Marginalised Groups Series IV

The Social Profile of Older Persons, 2015-2019

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Statistics South Africa
REPUBLIC OF SOUTH AFRICA

Marginalised Groups Series IV:

The Social Profile of Older Persons, 2015–2019

Embargoed until:
31 March 2021
13:00

Statistics South Africa

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Report No. 03-19-08 (2015-2019)

Marginalised Groups Series IV: The Social Profile of Older Persons, 2015–2019 / Statistics South Africa

Published by Statistics South Africa, Private Bag X44, Pretoria 0001

Stats SA Library Cataloguing-in-Publication (CIP) Data
Marginalised Groups Series IV: The Social Profile of Older Persons, 2015–2019 / Statistics South Africa.
Pretoria:
Statistics South Africa, 2021

Report No. 03-19-08
94 pp

ISBN 978-0-621-49116-6

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FOREWORD

The Mid-Year Population Estimates show that the total population of persons aged 60 years and older has been increasing steadily since 2015. In 2020, the elderly population was estimated to be over 5,4 million, accounting for 9,1 percentage share of the overall South African population. This was further confirmed by the increase in the ageing index, which measures the proportion of persons aged 60 years and older to the population of children under the age of 15 years. The ageing index increased from 29 in 2015 to 32 in 2020, showing that the population is progressively ageing. Numbers of older persons generally increased across all provinces, with Gauteng (1,3 million) and KwaZulu-Natal (937 thousand) having the highest number of the elderly persons in 2020. However, the Year-to-year analysis on the share of older persons to the total population revealed that Eastern Cape has the highest proportion of the elderly compared to other provinces. The rise in the numbers of elderly persons has implications for planning and policy formulation, especially with regards to social safety nets provided for them.

The demographic profile of the elderly suggests pronounced differences along racial and gender lines. For example, the black African population is relatively young as the proportion of the elderly (63%) 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 (23%) than their representation in the population as a whole (8%). The ageing index for different population groups amongst elderly marginally increased for black Africans from 21 in 2015 to 23 in 2020. During the same period, the index for coloureds increased from 33 to 40, for Indians/Asians from 65 to 75, and for whites from 146 to 169. The elderly women continue to outnumber elderly men with a ratio of 6 women to 4 men. As such, a higher percentage of them are widowed.

Evidence on the living arrangements of the elderly suggests that there are marked provincial variations in terms of those living alone, with some provinces experiencing significant declines while the opposite is true for others. Nonetheless, the condition of living alone among the elderly has adverse implications in terms of the care they require and general integration within society. In spite of this, 53% of the elderly still live in extended families, where they would receive at least some psycho-social and economic support. Elderly headed households are more prone to live with their grandchildren as the skip generation households still account for at least 12% of the households where the elderly live. However, elderly headed households have shown to be much happier than they were 10 years ago, with happiness levels having increased from 27% in 2015 to 30% in 2019.

Literacy levels among the elderly have significantly improved across all provinces, though gender differences are glaring, with males more likely to be literate than females except for the province of the Eastern Cape. Twenty-six percent of the elderly were more likely to have matric and post-school qualifications. Thirteen per cent of the elderly are employed and approximately half of the elderly live in households without any employed household members. Seven out of ten elderly persons are beneficiaries of an old age grant, while over 80% of households headed by the elderly indicated that grants were their main source of income. The elderly headed households from rural areas showed a greater reliance on social grants than those in urban areas. The percentage of persons aged 60 years and older, who lived below the three poverty lines (FPL, LBPL and UBPL) decreased between 2009 and 2011 and then increased between 2011 and 2015. Elderly females were more likely to be poor than their male counterparts.

The three health conditions most common amongst the elderly were high blood pressure, diabetes and arthritis. The elderly women were most likely to suffer from arthritis than elderly men. Most elderly persons made use of public health facilities and only 24% were covered by medical aid. Again, stark divisions along racial lines were noted when medical aid coverage is considered. Coverage was the highest for the white elderly (74%) and lowest for black Africans (7%). The most common underlying causes of death amongst the elderly were diseases of the circulatory system, neoplasms and diseases of the respiratory system.

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Statistician-General

CHAPTER 1: INTRODUCTION

1.1 Background

The convening of the World Assembly on Ageing in Vienna in 1982 was an acknowledgement that ageing could no longer be viewed as a phenomenon of the Western world. For the first time, the Assembly provided 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 persons who are 60 years and older, as indicative of the South African retirement age. In 2020, they constituted approximately 9,1% (5,4 million) of the South African population and they are classified as a 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 enjoyed by all other South Africans as enshrined in our Constitution. Many elderly persons act as caregivers for their unemployed adult children, sick family members, and orphaned grandchildren. Post-1994, particular attention has been paid to the need to fight the abuse of the elderly. The 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.

South Africa has one of the most developed social security 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 old age pension and social security entitlements through the provision of formal employment (Oloka-Onyango, 2015)[4]. The domains of the social security framework include the alleviation and prevention of poverty, social compensation and income distribution. As of March 2020, the government was providing social assistance in the form of an old-age grant to 3,7 million older persons at a rate of R1780 per month. In the early stages of the COVID-19 outbreak in 2020, the government announced a grant top-up as a temporary relief against food insecurity and to cushion households, especially the vulnerable population who were severely battered by the pandemic. The elderly received an additional R 250 per month top-up; however, these payments were to be paid for a few months and thereafter revert to the original standard monthly payment. The process of reversion was originally set to be after six months; with a view that this would then be reviewed after this period.

Inequalities in South African society generated differences in how 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.[5] The elderly who are living in poor conditions still have limited access to basic services such as clean water, refuse disposal and sanitation. Lack of reliable public transport affects older people with regard to access to

[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] Mapule F. Ramashala. Living arrangements, poverty and the health of older persons in Africa

healthcare facilities/clinics and pension pay-out points, which can also render them susceptible to abuse and crime. 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.

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 system that in the past had 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.[6] In 2020, Stats SA published a report titled "Migration Dynamics of Women, Children and the Elderly in South Africa", which states that the migrant elderly account for about five per cent of the elderly population in South Africa. Skip-generation households are also common since HIV has infected young adults in the country, many of whom subsequently succumbed to AIDS-related deaths and illnesses. In many instances, grandparents have been expected to resume the caregiving responsibility to their orphaned grandchildren.

1.2 Legislation and policy framework

1.2.1 International Context

As populations age, governments and diverse stakeholders from various sectors need to develop legislative, policy and interventions to protect older persons. The Implications for population ageing include

- Increased demand for adequate housing for the older population;
- Increased need for financial support (old-age grants etc.) for a growing older population;
- An increased demand for long-term and chronic healthcare for the growing older population; and
- A need for more support from economically active persons (15 - 64 years old) to upkeep with the increasing number of elderly

The Madrid International Plan of Action on Ageing (MIPAA)

The Madrid International Plan of Action on Ageing (MIPAA) recognises that concerns relating to an ageing population are no longer limited to developed countries only, but are becoming increasingly relevant in developing countries; including South Africa. It is a resource for policymaking - suggesting ways for Governments, non-governmental organisations, and other actors to re-orient how their societies perceive, interact with and care for their elderly populations.

Sustainable Development Goals (SDGs)

Goal 3 of the Sustainable Development Goals (SDGs) 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 data use. This will enable governments and development agencies to understand better the issues older people face in claiming their rights to health care, social protection, employment and education. Furthermore, the SDGs include a commitment to ensuring the implementation of national social protection systems that also benefit the poor and the vulnerable, which could provide greater access to income security for older people.

[6] Apt, N.A. (1999). Rapid urbanization and living arrangements of older persons in Africa

United Nations Convention on the Rights of Older Persons (UNCROP)

The United Nations Convention on the Rights of Older Persons (UNCROP) seeks to remedy the fragmented human rights instruments or practices for older persons, and focus on reaffirming critical human rights which are of concern specifically to the elderly. This Convention was therefore necessitated by the following factors as adapted from a UN Convention resource on the Rights of Older Persons[7]:

- ✓ **Ageism and age discrimination are unacceptable:** As the world experiences rapid population ageing, the pressures that result in age discrimination are likely to intensify; so does the imperative to address such discrimination.
- ✓ **Human rights change people's lives:** Protecting older people's rights helps older people to lead dignified, secure lives, as equal members of society. Exercising these rights enables older people to be treated with respect on an equal basis with younger people.
- ✓ **Existing international and regional human rights laws do not sufficiently protect older people's rights:** The Universal Declaration of Human Rights and the international rights conventions apply to all persons regardless of age. However, age is not listed explicitly.
- ✓ **Human rights and development go hand-in-hand:** Respecting people's rights results in better development where respect, dignity and having a say are recognised alongside material security as important to people's well-being. Increased protection of the rights of older men and women creates the conditions that enable them to participate in and contribute to their development and those around them. In so doing, respecting and protecting all people's rights results in more inclusive, equitable and sustainable societies.

1.2.2 Regional Agenda

African Charter of Human and People's Rights (ACHPR)

The African Charter on Human and People's Rights (ACHPR), also known as the Banjul Charter, is an international human rights instrument that is intended to promote and protect human rights and basic freedom in the African continent. Article 18 (4) of the ACHPR states that: "The aged and the disabled shall also have the right to special measures of protection in keeping with their physical or moral needs".

The view, as contained in the International Covenant on Economic, Social and Cultural Rights (ICESR), recognises that older persons have been one of the most vulnerable groups that suffer, especially through the cases of forced removal or eviction. In terms of health care, the ICESR has also stated that the essential elements of this right include the availability, accessibility, acceptability and quality of such health care. Member-states, including South Africa, are thus expected to ensure the availability and accessibility of health facilities to all, including older persons.

African Union Policy Framework and Plan of Action on Ageing

The African Union (AU) Policy Framework and Plan of Action on Ageing, drafted in 2002 with Help Age International, guides member states on designing and implementing policies on older persons (African Union, 2003). The policies emphasise the economic and social difficulties older persons face and the need for healthcare.

[7] Strengthening Older People's Rights: Towards a UN Convention (A resource for promoting dialogue on creating a new UN Convention on the Rights of Older Persons)

1.2.3 Local context

The 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** the right that prohibits discrimination based on age. 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 the social, physical, mental and emotional wellbeing of older people.
- **Right to access social security:** Under section 27 of the Constitution, South Africa recognises social security as a basic right. Elderly persons and, among others, persons 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 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.

The South African Policy for Older Persons and the Plan of Action on Ageing

In 2002, the South African Policy for Older Persons and the accompanying South African Plan of Action was developed. This Action Plan put older persons high on the country's agenda and emphasises the protection, care, support and development of older persons as a joint responsibility between government, civil society and the corporate sector. The plan of action for ageing has four key priority areas as informed by the Madrid Plan of Action on ageing namely,

- Older persons and development;
- Advancing health and well-being into old age;
- Ensuring an enabling and supportive environment; and
- Preventing ill-treatment and neglect of older persons.

Older Persons Act, 2006:

The South African Plan of Action on Ageing was incorporated into the Older Persons Act, (Act 13 of 2006). The Act deals effectively with the plight of older persons by establishing a framework aimed at the empowerment and protection of older persons and the promotion and maintenance of their status, rights, well-being, safety and security.

1.3 Objective and layout of the report

In South Africa, older persons have been categorised as part of vulnerable groups – these include children, women, youth, older persons and persons with disabilities. A variety of interventions that seek to address challenges faced by different sectors of the population in the country require adequate monitoring, as well as information on key indicators that can be used for this purpose. Belonging to a vulnerable group, or even to be perceived to belong to such a group heightens the risk of exclusion and inequalities in terms of access to rights and use of services and goods in a number of domains.

The purpose of this report is to provide insight into socio-economic and demographic variables, and to profile the dynamics of the living circumstances of elderly persons in South Africa through use of secondary data from Stats SA. The report analyses the extent to which improvements on the socio-economic circumstances and the livelihoods of older persons have occurred over the period 2015 - 2019.

Chapter 1 covers the introduction, outlines the rationale for producing the report, and describes the data sources used.

Chapter 2 looks at the demographic profile of persons 60 years and older and changes that have occurred over the period 2015 to 2020.

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

Chapter 4 focuses on the education background of elderly persons.

Chapter 5 presents an analysis of the employment profiles of persons aged 60 years and older, income security, poverty and economic development.

Chapter 6 looks at the health assessments, types of illnesses, access to medical aid, and access to healthcare facilities by the elderly.

Chapter 7 looks at the perceptions of crime by the households headed by the elderly.

Chapter 8 looks at access and the usage of public transport, reasons limiting public transport use, travel patterns, and the mode of transport.

Chapter 9 provides a general description of the living conditions amongst the elderly in terms of housing and access to basic household services.

Chapter 10 summarises the main highlights from the report and contains the conclusion.

1.4 Data sources

The General Household Survey (GHS) was used as the primary data source, focusing on comparing the years 2015 and 2019. 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. The other main source of data used is the mid-year population estimates, which estimate the population as of mid-year, 01 July in a given year. This provides useful estimates of the population based on certain demographic variables. The estimation process takes into account the latest available data on fertility, mortality and migration to estimate the size of the population of South Africa.

Additional data sources produced by Statistics South Africa, such as the Quarterly Labour Force Survey (QLFS), Mortality and Causes of Deaths (MACODs), Income and Expenditure Survey (IES), National Household Travel Survey (NHTS) and Governance, Public safety and Justice Survey (GPSJ) were also used where applicable.

1.5 Limitations of the study

This report is an update of the first volume that covered the period 2011 to 2015 and the demographics chapter was based on the Census 2011 and Community Survey data 2016. However, due to the non-availability of data, this report will be based on the mid-year population estimates (MYPE) that provide population estimates for the period under consideration. The report only provides one data point for chapter 8 that deals with factors relating to transport amongst the elderly, thus will not be able to determine if there were improvements or not.

1.6 Definitions

Adults: persons aged 35–64 years.

Child: a person under the age of 18 years.

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

Elderly: persons aged 60 years and older

Employed persons: 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): 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:** 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 Division of Stats SA, based on their observation of the aerial photographs or on other information.

A **rural area:** any area that is not classified as urban. Rural areas may comprise one or more of the following: tribal/traditional areas, commercial farms and informal settlements.

Grant: is financial assistance provided by the 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 the government to elderly people who comply with the means test.

Older age person: see elderly

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.

1.7 Abbreviations

AIDS:	Acquired Immune Deficiency Syndrome
ACHPR:	African Charter of Human and People's Rights
AU:	African Union
GPSJS:	Governance, Public safety and Justice Survey
HIV:	Human Immune Deficiency Virus
ICESR:	International Covenant of Economic, Social and Cultural Rights
IES:	Income and Expenditure Survey
FPL:	The Food Poverty Line
LBPL:	The Lower Bound Poverty Line (FPL)
LCS:	Living Conditions Survey
MACOD:	Mortality and Causes of Deaths
MTSF:	Medium Term Strategic Framework
NDP:	National Development Plan
NHTS:	National Household Travel Survey
QLFS:	Quarterly Labour Force Survey
SASSA:	South African Social Security Agency
STATS SA:	Statistics South Africa
UBPL:	The Upper Bound Poverty Line (UPL)
VOCS:	Victims of Crime Survey

CHAPTER 2: DEMOGRAPHIC FACTORS

2.1 Introduction

Population ageing is a global phenomenon, which is experienced by almost every country in the world[8]. It entails an increasing share of older persons in the population. Ageing 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 has a bulge in the youth population, which will eventually age and transition to an older population and result in the country having a more significant number of older persons to care for in years to come.

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 between 2015 and 2020.

2.2 Basic demographics of the elderly

Table 2.1: Distribution of total population and persons aged 60 years and older by province, 2015-2020

	2015		2016		2017		2018		2019		2020	
Province	RSA ('000)	60+ ('000)	RSA ('000)	60+ ('000)	RSA ('000)	60+ ('000)	RSA ('000)	60+ ('000)	RSA ('000)	60+ ('000)	RSA ('000)	60+ ('000)
WC	6 373	590	6 500	614	6 624	639	6 751	665	6 879	692	7 006	722
EC	6 682	708	6 694	720	6 707	731	6 718	745	6 731	760	6 734	771
NC	1 216	116	1 230	119	1 246	122	1 261	126	1 277	129	1 293	132
FS	2 849	262	2 863	269	2 880	275	2 897	280	2 914	286	2 929	291
KZN	10 827	852	10 959	868	11 103	884	11 248	901	11 395	920	11 532	937
NW	3 774	314	3 839	325	3 904	335	3 972	346	4 041	356	4 109	369
GP	13 653	1 047	14 029	1 097	14 407	1 149	14 771	1 200	15 132	1 252	15 488	1 310
MP	4 333	317	4 396	327	4 464	337	4 462	347	4 609	358	4 680	370
LP	5 621	474	5 674	484	5 724	493	5 770	503	5 815	514	5 853	524
RSA	**55 328**	**4 679**	**56 184**	**4 821**	**57 057**	**4 965**	**57 851**	**5 114**	**58 793**	**5 268**	**59 622**	**5 426**

Source: Mid-Year Population Estimates, 2020 series

Table 2.1 shows that the population of older persons has been growing consistently since 2015. The elderly population numbered over 5,4 million in 2020, accounted for 9,1 per cent of the South African population.

Between 2015 and 2020, the elderly population largely grew in Gauteng (263 thousand) and Western Cape (133 thousand) provinces. Although the elderly population grew across all provinces during this period, Northern Cape’s growth was only estimated to be around 16 thousand, which made it the least growth relative to other provinces.

[8] https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldP opulationAgeing2019-Highlights.pdf

Table 2.2: Percentage share of the older persons to the total population, 2015-2020

Province	2015	2016	2017	2018	2019	2020
WC	9,3	9,4	9,7	9,9	10,1	10,3
EC	10,6	10,8	10,9	11,1	11,3	11,4
NC	9,5	9,7	9,8	10,0	10,1	10,2
FS	9,2	9,4	9,5	9,7	9,8	9,9
KZN	7,9	7,9	8,0	8,0	8,1	8,1
NW	8,3	8,5	8,6	8,7	8,8	9,0
GP	7,7	7,8	8,0	8,1	8,3	8,5
MP	7,3	7,4	7,6	7,8	7,8	7,9
LP	8,4	8,5	8,6	8,7	8,8	8,9
RSA	**8,5**	**8,6**	**8,7**	**8,8**	**9,0**	**9,1**

Source: Mid-Year Population Estimates, 2020 series

Figure 2.1: Trend analysis of the elderly population

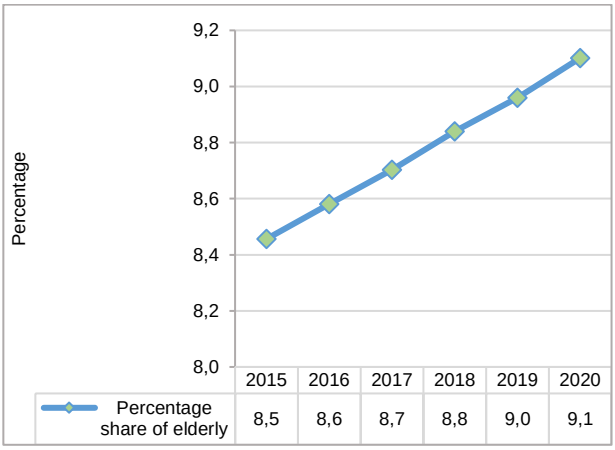
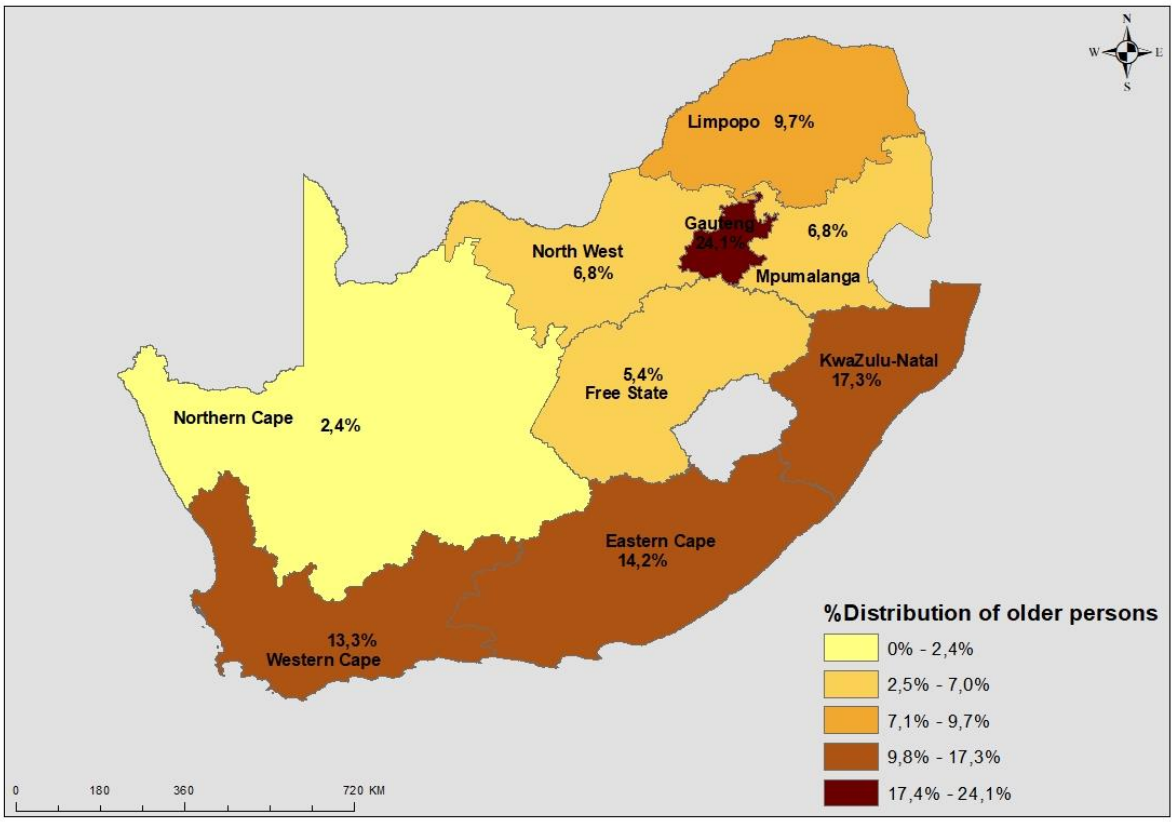


Table 2.2 and Figure 2.1 illustrate the share of older persons to the total population. According to Table 2.2, between 2015 and 2020, the percentage share of the elderly population to the total population has increased in all provinces. Eastern Cape province has the highest proportion of the elderly compared to other provinces. This indicates the accelerated ageing phenomenon in the province, which has the potential to exert pressure in the service provision pertaining to older persons.

Figure 2.2: Percentage distribution of the older persons across provinces, 2020

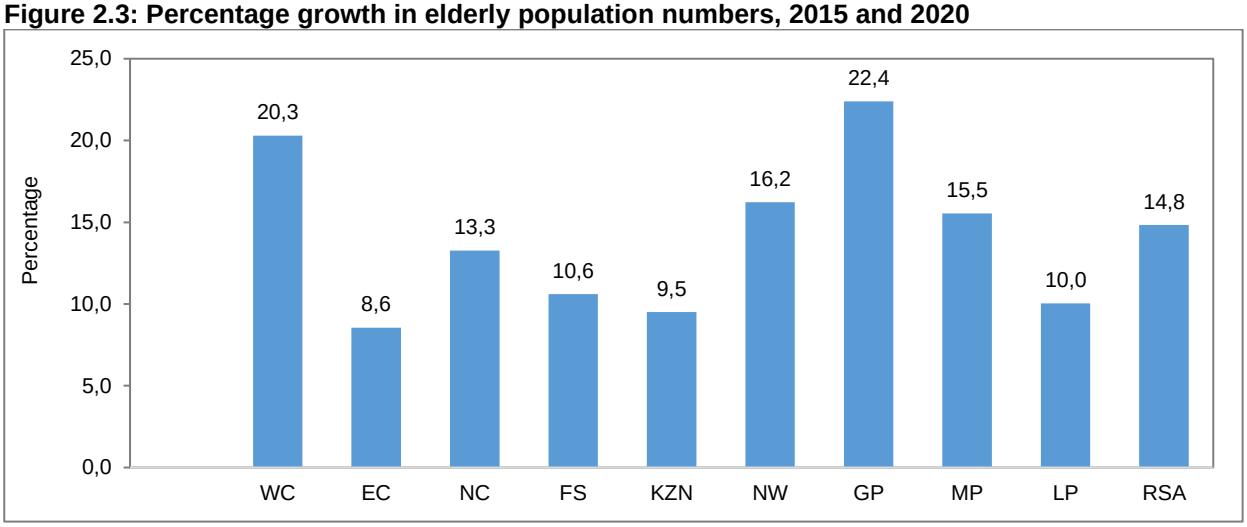


Source: Mid-Year Population Estimates, 2020 series

Figure 2.2 depicts the percentage distribution of the elderly in different provinces in the year 2020. According to this figure, Gauteng is home to a higher number of elderly persons compared to other provinces. This disproportionately higher number of elderly persons in Gauteng will require more resources pertaining to older

persons. Their needs in the province should be adjusted accordingly. Northern Cape has the lower percentage of elderly persons living in the province.

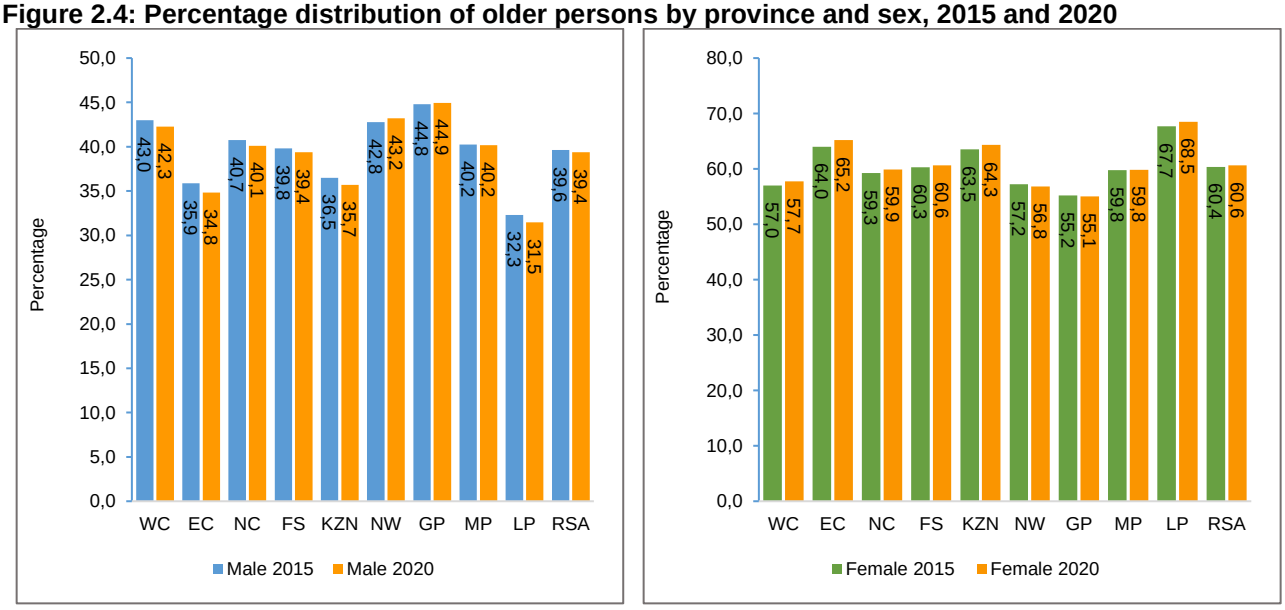
Figure 2.3: Percentage growth in elderly population numbers, 2015 and 2020



Source: Mid-Year Population Estimates, 2020 series

Figure 2.3 shows the percentage growth in the elderly population between 2015 and 2020. Nationally, the elderly population increased by 14, 8 per cent. The provinces which recorded the highest increases include Gauteng (22,4%) and Western Cape (20,3%), followed by North West (16,2%) and Mpumalanga (15,5%), respectively.

Figure 2.4: Percentage distribution of older persons by province and sex, 2015 and 2020

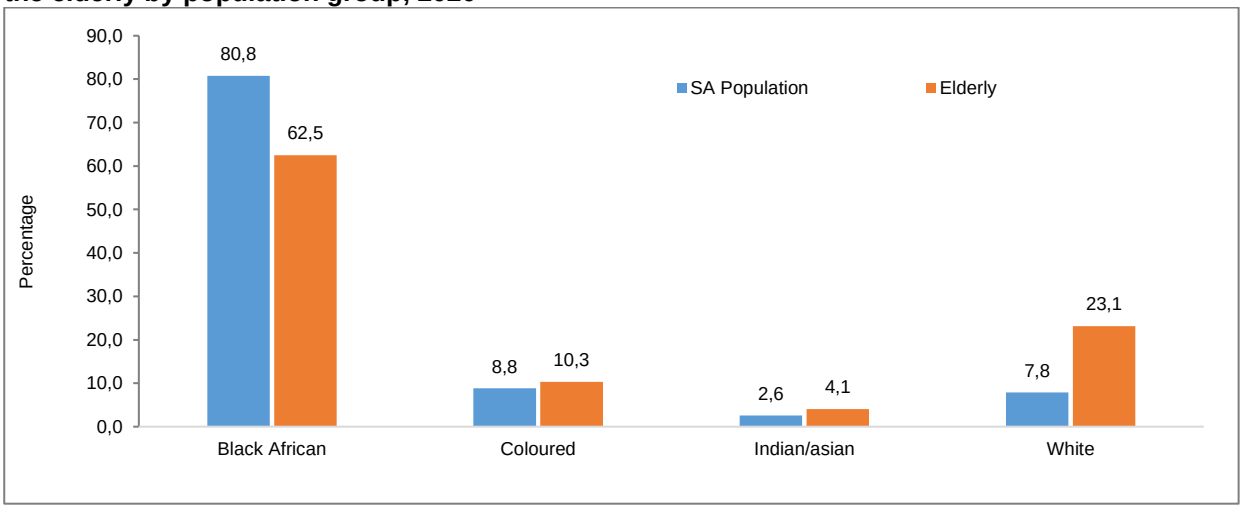


Source: Mid-Year Population Estimates, 2020 series

Figure 2.4 illustrates the distribution of older persons by sex within each province in 2015 and 2020. The analysis of the percentage distribution of the elderly population within each province reveals the extent to which individual provinces are ageing over time. The highest proportions of the elderly females across all provinces revealed the feminisation of ageing that is experienced among persons aged 60 years and older.

Nationally, between 2015 and 2020, the proportion of the elderly females increased from 60,4% to 60,6%, while the opposite was true for the elderly males. This increase was primarily driven by the increases observed amongst the female share of the elderly population in provinces such as Eastern Cape, KwaZulu-Natal and Limpopo provinces. Similarly, the elderly male population decreased due to decreases observed in the same provinces concerning the share of males. Mpumalanga is the only province that maintained the same gender distribution of the elderly during this period.

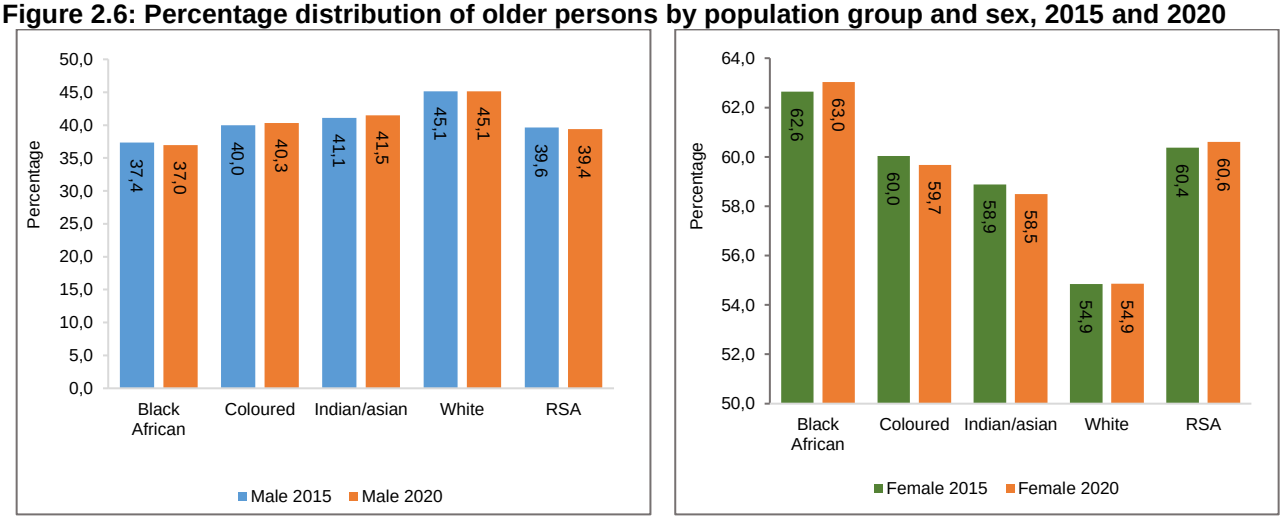
Figure 2.5: Percentage distribution of the total population relative to the percentage distribution of the elderly by population group, 2020



Source: Mid-Year Population Estimates, 2020 series

When compared to the distribution of the general population across the four population groups, the distribution of the elderly population is substantially different as reflected by Figure 2.5 above. The percentage of the elderly persons amongst Coloured, Indian/Asian and White population groups was higher than the percentage observed for the general population. The population gap reveals the ageing phenomenon within the three population groups. Black African presents the characteristics of a youthful population as the elderly population is 18,3 percentage points lower than the general population in this group.

Figure 2.6: Percentage distribution of older persons by population group and sex, 2015 and 2020



Source: Mid-Year Population Estimates, 2020 series

Figure 2.6 shows the percentage distribution of older persons across different population categories by sex. Between 2015 and 2020, the percentages of females were noticeable 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, the older population are usually disproportionately female[9].

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

2.3 Age-sex structure of older persons

Table 2.3: Distribution of persons aged 60 years and older by age group and sex, 2015 and 2020

	Male		Female		Total	Total
	N ('000)	%	N ('000)	%	N ('000)	%
Age group	2015					
60 - 64	674	36,4	920	32,6	1 594	34,1
65 - 69	489	26,4	713	25,2	1 201	25,7
70 - 74	327	17,7	502	17,8	830	17,7
75 - 79	211	11,4	353	12,5	564	12,1
80 +	153	8,3	337	11,9	490	10,5
Total	**1 854**	**100,0**	**2 825**	**100,0**	**4 679**	**100,0**
	2020					
60 - 64	758	35,5	1 038	31,6	1 796	33,1
65 - 69	572	26,8	837	25,4	1 409	26,0
70 - 74	388	18,2	619	18,8	1 007	18,6
75 - 79	234	10,9	403	12,3	637	11,7
80 +	186	8,7	391	11,9	577	10,6
Total	**2 138**	**100,0**	**3 289**	**100,0**	**5 426**	**100,0**

Source: Mid-Year Population Estimates, 2020 series

Table 2.3 displays the number and percentage distribution of older persons by age group and sex. The distribution in the number of the elderly in absolute terms reveals that the elderly population is predominantly female, and this is the case across all age groups.

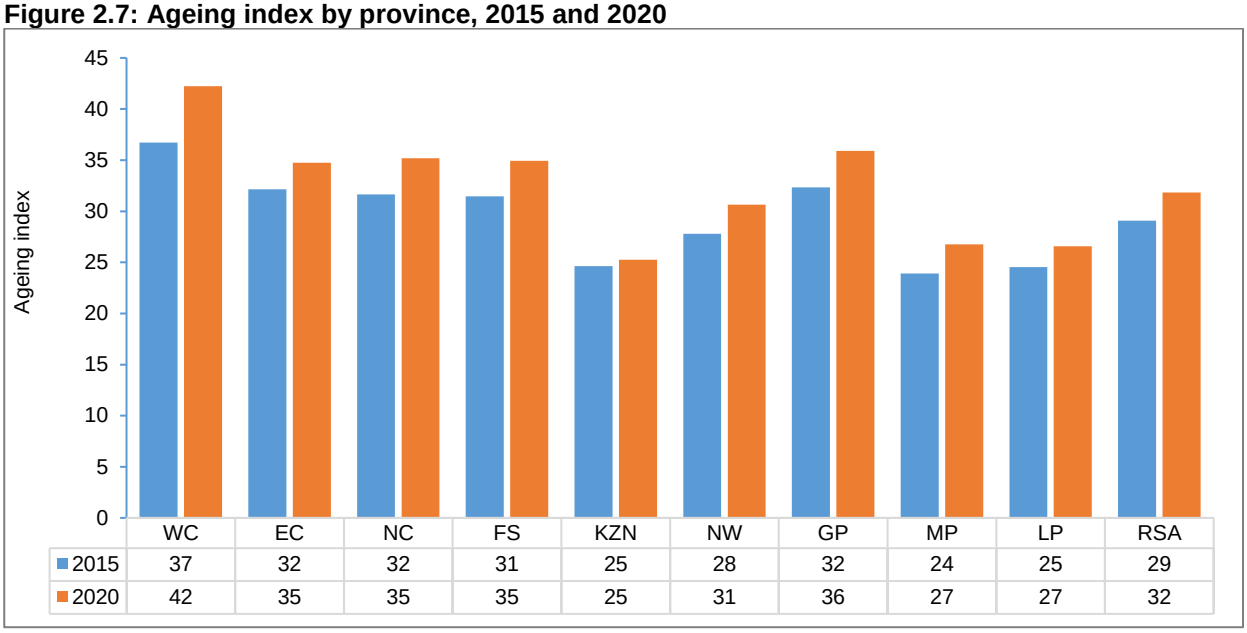
Nationally, between 2015 and 2020, the age group 60–64 had the largest percentage of older persons, followed by the age group 65–69, whilst the age group 80+ comprised 10,6% of the elderly population in 2020, which was a slight increase of a 0,1 percentage point from 2015.

Gender analysis across different age groups mirrored the findings depicted at a national level for the age groups 60–64 and 65–69 for both males and females. However, it is worth noting that the percentage of elderly males in these two age groups are higher compared to their female counterparts, though they start to experience a decline from the age group 70–74 years, and the gap widens thereafter. These results further reaffirm 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.

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 100 children aged 0-14 years[10]. If the number of persons aged 60 and older exactly equals the number of children aged 0-14 years in the population, the ageing index equals 100. The 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.

