



**OLDER PERSONS' PERCEPTIONS OF SERVICES THAT SUPPORT POSITIVE
AGEING IN THE KHAYELITSHA AND GUGULETHU DISTRICTS OF THE
WESTERN CAPE**

BY

SIPHOKAZI TSHEFU-MAVIMBELA

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SUPERVISOR: PROF. ANNALINE. C. S. KEET

NELSON MANDELA UNIVERSITY

DECLARATION

NAME: Siphokazi Tshetu-Mavimbela
STUDENT NUMBER: 212298518
QUALIFICATION: Magister Artium in Social Work

TITLE OF PROJECT: OLDER PERSONS' PERCEPTIONS OF SERVICES THAT SUPPORT POSITIVE AGEING IN THE KHAYELITSHA AND GUGULETHU DISTRICTS OF THE WESTERN CAPE

In accordance with Rule G5.6.3, I hereby declare that the above-mentioned thesis is my own work and that it has not previously been submitted for assessment to another University or for another qualification.



.....

SIGNATURE

DATE: 05 November 2022

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DEDICATION

This thesis is dedicated to my parents – uNozikhulu noHlanga. Your struggles to mould me to be the person I am today is much appreciated; may God bless you. I also dedicate this thesis to my beloved husband, Mzoli Mavimbela, his family, and my son Akha Mavimbela.

ABSTRACT

Globally people are growing older, and nearly every country is experiencing an increase in their ageing populace. In 1960 older people made up 5 % of the world population, while in 2018, they were about 9% of the overall population. Projections are that in 2050 people over the age of 65 will make up 16% of the overall population. To respond to an ageing population, a government must ensure that its policy framework can respond to the needs of its citizens. A society that supports a positive ageing environment improves older people's well-being. In our complex society, each person is dependent on others in various ways, and social, emotional and practical interdependence is a feature of the human social condition. This means that older people do not function well in isolation but need support for positive ageing. This research project focused on older people's perceptions of services that support their positive ageing in the Khayelitsha and Gugulethu districts of the Western Cape, South Africa. The theoretical framework employed in the study is Systems Theory. The research approach utilised in the study is qualitative with an explorative and descriptive research design. A non-probability purposive, criterion-based sampling technique was employed. The researcher recruited eleven older persons aged sixty years and above in the Khayelitsha and Gugulethu areas. An NGO that works with older persons' served as gatekeepers. Semi-structured telephonic interviews were conducted. The data collected was analysed using thematic data analysis. The trustworthiness of the research process was enhanced using Guba's model. Ethical principles as set out in the Belmont report were also adhered to. The key findings of the current study indicated that in Khayelitsha and Gugulethu areas, there are available services that support positive ageing, such as clubs, excursions and social grants. Environmental aspects challenging positive ageing included unfavourable home conditions such as financial burden and ill-treatment, poverty and unemployment, health problems, and COVID-19 effects. Older people mentioned that there are available but inadequate services such as municipal services and care facilities. Thus, they recommended that there should be poverty alleviation schemes, community development projects such as crafting, gardening, sewing, and more institutions and home-based care for older people.

Keywords: Older people, perceptions, service delivery, positive ageing, support, Khayelitsha, Gugulethu.

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CHAPTER ONE: INTRODUCTION AND BACKGROUND TO THE STUDY

1.1. Introduction

This chapter situates the study by providing a background with the aim of exploring the views and perceptions of older people on services that support positive aging in the Khayelitsha and Gugulethu districts of the Western Cape. In this chapter the context for the study is presented, a preliminary literature review and problem statement are presented, the research question, research goal and objectives, the theoretical framework, and, the context for the study is presented. The chapter also unpacks the definition of critical terms to lay the foundation for the literature review. Lastly, this chapter highlights the study's ethical considerations, risks, and benefits.

1.2. Background and Context of the Study

Across the globe, the human population is growing older and virtually every country is experiencing an increase in their ageing populace (United Nations World Population Ageing Highlights, 2017). The World Population Data Sheet (2018) indicates that people over 65 are increasing globally. In 1960 older people made up 5 % of the world population, while in 2018, they were about 9% of the overall population. Projections are that in 2050 people over the age of 65 will make up 16% of the overall population. Compared with other regions of the world, the population of Africa is ageing at a much faster rate of 2.27 percent (United Nations, 2011). It is estimated that the population aged 60 and older will increase more than threefold between 2017 and 2050 - from 69 to 226 million (United Nations World Population Ageing Highlights, 2017).

This may have significant policy and programme implications for African countries. In South Africa, the number of older people has almost doubled since 2002 (Business Insider SA, 2018). With an ageing population, the need for policies and programmes that support positive ageing becomes essential. Internationally, countries have responded to their ageing societies in different ways. On a global scale, research shows various services to promote positive ageing.

Plath (2009:210) states that the promotion of active ageing, social inclusion and

independence of older people are three interrelated principles dominant in current policies. Knight and Mellor (2014:76) is of the view that social inclusion improves older people's well-being. Plath (2009:211) further states that in our complex society, each person is dependent on others in various ways and that social, emotional and practical interdependence is a feature of the human social condition. This means that older people do not function well in isolation but need support to function well in their society. Plath (2009:11) further mentions that ageing policies should clearly articulate and promote a socially inclusive view of dependence in old-age and not focus on independence in individualistic terms.

In the South African context, ageing policies and programme offerings cannot be seen outside its historical and cultural context. Before 1994, services to older people were racially differentiated (Lombard, 2009:119). While this changed after the 1994 democratic dispensation, there remains a class difference in older people's access to services while cultural views on more senior people in the family also differ. Historical access to retirement benefits impacts an older person's ability to afford services that support positive ageing (Lombard, 2009:120). Therefore, this research project focused on older people's perceptions of services that support positive ageing in the South African context, focusing on the Khayelitsha and Gugulethu areas. The researcher believes that the voice of older people as it presents from a specific context will be essential for policy and programme development to improve positive ageing.

1.3. Preliminary Literature Review

Policy strategies that support positive ageing look for pathways away from excluding older people to a focus on wellbeing and participation (Davey & Glasgow, 2006:22). Several underlying themes encapsulate the core values of positive ageing strategies. These are: a) a fostering of a positive view on ageing, b) promoting attitudes that respect and value older people, c) recognising and supporting older people's participation and contribution, d) valuing self-reliance, independence, individual responsibility and acknowledging diversity amongst the older population.

Plath (2009:214), in her comparative research on ageing policies in **Australia, Denmark, India** and the **United Kingdom**, showed that in Australia, independence is

perceived as a positive aspect by older persons. She says that although independence is widely accepted as positive by older people, the government and service providers, there is limited recognition of the tension with the policy principle of social inclusion. The researcher states that independence has different meanings: making valued and active contributions within the community, access to community services or facilities and not relying too much on government income support.

Plath's research further shows a high standard of living for older persons in Denmark and that older people function well in the communities they reside in (2009:215). She mentions that Denmark's high standard of living is sustained by high taxes and labour market participation rates. Denmark has an extensive range of home help services that are free of charge to older persons, and assistance is provided to all those identified as in need of the services. This is thus different from the Australian focus, where much emphasis is placed on limited government support. She reported freedom of choice; older people can choose between private and public services.

The Older Persons' Act (13 of 2006) defines older persons as 60 years and above in South Africa. This policy document promotes ageing as a natural process. As cited in Lombard (2009:119), the South African Constitution (Act 108 of 1996) laid the foundation to protect older persons' rights and terminate all forms of racial discrimination and inequality that has been instituted against older persons. In South Africa, we have service providers who work primarily with older persons to ensure that their real needs are met. Lombard (2009:119) states that new legislation was passed in 2006 to protect older persons' rights. The services shifted from institutional care to community-based care to keep older persons in the community for as long as possible. Kotzé (2018:3) indicates that older people live within communities and their families in South Africa. Taking care of your elderly is regarded as the norm. The South African government only takes responsibility for living arrangements where frail older people do not have a family to take care of them. Socio-economic circumstances also influence the South African context—many older people do not have access to private retirement benefits (Lombard, 2009:120).

Second-generation parenting, specifically in Black communities, is prevalent in South Africa. This means that older persons take care of their grandchildren (Kotzé, 2018:3;

Lombard, 2009:119). This can be an added burden on the resources available to older people. Older people have become primary caregivers for sick and orphaned children since the onset of the HIV/AIDS pandemic. With high poverty levels, older persons' grant are often the primary financial resource in an extended family context (Kotzé, 2018:5). The South African government ensures that all economically vulnerable older persons receive the older persons' grant to provide for their basic needs. Lombard (2009:125) states that the older persons grant assists vulnerable older persons with little or no income and thus contribute to a positive ageing environment. However, older people need a range of services to support their ageing process, and Kotzé (2018:3) indicates a critical shortage of services to support them.

A report compiled by Jordan (2019:01) on positive ageing in the Western Cape shows that active ageing programmes were instituted in 2006. The report further indicates that older South African people need residential facilities, service centres, or senior clubs. This report stipulates that various issues need to be dealt with by the Act and Active ageing Programmes. The Active ageing Programme aimed to develop a self-reliant society concerning older people in the province. The report also portrays that service delivery to older people can be enhanced through dealing with substance abuse issues, Older Persons with Disabilities, Capacity building of Residential Facilities and Seniors Clubs. Jordan (2019:02) further states that the South African government introduced Golden Games Sporting Programmes to enhance economic development and capacity building, awareness on abuse and neglect of older persons and awareness on rights of older persons. In South Africa, community-based care services are part of a comprehensive service offering available to the elderly. According to the South African Council for Social Service Professions (SACSSP, 2007), every service provider must be registered and trained to deal with people to ensure that services are provided effectively.

Research conducted in the Western Cape region by the Western Cape Department of Social Development and Special Programs (2015:24) notes that there is little literature on elder abuse in the province, and this coincides with the research done by Kotzé (2018) that there is insufficient research on older person abuse in the country. The Western Cape-based researcher noted that some seniors are being abused by their family members in various ways. Ferreira and Lindgren (2004) state a need to classify

certain types of abuse that are commonly reported, such as disrespect, exploitation, and violence. They indicate that some older persons are not even aware of the various types of abuse, such as emotional abuse. Kotzé (2018:3) believes that in South Africa, most older people are not in residential care as there is a critical shortage of proper facilities to care for the elderly. Some older people cannot afford to pay for the residential facilities as their pensions are insufficient. Kotzé (2018:3) points out that in South Africa, the care of older persons is regarded as the responsibility of the family, and the state has made it clear that it must provide care that applies only in the case of frail older persons where family is unable to care for them. Medical care with an older-person focus is also insufficient. The South African Health News Service (Aug 22, 2018) indicates that South Africa has five dedicated Psychogeriatric units attached to various universities. Still, currently, there is only one situated at Stikland Hospital, Bellville, Western Cape. It has been reported that waiting lists exceed several weeks as large numbers of older persons need care. This means that many older people who need specialised psychogeriatric care may not have access to it, and as a result, their health and well-being are compromised.

Older people suffer from various illnesses like dementia and depression. This is challenging as it results in withdrawal from social activities, friends and family and all the things that used to bring them joy (South African Health News Service: Aug 22, 2018). This suggests that older persons cannot function well in isolation. Munthre and Ngyende (2017:6) indicate that adults who live alone have lower life satisfaction than those who live in other structures.

According to the Department of Social Development's report on the evaluation of service centres for older persons in the Western Cape (2015:04), population ageing has various social and economic implications. It is predicted to place a significant burden on the social service and health care systems, including intergenerational support systems, social welfare, health care and recreational resources. The Western Cape Department of Social Development (2015:04) currently supports many service centres in the Western Cape region by funding the non-profit organisations that manage the service centres. The service centres provide services to older people who attend clubs and are home-based to promote positive ageing. The Department of Social Development (2015:25) mentions that community-based care programmes aim

to maintain and support existing social welfare services for older persons in the Western Cape, including day care centres and home-based care. The Older Persons Act, 13 of 2006 (pp10-11), points out that home based-care ensures that a frail older person receives maximum care within their community through a comprehensive range of integrated services. According to the Western Cape Department of Social Development's report (2015:26), the primary services that the service centres render are as follows: nutritional meals, information awareness campaigns, educational and skills development programmes, providing recreational opportunities, accessibility for professional services, counselling services including care and rehabilitation. The service centres also coordinate spiritual, cultural, health and social services.

Given the above psycho-social context that highlights the significance of positive ageing globally, the current study explores the views and perceptions of older persons' services that support positive ageing in the Khayelitsha and Gugulethu districts of the Western Cape.

1.4. Problem Formulation and Motivation for the Study

Globally the population is growing with most countries seeing an increase in their ageing population (see United Nations World Population Ageing Highlights, 2017; United Nations, 2011). This necessitate governments to put in place policies and services to support the ageing population in ways that keep them engaged in society and that support their wellbeing (Davey & Glasgow, 2006:22). For older persons to live a productive and independent life within their communities, various services are needed to support this. How older people experience these services are essential to policy and service planning. Older people's access to services that support active ageing in South Africa cannot be seen outside the historical context (see Lombard, 2009:119) with a small part of the older population being able to access retirement benefits and a large part being dependent on the provisions of the state. Kotzè (2018:4) is of the impression that the basket of services may not be sufficient to provide comprehensive support for positive ageing. The Older Persons Act (13 of 2006) promotes the participation of older persons in government's planning for a society that should support ageing as a natural part of life. This research project was designed to obtain the perceptions of older persons on those services in the South African context

and in the Western Cape, Khayelitsha and Gugulethu areas specifically that support their ageing process. The researcher chose these areas as many older people in these communities do not have access to retirement benefits other than those provided by the state. The researcher also worked with older persons within these areas previously and at the time, noticed a gap in terms of service delivery. The information gathered from this study engaged the voices of older persons as is the intention of the Older Persons Act (13 of 2006), and they had the opportunity to make suggestions on what is needed for their positive ageing process. Social service providers that offer older persons services will benefit from a study of this nature centred on older persons' views to guide service planning and delivery.

1.5. Research Question

Alpaslan (2011:8) defines a research question as a statement about what the researcher wants to find and stems directly from a perceived problem. This study sought to answer the primary research question; "What are older persons' perception on services that support positive ageing in the Khayelitsha and Gugulethu districts of the Western Cape?"

Because the duration of this research has cut across the COVID-19 pandemic, older people who participated in this research were also experiencing the impact of the national lockdown result, a secondary research question emerged. The secondary research question sought to answer the question of, "What are older person's views on the services available to support older persons during the COVID-19 pandemic?"

1.6. Research Goal, and Objectives

This study aimed to understand older people's perceptions of services that support positive ageing in the Khayelitsha and Gugulethu districts of the Western Cape.

A secondary goal is to understand older person's experience of services available to support older persons during the COVID-19 pandemic.

To achieve the goal the researcher intended to reach the following objectives:

- To explore and describe older person's views on positive ageing.
- To explore and describe older person's perceptions regarding the availability of services that support positive ageing.
- To explore older persons' perceptions on the effectiveness of current services rendered to enhance their daily functioning.
- To explore and describe older persons' services experiences to support them during the COVID-19 pandemic.
- To conclude and develop recommendations about perceptions of older persons on services that support positive ageing.

1.7. Theoretical Framework

The study employed systems theory to conceptualise and set a scene for older persons' perceptions of services that support positive ageing.

Jerrold and Brandell (2010:12) define systems theory "as a way of elaborating increasingly complex systems across a continuum that encompasses the person in the environment." They further state that "systems theory enables us to understand the components and dynamics of client systems to interpret problems and develop balanced intervention strategies to enhance the 'goodness of fit' between individuals and their environment." According to Chi-hui and Sapphire (2017:09), systems theory was applied to study situations, assess participants' real needs and prescribe solutions. They further explain that using systems theory helps get a bigger picture of the situation and view it in a new light. Systems theory as a theoretical lens allowed the researcher to critically consider the different components involved in society's response to the ageing society and how these influence the perceptions of older people on services that support positive ageing in the Western Cape.

Experiences, challenges, and recommendations on ensuring that older person's services are improved will be discussed in detail in Chapter Two by employing this theory.

Potgieter (1998:55) stipulates that every single part of the system is always connected

to every other part somehow, and whatever happens to one element will always affect the other. He further states that what we see in a person always reflects their relationship with their environment. This framework is relevant to this study. The study focused on perceptions of older people on services that support positive ageing and positive ageing depending on how older people interact with their environments and how different systems in the environment interact with each other.

1.8. Definition of Key Terms

- **Older persons** - According to the Older Persons Act (13 of 2006), an older person means a person who, in the case of a male, is 65 years of age or older and, in the case of a female, is 60 years of age or older. In the current study older persons will be the residents of Gugulethu and Khayelitsha, club and home-based members.
- **Perceptions** - Oxford dictionary (1995) defines perception as an idea, belief, or image because of how you see or understand something. Perceptions in the current study will be the older persons' daily experiences on their service delivery.
- **Service** - Older Persons Act (13 of 2006) labels service as any activity or programme designed to meet the needs of older people. In the study, service will be any assistance or help received by older people within their communities with an aim of promoting their positive ageing.
- **Positive ageing** - Davey and Glasgow (2006:22) refer to positive ageing as a need to remain actively engaged in society to adapt successfully to an older age. Older persons will be sharing their perceptions on how they ensure that they are active citizens within their areas.

