

CENSUS 2011

Profile of older persons in South Africa



**Statistics
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Census 2011: Profile of older persons in South Africa

Statistics South Africa

Report No. 03-01-60

Pali Lehohla
Statistician-General

Census 2011: Profile of older persons in South Africa / Statistics South Africa

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

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Stats SA Library Cataloguing-in-Publication (CIP) Data

Census 2011: Profile of older persons in South Africa / Statistics South Africa. Pretoria: Statistics South Africa, 2014

Report 03-01-60

137 pp

ISBN 978-0-621-42794-3

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Preface

Evidence-based decision-making has become an indispensable practice universally because of its role in ensuring efficient management of population, economic and social affairs. It is in this regard that Statistics South Africa (Stats SA) is mandated to provide the state and other stakeholders with official statistics on the demographic, economic and social situation of the country to support planning, monitoring and evaluation of the implementation of programmes and other initiatives. In fulfilling its mandate prescribed in the Statistics Act, (Act No. 6 of 1999), Stats SA has conducted three censuses (1996, 2001 and 2011) and various household-based surveys. Censuses remain one of the key data sources that provide government planners, policymakers and administrators with information on which to base their social and economic development plans and programmes at all levels of geography. Census information is also used in monitoring of national priorities and their achievement, and the universally adopted Millennium Development Goals. This demand for evidence-based policymaking continues to create new pressures for the organisation to go beyond statistical releases that profile basic information and to embark on the production of in-depth analytical reports that reveal unique challenges and opportunities that the citizenry have at all levels of geography. This analytical work also enhances intellectual debates which are critical for policy review and interventions.

The above process is aimed at enabling the organisation to respond to and support evidence-based policymaking adequately, build analytical capacity and identify emerging population, socio-economic and social issues that require attention in terms of policy formulation and research. The monograph series represents the first phase of detailed analytical reports that are theme-based, addressing topics of education, disability, ageing, nuptiality, age structure, migration, fertility, and mortality, among others.

This monograph provides a comprehensive profile of elderly persons in South Africa, exploring key aspects pertaining to their demographics, socio-economic status and health status. The differentials and spatial profiles by sex, population group and geographical location bring forth critical issues pertaining to the well-being of this vulnerable group.



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Acknowledgements

Statistics South Africa would like to thank the following contributors for their part in the development and compilation of this monograph: Angela Ngyende, Chantal Munthree, Mantwa Ngwenya, Montsintsi Raseeng and Moses Ramatu.

The organisation is highly grateful for the technical expertise provided by the following internal reviewers:

Dr John Kekovole, Dr Christine Khoza, Dr Isabelle Schmidt, Rika du Plessis, Gwen Lehloenya, Ramadimetja Matji and the external reviewer, Dr Mondi Makiwane. Your expertise and inputs have added great value in improving the quality of this publication.

Executive Summary

Ageing is an important biological phase in an individual's lifetime. It impacts on the demographic, socio-economic and social welfare of the country in diverse ways, generating policy interest, as governments seek to set national priorities that cater for elderly persons as a vulnerable group. Current and future efforts to address the needs of elderly persons require statistical evidence. This report provides valuable information on the demographic and socio-economic profiles of the elderly population in South Africa, based on the three post-1994 censuses.

The number and proportion of elderly persons aged 60 years and older relative to those aged 59 and younger has increased over the period 1996–2011. The number has increased from 2,8 million in 1996 to 4,1 million in 2011, and the proportions from 7,1% in 1996 to 8,0% in 2011. Projections show that the older population will continue to increase and by 2030 there will be approximately seven million elderly persons in South Africa.

The composition and distribution of elderly persons reflect noticeable differences between sexes, population groups, ethnic groups and regions. Sex variations show that old age in South Africa is highly feminised. The sex ratio, a key measure of sex composition, increased from 64 to 66 elderly men per 100 elderly women over the period 1996–2011, suggesting an improvement in health among men. Limpopo province had the lowest number of elderly men per 100 elderly women over the period 1996–2011. This profile of sex ratios may be partly attributed to the high levels of out-migration of adult males from this province. Gauteng, Western Cape and North West provinces had the highest sex ratios – a profile that may be attributed to the higher level of in-migration of men in search of employment in mainly male-selective sectors such as mining, construction and manufacturing, which are prevalent within these provinces.

Between 1996 and 2011, there has been a difference in the growth proportions of elderly persons across population groups. The proportion of elderly whites increased by 5,7 percentage points (from 14,4% in 1996 to 20,1% in 2011) and 4,8 percentage points among Indians/Asians (from 6,4% in 1996 to 11,2% in 2011). Elderly coloured and black Africans grew by 1,9 percentage points (from 5,8% in 1996 to 7,7% in 2011) and 0,4 percentage points (from 6,2% in 1996 to 6,6% in 2011) respectively.

The distribution of elderly persons by province has a number of implications on resources and funds available within each province to meet the needs of the elderly. Provincial variations show that in 2011, the highest proportion of elderly persons relative to adults and children was recorded in Eastern Cape (9,7%), followed by Western Cape (8,9%) and Limpopo (8,7%). KwaZulu-Natal, Mpumalanga and Gauteng provinces recorded proportions of elderly persons lower than the national figure of 8,0. Over the period 1996–2011, more than half of elderly persons were married; an indication that marriage is the most common form of union among the elderly. However, results show an upward trend of elderly persons choosing to live together like married partners (cohabiting). The proportion has more than doubled from 1,9% in 1996 to 4,1% in 2011. The proportion of the elderly who have never married has also increased from 9,1% in 1996 to 13,6% in 2011.

The education profile of elderly persons shows that most elderly persons in South Africa have no formal education. However, the proportion of those with no schooling has decreased from 47% in 1996 to 28% in 2011. Focusing on the elderly with 'no schooling', analysis on functional literacy was done to ascertain literacy among elderly. Functional literacy was measured based on self-assessment on the following functional domains: ability to write own name, read a newspaper/ magazine or book in any language, ability to fill in a form and ability to calculate an amount of change received when purchasing an item. Findings showed that more than half of the elderly persons with 'no schooling' were unable to read a newspaper or fill a form. About 45% were unable to write their own name or calculate change after a business transaction. Sex variations show that elderly women were worse off in all literacy functional domains compared to their male counterparts. Population group dynamics show that illiteracy was most prevalent among coloured elderly persons and lowest among the white population group.

There is also noticeable disparity in the proportion of elderly persons that have attained a higher level of education by gender and population group. In 2011, almost a third (28,4%) of elderly whites had attained a higher level of education, far higher than that of black Africans (2,5%), coloureds (3,6%) and Indians/Asians (8,2%). The proportion of elderly men who have attained a higher level of education is almost twofold that of elderly women (11,4% and 6,4% respectively). The findings are a reflection of how the unjust educational system of the apartheid era influenced education outcomes among white and non-white racial groups.

Socio-economic status (SES) among the elderly was analysed based on an SES index at individual level. Ownership of goods, access to basic services such as piped water, electricity, and toilet facilities as well as ownership of dwelling structure variables were included in the model. Results show that four in ten elderly persons in South Africa are poor. More than a third make an average living, and the rich constitute about 27%. Provincial variations show that rural provinces have higher proportions of poor elderly persons compared to those residing in the urban provinces. Limpopo and Eastern Cape provinces had the highest proportion of poor elderly persons (77,1% and 64,4%), while Western Cape and Gauteng provinces had higher proportions of rich elderly persons (57,5% and 50,4%). Such vast regional variations point to the high inequalities that existed between former homelands and South Africa during the apartheid era and continue to exist. Findings further show that poverty is highly gendered and differs across the four population groups. Noticeably, higher proportions of socio-economic deprivation exist among households headed by elderly women compared to those headed by elderly men (41,8% and 36,9% respectively). Racial differences show that elderly whites and Indians/Asians had higher socio-economic status compared to black Africans and coloureds. The proportions of rich white elderly persons were ten times higher than that of black African elderly persons (80,7% and 8% respectively). The gap in socio-economic status among elderly persons depicts the impact of marginalisation and lack of opportunities for specific groups in the past. Analysis by language attempts to go beyond analysis by population group. The majority of English-speaking elderly persons (78%) have better socio-economic status compared to other languages. In contrast, more than two-thirds of elderly persons who spoke Tshivenda, Xitsonga, Sepedi and isiXhosa were poor.

Old age is often characterised by poor health due to frailty, morbidities and disabilities. This culminates into an inability to perform certain functions such as walking, hearing, seeing, remembering and concentrating as well as self-care. The results on extent of difficulty in a number of functional domains showed that for most elderly persons, ability to hear, walk or climb, remember or concentrate and self-care became increasingly difficult with age. Findings further show that elderly women experience far higher levels of severe difficulty in a number of functional domains compared to elderly men. The largest difference in the proportion of elderly men and women's functioning were those of remembering (2,0%), seeing (1,9%) and walking (1,8%).

Due to old age, many elderly persons rely on assistive devices and chronic medication. The results show that a substantial proportion of elderly persons were using chronic medication (38%) by age 60–64. Population group differences revealed that a higher proportion of elderly whites use assistive devices such as glasses (79,9%), hearing aids (10,0%), wheelchairs (4,9%) as well as chronic medication (58,0%) when compared to all other population groups.

The findings on the living arrangements of elderly persons in households show that more than half (50,6%) of elderly persons live in extended households. The dominance of elderly persons living in extended households reflects on the fundamental role family support continues to play in ensuring that the needs of the elderly persons are met. Regional variations show that elderly persons living in extended household setups are more prevalent in rural provinces such as Limpopo, Eastern Cape, KwaZulu-Natal and Mpumalanga, while nuclear households among the elderly are predominantly found in Western Cape and Gauteng provinces. However, the results also show that over the 1996–2011 period, there has been an upward trend in the prevalence of single-member households (from 16,3% in 1996 to 26,7% in 2011 as far as all households are concerned and from 14,6% in 1996 to 20,2% in 2011 for those headed by elderly persons). Further research is required to determine the characteristics of elderly persons opting to live alone. Sex variations show that the proportion of elderly women living in extended households is twice that of their male counterparts. Six in ten elderly women reside within extended households. In contrast a higher proportion (over a third) of elderly men resides in nuclear households. There is a growing trend of elderly persons living alone among all population groups. However single-member and nuclear households were found predominantly among the white population group. Household headship remains one of the key roles that elderly persons often assume in order to provide for the needs of their households and maintain the well-being of household members. The responsibility of household headship can be a daunting task in the event of socio-economic and cultural hardships/challenges. Census 2011 findings show that about 2,9 million households (19,9%) were headed by elderly persons; an increase from 1,7 million in 1996. Male-headed households are more prevalent among the elderly who had just progressed into old age (those aged 60–64 years), while female-headed households become more apparent among the oldest of the age groups. Such a pattern is reflective of a higher male mortality as the population progresses into old age.

Analysis of household size, i.e. the number of people per household and headship show that about a third (32,5%) of households headed by the elderly have five or more members. Such a profile of the elderly heading

large families is a reflection of the extent of economic and social responsibilities that elderly persons continue to provide to their significant others. However, population group dynamics in household headship revealed that large households (five or more members) were predominantly among black African-headed households (40%). In contrast, white-headed households show a prevalence of small household sizes with almost half (48,2%) being two-member households and more than a third were single-member households. There are also noticeable differences in household size between urban and rural areas. While urban areas show dominance of small household sizes (one and two-member households), traditional/tribal areas are dominated by large household sizes. The regional profile shows that elderly persons in provinces that are predominantly urban such as Gauteng and Western Cape headed mostly two-member households, while those residing in the rural provinces of KwaZulu-Natal, Limpopo and Eastern Cape had the highest proportion of households that consisted of five or more household members.

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CHAPTER 1: INTRODUCTION

1.1 Background

Population ageing has become a prominent topic by researchers who are unpacking the implications of demographic change (Marcoux, 2001). "Ageing populations is a summary term for shifts in the age distribution of a population towards older ages" (Gavrilov & Heuveline, 2003:1). For many decades, ageing was known to be a phenomenon of industrialised countries, but of late it has become a global issue, and is rapidly accelerating in the developing world (Beard et al., 2012). The proportion of persons aged 60 years and older was 22% in the developed world and 9% in the developing world, and is projected to be as high as 20% by 2050 (UNDP, 2011). According to the Census 2001 results, about 7,3% of the population in South Africa were aged 60 years and older, constituting an increase from the 7,0% reported in 1996.

Traditionally, concerns regarding African populations by researchers and policymakers have focused on the high rates of fertility and patterns of mortality, including the HIV and AIDS pandemic and other infectious diseases. However, recent studies and projections are now highlighting the fact that population ageing is now becoming a concern for developing countries (World Bank, 2010; UNDP, 2011). Ageing in Africa is taking place in conditions of social as well as economic hardships, where poverty is rampant and the HIV and AIDS pandemic is also ravaging the continent (Gachuhi et al., 2005).

The rapid transformation of the traditional extended family has also contributed to the challenges facing the elderly population as modernisation increases (Kinsella and Ferreira, 1997). This is in contrast to the ageing processes that took place in the developed countries where population ageing occurred under an already well-developed socio-economic and political environment (Gachuhi et al., 2005). The conditions that lead to ageing in more developed countries differ significantly to those experienced within less developed countries. The developed world gradually aged due to increased life expectancy and declining fertility (DTT) due to improvement in health, technology, and socio-economic conditions, whilst in the developing world, the ageing process evolved over a faster rate and within poorer socio-economic conditions (Peace et al., 2007). However, all population changes occur through the interaction of fertility, mortality and migration.

1.2 Ageing and its demographic drivers

The interaction of three demographic processes, namely fertility, mortality and migration contributes to a change in the population structure which may result in population ageing (Lesthaeghe, 2000). Population ageing refers to a process in which proportions of adults and the elderly increase in a population while the proportions of children and adolescents decrease. As a result, the median age (the age at which half of the population is younger and the other half is older) increases in a country (Haupt & Kane, 2004; WHO, 2012). It is not surprising then that fertility and mortality are said to be the most dominant and important factors contributing to population ageing (Weeks, 2008; Beard et al., 2012; Lee, 2003).

Fertility

The most prominent historical factor in population ageing has been declining fertility. A decline in the number of babies born means fewer younger people and proportionally more people at older ages over time (Kinsella and Phillips 2005; Beard et al., 2012). This continual decline in fertility leads to smaller successive birth cohorts leading to population ageing from the base of the population structure (Joubert et al., 2006). South Africa has been one of the first countries in sub-Saharan Africa to experience an overall fertility decline (Nkau, 1998; SADHS, 1999). The total fertility rate (TFR) has fallen from 6,0 in the mid-1950s to about 4,3 in the 1980s, reaching around 3,5 births per woman in 1996 (Caldwell & Caldwell 1993; SADHS 1999, Stats SA, 1996). The Community Survey 2007 estimated the TFR at 2,8 births per woman (Stats SA, 2010). It is important to note that South Africa has the lowest total fertility rate in Southern Africa as well as in sub-Saharan Africa (Moultrie & Timaeus, 2003). It is argued that this decline in fertility has and will continue to contribute to the increase in the share of elderly persons in the overall population of South Africa. However, declining fertility is not in itself sufficient to age a population. Other factors, particularly mortality, play an important role.

Mortality

As living standards improve, mortality declines, primarily because of better nutrition, hygiene and sanitation as well as better medical care and accessibility of public health services. Low mortality levels at all ages, particularly infancy, translate into higher life expectancy. An increase in life expectancy at older ages leads to population ageing from the top of the population age structure (Joubert et al., 2006). In the developed world, population ageing was primarily due to an increase in life expectancy, with declining fertility following suit (Lee, 2003). However, the experience of ageing in sub-Saharan Africa and more specifically the epicentre of the HIV epidemic, South Africa, has to some extent been driven by higher mortality.

The impact of AIDS has been devastating in many sub-Saharan African countries and has significantly affected how population ageing in these countries unfolds (Nyambedha et al., 2003). In the developing world the virus is spread primarily through sexual transmission. In the absence of access to HIV and AIDS treatment, there is an increase in adult mortality due to AIDS. This adversely affects the population structure, as adults of working and reproductive age die off due to AIDS. Not only does HIV and AIDS decrease the life expectancy of young adults once infected, but higher levels of mortality among adults within the population results in skip-generation households. Skip-generation households are households where grandchildren are left behind by their deceased parents and are the sole responsibility of their elderly grandparents (Nyambedha et al., 2003). Many HIV and AIDS affected countries face a population with increasing proportions of the elderly, combined with declining proportions of infants and children. AIDS mortality accelerates population ageing in affected countries, and this is of concern as in most cases, planning for the increasing number of the elderly has not been correctly done (Joubert et al., 2006).

Migration

Though migration is not the most prevalent driver of population ageing, it is potentially an important contributing factor to population ageing globally and within South Africa. Emigration contributes to population ageing in sending countries, as younger people in search of better jobs and study opportunities leave behind older ones. Retiring populations migrating back to their countries of origin or particular areas that are conducive for the elderly also accelerates population ageing in those specific countries or areas. In many countries, including South Africa, older people are becoming concentrated in rural areas as younger adults leave the rural areas for the cities and some older urban migrants return to rural communities as they reach old age (Kinsella & Velkoff, 2001). In contrast, immigration lowers population ageing in recipient countries/communities as most people who migrate are usually younger. Demographers believe that migration is yet to play a vital role in the nature of population ageing in the future, especially in low fertility countries (Gavrilov & Heuveline, 2003).

Fertility and mortality in South Africa have a greater role to play relative to migration, in the ageing process. Countries such as South Africa, that are experiencing an HIV and AIDS epidemic, consequently experience mortality patterns that result in the ageing of the population (Udjo, 2004; Nyambedha et al., 2003).

Policy challenges

The changing age structure of a population is a major source of concern, as governments around the world attempt to plan for age-related expenditures. Policies on pensions, employment, health care and migration are dependent on the changing age structure of a population. Governments require statistics to make evidence-based long-term plans and policies to address the current and future needs of elderly persons.

Although studies on ageing are still in their formative years in Africa, of late, there has been a growing realisation regarding the magnitude and the implications of population ageing, particularly in developing countries. At micro level, the conflict between scarce family resources and the needs of younger family members is great, leaving the needs of older persons unattended. At macro level, only few developing countries have well-established social security systems to address the needs of elderly persons (ILO, 2010; Fredvang & Giggs, 2012). The majority of elderly persons in developing countries, particularly those in sub-Saharan Africa, live in rural areas where in most instances living conditions are appalling. Given the low levels of educational attainment amongst this group, which often translates into work outside the formal sector, the majority of elderly persons are unlikely to receive retirement benefits. Given the lack of financial support systems, older persons are left vulnerable with limited options of taking care of their needs, and this translates into huge dependencies on the family support system.

The plight of elderly persons in the absence of family support systems and social protection measures and above all, inadequate statistics on their socio-economic status, makes the vulnerability of this group inevitable. Efforts to address challenges faced by the elderly have gained momentum at international level, with the emergence of debates and discussions on the ageing phenomenon, world fora such as the Madrid Assembly of 2002 that

translated into the adoption of an International Plan of Action on Ageing to address development, health and environmental challenges faced by elderly persons, all of which attest to the commitment towards embracing old age.

South Africa, like other developing countries, has to bring to the fore the importance of planning for the growing proportion of the elderly in the country. Developed countries experienced a gradual process of ageing, which allowed for planning and resource allocation. In contrast, population ageing in South Africa has become more rapid and is occurring on relatively larger population bases (Joubert & Bradshaw, 2006). Not only has the proportion of elderly persons increased since 1996, but the conditions under which ageing has occurred place a greater burden on the elderly who are often caregivers and caretakers of those infected and affected by the HIV pandemic (Legido-Quigly, 2003; Steinberg et al., 2002). The elderly are not only in need of support due to an increase in frailty at older ages, but are now burdened with caring for children affected and infected without receiving the necessary support from adults who have been taken away due to AIDS (Munthree & Maharaj, 2010).

Policy and legislation

For many decades, the elderly remained and still are vulnerable in many societies. However, of late there has been commitment at international and country levels to create age-friendly societies that attend to the health and socio-economic needs of the elderly. The commitment is reflected in the recent spell of international guidelines and country-specific older person legislations and policies. The Madrid Plan calls for the recognition of the contribution of older persons and the promotion of their rights, and emphasises the role of government in providing and ensuring access to basic social services (UN, 2002).

The South African older person legislations and policies reflect key guidelines embedded in the Madrid Plan. The commitment from the government to improve the lives of the elderly is reflected in the establishment of relevant structures and bodies. The South African Older Persons Policy adopted in 2006 (Act No.13 of 2006) provides a framework for providing for the needs of elderly persons. These include the establishment of the Directorate of Care and Services within the Department of Social Development. The government recognises that elderly persons are indeed a vulnerable group, given their health and socio-economic circumstances. The vulnerability of elderly persons in South Africa is largely determined by pre-1994 policies and inequalities. The Act stipulates that the elderly require social security in the form of an old-age pension as a support mechanism. It has been noted that old-age pensions play a crucial role in supplementing household income and in some instances it is the only source of income for some households (Stats SA, 2012). The National Development Plan 2030 emphasises the importance of the social security systems in an attempt to redress the high levels of poverty and inequality experienced in South Africa.

The ageing of the South African population has an impact on the ability of the state to respond to the needs of the elderly. By 2010, a decree by the Minister of Finance allowed for the inclusion of men between ages 60 and

64 according to the new eligibility criteria. By 2011, about two-thirds of the elderly 60 years and over were receiving an old-age grant (Presidency, 2012). High levels of unemployment and the reduced proportion of working age adults aged 15–64 relative to the dependent elderly has fiscal policy implications.

This monograph will feed into the information gap on this group by assessing the extent to which the needs of the elderly are met.

1.3 Objectives of the monograph

- To profile the demographic and socio-economic status of elderly persons in South Africa
- To profile the dynamics of living circumstances of elderly persons in South Africa

1.4 Overview of chapters

This monograph has been divided into seven chapters. This chapter provides a detailed background to ageing and its demographics drivers. Chapter 2 highlights data methods and evaluation of Census 2011 results. Chapter 3 discusses the various measures of ageing. The demographic and socio-economic profiles of elderly persons are outlined in Chapter 4 and Chapter 5. Chapter 6 provides an overview of the living arrangements of elderly persons, whilst Chapter 7 presents conclusions and recommendations.

CHAPTER 2: DATA METHODS AND EVALUATION

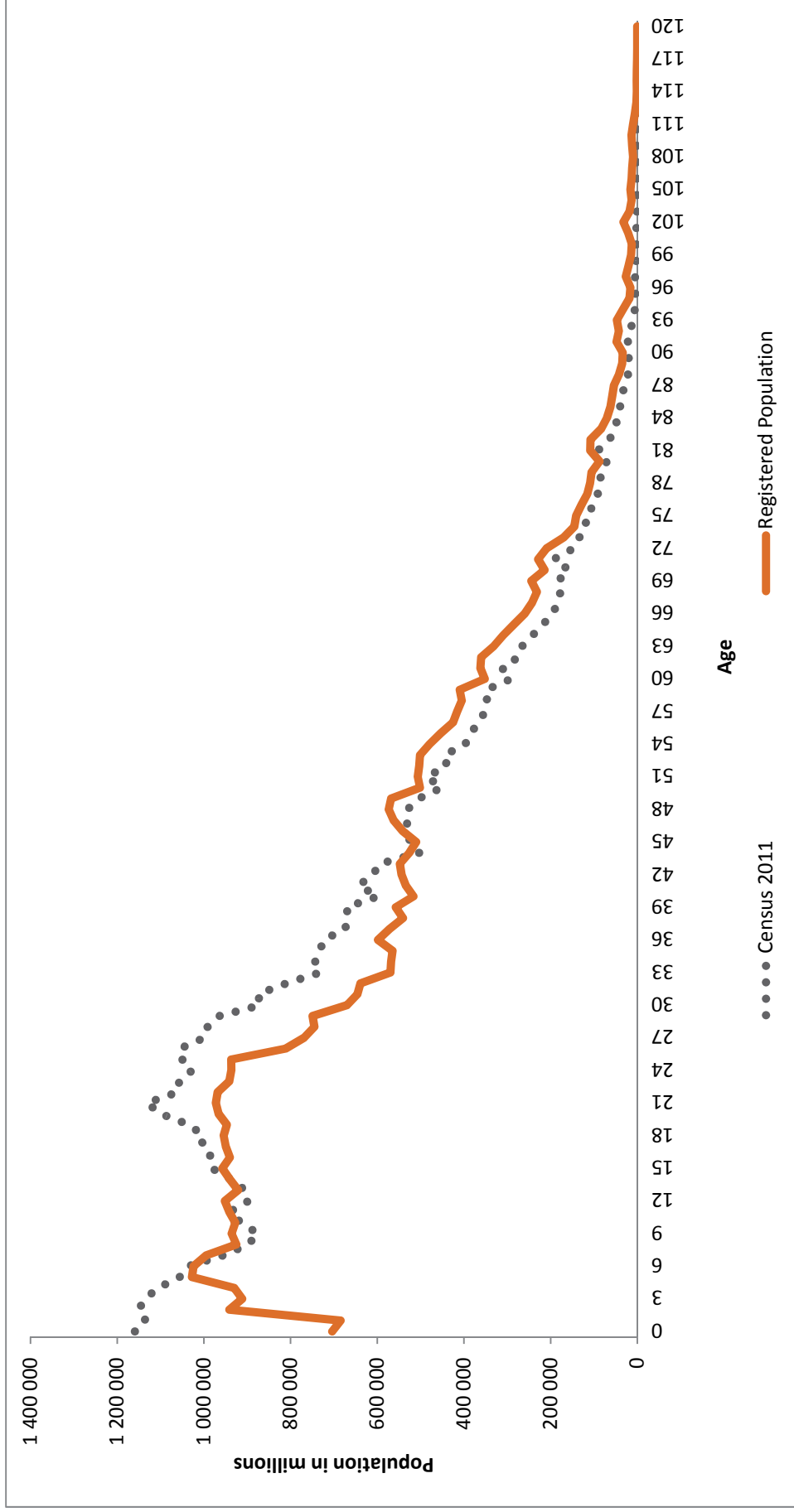
2.1 Data

The monograph is based on data collected in the censuses of 1996, 2001 and 2011. Each individual was asked to give his/her current age as well as their date of birth, to aid the reporting of age accurately. For the purposes of this monograph, elderly persons are defined as persons aged 60 years and older. According to the social welfare policy in South Africa, both men and women aged 60 and older qualify for the old-age pension fund. The United Nations defines older persons as the population aged 60 years and older, and this is consistent with the retirement age of most countries, including South Africa (UNP&R, 2008). An increase in the number of those aged 60 and older should raise awareness that more health care, care facilities and financial support need to be available to accommodate a higher proportion of elderly persons in South Africa in the future. Reliable statistics on older persons, their socio-economic standings as well as their access to services, are imperative in preventing distress, financial burdens and health deterioration of the growing number of elderly persons in South Africa (Nancy Phaswana-Mafuya et al., 2013).

2.2 Data evaluation: Comparison between Population Register and censuses of 2001 and 2011

The Population Register 2011 data were used to evaluate Census 2011 age data. The Population Register includes South African citizens whose births were registered, and foreign nationals with South African permanent residence permits. Tourists and temporally immigrants such as refugees, asylum seekers as well as those undocumented are not captured within the register. Thus it is not surprising that the number of people at specific age groups may be somewhat lower in the Population Register than that of the Census 2011. Although the quality of the Population Register is affected by incompleteness of both birth and death registrations, it is deemed a credible data source. Comparison by single years is presented in Figure 2.1 below.

Figure 2.1: Number of persons by age, Population Register 2011 and Census 2011



The 2011 Population Register and the Census 2011 data on age distribution seem to be comparable. However, between the two sources of population data, ages above 40 years show that the register had more persons compared to Census 2011. This may reflect under-reporting of the population at these ages. At older ages, the Population Register may include people who should have been removed, such as those that have died but their deaths were not registered, as well as those that have emigrated but were not declared as such. The difference in the two data sources is not as vast as in younger ages.

Although the Population Register may well warrant some further completion estimation, some reasons for the fluctuating age patterns at older ages may point to the ages at which populations are more likely to register as they turn 60 years for elderly security grants.

2.3 Data analysis

There are a number of measures used to indicate an ageing population. These include median ages, proportions of elderly persons, ageing index and dependency ratios. Using these measures further, a bivariate analysis by sex, population group and province was performed. The results focus on levels and patterns of ageing as well as differentials. Profiles of the elderly by demographic, socio-economic and living arrangements and disability were presented. SuperCross and SAS statistical packages were employed to undertake the analysis.

In societies where the population is not homogenous, knowledge of racial characteristics is essential for any analysis of economic and social development. For the purpose of analysis, population groups are categorised as black African, coloured, Indian/Asian and white. In South Africa, analysis by population group remains an important crosscutting variable to better understand and plan for education, employment, health, mortality, fertility, and migration within the country. Investigations by population groups still hold value in monitoring progress towards an equal society in South Africa.

CHAPTER 3: MEASURING AGEING IN SOUTH AFRICA

3.1 Introduction

This chapter details the change in the age and sex structure over the period 1996 to 2011, indicating the manner in which ageing in South Africa is unfolding. Indices of ageing are profiled and implications thereof are discussed.

3.2 Age and sex patterns

The age and the sex structure of the population are the most important demographic characteristics that are captured by the census of a population. Age and sex are two attributes that largely influence an individual's role in society. An attempt is made in this chapter to examine the various aspects of the age and sex composition of South Africans at national, provincial and district levels, using data collected from the 1996, 2001 and 2011 censuses. The age composition of a population is important for several reasons. The proportions of children and older persons have much to do with the balance of national expenditure on schools, childcare, immunisation and reproductive health, in relation to expenditure on old-age social security systems and health care for chronic and degenerative diseases. The ratio of the population aged 65 and older to the working-age population is a fundamental consideration in the design of public pension arrangements.

3.2.1 Sex composition

Sex composition is one of the basic demographic characteristics, and is extremely vital for any meaningful demographic analysis. Changes in sex composition largely reflect the underlying socio-economic and cultural patterns of a society in different ways. Sex ratio is defined here as the number of males per 100 females in the population. It is an important demographic and social indicator that measures the extent of prevailing equity between males and females in a society, and influences directly the incidence of marriage, birth, migration, economic activities, etc. Development programmes may also have a differential impact on the quality of life for both males and females.

3.2.2 Age-sex structure

The age and sex structure of the population in a given society is the interplay between the demographic processes of change (fertility, mortality and migration). Each of the three processes has a predictable impact on the population structure (Weeks, 2008). All other factors being constant, mortality is more prevalent among the very young (under 5 years of age) and the very oldest ages, with male elderly persons more susceptible to death than females. Decline in mortality thus increases the proportion of children surviving, leading to an increase in the population at younger ages. It has also been noted that mortality decline, particularly amongst women at older ages, influences sex structure as there is a higher proportion of elderly women at older ages relative to men. Fertility, on the other hand, has a more dramatic long-term impact on the age structure (Weeks, 2008). For instance, a decline in the birth rate in a given year will translate into fewer people for that age cohort compared to

surrounding ages and vice versa. High fertility levels translate into broad-base pyramids (young age structure) while low fertility levels translate into an old-age structure – an age structure that resembles a barrel shape (Weeks, 2008). Migration also contributes negatively or positively to the age structure and can have a dramatic short-term impact. This may be evident in crisis situations such as the outbreak of war, forcing massive numbers to move from one area to another. However, of the three population change processes, declining fertility is the biggest driver of an increase in the elderly population (Beard et al., 2011).

As highlighted earlier, South Africa has had continuously declining fertility since the introduction of family planning in the country, though with a gentle trend. It is also important to note that South Africa has the lowest total fertility rate in sub-Saharan Africa (Moultrie & Timaeus, 2003; United Nations, 2012). Research continues to show that the total fertility rate (TFR) for all the population groups has declined since the 1930s, though with some disparities (Lutz et al., 2001). The Community Survey 2007 showed that the adjusted total fertility rate for the country was 2,8 births per woman. The black African and coloured populations had TFRs of 2,9 and 2,5 respectively while the Indian/Asian and white population groups recorded the lowest TFR of around 1,4 (Stats SA, 2010).

Figures 3.1 and 3.2 show the South African age and sex structure over a 5-year period (1996–2001) and a 10-year period (2001–2011) respectively. Between 1996 and 2001, there is an increase in the number and proportion of elderly persons aged 60 years and older. Similarly, between 2001 and 2011, the number of elderly people has increased, more so among women. Both pyramids show that the South African population is ageing. The population structures depicted in Figure 3.1 and Figure 3.2 also confirm the feminisation of ageing in South Africa.

Figure 3.1: Population pyramids, censuses of 1996 and 2001

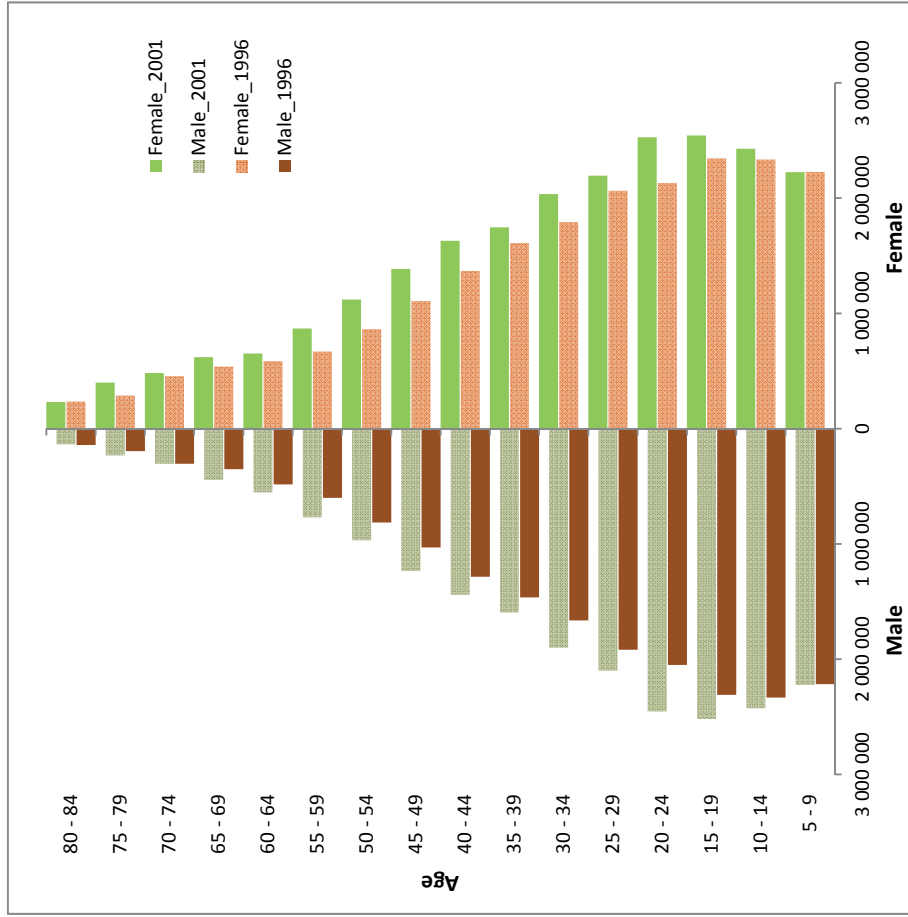
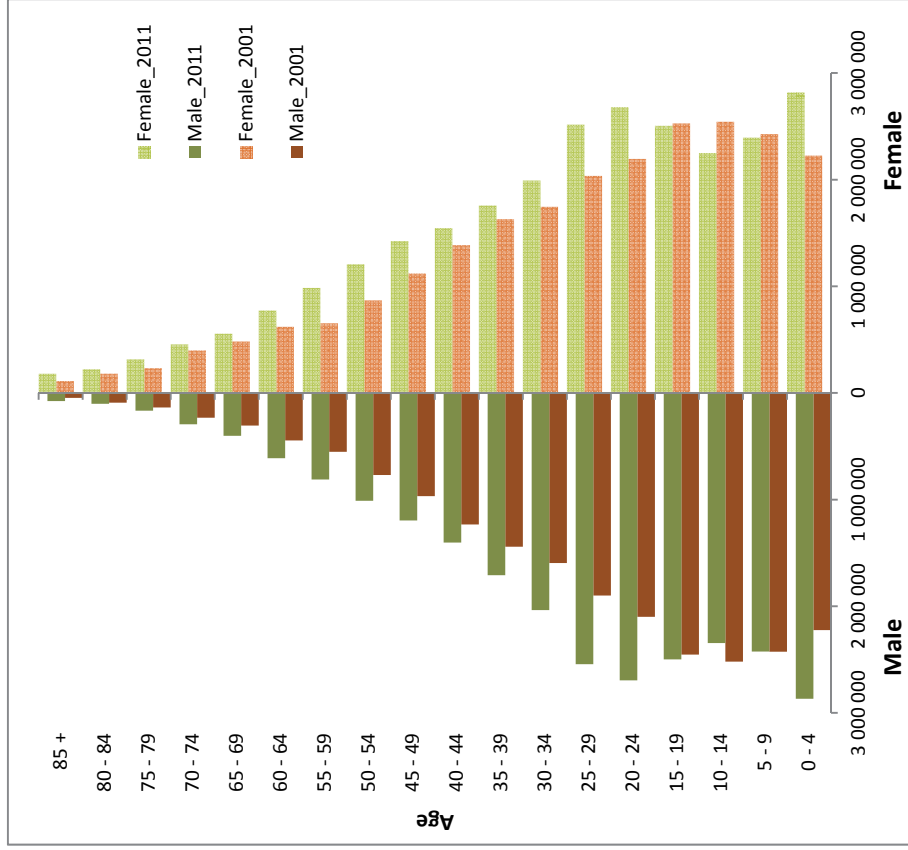


Figure 3.2: Population pyramids, censuses of 2001 and 2011



3.3 Ageing indicators

Globally, there are basic measures of understanding the changing age structure. These include the ageing index, median age, dependency ratios (total, youth and old-age), the potential support ratio and the parent support ratio. The above indicators are commonly used to determine whether a country's population is ageing or not.

3.3.1 Median age

The median age is often used to describe a population as young, old or ageing. Median age under 20 is described as young, 20–29 as intermediate, and 30 and older as old (Shryock, 1976). However, it is important to note that the median age is a summary measure that does not indicate proportions of the elderly relative to young persons and adults, but rather it is the age that splits the population into two equal parts, i.e. half the population is above or below the age. Thus, as the median age rises over time, the population may be said to be ageing.

Table 3.1: Median age by sex, population group and province, censuses of 1996, 2001 and 2011

Sex and population group	Census year and median age		
	1996	2001	2011
Sex			
Male	21	22	24
Female	23	24	26
Total	22	23	25
Population group			
Black African	21	22	24
Coloured	23	24	26
Indian/Asian	26	29	31
White	33	35	38
Total	22	23	25
Province			
Western Cape	25	26	28
Eastern Cape	19	20	22
Northern Cape	22	24	25
Free State	24	24	25
KwaZulu-Natal	21	20	23
North West	22	24	25
Gauteng	27	27	28
Mpumalanga	20	21	23
Limpopo	17	19	21
South Africa	22	23	25

'Other' population group (280 454) category for 2011 has been excluded

3.3.1.1 Median age by sex

The results in Table 3.1 show that South Africa has an intermediate aged population for all census years, with the median age marginally increasing from 22 in 1996, to 23 in 2001 and 25 in 2011. The sex profile shows that the median age in South Africa differs by sex. Generally, the median age for females was higher than that of males. The median age for males increased from 21 years in 1996 to 24 years in 2011, while that of females increased from 23 to 26 years of age. Such sex variations confirm the widely recognised phenomenon of dominance of women in old age (Bloom & Canning, 2008).

3.3.1.2 Median age by population group

Median age by population group shows noticeably high variations. Among black Africans and coloureds, the median age increased by 3 years over the period 1996–2011. The profile of the white and Indian/Asian population groups showed an increase of about 5 years. Overall, the white population group had the highest median age, while the black African population group had the lowest median age, as expected. Interestingly, Census 2011 shows that Indians/Asians have transitioned to an 'old' population – a profile similar to that of the white population group. Between 1996 and 2001, the median age for the Indian/Asian population increased more than that of all other population groups, indicating a higher rate of ageing within the Indian/Asian population over this period. This can be attributed to declining fertility levels to below replacement level as well as increased life expectancy amongst Indians/Asians between 1996 and 2001 (Stats SA, 2010). By 2011, the Indian/Asian and white populations could be categorised as 'old', using Shryock's (1976) definition.

3.3.1.3 Median age by province

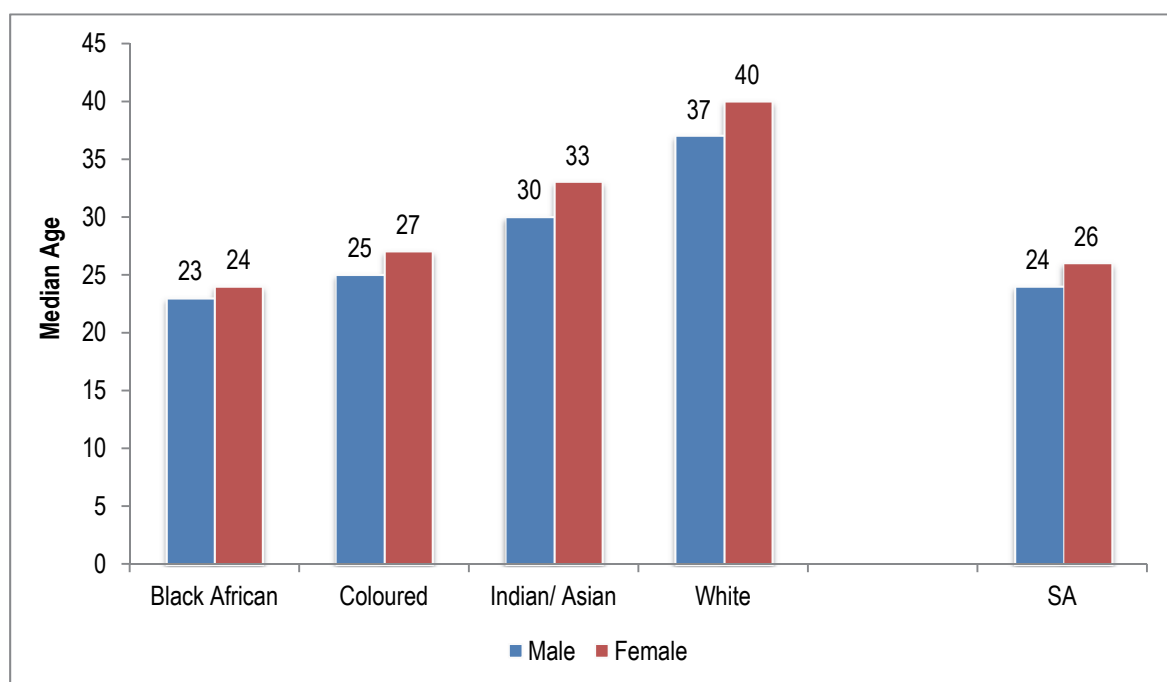
Provincial profiles shown in Table 3.1 indicate that the median age has increased in all provinces of South Africa over time. By 2011, all provinces reflect an intermediately aged population. Over the 15-year period, the provinces of the Eastern Cape and Limpopo transitioned from being categorised as provinces with 'young' populations to that of 'intermediately aged' populations. The results further show that Limpopo had the biggest increase in the median age (4 years), while Free State and Gauteng had an increase of just one year over the 15-year period (Table 3.1). The rise in the median age between 2001 and 2011 within KwaZulu-Natal, Eastern Cape, Mpumalanga and Limpopo indicates a higher rate of ageing within these provinces relative to the other provinces. This may be related to the fact that within these provinces, mainly the elderly are left behind while the working adults seek employment in other provinces.

