

Community care and support

Communities make a significant contribution to the care and support of older persons in South Africa. Relatives, faith-based organisations and non-governmental organisations contribute to the health and general well-being of older persons in a number of ways:

- Attending to physical needs where assistance is required, for example, washing hair, cutting nails, doing washing and shopping
- Inspecting the home environment to reduce physical obstacles and ensure general hygienic conditions
- Providing recreational activities
- Noting changes in physical and mental conditions and taking appropriate action such as referral to a doctor, social worker or community health worker
- Arranging for older persons to attend a hospital or a clinic

The importance of the community to provide of care and support of older persons should not be underestimated. Communities provide services to complement the services provided by the government. Although community involvement lessens the burden of the public health sector to some extent, it is not seen as an alternative to the public health sector. Given the levels of poverty within many communities, the government is mindful of the need to ensure that the burden of care does not rest solely with communities. An important aspect of community involvement is that many of the caregivers are women who are of retirement age and have the opportunity to apply their knowledge and skills.

4.3 Disability

Nature and extent of disability

According to the 1996 Census, seven percent of people in South Africa have been classified as disabled people. Sight disabilities are the most common, followed by physical disabilities, hearing impairment, mental disabilities and multiple disabilities. The proportion of disabled people within age groups increases with age. There are also marked differences in levels of disability amongst the population groups in South Africa.

Table : Percentage of disabled people 60 years and older by population group

Age (Years)	African %	Coloured %	Indian %	White %
60-64	20	9	8	4
65-69	22	10	9	5
70-74	27	12	10	8
75-79	30	15	10	10
80-84	34	17	14	13
85+	40	19	23	15

Table : Percentage of disabled people 60 years and older by Province

Province	Sight	Hearing	Physical	Mental	Multiple	Type not Specified	Total
Eastern Cape	11.59	3.58	5.28	0.88	2.77	0.97	72.47
Freestate	15.30	3.54	4.84	0.62	3.46	1.01	68.25
Gauteng	7.80	2.44	3.13	0.40	1.66	1.23	77.94
Kwazulu-Natal	8.03	2.35	4.65	0.80	1.60	0.64	79.65
Limpopo	9.94	2.71	4.34	0.72	1.50	0.97	78.24
Mpumalanga	12.36	3.02	5.41	0.76	1.81	1.25	74.85
Northern Cape	8.31	2.71	3.22	0.59	1.66	1.68	77.24
North West	14.98	3.27	5.75	0.71	2.85	1.14	69.54
Western Cape	2.97	2.0	2.51	0.34	0.86	1.08	83.53
Total	9.62	2.80	4.37	0.67	1.97	1.01	76.42

*Based on 10 percent sample from the 1996 Census

The disability patterns amongst older persons are different to those of the general population. Although sight disabilities are also the most common type of disability amongst older persons, the percentage of older persons with sight disabilities is significantly higher than in the general population. Physical disabilities and hearing disabilities are also higher amongst older persons. The sample also indicates that older persons are more likely to report multiple disabilities than the general population.

Support to disabled people

The Department of Social Development provides a Disability Grant to persons 18 years and older who are disabled for six months and more. Applicants must be declared medically unfit to find employment or to support themselves. Recipients of the Aged Persons Grant are not eligible for the Disability Grant and both grants are of equal monetary value. As men only qualify for the Aged Persons Grant at the age of 65 years, they are eligible to apply for the Disability Grant. By March 2002, there were 726 276 beneficiaries of the Disability Grant and 55 percent of beneficiaries were men. The Disability Grant and the War Veteran's Grant are the only two grants in which male beneficiaries outnumber female beneficiaries.

Many people have experienced problems in accessing the Disability Grant. This is primarily due to difficulties in finding District Surgeons in rural areas. The regulations governing social grants were amended in December 2001 to provide for assessment by panels. Panels will include community members and professionals with broader expertise and will therefore shift disability assessments from the narrow medical model. Beneficiaries with permanent disabilities are no longer required to undergo medical reviews every five years unless there is an indication on their medical report that their condition is likely to improve.

According to the Department of Health, blindness in 66 percent of cases is caused by cataracts and there are approximately 100 cases of cataract blindness per 100 000 population. Cataract blindness can have a devastating social and economic impact on older persons. The state supports cataract surgery and in excess of 100 000 operations have been performed since the introduction of the programme in 1997. An estimated 90 percent of patients for this surgery are older persons. Traditional healers are being trained to diagnose basic cataracts and refer older persons for treatment.

Health departments also provide assistive devices (wheelchairs, hearing aids, spectacles, walking frames and canes) to older persons. The National Department of Health is providing financial assistance to provincial departments to increase the supply of these devices so as to meet the demand. Many donor donated wheelchairs are solely distributed to older persons.

4.4 Nutrition

Information obtained in the course of the Poverty Relief Programme and the Home/Community-Based Care Programme for HIV/AIDS suggests that older persons in poor households may be vulnerable to food insecurity and that their daily nutritional intake was considerably lower than the recommended daily allowance. This may be a consequence of older persons having to support families on their social grants. The immobility of older persons who are isolated also has a bearing on their access to food.

Towards the end of 2001, the government developed a national integrated food security and nutrition strategy. The strategy aims to improve food security and the nutritional status of vulnerable groups through:

- Food fortification
- Support to small scale farmers involved to increase agricultural outputs