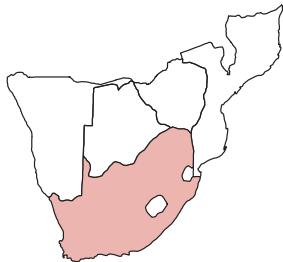


International Brief

Aging Trends: South Africa



U.S. Department of Commerce
Economics and Statistics Administration
BUREAU OF THE CENSUS

by Kevin Kinsella, International Programs Center, U.S. Bureau of the Census
Monica Ferreira, HSRC/UCT Centre for Gerontology, University of Cape Town

IB/97-2
Issued August 1997

Concern about population in Africa traditionally has focussed on relatively high rates of fertility and mortality, expansion of basic health programs, and, more recently, on the devastation resulting from the HIV/AIDS pandemic. Overlooked in the face of these pressing issues is the fact that most African populations are aging, albeit at slower rates than in much of the developing world. While gerontology is still in its infancy throughout Africa, there is a growing recognition of population aging—especially in South Africa—and the social benefits and problems associated with this process. To date, awareness has been stimulated largely by community-based ethnographic studies. The major impediment to a fuller understanding of population aging has been the scarcity of relevant, reliable national-level data. In the 1990s, however, researchers in South Africa have sought to redress this shortcoming through the use of survey instruments and enhanced census design and tabulation. This report summarizes the major demographic aspects affecting the aging of the South African population and highlights several socioeconomic characteristics that affect the wellbeing of older persons.

The Southern Africa region has the continent's highest percentage of older inhabitants; 6.2 percent of population in 1997 was estimated to be 60 years of age or older, slightly more than in the Northern

African region. Within Southern Africa, South Africa has the highest proportions of older population (Table 1), with more than 1 in 8 persons (5.6 million) aged 50 and over and nearly 7 percent (2.9 million) aged 60 and above. Such aggregate figures, however, mask the diversity of aging among population groups. Figure 1 displays 1997 population structures by 5-year age groups. The pyramidal shape of the Black population resembles that of developing countries in the early stages of demographic transition, where fertility and mortality rates are relatively high and populations as a whole are "young." The broad pyramid base indicates

that large numbers of children continue to be born each year, such that the majority of the population has been and still is under 20 years of age. Conversely, the population in older age groups remains a small proportion of the total. The White South African population, on the other hand, already evinces an age structure similar to some of the world's more-developed countries. After several decades of low fertility (the 1996 total fertility rate for Whites was 1.7 births per woman), the largest 5-year age groups among Whites are between 25 and 40. More than one-fourth of all Whites now are aged 50 or above, with nearly 14 percent in the

Table 1.
Percentage of Population in Older Age Groups: 1997 to 2025

Region/country	Year	Age group		
		50+	60+	70+
Southern Africa	1997	12.0	6.2	2.5
	2010	14.1	7.5	3.2
	2025	15.5	9.1	4.2
Botswana	1997	9.7	5.4	2.4
	2010	9.8	5.3	2.5
	2025	9.1	5.6	2.8
Lesotho	1997	11.7	6.7	2.8
	2010	12.1	6.5	3.0
	2025	14.1	7.7	3.3
South Africa	1997	13.3	6.8	2.8
	2010	16.2	8.6	3.6
	2025	18.0	10.8	5.1
Zimbabwe	1997	8.5	4.3	1.7
	2010	8.6	4.7	2.2
	2025	8.4	4.9	2.4

Note: The Southern Africa region comprises Botswana, Lesotho, Namibia, South Africa, Swaziland, and Zimbabwe.

