highest educational attainment of the elderly by population group, 2011 and 2016





An analysis of functional literacy amongst the elderly shows that black Africans are more likely to have no education or some primary as their highest educational attainment. The preceding graphs indicated that there has been a significant reduction in the low levels of educational attainment and some improvement in the attainment of at least Grade 12 and a tertiary qualification. Figure 5.5 shows how rapidly these changes are taking place. Within the five-year period between 2011 and 2016, movement amongst the black African elderly from no schooling into higher levels of educational attainment represented a 7 percentage point change overall. In spite of these positive changes, this population group continues to have the lowest percentage of elderly persons (7,6%) with Grade 12 or higher. The white elderly population was significantly more likely than any of the other population groups to have at least Grade 12 or higher in 2011 (63,5%) as well as 2016 (64,4%), with small increases in this category over the five-year period. They were followed by the Indian/Asian (24,7 v. 27,1%) and coloured populations (10,5 v. 13,4%).

Table 5.4: Highest level of education by sex, 2011 and 2016

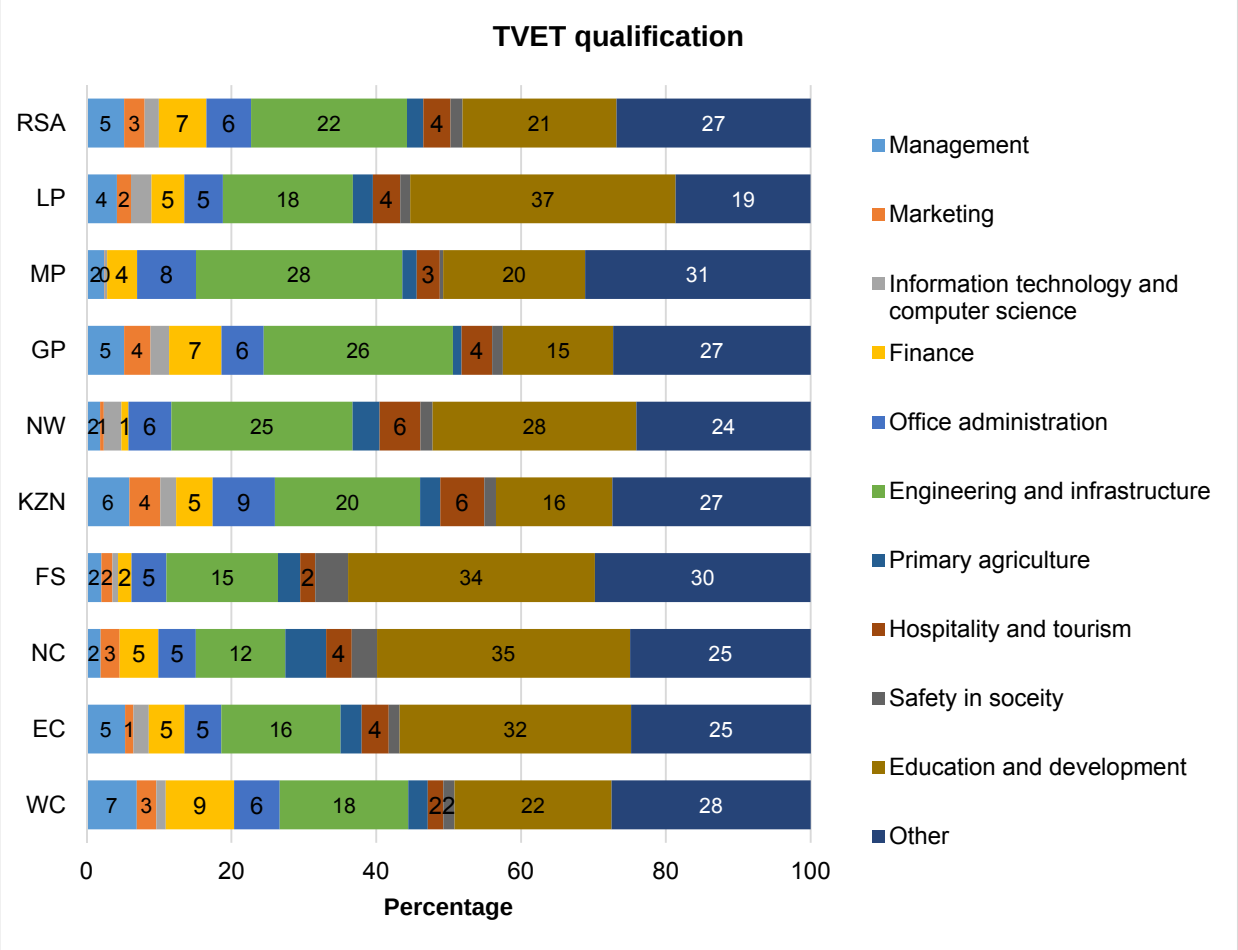
Level of education	2011				2016			
	Male	Female	% point difference	RSA	Male	Female	% point difference	RSA
No schooling	23,4	30,8	-7,4	**27,9**	18,83	25,75	-6,92	**23,0**
Some primary	22,5	23,5	-1	**23,1**	22,35	23,14	-0,79	**22,8**
Completed primary	4,7	5,2	-0,5	**5,0**	5,41	5,81	-0,4	**5,6**
Some secondary	25,0	22,9	2,1	**23,7**	24,8	23,1	1,7	**23,8**
Grade 12/ Standard 10	13,1	10,9	2,2	**11,8**	14,5	12,2	2,3	**13,1**
Higher	10,6	6,4	4,2	**8,1**	10,5	7,2	3,3	**8,5**
Other	0,6	0,4	0,2	**0,5**	3,6	2,8	0,8	**3,1**
(Total) Per cent	**100,0**	**100,0**	-	**100,0**	**100,0**	**100,0**	-	**100,0**
(Total) Thousands	**1 612**	**2 442**	**-**	**4 054**	**1 815**	**2 708**	-	**4 523**

Source: Census 2011 and CS 2016

Table 5.4 shows that male educational attainment amongst the elderly tends to be higher than that of females. However, during the five-year reference period, the gap between the two sexes has reduced for all educational categories except for Grade 12.

5.4 Post-school qualifications

Figure 5.6: Type of TVET qualification of older persons, 2016



Source: CS 2016

According to Figure 5.6, the elderly are most likely to have primary agriculture (27%) and engineering and infrastructure (22%) as TVET qualifications. Over a third of elderly persons from Limpopo, Eastern Cape and Northern Cape with TVET qualifications have education and development qualifications. Individuals aged 60 years and older and who were living in Mpumalanga (28%), Gauteng (26%) and North West (25%) with TVET qualifications were more likely than the elderly in other provinces to have some form of engineering qualification.

Table 5.5: Main field of study[19] of older persons with a TVET qualification by province, 2016

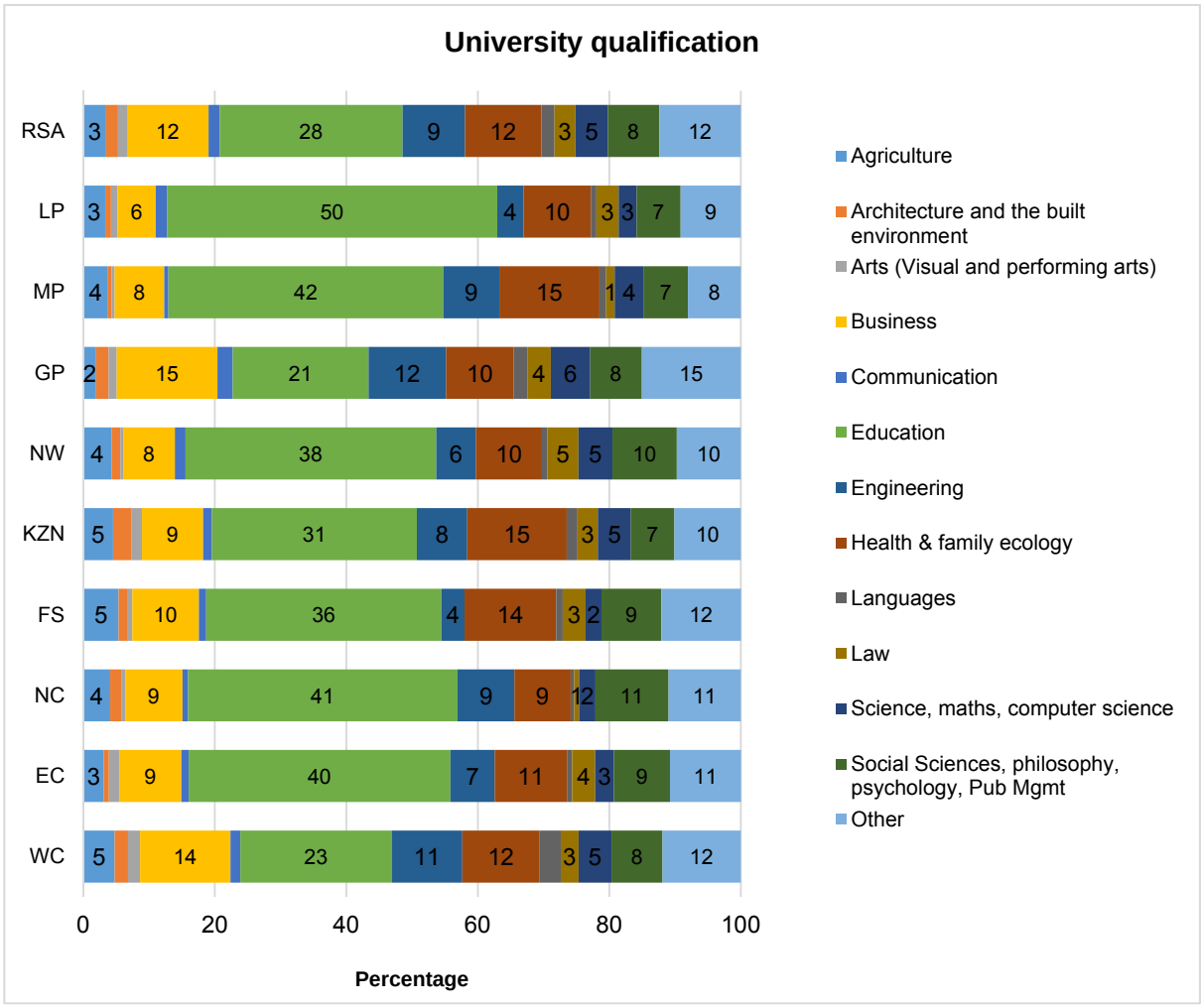
Province	Business	Engineering	Primary agriculture	Hospitality and tourism	Safety in society	Education and development
WC	6 671	4 440	674	539	383	5 426
EC	1 576	1 398	247	316	128	2 711
NC	393	322	147	92	91	911
FS	503	703	141	95	207	1 556
KZN	2 815	2 172	301	658	174	1 741
NW	457	978	146	221	65	1 100
GP	9 554	10 212	465	1 654	577	5 949
MP	615	1161	81	130	19	799
LP	943	901	138	190	68	1 839
RSA	**23 529**	**22 288**	**2339**	**3 898**	**1 712**	**22 031**

Source: CS 2016

Most of the elderly with TVET qualifications have either business (23 529), engineering (22 288) or education and development (22 031) qualifications. Once again, in absolute numbers, most of the qualified individuals reside in Gauteng and Western Cape. Nearly half of the individuals with business and engineering qualifications live in Gauteng. Half of the elderly with education and development TVET qualifications live in these two provinces.

[19] Fields of study with the largest numbers of elderly, as well as fields of study considered "'strategic and scarce skills'" are included in the study

Figure 5.7: Type of university/university of technology qualification of older persons, 2016



Source: CS 2016

Figure 5.7 summarises the type of university/university of technology qualifications of individuals aged 60 and older. More than a quarter of these qualifications (28%) are in the field of education. In the more rural provinces, education is the primary qualification for elderly individuals with degrees. Half of the elderly aged 60 years and older living in Limpopo with a university qualification have an education qualification, whilst four out of ten of the elderly living in Mpumalanga (42%), Northern Cape (41%) and Eastern Cape (40%) have an education qualification. Business qualifications contributed significantly to provincial totals in the case of Gauteng (15%), Western Cape (14%) and Free State (10%), whilst engineering was prominent in Gauteng (12%) and Western Cape (11%).

Table 5.6: Main field of study[20] of older persons with a university/university of technology qualification by province, 2016

Province	Business	Education	Engineering	Life sciences	Physical sciences	Mathematics and statistics	Computer and information sciences
WC	10 959	18 414	8 534	857	1 565	548	1 027
EC	2 750	11 598	1 962	48	277	127	377
NC	360	1 697	358	17	32	34	20
FS	1 441	5 090	504	104	156	46	40
KZN	3 753	12 572	3 083	456	666	341	567
NW	958	4 654	735	105	290	160	76
GP	17 680	23 823	13 611	1 863	2 086	1 236	1 732
MP	728	4 036	823	94	87	49	200
LP	764	6 595	525	73	102	84	101
RSA	**39 393**	**88 478**	**30 135**	**3 616**	**5 262**	**2 625**	**4 140**

Source: CS 2016

In terms of absolute numbers of the elderly with university/university of technology qualifications (Table 5.6), education remains the primary qualification, obtained by 88 478 individuals. This is followed by business (39 393) and engineering (30 135). Educators are found in significant numbers in Gauteng, Western Cape, KwaZulu-Natal and Eastern Cape. In relation to business qualifications, most are found in Gauteng (17 680) and Western Cape (10 959). Engineering qualifications are also found in only those two provinces in significant numbers with 13 611 for the former and 8 534 for the latter.

5.5 Conclusion

Functional illiteracy has reduced across all provinces during the past twenty years. The most significant strides in improving literacy levels amongst the elderly took place in Eastern Cape and North West. Over 60 per cent of elderly women were functionally illiterate, and these individuals were found mainly in the more rural provinces such as KwaZulu-Natal, Limpopo and Eastern Cape. Elderly black African persons had higher levels of illiteracy when compared to other population groups. Again, these individuals were primarily found in rural areas. Forty-six per cent of elderly persons had a highest educational attainment of less than primary, thirteen per cent attained Grade 12 and a negligible percentage achieved a tertiary education (8,5%). The elderly in Western Cape and Gauteng were generally better educated than those elsewhere. Over a third of elderly persons from Limpopo, Eastern Cape and Northern Cape had education and development qualifications from TVET institutions. Most of the elderly with TVET qualifications had business, engineering or education and development qualifications. It is worth noting that most of the qualified individuals were living in Gauteng and Western Cape. Nearly half of the individuals with business and engineering qualifications lived in Gauteng. More than a quarter of university/university of technology qualifications (28%) were in the field of education. In the more rural provinces, education was the primary qualification for elderly individuals with degrees.

[20] Fields of study with the largest numbers of elderly as well as fields of study considered “strategic and scarce skills” are included in the table

CHAPTER 6: INCOME GENERATION, EMPLOYMENT AND POVERTY LEVELS OF THE ELDERLY

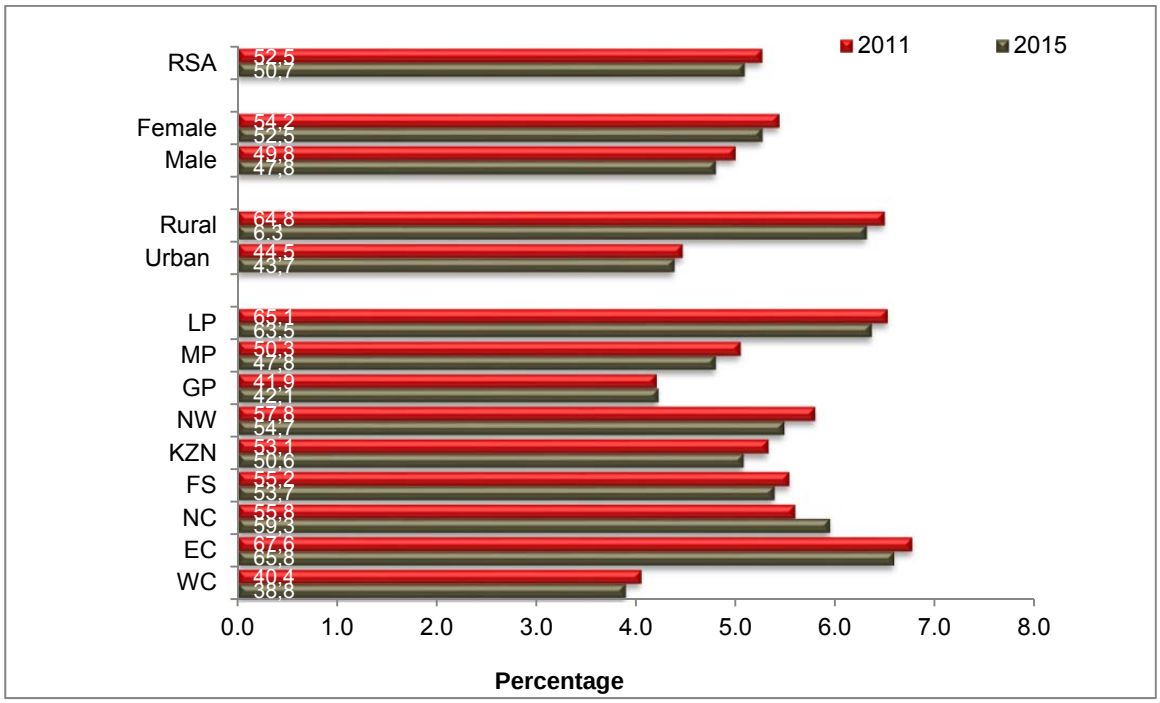
6.1 Introduction

This chapter presents an analysis of the employment profile, income security, poverty status and economic development of persons aged 60 years and older. Older people can potentially be a valuable and productive economic resource. Increasing employment opportunities among older workers is essential to ensure that the labour market and workforce adapt to meet the needs of an ageing population. According to the literature, age discrimination occurs when preferential decisions are based on age, rather than on an individual's merits, credentials or job performance (Mirjana Radović-Marković, 2013)[21].

The chapter also examines the distribution of and access to old-age grants for the elderly in the country. The analysis on poverty lines focuses on the upper-bound poverty line (UBPL) and the lower-bound poverty line (LBPL). The UBPL is defined by Stats SA as the limit by which people classified as living below that line are regarded as living in poverty, but they can generally purchase both the necessary minimum food and non-food items. In the case of the LBPL, households can afford the necessary minimum amount of food but must sacrifice some of their non-food component.

6.2 Household income sources and poverty levels

Figure 6.1: Percentage of households with persons aged 60 years and older without an employed household member by province, sex and geography type, 2011 and 2015



Source: GHS 2011, GHS 2015

Figure 6.1 illustrates the share of households with persons aged 60 years and older without an employed household member between 2011 and 2015. Between 2011 and 2015, the percentage of households without any employed members living with an elderly person declined from 52,5% to 50,7%. Households containing

[21] Mirjana Radović-Marković, "An Aging Workforce: Employment Opportunities and Obstacles", Promoting leadership in thought that leads to action, Issue 6, No. 1 (2013): pp144

elderly persons, but that have no employed household members, were more likely to be found in rural than in urban areas for both years of reporting.

The largest share of households with no employed members, living with an older person, was recorded in Eastern Cape, followed by Limpopo. However, between 2011 and 2015, these figures have declined in both provinces by 1,8 and 1,6 percentage points, respectively. Gauteng was the only province that experienced an increase of 0,2 percentage points during this period. Unemployed females were more likely to live with an elderly person than their male counterparts.

Table 6.1a: Percentage of older persons living below the upper-bound poverty line (UBPL) by province, 2009 and 2011

Ratio of the poverty rate of older persons to the poverty rate of the total population living below the upper-bound poverty line of R709 (2009) per month and R779 (2011) per month: Province		
Province name	**Ratio**	
	2009	**2011**
Western Cape	53,4	52,7
Eastern Cape	88,4	86,3
Northern Cape	82,3	81,8
Free State	92,8	85,7
KwaZulu-Natal	91,1	80,6
North West	87,6	93,6
Gauteng	64,8	59,9
Mpumalanga	83,9	97,2
Limpopo	98,2	91,5
RSA	**84,8**	**80,9**

Table 6.1b: Percentage of older persons living below the lower-bound poverty line (LBPL) by province, 2009 and 2011

Ratio of the poverty rate of older persons to the poverty rate of the total population living below the lower-bound poverty line of R456 (2009) per month and R501 (2011) per month: Province		
Province name	**Ratio**	
	2009	**2011**
Western Cape	49,3	50,4
Eastern Cape	88,5	82,1
Northern Cape	77,8	75,6
Free State	84,1	73,6
KwaZulu-Natal	89,9	72,9
North West	84,5	89,1
Gauteng	64,6	57,4
Mpumalanga	77,6	90,1
Limpopo	93,1	83,9
RSA	**83,4**	**76,2**

Source: LCS 2008/09, IES 2010/11

Reducing poverty and inequality is one of South Africa's greatest challenges. Tables 6.1a and 6.1b above show the percentage of older persons living below the upper-bound poverty line (UBPL) and the lower-bound poverty line (LBPL) in 2009 and 2011. During the reference periods, the percentage of persons aged 60 years and older who lived below the upper-bound poverty line decreased from 84,8% in 2009 to 80,9% in 2011. The elderly living in Limpopo, Free State and KwaZulu-Natal were the most likely to live in poverty in 2009. However, by 2011, significant decreases were observed in both KwaZulu-Natal and Free State.