1.9. Ethical Considerations

The Belmont Report (1976) lists ethical principles that the researcher must focus on when working on a research study. Older people can be regarded as a vulnerable group, and measures need to be taken in research how to protect their rights. The following are principles that every researcher should adhere to (Kimble, 1976).

1.9.1 Avoidance of harm

The researcher did not foresee any harm to the participants. The nature of the questions asked in interviews was not of a sensitive nature.

However, the researcher does acknowledge that talking about positive ageing can stimulate emotions for older people who do not experience their social environment as positive to their ageing. The research took place in a context where a social worker and a professional nurse could be contacted with any health or psychosocial concerns. To manage risk for older people, the afore-mentioned service providers were to be reached when necessary as they could visit the older people where they are located. This was only going to happen after getting permission from the research participant. Debriefing also took place after each interview.

In addition, participants were informed before the interviews commenced that they could withdraw from the research study if they felt the need to do so.

1.9.2 Informed consent

The Belmont Report (2011:06) states that “informed consent means the consent of a person (or their legally authorised representative) so situated as to be able to exercise free power of choice.” Informed consent was explained to each potential participant, and interviews took place only after they signed the consent that clearly articulated the nature of the research.

1.9.3 Voluntary participation

Once the researcher obtained permission from the Program Head of the NGO (Older Persons' Department), who acted as gate-keeper, the latter sensitised older people who were using their services to the planned research. The researcher also liaised with the NGO's community-based workers in ensuring that relevant participants were recruited. Those interested indicated their willingness to the gatekeeper. The

researcher was provided with the details of potential research participants and explained the study to older people. Only older people who agreed to participate in the study were interviewed at their convenience.

1.9.4 Privacy/anonymity/confidentiality

The researcher was always committed to safeguarding the privacy and identity of all research participants and maintained professional conduct (Strydom, 2011:113). This was done by using a coding method when analysing the data gathered and using pseudonyms where direct quotes were used in the write up of the final report. Additionally, the participants were interviewed in spaces where they felt comfortable.

1.9.5 Actions and competence of researchers

The researcher worked alongside an experienced supervisor who ensured that she was competent, honest and effectively skilled to undertake the proposed research. It was important for the researcher to be well-organised and prepared for interview questions to manage time efficiently. Negative findings were reported alongside positive ones.

1.9.6 Risks

Talking about positive ageing can stimulate emotions for older people who do not experience their social environment as positive to their ageing. The research took place in a context where a social worker and a professional nurse are available for any health or psychosocial concerns. The services are available within the specified NGO premises to render services to the older people. A referral would take place only after getting permission from the research participants. Debriefing also took place after each interview. In addition, participants were informed before the interviews commenced that they could withdraw from the research study if they felt the need to do so.

1.9.7 Benefits

This research project is designed to obtain the views of older people on services that support the older people's ageing process. The information gathered from this study engaged the voices of older people to allow them to make suggestions on what is needed for their positive ageing process. Social service providers that offer older person services can potentially benefit from the study as the study will enable them to develop plans for improving the services. Research shows that there is little literature regarding the discussed topic in South African context.

1.10 Dissemination of Findings

The researcher will make copies of the final research report available to the Nelson Mandela University libraries. She will also submit the report to the specified NGO to input their practice interventions.

The researcher will present the research findings at any national conference or seminar and plans to submit a journal article.

1.11 Structure of the Report

The outline of this research report follows below.

Chapter One: Introduction and background to the study — This chapter provides background and the context of the study, problem statement and motivation for the study, the question of the research, research aim and objectives, theoretical framework, the definition of key terms, ethical considerations, benefits and risks of the study. It also lay the foundation for Chapters Two and Three of the research report.

Chapter Two: Literature review and theoretical framework — The literature review paid attention to the definition of older persons, population ageing, unpacked the concept of positive ageing and how different countries address issues around ageing, impact of COVID-19 pandemic on older people, and the services that are delivered to maintain positive ageing.

Chapter Three: Research methodology application — The design of the research

and methodology employed in this study is explained in this chapter. The concrete application for the processes of a qualitative study was provided in this chapter.

Chapter Four: The discussion of findings controlled with literature — This chapter discussed the summary of the research results for the study's goal, key themes, sub-themes, and categories that arose from the results. Findings were discussed, incorporating the relevant literature and the theoretical framework.

Chapter Five: The summary, conclusions, and recommendations — The conclusion of the research process, challenges or limitations experienced, research results conclusions, and the suggestions for future studies relevant to this topic were presented in this chapter.

1.10. Summary of the Chapter

Background and the context of the study to explore the views and perceptions of older people on services that support positive ageing in the Western Cape Province were provided in this chapter. In this chapter, the problem formulation that guides the study was presented. With an ageing population locally as well as internationally, the discussion around positive ageing becomes imperative. This formed part of the key motivation for the study.

The theoretical framework that serves as a lens for this study is also introduced in this chapter and the definition of key terms were briefly discussed to set a scene for Chapter Two's literature review.

The next chapter discusses literature and the theoretical framework considered for this research project.

2. CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

The preceding chapter discussed the background and introduction of the overall chapters for the study. This chapter will discuss the concept of older persons, referencing various authors. Statistics on population ageing will be reviewed from different countries. Statistics on population ageing will be unpacked, and a discussion on the impact of the COVID-19 pandemic, to answer the secondary research question: What are older people’s views on the services available to support older persons during the COVID-19 pandemic? The concept of positive ageing will be unpacked to review what various studies say about positive ageing. The chapter also discusses the services rendered to older people to support positive ageing citing the studies from international, African and South African contexts focusing on institutional support, health care services and environmental conditions needed for positive ageing. The final section unpacks the Systems Theory as theoretical lens to set a scene for the findings chapter and literature control.

2.2. Population Ageing

Solanki, Kelly, Cornell, Daviaudi and Geffen (2019:174) suggests that increased longevity and decreasing fertility rates have resulted in ageing populations globally. Population ageing trends are shown in the table below.

Table 1: Stats SA population forecast by age and year, 2002 - 2022

Age band (years)	Year			Movement (2002 - 2022)	
	2002	2012	2022	N	%
0 - 4	4 746 954	5 782 776	5 811 973	1 065 019	22.4%
5 - 14	10 268 042	9 787 134	11 765 151	1 497 108	14.6%
15 - 44	22 193 311	26 258 925	30 036 493	7 843 182	35.3%
45 - 59	5 280 643	6 546 011	8 039 148	2 758 505	52.2%
60+	3 276 760	4 034 879	5 567 771	2 291 011	69.9%
Total	45 765 710	52 409 724	61 220 537	15 454 826	33.8%
Total under 60	42 488 950	48 374 845	55 652 765	13 163 815	31.0%
Total over 60	3 276 760	4 034 879	5 567 771	2 291 011	69.9%
% under 60	92.8%	92.3%	90.9%		
% over 60	7.2%	7.7%	9.1%		

Source: Stats SA, 2018.¹⁶

Table 1 Stats SA population forecast by age and year, 2002-

2.2.1 The world population growing older

As shown by the above statistics, it is suggested that over the period of 20 years from 2002 to 2022, there will be an overall increase of 69.9% in the proportion of individuals aged 60 years and above. This is beyond the projected increase in age for the age group 45 years to 59 years old, where a 52.2% increase is forecasted for the same period. Li, Han, Zhang and Wang's (2019:1), in their study on spatiotemporal (relationship between space and time) evolution of global population ageing from 1960 to 2017, showed that annual growth of the ageing rate (65 and above) occurred on six continents, have different trends on how people age. For instance, European countries have a higher concentration of older people than African countries (Li et al., 2019:1).

Work done by Officer et al. (2020:1) also supports the notion that people worldwide are living longer. Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% (900 million people) to 22% (2 billion). Solanki et al. (2019:17) show that the number of older people in South Africa will increase to 15.4% by 2050. This is a result of the increase in longevity and decreased fertility rates. This ageing trend requires a policy strategy to accommodate older citizens.

2.2.1.1. *The difference in ageing for economically wealthy countries and economically poorer countries*

While there may be differences amongst the more economically developed and developing countries, the global population of people aged 60 years and above is expected to double from 901 million in 2015 to 2.1 billion in 2050. Estimates suggest that low-and middle-income countries (LMICs) will be home to more than 80% of the world's older population by 2050 (Gyasi, Phillips & Amoah, 2020:227).

The pace of population ageing in sub-Saharan Africa is now significantly faster than in most other parts of the world (Gyasi et al., 2020:227). This is also supported by the study conducted by Wilson, Errasti-Ibarrondo and Low (2019:78) on the prevalence of

ageism in this era of escalating population ageing, which found that population ageing is evident in all developed and many developing countries. Wilson et al. (2019:78) are of the impression that this acceleration of an ageing population across the globe is a consequence of two prime factors, namely the birth rate declining and remaining low following the post-World War II (1946-1965) baby boom (a period marked by a significant increase of birth rate between the years 1946 to 1964) and the steady improvement in health care services that results in more people living to be old (Wilson et al., 2019:78). These authors further state that, by the time the entire large baby boom cohort is 65 years of age in 2029, 25% or more of citizens in most countries will be older (Wilson et al., 2019:78). This is concurred by the study conducted by Raju (2016:1), which found that population ageing in developing countries is much more rapid than in developed regions. In 2013, 55.8% of the world's elderly were in Asia, also home to 48.3% of the world's oldest old, a percentage expected to increase in the next half-century (Raju, 2016:1).

Population ageing also occurs in South Africa (Phaswana-Mafuya, Peltzer, Ramlagan, Chirinda & Kose, 2013:1). Forecasts from Statistics South Africa (Stats SA) suggest that from 2002 to 2022, the population will have increased by 33.8% [1.47% per annum], the relative expected expenditure will have increased by 41.7% [1.76% per annum]. The impact of ageing on expected expenditure over the period will be 7.9% [0.29% per annum] (Solanki et al., 2019:174). They indicate in their review on population ageing in South Africa that despite the predicted impact of population ageing, namely that it will increase the disease burden related to chronic and multiple chronic conditions, there has been limited research on this issue in South Africa and on the implications for health systems, planning and budgeting.

2.2.1.2. Legislative frameworks and theories of aging

WHO (2002:12) defines active ageing as the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.

Teater and Chonody (2017:138) describes aging as a process whereby individuals' roles and identities begin to shift as they age, due to retirement, changing social networks, and children aging. Thus, individuals attempt to maintain their identity, roles, and sense of self and well-being by sustaining their levels of activity or substituting other activities to avoid change. However Teater and Chonody (2017:139) found that

although the basic principles of activity theory and productive aging do apply to some older adults who desire and are capable of maintaining their identity, roles, and levels of activity and production as they age, for other individuals, these expectations of aging are unrealistic or unattainable due to personal choice or circumstances that lead them to become less active, socially involved, or engaged in the production of goods or services.

Teater and Chonody (2020:599) also reviewed literature on how older persons define successful aging and found out that older people view social relationships and interaction with younger generations as one of the important factors to having a good life. However, in this review it was found that older persons do not define successful aging in such a narrow way as is found in the literature (Teater & Chonody, 2020:599).

2.2.2 Ageing and its implication for policy and planning in the country to ensure that older people's needs are catered for

As shown above, the projections of an increase in older person's ageing mean that current policies and models developed to enhance older people's well-being must put older people at the forefront in terms of service delivery. Older people also recommended this proposition in the current study, as discussed in Chapter Four.

As people grow older, health challenges increase. There are certain illnesses associated with older persons, and as the population grow older, it is expected that a higher concentration of these illnesses will be present (Cheng, Yang, Schwebel, Liu, Li, Cheng, Ning & Hu, 2020:1). However, it is argued that the mortality rate decreased because of improved health care, and as a result, people live longer. This argument was supported by the study conducted by (Cheng et al., 2017:1), who found that the proportion of people aged 65 years and older increased globally from 6.1% to 8.8% (Cheng et al., 2020:1; World Population Ageing Report, 2017:6).

Wilson et al. (2019:78) argues that it would not be surprising for ageism to be a significant and growing concern since older people will be less taken care of due to more attention being paid to younger generations by the government or society as a whole. For instance, in some parts of South Africa, people older than 90 years who

are wrinkled tend to be discriminated against, ostracised, arsoned, stigmatised and labelled as 'witches who do not die because of their witchcraft magic' (Wilson et al., 2019:90). The experience of ageing in South Africa is also not independent from the country's history (see Lombard, 2009:125-126). Older people who historically worked in jobs without or with limited pension benefits are more reliant on services provided by the state. These services are available but often not sufficient to provide for the comprehensive needs of older people (see Kotze, 2018:2-4; Jordan, 2019:1-3). Within a country where intergenerational care is prioritised, and state-funded institutional care is reserved chiefly for frail older people (Kotze, 2018:2). One can thus argue that community-based services must be extended to create a context for a positive ageing experience for all older people.

2.2.3 Positive ageing unpacked: ways of thinking about our ageing population

Fernández-Ballesteros (2015:22) describes positive ageing as a diversity of positive conditions across the ageing process and during old-age, such as physical fitness and health, optimal cognitive functioning, positive emotional states, and social involvement.

The study conducted by Kristianingrum (2018:304) has harmonised Fernandez-Ballesteros's (2015) description of positive ageing in Indonesia, which has shown that family support as perceived by older persons included daily activity assistance, assistance with obtaining health services, food preparation, financial support, attention, guidance, and problem solving, contribute to their experience of positive ageing.

According to Malone and Dadswell (2018:2), "positive ageing denotes the aspirations of individuals and communities to plan for, approach and live life's changes and challenges as they age and approach the end of their lives, in a productive, active and fulfilling manner." This focus embraces the idea of making the most of opportunities, innovations and research which promote a person's sense of independence, dignity, well-being, good health and enable their participation in society." From this definition, the idea of positive ageing can encompass a wide variety of different aspects in everyday life which can facilitate or inhibit positive ageing (Malone & Dadswell,

2018:2).

The study conducted by Yusif, Soar and Hafeez-Baig (2016:113-114) shows that the increase in life expectancy has led to new models of positive ageing where older adults are empowered to lead fulfilling lives to adapt to degenerative changes to maintain functionality, autonomy and quality of life. Yusif et al. (2016:113-114) allude that age tends to be associated with reduced health and physical capacity and diminished openness to new experiences. This may be due to a tacit feeling by older people that they have been outpaced by a fast-moving technology with which their abilities cannot match (Yusif et al., 2016:113-114). Older adults often face functional problems that tend to compound with age, leaving them with limited active life choices. Forty percent of those aged 65 years and older are limited in physical activity, according to Yusif et al. (2016:113-114). A limitation of physical activity may lead to other opportunistic dysfunctional lifestyles such as physical or health conditions that make reading challenging, disability, handicap, or chronic disease that prevents them from fully participating in many everyday activities. According to these authors, most studies have targeted eight older adults' problems such as dependent living, fall risk, chronic disease, dementia, social isolation, depression, poor well-being, and poor medication management. Participation in physical activities could contribute to a healthy social lifestyle and thus positive ageing. (Yusif et al., 2016:113-114).

Malone and Dadswell (2018:1) add that religion, belief systems, and spirituality contribute to positive ageing among older people throughout the world. Positive ageing encompasses the various ways in which older adults approach life challenges associated with ageing, and specific approaches allow older adults to age in a more positive way (Malone & Dadswell, 2018:1).

They conducted a qualitative study using focus groups with 14 older adults living in West London to explore the role and importance of religion, spirituality and or beliefs held in their everyday lives and how this could be incorporated into the idea of positive ageing. The study found that religion, spirituality, and /or belief played several roles in the everyday lives of older adults, including being a source of strength, comfort, and hope in difficult times and bringing about a sense of community and belonging (Malone & Dadswell, 2018:1). The researcher believes that this might be helpful, especially in

South Africa, where spirituality is deemed necessary (Sentayehu & Anteneh, 2018:73). It was also important to consider during this COVID-19 scourge, as people tend to draw on their spiritual resources to deal with difficult situations.

Older people's participation in the labour market is also tied to their ability to age in positive ways. Keeble-Ramsay (2018:1) reviewed literature exploring the concept of 'Positive Ageing' in workplaces in the United Kingdom. Their study revealed that the participation rate of older people in the labour market is forecast to increase due to demographic changes taking place. For example, low fertility rates, higher life expectancy, and increases in the retirement age will affect labour availability (Keeble-Ramsay, 2018:1). The working-age population trends indicate that age 55-64 years will expand. This trend is strengthened by policy debates about the sustainability of economic and social support systems for the wider population and necessary strategies to keep older workers in labour markets (Keeble-Ramsay, 2018:1). Within the United Kingdom, as the statutory pension age is now placed at 67, changes affecting the national default retirement age (previously age 60 for women and 65 for men) already mean that many older workers will feature in workplaces past historical expectations (Keeble-Ramsay, 2018:1).