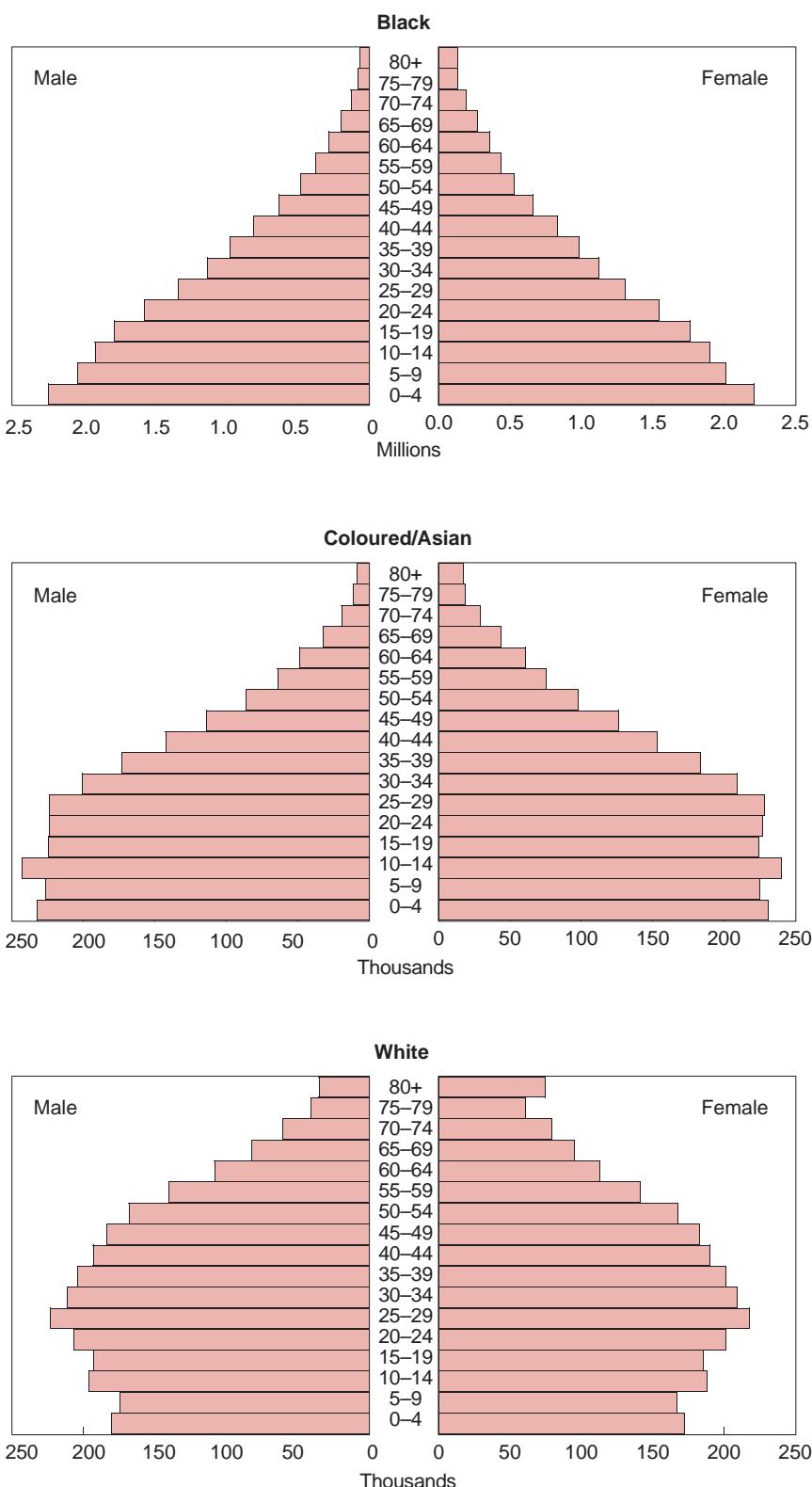
Source: U.S. Bureau of the Census, International Programs Center, International Database.

60-and-over category. Corresponding figures for Blacks are 11 and 6 percent, respectively, slightly less than for Asians and Coloureds (Table 2).

The total population growth rate in South Africa is falling rapidly as a consequence of declining fertility rates. As more persons live to older ages, the growth rate of the 60-and-over population has come to exceed that of the total population (Figure 2), and the gap will widen considerably in the future. After the turn of the century, the fastest growing population segment is likely to be persons aged 70 and over. While age-group percentages are useful for appreciating the relative weights of different population segments, absolute numbers are more important in terms of national population policy and program development. Proportions that change only slightly over time may, in fact, deflect attention from rapidly growing numbers of older persons and the service requirements generated by such growth. For example, although the percentage aged 50 and over for the Black population in Table 2 changes only modestly from 1997 to 2010, the absolute growth will be in excess of 1 million persons.

