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Topic: The Socio-Economic Survival Strategies Employed By Older Rural People In The Eastern Cape

By

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ABSTRACT

This research addresses the need for a comprehensive study of the specific problems of senior citizens living in the rural areas of the Eastern Cape, South Africa. The researcher used qualitative methods and focus groups in order to collect the opinions, views, and the experiences of the older persons on the particular problems in a rural context. Senior citizens in different areas of the Eastern Cape were interviewed. Secondary sources were also used to supplement primary sources. The participants reported on their perceptions of social support, satisfaction, and illness in relation to depression. Depression was not found to be a significant health problem in this elderly population. However, there were correlations between hypertension and depression that were noted.

Life conditions and health of older persons were investigated with a questionnaire. More significant environmental and social variable categories linked to aging perception were poor education, low income, female gender, widowhood, unsatisfactory health perception, perceived high functional disability, difficulty in reaching services, and environmental problems. Social and environmental factors could play a significant role in determining health status and disability with the increasing need of social and health care services.

(Maifo N, MSc. Sc. Developmental Studies, 2010)

DECLARATION

I hereby declare that this work entitled : The Socio-Economic Survival Strategies Employed By Older Rural People In The Eastern Cape, submitted to the University of Fort Hare is my own independent work except where stated in acknowledgements and that it has not been submitted of any award to the institution.

Signed ----------

Date ---------- 08/03/2010 ----------

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Ukwanda kwaliwa ngabathakathi

DEDICATION

To all individuals, families and communities who strive to find time and take care of older people.

LIST OF ACRONYMS

UFH	-	University of Fort Hare
H o H	-	Head of Household
CHDM	-	Chris Hani District Municipality
WSA	-	Water Service Authority
WSDM	-	Walter Sisulu District Municipality
QoL	-	Quality of Life
NCOP	-	National Council of Provinces
HDI	-	Human Development Index
DM	-	District Municipality
ADL	-	Activities of Daily Living
HTN	-	Hypertension

CHAPTER 1

INTRODUCTION AND RESEARCH METHODOLOGY

Introduction

In South Africa very little research is carried out on the problems that are experienced by older people in their homes and communities despite the fact that government policy stipulates that the elder persons should be cared for by their families in their communities. In addition, most of the research on the older persons is done in urban areas. There is a special need to look at the older persons in the rural areas.

Although older people do not usually talk about negative matters in their families, provisional studies in the Eastern Cape have indicated that black older persons are neglected and abused. There is a need to explore their circumstances so that their relatives, community members, service providers and the government can develop appropriate services for them. A study of this nature becomes important in order to influence government policy to move away from the institutionalisation of the older persons. No one knows whether community structures and families are able to provide and care for the older persons. The changing family structure poses particular challenges to this problem as the aged may be left alone in their homes when their children move to the cities for employment. Frequently, these children are leaving their young children with their elderly parents and, in most cases; the only source of income for the whole family would be the older person's pension. Senior citizens are thus forced to bear the responsibility of caring for their grandchildren on a full-time basis.

It is envisaged that this study will contribute to improved services for the older persons and a better understanding of ageing in rural areas and family care in that context.

Historical Background

The notion of economic functionality of a particular region refers to a situation whereby the level of interaction of components within a region is significantly compared with other places. For example, in the Eastern Cape a place like Port- Elizabeth-Uitenhage has a centre of concentrated economic activities which serves other residential communities. In this context, the functionality of a region is measured by the flow of goods and services, and also by the market areas for the local production sector. Therefore, economic functionality is related to the activities that occur around an urban core, and the degree of its impact on the welfare of its surrounding rural areas. The Eastern Cape is split into two large regions, that is, Port –Elizabeth metropolis as the commercial capital and then Border/ Kei with East London as its centre. The Border / Kei region is mostly occupied by poor country towns that are surrounded by rural areas with most people practising subsistent farming and a few, commercial farming.

The Port-Elizabeth metropolis is the most prosperous with high economic growth which is export orientated. This area also has the lowest incidence of poverty, with 38 percent of its population living below the poverty line, compared to an average of 64 percent for the province. (Human Sciences Research Council, 2003, 152-53). In terms of human development, Eastern Cape has higher levels of underdevelopment, especially in the former Transkei Bantustan, represented by the OR Tambo and Alfred Nzo district municipalities and highest poverty levels. The deprivation levels are in terms of the following: education, employment rate, and access sanitation, refuse removal, electricity, telephones and water. The Eastern Cape Province also has a high mortality rate among the children less than five years of age, and among adults, due largely to infections from HIV/AIDS, tuberculosis, diarrhoea, and other infectious diseases.

Health infrastructure and services are generally poor. Poor transport infrastructure and services, lack of access to clean and safe drinking water and poor sanitation facilities have compounded the challenges of mobility among the population (S. Buthelezi, 2003.) The poor condition of the Eastern Cape corresponds with generally low levels of water provision. Underdevelopment in the Eastern Cape is also characterised by a high rate of unemployment which corresponds with low levels of education and skills and therefore a high need for human capital development.

In the age of globalization the inequalities between countries and within countries are emphasized. Inequalities are particularly evident in South Africa because of the apartheid history and colonisation. People were marginalised and that contributed to inequalities. This phenomenon in South Africa manifests strongly along racial lines. Black people were robbed of their citizenship and did not enjoy full citizenship rights, as was the case with the whites. With the emphasis on human rights issues and efforts to extend equality to all people, the issue is being addressed within a national context.

This research focuses on the situation of the rural older persons in the Eastern Cape Province of South Africa, especially their survival strategies against the background of colonialism and apartheid. Elderly people have been marginalised historically and actually borne the brunt of the apartheid policies, which institutionalised inequalities since 1948. Under the previous dispensation the elderly did not only experience racial discrimination, the elderly in the rural areas received a lower pension than their urban counterparts. African elders came to accept an institutional culture of not having voices and of being powerless.

Although changes have been introduced since the late 1980s, the major change came in 1994 with first democratic elections and the new constitution that redressed the inequalities of the past. The new Constitution guaranteed all people the same rights, for example, equality, human dignity, life,

and housing, access to information, privacy, health care, food, and social security (and so on). (The Constitution of the Republic of South Africa, 1996). People were treated equally and for the first time in their lives, black older people came out and voted. Older South Africans' expectations have been heightened and hoped for a better deal. However, not all that they have been promised have materialised. Although there is improvement, there are still massive backlogs in the country, for example, the high unemployment rate and poverty. The unemployment affects older people because they have to be responsible for their children and grand children. They see themselves doing parenting for the second time around.

In 1999 there was a campaign led by the Department of Social Development to increase older persons' awareness of their rights and encourage them to speak out. Consultative sessions were held and older persons made their contribution in this regard. There was a willingness to listen to older people's stories and to improve their welfare by addressing their needs. This study was undertaken with the view to present an analysis of socio-economic survival strategies of the elderly people in the rural areas of the Eastern Cape. Special focus was on the adequacy of these strategies. Factors' contributing to rural elderly abuse with respect of the changing age structures of population and their impact on rural development was also looked at. Lastly the aspect related to poverty was closely examined.

STATEMENT OF THE PROBLEM

In the Eastern Cape Province there is a concern that the rural communities have been denied access to basic and social services. However, the extent of their deprivation is very difficult to quantify, as there is also the existence of poverty. The complex nature of poverty in these areas complicates the matter further in so much that it receives more publicity than the inadequacy of

social services. It has been argued that the rural areas have been greatly marginalised in the past but all has been quiet about the provision of social services in particular. The implication of this inadequacy could be terrible in the poorest communities whose voices and faces cannot be heard or seen. The rural elderly people who live in the Eastern Cape struggle to survive given the socio-economic conditions that they live under.

The Objective of the Study

The objective of the study is to assess current socio-economic survival strategies of the elderly people in the rural areas of the Eastern Cape.

Significance of the Study

The study is of utmost importance to nurse practitioners providing primary health care to the elderly. They must be knowledgeable of health trends which enable them to identify and adequately treat the at-risk elder populations. The continuation of the neglect of the elderly health can greatly affect their physical and mental health. This is important because the neglect of the elder's health may lead to the deterioration of their health potentially leading to physical disabilities. Cross-sectional studies have demonstrated that depressed elders have more physical disabilities than their non-depressed peers (Penninx, 1999). The study is significant in that it has the potential of helping to identify means to improve access to comprehensive measures, which promote health (psychosocial, physiological) and prevent disabilities associated with diseases in the community. These research findings may be of value in identifying and initiating interventions to improve the quality of life for the rural elderly in South Africa.

Shortly after the 1994 elections in South Africa a nation wide survey revealed that eighty-eight percent of older African voters stated they were happy and seventy-nine percent in the same poll stated they were satisfied with life (Moller, 1995). However, elders today struggle to put food on the table. It seems important and timely to ascertain the emotional, physical, and economical status of the elderly and to assess their social support and satisfaction. There is a need for research to identify problems of rural elderly.

RESEARCH METHODOLOGY

Positivism is the paradigm that was used in this study. Auguste Comte, who is also regarded as the first time sociologist, developed this philosophy. Comte believed that theory was a vital component of social research, and that theories developed by researchers should be given their ultimate test in the real world applications. Inherent in the actual doctrine of positivism is the understanding that until and unless our theories are applied, we will never know if they are valid. In this approach, knowledge is confined to directly observable or measurable phenomena. This is done by collecting information about phenomena that can be observed and classified (Babbie & Mouton,)

RESEARCH DESIGN

The study was exploratory in nature and aimed at getting more information on the survival strategies practised by elderly people. An inquiry included both qualitative and quantitative approaches to gather data. Quantitative approach involved the use of questionnaires while the qualitative approach involved gathering from key informants through interview schedule. Below is a discussion of

reconnaissance, type of data, sources, sampling frame, sample size, sampling procedure, instruments for data collection and data analysis.

RECONNAISSANCE

A reconnaissance visit was made to the study area for the purpose of familiarisation and pretesting of questionnaire. This facilitated the making of necessary adjustments to the questionnaire, thereby increasing the reliability of the data. In addition, it promoted the cooperation and support from community members during the study period.

DATA COLLECTION

Survey data was collected for economic survival strategies by elderly rural people from three villages in Engcobo i.e. Manzana, All Saints and Nkondlo administrative areas. A convenient sample consisted of 60 elderly people who were 55 years and older who lived in the community. The data collection was done at local clinics of all three administrative areas. The researcher collected data from 20 respondents from each administrative area. Approval to conduct the research project was given by the councillors of the administrative areas.

A pilot study was conducted prior to this phase. All subjects agreed to voluntarily participate. The heads of the administrative areas with the help of the nurses in the clinics and students from the local areas helped to invite all elderly people who were interested in participating to come to the clinics for interviews. They were promised that a R50 note would be given upon completion of the questionnaire. The participants were then provided chairs to sit as they walked in for the interview. The interviewers were motivated because they usually arrived at 09:00 am but for 3 consecutive days started arriving at 07:00 am even though they knew the research team arrived at 09:00 am. The structured interview guide consisted of three items plus a patient health questionnaire. The

instrument consisted of several scales. Scales to be discussed in this aspect of study were social support, satisfaction, depression scale and demographic data.

A brief Patient Health Questionnaire (PHQ) assessed the client's perception about stomach pains, headache, diarrhoea & constipation. Another questionnaire assessed their opinion about depression (that is, poor appetite or over eating, sleeping disturbance, suicidal thoughts). The last questionnaire assessed the client's perception of their levels of concern regarding stressful conditions, financial problems or worries, health worries etc.

PROCEDURE

Four people from the community were selected by the community leaders to help the researcher to do the interviews. This was for the purpose of time management because there was no language barrier. The interview was in Xhosa, which was the language used by the interviewers. The protection of human subject's rights was maintained throughout the study. Informed consents were obtained from each participant. The process of obtaining the consent to participate began with a statement of the purpose of the study. A description of the process that would be used, how long it would take, a statement about risks and benefits, that participation was voluntary, and that confidentiality of the information obtained would be assured and was given prior to the participant signing the consent. Participants who were unable to write their names verbally gave their names, which were written on the consent form and then were asked to draw an X. To protect confidentiality of the subjects all of the questionnaires were anonymously and numerically coded.

SOURCES OF DATA

There were two supplementary methods that were used to obtain the required information namely primary and secondary data.

Primary Data

Semi – structured questionnaires were administered to the randomly selected respondents. The local community leaders introduced the researcher to the community prior to the selection of respondents. The purpose of the study was explained to the interviewees to assure them that the study was for research purposes only and that the results would only be used for academic purposes. This dispelled any fears from them and the likelihood of them withholding information. To effectively obtain primary data, questionnaires, interview schedules and personal observation were used.

Personal Observation – Throughout the study period, the researcher made personal observations on the way elderly people coped in the rural areas. Some photographs were taken to record the information and these are included in this thesis. This supplemented the data obtained through interviews, and enhanced the research report.

Secondary Data

Secondary data was used throughout the research period. The data from the Engcobo District Office and the surveyor's office was used to show the area division, topography and drainage of the research area. Other sources of data included population statistics, journals, books and reports from non-governmental organisations dealing with rural development.

CHAPTER 2

SOCIAL CHALLENGES AFFECTING OLDER PERSONS

Literature study was carried out to understand the nature and the meaning of the research problem clearly. The purpose of literature review was to establish what other researchers have done regarding the research problem, also to identify alternative theories for understanding the problem and central concepts. A variety of databases were used which included, research reports, dissertations, theses, and institutional reports. These were accessed through journals, textbooks and internet sources.

For the past decade, quality of life changes have been implemented to improve the lives of elderly black people in rural areas of South Africa. The elderly in South Africa have lived to see the abolishment of apartheid and the promise of a better and just future for blacks. An objective of the post apartheid government, The African National Congress (ANC) in 1994 was to dedicate itself to achieving equality of health services, education, sanitation and eligibility requirements for the pension benefits between whites and Africans. Initiatives have sprung forth such as the placement of electricity, water, telephone lines into rural areas and increases in governmental pensions for the elderly. However, in the year 2001 rural elders still lived in poverty, with many unable to afford telephone and electricity cost.

According to Moller & Sotshongaye (1996), gaining access to pensions confirmed elder status and represented an important milestone in the lives of the elderly South Africans. However, due to increasing unemployment of young black Africans, migrant jobs and HIV/AIDS, many elders find themselves living in multigenerational homes with family members dependent on their pensions for

survival. According to Duflo (2000) the majorities of pension-receiving families are impoverished and live in rural areas headed by a grandparent due to the absence of the child's mother and or father. Because of the low socioeconomic status and the minimal job opportunities in these communities, these areas consist of many informal housing settlements where families live in substandard overcrowded conditions, many without heat, running water, indoor toileting and plumbing and electricity. According to Amoateng (1997), forty three percent of these households consist of six or more family members, living in one or two rooms.

Challenges Of Aging

In African societies older people are usually cared for in their homes, but because of the changing family structure the elderly parents are left alone in their homes. Their children are moving to the cities for employment. "Care of the elderly falls on fewer adult children and urbanisation and migration contributes to the change, taking place in families and community relationships." (Gorman 2000). Some of the children taking care of their elderly parents lack support and understanding of the needs of their elderly parents and this leads to the maltreatment of the elderly.

Where "old age" begins at is viewed differently in different parts of the world. For example, the western societies, consider it to coincide with age of retirement at about 60 – 65 years of age. Most African communities, this socially constructed concept based on retirement age has little significance. What is more important among Africans is the role assigned to a person in his or her lifetime. Old age is, therefore, regarded as that time of life when people, because of physical decline, can no longer carry out their familial or work roles.

"Elder abuse is a form of family violence". (Fawcett, Featherstone and Toft, 1996). Family violence usually happens behind closed doors, where an outsider cannot see what is happening. When we talk about domestic violence there is usually a cycle of violence. Social learning theory maintains

that violence is learned within the family, for example, if a child has observed that in his/her family physical abuse and emotional abuse were strategies used to solve problems of stressful situations, then they may do the same when they are faced with problems in the care of their parents (Wiehe, 1998).

Since there is little consensus on the term elder abuse, for this study the term elder abuse means any conduct or behaviour which causes physical, psychological or financial harm to an older person (Aged persons Act.1967).

"Elder abuse includes physical abuse, emotional abuse, sexual abuse, financial abuse, violation of human rights and systemic abuse". (Field 1996, Keikelame and Ferreira 2000, Van dokkum 1996, Fawcett, Featherstone, Hearn and Toft 1996, Wil, Joubert and Lindgren 2001).

