Aging and the Meaning of Health in South Africa
UMSAEP Partnerships Program 2008 Report
Enid Schatz

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   - Xavier Gomez-Olive, Agincourt Unit, University of the Witwatersrand
   - Stephen Tollman, School of Public Health, University of the Witwatersrand
   - Wayne Twine, Agincourt Unit, University of the Witwatersrand
   - Sebastiana Kalula, Institute of Ageing, University of Cape Town
   - Vivienne Bozalek, Dept of Social Work, University of Western Cape
   - Tamar Shefer, Dept. of Women’s & Gender Studies, University of Western Cape
   - Gabriel Tati, Dept. of Statistics, University of Western Cape
   - Lisa Wegner, Dept. of Occupational Therapy, University of Western Cape

The aim of this trip was to plan fieldwork to take place in Spring 2010, and to make contact with potential collaborators to extend my project into an urban site in Cape Town. The expansion of the project will be written into an NIH grant proposal that I am planning to write Summer 2010 based on the Spring 2010 fieldwork. Research Board support for the Spring 2010 pilot on older persons’ lives in the HIV/AIDS era was sufficient for a single site pilot. Since I had established ties with the rural site, easing entry, sampling, etc., I chose postpone the originally proposed urban pilot for Spring 2010, and instead make it part of the NIH grant. Thus, meetings focused on the pilot—to take place in the Agincourt Health and Demographic Surveillance System study site (a research site affiliated with the School of Public Health at the University of the Witwatersrand) located in the northeastern border with Mozambique—were convened with Agincourt leadership and research staff in Johannesburg and at the Wits Rural Facility (near the site). Meetings in Cape Town focused on building collaborations that will result in joint projects in the future.

Intended outcomes
The intended outcomes of this project include:
   - Plan pilot—timing and content—to be fielded in the Agincourt fieldsite in Spring 2010.
     Discuss synergies with Agincourt Livelihood Cohort survey, which will also be implemented in Spring 2010.
   - Further strengthening my research linkages with the Agincourt Health and Population Unit/Rural Health and Health Transitions Unit at the University of the Witwatersrand (Wits).
   - Make contact with potential collaborators at University of Western Cape.
   - Meet with potential collaborators at University of Cape Town.
Timeline of trip
November 25: Johannesburg-meeting with Steve Tollman
November 26-29: Wits Rural Facility/Agincourt Meetings
November 30-December 2: Cape Town/UWC
December 3-4: Johannesburg-Wits School of Public Health/Demography Programme

November 26-29: I met Xavier Gomez-Olive twice to prepare a dataset from existing data on older persons’ health from the Agincourt site. We generated a list of variables from a survey on older persons’ health to generate a dataset for a collaborative analysis on gender and health, and discussed how my work fits in with the focus on older adults in the site. I also met with Mark Collinson and Wayne Twine, who are heading up the Livelihoods Project to discuss how my project will fit in with the Livelihoods Cohort Study. I will consult with them on drafts of the survey, and possibly add questions/variables to the survey. We talked about a couple scenarios in terms of pretesting and qualitative data collection and timing, but no definite plans were determined. With the ability to add questions to the Adult Health Module (Fall 2010) and the Livelihoods survey (Spring 2010), my Spring 2010 pilot will focus on qualitative data collection.

November 30-December 2: The second part of my trip was an attempt to contact and meet potential collaborators for the urban portion of the study, which will be proposed in the NIH grant. I met with a number of potential collaborators at University of Western Cape (UWC): Gabriel Tati from the Department of Statistics, who is working in the area of aging and has taught in the field of demography and population studies; Tammy Shefer, a professor of Women’s & Gender Studies, with whom I have common interests in terms of understanding the gendered effects of AIDS on South Africans; Vivienne Bozalek, from the department of Social Work, also took part in my meeting with Tammy Shefer—they have a number of collaborations together, and we share some methodological and substantive interests; and, Lisa Wegner, a professor in the Occupational Therapy Department. Each of the meetings either suggested the possibility of some sort of research and/or teaching collaboration in the future, and supplied me with the names of UWC faculty with whom other faculty in my two departments (Occupational Therapy and Women’s & Gender Studies) might develop relationships.