Median population age (the age which divides a population into numerically equal parts of younger and older persons) is another indicator of the aging process. South Africa currently has the highest median age—22 years—in the Southern Africa region, and this level is likely to increase gradually but steadily through the year 2025. Median age varies greatly by population group within South Africa, with a high of 34 years for Whites, 27 years for Asians, 25 years for Coloureds, and 20 years for Blacks.

Figure 1.
Age Structure of South African Population by Group: 1997



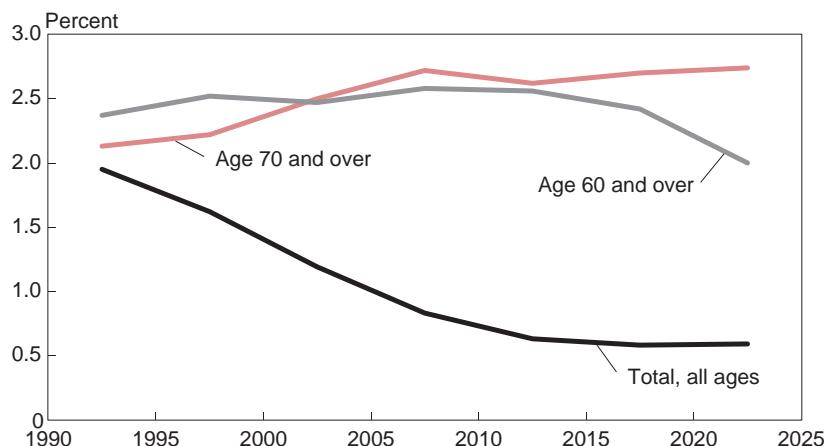
Source: U.S. Bureau of the Census, International Programs Center, International Database.

Table 2.
**Percentage of South African Population
in Older Age Groups: 1997 to 2025**

Group	Year	Age group		
		50+	60+	70+
Asian	1997	16.1	7.2	2.4
	2010	22.0	11.1	4.0
	2025	29.7	16.4	7.1
Black	1997	11.2	5.6	2.2
	2010	13.4	6.9	2.9
	2025	12.9	8.0	3.8
Coloured	1997	12.3	5.9	2.2
	2010	17.7	8.0	3.0
	2025	27.2	14.0	5.1
White	1997	26.0	14.3	6.7
	2010	32.5	19.0	8.4
	2025	40.4	25.2	12.6

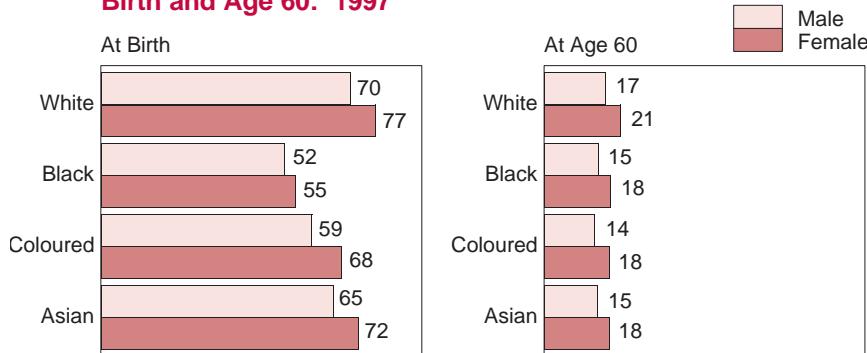
Source: U.S. Bureau of the Census, International Programs Center, International Database.

Figure 2.
**Average Annual Percentage Growth of Total
and Older Population**



Source: U.S. Bureau of the Census, International Programs Center, International Database.

Figure 3.
**Years of Life Expectancy at
Birth and Age 60: 1997**



Source: U.S. Bureau of the Census, International Programs Center, International Database.