Figure 2.7: Ageing index by province, 2015 and 2020



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2015	37	32	32	31	25	28	32	24	25	29
2020	42	35	35	35	25	31	36	27	27	32

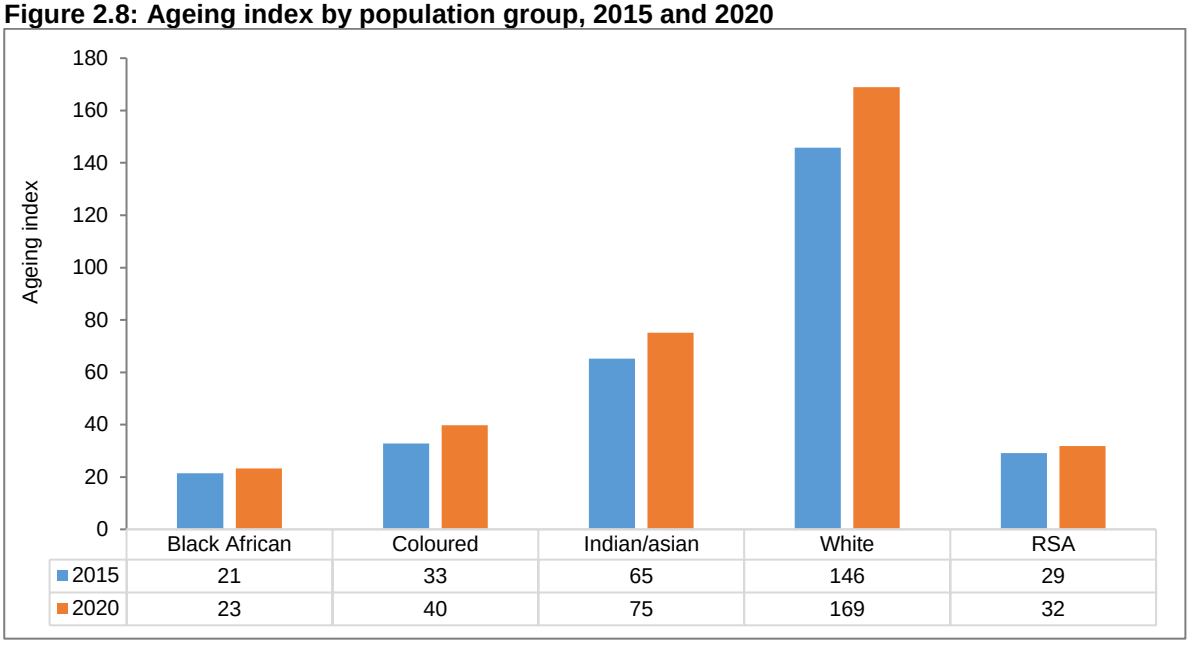
Source: Mid-Year Population Estimates, 2020 series

The ageing index by province revealed considerable different age structures between provinces as reflected by Figure 2.7 above. Between 2015 and 2020, there was an increase of approximately 32 elderly persons per 100 children aged 0–14 years.

In 2020, provinces with the highest ageing index include Western Cape (42), Gauteng (36), Eastern Cape (35), Northern Cape (35) and Free State (35). The high indexes in these provinces are indicative of the higher proportions of older persons to children aged 0–14 years relative to other provinces. KwaZulu-Natal, Mpumalanga and Limpopo provinces recorded the lowest ageing indexes for both years.

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

Figure 2.8: Ageing index by population group, 2015 and 2020



	Black African	Coloured	Indian/asian	White	RSA
2015	21	33	65	146	29
2020	23	40	75	169	32

Source: Mid-Year Population Estimates, 2020 series

Figure 2.8 illustrates the ageing index by population group. The ageing index by population group reflects substantial different age structures between population groups, especially between the white population and other population groups.

Between 2015 and 2020, the ageing index amongst the white population group increased from 146 to 169, which shows how rapid this population group is ageing. 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 is growing at an accelerated pace. 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[11].

Black African population 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 as illustrated by Figure 2.5.

[11] 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

Table 2.4: Marital status of persons older than 60 years by gender, 2015 and 2019

	Male		Female		Both sexes	
	(N'000)	Per cent	(N'000)	Per cent	(N'000)	Per cent
Marital status	**2015**					
Legally married	1 164	67,1	812	31,3	1 976	45,6
Living together	102	5,9	66	2,5	168	3,9
Divorced or separated	96	5,5	139	5,4	235	5,4
Widowed	238	13,7	1 263	48,7	1 500	34,7
Never married	136	7,8	315	12,1	451	10,4
Total	**1 735**	**100,0**	**2 594**	**100,0**	**4 330**	**100,0**
	2019					
Legally married	1 296	66,0	910	31,1	2 207	45,1
Living together	93	4,7	56	1,9	149	3,0
Divorced or separated	90	4,6	174	6,0	264	5,4
Widowed	317	16,1	1 401	47,9	1 718	35,2
Never married	167	8,5	382	13,1	549	11,2
Total	**1 964**	**100,0**	**2 923**	**100,0**	**4 887**	**100,0**

Source: GHS 2015, GHS 2019

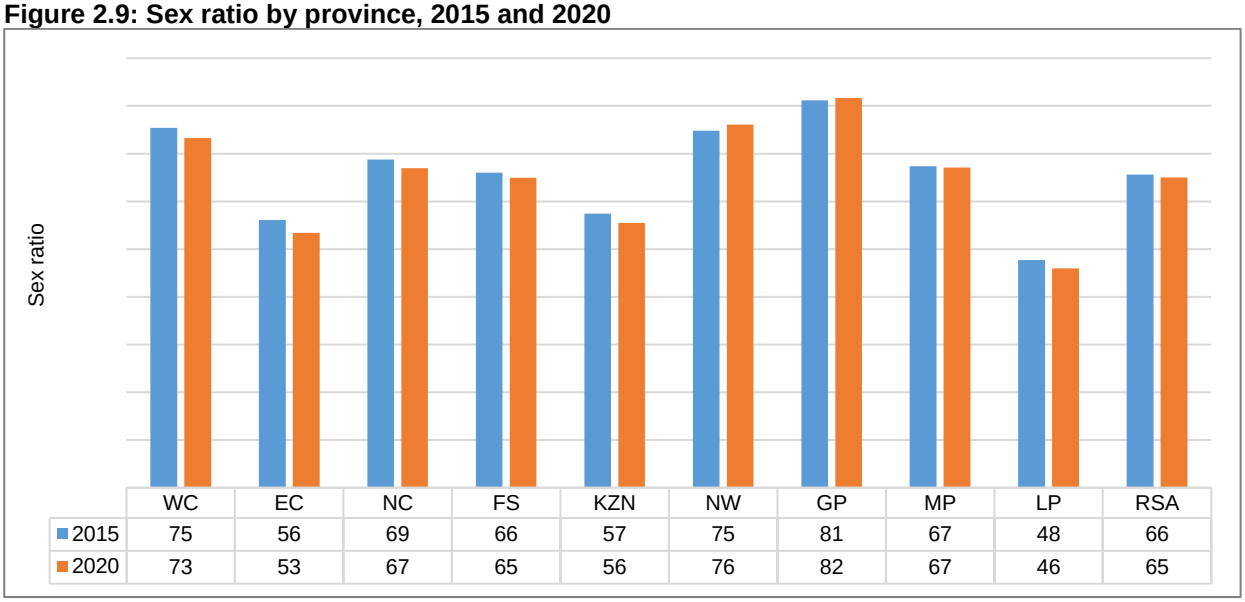
Table 2.4 shows the percentage of older persons who were legally married, living together like husband and wife/partners, never been married, widowed, separated or divorced, between 2015 and 2019.

The largest percentage of elderly males are legally married than females, whilst contrary results for females revealed that a larger percentage of them are widowed. Generally, the number of females in absolute terms surpassed that of their male counterparts for both years, with 859 thousand higher in 2015 and 959 thousand higher in 2020. These results assert the change in sex composition of the elderly population owed to higher survival rates among females; hence a higher percentage of them are widowed.

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.

Figure 2.9: Sex ratio by province, 2015 and 2020



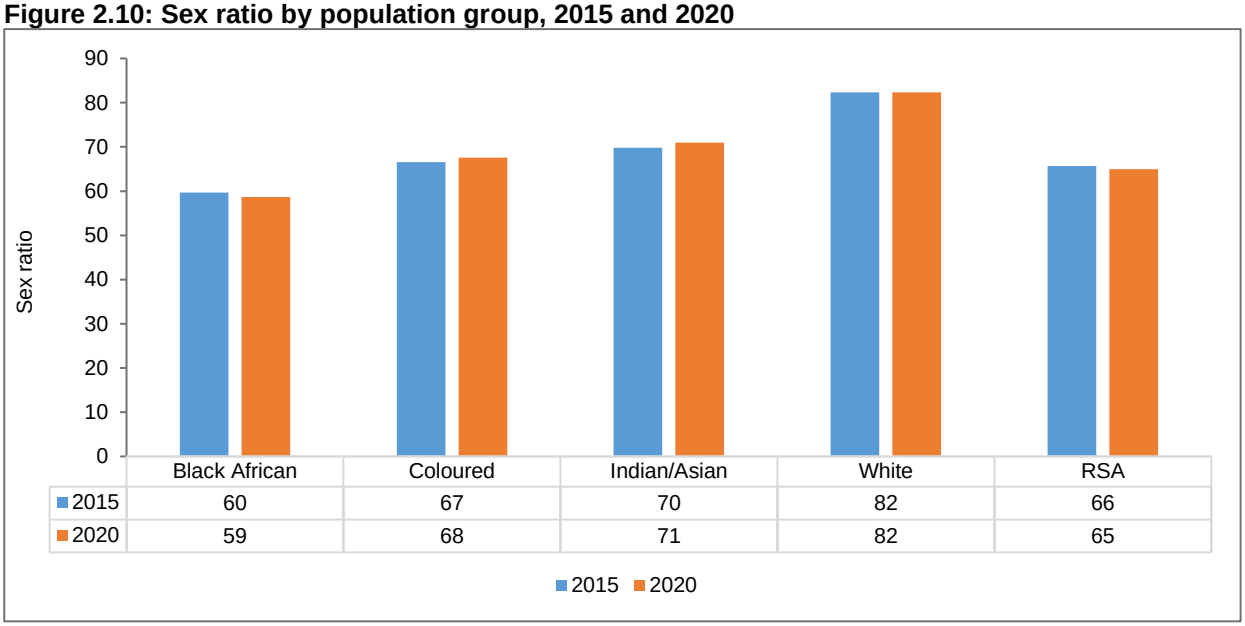
	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2015	75	56	69	66	57	75	81	67	48	66
2020	73	53	67	65	56	76	82	67	46	65

Source: Mid-Year Population Estimates, 2020 series

Figure 2.9 shows the sex ratio by province. Nationally, between 2015 and 2020, sex ratio slightly declined by one percentage point (from 66 men per 100 women in 2015 to 65 men per 100 women in 2020), which indicates that the proportion of women in the elderly population increased over time.

Between 2015 and 2020, Gauteng, North West and Western Cape had the highest sex ratios among the elderly relative to other provinces. The Limpopo, Eastern Cape and KwaZulu-Natal provinces recorded the lowest sex ratios; as elderly population in these provinces was predominantly women.

Figure 2.10: Sex ratio by population group, 2015 and 2020

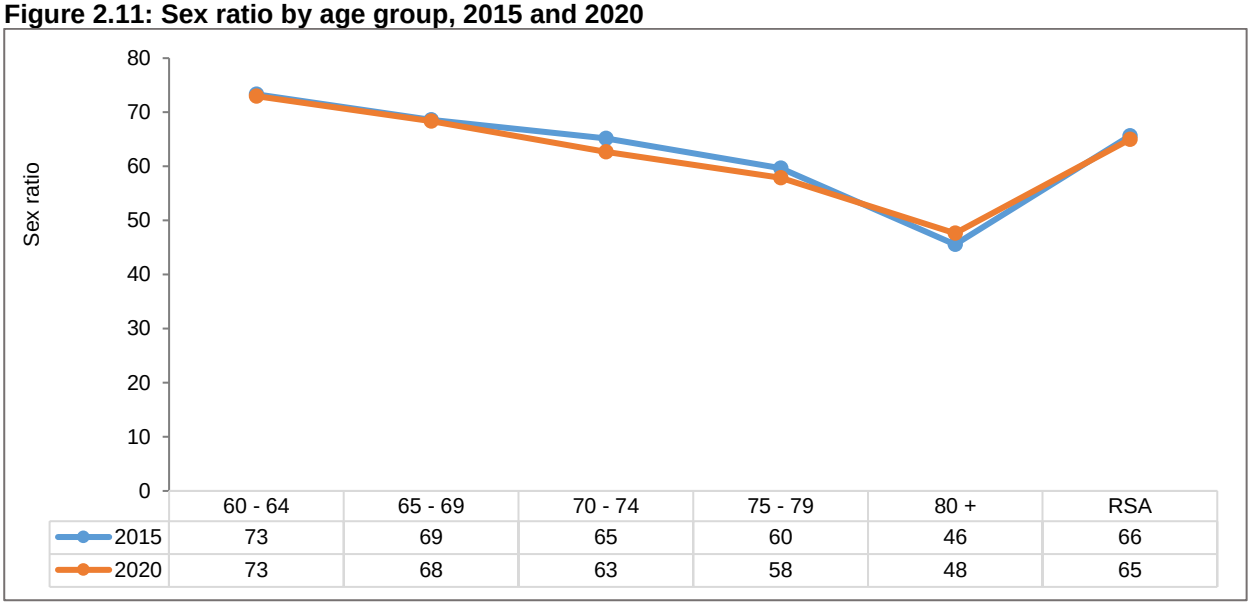


	Black African	Coloured	Indian/Asian	White	RSA
2015	60	67	70	82	66
2020	59	68	71	82	65

Source: Mid-Year Population Estimates, 2020 series

Figure 2.10 illustrates the sex ratios of older persons by population group. The results show that among black African population, there were more elderly females than elderly males (60 men per 100 women in 2015 and 59 men per 100 women in 2020) relative to other population groups that recorded sex ratios above the national average (66 men per 100 women in 2015 and 65 men per 100 women in 2020). The white population group had the highest sex ratios, though the ratio remained unchanged between 2015 and 2020 (82 men per 100 women).

Figure 2.11: Sex ratio by age group, 2015 and 2020



	60 - 64	65 - 69	70 - 74	75 - 79	80 +	RSA
2015	73	69	65	60	46	66
2020	73	68	63	58	48	65

Source: Mid-Year Population Estimates, 2020 series

Figure 2.11 illustrates the sex ratios among the elderly by age groups. The majority of older persons are women, and their predominance tends to increase with age. This fact is reflected in the Figure 2.11, where sex ratios are lower in the older age groups, illustrating the predominance of females at older ages. Between 2015 and 2020, the sex ratio declined among those aged 65–69, 70–74 and 75–79.

2.7 Conclusion

The elderly population has been growing during the past six years. This South African population structure is characterised by declining birth rates and improved overall quality of life, which contributes to longer life expectancy. This further affirmed by increased ageing indexes across all population groups, with the white elderly population recording the highest indexes compared to other population groups. The elderly population is disproportionately female; also, the elderly in all provinces are more likely to be females. The sex ratios are consequently skewed towards females. As such, the majority of elderly females are widowed.

CHAPTER 3: HOUSEHOLD CHARACTERISTICS

3.1 Introduction

This chapter provides information about the number of households headed by the elderly 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, 2015 and 2019

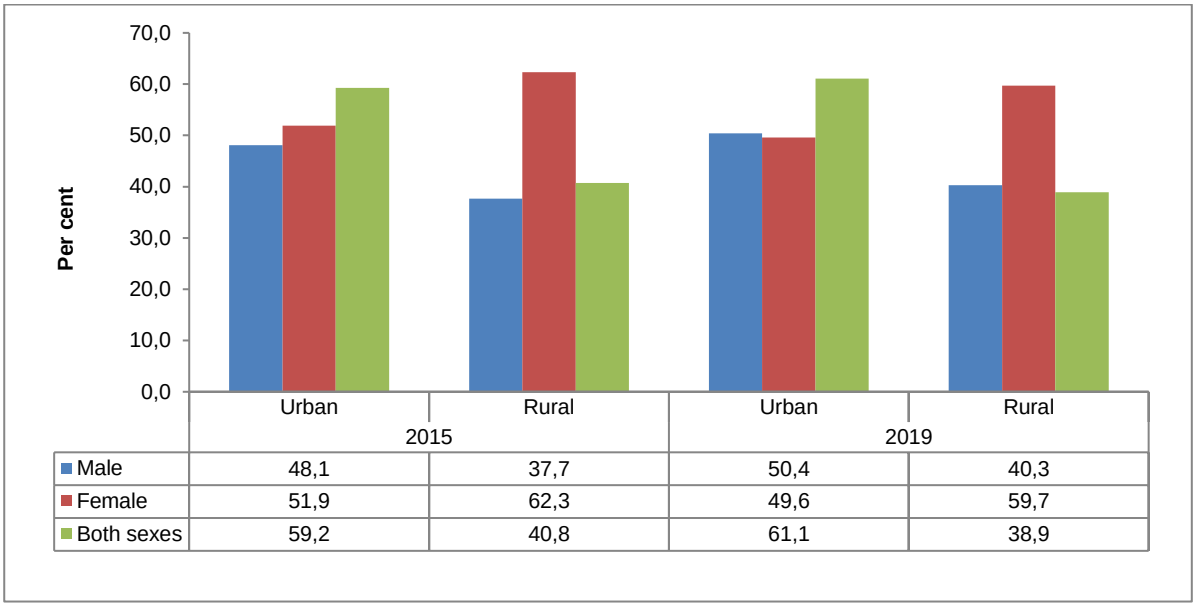
	All households (Excluding elderly)		Elderly households					
			Male		Female		Both sexes	
	N('000)	Per cent	N('000)	Per cent	N('000)	Per cent	N('000)	Per cent
Province	**2015**							
Western Cape	1 405	79,2	201	54,4	168	45,6	369	20,8
Eastern Cape	1 278	74,0	179	39,9	270	60,1	450	26,0
Northern Cape	246	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	3 943	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**
2019								
Western Cape	1 556	80,5	205	54,5	171	45,5	376	19,5
Eastern Cape	1 187	69,7	225	43,6	291	56,4	516	30,3
Northern Cape	265	75,6	41	48,3	44	51,7	85	24,4
Free State	715	77,6	96	46,7	110	53,3	207	22,4
KwaZulu-Natal	2 373	79,5	262	42,7	350	57,3	612	20,5
North West	983	78,8	114	43,2	150	56,9	265	21,2
Gauteng	4 275	84,3	405	50,9	391	49,1	797	15,7
Mpumalanga	1 078	81,0	111	43,9	142	56,1	253	19,0
Limpopo	1 275	78,7	147	42,5	199	57,5	346	21,3
South Africa	**13 707**	**79,9**	**1 607**	**46,5**	**1 850**	**53,5**	**3 456**	**20,1**

Source: GHS 2015 and GHS 2019

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 2015 and 2019 in relation to the all households in South Africa (excluding elderly). At the national level for both years under review, about 20% of the households were headed by the elderly persons whilst about 80% of the households were all households excluding elderly headed households. Provincial variations indicate notable decreases in the percentage of elderly-headed households in KwaZulu-Natal and Western Cape; where decreases of 2,3 and 1,3 percentage points were recorded. Substantial increases were observed in Eastern Cape and North West (4,3 and 1,7 percentage points, respectively).

Between 2015 and 2019, the percentage of households headed by the elderly persons for both sexes decreased by 0,1 of a percentage point. Households headed by elderly females declined from 56,2% to 53,5% and an accompanying increase in male-headed households within the age group of elderly-headed households was observed. The decline in the household headed by elderly females was recorded across all provinces, except for North West, where there was an increase of 1,4 percentage points in elderly female-headed households.

Figure 3.1: Percentage distribution of elderly-headed households by sex and geography type, 2015 and 2019



	Urban 2015	Rural 2015	Urban 2019	Rural 2019
Male	48,1	37,7	50,4	40,3
Female	51,9	62,3	49,6	59,7
Both sexes	59,2	40,8	61,1	38,9

Source: GHS 2015 and GHS 2019

Figure 3.1 illustrates the percentage distribution of elderly-headed households by sex and geographical location over the period 2015 to 2019. The findings show that the majority of the households were headed by elderly females for both urban and rural areas except for urban areas in 2019. Between 2015 and 2019, elderly female-headed households declined by 2,3 and 2,6 percentage points for urban and rural areas, respectively, whilst the percentage of elderly male-headed households increased by the same percentage points. Generally, there was an increase in the percentage of elderly-headed households among both sexes in urban areas, while a decline of 1,9 percentage points was observed in rural areas. This points to increased urbanisation taking place amongst households headed by elderly persons.

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).

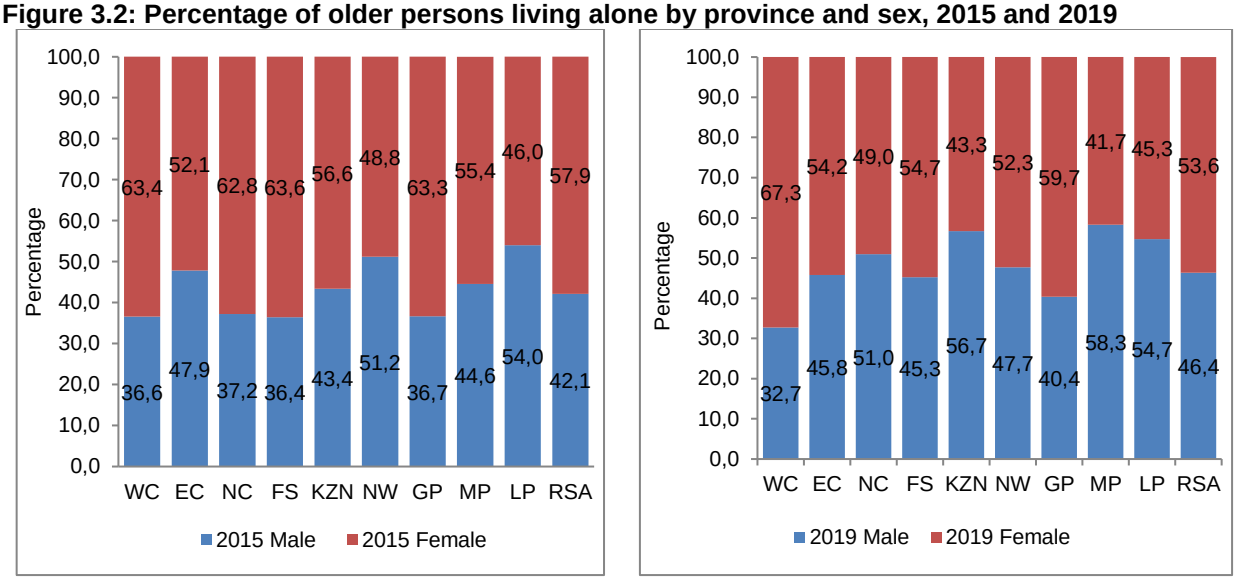
Table 3.2: Distribution of persons aged 60 years and older living alone in the household, 2015 and 2019

	2015			2019		
	Living alone		Elderly population	Living alone		Elderly population
Province	N('000)	Per cent	N('000)	N('000)	Per cent	N('000)
Western Cape	65	11,0	589	54	8,5	635
Eastern Cape	61	10,4	585	78	11,3	689
Northern Cape	15	13,7	108	11	8,4	125
Free State	28	11,5	246	38	14,2	266
KwaZulu-Natal	65	7,8	831	63	7,4	851
North West	35	11,7	302	45	12,4	359
Gauteng	119	11,1	1 076	114	9,7	1 183
Mpumalanga	29	10,2	289	29	8,9	330
Limpopo	36	8,8	413	47	10,5	450
South Africa	**454**	**10,2**	**4 440**	**479**	**9,8**	**4 887**

Source: GHS 2015 and GHS 2019

Table 3.2 displays the percentage of older persons living alone in relation to the total elderly population. Between 2015 and 2019, the proportion of older persons living alone decreased by 0,4 of a percentage point (from 10,2 to 9,8%). The largest increase was observed in Free State (2,7 percentage points, while Western Cape recorded a drop of 2,5 percentage points (from 11,0% to 8,5%).

Figure 3.2: Percentage of older persons living alone by province and sex, 2015 and 2019

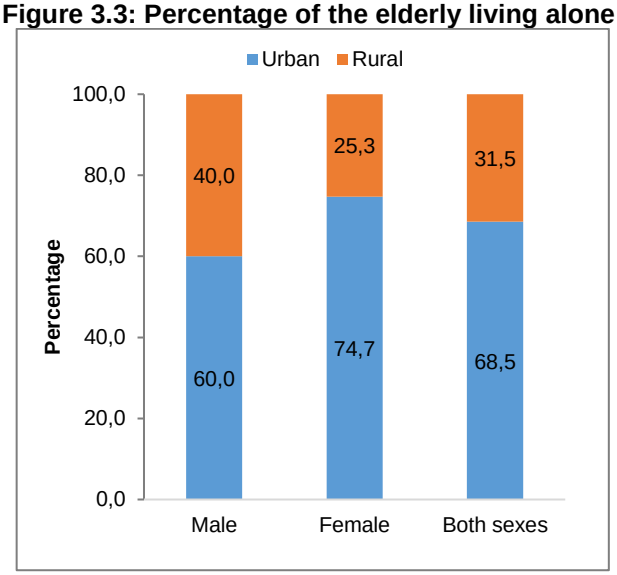


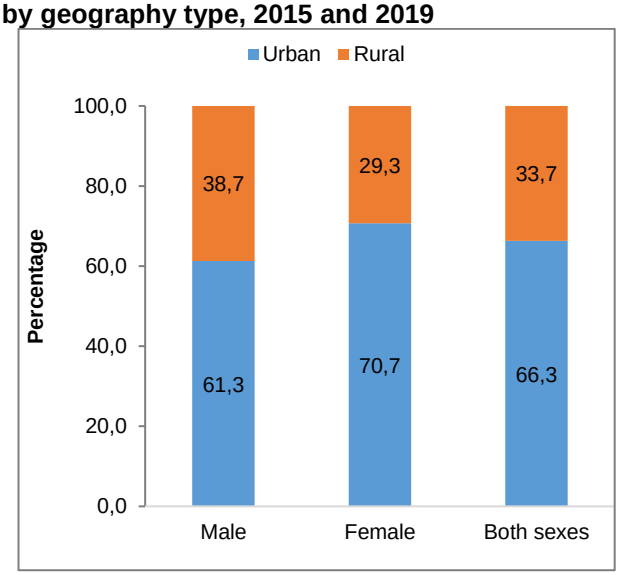
Source: GHS 2015 and GHS 2019

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 or alone in at least seven of the nine provinces in 2015 and five of the nine provinces in 2019. In 2015 Free State had the highest proportions (63,6%) of females who were living alone, while in 2019 Western Cape surpassed at 67,3%. The largest drop of elderly females living alone was recorded in Northern Cape at 13,8 percentage points (from 62,8 % to 49,0%).

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 even though a slight shift was observed in 2019. 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, 2015 and 2019





Source: GHS 2015 and GHS 2019

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 persons who were living alone, lived in urban areas regardless of gender. Between 2015 and 2019, there was a slight increase in the percentage of men living alone in urban areas and increased women living alone in rural areas.

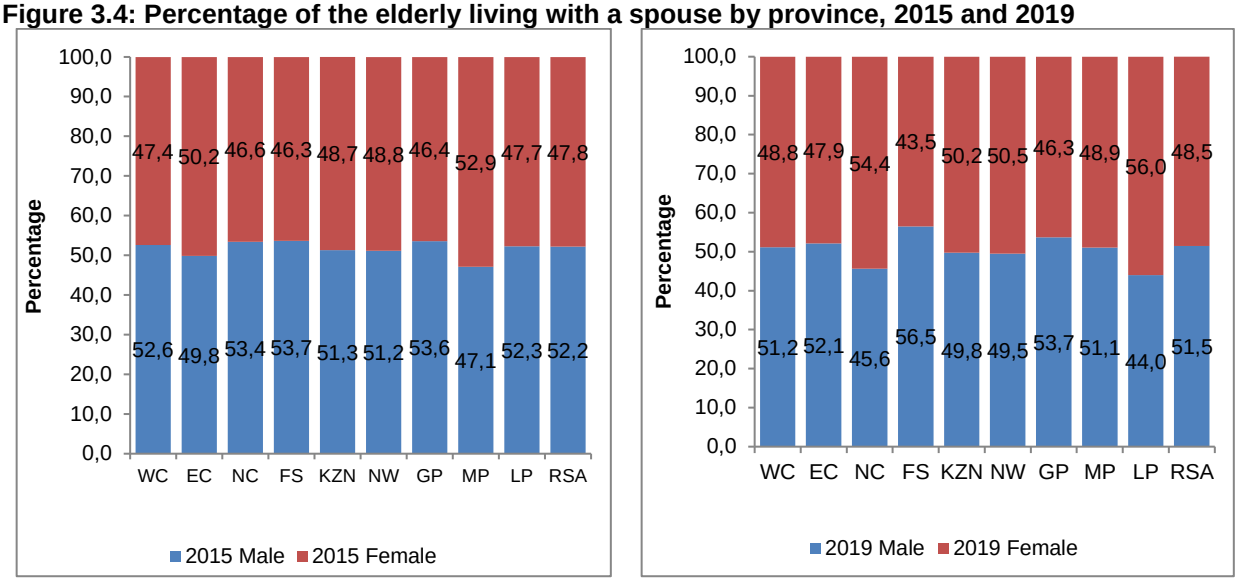
Table 3.3: Distribution of persons aged 60 years living with a spouse in the household, 2015 and 2019

	2015			2019		
	Living with a spouse		Elderly population	Living with a spouse		Elderly population
Province	N('000)	Per cent	N('000)	N('000)	Per cent	N('000)
Western Cape	248	42,1	589	278	43,7	635
Eastern Cape	109	18,6	585	157	22,8	689
Northern Cape	27	25,1	108	43	34,9	125
Free State	73	29,6	246	78	29,4	266
KwaZulu-Natal	188	22,6	831	210	24,7	851
North West	81	26,9	302	102	28,4	359
Gauteng	427	39,7	1 076	462	39,0	1 183
Mpumalanga	60	20,8	289	89	27,1	330
Limpopo	70	16,8	413	80	17,7	450
South Africa	**1 283**	**28,9**	**4 440**	**1 500**	**30,7**	**4 887**

Source: GHS 2015 and GHS 2019

Table 3.3 shows the percentage of older persons living with their spouses as compared to the total elderly population. Between 2015 and 2019, the number of older persons living with their spouses increased by over 217 thousand. However, the increase in numbers was not significant, as the proportions of the total elderly population increased slightly from 28,9% to 30,7% in 2019. Provinces had larger variations with regard to older persons living with their spouses, Western Cape and Gauteng recorded higher proportions for both years at 42,1% to 43,7% and 39,7% to 39,0% respectively.

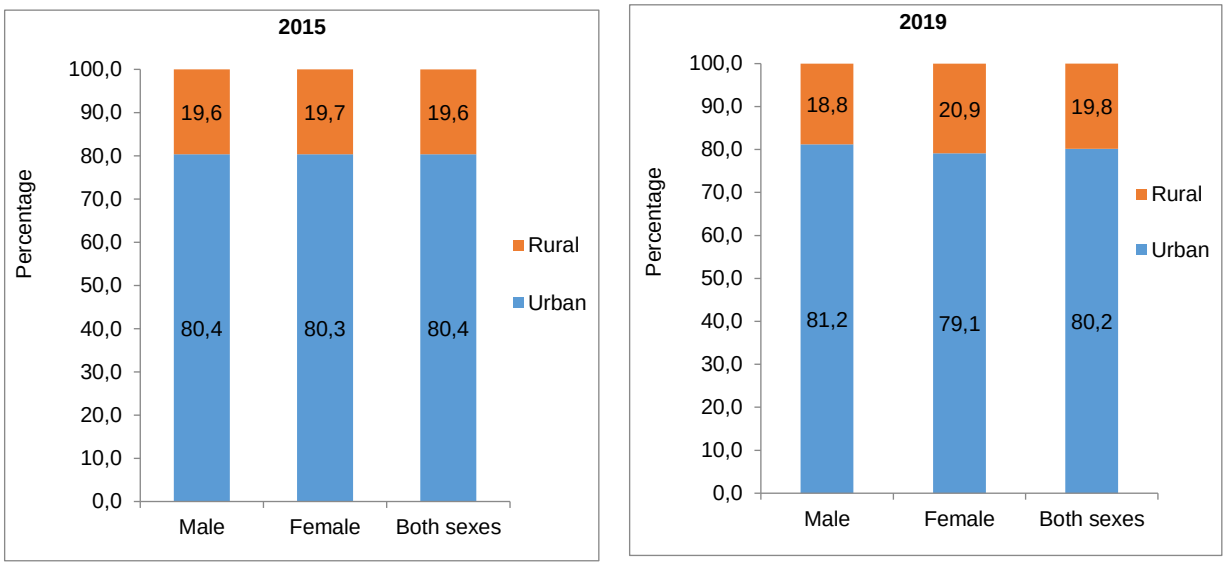
Figure 3.4: Percentage of the elderly living with a spouse by province, 2015 and 2019



Source: GHS 2015 and GHS 2019

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 the time of illness or frailty. Thus, living together with a spouse typically has advantages for older persons[12]. 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. However, this changed in 2019 with incidences recorded for Limpopo at 56,0% and Northern Cape at 54,4%.

Figure 3.5: Percentage distribution of the elderly living with a spouse by geography type, 2015 and 2019



Source: GHS 2015 and GHS 2019

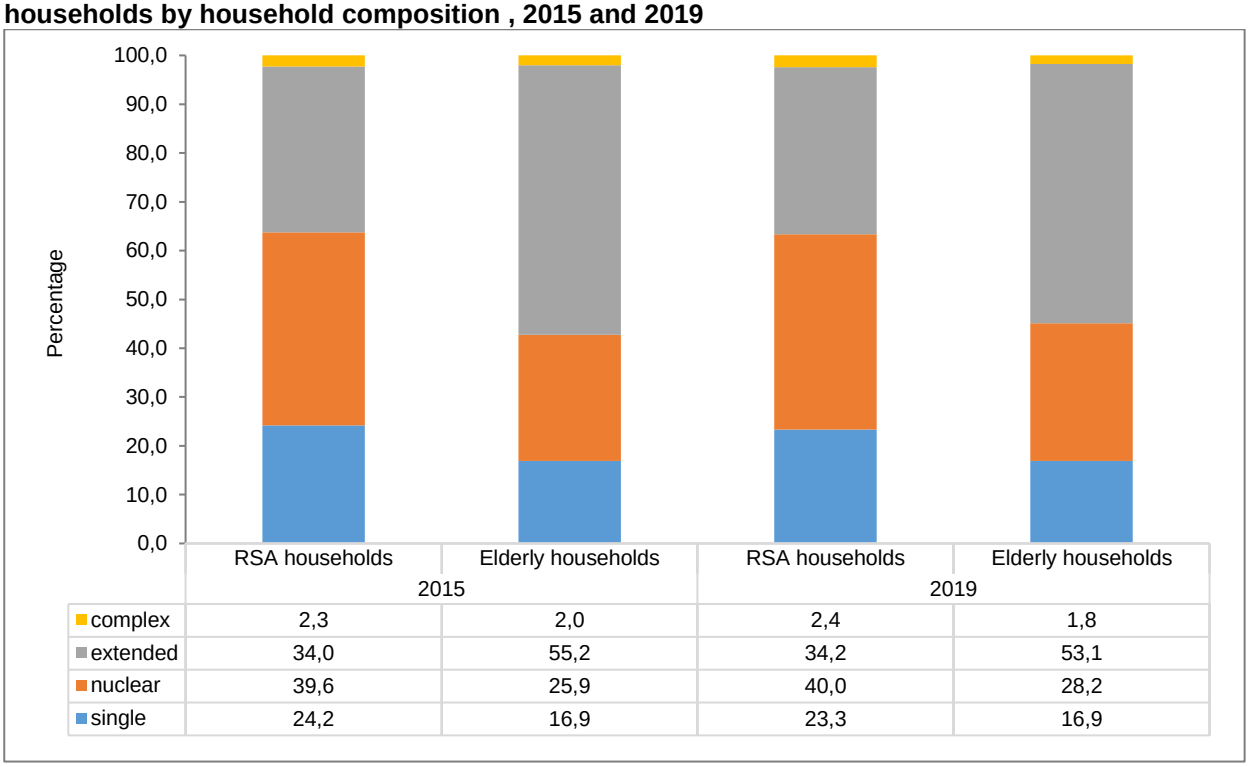
[12] John Knodel and Napaporn Chayovan: Population Ageing and the Well-being of Older Persons in Thailand, Report 08-659, October 2008

Figure 3.5 shows the percentage of older persons living with spouses by geography type. The results show that there were higher percentages of older persons of both sexes who were residing in urban areas with their spouses. Between 2015 and 2019, minor changes were observed in the percentage difference of those living in urban areas with a decrease of 1,2 percentage points for females, an increase of 0,8 of a percentage point for males. Generally, very small gender differences 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.[13]

Figure 3.6: Percentage distribution of the elderly-headed households to the overall South African households by household composition , 2015 and 2019



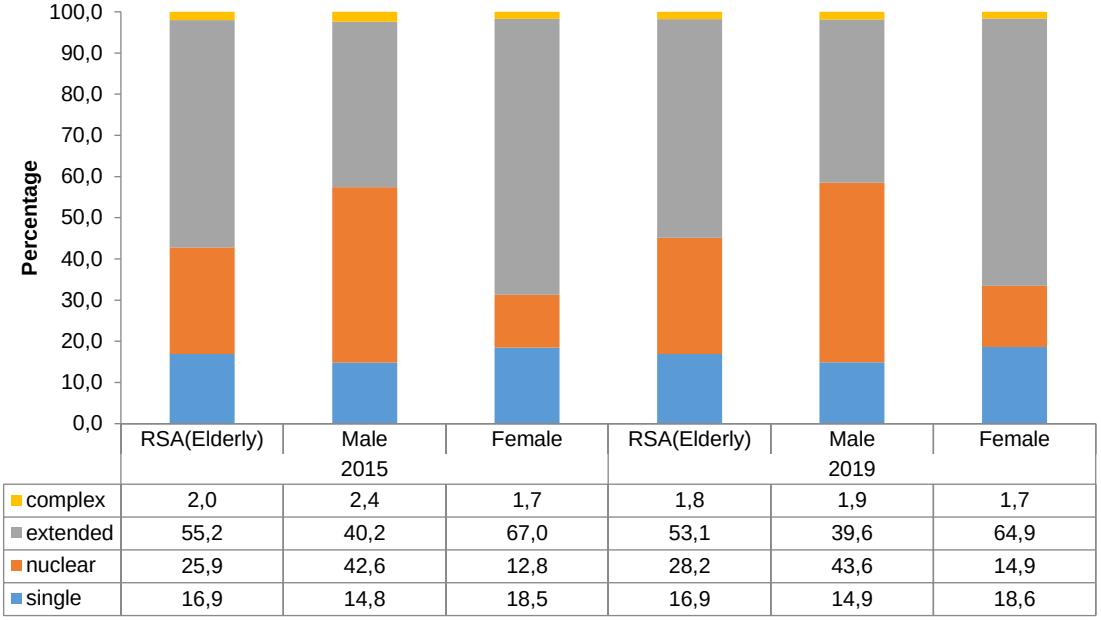
	RSA households	Elderly households	RSA households	Elderly households
	2015		2019	
complex	2,3	2,0	2,4	1,8
extended	34,0	55,2	34,2	53,1
nuclear	39,6	25,9	40,0	28,2
single	24,2	16,9	23,3	16,9

Source: GHS 2015 and GHS 2019

Figure 3.6 illustrates the living arrangements of older persons relative to the general patterns of the South African households between 2015 and 2019. 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 2,1 percentage points. Nuclear households, which were the second most common among the elderly households, experienced increases in the proportions for both older persons and general South African households. The analysis shows that there were no changes in the proportions of older persons who were residing in single-person households whilst the percentage living in complex households was low for both years of reporting, although there was a slight decrease of 0,2 of a percentage point in 2019.