3.3.1.4 Median age by population group and sex

The results depicted in Figure 3.3 show median ages by population group and sex. In all population groups, median ages were highest for females compared to their male counterparts. Sex variations within population groups show that white females had the highest median age (40 years), followed by Indians/Asians (33 years).

The national median age by sex is close to that of the black African population, given the fact that the majority of the population in South Africa are black African. The higher median age within the white population group relative to that of the black African, coloured and Indian/Asian population groups for all census years, may be attributed to declining fertility and mortality within the white population, and to some extent international migration of adults.

Figure 3.3: Median age by population group and sex, Census 2011



'Other' population group (280 454) category for 2011 has been excluded

3.3.1.5 Median age by province and sex

Figure 3.4 indicates that, with the exception of Gauteng, median ages are higher for females than for males in all provinces. The largest difference in the median age between sexes exists in Limpopo, KwaZulu-Natal and Eastern Cape. The higher female median age may be attributed to higher life expectancy at older ages among women as well as migration patterns that result in fewer men at adult and older ages residing within these provinces

Despite women having higher life expectancies than men, there is a negligible difference in the median age between men and women in the Gauteng and Western Cape provinces. This may be due to migration patterns that result in more men at adult and older ages residing within these provinces. A similar pattern is observed for North West and Mpumalanga provinces. The differences in the median age by sex within these provinces, points to migration patterns that have resulted in not only lower proportions of adults and older people, but specifically male adults and older people.

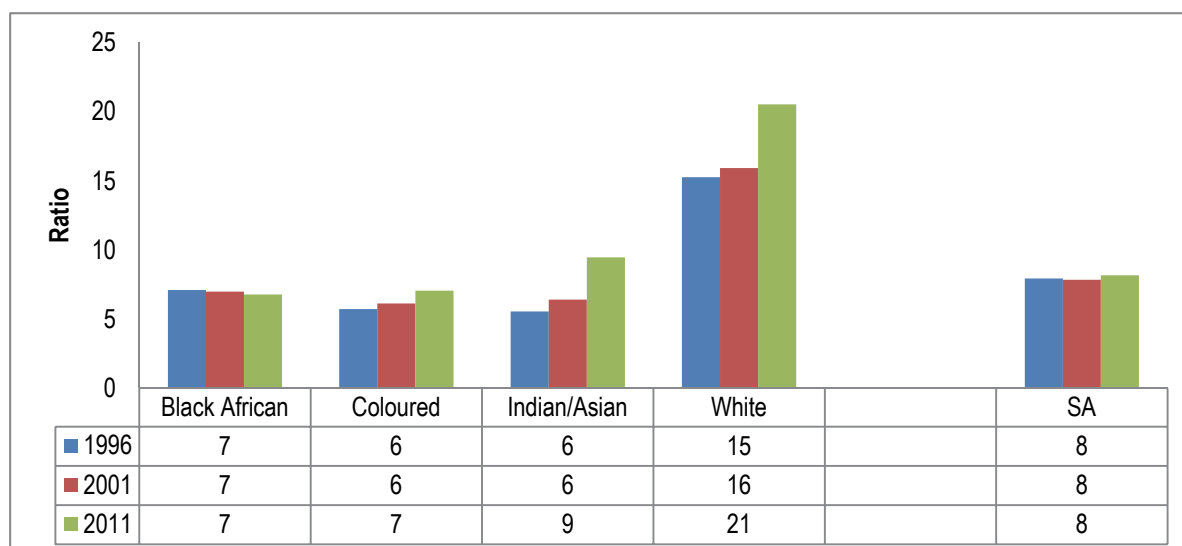
Figure 3.4: Median age by sex and province, Census 2011



3.3.2 Old-age dependency ratios

Dependency ratios provide summary measures of supposed 'dependents' to 'supporters' or 'unproductive' to 'productive' groups. Old-age dependency is a single measure of the proportion of the elderly, non-working, pensionable population aged 65 and older relative to the working population aged 15–64 years of age (World Bank, 2012). Inherent in this measure is the assumption that those aged 15–64 are economically productive and that all individuals aged 65 and older are no longer economically productive. High unemployment rates in South Africa (exceeding 20% in 2011) indicate that a vast proportion of those aged 15–64 were in fact not economically productive (Stats SA, 2011). Also, those aged 65 and older may in fact be living independent lives, receiving income from employment, returns on investments and savings and from private and public pensions. Other measures of dependency based on employment status, recipient of grants, and measure of income may also provide indices of dependency within a population. However, despite its limitations, the old-age dependency ratio based on age is an indicator of current and future levels of economic and social support needed in a society. It highlights changes in the age composition of the population and provides comparability across regions.

Figure 3.5: Old-age dependency ratio by population group, censuses of 1996, 2001 and 2011



'Other' population group (280 454) category for 2011 has been excluded

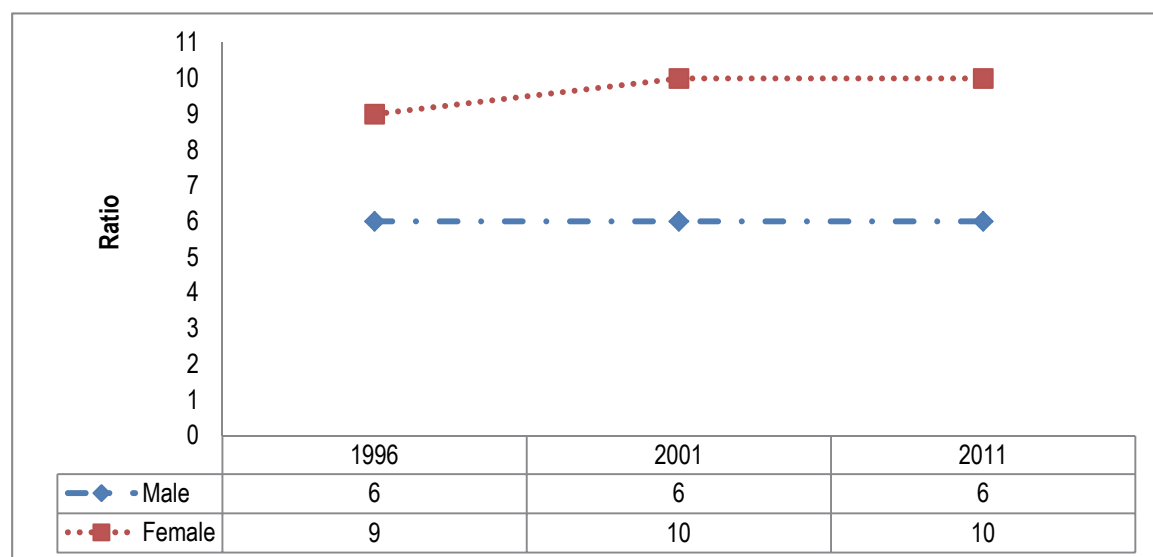
Between 1996 and 2011, there were 8 elderly persons aged 65 and older, for every 100 working-age adults aged 15–64. This is far below the level of more developed countries that are estimated to have old-age dependency ratios of approximately 24 in 2010 (UN, 2013). For developed countries such as Japan, Italy, Sweden, Greece and Germany with old-age dependency ratios above 30, a growing old-age dependency ratio is a matter of concern as public expenditure in terms of health increases whilst the number of productive adults is declining. To address population ageing, policies related to fertility and migration have been implemented in some countries. However, the benefits of migration to the economy are dependent on both the skills and age structure of the migrants; even still, this will only slow the effects of high dependency ratios as migrants will eventually age as well (Henry, 2004; World Bank, 2012). According to the old-age dependency ratio, South Africa is a relatively young population, with sufficient working-age adults to provide support to the elderly in the country. The lack of change in the old-age dependency ratio between 1996 and 2011 indicates that no significant change in the overall age distribution among those aged 15 and older has occurred within the past 15 years.

However, when determining the old-age dependency ratios by population group, the figure above immediately brings attention to the far higher dependency ratio within the white population, more than double that of the majority black African population for all census years. By 2011, for every 100 working-age white adults there were 21 elderly persons requiring support; however, within the black African population, there were only seven black African elderly persons requiring support for every 100 working-age adult black Africans. The higher old-age dependency ratio amongst the white population provides an indication of the increased burden of care in terms of family and economic support experienced among the white adults. The figure also shows that between 2001 and 2011, the old-age dependency ratio within the white population increased by 5 percentage points, indicating a higher rate of increase compared to all other population groups.

Crudely, the analysis of old-age dependency by population group provides an indication of the greater potential support required by a growing proportion of elderly whites relative to the adult working-age population. This measure, however, says nothing of the differing socio-economic vulnerability of elderly persons by population group. In South Africa, higher levels of deprivation and poverty are experienced among the black African elderly when compared to all other population groups (see Chapter 5). Thus, despite there being a higher proportion of elderly persons to working-age adults, the elderly white in South Africa are often in a better financial position to care for themselves than all other population groups. Also, the capacity for potential support indicated in the proportion of working-age adults, assumes there is equality across population groups, when in reality, the unemployment rate is highest amongst the black African population. Thus, ability of the working black African population to provide socially and economically for the elderly is constrained by the high levels of unemployment, low wage earnings, high risk jobs and lower life expectancies. In South Africa, the presence of skip-generation households, attributed to the high HIV/AIDS prevalence among black Africans as well as migration, creates a greater level of financial, social and physical vulnerability among the elderly, as they are burdened with providing physical care for those that are ill due to HIV, as well as caring for those orphaned due to HIV (Munthree and Maharaj, 2010; Madhavan and Schatz, 2007; Schatz and Ogunmefun, 2007).

Among the black African and coloured population groups, the old-age dependency ratio has remained fairly low for all census years. However, in the last 10 years, between 2001 and 2011, the proportion of the elderly relative to working-age adults (15–64) has increased by 3 percentage points amongst the Indian/Asian population group, indicating a higher burden of family support and care for the elderly.

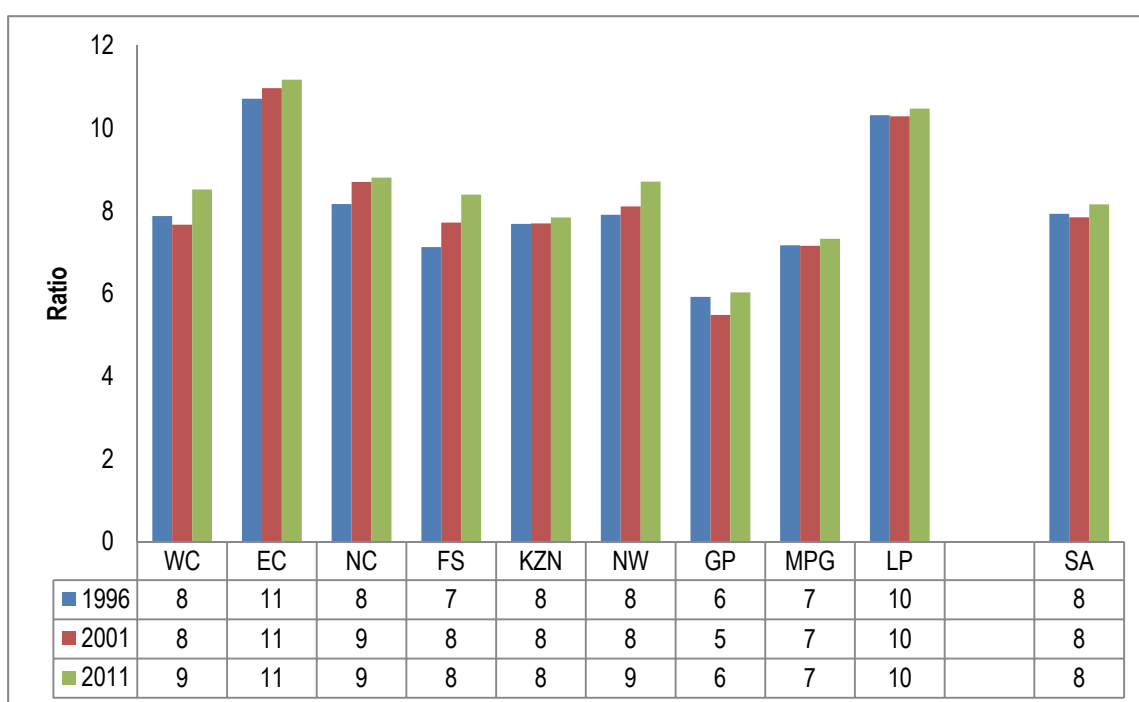
Figure 3.6: Old-age dependency ratios by sex, censuses of 1996, 2001 and 2011



According to Figure 3.6, the old-age dependency ratio is higher among women than men for all census years, with an increase among women between 1996 and 2011 to 10 elderly women per 100 working-age women. The higher old-age dependency ratio among women relative to men points not only to the higher survival of women relative to men, but is also an indication of increased loss of women in the working age 15–64. Between 2001

and 2011, the resultant effect of HIV and AIDS was the higher number of deaths of women of reproductive age relative to men.

Figure 3.7: Old-age dependency ratio by province, censuses of 1996, 2001 and 2011



The old-age dependency ratio as shown in the above figure does show relatively stable old-age dependency ratios across provinces and South Africa over the 15-year period from Census 1996 to Census 2011. Eastern Cape and Limpopo provinces had higher old-age dependency ratios between 1996 and 2011. Marginal increases in the old-age dependency can be noted in the Western Cape, North West and Gauteng between 2001 and 2011.

3.3.3 Ageing index

The increase in the proportion of people at older ages can dramatically affect the social, economic and political structures at play within a country. The ageing index, which is the number of persons aged 65 and older per hundred persons aged 0–14, indicates the level of future family and economic support, in relation to the needs of the elderly persons (WHO, 2012). An increase in the ageing index indicates the need for a shift in policy that calls for more long-term care facilities as opposed to schools, but also the need for policy change to address the eventual gap that will arise from a declining workforce and a growing elderly age group. Countries with high ageing indices, such as France, Germany, Poland, and Sweden have had to institute policies and programmes to provide for the growing proportions of elderly persons through better social welfare systems, health systems and long-term care institutions (Grant et al., 2004, Kinsella & Velkoff, 2001). Countries seeking to address the unsustainable population age structures have adopted shifts in policies that are intended to increase fertility via child support grants, extended maternity leave, provision of benefits to working mothers, etc., as well as through

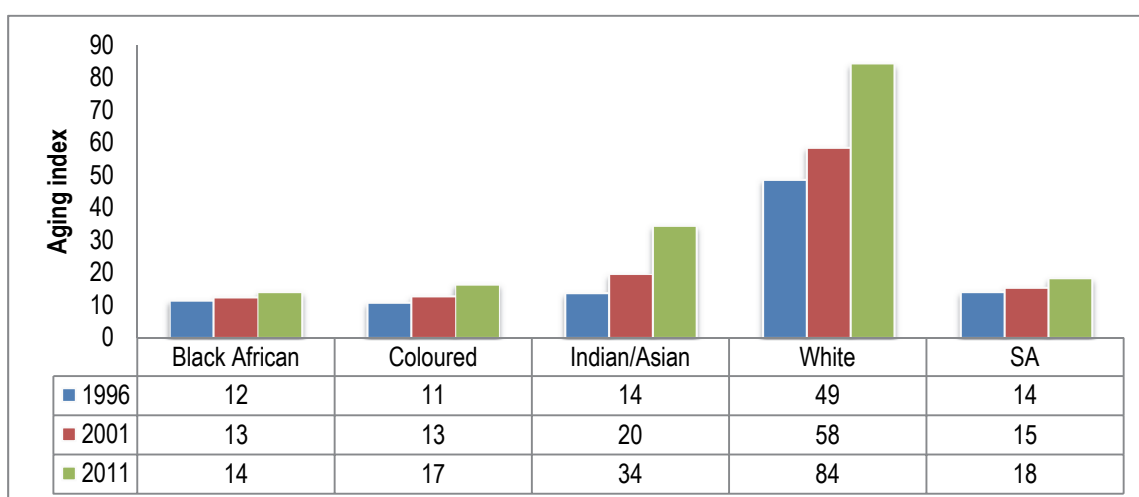
relaxed or pro-immigration policies that encourage the immigration of working-age people into the country (Grant et al., 2004).

The socio-economic impact of ageing is greatly affected by the pace of ageing within a country, which can be determined by the change in the ageing index over time (Dlugosz, 2003).

There has been a marginal increase in the ageing index in South Africa over time; however, the index is far below that of more developed countries. Figure 3.8 shows that between 2001 and 2011, there were approximately 18 elderly persons aged 65 and older per 100 children aged 0–14 years. This can be attributed to declining fertility and the increasing number and proportion of the elderly aged 65 and over.

The ageing index by population group reveals the vastly different age structures between population groups, more specifically between the white population and other population groups. By 2011, the ageing index amongst the white population was 84, whilst the national average was 18. The ageing index for the Indian/Asian population group increased twofold (from 14 to 34) and that of white population group almost doubled (49 to 84). The increase in the ageing index is reflective of a higher rate of decline in fertility and an increase in survival for two population groups compared to other population groups. The white population exhibited an ageing index of a more developed country as early as 1996. Having a significantly higher proportion of elderly persons to children signifies the future burden of care as well as the decline in future family support within the white population group. Black African population group showed the lowest proportion of elderly persons relative to children (aging index) over the period 1996-2011. Results further show that there has been marginal increase in the ageing index for both black African and coloured population groups.

Figure 3.8: Ageing index by population group, censuses of 1996, 2001 and 2011

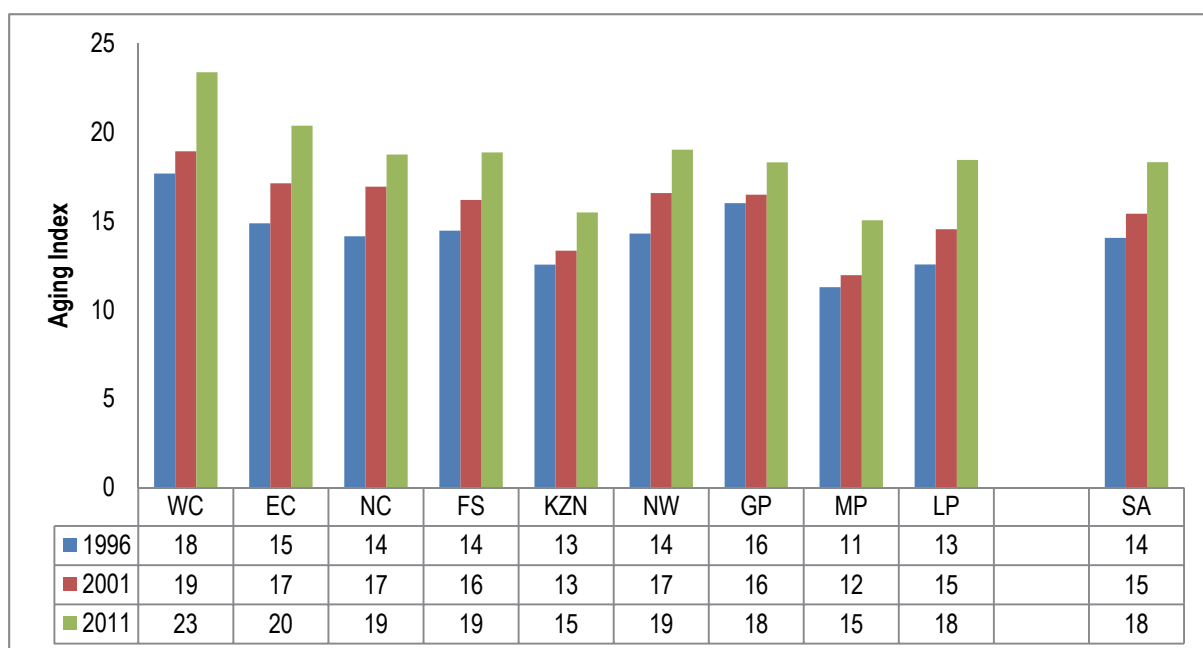


*Other' population group (280 454) category for 2011 has been excluded

The ageing index across all provinces as indicated in Figure 3.9 reflects that of a youthful population. Provinces with the highest ageing index include the Western Cape (23) and Eastern Cape (20), indicating that those provinces have higher proportions of elderly persons to children relative to all other provinces. KwaZulu-Natal

and Mpumalanga provinces have consistently recorded the lowest ageing index since 1996. Between 2001 and 2011, there was an increase in the ageing index over all provinces in South Africa.

Figure 3.9: Ageing index by province, censuses of 1996, 2001 and 2011



This chapter provided indicators on aging and differentials by sex, population group and provinces. The next chapter presents the results pertaining to demographic profiles of older persons over the period 1996–2011.

CHAPTER 4: DEMOGRAPHIC PROFILE OF ELDERLY PERSONS

4.1 Introduction

As more people live longer, there is a need to plan economically and socially for an extended period of life of dependency of elderly persons. Ageing entails retirement, frailty and chronic illness in the face of reduced earning capacity for most, if not all, elderly persons. As the number of elderly persons increases, one of the consequences is that retirement pensions and other social benefits such as the old-age grant have to extend over a longer period of time. Social security systems in South Africa will need to change substantially to become sustainable (Creedy, 1998; Bravo, 1999). Understanding the demographic profile of the elderly and the change thereof is imperative for future planning for not only the elderly, but also to address the country's future responsibilities in relation to addressing the needs of this vulnerable population group.

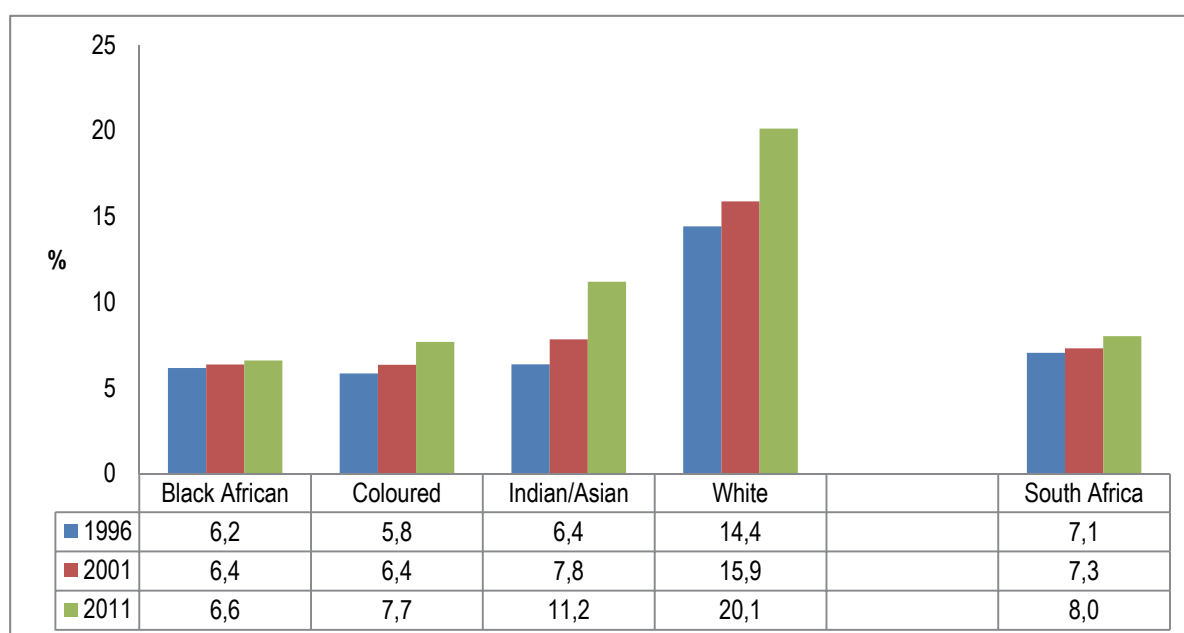
Table 4.1 shows the number of elderly people in South Africa by population group in the three censuses conducted after the inception of the democratic rule. Over the period, the number of people aged 60 and older has increased for all population groups. Although the largest number of older people in South Africa are black Africans for all census years (from 1,9 million in 1996 to 2,3 million in 2001 and 2,7 million in 2011), the largest growth is evident among the Indian/Asian population group, where between 1996 and 2011 the number of Indian/Asians has more than doubled.

Table 4.1: Number of elderly persons aged 60 years and older by population group, censuses of 1996, 2001 and 2011

Population group	1996	2001	2011
Black African	1 898 156	2 257 383	2 709 716
Coloured	208 846	253 716	354 946
Indian/Asian	66 103	87 400	144 141
White	630 328	682 005	923 366
Total	2 803 433	3 280 504	4 132 169

'Other' population group (280 454) category for 2011 has been excluded

Figure 4.1: Proportion of elderly persons aged 60 years and older within each population group, censuses of 1996, 2001 and 2011



'Other' population group (280 454) category for 2011 has been excluded

Figure 4.1 presents the proportion of elderly persons aged 60 years and older relative to those aged 59 and younger within each population group. This proportion reflects not only the percentage of those aged 60 years and older, but is also indicative of the proportion of the adult and child proportions within each population group. In 1996, the proportion of white older people relative to white adults and children (14,4%) was far higher than the proportion of elderly black Africans relative to black African adults and children (6,2%). Although the proportion of the elderly in all population groups has increased over time, there were noticeable differences in the growth of the elderly proportion within each population group. Between 1996 and 2011, the proportion of elderly persons increased for whites and Indians/Asians by 5,7 percentage points and 4,8 percentage points respectively. The proportion of elderly persons increased for coloureds and black Africans by 1,9 percentage points and 0,4 percentage points respectively.

The findings paint a picture of the differing patterns of ageing among population groups in South Africa. Whites and Indians/Asians are ageing faster relative to black Africans and coloureds. This can be attributed to the differing fertility and mortality patterns across population groups in South Africa (Statistics South Africa, 2010). Between 1996 and 2011, there has been a general decline in the total fertility rate among all population groups, more pronounced for the white and Indian/Asian population groups. In contrast the life expectancy among whites and Indians/Asians has increased more so than their black African and coloured counterparts.

Table 4.2: Number of elderly persons by five-year age group and sex, censuses of 1996, 2001 and 2011

Age group	Census 1996			Census 2001			Census 2011		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
60–64	352 053	538 483	890 536	444 510	620 784	1 065 294	612 364	773 404	1 385 768
65–69	304 013	454 874	758 887	304 763	483 164	787 927	401 548	556 256	957 805
70–74	195 119	287 044	482 163	232 547	398 922	631 469	293 498	454 832	748 331
75–79	141 844	235 583	377 428	136 436	231 101	367 537	165 283	315 984	481 267
80–84	62 072	116 831	178 902	90 835	180 111	270 945	100 694	222 222	322 916
85+	43 230	94 054	137 284	45 907	111 425	157 333	75 543	180 130	255 673
Total	1 098 332	1 726 869	2 825 201	1 254 999	2 025 506	3 280 505	1 648 930	2 502 829	4 151 759

Table 4.2 shows that the number of elderly persons aged 60 years and older has increased from 2,8 million in 1996 to 4,1 million in 2011. The number of females has over time remained higher than that of males.

Table 4.3: Percentage distribution of elderly persons aged 60 years and older by age and sex, censuses of 1996, 2001 and 2011

Age group	Census 1996			Census 2001			Census 2011		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
60–64	32,1	31,2	31,5	35,4	30,6	32,5	37,1	30,9	33,4
65–69	27,7	26,3	26,9	24,3	23,9	24,0	24,4	22,2	23,1
70–74	17,8	16,6	17,1	18,5	19,7	19,2	17,8	18,2	18,0
75–79	12,9	13,6	13,4	10,9	11,4	11,2	10,0	12,6	11,6
80–84	5,7	6,8	6,3	7,2	8,9	8,3	6,1	8,9	7,8
85+	3,9	5,4	4,9	3,7	5,5	4,8	4,6	7,2	6,2
Total	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0

Across all census years, i.e. 1996, 2001 and 2011, the age group 60–64 constituted the largest proportion of elderly persons, followed by age group 65–69, whilst the age group 85+ constituted the smallest proportion. In 1996 there was a higher proportion of males aged 60–74 than there were females in the same age bracket. However, by 2011, the proportion of females aged 70 years and older was higher than that of males, a pattern that points to female longevity.

4.2 Projected number of the elderly by 2030

The number of elderly persons in South Africa is envisaged to continue to grow. Hence, it is imperative that necessary proactive policies are formulated to cater for the needs of this growing number. Policies and programmes related to health and subsequently mortality and fertility will make a difference to future population trends. For the purpose of understanding ageing trends, a forecast for the age and sex structure of South Africa to 2030 was developed. The trends in the population structure are based on the age and sex distributions by population groups in the censuses of 1996, 2001 and 2011. Population size and structure in-between the censuses were derived using intercensal population growth rates. The assumption is that this average growth rate will remain constant until 2030. Using this simple method of projecting the elderly population, the rate of fertility, mortality and migration have been held constant between 2011 and 2030.

Table 4.4: Projected number of elderly persons aged 60 years and older between 1996 and 2030 by population group

Year	Population group									
	Black African		Coloured		Indian/Asian		White		Total	
	N	%	N	%	N	%	N	%	N	%
1996	1 898 156	6,2	208 846	5,8	66 103	6,4	630 328	14,4	2 803 433	7,1
1997	1 995 730	6,2	219 805	5,9	70 766	6,6	652 193	14,7	2 938 494	7,1
1998	2 056 967	6,2	227 655	6,0	74 477	6,9	659 471	15,0	3 018 570	7,2
1999	2 120 082	6,3	235 785	6,1	78 383	7,2	666 829	15,3	3 101 080	7,2
2000	2 185 134	6,3	244 206	6,2	82 494	7,5	674 270	15,6	3 186 105	7,3
2001	2 257 383	6,4	253 716	6,4	87 400	7,8	682 005	15,9	3 280 504	7,3
2002	2 299 680	6,4	262 355	6,5	91 814	8,1	702 990	16,3	3 356 839	7,4
2003	2 342 769	6,4	271 289	6,6	96 451	8,4	724 620	16,7	3 435 129	7,5
2004	2 386 666	6,4	280 526	6,7	101 322	8,7	746 917	17,1	3 515 431	7,5
2005	2 431 385	6,5	290 078	6,8	106 440	9,0	769 899	17,5	3 597 802	7,6
2006	2 476 942	6,5	299 956	7,0	111 815	9,3	793 588	17,9	3 682 301	7,7
2007	2 523 353	6,5	310 169	7,1	117 463	9,7	818 006	18,3	3 768 991	7,7
2008	2 570 633	6,5	320 731	7,2	123 395	10,0	843 176	18,7	3 857 935	7,8
2009	2 618 799	6,6	331 652	7,4	129 627	10,3	869 120	19,2	3 949 198	7,9
2010	2 667 868	6,6	342 945	7,5	136 174	10,7	895 862	19,6	4 042 849	7,9
2011	2 722 572	6,6	356 639	7,7	144 827	11,2	927 721	20,1	4 151 759	8,0
2012	2 789 848	6,6	369 079	7,8	152 282	11,6	947 170	20,5	4 258 379	8,1
2013	2 858 786	6,7	381 953	8,0	160 121	12,0	967 026	21,0	4 367 887	8,2
2014	2 929 428	6,7	395 276	8,1	168 364	12,5	987 299	21,4	4 480 367	8,2
2015	3 001 815	6,7	409 064	8,2	177 030	12,9	1 007 997	21,8	4 595 906	8,3
2016	3 075 991	6,8	423 333	8,4	186 143	13,4	1 029 129	22,3	4 714 596	8,4
2017	3 152 000	6,8	438 099	8,5	195 725	13,9	1 050 703	22,7	4 836 528	8,4
2018	3 229 887	6,8	453 381	8,7	205 800	14,4	1 072 730	23,2	4 961 799	8,5
2019	3 309 699	6,9	469 196	8,8	216 394	14,9	1 095 219	23,6	5 090 508	8,6
2020	3 391 483	6,9	485 562	9,0	227 533	15,4	1 118 179	24,1	5 222 758	8,6
2021	3 475 288	6,9	502 499	9,1	239 246	15,9	1 141 621	24,6	5 358 654	8,7
2022	3 561 164	7,0	520 027	9,3	251 561	16,5	1 165 554	25,0	5 498 306	8,8
2023	3 649 161	7,0	538 167	9,4	264 511	17,0	1 189 989	25,5	5 641 827	8,8
2024	3 739 334	7,0	556 939	9,6	278 127	17,6	1 214 936	26,0	5 789 334	8,9
2025	3 831 734	7,1	576 366	9,8	292 444	18,2	1 240 405	26,5	5 940 949	9,0
2026	3 926 418	7,1	596 470	9,9	307 498	18,8	1 266 409	27,0	6 096 795	9,1
2027	4 023 441	7,2	617 276	10,1	323 326	19,5	1 292 958	27,5	6 257 002	9,1
2028	4 122 862	7,2	638 808	10,3	339 970	20,1	1 320 064	28,0	6 421 703	9,2
2029	4 224 739	7,2	661 090	10,4	357 470	20,8	1 347 738	28,6	6 591 038	9,3
2030	4 329 134	7,3	684 150	10,6	375 871	21,5	1 375 992	29,1	6 765 148	9,3

Note : - Cases of elderly persons reported as "Other population group" were prolated

Source: - Numbers projected based on intercensal growth rates between Censuses 1996 - 2001 and 2001- 2011

Table 4.3 shows that the projected number of black African elderly will be the highest between 1996 and 2030 compared to other population groups. This is an outcome of trends in fertility and mortality experienced in the past as highlighted earlier in Chapter 1. The projected number of elderly whites, though far lower than that of black Africans, is significantly higher than that of the coloureds and Indians/Asians. Despite South Africa having a higher number of elderly black African persons, the proportion of the black population aged 60 and older is far lower than that of the

white, coloured and Indian/Asian population groups. By 2030, the white population group will have a higher percentage of elderly aged 60 and older (29%). Declining fertility rates among the Indian/Asian, coloured and white population groups, evident between 1996 and 2011, coupled with increasing life expectancies among these population groups within this period, will lead to a larger proportion of elderly within these population groups (Sibanda & Zuberi, 2005; Udjo, 2005; Stats SA, 2010; Stats SA, 2013).

4.3 Sex patterns

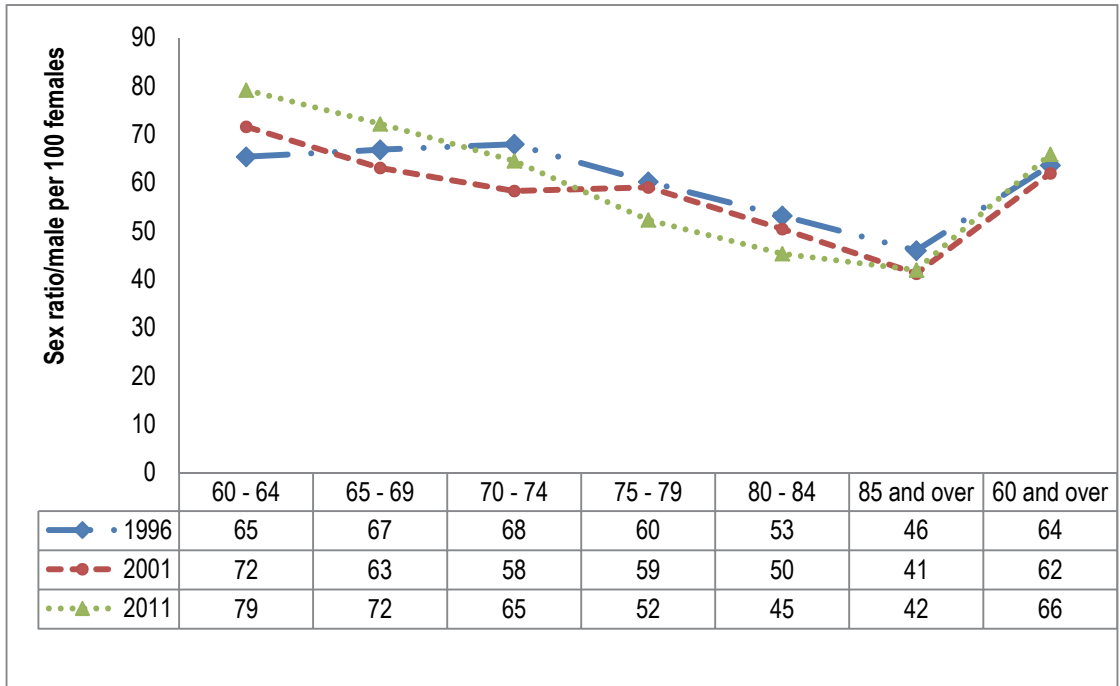
Sex ratio is a key measure of sex composition as it provides the number of males for every 100 females. A ratio above 100 shows the predominance of males over females (Weeks, 2008). Globally, the sex ratio at birth is approximately 107 males per 100 females (World Bank, 2011). With an increase in age, there is often a change in sex ratios. Age-specific sex ratios indicate patterns of mortality of males relative to females at specific ages. Mortality due to maternal deaths, conditions of work, prevalence and progression of diseases may result in higher rates of male or female mortality at specific ages, thereby influencing age-specific sex ratios. However, at ages 60 and older, sex ratios favour women in most countries due to longevity of women. At a global level, the decline in the sex ratio amongst the elderly is due to male mortality exceeding female mortality at older ages.

4.3.1 Sex ratios by age

In South Africa, census data suggest that among elderly persons aged 60 and older, the population is predominantly female (Figure 4.2). In 1996, there were 64 elderly men per 100 elderly women. By 2001, there was a marginal decline (62 elderly men per 100 elderly women). By 2011, there was an increase in the overall sex ratio (66 men per 100 women). This suggests a slight improvement in the health of elderly men in South Africa.

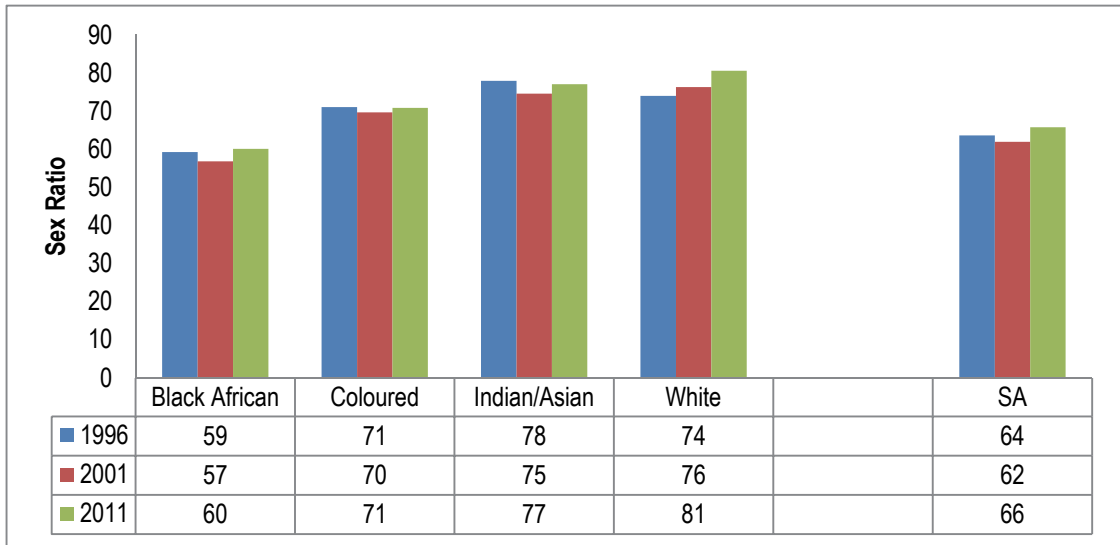
Figure 4.2 also shows that there was a decline in the excess of females among those aged 60–64 and 65–69 over the fifteen-year period. The results are indicative of increased survival of males to ages 60–69. However, among those aged 70 and older, there is an increase in the excess of females. The sex ratio declined significantly amongst those aged 75–79 and 80–84 over time, and even more so by 2011. The decline in the sex ratio reflects the continued feminisation of ageing that is experienced among the oldest of the old, with low sex ratios among those aged 85 and older in all census years and lowest by 2011. Despite international and national efforts to narrow the gender gap, sex ratios at older ages point to the disparities in life expectancies among older men and women in South Africa. Among elderly persons aged 85 years and older, the sex ratio declined from 46 in 1996 to 41 in 2001, and then slightly increased to 42 by 2011.

Figure 4.2: Sex ratios among the elderly by age group, censuses of 1996, 2001 and 2011



4.3.2 Sex ratios by population group

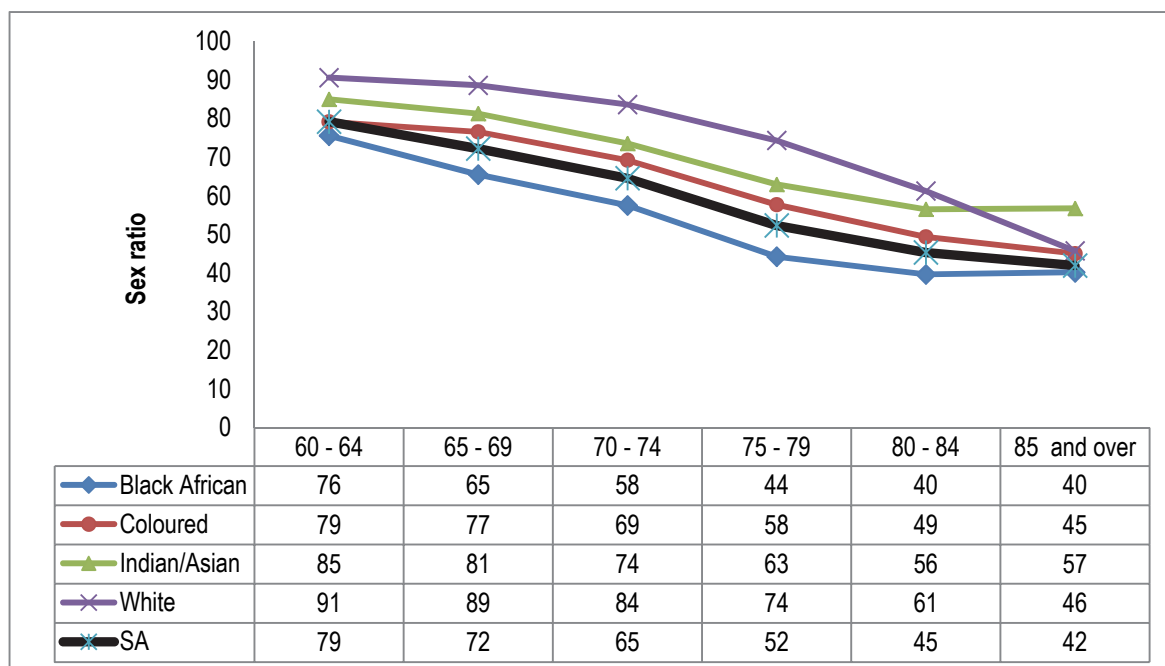
Figure 4.3: Sex ratios among the elderly by population group, censuses of 1996, 2001 and 2011



'Other' population group (280 454) category for 2011 has been excluded

Figure 4.3 presents sex ratios of the elderly by population group over the period 1996–2011. The results show that generally, there were more elderly females than elderly males in all population groups. The increase in the sex ratio from 74 in 1996 to 81 in 2011 for the white population group may be attributed to higher life expectancy amongst white men, relative to elderly coloured, Indian/Asian and black African men.