Life Expectancy and Health

Overall life expectancy at birth in South Africa in 1997 is estimated to be 54 years for males and 58 years for females. Again, there is enormous diversity among population groups (Figure 3). Life expectancy for White South African women exceeds that of women in some European nations and is 25 years higher than for Black South African men. The low levels of life expectancy at birth for the Black population reflect, to some extent, the growing impact of HIV/AIDS mortality. The long-term consequence of the HIV/AIDS epidemic on population aging remains highly uncertain. HIV/AIDS may suppress urban growth rates in South Africa and in much of Sub-Saharan Africa, and have a selective impact on young and middle-aged adults who would be potential supporters of and caregivers to the elderly. Over time, however, the projected impact of the epidemic becomes more widely distributed across age groups (Way, 1992); there are fewer children because of pediatric AIDS mortality and reductions in numbers of potential mothers, and there are fewer adults overall because of reduced infant survival and adult AIDS mortality.

As is the case in virtually all nations of the world, South African women outlive men, regardless of population group. Except among Blacks, the gender difference in life expectancy is greater than in most developing countries. Among persons who survive to age 60, women retain their life expectancy advantage over men. At older ages, however, years of remaining life expectancy for population groups are quite similar.

South Africa is in the midst of an epidemiologic transition from the prominence of infectious diseases to chronic diseases, with different emerging health patterns among population groups. The 1990-91 Multidimensional Survey of Elderly South Africans, conducted by the HSRC/UCT Centre for Gerontology

at the University of Cape Town, provided the first comprehensive look at various aspects of the health of the elderly. The most prevalent self-reported condition affecting Blacks, Asians, and Coloureds was high blood pressure (hypertension). This condition went untreated for 11 percent of both urban and rural Blacks. A subsequent national household survey (Hirschowitz and Orkin, 1995) confirmed the importance of hypertension and also found that 70 percent of the elderly (age 65 and over) had a chronic illness or ongoing health problem. More than half of the survey respondents reported having a disability, the most common being difficulty with vision.

Other epidemiologic evidence (Bradshaw et al., 1995) suggests high mortality risks due to heart disease among non-Blacks, with very high lung and breast cancer mortality rates seen among the Coloured population. While the importance of noncommunicable diseases clearly is rising, it should be stressed that infectious diseases remain a prominent cause of mortality and morbidity even at adult ages, as do violence and motor vehicle accidents.

Because medical insurance has been generally unavailable in South Africa, most persons reach old age with few, if any, benefits. In 1990, 95 percent of urban and 99 percent of rural elderly Blacks had no medical insurance. However, about 90 percent of each group had annual medical expenses. Many rely upon the help of children and relatives to defray medical costs. Percentages of elderly Asians (96 percent) and Coloureds (92 percent) lacking medical insurance were similarly high. Sixty-five percent of Whites, on the other hand, did have medical insurance (often via corporate schemes), and only 1 percent reported assistance from family or friends in paying medical expenses (Ferreira et al., 1992).

In prior decades, access to health services was difficult for much of the older population because of the poor distribution of health facilities, particularly in rural areas. The post-apartheid government has committed itself to the development of a primary health program, one facet of which is to establish primary care clinics in underserved areas. The elderly, however, continue to experience difficulty accessing these (as well as many urban) services due to a lack of transport. And, with the health program's current emphasis strongly on maternal and child care, there is mounting concern that resources are being shifted away from needed geriatric care at a time when growth in the older population is accelerating.

Urbanization and Education

In most countries in Southern Africa, the elderly are more likely than the total population to reside in rural areas. This observation is the norm in most, if not all, regions of the world (Kinsella and Taeuber, 1993), resulting from the migration of young adults to cities and sometimes from the return migration of older adults from urban areas back to rural homes. In South Africa, however, the reverse has been true; data from the 1991 census indicate that while about 45 percent of the entire population (excluding the former homelands) lived in nonurban areas, only 38 percent of the elderly were in nonurban settings.

During the apartheid era, South African policy permitted only male migrants to relocate to urban areas, thus requiring men to leave their wives (sometimes more than one) and children in rural areas. The remaining rural inhabitants relied heavily on remittances from family members working in the city. Most older Black labor migrants, who grew up in tribal communities, still attach great significance to their ancestral land (Oosthuizen, 1993). After working much of their lives in

urban areas, many choose to return to their childhood areas.