In 2011, the highest poverty rates amongst the elderly were found in Mpumalanga (97,2%), North West (93,6%) and Limpopo (91,5%). The biggest deterioration in living conditions during the reference period took place in Mpumalanga, as can be testified by increases in the percentage of elderly persons living below the upper-bound poverty line. The most significant increases were found in Mpumalanga (13,3 percentage points) and North West (6,0 percentage points).

Table 6.1b above shows the percentage of older persons living below the lower-bound poverty line (LBPL) in 2009 and 2011. People below the LBPL do not have enough money to purchase both adequate food items and non-food items, occasionally forfeiting one to pay for the other. The elderly who lived below the lower-bound poverty line decreased by 7,2 percentage points from 83,4% to 76,2% during the reference period. In 2011, the elderly from Mpumalanga ranked high on both the UBPL (97,2%) and LBPL (90,1%), followed by North West at 93,6% and 89,1%, respectively. Poverty data indicate increases in the number of people struggling. The elderly living in Western Cape and Gauteng were the least likely to fall below the UBPL and LBPL in both 2009 and 2011.

Table 6.2: Sources of income for households headed by older persons by sex and geography type, 2011 and 2015

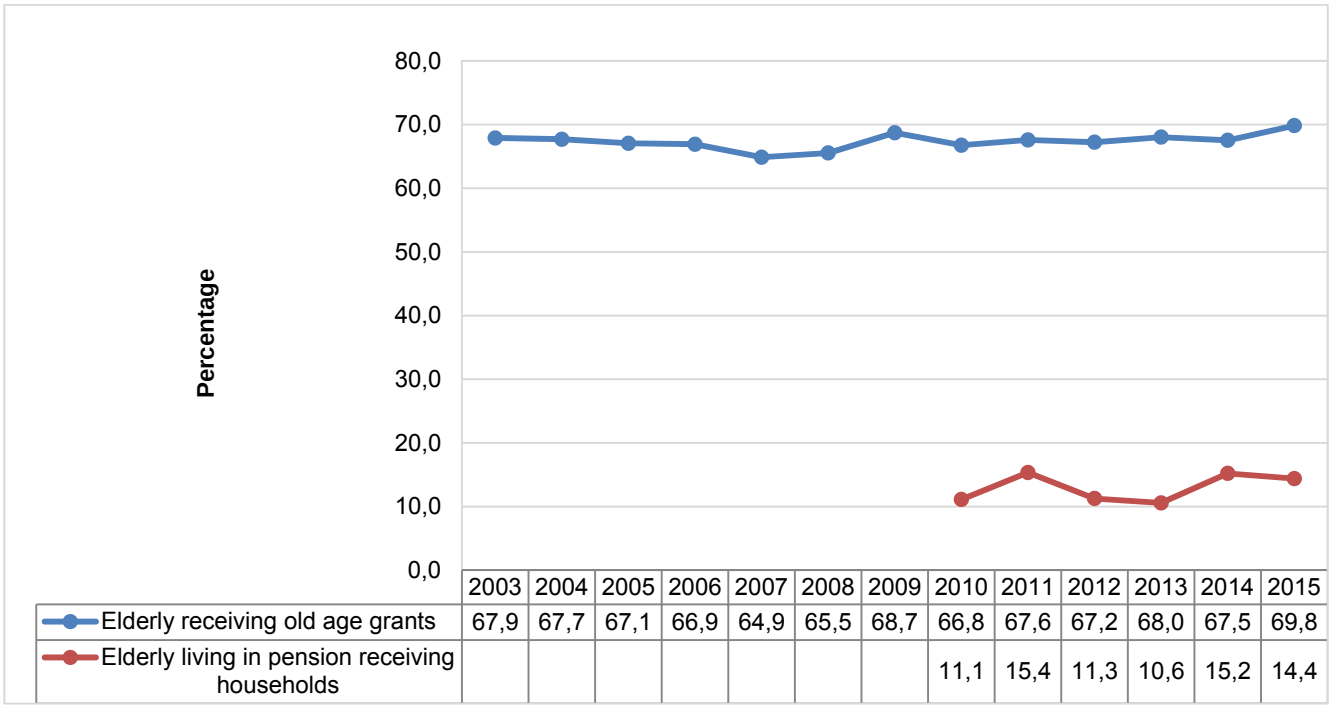
Source of income	Urban			Rural		
	Male	Female	Total	Male	Female	Total
	2011					
Salaries/wages/commission	37,6	32,3	**34,9**	14,6	10,1	**11,9**
Income from business	7,5	1,5	**4,4**	3,8	1,0	**2,2**
Remittances	1,3	2,8	**2,1**	2,2	4,1	**3,4**
Pensions	15,8	8,0	**11,8**	3,3	1,5	**2,2**
Grants	34,7	51,8	**43,4**	75,4	82,9	**79,9**
Sales of farming products and services	0,0	0,0	**0,0**	0,3	0,0	**0,1**
Other income sources e.g. rental income, interest	2,9	3,5	**3,2**	0,1	0,4	**0,3**
No income	0,2	0,1	**0,1**	0,2	0,1	**0,1**
Total (%)	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**
Total ('000)	**704**	**738**	**1 442**	**452**	**663**	**1 115**
	2015					
Salaries/wages/commission	34,4	32,2	**33,2**	13,1	10,0	**11,1**
Income from business	9,4	3,4	**6,3**	3,8	1,2	**2,1**
Remittances	1,7	3,7	**2,8**	1,1	3,5	**2,6**
Pensions	15,1	10,1	**12,5**	4,7	1,5	**2,7**
Grants	35,3	48,5	**42,2**	76,4	83,3	**80,8**
Sales of farming products and services	0,4	0,3	**0,4**	0,5	0,2	**0,3**
Other income sources e.g. rental income, interest	3,4	1,8	**2,6**	0,2	0,2	**0,2**
No income	0,2	0,0	**0,1**	0,1	0,1	**0,1**
Total (%)	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**
Total ('000)	**852**	**936**	**1 788**	**476**	**805**	**1 281**

Source GHS 2011, GHS 2015

Table 6.2 above illustrates the main sources of income for households headed by older persons for the years 2011 and 2015. The data show that grants and salaries/wages/commission were the main sources of income for households headed by older persons, accounting for over half of the distribution share. Notable is the significant difference in the distribution of sources of income by geography type for both male- and female-headed households. For both years, rural households were approximately seven times more likely to depend on grants as the main source of income than salaries/wages/commission, compared to 1,2 in urban areas. This suggests that the burden on taxpayers to provide for households headed by the elderly is significantly higher in rural areas.

In urban areas, the difference in the percentage of male-headed households who depend on grants and those who depend on salaries/wages/commission is fairly marginal; however, the contrary applies for female-headed households, with the majority depending on grants as their main source of income. Overall, households headed by elderly female persons were more likely to depend on grants than their male counterparts. For both 2011 and 2015, male-headed households residing in urban areas were more likely to report pensions as their main source of income than female-headed households.

Figure 6.2: Distribution of old-age grant and pension coverage over time for persons 60 years and older, 2003 to 2015



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Elderly receiving old age grants	67,9	67,7	67,1	66,9	64,9	65,5	68,7	66,8	67,6	67,2	68,0	67,5	69,8
Elderly living in pension receiving households								11,1	15,4	11,3	10,6	15,2	14,4

Source: GHS 2003-2015

Figure 6.2 above illustrates the trend in proportions of beneficiaries and non-beneficiaries of old-age grants and pensions in South Africa. Old age grant receipt fluctuated between 65% and 70% during the period 2003 to 2015. Post 2008 there was an increase, which may be explained by the amendment of the Social Assistance Act in 2008 to lower the male age-eligibility for a state pension progressively from 65 to age 60, thus absorbing more men into the pool of state pension beneficiaries.[22] This amendment was implemented incrementally over a period of two years (2009 and 2010), such that the qualifying age in 2009 was 61, which was further reduced to 60 in 2010. Throughout this period; the percentage of older persons benefiting from old-age grants has increased by 1,9 percentage points (from 67,9 in 2003 to 69,8 in 2015) with significant fluctuations from year to year. This suggests a significant burden on the state in supporting this group of vulnerable people.

Similar to the distribution of old-age grants, the distribution of pension beneficiaries increased slightly between 2010 and 2015, with 14,4 per cent of older persons living in pension receiving households.

[22] No. 6 of 2008: Social Assistance Amendment Act, 2008

Table 6.3: Number of older persons who are accessing social grant by province, 2011 and 2015

Province	2011			2015		
	Non-grant recipients	Grant recipients	Total	Non-grant recipients	Grant recipients	Total
WC	245 051	243 862	**488 914**	301 033	288 243	**589 276**
EC	98 565	449 825	**548 390**	103 531	481 674	**585 205**
NC	20 249	74 663	**94 913**	24 513	83 250	**107 764**
FS	57 525	155 085	**212 610**	71 754	174 566	**246 320**
KZN	162 332	561 124	**723 456**	167 411	663 759	**831 171**
NW	58 009	206 810	**264 819**	61 175	240 827	**302 002**
GP	458 207	449 000	**907 207**	491 235	585 390	**1 076 625**
MP	49 501	188 532	**238 033**	65 210	224 020	**289 230**
LP	40 167	361 406	**401 573**	45 690	369 073	**414 763**
RSA	**1 189 606**	**2 690 308**	**3 879 914**	**1 331 552**	**3 110 803**	**4 442 355**

Source: GHS 2011, GHS 2015

South Africa is one of the few sub-Saharan countries that operate a non-contributory social pension system (Makiwane, 2011).[23]

The old-age grant is the primary source of income for the majority of the elderly in South Africa. Furthermore, in many cases the elderly are likely to use their old-age grants to support the entire household, which is usually multigenerational (Makiwane et al., 2004).[24] In South Africa, over 3,1 million of persons aged 60 years and older received an old-age grant in 2015 compared to 2,6 million in 2011, as depicted in Table 6.2 above. Most grant recipients were found in Limpopo and Eastern Cape for both years of analysis. The elderly living in Western Cape and Gauteng were the least likely to receive grants.

[23] M. Makiwane. (2011). The older persons and their relationship with younger generations in South Africa
[24] Makiwane, M., Schneider M., and Gopane, M. (2004). Experiences and needs of older persons in Mpumalanga

Figure 6.3a: Percentage of older persons who are accessing old-age grants by province, 2011

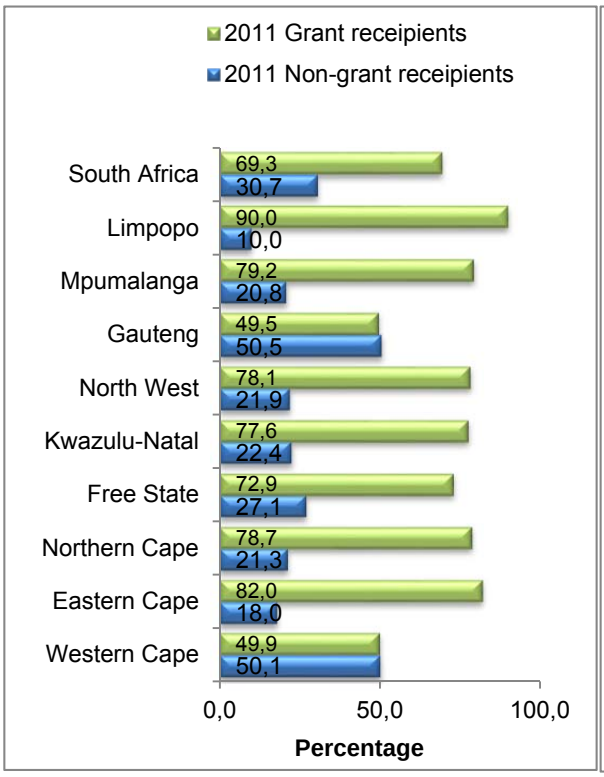
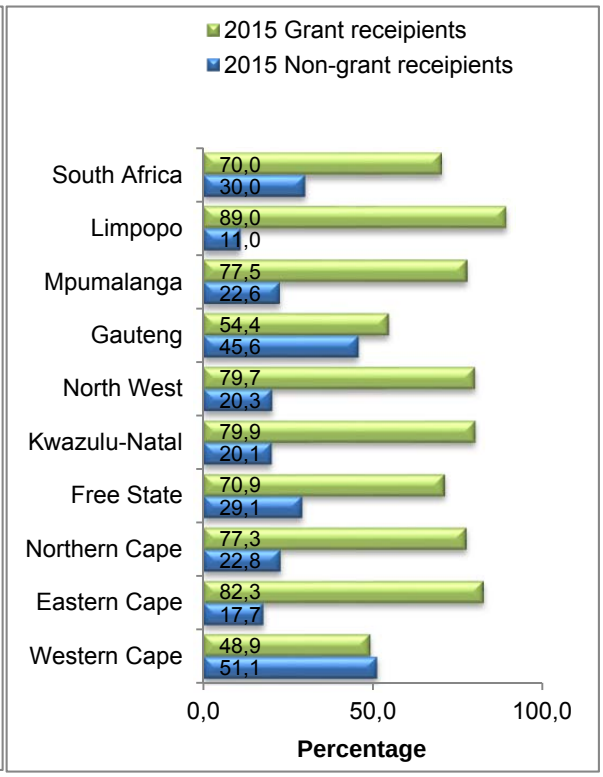


Figure 6.3b: Percentage of older persons who are accessing old-age grants by province, 2015



Source: GHS 2011, 2015

An old-age grant is a monthly income that is administered by the South African Social Security Agency (SASSA), a government agency. The grant is only paid out to people whose financial income is below a certain level.[25] Figures 6.3a and 6.3b show the distribution of old-age grants between 2011 and 2015. Seventy per cent of the elderly in South Africa were recipients of the old-age grant in 2015. The grant provides relief to the most vulnerable elderly population as this could potentially be the only source of income to certain households.

The highest percentage of recipients in the country were found in Limpopo in 2011 and 2015 at 90,0% and 89,0%, respectively. In 2015, Western Cape recorded a percentage point decrease in its number of recipients. It remains the province with the lowest number of old-age grant recipients in South Africa. Free State recorded a 2 percentage point decline in the number of older persons receiving the old-age grant.

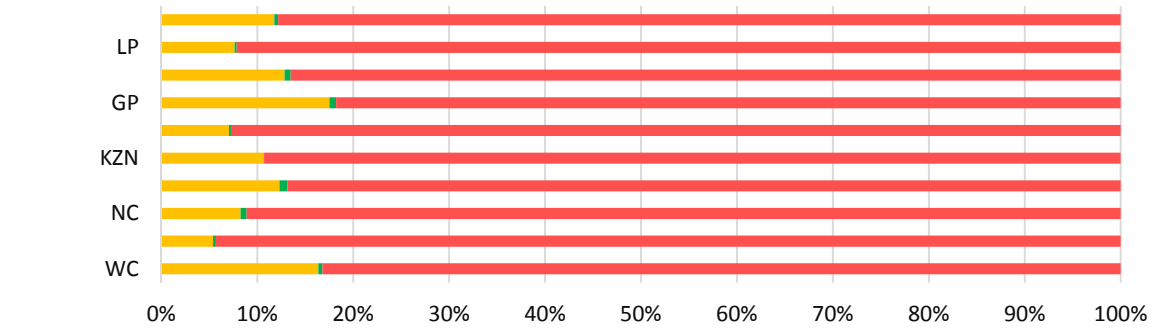
[25] Department of Social Development: http://www.dsd.gov.za.

6.3 Basic economic activity of older persons

An important part of maintaining the active participation and development of older persons in society is through their continued involvement in the paid labour force. The inherent social and economic benefits of an ageing workforce should be recognised, and efforts should be made to eliminate age barriers in the formal labour market by promoting the recruitment of older persons. The extent to which older persons are part of the occupational structure of the economy is an important indicator towards the elimination of age discrimination.[26]

Actively increasing integration of older persons into the workplace is vital for achieving a balanced diversity of age groups in the workplace.[27] Ideally, older persons should be able to continue with income-generating work for as long as they are able to do so productively.

Figure 6.4a: Labour market components for older persons by province, 2011

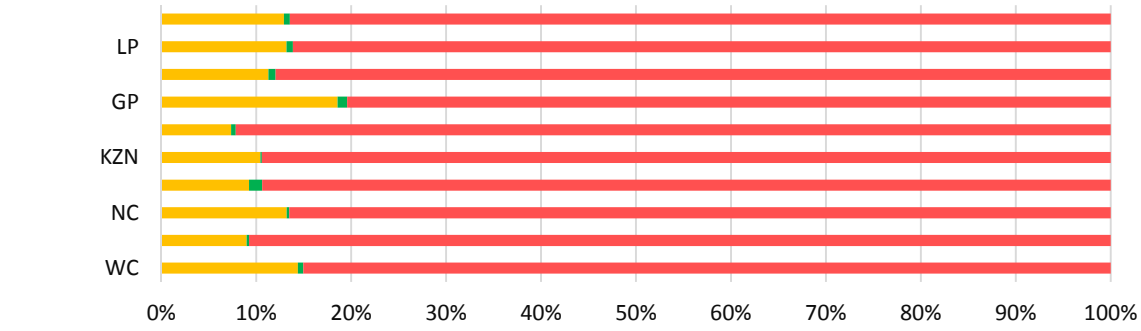


	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Employed	16,4	5,4	8,2	12,3	10,7	7,0	17,5	12,8	7,6	11,8
Unemployed	0,4	0,3	0,6	0,8	0,0	0,2	0,7	0,6	0,2	0,4
NEA	83,2	94,3	91,1	86,9	89,3	92,8	81,8	86,5	92,2	87,8

Source: QLFS – Q3: 2011

[26] Integration and participation of older persons in development: http://www.un.org
[27] Integration and participation of older persons in society: UNECE Policy Brief on Ageing No. 4 November 2009. www.unece.org.

Figure 6.4b: Labour market components for older persons by province, 2016



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Employed	14,4	9,0	13,2	9,2	10,4	7,4	18,6	11,3	13,2	12,9
Unemployed	0,6	0,3	0,3	1,4	0,1	0,5	1,0	0,8	0,7	0,6
NEA	85,1	90,8	86,5	89,4	89,4	92,2	80,4	88,0	86,2	86,5

Source: QLFS – Q3: 2016

The graphs above illustrate the labour market composition for older persons. For both years in all provinces, the not economically active (NEA) group was the most dominant. In the third quarter of 2011, the NEA alone accounted for 87,8% of the labour market, and for 86,5% in the third quarter of 2016 (1,3 percentage point decrease). The labour force, which comprises the employed and unemployed, accounted for less than 15% of the market share of older persons in both terms of reference.

In examining provincial variations, Gauteng, followed by Western Cape, recorded the highest labour force share compared to the other provinces. That is, Gauteng and Western Cape have the highest proportion of older persons who are either employed or actively looking for work. This is, however, to be expected, considering that they are classified as being high-income provinces that are central in driving the South African economy.

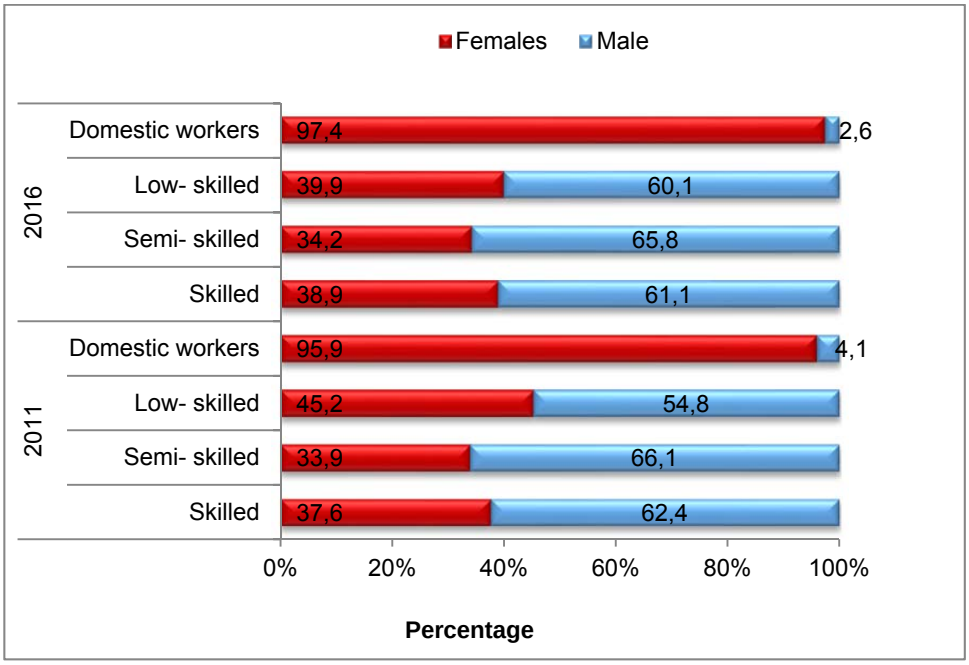
Table 6.4: Distribution of older persons who are economically active by province, 2011 and 2016

Province	2011					2016				
	Employed		Unemployed		Labour force	Employed		Unemployed		Labour force
	N ('000)	Per cent	N ('000)	Per cent	N ('000)	N ('000)	Per cent	N ('000)	Per cent	N ('000)
WC	79	97,6	2	2,4	81	86	96,2	3	3,8	90
EC	30	94,8	2	5,2	32	54	97,1	2	2,9	56
NC	8	92,5	1	7,5	9	15	98,0	0	2,0	16
FS	25	91,7	2	6,4	27	22	86,9	3	13,1	26
KZN	79	99,7	0	0,3	80	84	98,6	1	1,4	85
NW	18	97,2	1	2,8	19	24	93,9	2	6,1	25
GP	154	96,2	6	3,8	160	216	94,8	12	5,2	228
MP	34	95,4	2	4,6	36	35	93,7	2	6,3	37
LP	29	97,2	1	2,8	29	59	95,2	3	4,8	62
RSA	**457**	**96,6**	**15**	**3,2**	**472**	**596**	**95,4**	**29**	**4,6**	**624**

Source: QLFS 2011 – Q3 and QLFS 2016 – Q3

An analysis of the employment profile of persons 60 years and older can be found in Table 6.4 above. Over the period 2011 to 2016, the country experienced a drop of 1,2 percentage points in the employment of older persons. At least seven provinces contributed to the decline, with the highest number of jobs lost in Free State and North West. However, employment among older persons remained higher in KwaZulu-Natal compared to other provinces at 99,7% and 98,6%, respectively. Over the same period, employment gains among the elderly were observed only in Northern Cape (5,5 percentage points) and Eastern Cape (2,3 percentage points).