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

Figure 3.7: Percentage distribution of elderly-headed households by household composition and sex, 2015 and 2019



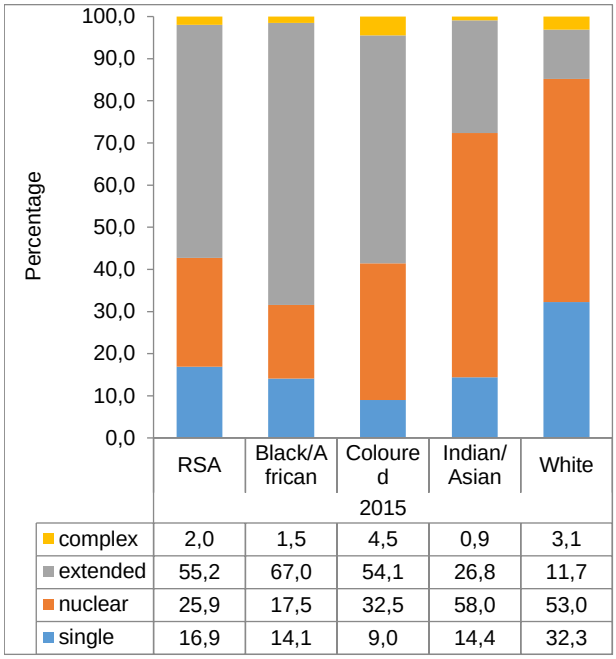
	RSA(Elderly)	Male	Female	RSA(Elderly)	Male	Female
		2015			2019	
complex	2,0	2,4	1,7	1,8	1,9	1,7
extended	55,2	40,2	67,0	53,1	39,6	64,9
nuclear	25,9	42,6	12,8	28,2	43,6	14,9
single	16,9	14,8	18,5	16,9	14,9	18,6

Source: GHS 2015 and GHS 2019

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 and the proportion of both sexes living in single-person households was unchanged over the five-year period of reporting. 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.

Furthermore, higher proportions of females were likely to live in extended households, although a decline of 2,1 percentage points was observed among this group between 2015 and 2019; while 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 elderly-headed households by household composition and population group, 2015 and 2019

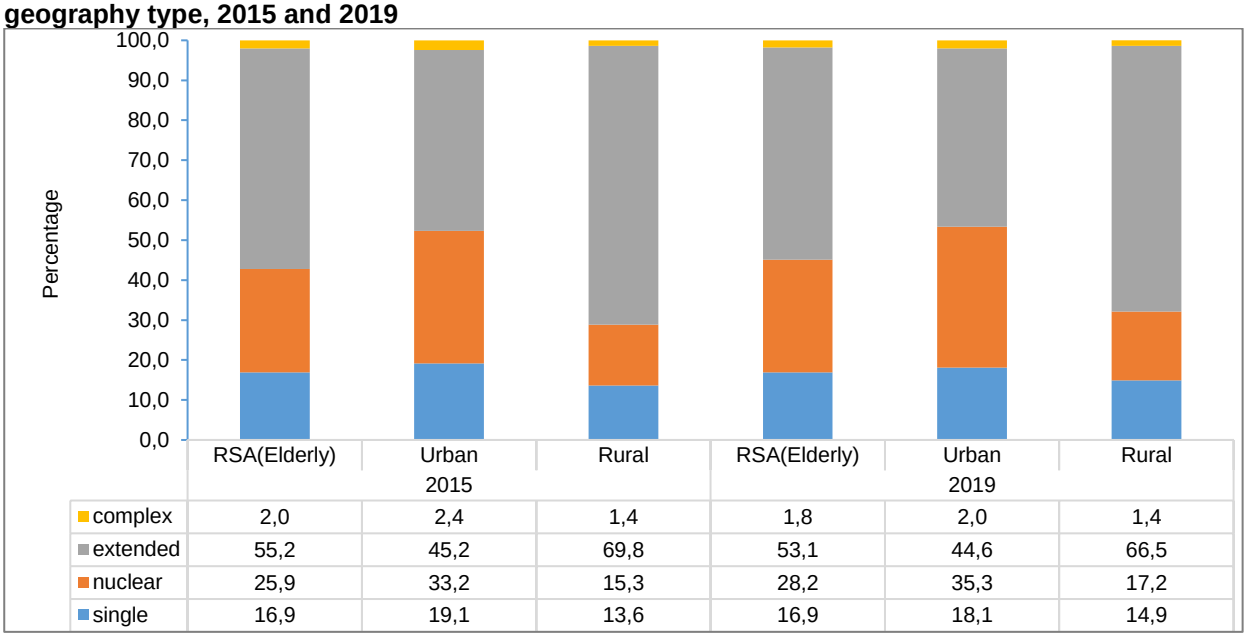


Source: GHS 2015 and GHS 2019

Figure 3.8 depicts the distribution of older persons by household composition and population group. In both 2015 and 2019, 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 just 9,6% of white elderly-headed households classified as extended in 2019. During the five-year period under review, white and Indian/Asian elderly were most likely to live in nuclear households, although the Indian/Asian elderly living in this type of household declined by 2,7 percentage points.

Single-person households were primarily found amongst white elderly (32,3% in 2015 and 29,6% in 2019).

Figure 3.9: Percentage distribution of elderly-headed households by household composition and geography type, 2015 and 2019



Source: GHS 2015 and GHS 2019

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.

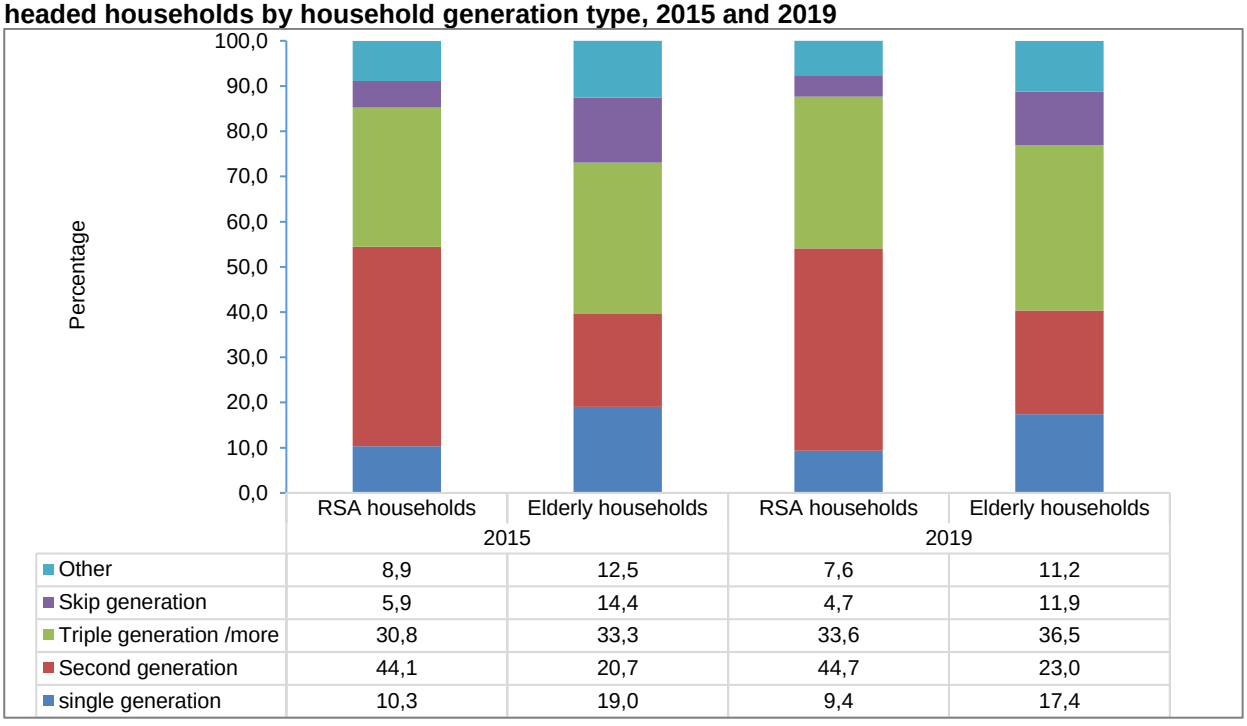
Among elderly-headed households in rural areas, those who lived in extended households were predominant with over two-thirds into this category (69,8% in 2015 and 66,5% in 2019). Nuclear households were mostly observed in urban areas, rather than in rural areas. In 2019, over a third of elderly-headed households in urban areas were nuclear, and 18,1% were single-headed households.

3.4 Intergenerational household types

The prevalence of intergenerational households differs amongst population groups, as household income may impact 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)[14]. 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 the age of 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 deceased or unable to care for them.

Figure 3.10: Percentage distribution of the elderly-headed households to the overall South African headed households by household generation type, 2015 and 2019



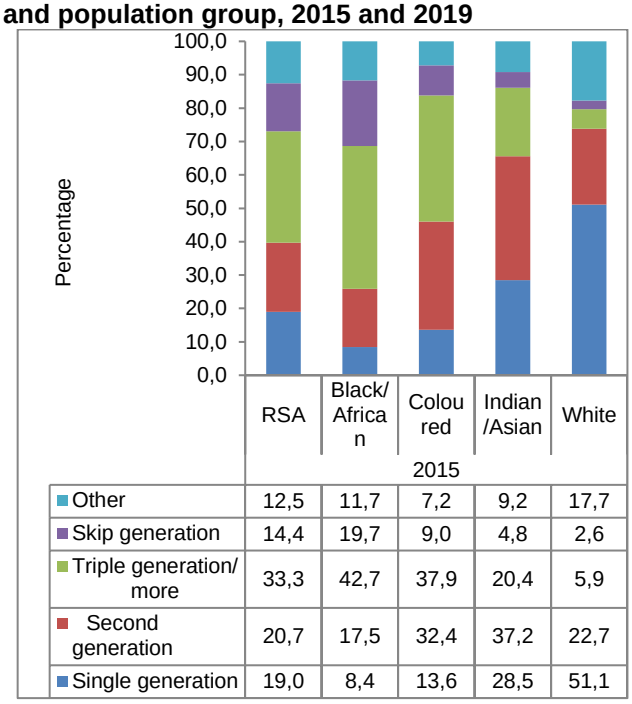
	RSA households 2015	Elderly households 2015	RSA households 2019	Elderly households 2019
Other	8,9	12,5	7,6	11,2
Skip generation	5,9	14,4	4,7	11,9
Triple generation /more	30,8	33,3	33,6	36,5
Second generation	44,1	20,7	44,7	23,0
single generation	10,3	19,0	9,4	17,4

Source: GHS 2015 and GHS 2019

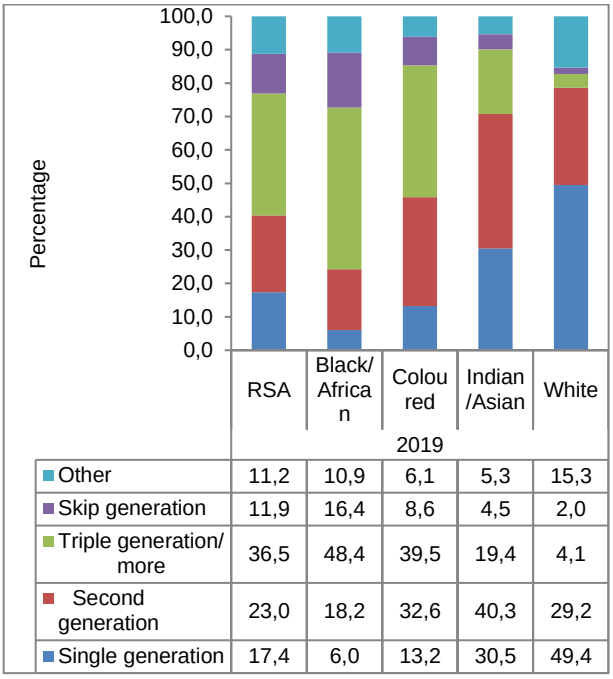
[14] Wolf, D. & Folbre, N. 2012. *Universal Coverage of Long Term care in the United States*, Russel Sage Foundation: ISBN-13 / ISBN-10 978-1-61044-799-7

Figure 3.10 illustrates the percentage distribution of older persons across intergenerational households. Data shows that between 2015 and 2019, 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 common amongst older persons relative to other types of intergenerational households. Second-generation households were the second most common households, 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.

Figure 3.11: Percentage distribution of the elderly headed households by household generation type and population group, 2015 and 2019



2015	RSA	Black/ African	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/ more	33,3	42,7	37,9	20,4	5,9
Second generation	20,7	17,5	32,4	37,2	22,7
Single generation	19,0	8,4	13,6	28,5	51,1



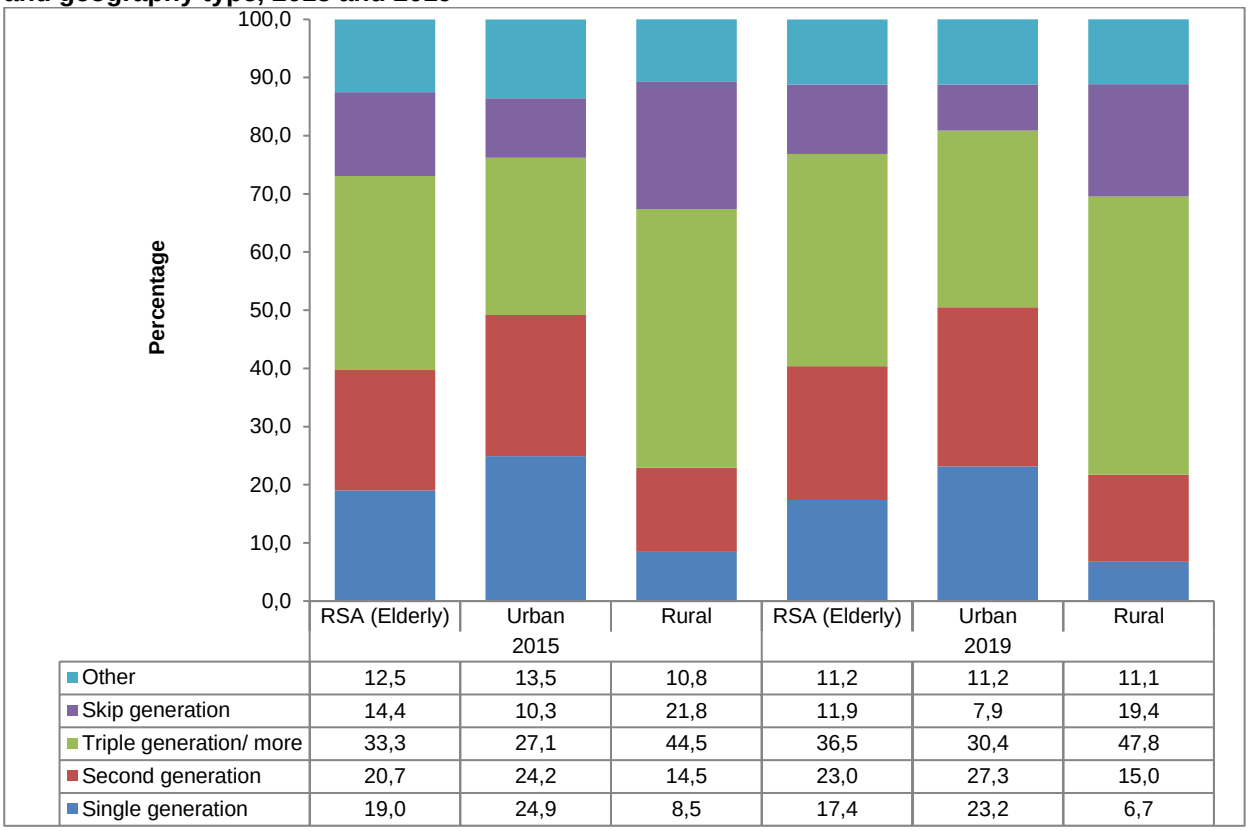
2019	RSA	Black/ African	Coloured	Indian /Asian	White
Other	11,2	10,9	6,1	5,3	15,3
Skip generation	11,9	16,4	8,6	4,5	2,0
Triple generation/ more	36,5	48,4	39,5	19,4	4,1
Second generation	23,0	18,2	32,6	40,3	29,2
Single generation	17,4	6,0	13,2	30,5	49,4

Source: GHS 2015 and GHS 2019

Figure 3.11 illustrates the percentage distribution of older persons across intergenerational household types by population group. The analysis shows that between 2015 and 2019, there were fairly large variations between population groups with regard to intergenerational households. The white elderly persons were most likely to live in single-generation households, while elderly from the Indian/Asian population group were mostly likely to live in second-generation households; though the proportions of the elderly persons living in this type of household increased for all population groups during the reporting period.

Compared to older persons from other population groups, triple or more generation households were most common amongst the black African and coloured population groups. Over two-fifths of black African (48,4%) and over one-third of coloured (39,5%) older persons lived in triple or more generation households in 2019. A noticeably higher percentage of older persons amongst black Africans (16,4%) were living in skip-generation households relative to other population groups. This showed that a larger percentage of older persons in the black African population were in a situation of having to care for their grandchildren compared to other population groups.

Figure 3.12: Percentage distribution of the elderly-headed households by household generation type and geography type, 2015 and 2019

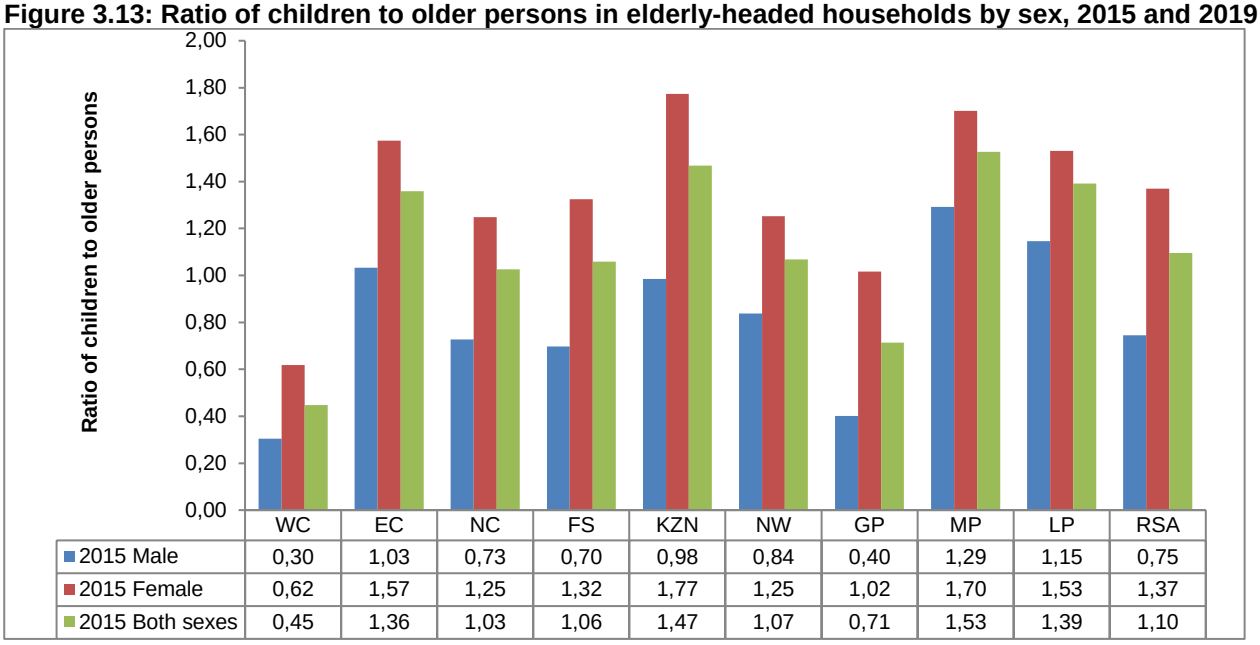


	RSA (Elderly)	Urban	Rural	RSA (Elderly)	Urban	Rural
		2015			2019	
Other	12,5	13,5	10,8	11,2	11,2	11,1
Skip generation	14,4	10,3	21,8	11,9	7,9	19,4
Triple generation/ more	33,3	27,1	44,5	36,5	30,4	47,8
Second generation	20,7	24,2	14,5	23,0	27,3	15,0
Single generation	19,0	24,9	8,5	17,4	23,2	6,7

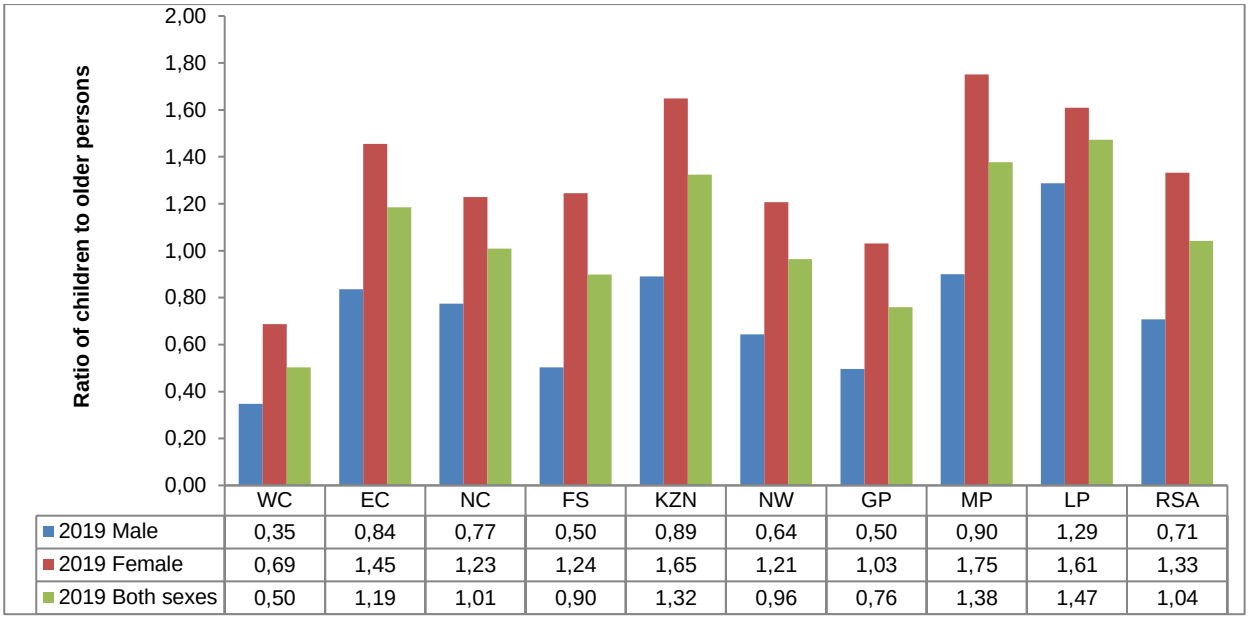
Source: GHS 2015 and GHS 2019

Figure 3.12 summarises the percentage distribution of older persons across intergenerational households by geographical location. Between 2015 and 2019, 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, a higher percentage of older persons from triple or more generation households were residing in rural areas (44,5% in 2015 and 47,8% in 2019) 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 in 2019.

Figure 3.13: Ratio of children to older persons in elderly-headed households by sex, 2015 and 2019



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2015 Male	0,30	1,03	0,73	0,70	0,98	0,84	0,40	1,29	1,15	0,75
2015 Female	0,62	1,57	1,25	1,32	1,77	1,25	1,02	1,70	1,53	1,37
2015 Both sexes	0,45	1,36	1,03	1,06	1,47	1,07	0,71	1,53	1,39	1,10



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2019 Male	0,35	0,84	0,77	0,50	0,89	0,64	0,50	0,90	1,29	0,71
2019 Female	0,69	1,45	1,23	1,24	1,65	1,21	1,03	1,75	1,61	1,33
2019 Both sexes	0,50	1,19	1,01	0,90	1,32	0,96	0,76	1,38	1,47	1,04

Source: GHS 2015 and GHS 2019

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 and 1,33) than amongst males (0,75 and 0,71) in 2015 and 2019 respectively. This indicates that households headed by older women were more likely to reside with or care for children than men. However, among both sexes, a ratio of (1,10 in 2015 and 1,04 in 2019), in 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 years.

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), while in 2019 Mpumalanga (1,75) had the highest ratios followed by KwaZulu-Natal (1,65) and Limpopo (1,61). During this period, 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[15]. 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, 2015 and 2019

	Happier		The same		Less happy		Refuse to answer		Do not know		Total
	N('000)	Per cent	N('000)	Per cent	N('000)	Per cent	N('000)	Per cent	N('000)	Per cent	N('000)
Province	**2015**										
WC	117	31,9	145	39,3	103	28,1	2	0,6	0	0,1	**368**
EC	120	27,0	148	33,4	172	38,8	4	0,8	0	0,0	**444**
NC	29	40,2	20	27,6	23	31,4	1	0,8	0	0,0	**73**
FS	54	27,9	84	43,5	54	28,1	1	0,5	0	0,0	**193**
KZN	129	20,7	220	35,3	268	43,1	3	0,6	2	0,3	**622**
NW	60	25,5	93	40,0	80	34,5	0	0,0	0	0,0	**233**
GP	218	29,8	264	36,0	238	32,5	8	1,1	4	0,6	**732**
MP	78	35,6	77	35,2	64	29,2	0	0,0	0	0,0	**219**
LP	48	14,7	159	49,2	114	35,1	2	0,6	2	0,5	**324**
RSA	**853**	**26,6**	**1 210**	**37,7**	**1117**	**34,8**	**21**	**0,6**	**8**	**0,2**	**3 208**
2019											
WC	140	37,3	135	35,9	91	24,3	3	0,9	2	1,7	**376**
EC	162	31,4	184	35,6	166	32,3	3	0,6	0	0,2	**516**
NC	27	31,4	36	42,7	22	26,0	0	0,0	0	0,0	**85**
FS	71	34,5	82	39,5	51	24,8	1	0,6	1	0,8	**207**
KZN	130	21,2	265	43,3	206	33,6	7	1,2	1	0,8	**612**
NW	59	22,4	113	42,8	90	34,1	2	0,8	0	0,0	**265**
GP	284	35,7	242	30,5	266	33,5	2	0,3	0	0,0	**794**
MP	81	31,8	100	39,5	72	28,6	0	0,0	0	0,0	**253**
LP	64	18,7	181	52,3	96	27,8	4	1,1	0	0,1	**346**
RSA	**1 018**	**29,5**	**1 338**	**38,7**	**1 061**	**30,7**	**23**	**0,7**	**14**	**0,4**	**3 454**

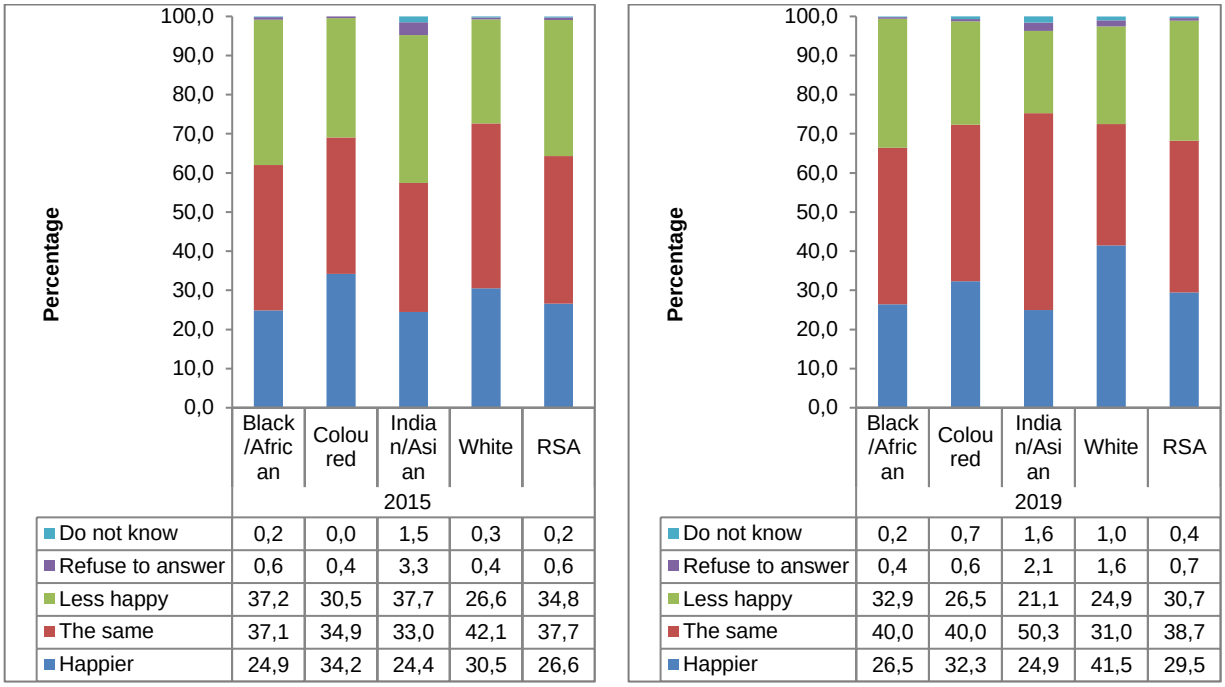
Source: GHS 2015 and GHS 2019

Old age often brings a deterioration of circumstances in some ways, including a decline in happiness, as represented by Table 3,4 above. The proportion of households headed by the elderly who felt happier than 10 years ago increased from 26,6% to 29,5% in 2019 while those who were less happy declined from 34,8% to 30,7% in 2019.

In 2015, 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%), while in 2019, the happiness levels recorded in other provinces were for Western Cape (37,3%), Gauteng (35,7%) and Free State (34,5%). Provincial variations in 2019 also showed that households headed by the elderly who were most likely to feel less happy included North West (34,1%), KwaZulu-Natal (33,6%) and Gauteng (33,5%).

[15] OECD Guidelines on Measuring Subjective Well-being

Figure 3.14: Subjective happiness of households headed by older persons by population group, 2015 and 2019

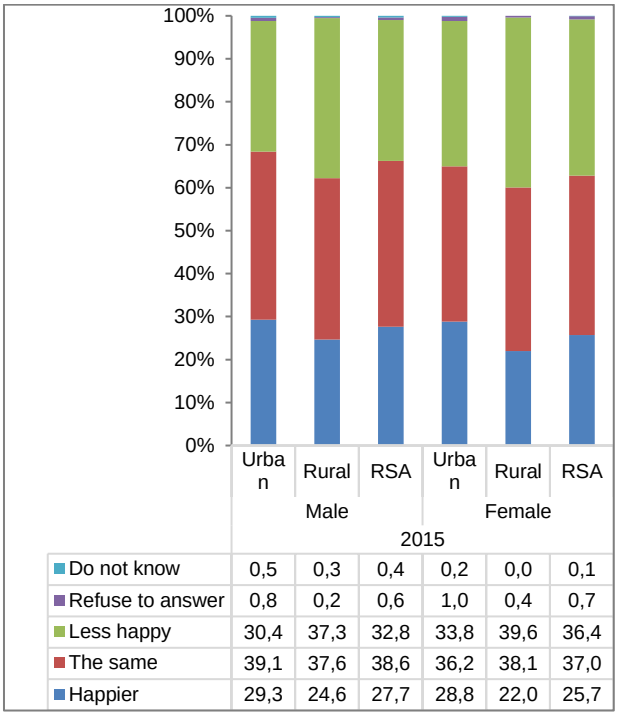


Source: GHS 2015 and GHS 2019

Figure 3.14 illustrates the subjective happiness of households headed by older persons by population group. In 2015, the coloured (34,2%) and white (30,5%) population groups were most likely to be happier than the other population groups. However, the levels of happiness declined among coloured population in 2019 while white elderly recorded an even higher percentage of elderly persons who felt the same level of happiness than ten years earlier (42,1%). Indian/Asian (24,4%) and black African (24,9%) elderly persons were least likely to indicate that they were happier across all population groups. This was also lower than the national average (26,6%).

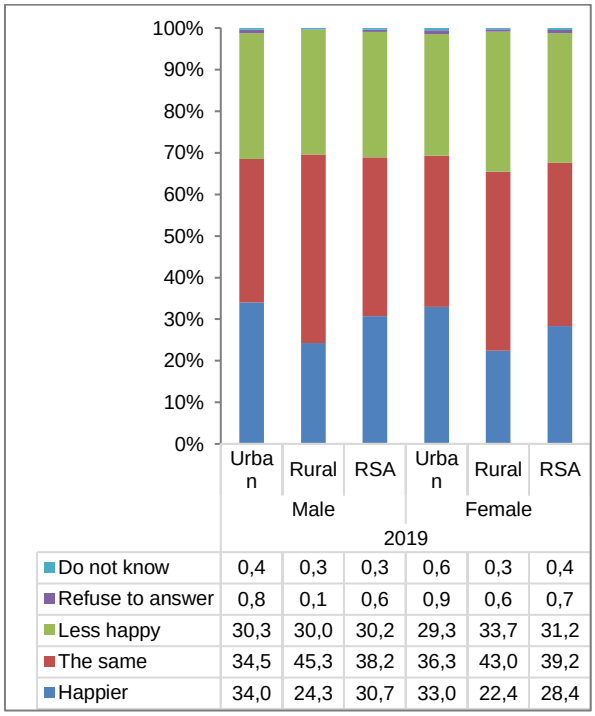
In 2019, white (41,5%) and black African (26,5%), population groups felt happier than they did in 2015. Of these two, the white population group observed the largest increase of 11,0 percentage points, whereas there was an increase amongst the black African population group of 1,6 percentage points. The percentage of the Indian/Asian population group was trailing behind all other population groups with regard to their happiness status, even though the group experienced an increase of 0,5 of a percentage point between 2015 and 2019 (from 24,4% to 24,9%).

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



	Male			Female		
2015	Urban	Rural	RSA	Urban	Rural	RSA
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

Figure 3.15b: Subjective happiness of households headed by older persons by sex and geography type, 2019



	Male			Female		
2019	Urban	Rural	RSA	Urban	Rural	RSA
Do not know	0,4	0,3	0,3	0,6	0,3	0,4
Refuse to answer	0,8	0,1	0,6	0,9	0,6	0,7
Less happy	30,3	30,0	30,2	29,3	33,7	31,2
The same	34,5	45,3	38,2	36,3	43,0	39,2
Happier	34,0	24,3	30,7	33,0	22,4	28,4

Source: GHS 2015 and GHS 2019

Figures 3.15a and 3.15b illustrate the subjective happiness of households headed by older persons by sex and geographical location. In 2015 and 2019, male- and female-headed households living in rural areas were more likely to say they are less happy now than 10 years ago than their urban counterparts. In 2015, the percentage of elderly males indicating they are less happy was more in rural areas than in urban areas. In the case of female-headed households who felt less happy than 10 years ago, the same trend was observed with 39,6% in rural areas and 33,8% in urban areas.

Between 2015 and 2019, the percentage of older persons who felt indifferent about their status of happiness (the same) relatively increased among both sexes except for urban elderly males. 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 males. Feelings of greater happiness amongst females increased by 2,7 percentage points (from 25,7% to 28,4%) and increased by 3,0 percentage points (from 27,7% to 30,7%) for males.

3.6 Conclusion

Between 2015 and 2019, the percentage of elderly-headed households remained relatively the same from 20,2% to 20,1%. This was driven by a decline in the percentage of households headed by females, as the analysis revealed that the decline was recorded across all provinces except for North West, where there was an increase of 1,4 percentage points in female-headed households. Urban areas saw an increase in the percentage of elderly headed households among both sexes,

The elderly 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 (34%). 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 who felt happier than 10 years ago increased from 26,6% to 29,5% in 2019 while those who were less happy declined from 34,8% to 30,7% in 2019. A larger percentage of black Africans were less happy compared to 10 years ago, and these individuals were mostly found in rural areas.

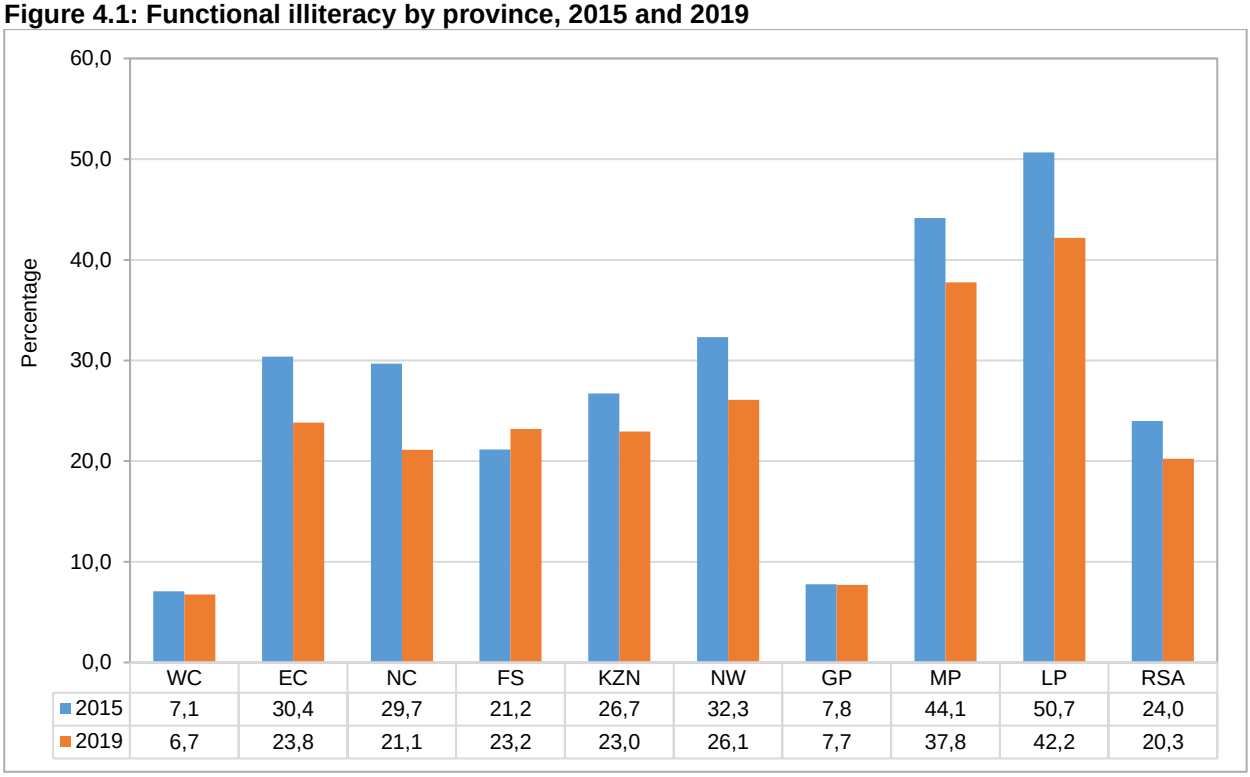
CHAPTER 4: EDUCATION

4.1 Introduction

Literacy is an important social attribute that contributes to the well-being of people and their involvement in society. It prevents the social exclusion, especially when social interaction is made possible via various forms of communication. Elderly persons who are literate benefit from various media platforms to keep abreast with current affairs, and are also 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.