Figure 4.4: Age-specific sex ratios among the elderly by population group, Census 2011



'Other' population group (280 454) category for 2011 has been excluded

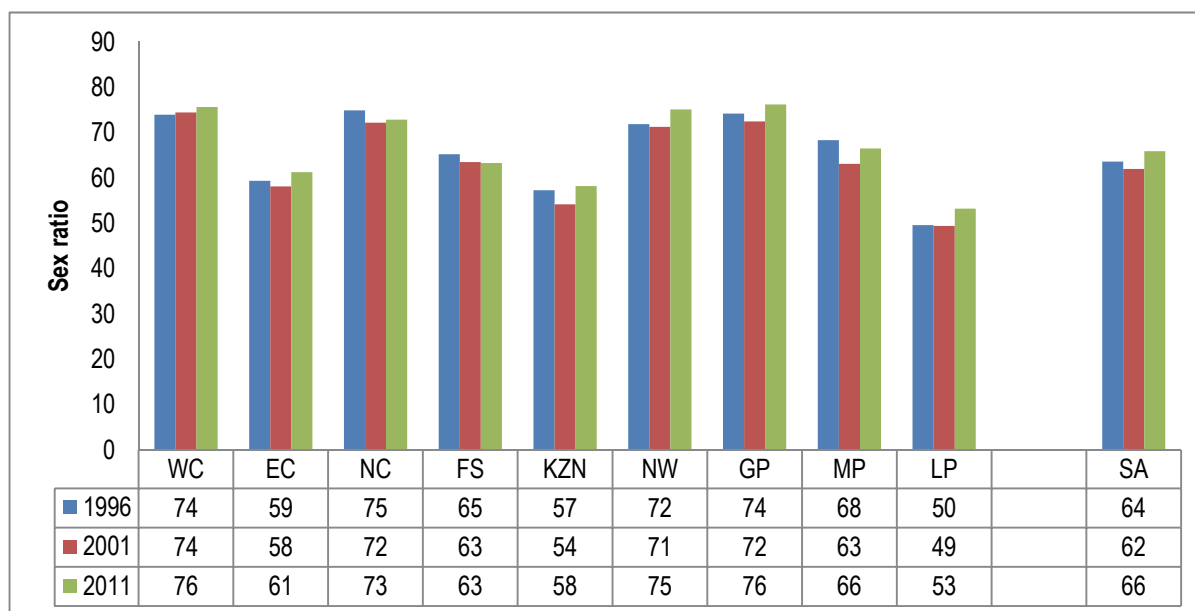
Figure 4.4 shows the sex ratio among the elderly by age category. At younger ages (60–64, 65–69) the white elderly population group has the highest sex ratios, with as many as 89 white elderly men aged 65–69 for every 100 elderly females of the same age. Black Africans have the lowest sex ratios when compared to all population groups at all age intervals. This may be attributed to differing patterns of mortality among men and women, within and across population groups. Amongst the white population, the sex ratio remained relatively stable among the elderly aged 60–69 years of age. However, by age 70 and older, sex ratios within the white population group declined significantly with age, such that by age 85 and older, the sex ratio for whites declined to levels of that of the coloured population. Amongst the Indian/Asian oldest of the old (85 and older), there were 57 elderly men for every 100 elderly women of the same age, far higher than that of all other population groups, including whites. Such a pattern is reflective of marginal change in mortality between the two sexes among Indians/Asians after 80 years of age. The Indian/Asian sex ratio among the elderly aged 85 and older is well above the national sex ratio, indicating the high proportion of the elderly men aged 85 and older within the Indian/Asian population.

4.3.3 Sex ratios by province

Figure 4.5 shows the sex ratio among elderly persons aged 60 years and older by province for the three censuses. The Western Cape, Gauteng and North West provinces show the highest sex ratios among the elderly in 1996, 2001 and 2011. The provinces with the lowest sex ratios between 1996 and 2011 were Limpopo, Eastern Cape and KwaZulu-Natal. These provinces have been and continue to be provinces of either migration destination or departure, affecting the age structure. For example, higher sex ratios in Gauteng and Western Cape may be attributed to the documented migration of men in search of employment in mainly male-selective sectors such as mining, construction and manufacturing, which are prevalent within these provinces. In contrast, high levels of past out-migration of adult

males from Limpopo, KwaZulu-Natal and Eastern Cape to other provinces have resulted in lower sex ratios among the elderly. With the exception of the Northern Cape, Free State and Mpumalanga, sex ratios improved between 1996 and 2011. The increase in the sex ratio for North West province, popularly known as the 'platinum' province and dominated by mining as the major economic activity, may be attributed to in-migration of males to work in the mines (Strokes & Preston, 2012).

Figure 4.5: Sex ratios among the elderly by province, censuses of 1996, 2001 and 2011



The differing sex ratios by province point to past age-specific patterns of mortality and migration that result in fewer men at age 60 and older residing in specific provinces (Strokes & Preston, 2012). The role of out-migration at prime years from previous underdeveloped homelands cannot be underestimated in determining the provincial variations in sex ratios we see in Figure 4.5. It is likely that provinces with low sex ratios were highly involved in the migrant labour system that tended to be male-selective. Because former homelands continue to be underdeveloped, retired migrant workers probably choose not to return home, thus contributing to the high sex ratios we see in destination provinces.

4.4 Distribution of elderly persons by province

Determining the percentage of the population aged 60 and older within each province provides an indication of the extent to which individual provinces are ageing over time. The distribution of the elderly by province has a number of implications on resources and funds available within each province in meeting the needs of the elderly. Identifying the proportions of the elderly within each province assists in making the necessary health, education, poverty, and housing services available to elderly persons and is therefore particularly important for provincial planning.

Table 4.5: Number of elderly persons aged 60 years and older by province, censuses of 1996, 2001 and 2011

Province	1996	2001	2011
Western Cape	301 942	352 984	520 784
Eastern Cape	519 158	578 553	638 224
Northern Cape	73 824	80 182	98 391
Free State	178 432	197 785	228 789
KwaZulu-Natal	567 162	664 998	779 377
North West	187 944	225 269	292 393
Gauteng	482 491	577 506	842 281
Mpumalanga	182 742	212 101	284 156
Limpopo	331 506	391 128	467 363
South Africa	2 825 201	3 280 505	4 151 759

The results in Table 4.5 show that the highest number of elderly persons between 1996 and 2011 were found in KwaZulu-Natal, Gauteng and the Eastern Cape. KwaZulu-Natal had the highest number of elderly persons in South Africa in 1996 and 2001 (567 162 and 664 998 respectively). However, by 2011, Gauteng had the highest number (842 281). The increase in the number of elderly persons in Gauteng is driven mainly by the ageing of those aged 50–59 years over the 10-year period 2001–2011. Provincial profiling of elderly persons allows us to identify spatial concentrations of the elderly and plan accordingly to cater for their needs.

Figure 4.6: Proportion of elderly persons aged 60 years and older by province, censuses of 1996, 2001 and 2011

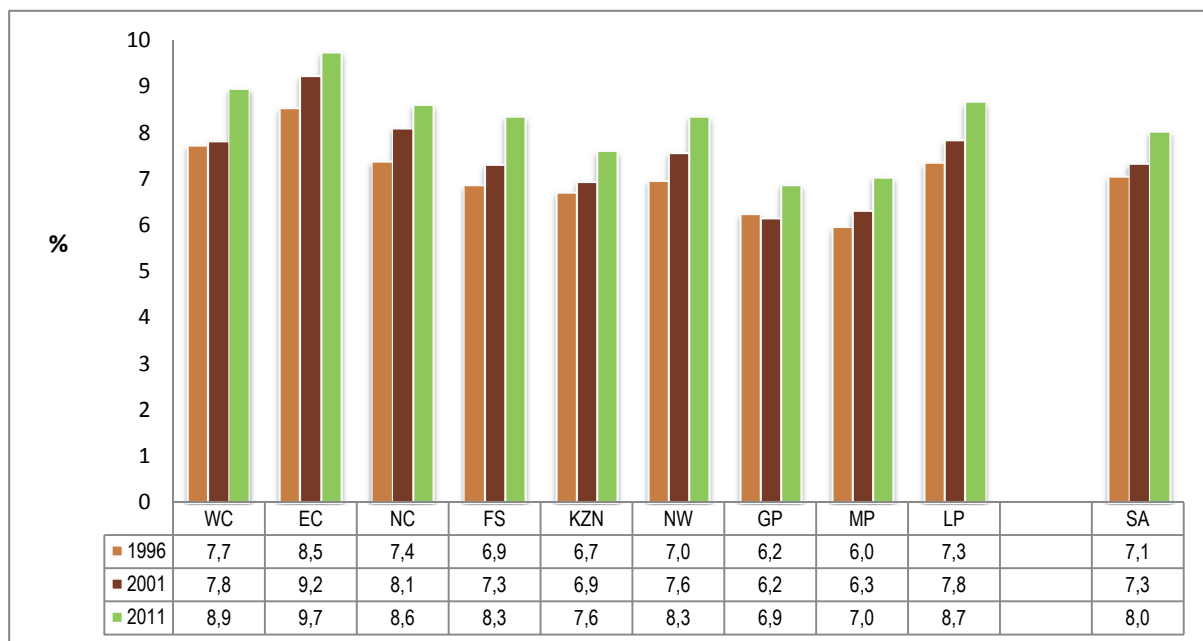


Figure 4.6 depicts the proportion of the population aged 60 years and older relative to those aged zero to 59 years within each province for the three censuses. Generally, the proportions of elderly persons in South Africa and within each province show an upward trend, indicating a shift in age distribution within all provinces towards older ages.

In Census 2011, the highest proportion of elderly persons relative to the younger population was recorded in Eastern Cape (9,7%), followed by Western Cape (8,9%) and Limpopo (8,7%). The results further show that three provinces, i.e. KwaZulu-Natal, Mpumalanga and Gauteng, recorded proportions of elderly persons lower than that of the national figure (8,0%).

Figure 4.7: Percentage distribution of elderly persons aged 60 years and older by province, age and sex, Census 2011

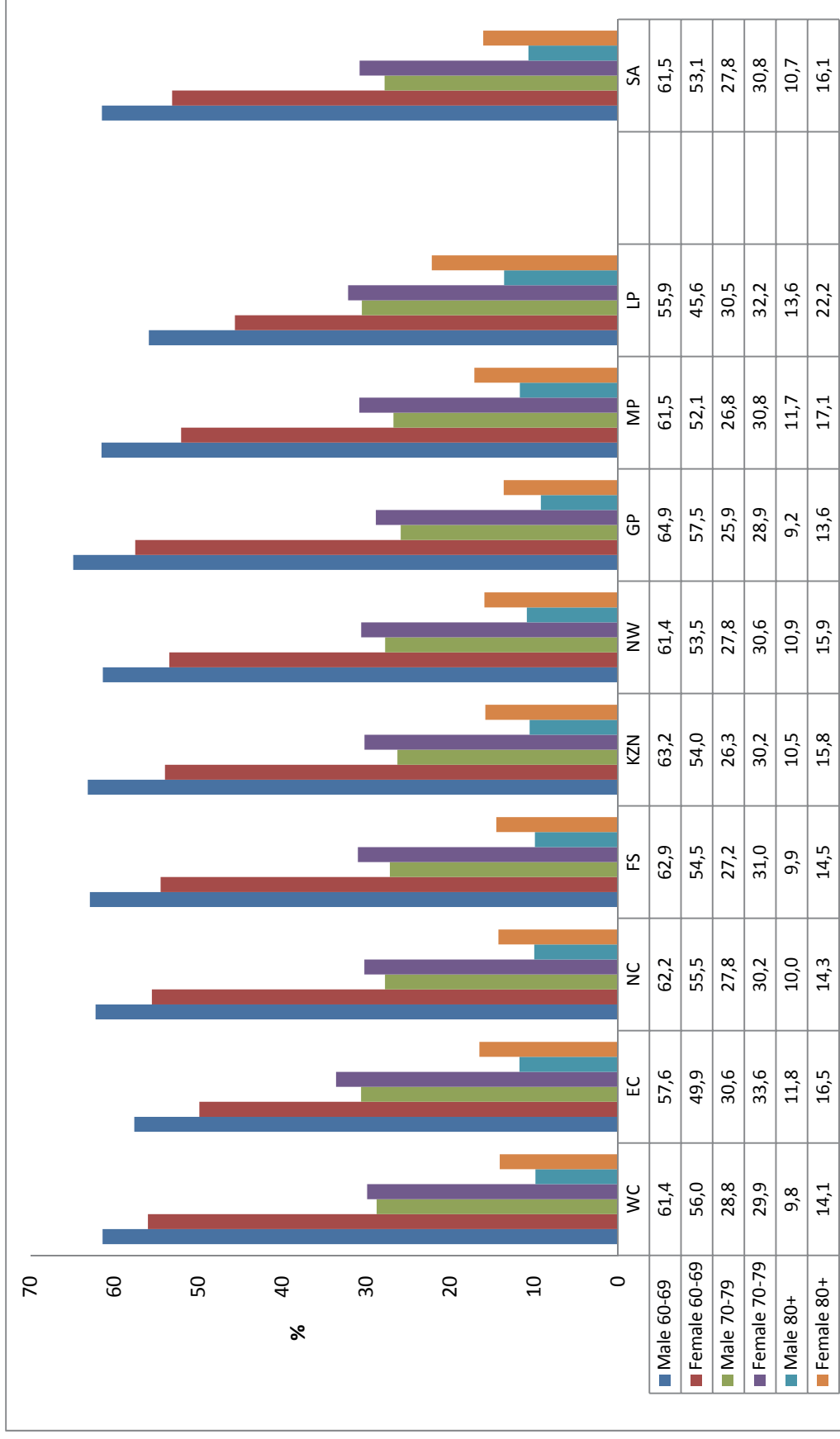
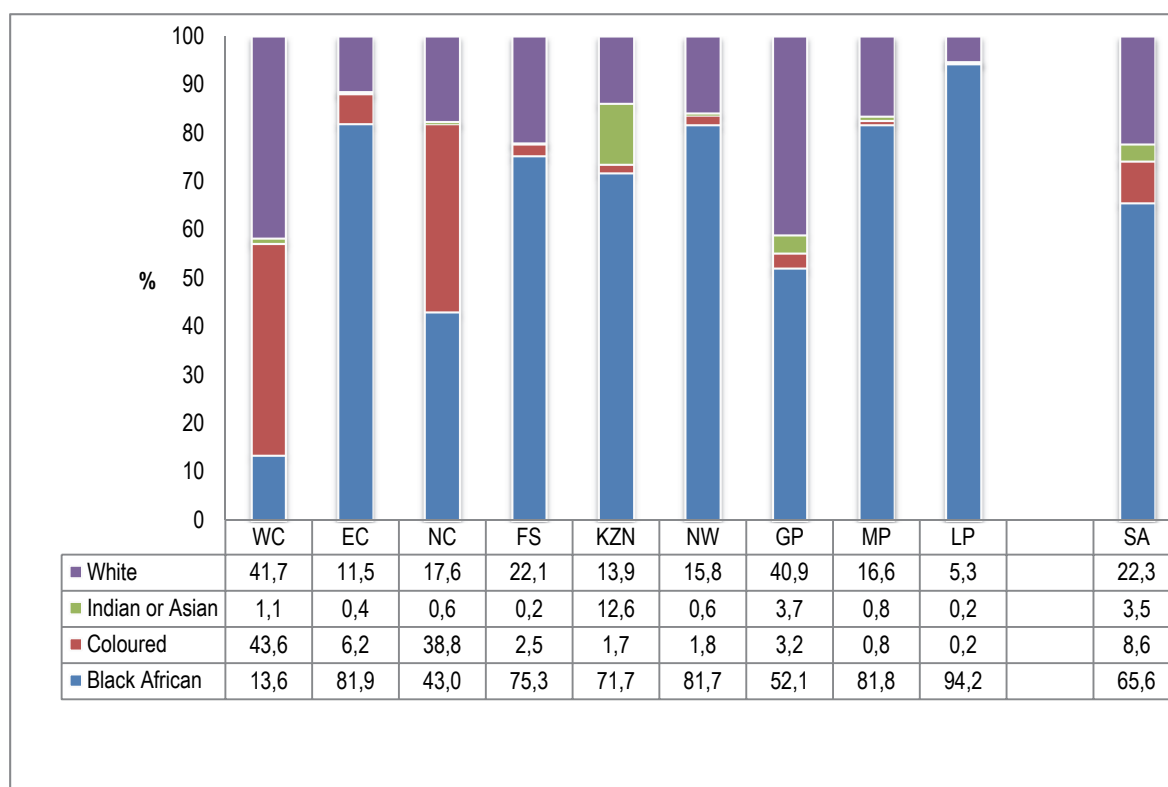


Figure 4.7 depicts the proportion of elderly persons by age category and gender within provinces in South Africa in 2011. The province of Gauteng has the highest proportion of elderly men (64,9%) and women (57,5%) aged 60–69. The Eastern Cape has the highest proportion of elderly men and women aged 70–79. Compared to all other provinces, Limpopo has the highest proportion of men and women aged 80 and older.

The general pattern in Figure 4.7 shows dominance of males in the age category 60–69 across all provinces. Conversely, as the elderly progress into older ages (70 years upwards), females dominate within these ages. This may be attributed to the function of differing mortality between men and women, resulting in fewer elderly men at older ages compared to females.

Figure 4.8: Percentage distribution of elderly persons aged 60 years and older by province and population group, Census 2011



*Other' population group (280 454) category for 2011 has been excluded

Figure 4.8 presents the distribution of the elderly across populations within each province. Overall, the highest proportion of elderly people in South Africa are black African (65,6%). This holds true in all provinces in South Africa, with the exclusion of the Western Cape, where the highest proportion of the elderly in the province are coloured (43,6%). The white elderly form the second highest proportion of elderly persons in the Western Cape (41,7%), and it is here that the majority of white elderly persons can be found in South Africa relative to all other provinces. Although the higher proportion of elderly persons in the Free State are black African (75,3%), a fairly significant proportion are whites (22,1%). Similarly, in Gauteng the majority of the elderly population are black African (52,1%). However, relative to other provinces, the second highest proportion of elderly whites (40,9%)

can be found in this province. In KwaZulu-Natal, the majority of the elderly are black Africans (71,7%). However, the largest proportion of elderly Indian/Asians (12,6%) within a province can be found in KwaZulu-Natal when compared to all other provinces. The elderly persons in the Northern Cape are primarily black African (43,0%) and coloured (38,8%).

4.5 Nuptial patterns among the elderly

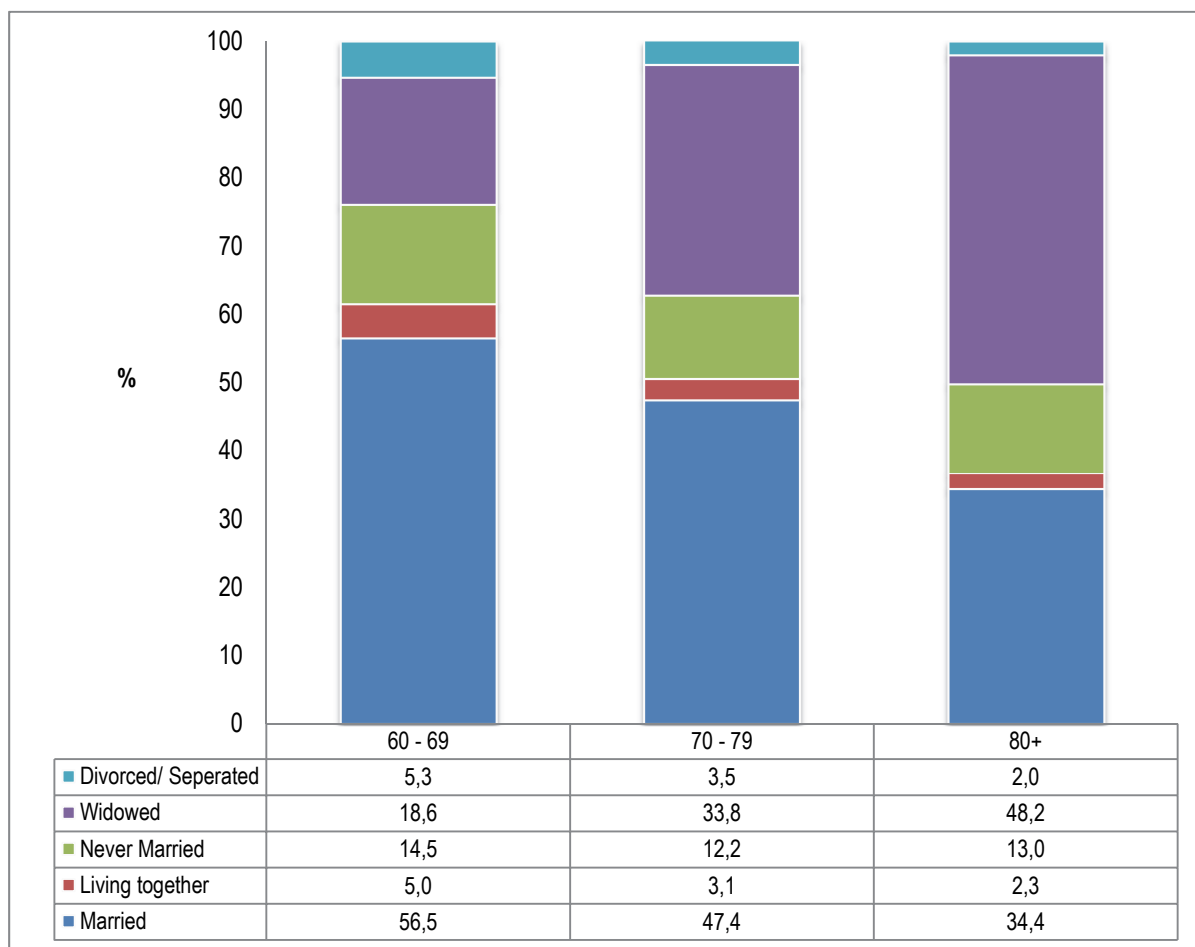
Marital status is an indication of living arrangements, social support and companionship. A change in marital status during old age is known to have a number of socio-economic effects on the elderly. Literature has shown that married people, particularly men, enjoy healthier and longer lives than their unmarried counterparts (Kinsella, 2007; Weeks, 2008:193).

Figure 4.9: Percentage distribution of elderly persons aged 60 years and older by marital status, censuses of 1996, 2001 and 2011



Figure 4.9 shows the proportion of elderly persons who were married, never married, living together like married partners, widowed and divorced or separated over the period 1996–2011. The proportion of married elderly persons remained the highest in all census years; however, marriage as a form of union among the elderly has declined since 1996. The results show an upward trend in the proportion of elderly persons that live together like married partners (cohabiting), and who were divorced or never married. The proportion of elderly persons choosing to live together has doubled between 1996 and 2011. Between 1996 and 2001, the proportion of elderly persons who were widowed increased from about 29% to 34%, and dropped to 27% in 2011. The increase in widowhood in 2001 may be attributed to increased mortality due to HIV and AIDS between 1996 and 2001. There have been relatively few elderly persons with failed marriages (separated and divorced) over the census periods although there seems to be an upward trend.

Figure 4.10: Percentage distribution of elderly persons by age and marital status, Census 2011



The figure above shows that although being married is the most common form of union among the elderly, the proportion of married persons decreases with age; from 57% amongst those aged 60–69 to about 34% among those aged 80 and over. In contrast, the proportion widowed increased from 19% amongst those aged 60–69 to 48% among those aged 80 and older. Marriage and widowhood are inversely related. A consequence of ageing is frailty and ultimately death. As the elderly progress into older ages, they are likely to experience loss of a partner, thus higher proportions of widowhood and lower proportions of married and living together are found among the oldest of the old.

4.5.1 Marital status by province

Figure 4.11: Percentage distribution of elderly persons aged 60 years and older by marital status and province, Census 2011



The provincial variations show that Western Cape recorded the highest proportion of married elderly persons (55,6%), followed by KwaZulu-Natal (53,5%) and Gauteng (53,2%) provinces. Northern Cape had the lowest proportions of married elderly persons. The highest proportions of elderly persons cohabiting were found in Mpumalanga (7,3%), followed by North West (5,2%) and Northern Cape (5,1%) provinces. The results also show that elderly persons that reported having never been married were more prevalent in Mpumalanga (17,2%) and North West (17,0%) provinces. The profile of the widowed elderly shows that Limpopo (33,2%) had the highest proportion, followed by Free State (33,0%) and Eastern Cape (31,4%), while KwaZulu-Natal (23,6%) had the lowest proportion. The profile of divorced/separated elderly persons showed Gauteng province having the highest proportion (6,8%), followed by Western Cape (6,0%), while KwaZulu-Natal had the lowest proportion (2,4%).

4.5.2 Marital status of elderly persons by sex

Figure 4.12 shows sex variations in marital status in the three censuses. Over the period, nuptial patterns between men and women remained unchanged, with marriage almost universal. About seven in ten elderly men were married over the period 1996–2011. The differing nuptial patterns between elderly men and elderly women could be attributed to a number of factors, inclusive of a higher rate of remarriage among elderly men, higher survivorship of elderly women in older ages, as well as partner differences in age at marriage between men and women (Lam et al., 2004). According to Figure 4.12, there has been a steep increase in the proportion of elderly men cohabiting between 1996 and 2011. The profile of elderly women shows lower marriage levels than their male counterparts over time. The proportion of elderly married women decreased over the fifteen-year period from 46,1% in 1996 to 38,3% in 2011, whilst the proportion of those who never married among elderly women almost doubled over the period 1996 to 2011 (9,5% vs. 16,1%).

Figure 4.12: Percentage distribution of elderly persons aged 60 years and older by marital status and sex, censuses of 1996, 2001 and 2011

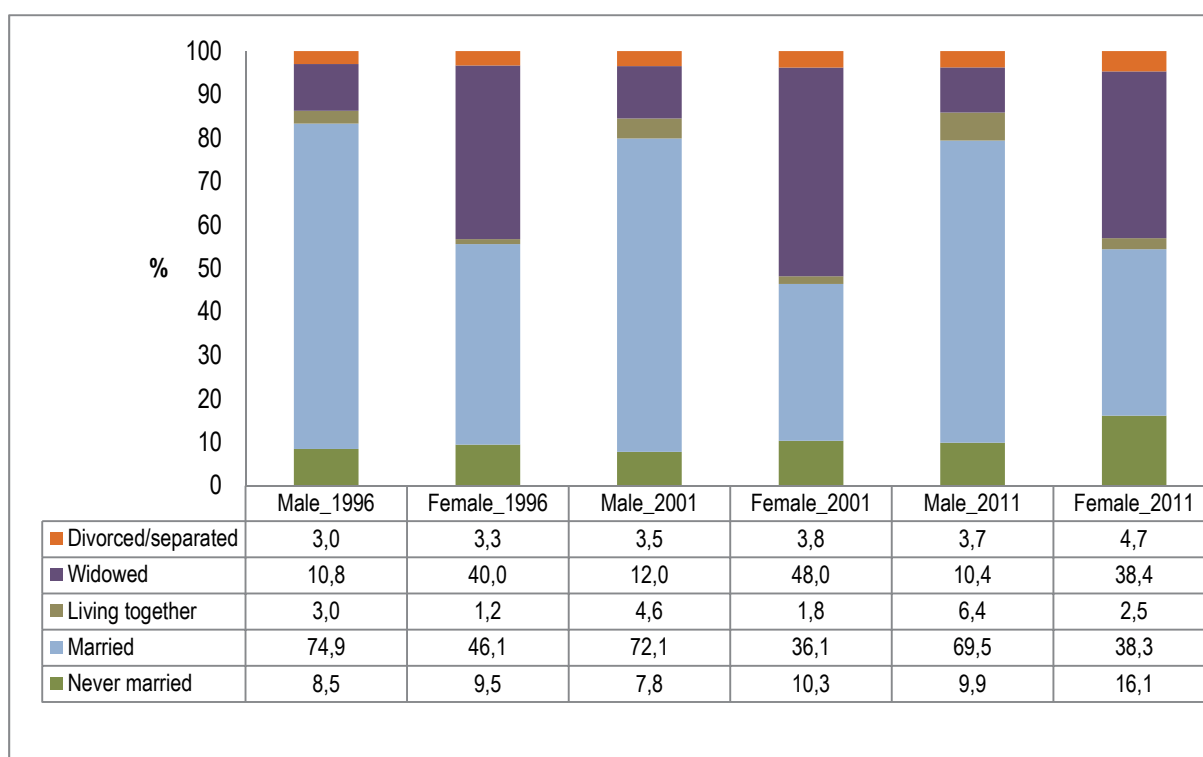


Figure 4.13: Percentage distribution of elderly persons aged 60 years and older by marital status, age and sex, Census 2011

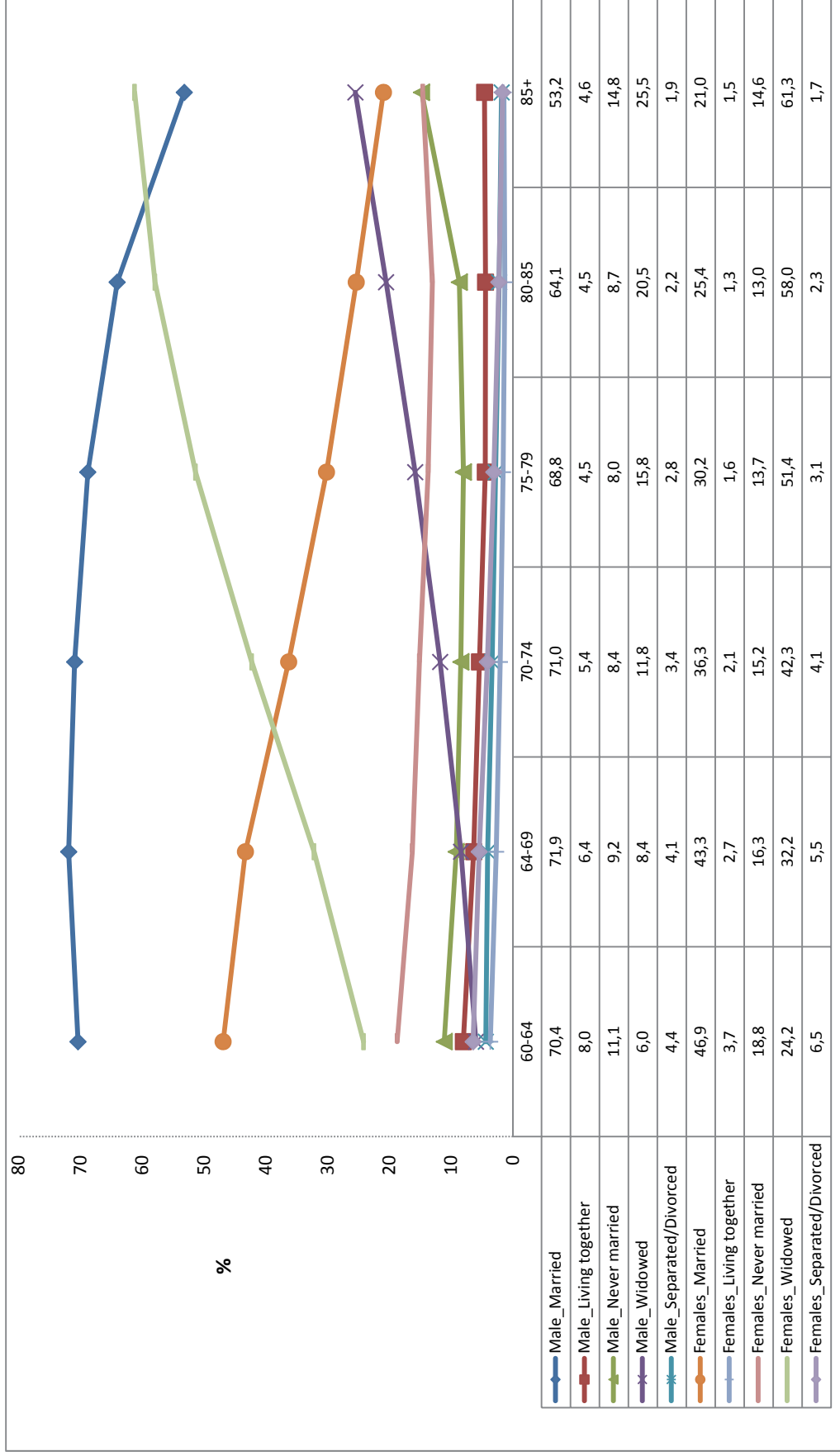


Figure 4.13 depicts the distribution of elderly men and women by 5-year age groups and marital status. The results show that the proportions of elderly persons who were married declined significantly with age and more so for women. At age 60–65, more than two-thirds (70,4 %) of men and nearly half of women (46,9%) were married, but by age 85 and older, 53,2% men were married when compared to 21,0% of women. This is in direct contrast to the proportions of the widowed elderly. The proportions of the widowed elderly increase significantly with age, particularly amongst women. Among the younger elderly (aged 60–64), higher proportions of women were found to have never been married when compared to men (18,8% and 11,1% respectively). However, whilst the proportion of elderly women who have never married decreased significantly with age, the proportion of elderly men who have never married remains relatively stable between ages 70 to 85, and increased to the level of elderly women by age 85+.

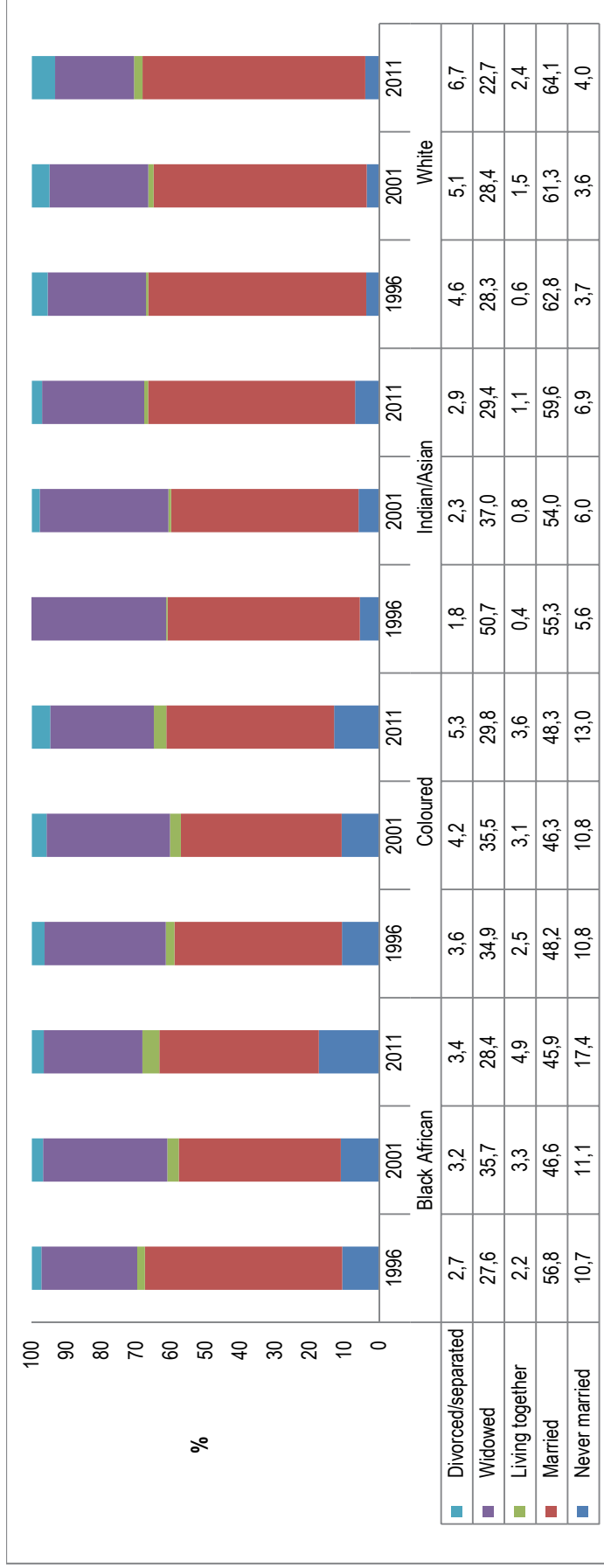
The profile of the elderly cohabiting (living together like married partners) shows that it is more prevalent among younger elderly men (60–64), compared to women of the same age group (8,0% and 3,7% respectively). By age 85 and older, as few as 4,6% men and 1,5% women were living with someone.

4.5.3 Marital status of elderly persons by population group

Marital status across population groups differs significantly. Marriage is influenced by socio-economic, educational and cultural factors (Arval, 1991; Beard et al., 2011). Across all population groups, the majority of elderly persons aged 60 and older were married. The highest proportions of elderly persons who were married were found within the white population in 1996 and remained so in 2011. Whilst the proportion of the elderly who are married has increased amongst the white and Indian/ Asian population groups between 1996 and 2011, it decreased among the black African population and remained stable within the coloured population. Between 1996 and 2011, a higher proportion of elderly persons have never married or were living with someone, across all population groups. Similarly, there has been an increase in the proportion of elderly persons being divorced or separated across all population groups between 1996 and 2011; however, the percentage of divorced or separated elderly persons has been the highest within the white population group across all censuses.

The proportion of elderly persons that are widowed has decreased for the coloured, Indian/Asian and white population groups between 1996 and 2011. Between 1996, 2001 and 2011, there were fluctuations in the level of widowhood within the black African population, with an increase in widowhood between 1996 (27,6%) and 2001 (35,7%) and a decrease in 2011 (28,4%).

Figure 4.14: Percentage distribution of elderly persons aged 60 years and older by marital status and population group, censuses of 1996, 2001 and 2011



'Other' population group (280 454) category for 2011 has been excluded

CHAPTER 5: SOCIO-ECONOMIC PROFILE OF ELDERLY PERSONS

5.1 Introduction

This chapter focuses on the educational, employment and disability profiles of elderly persons between 1996 and 2011. To better understand the levels of education, employment and disability among the elderly, these characteristics are further analysed by gender, population group and residence. This analysis hopes to indicate improvement, or the lack thereof, particularly across gender, population group and residence, in the educational, employment and disability status of the elderly over time. Given the impact of education and employment on the socio-economic status of individuals, it is imperative to determine progress in the levels of education and employment; if we are to improve the socio-economic status of all elderly persons in South Africa.

5.2 Education

Educational attainment is considered a major determinant of people's socio-economic status. However, there is a dialectical relationship between educational attainment and the social and economic circumstances in which individuals find themselves. People with higher socio-economic status are likely to afford to acquire higher levels of education. And subsequently those with higher levels of education are able to influence the socio-economic status of the next generation (Taylor & Yu, 2009; Polidano et al., 2013). It is thus not surprising that the variation in the level of education among the elderly influences their economic status and hence their well-being.

The prevalence of poverty among the elderly has been linked to low levels of literacy (HelpAge International, 1999; Makiwane et al., 2007). Given the injustices and discriminatory laws propagated by the apartheid government that led to unequal access to education, services and income, it is inevitable that the majority of current elderly persons in South Africa were allowed limited opportunities of obtaining formal education during their younger years. Lack of skills and education during their productive years has had consequences on the current socio-economic status of many elderly people.

Given the low levels of formal employment and wage dispensed due to race as well as the lower educational opportunities afforded to the non-white communities, many elderly persons in South Africa were unable to create an affordable retirement funding plan. Consequently, the lower level of education and socio-economic status in turn has negative implications on the health and social well-being of elderly persons (Ramashala, 2002; Makiwane et al., 2007). It is therefore very important to create a profile of the educational attainment of the elderly in South Africa over time. This not only provides an indication of the level of improvement in education and literacy or the lack thereof over time, but also highlights the subsequent need for further initiatives and programmes to ensure improved literacy and education for the elderly.

Table 5.1 shows the number and percentage distribution of elderly persons by level of educational attainment in South Africa over time. The number has increased by 46% from 2,8 million in 1996 to 4,1 million in 2011 as

highlighted earlier (see Table 4.1). The proportion of elderly persons with no schooling decreased from 47% in 1996 to 28% in 2011. As the no schooling proportions decreased, the proportion with primary level education increased from 20% in 1996 to 28% in 2011; similarly, the proportion that has attained secondary-level education increased by 7 percentage points between 1996 and 2011. The proportion of the elderly with a higher education increased by 0,8 percentage points in the 5-year period between 1996 and 2001, and by 3,1 percentage points in the ten-year period 2001 to 2011.