Figure 6.5: Percentage distribution of occupation groups for older persons who are employed by sex, 2011 and 2016



Source: QLFS 2011 – Q3 and QLFS 2016 – Q3

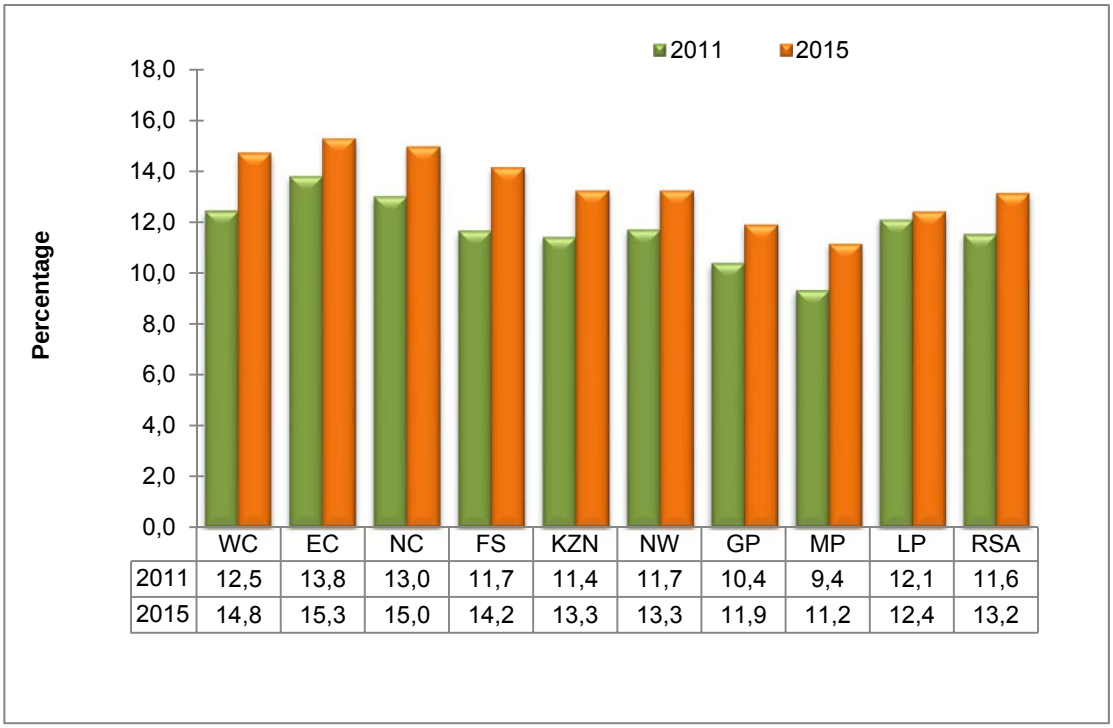
Paid domestic work is common in households all over the world. It is work that is largely performed by women; which includes cleaning houses, and caring for children, the disabled and the elderly. The figure above illustrates the percentage distribution of occupation groups for the elderly, between males and females during 2011 and 2016. The proportions show that the likelihood of older females being employed as domestic workers was higher than that of their male counterparts at 95,9% in 2011, and increasing to 97,4% in 2016 (accounting for almost all who were considered in this category during the period of reporting). Domestic work has been systematically undervalued in South Africa because this type of labour is inevitably performed by the less educated and less skilled sections of the South African population and highlights continued inequality between the sexes .

The demise of apartheid has not changed the domestic labour force in terms of the race profile of workers, as domestic workers are still mostly poor black women (Mangqalaza, 2012).[28]

The figure shows that for both years, elderly males were approximately two times more likely to be employed in semi-skilled occupations than older females, followed by those in skilled occupations. However, females in skilled occupations experienced a marginal increase of 1,3 percentage points in 2016.

[28] Hlokoma Mangqalaza. (2012). The Economic Worth Of Domestic Workers In South Africa

Figure 6.6a: Old-age dependency ratios by provinces, 2011 and 2015



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2011	12,5	13,8	13,0	11,7	11,4	11,7	10,4	9,4	12,1	11,6
2015	14,8	15,3	15,0	14,2	13,3	13,3	11,9	11,2	12,4	13,2

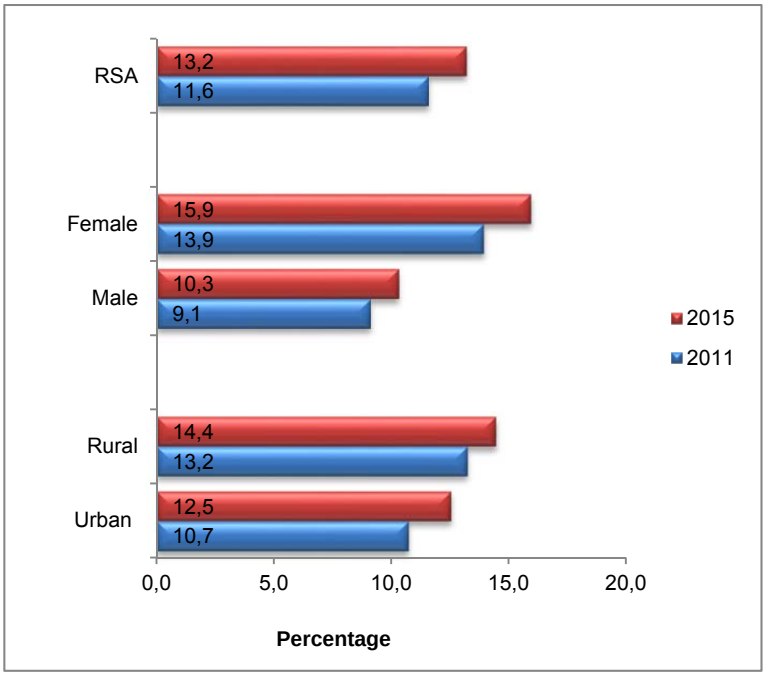
Source: GHS 2011, GHS 2015

The dependency ratio compares the number of available workers with the number of those considered to be dependent on the state.[29] During 2011 to 2015, the country's old-age dependency ratio increased from 11,6% to 13,2%. An increase in this ratio is an indication of the burden on the productive population.

During 2015, Eastern Cape had 15 elderly persons requiring support for every 100 working-age persons; thus, the province had the highest old-age dependency ratios reported. The minimal change in Limpopo's old-age dependency ratios between 2011 and 2015 indicates no significant change in the age distribution of the province. The figure also shows that the old-age dependency ratio in Free State increased by 2,5 percentage points, which is indicative of a higher rate of increase compared to other provinces.

[29] https://www.ezonomics.com, 2011

Figure 6.6b: Old-age dependency ratios by sex and geography type, 2011 and 2015



Source: GHS 2011, GHS 2015

The old-age dependency ratio was higher among females than among males for both years of reporting, with a marginal increase to almost 6 elderly females per 100 working females. The higher old-age dependency ratios (13,9% in 2011 and 15,9% in 2015) among females compared to those among males (9,1% in 2011 and 10,3% in 2015) can be attributed to females living longer than males.

During 2015, the old-age dependency ratio in rural areas was 1,9 times more than that in urban areas. The elderly living in urban areas were more likely to be employed, and were possibly in a better financial position than their rural counterparts. Moreover, according to the IES 2010/11, 77,0% of elderly persons in rural areas live below the poverty line compared to 39,2% of those who live in urban areas.[30]

6.4 Conclusion

Old-age grant receipt increased slightly between 2003 and 2015, with approximately 70% of the elderly benefiting from grants in 2015. The old-age dependency ratio has increased between 2011 and 2015. This indicates a burden on the working population, as these individuals will be affected by higher taxes. Males dominate in skilled and semi-skilled occupations, whilst women are still in vulnerable employment, such as domestic work.

[30] Stats SA: IES, 2011

CHAPTER 7: LIFE EXPECTANCY, HEALTH STATUS AND MORTALITY

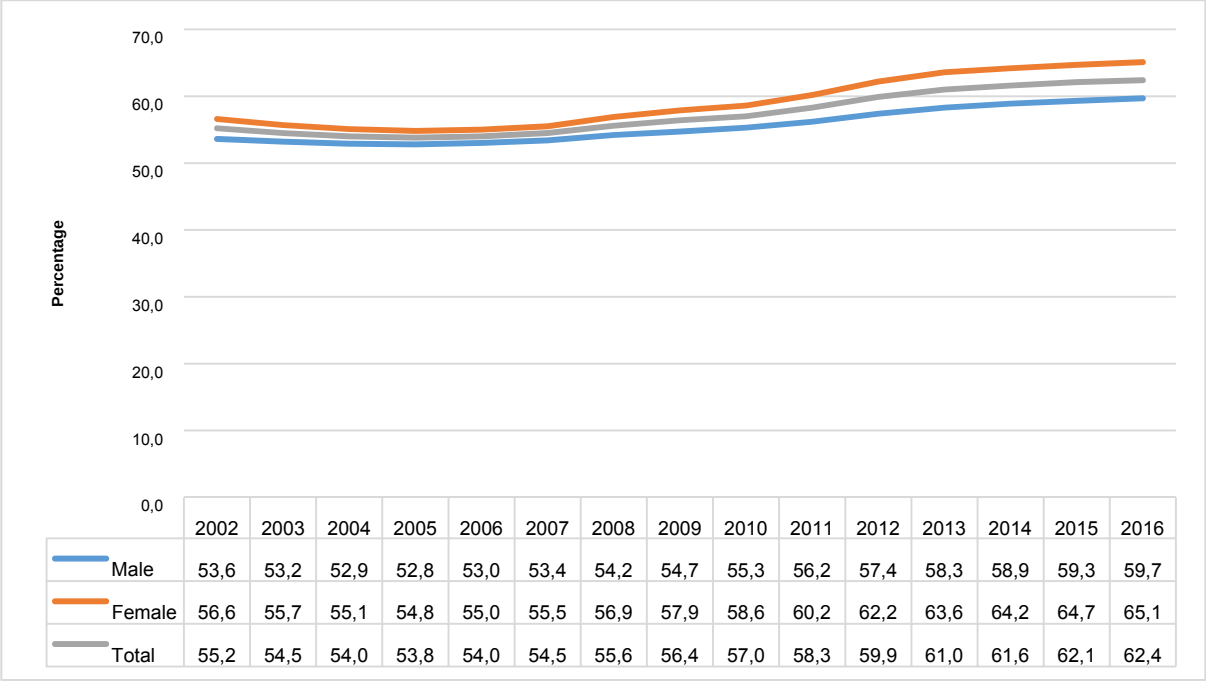
7.1 Introduction

The life expectancy and quality of life of the elderly is closely linked with their health status. In addition to this, the primary causes of death of older persons give some reflection on their life style as well as possible explanations for a longer or shortened life span.

In this section, the focus will be on medical aid coverage of the elderly, the kind of health services they access as well as their general health status, and ultimately – causes of death.

7.2 Life expectancy

Figure 7.1: Life expectancy at birth of males and females, 2002 to 2016

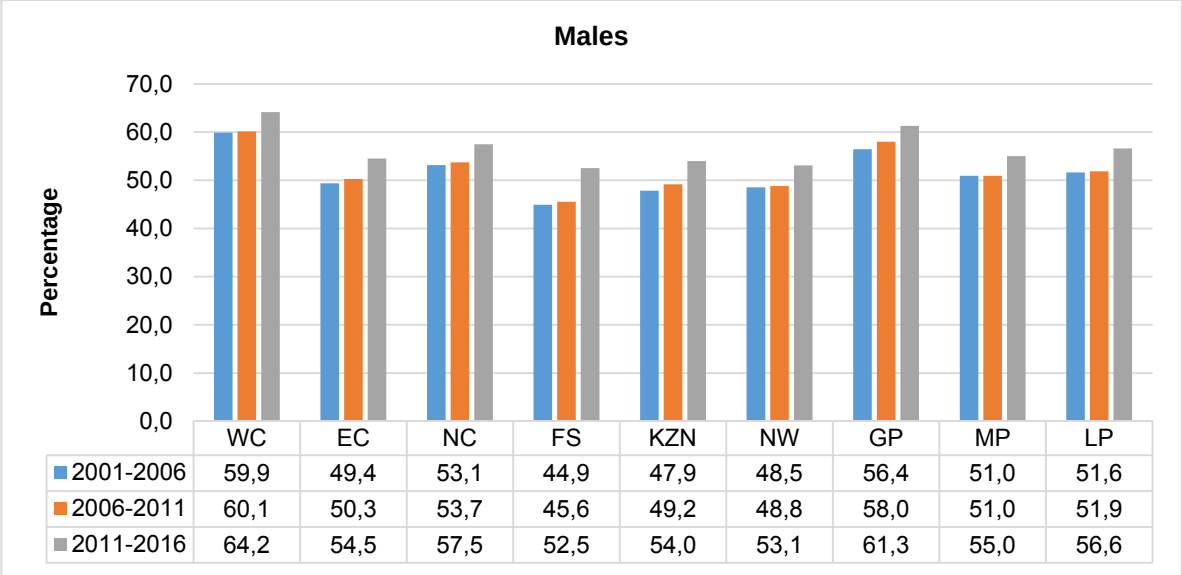


	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Male	53,6	53,2	52,9	52,8	53,0	53,4	54,2	54,7	55,3	56,2	57,4	58,3	58,9	59,3	59,7
Female	56,6	55,7	55,1	54,8	55,0	55,5	56,9	57,9	58,6	60,2	62,2	63,6	64,2	64,7	65,1
Total	55,2	54,5	54,0	53,8	54,0	54,5	55,6	56,4	57,0	58,3	59,9	61,0	61,6	62,1	62,4

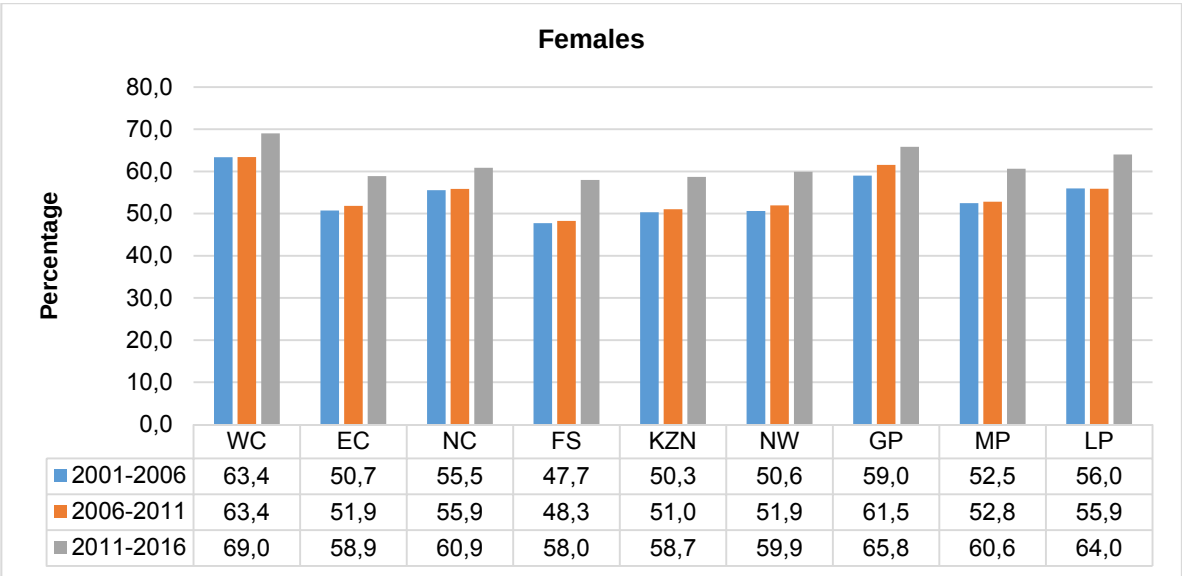
Source: Statistics South Africa, P0302, Mid-year population estimates 2016

Figure 7.1 shows that between 2002 and 2016, the life expectancy of males increased from 53,6 to 59,7 years, and for females from 56,6 to 65,1 years. For the general population this increase represented change from 55,2 years in 2002 to 62,4 years in 2016. Even though this does not affect people currently aged 60 years and older, it does indicate that the general conditions that contribute towards a longer life are improving, underpinning the general trend that South Africa has and will continue to have a growing elderly population.

Figure 7.2: Life expectancy at birth per province and sex, 2002 to 2016



	WC	EC	NC	FS	KZN	NW	GP	MP	LP
2001-2006	59,9	49,4	53,1	44,9	47,9	48,5	56,4	51,0	51,6
2006-2011	60,1	50,3	53,7	45,6	49,2	48,8	58,0	51,0	51,9
2011-2016	64,2	54,5	57,5	52,5	54,0	53,1	61,3	55,0	56,6



	WC	EC	NC	FS	KZN	NW	GP	MP	LP
2001-2006	63,4	50,7	55,5	47,7	50,3	50,6	59,0	52,5	56,0
2006-2011	63,4	51,9	55,9	48,3	51,0	51,9	61,5	52,8	55,9
2011-2016	69,0	58,9	60,9	58,0	58,7	59,9	65,8	60,6	64,0

Source: Statistics South Africa, P0302, Mid-year population estimates 2016

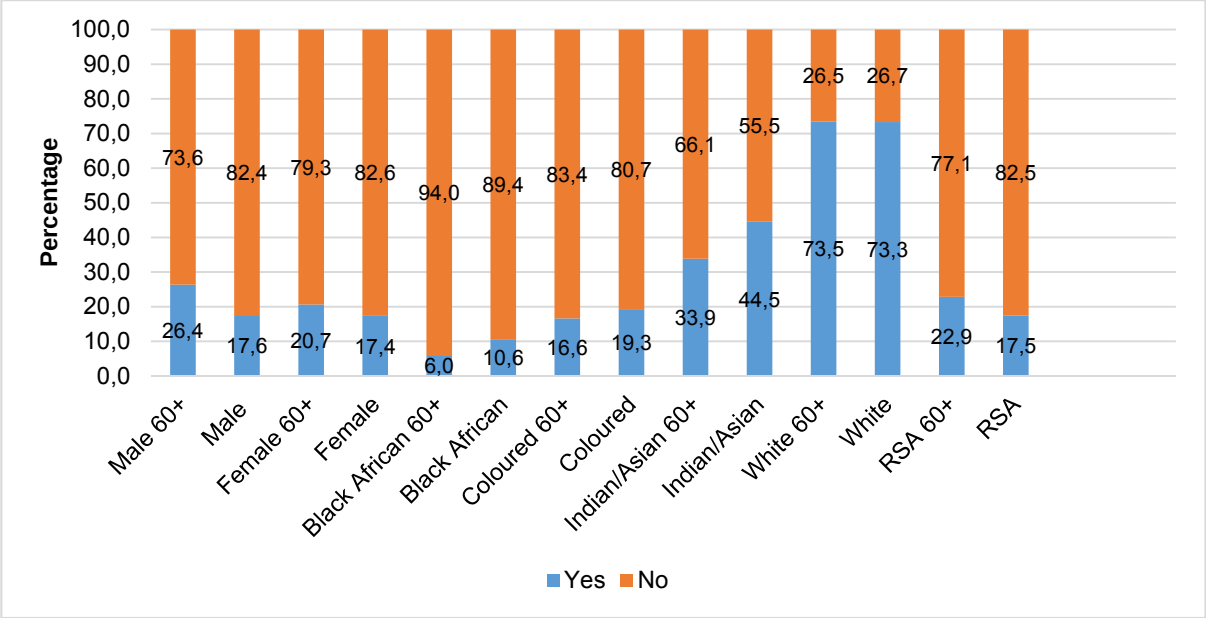
As indicated in the previous graph, life expectancy is currently increasing. Figure 7.2 highlights the differences between provinces. In 2016, life expectancy was highest in the two wealthiest provinces, namely Western Cape (69 years for females and 64,2 years for males) and Gauteng (65,8 years for females and 61,3 years for males).