4.2 Functional literacy

Figure 4.1: Functional illiteracy by province, 2015 and 2019



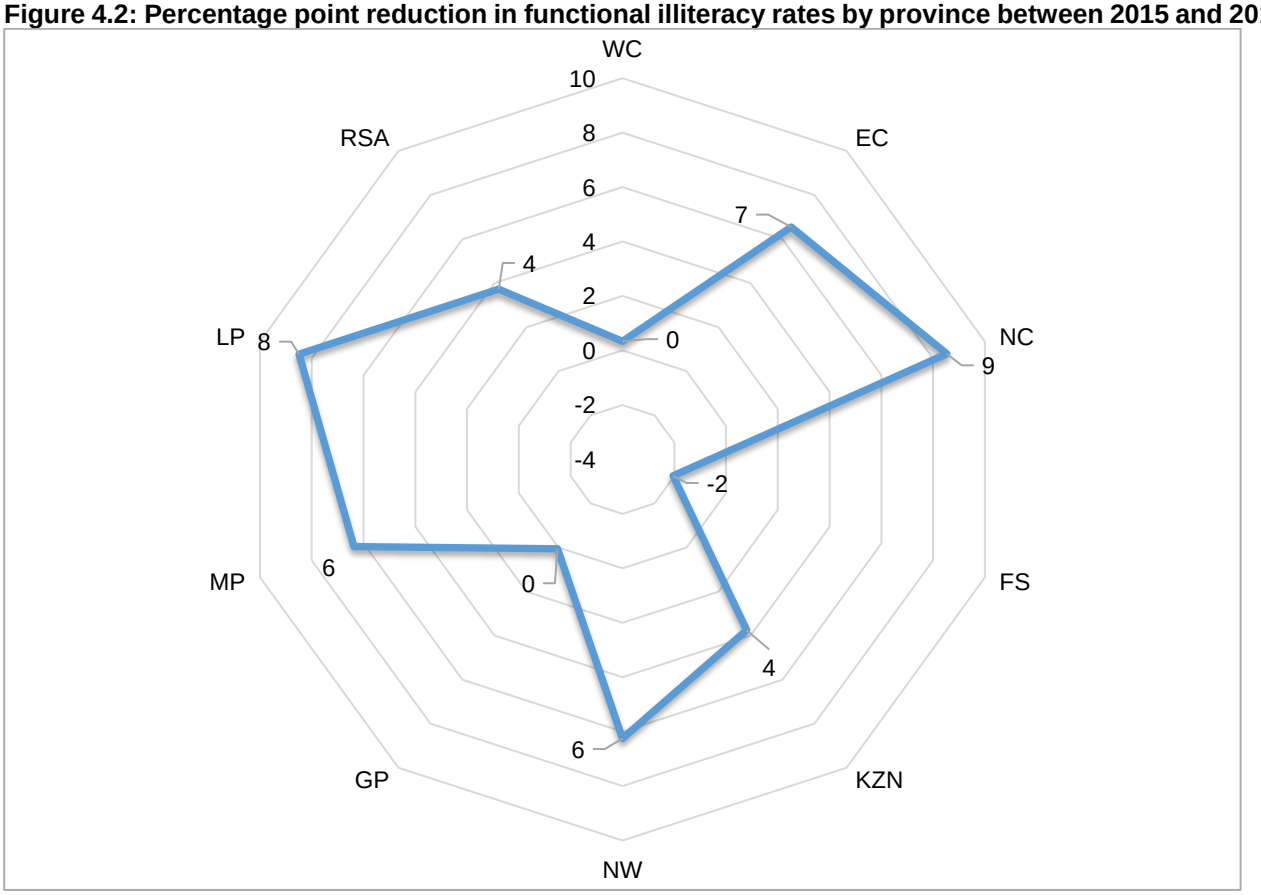
	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2015	7,1	30,4	29,7	21,2	26,7	32,3	7,8	44,1	50,7	24,0
2019	6,7	23,8	21,1	23,2	23,0	26,1	7,7	37,8	42,2	20,3

Source: GHS 2015 and GHS 2019

Functional literacy refers to the ability of an individual to read and write with at least one language. The elderly in South Africa generally have made strides in reducing levels of functional illiteracy. Between 2015 and 2019, there has been a reduction of 3,7 percentage points in illiteracy levels among the elderly.

According to Figure 4.1, there has been a reduction in illiteracy in eight out of nine provinces. Free State is currently the only province that recorded an increase of two percentage points. Notwithstanding any gains that have been achieved in reducing illiteracy among the elderly, Mpumalanga and Limpopo still recorded the highest illiteracy rates compared to other provinces. Western Cape and Gauteng were consistently the provinces with the lowest levels of functional illiteracy.

Figure 4.2: Percentage point reduction in functional illiteracy rates by province between 2015 and 2019



Source: GHS 2015 and GHS 2019

Figure 4.2 shows that during the five year reporting period, the most significant progress with regard to reducing illiteracy rates amongst the elderly was recorded in Northern Cape (9 percentage points) and Limpopo (8 percentage points), respectively. These changes are twice the national percentage point change of four. Free State regressed as it recorded a percentage point change of negative two.

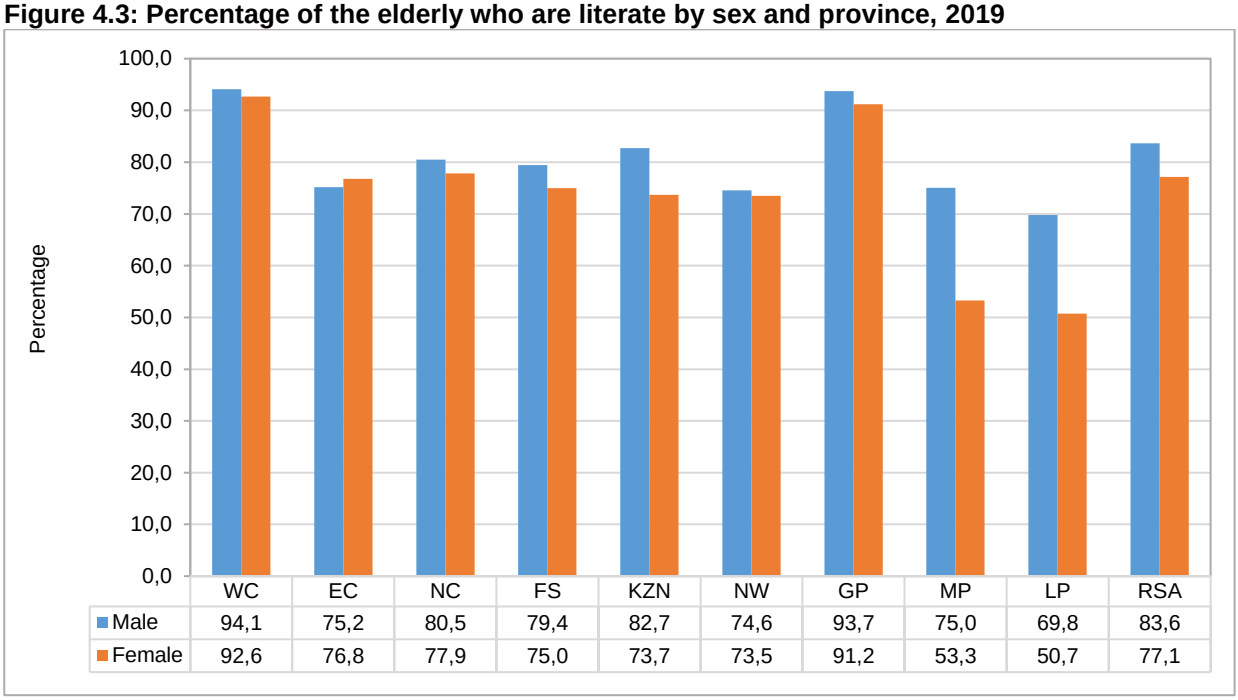
Table 4.1: Number of the elderly who are functionally literate and illiterate by sex and province, 2019

Province	Functional illiteracy			Functional literate			South Africa
	Male	Female	Total	Male	Female	Total	
WC	15 808	27 038	**42 846**	251 303	340 795	**592 098**	**634 944**
EC	65 924	98 159	**164 083**	199 804	324 958	**524 763**	**688 846**
NC	9 252	17 100	**26 352**	38 164	60 131	**98 295**	**124 647**
FS	22 516	39 095	**61 611**	86 969	117 085	**204 054**	**265 665**
KZN	54 777	140 411	**195 188**	262 400	392 696	**655 095**	**850 283**
NW	35 427	58 207	**93 634**	103 897	161 543	**265 440**	**359 074**
GP	32 069	58 871	**90 939**	477 021	610 904	**1 087 925**	**1 178 864**
MP	33 626	90 191	**123 817**	101 096	102 931	**204 027**	**327 844**
LP	50 789	139 102	**189 892**	117 356	143 101	**260 456**	**450 348**
RSA	**320 188**	**668 174**	**988 362**	**1 638 010**	**2 254 144**	**3 892 154**	**4 880 516**

Source: GHS 2019
***Unspecified cases are excluded

Table 4.1 shows the number of older persons who are functionally literate and illiterate by sex and province. A total of 988 362 elderly persons in South Africa are illiterate, and 6 out of 10 (668 174) of them are women. In absolute numbers, elderly persons who are functionally illiterate are primarily found in KwaZulu-Natal (195 188), Limpopo (189 892), Eastern Cape (164 083) and Mpumalanga (123 817).

Figure 4.3: Percentage of the elderly who are literate by sex and province, 2019



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Male	94,1	75,2	80,5	79,4	82,7	74,6	93,7	75,0	69,8	83,6
Female	92,6	76,8	77,9	75,0	73,7	73,5	91,2	53,3	50,7	77,1

Source: GHS 2019

Figure 4.3 shows the literacy rates of elderly persons by province and sex. In eight out of nine provinces, elderly men are more likely than elderly women to be literate. The largest percentage point differences between males and females are found in Mpumalanga (21,7 percentage points), Limpopo (19,1 percentage points) and KwaZulu-Natal (9,0 percentage points). Eastern Cape is the only province with a higher percentage of elderly women who are more literate than elderly men.

Table 4.2: Number and percentage of the elderly who are functionally literate and illiterate by population group and geography type, 2019

	Functional illiterate			Functional literate		
Population group	**Urban**	**Rural**	**Total**	**Urban**	**Rural**	**Total**
Black/African	277 938	627 900	**905 838**	1 201 474	1 001 233	**2 202 707**
Coloured	47 899	7 640	**55 539**	418 134	17 713	**435 847**
Indian/Asian	7 314	669	**7 983**	180 677	648	**181 326**
White	15 748	3 253	**19 002**	1 017 011	55 263	**1 072 274**
RSA	**348 899**	**639 462**	**988 362**	**2 817 297**	**1 074 856**	**3 892 154**
Per cent						
Black/African	30,7	69,3	**100,0**	54,6	45,5	**100,0**
Coloured	86,2	13,8	**100,0**	95,9	4,1	**100,0**
Indian/Asian	91,6	8,4	**100,0**	99,6	0,4	**100,0**
White	82,9	17,1	**100,0**	94,9	5,2	**100,0**
RSA	**35,3**	**64,7**	**100,0**	**72,4**	**27,6**	**100,0**

Source: GHS 2019
***Unspecified cases are excluded

Table 4.2 depicts the number and percentage of the elderly who are functionally literate and illiterate by population group and geographical location. The results show that 69,3% of black African elderly persons who are illiterate reside in rural areas (627 900). Of those who are literate, only 45,5% live in rural areas. More than ninety per cent of elderly persons in the other population groups (excluding black African) among those who are literate reside in urban areas.

4.3 Educational attainment

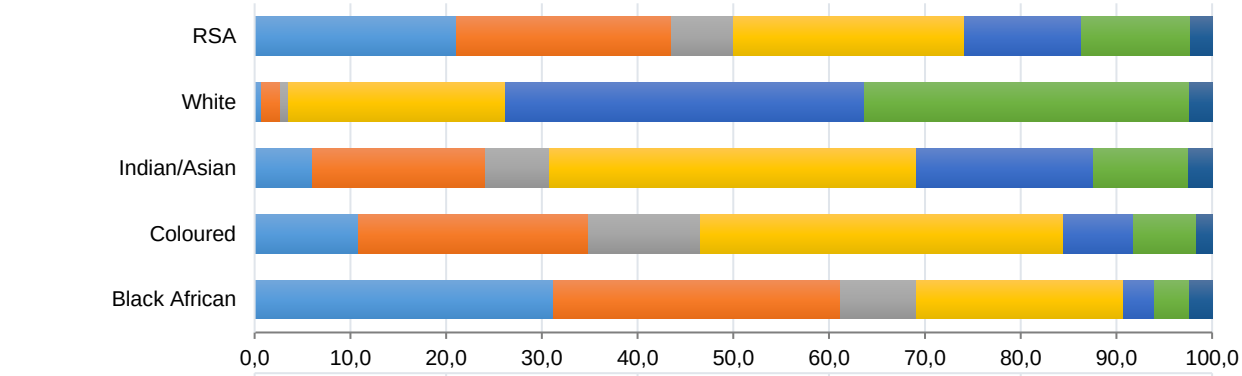
Table 4.3: Highest educational attainment of the elderly by province, 2019

Province		**No Schooling**	**Some Primary**	**Completed Primary**	**Some Secondary**	**Matric**	**Higher**	**Other**	**Total**
WC	Number	29 208	98 566	58 214	182 593	118 537	131 347	16 478	**634 944**
	Per cent	4,6	15,5	9,2	28,8	18,7	20,7	2,6	**100,0**
EC	Number	126 890	175 090	78 747	200 678	52 842	51 463	3 137	**688 845**
	Per cent	18,4	25,4	11,4	29,1	7,7	7,5	0,5	**100,0**
NC	Number	14 776	35 723	10 322	41 904	16 757	4 595	571	**124 647**
	Per cent	11,9	28,7	8,3	33,6	13,4	3,7	0,5	**100,0**
FS	Number	42 157	83 701	25 587	56 842	25 019	27 130	5 230	**265 665**
	Per cent	15,9	31,5	9,6	21,4	9,4	10,2	2,0	**100,0**
KZN	Number	166 996	229 464	53 773	203 796	91 492	85 974	19 600	**851 096**
	Per cent	19,6	27,0	6,3	24,0	10,8	10,1	2,3	**100,0**
NW	Number	71 740	84 684	25 203	87 711	46 630	22 970	20 136	**359 075**
	Per cent	20,0	23,6	7,0	24,4	13,0	6,4	5,6	**100,0**
GP	Number	61 431	166 422	58 881	352 352	278 501	209 066	56 454	**1 183 106**
	Per cent	5,2	14,1	5,0	29,8	23,5	17,7	4,8	**100,0**
MP	Number	101 558	81 724	23 951	68 117	20 794	30 330	3 135	**329 609**
	Per cent	30,8	24,8	7,3	20,7	6,3	9,2	1,0	**100,0**
LP	Number	169 360	128 381	28 995	77 371	16 054	21 953	8 233	**450 348**
	Per cent	37,6	28,5	6,4	17,2	3,6	4,9	1,8	**100,0**
RSA	**Number**	**784 115**	**1 083 754**	**363 673**	**1 271 364**	**666 625**	**584 828**	**132 974**	**4 887 334**
	Per cent	**16,0**	**22,2**	**7,4**	**26,0**	**13,6**	**12,0**	**2,7**	**100,0**

Source: GHS 2019

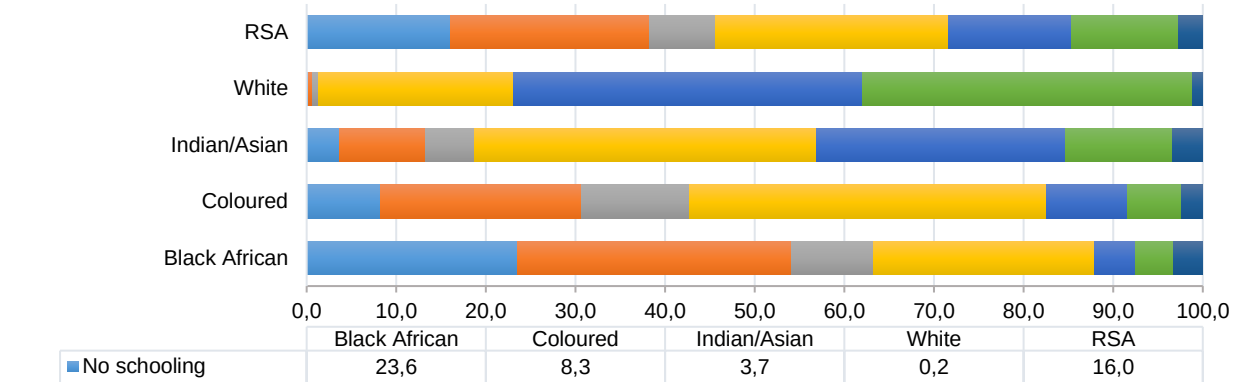
Table 4.3 summarises the highest level of educational attainment for the elderly by province. Nationally, more than 38% of elderly persons have educational levels less than completed primary (i.e. No Schooling and Some Primary). Approximately 14% of the elderly have Grade 12 and 12% have a tertiary qualification. The elderly in Western Cape and Gauteng are generally 'better educated' than elsewhere. Forty-one per cent of the elderly in Gauteng and thirty-nine per cent in the Western Cape have a qualification of Grade 12 or higher. The elderly in Limpopo (8,5%), Eastern Cape (15,2%) and Mpumalanga (15,5%) are the least likely to have a qualification of Grade 12 or higher.

Figure 4.4: Highest educational attainment of the elderly by population group, 2015 and 2019



	Black African	Coloured	Indian/Asian	White	RSA
No schooling	31,2	10,8	6,1	0,8	21,1
Some primary	30,1	24,1	18,1	1,9	22,4
Completed primary	7,9	11,6	6,7	0,8	6,5
Some secondary	21,6	38,0	38,4	22,7	24,1
Grade 12/ Standard 10	3,3	7,3	18,5	37,5	12,3
Higher	3,6	6,6	9,9	34,0	11,3
Other	2,4	1,6	2,5	2,4	2,3

Source: GHS 2015



	Black African	Coloured	Indian/Asian	White	RSA
No schooling	23,6	8,3	3,7	0,2	16,0
Some primary	30,5	22,4	9,6	0,5	22,2
Completed primary	9,2	12,1	5,6	0,6	7,4
Some secondary	24,6	39,8	38,1	21,7	26,0
Grade 12/ Standard 10	4,6	9,0	27,8	39,0	13,6
Higher	4,2	6,0	12,0	36,8	12,0
Other	3,3	2,4	3,3	1,2	2,7

Source: GHS 2019

An analysis of the highest educational attainment amongst the elderly shows that black Africans are more likely to have no education or some primary as their highest educational attainment. Within the five-year period between 2015 and 2019, movement amongst the black African elderly from no schooling into higher levels of educational attainment represented a 7,6 percentage point change overall. In spite of these positive changes, this population group continues to have the lowest percentage of elderly persons (8,8% in 2019) 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 2015 (71,5%) as well as 2019 (75,8%). They were followed by the Indian/Asian (28,3% vs 39,8%) and coloured population (13,9% vs 15%). The India/Asian elderly population realised significant increases in this category, with 11,5 percentage points over the five-year period.

Table 4.4: Highest level of education by sex, 2015 and 2019

	2015				2019			
Level of education	**Male**	**Female**	**%point difference**	**RSA**	**Male**	**Female**	**%point difference**	**RSA**
No Schooling	17,3	23,7	-6,4	**21,1**	12,6	18,3	-5,7	**16,0**
Some Primary	20,8	23,5	-2,8	**22,4**	21,0	23,0	-2,0	**22,2**
Completed Primary	5,6	7,1	-1,5	**6,5**	7,1	7,7	-0,6	**7,4**
Some Secondary	24,9	23,5	1,4	**24,1**	25,8	26,2	-0,4	**26,0**
Matric	13,9	11,2	2,7	**12,3**	16,0	12,1	3,9	**13,6**
Higher	15,1	8,7	6,4	**11,3**	14,5	10,3	4,3	**12,0**
Other	2,4	2,2	0,2	**2,3**	3,1	2,5	0,6	**2,7**
Total (Per cent)	**100,0**	**100,0**	**-**	**100,0**	**100,0**	**100,0**	**-**	**100,0**
Total N('000)	**1 730**	**2 576**	**-**	**4 305**	**1 964**	**2 923**	**-**	**4 887**

Source: GHS 2015, GHS 2019
*******Unspecified are excluded

Table 4.4 shows that male educational attainment amongst the elderly tends to be higher than that of females especially from the no schooling to some secondary educational level. Between 2015 and 2019, the gap between the two sexes has narrowed for all educational categories except for Grade 12.

4.4 Conclusion

Levels of functional illiteracy have reduced in eight out of nine provinces during the past five years. The most notable advances in improving literacy levels amongst the elderly took place in Northern Cape and Limpopo. Six out of 10 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. Thirty-eight per cent of elderly persons had the highest educational attainment of less than completed primary, fourteen per cent attained Grade 12 and twelve per cent achieved a tertiary education. The elderly in Western Cape and Gauteng were generally better educated than elsewhere. Forty-one per cent of the elderly in Gauteng and thirty-nine per cent in the Western Cape have a qualification of Grade 12 or higher.

CHAPTER 5: INCOME GENERATION, EMPLOYMENT AND POVERTY LEVELS OF THE ELDERLY

5.1 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/abilities, credentials or job performance (Mirjana Radović-Marković, 2013)[16]. The elderly population experiences a different kind of poverty owing to ageing, which is usually associated with reduced ability to participate effectively in productive work. This consequently results to an inability to earn or maintain the levels of income earned during their productive age[17]. Therefore, there is a greater need to understand the nature of poverty, and categories within the age groups that are more susceptible to poverty.

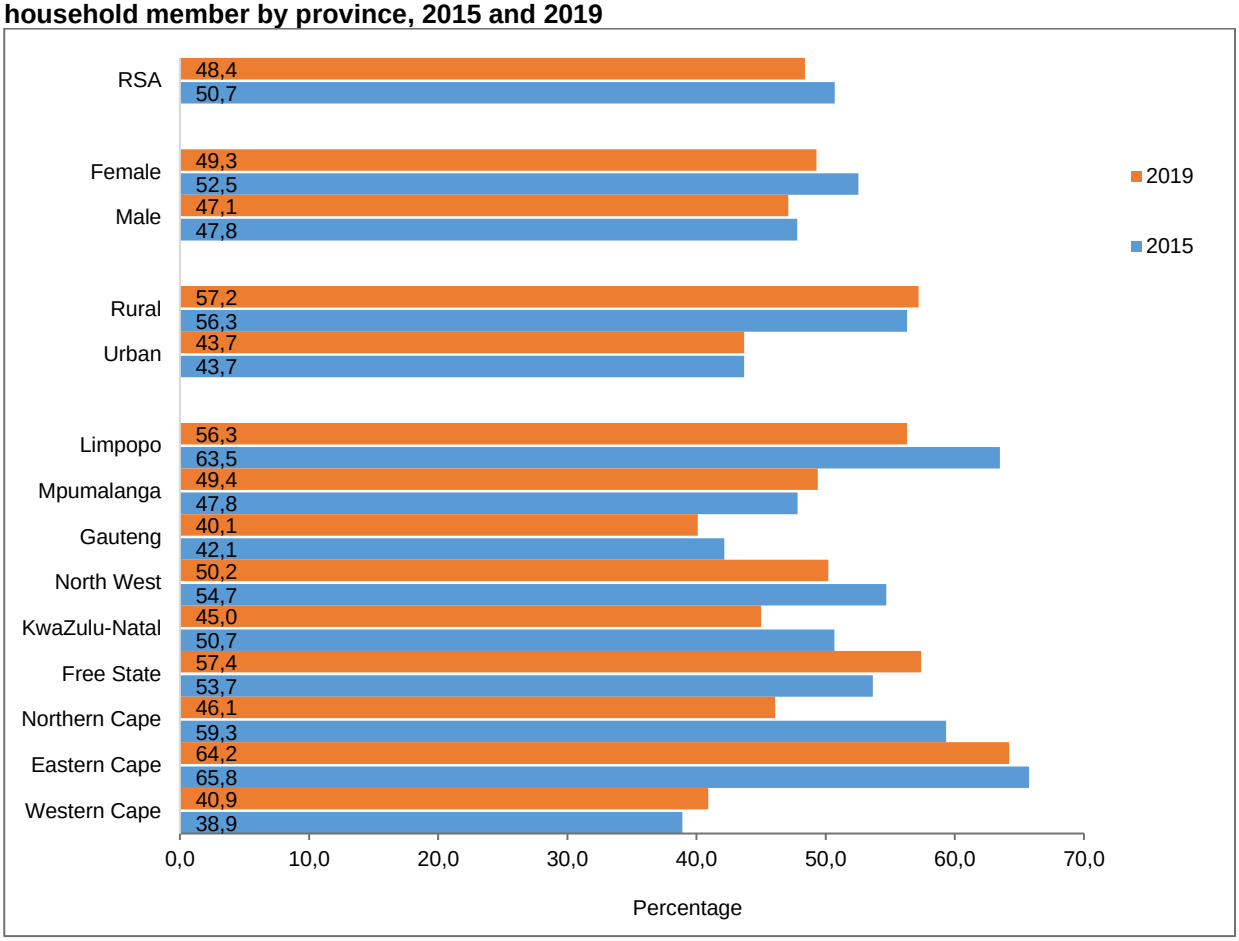
To this end, the chapter will also examine the distribution of and access to old-age grants for the elderly in the country. The analysis on poverty lines focuses on the upper-bound poverty line (UBPL), the lower-bound poverty line (LBPL) and the food poverty line (FPL). The UBPL is defined by Stats SA 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 components. The Food Poverty Line (FPL) is the amount of money that an individual will need to consume the required energy intake.

5.2 Household income sources and poverty levels

South Africa is one of the few sub-Saharan countries that operate a non-contributory social pension system, which serves as a primary source of income for the majority of the elderly (Makiwane, 2011)[18]. In many cases, the elderly are more likely to use their old-age grants to support the entire household especially if there is no one employed in that household (Makiwane et al, 2004)[19].

[16] Mirjana Radović-Marković, "An Aging Workforce: Employment Opportunities and Obstacles", Promoting leadership in thought that leads to action, Issue 6, No. 1 (2013): pp144
[17] Precious Mncayi & Steven Henry Dunga, 2019."Analysis of poverty among the elderly in South Africa using the 2018 GHS data," Proceedings of International Academic Conferences 9912239, International Institute of Social and Economic Sciences. <https://ideas.repec.org/p/sek/iacpro/9912239.html>
[18] M. Makiwane. (2011). The older persons and their relationship with younger generations in South Africa
[19]Makiwane, M., Schneider M., and Gopane, M. (2004). Experiences and needs of older persons in Mpumalanga

Figure 5.1: Percentage of households with persons aged 60 years and older without an employed household member by province, 2015 and 2019

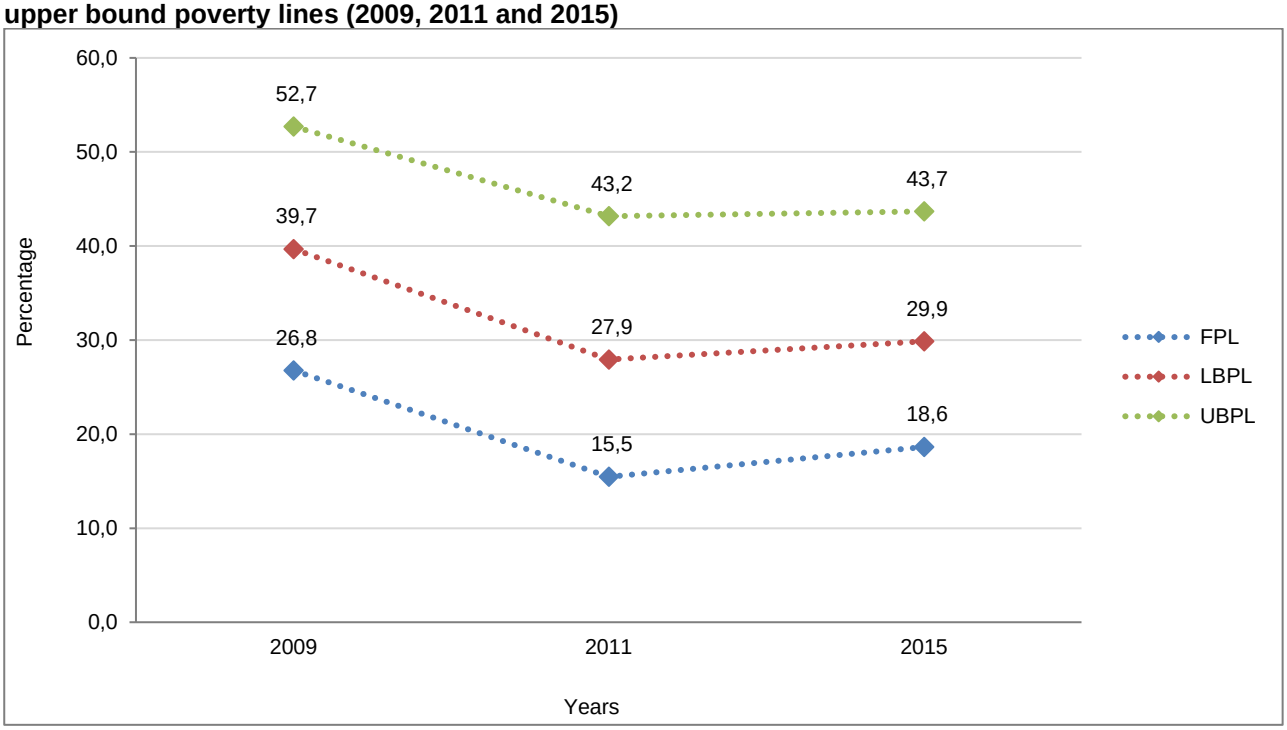


Source: GHS 2015 and GHS 2019

Figure 5.1 illustrates the share of households with persons aged 60 years and older without an employed household member between 2015 and 2019. Between 2015 and 2019, the percentage of households without any employed members living with an elderly person declined from 50,7% to 48,4%. The households with 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. Furthermore, elderly females were more likely to live without an employed household member than their male counterparts.

The largest share of households with no employed members, living with an older person, was recorded in Eastern Cape and Limpopo, respectively. Northern Cape showed an improvement with a reduction of 13,2 percentage points of households with elderly persons that had no employed members (from 59,3% in 2015 to 46,1% in 2019). Mpumalanga, Free State and Western Cape were the only provinces that recorded increases in such households during this period.

Figure 5.2: Proportion of elderly persons living below food poverty line, lower bound poverty line and upper bound poverty lines (2009, 2011 and 2015)



Source: LCS 2008/09, IES 2010/11 and LCS 2015

The Food poverty line (FPL) is the Rand value below which individuals are unable to purchase or consume enough food to supply them with minimum per-capita-per-day energy requirement for adequate health. The rand values of the FPL were as follows: R318 in 2009, R335 in 2011, and R441 in 2015. The lower bound poverty line (LBPL) is an austere threshold below which individuals who do not have command over enough resources to purchase or consume both adequate food and non-food items and are therefore forced to sacrifice food to obtain essential non-food items. The Rand values of the LBPL were R456 in 2009, 501 in 2011 and R647 in 2015. The upper bound poverty line (UBPL) is a threshold of relative deprivation below which people cannot afford the minimum desired lifestyle by most South Africans. The Rand values of the UBPL were R709 for 2009, and R779 for 2011 and R992 for 2015.

Figure 5.2 shows the proportion of the elderly persons living below the FPL, LBPL and UBPL in 2009, 2011 and 2015. This proportion decreased from 2009 to 2011 for all three poverty lines, however an upward trajectory was then recorded moving to 2015, with proportions of the elderly persons living, below the UBPL increasing by half a percentage point (from 43,2% in 2011 to 43,7% in 2015), proportions below the LBPL increased by two percentage points (from 27,9% to 29,9%) . The proportion of the elderly persons living below the FPL recorded an increase of 3,1 percentage points (from 15,5% in 2011 to 18,6% in 2015).

Figure 5.3a: Proportion of elderly persons living below food poverty line by sex (2009, 2011 and 2015)

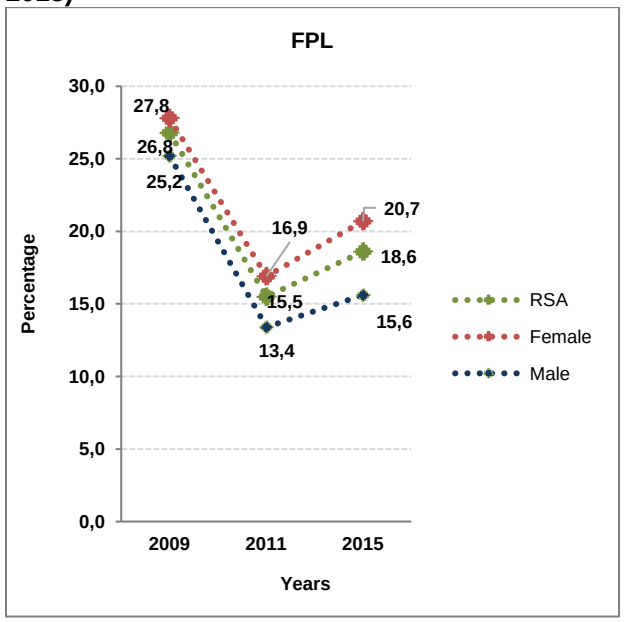


Figure 5.3b : Proportion of elderly persons living below lower bound poverty line by sex (2009, 2011 and 2015)

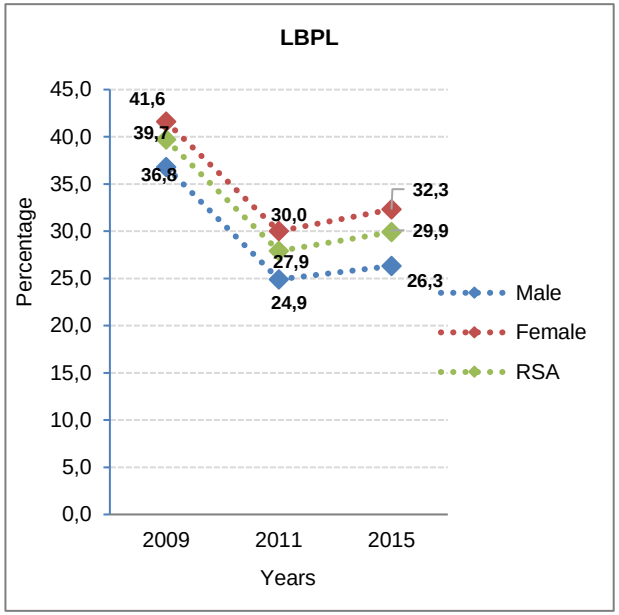
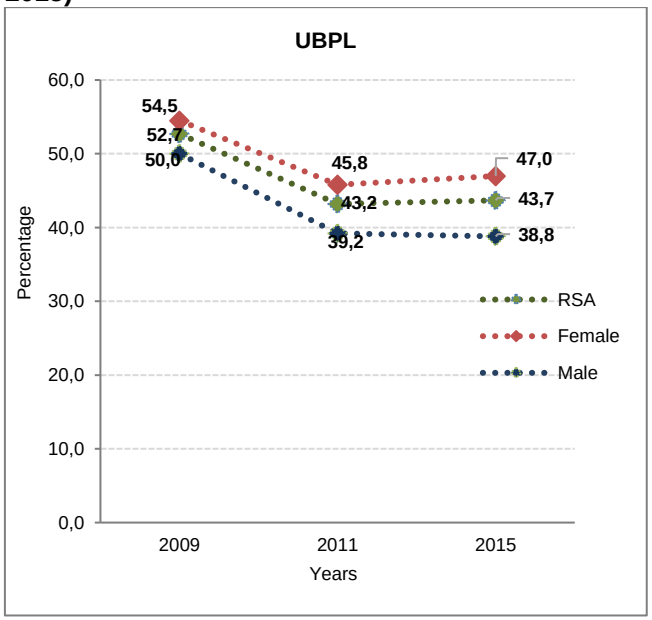


Figure 5.3c : Proportion of elderly persons living below upper bound poverty line (2009, 2011 and 2015)



Source: LCS 2008/09, IES 2010/11 and LCS 2015

Figures 5.3a, 5.3b and 5.3c show the proportions of the elderly persons living below the FPL, LBPL and UBPL in, 2009, 2011 and 2015, respectively.

Generally, the elderly females constituted a higher proportion of the elderly persons living below all the three poverty lines compared to their male counterparts who seemed to be much better off. According to Figure 5.3a, the proportion of females living below FPL increased between 2011 and 2015 by 3,8 percentage points (from 16,9% in 2011 to 20,7% in 2015. With regards to LBPL (Figure 5.3b), the proportion of females below this poverty line also increased by 2,3 percentage points (from 30% in 2011 to 32,3% in 2015). Similarly, the proportion of females living below the UBPL increased by 1,2 percentage between 2011 and 2015 (from 45,8% to 47%). These results therefore suggest that poor elderly females are worse off than poor elderly males.

Table 5.1: Percentage of older-persons living below the FPL, LBPL and UBPL by province, 2009, 2011 and 2015

	FPL			LBPL			UBPL		
Province	**2009**	**2011**	**2015**	**2009**	**2011**	**2015**	**2009**	**2011**	**2015**
Western Cape	6,7	4,1	3,2	13,7	8,7	9,9	22,7	18,8	19,3
Eastern Cape	40,6	24,4	34,1	56,4	43,4	49,5	68,7	60,4	65,4
Northern Cape	24,0	16,0	18,8	41,6	29,4	34,4	57,3	47,6	51,9
Free State	23,8	12,3	12,7	43,1	25,1	23,7	62,8	44,6	44,6
KwaZulu-Natal	38,2	21,8	28,4	51,8	35,1	41,9	65,6	52,5	55,7
North West	28,0	20,4	23,7	44,2	38,3	40,9	59,9	56,7	59,5
Gauteng	7,7	4,2	6,0	16,0	10,0	10,1	26,6	19,1	19,5
Mpumalanga	31,8	22,0	23,5	46,1	41,7	42,3	62,3	62,1	60,4
Limpopo	50,2	25,7	33,8	66,7	43,5	51,4	81,0	63,9	69,6
RSA	**26,8**	**15,5**	**18,6**	**39,7**	**27,9**	**29,9**	**52,7**	**43,2**	**43,7**

Source: LCS 2008/09, IES 2010/11 and LCS 2015

The poor elderly persons living in Limpopo, Eastern Cape and KwaZulu-Natal provinces are worse off than poor elderly persons living in other provinces. A higher proportion of the elderly persons from these provinces was living below all three poverty lines compared to the elderly persons from other provinces. In spite of the decline in the proportion of the elderly population that occurred in all three poverty lines between 2009 and 2011, an upward trajectory was again recorded between 2011 and 2015.

Western Cape and Gauteng had the lowest proportions of the elderly persons living below these three poverty lines. Hence, the older persons from these two provinces were better off when compared to other provinces.