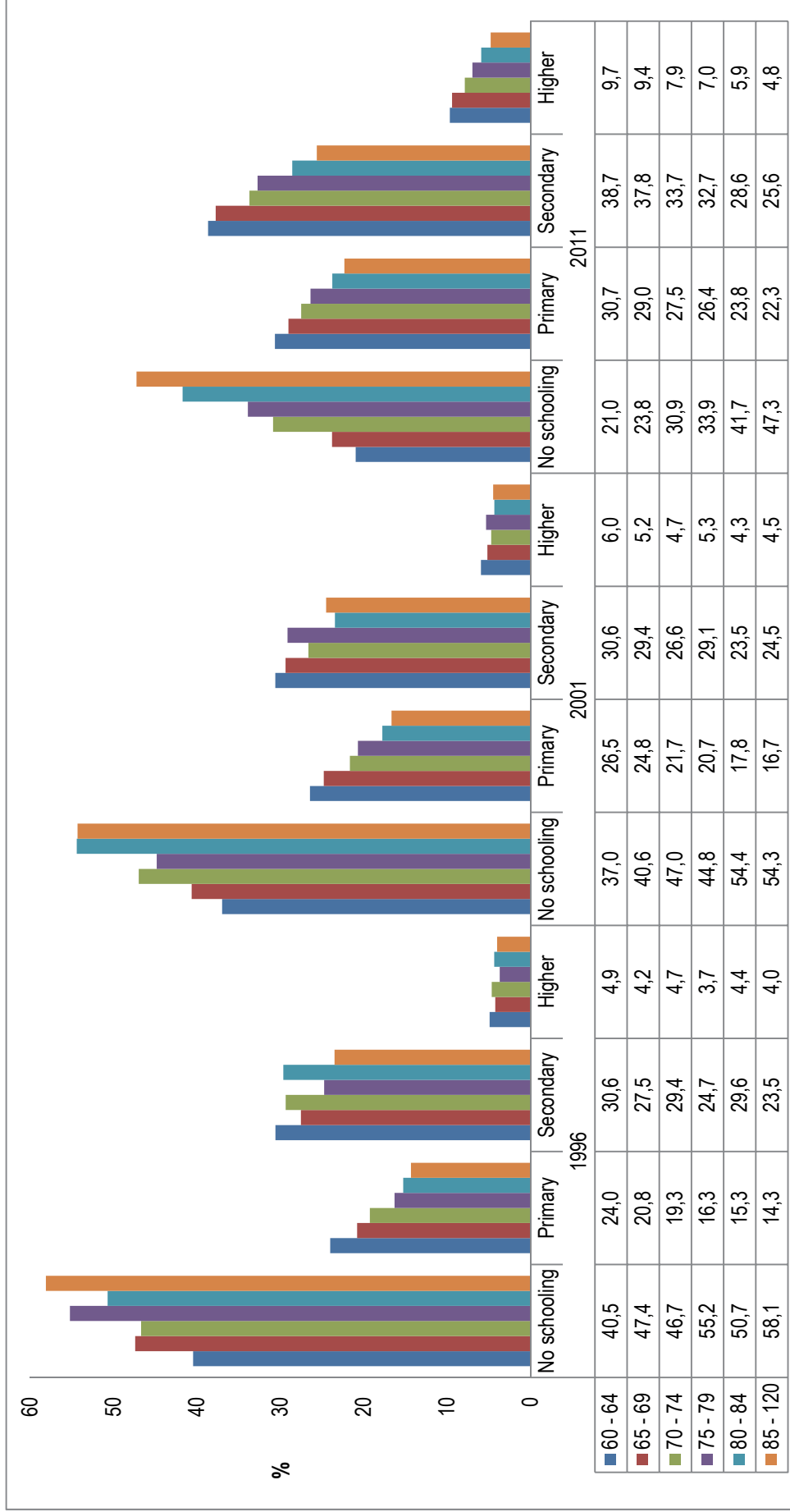
Figure 5.1 shows the percentage distribution of elderly persons by level of educational attainment by five-year age groups over time. Over time, as younger cohorts replaced older less educated cohorts, the level of educational attainment increased among the elderly in South Africa. Between 2001 and 2011, the proportion with a higher education increased from 6% to 9,7% for the 60–64 age group, from 5,2% to 9,4% for the 65–69 age group, and from 4,7% to 7,9% among those aged 70–74. Between 2001 and 2011, there is a lack of significant improvement in the level of educational attainment among the older cohorts, aged 80 and older. Educational attainment among older cohorts in 2001 and 2011 are reflective of the legacy of past injustices of the educational system that marginalised many elderly people.

Table 5.1: Number and percentage distribution of elderly persons aged 60 years and older by level of educational attainment, censuses of 1996, 2001 and 2011

Level of educational attainment	Number			Percentage		
	1996	2001	2011	1996	2001	2011
No schooling	1 254 846	1 408 535	1 130 183	46,8	42,9	28,0
Primary	544 771	764 575	1 138 075	20,3	23,3	28,2
Secondary	760 926	934 867	1 426 457	28,4	28,5	35,4
Higher	119 339	172 528	339 532	4,5	5,3	8,4
Total	2 679 882	3 280 505	4 034 247	100,0	100,0	100,0

Figures for 1996 exclude unspecified cases

Figure 5.1: Percentage distribution of elderly persons by educational attainment and five-year age groups, censuses of 1996, 2001 and 2011



5.2.1 Level of education by population group

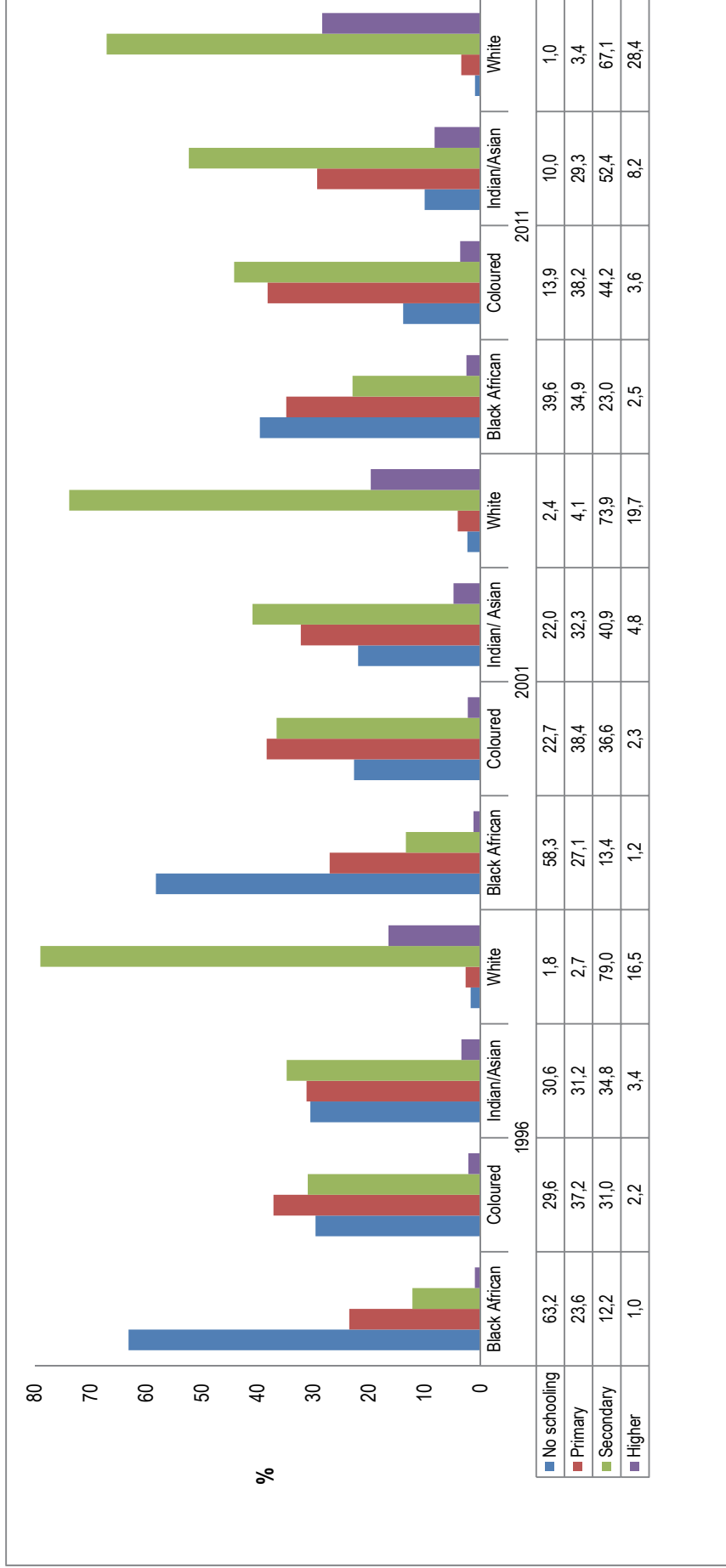
The past legacy of apartheid in South Africa created huge disparities in major socio-economic aspects, and in the level of education in particular. Between 1996 and 2011, the number of elderly persons with primary, secondary and higher education increased for all population groups (Table 5.2). However, the number of black Africans with 'no schooling' increased between 1996 and 2001, from 1 160 725 to 1 315 633, and thereafter declined to 1 057 810 by 2011. A similar pattern was noted among the Indian/ Asian and white population groups. Among the coloured population, however, there was a consistent decline in the number of elderly persons with 'no schooling'.

Black Africans had the highest proportion of elderly persons with no schooling over all the census years (Figure 5.2). The proportions of elderly white persons who had achieved secondary and higher educational attainment were consistently higher than those depicted for all the other population groups. In 1996, the proportion of elderly whites with a higher education was 16,5%, which is far higher than that of black Africans (1,0%), Coloureds (2,2%) and Indian/ Asians (3,4%). Between 2001 and 2011, the proportion of whites with higher levels of education increased from 19,7% to 28,4%. The increase in educational attainment across population groups can be partly attributed to the cohort effect (new entrants into old age) and increased access to adult-based education.

Table 5.2: Number of elderly persons aged 60 and older by level of educational attainment and population group, censuses of 1996, 2001 and 2011

Level of education	Census 1996				Census 2001				Census 2011			
	Black African	Coloured	Indian/Asian	White	Black African	Coloured	Indian/Asian	White	Black African	Coloured	Indian/Asian	White
No schooling	1 160 725	58 546	18 952	10 029	1 315 633	57 604	19 198	16 100	1 057 810	48 077	14 181	8 380
Primary	432 741	73 503	19 364	15 066	611 120	97 401	28 189	27 864	931 381	132 432	41 469	29 561
Secondary	224 408	61 286	21 574	446 498	302 484	92 912	35 787	503 684	613 577	153 230	74 050	576 224
Higher	18 455	4 329	2 119	93 411	28 147	5 798	4 226	134 357	67 323	12 638	11 658	244 047
Total	1 836 329	197 664	62 009	565 004	2 257 384	253 715	87 400	682 005	2 670 091	346 377	141 358	858 212

Figure 5.2: Percentage distribution of elderly persons aged 60 years and above by level of educational attainment and population group, censuses of 1996, 2001 and 2011



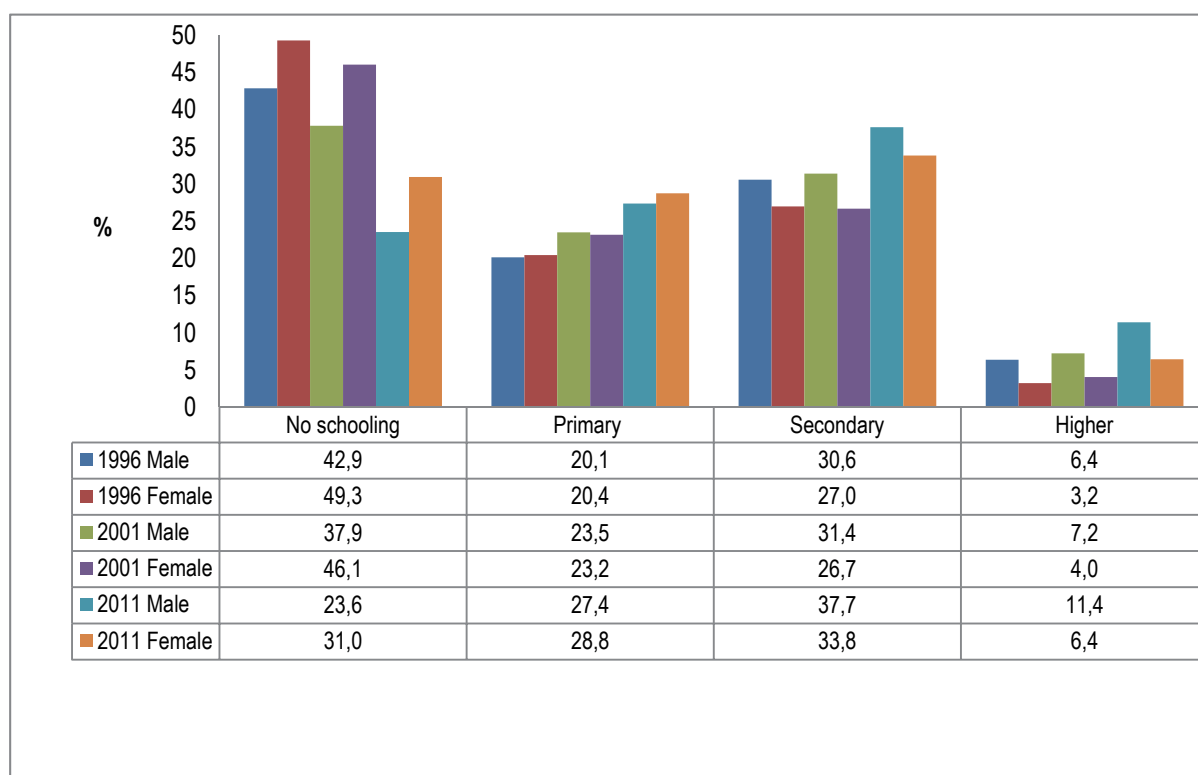
'Other' population group (280 454) category for 2011 has been excluded

The high levels of inequality in educational attainment between population groups in old ages reflect past imbalances in accessing socio-economic opportunities.

5.2.2 Level of education by sex

Despite the improvement in the level of educational attainment among elderly men and women over time, Figure 5.3 depicts a noticeable gender disparity in education between 1996 and 2011, with a higher proportion of elderly men having achieved secondary and higher levels of educational attainment when compared to elderly women. By 2011, 11,4% of elderly men had achieved higher levels of educational attainment compared to 6,4% of elderly women. Women, on the other hand, recorded the highest proportions with no schooling over the census years compared to those depicted for men.

Figure 5.3: Percentage distribution of elderly persons aged 60 years and older by level of educational attainment and sex, censuses of 1996, 2001 and 2011



5.2.3 Level of education by province

Figure 5.4: Number of elderly persons with 'No Schooling' by province, censuses of 1996, 2001 and 2011

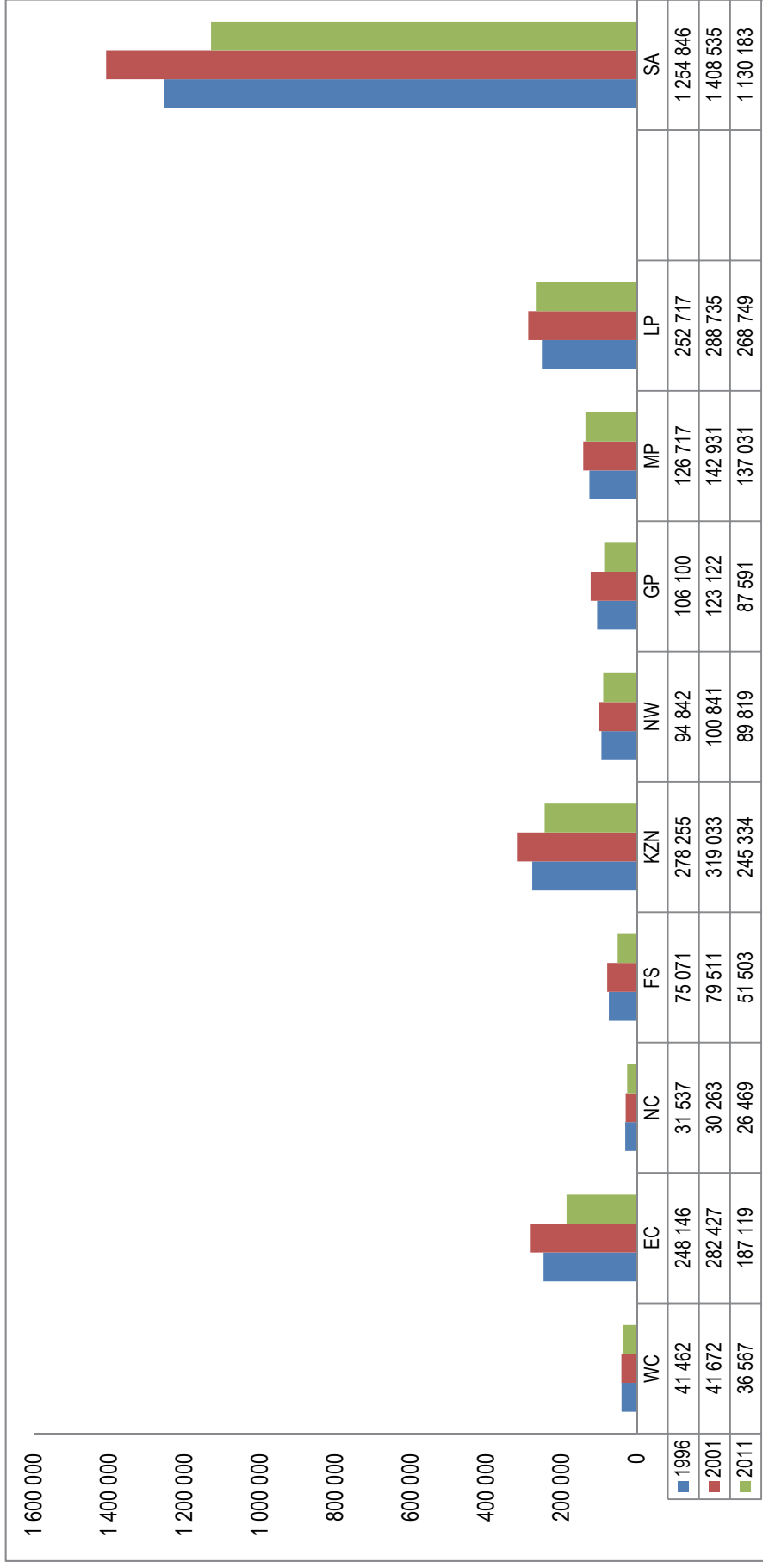
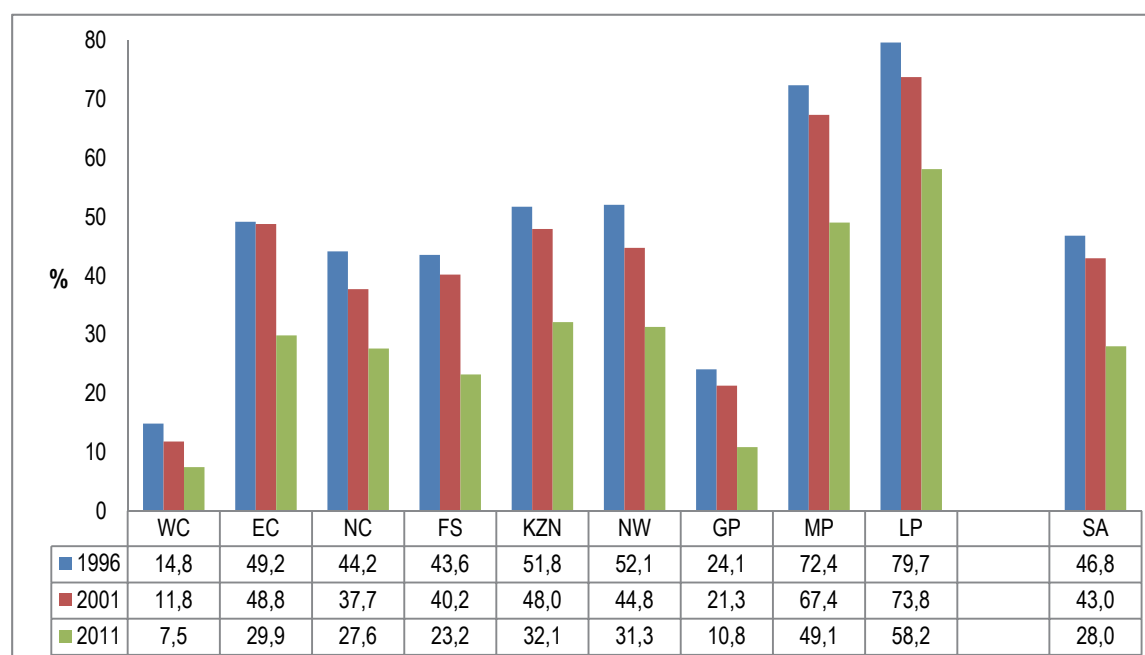


Figure 5.4 shows the number of elderly persons with 'no schooling' by province. Over time the number of elderly persons in South Africa with no schooling has fluctuated, increasing between 1996 and 2001, and thereafter decreasing between 2001 and 2011. A similar trend was noted in all provinces, with the exception of Northern Cape, which showed a consistent decrease in the number of elderly persons with no schooling (from 31 537 in 1996 to 30 263 in 2001 to 26 469 in 2011). As the most populous province in 1996, KwaZulu-Natal had the highest number of elderly persons with no schooling (278 255). However, by 2011, Limpopo had the highest number of elderly persons with no schooling (268 749).

Figure 5.5 provides the percentage of elderly persons with no schooling within each province. Although KwaZulu-Natal had the highest number with no schooling, the Limpopo province consistently had the highest percentage of elderly persons with no schooling over the years. The Western Cape province has had the lowest percentage of elderly with no schooling since 1996. There was a decline in the percentage of elderly with no schooling among all provinces between 1996 and 2001, more so between 2001 and 2011. The percentage of elderly persons with no schooling between 2001 and 2011 declined by 20 percentage points in Free State, 19 percentage points in Eastern Cape, 20 percentage points in KwaZulu-Natal, 23 percentage points in Mpumalanga, and 22 percentage points in Limpopo province. Gauteng province had the second lowest percentage of elderly persons with no schooling, and between 2001 and 2011 there has been a significant decrease in the percentage of elderly persons with no schooling (from 21% to 11% in the ten-year period). The pace of increased educational attainment among elderly persons residing within Gauteng province may be attributed to the high levels of in-migration of people searching for economic opportunities over the last ten years.

Figure 5.5: Percentage of elderly persons aged 60 years and older with 'No Schooling' within each province, censuses of 1996, 2001 and 2011



5.3 Functional literacy

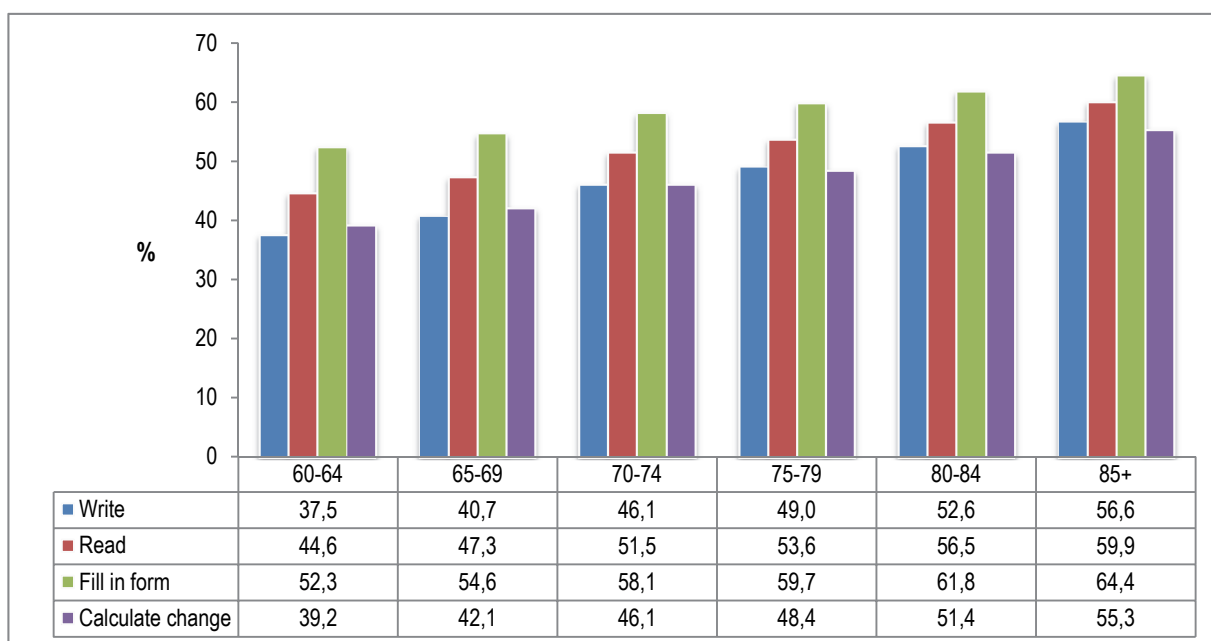
To better understand the impact of having no schooling on the ability of elderly persons to better access services, goods and other opportunities, questions related to the performance of basic literacy functions were asked. The literacy indicators selected for analysis were 1) the ability to write his or her name, 2) the ability to read a newspaper/ magazine or book in any language, 3) the ability to fill in a form such as that of a social grant for example, and finally, 4) the ability to calculate the amount of change that one must receive when purchasing an item. Table 5.3 below provides insights into the above dimension. The majority of elderly persons with no schooling were unable to perform all four literacy functions; however, reading a newspaper (17,6%) and filling in a form (19%) were the literacy activities that proved the most difficult as more than half of all elderly persons with no schooling were unable to perform these activities.

Table 5.3: Number and percentage distribution of elderly persons aged 60 years and older with 'No Schooling' by level of literacy and sex, Census 2011

Level of ability	Write your name		Read a newspaper/ magazine or book		Fill in a form		Calculate change	
	N	%	N	%	N	%	N	%
No difficulty	272 709	28,5	153 294	16,2	86 154	9,2	209 842	22,0
Some difficulty	116 780	12,2	148 662	15,7	135 988	14,5	156 509	16,4
A lot of difficulty	137 277	14,3	167 213	17,6	178 046	19,0	154 084	16,2
Unable to do	430 642	45,0	479 312	50,5	534 559	57,2	431 431	45,3

'Do not know' and 'Unspecified' cases have been excluded from the analysis

Figure 5.6: Percentage of elderly persons aged 60 years and older with 'No Schooling' who are unable to read, write, fill in a form and calculate change by age, Census 2011

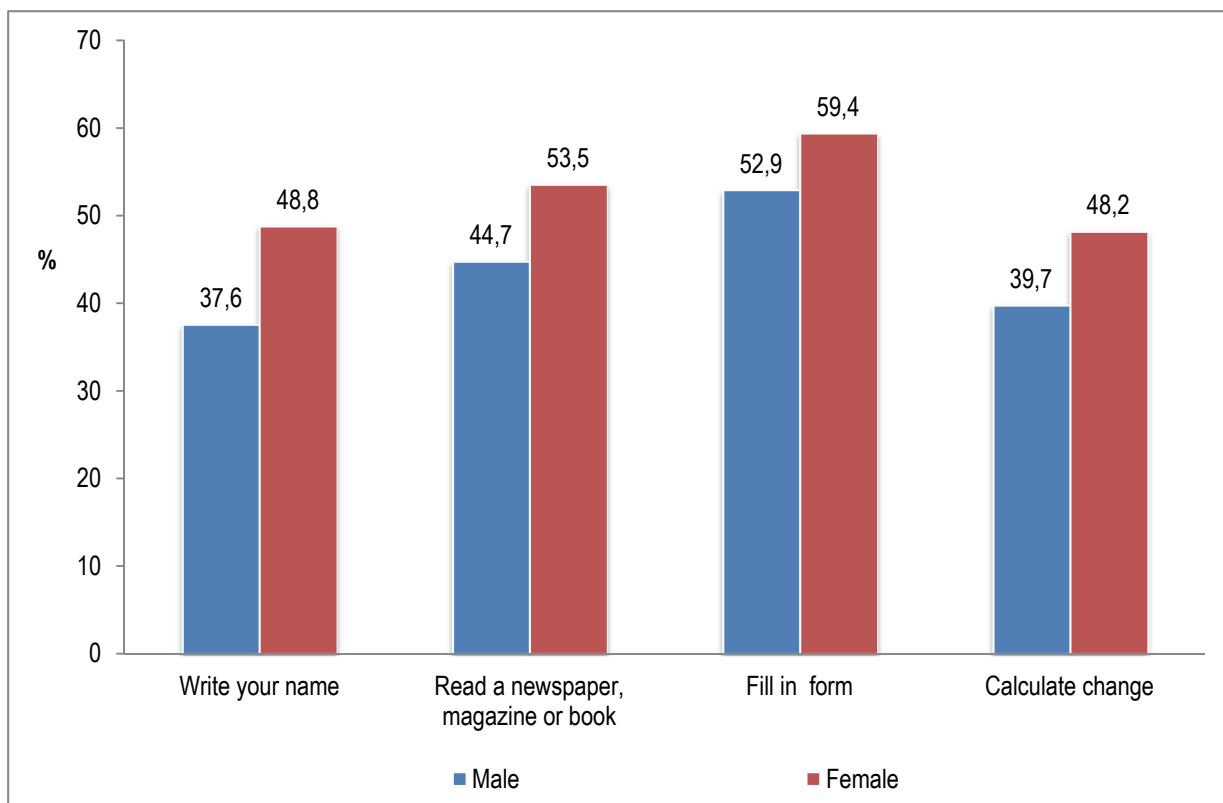


'Do not know' and 'Unspecified' cases have been excluded from the analysis

According to Figure 5.6, the inability to read, write one's own name, fill in a form or calculate change increases with age, such that those aged 85 and older have the highest levels of illiteracy. This may be an indication of the unequal education system that existed in South Africa, resulting in the majority of South Africans having limited access and opportunities to improve their literacy abilities to write, read, communicate effectively and perform basic calculations needed in everyday life. The figure does, however, show that among younger age cohorts, there has been a decline in the percentage of elder persons with no schooling who are unable to perform these literacy functions. Among those aged 60–64 with no schooling, approximately 38% were unable to write their name compared to 57% of those aged 85 and older. This may be an indication of an improvement in a number of areas, for example, access and exposure to information, a changing environment of learning in South Africa, as well as more formal activities such as access to Adult Basic Education programmes.

5.3.1 Functional literacy by sex

Figure 5.7: Percentage of elderly persons aged 60 years and older with 'No Schooling' who are unable to read, write, fill in a form and calculate change by gender, Census 2011

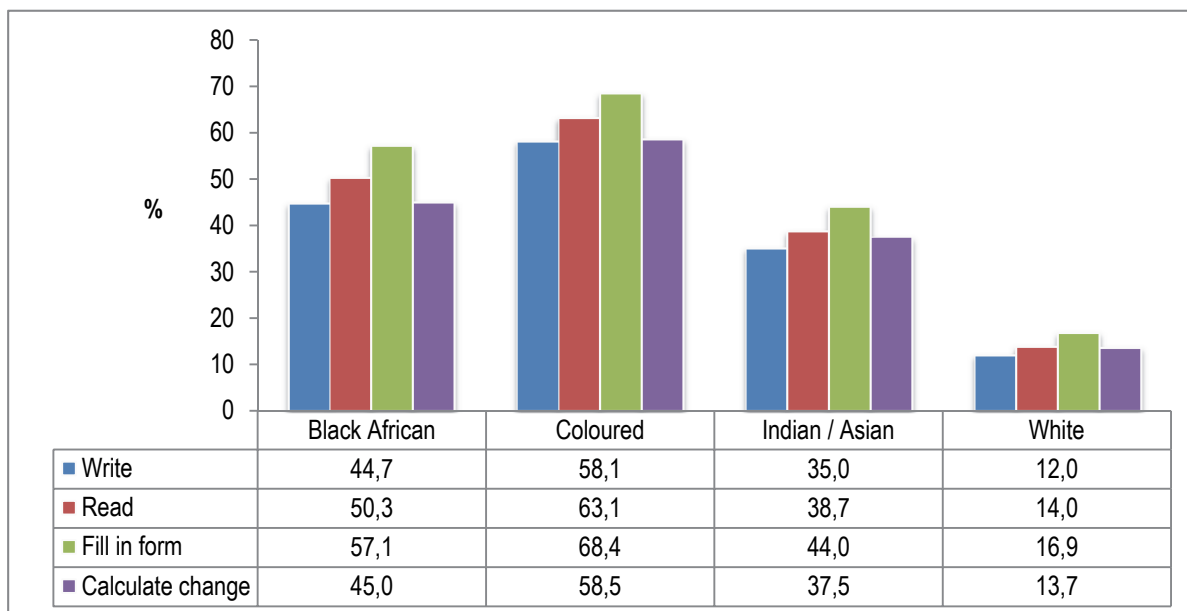


'Do not know' and 'Unspecified' cases have been excluded from the analysis

Figure 5.7 gives the proportion of elderly persons with no schooling who were unable to perform specific literacy functions by sex. For all literacy indicators it was found that a higher proportion of women with no schooling were unable to write their name, read a newspaper in their language, fill in a form and calculate change when compared to elderly men with no schooling. The greatest gender disparity is found in the ability to write your name, such that among elderly women with no schooling, 49% were unable to write their name compared to 38% of elderly men.

5.3.2 Functional literacy by population group

Figure 5.8: Percentage of elderly persons aged 60 years and older with 'No Schooling' who are unable to read, write, fill in a form and calculate change by population group: Census 2011



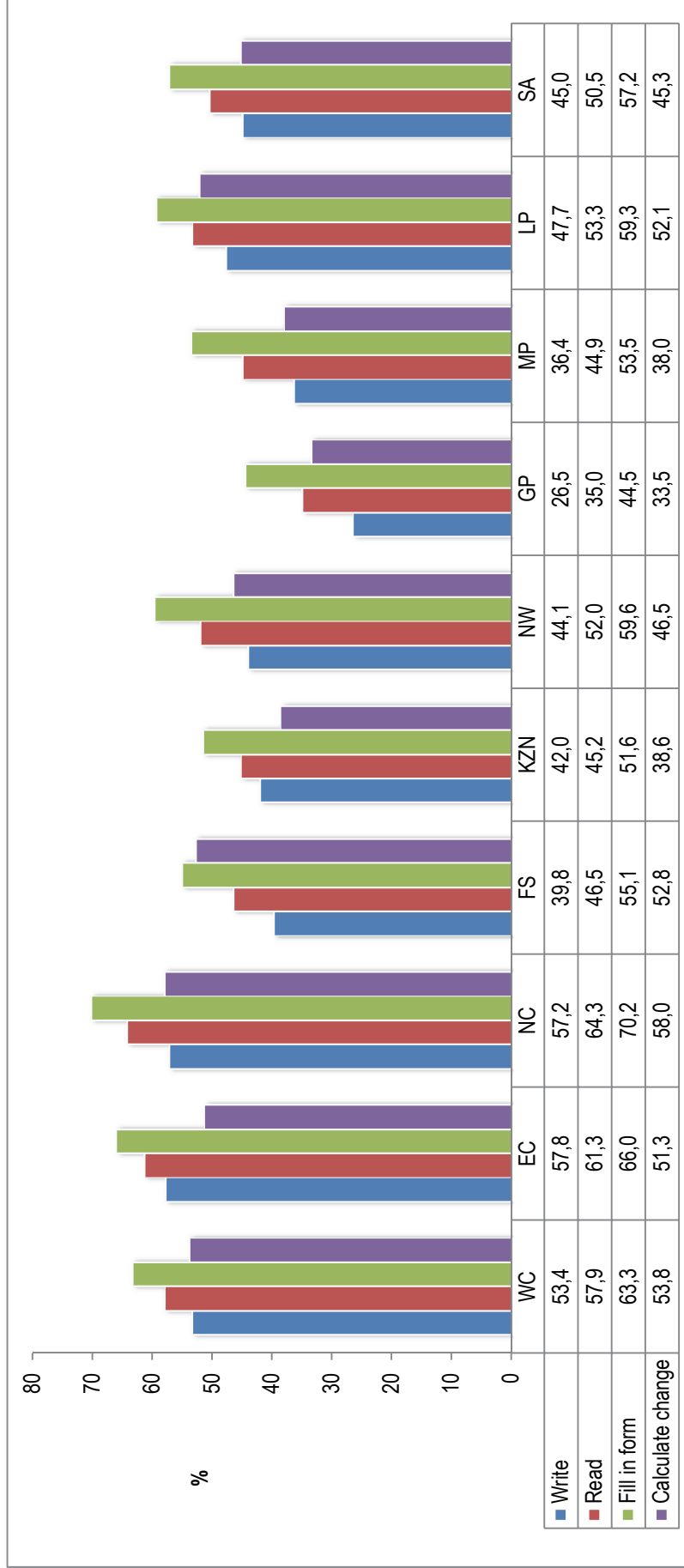
'Do not know' and 'Unspecified' cases have been excluded from the analysis

Figure 5.8 depicts the percentage of elderly persons with no schooling that are unable to read, write their own name, fill in a form or calculate change within each population group. Although the highest number of elderly persons with no schooling, unable to read, write their own name, fill in a form and calculate change are black Africans (Appendix 3), the highest percentage of illiteracy among elderly persons was found within the coloured population. The lowest levels of illiteracy were found within the white population. These findings confirm the idea that outside of the unjust educational system that marginalised non-whites, the broader social, economic and political systems influenced the level of literacy, i.e. the ability to write, read, fill in a form and calculate change. Despite the lack of schooling, many elderly whites were able to attain basic literacy skills.

5.3.3 Functional literacy by province

According to Figure 5.9, the Northern Cape, Eastern Cape and Western Cape had the highest percentages of elderly persons that reported they were unable to write their name, read, fill in a form or calculate change. Those residing in Gauteng province reported the lowest levels of illiteracy compared to all other provinces.

Figure 5.9: Percentage of elderly persons aged 60 years and older with 'No Schooling' who are unable to read, write, fill in a form and calculate change by province, Census 2011



'Do not know' and 'Unspecified' cases have been excluded from the analysis

5.4 Labour force participation among the elderly

South Africa's statutory retirement age for men has been 65, while that of women has been 60 years. The difference in retirement age automatically translated into higher employment levels for men compared to females beyond the age of 60 years, other factors being equal. However, since 2010, the South African Social Security System allowed men to access pension benefits at the age of 60 years, similar to that of women (Stats SA, 2012). In most societies, retirement from active employment marks the onset of 'dependence' on the state and significant others to provide for the needs of the elderly. Such transition has implications on the immediate elderly person, the family, the community and the state, as they provide for the elderly' social, health and financial needs.

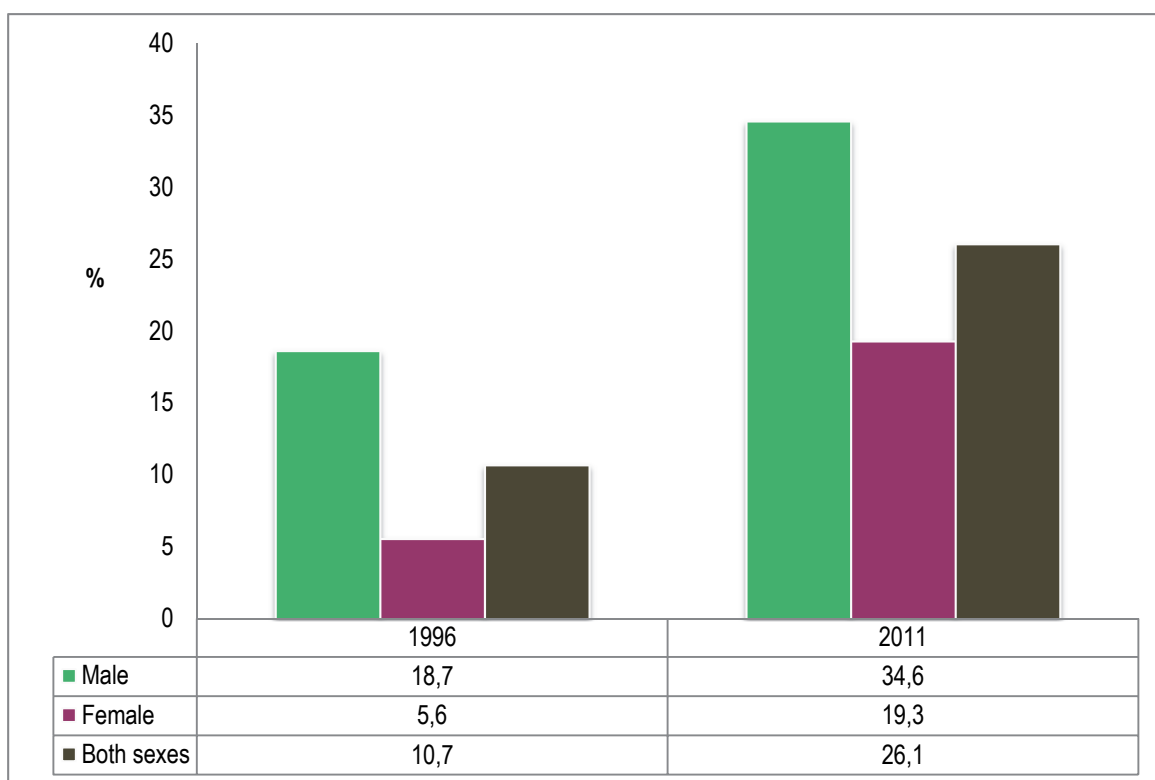
Beyond the prescribed retirement age, many South African elderly persons are confronted with the decision to remain economically active by participating in informal employment until oldest ages, particularly those that did not accumulate enough savings during their productive years. Given the past socio-economic circumstances of the majority of elderly South Africans, the decision to retire from all economic activities is made amidst a set of complex circumstances. It should also be noted that for the elderly persons that never had formal employment, working beyond the age of 60 years to generate extra income to supplement the monthly R1 250 pension is a necessity for as long as their health permits. In this category are elderly women, who often contribute to their households' welfare in non-monetary terms as they provide care to their grandchildren because the parents of these children go to work. Others engage in subsistence work to provide for their households and communities.

Globally, labour force participation among the elderly has been on the rise in recent years, particularly in OECD countries (Bloom et al., 2012). A number of factors relating to economic participation among the elderly have been highlighted, namely household structure, marital status, education and residential location (Lam et al., 2004). Regarding household structure, elderly persons that reside in extended families, particularly where the majority are not working, may be forced to take up informal employment to supplement their meagre household income. In terms of education, the better educated elderly tend to have higher employment rates compared to their less educated counterparts (Lam et al., 2004). This section provides insights into the labour force participation of elderly persons in South Africa based on the censuses of 1996 and 2011.

5.4.1 Employment by sex

Figure 5.10 shows that the proportion of elderly persons who were employed increased from 10,7% in 1996 to 26,1% in 2011. The results also show significant sex disparities among the elderly persons, which are indicative of past sex imbalances (female marginalisation), more so in 1996 when compared to 2011. This may also be a result of the higher legislated retirement age for men compared to their female counterparts in 1996. In 1996, the proportion of elderly men who were employed was nearly three times that of elderly women. Results show that by 2011, a higher proportion of men (34,6%) than women (19,3%) were employed. It should be noted that elderly women are largely involved in informal activities such as care of household members and engagement in household chores. Measurement of such activities would perhaps increase employment levels among elderly women.

Figure 5.10: Percentage of elderly persons who were employed by sex, censuses of 1996 and 2011



Unspecified cases for Census 1996 have been excluded from the analysis

The sex variations in employment levels post-retirement age may also be attributed to slight differences in the way questions on the labour force were asked. What remains clear though, is the upward trend in the elderly exiting labour force participation in later years of life. The high employment levels among elderly males could also be attributed to the age of legibility for old-age pension, although it has been lowered from 65 to 60 years.

5.4.2 Employment by province

Figure 5.11 shows variations in labour force participation across the nine provinces. The results show that the proportions of elderly persons who were employed were substantially higher in the provinces of Gauteng and Western Cape, while Eastern Cape and KwaZulu-Natal provinces had the lowest proportions employed in both censuses (1996 and 2011). Given the fact that Eastern Cape and KwaZulu-Natal had the highest share of elderly persons, this raises concern about the magnitude and level of deprivation experienced within these provinces amongst the elderly. By 2011, the level of employment had improved, almost double that of 1996. For most provinces, employment levels doubled. A possible reason for such upward trend in employment levels amongst the elderly could be attributed to better educational levels amongst the younger cohorts (60–69) who may prefer to remain active after formal retirement.