The shortest life expectancies at birth were found in Free State (females 58,0 years and males 52,5 years), North West (59,9 years for females and 53,1 years for males), KwaZulu-Natal (females 58,7 years and males 54 years), and Eastern Cape (58,9 years for females and 54,5 years for males).

7.3 General health status and health-seeking behaviour

7.3.1 Medical aid and type of facilities used

Figure 7.3: Percentage of persons 60 years and older who are covered by a medical aid or medical benefit scheme or other private health insurance, by sex and population group, 2015

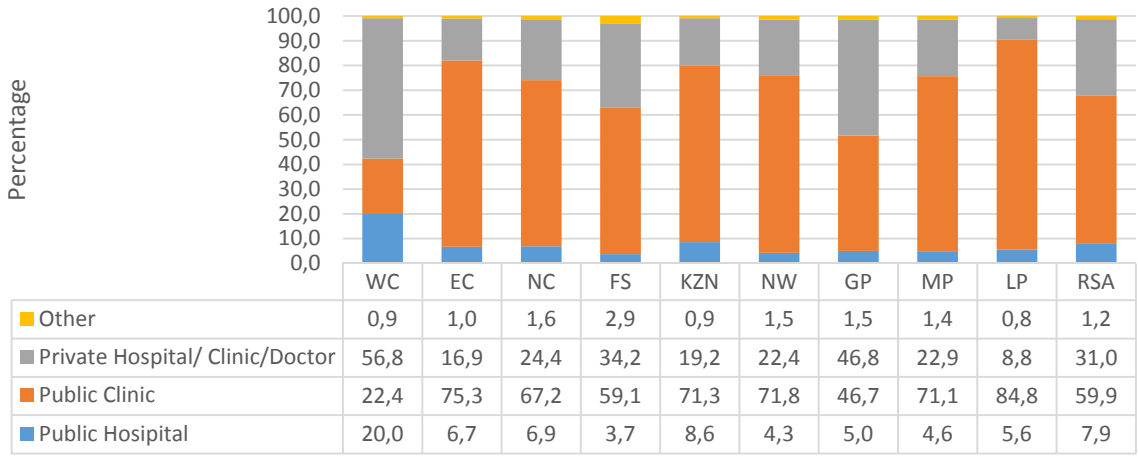


Source: GHS 2015

Only 22,9% of the elderly in South Africa were members of medical aid schemes. This was higher than the membership rates for the population as a whole (17,5%), but largely reflect the disproportional representation of white elderly persons amongst individuals 60 years and older. According to Figure 7.3, the percentage of persons 60 years and older who were covered by a medical aid or medical benefit scheme or other private health insurance was highest amongst elderly white (73,5%) and Indian/Asian (33,9%) persons. Only 6% of black African elderly persons and 16,6% of coloured elderly persons were members of medical aid schemes. Coverage for males (26,4%) was higher than for females (20,7%).

It is important to note that whereas the coverage of medical aid schemes was similar for males and females in the general population (17%), there were some disparities between males and females sixty years and older. Amongst the elderly, males were more likely to have medical aid cover with slightly more than a quarter (26,4%) covered, whilst only one in five females, sixty years and older, enjoyed coverage. The white elderly enjoyed similar coverage than the white population in general (73%), but for all other population groups, coverage was lower for the elderly than for the general population. In the case of Indians/Asians, coverage was 10,6 percentage points lower for the elderly, whilst coverage for the black African population was 3,4 percentage points lower and for coloureds 2,7 percentage points lower.

Figure 7.4: Types of health facilities normally used by household heads aged 60 years and older, by province, 2015



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Other	0,9	1,0	1,6	2,9	0,9	1,5	1,5	1,4	0,8	1,2
Private Hospital/ Clinic/Doctor	56,8	16,9	24,4	34,2	19,2	22,4	46,8	22,9	8,8	31,0
Public Clinic	22,4	75,3	67,2	59,1	71,3	71,8	46,7	71,1	84,8	59,9
Public Hospital	20,0	6,7	6,9	3,7	8,6	4,3	5,0	4,6	5,6	7,9

Source: GHS 2015

Figure 7.4 summarises the types of health facilities normally used by persons aged 60 years and older. The majority of elderly persons in all provinces (except Western Cape and Gauteng) made use of public clinics for their health-care needs. Nearly 85% of individuals aged 60 years and older utilised public clinics in Limpopo. More than 70% of the elderly living in Eastern Cape, KwaZulu-Natal, North West and Mpumalanga also made use of this type of facility. The use of public hospitals was most common in Western Cape (20%) and KwaZulu-Natal (8,6%). Private hospitals/clinics/doctors were most likely to be used by the elderly living in Western Cape (56,8%), Gauteng (46,8%) and Free State (34,2%).

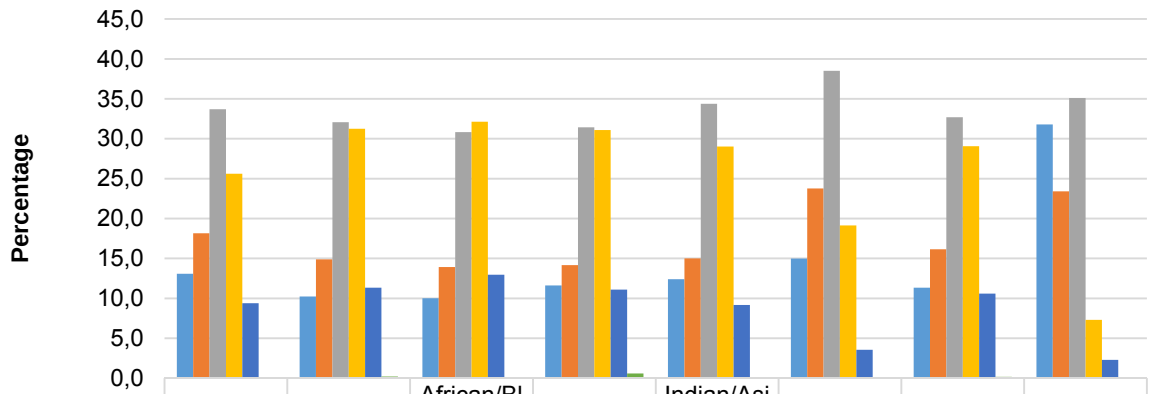
7.3.2 General health status

Figure 7.5: Subjective health status by province, 2015

Source: GHS 2015

According to Figure 7.5, 60% of persons aged 60 years and older ranked their health status as excellent/very good or good. However, there were considerable provincial variations. The elderly in Limpopo (29%) and those residing in the two more prosperous provinces were the least likely to rank their health status as poor (Western Cape 30,8% and Gauteng 36%). Individuals aged 60 years and older living in Northern Cape (48,7%), North West (48,4%) and KwaZulu-Natal (47,5%) were the most likely to rank their health status as poor.

Figure 7.6: Subjective health status of individuals aged 60 years and older by sex and population group, 2015



	Male	Female	African/Black	Coloured	Indian/Asian	White	RSA 60+	RSA
Excellent	13,1	10,2	10,0	11,6	12,4	15,0	11,3	31,8
Very Good	18,2	14,9	13,9	14,2	15,0	23,8	16,2	23,4
Good	33,7	32,1	30,8	31,4	34,4	38,5	32,7	35,1
Fair	25,6	31,2	32,1	31,1	29,0	19,1	29,1	7,3
Poor	9,4	11,3	13,0	11,1	9,2	3,6	10,6	2,3
Not sure	0,1	0,2	0,1	0,6	0,0	0,1	0,2	0,1

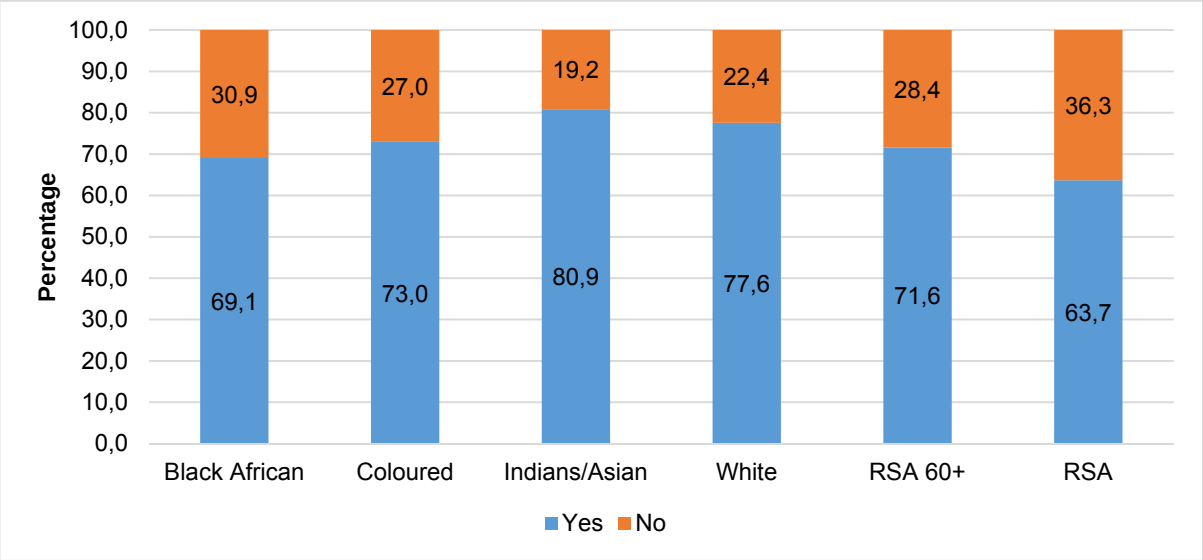
Source: GHS 2015

According to Figure 7.6, females were more likely than males to rate their health status as fair or poor. Elderly black African and coloured persons were less likely than Indians/Asians and whites to rate their health as excellent or very good. More than a third of whites (38,8%) consider their health as excellent or very good compared to 23,9% of black Africans, 25,8% of coloureds and 27,4% of Indians/Asians. In general, the elderly were significantly less likely to rank their health as excellent or very good (27,5%) than the population in general (55,2%).

Experience of selected diseases during the 3 months preceding the survey

One of the questions in the GHS asks whether the individual suffered from a specific illness during the 3 months preceding the survey. The only listed illness that was present in significant percentages of persons aged 60 years and older was flu or acute respiratory tract infection. As many as 11% of black Africans and 8,9% coloureds, 6,1% of Indians/Asians and 10,8% of whites indicated that they had problems with this particular health problem. The responses to the question as to whether they consulted a health worker as a result of this illness are summarised in the figure below:

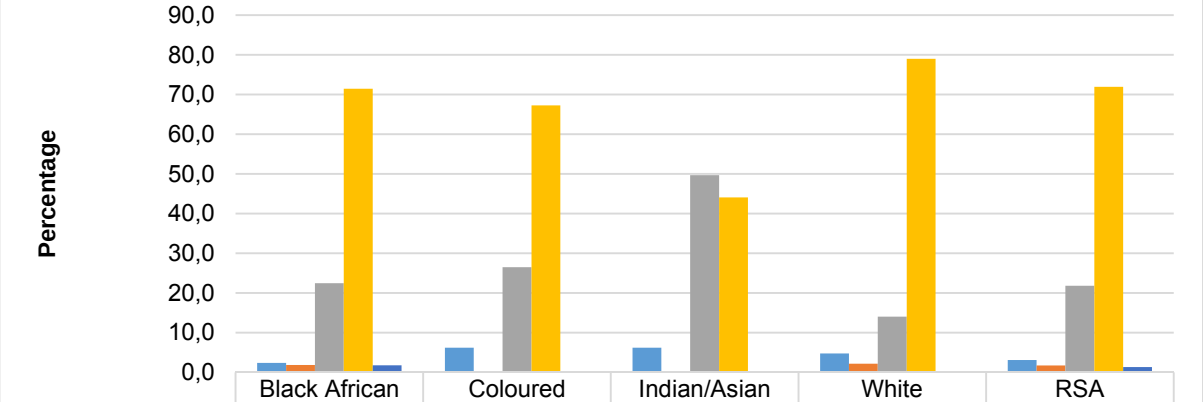
Figure 7.7: Percentage of the elderly who were ill in the 3 months preceding the survey who consulted a health worker by population group, 2015



Source: GHS 2015

According to Figure 7.7, the elderly in South Africa (71,6%) were more likely to consult a health worker when they were ill than the general population (63,7%). Elderly Indian/Asian persons were most likely to consult a health worker (80,9%), followed by whites (77,6%), coloureds (73,0%) and black Africans (69,1%).

Figure 7.8: Percentage of the elderly who were ill in the 3 months preceding the survey who did not consult a health worker by population group, 2015



	Black African	Coloured	Indian/Asian	White	RSA
Too expensive	2,4	6,2	6,2	4,8	3,1
Too far	1,9	0,0	0,0	2,2	1,8
Not necessary	22,5	26,5	49,7	14,1	21,8
Self medicated	71,5	67,3	44,1	79,0	71,9
Other	1,8	0,0	0,0	0,0	1,3

Source: GHS 2015

Those who did not consult a health worker, did not do so because they self-medicated (71,9%) or felt that it was not necessary (21,8%). Approximately 6% of coloureds and Indians/Asians did not consult because it was too expensive. Nearly half of the elderly Indian/Asian population indicated that it was not necessary to consult a health worker.

Table 7.1: Percentage of elderly persons diagnosed with selected conditions by a doctor/nurse/healthcare worker and whether they are taking medication or not, 2015

	Individuals with the condition				Individuals with the condition who are taking medication for it			
	Male	Female	RSA		Male	Female	RSA	
Condition	Per cent	Per cent	Number	Per cent	Per cent	Per cent	Number	Per cent
Asthma	4,1	5,3	215 078	4,8	95,5	92,5	**183 755**	**93,4**
Bronchitis	1,1	0,5	32 938	0,8	80,3	88,7	**20 985**	**84,5**
Cancer	2,0	1,3	67 908	1,5	83,7	96,3	**56 729**	**90,0**
Cholesterol	5,8	3,6	195 564	4,4	96,3	96,9	**177 878**	**96,6**
Diabetes	14,4	16,6	699 196	15,8	97,2	98,2	**659 015**	**97,9**
Epilepsy	0,8	0,7	31 812	0,7	98,7	95,3	**27 858**	**96,7**
High blood pressure	37,9	50,0	2 011 816	45,3	97,9	98,9	**1 920 907**	**98,5**
Heart attack	4,0	3,7	168 124	3,8	94,8	94,0	**150 858**	**94,3**
HIV and AIDS	1,5	2,0	79 656	1,8	97,3	94,9	**59 899**	**95,7**
Meningitis and sinusitis	0,5	0,5	23 067	0,5	71,1	100,0	**15 642**	**89,1**
Mental illness	1,2	0,8	42 570	1,0	78,3	87,7	**33 052**	**83,3**
Osteoporosis	0,7	1,1	40 106	0,9	77,2	90,6	**30 485**	**86,9**
Other	2,5	2,3	106 206	2,4	86,0	93,6	**87 547**	**90,5**
Pneumonia	0,6	0,4	19 629	0,5	73,6	99,3	**15 043**	**85,6**
Arthritis	7,1	18,0	610 846	13,8	93,2	89,9	**527 116**	**90,6**
Stroke	2,3	1,9	89 775	2,0	97,8	91,2	**76 638**	**94,0**
Tuberculosis	1,4	0,8	44 449	1,0	71,8	88,3	**33 942**	**79,5**

Source: GHS 2015

According to Table 7.1, the three health conditions most common amongst the elderly were high blood pressure (45,3%), diabetes (15,8%) and arthritis (13,8%). All three these diseases were more common amongst females than males:

- High blood pressure – females (50%) vs. males (37,9%).
- Diabetes – females (16,6%) vs. males (14,4%)
- Arthritis – females (18,0%) vs. males (7,1%)

Other conditions that affected more than 50 000 of the elderly include cholesterol (195 564), stroke (89 775), HIV/AIDS (79 656) and cancer (67 908).

More than 90% of the individuals suffering from asthma, cholesterol, diabetes, epilepsy, high blood pressure, heart attack, HIV/AIDS, arthritis and strokes indicated that they are taking medication for their condition.

7.4 Disability status

Table 7.2: The degree of difficulty that elderly persons have with specific activities by population group, 2015

Category	Degree of difficulty	Population group				RSA	
		Black African	Coloured	Indian/ Asian	White	Number	Per cent
Communicating	No difficulty	92,5	94,2	91,5	94,6	**4 210 467**	**93,1**
	Some difficulty	6,1	4,6	7,4	4,6	**257 076**	**5,7**
	A lot of difficulty	1,1	1,0	0,9	0,7	**44 008**	**1,0**
	Unable to do	0,2	0,2	0,2	0,1	**8 727**	**0,2**
	Do not know	0,0	0,0	0,0	0,0	**1 277**	**0,0**
Hearing	No difficulty	80,4	82,8	80,9	81,9	**3 662 239**	**81,0**
	Some difficulty	15,9	14,1	16,5	14,9	**703 584**	**15,6**
	A lot of difficulty	3,3	2,9	2,4	2,9	**143 510**	**3,2**
	Unable to do	0,2	0,2	0,2	0,1	**9 811**	**0,2**
	Do not know	0,0	0,1	0,0	0,1	**2 549**	**0,1**
Remembering	No difficulty	75,3	83,7	82,1	88,4	**3 582 701**	**79,2**
	Some difficulty	18,9	12,9	15,3	10,0	**733 927**	**16,2**
	A lot of difficulty	5,5	3,1	2,2	1,4	**192 573**	**4,3**
	Unable to do	0,2	0,2	0,3	0,1	**9 478**	**0,2**
	Do not know	0,1	0,0	0,0	0,1	**2 797**	**0,1**
Seeing	No difficulty	57,9	58,6	61,6	68,4	**2 734 012**	**60,5**
	Some difficulty	32,8	33,5	32,2	27,7	**1 432 575**	**31,7**
	A lot of difficulty	8,7	7,5	5,9	3,7	**333 354**	**7,4**
	Unable to do	0,6	0,4	0,2	0,2	**19 946**	**0,4**
	Do not know	0,0	0,0	0,0	0,1	**1 818**	**0,0**
Self-care	No difficulty	86,3	91,1	86,2	91,4	**3 974 465**	**87,9**
	Some difficulty	9,8	5,7	10,5	6,5	**394 644**	**8,7**
	A lot of difficulty	2,8	2,0	2,5	1,5	**110 013**	**2,4**
	Unable to do	1,0	1,1	0,8	0,5	**41 211**	**0,9**
	Do not know	0,0	0,0	0,0	0,0	**1 358**	**0,0**
Walking	No difficulty	67,3	70,8	67,8	76,8	**3 153 612**	**69,7**
	Some difficulty	21,0	17,5	21,2	15,7	**880 374**	**19,5**
	A lot of difficulty	10,2	9,3	8,6	6,0	**412 265**	**9,1**
	Unable to do	1,5	2,3	2,3	1,5	**72 904**	**1,6**
	Do not know	0,1	0,1	0,0	0,1	**2 403**	**0,1**

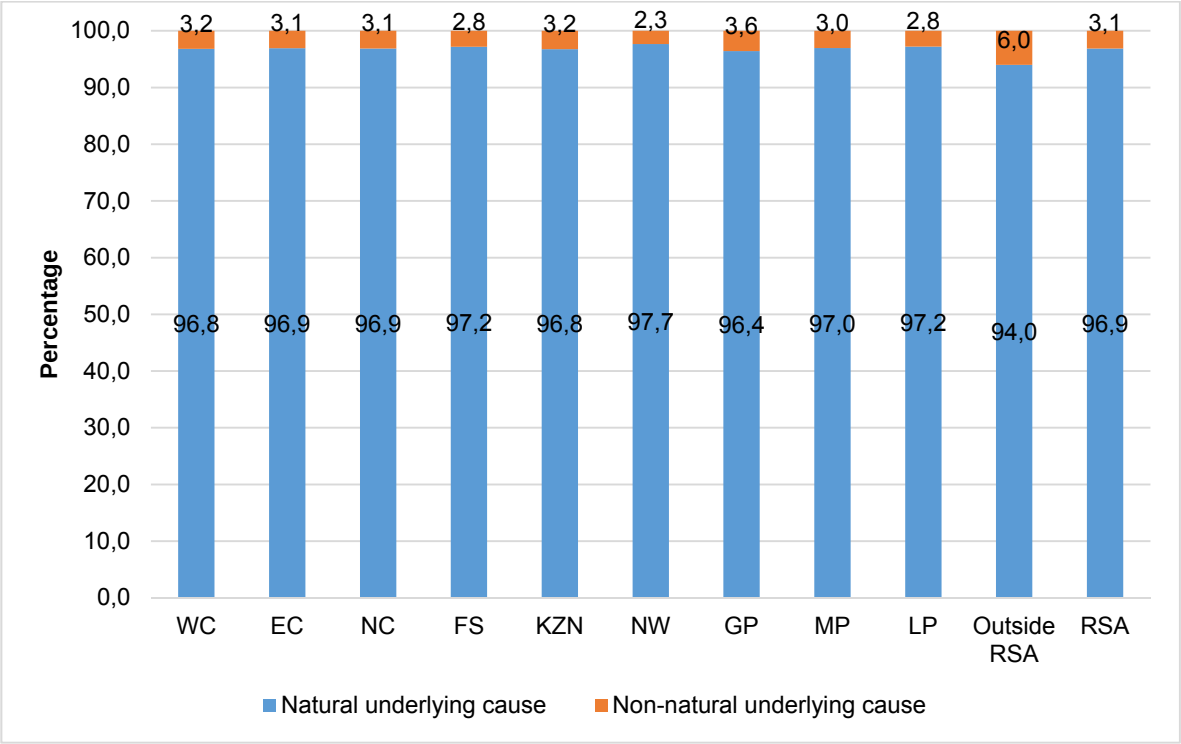
Source: CS 2016

According to table 7.2, elderly persons are most likely to have some to severe difficulty with the following activities, or they might be unable to perform these activities:

Seeing – 39,5%
Walking – 30,3%
Remembering – 20,8%
Hearing – 19%
Self-care – 12,1%

7.5 Causes of death

Figure 7.9: Natural and unnatural causes of death of persons aged 60 years and olderby province, 2014



Source: Causes of death 2014

Most elderly persons died of natural causes. Nationally, only 3,1% died of unnatural causes. However, elderly persons living outside South Africa have nearly double the probability (6%) of dying of unnatural causes.