Table 5.2: Sources of income for households headed by older persons by sex and geography type, 2015 and 2019

	Urban			Rural		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**
Source of Income	**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	3,6	**2,6**
Pensions	15,1	10,1	**12,5**	4,7	1,6	**2,7**
Grants	35,4	48,5	**42,2**	76,5	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**
	2019					
Salaries/wages/commission	29,5	30,2	**29,8**	16,1	12,3	**13,8**
Income from a business	8,9	2,8	**5,9**	4,0	1,1	**2,3**
Remittances	1,9	4,2	**3,0**	2,7	5,3	**4,3**
Pensions	21,7	12,8	**17,3**	6,0	3,9	**4,7**
Grants	36,0	48,1	**42,0**	69,9	77,3	**74,3**
Sales of farm products and services	0,4	0,1	**0,2**	1,0	0,1	**0,4**
Other income sources, e,g, rental income, interest	1,6	1,9	**1,8**	0,3	0,1	**0,2**
Total (%)	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**
Total ('000)	**1 046**	**1 034**	**2 081**	**534**	**789**	**1 323**

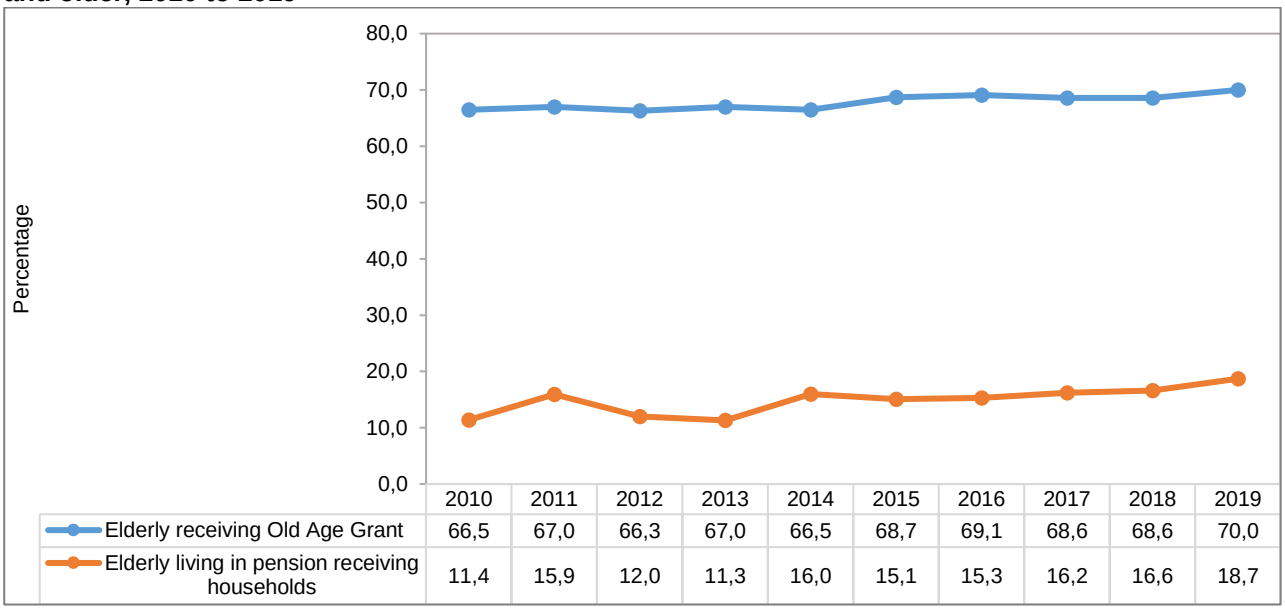
Source: GHS 2015 and GHS 2019

***No income category was not included in 2019

Table 5.2 illustrates the main sources of income for households headed by older persons for the years 2015 and 2019.The 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. Between 2015 and 2019, the elderly-headed households from rural areas were more likely to depend on grants as the main source of income. Though there was a decline in the proportion of elderly-headed households who were reliant on social grant for their survival from the rural areas, a higher proportion of households headed by females were still dependable on this form of income as their safety net. This was also the case with regards to households headed by elderly females in the urban areas as a higher proportion of them relied on social grants to make ends meet compared to their male counterparts.

In 2019, in addition to social grant as the main source of income, approximately 30% of households headed by elderly males in the urban areas relied on salaries/wages/commission (29,5%) and private pension (21,7%).

Figure 5.4: Distribution of old-age grant and private pension coverage over time for persons 60 years and older, 2010 to 2019



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Elderly receiving Old Age Grant	66,5	67,0	66,3	67,0	66,5	68,7	69,1	68,6	68,6	70,0
Elderly living in pension receiving households	11,4	15,9	12,0	11,3	16,0	15,1	15,3	16,2	16,6	18,7

Source: GHS 2010-2019

The analysis of the entire South African social security system has led to increasing attention being directed towards the role of different grants in assisting poverty reduction[20]. Social grants inclusive of the old age grants is one intervention by the government to reduce poverty. Figure 5.4 illustrates the trend in proportions of beneficiaries of old-age grants and pensions in South Africa for the period of 2010 -2019. The trend analysis reveals that the recipients of the old age grant have been fluctuating between 66, 5% and 70% during the reporting period whilst those receiving private pensions have been consistent below 20%.

[20] May, Julian. (2003). Chronic Poverty and Older People in South Africa. SSRN Electronic Journal. 10.2139/ssrn.1754421.

Table 5.3: Number of older persons who are accessing social grant by province, 2015 and 2019

Province	2015			2019		
	Non-grant recipients	Grant recipients	Total	Non-grant recipients	Grant recipients	Total
	N ('000)					
Western Cape	301	288	**589**	299	336	**635**
Eastern Cape	104	482	**585**	143	546	**689**
Northern Cape	25	83	**108**	28	97	**125**
Free State	72	175	**246**	70	196	**266**
Kwa-Zulu Natal	167	664	**831**	181	670	**851**
North West	61	241	**302**	93	266	**359**
Gauteng	491	585	**1 077**	510	673	**1 183**
Mpumalanga	65	224	**289**	79	251	**330**
Limpopo	46	369	**415**	66	384	**450**
RSA	**1 332**	**3 111**	**4 442**	**1 468**	**3 419**	**4 887**

Source: GHS 2015 and GHS 2019

In South Africa, over 3,4 million persons aged 60 years and older received an old-age grant in 2019 compared to over 3,1 million in 2015, as shown in Table 5.3 above. Most grant recipients were found in KwaZulu-Natal, Gauteng, Eastern Cape and Limpopo for both years of reporting. The elderly living in Northern Cape were the least likely to receive grants.

Old age grant is a means-tested social pension, which plays a crucial role in cushioning beneficiaries against poverty and inequalities. The non-grant recipients are those who failed the means test.

Figure 5.5a: Percentage of older persons who are accessing old-age grants by province, 2015

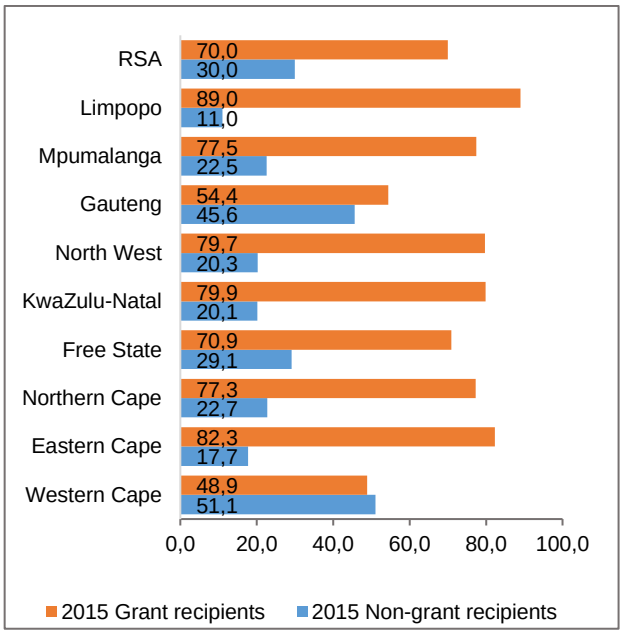
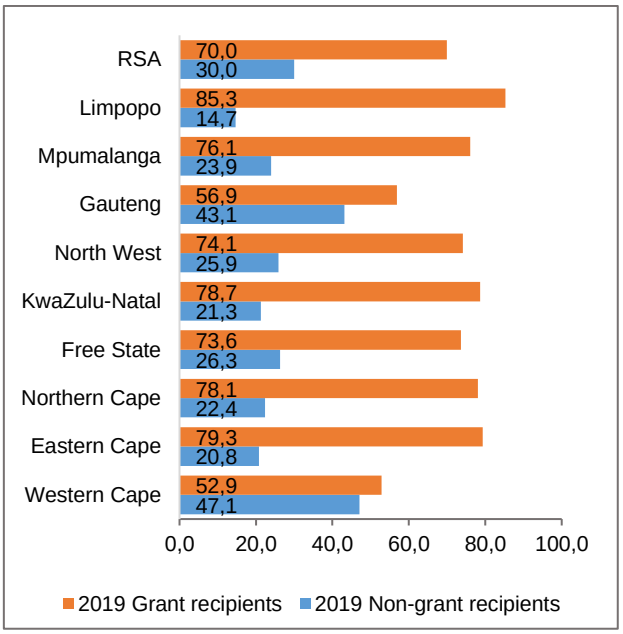


Figure 5.5b: Percentage of older persons who are accessing old-age grants by province, 2019



Source: GHS 2015, GHS 2019

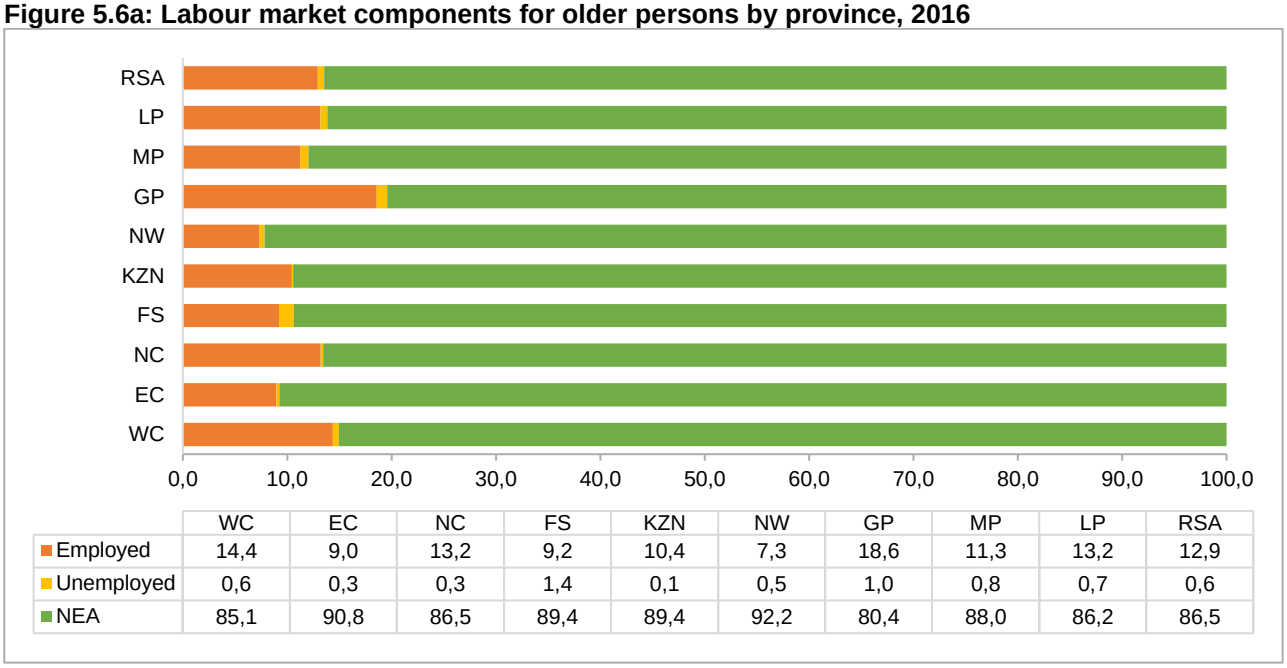
An old-age grant is a monthly income that is administered by the South African Social Security Agency (SASSA), a government agency. The grant is only paid out to people who meet qualification requirements – financial income is below a certain income level and age level and other SASSA requirements. Figures 5.2a and 5.2b show the distribution of old-age grants between 2015 and 2019. Seventy per cent of the elderly in South Africa were recipients of the old-age grant in both years. The grant provides relief to the most vulnerable elderly population as this could potentially be the only source of income for certain households.

The highest percentage of grant recipients in the country were found in Limpopo in both years (89, 0% in 2015 and 85, 3% in 2019). In 2019, though there was no change in the percentage of grant recipients at a national level, six out of nine provinces recorded increases in the percentage of grant recipients compared to 2015. Provinces that recorded decreases in the percentage of grant recipients in 2019 included North West (5,6 percentage point), KwaZulu-Natal (1,2 percentage points), and Eastern Cape (3 percentage points). Western Cape had the lowest number of old-age grant recipients in South Africa for both years (48,9% in 2015 and 52,9% in 2019).

5.3 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[21]. Actively increasing the integration of older persons into the workplace is vital for achieving a balanced diversity of age groups in the workplace[22].Ideally, older persons should be able to continue with income-generating work for as long as they can do so productively.

Figure 5.6a: Labour market components for older persons by province, 2016

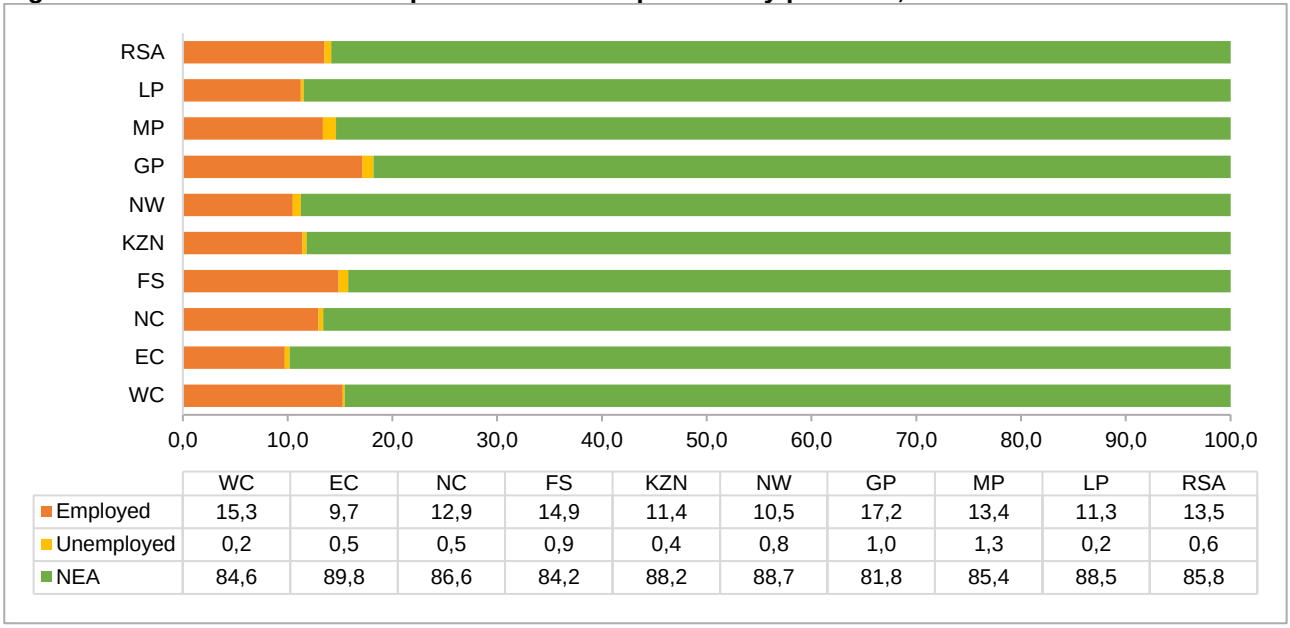


	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Employed	14,4	9,0	13,2	9,2	10,4	7,3	18,6	11,3	13,2	12,9
Unemployed	0,6	0,3	0,3	1,4	0,1	0,5	1,0	0,8	0,7	0,6
NEA	85,1	90,8	86,5	89,4	89,4	92,2	80,4	88,0	86,2	86,5

Source: QLFS 2016 -Q3 and QLFS 2019 -Q3

[21] 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 5.6b: Labour market components for older persons by province, 2019



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Employed	15,3	9,7	12,9	14,9	11,4	10,5	17,2	13,4	11,3	13,5
Unemployed	0,2	0,5	0,5	0,9	0,4	0,8	1,0	1,3	0,2	0,6
NEA	84,6	89,8	86,6	84,2	88,2	88,7	81,8	85,4	88,5	85,8

Source: QLFS 2016- Q3 and QLFS 2019- Q3

The two graphs above illustrate the labour market composition for older persons. The labour force comprises of the employed and unemployed population whereas the not economically active (NEA) is those who are neither employed nor unemployed. For both years in all provinces, the NEA group was the most dominant. In the third quarter of 2016, the NEA alone accounted for 86, 5% of the labour market, and 85,8% in the third quarter of 2019 (reflecting a 0,7 percentage point decrease). The labour force accounted for less than 15% of the market share of older persons in both terms of reference.

When examining provincial variations, Gauteng and Western Cape recorded the highest labour force share of the elderly compared to other provinces for both years. That is, these two provinces have the highest proportions of older persons who are either employed or actively seeking for employment opportunities. This is expected as the two provinces are considered to be the economic hubs of the country.

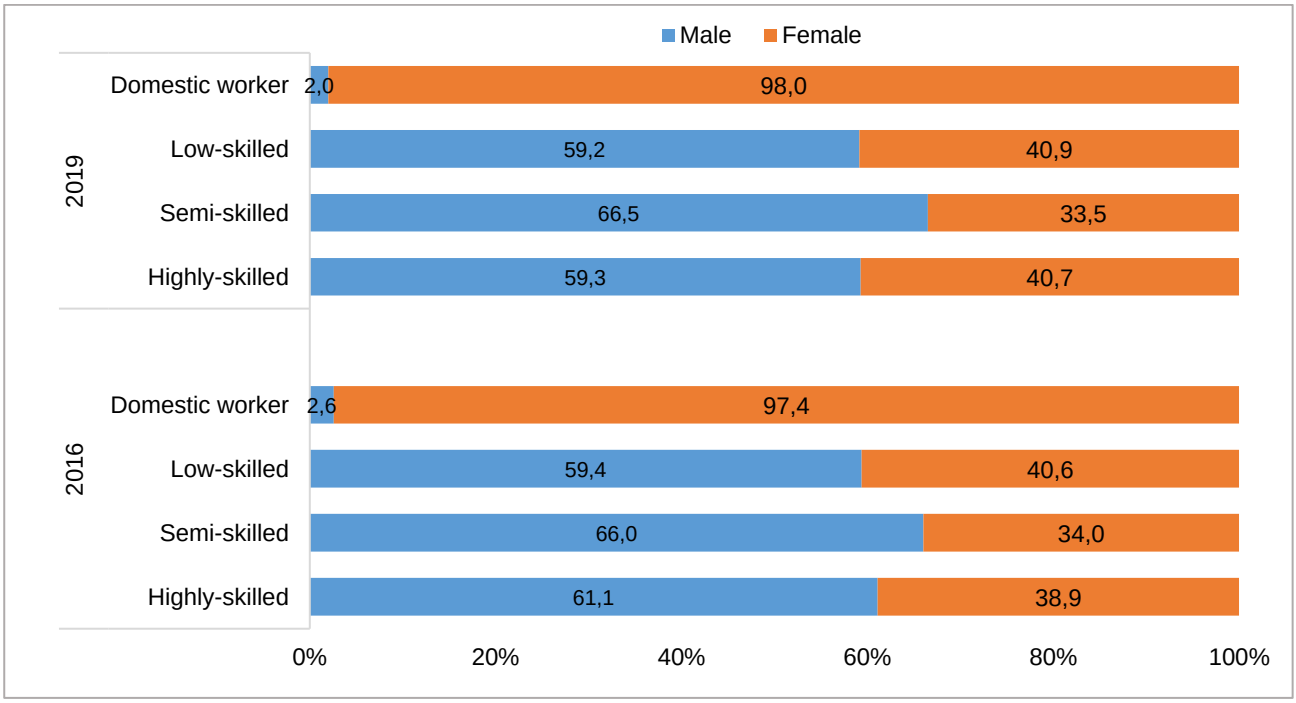
Table 5.4: Distribution of older persons who are economically active by province, 2016 and 2019

	2016					2019				
	Employed		Unemployed		Labour force	Employed		Unemployed		Labour force
Province	N ('000)	Per cent	N ('000)	Per cent	N ('000)	N ('000)	Per cent	N ('000)	Per cent	N ('000)
WC	86	96,2	3	3,8	90	106	98,9	1	1,1	107
EC	54	97,1	2	2,9	56	61	95,6	3	4,4	64
NC	15	98,0	0	2,0	16	16	96,4	1	3,6	17
FS	22	86,9	3	13,1	26	40	94,3	2	5,7	42
KZN	86	98,7	1	1,4	87	105	96,6	4	3,4	109
NW	24	93,9	2	6,1	25	37	93,0	3	7,0	40
GP	216	94,8	12	5,2	228	238	94,3	14	5,7	252
MP	35	93,7	2	6,3	37	46	91,4	4	8,6	50
LP	59	95,2	3	4,8	62	53	97,9	1	2,1	54
RSA	**598**	**95,4**	**29**	**4,6**	**626**	**701**	**95,4**	**33**	**4,6**	**735**

Source: QLFS 2016-Q3, QLFS 2019-Q3

Table 5.4 shows an analysis of the employment status of persons aged 60 years and older. Between 2016 and 2019, the country experienced an increase of 103 thousand among older persons who were employed. Eight out of nine provinces were the main drivers behind the said increase with the exception of Limpopo, which recorded a decrease of six percentage points during this period. The highest number of jobs gained were in Western Cape (20 000), KwaZulu-Natal (19 000) and Free State (18 000), respectively.

Figure 5.7: Percentage distribution of occupation groups for older persons who are employed by sex, 2016 and 2019



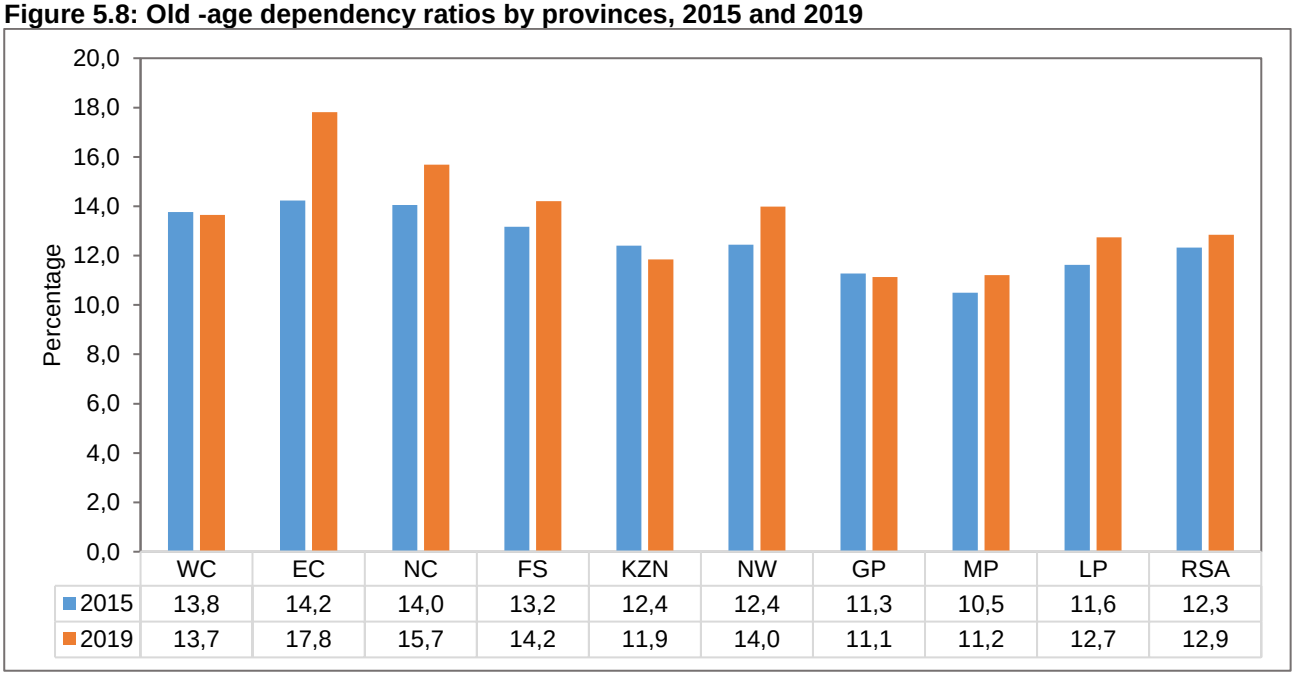
Source: QLFS 2016- Q3 and QLFS 2019- Q3

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 2016 and 2019. The proportions show that the likelihood of older females being employed as domestic workers was higher than their male counterparts at 97,4% in 2016, and increased to 98,0% in 2019 (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 in society 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)[23]. Furthermore, given the particular history of household service labour under apartheid, domestic work remains a deeply embedded social institution and also remains one of the top sources of employment for black women[24].

For both years, the figure shows that elderly males were approximately two times more likely to be employed in semi-skilled occupations than elderly females, followed by those in highly-skilled and low-skilled occupations. On the other hand, females in highly-skilled occupations experienced an increase of 1,8 percentage points whilst those in low-skilled occupations experience a negligible increase of 0,3 of a percentage point.

Figure 5.8: Old -age dependency ratios by provinces, 2015 and 2019



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2015	13,8	14,2	14,0	13,2	12,4	12,4	11,3	10,5	11,6	12,3
2019	13,7	17,8	15,7	14,2	11,9	14,0	11,1	11,2	12,7	12,9

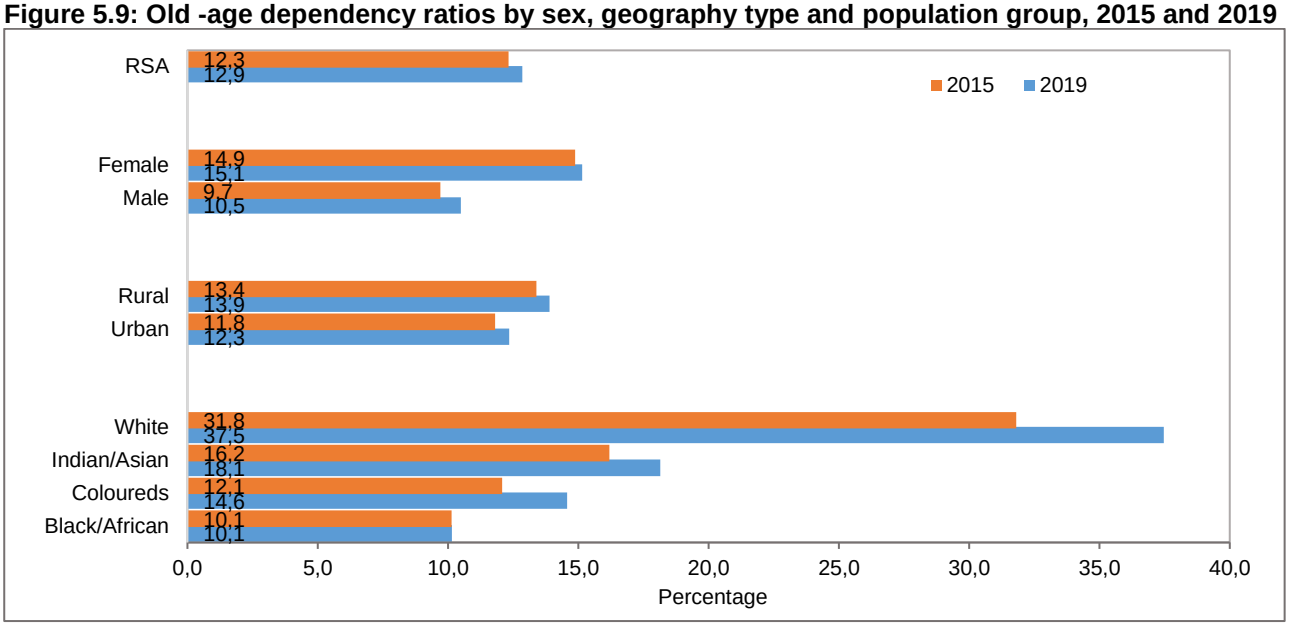
Source: GHS 2015 and GHS 2019

The dependency ratio compares the number of available workers with the number of those considered to be dependent on the state[25]. During 2015 to 2019, the country's old-age dependency ratio increased from 12,3% to 12,9%. An increase in this ratio is an indication of the burden on the productive population.

Provincial variations revealed that the old-age dependency ratios increased in six out of nine provinces. These increases were more pronounced in the Eastern Cape province. During 2019, Eastern Cape had approximately 18 elderly persons requiring support for every 100 working-age population, an increase of almost four elderly persons from 2015.

[23]Hlokoma Mangqalaza. (2012). The Economic Worth Of Domestic Workers In South Africa
[24] Du Toit, D. (Ed.). (2013). *Exploited, undervalued-and essential: domestic workers and the realisation of their rights*. PULP.
[25]https://www.ezonomics.com, 2011

Figure 5.9: Old -age dependency ratios by sex, geography type and population group, 2015 and 2019



Source: GHS 2015 and GHS 2019

The old-age dependency ratio was higher among females than males for both years of reporting. The higher old-age dependency ratios (14,9% in 2015 and 15,1% in 2019) among females compared to those among males (9,7% in 2015 and 10,5% in 2019) can be attributed to females having longer life expectancy than males.

During 2019, the old-age dependency ratio in rural areas was 1,1 times more than in urban areas. The elderly residing in urban areas were more likely to be employed and were possibly in a better financial position than those residing in rural areas.

The old-age dependency ratio across different population groups showed that approximately 38 white elderly persons require support for every 100 working-age population in 2019. This was an increase of almost six persons from 2015. This further substantiates the findings in chapter 2 (Figure 2.5), where white elderly population was 15,3 % more than that of the general white population, signifying the extent of ageing occurrence among the white population. The old-age dependency ratio among Indian/Asian and coloured elderly population also shows the extent of ageing, which will potentially exert pressure on the available workers. The black African population is a youthful population. As such, this population group has a lesser number of elderly persons requiring support for every 100 working population relative to other population groups. The number remained constant at 10 persons for every 100 working population over the five-year period of reporting.

5.4 Conclusion

At the national level, the percentage of old-age grant beneficiaries remained unchanged between 2015 and 2019. In 2019, though there was no change in the percentage of grant recipients at a national level, six out of nine provinces recorded increases in the percentage of grant recipients compared to 2015. The elderly living in pension receiving households remained at less than 20% during the five-year reporting period. In terms of occupations, males were more likely to occupy highly skilled and semi-skilled occupations, whilst women are in excess in vulnerable employment, such as domestic work**.** In spite of the decline in the proportion of elderly that occurred in all three poverty lines between 2009 and 2011, an upward trajectory was again recorded between 2011 and 2015.

Generally, the old-age dependency ratios have increased between 2015 and 2019. This indicates a burden on the working population, as these individuals will be affected by higher taxes. The old-age dependency ratio was higher among females as compared to males, which shows that females tend to outlive males.

CHAPTER 6: LIFE EXPECTANCY, HEALTH STATUS AND MORTALITY

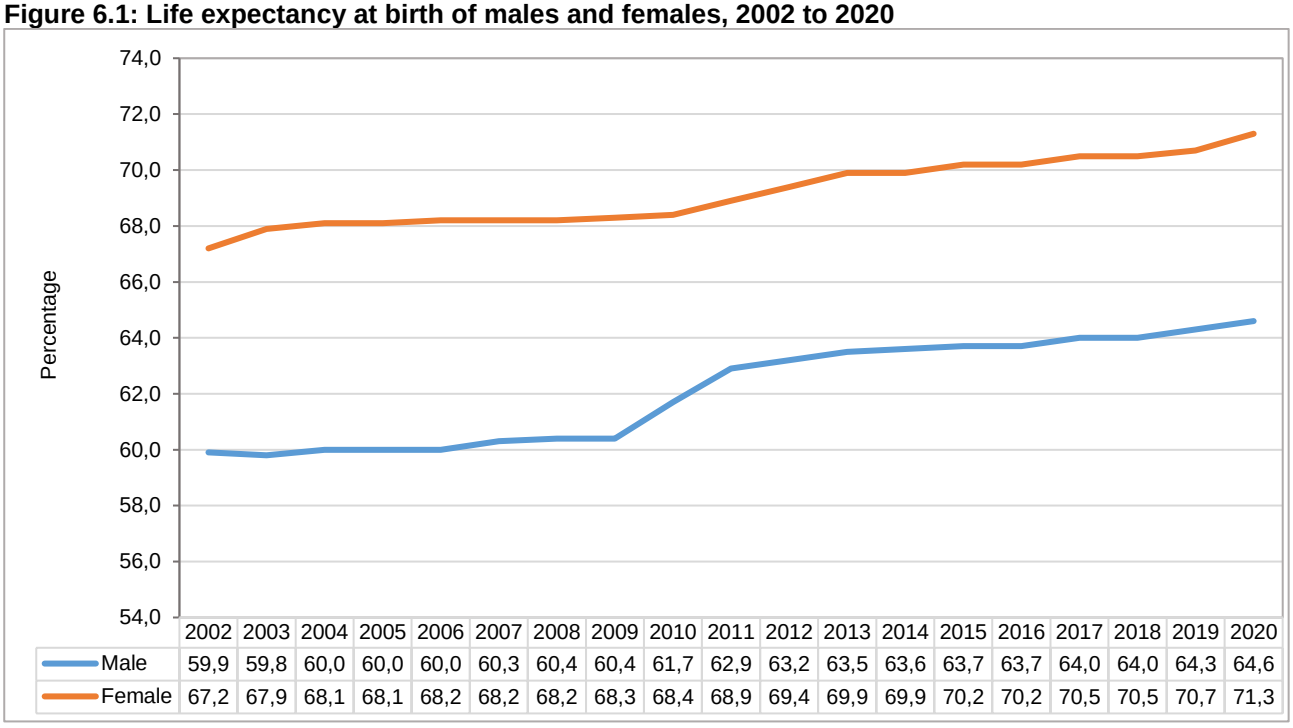
6.1 Introduction

The life expectancy and quality of life of the elderly are closely linked with their health status. In addition to this, the primary causes of death of older persons give some reflection on their lifestyle 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.

6.2 Life expectancy

Figure 6.1: Life expectancy at birth of males and females, 2002 to 2020

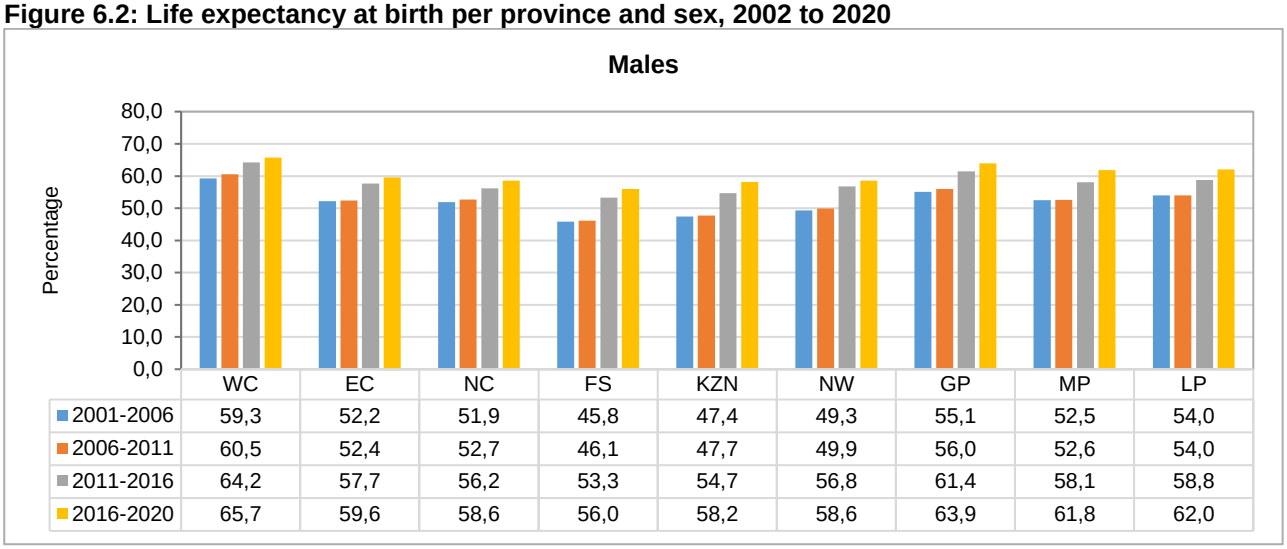


	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Male	59,9	59,8	60,0	60,0	60,0	60,3	60,4	60,4	61,7	62,9	63,2	63,5	63,6	63,7	63,7	64,0	64,0	64,3	64,6
Female	67,2	67,9	68,1	68,1	68,2	68,2	68,2	68,3	68,4	68,9	69,4	69,9	69,9	70,2	70,2	70,5	70,5	70,7	71,3

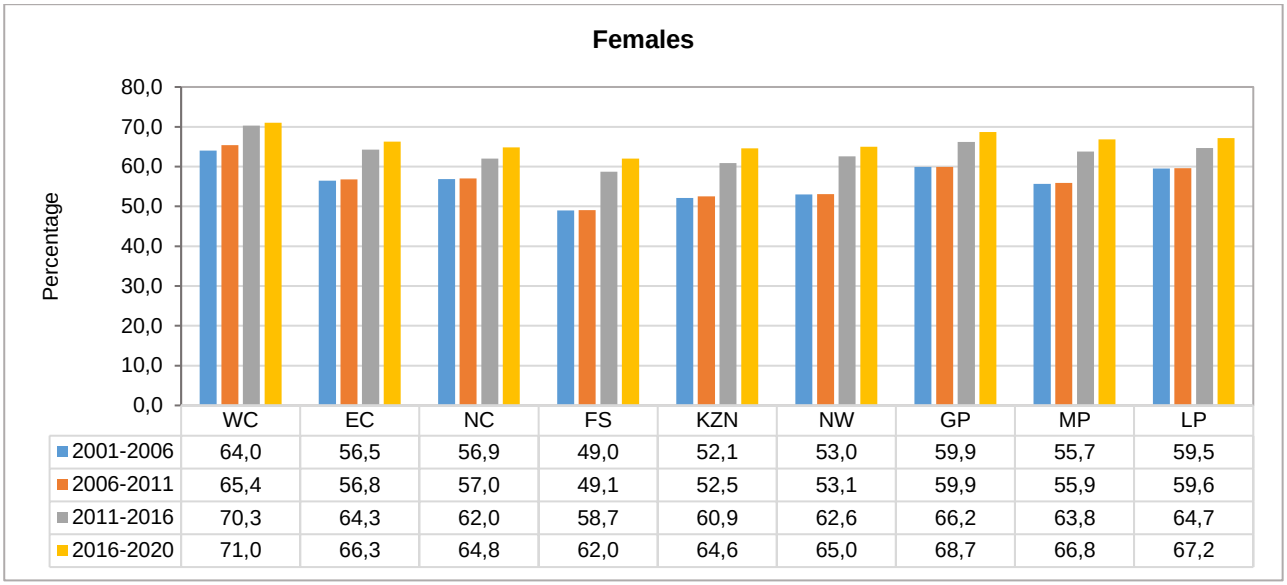
Source: MYPE 2020

Figure 6.1 shows that between 2002 and 2020, the life expectancy of males increased from 59,9 years to 64,6 years, and for females from 67,2 to 71,3 years. 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 6.2: Life expectancy at birth per province and sex, 2002 to 2020



	WC	EC	NC	FS	KZN	NW	GP	MP	LP
2001-2006	59,3	52,2	51,9	45,8	47,4	49,3	55,1	52,5	54,0
2006-2011	60,5	52,4	52,7	46,1	47,7	49,9	56,0	52,6	54,0
2011-2016	64,2	57,7	56,2	53,3	54,7	56,8	61,4	58,1	58,8
2016-2020	65,7	59,6	58,6	56,0	58,2	58,6	63,9	61,8	62,0



	WC	EC	NC	FS	KZN	NW	GP	MP	LP
2001-2006	64,0	56,5	56,9	49,0	52,1	53,0	59,9	55,7	59,5
2006-2011	65,4	56,8	57,0	49,1	52,5	53,1	59,9	55,9	59,6
2011-2016	70,3	64,3	62,0	58,7	60,9	62,6	66,2	63,8	64,7
2016-2020	71,0	66,3	64,8	62,0	64,6	65,0	68,7	66,8	67,2

Source: MYPE 2020

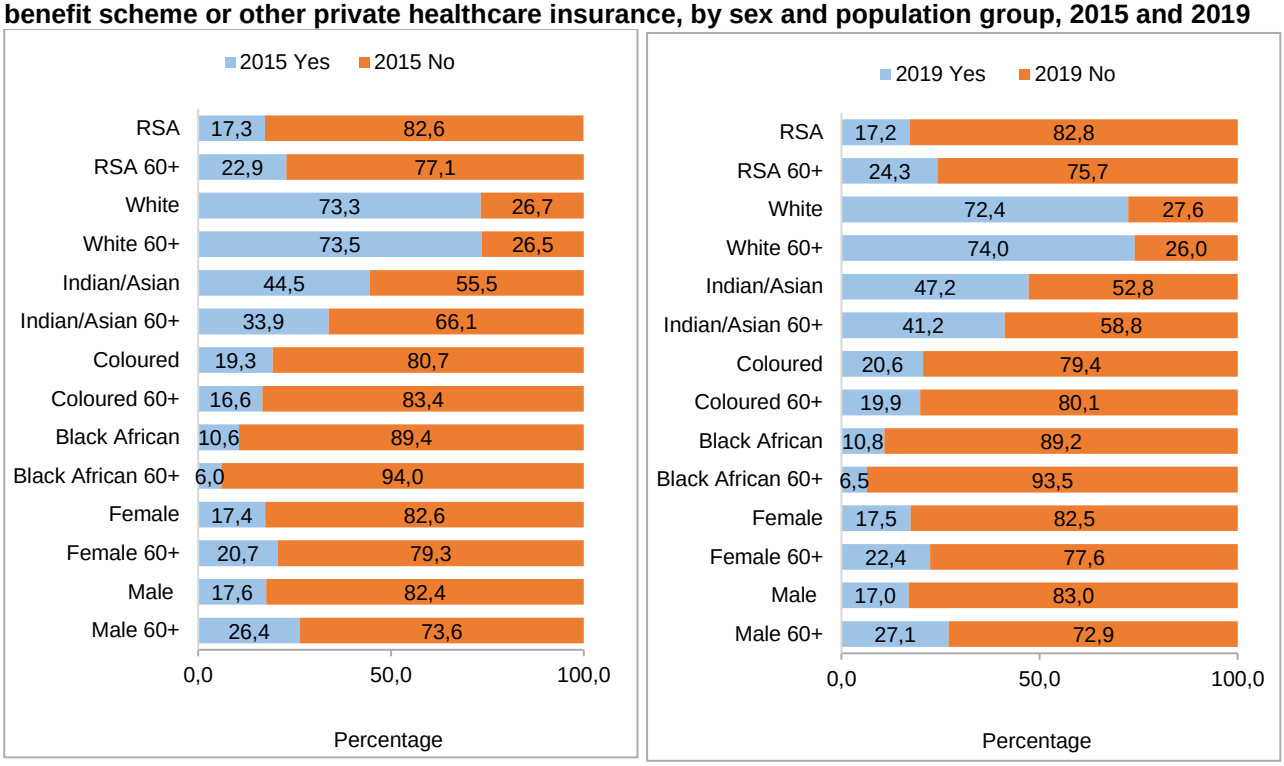
As indicated in the previous graph, life expectancy is currently increasing. Figure 6.2 highlights the differences between provinces. In 2020, life expectancy was highest in the two wealthiest provinces, namely Western Cape (65,7 years for males and 71 years for females) and Gauteng (63,9 years for males and 68,7 years for females).

