

Editorial

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Care of the elderly in the community

No society or government can offer total care for all elderly people in the population – no matter how developed or wealthy the country is. The financial and manpower implications of doing so would be enormous.

This fact particularly applies to states in southern Africa, where a large proportion of the populations comprise poor or indigent persons. What this means is that a great deal of the responsibility for the care of these persons devolves upon caregivers in the community, usually the family. The capacity of such caregivers to render care, albeit at a subsistence level and in a piecemeal manner, must be supported. It is encouraging to note that there are local initiatives in this regard – even in the most impoverished squatter camps in South Africa.

In such cases people come together in informal groups to help and support one another. The Black Pensioners' Association of Khayelitsha is one such group. Another way in which people help one another is through the practice of *stokvels*, where individuals put money into an informal joint banking system, and take turns in accessing large amounts of money for major purchases.

Despite common understanding in official planning circles that people should themselves mainly take responsibility for their care, a large commitment nevertheless rests with the state. The state is committed to a large number of its citizens who are elderly, needy, and must be provided for. Such provision does not stop with the payment of a social pension.

The primary units of care will remain the family and the community. The aim should be to assist the elderly to remain living independently within the community for as long as possible, despite disability and frailty where these conditions are present. The state should target its endeavours in this direction. There are many ways in which this can be done, e.g. through the provision of financial and other support to informal caregivers, and the rendering of geriatric nursing services and home-help services.

The overseas literature is teeming with good ideas which could easily be implemented in southern African countries. Regular physical examinations and attention to the nutritional needs of older persons are important, for this can prevent many forms of ill health.

This is where research comes in. We need to investigate practical and affordable ways of enhancing the health and welfare of elderly persons in our own context, i.e. in southern Africa countries. The articles in this number of *SAJG* point a way in this direction.

This issue

In an article on community involvement in health (CIH), **Hildebrandt** offers valuable suggestions based on her experience with a demonstration project in a South African black urban settlement. She shows how the situation of township residents can be improved by actively involving a community in practical endeavours, e.g. starting nutrition and reading programmes, and a basic health-screening programme. The project which she describes can serve as a model for similar projects in other developing communities.

McCallum and **Mathers** present a paradigm for health services which, although developed in Australia, has wide relevance and should be taken into account in all planning for the aged. The authors demonstrate that a concomitant effect of a general improvement in the health of older persons gained by better health care is, paradoxically, an increased rate of disability and physical frailty. The authors point out that the burden of these disabilities has largely to be borne by informal caregivers at home.

The article by **Visser, van Wyk, Senekal** and **Uys** deals with an entirely different area of ageing: the clothing needs and preferences of older women. This subject is not often dealt with in gerontological literature; to our knowledge this is the first article on this topic in southern Africa. The article presents some interesting findings.

New sections

Two new sections are included in this number of *SAJG*. A section under the rubric *Forum* has been added. The section is intended to include reviews and overviews of current knowledge and advanced thinking on specific topics or subject areas in gerontology.

The first contribution printed in *Forum* is a brief guide to the biological basis of ageing. In his guide **Louw** offers a unified hypothesis of the biology of ageing.

The number also includes a correspondence section for the first time. A letter to the editor and a reply, in which the writers give their views on the measurement of successful ageing, have been printed.

It is appropriate that *SAJG*, regarded as the most important peer-reviewed gerontology journal in Africa, should encourage high-level argument and polemics. Further responses to published material are therefore welcomed.