Table 7.3 contains the underlying causes of death of individuals aged 60 years and older per province. The breakdown of the most common underlying causes of the 185 502 deaths recorded in 2014 for persons aged 60 years and older can be summarised as follows:

- **Circulatory system:** 55 167 were the result of diseases of the circulatory system (I000I99). The most common sub-classes in this category were Hypertensive diseases (I10-I15), Ischaemic heart diseases (I20- I25). Other forms of heart disease (I30-I52), and Cerebrovascular diseases (I60-I69).
- **Unclassified symptoms:** 27 585 were grouped as Symptoms and signs not elsewhere classified (R000R99).
- **Neoplasms:** 22 880 were caused by Neoplasms (C000D48). The most common neoplasms were Malignant neoplasms of digestive organs (C15-C26), Malignant neoplasms of respiratory and intrathoracic organs (C30-C39), Malignant neoplasm of breast (C50), Malignant neoplasms of female genital organs (C51-C58), Malignant neoplasms of male genital organs (C60-C63), and Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80)
- **Respiratory system:** 21 037 deaths were the result of Diseases of the respiratory system (J000J99). These were primarily due to Influenza and pneumonia (J09-J18), and Chronic lower respiratory diseases (J40-J47).
- **Endocrine and metabolic system:** 18 941 deaths were caused by Endocrine, nutritional and metabolic diseases (E000E90), and more specifically, Diabetes mellitus (E10-E14).

- **Certain infectious and parasitic diseases (A000B99):**16 950 were recorded, with the most common amongst these causes being Intestinal infectious diseases (A00-A09), Tuberculosis (A15-A19), Other bacterial diseases (A30-A49), Human immunodeficiency virus [HIV] disease (B20-B24), and Other viral diseases (B25-B34).

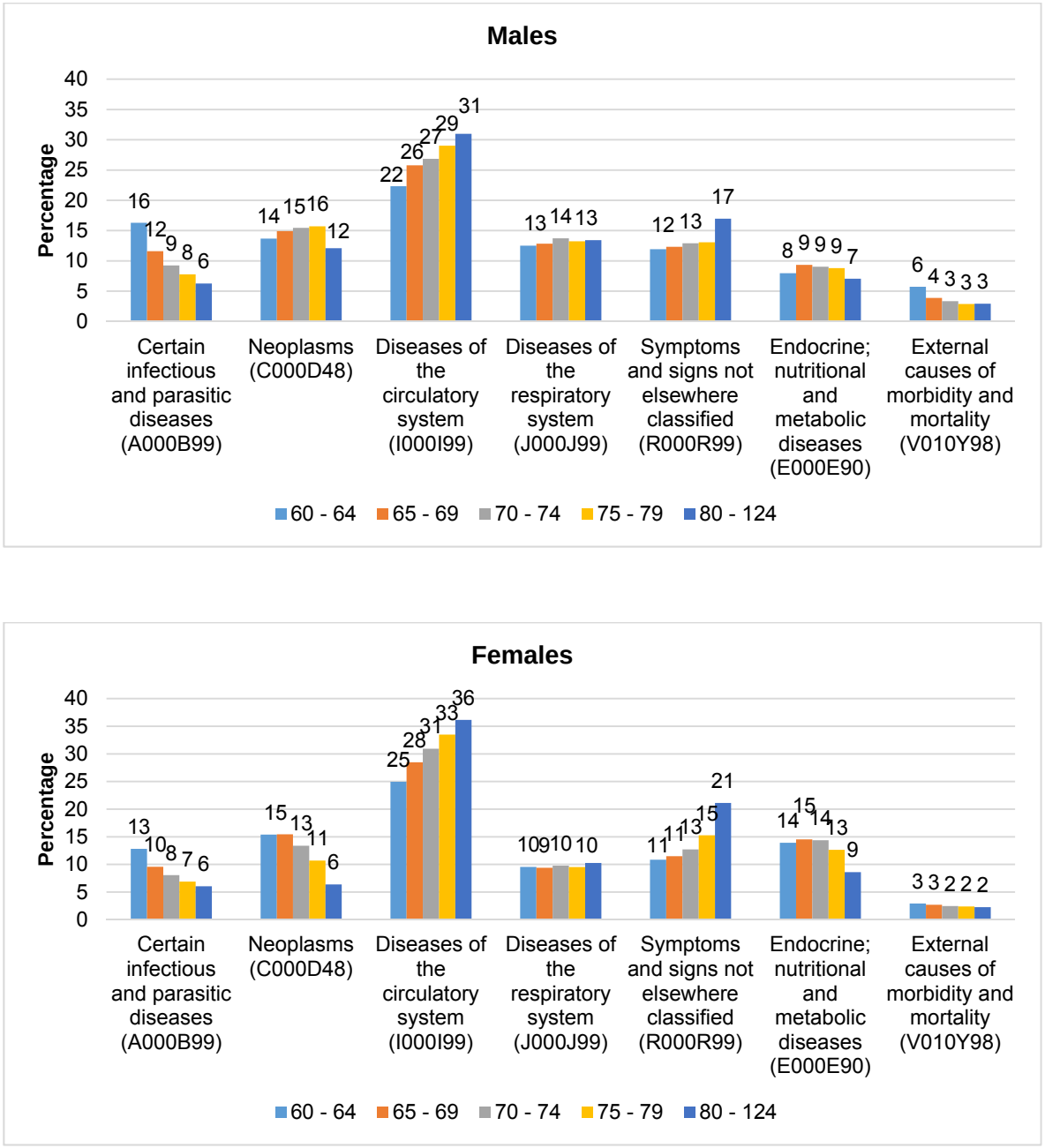
According to Table 7.3, nationally and across all provinces, the probability of someone dying from diseases of the circulatory system remained the highest of all the potential causes of death. Provincially there were some variations in terms of the second and third most common causes of death: Neoplasms were the second most common cause of death in Western Cape, Northern Cape and Gauteng. Unclassified diseases came second in most provinces (except Western and Northern Cape), followed closely by respiratory diseases. Endocrine, nutritional and metabolic diseases were the main causes of death in Western Cape and KwaZulu-Natal. Hypertension was a problem across all provinces, and one of the primary drivers of deaths related to the circulatory system. Lifestyle diseases, such as neoplasm related illnesses and deaths were predominant in the wealthiest provinces, namely Western Cape and Gauteng.

Table 7.3: Underlying main cause of death of individuals aged 60 years and older, by province 2014

Underlying main cause of death	Province										
	WC	EC	NC	FS	KZN	NW	GP	MP	LP	Other[31]	RSA
Diseases of the circulatory system (I000I99)	29,9	25,5	32,2	31,8	32,6	33,8	29,4	33,4	25,1	29,5	**29,7**
Symptoms and signs not elsewhere classified (R000R99)	4,6	23,0	10,4	12,7	11,6	17,9	14,4	12,2	21,1	33,1	**14,9**
Neoplasms (C000D48)	23,9	10,7	14,9	10,5	9,9	9,9	14,7	8,3	6,7	7,4	**12,3**
Diseases of the respiratory system (J000J99)	10,1	12,2	14,0	12,9	9,8	10,4	11,4	11,7	12,5	9,1	**11,3**
Endocrine; nutritional and metabolic diseases (E000E90)	12,1	8,4	8,8	10,2	12,9	8,5	8,8	10,9	10,8	5,6	**10,2**
Certain infectious and parasitic diseases (A000B99)	5,9	9,7	8,3	9,6	11,5	9,2	6,9	11,7	10,7	5,4	**9,1**
External causes of morbidity and mortality (V010Y98)	3,2	3,1	3,1	2,8	3,2	2,3	3,6	3,0	2,8	3,8	**3,1**
Diseases of the digestive system (K000K93)	2,4	2,1	2,3	3,0	2,5	2,5	3,2	2,8	2,7	1,3	**2,6**
Diseases of the genitourinary system (N000N99)	2,6	1,7	1,6	2,4	2,7	2,0	3,1	2,7	3,3	1,7	**2,6**
Diseases of the nervous system (G000G99)	2,5	1,5	1,5	1,2	1,2	0,8	1,9	1,0	2,3	2,0	**1,6**
Diseases of the blood and immune mechanism (D500D89	0,5	0,5	1,1	1,2	0,8	1,2	0,9	1,4	0,8	0,3	**0,8**
Mental and behavioural disorders (F000F99)	1,6	0,9	0,9	0,9	0,6	0,5	0,9	0,3	0,3	0,5	**0,8**
Diseases of the musculoskeletal system etc. (M000M99)	0,5	0,5	0,4	0,5	0,5	0,5	0,6	0,3	0,5	0,1	**0,5**
Diseases of the skin and subcutaneous tissue (L000L99)	0,2	0,3	0,4	0,2	0,3	0,2	0,2	0,3	0,3	0,1	**0,2**
Congenital malformations (Q000Q99)	0,0	0,0	0,0	0,0	0,1	0,0	0,0	0,0	0,0	0,0	**0,0**
Diseases of the ear and mastoid process (H600H95)	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	**0,0**
Diseases of the eye and adnexa (H000H59)	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	**0,0**
Total	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**

[31] 'Other' includes unknown, outside the country and unspecified

Figure 7.10: Percentage of male and female individuals aged 60 years and older who died from some of the main underlying causes of death, by five-year age groups, 2014



Source: Causes of death 2014

The above figures indicate that the probability of dying from a disease of the circulatory system increased with age for both men and women. However, the probability that women of a specific age group will die of this group of illnesses was higher than that of males in the same age groups. The inverse of this is observed in relation to the probability of dying from certain infectious diseases. This probability declined with age for both males and females. Even though the probability of neoplasms declined with age amongst females, the probability of males dying of neoplasms increased slightly until age 79, and then declined. Females of all ages were more likely than males of all ages to die of endocrinal and metabolic disorders. After age 69, the probability of endocrinal and metabolic disorders as a cause of death amongst females began to decline. Males were more likely than females to die of diseases of the respiratory system. However, the likelihood of this disease being the cause of death was approximately evenly distributed amongst all age groups for both males and females.

7.6 Conclusion

Life expectancy of women has increased from 56,6 to 65,1 years during the past 14 years (between 2002 and 2016), whilst life expectancy for men was still just below 60 years. Gauteng and Western Cape are currently leading with regard to having higher life expectancy for both males and females.

In 2015, over twenty per cent (22,9%) of the elderly in the country were members of medical aid schemes, which was higher than the membership rate of the country's population. However, medical aid coverage among the elderly was disproportionately high for whites (73,5%), which accounted for almost three-quarters of the coverage share. Black Africans had a negligible coverage share of 6%. Gender imbalances in medical aid coverage amongst the elderly have manifested as males enjoying higher coverage (26,4%) than females (20,7%). In 2015, the majority of elderly persons made use of public facilities (67,8%) for their health-care needs.

Sixty per cent of the elderly ranked their health status as excellent/very good or good. However, black Africans and coloureds were less likely than Indians/Asians and whites to rank their health status as good.

Most elderly persons died of natural causes. The common underlying causes of death were diseases of the circulatory system, which include hypertensive diseases, ischaemic heart and other forms of heart disease. A higher percentage of elderly females than males died from these types of diseases.

CHAPTER 8: PUBLIC SAFETY

8.1 Introduction

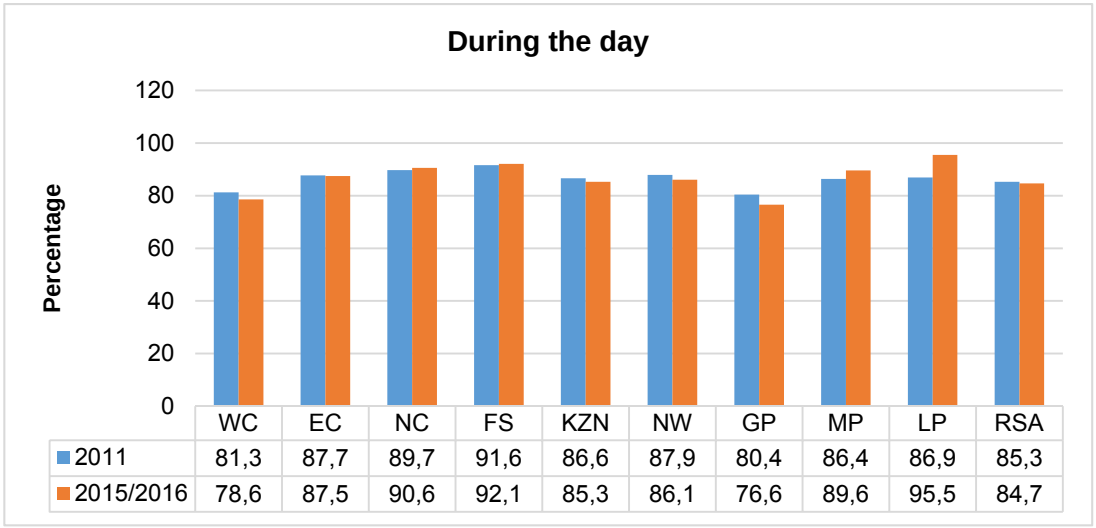
Chapter 12 of the National Development Plan lists crime reduction as one of its strategic priorities and envisions that people living in South Africa should have no fear of crime. In line with this, one of the broad strategic outcomes of the MTSF (2014–2019) is:

“All people in South Africa are, and feel safe”.

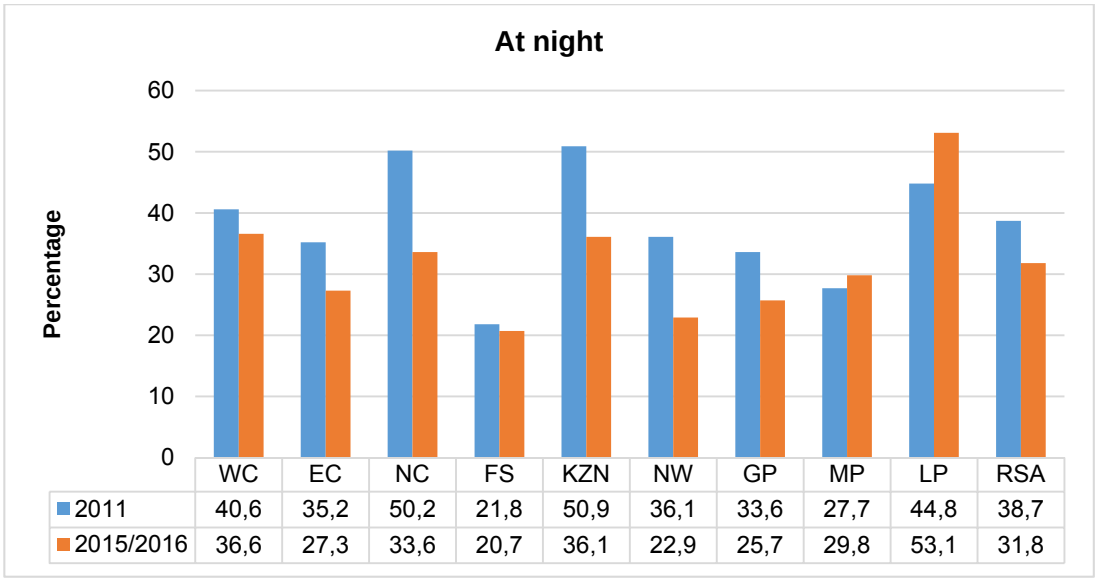
Within this context, this chapter examines the extent to which households and individuals feel that they are safe and whether they have been subjected to victimisation. The primary data source for this chapter is the Victims of Crime surveys conducted in 2012 (with reference period 2011) and 2015/2016 (with reference period 12 months prior to collection starting in April 2015).

8.2 Feelings of safety

Figure 8.1: Percentage distribution of household heads aged 60 years and older whose households feel safe walking in the area where they live during the day and at night, 2011 and 2015/16



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2011	81,3	87,7	89,7	91,6	86,6	87,9	80,4	86,4	86,9	85,3
2015/2016	78,6	87,5	90,6	92,1	85,3	86,1	76,6	89,6	95,5	84,7



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2011	40,6	35,2	50,2	21,8	50,9	36,1	33,6	27,7	44,8	38,7
2015/2016	36,6	27,3	33,6	20,7	36,1	22,9	25,7	29,8	53,1	31,8

Source: VOCS 2012, VOCS 2015/2016

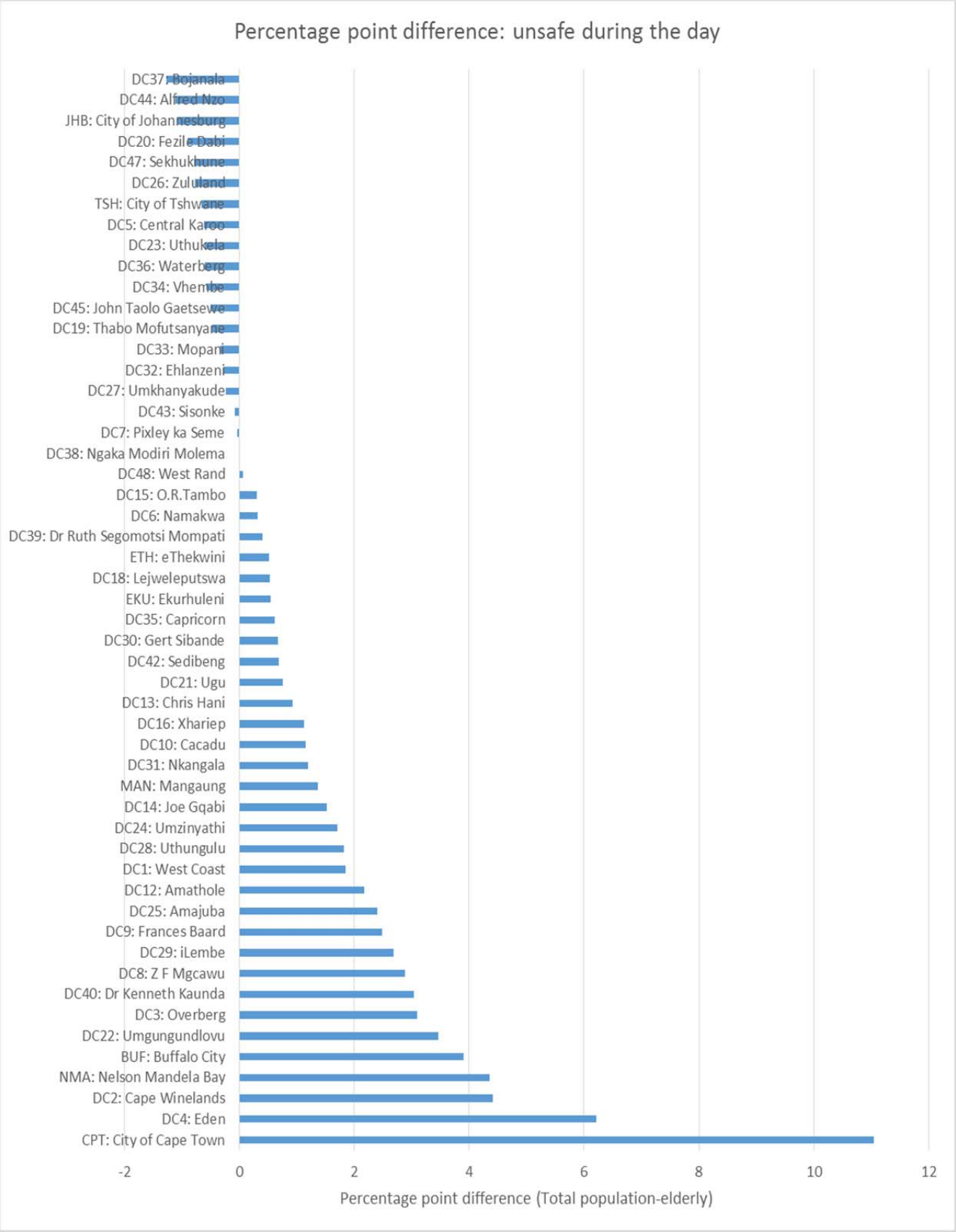
Vulnerable Groups Series II: The Social Profile of Older Persons, 2011-2015, Report 03-19-03

According to Figure 8.1, elderly-headed households felt less safe in 2015/16 when walking around in their areas at night or during the day than in 2011. The percentage of elderly-headed households who felt safe at night decreased by 6,9 percentage points during the reference period and during the day by 0,6 percentage points. Elderly headed households felt least safe to walk alone during the day in Gauteng (76,6%) and Western cape (78,6%). At night, households headed by the elderly in the Free State (20,7%), North West (22,9%) and Gauteng (25,7%) were the least likely to feel safe.