Van der Geese (1997) in Ghana found that older people are no longer respected and consulted for their knowledge and experiences. He also believes that older people know better than children so they should be respected. The adult children should not respect their own families alone but should respect the whole community and should listen and not talk back (Moller and Sotshongaye, 1999).

(Duflo, 2000) found out in a South African study that an estimated 1/3 of children less than five years of age are living with a pension recipient. As the number of care giving grandparents increase, awareness of the needs of individuals in this group is increasing. Elders are assuming parental roles, which may be creating other adjustment problems. When the elderly assume caregiver role of young children, they also assume financial stress and lack of living space to accommodate the children and special childhood problems (Kelly, 1993). It is easy to assume that these new roles lead to strains on the elderly in that: they must adapt to changes in social norms and acceptable

behavioural standards. Elders must also deal with their mortality because they may not live long enough to assist the children into adulthood. The fear of what will happen to the child if they die or become unable to provide care can seriously aggravate the caregiver's stress (Kelly, 1993).

Because of such strains grandparents often are at significant risk for depressive symptoms and other social, physiological, and emotional problems (Minkler, 1999). Furthermore, due to their many child-rearing responsibilities elders often are unable to attend to their own medical needs. According to Minkler (1999), grandparents in the United States frequently suffer from health-related problems such as depression, diabetes, hypertension, insomnia, and gastric distress. Many elderly may neglect their own health because of lack of support, such as care or enough medical insurance coverage that enables them to go to their own doctor's appointment.

In South Africa similarities exits, according to Patel (2000), the health needs of elders are commonly neglected as a result of prioritization of limited health-care resources, which are targeted towards young children and pregnant lactating women. Furthermore, hypertension has been identified as a common health problem in the elderly. It is evident that there will be an increase risk for hypertension and associated cardiovascular diseases, especially in the elderly blacks where disadvantages such as low-socio economic and low educational levels are prevalent in their communities (Patel, 2000). Risk factors for hypertension in the elderly include obesity and diets high in carbohydrates and low in fibre.

Shortly after the 1994 elections in South Africa a nationwide survey revealed that 88 percent of older African voters stated they were happy and 79 percent in the same poll stated they were satisfied with life (Moller, 1995).However, elders' today struggle to put food on the table.

It seems important and timely to ascertain the emotional, physical and economical status of the elderly and to assess their views of their social support and satisfaction. There is a need for research to identify problems of rural elderly.

Population Ageing

According to Richard Leete, the demographic facts of global ageing are becoming increasingly well understood. Population ageing is an inevitable consequence of the demographic transition, that is, the shift from higher to lower levels of mortality and especially to lower levels of fertility. Because this transition is taking place at a much faster pace in developing countries, so, too, population ageing is occurring at a more rapid rate in these countries.

The number and proportion of older persons is increasing at a faster rate than any other age group in the population. Richard Leete maintains that, today, one out of every ten people in the world is aged 60 or over. He also maintains that by 2020, the corresponding figure will be about one out of every eight. Women comprise by far greater number and proportion of older populations in almost all societies: the disparity increasing with advancing age.

The growing life expectancy is accompanied by an increasing request of social and health care services, and social inequalities may have contributed to a poor quality of life and an increased risk of cognitive impairment and disability (Milan et al., 2004). Ecological and environmental factors could play a relevant role in determining health status. Milan et al. asserts that it has been demonstrated that, at least in people coming from homogeneous rural areas in Southern Italy, elders living with their families had better cognitive performance than the persons living alone or only with spouses. Furthermore according to Costa et al.,2003; Materia et al., 2005, a positive association between income inequality and total mortality has been recently reported, with elderly persons living in Southern Italy representing the population subgroup most vulnerable to unequal income distribution.

Therefore it is important for this study to investigate the role of social, environmental, and economic factors in determining the perception of ageing by the older people coming from the rural areas.

What Is Meant By Rural And Who Lives There?

Rapid changes in agricultural and manufacturing productivity and advances in transportation and communications technology have led to a continuous out-migration from rural settlements to urban centres during the twentieth century (Longino, 2001). The dramatic population shifts from rural to urban has led to social problems accompanying urbanization. It is therefore not surprising that most literature has an urban bias with its focus on urban problems and issues (Ginsberg, 1998).

Defining what is meant by rural is complex. Bull (1993) states: "The search for a single definition of rural has been in progress for so long that many academics have almost given up hope that there will ever be a definition usable at all." U.S. Census Bureau defines rural areas as those areas with 2500 people or fewer, while urban areas have population greater than 2500 (Ginsberg, 1998).

For this study, rural area means where majority of people are making a living out of primary economic activities to survive. For example, people practising stock farming or crop farming. Also people could be doing forestry, fishing and hunting. Rural population make a living out of natural raw-material. For example, producing maize from a natural resource, that is, soil. The result is going to be a raw-material, which will need to be processed before it can be used.

Older adults make up a larger rural percentage of the rural population. The concentration of elders in rural areas than urban areas is because older people are less likely to migrate to urban areas than younger adults looking for work. Other reason is the more affluent urban seniors moving to rural areas for lifestyle reasons after retirement (Fuguilt and Beale, 1993, Longino, 2001).

The Situation of Rural Elders

Rural elders face some particular challenges. Compared to their urban counterparts, older adults in rural areas tend to be less educated, to have lower incomes, and to have less adequate housing (Bull, 1993; Glasgow, 1993; Rogers, 1999; Stallman, Deller, and Shields, 2001). The mud houses that they live in are not healthy enough for their age and this put them in a risk of getting sick and this result to the need of medical attention.

According to Stallman et al., 2001), the disparity between rural and urban poverty rates increases with age. Rural elders have fewer resources of retirement income and are more dependent on transfer payments than are urban elders (Rogers, 1999;

Stallman et al. 2001). For example, state that sometimes they rely on remittance from a son working in urban area to give money for them to survive. Also they rely on government pensions and grants to survive.

Rural people also make use of natural resources to survive, for example, when they want to cook, they use firewood. The natural wood is collected from the forest and is made a source of energy. If this is compared with the urban dweller, it becomes a big difference in the lives of rural elders than those living in urban area. Urbanites uses electricity which is fast and clean, while rural dwellers uses wood, cow dung and this is unhealthy for elderly people to face with this everyday.

While older adults in rural areas are more likely to own their homes than is true for urban elders, these homes are often older, and in poorer condition. Also, older rural elders have fewer options for service enriched housing (Krout, 2001). Further more rural elders have less formal education than do older adults in urban areas (Bull, 2003; Coward and Dwyer, 1998).

According to Coward and Dwyer,1998; on the positive side, rural elders have higher rates of marriage and therefore have ready social support than do urban elders, although as they grow older than old this difference disappears.

There is a greater prevalence of chronic conditions amongst rural elders than older adults residing in urban areas (Bull, 1993; Coward and Dwyer, 1998). Limitations in activity due to chronic health conditions are more prevalent in rural areas than in urban areas (Eberhart et al., 2001). Moreover, rural elders are less likely to have employer sponsored supplemental health insurance. Lack of resources and services present many challenges particularly in the field of older generation.

Services And Resources For Elders In Rural Areas

The older persons in rural areas have less access to a smaller number and narrow range of community based services than do elders in urban areas (Glasgow, 1993; Krout, 2001; Rogers, 1999). This is particularly true in the areas of long-term care, where alternatives to institutionalisation are far less available (Coward, Netzer, and Peek, 1996). This death of services may lead to premature institutionalisation of rural elders (Coward and Dwyer, 1998).

Despite the great need due to higher concentration of older persons and greater prevalence of chronic conditions in rural areas, there are financial pressures to reduce health services even further by adopting "limited-services" models for rural hospitals (Ormond et al., 2000).

In general, social health services are less accessible in many parts as they are more costly to deliver (Glasgow, 1993; Rogers, 1999).

Limited transport services can also be a challenge for urban elders, but it is an obstacle for rural elders. Rural elders have no cars, and most of them live where there is no public transport. Many communities have no taxi services, intercity bus, and trains are limited or not existing and they continue to decline. This is a major barrier to receiving health services and staying connected to society. As Burkhardt states, "high levels of mobility yield high levels of access, choice and opportunity, which in turn help create rich and self-fulfilling lives. Low levels of mobility can lead to isolation and cultural impoverishment".

THEORIES ABOUT AGEING

There are fascinating developments with regard to theories of ageing which are very important in the understanding of the nature of ageing.

According to Hattingh,S. et al,1996,ageing is composed of three elements: that is biological, a sociological and a psychological element.

Hattingh et al maintain that biological age is the individual's present position in respect of his potential lifespan. Vital organs and functional abilities are more important than chronology in this definition of biological age.

Sociological age is evident in age-graded forms of behaviour expected of a person within a particular culture or society. For example, the type of dress, language, institutional and role participation and status are all indications of sociological ageing.

Psychological age is reflected in the efficiency and self-control with which one adapts, as evidenced by memory, learning capacity, skills and judgement.

In gerontology, theories are based on observable changes and attempt to describe, predict or understand the results of mechanisms of ageing.

The basic mechanisms of the ageing process are becoming more evident, but differ from one person to another.

The Evolutional Theory

Evolutional theories on ageing view ageing as the addendum to a life of sexual maturation and propagation.

This theory helps in understanding the history of life, the variety of living things and the anatomy, physiology, development and behaviour of living things.

Evolutionary theories are based on the survival of the species to the advantage of the race through group selection and the cultivation of stronger individuals.

These theorists define ageing as "a persistent decline in the age-specific fitness components of an organism due to internal psychological deterioration." (Rose 1991:19)

The Biological Theory

According to Hattingh et al 1996, the biological theories are divided into two categories, that is, physiological or non-genetic theories. Second one is genetic theories.

Certain characteristics of cells eventually result in mechanical failure of non-replaceable parts of organ systems, the accumulation of metabolites, depletion of body reserves and morphological problems in cell development which influence the size, shape and structure of organs. There are a number of biological theories of ageing that are popular. Each one has its limitations, and therefore are not conclusive. It is definitely possible that another theory may be formulated that will be closer to the truth than any existing one.

For this study the researcher looks at the three theories of biological theories, that is, the immunological theory, the nutritional theory and stress adaptation theory. These three biological theories are amongst many of the biological theories.

The Immunological Theory

This theory proposes that the individual's resistance to ageing is directly related to his immunity to disease (Wantz and Gay 1981:41). This theory attempts to draw an association between disease and ageing. The majority of deaths are attributed to diseases associated with the ageing process, and for this reason the theory seems valid. According to Wantz and Gay 1981:42, "It is thought that the interaction in the protein process results in certain chemical compounds called auto-antibodies that may cause cellular damage. Such damage is often reflected in the disease process and eventually death."

The diseases which may cause age-related death include cancer, cardiovascular diseases, adult-onset diabetes mellitus and rheumatoid arthritis. Social conditions could cause exposure to mutant agents, and eventually result in reduced longevity.

Hattingh et. al. 1996 thinks this theory rests predominantly on two findings. Firstly, normal body cells are mistakenly identified as alien and are then attacked and eliminated by the body's own immune system. This auto-immune phenomenon where t-cells are attacked as foreign by the body that houses them increases with age. The associated dysfunction of T-cells is accompanied by a decrease in delayed hypersensitivity responses and surveillance for and destruction of cancer cells.

Secondly, surveillance by the body's antibody cells is impaired. These mistakes made by the immune system cause a decline in the immunological state of the body which is conducive to the

development of infections, cancer, diabetes mellitus and other auto-immunities associated with ageing.

The cell-mediated T-cells are therefore responsible for hastening the age-related changes attributed to auto-immune reactions and the body becomes locked in a battle against itself.

For an older person residing in rural areas where older person's immune system is low because of the social and economic conditions that they live under, the ageing process is hastened. This situation puts older persons at a disadvantage and these needs to be rectified.

Most scientists regard the cellular theory as the most acceptable theory of ageing and this theory provides a viable approach for future research.

The Nutritional Theory

It has been proven that the daily intake of the right amount of the right type of food combats obesity disease-related death.

According to Wantz and Gay 1981:42,"It has been hypothesised that minimal eating has a definite effect on extending one's life span." Obesity is also influenced by environmental and psychological conditions while longevity is influenced by personal and ethnic eating habits. Various theories of ageing have shown that a person's lifestyle in the first half of his life dictates the quality of his life in later years.

Nutrition is known to be a major contributor to longevity. People are becoming more and more conscious of the implications and consequences of nutritional status and the effect of nutrition on certain conditions and diseases.

Research has shown that a diet rich in vegetables, and therefore rich in nutrients and essential trace elements, plays a major role in longevity. Also, research has shown that people who do not

consume refined sugar and salt and only a little red meat and alcohol, do not show evident sign of diabetes, high blood pressure and obesity. The rural older person who is illiterate and has no knowledge about this is at a big disadvantage.

The physical, chemical and thermal environment, humidity, solar radiation, soil and water composition are environmental factors that may affect longevity.

Education has a direct or indirect influence on health status and therefore also on the longevity of individuals. Education affects social status, income, occupation and quality of medical care, amongst other things. The higher the person's education, the fewer physically hazardous risk jobs the person is bound to hold.

The Stress Adaptation Theory

Stress leads to cancer, gastric ulcers, cardio-pulmonary diseases and thyroiditis. However, the stress adaptation theory is limited because individuals react differently to stress, one person may be overwhelmed by a moderately busy schedule whereas another person may thrive on it and become uncomfortable when faced with a slower pace. This theory emphasises the effects of positive stress and negative stress.

The Psychosocial Theory

Psychosocial theories of ageing attempt to describe the ageing process and explain behaviour observed during this phase of life.

There are many psychosocial theories on ageing. For this study the researcher looks at the disengagement theory which focuses on adaptation in later life and states that: "Ageing is an

inevitable mutual withdrawal or disengagement resulting in decreased interaction between the ageing person and others in the social system he belongs to." (Ebersole and Hess 1990:39)

This theory believes that with increasing age individuals recognise their limitations with regard to knowledge and energy and also realise that there are younger people with more vitality who are better qualified for the roles previously held by the older generation. As a result, older persons seek to disengage from society and the roles they fulfilled during their middle years to invest themselves in more self-focused activities.

Furthermore, this theory holds that society disengages from individuals. This disengagement of society occurs through the development of new norms, rules, and laws, which forces older individuals to disengage. Disengagement has a positive mechanism which allows the individual to establish a new balance and adapt to the change brought about by ageing.

Disengagement is a gradual process and ultimately, the death of older people is less disruptive to society because their roles have gradually been taken over by younger, more energetic individuals.

This process is mutually satisfying for and desired by the individual and society. As people age, their roles are assumed by younger people without any disruption. The aged, too, are happy to disengage thereby escaping from demands that cause them to experience pressure and anxiety. In this way, this inevitable process benefits both society and the individual.

SOCIETY AND SOCIAL POLICY

In order to understand the impact of social policies, it is important to see those policies in the context in which they are being applied. This means that we have to know something about the society which policies are trying to affect. Welfare services have been criticised at times for problems, like the persistence of poverty, which have their origins in society rather than the services which respond

to them. Problems of this sort have to be understood in social terms, because it is through the social structures that problems of poverty and inequality occur.

One view of social policy is that it consists of policy to change the nature of a society. Townsend, for example, suggests that social policy refers to 'the institutionalised control of agencies and organisations to maintain or change social structure and values'. Ferge, by contrast, distinguishes social policy from policies which are intended to change society, which she refers to as 'societal' or 'structural' policy. In general social policy does not affect or address inequalities nor does it make a difference to inequality. The explanation lies in the study of social relationships, and not in the policy.

SOCIAL PROBLEMS AND RESPONSES

Social policies are sometimes represented as responses to social problems. This is because there are policies which are not at all centred on problems. According to Townsend, any policy which is designed to change or maintain social structures or relationships could be described as a social policy. He maintains that, the failure to make such policies can be treated and analysed as a form of social policy. He also maintains that focus on social problems is helpful because it helps to point attention to some issues which affect all social policies.

Social problems present issues for which some kind of response is needed or a solution is being looked for. It is not always the case that people agree about what constitute a problem. This could be because of lack of awareness. It might also, however, happen that people are aware of the conditions which others think of as a problem, and do not see a problem there. For example, many people could not see that domestic violence is a problem unless it leads to serious physical injury. The neglect of older people, which is the refusal or failure to fulfil a caring obligation. This may not involve a conscious and intentional attempt to inflict physical or emotional distress on the older person.