Figure 5.11: Percentage of elderly persons employed by province, censuses of 1996 and 2011

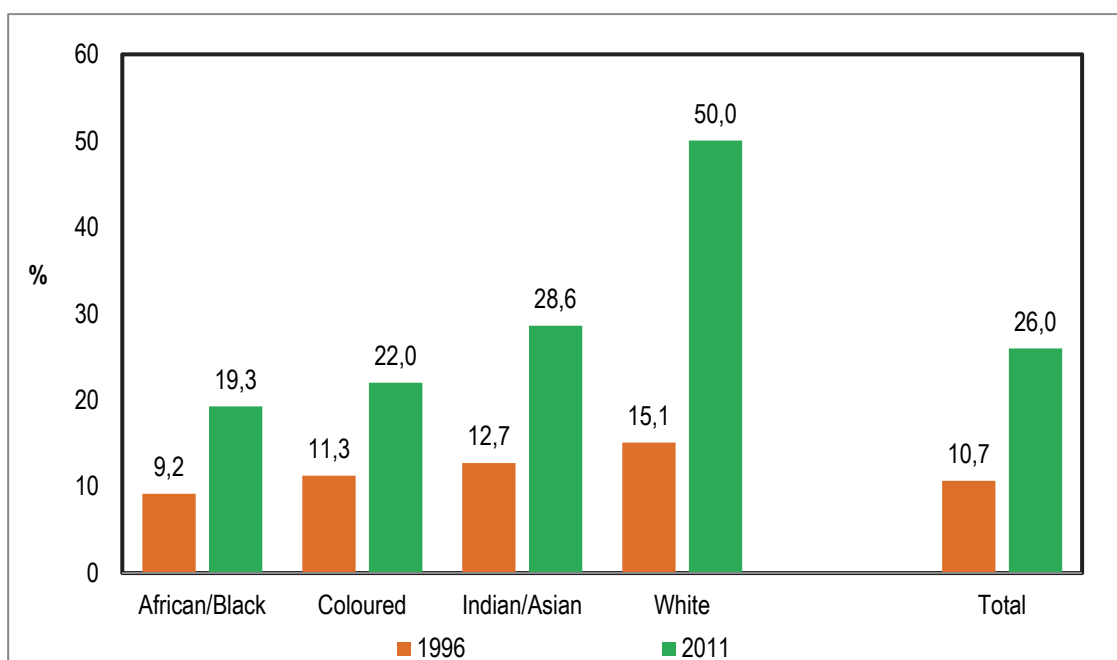


Unspecified cases for Census 1996 have been excluded from the analysis

5.4.3 Employment by population group

Figure 5.12 gives the proportion of elderly persons who were employed by population group in 1996 and 2011. Whilst Census 1996 showed slight variations in the employment status of the elderly among the different population groups, Census 2011 shows a widening gap between population groups. The results show that elderly white persons had the highest proportion employed, nearly double that of the national employment level. Black Africans, on the other hand, had the lowest proportion of elderly persons employed in both censuses.

Figure 5.12: Percentage of elderly persons who were employed by population group, censuses of 1996 and 2011



'Other' population group (280 454) category for 2011 has been excluded

In conclusion, findings showed that there is an upward trend in delayed withdrawal from labour force participation, particularly among elderly males and whites over the period 1996-2011. Changes in working patterns among the elderly show that although female participation is low, there has been a pronounced upward trend between 1996 and 2011. Factors such as entry of persons with higher educational attainment into old age, increased female labour force participation in prime years and economic circumstances (high cost of living) amongst others, may be at play in this emerging trend. A longer working life is beneficial not only to individuals in the form of improved health and well-being, but also to the state through tax revenue contribution, and therefore this needs to be encouraged through progressive ageing-related policies.

5.5 Socio-economic status (SES) index

Despite efforts by the South African government to address the legacy of the apartheid system that perpetuated vast socio-economic inequality between population groups, South Africa is still one of the most unequal societies in

the world. By 2012, the Gini coefficient of South Africa was 0,7, (The Presidency, 2012). The Gini coefficient is an international indicator which is used to measure the degree of inequality of wealth, whereby 0 expresses perfect equality and 1 expresses extreme inequality. Understanding the level of socio-economic inequality among elderly persons is imperative, as the elderly have been defined as a vulnerable group in South Africa.

The Census 2011 household questionnaire included a question on assets owned by the household, such as television, radio, refrigerator, cooking stove, vacuum cleaner, washing machine, computer, satellite television, DVD (music) player, motor car, landline telephone and cellphone. Ownership of goods, access to basic services such as piped water, electricity, sanitation as well as housing at household level have been used to measure the socio-economic status (SES) of households based on the Wealth Index (Rutstein & Johnson, 2004).

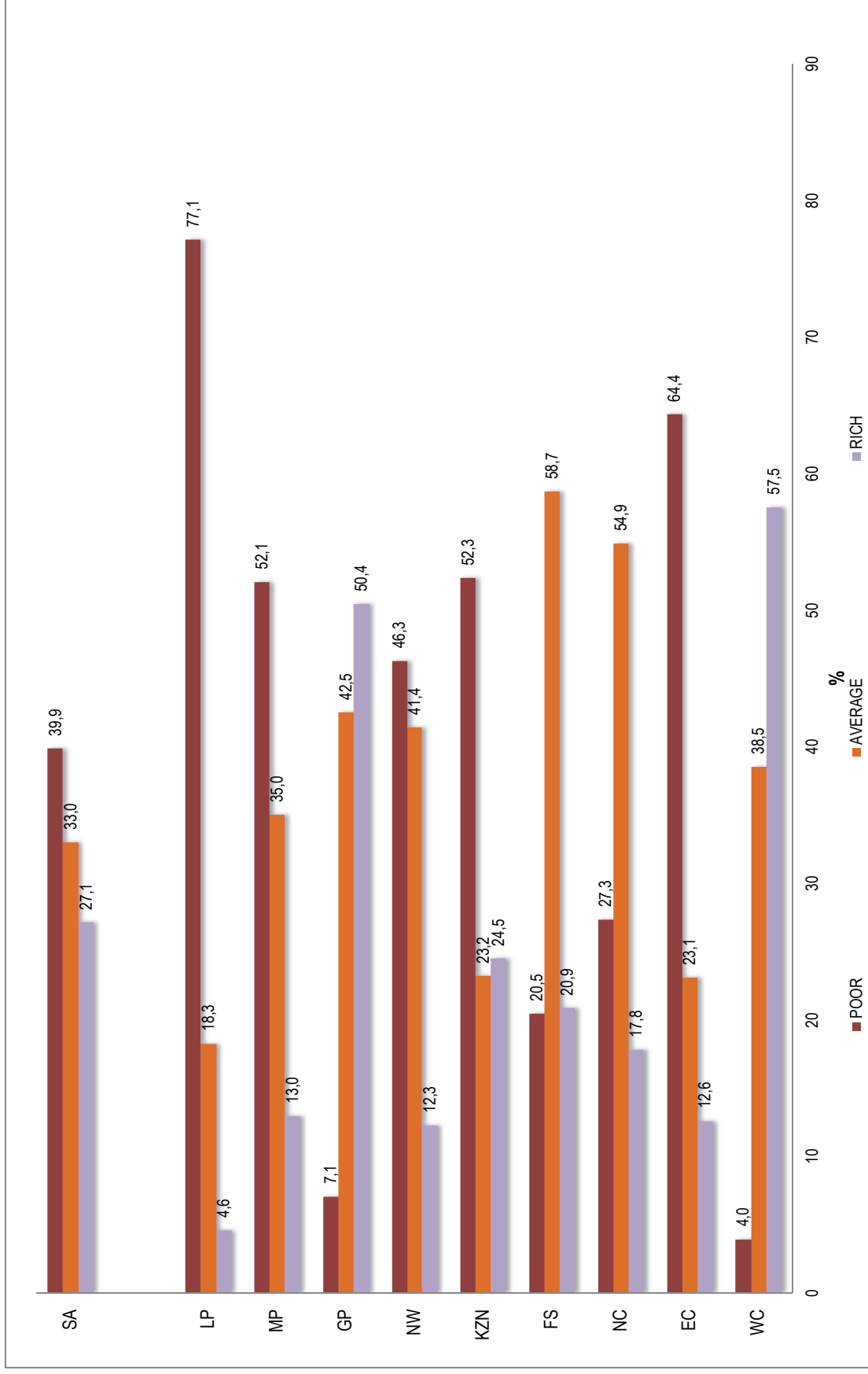
Census 2001 and Census 2011 questionnaires had questions on access to services as well as household assets. Using the Principal Component Analysis (PCA) technique, household variables pertaining to housing (main dwelling), water, energy, refuse removal, toilet facilities and household assets (television, radio, computer, telephone) were used to determine the socio-economic status of households. To apply PCA on selected variables, response categories for each variable were converted to binary or dichotomous form; value 1 meaning that the concerned household has access to the asset and basic services, and 0 meaning the concerned household has no access. The selected variables become input to the PCA model, which in turn generates a continuous household ranking indicator variable. The household ranking indicator was then divided into percentiles which were used to group the households into socio-economic status indicating whether a household was poor, average, or rich. The three groupings have been used to describe the socio-economic status (SES) of households (see Appendix 2: Table 1).

In this report, the socio-economic status of elderly persons is presented at individual and household levels. The poor constitute percentiles 1–25, the average up to the 85th percentile, while the rich constitute the 90th and upward percentiles. (Appendix 2 provides details by percentiles and socio-economic status of households headed by elderly persons.)

5.5.1 SES by province

According to Figure 5.13, most of the elderly persons in South Africa could be classified as poor (40%) in 2011. The highest proportions of poor elderly persons were found in Limpopo and Eastern Cape provinces (77,1% and 64,4% respectively). These two provinces account for a quarter of all elderly persons in South Africa (see Table 4.5). The highest proportion of elderly persons that were categorised as rich resided in the Western Cape (57,5%) and Gauteng (50,4%). Within these provinces, fewer than 10% of elderly persons were poor. In contrast, less than 5% of elderly persons in Limpopo were rich. These vast differences in the proportions of elderly persons that were categorised as being rich or poor point to the high levels of inequality in socio-economic status amongst elderly persons across the provinces.

Figure 5.13: Percentage distribution of elderly persons (60 years and older) by SES and province: Census 2011

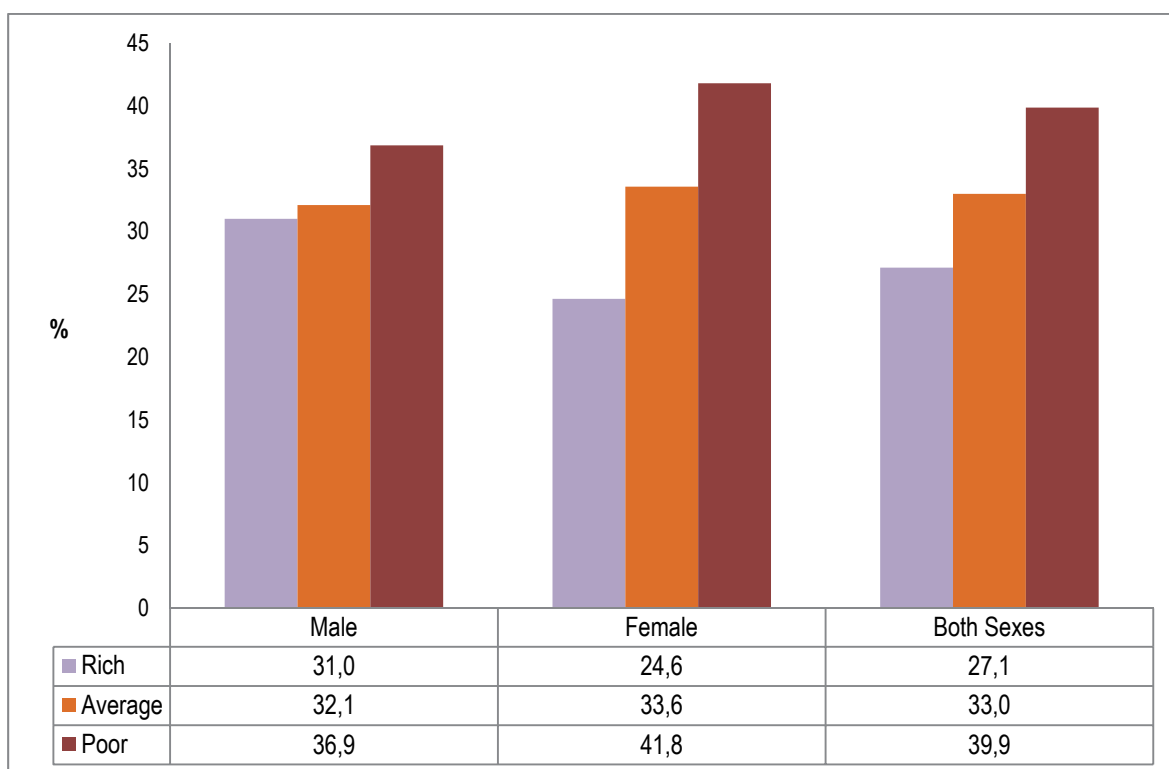


5.5.2 SES by sex

The gender profiles presented in Figure 5.14 indicate that higher proportions of socio-economic deprivation exist among elderly women when compared to elderly men (41,8% and 36,9% respectively). Conversely, among the rich, the proportion of male elderly persons were 7% higher than that of their female counterparts (31,0% and 24,6%).

These results concur with other research which showed that the elderly have consistently been among the poorest people in different societies, particularly elderly women (Noumbissi, 2001; HelpAge International, 1999; Rutstein et al., 2004; World Economic Forum, 2012). Globally, a similar pattern is depicted in the general population. However, deprivation becomes more pronounced in old age, particularly among the elderly that were deprived during their youthful years. This is a typical case with most of the current South African elderly persons that faced a number of socio-economic hardships during apartheid.

Figure 5.14: Percentage distribution of elderly persons aged 60 years and older by SES and sex, Census 2011



The gender gaps are a reflection of limited socio-economic opportunities elderly women had in their youth and adult ages that translate into lower socio-economic status during old age. These among others, include lower labour force participation, low levels of educational attainment and involvement in low paying jobs and non-paying activities such as housework (WHO, 2007). It has been argued that access to quality education is a critical factor in women's social and economic empowerment and has a multiplier effect on entire households and communities

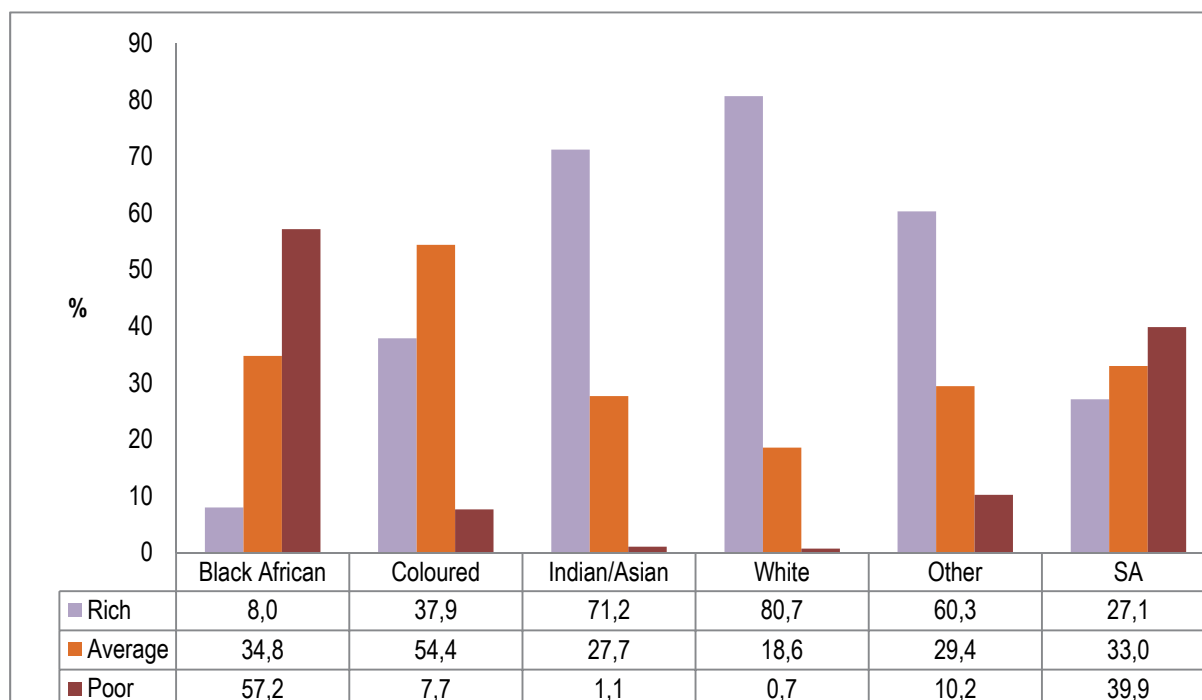
(World Economic Forum, 2012). It is thus critical to empower women during their youthful years to sustain a higher standard of living in old age.

5.5.3 SES by population group

The past injustices of the apartheid system in South Africa have resulted in a country that is marked with vast socio-economic inequality between population groups. This is clearly depicted in Figure 5.15 whereby more than 80% of elderly whites showed higher socio-economic status compared to 8% of elderly black Africans. More than half of the coloured elderly population were of average socio-economic status. The majority of black African elderly persons belonged to the poor SES.

Indian/Asian elderly persons depict a similar pattern, with more than two-thirds (71,2%) depicted as rich. It is also interesting to note the socio-economic status of elderly persons who defined themselves as 'Other' in terms of population group, has a profile similar to that of the white and Indian/Asian population groups. The population group differentials in socio-economic status are a typical reflection of past imbalances that created lack of opportunities for some and plenty for other population groups.

Figure 5.15: Percentage distribution of elderly persons aged 60 years and older by SES and population group, Census 2011

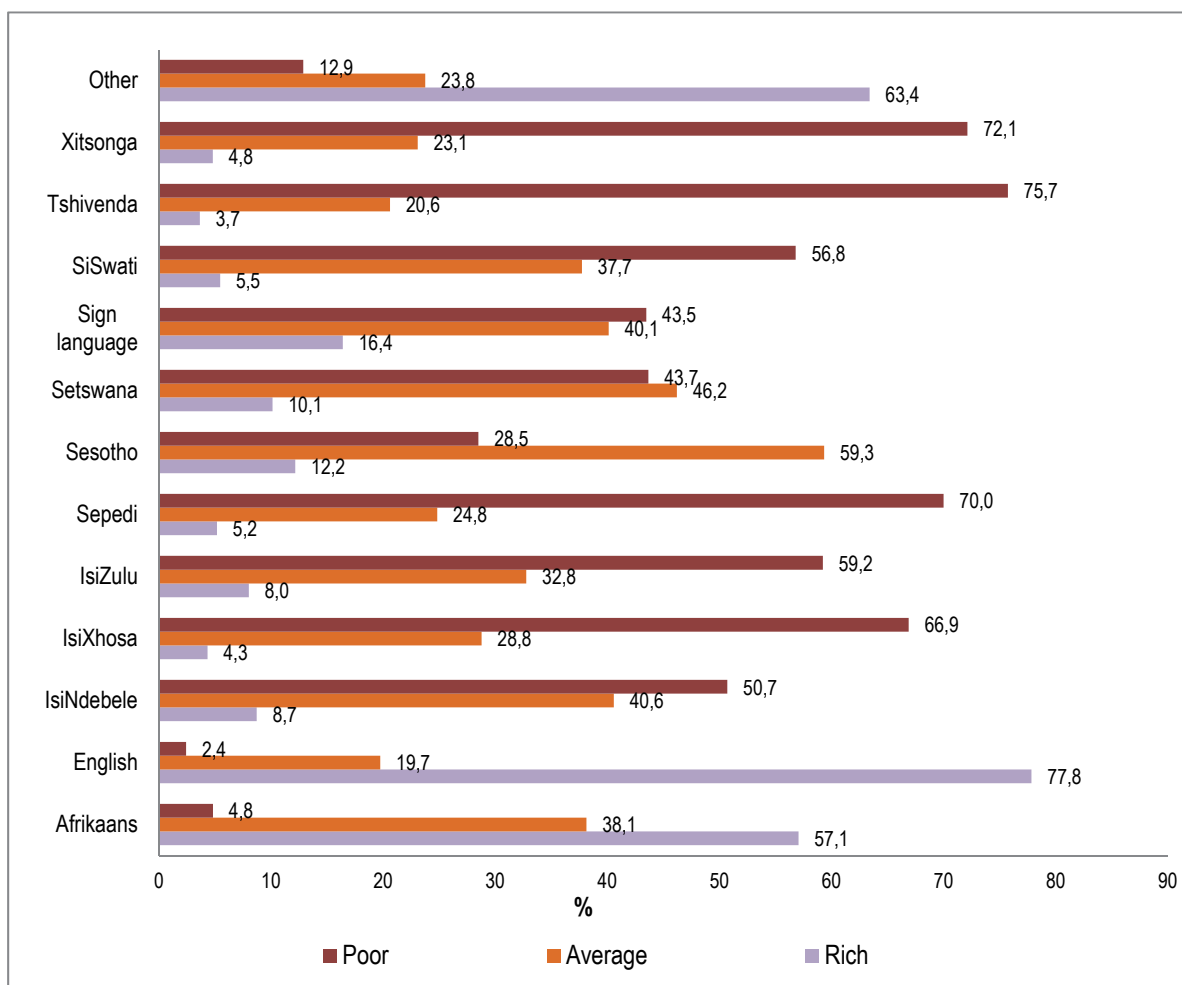


'Other' population group (280 454) category for 2011 has been excluded

5.5.4 SES by language

To determine the impact of marginalisation and lack of opportunities in the past, socio-economic status by language most spoken in the households was examined. Language goes beyond population group, reflecting to some extent ethnicity differences, and effects of the apartheid and colonial systems reflected in the lives of current elderly persons. Socio-economic status differed greatly by language among the elderly. The majority of elderly persons who spoke English (78%) or Afrikaans (57%) as well as 'Other' languages (63%) as their first language were rich. In contrast, more than two-thirds of all elderly persons who spoke Tshivenda, Xitsonga, Sepedi and isiXhosa were poor. The majority of elderly persons who spoke Sesotho were neither rich nor poor but of average socio-economic status.

Figure 5.16: Percentage distribution of elderly persons aged 60 years and older by SES and first language spoken, Census 2011



In conclusion, it has been noted that many South African elderly persons are characterised by two of the triple challenges, namely poverty and inequality, which are a reflection of marginalisation and lack of opportunities in their past. Sex variations reflect marginalisation of women in their youthful years, whilst population group dynamics also reflect past imbalances of unequal access to resources and opportunities. Inequalities are clearly racially skewed, the black African elderly being of the lowest socio-economic status while the majority of white elderly and Indian/Asian elderly persons have better socio-economic status. Analysis of language as a proxy to ethnicity also showed how past spatial living arrangements in the form of Bantustans left many ethnicities with limited options, reflected in old age. This has implications on the social security system and health care system, as government takes on the responsibility of ensuring that the needs of elderly persons are met. There is also a need to address the racial, gender and spatial disparities in order to promote equal access to resources and a better life for all. The results generally depict an unequal society as a result of pre-1994 government policies entrenched over decades.

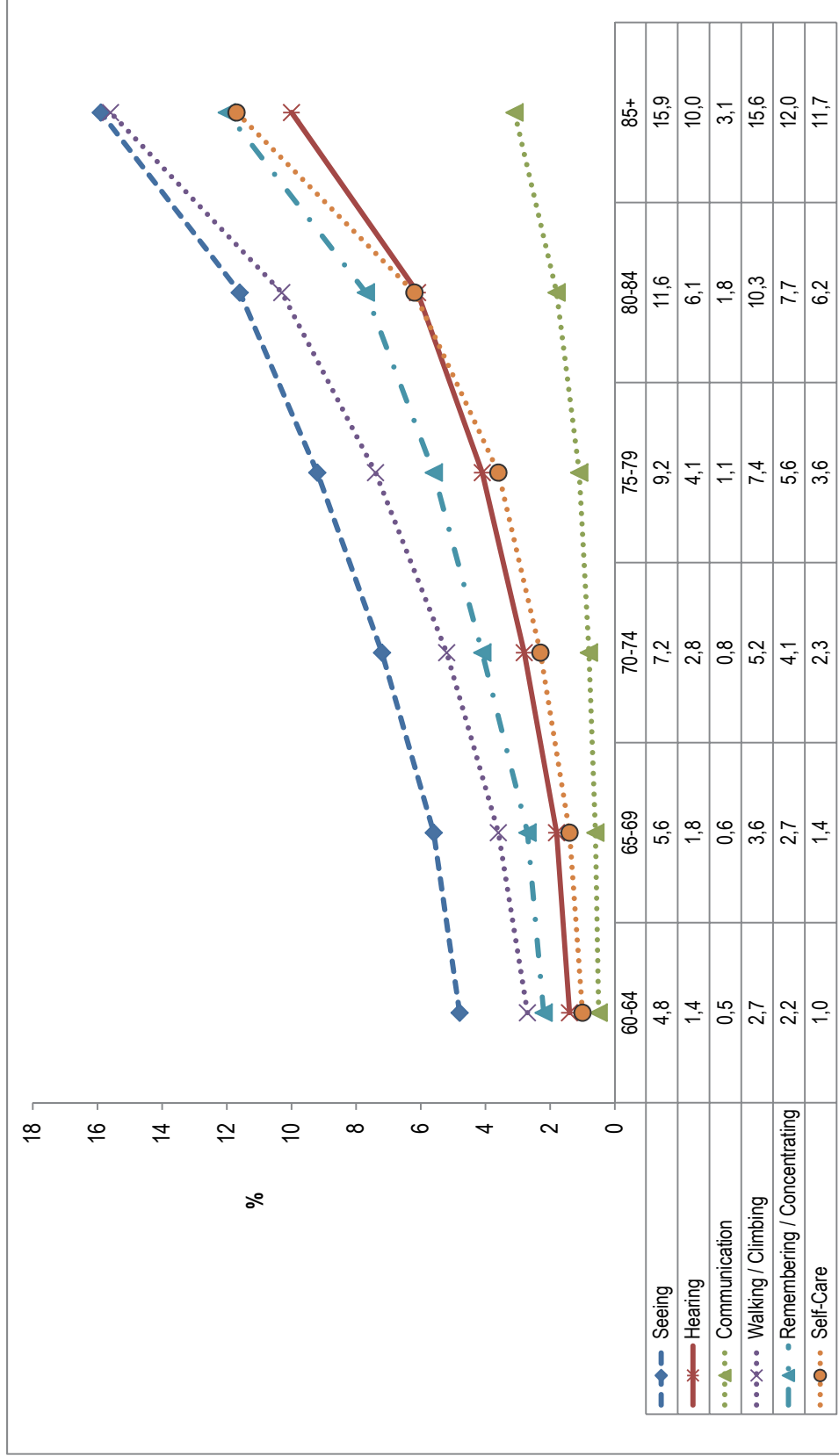
5.6 Ageing and disability

5.6.1 Introduction

The ageing process usually entails the inability to perform certain functions and activities effectively as people graduate to higher ages (Weeks, 2008; Beard et al., 2012). The ageing of any country's population calls for long-term planning and provision of resources to improve care and autonomy of older persons. In addition, improvements in infrastructure relating to access to health care centres and opportunities that promote healthy living, will have the net effect of a decline in the disease burden among the old and an increase in productivity in old age (Bloom & Canning, 2008).

Figure 5.17 provides the proportion of elderly persons who reported having 'A lot of difficulty' and 'Cannot do at all', i.e. severe difficulty in performing various activities such as seeing, hearing, communicating, walking or climbing stairs, remembering or concentrating, and self-care. According to the figure, the proportion of elderly persons who reported having severe difficulty in all functional domains increases with age, which is to be expected.

Figure 5.17: Percentage of elderly persons aged 60 years and older with severe difficulty in selected functional domains by age, Census 2011

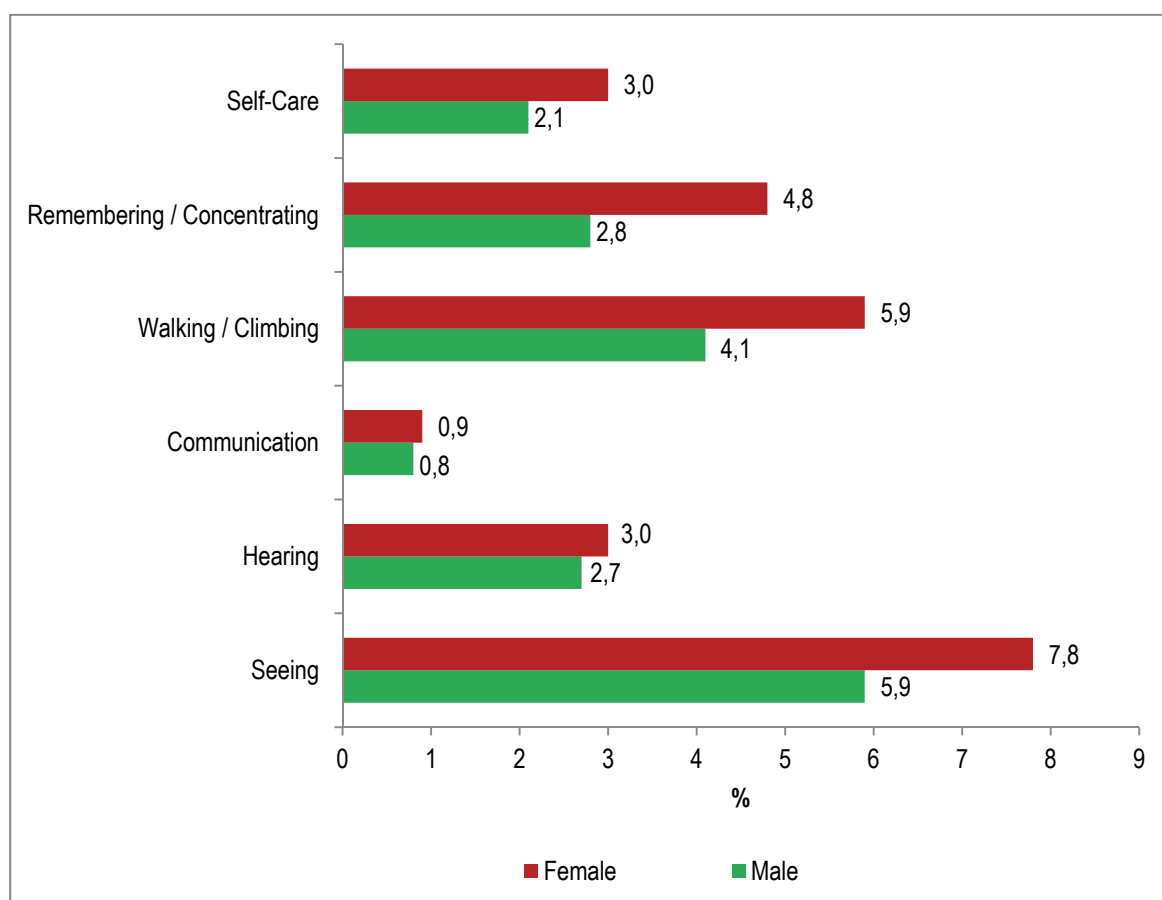


The elderly experience severe difficulty seeing from as early as age 60–64 (4,8%), and this percentage increases with age. As the elderly age, walking a kilometre or climbing a flight of stairs as well as taking care of oneself becomes a more difficult task to perform, particularly towards their eighties. Despite experiencing severe difficulty in hearing, seeing and/or remembering/concentrating, the level of difficulty in communicating among the elderly remains relatively low, even among those aged 80–84 (3,1%).

5.6.2 Disability among the elderly by sex

Figure 5.18 depicts the percentage of all elderly men and women who reported experiencing severe difficulty in performing certain functions. For all functional domains, a higher proportion of elderly women when compared to elderly men, reported experiencing severe difficulty in performing such functions. The most evident difference in the proportion of elderly men and women's functioning were those of remembering (2,0%), seeing (1,9%) and walking (1,8%), where women reported far higher levels of severe difficulty in these functions.

Figure 5.18: Percentage of elderly persons aged 60 years and older with severe difficulty in selected functional domains by sex, Census 2011



5.6.3 Disability and population group

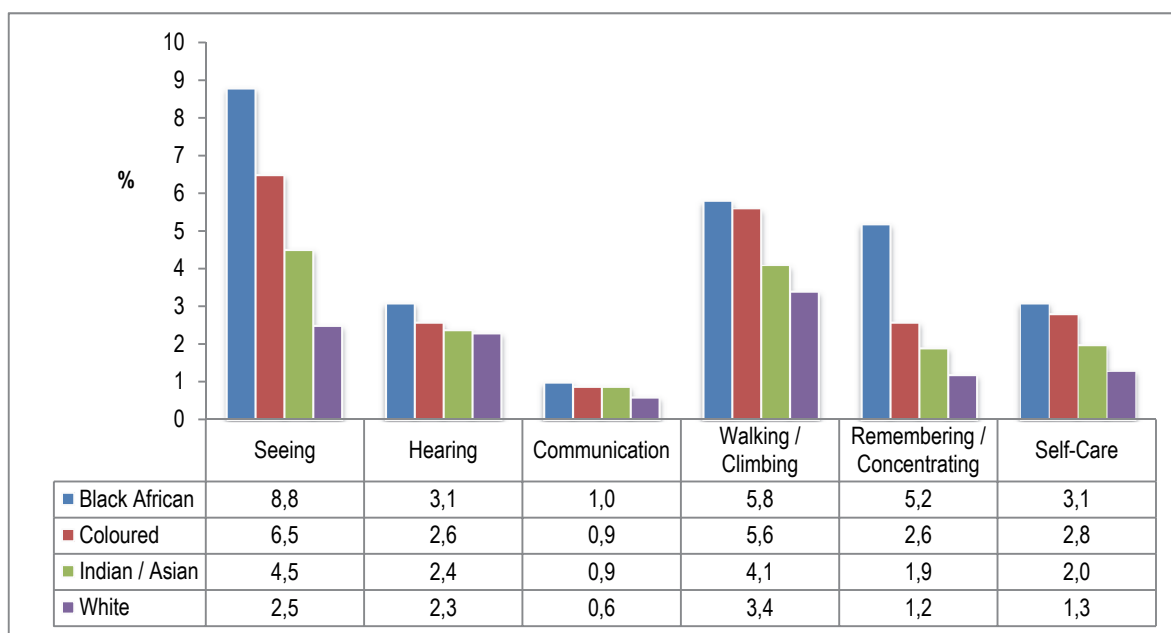
Table 5.4 and Figure 5.19 show that black African elderly persons reported the highest proportions of persons experiencing severe difficulty in functional domains such as seeing (8,8%), walking or climbing a flight of stairs (5,8%), remembering/concentrating (5,2%) and self-care (3,1%). The white population group on the other hand, reported the lowest proportions across all functional domains. However, there is marginal difference in severe difficulty in communication and hearing across population groups.

Table 5.4: Number of elderly persons aged 60 years and older with severe difficulty in selected functional domains by population group, Census 2011

Population group	Seeing	Hearing	Communication	Walking/ climbing	Remembering/ concentrating	Self-care
Black African	228 699	81 994	25 678	151 182	136 568	79 520
Coloured	22 026	8 727	3 005	18 859	8 774	9 515
Indian/ Asian	6 176	3 244	1 276	5 566	2 642	2 654
White	20 906	19 477	4 997	28 816	10 201	11 056

Other population group (280 454) category for 2011 has been excluded

Figure 5.19: Percentage of elderly persons aged 60 years and older with severe difficulty in selected functional domains by population group, Census 2011

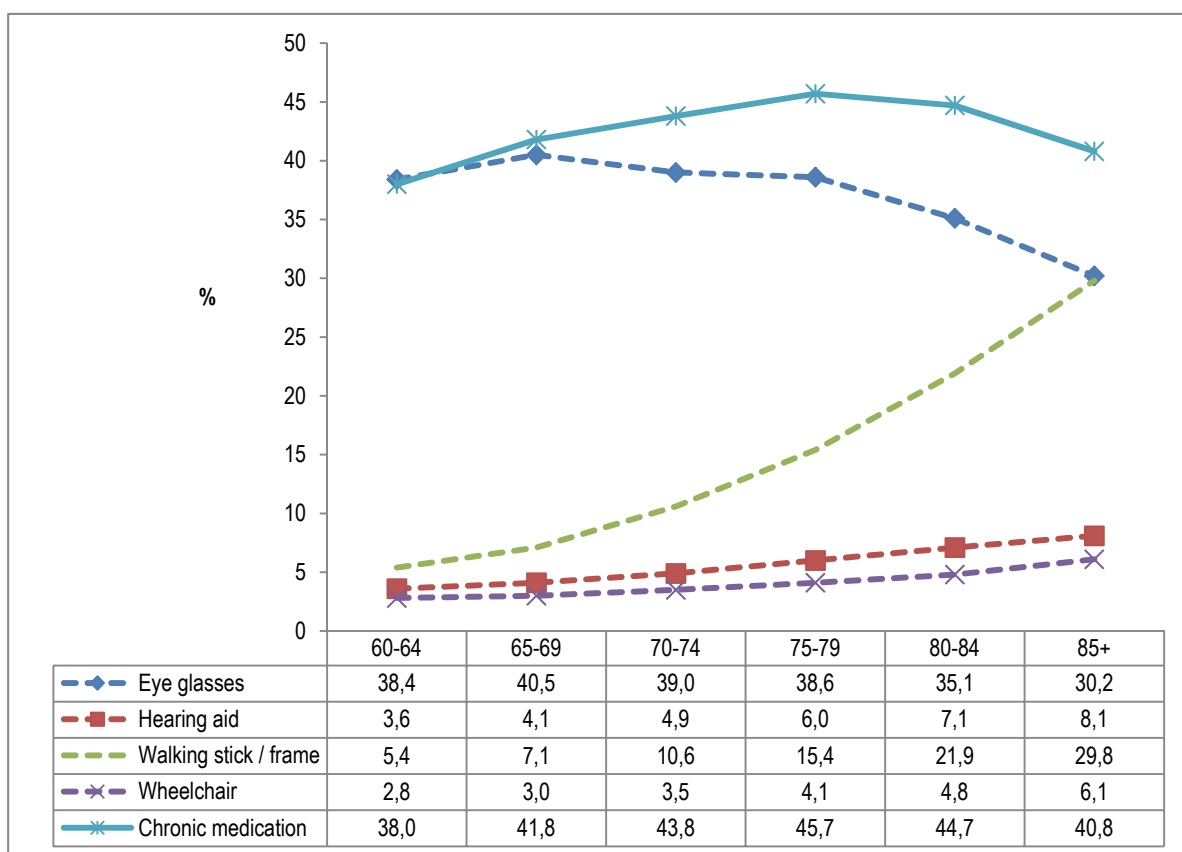


Other population group (280 454) category for 2011 has been excluded

5.6.4 Usage of assistive devices and chronic medication among the elderly persons

Figure 5.20 shows the proportion of persons aged 60 and older that reported using an assistive device or chronic medication. The results show that a substantial proportion of elderly persons use chronic medication. By age 60–64, 38% of the elderly were using chronic medication. The proportions remain high across subsequent age groups. Similarly, a fairly high proportion of the elderly required the use of eye glasses to see. By age 60–64, 3,6% of the elderly used a hearing aid, and 2,8% used a wheelchair. The use of hearing aids and wheelchairs among the elderly increases only marginally with age. However, the use of a walking stick/frame increased significantly with age, from 5,4% among those aged 60–64 to 29,8% among those aged 85 and older.

Figure 5.20: Percentage of elderly persons aged 60 years and older using assistive devices and chronic medication: Census 2011

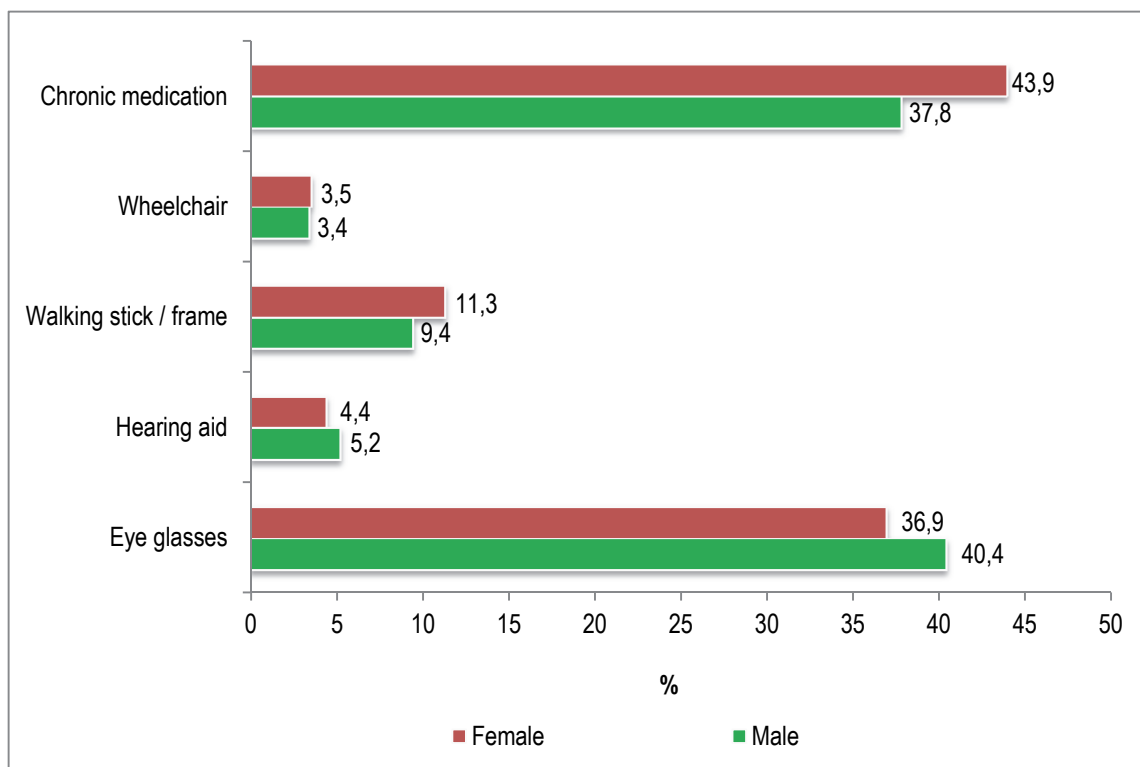


5.6.4.1 Assistive device use by sex

Figure 5.21 gives the proportion of elderly men and women who reported using assistive devices as well as chronic medication. According to the figure, a higher proportion of elderly women reported the use of a walking stick/walking frame (11,3%) as well as chronic medication (43,9%) when compared to elderly men (9,4% and 37,8% respectively). However, a higher proportion of elderly men as compared to women reported the use of eye

glasses (40,4% vs. 36,9%) and a hearing aid (5,2% vs. 4,4%). There was a marginal difference in the use of a wheelchair between the sexes.