Figures 8.2 and 8.3 on the next page give an indication as to the feelings of safety of households that include elderly persons. A comparison is made between households containing elderly persons and households without any elderly persons.

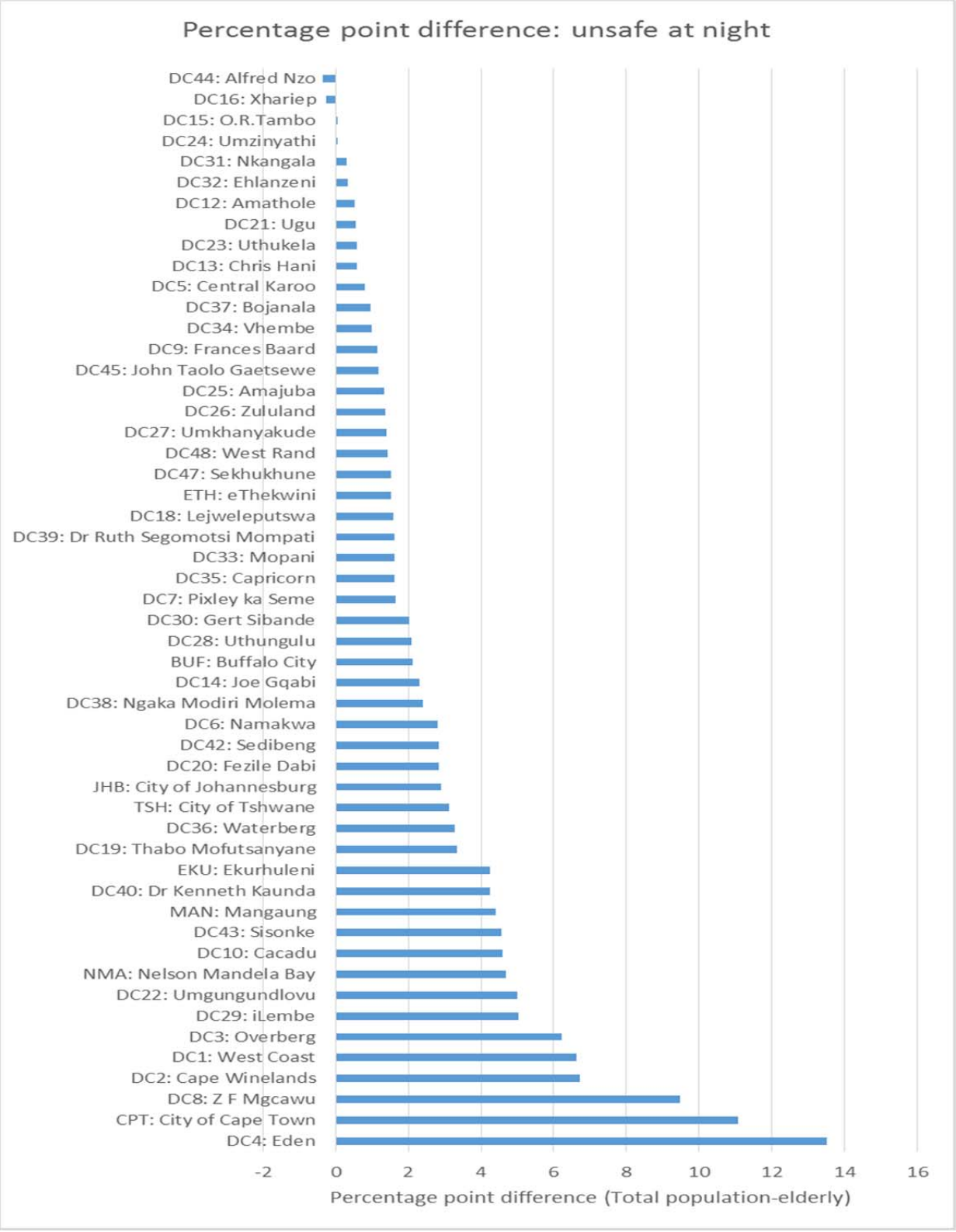
It shows that in most cases, households without any elderly persons felt more unsafe than households containing elderly persons to walk in their areas during the day and at night. During the day, households that include elderly persons and who live in Bojanala, Alfred Nzo, City of Johannesburg, Fezile Dabi, Sekhukhune, Zululand, City of Tshwane, Central Karoo, Uthukela, and Waterberg were more likely to feel unsafe to walk alone in their areas during the day than households that did not contain any elderly persons. In relation to walking alone at night, Alfred Nzo and Gariep were the only two district councils where a greater percentage of households containing elderly persons than households in general did not feel safe walking alone at night.

Figure 8.2: Percentage point difference between the general population and households with elderly individuals as to feelings of safety when walking alone during the day in their area by district council, 2016



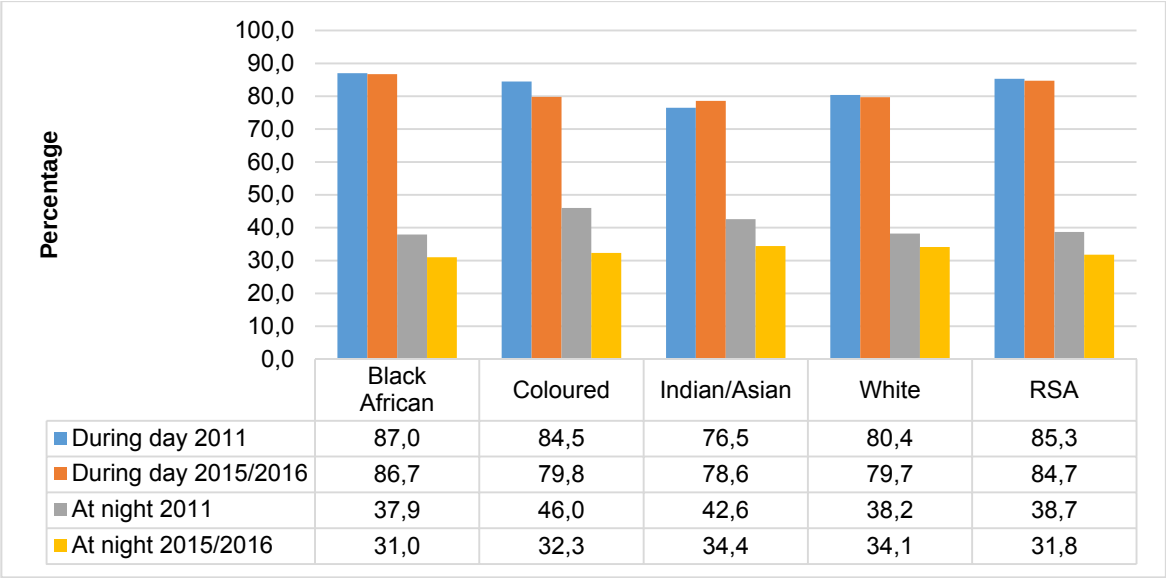
Source: CS 2016

Figure 8.3: Percentage point difference between the general population and households with elderly individuals as to feelings of safety when walking alone at night in their area by district council, 2016



Source: CS 2016

Figure 8.4: Percentage distribution of household heads aged 60 years and older whose households feel safe walking during the day and at night in the area where they live by population group, 2011 and 2015/16



	Black African	Coloured	Indian/Asian	White	RSA
During day 2011	87,0	84,5	76,5	80,4	85,3
During day 2015/2016	86,7	79,8	78,6	79,7	84,7
At night 2011	37,9	46,0	42,6	38,2	38,7
At night 2015/2016	31,0	32,3	34,4	34,1	31,8

Source: VOCS 2012 and VOCS 2015/2016

Figure 8.4 shows that during the past five years, feelings of safety during the day and night have declined for all four population groups. The only exception is the Indian/Asian population group where a greater percentage in 2015/2016 felt safe at night than in 2011.

Whilst feelings of safety during the day declined to a lesser extent than feelings of safety at night, a significant decline in feelings of safety during the day was noted for the elderly coloured population. The percentage of elderly coloureds who felt safe when walking alone during the day, declined with 4,7 percentage points from 84,5% (2011) to 79,8% (2015/2016). The biggest decline in the percentage of elderly persons who feel safe when walking alone in their area at night was found amongst the coloured and Indian/Asian elderly populations with 13,7 and 8,2 respective percentage point declines.

Table 8.1: Percentage of elderly household heads whose households feel safe or unsafe walking alone in their area during the day and at night by sex, 2011 and 2015/2016

Time period	Year	Feelings of safety	Male	Female	RSA
During the day	2011	Safe	85,6	85,0	85,3
		Unsafe	14,4	15,0	14,7
	2015/2016	Safe	84,0	85,3	84,7
		Unsafe	16,0	14,7	15,3
At night	2011	Safe	39,5	37,9	38,7
		Unsafe	60,5	62,1	61,3
	2015/2016	Safe	33,2	30,5	31,8
		Unsafe	66,8	69,5	68,2

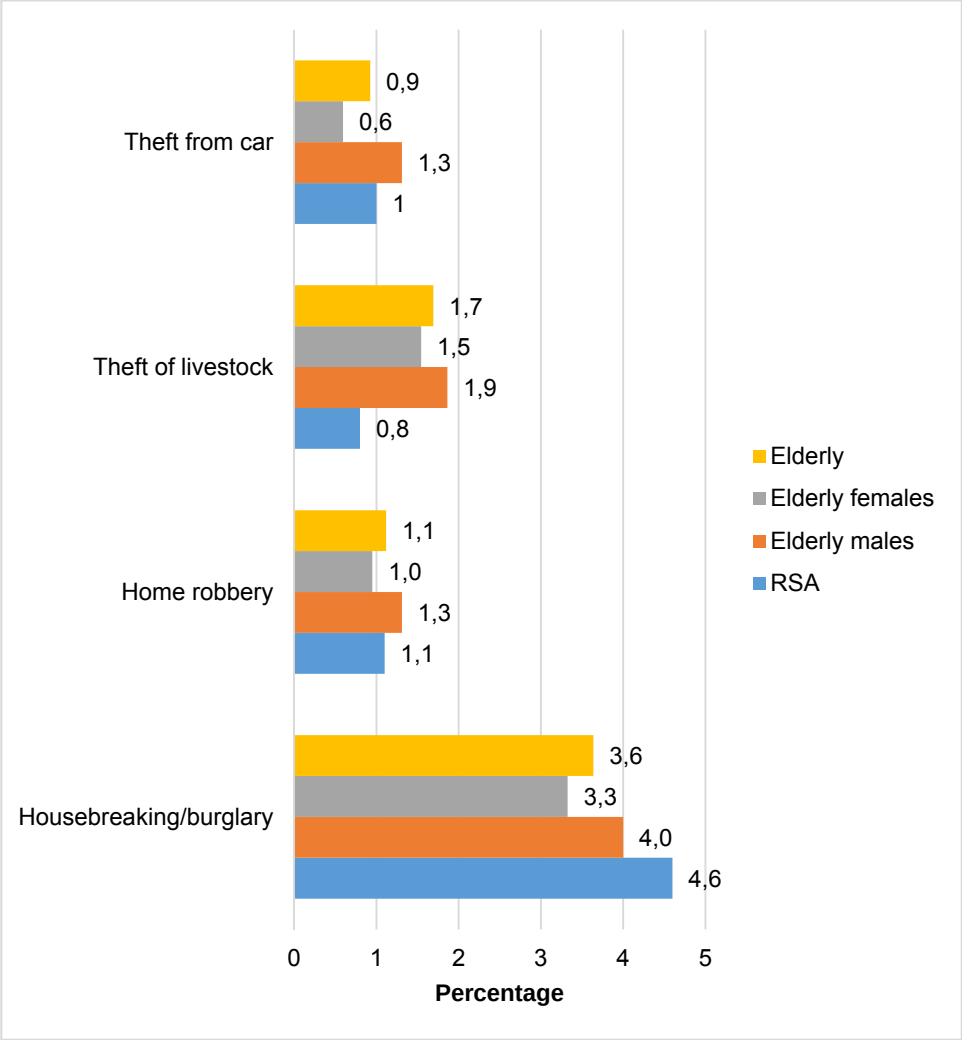
Source: VOCS 2011 and VOCS 2015/2016

According to Table 8.1, males were slightly more likely to feel safe when walking alone in their area during the day than males. Since 2011, the percentage of males who felt safe when walking during the day declined, whilst feelings of female headed households remained the same.

When walking alone at night in their areas, females were less likely to feel safe than their male counterparts. Once again, between 2011 and 2015/16, there was a decline in the percentage of males and females who felt safe walking during the night. Feelings of safety at night have decreased with 6,3 percentage points for males and 7,4 percentage points for females during the reference period.

8.3 Incidence of household crime

Figure 8.5: Percentage distribution of household heads affected by the most common household crimes by sex, 2015/16



Source: VOCS 2015/2016

Figure 8.5 shows that the likelihood of elderly-headed households being victims of home robbery was similar to that of households in general. Households headed by elderly males were particularly susceptible to this type of crime. In the case of housebreaking/burglary (takes place without contact between the victim and perpetrator), the incidence amongst elderly-headed households was lower than for the general population. However, households headed by elderly males were more likely than households headed by elderly females to fall victim to housebreaking/burglary.

Households headed by older persons were more likely to be victims of livestock theft, with male-headed households having a bigger probability than female-headed households of falling victim to this crime.

Table 8.2: Elderly household heads affected by crimes in the year prior to the survey by sex, 2011 and 2015/2016

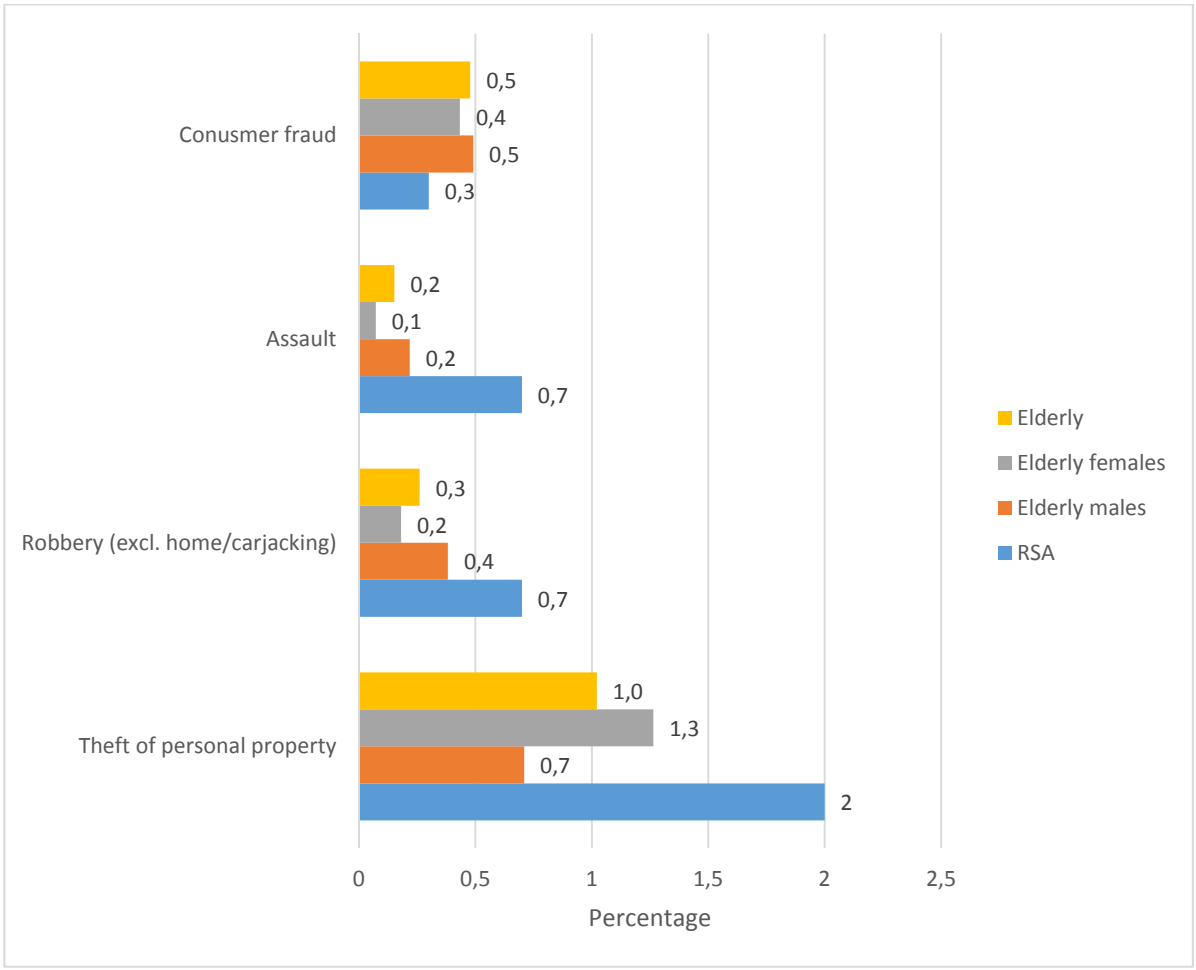
	2011			2015/2016		
	Number in thousands			Number in thousands		
	Male	Female	RSA	Male	Female	RSA
Total	**1 301**	**1 449**	**2 750**	**1 450**	**1 684**	**3 134**
Car theft	10	3	**13**	12	5	**17**
Burglary	62	52	**114**	58	56	**114**
Home robbery	21	23	**43**	19	16	**35**
Stock theft	34	29	**63**	27	26	**53**
Crop theft	7	7	**14**	6	5	**11**
Murder	*	2	**2**	1	*	**1**
Theft out of car	15	11	**26**	19	10	**29**
Damage to property	2	3	**5**	5	6	**11**
Car vandalism	4	3	**7**	3	3	**7**
Bicycle theft	3	2	**5**	2	2	**4**
	Per cent					
Car theft	0,8	0,2	**0,5**	0,8	0,3	**0,5**
Burglary	4,8	3,6	**4,1**	4,0	3,3	**3,6**
Home robbery	1,6	1,6	**1,6**	1,3	1,0	**1,1**
Stock theft	2,6	2,0	**2,3**	1,9	1,5	**1,7**
Crop theft	0,5	0,5	**0,5**	0,4	0,3	**0,4**
Murder	*	0,1	**0,1**	0,1	*	**0,0**
Theft out of car	1,2	0,8	**0,9**	1,3	0,6	**0,9**
Damage to property	0,2	0,2	**0,2**	0,3	0,4	**0,4**
Car vandalism	0,3	0,2	**0,3**	0,2	0,2	**0,2**
Bicycle theft	0,2	0,1	**0,2**	0,1	0,1	**0,1**

Source: VOCS 2012 and VOCS 2014/2015

In relation to crimes affecting households, the absolute number of elderly-headed households affected by burglary remained the same between 2012 and 2015/2016. However, as a result of population growth, the percentage of households affected decreased from 4,1% in 2012 to 3,6% in 2015/2016. For both reference periods, households headed by older males were more likely to fall victim to this crime than their female counterparts. Stock theft prevalence was higher for the elderly than for the population in general. However, Table 8.2 shows a decline in the percentage of elderly-headed households affected by this crime. The third most common crime affecting elderly households was home robbery. All indications are that the number and percentage of households headed by older people that are affected by home robbery declined between 2011 and 2015/2016. However, as is the case with burglary, male-headed households remain more likely to be victimised than female-headed households.

8.4 Incidence of individual crime

Figure 8.6: Percentage distribution of individuals affected by the most common crimes by sex, 2015/16



Source: VOCS 2015/2016

Figure 8.6 summarises the crimes that most commonly affect elderly individuals and compares these with the prevalence among the population in general. Elderly individuals were less likely to be affected by theft of personal property, robbery and assault than the population in general. It is only in the case of consumer fraud that the likelihood of an elderly person becoming a victim was slightly higher than that for the general population.