According to Paul Spicker, 1995, the best way to describe social problems is that they are inter-subjective, and the understanding of problems grows through a series of shared perceptions and beliefs. He maintains that problems are socially constructed, the pattern of relationships in society shapes the circumstances which leads to the problem, the way the problem is understood, and the extent to which it is perceived as a problem. For example, Alan Walker describes the condition of elderly people in terms of 'structural dependency'. He asserts that the condition of old people does reflect their capacities to some degree, but that degree is very limited. For example, there is no reason why a person who is about 75 years should be disabled or ill health. Dependency reflects their economic position and relationship to society, and not their capacity.

RESPONSE TO SOCIAL PROBLEMS

Response to social problems can be direct or indirect. Direct response can either address problems associated with particular set of people or it could respond to the perceived causes of the problems, that is, reasons why the problems have arisen initially. In other words direct policies can address causes in preference of symptoms. For example, the relief of poverty by giving people of low incomes money to bring them up to a minimum level. People starve because they live in underdeveloped economies. Education and investment will help the economy to develop, but education and investment are not good enough. Part of the problem is that they take time, and the person who is starving needs help now. Part of the problem, too, is that unless something is done about people starving, there is very little chance of educating them.

Old people in the Eastern Cape suffer because they live in the underdeveloped economies. The government and NGOs need to provide basic necessities for a change to occur. Old people suffer from physical impairments and therefore are deemed to have needs on that basis. They are dependent mainly because retirement is expected of them. For example, the use of the word

'disability' distinguishes impairments from disabilities and handicaps. Impairment occur where people have a specific condition, for example, physiological, or psychological abnormalities. A disability is the functional restriction which results from such a condition, like inability to perform certain tasks. Old people cannot perform certain tasks because of their age. This disability on them causes disadvantage in a particular role or set of social roles. This makes them to be dependent because they have certain functional problems and therefore have a dependent status, either financially or in relation to other people.

Needs for Older Persons

According to Spicker, 1995, needs are not simply problems, however, there are also needs for something. There are needs for money, for domestic help, or for residential care. He believes that needs have to be understood, not only in terms of problems, but also in terms of responses. Old people are thought of as being in need not because they have a problem, but because they are lacking something, which will remedy that problem. There are circumstances in which old people with a degree of impairment have no identifiable needs, as a result, for example, they will function normally in their own home, and there may be no perception that there is any specific problem.

The response to a problem, like in old age, has to be seen in terms of the society in which it is happening. According to Spicker, 1995, needs are socially defined and the definition of a need depends both on the recognition of a problem like old age or disability, and an association of that problem with a particular kind of response. For example, he asserts that items which might not have been thought of as 'needs' a hundred years ago, like inside toilets, washbasins, have become recognised as needs because their absence presents problems and other more pressing problems no longer obscure their importance. Items which scarcely existed a hundred years ago, like

telephones, cars, and fridges are becoming needs as they become the main route to provide socially necessary facilities, for example, communication, transport, or food storage. This also means that needs change over time. It is therefore necessary to review the social conditions in which old people live in rural areas and then be able to provide the necessary facilities to make life easy for the elders.

People in societies have different kinds of problems that they experience and therefore have different kinds of response that they make. According to Spicker, 1995, impairments are mainly responded to by trying to cure or repair the loss of ability, but impairments are only part of a general experience of disablement. Disability can be responded to by addressing the impairment or addressing the functional problems created by it. This implies either that a service is provided to help a person to overcome functional limitations, for example, occupational therapy. It could also be that services themselves seek to overcome those limitations, for example, the provision of meals and homes help.

Many of the needs attributed to elderly people include cooking, cleaning and company. These would not be experienced in the same way by a rich person, because it is possible to buy the services of a cook, a housekeeper or a companion. Therefore, old people should be given money to decide, rather than having experts decision made for them.

Many social policies are concerned with a range of 'need groups'. These groups are people in similar circumstances which require some kind of collective response. Titmus, 1974, refer to such circumstances as 'states of dependency'. He says, these include the kind of circumstances to which people are vulnerable at different points of their lives, like poverty, homelessness, sickness or unemployment. He also thinks that this state include times of the life cycle when dependency is long-term and predictable, like old age and childhood. It also includes the position of people who are limited in their abilities to undertake ordinary activities, like people with physical disability, chronic

illness. Most elderly people are likely to be physically disabled at some stage. 'Old people', have little in common beyond age and the expectation is for them to retire. 'Homelessness' is taken to mean not only the person has no accommodation, but the term is also used to indicate people who live in unsatisfactory and insecure accommodation.

People in different groups are vulnerable to different problems. For example, people who are poor are not simply short of basic necessities, such as food, clothing, fuel and shelter, they lack security, health and the social position like status and power, which might help them to improve their situation. Homeless people tend to be poor, but if they had command over resources, they could obtain housing. Also old people in rural areas are marginalised in their communities, their conditions therefore creates problems with health. Mental illness is commonly associated with disruption in behaviour and communication, which have an effect on social relationships and the ability to function in a social context. People with mental illness are vulnerable to poverty, because they are unable to participate in the labour market, because in addition to their poverty the network of family and friends which are the people to rely on are disrupted. This is same situation the old people are facing in rural areas.

Even if the problems which are experienced by people are complex and individuated, there are common patterns. For example, the circumstances of people in different social groups reflect a common social experience. The exclusion of old people from labour markets has a profound effect on their circumstances and common problems generally call for some kind of common patterns of response. For example, Mental ill people have different circumstances, but the most common response is the experience of psychiatric care. This has created common patterns of need, which are related to institutional care.

CHAPTER 3

POLITICAL ECONOMY OF THE EASTERN CAPE

THE NATIONAL CONTEXT OF THE EASTERN CAPE'S SOCIO ECONOMIC PROFILE.

THE COUNTRY: Physical Geography

South Africa occupies the larger part of Africa south of the tropic of Capricorn, which traverses the country's Limpopo province. Located between the Atlantic and Indian oceans, the country's coastline of nearly 3 000km is the longest in the continent.

- The flat expanses of lowveld in the north (between the Limpopo River and Swaziland);
- The undulating landscape of Kwazulu Natal and the Eastern Cape province; and
- The rigged mountains and valleys of the Eastern Cape, together with the more level terrain of the west coast.

Comparatively short rivers, such as the Pongola, Thukela, Kei and Great Fish, drain the area between the plateau and the sea. Soils in this area tend to be more fertile than those on the plateau, though the plateau rocks contain a great variety of minerals (Africa A-Z: *Continental and Country Profiles*, 1998, 316)

South Africa's climate is subtropical, with hot summers and mild to cold winters. Mean annual rainfall decreases steadily westward from over 700mm in the eastern third of the country to as little as 50mm along the semi – arid west coast. Two thirds of the country gets less rain than the amount required for successful dry - land cultivation. Only the south Western Cape, around Cape Town has wet winters and dry summers. This area's Mediterranean type of shrub (fynbos) is well adapted to the hot dry summers and its floral variety is well – renowned. Temperate evergreen forest occurs

along the coast, around Knysna, and subtropical bush along the coast further to the north. Grassland covers the Highveld and much of the interior of Kwazulu Natal and the Eastern Cape, changing to semi – and Karoo and Kalahari vegetation in the west. Savanna bushveld extends in the form of a wide arc from northern KwaZulu Natal, across Swaziland, the Mpumalanga lowveld, Limpopo Province and the Limpopo Valley, to the North West Province and neighbouring Botswana *(Ibid).*

Except for a small part of the Northern Province the climate of South Africa is subtropical, although there are important regional variations within this general classification. Altitude and relief forms have an important influence on temperature and on both the amount and distribution of rainfall, and there is a strong correlation between the major physical and the major climatic regions. The altitude of the plateau modifies temperatures and because there is a general rise in elevation towards the Equator there is a corresponding decrease in temperature, resulting in a remarkable uniformity of temperature throughout the Republic from south to north (cf. mean annual temperatures: Cape Town, 16.7°C; and Pretoria, 17.2°C). The greatest contrasts in temperature are, in fact, between the east coast, warmer by Mozambique Current, and the west coast, cooled by the Benguela Current (cf. respectively, mean monthly temperatures: Durban, January 24.4°C; and Port Nolloth, January 15.6°C, July 12.2°C). Daily and annual ranges in temperature increases with distance from coast, being much greater on the plateau (cf. mean annual temperature range: Cape Town, 8°C; Pretoria, 11°C).

The areas highest annual rainfall largely coincides with the outstanding relief features, over 650mm being received only in the eastern third of South Africa and relatively small areas in the southern cape. Parts of the Drakensburg and the seaward slopes of the Cape range experience over 1,500mm west of the Drakensburg and to the north of the Cape rangers there is a marked rain –

shadow, annual rainfall decreases progressively westwards (cf. Durban 1,140mm, Bloemfontein 530mm, Kimberly 400mm, Upington 180mm, Port Nolloth 50mm).

Virtually all the western half of the country, apart from the southern Cape, receives less than 250mm and the western coastal belt's northern section forms a continuation of the Namib Desert. Most of the rain falls during the summer months (November to April) when evaporation losses are greatest, brought by tropical marine air masses moving in from the Indian Ocean on the east. However, the south – Western Cape has a winter maximum of rainfall with dry summers. Only the narrow southern coastal belt between Cape Agulhas and East London has rainfall distributed uniformly throughout the year. Snow may fall occasionally over the higher parts of the plateau and the Cape ranges during winter, but frost occurs on an average for 120 days each year over most of the interior plateau, and for shorter periods in the costal lowlands, except in KwaZulu/Natal, where it is rare.

Variations in climate and particularly in annual rainfall are reflected in changes of vegetation, sometimes strikingly, as between the south – western Cape's Mediterranean shrub type, designed to withstand summer drought and of which the protea – the national plant – is characteristic, and the drought – resistant low Karoo bush immediately north of the Cape ranges and covering much of the semi – arid western half of the country. The only true areas of forest are found along the water south east coasts – the temperature evergreen forests of the Kynsna district and the largely evergreen subtropical bush, including palms and wild bananas, of Eastern Cape and KwaZulu/Natal, respectively. Grassland covers the rest of the Republic, merging into thorn veld in the north – Western Cape and into bush veld in the Limpopo Province *(Africa South of the Sahara, 2004, 1016).*

Economic Profile

Based on agriculture, mining, manufacturing and commerce, the South African economy has developed extensive transport, water and power supply networks. It is in mineral deposits; however that South Africa's greatest wealth lies. It is the Mineral Resolution of the second half of the 19th century, formed the basis of the country's modern economic development. At the start of the 21st century, South Africa remains the largest gold producer in the world, supplying one fifth of the world total.

The country also has abundant deposits of many other important minerals. The production of minerals other than gold accounted for 50% of the total value of mining output in 2000: more than 40 different minerals are commercially exploited. (Africa South of the Sahara, 2004, 1028). There are huge reserves of coal, with a pit –head price that is probably the lowest in the world, and also large reserves of iron ore. In 2002 South Africa possessed about three quarters of the world's reserves of manganese ore (78%), more than two – thirds of the world's chromium (68%), and more than one – half of the world reserves of platinum – group metals (61%), as well as more than 40% of the world's vanadium, about 40% of its gold and vermiculite, more than one –third of its zirconium – group minerals, plus a significant proportion of the world's titanium minerals, fluorspar and , coal. In addition, the country is a producer of copper, diamonds, lead, zinc, antimony and uranium. (*Ibid*).

South Africa's long coast line has few natural harbours, but close to its shores are some of the richest fishing areas in the world. The catch includes South African anchovy, Cape Hakes, Southern

African pilchard, Cape horse mackerel and Whitehead's round herring. The total catch increased from 592, 144 tons in 2000 (*Ibid*).

Table 1: FISHING

('000 metric tons, live weight)

	1998	1999	2000
Capture	559.4	588.6	643.8
Cape hakes (stokvisse)	153.3	141.2	135.0
Cape horse mackerel (Maasbanker)	46.4	18.0	16.0
Southern African pilchard	128.0	131.3	136.1
Whitehead's round herring	52.5	58.9	37.8
Southern African anchovy	107.5	180.5	267.8
Aquaculture	5.1	4.1	4.0
Total catch*	563.9	592.1	647.8

Excluding aquatic plants ('000 metric tons): 6.1 in 1998; 6.1 in 1999; 6.2 in 2000. Also excluded are crocodiles. The number of Nile crocodiles captured was: 8,863 in 1998; 29,942 in 2000

Source: FAO, Yearbook of Fishery Statistics.

Meanwhile, agriculture output has roughly kept pace with population growth, and in normal seasons the country is a net exporter of food, thought grain imports are needed in years of drought. The sector is highly diversified, while the main crops include maize, sugar, citrus and deciduous fruits, sorghum, wheat, groundnuts and sunflower seed. Most kinds of livestock farming are practised and wool is a major export earner. Viticulture in the South Western Cape has always been important and in the savanna regions game farming has grown extensively from the 1980s to become a viable industry with economic potential (Africa A – Z: Continental and Country Profiles, 1998, 320).

According to the National Department of Agriculture, the most significant achievement in term of policy change, since the advent of a popular democratic order in 1994, was the deregulation of the marketing sector. This was done in order to transform the industry in line with the social and economic democratisation of the South African social formation and with international trends towards deregulation. During the transformation process, the Department has insisted, greater emphases will be placed on small – scale developing agriculture, especially in relation to land reform, access to credit by this sector, and market opportunities.

Notably, various challenges remain as part of the agricultural scene, such as the scarcity of water resources, decertification, soil erosion, and soaring input costs. The new democratic government bears the responsibility to tackle these challenges with the clear objectives of developing small – holding agriculture to ensure household food security, to empower women farmers, and to encourage the youth to become involved in agriculture.

Agricultural land in South Africa is mainly used for grazing. Cash crops are also cultivated on a large area. Forestry comprises a small part of the agricultural land, but a reasonable area is reserved for conservation purposes (See table below).

(Maifo N, MSc. Sc. Developmental Studies, 2010)

Table 2: FORESTRY

ROUNDWOOD REMOVALS

('000 cubic metres, exl. bark)

	1997	1998	1999
Sawlogs, veneer logs and logs for sleepers	4.775	6.002	6.002
Pulpwood	10.166	9.223	9.223
Other industrial wood	3.630	3.391	3.391
Fuel wood	14.600	12.000	12.000
Total	33.171	30.616	30.616

2001: Annual production as in 1998 – 99: Source: FAO

SAWNWOOD REMOVALS

('000 cubic metres, incl. railway sleepers)

	1997	1998	1999
Cornferous (softwood)	1,439	1,396	1,396
Broadleaved (hardwood)	135	102	102
Total	1,574	1,498	1,498

2001: Annual production as in 1998 – 99

Source: FAO, Africa South of the Sahara, 2004

South Africa's national commercial herd in 2001 was estimated by the National Department of Agriculture at 13, 5 million, including in this category various international dairy and cattle herds; while the sheep herd was in 2000 estimated at 28, 5 million. (See table below)

Table 3: LIVESTOCK

('000 head, year ending September)

	1999	2000	2001
Cattle	13,565	13,461	13,506
Pigs	1,531	1,556	1,592
Sheep	28,680	28,551	28,786
Goats	6,457	6,706	6,809
Horses	258	255	n.a.
Mules	14	14	n.a.
Asses	210	210	n.a.
Chickens	60,000	61,000	n.a.

Source: Department of Agriculture, Pretoria

LIVESTOCK PRODUCTS

('000 metric tones)

	1999	2000	2001
Beef and veal	553	580	568
Mutton and lamb	112	98	95
Goat meat	36	8	8
Pig meat	117	113	111
Poultry meat	452	796	900
Cow's milk	2,667	3,532	2,532
Butter	19	9	9
Cheese	36	35	35
Hen eggs	334	318	329
Wool greasy	56	53	n.a.
Cattle hides (fresh)	83	54	n.a.
Sheepskins (fresh)	18	18	n.a.

Source: Department of Agriculture, Pretoria

The country's land mass is suitable for the cultivation of a variety of crops. The largest area of farmland is planted for maize, followed by wheat and, on a lesser scale, oats, sugar cane and sunflower. Although agriculture production has doubled over the last 30 years, the department has observed that the volume has been erratic in the decade, primarily because of the severe droughts

experienced. The country is, however, still self – sufficient as far as most primary foods are concerned, with the exception of wheat, oilseeds, rice, tea and coffee.