In South Africa, due to the increase in medical technology and the work-friendly environments for older people, South Africa has the most rapidly ageing population in Africa (Rabie & Klopper, 2015:34). Moreover, in terms of the Bill of Rights in the Constitution of South Africa, each older person has a right to adequate health care and access to information (Rabie & Klopper, 2015:34). The Older Persons Act 13 of 2006 also supports the Constitution of South Africa by mentioning the rights of older persons and, among others, the importance of community-based care, which ensures that older persons have the opportunity to stay in their residences as long as possible (Rabie & Klopper, 2015:34).

2.2.4 Personal and environmental conditions needed to support positive ageing

Positive or successful ageing may refer to life satisfaction, coping behaviours and physical ability. It may include the retention of social support networks that have been

associated with wellbeing over preceding years (Killen & Macaskill, 2020:100). It is defined as an adaptive process where biological, lifestyle and environmental factors interact over time to produce long-term positive outcomes in older age (Killen & Macaskill, 2020:100). On the other hand, according to De Villiers and Faber (2018:4), healthy ageing is defined as the “process of developing and maintaining the functional ability that enables well-being in older age.” Functional ability, therefore, is determined by intrinsic capacity [the physical and mental capabilities of an individual] and the extrinsic world [the environment that forms the context of an individual’s life] (De Villiers & Faber, 2018:4). Functional ability is influenced by specific key health characteristics of the ageing process that should be considered when interpreting health trends in older age, characteristics such as at the biological level where ageing is characterised by a progressive accumulation of molecular and cellular damage that results in increasing impairment in many body functions and an increased vulnerability to environmental onslaughts (De Villiers & Faber, 2018:4). Strength in musculoskeletal function, sensory functions (such as hearing and sight), and some cognitive functions decline as people age (De Villiers & Faber, 2018:5).

Sensory impairments may result in poor appetite, while poor oral health can lead to difficulty chewing and a low-quality monotonous diet (De Villiers & Faber, 2018:5). Older people’s loss of mobility may furthermore affect their ability to shop and prepare food (De Villiers & Faber, 2018:5). Ageing may also be associated with psychosocial and environmental changes, such as isolation, loneliness, depression and inadequate finances, which may adversely impact the diet of older individuals and increase the risk of malnutrition (De Villiers & Faber, 2018:5). De Villiers and Faber (2018) conducted their study known as the SAGE study, focusing on healthy ageing in South Africa. Their study showed that social capital (as measured with components such as having a partner, social action, sociability, trust and solidarity and civic engagement) was shown to be significantly associated with health status and cognitive functioning, highlighting the importance of the social environment in healthy ageing (De Villiers & Faber, 2018:5). De Villiers and Faber (2018:5) emphasise that good nutrition may assist in the prevention or delay in the onset of chronic conditions. Still, good nutrition care and dietary practices are also crucial in maintaining good nutritional status despite the physiological changes brought about by ageing. Eating at least three servings of vegetables daily was shown to be associated with reduced cognitive decline.

Raju (2016:2) found that elderly grandparents look after the grandchildren while the parents work in India. The elderly are also sources of knowledge used in times of crisis, such as a natural disaster occurring in their communities (Raju, 2016:2). These contributions are considered part of their existence in society and are non-monetised. The findings of Raju (2016) are in accord with Kotzé (2018) and Lombard (2009) that second-generation parenting, specifically in Black communities, means that older persons end up taking care of their grandchildren. They are, in fact, an integral part of the parental team, and with limited resources, this may be an added burden on the capital available for their care. These are, however, instances of engagement with the community, which can be encouraged as it is beneficial to the elderly and enhances their quality of life, promoting positive ageing (Raju, 2016:2). A particular finding in the current study speaks to intergenerational care from a positive perspective; older people are part of the family. They are a great source of knowledge, which means they contribute positively within their communities.

Older people take care of their grandchildren as some children are neglected by their biological parents.

Killen and Macaskill (2020:99) conducted a study in the United Kingdom to categorise positive life events in community-dwelling older adults to explore their fit with psychological wellbeing models. The findings of their study showed that activities delivering positive affect and life satisfaction (hedonic model) and demonstrating competence, autonomy, relatedness, self-acceptance, purpose in life, and personal growth (eudemonic models) helps elders to progress and develop well in their stages of growth and development (Killen & Macaskill, 2020:99). However, two well-supported new dimensions were identified in interaction with the physical environment' and 'personal well-being'. These new dimensions were labelled as 'life-affirmation and 'mindfulness' (Killen & Macaskill, 2020:99). Overall, these studies, conducted in a different context, show that staying engaged in their communities can benefit older people.

Mthembu, Abdurahman, Ferus, Langenhoven, Sablay and Sunday (2015:215) think

that little is known about leisure participation amongst older adults in South Africa as an activity that promotes health well-being and quality of life of the elderly while they are in institutionalised or home environments. Their study, focusing on older adults' perceptions and experiences regarding leisure activities, found it a strong determinant of health, well-being, and quality of life, thus contributing to positive ageing. Leisure activities include informal or organised play and sports, programmes that promote physical fitness, relaxation, amusement or diversion, going to art galleries, museums, cinemas or theatres; engaging in crafts or hobbies, reading for enjoyment, playing musical instruments; sightseeing, tourism and travelling for pleasure (Mthembu et al., 2015:216). These leisure activities have been found to promote substantial health outcomes for older persons in physical, psychological, cognitive and social benefits (Mthembu et al., 2015:216). Mthembu et al. (2015:216) thus state that it is imperative to provide older persons with opportunities to engage in leisure activities as it promotes good quality of life.

2.2.5 Women and ageing

Keeble-Ramsay (2018:6), researching older people in the United Kingdom, indicates that women have historically retired earlier than men. They are more likely to be affected by a changed national default retirement age. Women also traditionally carry the burden of caring responsibilities. Thus, ageing prospects may be very daunting (Keeble-Ramsay, 2018:6). Her study highlights the plight of women who have ended up in low qualification and low paid jobs and struggle financially. Working women from this category are more likely to leave work if they receive lower pay than average wage levels, feel isolated, or are victims of sexism in the workplace. Such workers may also face long-term unemployment and lack training opportunities (Keeble-Ramsay, 2018:6).

The current study's findings show that most older people, relocated from the Eastern Cape to the Western Cape for job opportunities. Many of the females used to work as domestic workers as they were uneducated. They left their jobs due to their age and not being physically fit to continue working as they had to work hard. For these older people, stable pension benefits outside the governments' provision are not available. This shows a great need to look at the impact of lower-paid jobs on older people's

sense of security in later life.

2.2.6 Views on positive ageing from different countries

Cramm and Nieboer (2017:1) conducted a quantitative study to examine ethnic differences in ageing perceptions of migrant Turkish and native Dutch elders residing in Rotterdam, Netherlands, and explore whether such differences could be attributed to cultural or personal, physical, economic and social resources. They found that health and education were the essential resources among Turkish elders. For Dutch elders, age and health were most important concerning ageing perceptions.

Ageing perceptions were generally more negative among Turkish than among Dutch elders. Turkish elders reported more negative awareness of ageing, felt less in control of their ageing processes, and had more negative emotional reactions to ageing. They also believed that their ageing processes would both negatively and positively affect their lives.

Results revealed poorer health, lower income and educational levels among Turkish than Dutch elders. In addition, many more Dutch than Turkish elders were single, widowed or divorced (Cramm & Nieboer, 2017:1).

In the study conducted by Raju (2016:1) amongst older fishermen in Mauritius, it was found that these men cannot contemplate retirement as they require a steady income to support their families. One fisherman expressed that training can facilitate adaptability to new environments for working after retirement. Fishermen also feel that the state and the media can enable the older persons' to not be exploited or become victims of crime (Raju, 2016:1). On the other hand, Gyasi et al. (2020:228) identified social support as one of the most vital protective factors against the health challenges of older age.

The dimensions of structural social support network include overall size (number of close family members, friends, and acquaintances) and frequency of social interactions in various domains of life on one hand, and on the other hand functional social support includes perceived and actual assistance received from close networks

(Gyasi et al., 2020:228). According to Gyasi et al. (2020:228), various contemporary longitudinal and cross-sectional surveys have shown these to be related to older people's health outcomes and other population cohorts. For example, in Germany, it has been found that social support has a predictive effect on positive health outcomes, including improved health-related quality of life (Gyasi et al., 2020:228).

In Ghana, it has been found that regular and active participation in various social events such as communal meetings and gatherings, religious, organizational and club activities directly or indirectly provides some opportunities for informal support in health care use for non-institutionalised older adults, particularly for men (Gyasi et al., 2020:234). This is related to the view that older women and men perceive and experience social support differently. For example, older women are often better embedded in complex social relations than their male counterparts and are predisposed to receiving various support from more interrelated sources (Gyasi et al., 2020:234). Moreover, social participation is highlighted as a key component of the policy framework for active ageing.

Older people's involvement in social events is generally felt to improve their independence and psychosocial well-being and provide informal resource sharing in health care (Gyasi et al., 2020:234). For example, some churches in rural communities have been noted to provide health care services and support for their older members through health education and talks (Gyasi et al., 2020:234). In Ghana, it is common for most social groups to educate their members, including older people, about health care opportunities and behaviour for specific health challenges and why health care use should be prioritised for preventive and curative purposes (Gyasi et al. 2020:234).

Research on the ageing population in South Africa and its challenges for the health sector shows a link between a high prevalence of chronic disease, disability and ageing, and an increase in the care burden. Poor health leads to lower quality of life and levels of well-being and higher levels of disability among older adults, especially among the poor (Solanki et al., 2019:174). Data from the 2011 census done by STATS SA indicate that 40% of older adults in South Africa are poor (Solanki et al., 2019:174). High rates of unemployment and the impact of HIV have left older adults with significant care and financial responsibilities as they use their pensions and time to support their

children and grandchildren, with a measurable impact on their well-being (Solanki et al., 2019:174). Older people in South Africa are thus often located within their larger communities and in state-owned or sponsored institutions. Only a small percentage of older people can afford private retirement services (Lombard, 2009:126; Kotze, 2018:4). Without the necessary services available within our communities, many older people may experience compromised well-being.

2.3. The COVID-19 pandemic and older people

The COVID-19 pandemic has been a surge that hit almost all seniors worldwide, either technologically, emotionally, physically, spiritually, psychologically, socially, financially, and health-wise. While research on the impact of this pandemic on older people is understandably limited, media reports and statistics proved that older people are vulnerable and an at-risk population during this pandemic (Mueller, McNamara & Sinclair, 2020:9959). Thus, the governments of all the nations had put in place restrictive rules and safety measures such as sanitising, wearing a mask, social distancing and lockdown.

Mueller, McNamara and Sinclair (2020:9959) indicate that because of the need for social distancing, technology for the majority of 2020 into 2021 became the dominant form of engagement to everyone during the lockdown. Older persons, especially those residing in rural areas, experienced a challenge to use virtual technological networks such as *Skype, Zoom, Facebook, Twitter, WhatsApp* and *Instagram*. This is concurred by the qualitative study conducted by Fischl, Lindelöf, Lindgren and Nilsson (2020:281) that explored older adults' perceptions of contexts surrounding their social participation in a digitalised society, focusing on rural communities in Northern Sweden. Fischl et al. (2020:281) emphasise that social participation and digital engagement can contribute to health and well-being among older adults. As a result of older adults' decline in abilities, coupled with complex technology and its perceived low relevance to daily life, there is a need to create and tailor social opportunities and services that are supported by digital technologies for older adults to continue participating in society (Fischl et al., 2020:281). Their study suggests that elders should try welcoming digital technology that facilitates daily and community living. Their findings further indicated that co-creating usable digitalised services and

promoting satisfactory digital technologies could support older adults' social participation through activities that they find relevant in their lives. Subsequently, they might enable them to live longer at home (Fischl et al., 2020:281).

2.3.1 Literature review on technology and older person's during the COVID-19 pandemic in South Africa

Literature shows that as the older persons' grow older, there is evidence of growing social isolation and loneliness in their lives, thus technology has been found to be useful to reduce this social isolation, more especially during the times of COVID-19 pandemic (Chipps, Jarvis & Ramlall, 2017:817.) The study that focused on technology-assisted communication amongst older persons in a residential care facility in South Africa conducted by Chipps and Jarvis (2017:394) showed that technology-assisted communication strategies have been suggested for enhancing older persons' social contact, expanding and strengthening their social networks, increasing their social connectedness and alleviating depression and loneliness. The study further revealed that the majority of older persons used their mobile phones to make and receive calls during the COVID-19 pandemic but not for video-chats and playing games as they still need training on that (Chipps & Jarvis, 2017:399.) Similar findings were drawn from the study conducted by Jarvis, Sartorius and Chipps (2020:339) that the social, psychological, physical, and financial benefits of digital inclusion are of increasing importance for older persons, but the main challenge is that older persons more especially in rural areas needs skills on how to utilize digital platforms such as cell-phones, and video-cameras. In addition to this, Steyn, Roos and Botha (2018:202) conducted a study on cell phone usage relational regulation strategies of older South Africans and their participants reported that they use cell phones to obtain information, instrumental support, and aid, and to be informed about the world they live in.

While more older people made use of digital interaction, there remained challenges in this regards for some. There are also other challenges that hinder the well-being of older people, such as the restrictions on movement, which limited their ability to participate in community activities, limited access to health and financial services, limitations to access to family gatherings such as weddings and funerals. These challenges will be unpacked in detail in Chapter Four, where the findings of this study are discussed.

2.3.2 Service delivery and its impact on maintaining positive ageing

The sub-sections below will discuss the services rendered to older people to support positive ageing. The studies from international, African and South African contexts will be cited to discuss institutional support, health care services, and environmental conditions needed for positive ageing.

- *Day Care centres*

For the context of our study, day care services or centres mean that older people come to centres during the day on certain days to access services while still residing in their community residences.

In the United Kingdom, day care centres were found to play various roles for individuals and in care systems (Manthorpe & Tinker, 2020:73). Attendance and participation in day care centres positively impacted older people's mental health, social contacts, physical functioning and quality of life (Orellana et al., 2020:73). The study by Orellana et al. also found that day care centres are not always positively perceived by some older people. In these situations, they lack motivation and have difficulty seeing other older people with dementia and disability, thus deciding to stay home. As is the case in the United Kingdom, there have been interesting opposing findings. In the United States baby-boomers (younger older people) appear to feel positive about day care centres, viewing them as social and activity centres, and as offering carer support. Hopp, Cassady, Ajrouch, Amne, Talab and Mendez (2020:519) conducted a study on planning for older Adult Day Programs (ADPs) in an Arab American community generating perceptions from older adults, caregivers and service providers. This study found that in the United States, ADPs, which are also referred to as adult day centres or adult day services, are designed to provide older adults with structured daytime programs and services ranging from social and health events to daily transportation and personal and medical care. Hopp et al. (2020:519) found that ADP participation has been associated with a range of benefits, including enhanced emotional well-being, social engagement, satisfaction with services, and reduced caregiver burden and

stress. Hopp et al. (2020:520) also found a recent study that included Arab American older adults from a Muslim community concluded that new programs for older adults should promote quality of life, family, community involvement, and ethnic practices and traditions. In addressing the quality of life for older people, Solanki et al. (2019:178) postulate that the South African Policy for Older Persons was developed in 2005 after South Africa signed the political declaration adopting the Madrid International Plan of Action on Ageing in 2002. Community-based care programmes that include day care centres (clubs) and home-based care are designed to maintain and support existing social welfare services for older persons. A study by Tshesebe and Strydom (2016) shows that all role-players, including older people themselves, regard these services as powerful. Their findings also indicate that it is imperative that these services are adequately funded so that appropriate and sufficient resources are available for older people to benefit from these in their communities.

- *Health Care*

There is little acknowledgement or provision for the particular needs of older persons in health or mental health-related legislation or policy (Solanki et al., 2019:178). The vision of the National Development Plan 2030 is to increase life expectancy from 61 to 70 years. Still, no clear strategies have been developed on how the Department of Health or Department of Social Development will meet the health needs of an ageing population (Solanki et al., 2019:178).

The Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2013-17 outlines the South African government's strategy for addressing non-communicable diseases among the general population. The focus is on key risk factors such as alcohol abuse, tobacco use, unhealthy diet, and physical inactivity through increased education, outreach, and early intervention at the primary care level. At the same time, there is no specific focus on population ageing as a risk factor or the particular needs of older persons (Solanki et al., 2019:178).