When it comes to gender differentials amongst the elderly, elderly females were more likely than their male counterparts to fall victim to robbery, assault and consumer fraud, whilst males were more prone to become victims of the theft of personal property.

Table 8.3: Elderly individuals affected by crimes in the year prior to the survey by sex, 2011 and 2015/2016

	2011			2015/2016		
	Number in thousands			Number in thousands		
	Male	Female	RSA	Male	Female	RSA
Total	**1 561**	**2 305**	**3 866**	**1 833**	**2 769**	**4 602**
Property	14	18	33	13	35	**47**
Hijack	4	*	4	4	.	**4**
Robbery	4	*	5	7	5	**12**
Assault	1	*	1	4	2	**7**
Consumer fraud	2	8	10	9	12	**22**
	2011			2015/2016		
	Per cent			Per cent		
	Male	Female	RSA	Male	Female	RSA
Property	0,9	0,8	0,9	0,7	1,3	**1,0**
Hijack	0,3	*	0,1	0,2	*	**0,1**
Robbery	0,3	*	0,1	0,4	0,2	**0,3**
Assault	0,1	*	*	0,2	0,1	**0,2**
Consumer fraud	0,1	0,3	0,3	0,5	0,4	**0,5**

Source: VOCS 2012 and VOCS 2015/2016

In relation to individual crimes, the probability of an older person becoming a victim of consumer fraud and robbery increased slightly between 2012 and 2015/2016. However, for most other crimes the situation remained stable during the reference period.

8.5 Conclusion

Elderly-headed households did not feel safe when walking in their areas whether it was at night or during the day in both 2011 and 2015/2016. The feelings of safety during the day and night amongst elderly persons have declined for all four population groups. This was particularly true for males as they experienced a decrease of 1,6 percentage points for during the day from 85,6% (2011) to 84,4% (2015/2016). Both males and females experienced a decline among those who felt less safe at night.

Incidences of housebreaking/burglary were more prevalent amongst elderly males than females. Elderly-headed households reported higher incidences of livestock theft. For individual crimes, the elderly were more likely than the general population to be affected by consumer fraud.

CHAPTER 9: HOUSEHOLD BASIC SERVICES

9.1 Introduction

Older persons live in rural areas without basic services, thus potentially increasing their vulnerability in relation to access to basic services such as health care and social grants, and essential consumer goods. Most of the older persons living in rural areas are women, and agricultural pursuits appear to be the only economic activity in which they engage. Limited information and resources are available to older persons living in both rural and urban areas that would increase their access to a host of other opportunities.[32]

9.2 Housing

Table 9.1: Distribution of elderly persons by type of main dwelling and province, 2011 and 2015

	Formal		Traditional		Informal		Other		Total
	2011								
Province	N('000)	Per cent	N('000)	Per cent	N('000)	Per cent	N('000)	Per cent	N('000)
Western Cape	469	96,7	0	0	11	2,4	4	0,9	485
Eastern Cape	266	50,0	256	48,0	10	1,8	1	0,2	533
Northern Cape	87	93,9	2	2,5	2	2,3	1	1,4	93
Free State	194	91,9	4	2,0	13	6,1	0	0	211
KwaZulu-Natal	479	68,2	212	30,1	12	1,7	0	0	702
North West	241	91,8	7	2,8	14	5,4	0	0	263
Gauteng	856	94,5	1	0,1	49	5,4	1	0,1	905
Mpumalanga	212	90,1	16	6,7	7	3,1	0	0	235
Limpopo	376	94,5	21	5,2	1	0,3	0	0,1	398
RSA	**3 180**	**83,1**	**518**	**13,5**	**119**	**3,1**	**8**	**0,2**	**3 825**
	2015								
Western Cape	582	98,7	0	0	5	0,8	3	0,5	589
Eastern Cape	361	61,6	207	35,3	15	2,6	2	0,4	585
Northern Cape	103	95,2	1	0,9	4	3,9	0	0,0	108
Free State	229	92,9	8	3,2	10	4,0	0	0,0	246
KwaZulu-Natal	639	76,9	178	21,4	14	1,7	0	0,0	831
North West	277	91,8	3	0,8	22	7,4	0	0,0	302
Gauteng	1018	94,6	1	0,1	53	4,9	4	0,4	1077
Mpumalanga	260	89,8	16	5,6	11	4,0	2	0,6	289
Limpopo	396	95,5	13	3,1	6	1,4	0	0,0	415
RSA	**3 864**	**87,0**	**426**	**9,6**	**141**	**3,2**	**11**	**0,2**	**4 442**

Source: GHS 2011, GHS 2015

Table 9.1 shows the percentage distribution of elderly persons by type of main dwelling and province. Nationally, the percentage of elderly persons living in formal dwelling increased by 3,1 percentage points between 2011 and 2016. The increase was recorded across all provinces, except Mpumalanga which decreased by 0,3 of a percentage point. Accompanying the increase in formal dwelling occupancy were notable decreases in the percentage of older persons living in traditional dwellings in most provinces. However, the occupancy of traditional dwellings by the elderly increased in Free State by 1,2 percentage points (2,0% to 3,2%).

[32] www.tafta.org.za/images/SAPlanofActiononAgeing.pdf

Table 9.2: Distribution of persons 60 years and older who have access to basic services by population group, 2011 and 2015

		2011			
		Black African	**Coloured**	**Indian/Asian**	**White**
Access to piped water	Per cent	58,4	97,7	100,0	94,7
	N ('000)	1 462	326	134	858
	Total population('000)	**2 502**	**333**	**134**	**906**
Improved sanitation	Per cent	60,5	96,3	98,3	99,4
	N ('000)	1 514	321	132	901
	Total population('000)	**2 502**	**333**	**134**	**906**
Refuse/waste	Per cent	37,9	92,5	97,5	91,2
	N ('000)	949	308	131	826
	Total population('000)	**2 502**	**333**	**134**	**906**
Electricity	Per cent	84,9	95,8	98,7	99,8
	N ('000)	2 124	319	133	904
	Total population('000)	**2 502**	**333**	**134**	**906**
		2015			
		Black African	**Coloured**	**Indian/Asian**	**White**
Access to piped water	Per cent	61,3	98,6	99,4	95,2
	N ('000)	1 779	397	157	932
	Total population('000)	**2 903**	**402**	**158**	**979**
Improved sanitation	Per cent	75,9	98,4	99,8	99,9
	N ('000)	2 204	396	158	978
	Total population('000)	**2 903**	**402**	**158**	**979**
Refuse/waste	Per cent	43,6	94,5	97,0	90,7
	N ('000)	1 266	380	153	888
	Total population('000)	**2 903**	**402**	**158**	**979**
Electricity	Per cent	91,0	98,2	100,0	99,3
	N ('000)	2 642	395	158	972
	Total population('000)	**2 903**	**402**	**158**	**979**

Source: GHS 2011, GHS 2015

Table 9.2 illustrates the percentage distribution of persons aged 60 years and older by access to basic services and population group. Between 2011 and 2015, the percentage of older persons who had access to water slightly decreased for the Indian/Asian group, whilst other population groups experienced increases. Generally, there was a slight improvement among all the population groups who had access to improved sanitation with increases of 15,4 percentage points for the black African population; 2,1 percentage points for the coloured population; 1,5 percentage points for the Indian/Asian population; and 0,5 percentage points for the white population.

Between 2011 and 2015, black Africans were less likely to have access to adequate refuse/waste removal relative to other population groups, although there was a percentage increase of 5,7 percentage points over the reference period. Access to electricity declined by 0,5 percentage points for the white population; however, increases were recorded for all the other population groups.

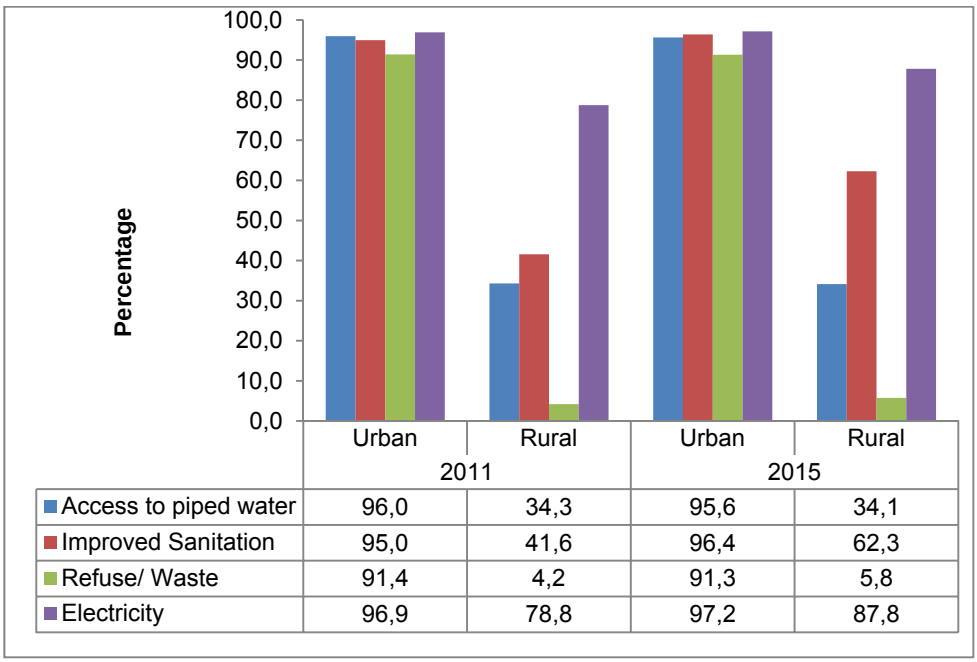
Table 9.3: Access to basic services of persons aged 60 years and older by sex, 2011 and 2015

2011				
		Access to service indicator		
		Male	Female	Both
Access to piped water	Per cent	73,9	70,4	71,7
	N ('000)	1 099	1 681	2 780
	Total population N ('000)	**1 488**	**2 388**	**3 876**
Improved sanitation	Per cent	75,8	72,9	74,0
	N ('000)	1 128	1 740	2 868
	Total population N ('000)	**1 488**	**2 388**	**3 876**
Refuse/waste	Per cent	60,2	55,3	57,1
	N ('000)	895	1 320	2 215
	Total population N ('000)	**1 488**	**2 388**	**3 876**
Electricity	Per cent	89,6	89,9	89,8
	N ('000)	1 332	2 148	3 480
	Total population N ('000)	**1 488**	**2 388**	**3 876**
2015				
		Access to service indicator		
		Male	Female	Both
Access to piped water	Per cent	75,9	72,0	73,5
	N ('000)	1 308	1 956	3 264
	Total population N ('000)	**1 724**	**2 718**	**4 442**
Improved sanitation	Per cent	86,2	82,8	84,1
	N ('000)	1 486	2 250	3 736
	Total population N ('000)	**1 724**	**2 718**	**4 442**
Refuse/waste	Per cent	63,8	58,4	60,5
	N ('000)	1 100	1 587	2 687
	Total population N ('000)	**1 724**	**2 718**	**4 442**
Electricity	Per cent	93,9	93,8	93,8
	N ('000)	1 618	258	4 167
	Total population N ('000)	**1 724**	**2 718**	**4 442**

Source: GHS 2011, GHS 2015

Table 9.2 shows the distribution of persons aged 60 years and older by access to basic services and by sex. Between 2011 and 2015, the results show that males are more likely to have access to basic services compared to their female counterparts. However, access to basic services improved for both males and females, with an increase of 1,8 percentage points in access to piped water; 10,1 percentage points in improved sanitation; 3,4 percentage points in refuse/waste removal; and 4,0 percentage points in electricity.

Figure 9.1: Percentage distribution of persons aged 60 years and older by access to basic service and geography type, 2011 and 2015



	2011 Urban	2011 Rural	2015 Urban	2015 Rural
Access to piped water	96,0	34,3	95,6	34,1
Improved Sanitation	95,0	41,6	96,4	62,3
Refuse/ Waste	91,4	4,2	91,3	5,8
Electricity	96,9	78,8	97,2	87,8

Source: GHS 2011, GHS 2015

Access to water refers to a dwelling having access to a piped water source inside the house or in the yard. Figure 9.1 depicts the percentage distribution of households headed by persons aged 60 years and older by access to basic services and geography type for 2011 and 2015. The findings show that access to basic services in rural areas was lower than in urban areas over the five-year period of reporting. The access to water decreased by 0,4 and 0,2 percentage points in urban and rural areas, respectively. This finding can be attributed to the fact that there are households that access water through communal service points.

The percentage of older persons who had access to improved sanitation increased in rural areas by 21,1 percentage points, while access for those in urban areas increased by 1,4 percentage points. Similarly, among this group, the percentage who had access to refuse/waste removal services slightly increased in by 1,6 percentage points in rural areas and declined by 0,1 percentage point in urban areas.

Access to electricity increased among older persons who reside in both urban and rural areas by 0,3 and 9,0 percentage points, respectively.

9.3 Conclusion

The percentage of older persons occupying formal dwellings has increased between 2011 and 2016. Access to improved sanitation has also increased across all population groups. Access to electricity has reached close to the 100% mark for elderly persons among the Indian/Asian, white and coloured population groups, however black Africans are trailing behind at 91,0%. Gender differences have emerged in terms of access to basic services with households headed by elderly males having better access to basic services compared to females. Again, the elderly who reside in urban areas tend to have better access to basic services than those who reside in rural areas.

CHAPTER 10: CONCLUSION AND RECOMMENDATIONS

10.1 Conclusion

The purpose of the report was to provide insight into the socioeconomic and demographic characteristics, living arrangements, health, and economic status of older people living in South Africa using secondary data from Stats SA. The analysis of the report yielded an extensive set of findings about the trends in the demographic and socioeconomic circumstances of persons 60 years and older.

In 2016 the elderly population constituted nearly 4,5 million individuals. They have not only increased in absolute numbers but also in their percentage contribution towards the total population. In 2001 7,3% of the population consisted of the elderly. Their share increased to 8,1% in 2016, with black Africans dominant at 64,7%. Furthermore, the analysis revealed a 5,4 percentage point increase of the elderly living in urban areas during the period 2011-2016. This movement of people is likely to place an additional burden on health care and social service providers. A further indicator of an ageing population is the increase of the national ageing index from 23 to 27 during this period. In general, the majority of older persons were women, which partly reflects their higher life expectancy compared to men.

In relation to household characteristics, the analysis showed that between 2011 and 2015, the percentage of households headed by older persons for both sexes increased slightly from 19,4% to 20,2%. However, female headed-households accounted for more than one half in both rural and urban areas. The living arrangements of older people can greatly affect their social, economic, and health status and overall well-being. In the past five years, the proportion of older persons living alone increased by 1,4 percentage points (from 8,8% to 10,2%). In spite of this increase, most of the elderly still lived in extended households. The likelihood of an elderly person living in an extended family was higher than for South African households in general.

The black African elderly (19,7%) were more likely than the elderly of other population groups to live in skip generation households. The highest ratios of children to the elderly were found amongst female-headed households living in KwaZulu-Natal, Mpumalanga and the Eastern Cape provinces. Some research suggest that older women, who may be more vulnerable economically and socially, are often more likely to shoulder the burden of caring for orphaned grandchildren or relatives (Ntozi and Zirimenya, 1999).[33]

In terms of migration patterns, chapter 4 showed that in 2016, over three-quarters of older persons continued to live in their provinces of birth. Gauteng, North West and Western Cape experienced the largest positive net migration rates, whilst Free State and the Northern Cape had the highest negative net migration rates of the elderly. The findings further showed that Gauteng (43,8%) experienced the biggest influx of older persons from outside South Africa, followed by Western Cape province (23,3%). Migration to urban areas has generally been thought of as a temporary phenomenon, with migrants maintaining strong ties with their rural origins, assuming return upon their retirement. These urban areas are characterized by worsening economic and social conditions, especially in the sprawling informal settlements of the cities.[34] However, current evidence suggests that the elderly in South Africa are increasingly migrating from more rural provinces to highly urbanized provinces and that they are also more likely to live in urban areas than five years ago.

Chapter 5 focused on education attainment, functional literacy and post school qualifications of older persons between 1996 and 2016. In general, the elderly in South Africa have low levels of education. However, during the past twenty years, there has been a significant improvement in literacy rates from 37,4% in 1996 to 53% in 2016. Functional illiteracy is the inability to read or write simple sentences in any language. Of the 1,3 million illiterate elderly in South Africa, 6 out of 10 (2 645 959) are women. During the past 20 years notable progress have been made in reducing illiteracy rates amongst the elderly in the Eastern Cape (17 percentage points) and North West (16 percentage points). In terms of educational attainment, the elderly in Gauteng and Western Cape are generally better educated than elsewhere.

[33] Ntozi J.P.M., Zirimenya, S. Changes in household composition and family structure during the AIDS epidemic in Uganda, 1999. pp. 193–209
[34] https://www.ncbi.nlm.nih.gov

The overwhelming majority of the elderly (86,7%) are not economically active. Nearly all (95,4%) of the economically active elderly were employed. Chapter 6 of the report gives more insight into the economic profile of older persons who were economically active. The data showed that the likelihood of older females being employed as domestic workers was higher than that of their male counterparts at 95,9% in 2011 which increased to 97,4% in 2016; exposing them to vulnerable working conditions, current interventions by the government in this regard include a fixed minimum wage for domestic workers. More than two-thirds of elderly males worked in highly-skilled and semi-skilled occupations. Lack of retirement savings in old age could be a reason for the continued participation of the elderly in employment. Nationally, the old-age dependency ratio increased from 11,6% to 13,2% indicative of an increased burden on the productive population.

Seven out of ten elderly are dependent on social grants and half of them live in households where there are no employed household members. In 2011, slightly more than three quarters of the elderly were living below the lower bound poverty line and 81% were below the upper bound poverty line. In the case of the former, these elderly individuals were not just poor, but also had difficulty buying essential food and non-food items. The elderly in Gauteng and Western Cape were the least likely to live below the lower bound poverty line (57,4% and 50%, respectively), whilst the vast majority of the elderly in North West (89,1%), Limpopo (83,9%) and Eastern Cape (82,1%) were living below the lower bound poverty line.

Increasing life expectancy and better health care in old age can be major contributors towards improving the quality of life of the elderly. Chapter 7 showed that in 2015, only 22,9% of the elderly in the country were members of medical aid schemes. The report confirms that medical aid coverage is gendered and racially skewed; accounting for 73,5% coverage amongst white elderly and only 6% coverage amongst the black/African elderly. A major health challenge faced by older persons is the increasing prevalence of chronic diseases often requiring constant long-term care. Data showed that there were three health conditions most common amongst the elderly which were; High blood pressure (45,3%), Diabetes (15,8%) and Arthritis (13,8%). All three of these diseases were more common amongst females than males.

Dying is inevitable and during 2014, 96,9% of the elderly died of natural causes. The leading causes of the 185 502 deaths recorded in 2014 for persons 60 years and older were as follows; Circulatory system (55 167), Unclassified symptoms (27585), Neoplasms (22 880), and Respiratory system (21 037). Furthermore, the probability of dying of circulatory system diseases increased with age for both men and women.

Chapter 8, focused on public safety of the elderly between 2011 and 2016 using VOCS data. Safety and peace of mind are important to help boost confidence and encourage independence in any individual, especially elderly persons. South African households headed by the elderly felt less safe when walking around in their areas at night or during the day in 2015/2016 than they were in 2011. In 2015/16, it was found that households headed by the elderly have a similar likelihood to households in general to be the victims of home robbery. Households headed by the elderly were more likely to be victims of livestock theft and at an individual level consumer fraud. Gender variations were also observed in terms of identifying prevalence of certain crimes; male headed households had a bigger probability of falling victim to livestock theft than female headed households, whilst women were more likely than men to be victims of consumer fraud

Historically access to services had largely been class-based, with the majority of the poor and low-income households having to travel long distances to access basic services (Hemson, 2000).[35] However, since 1996 a lot of progress has been made to improve basic services of poor and vulnerable households. Chapter 9 of the report explored the level of accessibility of basic services of the elderly between 2011 and 2015. Nationally, the percentage of older persons who were living in formal dwellings increased from 82,5% to 84,9% across all provinces with the exception of Limpopo. Significant disparities in delivery of services between rural and urban settlements still exist, with evident lower levels of access in rural areas. Access to piped water declined in urban and rural areas by 0,4 and 0,2 percentage points, respectively. Interventions by the government to provide sanitation in rural areas is reflected by an increase of 21,1 percentage points with regard to access to improved sanitation by the elderly. Furthermore, access to electricity among older persons living in both urban and rural areas increased by 0,3 and 9,0 percentage points, respectively.

[35] Hemson, D. (2000). Policy and Practice in Water and Sanitation, *Indicator SA*, 17(4): 48–53

10.2 Recommendations

This section provides recommendations for some of the issues highlighted in the report.

10.2.1 Demographic changes

The analysis revealed that the population of persons aged 60 years and older has not only been increasing in absolute numbers but also as a percentage of the total population. All evidence suggests that this trend will continue as the age-sex population pyramid for 2016 conclusively shows signs of a progressively ageing population. Ageing has immense consequences on a broad range of economic and social processes. Importantly, ageing will encourage the shift in government policies as promoting the well-being of the growing number and percentage of older persons becomes a priority.