Tammy Shefer and Vivienne Bozalek have a project called Gender & Generations that seems to have a number of overlaps with my interests (although it sounds like they’ve focused more on the younger generation). I could learn a lot from working with Tammy and Vivienne in terms of gender analysis and issues related to feminist research methodologies. Tammy in particular seemed very keen on collaborating, especially if I can write in money into the grant proposal to buy out some time to contribute to the project. Since teaching/advising is a considerable part of her position, she also asked if it might be possible to add in student bursaries and have students work on the project, which also seemed like a reasonable and feasible request. It seemed like there was a lot of potential for some future exchanges with the WGST dept at UWC, of both students and faculty. They have a small but strong program, which is in the process of becoming a department. They have a mix of social science and humanities faculty, and offer a number of courses about which MU-WGST might be interested in learning more from them (e.g. Feminist Methods).

The meeting with Gabriel Tati was positive. The demography program there seems to be
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growing, and is in need of teaching and advisors for students. I offered to help in small ways, but given my continued commitments to the Demography & Population Studies Programme at the University of the Witwatersrand, and need to focus on grants, publications and tenure, I need to limit my assistance. We talked about the possibilities for setting up distance learning courses.

My meeting with Lisa Wegner in OT was good. She offered to try to help match me up with faculty in Public Health whose research interests match mine. She requested I present a research seminar for the OT department the next time I am in Cape Town. This would be a nice way to begin connecting their department and ours. My current project and their strengths do not align well, but other members of the MU-Occupational Therapy Department would benefit greatly from a faculty exchange with OT at UWC. I would be happy to play a role in making this happen.

My final meeting was with Jan Persens, who heads up the International Relations Office, and who I had met at MU in September when he visited. I updated him on my meetings and we talked generally about collaborations.

In the end, due to scheduling problems with staff at the Aging Institute, I was not able to meet with colleagues at the University of Cape Town, despite the fact that that had been one of my main objectives. However, emails I received after returning from South Africa from Sebastiana Kulula at the UCT Ageing Institute expressed continued interest in working together in the future.

**December 3-4:** While at Wits in Johannesburg, I met with Steve Tollman and Kathy Kahn about my work in Agincourt. I also gave a seminar on mixed methods research, based on my experiences in Agincourt, to the Wits School of Public Health PhD students. I also met separately with colleagues Kathy Kahn and Loren Landau to discuss the Wits Demography & Population Studies Programme.

### Background & Significance of project

**Purpose of larger project:** In South Africa, a country of 50 million, approximately 4.7 million persons are over age 60; a greater number of South Africans, 5.7 million people, are living with HIV, and there are 1.4 million AIDS orphans.\(^1\)\(^2\) While older South Africans’ HIV-infection rates are low, AIDS affects this population through the illness of adult children and caregiving for the next generation. A growing literature on older South Africans’ health and wellbeing exists; yet research examining the interplay among multiple aspects is limited. Most studies to date focus on a single wellbeing indicator—economic, social, emotional or physical. While understanding each component is essential, these factors likely influence and interact, shifting in importance depending on context. The larger project will begin to address this gap. The overall goal of the NIH proposal will be to create a more complete picture of older South Africans’ lives in the HIV/AIDS era including interrelationships among wellbeing indicators, and ultimately to contribute to the development of evidenced-based policies aimed at improving the wellbeing of older South Africans. The project will make use of an innovative and systematic mixed-methods research design based on the well-established Sustainable Livelihoods (SL)
framework to capture a more comprehensive view of older persons’ wellbeing and lives. The initial development and pretesting of instruments for this research design will take place with Research Board support during the 2009-10 academic year. The SL framework is a viable approach integrating qualitative and quantitative methods to study interrelationships among “capitals”: e.g. human, social, natural, and economic—with attention to the life cycle, gender, local knowledge and institutions, and power.3