The shortest life expectancies at birth were found in Free State (56,0 years for males and 62,0 years for females) and KwaZulu-Natal (58,2 years for males and 64,6 years for females).

6.3 General health status and health-seeking behaviour

6.3.1 Medical aid and type of facilities used

Figure 6.3: Percentage of persons 60 years and older who are covered by a medical aid or medical benefit scheme or other private healthcare insurance, by sex and population group, 2015 and 2019

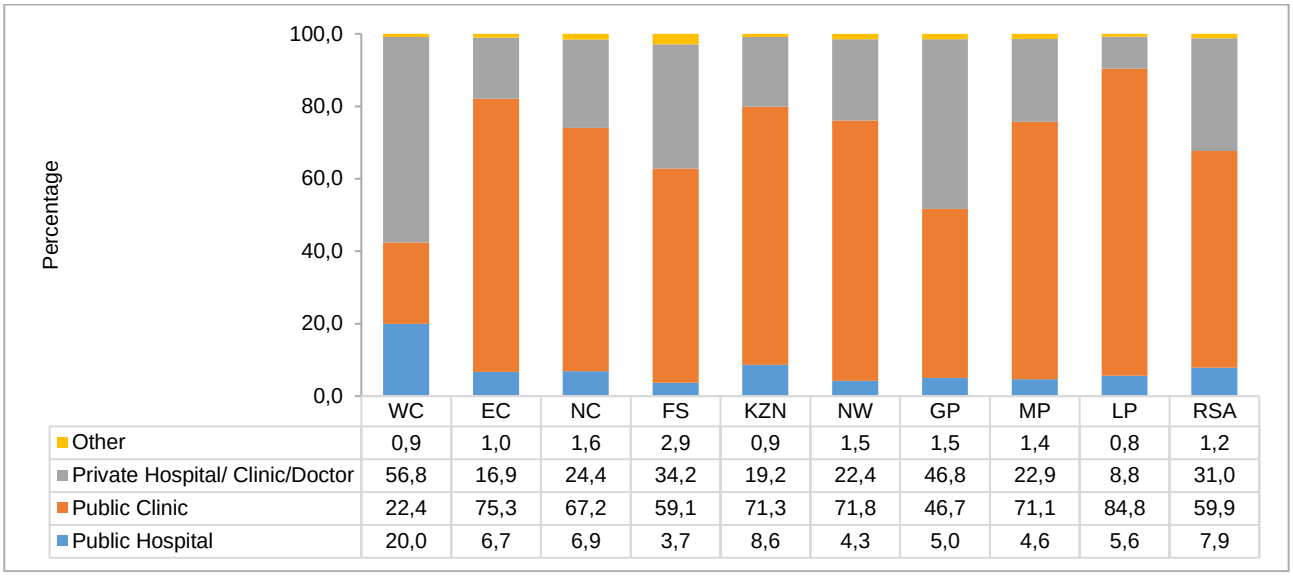


Source: GHS 2015 and GHS 2019

Inequalities in access to medical aid exist, both by sex and population group. Figure 6.3 illustrates the percentage of persons 60 years and older who were covered by a medical aid or medical benefit scheme or other private health insurance in relation to the total population during 2015 and 2019. According to Figure 6.3, less than a quarter (22, 9% in 2015 and 24,3% in 2019) of the elderly in South Africa were members of medical aid schemes or private health insurance. This was higher than the membership rates for the general population (17,3% in 2015 and 17,2% in 2019).

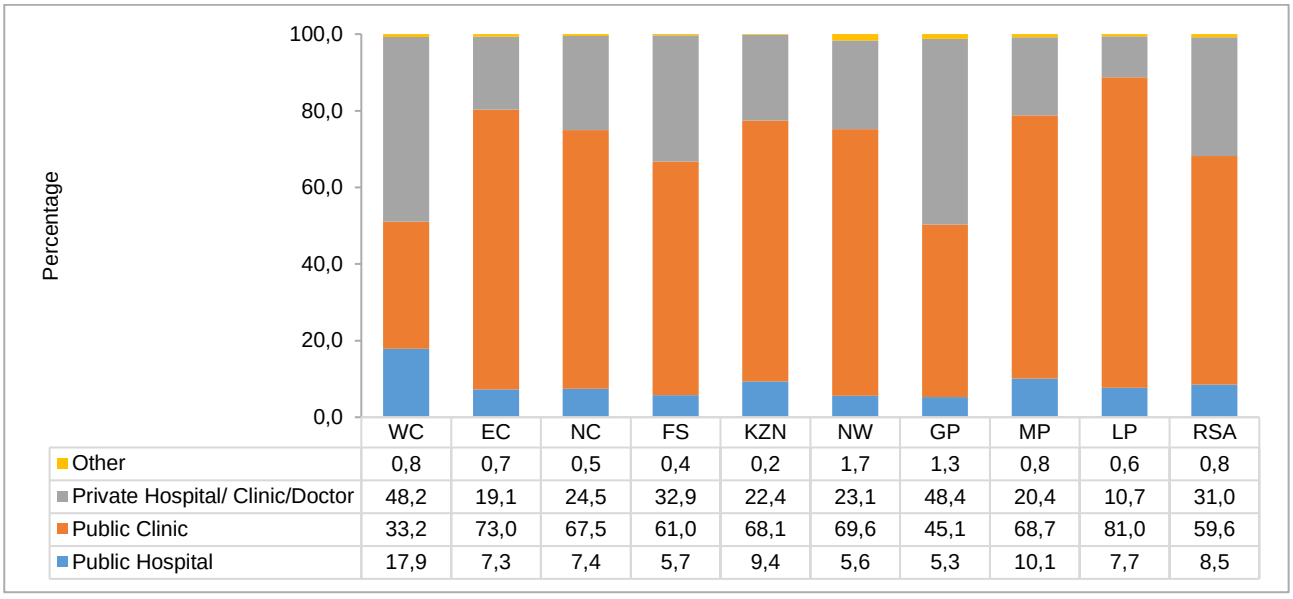
The percentage of persons aged 60 years and older who were covered by a medical aid or medical benefit scheme or other private healthcare insurance was highest amongst the white (73,5% in 2015 and 74,0% in 2019) and Indian/Asian (33,9% in 2015 and 41,2% in 2019) during this period. This largely reflects the disproportional representation of white elderly persons amongst individuals 60 years and older. In 2015, less than a tenth (6,0%) of black African elderly persons and 16,6% of coloured elderly persons were members of medical aid schemes although this later increased by 0,5 of a percentage point and 3,3 percentage points in 2019 respectively. When looking at gender disparities, the coverage was higher amongst males than females. For the elderly, males were more likely to have medical aid cover, with slightly more than a quarter (26,4% in 2015 to 27,1% in 2019) covered, whilst only one in five (20,7% in 2015 to 22,4% in 2019) females enjoyed the coverage.

Figure 6.4: Types of health facilities normally used by persons aged 60 years and older, by province, 2015 and 2019



	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



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Other	0,8	0,7	0,5	0,4	0,2	1,7	1,3	0,8	0,6	0,8
Private Hospital/ Clinic/Doctor	48,2	19,1	24,5	32,9	22,4	23,1	48,4	20,4	10,7	31,0
Public Clinic	33,2	73,0	67,5	61,0	68,1	69,6	45,1	68,7	81,0	59,6
Public Hospital	17,9	7,3	7,4	5,7	9,4	5,6	5,3	10,1	7,7	8,5

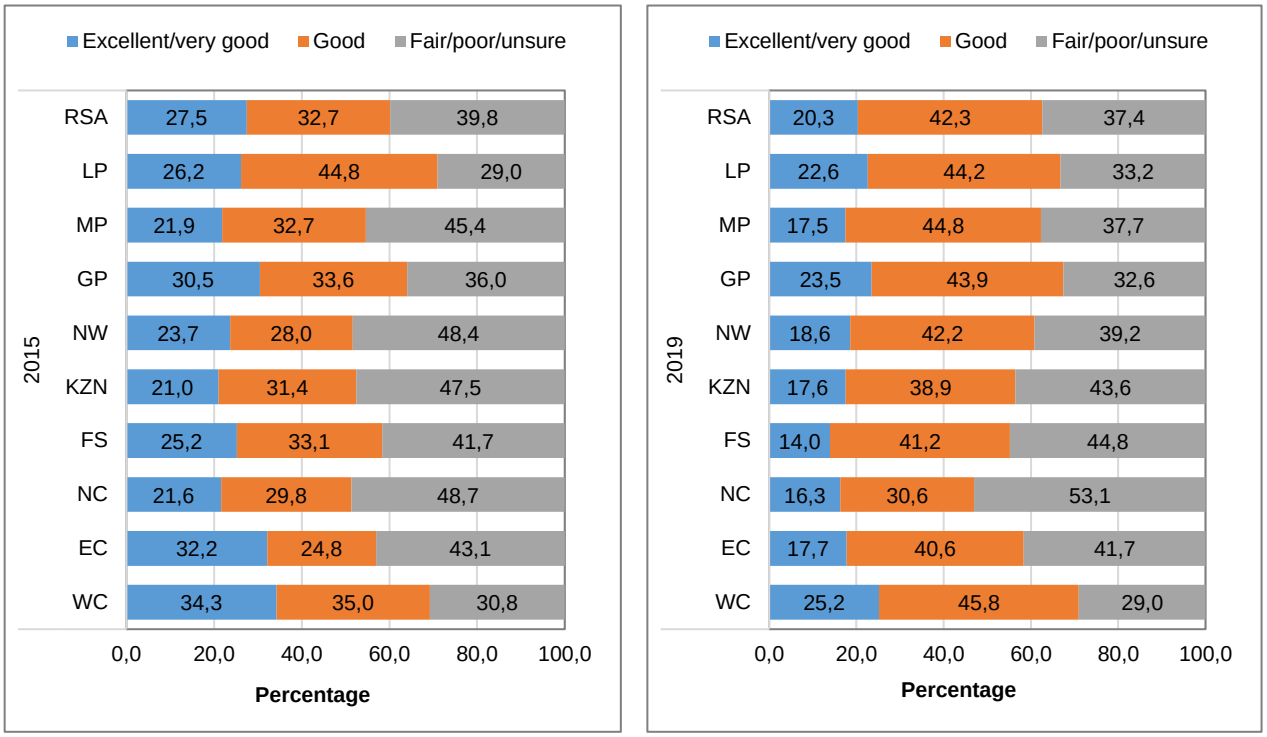
Source: GHS 2019

Figure 6.4 summarises the types of health facilities normally used by persons aged 60 years and older. Between 2015 and 2019, nearly six in ten elderly persons used public clinics for their health-care needs followed by use of the private hospital/clinic/doctor.

During this period, the majority of elderly persons in seven out of nine provinces made use of public clinics for their health care needs. Provinces such as Western Cape and Gauteng were more likely to utilise private hospital/clinic/doctor than any other type of health care facility. This was the case for both years. Nearly 85,0% and 81,0% of individuals aged 60 years and older utilised public clinics in Limpopo during 2015 and 2019, whilst over 70% of elderly utilised this facility over the same period in the Eastern Cape. In 2019, almost 70% of the elderly living in North West, Mpumalanga, KwaZulu-Natal and Northern Cape also made use of this type of facility. The use of public hospitals was most common in Western Cape and Mpumalanga.

6.3.2 General health status

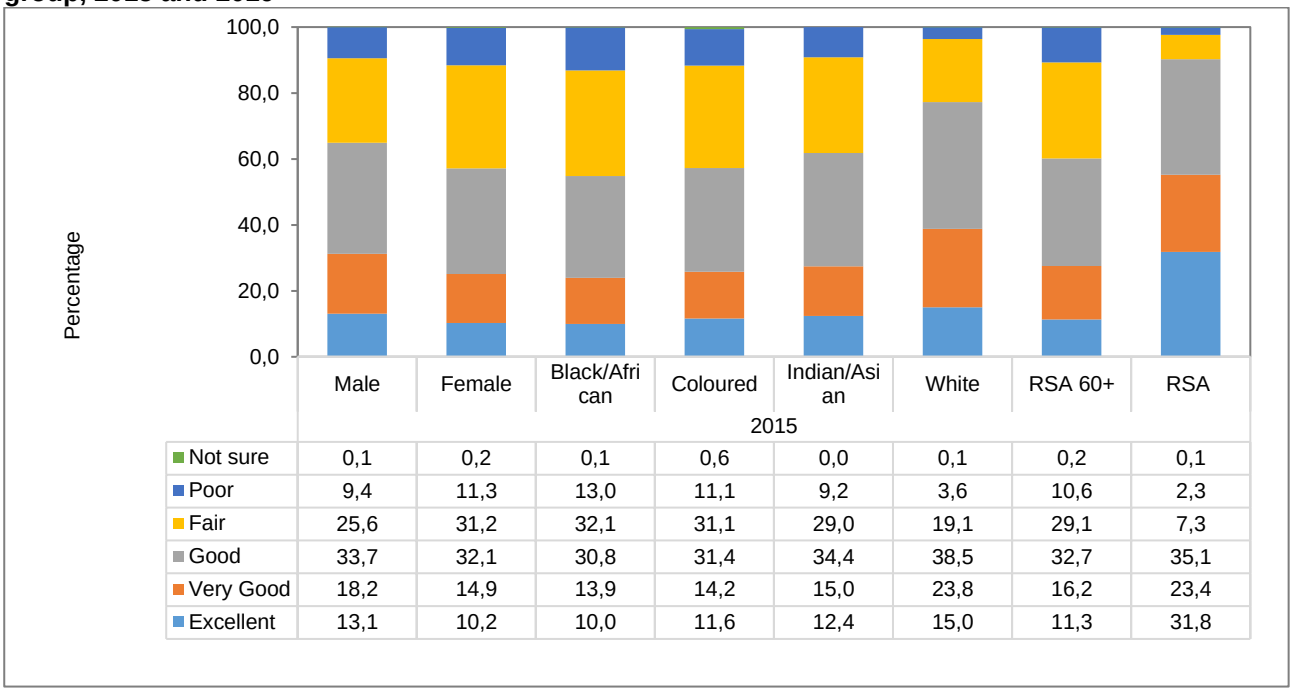
Figure 6.5: Subjective health status of persons 60 years and older by province, 2015 and 2019



Source: GHS 2015 and GHS 2019

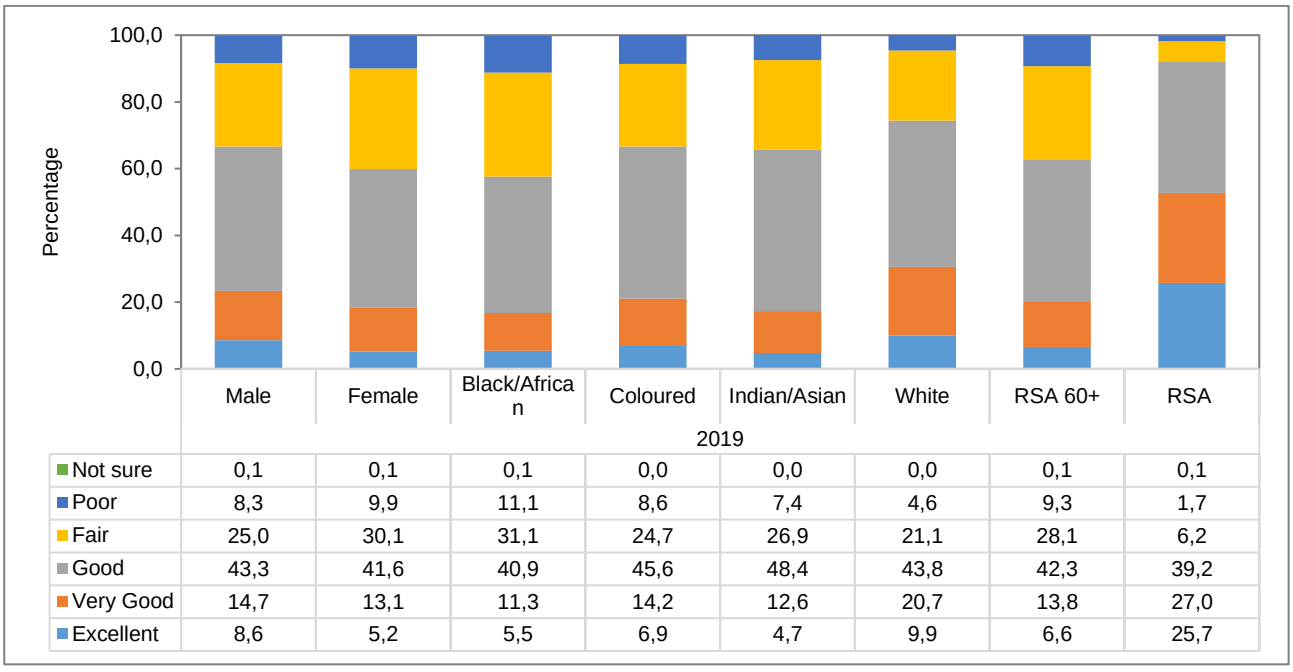
Figure 6.5 shows provincial distributions of the subjective health status of persons 60 years and older between 2015 and 2019. According to Figure 6.5, more than 60% of persons aged 60 years and older ranked their health status as excellent/very good or good for both years of reporting. However, there were considerable provincial variations. The elderly living in Northern Cape (48,7% in 2015 and 53,1% in 2019) were the more likely to rank their health status as poor while Western Cape and Limpopo were the least likely to rank their health status as poor.

Figure 6.6: Subjective health status of individuals aged 60 years and older by sex and population group, 2015 and 2019



2015	Male	Female	Black/African	Coloured	Indian/Asian	White	RSA 60+	RSA
Not sure	0,1	0,2	0,1	0,6	0,0	0,1	0,2	0,1
Poor	9,4	11,3	13,0	11,1	9,2	3,6	10,6	2,3
Fair	25,6	31,2	32,1	31,1	29,0	19,1	29,1	7,3
Good	33,7	32,1	30,8	31,4	34,4	38,5	32,7	35,1
Very Good	18,2	14,9	13,9	14,2	15,0	23,8	16,2	23,4
Excellent	13,1	10,2	10,0	11,6	12,4	15,0	11,3	31,8

Source: GHS 2015



2019	Male	Female	Black/African	Coloured	Indian/Asian	White	RSA 60+	RSA
Not sure	0,1	0,1	0,1	0,0	0,0	0,0	0,1	0,1
Poor	8,3	9,9	11,1	8,6	7,4	4,6	9,3	1,7
Fair	25,0	30,1	31,1	24,7	26,9	21,1	28,1	6,2
Good	43,3	41,6	40,9	45,6	48,4	43,8	42,3	39,2
Very Good	14,7	13,1	11,3	14,2	12,6	20,7	13,8	27,0
Excellent	8,6	5,2	5,5	6,9	4,7	9,9	6,6	25,7

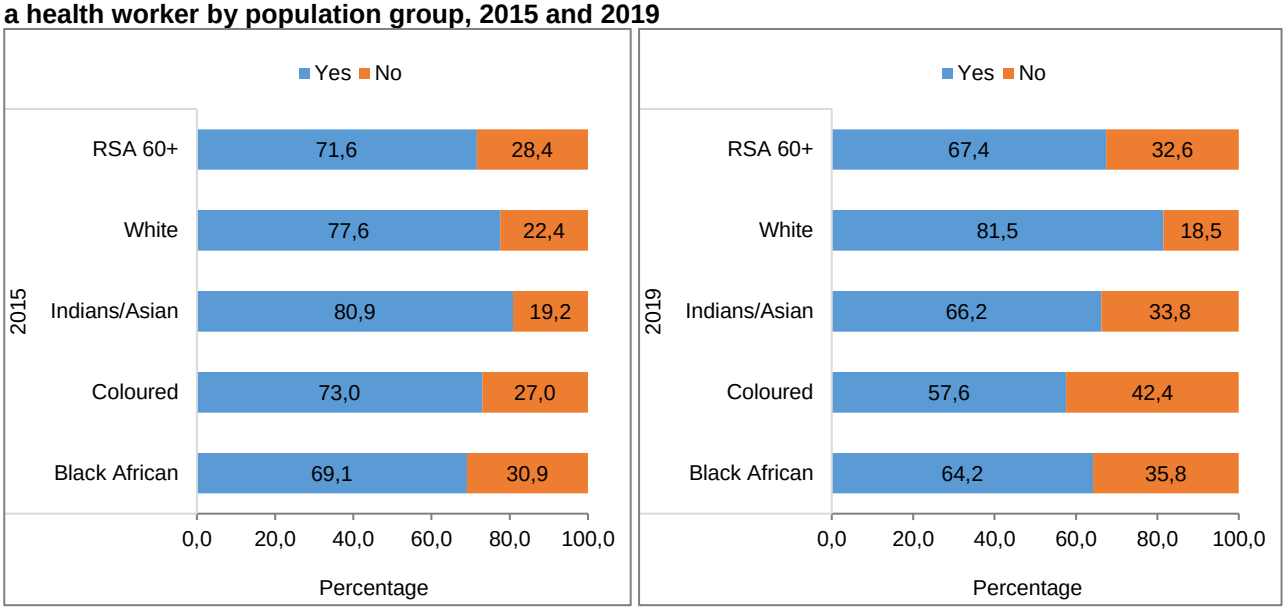
Source: GHS 2019

According to Figure 6.6, females were more likely than males to rate their health status as fair or poor. Generally, among population groups, the ranking of health status as excellent/ very good dropped in 2019. More than a third of whites (38,8% in 2015 to 30,6% in 2019) considered their health as excellent or very good compared to (23,9% in 2015 and 16,8% in 2019) of black Africans, coloureds (25,8% in 2015 to 21,1% in 2019) and Indians/Asians (27,4% in 2015 to 17,3% in 2019). Between 2015 and 2019, there was a substantial increase on the percentages of elderly who ranked their health status as good across all population groups. The elderly coloureds recorded the highest increase of 14,2 percentage points, followed by Indian/Asian population (14 percentage points) and black Africans (10,1 percentage points). The white elderly population realised the least increase of 5,3 percentage points.

6.3.3 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. The responses to the question as to whether they consulted a healthcare worker as a result of this illness are summarised in the figure below:

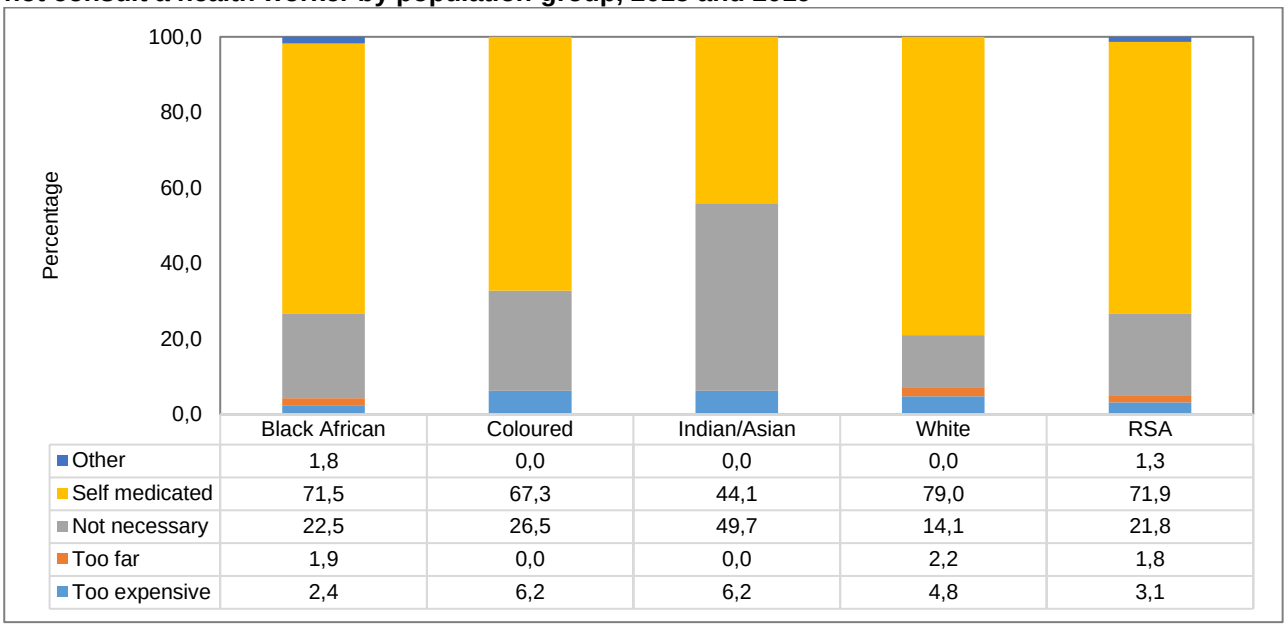
Figure 6.7: Percentage of the elderly who were ill in the 3 months preceding the survey who consulted a health worker by population group, 2015 and 2019



Source: GHS 2015 and GHS 2019

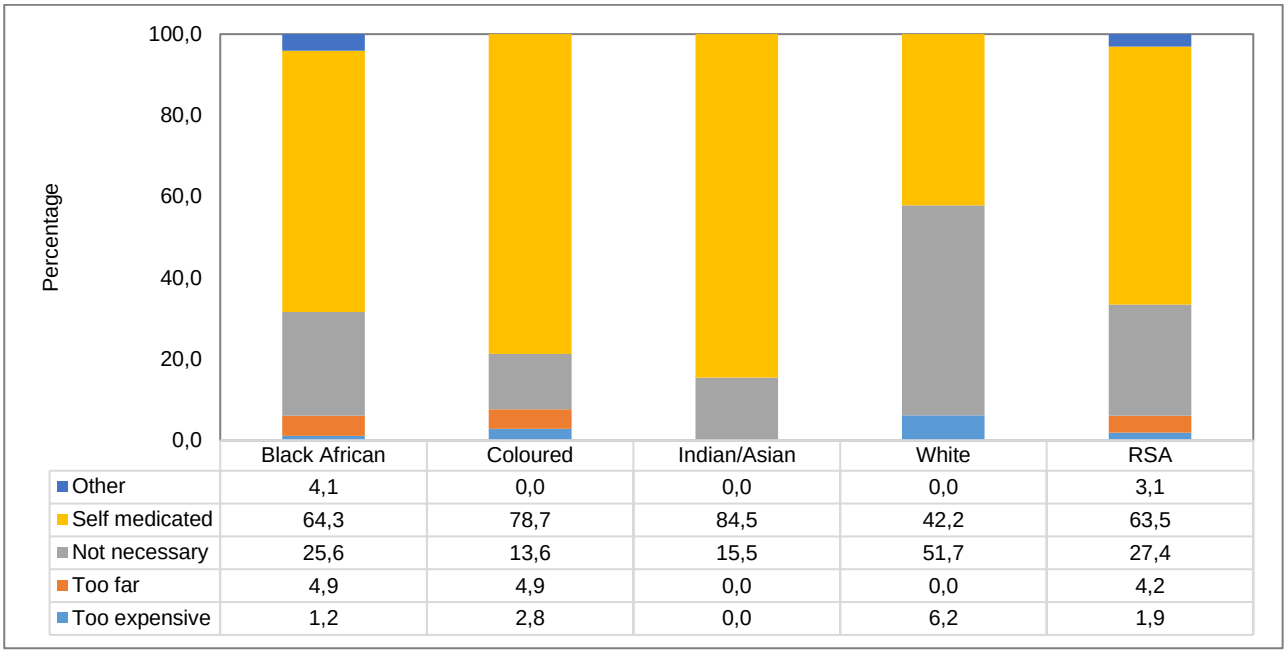
Seeking health care can sometimes be expensive and time-consuming. Figure 6.7 illustrates the percentage of the elderly who were ill in the three months preceding the survey who consulted a healthcare worker by population group between 2015 and 2019. During 2015, 71,6% of the elderly in South Africa were more likely to consult a healthcare worker when they were ill compared to 67,4% in 2019. Compared to other population groups, black African elderly persons were less likely to consult a healthcare worker when ill. This was further affirmed by a decline of 4,9 percentage points recorded by this group in 2019.

Figure 6.8: The reasons among the elderly who were ill in the 3 months preceding the survey who did not consult a health worker by population group, 2015 and 2019



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

Source: GHS 2015



	Black African	Coloured	Indian/Asian	White	RSA
Other	4,1	0,0	0,0	0,0	3,1
Self medicated	64,3	78,7	84,5	42,2	63,5
Not necessary	25,6	13,6	15,5	51,7	27,4
Too far	4,9	4,9	0,0	0,0	4,2
Too expensive	1,2	2,8	0,0	6,2	1,9

Source: GHS 2019

Figure 6.8 shows the reasons the elderly who were ill but did not consult a health worker. It is evident that, of those who did not consult a healthcare worker, (71,9% in 2015 and 63,5% in 2019) self-medicated or felt that it was not necessary (21,8% in 2015 and 27,4% in 2019).

Table 6.1: Percentage of elderly persons diagnosed with selected conditions by a doctor/nurse/healthcare worker and whether they are taking medication or not, 2015 and 2019

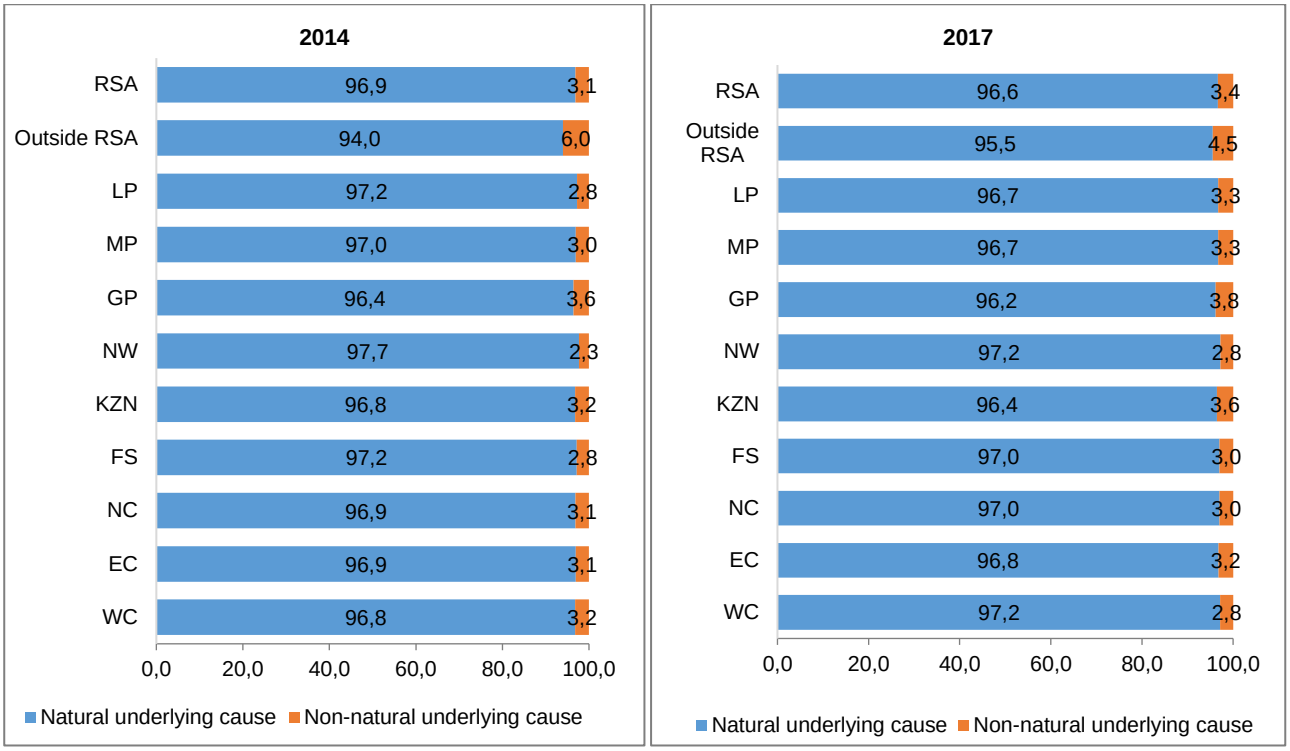
	2015				2019			
	Male	Female	RSA		Male	Female	RSA	
Chronic condition	Per cent	Per cent	N('000)	Per cent	Per cent	Per cent	N('000)	Per cent
Arthritis	8,8	16,4	**611**	**13,9**	9,2	18,7	**757**	**15,6**
Asthma	4,8	5,0	**215**	**4,9**	4,9	3,9	**213**	**4,2**
Bronchitis	1,1	0,4	**33**	**0,6**	0,5	0,7	**47**	**0,6**
Cancer	2,1	1,1	**68**	**1,4**	2,1	1,0	**90**	**1,4**
Diabetes	16,4	15,0	**699**	**15,5**	16,9	16,5	**859**	**16,6**
Epileptic seizure	1,0	0,6	**32**	**0,7**	1,0	0,5	**32**	**0,7**
HIV and AIDS	1,8	1,9	**80**	**1,9**	2,4	1,8	**85**	**2,0**
Heart attack	4,2	3,4	**168**	**3,7**	3,6	3,1	**183**	**3,3**
High Blood Pressure	43,8	46,6	**2 012**	**45,7**	47,6	47,2	**2 347**	**47,3**
High cholesterol	5,5	2,5	**196**	**3,5**	4,9	2,7	**236**	**3,4**
Malaria	*	*	*****	*****	0,1	0,0	**2**	**0,0**
Meningitis and sinusitis	0,6	0,4	**23**	**0,5**	0,3	0,3	**21**	**0,3**
Mental illness	1,3	0,8	**43**	**1,0**	1,5	0,6	**45**	**0,9**
Osteoporosis	0,7	0,8	**40**	**0,7**	0,3	0,6	**40**	**0,5**
Pneumonia	0,7	0,3	**20**	**0,4**	0,2	0,1	**9**	**0,2**
Stroke	2,6	1,8	**90**	**2,1**	2,6	1,8	**109**	**2,1**
Tuberculosis	1,8	0,8	**44**	**1,2**	1,9	0,4	**39**	**0,9**
Other	2,8	2,0	**106**	**2,3**	*	*	*****	*****

Source: GHS 2015 and GHS 2019

According to Table 6.1, the three health conditions most common amongst the elderly were high blood pressure, diabetes and arthritis. Between 2015 and 2019, elderly persons who suffered from these conditions increased by 1,6 percentage points, 1,1 percentage points and 1,7 percentage points respectively. In 2019, elderly females were most likely to suffer from arthritis than their male counterparts. Other conditions that affected the elderly include asthma, high cholesterol, stroke and heart attack.

6.4 Causes of death

Figure 6.9: Natural and unnatural causes of death of persons aged 60 years and older by province, 2014 and 2017



Source: Mortality and Causes of death 2014 and 2017

Nationally, over 95% of elderly persons died of natural causes and the rest being unnatural causes. There were no significant provincial variations in the causes of death of the elderly.

Table 6.2 contains the underlying causes of death of individuals aged 60 years and older per province. The breakdown of the most common underlying causes of deaths recorded in 2017 for persons aged 60 years and older can be summarised as follows:

- **Circulatory system:** 57 994 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:** 31 852 were grouped as Symptoms and signs not elsewhere classified (R000R99),
- **Neoplasms:** 25 456 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:** 22 159 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:** 21 132 deaths were caused by Endocrine, nutritional and metabolic diseases (E000E90), and more specifically, Diabetes mellitus (E10-E14),

- **Certain infectious and parasitic diseases (A000B99):**15 278 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 6.2, nationally and across all provinces, the probability of someone dying from diseases of the circulatory system remained the highest out 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 the Western Cape and Northern Cape, Unclassified diseases came second in most provinces (except for the Western Cape and Northern Cape), followed closely by respiratory diseases. 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.