10.2.2 Population ageing and migration

Although the levels of mobility amongst the elderly were generally low across the provinces, Gauteng received a larger percentage of migrants than any other province. This included migrants from other provinces, as well as from places outside South Africa. The Gauteng elderly population increased by 38,6% between 2011 and 2016. Since this increase is likely to impact on the resource allocations within the province it is recommended that Government creates a conducive environment for the provision of basic services to older persons by allocating resources proportional to the number of persons within each province. Even though the study did not particularly include institutional arrangements, there would be a need to look at the adequacy of current provision of frail care and other services that are specifically geared at meeting the needs of the elderly.

10.2.3 Population ageing and health systems

Growing numbers of older persons lead to greater demands for the prevention and treatment of the non-communicable diseases associated with old age. The ageing of the population will have far-reaching implications for health care systems, particularly the public health system as more elderly had evidently shown (see health section) higher reliance on the use of public facilities than private hospitals/clinics or doctors. This will result in increased demand for health service use, and rising health costs. As a recommendation health care systems should adapt to meet the needs of growing numbers of older persons, this will include adjusting health care budget to factor in the rising costs of health care services.

10.2.4 Population ageing and income security

Older persons vary greatly with regard to their independence and economic self-sufficiency. A fraction (over a million) of persons aged 60 years and older live independently and support themselves the elderly population is associated with increasing dependency and vulnerability associated with declining income and growing need for care and support. This was evidenced by a high percentage of grant recipients among elderly. The majority of elderly in South Africa are reliant on social grants (old-age grant) as the main source of income in both rural and urban areas (80,8% and 48,5%, respectively). Over 3,1 million of older persons (almost 70% of the elderly population) are recipients of old age grants. As a recommendation: with their own income and savings acquired through pensions. Planning for a growing number and proportions of older persons is essential to ensure the long term sustainability of the social grant system as the number of economically active persons decline and the elderly population increases.

10.2.5 Population ageing and labour force

Even though only 13% of the elderly are employed, levels of employment amongst those who are economically active, remain higher (above 90%) across all provinces. This indicates that a number of elderly remain in employment even beyond the retirement age (age 60 in South Africa). An important part of maintaining the active participation of older persons in society and development is through their continued involvement in the paid labour force. Ideally, older persons should be able to continue with employment for as long as they are able to do so productively. This will assist in alleviating pressure that is currently exerted on the grant systems as these individuals will fend for themselves. It is therefore recommended that an enabling environment be created that will encourage older persons to continue with employment and or volunteer activities even after age 60 if they are still in good health and able to do so. The analysis showed a significant percentage of older persons (over a million) who are recipients of pensions outside the social grants system.

APPENDIX

ELDERLY INDICATORS

1. DEMOGRAPHY

Table 1.1: Distribution of persons age 60 years and older to the total population

Province	2001		2007		2011		2016	
	SA ('000)	60+ ('000)	SA ('000)	60+ ('000)	SA ('000)	60+ ('000)	SA ('000)	60+ ('000)
Western Cape	4 524	353	5 279	453	5 823	521	6 280	594
Eastern Cape	6 437	591	6 528	627	6 562	638	6 997	563
Northern Cape	823	68	1 058	95	1 146	98	1 194	114
Free State	2 707	198	2 773	222	2 746	229	2 835	246
KwaZulu-Natal	9 426	652	10 259	723	10 267	779	11 065	806
North West	3 669	270	3 272	250	3 510	292	3 748	301
Gauteng	8 837	545	10 452	718	12 272	842	13 400	1 167
Mpumalanga	3 123	196	3 643	238	4 040	284	4 336	295
Limpopo	5 274	408	5 238	444	5 405	467	5 799	439
RSA	**44 820**	**3 281**	**48 502**	**3770**	**51 771**	**4152**	**55 654**	**4 525**

Source: Census 2001, CS 2007, census 2011, Cs 2016

Table 1.2: Distribution of older persons aged 60 years and older by province and population group

	Census 2011					Community Survey 2016				
Province	Black African	Coloured	Indian or Asian	White	Total	Black African	Coloured	Indian/ Asian	White	Total
Western Cape	69 951	223 635	5 646	214 074	513 306	71 954	261 122	5 150	256 040	594 266
Eastern Cape	521 538	39 579	2 744	73 074	636 935	445 979	42 824	2 597	72 047	563 447
Northern Cape	41 718	37 638	537	17 113	97 006	48 711	44 040	501	20 767	114 020
Free State	171 982	626	403	50 446	228 457	186 657	5 241	248	53 492	245 638
KwaZulu-Natal	557 634	13 527	98 272	107 970	777 404	565 568	11 492	118 313	110 599	805 972
North West	238 567	5 316	1 827	46 218	291 928	252 881	4 169	961	42 813	300 825
Gauteng	436 113	26 395	31 335	342 443	836 286	684 026	39 446	36 283	407 313	1 167 068
Mpumalanga	232 026	2 315	2 273	47 150	283 763	258 144	2 038	1 518	33 751	295 450
Limpopo	44 0197	925	1 107	24 857	467 086	412 088	1 075	1 042	24 454	438 660
RSA	**2 709 727**	**354 956**	**144 144**	**923 345**	**4 132 171**	**2 926 008**	**411 447**	**166 613**	**1 021 277**	**4 525 346**

Source: Census 2011, Community Survey 2016

*** The option Other from the population group is removed

Table 1.3: Percentage change by province and population group

Province	Black African	Coloured	Indian/Asian	White	Total
Western Cape	2,9	16,8	-8,8	19,6	**15,8**
Eastern Cape	-14,5	8,2	-5,4	-1,4	**-11,5**
Northern Cape	16,8	17,0	-6,7	21,4	**17,5**
Free State	8,5	-6,8	-38,5	6,0	**7,5**
KwaZulu-Natal	1,4	-15,0	20,4	2,4	**3,7**
North West	6,0	-21,6	-47,4	-7,4	**3,0**
Gauteng	56,8	49,4	15,8	18,9	**39,6**
Mpumalanga	11,3	-12,0	-33,2	-28,4	**4,1**
Limpopo	-6,4	16,2	-5,9	-1,6	**-6,1**
RSA	**8,0**	**15,9**	**15,6**	**10,6**	**9,5**

Source: Census 2011, Community Survey 2016

2. HOUSEHOLD CHARACTERISTICS

Table 2.1: Population distribution of persons aged 60 and older who are living alone to the total population

Province	Elderly living Alone			Total elderly population		
	Male	Female	Total	Male	Female	Total
	2011 (Numbers)					
Western Cape	12 203	50 740	**62 943**	199 332	288 064	**487 397**
Eastern Cape	19 859	31 264	**51 123**	194 775	3 53 160	**547 934**
Northern Cape	2 543	5 623	**8 166**	37 826	57 086	**94 913**
Free State	10 798	11 387	**22 185**	80 516	132 094	**212 610**
Kwazulu-Natal	13 677	28 650	**42 327**	247 984	473 668	**721 652**
North West	12 511	14 443	**26 954**	106 277	158 542	**264 819**
Gauteng	29 200	51 854	**81 054**	395 458	511 749	**907 207**
Mpumalanga	10 157	9 791	**19 947**	88 539	149 494	**238 033**
Limpopo	12 929	13 396	**26 325**	137 028	264 545	**401 573**
RSA	**123 877**	**217 146**	**341 023**	**1 487 735**	**2 388 402**	**3 876 137**
	2015 (Numbers)					
Western Cape	23 671	41 048	**64 718**	254 397	334 879	**589 276**
Eastern Cape	29 132	31 714	**60 846**	218 532	366 673	**585 205**
Northern Cape	5 499	9 276	**14 775**	39 280	68 484	**107 764**
Free State	10 330	18 018	**28 349**	95 455	150 866	**246 320**
Kwazulu-Natal	28 059	36 644	**64 702**	291 921	539 250	**831 171**
North West	18 152	17 323	**35 475**	122 310	179 692	**302 002**
Gauteng	43 790	75 664	**119 454**	450 493	625 598	**1 076 091**
Mpumalanga	13 136	16 331	**29 467**	109 441	179 789	**289 230**
Limpopo	195 26	16 615	**36 141**	142 365	270 636	**413 001**
RSA	**191 295**	**262 633**	**453 928**	**1 724 194**	**2 715 867**	**4 440 060**

Source: GHS 2011, GHS 2015

Table 2.2: Household composition by Province

Household composition	2011									
	WC	**EC**	**NC**	**FS**	**KZN**	**NW**	**GP**	**MP**	**LP**	**RSA**
single	74 227	65 290	10 505	25 662	57 957	32 632	97 336	23 337	34 826	**421 770**
nuclear	115 018	86 810	14 928	39 722	119 913	42 273	226 722	34 220	46 067	**725 672**
extended	102 462	269 591	38 854	92 418	348 573	129 978	243 850	117 499	219 358	**1 562 583**
complex	12 586	4 810	1 158	2 736	7 109	3 083	9 516	277	3 338	**44613**
Total	**304 293**	**426 501**	**65 444**	**160 537**	**533 552**	**207 966**	**577 423**	**175 333**	**303 589**	**2 754 638**
Household composition	**2015**									
	WC	**EC**	**NC**	**FS**	**KZN**	**NW**	**GP**	**MP**	**LP**	**RSA**
single	79 892	71 150	16 707	35 203	83 646	44 200	136 198	36 510	42 600	**546 107**
nuclear	160 051	77 268	16 326	46 686	127 473	57 018	259 410	39 353	53 432	**837 017**
extended	106 597	294 230	38 647	107 163	399 408	130 951	336 789	142 861	230 288	**1 786 935**
complex	22 598	5 448	1 601	4 115	12 036	4 540	7 222	3 354	3 391	**64 305**
Total	**369 139**	**448 096**	**73 281**	**193 166**	**622 562**	**236 709**	**739 619**	**222 078**	**329 711**	**3 234 364**

Source: GHS 2011, GHS 2015

Table 2.3: Intergenerational household type by province

Intergeneration household type	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
	2011 (Numbers)									
single generation	139 701	58 127	15 085	38 521	96 167	38 134	247 613	22 325	23 784	**679 456**
Second generation	123 776	86 478	18 662	40 997	139 932	38 247	261 812	52 525	63 778	**826 207**
Triple generation or more	127 551	216 267	37 053	65 244	307 108	115 963	214 699	99 262	198 479	**1 381 626**
skip generation	20 931	126 880	14 703	40 709	130 931	39 926	88 036	40 484	86 014	**588 615**
Other	75 437	60 183	9 409	27 140	47 514	32 550	95 047	23 437	29 519	**400 234**
Total	**487 397**	**547 934**	**94 913**	**212 610**	**721 652**	**264 819**	**907 207**	**238 033**	**401 573**	**3 876 137**

Intergenerational household type	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
	2015 N('000)									
single generation	193	60	17	41	111	51	300	38	33	**844**
double generation	160	87	23	52	148	58	265	53	73	**919**
triple generation	137	228	37	80	349	100	252	121	175	**1 480**
skip generation	22	136	12	39	136	42	118	44	90	**640**
Other	76	74	18	34	86	51	141	33	43	**557**
Total	**589**	**585**	**108**	**246**	**831**	**302**	**1 076**	**289**	**413**	**4 440**

Source: GHS 2011, GHS 2015

3. INCOME GENERATION, EMPLOYMENT AND POVERTY LEVELS OF THE ELDERLY PERSONS

Table 3.1: Percentage of older persons who are accessing social grant by sex and geography type

Population group	Male				Female			
	Urban	Rural		Total	Urban	Rural		Total
	2011							
African/Black	38,0	62,0	100,0	**703 746**	38,3	61,7	100,0	**1 441 891**
Coloured	95,7	4,3	100,0	**96 785,4**	95,9	4,1	100,0	**161 227**
Indian/Asian	94,0	6,0	100,0	**34 916,3**	100,0	0,0	100,0	**49 430,8**
White	96,9	3,1	100,0	**67 297,2**	93,4	6,6	100,0	**135 015**
Total	**50,8**	**49,2**	**100,0**	**902 745**	**49,3**	**50,7**	**100,0**	**1 787 563**
2015								
African/Black	44,5	55,6	100,0	**824 873**	43,0	57,0	100,0	**1 638 098**
Coloured	94,6	5,4	100,0	**130 155**	98,2	1,8	100,0	**201 373**
Indian/Asian	99,7	0,3	100,0	**49 106,2**	100,0	0,0	100,0	**65 641,2**
White	95,7	4,3	100,0	**60 570,1**	92,5	7,5	100,0	**140 987**
Total	**56,0**	**44,0**	**100,0**	**1 064 704**	**53,7**	**46,3**	**100,0**	**2 046 099**

Source: GHS 2011, GHS2015

Table 3.2: Pension coverage by province

Province	2011			2015		
	No pension	Pension	Total	No pension	Pension	Total
Western Cape	892 171	150 272	1 042 444	961 048	214 396	1 175 444
Eastern Cape	1 844 756	102 748	1 947 504	1963 869	142 027	2 105 897
Northern Cape	254 645	24 503	279 148	254 278	49 651	303 929
Free State	502 994	56 602	559 596	599 593	71 269	670 863
Kwazulu-Natal	2 181 913	314 492	2 496 405	2 754 521	180 953	2 935 474
North West	836 357	64 469	900 825	811 668	57 091	868 759
Gauteng	1 783 583	338 648	2 122 231	2 094 103	341 367	2 435 470
Mpumalanga	732 849	102 563	835 412	805 301	102 591	907 891
Limpopo	1 414 689	94 909	1 509 598	1 318 859	59 411	1 378 270
RSA	**10 443 957**	**1 249 205**	**11 693 163**	**11 563 240**	**1 218 756**	**12 781 997**
Per cent						
Western Cape	85,6	14,4	**100,0**	81,8	18,2	**100,0**
Eastern Cape	94,7	5,3	**100,0**	93,3	6,7	**100,0**
Northern Cape	91,2	8,8	**100,0**	83,7	16,3	**100,0**
Free State	89,9	10,1	**100,0**	89,4	10,6	**100,0**
Kwazulu-Natal	87,4	12,6	**100,0**	93,8	6,2	**100,0**
North West	92,8	7,2	**100,0**	93,4	6,6	**100,0**
Gauteng	84,0	16,0	**100,0**	86,0	14,0	**100,0**
Mpumalanga	87,7	12,3	**100,0**	88,7	11,3	**100,0**
Limpopo	93,7	6,3	**100,0**	95,7	4,3	**100,0**
RSA	**89,3**	**10,7**	**100,0**	**90,5**	**9,5**	**100,0**

Source: GHS2015

Table 3.3: Pension coverage by sex and geography type

	2011				2015			
Sex	**Urban**	**Rural**		**Total**	**Urban**	**Rural**		**Total**
Male	69,9	30,2	100,0	**576 640**	77,6	22,4	100,0	**558 934**
Female	68,0	32,0	100,0	**672 567**	76,0	24,0	100,0	**659 823**
Total	**68,9**	**31,1**	**100,0**	**1 249 206**	**76,7**	**23,3**	**100,0**	**1 218 757**

Source: GHS2015

Table 3.4: Household income: quintiles by sex

	Q1 (Below R2000)	**Q2 (Between R2001-R4000)**	**Q3 (Between R4001-R6000)**	**Q4 (Between R6001-R15000)**	**Q5 (Above R15000 +)**	**Total**
	N('000)					
With at least one elderly (60+) hh member						
Male	282	239	234	384	286	**1 424**
Female	482	391	332	442	179	**1 827**
Total	**764**	**630**	**566**	**826**	**465**	**3 251**
No elderly (60+) in hh						
Male	1 723	1 187	1 204	2 131	1 784	**8 030**
Female	1 294	945	860	1 089	653	**4 841**
Total	**3 018**	**2 132**	**2 064**	**3 219**	**2 437**	**12 871**

Source: GHS2015

Table 3.5: Household income: quintiles by province

	Q1 (Below R2000)	**Q2 (Between R2001-R4000)**	**Q3 (Between R4001-R6000)**	**Q4 (Between R6001-R15000)**	**Q5 (Above R15000 +)**	**Total**
	N('000)					
With at least one elderly (60+) hh member						
WC	54	59	63	140	54	**369**
EC	128	123	82	79	38	**450**
NC	18	20	16	15	5	**74**
FS	34	34	44	50	31	**194**
KZN	160	153	109	135	68	**626**
NW	59	52	44	56	27	**237**
GP	107	82	118	237	203	**747**
MP	54	60	36	51	23	**223**
LP	150	48	53	64	17	**332**
RSA	**764**	**630**	**566**	**826**	**465**	**3 251**
With at least no elderly (60+) hh member						
WC	231	263	221	463	228	**1 405**
EC	390	245	211	250	182	**1 278**
NC	48	48	50	61	40	**246**
FS	141	104	120	183	163	**711**
KZN	600	428	341	465	287	**2 121**
NW	258	190	179	219	133	**978**
GP	606	470	635	1 104	1 128	**3 943**
MP	198	170	165	279	177	**988**
LP	547	214	143	197	99	**1 200**
RSA	**3 018**	**2 132**	**2 064**	**3 219**	**2 437**	**12 871**

Source: GHS2015

4. LIFE EXPECTANCY, HEALTH STATUS AND MORTALITY

4.1 Main causes of deaths among older persons

Underlying main cause of death	Province										
	WC	EC	NC	FS	KZN	NW	GP	MP	LP	Unknown/ outside country/ unspecified	RSA
Total	**20 838**	**29 204**	**5 590**	**12 960**	**31 180**	**13 635**	**38 507**	**12 317**	**20 525**	**746**	**185 502**
Diseases of the circulatory system (I000I99)	6 223	7 458	1 798	4 126	10 171	4 608	11 302	4 109	5 152	220	**55 167**
Symptoms and signs not elsewhere classified (R000R99)	967	6 706	582	1 650	3 610	2 443	5 549	1 506	4 325	247	**27 585**
Neoplasms (C000D48)	4 979	3 123	834	1 363	3 091	1 354	5 678	1 020	1 383	55	**22 880**
Diseases of the respiratory system (J000J99)	2 108	3 561	780	1 669	3 041	1 423	4 380	1 442	2 565	68	**21 037**
Endocrine; nutritional and metabolic diseases (E000E90)	2 519	2 448	493	1 328	4 015	1 163	3 386	1 339	2 208	42	**18 941**
Certain infectious and parasitic diseases (A000B99)	1 232	2 821	465	1 246	3 587	1 254	2 671	1 439	2 195	40	**16 950**
External causes of morbidity and mortality (V010Y98)	664	896	174	365	1 006	320	1 375	375	572	28	**5 775**
Diseases of the digestive system (K000K93)	510	618	129	383	768	340	1 224	351	559	10	**4 892**
Diseases of the genitourinary system (N000N99)	538	488	90	313	829	272	1 177	332	681	13	**4 733**
Diseases of the nervous system (G000G99)	524	434	84	157	362	113	741	125	472	15	**3 027**
Diseases of the blood and immune mechanism (D500D89	98	157	61	155	234	164	357	172	170	2	**1 570**
Mental and behavioural disorders (F000F99)	327	271	53	113	187	66	355	41	69	4	**1 486**
Diseases of the musculoskeletal system etc. (M000M99)	96	142	25	64	164	74	220	34	103	1	**923**
Diseases of the skin and subcutaneous tissue (L000L99)	45	75	20	20	94	34	69	31	60	1	**449**
Congenital malformations (Q000Q99)	7	6	2	3	16	4	18	0	8	0	**64**
Diseases of the ear and mastoid process (H600H95)	1	0	0	4	5	0	5	0	1	0	**16**
Diseases of the eye and adnexa (H000H59)	0	0	0	1	0	3	0	1	2	0	**7**

5. HOUSEHOLD BASIC SERVICES

Table 5.1: Percentage distribution of elderly persons with access to basic services and geography type, 2011 and 2015

		2011	
		Urban	**Rural**
Access to piped water*	Per cent	96,0	34,3
	N('000)	2 258	522
	Total population('000)	**2 353**	**1 523**
Improved Sanitation*	Per cent	95,0	41,6
	N('000)	2 235	633
	Total population('000)	**2 353**	**1 523**
Refuse/ Waste*	Per cent	91,4	4,2
	N('000)	2 151	64
	Total population('000)	**2 353**	**1 523**
Electricity*	Per cent	96,9	78,8
	N('000)	2 124	319
	Total population('000)	**2 353**	**1 523**

Source: GHS 2011

		2015	
		Urban	**Rural**
Access to piped water*	Per cent	95,6	34,1
	N('000)	2 718	546
	Total population('000)	**2 842**	**1 601**
Improved Sanitation*	Per cent	96,4	62,3
	N('000)	2 739	997
	Total population('000)	**2 842**	**1 601**
Refuse/ Waste*	Per cent	91,3	5,8
	N('000)	2 595	92
	Total population('000)	**2 842**	**1 601**
Electricity*	Per cent	97,2	87,8
	N('000)	2 761	1 406
	Total population('000)	**2 842**	**1 601**

Source: GHS 2015