Unlike its counterparts in the rest of Africa, South Africa's manufacturing industry is the largest of the productive sectors of the economy. The industry however is, nevertheless, concentrated in four enclave area: Gauteng, Cape Peninsula (Western Cape), Durban – Pinetown –Pietermaritzburg (Kwazulu Natal), and Port Elizabeth – Uitenhage in the Eastern Cape. The African continent is the most important market for South African manufactured products, which account for about 25 – 30% of foreign earnings. Much of the raw materials and semi – manufactured goods required by the industry are available locally. Some of the industries, such as clothing and textiles, furniture, chemicals, vehicles, and transport equipment, still rely to a greater or lesser extent on imports of raw materials, intermediary goods and components. Notably, output is dominated by engineering and metal products. Automobile production, chemicals and armament are major growth areas. Based on South Africa's vast coal reserves, SASOL is the world's leading producer of oil from coal.

The largest sector in the manufacturing industry is basic metals, metal products, machinery and transport equipment employing about 500,000 workers in 2000. (Africa South of the Sahara, 2004, 1029). The steel industry remains the most important branch of this sector, with production of crude steel valued at some R14, 000 mn. per year. The industry is dominated by ISCOR, and in 1997 the corporation operated 10 ore mines and four steel mills, and a fifth, at a projected cost of US $1,550mn., entered production in 1998 at Saldanah Bay (*Ibid*). With favourable costs of location, raw materials and labour, South Africa steel is among the cheapest in the world. The motor industry is another important branch of the engineering sector. The transport equipment industry employed nearly 100,000 workers in 1992 and is an important contributor to South Africa's exports. The vast majority of new cars contain at least 66% local content by weight, thereby qualifying for special tariff rates as 'locally manufactured' models. In common with this industry in other developing countries,

vehicle manufacturing faces the problem of rising costs with increasing local content, because of the lack of those economies of scale which are enjoyed in the major producing countries. With its potential market size of over 44m. People, South Africa would offer better opportunities to achieve economies of scale if incomes were more evenly distributed and a larger proportion of the population could afford to buy basic luxuries such as motor vehicles. Of the 224,122 passenger cars sold in South Africa in 2000, Toyota supplied the largest number, at 22.7% of the total, followed by Volkswagen and FMC. Another 105,235 light commercial vehicles were sold, and together with heavier commercial vehicles, a total of 341,082 units were sold in the country in 2000. *(Ibid).*

Industries processing local farm produce were among the first to develop in South Africa. Food, beverages and tobacco accounted for about 20 percent of the value of manufacturing output in 2000.

The clothing industry, which was well established before World War 2, now supplies 90 percent of local demand and employs more than 100, 000 workers. The textile industry accounts for 60 percent of the country's textile needs. Textiles, wearing apparel and footwear contributed 7, 8 percent of the value of manufacturing output in 2001. The textile industry, however, shed thousands of jobs at the close of the last decade.

The chemicals industry is also an important branch of manufacturing in South Africa. This industry started in the last quarter of the 19th century with the production of explosives for the gold mines. The Modderfontein factory, near Johannesburg, is now one of the world's largest privately owned explosive factories. Production of fertilizers is also a significant branch of the industry. However, the most important development in the late 20th century was the establishment by the state of the South

African Coal, Oil and Gas Corporation (SASOL), which now accounts for about 40 percent of South Africa's fuel requirements. *(Ibid).*

Political Economy Of South Africa And Eastern Cape

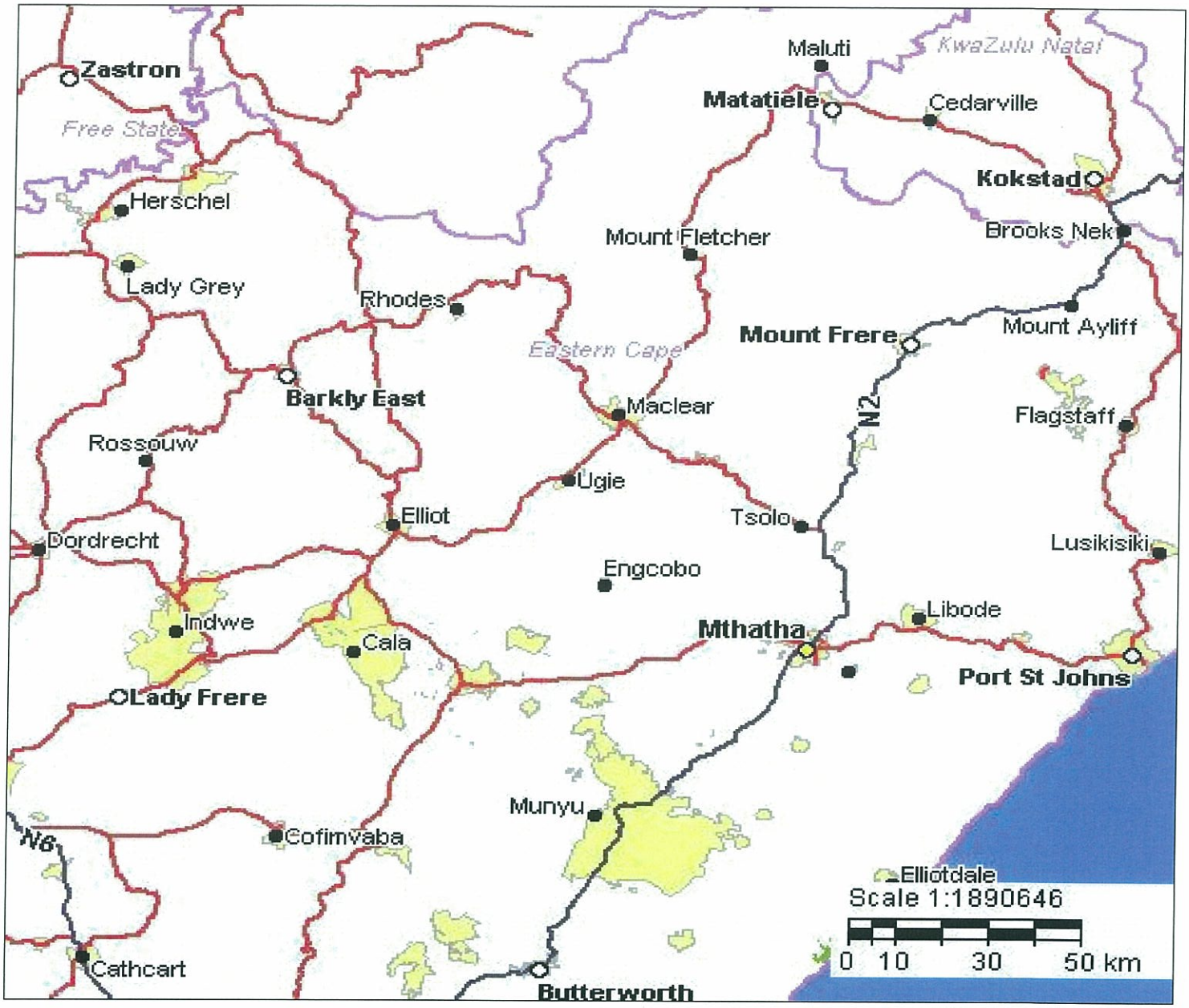
In order to correctly locate the political economy of the Eastern Cape, it seems logical to revisit the political economy of the national economy in the early 1990s, as well as the criteria that were used to demarcate, the existing provinces during the negotiations that ushered the current dispensation in 1994.

South Africa's land mass is 1,223,201km, with a total of 37, 5 of 37, 5 million people in 1996. The total population in 2001 census was 44,819,770. The Eastern Cape is home to 15% of South Africa's population. The country's economic activity centres on manufacturing, mining and agriculture. The country is rich in mineral resources, a sophisticated transport infrastructure, a vibrant financial sector, and large and complex industrial and commercial sectors. The national economy is of medium size by world standards, and in the African context it is the most developed economy in terms of per capita income of R2, 566 in 1996 figures (S.Buthelezi, 1998, 57).

The former East Cape encompasses the Nelson Mandela Metro, and this is the most prosperous of the Eastern Cape Province's seven sub-regions. In 2002 it was home to 16% of the Province's population and accounted for 44% of its economic output. It is also the fastest growing sub-region, with an average rate of 3.7% during the 1996 – 2002 periods, which is higher than both the national average growth rate of 2.4% and the Eastern Cape's average of 1.9%. It is an export – oriented economy, accounting for 64% of both the Province's imports and export in 2002. The Metro also has the lowest incidence of poverty, with 38% of its population living below the poverty line, compared to an average of 64% for the province. (Human Science Research Council, 2003, 152 -53).

LOCATION OF THE STUDY AREA – NGCOBO MUNICIPALITY

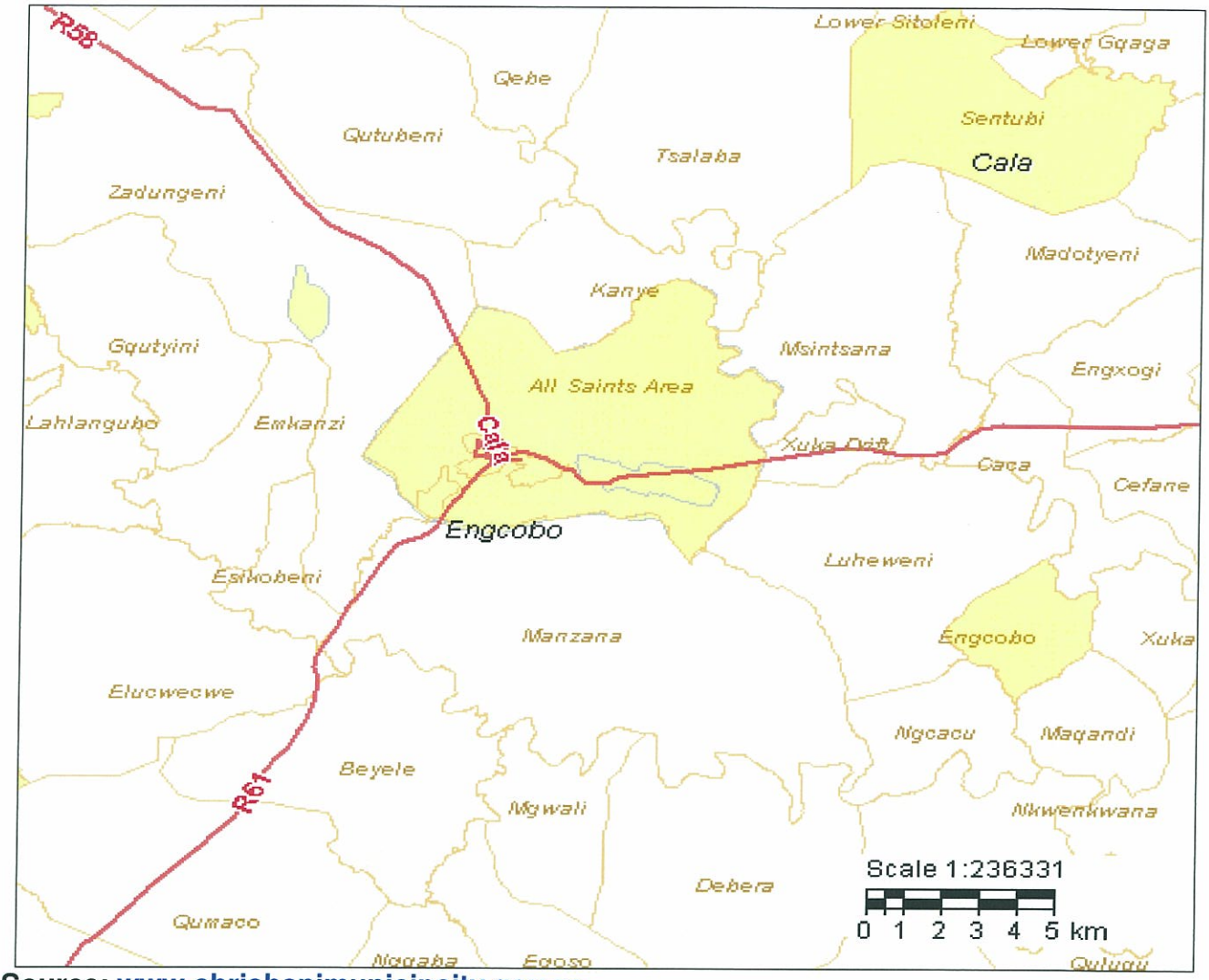
Figure 1: Engcobo, the study area



Source: www.chrishanimunicipaity.gov.za

(Maifo N, MSc. Sc. Developmental Studies, 2010)

Figure 2: All Administrative Areas – All Saints& Manzana



Source: www.chrishanimunicipaity.gov.za

Geographical Location

Engcobo is a rural country town with a population that has minimal urbanites and largely rural dwellers. The settlement pattern is dispersed with small villages due to the mountain and tree covered terrain. The land use is predominantly subsistence agriculture. It has a mean annual rainfall of approximately 650ml with a mild temperature that creates the perfect climate for agricultural production. The water supply is supplemented by the large perennial rivers of Mbashe, Mnyolo, Xuka, Mgwali and Qhumanco.

(Maifo N, MSc. Sc. Developmental Studies, 2010)

Demographic Profile of Ngcobo

Table 4

Age Group	Males	%	Females	%	Total
0 to 4	8,790	13%	8,648	11%	17438
5 to 14	24,692	37%	23,802	29%	48494
15 to 34	19,124	28%	24,045	30%	43169
35 to 64	10,861	16%	18,448	23%	29309
Over 65	3,952	6%	6,042	7%	10590
TOTAL	67,419	100%	80,985	100%	

Source: IDP – 2008/09, Ngcobo Municipality (www.chrishanimunicpality.gov.za)

According to the 2001 census there were 149 000 people & 31 000 households in the Engcobo municipality living in an area of 2,258.7 ha comprising of 60 wards and 322 villages. The population is relatively youthful with a large female to male ratio (Table 1). Although there is high rate of rural urban migration, there is still high population density in the rural areas. This has resulted into agricultural land to be uneconomical.