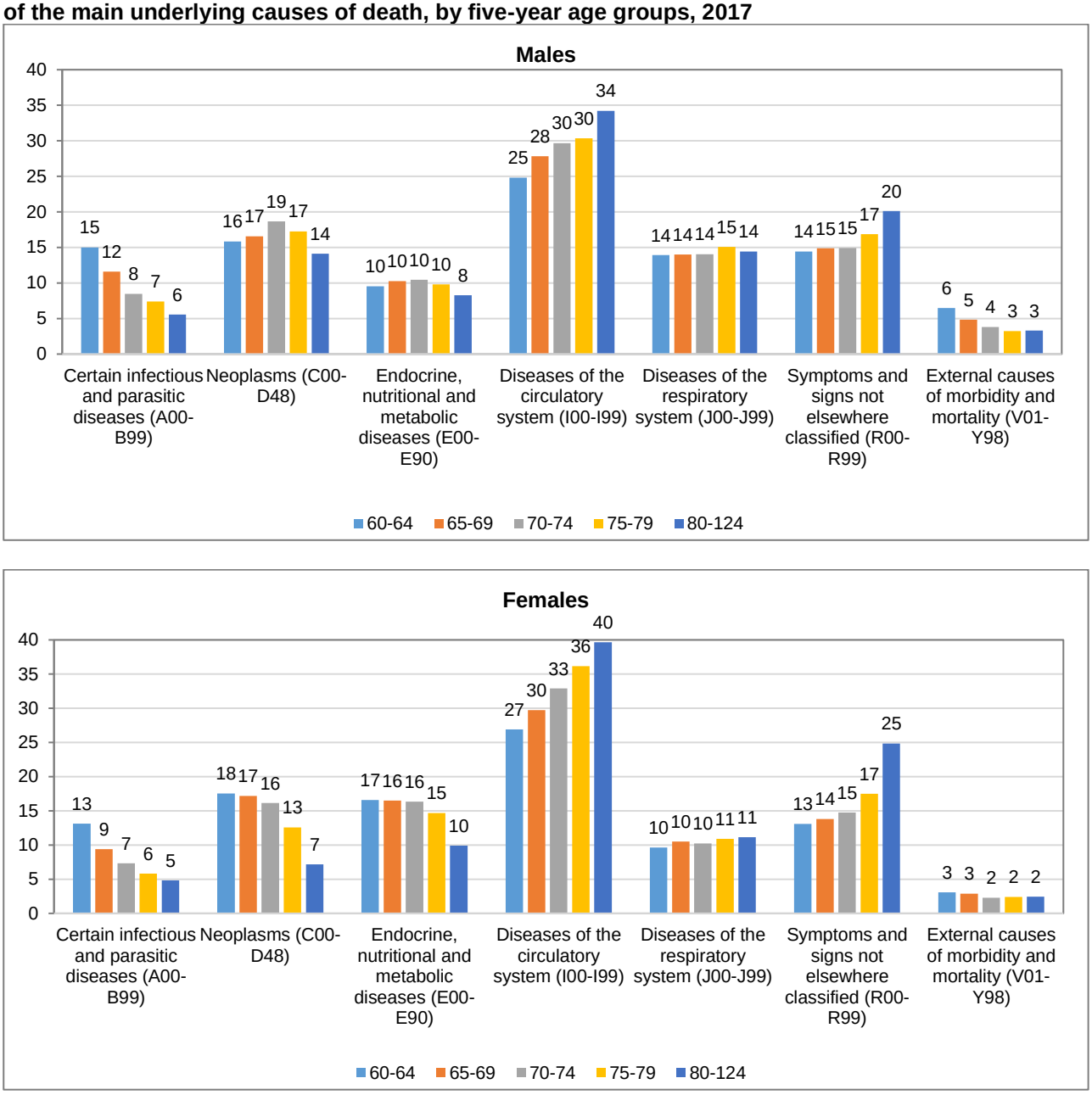
Table 6.2: Underlying main cause of death of individuals aged 60 years and older, by province 2017

	2017										
	Province										
Underlying main cause of death	**WC**	**EC**	**NC**	**FS**	**KZN**	**NW**	**GP**	**MP**	**LP**	**Other[26]**	**RSA**
Diseases of the circulatory system (I000I99)	30,3	26,0	33,2	31,9	34,3	31,0	28,2	34,0	26,8	29,5	**29,9**
Symptoms and signs not elsewhere classified (R000R99)	4,9	22,8	10,6	14,9	14,1	20,7	17,3	13,5	25,1	12,0	**16,5**
Neoplasms (C000D48)	24,3	11,1	15,8	10,8	10,8	10,2	15,3	8,4	7,6	16,7	**13,2**
Diseases of the respiratory system (J000J99)	11,6	12,7	14,9	13,1	8,7	10,3	12,1	11,8	11,3	11,3	**11,5**
Endocrine; nutritional and metabolic diseases (E000E90)	12,9	9,7	8,6	10,6	13,5	9,4	9,3	11,4	11,1	11,0	**10,9**
Certain infectious and parasitic diseases (A000B99)	5,1	8,9	7,9	8,8	9,0	8,6	6,1	10,9	8,4	8,0	**7,9**
External causes of morbidity and mortality (V010Y98)	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	**0**
Diseases of the digestive system (K000K93)	2,4	2,1	2,4	2,9	2,7	2,7	3,2	3,0	2,8	2,8	**2,7**
Diseases of the genitourinary system (N000N99)	2,2	1,8	2,0	2,9	3,1	2,4	3,3	2,9	3,3	2,8	**2,7**
Diseases of the nervous system (G000G99)	2,7	1,9	1,5	1,2	1,2	1,2	1,9	1,1	0,8	2,0	**1,6**
Diseases of the blood and immune mechanism (D500D89	0,4	0,9	1,0	1,5	0,8	1,6	1,0	1,7	1,2	1,0	**1,0**
Mental and behavioural disorders (F000F99)	2,2	1,1	0,8	0,7	0,6	0,6	1,2	0,5	0,4	1,3	**1,0**
Diseases of the musculoskeletal system etc, (M000M99)	0,5	0,6	0,5	0,4	0,5	0,7	0,6	0,3	0,6	0,8	**0,6**
Diseases of the skin and subcutaneous tissue (L000L99)	0,3	0,5	0,5	0,4	0,6	0,5	0,4	0,6	0,6	0,5	**0,5**
Congenital malformations (Q000Q99)	0,1	0,0	0,1	0,1	0,0	0,0	0,0	0,0	0,0	0,1	**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**

Source: Mortality and Causes of death 2017

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

Figure 6.10: 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, 2017



Source: Mortality and Causes of death 2017

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 likelihood of dying from certain infectious diseases. This probability declined with age for both males and females.

Even though the chance of dying with of neoplasms declined with age amongst females, males were likely of dying of neoplasms, this increased slightly until age 79. Females of all ages were more likely than males of all ages to die of endocrinal and metabolic disorders. After age 69, endocrinal and metabolic disorders as a cause of death amongst females declined. There were more males than females who died of diseases of the respiratory system. However, the likelihood of this disease being the cause of death was evenly distributed amongst all age groups for both sexes.

6.5 Conclusion

Life expectancy of women has increased from 67,2 to 71,3 years during the past 18 years (between 2002 and 2020), whilst life expectancy for men was just below 65 years. Gauteng and Western Cape are currently leading with regard to having higher life expectancy for both males and females.

In 2019, nearly a quarter (24,3%) 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 (74,0%), which accounted for almost three-quarters of the coverage share. Black Africans had a negligible coverage share of 6,5%. Gender imbalances in medical aid coverage amongst the elderly have manifested as males enjoying higher coverage (26,4% in 2015 to 27,1% in 2019) than females (20,7% in 2015 to 22,4% in 2019). During the period, the majority of elderly persons made use of public facilities for their healthcare 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 such.

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 7: PUBLIC SAFETY

7.1 Introduction

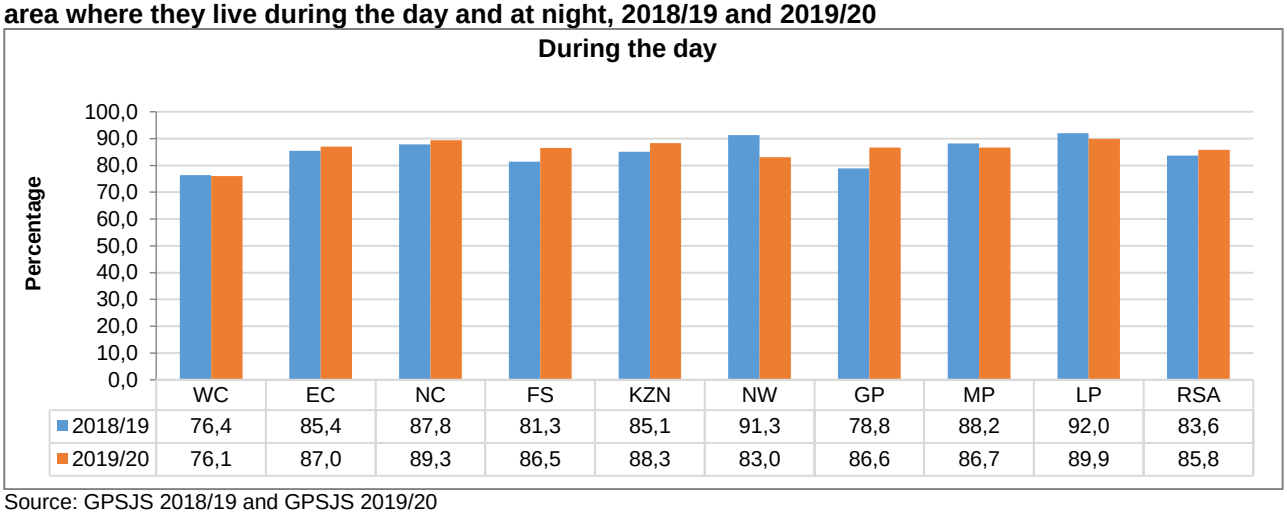
Chapter 12 of the National Development Plan lists crime reduction as one of its strategic priorities and envisions that people living in South Africa should have no fear of crime. In line with this, priority 6 of the Medium Term Strategic Framework (MTSF) (2019–2024) advocate for: “Social Cohesion and Safer Communities”. One of the broad strategic outcomes of this priority is:

“Increased feelings of safety in communities”.

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 sources for this chapter will mainly be the Victims of Crime Survey (VOCS) and Governance Public Safety and Justice Survey (GPSJS).

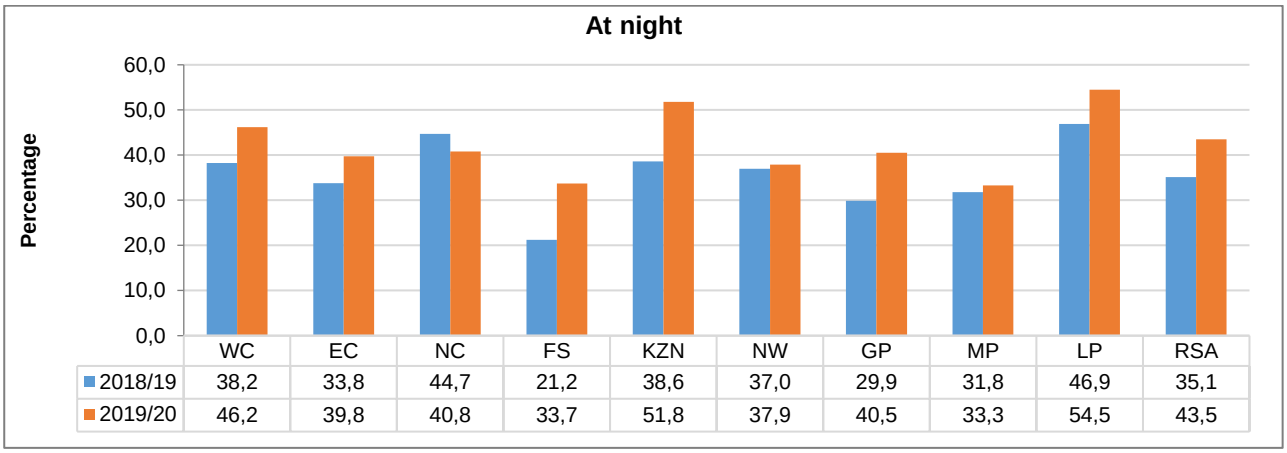
7.2 Feelings of safety

Figure 7.1: Percentage distribution of persons aged 60 years and older who feel safe walking in the area where they live during the day and at night, 2018/19 and 2019/20



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2018/19	76,4	85,4	87,8	81,3	85,1	91,3	78,8	88,2	92,0	83,6
2019/20	76,1	87,0	89,3	86,5	88,3	83,0	86,6	86,7	89,9	85,8

Source: GPSJS 2018/19 and GPSJS 2019/20

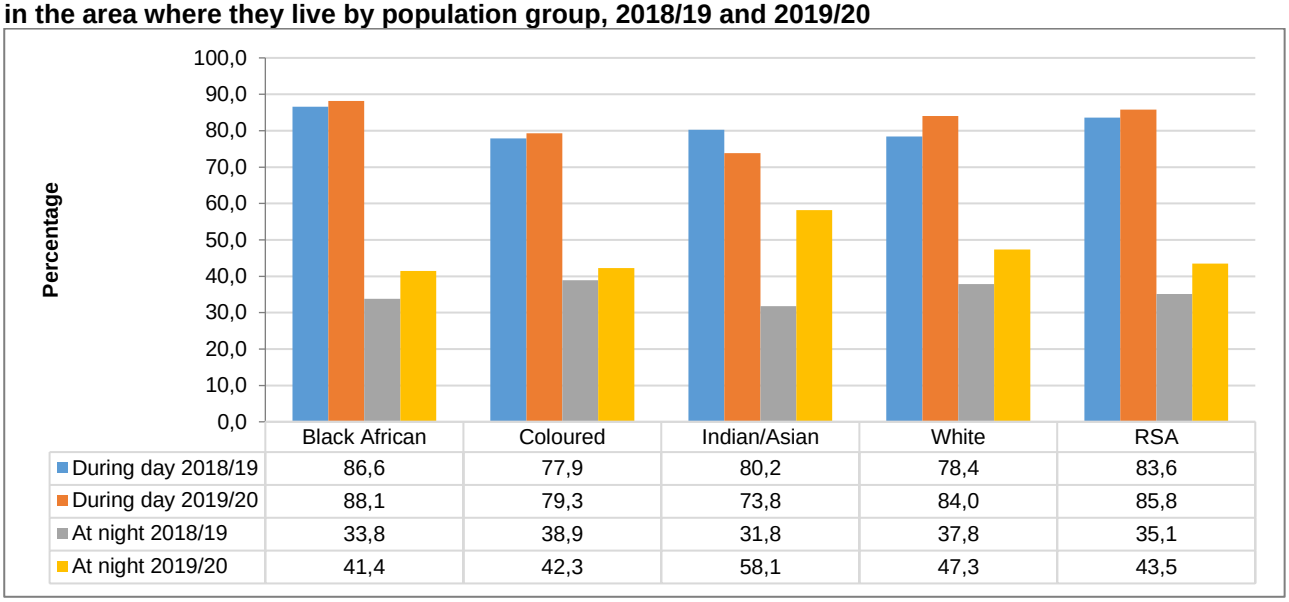


	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2018/19	38,2	33,8	44,7	21,2	38,6	37,0	29,9	31,8	46,9	35,1
2019/20	46,2	39,8	40,8	33,7	51,8	37,9	40,5	33,3	54,5	43,5

Source: GPSJS 2018/19 and GPSJS 2019/20

Figure 7.1 shows the percentage of elderly persons who feel safe walking alone in the area where they live during the day and at night. The results show that elderly persons felt safer in 2019/20 when walking around their areas at night or during the day than in 2018/19. Nationally, the percentage of elderly persons who felt safe at night increased by 8,4 percentage points and during the day by 2,2 percentage points. Gauteng (7,8 percentage points) and Free State (5,2 percentage points) recorded the largest percentage increases in elderly persons who felt a lot safer to walking alone during the day. At night, elderly persons felt a lot safer to walk alone in KwaZulu-Natal (13,2 percentage points), Free State (12,5 percentage points) and Gauteng (10,6 percentage points).

Figure 7.2: Percentage distribution of elderly persons who feel safe walking during the day and at night in the area where they live by population group, 2018/19 and 2019/20



	Black African	Coloured	Indian/Asian	White	RSA
During day 2018/19	86,6	77,9	80,2	78,4	83,6
During day 2019/20	88,1	79,3	73,8	84,0	85,8
At night 2018/19	33,8	38,9	31,8	37,8	35,1
At night 2019/20	41,4	42,3	58,1	47,3	43,5

Source: GPSJS 2018/19 and GPSJS 2019/20

Figure 7.2 shows that during the past two years, feelings of safety during the day have improved for all population groups except the Indian/Asian population where a decline of 6,4 percentage points was recorded from 80,2% (2018/19) to 73,8% (2019/20). However, elderly persons across all population groups felt a lot safer to walking alone during the night. The Indian/Asian population recorded the highest increase of 26,3 percentage points during this period. Similar to Indian/Asian elderly, both white and black African elderly recorded significant increases in the percentage of elderly who felt safe walking alone during the night (9,5 percentage points for whites and 7,6 percentage points for black Africans).

Table 7.1: Percentage of elderly household heads whose households feel safe or unsafe walking alone in their area during the day and at night by sex, 2018/19 and 2019/20

Time period	Year	Feelings of safety	Male	Female	RSA
During the day	2018/19	Safe	86,6	81,6	83,6
		Unsafe	13,4	18,4	16,4
	2019/20	Safe	85,1	86,2	85,8
		Unsafe	14,9	13,8	14,2
At night	2018/19	Safe	37,7	33,4	35,1
		Unsafe	62,4	66,6	64,9
	2019/20	Safe	45,9	41,9	43,5
		Unsafe	54,1	58,1	56,5

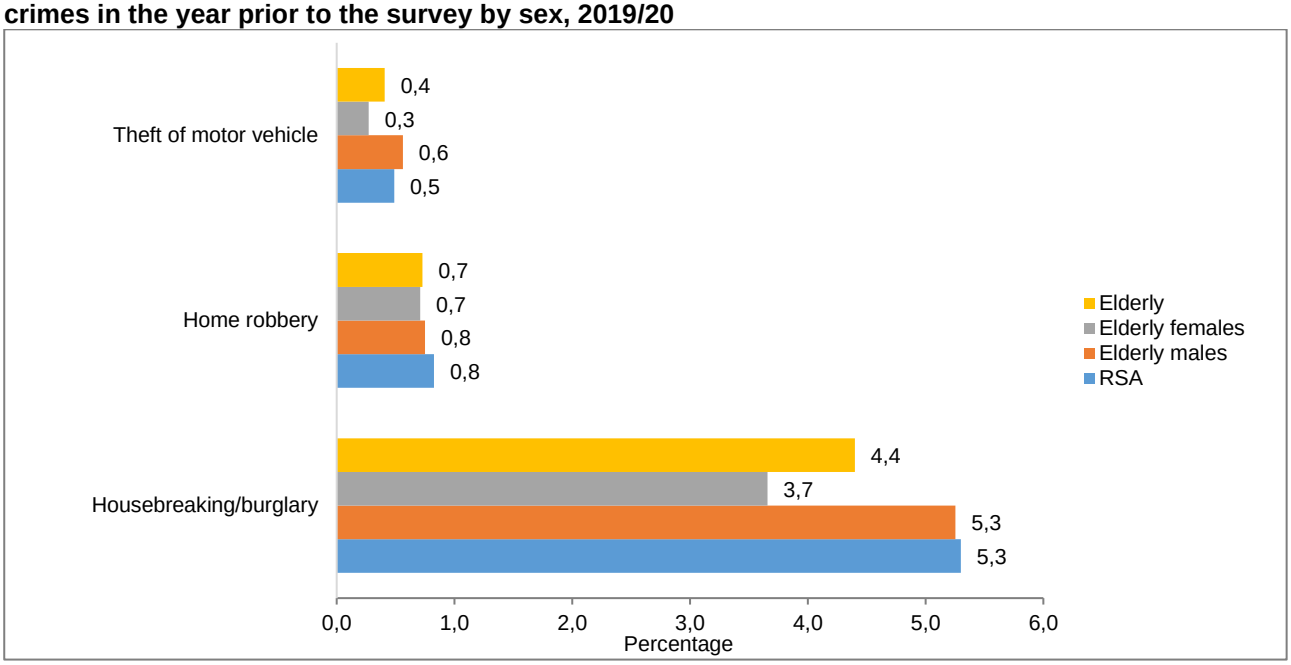
Source: GPSJS 2018/19 and GPSJS 2019/20

According to Table 7.1, females were slightly more likely to feel safe when walking alone in their area during the day than males in 2019/20. Between 2018/19 and 2019/20, the percentage of males who felt safe when walking alone during the day declined, whilst feelings of elderly females improved by 4,6 percentage points.

Feelings of safety during the night improved for both males and females, though females were less likely to feel safe than their male counterparts. During this period, the percentage of males who feel safe to walking alone at night increased from 37,7% in 2018/19 to 45,9% in 2019/20, whereas females increased from 33,4% in 2018/19 to 41,9% in 2019/20.

7.3 Incidence of household crime

Figure 7.3: Percentage distribution of household heads affected by the most common household crimes in the year prior to the survey by sex, 2019/20



Source: GPSJS 2019/20

Figure 7.3 shows that the likelihood of elderly male-headed households being victims to the most common household crimes was higher than that of households headed by elderly females. In 2019/20, the incidences of both home robbery and housebreaking/burglary (which takes place without contact between the victim and perpetrator) amongst elderly male-headed households were similar to those of households in general.

Households headed by elderly males were more susceptible to fall victims to the theft of the motor vehicle. Incidences of this crime among elderly males surpassed that of households in general.

Table 7.2: Elderly household heads affected by crimes in the year prior to the survey by sex, 2015/16 and 2019/20

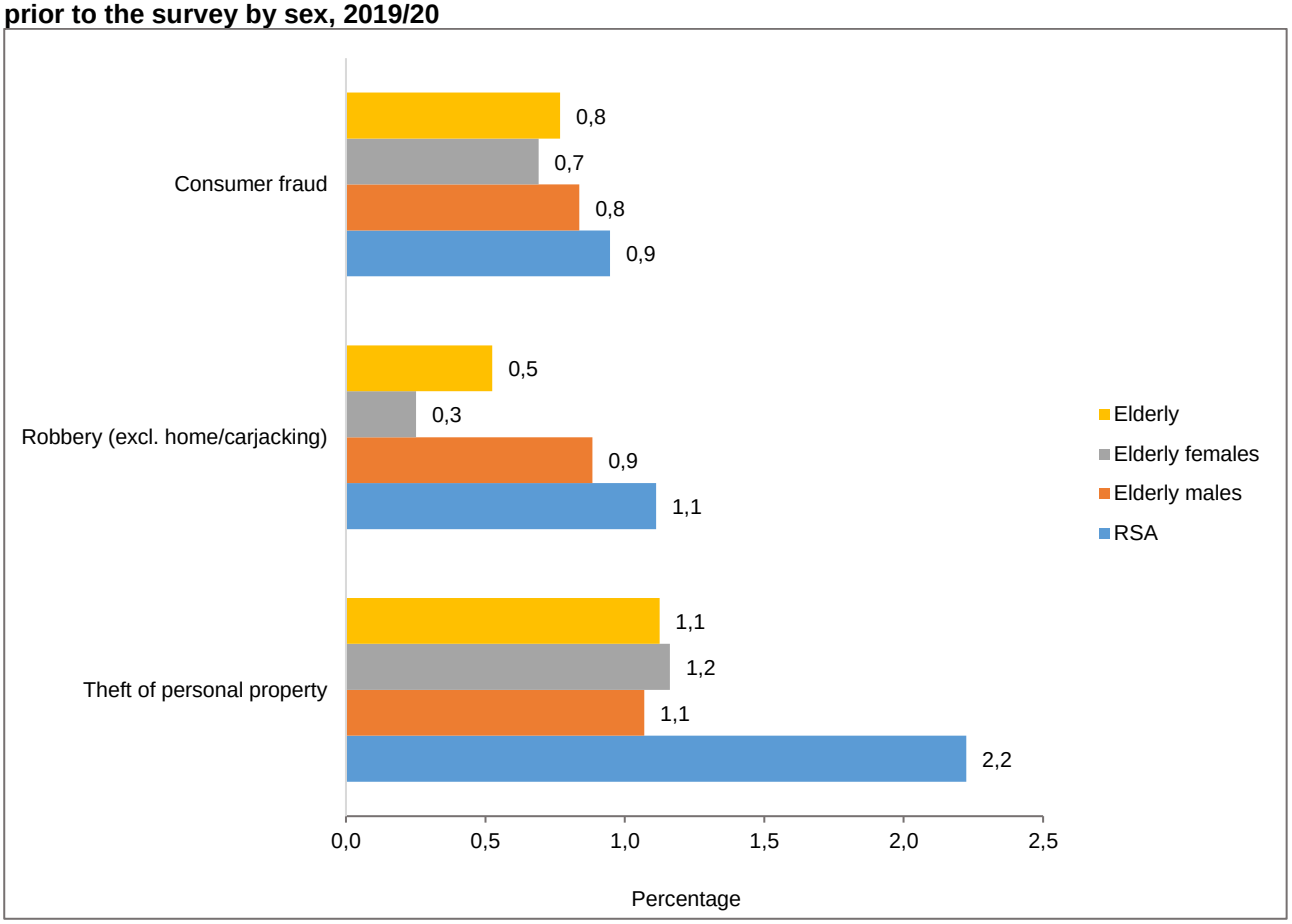
	2015/2016			2019/2020		
	N('000)			N('000)		
Type of crime	**Male**	**Female**	**RSA**	**Male**	**Female**	**RSA**
Total	**1 450**	**1 684**	**3 134**	**1 599**	**1 832**	**3 432**
Theft of motor vehicle	12	5	**17**	9	5	**14**
Housebreaking/burglary	58	56	**114**	84	67	**151**
Home robbery	19	16	**35**	12	13	**25**
Murder	1	*	**1**	1	3	**4**
Deliberate damage to property	5	6	**11**	4	5	**9**
Sexual offence	*	*	*****	,	3	**3**
Assault	*	*	*****	2	2	**4**
	Per cent					
Theft of motor vehicle	0,8	0,3	**0,5**	0,6	0,3	**0,4**
Housebreaking/burglary	4,0	3,3	**3,6**	5,3	3,7	**4,4**
Home robbery	1,3	1,0	**1,1**	0,8	0,7	**0,7**
Murder	0,1	*	**0,0**	0,1	0,2	**0,1**
Deliberate damage to property	0,3	0,4	**0,4**	0,3	0,3	**0,3**
Sexual offence	*	*	*****	*	0,2	**0,1**
Assault	*	*	*****	0,1	0,1	**0,1**

Source: VOCS 2015/2016 and GPSJS 2019/2020

Table 7.2 shows that crimes affecting households headed by the elderly declined between 2015/2016 and 2019/2020, with the exception of housebreaking/burglary. The absolute number of housebreaking/burglary increased from 114 thousand in 2015/2016 to 151 thousand in 2019/2020 (an increase of 37 thousand). This increase is mostly due to the significant increase in the number of households headed by elderly males who reported to be affected by this type of crime (from 58 thousand in 2015/2016 to 84 thousand in 2019/2020). In spite of the decline in the number of elderly-headed households affected by the theft of a motor vehicle, this type of crime remains relatively higher amongst households headed by elderly males compared to their female counterparts. Deliberate damage to property was more prevalent among the house headed by females for both years of reporting.

7.4 Incidence of individual crime

Figure 7.4: Percentage distribution of individuals affected by the most common crimes in the year prior to the survey by sex, 2019/20



Source: GPSJS 2019/20

Figure 7.4 summarises the crimes that most commonly affect elderly individuals and compares these with the prevalence among the population in general. In general, elderly individuals were less likely to be affected by these common crimes than the population in general.

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

Table 7.3: Elderly individuals affected by crimes in the year prior to the survey by sex, 2015/16 and 2019/20

	2015/2016			2019/2020		
	N('000)			N('000)		
Type of crime	**Male**	**Female**	**RSA**	**Male**	**Female**	**RSA**
Total	**1 833**	**2 769**	**4 602**	**2 151**	**3 185**	**5 336**
Theft of personal property	13	35	**47**	23	37	**60**
Hijacking of motor vehicle	4	*	**4**	2	2	**4**
Robbery	7	5	**12**	19	8	**28**
Sexual offence	*	2	**2**	*	2	**2**
Assault	4	2	**7**	2	2	**4**
Consumer fraud	9	12	**22**	18	22	**41**
	Per cent					
Theft of personal property	0,7	1,3	**1,0**	1,1	1,2	**1,1**
Hijacking of motor vehicle	0,2	*	**0,1**	0,1	0,1	**0,1**
Robbery	0,4	0,2	**0,3**	0,9	0,3	**0,5**
Sexual offence	*	0,1	**0,0**	*	0,1	**0,0**
Assault	0,2	0,1	**0,2**	0,1	0,1	**0,1**
Consumer fraud	0,5	0,4	**0,5**	0,8	0,7	**0,8**

Source: VOCS 2015/2016 and GPSJS 2019/2020

In relation to individual crimes, the probability of an elderly person becoming a victim of theft to personal property, consumer fraud and robbery increased between 2015/2016 and 2019/2020. However, for most other crimes the situation remained relatively stable during the reporting period.

7.5 Conclusion

Elderly-headed households felt safer in 2019/2020 when walking alone in their areas at night or during the day than in 2018/2019. Generally, the feelings of safety during the day or at night improved across all population groups. The exception was for the Indian/Asian elderly who felt less safe walking alone in their areas during the day, with a decline of 6,4 percentage points. In 2019/2020, elderly males felt less safe to walking alone in their areas during the day.

Incidences of theft of motor vehicle were more prevalent amongst elderly males than elderly females. For individual crimes, the elderly females were more likely to be affected by the theft of personal property, whilst elderly males were more prone to robbery and consumer fraud.

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CHAPTER 8: TRANSPORT

8.1 Introduction

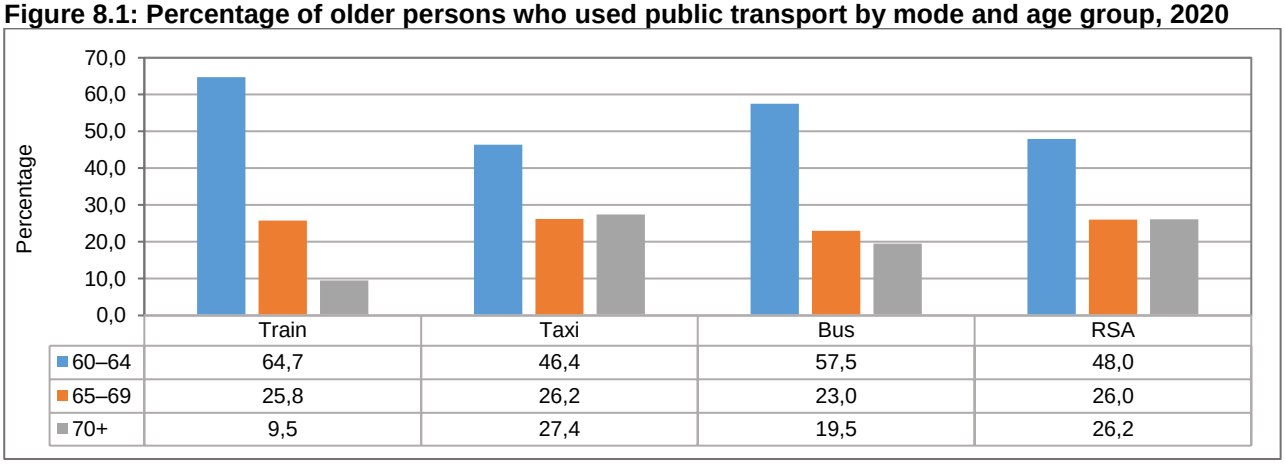
The 2030 Agenda for sustainable development is premised upon on its pledge of leaving no one behind, especially the vulnerable groups, which were previously more prone to be left behind in the country's developmental agenda. The Goal 11 (target 11.2) of this agenda acknowledges the importance of having access to safe, accessible and sustainable transport systems that benefits everyone and further places emphasis on the need to improve road safety and the expansion of public transport, with special attention being given to the needs of the vulnerable groups, including older persons[27]. For older persons to affirm their independency, they need to able to maintain the necessary mobility and their connection to society. Therefore, for elderly persons, the availability and accessibility of suitable modes of transportation is crucial for their continued participation in desired economic, social and recreational activities[28] (McGhee, 1983). The provision of effective transportation further improves access to essential goods, services and healthcare by elderly persons.

This chapter of the report seeks to understand the travel patterns of the elderly persons, their preferences regarding their transportation options and how they stay connected to their communities as they age.

8.2 Public transport use

Improved public transport services can offer viable travel alternatives for all senior age groups, especially for those who are much older and may no longer be able to drive themselves.

Figure 8.1: Percentage of older persons who used public transport by mode and age group, 2020



	Train	Taxi	Bus	RSA
60–64	64,7	46,4	57,5	48,0
65–69	25,8	26,2	23,0	26,0
70+	9,5	27,4	19,5	26,2

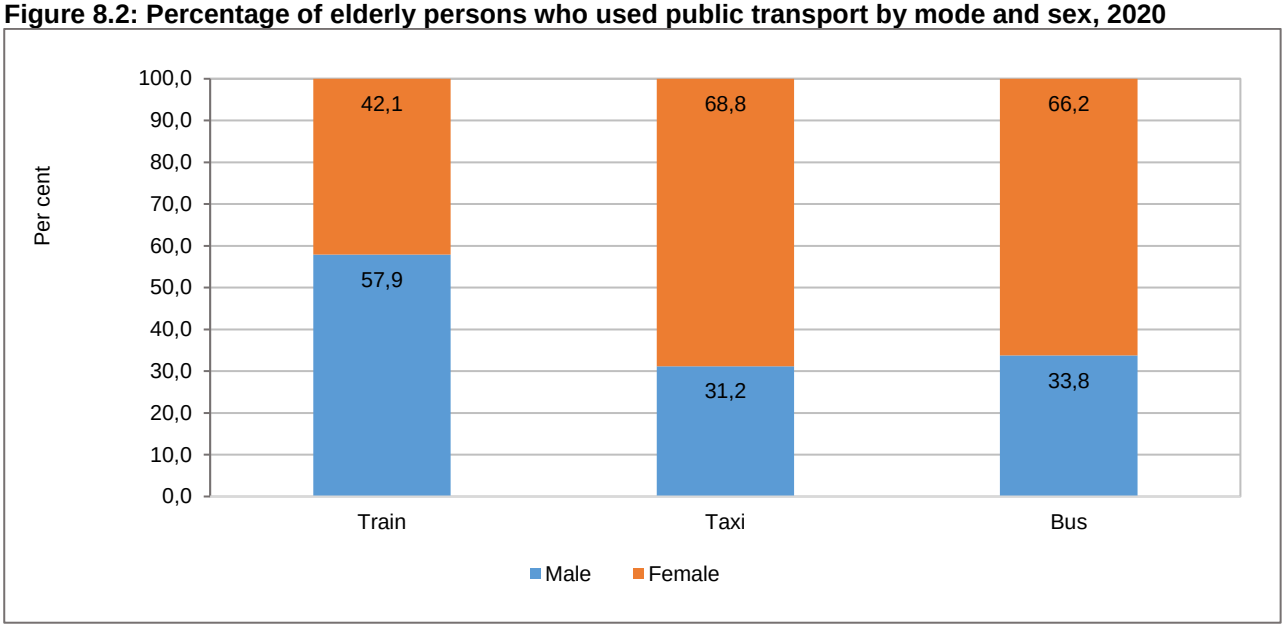
Source: NHTS 2020

Figure 8.1 illustrates the percentage of older persons who used public transport by mode and age group. Nationally, a higher percentage of older persons aged 60–64 years (48,0%) were more likely to use public transport compared to other age groups. Notably, the age group of 65–69, and 70+ years had a negligible difference of a 0,2 percent, with those who are 70 years and older more likely to use public transport.

Looking across the three forms of public transportation, the age group 60–64 years was more inclined to use public transport compared to other age groups. Elderly persons in this age group mostly used a train (64,7%), followed by a bus (57,5%) and a taxi (46,4%). However, as the age increases, a taxi became the most preferred mode of public transport among elderly persons especially those who are between the age groups of 65–69 and 70+ years. Consequently, a train (9,5%) was the least used mode of public transport by elderly persons aged 70+ years.

[27] Transforming our World: The 2030 Agenda for Sustainable Development, A/RES/70/1
[28] Jerrie L. McGhee (1983), "Travel Adaptations Among the Elderly1", Vol 2, Issue 1, 1983

Figure 8.2: Percentage of elderly persons who used public transport by mode and sex, 2020



Source: NHTS 2020

Figure 8.2 depicts gender variation in the preferred mode of public transport among older persons by sex. The analysis through gender lens reveals that a train (57,9%) was the most commonly used mode of transport by elderly males relative to other modes of transport. On the other hand, public transportation preferences among elderly females were more biased towards taxis and buses as over two-thirds of them used these modes of public transportation, taxi (68,8%) and bus (66,2%). This illustrates that whilst elderly females predominantly used either a taxi or a bus to travel, elderly males were much more inclined to use a train than a bus or a taxi.

Table 8.1: Percentage of elderly persons who used public transport by mode and geographic location, 2020

	Train	Taxi	Bus	Total	Train	Taxi	Bus	Total
Geography Type	**N ('000)**				**Per cent**			
Urban	12	312	32	**356**	99,1	55,2	47,4	**55,1**
Rural	*	254	36	**290**	0,9	44,8	52,6	**44,9**
Total	**12**	**566**	**68**	646	**100,0**	**100,0**	**100,0**	**100,0**

Source: NHTS 2020`
* Un-weighted numbers of 3 and below per cell are too small to provide reliable estimates,

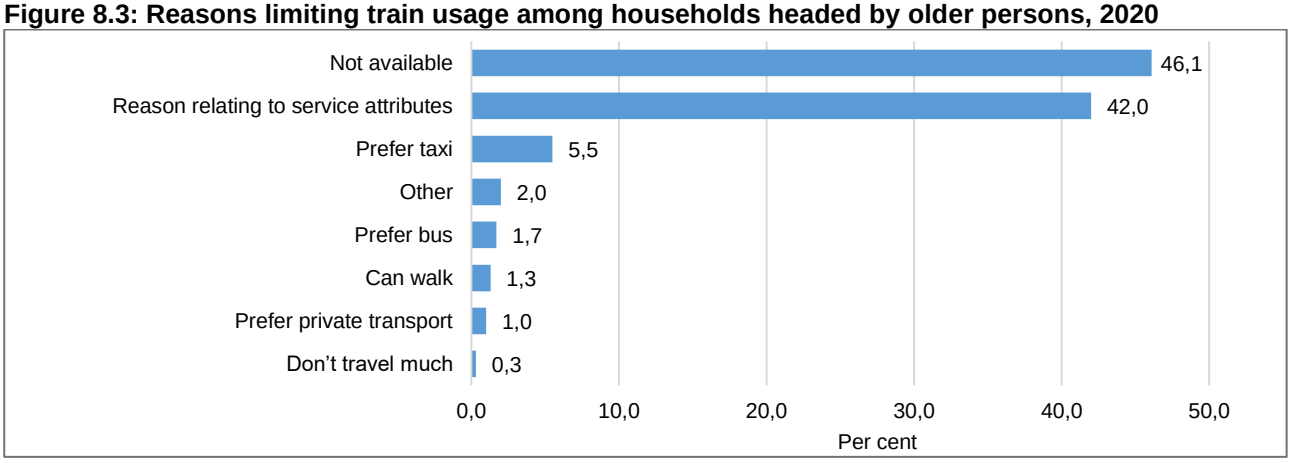
Analysing the usage of public transport by geographical location is crucial to unravel issues surrounding the availability and accessibility of such a transportation system especially to people from rural areas. The passenger transportation from rural areas is largely constituted by buses (either state subsidised or private) and different forms of taxis. As such, Table 8.1 indicates the elderly who used public transport by mode and geographical location. Nationally, over 55% of the elderly residing in urban areas used public transport compared to 44,9% in the rural areas.

The results across geographical location show that almost a hundred percent of older persons who used a train to travel to their destinations were from urban areas. Similarly, more than fifty-five percent of elderly from urban areas indicated to have used a taxi (55,2%) as a mode of transport compared to 44,8% in the rural areas. On the contrary, a higher percentage of older persons residing in rural areas were more likely to use a bus (52,6%) than other modes of transport.

8.3 Factors limiting public transport use

Reasons limiting the use of public transport were asked in the National Households Travel Survey (NHTS) and for the purpose of this report, these reasons are mapped according to the three mode of public transport, for example, train, taxi and a bus.