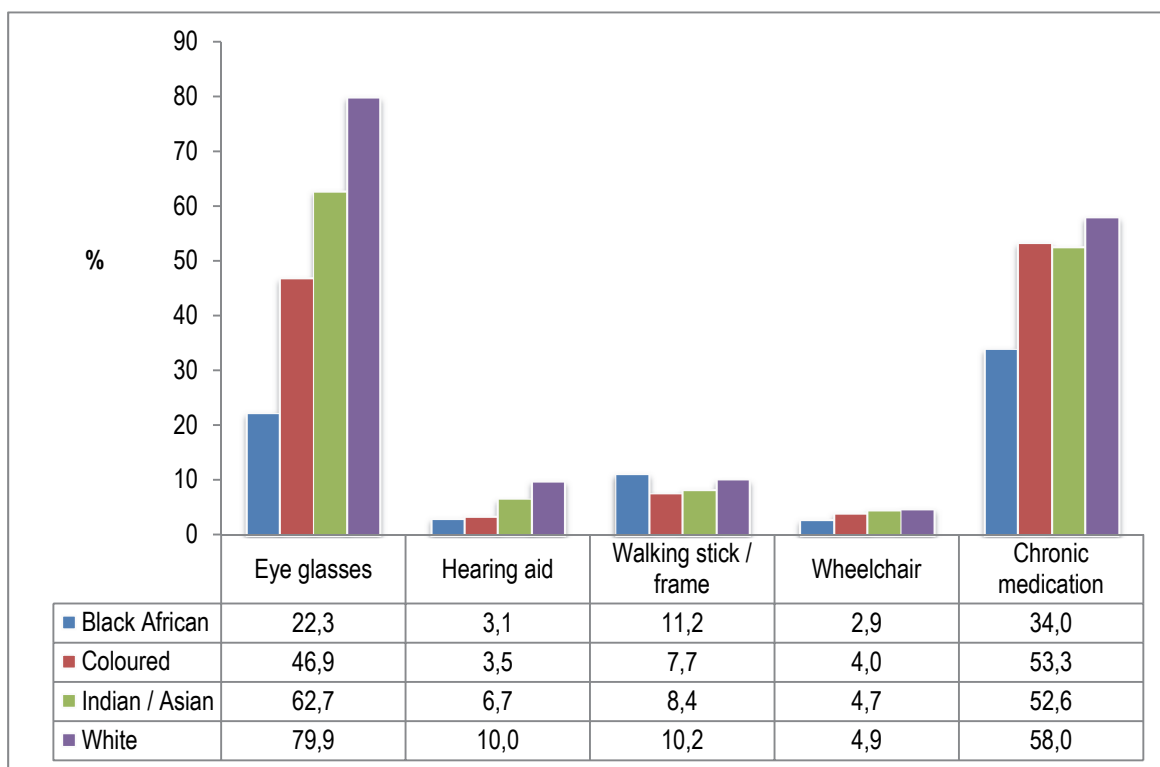
Figure 5.21: Percentage of elderly persons aged 60 years and older using assistive devices or chronic medication by sex: Census 2011



5.6.4.2 Usage of assistive devices by population group

According to Figure 5.22, a higher proportion of elderly whites use assistive devices such as glasses (79,9%), hearing aids (10,0%), wheelchairs (4,9%) as well as chronic medication (58,0%) when compared to all other population groups. Use of assistive devices such as glasses (22,3%), hearing aids (3,1%), wheelchairs (2,9%) as well as chronic medication (34,0%) is particularly low among the elderly black African population. The difference in use of eye glasses and chronic medication between the black African and the white population groups is very significant. The low level of assistive device usage amongst black African elderly persons may be attributed to unmet needs. Further research is needed to explore unmet need for assistive devices among the elderly.

Figure 5.22: Percentage of elderly persons aged 60 years and older using assistive devices and chronic medication by population group, Census 2011



*Other' population group (280 454) category for 2011 has been excluded

In conclusion, physical and cognitive limitations are apparent and more pronounced at oldest ages. Use of assistive devices and chronic medication plays a critical role in ensuring an independent life among elderly persons. There is a need to address the unmet need for assistive devices for particular groups of elderly persons. This will translate into the realisation of improved health and overall well-being for this particular vulnerable group.

CHAPTER 6: LIVING ARRANGEMENTS OF OLDER PERSONS

6.1 Introduction

Declines in fertility and mortality have created a compressed demographic transition, a growing trend towards survival into later life, and a larger proportion of elderly people in the population (Bloom and Canning, 2008). Amidst the growing numbers of elderly persons in many countries, household composition continues to evolve, shifting from multigenerational larger households to nuclear smaller households. Such changes in household structure and composition continue to define and shape the living circumstances of the elderly persons and the role they play in their communities.

Living arrangements of elderly persons continue to be largely influenced by culture, demography (patterns of marriage, widowhood, divorce and remarriages in combination with differences in male and female mortality), migration and urbanisation, female labour force participation, and generally, modernisation characterised by an individualistic lifestyle. This is contrary to the living arrangements that elderly persons experienced in traditional societies, where they mostly lived with children and families and were provided with all forms of support. Some implications of the evolving household composition is that the elderly are no longer assured of the family support structure and many may not have economic means to live independently. An important question still arises as to how many elderly persons can afford to live a decent life independently in South Africa, given the past economic divides that limited socio-economic options for many of the formerly disadvantaged groups. Also, the 'missed generation' due to HIV/AIDS has left elderly persons now having to take care of young children instead of being taken care of by their children.

In this chapter, the profile of elderly persons' living arrangements is based on data of elderly persons living in households. Various aspects pertaining to their living circumstances were analysed, based on a number of variables. These include household headship, household size and composition, housing and access to services. Elderly persons' living arrangements have been analysed based on the type of household they belong to, the position they hold and general living circumstances. Four categories were derived: living alone, living with spouse only, living with spouse and children, and living with non-related co-residents.

6.2 Living arrangements

6.2.1 Household structure and residence patterns

Culture and demography interact to create patterns of elderly living arrangements. At older ages, living arrangements are largely compounded by marriage, divorce, cohabitation and widowhood. However, culture also plays a crucial role in influencing decisions pertaining to how one lives. Africa is known for its model of large household sizes constituted of multi-generations, of which the elderly often assume the role of household headship (Locoh, 1988:47). Weeks (2008:424) also noted that in Africa, older persons are more likely to live with a spouse or other family members. Culturally, in the event of losing a male partner, most African societies denied women

inheritance rights, leaving them dependent on children and other relatives. Such events to a greater extent meant that the widow had to find alternative accommodation, including living with children.

Several other factors also determine elderly living arrangements. These include patterns of marriage, widowhood, low fertility, migration, and to some extent, changing desires among the elderly (United Nations, 2005; Weeks, 2008). In many societies, economic development and its associated characteristics of education, empowerment, and urbanisation influence living arrangements, affecting both the young and the aged. Living arrangements are fundamental in old age, often determining the extent to which they access health care and social support, particularly during frail years.

This section discusses the complexity of elderly persons' living arrangements based on data collected in the censuses of 1996, 2001 and 2011. It profiles the proportion of elderly persons living alone, living with partners and children, extended family, and complex households by province, age group, sex and population group.

Figure 6.1: Household composition, censuses of 1996, 2001 and 2011

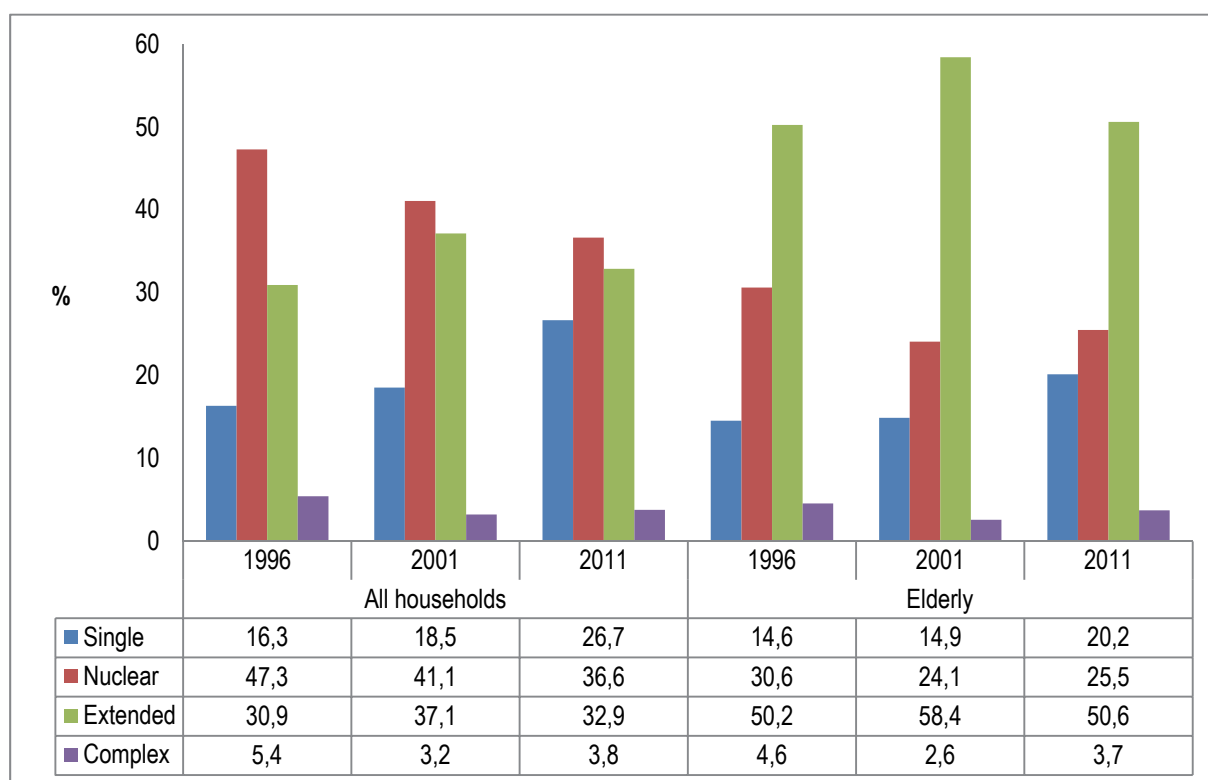


Figure 6.1 above shows the proportion of elderly persons aged 60 and older living in different types of households across the three censuses. The results show that more than half of elderly persons live in extended households, followed by nuclear households. The dominance of co-residence among the elderly is a reflection of the fundamental role family support continues to play in ensuring that the needs of the elderly are met. Traditionally,

the extended household set-up continues to dominate in many other African societies, and elderly persons residing with extended family reigns supreme (Van de Walle et al. 1988).

In Figures 6.2 to 6.5, the national household composition profile shows that nuclear and extended households are more prevalent compared to other types of household compositions. However, the results show an upward trend in the prevalence of single-member households (from 16,3% in 1996 to 26,7% in 2011). Generally, fewer older persons reside in complex households.

Although elderly persons predominantly live with extended households, emerging trends show that the empowered elderly persons (those with financial resources) prefer 'intimacy' at a distance (living alone) (Chaudhuri & Roy, 2007). The results confirm a trend seen elsewhere; the shift from living with extended families to living alone increasingly becoming prevalent. This monograph, however, does not address the question pertaining to the role of economic independence in determining the living arrangements among the elderly.

Some researchers have argued that some of the elderly persons that co-reside with children or other relatives do so out of necessity (Weeks, 2008). Elderly persons co-residing with at least one of their children are assumed to receive better economic support and, more importantly, better care than those living alone or those living with non-relatives or even other relatives (Abejo, 2004). However, the reverse may be true for households where only the elderly person is the source of livelihood.

6.2.1.1 Living arrangements by province

Figures 6.2 to 6.5 show provincial variations in the household composition among the elderly. The results show that Western Cape, Gauteng and North West provinces have the highest proportion of elderly persons living alone, while Eastern Cape and Limpopo provinces have the lowest proportion. Nuclear households among the elderly are predominantly found in Western Cape and Gauteng. Elderly persons living in extended households, on the other hand, are more prevalent in Limpopo, Eastern Cape, KwaZulu-Natal and Mpumalanga. The proportion living in complex households has remained relatively small except in Western Cape.

Figure 6.2: Percentage of elderly living alone by province

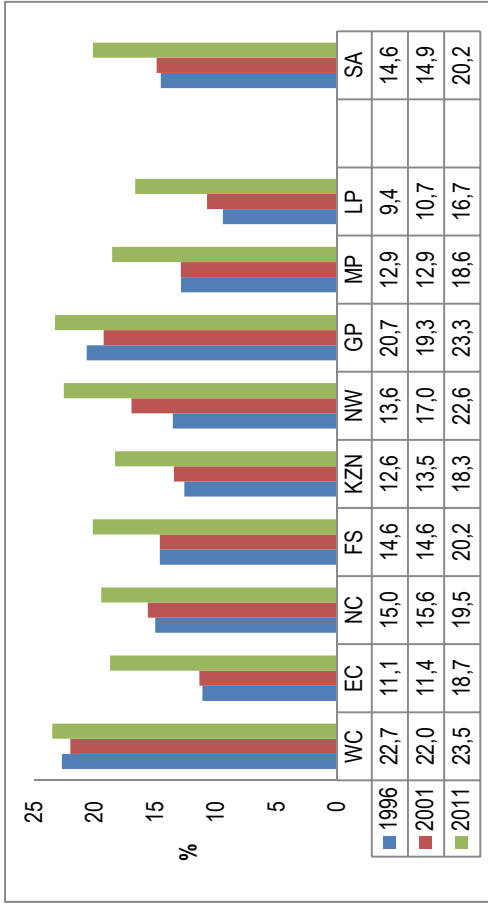


Figure 6.3: Percentage of nuclear households by province

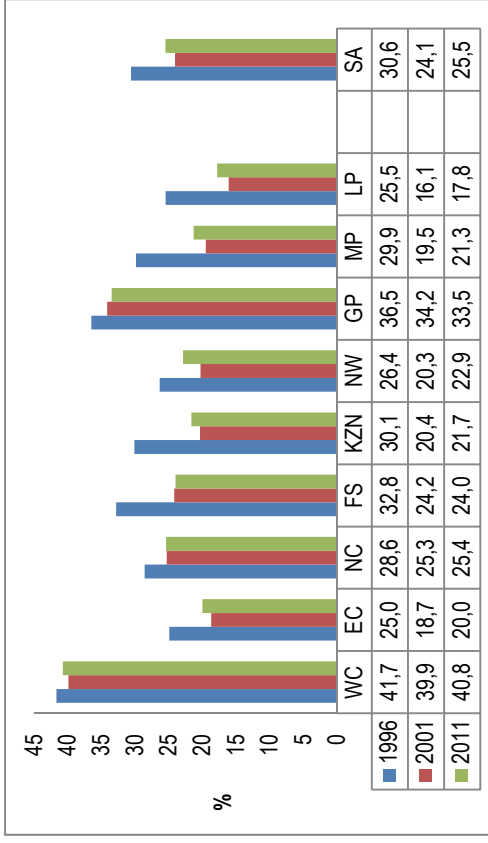


Figure 6.4: Percentage of extended households by province

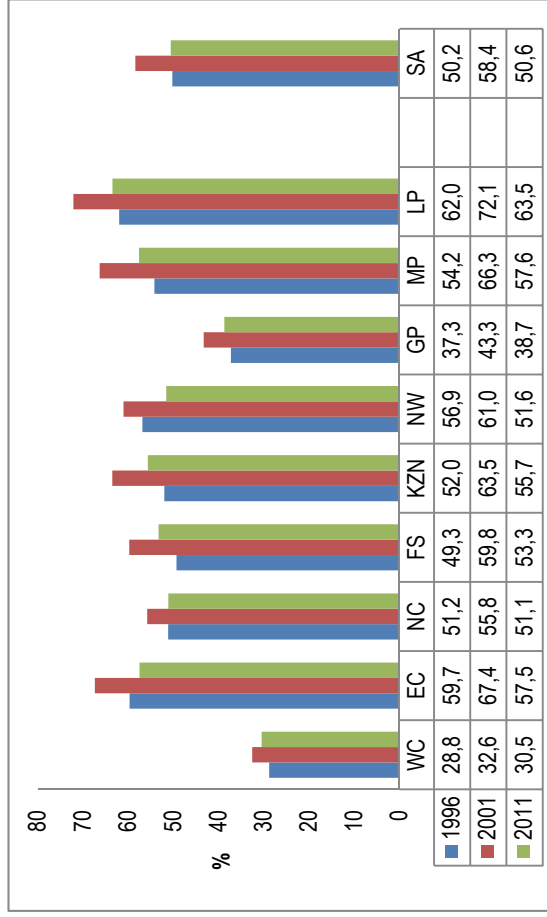
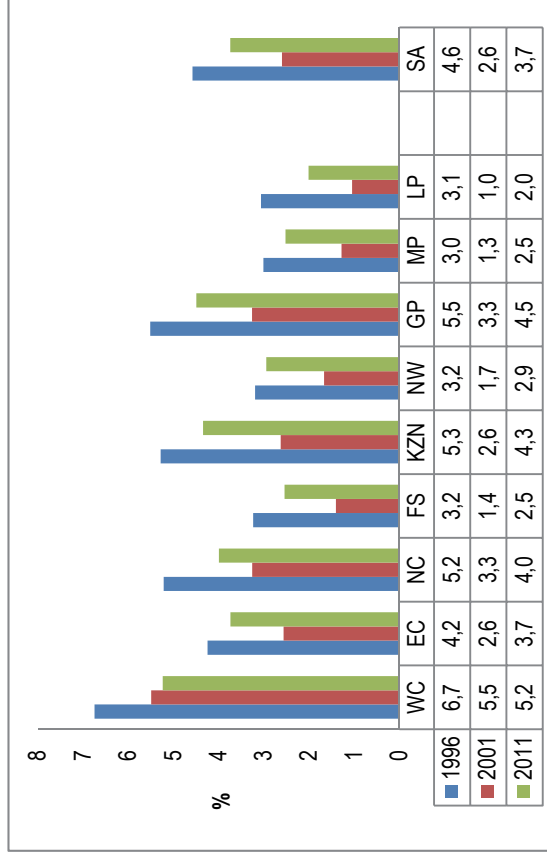


Figure 6.5: Percentage of complex households



Census 1996 excludes unspecified cases

6.2.1.2 Living arrangements by age of older persons

Figures 6.6 to 6.9 show the living arrangement patterns among elderly persons by age between 1996 and 2011. The results show an upward trend in the proportion of elderly persons who are living alone since 1996 for all age groups. However, those aged 60–69 years and the oldest of the old (80 years and older) recorded the highest proportions. The proportion residing in extended households is above 50% for all age groups, except those aged 60–64 years. The proportion living in complex households is low across all the age groups.

Findings from the Stats SA 2012 report on vulnerable groups (elderly persons inclusive) showed a similar pattern of older persons more likely to live in single-person households than the population in general (9,5% compared to 5,3%).

Findings from the three censuses conducted in the new democratic dispensation show that living arrangements vary with advancement in age. Among those living alone, there is an upward trend reflecting the life course stages of the nuclear family among those that are entering old age (60–64-year-olds), as well as widowhood contributing to single-member households at oldest ages. The higher proportion of elderly persons co-residing with extended families is reflective of frailty among the oldest of the old, as they rely on familial support for their well-being.

In summary, among the elderly persons that had just advanced into old age, most of them tend to live in nuclear households with their spouse and children. As elderly persons advance in age towards the age of 75 and older, they mostly reside with extended families, while others live independently due to loss of spouses. Similar findings were observed among the elderly in Lesotho and the Philippines (Mba, 2002 and Abejo, 2004).

Figure 6.6: Percentage of single-member households by age of household head

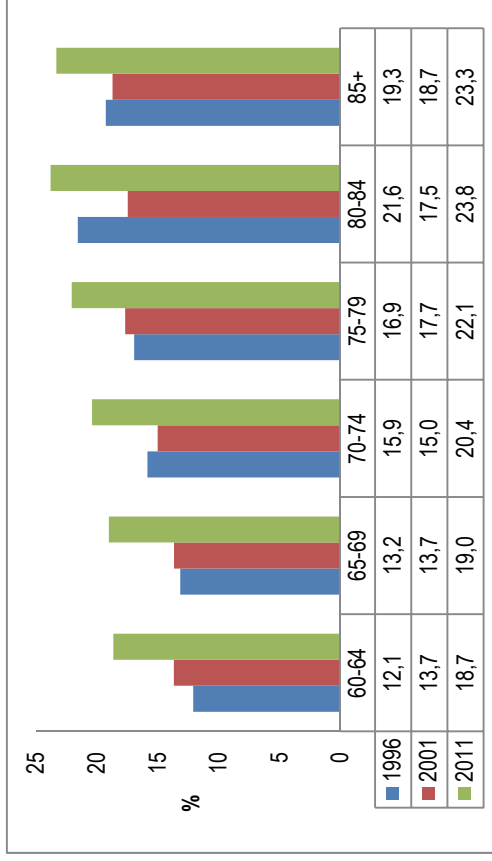


Figure 6.7: Percentage of nuclear households by age of household head

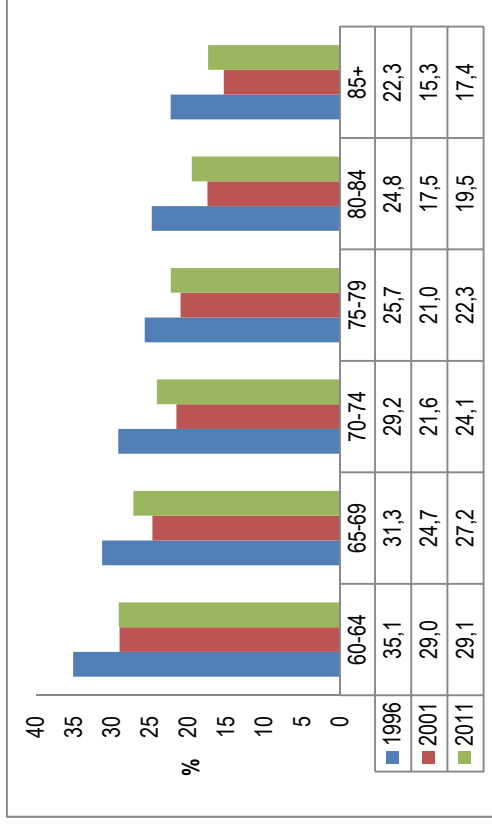


Figure 6.8: Percentage of extended households by age of household head

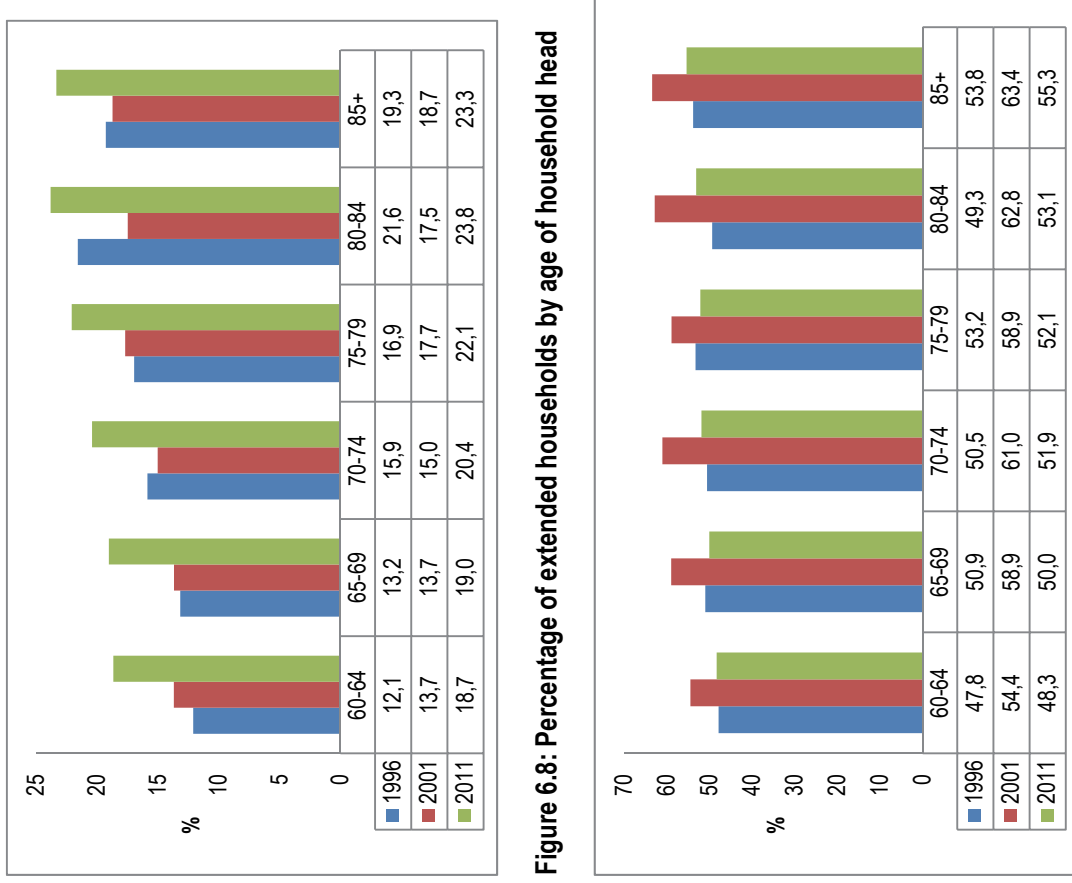
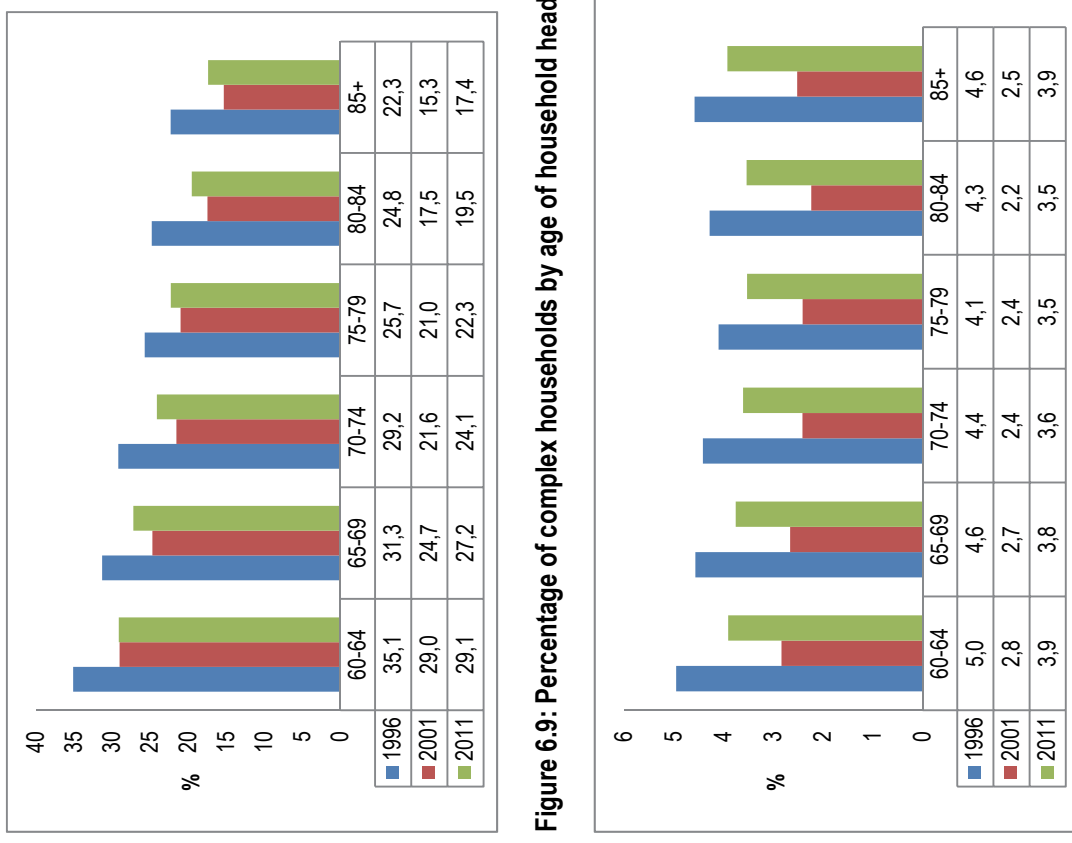


Figure 6.9: Percentage of complex households by age of household head



6.2.1.3 Living arrangements by sex

Figure 6.10: Percentage distribution of elderly persons by sex and household composition, censuses of 1996, 2001 and 2011

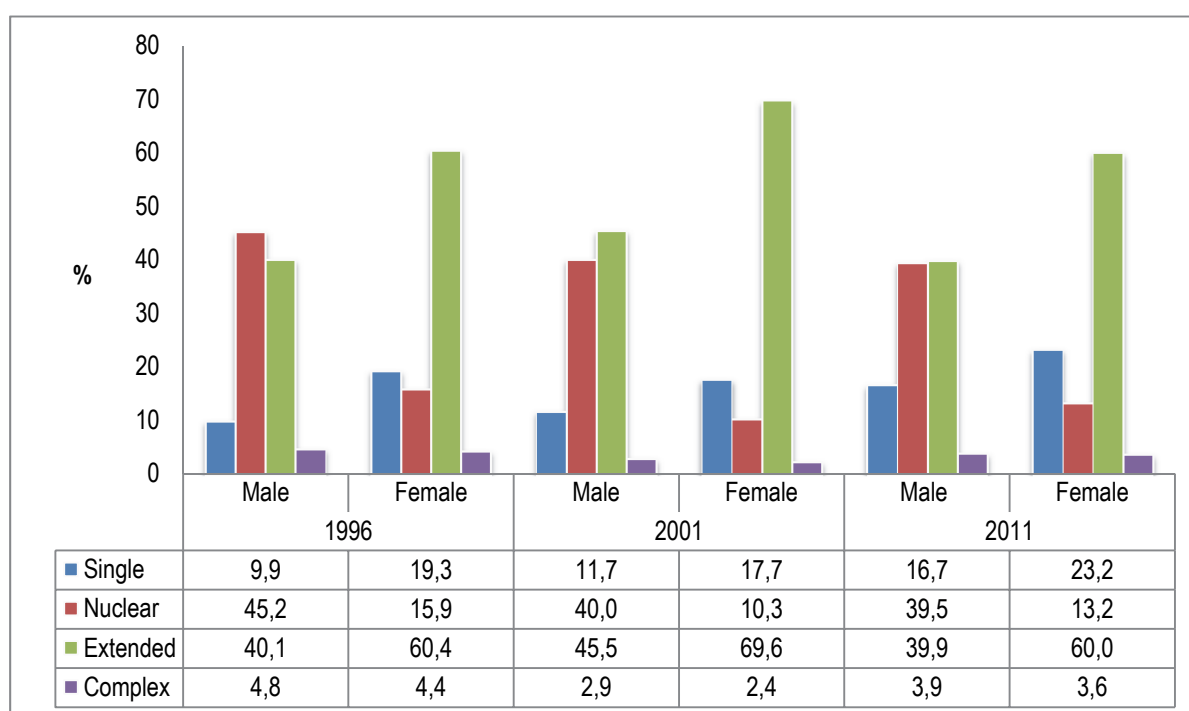
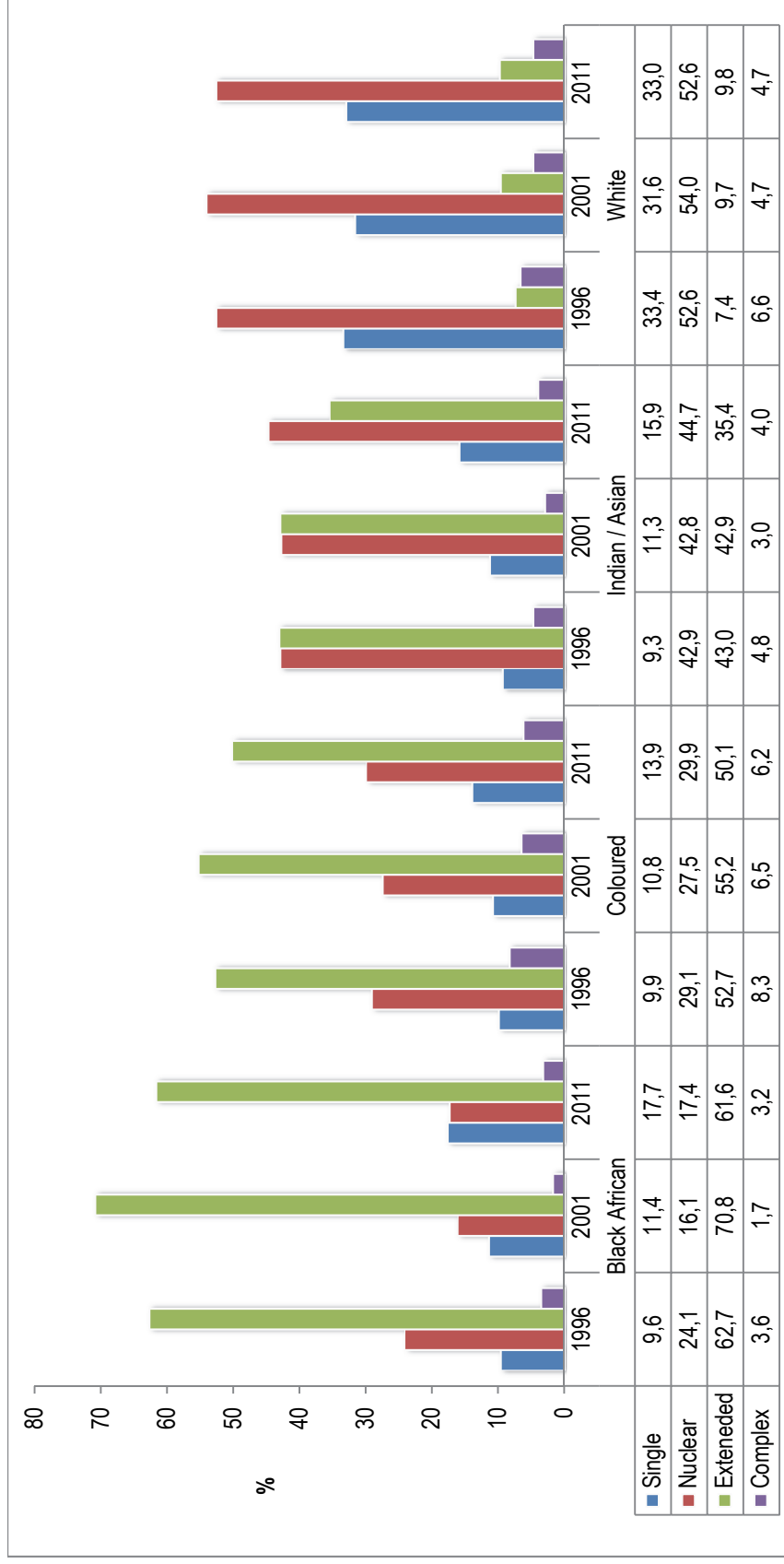


Figure 6.10 shows sex variations in the living arrangements of elderly persons. Generally, both elderly men and women largely live in extended households. In all the three censuses, the proportion of elderly women living in extended households is higher compared to that of their male counterparts. By 2011, six in ten elderly women lived with extended families. A significant proportion of males are living in nuclear households (over a third). However, the results also show that both sexes exhibit an upward trend in the proportion living in single-member households, although the highest increase is observed among elderly males. A study in India (Chaudhuri and Roy, 2007) showed that, other factors constant, older women are more likely to live alone compared to men. Such differences in the living arrangements among the elderly can be attributed to a number of factors, ranging from socio-cultural to demographic factors. The dominance of elderly women living with extended families compared to males could be attributed to cultural aspects. Culturally, elderly women that lose their partners are likely to move in with other relatives, particularly in developing countries, where women traditionally did not have automatic rights to the inheritance of their husbands property – a situation that left many dependent on other relatives (Weeks, 2008). It has been noted that having sons decreases the likelihood of living alone among the elderly in India and Iran (Chaudhuri and Roy, 2007; Akbar and Vaida, 2013). Culturally, in some societies, sons are responsible for their older parents and co-residence of elderly persons with children is a customary way by which families meet the needs of the elderly persons (Tohme et al., 2010). Demographically, in such a society, the sex composition of one's children plays a critical role in determining the living arrangements of the parents in old age.

The increase in the proportion of elderly persons living alone in South Africa could be related to a number of factors, inclusive of the increase in the proportion of the elderly over time, declining fertility and increased childlessness, migration, and marital choices. For instance, elderly persons with fewer children or no children have limited options for co-residence and may therefore be forced to live alone. Some studies have shown that availability of significant others (close relatives, including own children) influences living arrangement choices (Mba, 2002 and Chaudhuri and Roy, 2007). Migration and urbanisation often result in elderly persons left alone to fend for themselves, as children migrate to cities in search of socio-economic opportunities. Research has also shown that women tend to get married to older men, and this translates into women outliving their spouses and a subsequent higher proportion of elderly widows (Chaudhuri and Roy, 2007). It has also been noted that in the event of loss of a partner, males are more likely to remarry, compared to their female counterparts (Weeks, 2008). Such demographic events lead to an increased proportion of elderly women living alone, other factors constant.

6.2.1.4 Living arrangements by population group

Figure 6.11: Percentage distribution of elderly persons by household composition and population group, censuses of 1996, 2001 and 2011



'Other' population group responses excluded from Census 2011. Unspecified cases for Census 1996 have been excluded

Figure 6.11 provides insights into the living arrangements of elderly persons among the four population groups. The profile shows that single-member households among the elderly were more prevalent among the white population group (one in three white elderly persons lived alone across the three censuses) compared to the rest of the population groups. In Census 2011, 33% of households headed by white older persons were single households, compared to 13,9% of coloured, 17,7% of black African and 15,9% of Indian/Asian households. However, what is striking is the significant increase in the proportion of black African, coloured and Indian/Asian elderly persons living alone over the period. Explanations for such upward trends need to be explored. Studies in India and Lebanon have showed that economic independence was a key determinant of living arrangements in old age (Tohme et al., 2010; Chaudhuri and Roy, 2007). The findings on population groups seem to follow a pattern of developed countries where wealthier elderly persons prefer intimacy at a distance and are therefore more likely to live alone. However, the growing proportion of elderly persons living alone in South Africa among population groups in the absence of economic independence and family support can be detrimental to their well-being. Living alone in poor circumstances to some extent implies social isolation and deprivation.

According to Figure 6.11, more than half of all elderly whites were living in nuclear households when compared to other population groups across the three censuses. The results confirm what has been documented, i.e. whites tend to live in nuclear households whilst black Africans and coloureds live in extended families (Stats SA, 2012).

The results further show that black African elderly persons predominantly live with extended families, followed by coloureds. The above pattern of the high proportion of black African elderly persons living with extended families may be attributed to a number of factors, including a decline in marriages which leads to an increase in age at first marriage, necessitating a longer residence of young adults with parents. Another factor could be economic hardships such as the high unemployment rate among young adults who may prefer to stay with parents for longer periods as a safety net.

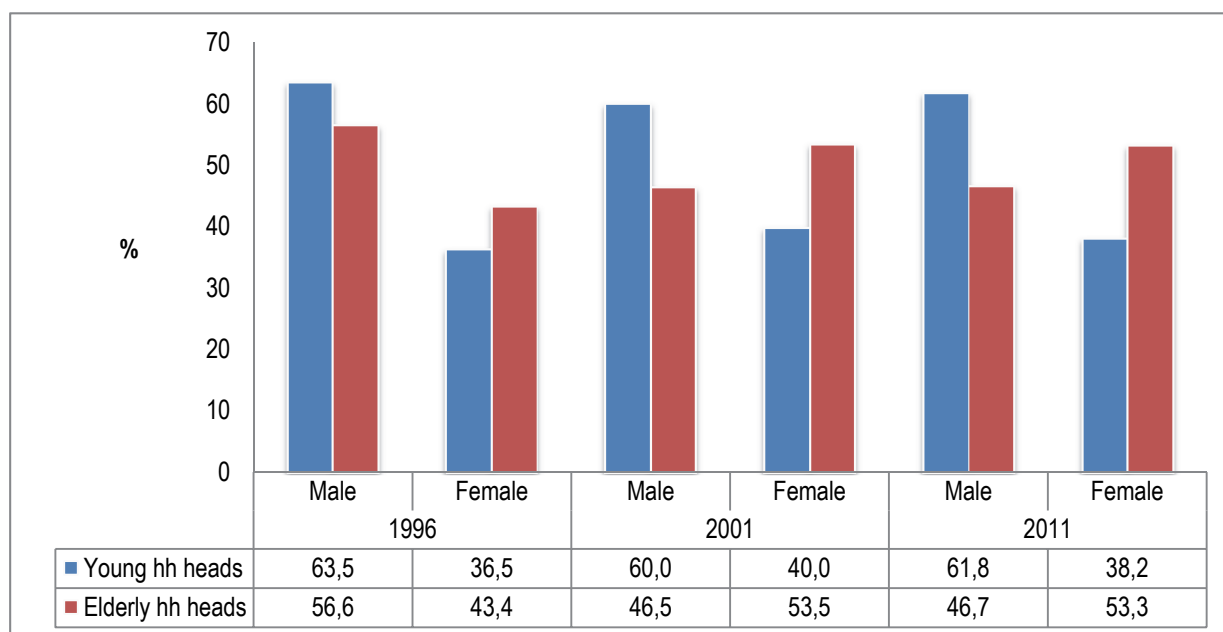
The above results indicate the structural changes that have affected the living arrangements of elderly persons since 1996. It is not surprising to see dominance of nuclear households in old age among population groups with high marriage rates (whites and Indians/Asians) over the period 1996–2011. On the contrary, co-residence of elderly persons with extended families is more prevalent among poor population groups (black Africans and coloureds), which could imply that socio-economic status is one of the driving forces behind living arrangements. Further research is required to explore the role of socio-economic status on living arrangements among the elderly.

6.3 Household headship

Household headship poses socio-economic, social-cultural and demographic challenges, given its role as the pillar of decision-making. Hence, the profile of elderly persons who take on this responsibility provides insights into the burden borne by this group of household heads. The characteristics of household heads have direct bearing on the living conditions of household members.

Figure 6.12 shows sex variations in household headship among the elderly, relative to the young population. The results show that among the elderly, female-headed households are more prevalent, whilst male dominance in household headship is observed among younger persons. Although 43% of households were headed by females in 1996, the proportion has increased since then. More than half of households are headed by females. In contrast to this, six in ten households headed by younger persons are male-headed households. Such a pattern may be attributed to females outliving their male counterparts, resulting in the assumption of the role of household head in the event of the loss of a male partner.