**Project Significance:** Demographic and epidemiological changes in the developing world necessitate understanding the wellbeing of older adults.4 The effects of HIV/AIDS on individuals, families and communities differ from other common African diseases due to its age and sex distribution, lengthy recurring bouts of illness and attached stigma.5, 6 Older persons, more often women, who become caregivers experience increased economic, emotional, and physical strain;7-10 yet very little empirical work focuses directly on these issues. A comprehensive understanding of older persons’ lives in this setting will provide important insights into societal- and household-level social and structural impacts of AIDS.

South Africa is an exceptional site for this research due to its well-developed decentralized public health system and state-sponsored non-contributory pension (beginning at age 60), each affording older persons access to resources not attainable in other developing countries. South Africa, however, is also burdened both by chronic and communicable disease.11 Access to care and income through pensions advantage South African elders, but public health services and available household income have limited elasticity. Older persons must prioritize pension use against household needs, which at times leaves older persons without the care or income they need to maintain their own health and wellbeing. It is important to continue to track the experiences of caregivers and uninfected kin as recently rolled-out anti-retroviral therapies become increasingly available.

Providing a more comprehensive view of older persons’ lives by examining the ways that economic, social, emotional and physical factors relate to and interact with one another can lead to more focused interventions. This research will identify older persons’ unmet health and social service needs, as well as existing coping strategies, e.g. where older people are managing on their own or obtaining assistance through social networks. The development of improved methodologies and measurement is an area of emphasis at NIH-NIA—a project with a piloted innovative and systematic research design exploring aging, AIDS, and wellbeing will be competitive. My research will help establish program modification and the creation of new policies to mitigate effects of the AIDS epidemic.

**Project Rationale:** Over 20 percent of South Africans are HIV-positive.2, 12 AIDS affects older adults primarily through its effects on kin rather than through their own infection or illness.9, 10, 13 In South Africa, older persons often live in multi-generational households, becoming the caretakers of the sick, children of the sick, and orphaned children.7, 9 They must cope with the loss of income and support previously provided by those who become sick with or are lost to AIDS.15, 16 Partly due to increased AIDS death rates among prime-aged adults and young children, there is a growing percentage of the South African population that is aging. An estimated 14 percent of the population will be over 60 in 2050, compared to just 6 percent in 1999.17 Similarly, between 1992 and 2003, in this project’s rural research site there was a significant increase in the population over 60.18 Age and cause-specific mortality have shifted, with significant increases in mortality rates among children under five, men aged 30-49, and
women aged 15-64. Much of the increase in younger people is due to AIDS, whereas among women aged 50-64 it is primarily due to non-communicable diseases: stroke, diabetes and hypertension. This double burden of disease highlights changes in health, but says little about other effects on older persons’ lives.

The South African government provides older persons access to a state-funded non-contributory pension. Requirements are limited to an age threshold and basic means-test. The pension adds significantly to older persons’ household income and is often the most reliable safety-net income source. Pensions may provide older individuals access to nutritional foods and public health services, but the normative pressure is to share it with one’s household and kin. Thus, the pension often supports the pensioner’s sick children and grandchildren instead of the older person’s needs. In this way, income intended to sustain individuals in their old age instead is maintaining entire households, such that older persons’ put others’ needs ahead of their own emotional and physical health concerns.

Single-topic studies focused on mortality, particular disease prevalence, pensions, and roles and responsibilities of older South Africans exist; however, more connections need to be drawn among indicators of older persons’ wellbeing and their relationship to HIV/AIDS. For example, it is not known whether women who are HIV/AIDS caregivers derive less benefit themselves from their pensions or are more likely than non-caregivers to have chronic health conditions. The most important contribution of this work will be a comprehensive examination of older persons’ lives. Economic and health data primarily are collected in surveys; qualitative in-depth interview data is likely to capture information missed in surveys making triangulation crucial.

Works cited