In terms of health care services that support positive ageing, research done in Hammanskraal, Pretoria indicated that there is an ongoing transition that the elderly in South Africa experience in health and illness beliefs, with a need to adapt to existing

parallel health care systems, Western bio-medicine and African traditional medicine (Bohman, Van Wyk & Ekman, 2014:139). On the other hand, Ralston (2017:111) found that in terms of the quality of life of older South African adults, essential services such as water, sanitation, electricity, and housing have a significant impact on an older person's well-being. Janse van Rensburg et al. (2017:241) believe that pharmacists can be active members of the healthcare team and understand their role in patient care for older people. The community pharmacist should focus on the health-related quality of life of the individual patient and identify the immediate healthcare needs of their unique community, specifically vulnerable populations like the elderly. They should establish themselves as go-to healthcare professionals (Janse van Rensburg et al., 2017:241). This has been agreed by Solanki et al. (2019:179) that while recent research on people's perception of health and use or experience of healthcare services in South Africa is limited, existing studies indicate high levels of dissatisfaction, low levels of quality of care, and a lack of trust in public healthcare professionals in both rural and urban settings.

Pharmacists, who are traditionally located in communities, can play a significant role in these perceptions. One particularly revealing South African study demonstrated that HIV-positive older adults receiving ART's were, in fact, in better health because they received more support and closer follow-up than HIV-negative older adults (Solanki et al., 2019:179).

In Ghana, it has been found that NHIS (National Health Insurance Security) is a model that aims to protect every citizen against financial hardship if they decide to seek basic health care (Van der Wielen, Channon & Falkingham, 2018:2-3). To become a member of the NHIS, individuals first need to register at the local district office and pay a registration fee, followed by a premium (Van der Wielen et al., 2018:2-3). The NHIS premium is based proportionally on people's income, with the poorest and individuals aged 70 plus being exempt from any premium fees. The NHIS package includes outpatient services, inpatient services, oral health, eye care, maternity care and emergencies, but the system is not responsive enough to the needs of older adults. For instance, care within the home, hearing aids, cancer treatment (except for cervical and breast cancer treatment) and dentures are excluded from the NHIS benefit package. To be a member of NHIS, one needs to be registered at the local district, and this requirement discriminates against older adults, as travel to the local district scheme office may be problematic for some due to mobility or transport issues,

especially in rural areas (Van der Wielen et al., 2018:2-3).

There are ongoing talks in South Africa about introducing NHI (National Health Insurance). However, outside this being in place, forms of health care are offered to older people who cannot leave their homes. As will be discussed in detail in Chapter Four, one of the research participants mentioned that she receives her medication at her doorstep from the Department of Health caravan. They also send home-based care workers to check their psychosocial well-being regularly.

Research done by Rabie and Klopper (2015:33) has shown that the implementation of the self-care guidelines by the public health sector, professional nurses and older persons will improve the healthcare of older persons at home, which will, in turn, improve their quality of life, reduce unintentional self-neglect, as well as assist in alleviating overcrowding in clinics because unnecessary visits to the clinic will drop. For example, the public healthcare sector serves 83% of the South African population for whom PHC (Primary Health Care) facilities form the first level of care, which are burdened by factors such as staff shortages, overcrowding, poor quality of care, long waiting periods and increasing healthcare costs (Rabie & Klopper, 2015:34). Rabie et al. (2016) conducted a study to explore the relation of socio-economic status to the independent application of self-care in older persons of South Africa. The study's findings showed that low literacy levels of older persons with a low socio-economic status affect their ability to apply self-care independently without the support from a professional nurse in the PHC (Primary Health Care) facility. This study also reveals that these older persons suffer from a lack of knowledge and ability to acquire knowledge concerning self-care, which had a relationship with the socio-economic status of older persons with specific reference to low literacy levels and poverty (Rabie et al., 2016:155). Rabie et al. (2016:155) recommend in their study that attention should be given to older persons with a low socioeconomic status as their ability to apply self-care independently without the support from a professional nurse is limited. This would lead to less frequent visits to PHC facilities by older persons for minor ailments, decreased healthcare costs, relieve overcrowding in PHC facilities and prevent possible unintentional self-neglect.

In Khayelitsha, Cape Town, there was a cry from older people that government officials don't care about health care services. This has been reported by Kelly, Mrengqwa and

Geffen (2019:6) that while cost and physical access were not a challenge in obtaining care, older people in Lotus River and Khayelitsha using public health care faced significant challenges in accessing quality and age-friendly care. Challenges experienced by participants in their study included long waiting times and the lack of prioritisation of older people, the negative and unhelpful attitudes of healthcare staff, shortages of medical personnel, rushed consultations and lack of examination by doctors, poor continuity of care, lack of patient education and, in a few cases, non-availability of medication (Kelly et al., 2019:6). However, members of seniors' clubs in Sea Point, a much more affluent area in Cape Town did not experience these challenges (Kelly et al., 2019:6). Still, they did not necessarily receive patient-centred or age-appropriate care from busy private practitioners who rarely or never addressed issues related to ageing or function (Kelly et al., 2019:6). This was the case in the current study, which found similar findings from Khayelitsha and Gugulethu areas, as discussed in Chapter Four.

2.4. Systems Theory and its relevance to positive ageing

The Systems Theory was pioneered in the 1940s by the biologist Ludwig von Bertalanffy and furthered by Ashby in 1964 (Ashby, 1964:1.) It has been found by Ashby (1964:1) that Von Bertalanffy was reacting against both reductionisms and attempting to revive the unity of science. He is considered the founder and principal author of general Systems Theory. Ashby (1964:1) further explains that in 1968 Von Bertalanffy wrote that "a system is a complex of interacting elements and that they are open to, and interact with their environments. In addition, they can acquire qualitatively new properties through emergence; thus, they are in continual evolution."

In other words, Ashby (1964) supports the explanation held by Potgieter (1998:55) as indicated in Chapter One of the current study that Systems theory is rooted in the ideology that wholeness is about making connections between the various elements so that they fit together. In the context of this study, it was found that Systems Theory is still relevant to the social well-being and environmental factors that affect older people in their communities. Factors such as poor service delivery from the government officials and other service providers, lack of proper housing, which lead to poor health conditions of elders, and the lack of employment which puts a strain on older people, will be discussed in detail in Chapter Four of this study. Engelbrecht

(2014:18) provided an overview of the basic concept that underlies the general Systems Theory; he expanded on the notion that closed and open systems exist. He further explains that a system is closed when it does not interact with an environment and has reported that a system is open when it involves a two-way interaction with an environment, affecting the environment and being affected by it in return. The application of these systems will be discussed in 2.5.2.

2.4.1 Fundamental principles or elements of Systems theory

As found in the writings of Marshall (2020:1), Ashby (1964:1) and Potgieter (1998:55), Systems Theory is rooted in the philosophy that every system is made up of the following principles:

- **Inputs or supplies** are those processes that incorporate information, energy, or matter into the system, coming from outside. In the context of the current study, this principle will assist us in identifying the available resources that support positive ageing. This is in line with the present study's findings where older people mentioned that family support is one factor that contributes more to promoting positive ageing.
- **Outputs or products** are obtained through the system's operation and generally leave the system to the external environment.
In the study context, outputs serve as the results of the system or improved behaviour. The findings from this research study show that community relations such as being involved in community-based clubs also have an enormous contribution to positive ageing. This will be discussed further in Chapter Four.
- **Environment**, everything that surrounds the system and exists outside it, constitutes a system within another system and thus to infinity. Older people are not isolated; therefore, this study explores how their environment influences their social functioning. Environmental challenges for older people are discussed in Chapter Four to contextualise this principle of systems theory.

Based on the findings of the current study, older people believed that in terms of the service delivery towards them, there is nepotism and favouritism whereby the system of giving out food parcels during the COVID-19 pandemic only benefits a few elders in

Khayelitsha and Gugulethu areas. But there were also significant positive issues being recognised by the participants located both in services available to them and relationships with fellow community members that are seen as supportive.

2.4.2 Three types of systems

Marshall (2020:1) classified systems that affect individuals in their environment into three such **open systems** – those who freely share information with their environment, **closed systems** – those who do not share information of any kind with their environment, which is always ideal systems, and **semi-open or semi-closed systems** – those who share as little information as possible with their environment, although without being closed. This means that older people need information, resources, networking and service delivery to promote their positive ageing. For example, the current study's findings indicated that older people know that they are all entitled to the government RDP subsidies, SASSA grants and free food parcels, access to healthcare facilities. Still, they lack information on how and where to access these services. It also came out from the findings of the current study that some older persons moved from the Eastern Cape to Cape Town to access better health care facilities due to the belief that in the Eastern Cape, there are 'no good health care facilities that can cater for older people's needs' (Marshall, 2020:1).

This also reminds us about Maslow's hierarchy of needs, that an individual, for survival, needs food, water and shelter, as shown in Figure 1 below extracted from Cherry and Susman (2021:1).



Figure 1 Hierarchy of needs (Cherry and Susman, 2021:1).

Thus, Rajabalinejad, Van Dongen, and Ramtahalsing (2020:2) emphasised that systems must remain fit for purpose and adapt their services according to their environmental dynamics. Tanuja (2020:1) adds to the importance of individuals having a healthy engagement with their environment. In addition to the discussion on the types of systems, Tanuja (2020:1) addresses specific elements of systems. In order for older people to experience services as supportive to their positive ageing, various systems and sub-systems needs a **flow** of inputs and outputs such as people, material, money, or other tangible services in the communities. Various systems needs sufficient **openness** to ensure that the movement of resources and information support the services designed for older people. **Boundaries** are a natural element of various systems and can serve to differentiate them from others. Older people are a particular group in society and their needs changes as they are physically growing older. Boundaries can thus assist in designing policy and services that is geared towards their needs in relation to that of others. **Close systems** runs the risk of creating ineffective engagement between various systems. For instance, government and in this instance, the Department of Social Development (DSD) are the custodian of policy development to ensure that social services are available and appropriate for the groups in society it is intended to serve (Kotzè, 2018:4). **Feedback** as described by Tanuja (2020:1) measures whether output amongst systems and the environment is having the desired effect. Older people is thus well placed to provide this feedback as they are the recipients of these outputs. The views of older persons in the current study about service delivery can impact other systems, thus influence policy and services and has the potential to enhance their social functioning to improve their daily lives. In summary, the Systems theory shows the wholeness and interaction of individuals within their environment. It seems to be evident that what happens in the governmental system affects the wellbeing of an individual in their family and community system.

2.5. Chapter Summary

This chapter defined the concept of older persons. Statistics on population ageing was reviewed from different countries. Theories of ageing on issues that evolve around

older people were discussed in this chapter. According to the COVID-19 pandemic, statistics on population ageing were unpacked, trying to answer the question; are the services sufficient to support older persons during the COVID-19 pandemic? This will be discussed further in the findings chapter four.

The concept of positive ageing was unpacked to review the studies about positive ageing. Positive ageing seems to be reliant on a set of conditions that influence how older people experience their daily life. Literature unpacked in this chapter shows that services rendered to older people are important to support positive ageing. These services relate to institutional support, health care services and environmental conditions needed for positive ageing. The final section of this chapter unpacked the systems theory to set a scene for the findings chapter and literature control. The following chapter will discuss the application of the research methodology in the study.

3. CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

The previous chapter focused on the theoretical framework and literature review to contextualise the study. This chapter highlights the research approach and design that was applied in answering the research question and report the aims and objectives of this study. It further clarifies the steps undertaken to recruit the participants', data collection, and methods of analysis employed. The strategies used in ensuring trustworthiness are also discussed later in this chapter.

3.2. Research methods

The sub-sections below highlights the research approach and the research design employed by the researcher in the study. The researcher applied the interpretivism research paradigm in this study as it is based on “how people perceive, understand, experience, and relate to others in their world” (Thomas, 2009:75). This paradigm enabled the achievement of the study's goal, as evident in the findings chapter.

3.2.1 Research approach

The current study followed a qualitative research approach. As explained by Hammarberg, Kirkman, and Lacey (2016:1) and Creswell (2014:36), “qualitative research focuses on developing an understanding of a problem, situation or incident. It is used to answer questions relating to experiences, perspectives and the meaning given to an aspect of the participant's point of view.” Qualitative method was necessary for the study to explore how older people view service delivery in Cape Town.

This study aimed to understand older people's experiences, views, and perceptions on services that support positive ageing. The study, therefore, attained data from the older persons' points of view to answer the research question. The study aimed to explore how older people understand the concept of positive ageing. Experiences refer to the participants' individual subjective lived experiences, influenced by their perceptions, family background, community, skills, understanding and knowledge of

the ageing process, and the services rendered to older people. Therefore, a qualitative approach was employed in the current study to determine how these aspects influence the way older people experience positive ageing in their livelihoods. These experiences are not measurable variables as they are subjective experiences and interpretations obtained from older people.

3.2.2 Research design

The research design impacts the study as it determines the suitable method to achieve the research aim and objectives to answer the research question. In this study, the focus was on understanding rather than explaining a phenomenon. The current study employed an explorative-descriptive and contextual design. Each of these design components is discussed in the following sections.

- *Explorative design*

The main reason for choosing qualitative research was its exploratory nature. This was motivated by limited literature written about older people's views of positive ageing in the South African context. The study aimed at exploring how older people view and perceive the concept of positive ageing. Maree (2016:70) explains this exploration as a form of developing insight into the viewpoints and experiences of the participants. The researcher explored the phenomenon through a literature review and interviewing participants to understand the concept of positive ageing better.

Exploratory questioning was used to gain insight and gather in-depth data from the older people of the Gugulethu and Khayelitsha areas in Cape Town. Exploration focused on their experiences and their beliefs and interpretation of positive ageing. There were no correct or incorrect answers but only participants' subjective perceptions, experiences, interpretations or beliefs. The exploratory design was followed to obtain a general and personal picture of the older people's experiences influenced by their psycho-social well-being, which all builds towards positive ageing (Fouché & De Vos, 2013:96).

- *Descriptive design*

The descriptive design describes the phenomenon based on the analyses and interpretation of the data gathered (Fouché & Schurink, 2013:321). The current research study was descriptive as it described older persons' experiences of services that support positive ageing. The concept of positive ageing is described while considering the relationship between the factors influencing ageing and the environment where older people live. It was therefore necessary for the study to take place within the real-life context.

- *Contextual design*

Emphasising the significance of contextual studies, Hennink, Hutter and Bailey (2011:9) maintain that "qualitative researchers study people in their environment to identify how their experiences and behaviours are influenced by the context of their lives, such as social, economic, cultural and physical contexts in which they live." Similarly, Creswell (2007:62) notes that contextual design is about situating the study within its immediate environment. Therefore, the present study explored older persons' experiences on services that support positive ageing in their communities. Thus, the research study had to be performed within the context of the community.

3.3. Participant recruitment, population, and sampling

The population for the current study included all older people from the ages 60 to 82 years old residing in Gugulethu and Khayelitsha, who showed a willingness to participate in the study. In qualitative studies, researchers use specific sampling techniques to select the particular participants. For this study, non-probability purposive sampling was used to recruit participants. According to De Vos et al. (2013:231), non-probability sampling is defined as the process of selecting people where there is no equal opportunity of being selected. Purposive sampling is one of the techniques used under non-probability sampling and is also called "judgement" sampling (Strydom, 2013:232). Working through a gatekeeper that renders services to older people in the two communities, the researcher used her knowledge about the

services rendered to Gugulethu and Khayelitsha areas to determine which participants should participate in the study. A sample of eleven participants was selected from this population guided by using inclusion criteria. Any elder who did not meet the above inclusion criteria were excluded from the study.

The research aimed to generate a thorough knowledge from the views and perceptions of older people on services that support positive ageing and generate participant-centred recommendations on sustainable ways to address the research problem; that is why the researcher sampled the participants purposefully. This sample assisted in achieving the aim of the study.

Due to a lack of empirical research on the phenomenon under study, by recruiting eleven participants, it was hoped that the researcher would reach sufficient data.

According to Maree (2016:83), data saturation in qualitative research is crucial as it is a key to excellence. This research reached data saturation during data collection as participants shared similar views during interviews, and hence themes were grouped following similarities and reappearance.

3.4. Entry to research site

The researcher submitted and presented the proposal to the Nelson Mandela University Department of Social Development Professions' research committee (DRTI) for approval.

Following departmental approval, the research proposal was submitted to the Health Sciences Faculty Postgraduate Studies Committee (FPGSC). The research proposal was also submitted to the Research Ethics Committee (REC-H). After the Research Ethics Committee approved the study, data collection for the proposed research commenced. The research ethics clearance number is [H20-HEA-SDP-003]. It is essential to obtain permission from gatekeepers before entering a research site to conduct a study. Gatekeepers are the stakeholders that give permission for the research participants to be accessed. Entry into the research site can be gained directly or indirectly (Weyers, 2001:159). The direct route occurs when the researcher

gains entry through an organisation or institution existing within the field of study. The indirect route is where researchers identify a community leader or someone influential within the community (De Vos et al., 2013:333; Weyers, 2001:159). The research was conducted in Khayelitsha and Gugulethu communities which are the communities situated in Cape Town. The communities consist mainly of RDP houses and informal settlements (shacks). The primary spoken language in these communities is isiXhosa. Some older people are club and non-club members in both of these communities. Club members are older people registered as members of the club and involved in various activities like sewing, singing, exercising, etc., to keep them active in their communities.