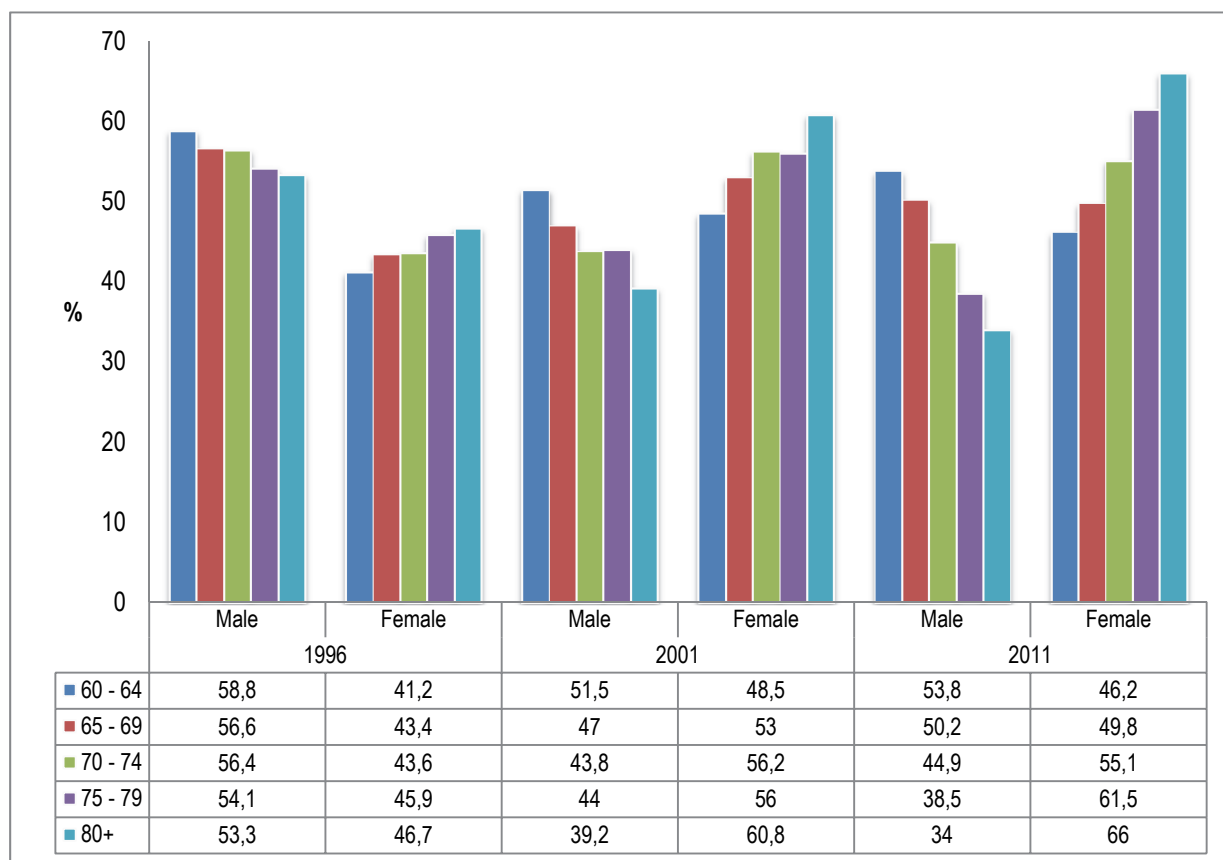
Figure 6.12: Percentage distribution of households by headship and sex, censuses of 1996, 2001 and 2011



hh refers to household

Figure 6.13 profiles household headship among elderly persons in the different age groups. The results show that, throughout the period 1996–2011, more than half of households were male headed as the population reach old age (among those aged 60–64 years). However, the proportion of households headed by females increases with advancement in age. For Census 2001 and Census 2011, six in ten household heads (over 60%) were 80 years and older. In 1996, household headship among the oldest ages shows a slightly different profile, where male headship dominates in the oldest ages. Such results could be attributed to data deficiencies.

Figure 6.13: Percentage distribution of households headed by elderly persons by sex of head of household, censuses of 1996, 2001 and 2011



Unspecified cases for Census 1996 are excluded

Figure 6.14: Number of households headed by elderly persons by province, censuses of 1996, 2001 and 2011

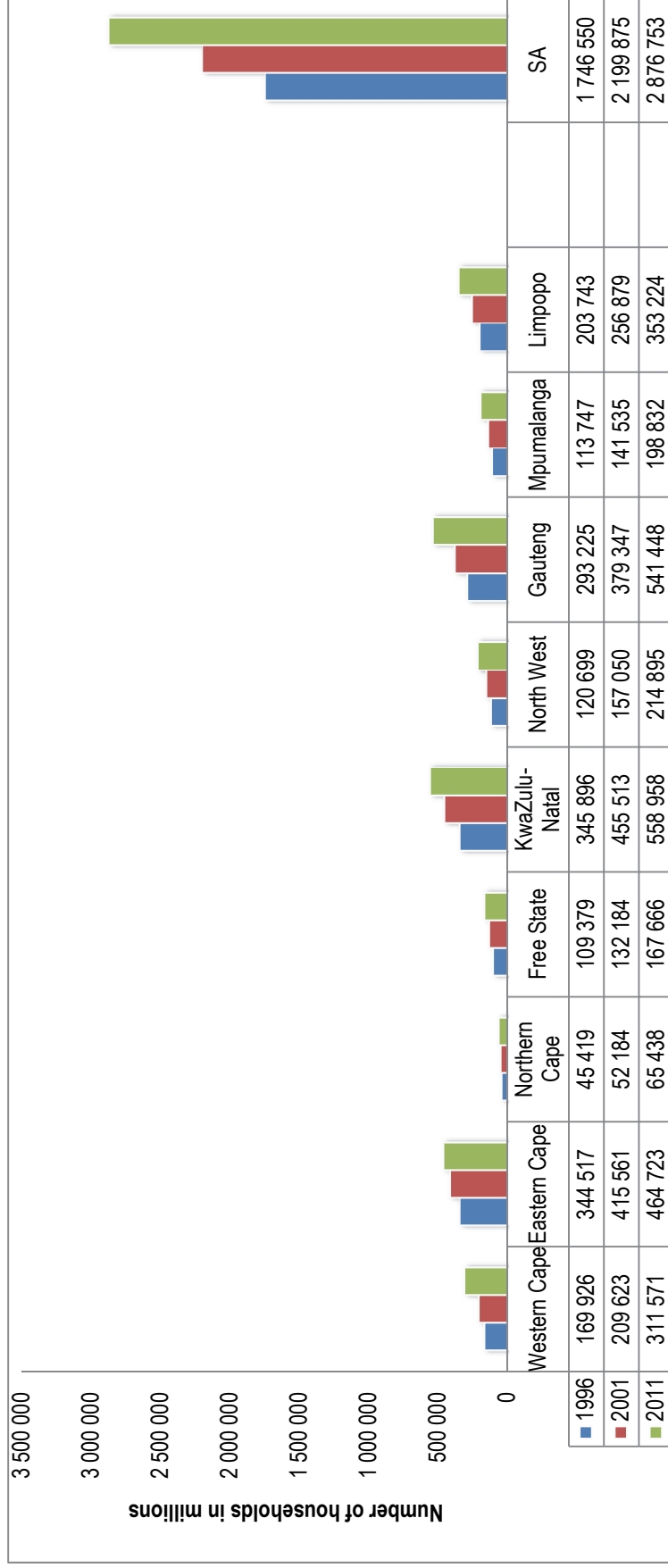
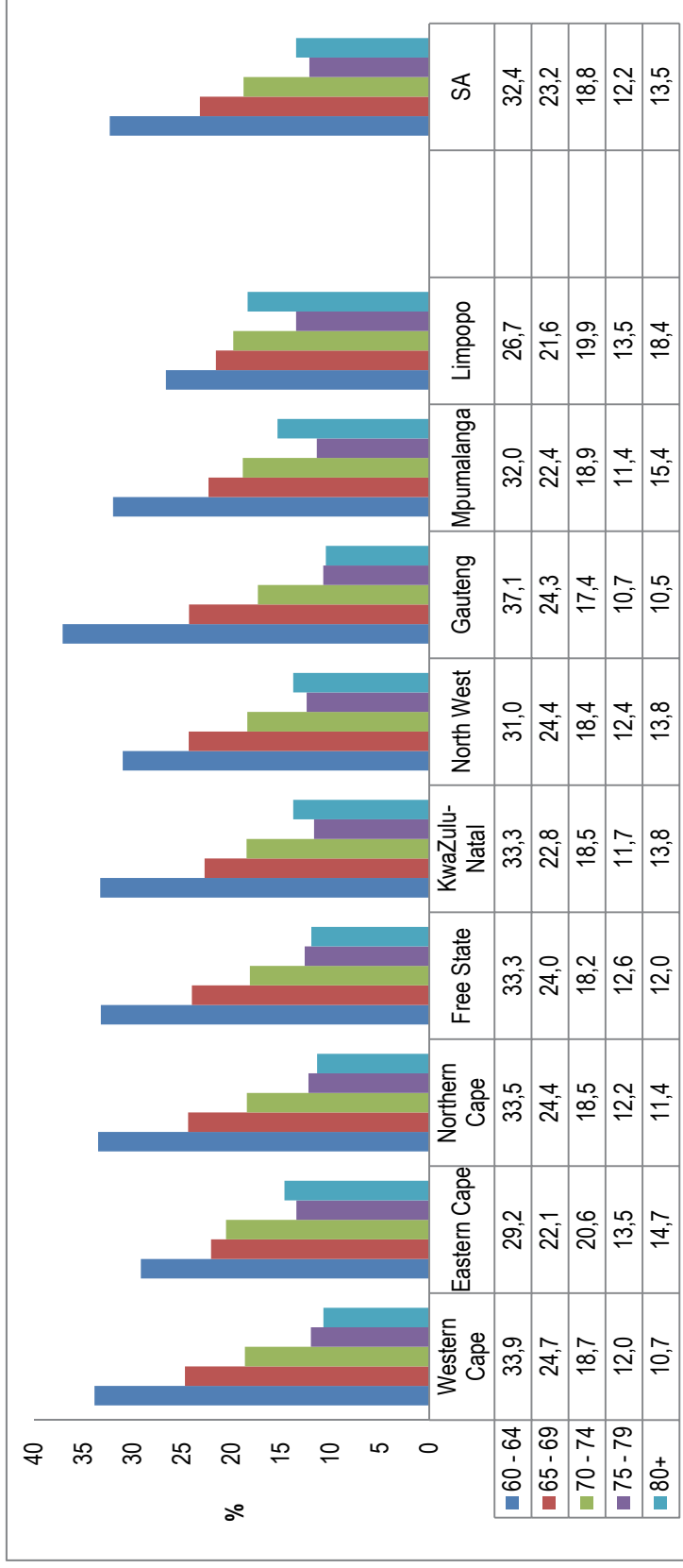


Figure 6.14 shows that the number of households headed by elderly persons increased from 1,7 million (19,6%) in 1996 to about 2,9 million (19,9%) in 2011. Census 2011 results show wide provincial variations, with KwaZulu-Natal, Gauteng and Eastern Cape provinces having the highest number (558 958, 541 448 and 464 723 respectively), while Northern Cape and Free State provinces have the lowest number.

6.3.1 Household headship by province

Figure 6.15: Percentage distribution of households headed by elderly persons by age of household head and province, Census 2011



The profile depicted in Figure 6.15 shows the dominance of household headship among those that have just progressed into old age in Census 2011. In all provinces, about a third of households were headed by elderly persons aged between 60 and 64 years. The proportions decrease with age. The results show that the proportion of elderly household headship was lowest among the oldest of the old (75 years and older). The provincial profiles show that Limpopo, Mpumalanga and Eastern Cape had the highest proportion of households headed by the oldest of the old (persons aged 80 years and older). This pattern is reflective of the social-cultural responsibility of the elderly toward their families.

6.4 Household size among households headed by the elderly

The results presented in Figure 6.16 show sex variations in household headship according to household size. The proportion heading households with five and more members is slightly higher for women (33,5%) compared to men (31,2%). A significant proportion of male-headed households have two household members (28,6%).

Within single-member households, the proportion of female-headed households is higher when compared to that of men (23,2% and 16,7%). Such a pattern of high proportions of single-member households that are headed by females can be attributed to feminisation of ageing (women outlive their partners) and partly due to children becoming independent and leaving parents alone as a result of migration and urbanisation.

The results clearly show how elderly female heads of households (45,8%) are more likely to look after big families (four persons or more) compared to their male counterparts (41,9%). It has also been noted that older women are likely to share their pension with the rest of the household, increasing their financial position which translates into intergenerational transfer, which is crucial for empowerment of the rest of the household members.

Figure 6.16: Percentage distribution of households headed by elderly persons by sex of household head and household size, Census 2011

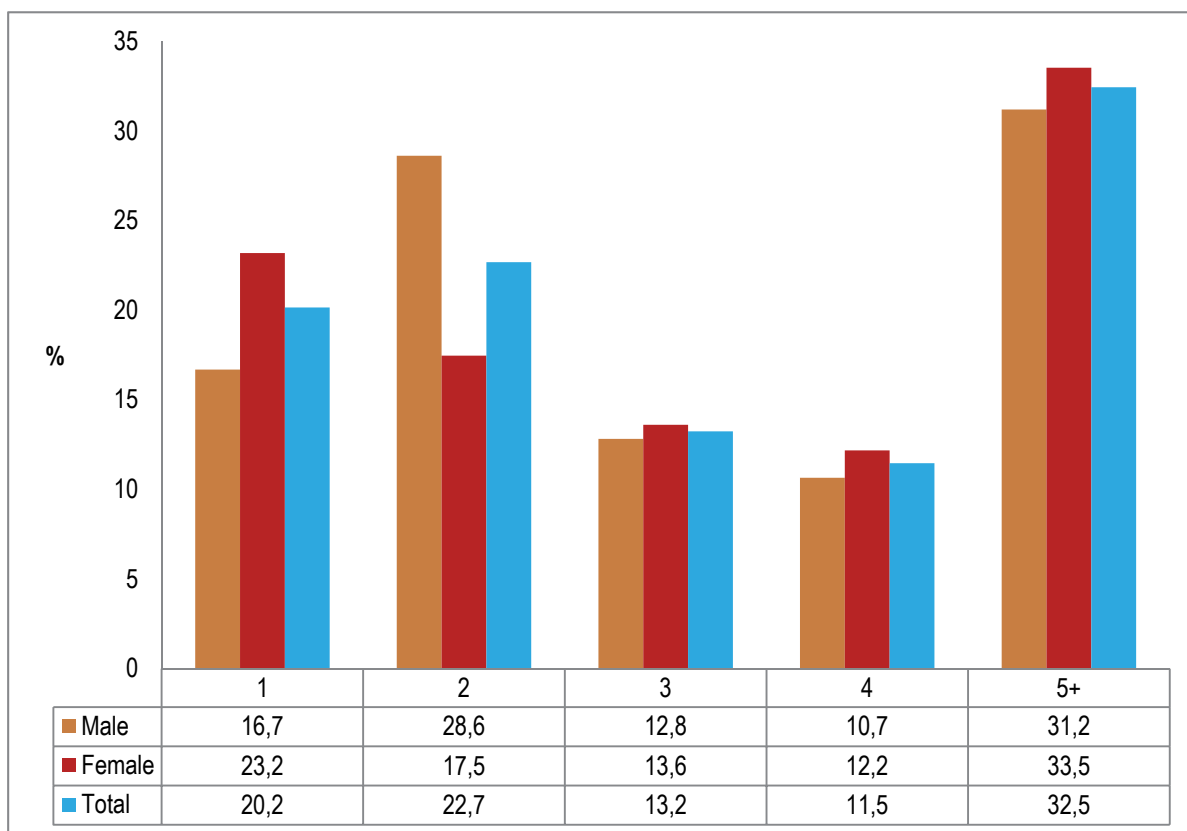
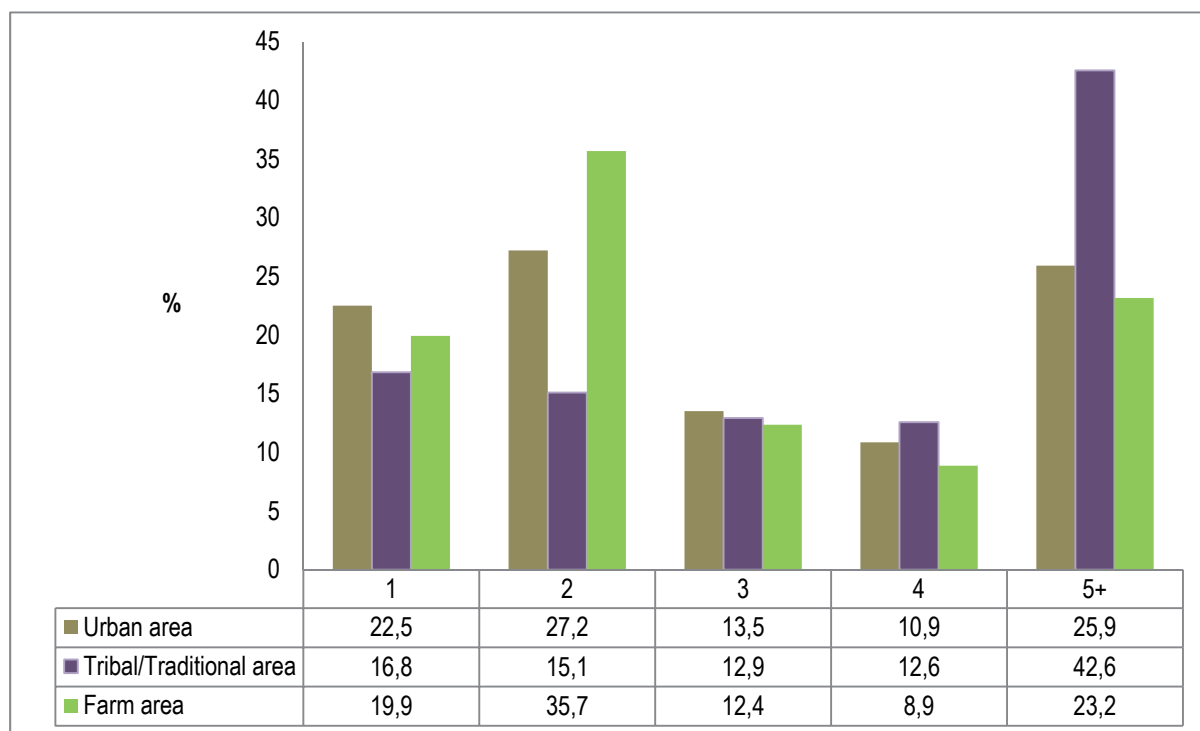
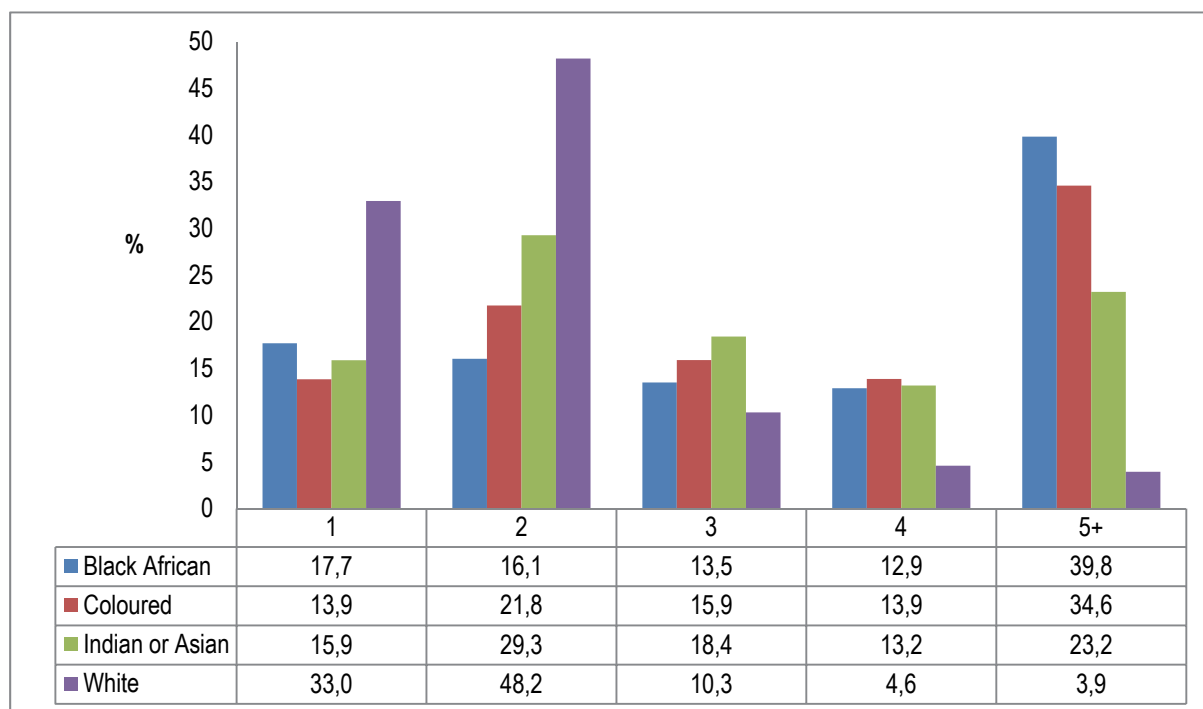


Figure 6.17: Percentage distribution of households headed by elderly persons by household size and geography type, Census 2011



The distribution of households headed by the elderly in the three geographical areas of urban, traditional and farm areas provide further insights into the living arrangements within these areas. The results show that urban and farm areas are dominated by small household sizes (one and two-member households), while traditional/tribal areas are dominated by large household sizes. Households headed by elderly persons in urban areas are predominantly one and two-member households (49,7%). In contrast, in traditional areas, almost half (42,6%) of the households headed by elderly persons had five or more members. Such a profile of large household sizes headed by elderly persons in traditional areas is an indication of the existence of multigenerational households.

Figure 6.18: Percentage distribution of households headed by elderly persons by household size and population group of head of household: Census 2011



'Other' population group (280 454) category for 2011 has been excluded

The results presented in Figure 6.18 above show variations in household headship among elderly persons of the different population groups. Generally, black African elderly persons head households of large sizes. About 40% of black African-headed households had five or more household members. Large household sizes headed by black African elderly persons can be attributed to multigenerational living arrangements, which are a common feature of African societies as highlighted in Figure 6.11 in the preceding section.

In contrast, the profile of elderly white-headed households shows dominance of small household sizes. Almost half (48,2%) of households were two-member households and about a third were single-member households.

The large household sizes headed by black African elderly persons translates into a dependency burden in the absence of adult working members, particularly in rural areas, leaving the elderly person solely responsible for the welfare of the entire household. Elderly-headed households had a much higher dependency ratio than households headed by younger persons, or households in general.

Figure 6.19: Percentage distribution of households headed by elderly persons by household size and province, Census 2011

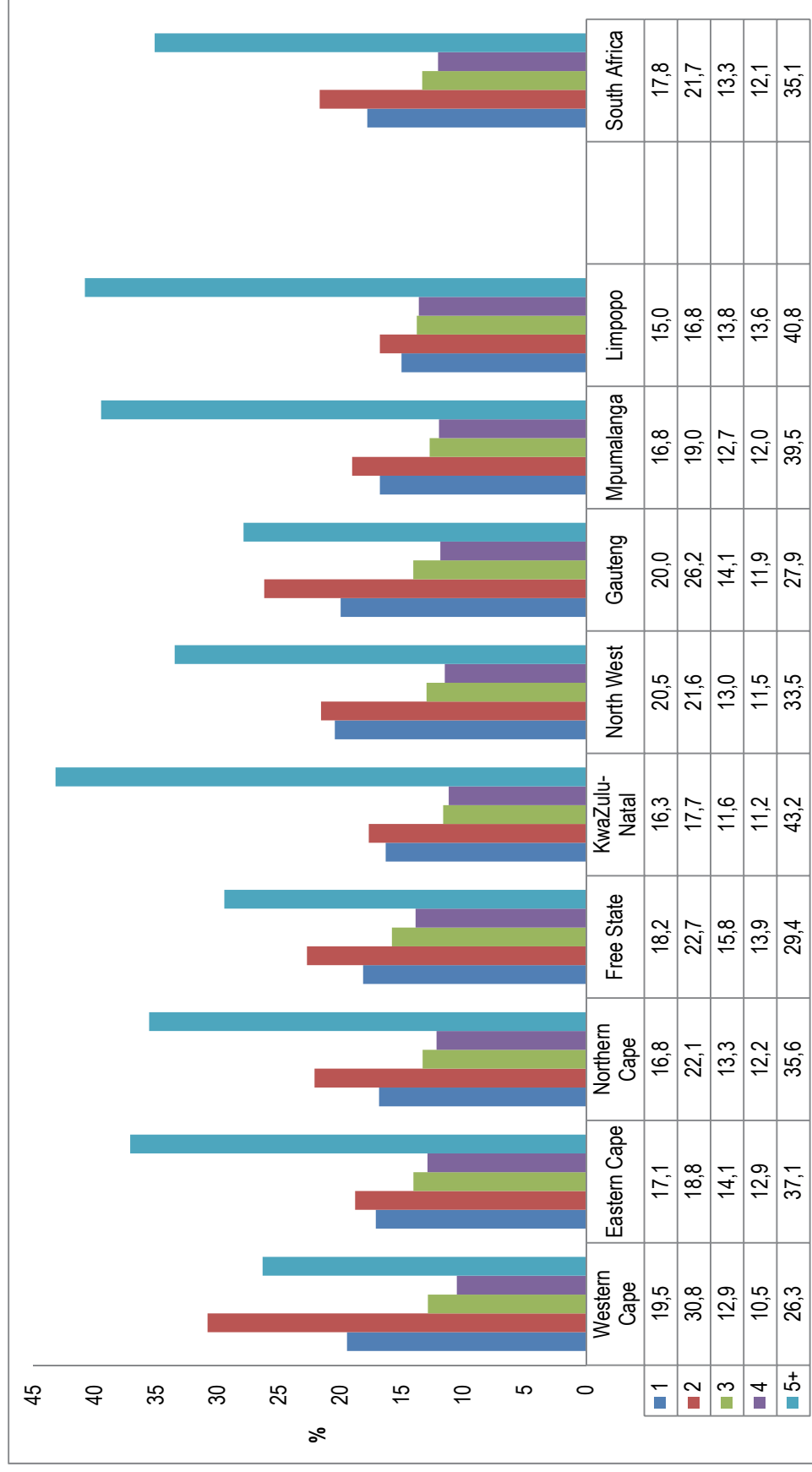


Figure 6.19 profiles the percentage of households headed by elderly persons in each province and their household sizes. The results show that elderly-headed households are predominantly large households (five or more members) across all provinces with the exception of Western Cape. In urban provinces such as the Western Cape (30,8%) and Gauteng (26,2%), elderly-headed households are largely two-member households.

6.5 Household income among elderly-headed households

In the absence of a social security system and a family support system, lack of income can be detrimental in old age, making the elderly vulnerable to poverty and its associated living circumstances (Bloom et al., 2012). The impact of a lack of income among the elderly does not only affect the elderly at an individual level but also at a household level, particularly households where no member is employed. South Africa's elderly obtain income from a number of sources, including the state, i.e. the public pension system, private pension for those that had formal employment prior to retirement, interests, dividends, and remittances. Given the country's past experiences, a substantial number of elderly persons were economically disadvantaged and this causes them to rely on pension and family support to provide for their needs.

Census 2011 included a question on income although it has been widely noted that income is not accurately reported, particularly in censuses and surveys, due to a number of reasons such as:

- Use of a proxy who is likely not to know individual income for all household members
- Individuals hiding their income from interviewers (especially if the interviewers are from a government agency), including the poor wanting to appear poorer so that they can receive assistance and the rich possibly fearful of becoming targets for robberies and taxation (Rutstein & Johnson, 2004)

Despite the above limitations, the results show enormous income disparities between the different sexes, population groups, and provinces.

Figure 6.20: Average annual household income among elderly-headed households by sex of head of household and province, censuses of 2001 and 2011

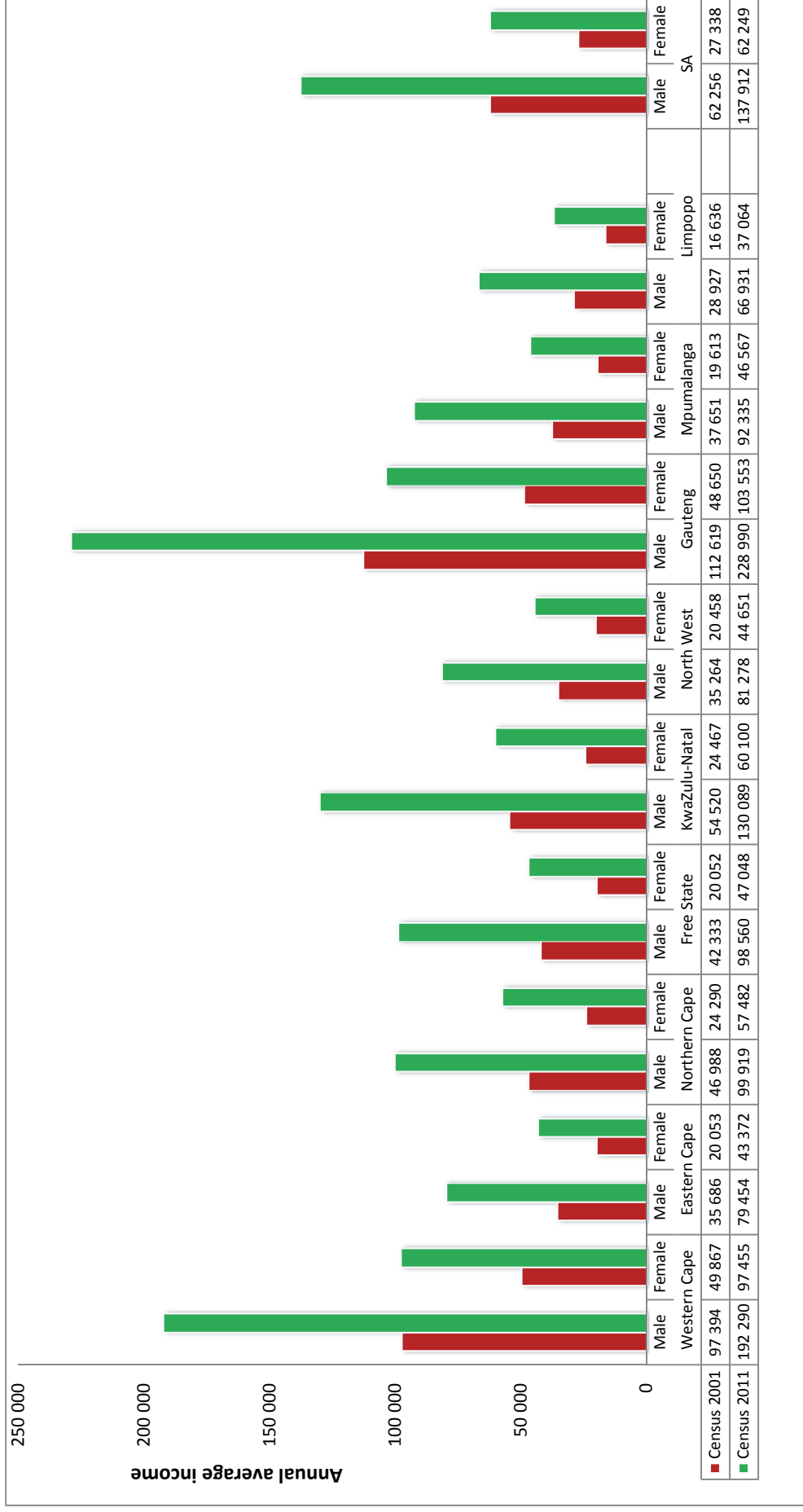
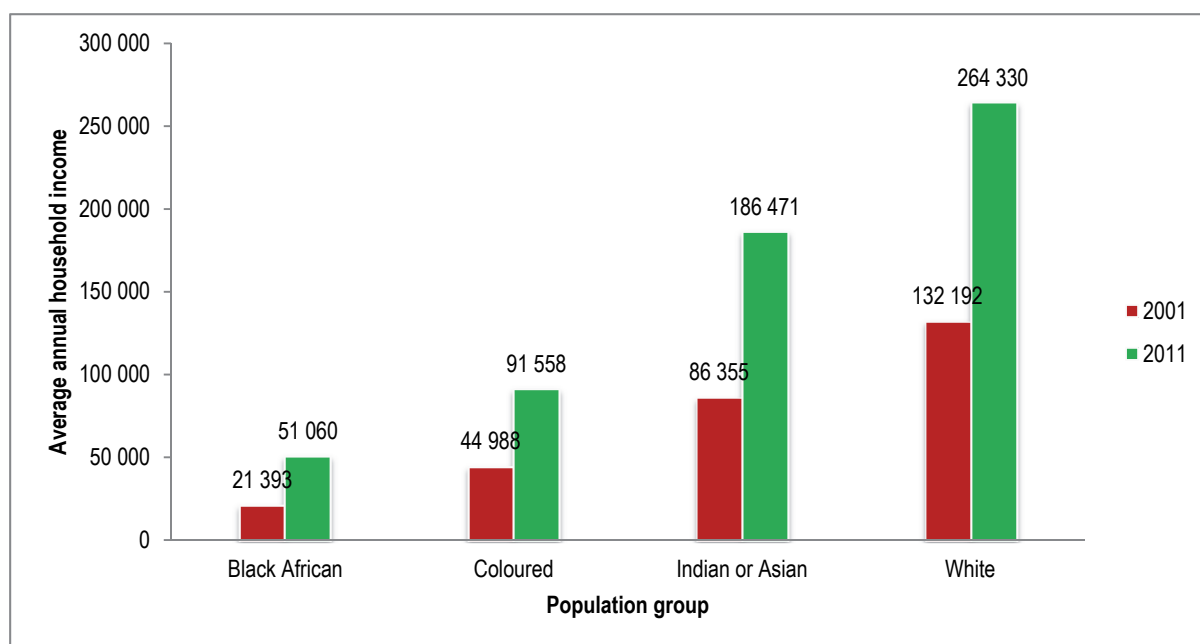


Figure 6.20 shows sex variations in annual earnings of households headed by the elderly for the period 2001–2011 across provinces. The national profile shows that elderly males earned double that of their female counterparts. Provincial profiles show a similar pattern of elderly female-headed households being disadvantaged across all provinces. The results further show that elderly-headed households in Gauteng and Western Cape had the highest income, while those residing in Limpopo earned the least. Trends, however, show that over the periods 2001 and 2011, income for elderly-headed households increased twofold.

Weeks (2008:420) noted that gender gaps in income are a reflection of the past history of discrimination against women in labour practices in all societies, including developed countries such as Japan, where it has been observed that only sons rise in status. It is a global phenomenon that most women often are hired in low-paying jobs translating into low future savings and investments. The gaps become even wider in older generations as elderly males access their investments while their female counterparts largely depend on old-age pension and other sources, including remittances from children.

Figure 6.21: Average annual household income for elderly-headed households by population group of head of household, censuses of 2001 and 2011



'Other' population group (280 454) category for 2011 has been excluded

Figure 6.21 above shows trends in annual household income of elderly-headed households among the different population groups for the periods 2001 and 2011. The results show that although there has been an improvement in the earnings of households headed by the elderly, population group profiles show massive disparities between the different population groups. The pattern shows that black African elderly-headed households had the lowest annual income in both Census 2001 and Census 2011, followed by coloured-headed households, whilst white elderly-headed households had the highest earnings. In Census 2001, white elderly-headed households earned six times more than what their black African counterparts earned. Census 2011 results show that the gap in earnings

between the population groups slightly narrowed (earnings for whites were five times more than that of black African-headed households). The question as to whether the narrowing gap is attributed to access to old-age pension and other welfare grants cannot be answered with certainty.

In conclusion, the above results show that the South African elderly are faced with two challenges, namely poverty and inequality, which are a reflection of the marginalisation and lack of opportunities that occurred in their past. Sex variations clearly show marginalisation of women in their youthful years, and population group dynamics also reflect past imbalances of unequal access to resources and opportunities. Inequalities are clearly racially skewed, with the black African elderly being the poorest while the majority of the white elderly are rich. This raises the concern of financial burden the most disadvantaged elderly persons continue to face particularly those heading larger households.

CHAPTER 7: CONCLUSIONS AND RECOMMENDATIONS

7.1 Elderly population over time

In the last 15 years, the elderly population in South Africa has gradually increased and will continue to do so, given the current levels of fertility and mortality. The projected growth in numbers of the elderly will have immense social, economic and health care implications. Such a shift in the age structure takes place in a country with high levels of unemployment, inequality and poverty. The challenge is thus to ensure that all elderly persons are able to experience the right to security and dignity. It is imperative that South Africa, a country whose population is already ageing, begins to evaluate the trade-offs of different policy options with the overall objective of improving welfare across the age cycle.

7.2 Feminisation of ageing

Feminisation of ageing prevails in South Africa. Whilst higher proportions of elderly women are found at older ages, elderly women when compared with elderly men, experience lower levels of education and literacy, longer periods of widowhood and lower levels of income, and are exposed to higher levels of poverty, morbidity, and disability. As such, gender-specific programmes need to be tailored to address the gender inequalities that exist.

7.3 Ageing index

The old-age dependency ratio has remained relatively stable since 1996. However, the increasingly large number of elderly people aged 65 and over who will be dependent on the shrinking labour force in the future, points to the shrinking future resources required to sustain and care for the health and well-being of the elderly. This is particularly alarming amongst the white elderly who will have fewer younger relatives to care for their needs in the future.

7.4 Labour force participation

Labour force participation among the elderly depicts a significant shift over the 15-year period. Sex disparities in labour force participation are apparent and a reflection of elderly women's involvement in informal activities such as household chores. Measurement of such activities would perhaps increase employment levels among elderly women. The prominence of labour force participation, particularly amongst elderly men, is indicative of changes in retirement age. It could also be attributed to the fact that many may decide to remain in employment for economic reasons such continued self-sustenance, lack of or limited retirement savings and the health benefits of remaining active.

Current interventions tailored to reduce unemployment, including public employment schemes such as the Expanded Public Works Programme (EPWP), should promote sustainable employment in youth and adult years to reduce dependence on the old-age pension in future.

7.5 Socio-economic status

The results pertaining to the SES index provide evidence that inequalities among the elderly continue to be racially skewed, with the black African elderly being the poorest while the majority of the white elderly are better off. Use of language as a proxy to ethnicity provided similar results on inequalities. The government therefore needs to devise integrated programmes to ensure that the quality of life of poor elderly-headed households is uplifted through provision of free basic services and housing.

7.6 Ageing and disability

Self-assessment of functional limitations among the elderly shows that the burden of ill health and disabilities increases with age, creating an increased demand for health care and other services as the proportion of elderly persons continues to grow. The results confirm that disability is gendered and racially skewed. Women report poorer health than men, and black Africans and Indians report poorer health than whites.

Government and relevant stakeholders are obliged to provide necessary mechanisms to improve care and autonomy of older persons. Improving their independent functioning in all functional domains within communities is imperative. The development of institutional care for the elderly by both the public and private sectors is necessary, particularly in view of the changing family structures (living arrangements) in South Africa and their impact on familial care.

There is evidence that a substantial proportion of the elderly in South Africa use chronic medication and assistive devices. The difference in use of eye glasses and chronic medication between the black African and white population groups is very significant. It is of paramount importance for the government to ensure that elderly persons have access to assistive devices to improve their care and autonomy.

Census data do not provide information pertaining to risk factors associated with disability in old age and yet such information is crucial in developing preventative measures and rehabilitative interventions.

7.7 Living arrangements

Living arrangements of non-institutionalised elderly persons show that the evolution of a socio-cultural and economic lifestyle has not substituted the traditional living arrangements. Nuclearisation of households among the elderly is not entrenched. However, the proportion of elderly persons living alone has been growing, particularly amongst elderly women. Racial differences show more white elderly persons residing alone while black African elderly persons continue to live in multigenerational households. The plight of the elderly in the absence of family support systems and limited resources makes this group very vulnerable and requires government intervention.

The findings show that older South African men were more likely to be married than women, and there has been an upward trend in older men cohabiting compared to their counterparts.

In conclusion, sex disparities are apparent in old age, skewed to older men in terms of marriage, literacy, employment and income, although older women continue to form the majority. From a policy perspective, attending to the needs of elderly persons in South Africa has to take into account gender disparities.

Further research is needed to explore determinants of socio-economic status of elderly persons as well as their living arrangements.

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Appendix 1: Concepts and definitions

Educational level

Educational level is aggregated into no formal education, primary school (grade 1 to grade 7), secondary school (grade 8 to grade 12), diploma or certificate without grade 12 (from lower to grade 11), diploma or certificate with grade 12, degree and other post-degree

Employed

Those who performed work for pay, profit or family gain for at least one hour in the seven days prior to the interview or who were absent from work during these seven days, but did have some form of paid work to return to.

Formal dwelling

A structure built according to approved plans, i.e. house on a separate stand, flat or apartment, townhouse, room in a backyard or rooms or flatlet elsewhere.

Health and functioning

Whether a person has difficulty in seeing, hearing, communicating, walking or climbing stairs, remembering or concentrating, and self-care such as washing all over, dressing or feeding.

Household head

A person recognised as such by the household, usually the main decision-maker, or the person who owns or rents the dwelling, or the person who is the main breadwinner. The head can be either male or female.

If two people are equal decision-makers, or in a household of totally unrelated persons, the older or oldest can be named as the household head.

Household income

All receipts by all members of a household, in cash and in kind, in exchange for employment, or in return for capital investment, or receipts obtained from other sources such as pension.

Informal dwelling

Makeshift structure not approved by a local authority and not intended as a permanent dwelling. Typically built with found materials (corrugated iron, cardboard, plastic, etc.). Contrasted with formal dwelling and traditional dwelling.

Literacy

Ability to read and write with understanding in any language. A person is literate who can, with understanding, both read and write a short simple statement on his everyday life.

Marital status

Personal status of each individual in relation to the marriage laws or customs of a country. Customary unions are now recognised as a legal marital status. Categories under marital status include single, married, living together as a married couple, divorced, separated and widowed.

Traditional dwelling

A dwelling made primarily of clay, mud, reeds or other locally available natural materials. This is a general term that includes huts, rondavels, etc. Such dwellings can be found as single units or in clusters.