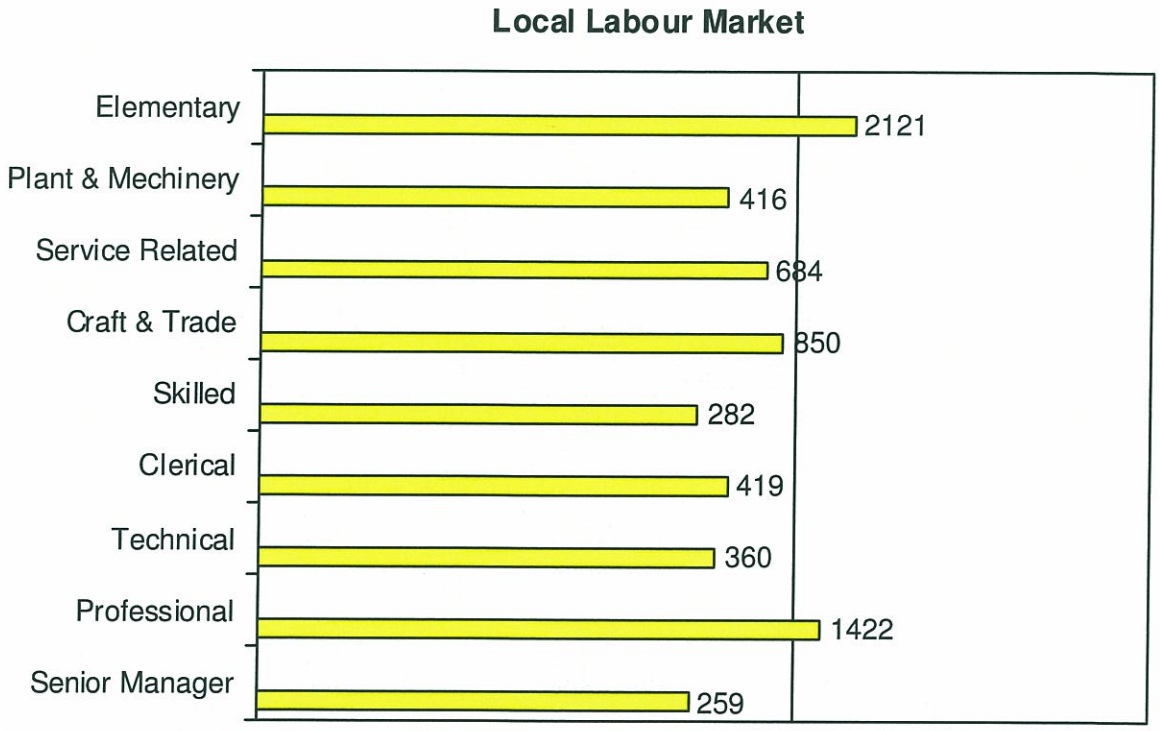
(Maifo N, MSc. Sc. Developmental Studies, 2010)

Local Socio - Economic Profile

Majority (97 percent) of households are indigents with either no income or access to income of less than R940 from the social grant per month, R560 being for foster care and R220 being for child support grant. This situation indicates that there are high levels of poverty and unemployment in the area. The situation is made worse by the low levels of skills indicated by figure 1 – low skills levels persist even though there are a lot of schools and one tertiary institution. The acquisition of skills is hampered by the condition of educational structures as indicated below:-

- 86 schools have permanent structures (school buildings)
- 52 schools have mud structures

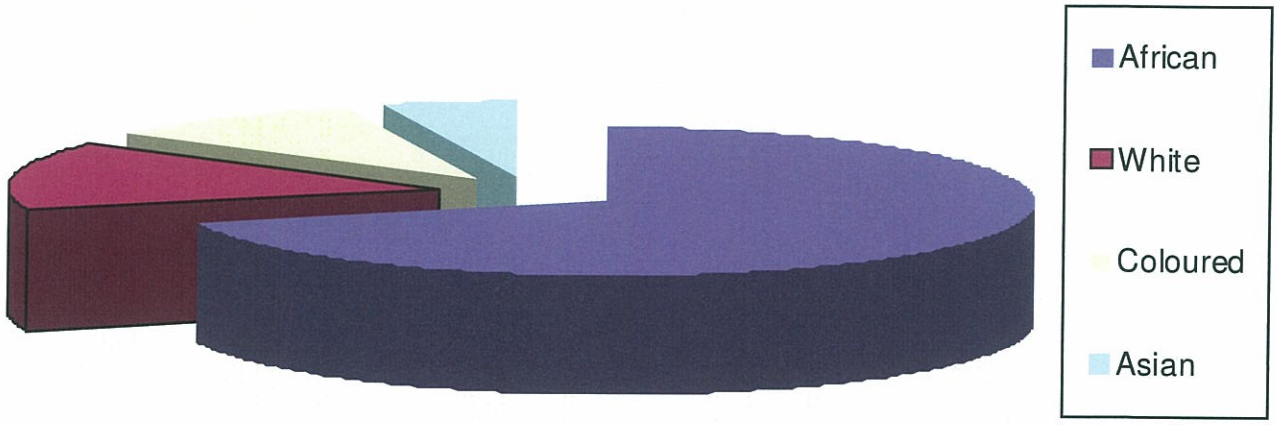
This, in conjunction with other factors, has led to declining school attendance by primary and secondary education levels.



(Maifo N, MSc. Sc. Developmental Studies, 2010)

Agriculture is the primary activity sector in the local economy. However, this activity is not adequately utilised. Most households focus on subsistence farming with the most commonly kept livestock being cattle, sheep, goats, horses and donkeys.

FIGURE 3: Disaggregation of the Population Living Below the Poverty Line by Race (Nelson Mandela Metro), 2002



Human Development Index of the Eastern Cape indicated higher levels of underdevelopment, especially in the former Transkei Bantustan, represented by the OR Tambo and Alfred Nzo district municipalities. (See Table Below)

(Maifo N, MSc. Sc. Developmental Studies, 2010)

Table: 5 HUMAN DEVELOPMENT INDEX (HDI)

District Municipality	HDI
Cacadu	0.53
Amathole	0.49
Chris Hani	0.48
Ukhahlamba	0.47
OR Tambo	0.42
Alfred Nzo	0.45
NM Metro	0.64
EC Province	0.49
National	0.58

Source: Adapted from Wefa

What is poverty?

Poverty can mean a number of different things. One important thread in poverty is the notion of material lack, especially the lack of resources necessary for survival. Older people in rural areas of the Eastern Cape lack lots of resources necessary for their survival. For example, lack of basic needs like water, transport, housing and health facilities. Therefore it is important to identify what goods a human being would need to prevent a person from dying. Also the aspect of agency and dignity is also another important thread to look when dealing with poverty. For example, people who are able to survive may still be considered poor if survival requires them to give up their self-respect, or if they are not able to fulfil their minimal social obligations in society. Another important thread is that of subjective experience. For example, people are ordinarily considered poor if they experience forms of lack that lead to suffering.

Poverty can be construed in a narrow or broader sense. In the narrowest sense it means lack of income. In the broader sense, poverty can be seen as multidimensional, encompassing other issues such as housing, health, education, access to services and to other avenues of accessing resources, and access to social power relations.

Poverty can be construed in a minimalist or more expansive way. The most minimalist way is to consider people who are poor as being those who are unable to survive in the short term, that is, people who are utterly without the means of survival. A more expansive understanding of poverty is that people are poor if they are unable to participate in society as full citizens.

The poverty index also indicates that the district municipalities OR Tambo and Alfred Nzo also have the highest poverty levels. (See, also Table below).

TABLE 6: POVERTY INDEX

District Municipality	Index
Cacadu	26.3
Amathole	39.0
Chris Hani	46.6
Ukhahlamba	42.0
OR Tambo	49.6
Alfred Nzo	52.6

Source: ECSECC

It is appropriate to note here that the poverty score (out of 100) for each district municipality is calculated on the basis of the following items:

- Education
- Employment rate
- Access sanitation, refuse removal, electricity, telephones and water
- Structure of houses

(Maifo N, MSc. Sc. Developmental Studies, 2010)

- Poverty indicator
- Household size / density
- Household composition
- Distance from nearest welfare service point

According to this method of calculation, municipalities with a high score are those with the least poverty. Subtracting the poverty score from 100 creates the Poverty Index. The poorest municipalities are those with the highest poverty indices.

TABLE 7: NUMBER OF PERSONS LIVING IN POVERTY AND DISTRICT MUNICIPALITY DISTRIBUTIONS.

District Municipality	Person living in Poverty (#)	Person living in Poverty (%)
Cacadu	179,420	46.1
Amathole	1,515,308	68.1
Chris Hani	651,865	72.0
Ukhahlamba	260,749	69.4
OR Tambo	1,371,151	78.7
Alfred Nzo	425,275	76.0
NM Metro	400,127	39.1
EC Province	4,439,895	64.2

Source: Adapted from Wefa 2000

The Oliver Tambo District Municipality, as per table 7 indicated, after the Alfred Nzo is in the Eastern Cape, with a per capita income of 15% of that of the Nelson Mandela Metro. It is also home to 26% of the provinces population and accounted for a mere 10% of its economic output in 2002. The growth performance of the economy had been sluggish, average 0.3% to over the 1996 – 2002

periods, well below the average of 1.9 % for the Eastern Cape. Significantly, the majority of the populations (81%) are living in poverty, well above the provincial average of 68.4%, which in fact is the highest in South Africa. *(Ibid).*

After the OR Tambo district municipality, the Afred Nzo district municipality which is inhabited by 81% of the Eastern Cape's population accounted for mere 2% of the province's economic output in 2002. It is the poorest sub-region in the Eastern Cape, with a per capita income equivalent to 2% of the richest sub-region, the Nelson Mandela Metro. The economy of the Alfred Nzo district municipality has been contacted at an annual average rate of -0,48% over the 1996 – 2002 periods. Not surprisingly, 82.4% of the sub-region's population live in object poverty (See the figure below).

According to ECSESS, the average household income levels for the Eastern Cape are generally low, and the district municipalities have even lower income levels with Chris Hani (62%), followed by the Afred Nzo (50%), Ukhahlamba and Amathole (48%) and OR Tambo (44%) in the 0 – R6, 000 category.

The statistics correspond with very high levels of people living in poverty in the Eastern Cape.

Table 8: Household Income/Category

District Municipality	R 0 – 6 000	R6 001 – 18 000	R18 001 – 42 000	R42 000 +
Amathole	175 079 (48%)	80 537 (22%)	37 335 (10%)	37 534 (10%)
Alfred Nzo	58 633 (49%)	35 265 (29%)	14 442 (12%)	11 602 (10%)
Chris Hani	98 048 (62%)	37 832 (24%)	13 261 (8%)	10 370 (7%)
OR Tambo	160 083 (44%)	95 690 (27%)	45 862 (13%)	58 116 (16%)
Ukhahlamba	38 242 (48%)	19 940 (25%)	9 630 (12%)	11 266 (14%)
Cacadu	26 939 (31%)	22 273 (31%)	11 627 (16%)	11 689 (16%)

In sum, the Eastern Cape Province is characterised by high levels of underdevelopment. With the exception of the Nelson Mandela Metropole and the Cacadu District Municipality, all other district municipalities demonstrate extremely high levels of underdevelopment. This is borne out by statistical indicators showing a high proportion of poverty – stricken people and households.

The Province also has a high mortality rate among the children under five years age, and among adults, due largely to infections from HIV/AIDS, tuberculosis, diarrhoea, and other infectious diseases. Health Infrastructure and services are generally poor, invariably plagued by huge backlogs. Poor transport infrastructure and services, lack of access to clean and safe drinking water and poor sanitation facilities have compounded the challenges of mobility among the population (S. Buthelezi, 2003.)

Generally underdeveloped habitat conditions in a province that is mainly rural indicates an area that has on average 69 percent informal housing, 99% in OR Tambo, and 98% in the Alfred Nzo district municipalities *(Ibid).*

Sanitation infrastructure provision has not fared any better, and the poor conditions in this respect correspond with generally low levels of water provision in the province.

Underdevelopment in the Eastern Cape is also characterised by an employment sector which is dominated by community service with 32% on average. This sector employs around 50% in the Alfred Nzo and OR Tambo district municipalities, 40% in Chris Hani, and 35% in the Amathole and Ukhahlamba district municipalities. These figures invariably demonstrate how dependant Eastern Cape communities are to the public or government sector, and it hence hardly surprising to indicate

the rate of unemployment at 55% *(Ibid).* The high rate of unemployment also corresponds with the low levels of education and skills and therefore a high need for human capital development.

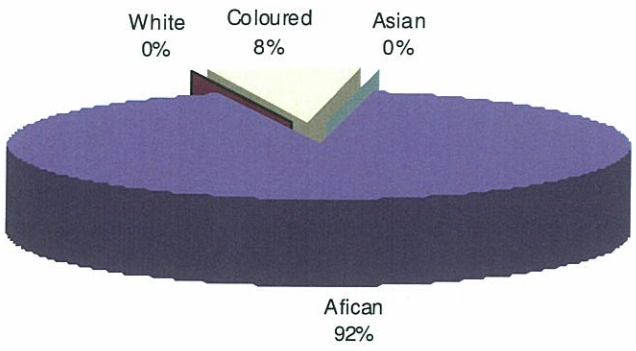
Undoubtedly, therefore, the capacity and institutional strengthening programmes for local government that are designed to improve performance capacity, should take into cognisance and be informed by the socio – economic indicators of the province, briefly presented in this study. In order to demonstrate the vast differentiations, inequalities and historical gaps in capacities among district municipalities (and therefore, communities), a somewhat detailed presentation will be made on the Chris Hani district municipality (former Transkei, and Cape Provincial Administration area, respectively): Suffice to say here that the significant variations and differentials in the social conditions of this areas illustrate the basic constrains faced by the Provincial Growth and Development Plan, 2004 – 2114, namely:

- Poor, densely populated labour reserves and relatively affluent, sparsely populated commercial agricultural areas; and
- Well – serviced urban centres and under – serviced townships, informal settlements and rural areas.

THE CHRIS HANI DISTRICT MUNICIPALITY

The Chris Hani District is constituted by thirteen percent of the province's population and accounts for seven percent of the Eastern Cape's economic output. Just over 75.7 percent of the district's populations live below the poverty line, and this is significantly higher than the average of 68.4 percent for the province (HSRC, 2004, 180).

CHRIS HANI DM: Disaggregation of the Population living in Poverty by Race 2002



The agriculture and hunting sector is the main economic activity in the Chris Hani district which has a population of 900,000 inhabitants. Most of the population is rural and inhabit the former Bantustan areas of Ciskei and Transkei.

Income and Material Deprivation

Below is a comparison of Chris Hani with surrounding district municipalities such as Amathole, Ukhahlamba and OR Tambo on income and material deprivation.

(Maifo N, MSc. Sc. Developmental Studies, 2010)

Table 9: Average Total Income per Household

District Municipality	Sum of Income in rand Value per Month	%	Average
0	6 648	0%	3 324
Amatole	3 904 891	30%	2 286
Chris Hani	2 904 891	16%	1 742
O.R Tambo	4 612 953	36%	1 607
Ukhahlamba	945 939	7%	1 958
Grand Total	**12 368 674**	**98%**	

Source: UFH Research on Chris Hani (Engcobo), Vol. 1, pg 27

The above table shows a comparison between the average incomes per household per month. For Chris Hani it shows that it has the second lowest average income per household at R 1, 742 it is R98 below the provincial average.

Education Deprivation

Ability to Read and Write

Table 10: Percentage of those who can Read or Write by Age Group

Age Group	No.	Yes	Grand Total

a2 06-8	3%	4%	8%
a3 09-11	1%	7%	9%
a4 12-14	1%	9%	10%
a5 15-18	1%	11%	12%
a6 19-29	1%	18%	19%
a7 30-39	1%	8%	10%
a8 40-49	2%	6%	8%
a9 50-59	3%	4%	7%
b1 59 Plus	7%	5%	12%
j. Age Not Specified	2%	5%	6%
Grand Total	**22%**	**78%**	**100%**

Source: UFH Research on Chris Hani (Engcobo), Vol. 1, pg 31

The majority of those who cannot read or write come from the 40+ age group.

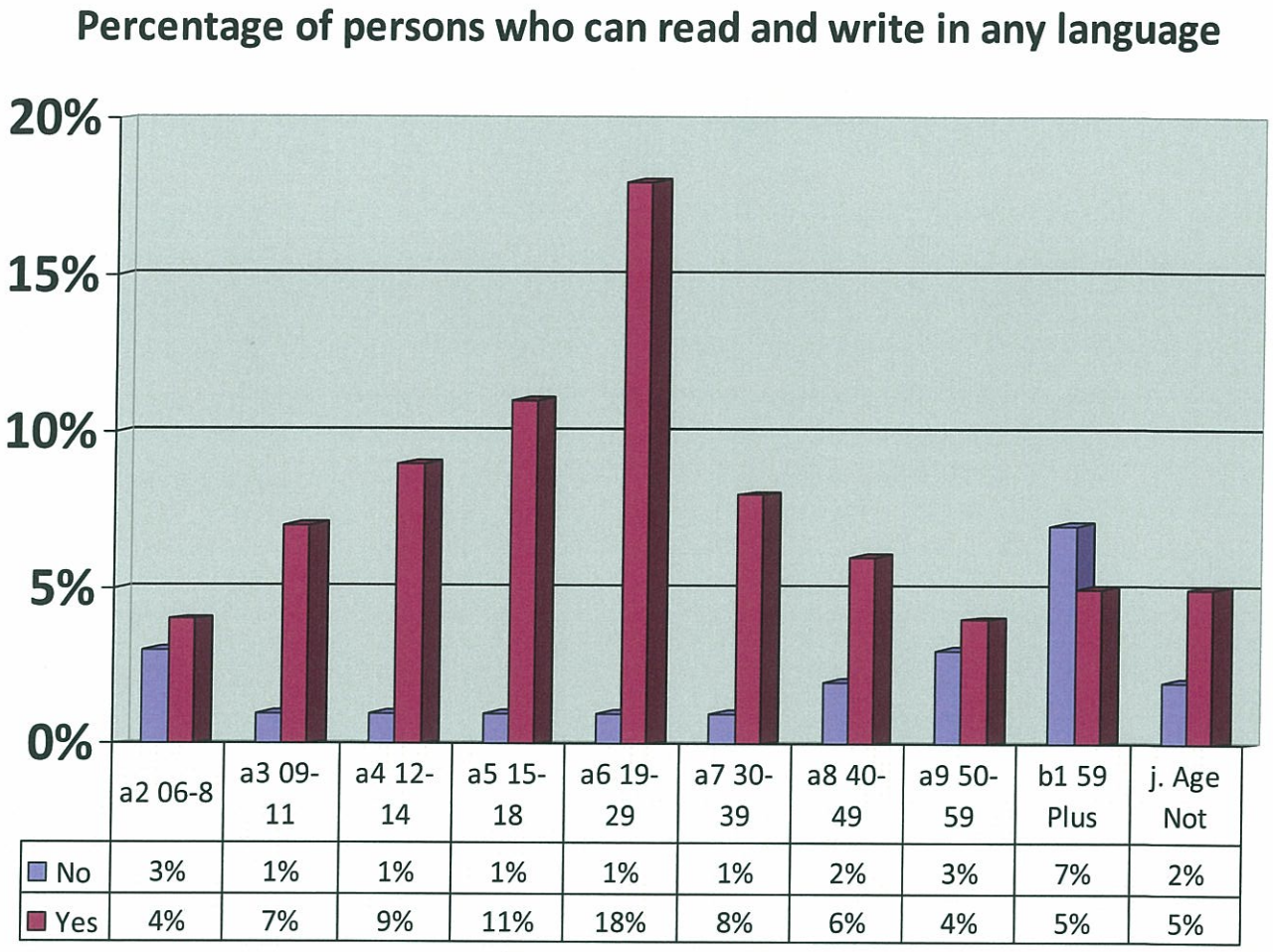
The education deprivation has a hindering effect on the older persons. When they are supposed to read what is confidential to them, somebody has to know what is going on in his/her private documents, for example in financial situations they can be exposed and become vulnerable to crime i.e. institutions like banks, post offices where mostly they keep their monies. Also a family member or a person close to them like a neighbour can be the one helping the older person in reading or writing their private affairs. This therefore means the person helping would know their private information, i.e. illiteracy leads to lack of privacy.