They are getting support from the Department of Social Development and other Non-Governmental Organisations for social service delivery.

With the reasons mentioned above in mind, the researcher believed that the study sites were suitable for the study's focus on the services that support positive ageing.

In this study, there were no mandatory reporting obligations. However, the researcher committed to providing a written summary of the finding to the gatekeepers, an essential service point for older people in these communities.

The first gatekeeper provided the researcher with five lists (each of thirty seniors) who agreed to be contacted about the research. The second gatekeeper further identified seniors in the community to be included in the study. They communicated with the participants via WhatsApp, explaining the focus of the research and requested permission to share their contact details with the researcher, who then contacted prospective participants directly to recruit them for inclusion in the study.

3.5. Preparation of the participants for data collection

After the researcher gained entry from the gatekeepers, the gatekeepers gave her their contact details and agreed to assist in participants' recruitment once the study was approved by the University ethics committee. The last paragraph of this section explains how the gatekeepers assisted in the participants' recruitment. Initially, it was

suggested by the gatekeepers that they would invite the researcher to briefly present her study overview to the prospective participants when they had meetings in the community or visited clubs. However, since the data collection period for this study overlapped with the COVID-19 pandemic, social or public gatherings were prohibited. It was thus impossible to attend meetings, especially with older people who President Ramaphosa announced as 'at risk', and it was not known when the COVID-19 pandemic would be over (Roos, 2021:1). This situation compelled the researcher to try alternative ways of recruiting research participants. Due to the COVID-19 rules and regulations, the researcher emailed the letter to the gatekeepers. The gatekeepers' role was to identify any older person who qualified for the sampling criteria and brief the prospective participant about the researcher's study. If that participant were willing to participate, the gatekeeper would then ask permission to give the researcher the prospective participant's phone number. The researcher provided the gatekeepers with airtime to cover the costs of their calls to the prospective participants and the researcher. The researcher then phoned the prospective participants and again explained the study's purpose, risks and benefits, ethical considerations, consent forms for audio-recording, and a telephonic interview would be conducted once the prospective interviewee agreed to participate in the study.

Before the interviews commenced, a *WhatsApp* or SMS message in isiXhosa was sent to each participant by the researcher, summarising the focus of the study; the message also contained the form that would grant the researcher permission to record and transcribe the interviews, the consent form and the telephonic interview schedule containing data collection questions. Please see Appendix 2, Appendix 3, Appendix 4 and Appendix 5 as attached in this research report for the content of these forms.

The *WhatsApp* messages emphasised that the researcher was purely interested to learn their views, experiences and perceptions of services that support positive ageing in either Khayelitsha or Gugulethu area.

Eleven participants participated in the study. Research interviews mostly took place over weekends and evenings as these times suited participants.

3.6. Data collection methods

There are three main methods used to collect qualitative data, namely interviewing, observations and the use of personal documents (Babbie & Mouton, 2008:310). Interviewing is a tool or set of techniques used to obtain data from participants (Jackson, Drummond & Camara, 2007:25). Interviews can be conducted in a structured, semi-structured or unstructured manner.

Due to the nature of the research design and the purpose of the study, interviews were deemed beneficial in answering the research question and achieving the overall goal of the research. Therefore, telephonic interviews were utilised as a data collection method. Due to the COVID-19 pandemic regulations, the researcher could not build rapport on a face-to-face basis with participants but tried to establish rapport with them via the initial briefing telephonic calls and later at the beginning of the interviews.

The researcher orientated and prepared the participants before the interviews commenced regarding the purpose of the research and the research ethics. During the interviews, the interviewer loosely followed the script to ask similar questions in a similar format to all the participants, which also helped during the process of transcribing and translating transcripts in preparation for coding and data analysis phases. The interviews were conducted within quiet environments with little or no distractions in the background.

Before the interviews commenced, a *WhatsApp* or SMS message in isiXhosa that explained the consent forms was sent to the participants, and the participants verbally accepted the content contained in a consent form and stated, *“I know the rules; and I agree to participate in the study.”*

The interviewer/researcher obtained more information by asking probing questions to get clarity. She was able to allow the participants to share personal experiences relating to the topic of the study. The interviewing guide focused on questions relating to the biographical information of the participant, as well as questions relating to the specific topic (Greeff, 2011:352). It could be observed that participants participated freely, and some of the responses related to subsequent questions could be added to

previous questions. Each interview reflected its unique way as each interview developed differently despite the same questions being asked to elicit data.

The interviewer audio-recorded interviews once participants had given consent by completing the written consent forms (see Appendix 4). The audio-recording enabled accurate capturing of information and allowed the interviewer to focus on the interview proceedings to observe any non-verbal communication or underlying feelings (Greeff, 2011:359). The interviewer prepared field notes on her experiences of the interviews and the observations made. The recorded interviews were then transcribed using anonymous codes to protect participants' identities. There was no duplication of documents to ensure the protection and safety of the documents.

Data and transcripts will be kept for the duration of the study and for five years after the completion of the study for verification purposes by the research supervisor and the researcher, after which they will be destroyed. No personal particulars or identifying particulars were linked to the data obtained or kept with the data collected.

3.7. Pilot study

A pilot study is undertaken before the commencement of any research study. A pilot study enables a researcher to observe any practical challenges that may be experienced in making contact and interviewing the participants. This process allows for the researcher to identify any challenges with the interviewing process and the relevance of the questioning (Majid, Othman, Mohamad, Lim & Yusof, 2017:1076). The pilot study aimed at testing the data collection process, the method and interview guide, and the interviewer's ability to manage the interview.

One participant was then interviewed using the developed semi-structured telephonic interview guide. The interview was audio-recorded, transcribed and the transcript was shared with the research supervisor, who then reflected on the relevance of the interview questions and the process followed.

Feedback provided the researcher with recommendations on what could be improved. Vital points were identified that could enhance the interviews, such as asking more

probing questions and phrase questions in a more straightforward neutral and non-leading way, as well as reflecting and summarising at the end of the interview to ask the research participant to add any comments that they might have. This helped because the researcher learned the importance of not asking the participants a long, confusing question.

After receiving approval from the supervisor, the researcher continued with the data collection with amendments to the telephonic interview schedule keeping in mind the suggestions. Data collected in the pilot study showed that the participant clearly understood research questions, and the researcher was able to elicit in-depth information which answered the research question.

3.8. Data analysis

According to Vosloo (2014:360-361), “data is the information obtained during the interviewing process and is, therefore, the material collected by the interviewer. Analysis means that the data must be studied and the information the data reflected, explored.”

Creswell (2009:184), notes that qualitative data analysis is conducted simultaneously with gathering and interpreting data and writing reports of the study. For example, while conducting interviews, the researcher did not wait to complete all eleven participants' interviews but started transcribing, analysing, and writing reflection reports from the recorded interviews.

The transcripts contained everything said in the interview and captured participants' observable emotions relating to the issue under discussion (Hennink et al., 2011:211). The transcripts were translated into English so that the research supervisor could understand the content of the data gathered since she is a non-Xhosa speaker. Identifiers were removed from the transcripts to ensure anonymity (please see appendix 7 for the detailed example of the transcript.) Data was then arranged and labelled with terms according to the actual language of the participants and concerning the research objectives and questions. The data were further clustered in groups

identifying similar topics and merged to identify significant themes - most frequent and less frequent themes and sub-themes. The themes are discussed in Chapter Four under the findings of the study.

3.8.1 Data analysis report

There was a parallel data analysis process by the researcher and the independent coder, as discussed in the sub-sections below. The sub-section below is the researcher's data analysis report, or steps followed to arrive at final themes, sub-themes, and categories.

- *The researcher's data analysis report*

As explained above, the researcher analysed data by applying Creswell's (2009:184) steps. The independent coder's data analysis report or steps followed in the sub-section below to arrive at final themes, sub-themes, and categories.

- *Independent coder's data analysis report*

Below are the steps were taken by the independent coder to generate the final themes, sub-themes, and categories, which were merged with the researchers' analysed data and coding during a consensus discussion on the final list of themes.

3.8.2 Data analysis methodology

The independent coder performed the data analysis exercise through three successive cycles as described below in determining the themes.

- First cycle of coding:** In the first cycle, the coder read through the data and selected a sample of interviews that appeared more informative than the rest. The data set was then reduced by breaking it down into smaller manageable units, to which assigned labels, known as codes, were applied (Creswell & Plano-Clark, 2011; Thomas, 2006).
- The second cycle of coding:** The second coding cycle involved searching for

patterns from codes identified in the first cycle. Here, the coder observed all types of contradictions and tensions that emanated from the data.

- c. **The third cycle of coding:** On completing the second cycle, the coder identified the narrative arising from main overarching topics known as themes. The coder performed axial coding from these, which refers to creating clusters of similarly coded data relating to themes and sub-themes.

- *Coding results*

In summary, the researcher engaged with the data from the data collection phase to storing and sorting it; it was then further cleaned in preparation for rigorous analysis. Hennink et al. (2011:205) suggest that data analysis refers to “a process in which the researcher thoroughly engages with the gathered research data and interprets the experiences of participants.”

Collated data were interpreted following the meanings participants attached to it and available literature relating to it.

3.9. Data verification to ensure trustworthiness

Krefting (1991:215) believes that trustworthiness in qualitative research is achieved through the discovery and observation of human experiences. Lincoln and Guba (1985, as cited by Schurink, Fouché & De Vos, 2013:419-420) suggested four elements to ensure the research's trustworthiness process. In the current research study, the data obtained and analysed were assessed against four elements: credibility, transferability, dependability, and conformability (Schurink, Fouché & De Vos, 2013:419-420).

Credibility

Shenton (2004:30) notes that internal validity or credibility is about ensuring that the study measures what it was intended to measure. This was referred to by Lincoln and Guba (1985) as credibility. Lincoln and Guba (1985) believe that internal validity is founded on the hypothesis that multiple realities exist based on participants' subjective views and unique contexts.

Hence, in this study, the findings from the perceptions of older people on services that support positive ageing in the Western Cape were carefully transcribed and stored as

written transcriptions representing the interviews. The recording, transcription and storage of the interviews enhanced credibility (Anney, 2014:276). The independent coder also contributed to the credibility of the study.

Neutrality or Confirmability

Lincoln and Guba (1985) refers to neutrality as a point where findings of a particular study are not judged in a bias manner by the researcher. Krefting (1991) considers that in the qualitative study, for objectivity to occur, neutrality is required to achieve proper distance between the researchers and participants to minimise prejudices. In this study, the researcher upheld fairness by using probing questions that addressed participants' views of services that support positive ageing in Gugulethu and Khayelitsha in the Western Cape Province.

Transferability of Applicability

Transferability is the extent to which the findings of one study can be applied to other situations (Shenton, 2004). Creswell (2008) postulates that transferability is achieved when the findings of the study fit into contexts outside the study. For this study, findings were reviewed and could apply to the context of many older people in South Africa.

Dependability or Consistency

The research supervisor played an active part in the data collection phase by reading all the transcripts, ensuring data verification (Barusch, Gringeri & George, 2011:12). An independent coder coded the data to enhance external dependability. The researcher also discussed the data analysis with the research supervisor, increasing dependability (Anney, 2014:278).

In conclusion, the researcher believes that for a qualitative study, the data is obtained directly from the participants and is audio-recorded, then analysed to identify the relevant emerging themes.

The study's credibility, transformability, dependability and conformability were

strengthened through maintaining accurate, typed records of the data collected. The data was further supported by recording the analysis process, and the findings were verified by the independent coder, and the research supervisor verified the findings.

3.10. Chapter Summary

The chapter gave a full explanation of the research processes that were adhered to, including the choice of the research approach, design and all methods of data generated and analysed. It further explained what steps and methods were taken to answer the research question and objectives. In Chapter Four, research results are analysed, interpreted, and discussed with relevant literature.

4. CHAPTER FOUR: DISCUSSION OF FINDINGS AND LITERATURE CONTROL

“Everyone thinks that they know what old-age is like and what older people want and need. But there is only one group of people who really know what matters to them, and that is older people themselves” (HelpAge International, 2007:3).

4.1. Introduction

The application of the research methodology and research processes undertaken to respond to the research question, goals and objectives were discussed in the preceding chapter. This chapter presents the research findings discussed with relevant literature integration in thematic form. The research study aimed to generate detailed knowledge of older persons’ perceptions and views on services that support positive ageing in the Khayelitsha and Gugulethu districts of the Western Cape. In achieving the aim of the study, objectives, as explained in the previous chapters, were set.

This chapter comprises the findings based on a thematic analysis of data collected through semi-structured telephonic interviews.

The following section captures the demographic information of the research participants, the presentation and discussion of themes, sub-themes, and categories.

4.2. Demographic information of participants

Participant coding number	Cultural identity	Language preferred for the interview	Age	Year moved to Cape Town and residential area	Place of origin and reasons to move into Khayelitsha/Gugulethu
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P1	Xhosa - Female	IsiXhosa	81 years	Not specified - Gugulethu	Tsolo – Job hunting
P2	Xhosa - Male	IsiXhosa	73 years	1978 - Khayelitsha	Libode – Job hunting
P3	Xhosa - Female	IsiXhosa	83 years	1999 - Gugulethu	King Williams Town – Moved with employer
P4	Xhosa - Female	IsiXhosa	71 years	Not specified - Khayelitsha	Qumbu – Access to health care facilities
P5	Coloured - Female	IsiXhosa	80 years	Not specified - Gugulethu	Beaufort West and Simon’s Town – Forced removal
P6	Xhosa - Female	IsiXhosa	81 years	Not specified - Gugulethu	Kensington – Born in Cape Town
P7	Xhosa - Female	IsiXhosa	74 years	1961 - Gugulethu	Kensington – Forced removal
P8	Xhosa - Female	IsiXhosa	61 years	Not specified - Khayelitsha	Mthatha – Moved with siblings to study in Cape Town after her mother’s death

P9	Xhosa - Male	IsiXhosa	66 years	1957 - Gugulethu	Alice – Adopted by his aunt
P10	Xhosa - Female	IsiXhosa	69 years	1992 - Gugulethu	Ngqamakhwe – Job hunting
P11	Xhosa - Male	IsiXhosa mixed with English	61 years	Not specified - Gugulethu	Qumbu – Job hunting

Table 2: Demographic information of the research participants

Outlined in the table above are the participants' demographic details. Out of eleven participants interviewed, only one participant identified herself as a coloured female living in the Gugulethu area for 80 years. The rest of the participants identified themselves as Xhosa's, ranging from 61 to 83 years old. Most of the participants reside in Gugulethu, and only three live in the Khayelitsha area. The majority of the participants preferred to be interviewed in the isiXhosa language, and only one male participant chose to mix isiXhosa with English during the interview. Conclusions can be deduced from Table 2 that most participants were comfortable expressing themselves during the interviews using isiXhosa. Most participants originate from the Eastern Cape, and they moved to Cape Town for job hunting purposes when they were much younger. All participants expressed themselves openly, and as a result, rich data could be collected. Excerpts on how participants viewed, experienced and perceived the services that support positive ageing in the Western Cape are discussed in detail in the themes and sub-themes below.

4.3. Presentation of themes

The following tabulated themes, sub-themes and categories emerged from the researcher and the independent coder's data analysis as discussed in Chapter Three of this study.

Theme 1: Positive ageing and older person's views on structures that support this	
Sub-themes	Categories
Family relations	
Community relations	
Emotional wellbeing	<p>Positive stimulators Appreciation or gratitude</p> <p>Negative stimulators Fear and despair Lack of stimulation and frustration</p> <p>Worry about death and dying</p>
Theme 2: Services available that support positive ageing in Khayelitsha and Gugulethu	
Supportive Services	<p>Social grants Clubs for older persons</p> <p>Medical services</p>
	<p>Social work services</p> <p>Advisory services</p>

Recreational services	Physical exercises Excursions Entertainment
Theme 3: Environmental aspects challenging positive ageing in Khayelitsha and Gugulethu	
Unfavourable home conditions	Exposure to substance use Neglect and ill-treatment Physical abuse Financial burden
Unfavourable community / societal conditions	Poverty and unemployment Crime and exposure to violence Corruption Discrimination
Unfavourable health conditions	
COVID-19 effects	Changed circumstances (“new normal”) Social isolation
Theme 4: Older person’s perceptions of gaps in the services that support positive ageing	

Inadequacies in the available services	Social grants such as old-age pensions and disability grants Municipal services
Theme 5: Older persons recommendations on services that support positive ageing	
Community support for older people	Food provision Community development projects such as crafting, gardening, sewing Transportation services Improved housing provision Entertainment Improved service delivery
Expansion of care facilities	Institutions for older people Home-based care
Social Support Services	Assistance in dealing with family and social problems Crime prevention Prevention against discrimination / humane treatment
Application of the “platooning” system in clubs during COVID-19	

Table 3: Presentation of themes, sub-themes, and categories

Tabulated above are themes which are discussed below. As per agreement with participants and compliant with research ethics, participants have been assigned participant numbers labelled as **P1 to P11**. Excerpts from participant interviews are quoted using the participant numbers.