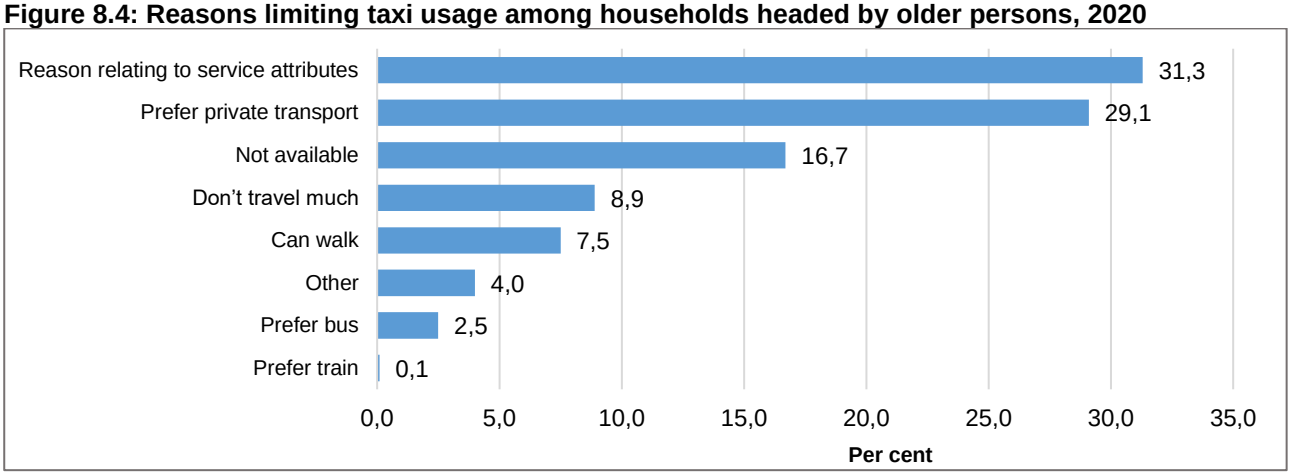
Figure 8.3: Reasons limiting train usage among households headed by older persons, 2020



Source: NHTS 2020

Figure 8.3 shows the main reasons attributed to the limited usage of trains among households headed by the elderly. Among the reasons cited, non-availability of train services accounted for a larger percentage share of 46,1%, followed by the reasons related to service attributes at 42,0%. The third most common reason indicated for the limited use of trains related to the preference to use taxis (5,5%).

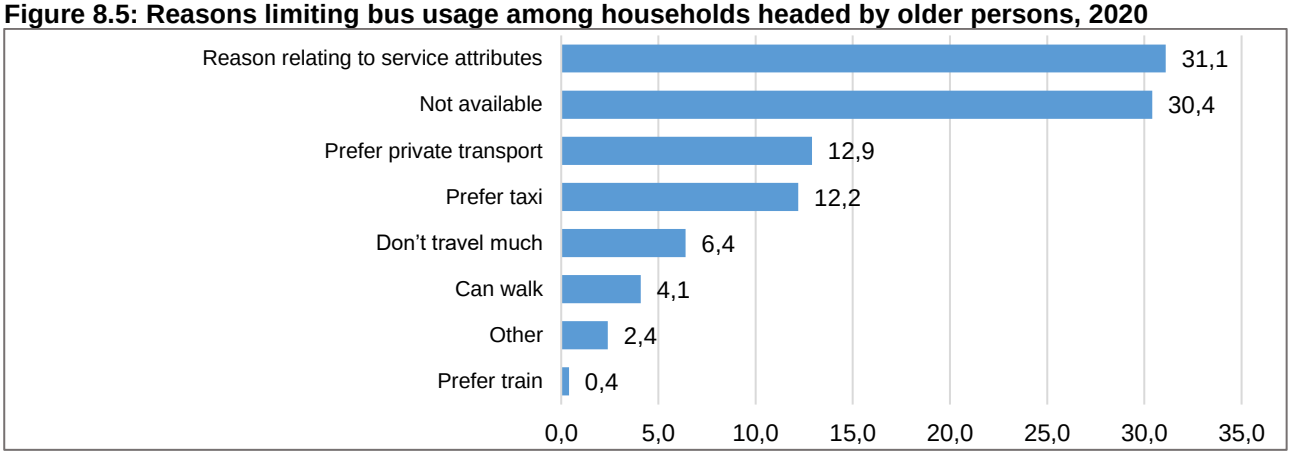
Figure 8.4: Reasons limiting taxi usage among households headed by older persons, 2020



Source: NHTS 2020

Figure 8.4 illustrates the main reasons attributed to the limited use of taxis among households headed by the elderly. The reason related to service attributes (31,3%) accounted for a larger percentage share of the limiting factors cited by these households. The second most common reason cited was due to the preference to use private transport (29,1%). Over sixteen per cent (16,7%) indicated non-availability of taxis as an issue, whilst almost 8,9% of these households indicated that they don't travel much. It is worth noting that about 7,5% of these households indicated walking as one of the reasons for not using taxis.

Figure 8.5: Reasons limiting bus usage among households headed by older persons, 2020



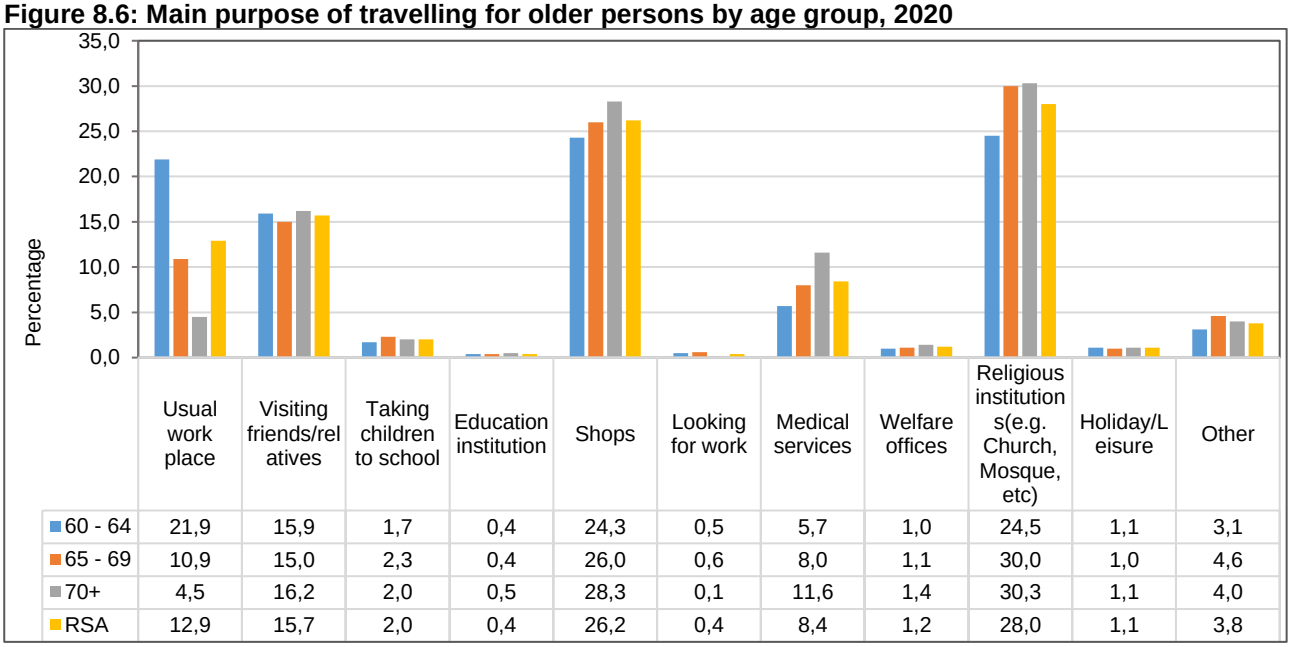
Source: NHTS 2020

Figure 8.5 shows the main reasons attributed to the limited use of buses among households headed by the elderly. The main reason cited for not using buses related to service attributes (31,1%), followed by non-availability of bus services (30,4%). The third reason mentioned related to the preference to use private transport (12,9%) and closely followed by the preference to use taxis (12,2%).

8.4 Travel patterns

South Africa's aged population has been consistently growing over the past few years due to the improvement on life expectancy at birth. As the population ages, it is imperative to put in place mechanisms aimed at assisting the increasing number of older persons to maintain necessary mobility. Older persons mainly travel to meet their daily needs. Therefore, it is crucial to understand their travel patterns in order to ensure that their travel needs are incorporated into the transportation ecosystem.

Figure 8.6: Main purpose of travelling for older persons by age group, 2020



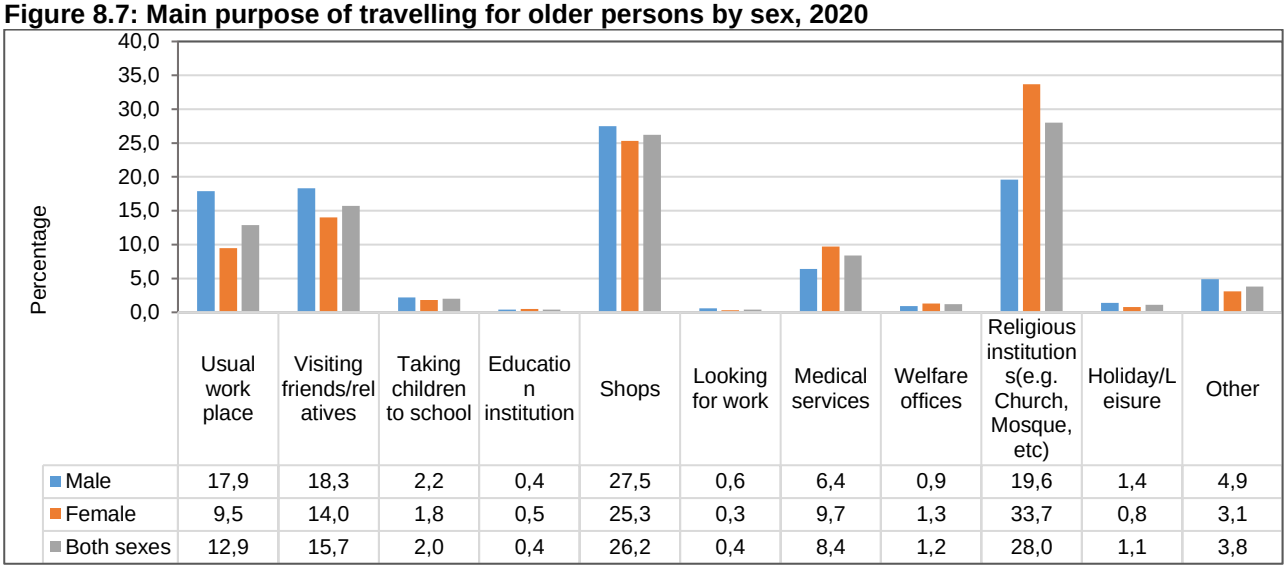
	Usual work place	Visiting friends/relatives	Taking children to school	Education institution	Shops	Looking for work	Medical services	Welfare offices	Religious institutions(e.g. Church, Mosque, etc)	Holiday/Leisure	Other
60 - 64	21,9	15,9	1,7	0,4	24,3	0,5	5,7	1,0	24,5	1,1	3,1
65 - 69	10,9	15,0	2,3	0,4	26,0	0,6	8,0	1,1	30,0	1,0	4,6
70+	4,5	16,2	2,0	0,5	28,3	0,1	11,6	1,4	30,3	1,1	4,0
RSA	12,9	15,7	2,0	0,4	26,2	0,4	8,4	1,2	28,0	1,1	3,8

Source: NHTS 2020

Figure 8.6 summarises the main purpose of travelling for persons aged 60 years and older by age group. Nationally, the top five most common places to travel for older persons are religious institutions (28,0%), shops (26,2%), visiting friends/relatives (15,7%), work place (12,9%) and medical services (8,4%).

Variation across age groups shows that the age group 65–69 years mirrored the travel patterns depicted at the national level. However, most common places to travel do vary for age groups 60–64 and 70+ years especially the ranking of the last three common places. Age group 60–64 mostly travel to religious institutions (24,5%), shops (24,3%), work place (21,9%), visiting friends/relative (15,9%) and medical services (5,7%) whilst 70+ years mostly travel to religious institutions (30,3%), shops (28,3%), visiting friends/relative (16,2%), medical services (11,6%) and work place (4,5%).

Figure 8.7: Main purpose of travelling for older persons by sex, 2020



	Usual work place	Visiting friends/relatives	Taking children to school	Education institution	Shops	Looking for work	Medical services	Welfare offices	Religious institutions(e.g. Church, Mosque, etc)	Holiday/Leisure	Other
Male	17,9	18,3	2,2	0,4	27,5	0,6	6,4	0,9	19,6	1,4	4,9
Female	9,5	14,0	1,8	0,5	25,3	0,3	9,7	1,3	33,7	0,8	3,1
Both sexes	12,9	15,7	2,0	0,4	26,2	0,4	8,4	1,2	28,0	1,1	3,8

Source: NHTS 2020

Figure 8.7 summarises the main purpose of travelling for persons aged 60 years and older by sex. Nationally, as with Figure 8,6 – the top five most common places to travel for older persons are religious institutions, shops, visiting friends/relatives, work place and medical services.

Gender variation reveals that the most common places to travel for elderly females are religious institutions (33,7%), shops (25,3%), visiting friends/relatives (14,0%), medical services (9,7%) and work place (9,5%). On the other hand, elderly males mostly travel to shops (27,5%), religious institution (19,6%), visiting friends/relatives (18,3%), work place (17,9%) and medical services (6,4%).

8.5 Main mode of transport

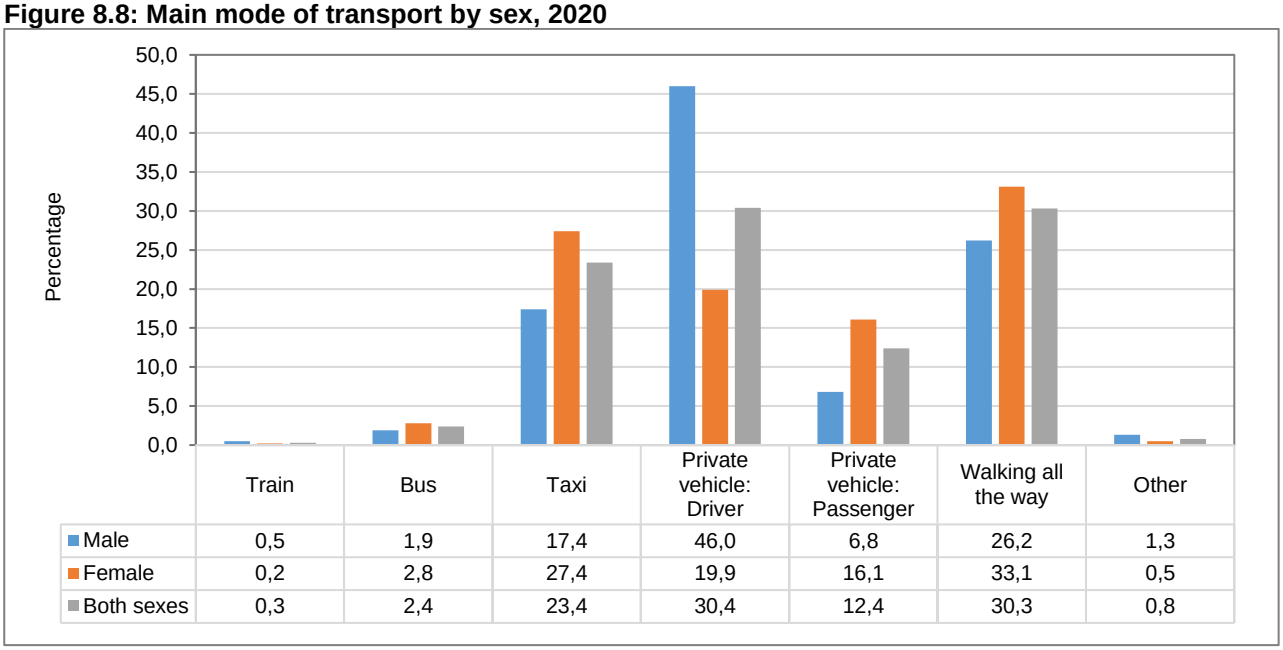
Table 8.2: Main mode of transport by type of transportation system, 2020

Transport system	Transport mode	Commuter (Per cent)
Public Transport	Train	0,3
	Bus	2,4
	Taxi	23,4
Active Transport	Walking	30,3
Private Vehicle	Vehicle driver	30,4
	vehicle passenger	12,4
Other	Other	0,8

Source: NHTS 2020

Table 8.2 shows the main mode of transport used by persons aged 60 years and older by the preferred type of transportation system. The private vehicle is the dominant transport system for elderly persons, accounting for 42,8% (including both 'vehicle driver' and 'vehicle passenger') of all modes of transport. Walking representing the active transport system accounted for 30,3%, which is higher than the combined mode of transport in the public transportation system (train, bus, and taxi) as it is just above the quarter (26,1%).

Figure 8.8: Main mode of transport by sex, 2020

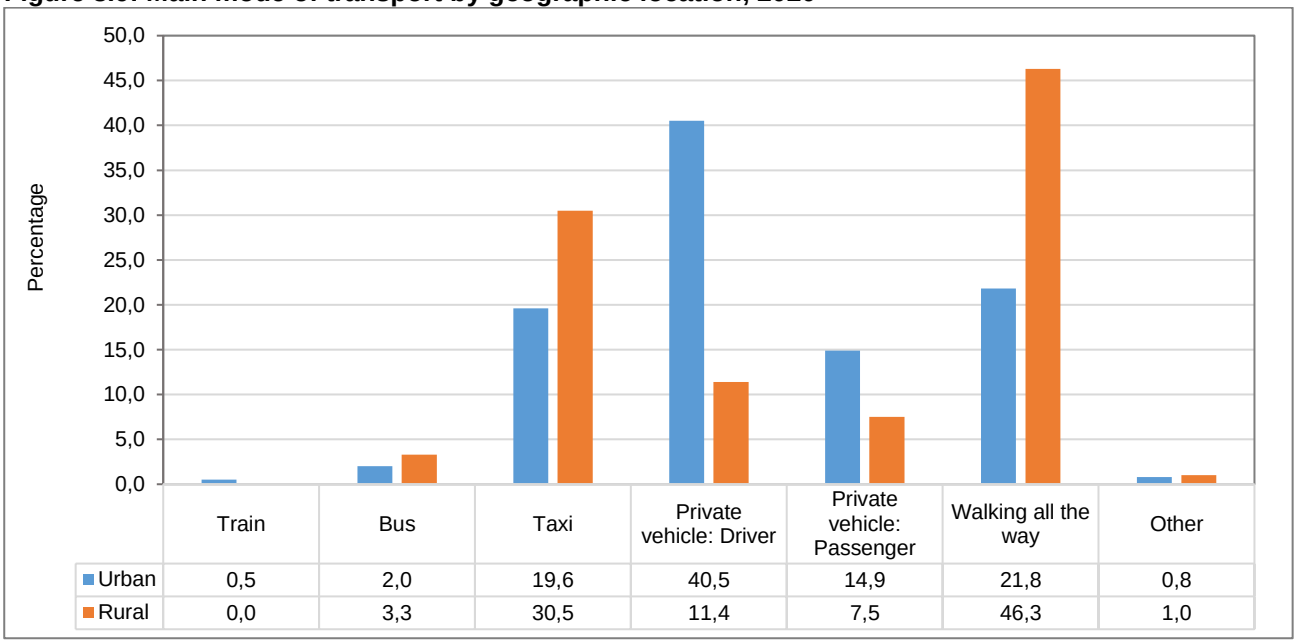


	Train	Bus	Taxi	Private vehicle: Driver	Private vehicle: Passenger	Walking all the way	Other
Male	0,5	1,9	17,4	46,0	6,8	26,2	1,3
Female	0,2	2,8	27,4	19,9	16,1	33,1	0,5
Both sexes	0,3	2,4	23,4	30,4	12,4	30,3	0,8

Source: NHTS 2020

Figure 8.8 illustrates the main mode of transport used by persons aged 60 years and older to reach their destination by sex. The results show that private: vehicle driver (46,0%) was the main mode of travel used by males compared to their female counterparts who were more likely to walk all the way (33,1%) to their destination. Trains were the least used mode of travel for both sexes.

Figure 8.9: Main mode of transport by geographic location, 2020



	Train	Bus	Taxi	Private vehicle: Driver	Private vehicle: Passenger	Walking all the way	Other
Urban	0,5	2,0	19,6	40,5	14,9	21,8	0,8
Rural	0,0	3,3	30,5	11,4	7,5	46,3	1,0

Source: NHTS 2020

According to Figure 8.9, older persons from rural areas indicated walking all the way (46,3%) as their main mode of travel, followed by taxis (30,5%). On the other hand, older persons from urban areas were more likely to use private: vehicle with them as driver (40,5%) as the main mode of travel, followed by walking all the way (21,8%) to their destination.

8.6 Conclusion

Older persons in the age group 60-64 years were more likely to use public transport compared to other age groups, and they mostly used trains (64,7%). However, as age increases, taxis became the most preferred mode of public transport among older persons. Gender variation in the use of public transport revealed that elderly females were more inclined to use taxis and buses compared to their elderly male counterparts who were more likely to use trains. Analysis on factors limiting public transport usage among households headed by the elderly, over 46% of these households who were not using trains attributed that to non-availability of this mode, whilst 42% of them had issues with factors relating to service attributes. Reason relating to service attributes was the main limiting factor cited for not using either taxis or buses.

Elderly travel patterns showed that older persons mostly travel to religious institutions, shops, visiting friends/relatives, workplace and medical services. Over forty-two per cent of elderly used private vehicle (including driver or passenger) as the main mode of transport, whereas over thirty per cent of them indicated walking all the way to their destination as what they use. Public transport as the main mode of transport was the least used mode of transport. Gender analysis on the main mode of transport revealed that over thirty per cent of elderly females walked all the way to their destination whilst their elderly male counterparts used private vehicle (with them as driver). Of those who walk all the way to their destination, over forty-six per cent of them reside in rural areas.

CHAPTER 9: HOUSEHOLD BASIC SERVICES

9.1 Introduction

The South Africa National Development Plan (NDP) calls for all people in the country to have access to adequate housing, affordable and fiscally sustainable access to basic services such as water, sanitation, refuse removal and electricity as well as access to social services and economic opportunities within a reasonable distance. However, service delivery lags behind in rural areas as compared to the urban areas. Older persons living in rural areas have basic services constraints, 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.

9.2 Housing

Table 9.1: Distribution of elderly persons by type of main dwelling and province, 2015 and 2019

	Formal		Traditional			Informal	Other		Total
	2015								
Province	N ('000)	Per cent	N ('000)	Per cent	N ('000)	Per cent	N ('000)	Per cent	N ('000)
Western Cape	582	98,7	0	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	1 018	94,6	1	0,1	53	4,9	4	0,4	**1 077**
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**
	2019								
Western Cape	624	98,3	0	0,0	11	1,7	0	0	**635**
Eastern Cape	496	72,1	180	26,1	9	1,3	4	1	**689**
Northern Cape	118	94,6	0	0,4	6	5,1	0	0	**125**
Free State	239	90,0	8	3,0	19	7,0	0	0	**266**
KwaZulu-Natal	729	85,7	114	13,4	8	0,9	0	0	**851**
North West	329	91,5	4	1,2	26	7,3	0	0	**359**
Gauteng	1 145	96,8	0	0,0	36	3,0	3	0	**1 183**
Mpumalanga	316	96,0	5	1,5	8	2,5	0	0	**330**
Limpopo	444	98,6	5	1,0	2	0,4	0	0	**450**
RSA	**4 440**	**90,9**	**316**	**6,5**	**124**	**2,5**	**7**	**0,1**	**4 887**

Source: GHS 2015 and GHS 2019

Housing in South Africa is a basic human right, and the Constitution stipulates that the state is obligated to ensure everyone has access to adequate housing and must take reasonable legislative and other measures to achieve the realisation of this right. 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 dwellings increased by 3,9 percentage points between 2015 and 2019. The main contributors to the increase were in Eastern Cape with an increase of 10,5 percentage points followed by Kwa-Zulu Natal and Mpumalanga at 8,8 and 6,2 percentage points; respectively.

Accompanying the increase in formal dwellings occupancy were notable decreases in the percentage of older persons living in traditional dwellings in all the provinces except for North West, where the occupancy of traditional dwellings by the elderly increased by 0,4 percentage points (0,8% to 1,2%). The percentage of older persons living in informal dwellings also decreased nationally by 0,7 percentage points. However, there were increases in the percentage of older persons living in informal dwellings in Free State with 3,0 percentage points, Northern Cape with 1,2 percentage points and Western Cape with 0,9 percentage points.

Table 9.2: Distribution of persons 60 years and older who have access to basic services by population group, 2015 and 2019

		2015				
		Black/African	**Coloured**	**Indian/Asian**	**White**	**Total**
Access to piped water	Per cent	61,3	98,6	99,4	95,2	73,5
	N ('000)	1 779	397	157	932	3 264
	Total population ('000)	**2 903**	**402**	**158**	**979**	**4 442**
Improved sanitation	Per cent	76,1	98,4	99,8	99,9	84,2
	N ('000)	2 209	396	158	978	3 741
	Total population ('000)	**2 903**	**402**	**158**	**979**	**4 442**
Refuse/Waste disposal	Per cent	45,7	96,1	97,3	92,3	62,4
	N ('000)	1 327	387	154	904	2 772
	Total population ('000)	**2 903**	**402**	**158**	**979**	**4 442**
Electricity	Per cent	91,0	98,2	100,0	99,3	93,8
	N ('000)	2 641	395	158	972	4 166
	Total population ('000)	**2 902**	**402**	**158**	**979**	**4 442**
		2019				
		Black/African	**Coloured**	**Indian/Asian**	**White**	**Total**
Access to piped water	Per cent	64,3	98,1	99,5	94,6	75,8
	N ('000)	2 002	482	188	1 032	3 705
	Total ('000)	**3 115**	**491**	**189**	**1 091**	**4 887**
Improved sanitation	Per cent	79,3	97,7	100,0	99,5	86,4
	N ('000)	2 469	480	189	1 086	4 224
	Total ('000)	**3 115**	**491**	**189**	**1 091**	**4 887**
Refuse/Waste disposal	Per cent	46,1	94,6	99,2	92,6	63,4
	N ('000)	1 435	465	188	1 010	3 099
	Total ('000)	**3 115**	**491**	**189**	**1 091**	**4 887**
Electricity	Per cent	94,9	97,9	99,6	98,5	96,2
	N ('000)	2 957	481	188	1 073	4 700
	Total ('000)	**3 115**	**491**	**189**	**1 089**	**4 885**

Source: GHS 2015 and GHS 2019

Table 9.2 illustrates the percentage distribution of persons aged 60 years and older by access to basic services and population group. In general, between 2015 and 2019, there was a national increase in the percentage of older persons with access to basic services. The increases were mainly driven by increases in the percentage of older persons for the black African population which experienced increases of 3,0 percentage points for access to piped water, 3,2 percentage points for improved sanitation, 0,4 percentage points for refuse/waste removal and 3,9 percentage points for access to electricity.

The analysis also reveals that the percentage of older persons for black Africans lagged with services as compared to other population groups during the reporting years. In 2019, 64,3 % of persons aged 60 years and older among black Africans had access to piped water as compared to over 90% access of persons aged 60 years and older for other population groups. Similarly in 2019, 79,3 % of persons aged 60 years and older among black Africans had access to improved sanitation as compared to nearly universal access for the elderly population of other population groups.

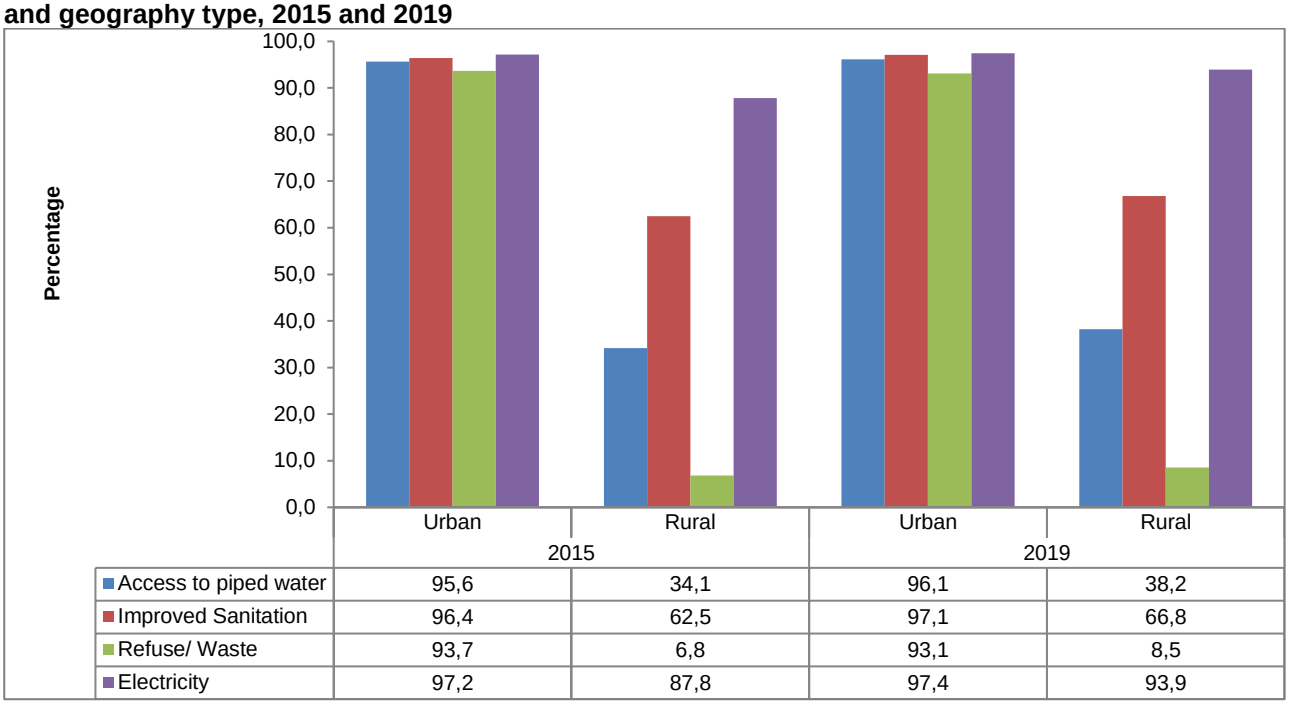
Table 9.3: Access to basic services of persons aged 60 years and older by sex, 2015 and 2019

2015				
Access to service indicator		**Male**	**Female**	**Both**
Access to piped water	Per cent	75,8	72,0	73,5
	N ('000)	1 308	1 956	3 264
	Total population ('000)	**1 724**	**2 718**	**4 442**
Improved sanitation	Per cent	86,3	82,8	84,2
	N ('000)	1 489	2 252	3 741
	Total population ('000)	**1 724**	**2 718**	**4 442**
Refuse/Waste disposal	Per cent	65,7	60,3	62,4
	N ('000)	1 133	1 639	2 772
	Total population ('000)	**1 724**	**2 718**	**4 442**
Electricity	Per cent	93,9	93,8	93,8
	N ('000)	1 618	2 548	4 166
	Total population ('000)	**1 724**	**2 718**	**4 442**
2019				
Access to service indicator		**Male**	**Female**	**Both**
Access to piped water	Per cent	77,5	74,7	75,8
	N ('000)	1 521	2 183	3 705
	Total ('000)	**1 964**	**2 923**	**4 887**
Improved sanitation	Per cent	86,9	86,2	86,4
	N ('000)	1 706	2 518	4 224
	Total ('000)	**1 964**	**2 923**	**4 887**
Refuse/Waste disposal	Per cent	66,8	61,1	63,4
	N ('000)	1 313	1 786	3 099
	Total ('000)	**1 964**	**2 923**	**4 887**
Electricity	Per cent	95,4	96,8	96,2
	N ('000)	1 872	2 828	4 700
	Total ('000)	**1 963**	**2 922**	**4 885**

Source: GHS 2015 and GHS 2019

Table 9.3 shows the distribution of persons aged 60 years and older by access to basic services and by sex. Between 2015 and 2019, access to basic services improved for both males and females, with an increase of 2,3 percentage points in access to piped water; 2,2 percentage points in improved sanitation; 1,0 percentage point in refuse/waste removal; and 2,4 percentage points in electricity. The disparities between elderly males and females show that males were more likely to have access to piped water, improved sanitation and refuse removal compared to their female counterparts.

Figure 9.1: Percentage distribution of persons aged 60 years and older by access to basic service and geography type, 2015 and 2019



	2015 Urban	2015 Rural	2019 Urban	2019 Rural
Access to piped water	95,6	34,1	96,1	38,2
Improved Sanitation	96,4	62,5	97,1	66,8
Refuse/ Waste	93,7	6,8	93,1	8,5
Electricity	97,2	87,8	97,4	93,9

Source: GHS 2015, GHS 2019

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 2015 and 2019. The findings show that access to basic services in rural areas was lower than in urban areas over the five-year period of reporting although there was an increase in the percentage of older persons with access to basic services in rural areas. Access to basic services also improved in urban areas except for access to refuse/waste removal services.

The access to piped water increased by 0,5 and 4,1 percentage points in urban and rural areas, respectively. The percentage of older persons who had access to improved sanitation increased in rural areas by 4,3 percentage points, while access for those in urban areas increased by 0,6 percentage points. Similarly, among this group, the percentage who had access to refuse/waste removal services slightly increased by 1,7 percentage points in rural areas and declined by 0,6 percentage point in urban areas. Access to electricity increased among older persons who reside in both urban and rural areas by 0,3 and 6,1 percentage points, respectively.

9.3 Conclusion

The analysis showed that nationally access to housing and basic services by the elderly population improved between 2015 and 2019. The percentage of older persons occupying formal dwellings had increased, whilst the percentage of older persons occupying traditional and informal dwellings decreased.

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, disparities by population groups revealed that elderly black Africans lagged with services as compared to the elderly of other population groups, whilst 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 socio-economic and demographic characteristics and living arrangements of older people living in South Africa. The analysis measures the extent to which improvements on the socio-economic circumstances and the livelihoods of older persons have occurred over the period 2015-2019.

In 2020 the elderly population constituted nearly 5,4 million individuals. They have not only increased in absolute numbers but also in their percentage contribution towards the total population. In 2015 8,5% of the population consisted of the elderly. Their share increased to 9,1% in 2020, with black Africans dominant at 62,5%. In general, most older persons were women, which partly reflects their higher life expectancy compared to men. A further indicator of an ageing population is the increase of the national ageing index from 29 to 32 between 2015 and 2020.

In relation to household characteristics, the analysis showed that between 2015 and 2019, the percentage of households headed by elderly persons for both sexes decreased slightly from 20,2% to 20,1%. However, the analysis revealed a 1,9 percentage point increase of the elderly headed households in urban areas during the period under review. This movement of people is likely to place an additional burden on health care and social service provision. Female headed-households accounted for more than half in both rural and urban areas except for urban areas in 2019.

The living arrangements of elderly persons 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 decreased by 0,4 percentage points (from 10,2% to 9,8%). The analysis of the elderly household composition showed most of the elderly lived in extended households compared to the general South African households that were more likely to be nuclear households.

Large variations between population groups with regard to intergenerational households were observed. The black African elderly were more likely than the elderly of other population groups to live in skip generation households at 19,7% and 16,4 % in 2015 and 2019 respectively. The elderly persons from the Indian/Asian and white population groups were most likely to live in single generation households whilst triple or more generation households were more common in the black African and the coloured population groups. The highest ratios of children to the elderly were found amongst female-headed households living in KwaZulu-Natal (1,77), Mpumalanga (1,70) and Eastern Cape (1,57) in 2015 while in 2019 Mpumalanga (1,75) had the highest ratios followed by KwaZulu-Natal (1,65) and Limpopo (1,61).

Chapter 4 focused on education attainment and functional literacy of older persons between 2015 and 2019. In general, the elderly in South Africa have low levels of education. Thirty-eight per cent of elderly persons had the highest educational attainment of less than completed primary, fourteen per cent attained Grade 12 and twelve per cent achieved a tertiary education. However, between 2015 and 2019 functional illiteracy, the inability to read or write in at least one language decreased by 3,7 percentage points from 24,0% to 20,3%. The reduction in illiteracy were observed in eight out of nine provinces except for Free State that recorded an increase of two percentage points. Mpumalanga and Limpopo had the highest illiteracy rates compared to other provinces whilst Western Cape and Gauteng had the lowest levels of functional illiteracy.

The overwhelming majority of the elderly (85,8%) were not economically active. Nearly all (95,4%) of the economically active elderly were in employment. Chapter 5 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 97,4% in 2016 which increased to 98,0% in 2019; exposing them to vulnerable working conditions, thus prompting the current interventions by the government in this regard include a fixed minimum wage for domestic workers. Elderly males were two times

more likely to work in highly-skilled and semi-skilled occupations than older females. 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 12,3% to 12,9% indicating an increased burden on the productive population.

Seven out of ten elderly were dependent on social grants and half of them live in households where there are no employed household members. In 2015, 18,6% of the elderly were living below the food poverty line, 29,9% were living below the lower bound poverty line and 43,7% were below the upper bound poverty line. In general, the elderly females were more likely to live below all the poverty line and provincial differences showed that Western Cape and Gauteng provinces older persons were least likely to live below all the poverty lines.

Increasing life expectancy and better health care in old age can be major contributors towards improving the quality of life of the elderly. Chapter 6 showed that in 2019, only 24,3% 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 74,0% coverage amongst white elderly and only 6,5% 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 (47,3%), Diabetes (16,6%) and Arthritis (15,6%). 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 deaths recorded in 2014 for persons 60 years and older were as follows; Circulatory system (57 994), Unclassified symptoms (31 852), Neoplasms (25 456), and Respiratory system (22 159). Furthermore, the probability of dying of circulatory system diseases increased with age for both elderly men and women.

Chapter 7, focused on public safety of the elderly between 2018 and 2019 using GPSJS 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 safer in 2019/20 when walking around their areas at night or during the day than in 2018/19. In 2019/20, it was found that households headed by the elderly have a similar likelihood to households in general nationally to be the victims of household crime. The incidences of both home robbery and housebreaking/burglary (which takes place without contact between the victim and perpetrator) amongst elderly male-headed households were similar to those of households in general. Households headed by elderly males were more susceptible to fall victims to the theft of the motor vehicle.

Population ageing is usually accompanied by physiological changes, which can have a significant impact for mobility. Chapter 8 looked at access to public transport and the travel patterns of the elderly. The use of public transport was more dominant in the age group 60-64 years compared to other age groups, and the most utilised transport mode were trains (64,7%). As age increases, taxis became the most preferred mode of public transport among older persons. Gender variation in public transport use revealed that elderly females were more inclined to use taxis and buses than their elderly male counterparts who were more likely to use trains. The main reasons for travel by older persons included travel to, religious institutions, shops, visiting friends/relatives, workplace and medical services.

Chapter 9 looked at service delivery for the elderly between 2015 and 2019. Nationally, the percentage of older persons who were living in formal dwellings increased from 87,0% to 90,9% and the main contributors were the provinces of Eastern Cape, KwaZulu-Natal and Mpumalanga. During the same period, the percentage of older persons occupying traditional and informal dwellings decreased from 9,6 % to 6,5% and from 3,2%to 2,5% respectively. Significant disparities in the delivery of services between rural and urban settlements still exist, with evident lower levels of access in rural areas. Disparities in access to service delivery by population groups revealed that Black Africans elderly persons had lower access to basic services.

Report number 03-19-08

ISBN: 978-0-621-49116-6