Table 11: Percentage of those who can Read or Write at Chris Hani District Municipality

Age Group	Chris Hani Municipality
06 – 8	4%
09 – 11	7%
12 – 14	8%
15 – 18	10%
19 – 29	14%
30 – 39	7%
40 – 49	6%
50 – 59	4%
59 Plus	4%
Age Not Specified	6%
Grand Total	70%
Economically Active: 19 – 59	32%

Source: UFH Research on Chris Hani (Engcobo), Vol. 1, pg 32

Chris Hani has the lowest overall percentage of people who can read and write (70%) and the lowest percentage (32%) for those who are potentially actively viable.



	a2 06-8	a3 09-11	a4 12-14	a5 15-18	a6 19-29	a7 30-39	a8 40-49	a9 50-59	b1 59 Plus	j. Age Not
No	3%	1%	1%	1%	1%	1%	2%	3%	7%	2%
Yes	4%	7%	9%	11%	18%	8%	6%	4%	5%	5%

Source: UFH Research on Chris Hani (Engcobo), Vol. 1, pg 32

Figure: Graph Showing the Percentage of People who can read or write

Only at the 59+age group does the graph show that there are more people unable to read/or write

Deprivation refers to the effects of poverty on a person's life. 'Multiple deprivation' is often used interchangeably with 'multidimensional poverty' and the term 'deprivation' is popular with some

(Maifo N, MSc. Sc. Developmental Studies, 2010)

commentators as it is not 'contaminated' with notions of minimal subsistence which is sometimes associated with the word poverty.

Deprivation also takes into account how being poor limits what a person "can and cannot do" both in terms of immediate and future actions. This then can be compared to an understanding of poverty reflecting what poor people 'have or do not have". Deprivation is therefore usually assessed using indicators that directly measure different types of deprivation rather than solely measuring what it means to be poor. Indicators of deprivation usually include lack of access to key services such as electricity, water and sanitation or lacking decent housing.

The rural elderly people in the Eastern Cape have lots of deprivation in terms of education, income and material deprivation, employment deprivation, living environment deprivation. The graph above shows the majority of those who cannot read or write come from the 40+ age group. This education deprivation has a hindering effect on the older people. When they are supposed to read what is confidential to them, somebody else must do it for them. This makes them not to have any privacy. They also becomes target to crime, because places like banks, post offices where mostly keep their money, they need to be able to read and write and be to write their signature.

Employment Deprivation

Table 12: Employment Status in the Eleven Local Municipalities Compared to the Provincial Average

Current Work Status	Engcobo
Currently not working	2%
Currently working	8%
Full-time students	0%

(Maifo N, MSc. Sc. Developmental Studies, 2010)

Never worked	38%
Other	1%
Pensioner	10%
Piece job	0%
Volunteer	0%
Worked before but not now	41%
Grand Total	100%

Source: UFH Research on Chris Hani (Engcobo), Vol. 1, pg 40

Ngcobo has an H of H unemployment rate of 81% with 8% of the respondents.

Table 13: Analysis of the H of H Place of Employment per Local Municipality

Place of Employment	Ngcobo
Care Taker	
Chief	
Construction: Building	
Construction: General	7
Construction: Roads	
Counsellor	
Current not working	565
Domestic Worker	4
EPWP	
Eskom	
Farming	2
Govt Dept: Agric	
Govt Dept: Defence	
Govt Dept: Education	4
Govt Dept: Health	3
Govt Dept: Home Affairs	
Govt Dept: Local Govt	1
Govt Dept: Public Works	
Govt Dept: Roads and Transport	
Govt Dept: SAPS	2
Govt Dept: SASSA	

(Maifo N, MSc. Sc. Developmental Studies, 2010)

Grahams town	
Manufacturing	1
Odd jobs	1
Province: Eastern Cape	5
Province: Gauteng	6
Province: Gauteng Mines	2
Province: KZN	2
Province: Limpopo	
Province: Western Cape	1
Retail	
Security	1
Self employed	
Services Industry	
Transport Industry	1
Volunteers	
Grand Total	608

Source: UFH Research on Chris Hani (Engcobo), Vol. 1, pg 42

Ngcobo has 4 people working in government departments and 16 people working in provincial departments.

Table 14: Places of Employment for People Living in Chris Hani

23a. Place Of Employment reclassified	Intsika Yethu	Ngcobo	Grand Total
Construction: Building	1		1
Construction: General	2	7	9
Construction: Roads	1		1
Current not working	536	565	1101
Domestic Worker		4	4
Farming	1	2	3
Govt Dept: Defence	2		2
Govt Dept: Education	1	4	5
Govt Dept: Health	3	3	6
Govt Dept: Local Govt		1	1
Govt Dept: Roads and Transport	1		1
Govt Dept: SAPS		2	2
Manufacturing		1	1
Odd jobs		1	1
Province: Eastern Cape	6	5	11
Province: Gauteng	1	6	7
Province: Gauteng Mines		2	2
Province: KZN		2	2

(Maifo N, MSc. Sc. Developmental Studies, 2010)

Province: Western Cape	1	1	2
Security		1	1
Self employed	1		1
Transport Industry		1	1
Volunteers	1		1
Grand Total	558	608	1166

Source: UFH Research on Chris Hani (Engcobo), Vol. 1, pg 43-44

The exclusion of older people from the labour market has a profound effect on their circumstances, and common problems generally call for some kind of common patterns of response. Old people are vulnerable to poverty, because they are unable to participate in the labour market. This is because most kind of jobs they have skills in doing needs lots of energy, for example, construction like, buildings, road and for women it is house work.

For many old people in South Africa, the time of their greatest vulnerability is the five- to – ten years before they reach pensionable age. In those years, those who have worked as labourers all their lives find it impossible to get work. Often they are laid off a job they have been doing for years, or they will simply not be considered as suitable applicant. This is a burden which falls harshly on many blacks in South Africa especially in the rural areas. These are the people who have no other forms of effective social security and who have no access to land. This becomes a very difficult situation where a family suddenly find out the bread winner is no longer having any income. This bread winner has worked for years on the same surrounding farm but who as he grew older, is unable to get a job.

The plight of the elderly people, especially those without families to support them, is often pitiful. The pensions are so low than the cost of living. This causes hunger amongst the old people and they are weak to fight for their rights. The vulnerability of old people is seen not only in their inadequate pensions and their hunger, but also in their loneliness and the difficulties they face in coping with such disruptions as force removals.

According to Wilson and Ramphele, 1989, poverty is not just being without food. It is the absence of love. People die simply of loneliness, unwanted, unloved and forgotten. This is a much more bitter poverty than the poverty which is not to have food. In rural areas of South Africa, this is felt more harshly by blacks for whom there are no old age homes or any other social strategies for helping those without enough accommodation or families to support them.

Living Environment Deprivation

Dwellings Occupied

Table 15: Types of Dwelling Occupied in Engcobo

36. The Types of dwelling or housing household occupy	Ngcobo
Caravan or tent 19	0.0%
Flat in block of flats 13	5.6%
House/flat/room in back yard 15	2.4%
Informal dwelling/shack in backyard 16	0.2%
Informal dwelling/shack not in backyard 17	0.0%
Other 96	2.2%
Room/flatlet not in back yard but on shared property	0.0%
Stand-alone house or brick structure 11	3.7%
Town house/cluster house/semi detached house 12	3.0%
Traditional dwelling/hut/Trad. Materials 14	83.0%
Grand Total	**100.0%**

Source: UFH Research on Chris Hani (Engcobo), Vol. 1, pg 54

Main Material used on the Floor

Table 16: Main Material used on the Floor of Dwellings

39. Main Material of the Floor	Ngcobo
Carpet	4%
Cement	7%
Ceramic tiles	1%
Finished floor, Parquet or polished wood	0%
Mud & Dung	0%

(Maifo N, MSc. Sc. Developmental Studies, 2010)

Mud and cement	0%
Natural Floor – Earth/sand/dung	89%
Rudimentary floor, bare wood planks	0%
Grand Total	100%

Source: UFH Research on Chris Hani (Engcobo), Vol. 1, pg 56

The table above shows that:

- In Ngcobo there is an eighty-nine percent occupancy rate of dwellings with traditional floors. However there are seven percent who have cement floors and 4% have carpet. Apart from this 1% have ceramic floor tiles.

Table 17: Percentage of the Main Materials used on the floors of Dwellings

39. Main Material of the Floor	%
Carpet 35	5.9%
Cement 34	3.7%
Ceramic tiles 33	0.6%
Finished floor, Parquet or polished wood 31	0.1%
Mud & Dung	0.0%
Mud and cement 13	0.0%
Natural Floor – Earth/sand/dung 11	89.3%
Rudimentary floor, bare wood planks 21	0.4%
Grand Total	100%

Source: UFH Research on Chris Hani (Engcobo), Vol. 1, pg 57

Sources of Drinking Water

Table 18: The Sources of Drinking Water for the Total Sample of Respondents

Sources of Drinking Water	%
1 On premises	0.2%
2 Public tap	16.8%
3 Rain water	1.8%
4 Surface water - Dam	0.9%
5 Surface water - pond/lake	2.1%
6 Surface water – pool/stagnant water	1.2%
7 Surface water – river/stream	47%

8 Surface water – spring	19.4%
9 Surface water – undefined	0.2%
10 Water from covered well or borehole	0.2%
11 Water from open well	4.8%
12 Water piped into dwelling	1.8%
13 Water piped into site/yard	2.1%
14 Water supplier/carrier/tanker	0.5%
Grand Total	100%

The table above shows that the main source of drinking water is the surface water collected by the respondents.

Table 19: Time taken to go, collect water and return in Ngcobo Area

	Ngcobo
Under 5 minutes	14.9%
6min – 1 hour	78.5%
1 – 2 hours	5.4%
2 – 3 hours	1.0%
3 – 4 hours	0.0%
More than 4 hours	0.2%
Grand Total	100%

Kind of Toilet Facilities

Table 20: Kinds of toilet Facilities Available in Ngcobo Local Municipality

	Ngcobo
Flush Toilet (connected to sewage)	0.0%
Flush Toilet (with septic tank)	0.0%
No facility/bush/field	74.3%
Other	0.0%
Pit toilet/latrine – undefined	0.3%
Traditional pit toilet/latrine	23.8%
Ventilated improved pit (VIP) latrine	1.5%
Grand Total	100%

Ngcobo is the third highest local municipality in Chris Hani where people have to use the fields/bush because there are no toilet facilities.

Ngcobo - Pit Toilet – 0.3%

Traditional pit Toilet – 23.8%

VIP Latrines – 1.5%

Table 21: Where Household Members Use a Telephone when they need one

	At a neighbour nearby 1	At a public telephone nearby 2	At another location nearby 3	Nowhere 5	Other 6	Somewhere else not nearby 4	%
Ngcobo	17%	22%	6%	22%	21%	13%	100%

Source: UFH Research on Chris Hani (Engcobo), Vol. 1, pg 56

The use of telephones in Ngcobo is spreading across all the option therefore indicating the availability of many different locations

Usage of fuels for Heating, Lighting and Cooking

Table 22: Percentage Usage of Fuels for Heating, Lighting and Cooking

Use of Various Fuels	Animal dung	Coal	Electricity	Firewood/ straw	Gas	Paraffin	Candle	Other	Grand Total
Fuel for cooking	11%	1%	7%	61%	2%	18%		0%	100%
Fuel for Heating	11%	1%	7%	60%	2%	18%		2%	100%

Fuel for Lighting	1%	1%	15%	2%	0%	19%	62%	0%	100%

Methods of Rubbish Disposal

Table 23: Rubbish Disposal Methods used in the Ngcobo Local Municipality

Rubbish Disposal	Ngcobo
Burn refuse/Rubbish	71%
Communal refuse dump	1%
No rubbish disposal	13%
Own refuse dump	14%
Percentage Response	**99%**

In addition to the above, the following three questions were asked with a response of less that 1%

- Removed by local authorities less than once a week – Findings revealed no services are being rendered in Ngcobo.
- Removed by local authorities once per week – Findings revealed no service was being rendered.
- Thrown away in the garden – Findings revealed no services are being rendered.

Research has shown that respondents in Ngcobo burn rubbish. It has 14% of its respondents with their own rubbish dumps and 13% stating "no rubbish disposal".

Table 24: Comparison of the Modes of Transport

23b. Mode of Transport	Ngcobo
1. Train	0%
2. Bus	1%
3. Taxi	17%
4. Private vehicle	28%
5. Horse/Donkey	0%
6. Bakkie or van	0%
Other	54%
Grand Total	100%

Source: UFH Research on Chris Hani (Engcobo), Vol. 1, pg 44

Table 25: Members of Households currently unemployed (expanded definition) and household income of less than R1500/month

Local Municipality	HH Income less R1500/month	Unemployed
	RSS 2006	Global Insight 2005
	%	%
Inxuba Yethemba	63.0	43.4
Tsolwana	71.0	42.5
Inkwanca	57.2	58.0
Lukhanji	50.6	54.4
Intsika Yethu	76.0	66.1
Emalahleni	59.9	58.4
Engcobo	75.3	75.8
Sakhisizwe	75.9	60.4

SOURCE: ECSECC, 2007

Livestock farming – cattle, dairy, and sheep, game – is very important as an economic activity in the Chris Hani District municipality, both for commercial and subsistence farming. According to the 2007 ECSECC report, livestock farming in the communal areas is supported by the provincial department

of Agriculture through the construction of stock dams, dipping tanks, sheds, fencing and veterinary services.

Finally, there is economic potential for Chris Hani in the following:

- Agro-processing, especially food processing;
- Diary farming;
- High value crops such as cotton and bio-diesel; and
- Forestry, timber and wood products.

CHAPTER 4

RESULTS AND DISCUSSIONS

The descriptive statistical data revealed there were more females than males ranging in age from 55-87 years old. The multicultural group consisted of black Africans of different tribal ancestry backgrounds. The low socio-economic group of participant's educational levels varied from no school to grade twelve.