4.4. Discussion of themes

Five themes as they emerged from the data are discussed in this chapter. **Theme one** starts with looking at positive ageing and older people's views on structures that support this to achieve objective one that sought to explore and describe older people's views on positive ageing. **Theme two** presents the findings on the services available that positively support ageing in Khayelitsha and Gugulethu to achieve objective two, which sought to explore and describe older people's perceptions regarding the availability of services that support positive ageing. **Theme three** presents the findings on environmental aspects challenging positive ageing in Khayelitsha and Gugulethu, as aligned with research objective three, which sought to explore older persons' perceptions of the effectiveness of current services rendered to enhance their daily life functioning. **Theme four** describes older people's perception of gaps in the services that support positive ageing to achieve research objective four, which sought to draw conclusions and develop recommendations about perceptions of older persons on services that support positive ageing in the Western Cape. **Theme five** discusses the older person's recommendations on services that support positive ageing to achieve research objective five, which sought to draw the conclusions and develop recommendations about perceptions of older persons on services that support positive ageing in the Western Cape.

4.4.1 Theme 1: Positive ageing and older people's views on supportive structures

From the findings of this study, it seems that good family relationships positively influence how older people perceive their ageing process. The majority of the participants mentioned that their children support them very well with everything they need to function better.

They also identified structures in the community that positively support their ageing and mentioned church and clubs as one of the essential support structures that cater to their needs. They believe that church and clubs give them a sense of belonging. The following two subsections unpack these views from older people.

Killen and Macaskill (2020:100) explained that positive or successful ageing might refer to the attainment of life satisfaction, coping behaviours and physical ability. It may include the retention of social support networks that have been associated with well-being over preceding years (Killen & Macaskill, 2020:100).

A Swedish study on older persons perspectives on ageing well showed that ageing well is influenced by positive feelings such as being joyous, staying independent, having a life purpose, self-possessed contentment, and being financially secured, in addition, to being socially engaged and enjoying good physical and mental health (Halaweh, Dahlin-Ivanoff, Svantesson & Willén, 2018:1).

- *Family relations*

The family has been a vital support structure for older people. Family members take care of older people's needs, do daily activities such as bathing them, preparing food for them and showing love to them.

P2 "In terms of my home, I won't lie to you. I don't experience any challenges since I live with children; I don't experience not a single problem. I'm relaxed with my children, and I don't have any problem."

P6 "Here at home, meals are prepared by my great-grandson. He cooks after school and also prepares me a cup of coffee. I cannot move my limbs; my great-grandson will bath me and get me dressed. He is now in grade twelve as he is fifteen years old. He is taking good care of me. I thank God for him."

This notion of family as support was also confirmed by participant one that there are available support structures for older people, more especially from the family system.

She, for instance, stated,

P1 “If I need something, they do it for me, they help me with everything.”

Participant 3 also held a similar experience,

P3 “I don’t experience any problems at home because I receive everything I need.”

Research shows that to cope with the stressors and stress; people have relatedness, efficacy, competence, self-esteem, self-conception and self-direction as support instruments (Kristianingrum et al., 2018:1; Wang, 2012:11).

The South African literature around intergenerational living arrangements indicates that South Africa has a long history of multigenerational kinship practices (Ralston, Schatz, Madhavan, Gómez-Olivé & Collinson, 2019:2739; Moore & Seekings, 2018:6; Button, 2017:5). The family thus helps older people to maintain close and warm intergenerational relationships. These family relationships also relates to the inputs or supplies into the system, Ashby (1964:10 and Potgieter (1998:55) that is important for an experience of positive ageing.

Participant one mentioned,

P1 “There is playing with these small kids.”

A study conducted by Stuijbergen, Van Delden and Dykstra (2008:1) in the Netherlands also showed that a good parent-child relationship was the most important motivator for supporting older people. The importance of family support and care as a significant need for older people also appeared in Bruggencate, Luijkx and Sturm (2018:1).

- *Community relations*

Some participants in the study indicated that they feel supported at their homes and communities as street committees and community policing forums play a pivotal role to protect them from crime and ill-behaviour portrayed by the Township youth. Older people also seem to receive support from neighbours. Below are the excerpts that confirm communal support and mutual care in Khayelitsha and Gugulethu:

P3 *“I don’t experience any problems at home because I receive everything I need.”*

P6 *“Since I am immobile, my neighbours understand my hardships. When my grandchild is at work, and I’m home alone, they will send me a plate of food or even a piece of cake.”*

P11 *“Our community is a cohesive one. We are united in my community. Street committees have assisted a lot in eradicating violence. Now I know my neighbour, and my neighbour knows me. We live in harmony and unity.”*

While older people find value in family care, community care services further enhance older people’s experiences of a positive ageing environment. This was agreed by Joling, Van Eenoo, Vetrano, Smaardijk, Declercq, Onder, Van Hout and Van der Roest (2018:8) that worldwide a majority of older people prefer to remain living at home for as long as possible and receive care at home when needed.

Social clubs for older people and churches are also recognised as playing a positive role in their lives and fit with the systems theory principle of outputs or products (Potgieter, 1998:56). These are ways that the community respond that positively impact the ageing of older people. Out of eleven participants interviewed in the current study, nine participants mentioned that they know that clubs support older people to age in a positive and dignified manner. For example, participant two confirmed that,

P2 *“Older people under this organisation are well cared for. To make an example, now that the country is in lockdown, Ikamva supports us with food to eat because we are no longer going to the clubs, so Ikamva supports us*

by giving food every month.”

A study conducted in Norway in 2020 shows that the relatively strict COVID-19 restrictions concerning health and care services for older residents resulted in an increased need for social support for older people as the results of their study showed that COVID-19 restrictions both impaired the quality of life and security and aggravated loneliness among older people. Older people preferred face-to-face contact to smartphones, Zoom, and Skype calls, which was restricted for them (Ingvild, Kristel & Knut, 2020:1).

In addition, churches, together with clubs, have been found one of the most critical places where older people receive social support. Participant six indicates,

***P6** “In the club, I’m able to share with other women and tell them about my children. Even at church, I talk about my situation of dealing with the problem of substance abuse at home.”*

This coincides with findings from Sandoval et al. (2019:547), Malone and Dadswell (2018:2), and Emler and Moceris (2012:1) that bonding and sharing their life problems with other church congregants is a way to reduce their stress as they get a platform to vent out their frustrations.

- *Emotional wellbeing*

Older people’s emotional well-being is closely tied to how they experience their environment, and participants in this study shared various positive and negative views about how older people experience their environment. For this discussion, the researcher unpacks both the positive components and the negative ones. How older people experience their emotional wellbeing is also closely linked to self-interactive group theory, as discussed by Roos and Du Toit (2014:2) who state that the interactions between people occur within a particular context and on three levels: the intra-individual level (emotions and perceptions), the inter-individual level (relationships among people, psychological closeness, empathy, locus of control, and

unconditional acceptance), and the group level (Intra and inter group-level dynamics and the interactions between people which are permanently embedded in broader environments.

Positive stimulators

The positive feelings older people experience is linked to family and community and thus further confirm the findings of the first theme. If people feel loved and cared for in the family, they can express positive feelings. Participant six indicated,

P6 *“I appreciate the new house that my daughter bought me as a gift.”*

The recent qualitative study conducted by Abdi, Spann, Borilovic, de Witte, and Hawley (2019:1) in the United Kingdom reminds us that older adults face various physical, social and psychological challenges due to living with chronic conditions. They require care and support in three main areas: social activities and relationships, psychological health, and activities related to mobility, self-care, and domestic life. Family support thus plays a significant role in supporting positive ageing. However, some participants in this study were also able to identify positive aspects in their environment that support their ageing process. Participant eleven was among the participants who shared that older people feel positive and well taken care of as she stated,

P11 *“I do appreciate the support I receive from the government because I never go to bed on an empty stomach. Here in the community, I’m thankful that we watch each other’s back, the youth included.”*

The study by Abdi et al. (2019:3) highlights that many older people demonstrate a desire to cope with their illness and maintain independence. However, environmental factors often interfere with these efforts. They need professional advice on self-care strategies, good communication and coordination of services, and information on services such as care pathways.

Appreciation or gratitude

Feeling supported in your family and community is good, and the ability to derive happiness from it and express these positive feelings further contribute to emotional wellbeing. Three participants in the study specifically expressed gratitude to their family members, such as brothers, uncles, children and grandchildren, who regularly phone or visit them just to find out how they are coping. They said this made them feel well. In support of this, participant five and six also expressed gratitude towards broader support systems during difficult times,

P6 "The only thing that I'm thankful for - I'm not sure if the service is offered from the government - it is this place that takes us out as older people that I can commend! I'm always thankful for everything because there are times when I don't even have bread here at home. It's hard; it's very hard."

P5 "I am unable to move my limbs... my great-grandson will bath me, get me dressed... He is now in grade twelve is a fifteen-years-old. He is taking good care of me. I thank God for him."

Tanuja (2020:1) expresses the importance of individuals having a healthy and constructive relationship with their environment. The regular flow of inputs and outputs in the form of tangible services ensure that people experience their environment as supportive to their needs. A study conducted in China found that good social support has been widely known as a protective factor for the emotional well-being of older adults (Li, Ji & Chen, 2014:2).

Negative stimulators

Unfortunately, not all experiences of older people can positively support their emotional wellbeing. Some of the participants in the study complained that they live in fear and worry in their communities, and this ties in with the findings of Shrivastava, Shrivastava and Ramasamy (2013:1224). These feelings will be discussed in detail in the sub-section on negative feelings below.

Fear and despair

Being older is associated with being fragile. This means that emotionally older people need meticulous and extra care (Abdi et al., 2019:1). Despite this need for care, some participants mentioned that they are living in fear and danger in their communities due to high rates of crime and homicides. This was confirmed by participant six that,

P6 “*You find yourself living in fear all the time, you are not happy.*”

In addition to fear, older people feel less in control of their lives and vulnerable to crime. This will be discussed in detail under the sub-section which speaks about older people’s exposure to crime and violence. Participant one suggested that there are times when older people feel despair and dependent on other people. As she stated,

P1 “*There is nothing we can do now mos because we returned to childhood phase, we wait to be served.*”

Lack of stimulation and frustration

The research shows that as people grow old, the likelihood of experiencing age-related losses increases, and such losses may impede the maintenance or acquisition of desired relationships, resulting in a higher incidence of loneliness, which in turn as a result of living alone, a lack of close family ties, reduced connections with their culture of origin or an inability to participate in the local community activities actively can lead to physical disablement, demoralisation and depression (Wiles & Jayasinha, 2013:93; Singh & Misra, 2009:2). Adding to the issue of loneliness, participant one also mentioned as a result of lockdown restrictions, older people lack stimulation and do not take part in extramural and recreational activities as she stated that,

P1 “*Now we are just staying doing nothing, and this makes our minds rust because there our minds were refreshed.*”

Before 2020, everything was normal, and all daily activities were continuing normal across the globe. Still, all of a sudden COVID-19 pandemic cases were reported worldwide and spread to African countries, including South Africa. This affected older people as they were labelled as 'at risk population' by the President of South Africa, Mr Ramaphosa. This led to almost all older people being forced to be indoors and isolated. Thus, the participants in the current study confirmed that before COVID-19, they used to go to the clubs, where they exercised, did sewing, and got daily meals as prepared by the club assistants. Almost all participants were of the opinion that they are frustrated being indoors because at the club at least they had a sense of belonging whereby they would chat with each other, tease and spend most of the time laughing and playing, but now at home grandchildren make a lot of noise which annoys them at times. For instance, participant one mentioned that she is tired of staying with her grandchildren as she expressed it in isiXhosa,

P1 "Ndidikwe nangaba bantwana, abazukulwana." [I'm even tired of these grandchildren.]

It was reported by the participants of the study conducted in Lagos, Nigeria by Shofoyeke and Amosun (2014:2561) that frustration of being isolated as an elder leads to sudden death, which is a painful thing for them to witness and bear.

In addressing the issue of frustration among older people, MacLeod, Musich, Keown and Yeh (2019:8) in their study recommended that low levels of cognitive functioning and well-being, greater loneliness, low social support, lack of purpose, higher self-perceived or felt age, unhappiness, and depression have been shown to support or enhance negative self-perceptions of ageing and compromise late-life health. These findings once again sheds the light on the impact on wellbeing when there is not a healthy flow of inputs and outputs for the older person in their environment (see Tanuja, 2020.1-2).

Worry about death and dying

Data captured in the study indicate that some older people are worried about dying.

As they grow older, and now during COVID-19 times, they don't know when death can come. This shows a need for social workers to offer emotional support to them regularly. Below is a quote that supports this finding:

***P6** "Another thing that concerns me is that if I happen to pass away, how will we afford my burial, knowing how little the state old-age pension is? It's very painful, my child, it's very painful the life we live as I've explained to you. Our children give us painful life."*

As people grow older, health challenges increase. There are certain illnesses associated with older people, and as the population grow older, it is expected that a higher concentration of these illnesses will be present (Cheng et al., 2020:1). However, it is argued that the mortality rate decreased because of improved health care, and as a result, people live longer.

- *Conclusion*

This theme briefly discussed positive ageing and older people's views on structures supporting this, focusing more on family and community relations. It appeared in the study that family care and community clubs play a pivotal role in older people's lives. This theme also discussed emotional well-being and positive ageing such as gratitude and appreciation of the care they receive from their children, and negative stimulators such as living in fear, marginalisation by people in the society, lack of stimulation, living in frustration and worrying about what will happen tomorrow in life now that it's COVID-19 pandemic. The following theme will discuss the services that support positive ageing in Khayelitsha and Gugulethu.

4.4.2 Theme 2: Services available that support positive ageing in Khayelitsha and Gugulethu

In their study conducted in the United States of America, Siegler, Lama, Knight, Laureano and Reid (2015:1), found that community-based support and services (CBSS) is designed to help community-dwelling older adults remain safely in their

homes and delay or prevent institutionalisation. These services are crucial in terms of linking specific resources for older adults and their caregivers that include wellness programs, nutritional support, educational programs about health and ageing, and counselling services for caregivers, as well as general assistance with housing, finances, and home safety (Siegler et al., 2015:1).

Similarly, in this study, it was found that despite the well-known challenges such as poor health care facilities, mortality rate, health-related issues, low opportunities for jobs, social exclusion in physical exercises experienced by older people across the globe, there are available services which support positive ageing in Khayelitsha and Gugulethu such as involvement in handwork, food provisioning, physical exercise facilities, excursions and entertainment opportunities, clubs for older people, social support grants, medical services, social work services and advisory services. These services will be discussed in detail in the following sections. These would be examples of open systems, responsive to the needs of the older people (Marshall, 2020:1)

- *Supportive Services*

Supportive services provide a foundation for care, stimulation and protection. Older people in this study involved in such services generally held a positive view of these. Participant one shared that older people are involved in forms of handwork and that it is valuable to them. She stated,

P1 *“What we do a lot is beadwork.”*

Careline 365 (2021:2) adds that arts and crafts can promote creativity and happiness in all ages, alleviate boredom, keep the mind busy and help to prevent feelings of depression. Sewing, knitting, beading and crocheting are forms of handwork that have been found to play a significant role in uniting older people. It brings unity and socialization, but this type of handwork also helps older people to use their time effectively as they can even sell these goods for commercialisation purposes. This was the case in the current study as it was found that older people spend quality time doing beadwork, sewing, crocheting and knitting. Participant one expanded by stating,

P1 *“Some older people do crocheting, knitting, et cetera.”*

Participant three also held a similar view as she has mentioned,

P3 *“I also do crocheting and knitting.”*

A study conducted by Hiatt (2018:1) found that handwork like crocheting can positively affect one’s well-being. It was also found that older people said that crocheting made them feel calmer, and 82 percent of participants in that study said it made them feel happier. Over 70 percent of participants also felt that crocheting helped improve their memory and concentration (Hiatt, 2018:1).

Thus, handwork can provide positive benefits that may encourage people to take up hobbies as a self-care strategy.

Food provisioning

Khayelitsha and Gugulethu are generally lower-income communities in Cape Town (Moore & Seeking, 2018:1). As a result, many people may not be food secure. One of the services available in the Khayelitsha and Gugulethu areas for older people is the provision of food parcels. This was expressed by most participants as a ‘good basic need’ that is appreciated by them, obtained from various philanthropists. Participant six indicated,

P6 *“There is this place called Ilitha Labantu before I forget it. They make food, and unemployed people go there with their lunchboxes to get free food.”*

Maslow confirms food as one of the basic needs for people to survive. Focusing on ageing, Leslie and Hankey (2015:648) believe that meeting the diet and nutritional needs of older people is crucial for the maintenance of health, functional independence and quality of life. Older people in these two Cape Town communities (Khayelitsha & Gugulethu) also benefit from soup kitchens and food distribution. Half of the

participants mentioned that they are members of older persons' clubs, and thus, food parcels were delivered to their homes during the pandemic. It was also interesting to find that even Gugulethu non-club members benefit from the soup kitchens located within their area. Below are the excerpts that support this finding:

P4 "There are soup kitchens where kids go. Even if you are an older person, you can send someone like a grandchild to fetch it for you."