Following the elimination of the Group Areas Act in 1988, South Africa has seen a massive movement of persons from rural to urban areas and a proliferation of informal settlements on urban fringes. From available data, it is not yet clear if older citizens are being adversely affected by such movement (e.g., being left behind in rural areas to raise grandchildren), are participating in and benefitting from migration (through better access to health and pension systems), or are adapting in other ways.

Educational levels among older South Africans remain fairly low in the 1990s, but will improve as better-educated cohorts reach old age. Data from the 1991 census reveal that more than one-third of the 65-and-over population had no formal educational experience (compared with 12 percent of persons aged 25-34), while another 18 percent had completed less than 7 years of schooling. The 1990-91 Multidimensional Survey found that two-thirds of older (60+) Blacks and Asians and half of Coloureds had less than 5 years of education. Three-quarters of Whites, by contrast, had completed 10 or more years of school. As in most developing countries, older men are somewhat more likely than older women to have attended school. With regard to the ability to read and write, the 1990-91 survey found relatively high literacy rates among the 60-and-over population in urban areas—ranging from 61 percent among Asians to 100 percent among Whites—but a much lower rate (29 percent) among older rural Blacks.

Marital Status and Living Arrangements

Because women live longer on average than do men and tend to marry men older than themselves, rates of widowhood increase with age in most countries of the world. South Africa is no exception, and

indeed the gender difference is striking (Figure 4). Almost half of all women aged 60 and over are widowed compared with only 12 percent of elderly men. The absolute number of widows aged 60 and over increased nearly 100,000 between 1985 and 1991 (to a total of 559,000). South Africa also has relatively high percentages of persons 60+ who are never-married or divorced (9 and 8 percent for women and men, respectively), suggesting at least the possibility that significant numbers of elderly are without the family support network that is commonly assumed to be prevalent throughout the region.

In South Africa and several other African nations, polygamy can be an important social factor that typically is not reflected in official data. One survey of Zulus in South Africa (Moller and Welch, 1990) found that 10 percent of males were in polygamous marriages. Such arrangements were said to be beneficial to both women and men;

because of the previously-mentioned restrictions on Black female migration to urban areas, polygamous families enabled one wife to visit her spouse in the city while the other wife (wives) cared for home and children.

Survey data for 1990 show that, except among Whites, more than half of all elderly live in households with three or more co-resident generations (Figure 5). Another 30 percent live in two-generation households, while fewer than 5 percent live alone. The statistics for elderly White South Africans look entirely different: 39 percent live alone and another 41 percent reside with their spouse in a two-person household; fewer than 20 percent live in multigenerational households. Among very old Whites aged 85 and over, 7 in 10 live alone.

The majority of South African survey respondents owned their own home (or it was owned by their spouse). Nine out of ten rural

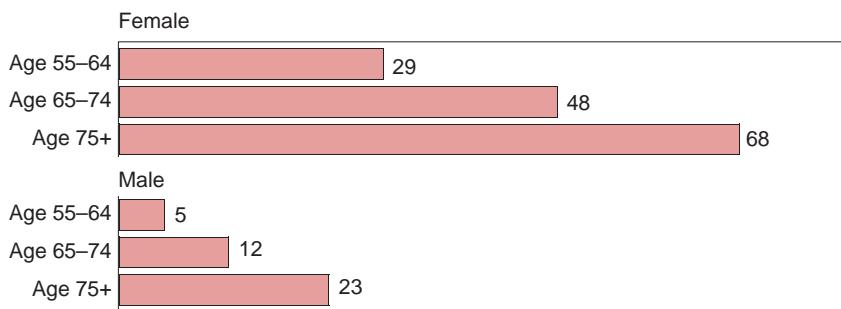
Blacks owned their homes. In the urban setting, 62 percent of elderly Whites resided in homes owned by themselves or their spouse, while 72 percent of Asian elderly resided in dwellings owned by someone else (presumably a child) in the household. The South African survey ascertained access to ten household conveniences covering piped water, sanitation, electricity, appliances, and means of communication. Average access to the ten conveniences was 97 percent among Whites, 92 percent for Asians, 71 percent for Coloureds, 47 percent for urban Blacks and 15 percent for rural Blacks.