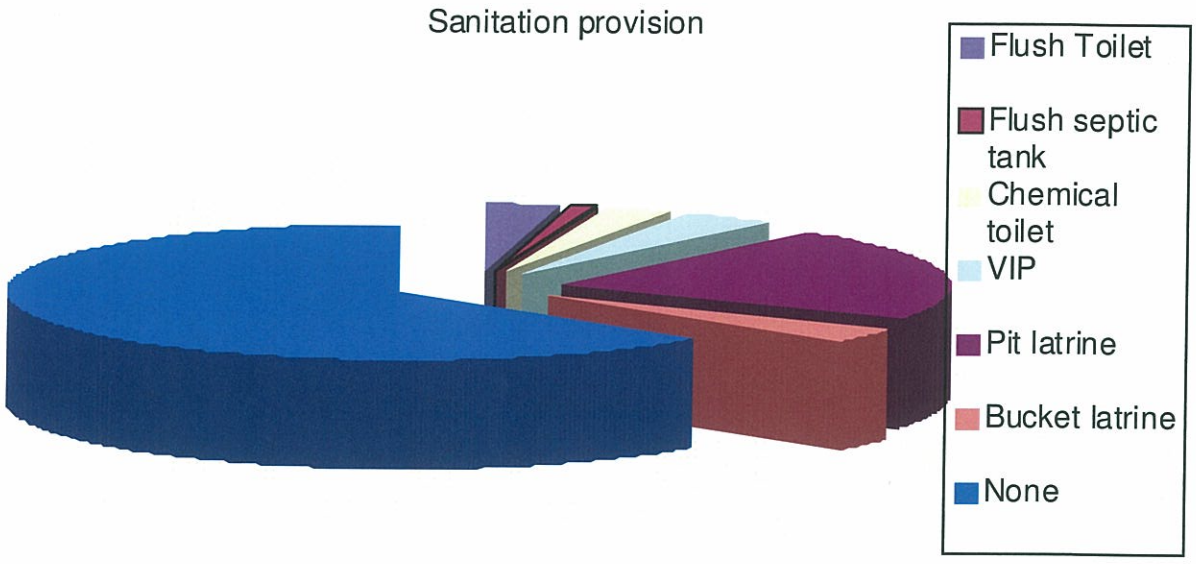
According to Appendix C table 1-3, still 65.8 percent of the study population were living in the same type of community where they were born. The need of assistance was less frequent among subjects where local traditions were deep rooted. Overall, perceived quality of life was better in rural area subjects, with the exception of a more frequent fear of death. Social skills, economic and environmental situation, and the perception of quality of health services were better in the rural area, but subjects experienced a greater difficulty in reaching services.

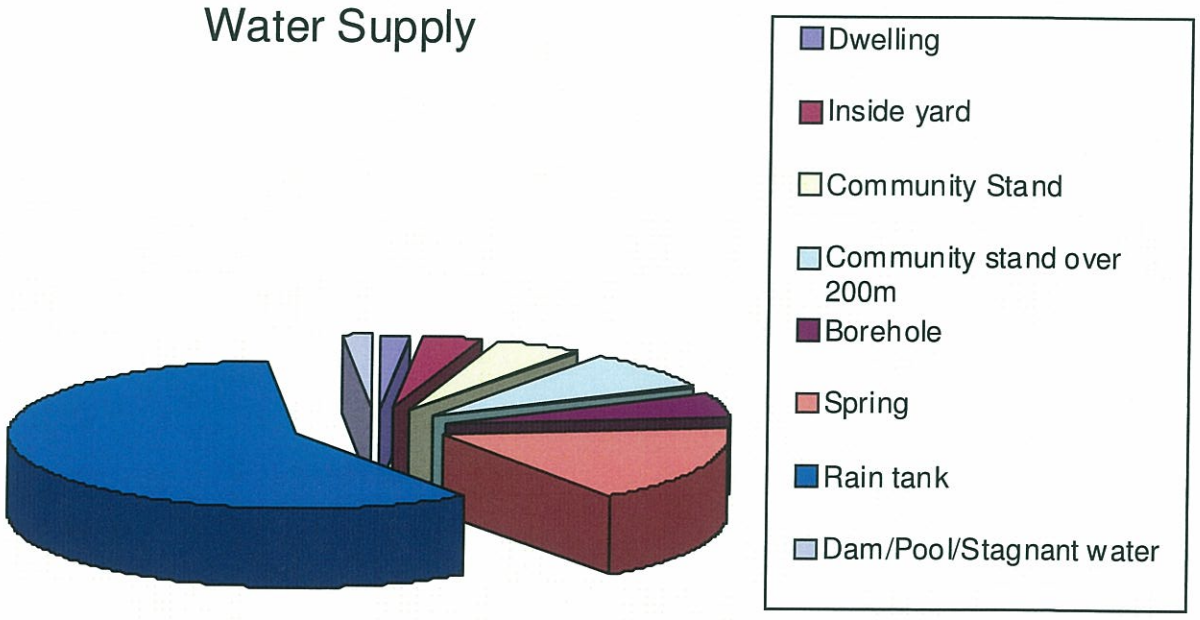
Service Delivery

Water and Sanitation

Water backlogs remain as high as R 245085-000 with sanitation at R117 991- 732 due to the neglect of the area when it formed part of the former Transkei homeland (CHDM WSDP, 2006). Although attention has been focussed on improving provision to rural areas, urban areas still have the majority of services. It is in the rural areas where Waterborne sanitation is non existent with exception of the new constructed houses in Masonwabenathi. The elderly residing outside municipal area suffers and struggle to survive without water. This lack of basic need retards old people worse because they have to go out and fetch water as far as a kilometre from where they reside. Rural areas are neglected. Old people who reside outside the urban area suffer because they are not

included in this service. Even All-Saints and Manzana that are less than 10 kilometres from the town do not have water supply by the municipality.





(Maifo N, MSc. Sc. Developmental Studies, 2010)

Chris Hani District Municipality (CHDM) serves as the Water Service Authority (WSA) for the Engcobo Municipality and assists the municipality with water and sanitation provision. The primary responsibility for service provision is therefore the responsibility of the CHDM. An elderly person living alone outside urban area suffers a lot to get fresh water for cooking, washing laundry and gardening.

Majority of people living in rural areas of Ngcobo don't have flushing toilets and pit- system that is mostly used is not conducive for the elderly. This situation put the elderly at a healthy risk.

Waste Management

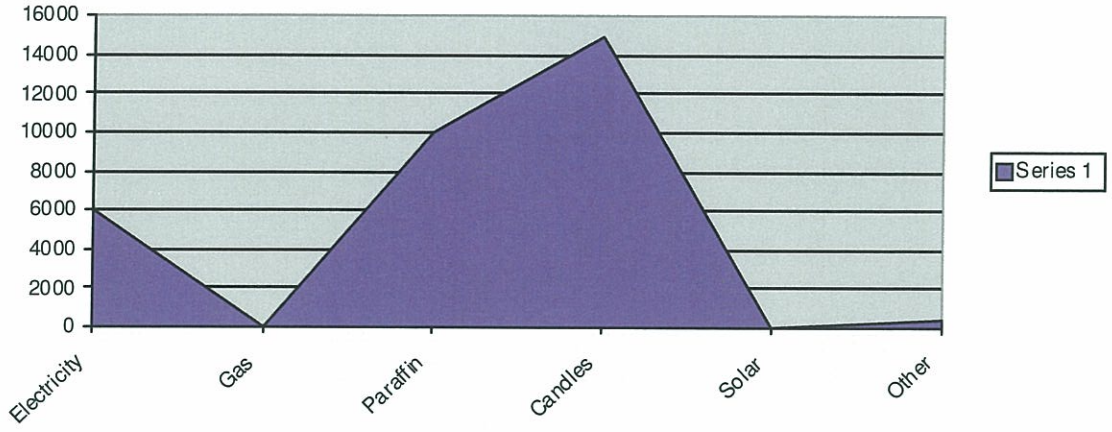
Removal of refuse is limited to Engcobo town whilst rural areas use a range of temporary mechanisms such as own dumps within the yard, illegal dump sites and mobile tankers. This limit waste management and has a detrimental effect on the environment due to unregistered and unlimited dump sites. All Saints Hospital refuse is collected by the Municipality. Elderly people residing here are very much affected by the dumping site, especially that their health is not good by virtue of being old.

Electricity and Energy Supply Sources

ESKOM is the sole provider of electricity in the Engcobo jurisdictional areas and although household's connections have improved, the majority of households (80 percent) still do not have access to electricity supply. These households rely on candles, paraffin or wood as sources of heat and light.

(Maifo N, MSc. Sc. Developmental Studies, 2010)

Sources of energy for lighting (Census 2001)



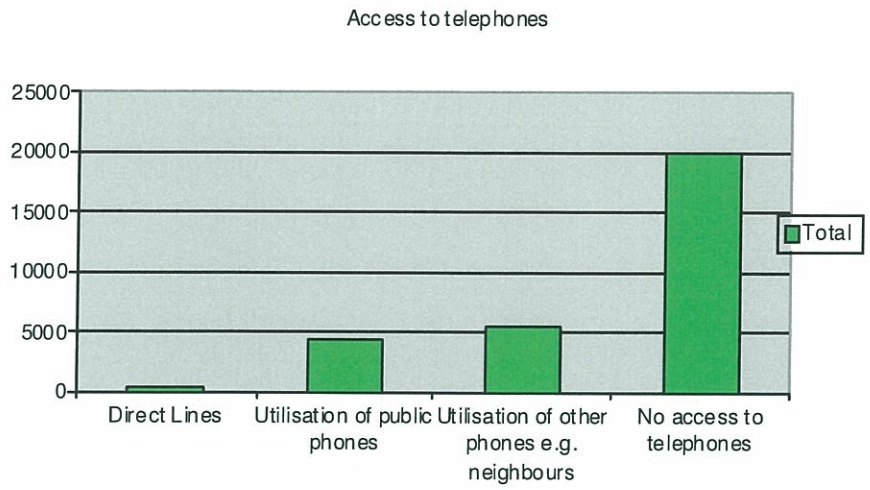
Roads and Storm Water

The municipality is responsible for the construction, maintenance and upgrading of local access roads and storm water infrastructure. There are three main provincial roads, namely, the R61, R57 and R408. At present 63 villages and 8 clinics have no access roads. The limited transport service is an obstacle for rural elderly. These elderly people have no cars, and most live where there are no public transports. Many of these rural communities have no taxi services, no buses and trains and the available transport continue to decline. This becomes a major barrier to receiving health services and staying connected to the society. Because of lack of transport, this leads to adults being isolated and culturally impoverished.

Telecommunication

Telkom is the provider of the landline telephone services in the Engcobo area. Cellular network coverage is patchy due to the mountainous terrain as is television and radio reception. Fax and

internet facilities are limited to the town area and don't occur outside the urban areas. Most residents rely on public phones and cell phones for communication purposes.



This is an obstacle for the elderly since there is technology backward. When emergency comes, older people cannot use cell phones properly, they only know how to receive calls. This makes them not to be accessible in times of emergency and this put them in danger.

Health Services

Engcobo sub district provides health service delivery based on primary health care approach with emphasises on 7 priority programmes. Which are as follows:-

- Healthy lifestyles
- Mother and child month, nutrition
- HIV, Aids & STI
- Rehabilitation services

(Maifo N, MSc. Sc. Developmental Studies, 2010)

- TB, Non Communicable diseases and mental health
- Environmental health
- Circumcision

For public health facilities there are 2 district hospitals (Mjanyana and All Saints Hospitals), 21 residential health clinics, 4 mobile teams and 50 mobile stations. School health services are rendered with emphasis on health promotion in schools. There are currently 10 health promoting schools in the Engcobo area. All clinics provide voluntary counselling and testing. There are 2 ARV sites or clinics i.e. All Saints and Mjanyana and 5 feeder clinics functioning. All clinics are being developed so as to make ARV's accessible in all health centres. Rural elderly mostly reported of being in fair or poor health. This health declines with age. They are widowed, divorced or separated, or never married and are at great risk of being unhealthy. Health status is related to educational level for both rural and urban elders, with the less educated mostly reporting fair or poor health.

Poverty status

In rural areas, the percentage of older adults living in poverty and near poverty exceeds those living in urban areas. According to Sandra S. et al. 2003, over twelve percent of rural elders live in poverty nation wide, compared with 9, 5 percent of urban elders. Poverty rates increases with advancing age in Engcobo district with poverty rate higher in every age category for rural elders. Poverty rates for rural elders exceed 65 percent. Rural elderly women are at risk of poverty or near poverty because of low income status for woman compared with that of males. Older males in rural areas are likely to live in poverty and near poverty than their urban counterparts. This is because of employment opportunities available in urban areas compared to the rural areas.

Education

The level of education attainment is directly related to poverty and near poverty status. For rural elders the percentage of poverty declines with increased education. The rural elders that are most at risk of living in poverty are those with an 8th grade education or less, while those with more than a high school education are least likely to live below the poverty line.

Safety and Security

Crime is a key concern in the area due to many social and economic factors. The community believes police stations are required in areas such as Upper Qebe, Phakamana area, Mjanyana Hospital, Quluqu and Ntibane but SAPS says they are focusing on sector policing rather than building additional station. This is a hindering factor in the social life of the elderly because they are the target of criminals. When they have to get their monthly pension funds, the criminals always target them especially if the old person is not accompanied.

Social and recreational facilities

There is a lack of recreational facilities throughout the municipality. These include sports fields and playgrounds. Access to libraries is also limited. Engcobo town has only recently completed the building of a sports complex including a swimming pool and Nkondlo sporting ground is under construction. Even though old people do not use these facilities but they could benefit from them by making money by selling products and fast food when there is a sport event.

Social facilities such as old age homes, places of safety and rehabilitation centres for substance abuse are non existent. The implication of this is that people from around the area should travel at high costs to Mthatha and Queenstown where some of these services are available.

CHAPTER FIVE

FINDINGS AND RECOMMENDATIONS

Introduction

Martin Terre Blanche etal states that at some point the research project has to come to a conclusion particularly if the researcher's account has reached a point of saturation (Terre Blanche etal: 2006: 371). This chapter seeks to present conclusion and recommendations that are based on the findings of the study. This chapter also tie-up the entire project based on previous discussion by providing a summary of the key findings. From these linkages with the theoretical framework in chapter 2 are drawn. Recommendations with respect of key findings are also provided. The study also makes provisions for the future research and practises. Lastly, a concluding statement about the entire project is also presented.

These findings were based on the sample of 60 rural elderly people. Their ages ranged between 61 and 87 years and they were still active and in receipt of old age pension. Twenty of the women interviewed were widowers from the three administrative areas. The study found out that there were very few males who could be included in this study and those who were available were too busy with other commitments. This study does not include views of older men in these communities.

Twenty eight of the older people were staying with their children and grandchildren and twelve of the old people were staying alone and twenty were staying with only their grandchildren. These are the grandchildren of married sons who are staying with their wives in the cities and also grandchildren of unmarried daughters who also are working or seeking employment in the cities. Most of the elderly people were not satisfied with the fact that their children were working in the cities because they do

not often send money for their children's needs. Grandparents end up supporting their grandchildren's material and financial needs.

The most important finding of this study is that, there is a linked deterioration that occurs with aging but it may be susceptible to active intervention to show its progression. The study shows that quantitative measures of frailty are significantly influenced by social and environmental factors. These findings maybe of interest in search of public health measures to combat frailty in the older population in rural areas. Furthermore, these results from this study add to the present knowledge by suggesting to health service providers a list of variables that would be potentially relevant in the management of health services for older people.

Recent studies show that demographic and environmental variables may exert different effects on health-related QoL in different populations. For example, ecological and environmental factors maybe involved in preventing or compensating cognitive decline, at least in persons coming from rural areas: low social demands in a protective family environment do not stimulate high intellectual performance, signs of dementia may not be recognised by persons living in this context until the patient reaches a severe stage of the disease. In such cases, the chronic diseases may not be timely prescribed. For example, high blood pressure in most old people living in rural areas is diagnosed very late because they are not aware that they have the disease.

In this study, a lower socio-economic status is associated with a greater difficulty in reaching health services. Income inequalities and health is mixed and not universal in so far as positive association, it is observed only in areas with lower income. Most older people living in the Eastern Cape represent the population subgroup most vulnerable to unequal income distribution and income inequality can in part, explain the historically higher mortality amongst older people in rural areas.

The descriptive data revealed that the interviewed group consisted of Black Africans of several ancestry backgrounds. The low socio-economic group of participants' educational levels varied from no school to grade 12. There is also a direct relationship between support and satisfaction. Those who had social support including pensions, transportation, housing, family support and satisfaction with health care were more likely to be satisfied. The top four illnesses identified were hypertension (HTN), arthritis, diabetes and back pains. Although depression was determined to not be a significant health problem in this older population, most people who identified themselves as hypertensive, the research revealed that there was a significant relationship between depression and hypertension. About 20% of the population questioned stated they were healthy and all stated they had no difficulties with activities of daily living (ADL). Subjects who were receiving pensions were found to be more satisfied than those who were not. The participants were providing financial support to their children and grandchildren, including the purchasing of food, clothes and payment of grandchildren's tuition.