Participant six mentioned further,

P6 "There is also another place which distributes bread."

The findings above indicate that where lower-income communities like Gugulethu and Khayelitsha have systems of addressing food security issues, older people in these communities also seem to be beneficiaries of these.

Social grants

From the inception of Democracy in 1994, the government of South Africa has created parity in social grants available for all older people through the South African Social Security Agency (SASSA). Social assistance is an income transfer in grants provided by the government. Legislation was developed to add a new military veterans' grants, relief funds, disability grants and COVID-19 grants.

These grants were reported by participants in the study as crucial subsidies which put their lives at ease. According to the SASSA (2021:1) report, different grants such as older persons grant (R1890), war veterans grant (R1890), disability grant (R1890), care dependency grant (R1890), foster child grant (R1050), child support grant (R460), and grant-in-aid (R460) increased by R30 effected on 01 April 2021.

None of the participants interviewed was dissatisfied with old-age pension grants. They all applauded and felt thankful to the government for making such grants available. This was agreed by participant eleven that

P1 *“The government assists us with an old-age pension.”*

However, other participants who benefit from SASSA grants mentioned that they take care of a whole family with their grants due to the socio-economic situation. The extracts below attest to this view:

P6 *“All these years I live with these children, they are unemployed, and I’m the one who makes ends meet through my old-age pension.”*

P9 *“These children are living with us at home; now we end up supporting them, whereas they were supposed to be supported by their own SASSA grants.”*

Clubs for older persons

As discussed in the preceding themes, clubs are the available resource in the communities of Cape Town (Khayelitsha and Gugulethu). Older people mentioned that they are transported from 9 am to 4 pm to clubs where they participate in different activities such as beadwork, socialising and recreational activities.

In addition to this, participants reported that their intellectual capacities are also strengthened through the activities conducted within the clubs. The quotes below support the idea that older people participate in and find clubs valuable.

P2 *“I attend a club of Mzamomhle”.*

Participant seven indicates,

P7 *“There is a lot of things done there. There are times whereby older people get their nails trimmed, their feet get washed, etcetera. Older people receive transport. A person is taken in front of the door and then brought back to the door. So, there is no problem even if you are walking or using*

a wheelchair; they transport you to and back from the club.”

To confirm that clubs are valuable resources in the area, Schaver and Ntongana (2016:1) indicate that some club members started to join the Neighbourhood Old-age Homes (NOAH) club, which is based in Khayelitsha, in 1997. Schafer and Ntongana (2016:1) found that at NOAH, club members do exercises daily, receive two meals, and a chance to make a small income through soap making or sewing, and plenty of company. Through the club, one of the NOAH club members stated,

Noah Club Member *“I had become an exercise guru – guiding club members on weekday mornings to stretch and to do posture and weight-loss exercises.”*

Social clubs offer a variety of activities that can contribute to older person’s positive ageing, and these findings seem to confirm this.

Medical services

Older people in this study believe that they are well taken care of medically. For instance, participant eleven mentioned,

P11 *“We also go to the clinics for physical examination. Eeh, I think they have started to check if we are all tested for COVID”.*

Participant eight also held a view that,

P8 *“There is a doctor who charges us a minimal monthly fee (R50) and who then perform a medical checkup every month.”*

This was also agreed by participant nine that,

P9 *“Helen promised us in the clubs that we will be WhatsApped our medications, but the Department of Health delegated people who deliver*

medication to us. Every month on your date, medication is delivered to you on the 22 of June and the 20th in Zwide in Nyanga. Eeh, the only thing you need to do is go to the clinic to get your medication date. On the 17th, I will receive my date, and I will go and see the doctor.”

Social work services

The social work services in South Africa plays a pivotal role in older people’s lives, as they offer them psycho-social support during times of need. Almost in all provinces, there are available social workers that take care of older people.

Similarly, social work services in the United States of America offer professional management of an individual’s health care, identification and assessment of bio-psycho-social needs, and monitoring the use of services to ensure positive outcomes for older people (Siegler et al., 2015:3). This was also supported by Briggs, Valentijn, Thiyagarajan and De Carvalho (2018:1) that the most commonly reported elements of integrated care models were multidisciplinary teams, comprehensive assessment and case management since nurses, physiotherapists, general practitioners, and social workers were the most commonly reported service providers.

One of the highly-rated services towards older people is social work services (Siegler et al., 2015:3). This was confirmed by some of the participants in the study that social workers play a crucial role in dealing with older people’s psycho-social needs. Participant nine pointed out that

P9 *“We do have Ilitha Labantu, which has social workers that meet with us and explain what is required to happen in older person. When there is abuse at home, they also explain where he/she can go.”*

Similarly, participant ten recommended that,

P10 *“I think that older people should be kept in a safer place all the time, where there would be someone who takes care after them. The social workers must check the older people’s well-being all the time.”*

Advisory services

“Everyone thinks that they know what old-age is like and what older people want and need. But there is only one group of people who really know what matters to them, and that is older people themselves” (HelpAge International, 2007:3).

Based on the searched literature, no newer or South African data were generated to support this sub-theme; thus, the researcher will solely rely on HelpAge International (2007) and Older Persons Act 13 of 2006 as a source of reference. HelpAge International (2007:3) is of the view that older people, especially disadvantaged older people, feel very removed from people in power, they do not feel well informed or confident to speak up when ‘important’ people are talking about them, and what usually happens is that experts, professionals, politicians, government officials, health and community workers, the press and others all think they know about older people, and what to say and do about the situation of older people. The South African legislation called Older Persons Act 13 of 2006 is a rights-based document that speaks to older people's rights within society. By implication, older people should thus be involved in the decisions made for their wellbeing.

Siegler et al. (2015:3) speak to services in the American context that provides advisory services to older people like consumer issues, housing advice, and other benefits. Older people in the current study mentioned that police services are available in Khayelitsha and Gugulethu that support their sense of safety.

However, they complained that they should not be queuing there or at ATM's (automated teller machines) due to their age and knee fractures. To support this view, participant nine mentioned that,

***P9** “sometimes we meet police officers who explain our rights and about how can we access services. The right such as the one I explained to you that we are not supposed to be queuing even if we are in the banks. If you are standing near ATM, people in the queue must create a space for you.”*

- *Recreational services*

The feedback gathered from the study participants showed that recreational services are essential services as they help older people keep them busy instead of being bored in their homes. Various participants reported that various recreational activities such as physical exercises, excursions, and entertainment activities assist older people to age positively (Older Person Service Package, 2015/16-2017/18:2). These activities will be discussed below.

Physical exercises

Physical exercise can be beneficial for all ages. Some participating older people in this study confirmed during the interviews that they partake in physical activities to keep their bodies fresh and healthy. One participant (P7) mentioned a “club assistant” who guides them during these physical exercises.

***P7** “I was doing “roadwork” [usually jogging]. We go in pairs or threes and make rounds around the community to stretch our legs. We go to the park and do yoga and stretch legs, et cetera.”*

Participant one also raised the importance of physical exercise as she has mentioned,

***P1** “Some older people who can knit do so and also do exercises.”*

A study conducted by Watts, Webb and Netuveli (2017:1) in England support the view that sports clubs may be helpful in preventing and managing frailty in older adults, both directly and indirectly, through increased physical activity levels. Walking, jogging and doing yoga seems healthy to metabolise one’s body for blood circulation. In this current study, older people also confirmed that they participate in jogging and yoga exercises as suggested by participant seven earlier.

This is positive as many scholars hold the view that as an older adult, regular physical

activity is one of the most important things to do for their health because it can prevent many of the health problems that seem to come with age (National Centre for Chronic Disease Prevention and Health Promotion, 2021:1; Chetty, Cobbing & Chetty, 2020:1; Langhammer, Bergland & Rydwik, 2018:1; McPhee, French, Jackson, Nazroo, Pendleton & Degens, 2016:567; Youkhana, Moawolff, Sherrington, & Tiedemann, 2016:1; Humboldt State University, 2014:1).

Excursions

Different organisations involved with older people arrange various recreational activities for older people. For instance, the Older Person Service Package (2015/16-2017/18:2), like others across the country, provides for older people in Limpopo Province, allowing them to participate in recreational opportunities that include activities like singing, dancing and tours for older persons. In the current study, participants indicated that club assistants at times take them to the city for sightseeing and to the beach. Participant six confirmed that this happens in their context, stating,

***P6** “They take us to Table Mountain and places like that. They make people happy. They take us out in the morning then take us to the beach in the afternoon. That makes you reminisce on your youth days when you used to visit these places, but now you are no longer able to. We applaud such services.”*

This was also agreed by participant ten that,

***P10** “They come from areas such as Claremont, Mannenberg and Kuilsriver; people who can afford come and invite older people to the community hall. Have dances and entertainment with older people.”*

However, it seems that it is mostly those older people linked to clubs involved in these recreational activities. Some participants who are not attached to clubs showed little knowledge of fun and entertainment activities in their communities.

Siette (2021:1) researched extensively in Australia on the impact of group excursions that included skating, riding a Harley Davidson, and having dinner at a restaurant, among other activities on older persons' wellbeing, evaluating an innovative program of 57 adults over the age of 65 in Perth. Her research findings indicate that older people felt happier and more confident and formed new friendships when they went on group excursions such as horse riding, river cruises or musical festivals (Siette, 2021:1).

Mthembu et al. (2015:216) shared similar sentiments with Siette (2021) that leisure activities such as sports, relaxation, reading for enjoyment, sightseeing, and tourism and travelling for pleasure have been found to promote substantial health outcomes for older persons in physical, psychological, cognitive and social benefits.

Entertainment

Anyone in life does need some sort of belonging and fun to feel alive and refreshed. Some participants in this study spoke to the value of entertainment activities in their lives. This shows a need for older people to be fulfilled through various entertainment activities. Some older people are still active within their communities. Participant eleven mentioned that the main thing he is involved in at Gugulethu is reviving the music band and drama. Through his involvement, he identifies a lot of talent in the youngsters of Gugulethu. He plays music, draft and chess with them, and he believes that chess aid a child to be able to use their mind to calculate. He reported that he consistently links young people with relevant services to improve their talents. His involvement speaks of the value of these activities for him and provides good opportunities for intergenerational exchange.

It was encouraging to hear about various community strategies that involve its older members in certain events. Participant ten brought up that,

P10 *“There are people of a certain NGO here who sometimes come and check on older people. They come and invite older people to the community hall, have dancing and other kinds of entertainment for older people”*

Careline (2021:3) indicate that playing board games can help keep the mind sharp and reduce the risk of diseases such as dementia and Alzheimer's in older people. Games and puzzles keep your spirits up and make you happy because laughter helps to decrease stress, lower blood pressure and create happiness (Careline, 2021:3). The finding thus indicates that entertainment activities like music, dance and playing games is a fantastic way for older people to stay socially connected.

4.5.2.3. Conclusion

This theme discussed the available services which support positive ageing in Khayelitsha and Gugulethu, such as handwork like beadwork, knitting and sewing, food provisioning, physical exercise facilities, excursions and entertainment opportunities, clubs for older people, social support grants, medical services, social work services and advisory services. The theme below discusses the environmental aspects challenging positive ageing in Khayelitsha and Gugulethu.

4.4.3 Theme 3: Environmental aspects challenging positive ageing in Khayelitsha and Gugulethu

The eleven participants interviewed mentioned critical areas of concern that need attention from everyone in society, as Potgieter (1998:55) notes that every single part of the system is always connected to every other part somehow, and whatever happens, one element will always affect the other. This study shows a need for a solution to the psycho-social issues reported by older people. These issues ranged from unfavourable home conditions where some older people are being exposed to substance abuse, violence, neglect and ill-treatment by their children and family members, physically abused, and being victims of financial burden. In addition to these challenges, some participants mentioned that they experience such difficulties as haphazard services, inaccessibility of information, poverty and unemployment of their children, health-related problems, corruption in service delivery, crime in their communities, discrimination by some political parties when it comes to the service delivery, and the impact of COVID-19 pandemic which took away some of their beloved ones.

Adding to the above challenges experienced by South African older people, Shofoyeke and Amosun (2014:2561) surveyed care and support for the older people in Nigeria. They found that elderly people are faced with different problems such as not having access to potable water, no decent accommodation, poor environment, lack of care by children, and poor feeding. These challenges will be discussed in detail in the sections below.

- *Unfavourable home conditions*

In the study, it became known that poor supervision from parents to their children cause a lot of strain and stress to older people's emotional well-being. When they see teenagers doing nothing and smoking drugs on the street corners, that makes them emotional and torn apart, as they perceive young people as future leaders of the country. Participant eleven confirmed that,

P11 "What our sons do is to sit in street corners. They sit in street corners, smoke nyaope, imbibe drugs, and use dagga because why? They have nothing to do after school hours. The problem is after school hours."

This is similar to what was reported by Evans (2018:1) that South Africa is struggling against the rising tide of drug use, especially among the youth of our country.

Evans (2018:1) further reported that recent statistics from the South African Community Epidemiology Network on Drug Use (SACENDU) shows that an alarming 21-28% of patients treated for substance abuse in 2016-7 were under the age of 20 years old - and those are merely the figures of people who have undergone treatment, not taking into account the many who never make it to this point. Therefore, this shows that at-risk smoking youth can be more at risk to their parents when they ask for money forcefully to buy substances and this creates an unpleasant environment for older people to operate in.

Exposure to substance use

According to Leonard (2015:2), many older adults are isolated from family and friends who are no longer close by and involved in their day-to-day life, and this exposes and give them a chance to abuse substances as a way of coping (Deren, Cortes, Dickson, Guilamo-Ramos, Han, Karpiak, Naegle, Ompad and Wu, 2019:1). Leonard (2015:1) further explain that recent studies by the Substance Abuse and Mental Health Services Administration (SAMHSA) revealed that alcohol and drug abuse affects as many as 17 percent of older adults. The problem is expected to grow. The elderly population in the United States of America is projected to increase significantly over the next 20 years, with Baby Boomers (Kuerbis, Sacco, Blazer & Moore, 2014:629) reaching retirement age (Leonard, 2015:1). Experts predict that the number of older adults who need treatment for substance abuse could double soon (Leonard, 2015:1).

For older people in this study the challenge was more their exposure to those using substances around them. They reported that their kids smoke drugs and drink alcohol inside their houses because they disrespect them. Participant ten recommended that older people be kept in safer places such as old-age homes.

This was confirmed by participant six,

***P6** “In some homes children are smoking tik, they smoke drugs. For instance, my son shouts and keeps swearing at me, so I have to put up with those insulting words. As a parent, you find it hard to communicate with a child who abuses substances.”*

This study shows that substance use is one factor contributing to older people being emotionally and verbally abused. This shows the importance of having awareness campaigns with older people and younger members of the community and being aware of when and where to report such cases instead of suffering in silence.

Neglect and ill-treatment

Across the globe, some of the studies (Verma, Kunwar & Singh, 2015:105) have

reported data on older people's neglect and ill-treatment. The study by Altendorf, Draper, Wijeratne, Schreiber and Kanareck (2020:449) show that neglect of older people is associated with poor physical, psychological, and mental health, and it can be a direct cause of death or contribute to a fatal outcome by exacerbating existing conditions. Some of the red flags of older persons' neglect reported by Altendorf et al. (2020:449) include malnutrition, dehydration, poor hygiene, untreated decubitus ulcers, hypothermia, contractures, and an uncooperative caregiver.

While many of the participants experience good family support, some reported no one to bath them or prepare meals for them; they live in misery and solitude. Below are the excerpts that support the view that older people are being neglected and ill-treated by other people in the community or at the home setting:

***P6** "As older people, we're no longer cared for by children. Children are always busy all the time. Some older people, I'll talk about older people, don't have people who can assist them, like taking care of them at a certain time, giving them medication or food at a certain time. Sometimes an elder wakes up without taking a bath and has an odour in his/her nose."*

***P2** "Older people are abused by their children. Some older people are...they are mistreated. They are not ill-treated by the community but ill-treated by their household members."*

***P9** "Children have no proper/effective way of communicating with older people. Some older people are shouted or blasphemed at. If you go to the police station is that if you come there for your problem, they force you to say it out loud in front of everyone listening. A person is being taken care of only at the time of receiving grant, and then after that day has passed, people forgets about who he/she is, and then he suffers afterwards. Sometimes he/she don't even eat. Before we established clubs, we found out that some older people live indoors the whole day, locked indoors without being served food or bathed. He/she would stay the whole day in such appalling manner."*

Shofoyeke and Amosun (2014:2553) found that in Lagos, Nigeria, children neglect older people due to poverty caused by unemployment, under-employment, and cultural beliefs that elderly persons are witches and wizards.

Physical abuse

“Abuse means the violation of an older person’s rights enshrined in Chapter Two of the Constitution” (Jordan, 2009:3).