Employment and Subsistence

Participation in the formal labor market fell slightly among older men between the mid-1980's and early 1990's, while the opposite was true among older women (Figure 6). Seven in ten men aged 55-64 were economically active in 1991, as were 21 percent of all men over the age of 64. Corresponding levels for women were 29 percent and 5 percent, respectively. Especially for women, these figures may underestimate the true level of economic activity to the extent that informal-sector activities are not fully reflected in census data.

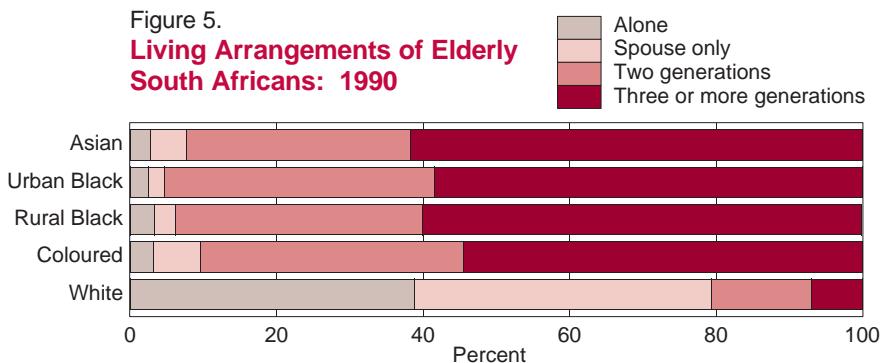
South Africa is an exception among African countries in its formal economic support for older citizens. Women aged 60 and over and men aged 65 and over are eligible for a means-tested general social pension of Rand 470 (approximately US\$100) per month. In contrast to past levels that varied by race, persons of all races are now eligible to receive this monthly amount. Survey data for 1993 (SALDRU, 1994) indicate that 61 and 68 percent of age-qualified men and women, respectively, receive a social pension. Nearly 80 percent of the age-qualified Black population reported receiving a social pension, although a separate analysis using different data suggests that this level is closer to 90 percent (versus

Figure 4.
Percentage Widowed at Older Ages: 1991



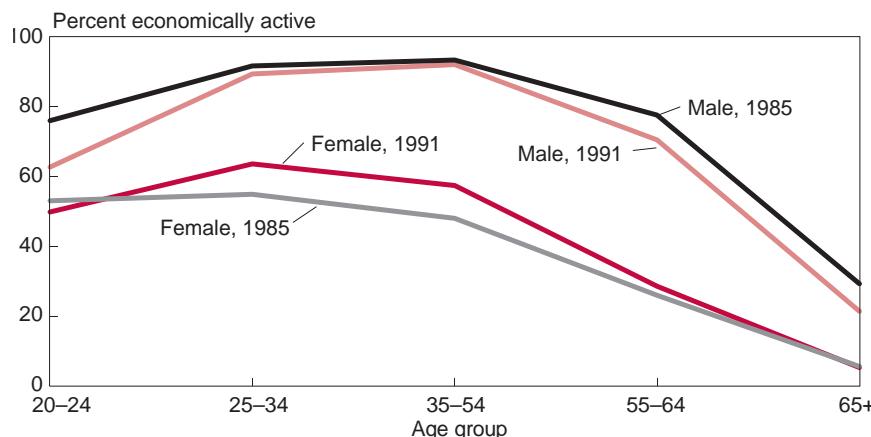
Source: U.S. Bureau of the Census, International Programs Center, International Database.

Figure 5.
Living Arrangements of Elderly South Africans: 1990



Source: U.S. Bureau of the Census, International Programs Center, International Database.

Figure 6.
Labor Force Participation Rates: 1985 and 1991



Source: U.S. Bureau of the Census, International Programs Center, International Database.

19 percent for the White population; Van der Berg, 1994).