Appendix 2: Percentiles

Table 1: Description of socio-economic status spectrum from the poorest to the richest households

Percentile	Description
P01 = -2.113	Poorest of the poor. The negative sign (-) shows that the household socio-economic status is disadvantaged. These households have nothing considered to improve socio-economic status
P05 = -1.656	Poor households with varying degree of deprivation level
P10 = -1.388	
P15 = -1.131	
P25 = -0.609	
P50 = 0.148	Average households with varying degree of socio-economic status
P75 = 0.695	
P85 = 0.975	
P90 = 1.124	Rich households with varying level of socio-economic status
P95 = 1.285	
P99 = 1.465	
PMAX = 1.663	Richest households. These households have everything considered to improve socio-economic status

Table 2: Percentiles per province

Percentile	Province										SA
	WC	EC	NC	FS	KZN	NW	GP	MP	LP	SA	
P01 = -2.113	5	50 737	140	588	27 969	192	94	1 653	636	82 014	
P05 = -1.656	366	94 364	1 600	2 414	86 738	4 918	2 769	7 287	7 378	207 835	
P10 = -1.388	1 665	55 451	2 706	3 832	53 502	8 497	8 299	7 602	16 557	158 111	
P15 = -1.131	2 360	51 195	3 266	3 456	47 611	9 386	7 956	10 085	35 244	170 560	
P25 = -0.609	5 005	88 245	8 063	9 594	89 941	36 653	11 426	42 010	161 632	452 568	
P50 = 0.148	29 820	89 807	26 148	57 543	140 077	113 012	56 872	104 838	182 426	800 544	
P75 = 0.695	119 910	96 082	47 512	86 249	104 475	68 213	219 134	50 078	41 376	833 029	
P85 = 0.975	119 097	39 418	19 420	28 195	81 138	21 783	163 980	21 239	14 322	508 592	
P90 = 1.124	70 060	19 772	6 231	13 525	46 457	10 498	92 308	10 847	6 597	276 294	
P95 = 1.285	71 638	19 395	3 852	10 753	50 127	9 061	100 860	10 047	5 421	281 154	
P99 = 1.465	59 097	15 722	1 729	6 638	44 544	6 210	103 105	6 812	3 604	247 460	
PMAX = 1.663	10 603	3 493	212	1 226	9 472	1 250	30 322	1 262	616	58 457	
					%						
P01 = -2.113	0,0	8,2	0,1	0,2	3,6	0,1	0,0	0,6	0,1	2,0	
P05 = -1.656	0,1	15,2	1,4	1,0	11,2	1,5	0,3	2,8	1,5	5,1	
P10 = -1.388	0,3	8,9	2,5	1,7	6,9	2,6	1,0	2,9	3,5	3,9	
P15 = -1.131	0,4	8,2	3,1	1,5	6,2	3,1	1,0	3,8	7,5	4,3	
P25 = -0.609	0,9	14,2	7,9	4,2	11,7	13,0	1,5	15,8	34,5	11,5	
P50 = 0.148	5,4	14,3	22,1	25,7	18,1	40,5	7,4	39,3	38,7	19,9	
P75 = 0.695	24,1	15,3	36,4	38,6	13,2	23,1	28,5	18,3	8,2	20,2	
P85 = 0.975	24,7	6,3	15,9	12,7	10,2	7,3	20,8	7,3	2,8	12,3	
P90 = 1.124	14,6	3,2	5,4	6,1	5,9	3,4	11,4	3,6	1,3	6,7	
P95 = 1.285	15,0	3,1	3,5	4,9	6,3	2,9	12,3	3,2	1,1	6,8	
P99 = 1.465	12,4	2,5	1,6	3,0	5,6	2,0	12,4	2,1	0,7	5,9	
PMAX = 1.663	2,2	0,6	0,2	0,6	1,2	0,4	3,6	0,4	0,1	1,4	

Table 3: Percentiles per population group

Percentile	Black African	Coloured	Indian/Asian	White	Other	South Africa	Black African	Coloured	Indian/Asian	White	Other	South Africa
P01 = -2.113	81 780	137	40	42	15	82 014	3,0	0,0	0,0	0,0	0,1	2,0
P05 = -1.656	206 092	1 396	103	152	93	207 835	7,5	0,3	0,1	0,0	0,7	5,1
P10 = -1.388	154 635	3 075	84	202	115	158 111	5,6	0,7	0,1	0,0	0,8	3,9
P15 = -1.131	166 597	3 332	135	308	188	170 560	6,1	0,8	0,1	0,0	1,3	4,3
P25 = -0.609	443 239	7 341	374	1 193	420	452 568	16,5	1,8	0,3	0,1	2,9	11,5
P50 = 0.148	744 689	36 253	1 967	16 560	1 075	800 544	27,6	9,0	1,3	1,6	7,2	19,9
P75 = 0.695	590 378	122 760	22 078	95 090	2 723	833 029	21,6	34,6	15,0	10,3	17,8	20,2
P85 = 0.975	201 330	98 577	41 631	163 726	3 328	508 592	7,4	28,7	28,4	19,6	21,8	12,3
P90 = 1.124	60 846	37 739	26 450	148 986	2 273	276 294	2,2	11,0	18,0	18,1	14,7	6,7
P95 = 1.285	40 249	27 073	27 268	184 043	2 520	281 154	1,5	8,0	18,5	22,3	16,3	6,8
P99 = 1.465	23 108	14 992	21 832	185 424	2 103	247 460	0,9	4,4	14,8	22,4	13,5	5,9
PMAX = 1.663	4 620	2 162	5 043	46 173	459	58 457	0,2	0,6	3,4	5,6	2,9	1,4

Table 4: Percentiles by sex

Percentile	Sex					
	Male	Female	Both sexes	Male	Female	Both sexes
P01= -2.113	30 491	51 524	82 014	1,9	2,1	2,0
P05 = -1.656	73 325	134 509	207 835	4,6	5,5	5,1
P10 = -1.388	60 302	97 809	158 111	3,8	4,0	3,9
P15 = -1.131	63 628	106 932	170 560	4,0	4,4	4,3
P25 = -0.609	160 708	291 860	452 568	10,4	12,2	11,5
P50 = 0.148	296 765	503 778	800 544	18,8	20,7	19,9
P75 = 0.695	315 785	517 244	833 029	19,5	20,7	20,2
P85 = 0.975	204 906	303 686	508 592	12,7	12,1	12,3
P90 = 1.124	119 315	156 979	276 294	7,4	6,2	6,7
P95 = 1.285	128 094	153 060	281 154	7,9	6,0	6,8
P99 = 1.465	118 977	128 483	247 460	7,3	5,0	5,9
PMAX = 1.663	29 484	28 973	58 457	1,8	1,1	1,4

Table 5: Percentiles by marital status

Percentile	Marital status													
	Married	Living together like married partners	Never married	Widower/ Widow	Separated	Divorced	SA	Married	Living together like married partners	Never married	Widower/ Widow	Separated	Divorced	SA
P01=-2.113	44 338	3 838	8 143	24 556	784	355	82 014	2,2	2,3	1,5	2,3	1,6	0,3	2,0
P05 = -1.656	97 161	13 121	33 174	60 544	2 560	1 274	207 835	4,7	7,7	5,9	5,5	5,3	1,1	5,1
P10 = -1.388	69 871	12 318	28 985	42 930	2 471	1 536	158 111	3,4	7,1	5,2	3,9	5,2	1,3	3,9
P15 = -1.131	74 178	11 712	30 679	49 445	2 786	1 759	170 560	3,7	7,0	5,6	4,5	5,9	1,5	4,3
P25 = -0.609	199 143	26 728	74 001	140 922	7 221	4 553	452 568	10,0	16,3	13,6	13,0	15,5	3,9	11,5
P50 = 0.148	355 630	41 309	147 890	230 505	12 185	13 024	800 544	17,6	24,7	26,8	20,9	25,7	10,8	19,9
P75 = 0.695	372 283	30 831	142 362	245 720	11 461	30 373	833 029	17,7	18,5	25,5	21,8	23,8	25,1	20,2
P85 = 0.975	276 154	10 046	48 515	144 336	4 164	25 376	508 592	13,2	6,0	8,6	12,8	8,6	20,8	12,3
P90 = 1.124	171 407	5 066	16 890	66 845	1 571	14 514	276 294	8,2	3,0	3,0	5,9	3,2	11,8	6,7
P95 = 1.285	188 064	5 839	13 327	57 694	1 347	14 883	281 154	8,9	3,4	2,4	5,0	2,7	12,0	6,8
P99 = 1.465	177 660	5 551	8 989	42 385	1 050	11 824	247 460	8,4	3,2	1,6	3,7	2,1	9,5	5,9
PMAX = 1.663	43 639	1 397	1 733	8 963	254	2 471	58 457	2,1	0,8	0,3	0,8	0,5	2,0	1,4

Table 6: Percentiles by first language spoken at home

Percentile	Language											South Africa		
	Afrikaans	English	IsiNdebele	IsiXhosa	IsiZulu	Sepedi	Sesotho	Setswana	Sign language	Siswati	Tshivenda		Xitsonga	Other
P01=-2.113	357	537	606	48 126	28 137	473	2 208	508	418	222	211	67	145	82 014
P05 = -1.656	2 062	1 562	2 531	90 418	86 276	4 583	7 088	5 973	1 020	1 741	1 761	2 330	490	207 835
P10 = -1.388	3 918	1 295	2 407	55 939	54 174	10 477	7 279	9 685	732	2 514	3 664	5 468	559	158 111
P15 = -1.131	4 323	1 486	2 647	51 477	48 765	22 582	7 104	11 362	671	3 192	6 599	9 732	620	170 560
P25 = -0.609	9 681	3 581	10 975	88 679	93 680	101 983	17 557	40 733	1 469	11 539	28 979	42 603	1 111	452 568
P50 = 0.148	54 537	12 459	31 894	104 286	162 169	136 784	67 104	114 936	2 835	34 242	31 858	45 018	2 422	800 544
P75 = 0.695	196 302	66 749	17 221	121 694	144 712	43 799	103 178	90 897	3 668	13 951	9 574	16 702	4 583	833 029
P85 = 0.975	192 407	122 613	5 638	28 785	57 332	16 439	32 589	31 801	1 563	4 022	2 932	6 035	6 437	508 592
P90 = 1.124	118 165	99 496	1 832	7 286	16 127	5 506	9 023	9 297	598	1 188	928	1 839	5 008	276 294
P95 = 1.285	113 621	128 684	1 354	4 412	9 522	3 442	5 372	5 845	514	679	647	1 156	5 906	281 154
P99 = 1.465	88 258	136 264	948	2 418	4 666	1 790	2 817	3 004	367	283	325	564	5 756	247 460
PMAX = 1.663	18 982	34 954	212	471	783	299	501	541	84	58	71	105	1 395	58 457
P01=-2.113	0,1	0,1	0,7	8,1	3,9	0,1	0,8	0,2	3,0	0,3	0,2	0,1	0,4	2,0
P05 = -1.656	0,2	0,3	3,0	15,1	12,1	1,3	2,6	1,6	7,3	2,4	2,0	1,8	1,4	5,1
P10 = -1.388	0,4	0,2	2,9	9,3	7,6	3,0	2,7	2,7	5,2	3,4	4,2	4,2	1,6	3,9
P15 = -1.131	0,5	0,3	3,3	8,6	6,9	6,5	2,6	3,4	4,9	4,3	7,5	7,4	1,8	4,3
P25 = -0.609	1,1	0,6	14,1	14,8	13,3	29,5	6,6	12,7	10,6	15,7	33,4	32,6	3,3	11,5
P50 = 0.148	5,9	2,0	41,0	17,2	23,0	39,5	25,7	36,2	20,5	46,4	36,5	34,1	7,2	19,9
P75 = 0.695	23,7	10,8	22,2	20,0	20,6	12,4	39,8	27,7	26,4	19,0	10,7	12,6	13,4	20,2
P85 = 0.975	24,6	20,2	7,3	4,7	8,2	4,6	12,5	9,8	11,1	5,5	3,2	4,5	18,6	12,3
P90 = 1.124	15,2	16,4	2,3	1,2	2,3	1,6	3,5	2,9	4,3	1,6	1,0	1,4	14,5	6,7
P95 = 1.285	14,6	21,2	1,7	0,7	1,4	1,0	2,1	1,8	3,6	0,9	0,7	0,9	17,1	6,8
P99 = 1.465	11,3	22,4	1,2	0,4	0,7	0,5	1,1	0,9	2,5	0,4	0,4	0,4	16,6	5,9
PMAX = 1.663	2,4	5,7	0,3	0,1	0,1	0,1	0,2	0,2	0,6	0,1	0,1	0,1	4,0	1,4

Appendix 3: SES at household level

Table 7: Elderly-headed households by socio-economic status and province

	WC	EC	NC	FS	KZN	NW	GP	MP	LP	SA
POOR 40%	15 214	311 537	19 581	37 636	310 657	105 841	46 806	109 459	278 225	1 234 956
AVERAGE 40%	130 158	105 472	35 710	100 299	133 592	87 356	252 989	68 756	61 654	975 987
RICH 20%	166 198	47 714	10 146	29 731	114 719	21 698	241 653	20 617	13 344	665 820
POOR 40%	4,3	67,6	29,4	22,1	56,9	48,7	8,4	54,7	78,9	43,8
AVERAGE 40%	42,1	22,6	55,3	60,6	23,7	41,4	47,5	35,2	17,5	34,0
RICH 20%	53,6	9,8	15,3	17,3	19,4	9,9	44,1	10,1	3,6	22,2

Table 8: Elderly-headed households by sex and socio-economic status of household head

	Male	Female	Total	Male	Female	Total
POOR 40%	507 038	727 918	1 234 956	38,07	48,83	43,8
AVERAGE 40%	423 912	552 074	975 987	31,5	36,1	34,0
RICH 20%	413 840	251 980	665 820	30,44	15,08	22,2

Table 9: Elderly-headed households by population group and socio-economic status of household head

	Black African	Coloured	Indian/Asian	White	Other	South Africa	Black African	Coloured	Indian/Asian	White	Other	South Africa
POOR 40%	1 208 482	19 629	1 062	4 631	1 152	1 234 956	58,5	8,4	1,3	0,8	12,3	43,8
AVERAGE 40%	712 621	121 857	26 803	111 840	2 865	975 987	34,7	58,8	32,4	20,3	31,7	34,0
RICH 20%	140 708	66 790	51 281	402 032	5 009	665 820	6,9	32,9	66,3	78,9	56,0	22,2

Table 10: Elderly-headed households by marital status and socio-economic status of household head

	Married	Living together like married partners	Never married	Widower/Widow	Separated	Divorced	SA	Married	Living together like married partners	Never married	Widower/Widow	Separated	Divorced	SA
POOR 40%	498 184	60 511	214 912	422 088	22 659	16 602	1 234 956	39,9	58,8	52,5	46,5	52,8	15,7	43,8
AVERAGE 40%	388 833	30 289	157 649	339 750	15 685	43 781	975 987	30,3	29,4	39,6	36,4	37,7	42,1	34,0
RICH 20%	392 433	12 681	33 941	175 994	4 177	46 594	665 820	29,9	11,8	7,9	17,1	9,5	42,2	22,2

Table 11: Elderly-headed households by first language spoken at home and socio-economic status of household head

	Sign language											South Africa		
	Afrikaans	English	IsiNdebele	IsiXhosa	IsiZulu	Sepedi	Sesotho	Setswana	Sign language	Siswati	Tshivenda		Xitsonga	Other
POOR 40%	27 447	10 162	30 821	315 013	324 262 174	190 272	61 557	112 718	4 458	32 827	47 834	74 081	3 504	1 234 956
AVERAGE 40%	196 827	85 556	23 416	132 135	857	66 423	120 564	110 763	3 936	20 486	12 254	23 101	5 669	975 987
RICH 20%	252 385	278 733	4 175	17 147	36 824	12 082	21 177	21 156	1 255	2 632	1 828	4 125	300	665 820
POOR 40%	5,4	2,9	52,4	68,0	60,2	70,9	29,6	44,8	46,5	57,7	77,3	73,1	16,4	43,8
AVERAGE 40%	41,2	22,3	40,5	28,3	32,8	24,6	59,8	46,3	40,9	37,5	19,7	22,8	25,7	34,0
RICH 20%	53,4	74,8	7,1	3,7	7,1	4,5	10,6	9,0	12,6	4,8	3,0	4,1	57,9	22,2

Appendix 4: Elderly persons and functional literacy by population group

Population group	Write a name	Read	Fill in a form	Calculate change
Black African	400 642	446 708	499 171	401 107
Coloured	24 802	26 839	28 874	24 777
Indian or Asian	3 856	4 248	4 775	4 105
White	683	790	948	777

Appendix 5: Distribution of the elderly aged 60 and older by district

	Demographics											
	Population aged 60 years and over					% population aged 60 years and over						
	1996	2001	2011	1996	2001	2011	1996	2001	2011	1996	2001	2011
SOUTH AFRICA	2 825 200	3 280 505	4 151 759	7,0	7,3	8,0	7,0	7,3	8,0	100,0	100,0	100,0
Western Cape	301 942	352 984	520 784	7,7	7,8	8,9	7,7	7,8	8,9	10,7	10,8	12,5
DC1: West Coast	18 289	22 415	36 077	7,9	7,9	9,2	7,9	7,9	9,2	0,6	0,7	0,9
DC2: Cape Winelands	38 226	44 260	62 995	6,8	7,0	8,0	6,8	7,0	8,0	1,4	1,3	1,5
DC3: Overberg	15 769	20 620	31 510	10,0	10,1	12,2	10,0	10,1	12,2	0,6	0,6	0,8
DC4: Eden	34 385	43 318	66 180	9,2	9,5	11,5	9,2	9,5	11,5	1,2	1,3	1,6
DC5: Central Karoo	4 947	5 442	6 719	8,9	9,0	9,5	8,9	9,0	9,5	0,2	0,2	0,2
CPT: City of Cape Town	190 327	216 928	317 304	7,5	7,5	8,5	7,5	7,5	8,5	6,7	6,6	7,6
Eastern Cape	519 158	578 553	638 224	8,5	9,2	9,7	8,5	9,2	9,7	18,4	17,6	15,4
DC10: Cacadu	33 565	38 865	46 229	9,2	10,0	10,3	9,2	10,0	10,3	1,2	1,2	1,1
DC12: Amathole	98 546	109 648	111 115	10,1	11,3	12,4	10,1	11,3	12,4	3,5	3,3	2,7
DC13: Chris Hani	76 001	85 241	91 702	9,4	10,7	11,5	9,4	10,7	11,5	2,7	2,6	2,2
DC14: Joe Gqabi	31 005	34 929	37 830	9,5	10,2	10,8	9,5	10,2	10,8	1,1	1,1	0,9
DC15: O.R. Tambo	95 855	106 238	107 997	7,7	8,2	7,9	7,7	8,2	7,9	3,4	3,2	2,6
DC44: Alfred Nzo	62 722	66 618	70 027	8,4	8,6	8,7	8,4	8,6	8,7	2,2	2,0	1,7
BUF: Buffalo City	50 470	56 330	66 870	7,4	8,0	8,9	7,4	8,0	8,9	1,8	1,7	1,6
NMA: Nelson Mandela Bay	70 994	80 684	106 455	7,4	8,0	9,2	7,4	8,0	9,2	2,5	2,5	2,6
Northern Cape	73 824	80 182	98 391	7,4	8,1	8,6	7,4	8,1	8,6	2,6	2,4	2,4
DC6: Namakwa	9 837	10 692	13 806	9,1	9,9	11,9	9,1	9,9	11,9	0,3	0,3	0,3
DC7: Pixley ka Seme	13 963	14 630	17 306	8,0	8,8	9,3	8,0	8,8	9,3	0,5	0,4	0,4
DC8: Siyanda	13 998	15 559	18 623	7,0	7,7	7,9	7,0	7,7	7,9	0,5	0,5	0,4
DC9: Frances Baard	23 783	26 026	32 195	7,4	8,0	8,4	7,4	8,0	8,4	0,8	0,8	0,8
DC45: John Taolo Gaetsewe	12 243	13 275	16 462	6,3	6,9	7,3	6,3	6,9	7,3	0,4	0,4	0,4

Appendix 5: Distribution of the elderly aged 60 and older by district (continued)

	Demographics											
	Population aged 60 years and over				% population aged 60 years and over			% population aged 60 years and over				
	1996	2001	2011	1996	2001	2011	1996	2001	2011	1996	2001	2011
Free State	178 432	197 785	228 789	6,9	7,3	8,3	6,9	7,3	8,3	6,3	6,0	5,5
DC16: Xhariep	12 471	14 187	13 901	8,6	8,7	9,5	0,4	0,4	1,2	1,2	0,3	0,3
DC18: Lejweleputswa	37 151	40 794	48 809	5,3	6,2	7,8	1,3	1,3	1,2	1,2	1,2	1,2
DC19: Thabo Mofutsanyane	51 062	57 196	61 109	7,1	7,3	8,3	1,8	1,7	1,7	1,7	1,5	1,5
DC20: Fezile Dabi	34 095	37 606	44 847	7,7	8,2	9,2	1,2	1,1	1,1	1,1	1,1	1,1
MAN: Mangaung	43 654	48 002	60 123	7,3	7,4	8,0	1,5	1,5	1,5	1,5	1,4	1,4
KwaZulu-Natal	567 162	664 998	779 377	6,7	6,9	7,6	20,1	20,3	20,3	20,3	18,8	18,8
DC21: Ugu	56 095	62 130	69 956	8,8	8,8	9,7	2,0	1,9	1,9	1,9	1,7	1,7
DC22: UMgungundlovu	61 950	69 530	83 767	7,1	7,5	8,2	2,2	2,1	2,1	2,1	2,0	2,0
DC23: Uthukela	34 945	44 242	49 054	6,4	6,7	7,3	1,2	1,2	1,3	1,3	1,2	1,2
DC27: Umkhanyakude	31 172	37 652	39 527	6,3	6,6	6,3	1,1	1,1	1,1	1,1	1,0	1,0
DC28: Uthungulu	47 913	57 434	62 303	6,4	6,5	6,9	1,7	1,7	1,8	1,8	1,5	1,5
DC43: Sisonke	28 118	32 686	34 366	7,4	7,2	7,4	1,0	1,0	1,0	1,0	0,8	0,8
DC24: Umzinyathi	32 096	36 209	39 578	7,4	7,5	7,7	1,1	1,1	1,1	1,1	1,0	1,0
DC25: Amajuba	22 997	29 769	36 611	5,7	6,4	7,3	0,8	0,9	0,9	0,9	0,9	0,9
DC26: Zululand	42 871	53 004	54 988	6,3	6,8	6,8	1,5	1,6	1,6	1,6	1,3	1,3
DC29: iLembe	36 349	41 083	46 333	6,8	7,3	7,6	1,3	1,3	1,3	1,3	1,1	1,1
ETH: eThekweni	172 657	201 262	262 894	6,4	6,5	7,6	6,1	6,1	6,1	6,1	6,3	6,3
North West	187 944	225 269	292 393	6,9	7,5	8,3	6,7	6,9	6,9	6,9	7,0	7,0
DC37: Bojanala	75 648	89 594	118 561	7,1	7,5	7,9	2,7	2,7	2,7	2,7	2,9	2,9
DC38: Ngaka Modiri Molema	48 504	58 157	72 671	7,1	7,6	8,6	1,7	1,7	1,8	1,8	1,8	1,8
DC39: Dr Ruth Segomotsi Mompati	30 349	34 898	43 185	7,3	8,1	9,3	1,1	1,1	1,1	1,1	1,0	1,0
DC40: Dr Kenneth Kaunda	33 443	42 619	57 975	6,1	7,1	8,3	1,2	1,2	1,3	1,3	1,4	1,4

Appendix 5: Distribution of the elderly aged 60 and older by district (concluded)

	Demographics											
	Population aged 60 years and over						% population aged 60 years and over			% population aged 60 years and over		
	1996	2001	2011	1996	2001	2011	1996	2001	2011	1996	2001	2011
Gauteng	482 491	577 506	842 281	6,2	6,2	6,9	6,2	6,2	6,9	17,1	17,6	20,3
DC42: Sedibeng	44 946	53 154	74 826	6,3	6,7	8,2	6,3	6,7	8,2	1,6	1,6	1,8
DC48: West Rand	30 542	38 309	52 704	4,7	5,1	6,4	4,7	5,1	6,4	1,1	1,2	1,3
EKU: Ekurhuleni	115 030	139 808	204 567	5,7	5,6	6,4	5,7	5,6	6,4	4,1	4,3	4,9
JHB: City of Johannesburg	173 714	202 584	291 093	6,7	6,3	6,6	6,7	6,3	6,6	6,1	6,2	7,0
TSH: City of Tshwane	118 259	143 651	219 091	6,7	6,7	7,5	6,7	6,7	7,5	4,2	4,4	5,3
Mpumalanga	182 742	212 101	284 156	5,9	6,3	7,0	5,9	6,3	7,0	6,5	6,5	6,8
DC30: Gert Sibande	45 302	56 033	72 102	5,8	6,2	6,9	5,8	6,2	6,9	1,6	1,7	1,7
DC31: Nkangala	57 200	65 143	100 866	6,0	6,4	7,7	6,0	6,4	7,7	2,0	2,0	2,4
DC32: Ehlanzeni	80 240	90 925	111 188	6,0	6,3	6,6	6,0	6,3	6,6	2,8	2,8	2,7
 Limpopo	331 506	391 128	467 363	7,3	7,8	8,6	7,3	7,8	8,6	11,7	11,9	11,3
DC33: Mopani	57 937	70 555	86 914	6,1	6,6	8,0	6,1	6,6	8,0	2,1	2,2	2,1
DC34: Vhembe	83 728	93 719	108 683	7,7	7,8	8,4	7,7	7,8	8,4	3,0	2,9	2,6
DC35: Capricorn	81 481	97 156	115 931	7,7	8,3	9,2	7,7	8,3	9,2	2,9	3,0	2,8
DC36: Waterberg	40 500	49 332	56 378	7,8	8,2	8,3	7,8	8,2	8,3	1,4	1,5	1,4
DC47: Greater Sekhukhune	67 860	80 366	99 458	7,5	8,3	9,2	7,5	8,3	9,2	2,4	2,4	2,4

Appendix 6: Distribution of the elderly aged 60 and older by population group and district

	Population group											
	1996				2001				2011			
	Black African	Coloured	Indian/Asian	White	Black African	Coloured	Indian/Asian	White	Black African	Coloured	Indian/Asian	White
SOUTH AFRICA	1 898 156	208 846	66 103	630 328	2 257 383	253 716	87 400	682 005	2 709 727	354 956	144 144	923 344
Western Cape	28 867	122 922	2 450	139 872	38 923	154 963	3 169	155 928	69 951	223 635	5 646	214 074
DC1: West Coast	482	9 373	15	8 244	807	12 124	34	9 450	2 140	18 608	150	14 942
DC2: Cape Winelands	3 914	19 796	59	13 979	5 575	23 780	104	14 801	8 147	35 411	188	18 828
DC3: Overberg	626	5 350	15	9 432	1 130	7 265	14	12 211	2 526	10 636	75	18 084
DC4: Eden	2 247	13 735	27	17 803	3 505	16 660	47	23 106	7 038	23 000	177	35 176
DC5: Central Karoo	509	2 831	11	1 555	597	3 263	8	1 573	794	3 909	19	1 966
CPT: City of Cape Town	21 088	71 838	2 324	88 860	27 309	91 870	2 962	94 787	49 306	132 072	5 037	125 079
Eastern Cape	432 268	27 917	1 272	55 343	486 832	30 758	1 519	59 444	521 538	39 579	2 744	73 074
DC10: Cacadu	14 664	8 648	42	10 038	17 745	9 654	46	11 419	19 643	11 031	108	15 277
DC12: Amathole	95 348	947	45	1 969	106 359	1 032	26	2 230	107 342	1 049	81	2 603
DC13: Chris Hani	70 586	1 990	49	3 159	80 214	2 027	19	2 982	85 755	2 438	101	3 349
DC14: Joe Gqabi	28 302	737	8	1 838	32 098	835	2	1 994	34 827	827	28	2 135
DC15: O.R. Tambo	95 067	330	44	129	105 622	336	27	254	106 974	473	143	370
DC44: Alfred Nzo	62 083	211	19	158	66 187	224	6	201	69 393	244	72	309
BUF: Buffalo City	36 181	2 035	308	11 661	42 479	2 339	344	11 168	49 736	3 271	711	13 003
NMA: Nelson Mandela Bay	30 037	13 021	758	26 392	36 128	14 311	1 049	29 196	47 868	20 247	1 498	36 028

Appendix 6: Distribution of the elderly aged 60 and older by population group and district (continued)

	Population group											
	1996				2001				2011			
	Black African	Coloured	Indian/Asian	White	Black African	Coloured	Indian/Asian	White	Black African	Coloured	Indian/Asian	White
Northern Cape	27 897	28 684	170	16 302	31 630	30 638	202	17 712	41 718	37 638	537	17 113
DC6: Namakwa	140	7 098	9	2 477	189	7 828	7	2 667	627	10 191	42	2 865
DC7: Pixley ka Seme	3 304	7 050	4	3 470	3 760	7 209	13	3 648	5 019	8 349	63	3 764
DC8: Siyanda	1 906	8 296	5	3 540	2 597	8 931	4	4 027	3 633	10 875	86	3 793
DC9: Frances Baard	12 224	5 474	147	5 707	13 796	5 838	176	6 215	18 649	7 069	324	5 251
DC45: John Taolo Gaetsewe	10 324	766	5	1 109	11 287	831	1	1 155	13 790	1 154	23	1 440
Free State	127 620	4 449	90	45 747	151 323	4 930	126	41 405	171 982	5 626	403	50 446
DC16: Xhariep	7 651	1 196	4	3 555	9 611	1 441	8	3 127	9 422	1 309	30	3 111
DC18: Lejweleputswa	26 054	564	10	10 401	31 291	664	26	8 813	36 309	845	71	11 520
DC19: Thabo Mofutsanyane	43 445	417	28	7 036	50 313	455	48	6 379	52 294	451	126	8 176
DC20: Fezile Dabi	21 775	644	11	11 589	25 730	635	9	11 232	31 179	688	66	12 865
MAN: Mangaung	28 695	1 628	37	13 167	34 378	1 735	35	11 854	42 778	2 332	110	14 774
KwaZulu-Natal	409 288	7 638	50 875	95 660	496 419	9 935	65 996	92 649	557 634	13 527	98 272	107 970
DC21: Ugu	42 647	371	1 952	10 897	49 130	405	2 290	10 305	51 354	704	3 415	14 361
DC22: UMgungundlovu	40 584	1 184	4 883	14 942	47 523	1 577	6 168	14 262	55 270	2 039	8 837	17 423
DC23: Uthukela	31 225	158	1 168	2 194	40 001	258	1 475	2 508	44 204	324	1 968	2 492
DC27: Umkhanyakude	30 654	38	18	355	37 211	49	17	374	38 589	83	64	675
DC28: Uthungulu	44 557	169	373	2 373	54 071	209	557	2 598	56 695	326	985	4 231
DC43: Sisonke	26 704	429	23	816	31 175	584	29	898	32 483	632	92	1 132
DC24: Umzinyathi	29 530	122	562	1 671	34 073	155	679	1 301	36 696	203	959	1 677
DC25: Amajuba	19 102	142	730	2 943	25 590	155	958	3 066	30 911	286	1 649	3 706

Appendix 6: Distribution of the elderly aged 60 and older by population group and district (continued)

	Population group											
	1996				2001				2011			
	Black African	Coloured	Indian/Asian	White	Black African	Coloured	Indian/Asian	White	Black African	Coloured	Indian/Asian	White
KwaZulu-Natal (cont.)												
DC26: Zululand	40 546	65	17	2 091	50 964	85	20	1 935	52 477	122	81	2 279
DC29: iLembe	31 430	184	2 849	1 220	35 722	237	3 335	1 788	37 575	278	4 873	3 440
ETH: eThekweni	72 309	4 778	38 301	56 159	90 961	6 220	50 468	53 613	121 379	8 528	75 349	56 554
North West	156 464	2 457	679	27 593	185 505	3 342	828	35 594	238 567	5 316	1 827	46 218
DC37: Bojanala	67 294	282	261	7 502	79 258	374	323	9 639	101 817	744	837	15 008
DC38: Ngaka Modiri Molema	43 970	459	154	3 761	52 375	676	232	4 874	65 045	1 090	388	6 077
DC39: Dr Ruth Segomotsi Mompati	26 277	838	86	3 057	30 257	1 036	94	3 512	37 290	1 463	158	4 191
DC40: Dr Kenneth Kaunda	18 922	878	178	13 273	23 615	1 255	179	17 570	34 416	2 018	443	20 942
Gauteng	244 618	13 313	9 351	211 838	309 789	17 309	14 141	236 266	436 113	26 395	31 335	342 443
DC42: Sedibeng	27 779	273	369	16 255	35 101	435	539	17 079	47 026	661	925	25 922
DC48: West Rand	15 408	674	328	13 952	20 373	839	478	16 619	27 778	1 200	905	22 623
EKU: Ekurhuleni	58 653	2 122	1 453	52 203	74 972	2 726	2 205	59 905	105 673	4 739	5 327	87 632
JHB: City of Johannesburg	86 193	8 872	5 741	71 604	105 574	11 279	8 911	76 820	146 173	16 252	19 355	106 403
TSH: City of Tshwane	56 587	1 373	1 461	57 824	73 769	2 031	2 009	65 842	109 463	3 542	4 823	99 863
Mpumalanga	158 350	944	804	21 834	186 176	1 219	813	23 893	232 026	2 315	2 273	47 150
DC30: Gert Sibande	35 852	209	426	8 598	46 223	290	448	9 072	56 171	642	1 000	14 182
DC31: Nkangala	47 833	390	218	8 547	55 663	482	172	8 825	79 363	971	716	19 670
DC32: Ehlanzeni	74 665	345	161	4 689	84 289	447	192	5 997	96 492	702	557	13 298

Appendix 6: Distribution of the elderly aged 60 and older by population group and district (concluded)

	Population group											
	1996				2001				2011			
	Black African	Coloured	Indian/Asian	White	Black African	Coloured	Indian/Asian	White	Black African	Coloured	Indian/Asian	White
Limpopo	312 785	522	412	16 140	370 786	624	605	19 112	440 197	925	1 107	24 857
DC33: Mopani	55 413	67	22	2 154	67 920	69	33	2 532	81 976	93	95	4 700
DC34: Vhembe	81 457	138	133	1 503	91 794	220	138	1 567	105 896	152	261	2 337
DC35: Capricorn	78 180	189	179	2 653	92 720	211	291	3 934	110 003	399	454	5 004
DC36: Waterberg	31 272	74	43	8 804	38 857	77	119	10 280	44 556	188	224	11 320
DC47: Greater Sekhukhune	66 464	53	36	1 025	79 495	48	23	800	97 766	93	73	1 497

Appendix 7: Distribution of the elderly aged 60 and older by educational attainment and district

	1996			2001			2011					
	No schooling	Primary	Secondary	Higher	No schooling	Primary	Secondary	Higher	No schooling	Primary	Secondary	Higher
SOUTH AFRICA	1 254 846	544 771	760 926	119 339	1 408 535	764 575	934 867	172 528	1 130 183	1 138 075	1 426 457	339 532
Western Cape	41 462	62 341	144 717	30 836	41 672	84 785	184 049	42 477	36 567	119 497	255 325	79 020
DC1: West Coast	4 777	3 546	7 715	1 465	5 356	5 348	10 128	1 583	5 749	9 172	15 375	3 605
DC2: Cape Winelands	9 047	8 904	14 441	3 565	9 239	12 858	17 445	4 718	8 530	19 037	24 947	7 086
DC3: Overberg	2 190	2 633	7 442	2 067	2 399	4 103	11 064	3 054	2 302	6 123	14 426	6 519
DC4: Eden	6 609	6 519	15 140	3 941	7 107	9 542	20 652	6 018	5 957	14 536	30 382	11 280
DC5: Central Karoo	1 942	904	1 561	276	1 966	1 320	1 853	303	1 685	1 810	2 201	558
CPT: City of Cape Town	16 896	39 835	98 419	19 521	15 606	51 613	122 907	26 801	12 344	68 818	167 993	49 972
Eastern Cape	248 146	135 649	108 323	12 337	282 427	155 917	123 696	16 513	187 119	225 159	183 340	30 848
DC10: Cacadu	13 288	6 929	9 700	2 065	13 854	10 073	12 393	2 545	9 767	13 524	16 044	4 829
DC12: Amathole	52 400	28 737	14 042	1 177	60 437	32 341	15 205	1 665	36 956	45 708	24 644	2 861
DC13: Chris Hani	41 894	20 473	10 953	1 120	49 238	23 065	11 432	1 506	32 215	37 427	18 433	2 625
DC14: Joe Gqabi	15 526	9 966	4 383	472	18 645	10 932	4 690	662	12 852	16 020	7 413	1 000
DC15: O.R. Tambo	62 897	20 310	10 308	878	70 918	22 403	11 524	1 394	50 377	35 235	19 158	2 483
DC44: Alfred Nzo	30 803	22 144	8 083	512	36 017	21 906	7 947	748	22 793	31 759	13 748	1 403
BUF: Buffalo City	18 147	10 877	17 580	2 057	19 453	14 795	19 470	2 612	12 764	19 956	26 474	5 084
NMA: Nelson Mandela Bay	13 191	16 213	33 274	4 056	13 865	20 402	41 035	5 382	9 394	25 529	57 423	10 562
Northern Cape	31 537	17 148	20 229	2 498	30 263	22 974	24 185	2 759	26 469	33 770	30 758	4 779
DC6: Namakwa	3 265	3 004	2 974	325	2 846	3 955	3 493	398	2 138	5 442	4 571	793
DC7: Pixley ka Seme	6 884	2 396	3 537	604	6 695	3 376	3 917	642	5 742	5 053	4 891	1 014
DC8: Siyanda	5 607	3 448	4 039	474	5 307	4 746	5 073	432	4 367	7 184	5 945	946
DC9: Frances Baard	8 427	5 488	8 105	953	8 087	6 934	9 889	1 116	7 809	9 716	12 470	1 589
DC45: John Taolo Gaetsewe	7 355	2 812	1 573	142	7 328	3 963	1 813	171	6 414	6 376	2 881	437

Appendix 7: Distribution of the elderly aged 60 and older by educational attainment and district (continued)

	1996				2001				2011			
	No schooling	Primary	Secondary	Higher	No schooling	Primary	Secondary	Higher	No schooling	Primary	Secondary	Higher
Free State	75 071	39 431	50 704	7 165	79 511	57 967	53 013	7 294	26 469	33 770	30 758	4 779
DC16: Xhariep	5 013	2 880	3 662	558	5 457	4 270	3 897	562	2 138	5 442	4 571	793
DC18: Lejweleputswa	14 756	8 365	11 905	1 294	15 549	12 682	11 423	1 140	5 742	5 053	4 891	1 014
DC19: Thabo Mofutsanyane	29 437	10 030	8 513	1 304	31 923	14 754	8 992	1 527	4 367	7 184	5 945	946
DC20: Fezile Dabi	12 923	6 802	11 789	1 579	12 711	10 452	12 972	1 471	7 809	9 716	12 470	1 589
MAN: Mangaung	12 943	11 353	14 834	2 430	13 871	15 809	15 728	2 594	6 414	6 376	2 881	437
KwaZulu-Natal	278 255	115 082	124 147	20 171	319 033	163 671	155 379	26 916	245 334	235 453	235 115	47 671
DC21: Ugu	28 867	11 880	10 681	2 113	31 433	15 538	12 823	2 336	22 448	22 355	18 920	4 379
DC22: UMgungundlovu	25 769	12 294	16 363	3 737	26 779	18 563	19 773	4 414	20 119	24 647	28 951	7 891
DC23: Uthukela	21 065	7 417	4 305	419	25 321	12 066	5 987	868	20 279	17 440	9 280	1 255
DC27: Umkhanyakude	26 219	2 968	1 215	147	30 375	4 917	2 067	292	25 766	8 946	3 913	433
DC28: Uthungulu	32 535	8 436	4 454	651	37 682	11 983	6 633	1 137	29 992	17 649	11 885	2 192
DC43: Sisonke	13 237	10 449	3 241	434	16 081	11 973	3 969	663	9 920	16 675	6 604	877
DC24: Umzinyathi	23 019	4 876	2 728	388	26 002	6 595	3 204	408	22 706	10 347	5 294	758
DC25: Amajuba	11 098	5 809	4 700	530	13 382	9 278	6 178	931	10 302	13 963	10 325	1 609
DC26: Zululand	31 266	6 090	3 459	448	38 498	9 161	4 680	664	29 581	16 207	7 767	1 003
DC29: iLembe	21 972	8 030	3 938	454	24 669	10 039	5 530	845	19 894	13 898	10 243	1 964
ETH: eThekweni	43 208	36 832	69 063	10 849	48 811	53 558	84 535	14 358	34 326	73 326	121 933	25 310

Appendix 7: Distribution of the elderly aged 60 and older by educational attainment and district (concluded)

	1996				2001				2011			
	No schooling	Primary	Secondary	Higher	No schooling	Primary	Secondary	Higher	No schooling	Primary	Secondary	Higher
	North West	94 842	43 370	39 762	4 104	100 841	64 690	53 518	6 220	89 819	97 864	85 661
DC37: Bojanala	34 033	22 205	15 377	1 241	33 952	32 259	21 299	2 083	27 184	44 713	38 778	4 982
DC38: Ngaka Modiri Molema	28 827	10 642	7 258	767	31 737	15 532	9 775	1 114	29 010	24 548	15 466	2 731
DC39: Dr Ruth Segomotsi Mompati	19 831	5 643	4 080	345	21 170	8 459	4 797	472	19 522	14 644	7 403	972
DC40: Dr Kenneth Kaunda	12 150	4 881	13 047	1 750	13 982	8 440	17 647	2 550	14 103	13 959	24 014	4 819
Gauteng	106 100	81 580	217 750	35 048	123 122	123 936	271 817	58 631	87 591	171 407	426 333	122 566
DC42: Sedibeng	14 215	8 707	17 535	1 757	15 479	14 174	21 014	2 487	10 104	20 425	35 559	6 276
DC48: West Rand	6 266	5 065	13 903	1 755	8 250	8 449	19 118	2 491	5 929	11 860	27 906	4 913
EKU: Ekurhuleni	27 978	18 685	52 696	6 059	32 479	29 575	67 523	10 231	22 207	41 873	110 920	23 140
JHB: City of Johannesburg	29 810	32 769	81 142	13 205	33 218	45 480	99 631	24 255	21 586	57 781	151 915	47 877
TSH: City of Tshwane	27 831	16 355	52 473	12 272	33 695	26 258	64 530	19 167	27 765	39 467	100 033	40 360
Mpumalanga	126 717	19 817	25 329	3 120	142 931	34 278	30 350	4 542	137 031	63 900	65 346	13 090
DC30: Gert Sibande	29 207	4 785	8 660	939	35 080	9 582	9 959	1 413	32 449	17 078	17 578	3 343
DC31: Nkangala	35 493	7 803	10 028	1 071	40 913	11 397	11 536	1 297	43 497	24 025	27 141	4 618
DC32: Ehlanzeni	62 017	7 229	6 641	1 109	66 939	13 299	8 856	1 832	61 085	22 798	20 626	5 130
Limpopo	252 717	30 353	29 965	4 060	288 735	56 357	38 860	7 176	268 749	108 012	71 529	13 870
DC33: Mopani	47 412	3 700	3 766	688	57 249	7 282	4 954	1 070	57 910	14 994	10 393	2 422
DC34: Vhembe	69 747	5 825	4 527	728	74 216	11 862	6 240	1 401	68 222	24 274	12 853	2 738
DC35: Capricorn	55 524	11 542	9 639	1 235	62 825	19 717	12 742	1 872	51 754	34 192	24 453	4 183
DC36: Waterberg	22 918	4 972	8 840	1 054	27 259	9 369	10 607	2 096	22 668	14 994	13 781	3 246
DC47: Greater Sekhukhune	57 116	4 313	3 193	355	67 186	8 128	4 316	736	68 194	19 557	10 049	1 281