Evidence from the research study showed persons who had higher levels of social support were more likely to be satisfied. However, the older person's perception of the importance of the support being rendered was also a contributing factor. Older people who had greater levels of status, e.g. those receiving pension were more satisfied.

The review of the literature revealed the commonality of hypertension as a common health disorder amongst South African older persons and in the United States is alike. However, it has been demonstrated that clients who receive enough mental support, economic support and tangible assistance from their social network, similar to older South Africans may increase the worsening physical functioning overtime. Older people with fewer disabling disease were least likely to present with depression. However, the research revealed although, the majority of older people without

(Maifo N, MSc. Sc. Developmental Studies, 2010)

assistance and had no difficulties with activities of daily living (ADL), older people with hypertension were more likely to be depressed.

Research should be action orientated and based on the relevant physiological and psychological health needs of the country. The researcher believes that for the future nurse practitioner with a focus on underserved and vulnerable populations, it is timely and important to further analyse these findings in order to prevent the adverse effects associated with hypertension. The research also revealed that elders receiving pensions were satisfied than those who were not. Therefore, there was a direct relationship between pension and satisfaction.

Findings

During the research the elderly highlighted the following problems that they experience or experienced by other elderly in the community. It should be noted that not all rural black elderly people experienced the following problems.

- Adult children and relatives left their parents in the rural areas and went to the cities, and there was no communication between them.
- Adult children left their children with their parents (grandparents) and went to the cities.
- Grown up children do not send money to their parents who are taking care of their children (grandchildren).
- Grandparents are worried because their grandchildren are abused in the community.
- In some areas accusations of practise of witchcraft have driven many older women from their homes and their communities to leave in poverty in urban areas. These

elderly women are labelled as witches (practising witchcraft) are as a result murdered. In some communities these acts of violence are entrenched as social customs and are not considered as elder abuse.

- Senior citizens are physically and emotionally abused.
- Senior citizen's property is stolen by community members, for example chickens, goats, sheep and other material possessions.
- Elderly women are raped by strangers and community members – rapists start by asking for money if they do not have money or enough money then they are raped. In some cases the elderly women are afraid of reporting such crimes in fear of being humiliated.
- At times it is difficult for elderly to admit that a member of their family was abusing them. Such cases, they do not easily disclose. One has to build a relationship with them then they open up and cry and you will know things are really bad.
- Old people love their families and do not want to report their ill treatment for fear of consequences they might suffer. In most cases it's the neighbours who report the abuse to the social workers.
- Displacing older people as heads of households and depriving them of their autonomy in the name of affection are cultural norms. Such overprotection leave the older person isolated depressed and demoralised and this is a form of abuse.

(Maifo N, MSc. Sc. Developmental Studies, 2010)

- Social workers admit that abuse against elderly are often shrouded in mystery because most abuse and neglect are not reported. There is often lack of understanding by many (older persons) on what they should actually do.

- In most cases that were found involved what social workers call "self - neglect". This is when adults (older persons) who leave alone lose the capacity to take care of themselves. Often these adults (older persons) have extremely cluttered homes and lack proper medical support.

- Senior citizens are scared to stay alone even during the day.

- Financial problems because the pension money is not enough for their needs and other family member's needs. They cannot even pay for their burial societies, church dues, buy warm clothes and visit the doctor.

- Pension not available at the pay out point.

- Long queues at the clinics and these clinics are very far.

- Caring for the children in their age is difficult.

- Lack of care even for those who are staying with their children.

- Lack of respect (nobody cares about them).

- Taking care of children of relatives (extended families)

(Maifo N, MSc. Sc. Developmental Studies, 2010)

REFLECTIONS

Reflecting on the data collected resulted in the following findings:-

Elder Abuse

- Domestic violence and elder abuse
- The study revealed that some of the older persons are subject to domestic violence and are a vulnerable group.
- The type of abuse found in the collected data include physical abuse, emotional abuse, for example:
    - the elderly are accused of witchcraft and neglect,
    - Lack of care for those who are staying with their children, and grown up children who leave their parents and fail to send money to them.
- An overlooked phenomenon is that elder abuse shortens the life of the elderly. The mistreated seniors are three times more likely to die within three years than those who are not abused. Elderly abuse is often not recognised particularly those abused at home. If only family members care for the frail elderly, how can violence and abuse be detected?
- In some homes, caregivers inflict harm or do not adequately take care of the older people. Abuse includes sexual assault, confinement, mental and physical abuse and monetary exploitation. These victims are often women older than 60yrs.

(Maifo N, MSc. Sc. Developmental Studies, 2010)

Violation of Human Rights

The elderly also reported that their belongings, for example chickens, goats, sheep and other material possessions are stolen by community members. One elderly woman reported an attempted rape while others mentioned cases where older people were in fact raped. There is a little respect for older people and advice is no longer valued. They used to be regarded as a source of wisdom. Their information and ideas are now regarded as out dated and are ignored.

In the rural areas there is a lack of information and they do not even know their human rights, for example, human dignity, access to information and where to go when they have a problem. This means they do not know available services that they can obtain from the government and other non governmental agencies.

Systemic Abuse

The employees at the clinics, hospitals, social security offices and payout points are perpetrators of this type of abuse. The older people reported that they had to wait in long queues and exposed to disrespect at the clinics and payout points. Lack of health care services and medicines is also a problem for older people who are suffering from hypertension and all other old age ailments. Older persons are asked to travel long distances to collect their pensions and transport is very expensive.

Social Security

The changes in the population age structure had also brought about lots of challenges to the socio-economic development. South Africa's population ageing trend exerts unprecedented pressure on

(Maifo N, MSc. Sc. Developmental Studies, 2010)

social security. Social security system for the elderly has not been established in most rural areas. Most of the elderly depend on their families to support them.

Poverty

The elderly experience serious financial problems because their pension money is not enough for their needs and other family members staying with them. All the pension money is being used to cater for their basic needs. Caring for the children in their age is difficult, as senior citizens do not have the energy to cook and do washing for their grandchildren.

Despite the fact that the older people experience all these difficulties, for some of the mentioned challenges are not seen as problems. They see it as their duty to provide for their family with the little old age pension that is paid out on their behalf. When children and grandchildren talk to them as if they are equals, steal property and demand their money, they interpret that as lack of respect. Older people are shocked with what is happening and keep on saying that these things did not happen during their times and are expecting the government to protect them and make the policemen available in their communities. The way older people view things is based on traditional values.

Health

High blood pressure and diabetes are the main cause of mortality for the older persons in rural areas. Both illnesses are taking unexpected proportions. Most local doctors complain that old people get to the hospital late and are therefore diagnosed at the later stages. Most places in rural areas suffer from very bad road conditions that make it difficult to take sick persons to the hospital.

RECOMMENDATIONS

The following suggestions are to reduce crime against the elderly:-

- The Department of Social Development should develop a quick response process to speed up criminal background checks. It should also provide stricter guidelines for supervising those employees on provisional status in the facilities that are taking care of the elders.

- The state should create a criminal registry to alert care providers if an applicant has been identified as someone who has committed elder abuse or other crimes. This would eliminate the need for duplicate criminal background checks and provide warning to employers throughout the health care system.

- The banking staff should be trained concerning the signs of senior financial exploitation and how to prevent it.

- The state should provide training videos to teach proper care techniques and to alert the caregivers of the early signs of elder abuse. Part of the training will be to report elder abuse to the proper authority.

- Services to eliminate elderly crimes should be prioritised.

- Structures should be put in place in communities to investigate deaths of seniors that might be attributed to elder abuse.

- Family violence directly affects quality of life, and removal of an elderly person from an abusive situation is the best option.

(Maifo N, MSc. Sc. Developmental Studies, 2010)

- Include old people as a vulnerable group in all relevant areas of humanitarian law and practice. This can be done by breaking down data by age and gender and ensuring old people's participation in all stages of the project cycle.

- Mainstream older people's concerns into organisational policies, and train humanitarian and staff in ageing issues.

- Resource practical programmes and research in order to provide right support to older people.

The humanitarian agencies reveal that there is a widespread of neglect of older people in emergency responses. Most of old people over 60yrs of age are living as refugees or displaced people. While most agencies, like, banks, home affairs, hospitals and social work's offices, were keen to emphasise that old people were not excluded from their programmes; they acknowledged that they did not directly target them either. Most of them did not have direct policies or procedures for older people. Reasons given are that there is lack of any policy framework or independent needs assessment that would raise the issue of older people's needs within their organisation.

SOCIAL RELATIONSHIPS

Social relationships might be difficult to maintain in old age because of health limitations, death of family members and friends, loss of work mates, and lack of suitable and affordable transport. Still many old people invest as much time and energy as possible in friendships and family, and many find companionship at special centres and day clubs for senior citizens.

Elderly people themselves, however, often display high levels of morale, satisfaction with life, and the feeling of self worth, even though recently there had been increasing instances of neglect and ill-treatment of elderly people. The important variables in this care are health and income. The

responsibility of modern societies in this regard is to ensure that the aged have their basic needs met and that they have the resource to continue to function usefully and happily within their communities.

Conclusion

In conclusion, the results suggest that social and environmental variables may significantly affect perceived health status in older people in rural areas. Social and environmental variables are modifiable risk factors, and both health agencies and researchers should invest much more time effort to promote studies in this field. Furthermore, the importance of social contact, emotional support, mental stimulation, feelings of belonging in old age, and physical activity are nationwide problems, and should not be considered as a local issue. Indeed, appropriate social and environmental interventions could help to slow and /or improve disability and favour successful ageing.

(QoL) Quality of Life is an important concept that transcends cultural boundaries and gives way to needed change. Although conditions have improved, it is timely and necessary to ascertain that there is a need for further evaluation of health and social policies as it pertains to the social condition and the psychological and physical health of rural South African elders.

On the basis of this study, the following recommendations can be made:

- The implementation of social support and health care initiatives to enhance the degree of satisfaction in this rural community such as community centre, rural employment opportunities for family members, affordable transportation and primary prevention programs should be considered.

- Further studies should be performed to assess the positive relationship between depression and elders with hypertension. The study should be replicated with larger sample population in other rural areas in South Africa in the near future.

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University of Fort Hare
Alice Campus

APPENDIX A

CONSENT LETTER TO PARTICIPANTS

University of Fort Hare

Department of Development Studies

P.O. Box

ALICE

Date:

Dear Sir/Madam

Re: CONSENT TO BE INTERVIEWED FOR RESEARCH

It gives me pleasure to introduce myself to you. My name is Nomnandi Bulelwa Maifo and I am the researcher. I am currently doing final year of studying Masters in Developmental Studies at University of Fort Hare (Alice). I am planning to do my research in the area of All Saints and Manzana. Professor Buthelezi will be supervising this research.

The focus of the research is on Socio – Economic survival strategies employed by Older Rural people in the Eastern Cape, as such it would be greatly appreciated if you would consider being a participant in this study.

In order to gather data for this study, you would need to participate in an interview about the problems you are experiencing as an older person and/or your experience with problems experienced by older persons.

Given the nature and sensitivity of this study, issues of confidentiality and anonymity will be upheld. I would like to emphasise that participation in the study is completely voluntary and that you may withdraw your participation at anytime. [Also should this evoke strong emotions, support and counselling will be made available in the form of therapy of your choice to be paid for by the researcher].

If you are interested in becoming part of this process, please sign the attached consent from. I value your corporation and thank you for your commitment. If you have any further questions using the consent form, I can be reached at the following email address: nandiemaifo@yahoo.com or telephone number: 083 742 6319.

Thanking you in advance.

Yours sincerely,

N.B Maifo (Mrs)

University of Fort Hare
Alice Campus

APPENDIX B

CONSENT FORM FOR PARTICIPANTS

I ..... hereby give my informed consent to become a participant in this study. I fully understand and agree to the terms and conditions of consenting to be a participant in this study.

Contact details:

Tel. no. (Home)..... Tel.no. (work).....

Address: .....

.....

.....

Signed on this day of.....200... at .....

Witness: ..... Date: .....

Witness: ..... Date: .....

University of Fort Hare
Alice Campus

APPENDIX C

UNIVERSITY OF FORT HARE

DEPARTMENT OF DEVELOPMENT STUDIES

QUESTIONAIRE FOR THE STUDY OF SOCIO-ECONOMIC SURVIVAL STRATEGIES EMPLOYED BY ELDERLY RURAL PEOPLE IN THE EASTERN CAPE

Developed in partial fulfilment of the requirements of a Masters Degree in Rural Development

SOCIO-DEMOGRAPHIC, FAMILIAR STATUS, AND NEED OF ASSISTANCE OF THE SUBJECTS STUDIED OF THE ELDERLY PEOPLE

Table 1

Parameters	All Saints & Manzana (Rural Areas)
Age (%)	
75 – 85	80.3
≥86	19.7
Marital status (%)	
Single	11.2
Married	38.2
Divorced	0.7
Widowed	49.3
Education (%)	
Illiterate	47.4

(Maifo N, MSc. Sc. Developmental Studies, 2010)

Primary school	38.2
Secondary school	7.9
Commercial or vocational school	5.9
Academic degree	0.6
Gender (%)	
Male	36.2
Female	63.8
Years of residence in the same town/village (%)	
<1	0.7
1 – 3	2.0
4 – 6	0.0
7 – 9	0.0
10	1.3
>10	23.0
From birth	73.0
Do you live…? (%)	
Institutionalized	3.9
Alone	23.7
With wife/husband	23.7
With another person	14.5
With >3 persons	34.2
Do you need frequent assistance for…? (%)	
Toileting	20.4

Preparing meals	36.2
Emotional support	34.7
Heavy housework	48.3
Light housework	38.9
Grocery shopping	42.3
Taking medicines	29.1
Managing money	29.8
Travelling	51.0
Economic support	11.4
Did you feel to be linked	
To local traditions? (%)	63.8

PERCEIVED QOL, AGING PERCEPTION AND SOCIAL SKILLS OF THE SUBJECTS STUDIED (%) OF THE ELDERLY PEOPLE

Table 2

Parameters	All Saints & Manzana (Rural area)
Aging perception: LSRS score ranges (%)	
0 – 4	8.6
5 – 9	38.8
10 – 14	37.5
15 – 20	15.1
Fear of (%)	
Disease or disabling event	93.3
Bereavement	98.6

Death	88.0
Being a victim of crime	41.9
Loneliness	65.8
Economic troubles	21.5
Problems with relatives	38.3
Great satisfaction for the (%)	
Family	98.0
Economic situation	83.1
Friends	87.9
Daily activities	66.7
Great trust for the (%)	
Family	99.3
Friends	79.5
Neighbours	68.7
Parish priest	72.8
Do you have friends? (%)	
None	1.3
Few	33.6
Quite	51.7
A lot	13.4
How frequently do you meet your friends? (%)	
Never	4.8
Rarely	27.6
Two to three times weekly	45.5

Daily	22.1
Great satisfaction (%)	
For social skills	75.9

ECONOMIC STATUS, ENVIRONMENTAL PROBLEMS, AND PERCEIVED HEALTH STATUS IN THE SUBJECTS STUDIED OF THE ELDERLY PEOPLE

Table 3

Parameters	All Saints & Manzana (Rural area)
Occupation before retirement (%)	
Workman	10.5
Employee	11.2
Technician	0.0
Official/executive	0.7
Professional	0.0
Artisan/shopkeeper	17.8
Farmer/share-cropper	19.7
Housewife	34.9
Can you manage your monthly expenses?	
(%)	
Not at all	1.4
With difficulties	18.1
Sufficiently	69.6
Easily	10.9
Do you think the following issues	

represent a problem for you (%)	
Uncleanliness of your district	7.3
Parking difficulties	0.4
Transportation difficulties	14.0
Traffic	12.7
Air pollution	5.3
Noise	8.0
Water availability	20.0
Lack of drinkable water	19.6
Do you have difficulty to reach (%)	
Pharmacy	43.5
Emergency room	44.9
Post Office	40.1
Police department	46.9
Municipal office	41.8
Groceries	34.7
Supermarket	34.9
The perceived health (%)	
Very Good	0.7
Good	18.5
Sufficient	41.7
Poor	39.1

University of Fort Hare
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APPENDIX D

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RESEARCH PICTURES

Picture 1: Living conditions

Picture 2: Door to door home visits/fact finding by the research group

Picture 3 & 4: Clinic/Community gathering where data was collected