For many South Africans, the role of the public pension goes beyond mere support of the elderly. Pension sharing, particularly in Black households, is the norm. One survey indicated that while only 4.5 percent of the total population received a pension, 85 percent of all pensioners lived in three-generation households (Snyman, 1997). Although pensions may enhance the economic self-reliance and self-respect of recipients, pensioners' own needs may be neglected in the interests of family welfare (Moller and Sotshongaye, 1996). Furthermore, the mere fact of pension receipt does not necessarily ensure an adequate standard of living. A major finding of the 1993 Project of Statistics on Living Standards and Development was that elderly households (i.e., households with at least one elderly member) are poor by most standards. Only 30 percent of all surveyed elderly households were living above the poverty line (Moller and Devey, 1995).

A Brighter Future?

Decades of discrimination and disadvantage have negatively affected the health and socioeconomic well-being of most South African elderly. The family support system and a

noncontributory old-age pension scheme have ameliorated some of the adverse effects. The post-apartheid Reconstruction and Development Program (RDP) seeks to redress social inequalities by providing expanded opportunities for education, housing, and employment, but most of the RDP is focussed on improving the situation of women and youth; the elderly are not seen as a priority (Ferreira, Lund and Moller, 1995). Some observers fear that resources may be diverted from the universal pension system in order to fund other aspects of the RDP. However, there is a growing public recognition of the importance of the pension system as a social safety net. At the same time, the Ministry of Welfare is developing new policies and programs regarding community support services for older citizens. The current emphases within South Africa on human rights and policy reform augur well for greater empowerment of the elderly, and for concrete improvements in basic health care as well as community-based comprehensive family care.

References

Bradshaw, D., D.E. Bourne, M. Schneider, and R. Sayed, 1995, "Mortality Patterns of Chronic Diseases of Lifestyle in South Africa," in Jean Fourie and Krisela Steyn, eds., *Chronic Diseases of Lifestyle in South Africa*, Medical Research Council Technical Report 1995, Cape Town.

Ferreira, Monica, Frances Lund and Valerie Moller, 1995, "Status Report from South Africa," *Ageing International*, Vol. 22, No. 4, pp. 16-20.

Ferreira, Monica, Valerie Moller, F. R. Prinsloo and L. S. Gillis, 1992, *Multidimensional Survey of Elderly South Africans, 1990-91: Key Findings*, Monograph No. 1, HSRC/UCT Centre for Gerontology, University of Cape Town.

Hirschowitz, Ros and Mark Orkin, 1995, *A National Household Survey of Health Inequalities in South Africa*, Henry J. Kaiser Family Foundation, Washington, DC.

Kinsella, Kevin and Cynthia Taeuber, 1993, *An Aging World II*, U.S. Bureau of the Census International Population Report, Washington, DC.

Moller, Valerie and R. Devey, 1995, "Black South African Families with Older Members: Opportunities and Constraints," *Southern African Journal of Gerontology*, Vol. 4, No. 2, pp. 3-10.

Moller, Valerie and Ayanda Sotshongaye, 1996, "My Family Eat This Money Too: Pension Sharing and Self-respect among Zulu Grandmothers," *Southern African Journal of Gerontology*, Vol. 5, No. 2, pp. 9-19.

Moller, Valerie and Gary John Welch, 1990, "Polygamy, Economic Security and Well-Being of Retired Zulu Migrant Workers," *Journal of Cross-Cultural Gerontology*, No. 5, pp. 205-216.

Oosthuizen, J.S., 1993, "Patterns of Migration in Southern Africa with Special Reference to South Africa," University of Pretoria, Pretoria.

Snyman, Ina, 1997, "Pensions: Lifeline of the Poor," *In Focus Forum*, Vol. 4, No. 4, pp. 8-11.

South Africa Labour and Development Research Unit (SALDRU), 1994, *South Africans Rich and Poor: Baseline Household Statistics*, University of Cape Town Project for Living Standards and Development, Cape Town.

Van der Berg, Servaas, 1994, "Issues in South African Social Security," *World Bank Background Paper*, Washington, DC.

Way, Peter, 1992, "The Demographic Impact of HIV," Paper presented to the VIII International Conference on AIDS, July, Amsterdam.

The International Programs Center (IPC) of the U.S. Bureau of the Census collects and analyzes population and related statistics from all countries of the world. This brief was produced with the support of the Office of the Demography of Aging, U.S. National Institute on Aging. More detailed information is available from the International Programs Center, Population Division, Bureau of the Census, Washington, DC 20233-8860 USA.