“Every person, no matter how young or how old, deserves to be safe from harm by those who live with them, care for them, or come in day-to-day contact with them.” (American Psychological Association, 2012:1).

Having said the above, it was sad that that participants could share that some older people are being physically abused by their children who forcefully take their SASSA grant cards and buy whatever they want to buy. This was confirmed by participant six that,

***P6** “Some older people are being physically abused by their children, they live in misery, but because he/she is an older person, there is nothing he/she can do. We are enduring such things.”*

Similar to the current study's findings, American Psychological Association (2012:4) revealed that in the United States of America, there are shocking reports of staff members who abuse residents in their care or of a resident who physically or sexually abuses another resident. Although such abuse does occur, the vast majority of older people living in old-age homes and other residential settings have their physical and emotional needs met without experiencing abuse or neglect (American Psychological Association, 2012:4).

Financial burden

There was a report from the participants that youth unemployment led to financial constraints, which put a significant burden on them. Participant five indicated how her

daughter, who worked for SAA, lost her job and ended in jail due to drug trafficking. She was caught with the drugs when she arrived in London, and when the flight was landing, people went straight to her and said, "We are waiting for you." She was sentenced to seven years and spent two and a half years in jail. Visiting her daughter in prison and trying to save her from losing her house meant that the participant herself depleted her savings.

The extracts below further support the view that many older people have a strain of supporting their grandchildren financially since their children are unemployed:

***P6** "All these years I live with these children, they are unemployed, and I'm the one who makes ends meet through my old-age pension."*

***P9** "These children are living with us at home; now we end up supporting them, whereas they were supposed to be supported by their SASSA grants."*

***P10** "I live with eight grandchildren. Their mothers are out there on the streets... nowhere to be found! I have the burden of fending for these children because their mothers ran away with their social grants. They all depend on my social grant! They ask me for school uniforms because their mothers are vagabonding out there. [With a frustrated voice] No man, we are really suffering, we are suffering!"*

A report compiled by Schaver and Ntongana (2016:2) from NOAH club members in Khayelitsha is in accord with the above findings. It revealed that for many pensioners, their pension is also the only source of income for their children and their children's children. Sometimes older people suffer financial, emotional and even physical abuse from their families. Therefore, social clubs are a way for older people to escape these environments for a while (Schaver & Ntongana, 2016:2).

- *Unfavourable community / societal conditions*

The data gathered from the research participants clearly showed that older people's functioning could not be viewed in isolation. What occurs around them might affect them and thus hinder their process from growing positively. This relates to the principles of systems theory as highlighted by Marshall (2020:1) in Chapter Two.

Conditions like poverty and unemployment, crime and exposure to violence, corruption and discrimination were some of the challenges that affect older people in their communities or societies. These challenges will be discussed in detail below.

Poverty and unemployment

It is sad to find out that in South Africa, the number of employed people decreased from 16,2 million in Quarter 1:2017 to 16,1 million in Quarter 2:2017 (Maluleke, 2017:13). This means that poverty and unemployment are currently doubled due to COVID-19 job losses and other societal factors. Also, it can address the socio-economic needs of its entire people, poor, marginalised and historically disadvantaged (Jordan, 2009:8).

Poverty and unemployment were reported by six out of eleven participants in the study as significant problems in their families. They challenged the government that there should be more job opportunities to eradicate the high unemployment rate, resulting in social issues such as crime, violence and prostitution. Below are the excerpts that support this finding:

P6 *"There are times when I don't even have bread here at home...it's hard, it's very hard."*

P3 *"The thing that I see as a problem in our houses is unemployment, there are no jobs! Our children are trying to do informal piece jobs."*

P7 *"Now that there is this COVID and our children have lost their jobs, so it's very difficult we are struggling, and then wait for the old-aged pension grant to have something to eat."*

Crime and exposure to violence

One of the significant concerns raised by older people as being at risk of crime in their communities. However, they mentioned that street committees, community policing forums and neighbourhood watch helps to eradicate crime at the grassroots level. For instance, participant five shared a story that when she was coming from Gugulethu mall to get the older persons' grant, she bought the grocery and after she did, she saw a few young men strangely looking at her when she entered *iphela* (cab). Then they escorted the cab. When she reached her house, she saw a cab stopping nearby. The one that brought her dropped her by the gate and left. These four guys came closer and got her when she tried to open the gate. When she opened the gate, they were present. "Mama, give us the money you have." They also took the food she had. She did not have anything left in her pocket. But she ended her story by emphasising that behaviours like that are no longer prevalent since there are vigilant guys who patrol in the streets. The following quotes confirm that many older people, however, continue to experience crime in their ageing phase:

P11 "As older people, we get pickpocketed and mugged on grant collection dates. You know what causes crime? Our children are not working."

P10 "We are always afraid because when we receive our social grants, the child you live with will ask your money forcefully."

A report in Daily Maverick (2021:1) suggest that pensioners looking after grandchildren are also struggling to get grants from SASSA offices. They cannot afford a smartphone to send emails and scan documents for online applications and thus have to resort to standing in long queues to make the applications (Daily Maverick Newspaper, 2021:1). The concern of being at risk or exposed to violence (Fagan, Wright & Pinchevsky, 2015:1) is also reflected in the experiences of participants of the current study. Participant six indicated,

P6 "I raised these children when they lost their mother. They had a physical fight that ended up in court. It pained me to see my son's children to fight

like that!”

During the interview, she felt emotional and traumatised that she witnessed this incident at 81 years.

Corruption

Older people are aware that the government issues out food parcels and blankets, but there is a perception that only a few older people benefit as a result of corruption. Below are the excerpts that confirm this perception.

P10 *“The government used to give us groceries, but as time went by, I noticed that only some people benefit from these food parcels. There seems to be a lot of nepotism and favouritism; only certain people receive these food parcels.”*

P9 *“There are support available but what happens is that only a few and certain people benefit from them. You will find out later that so and so benefitted from this and that. Those are some of the problems we face in the community.”*

Discrimination

“Frequent or regular age discrimination, as experienced by old people themselves, is reported by a quarter of European citizens” (Van den Heuvel, 2012:1). The participants in the study raised a concern that even now that we say we have tasted democracy, there is still a practice of indirect apartheid as White people still receive preference and priority of better life, and this is likely as a result of differences in historical wealth. Participant ten, for instance, complained that even the grant as well should increase so that all older people can have the opportunity for an improved lifestyle. Many older people who have been historically disadvantaged continue to live in homes with insufficient facilities.

Participant eleven makes a clear political link for her experience of discrimination;

P11 “The DA which only pays attention to white and coloured people. That is crystal clear, my child; it is very clear. It is still the same as the old apartheid era, the times we were ruled by white people. What is of the priority nowadays is the youth, youth and youth! No one is advocating for us that from 50 years to 60 years. We are seen as nothing by this government and other political parties. They don’t care about us!”

It has been found that socio-economic (gender, occupation, marital status) and social factors (poverty, housing conditions, social network and social contacts), as well as societal factors (stereotypes, prejudice, mistrust between generations), may be related to age discrimination and therefore be seen as risk factors for discrimination against the old (Van den Heuvel, 2012:4).

- *Unfavourable health conditions*

Older people in the study also reported that they experience health-related problems like high blood pressure, knees problems, and diabetes as they grow older. The following quotes support this finding:

P1 “*I have painful knees.*”

P6 “*There are parents who can’t walk.*”

Hestevik, Molin, Debesay, Bergland and Bye’s (2019:1) study also confirmed similar findings that for older people, hospitalisation and changes in health status are often followed by feelings of stress, anxiety and uncertainty about the future. Research has shown that hospitalisation decreases physical function, increases dependence and decreases the health-related quality of life (Hestevik et al., 2019:1).

Wang (2012:5) found that with the improvement of the medical practitioner, the mortality is descending, which means that more and more people are growing older. This means that for older people to age well and live longer lives, they need adequate and accessible medical services.

- *COVID-19 effects*

Mueller, McNamara and Sinclair (2020:9959) explains that Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2), which is responsible for the worldwide pandemic of coronavirus disease (COVID-19), originated in Wuhan, China, in late 2019 has so far killed more than 350,000 people, with the majority of deaths (74%) occurring in people over the age of 65. The findings of their study showed that the severity of COVID-19 is strongly associated with comorbidities such as hypertension, diabetes, obesity, cardiovascular disease, and respiratory system diseases, more especially to older people who are a risk population compared to the youth (Mueller, McNamara & Sinclair, 2020:9959).

All participants reported the COVID-19 pandemic as one of the most painful experiences they had ever encountered in their lives. For instance, participant one labelled it as a painful wound that took away the lives of many older people almost everywhere. It even claimed his wife's life after a long fight for their lives in isolation. He made an emphasis that he 'respect!' COVID. The following quotes confirm the effects of COVID-19 on older people:

***P3** "It's even difficult to bury your loved one or relative because you are afraid that you'll get COVID there as well."*

***P7** "Now that it's COVID time, everything was stopped and postponed." As time went on, vaccines became available. Older people and frontline workers benefitted first from these vaccines to protect them.*

Changed circumstances ("new normal")

Being locked indoors and isolated was explained by older people as an unpleasant experience during the COVID-19 pandemic (Mueller, McNamara & Sinclair, 2020:9959). As stipulated by Mueller et al. (2020:9959), the government regulations require that they stay indoors, wear a mask, maintain social distance, wash their hands

all the time, and don't go to public mass gatherings. It is a general understanding that they attend *imicimbi* (traditional ceremonies). They used to drink in one beaker (*ibhekile*) of *umqombothi* and drink together. They are not permitted to do so, but someone must serve them one by one. While older people find the changes difficult, they also understand the need for these. Below are the excerpts that also indicate that older people miss the communal sharing offered by clubs:

P6 *"We used to wake up in the morning and go to the club around 09:00 am, stay the whole day in the club and then at 4 pm we return home."* **P1** *"We were getting food there in the club, people were cooking for us, and delivering food in our homes."*

A study conducted by Careline (2021:1) in the United Kingdom confirmed that loneliness is a medical condition that affects many elderly people within the U.K. The study further explain that getting involved in clubs and activities whilst interacting with other people can help combat loneliness in a very positive way because some elderly people can lose touch with friends and family or be stuck indoors due to mobility issues; therefore, joining a club can help your loved one get out there and enjoy themselves whilst connecting with other people at the same time (Careline, 2021:1).

Social isolation

Wang (2012:5) believes that the words 'loneliness' and social isolation had been mentioned frequently to describe older people's later life, although it feels that it can be experienced at any other life stage (Victor, Scambler & Bond, 2009). Knight and Mellor (2007:76) and Plath (2009:210) confirm that social inclusion improves older people's well-being.

Social exclusion and living an introverted life can be problematic for most people in our communities. With the COVID-19 lockdown restrictions, older people's sense of belonging in places such as churches and clubs were restricted.

The participants of the current study also reported this. Below are quotes that support

this finding:

P7 *“But now people are locked indoors because they cannot go outside. More especially older people, it’s very difficult we can’t even visit each other because we must stay in our homes and only communicate via cell phones et cetera.”*

P11 *“I’m no longer able to visit my neighbour so that we can sit and chat. I’m always indoors, forced to look at my wife’s face all the time (researcher – laughs.). Even if I did not do anything wrong, my wife would stare at my eyes. She is staring me at my eyes with these children!”*

P5 *“The first more painful thing is a church sisi. The church is closed, and also, when we bury our person, we mustn’t exceed certain number as funeral attendants. Another thing that affected me is that an old person is not allowed to attend funerals.”*

It is suggested by Siette (2021:3) that older people need social engagement and interaction to have a sense of identity, belong to a community and lives fulfilled lives, and to an extent, the lockdown regulations limited this. The Older Person Service Package (2015/16-2017/18:2) in Limpopo Department of Social Development announced that keeping older persons informed enables them to do things for themselves and be less dependent on others. Living indoors and in isolation is making older people lack access to information. Some participants complained that no one pays much attention to serving them with updates of news and available opportunities and services in their communities. Below are the quotes which show that some participants lack access to information:

P1 *“But we don’t know some other things. I always stay indoors since we were told to stay at home.”*

Equally, another participant indicated,

P4 *“No, I haven’t received anything, and I don’t know if there are any*

services available out there”.

In Canada, it was found that physicians lacked basic information about the types of services provided by different agencies, which types of patients are eligible to receive them, and how to refer older patients (and or caregivers) for services when appropriate (Siegler et al., 2015:1).

This shows that lack of information on available services is a holistic system that must be addressed by service providers, caregivers, clients and their families.

- *Conclusion*

This theme discussed various challenges experienced by older people in their homes and communities. These issues ranged from unfavourable home conditions whereby older people are being exposed to substance abuse, violence, neglected and ill-treated by their children and family members, physical abuse, and being victims of financial burden, the bad experience of haphazard services, inaccessibility of information, poverty and unemployment, health-related problems, corruption in service delivery, crime in their communities, discrimination by some political parties when it comes to the service delivery, and the impact of COVID-19 pandemic which took away some of their beloved ones. The theme below will discuss older people’s perception of gaps in the services that support positive ageing.

4.4.4 Theme 4: Older people’s perception of gaps in the services that support positive ageing

Historically, the socio-economic context of South Africa, more especially for Black and Coloureds poor communities, mean that for many older people in the country, they would not have had jobs that provided them with savings for their old-age and thus, they are reliant on the state only for their older person’s pension. This would be an example of how systems that were closed or semi-closed in earlier life due to a particular socio-political system (see Marshall 2020:1) continue to impact the life experiences of older people in later life. While this may helpcover their basic needs, it

does not provide them with many options (The South-African Socio-Economic and Political Context, 2017:01; Micklesfield, Lambert, Hume, Chantler, Pienaar, Dickie, Puoane & Goedecke, 2013:369; Wabiri & Taffa, 2013:1037). As a result, older people have a strain of financial burden, undergo stress, and poor infrastructure, as these were discussed in Chapter Four.

Even though most participants in the study shared positive perceptions on services that support positive ageing in Cape Town, they also shared the gaps they think are present in these. Almost all of them mentioned old-age pension, but they complained that it is not enough to cover their daily needs.

One sub-theme here focuses on challenges that older people indicate they experience with various services. Under this sub-theme, limits with care facilities and medical services and limits with social security and municipal services will be discussed briefly.

- *Inadequacies in the available services*

While services are available, inadequate services reported by older people in the current study, such as poor medical services, inadequate social grants, and poor municipal services, is also of significance. Kelly et al. (2019:1) show that while high-income participants have few challenges accessing quality care or support services, services available in lower-income areas are much less responsive, and older people often display low trust in the healthcare system, feeling that their needs were overlooked. One of the concerns raised by some older people in the study was the issue of maltreatment that even though community-based clubs are highly effective to address older people's needs, some club caretakers mistreat older people and abuse their money. As a result, good oversight is needed. Participant six related as follows;

***P6** "There is a 'home' in NY108 that 'home' is right but it needs someone who can do all for him/herself. Someone who can cook for her/himself, someone who can do laundry for him/herself. There are washing machines and places that you can put your food in; it needs someone who does that. Now, the rent/ monthly fee has increased, and the one in NY1 takes everything you have. It reduces your old-age pension. It takes all that*

money, and it doesn't offer good meals for older people. Older people eat bread all the time, no good food. There are places where you find out that they even take the clothes you are wearing. If it looks nice, they take it."

It seems that conditions of this nature result in some older people being reluctant to utilise residential services offered in their communities. Many older people want to grow old in their own homes while at the same time also participating in their communities for as long as possible. However, some lack the economic and social means (Siette, 2021:4). Even though many participants of the current study raised a view that they prefer clubs and good old-age homes, the study conducted by Bradshaw, Playford and Riazi (2012:429) shows that people in care homes voiced concerns about lack of autonomy and difficulty in forming appropriate relationships with others. To zoom these findings into the South African context, Kelly et al. (2019:11) showed that being a member of a seniors' club improved access to health services and perceptions of receiving quality care.

As discussed in this report, older people indicated that before the COVID-19 pandemic, it was easy for them to access medical services. Still, during the COVID-19 pandemic, some doctors and nurses would visit them at their homes to avoid social contact. This was a thoughtful change during the [peak of the COVID-19 pandemic] but with the hard lockdown lifted, they again have to go and fetch their medications at health care centres. The change to the situation before the pandemic is not necessarily seen as positive. Below are the excerpts that support this view;

P1 *"We don't get any help (at home), you just go to the clinic and fetch your pills only."*

P7 *"Currently, we fetch our medication ourselves. We no longer see these people who used to deliver medication. We have that problem now... The treatment is no longer delivered to us in our area."*

Despite these expressed experiences, there seem to be significant older-person friendly medical services in these communities. Some older people seem to benefit from older person-focused medical care, while those who are not aware of these seem

to have a more negative experience. Schaver and Ntongana (2016:2) indicate that in Khayelitsha, the NOAH club has a medical clinic that operates on Wednesdays and Fridays.

Social grants such as old-age pensions and disability grants

In the study, few participants complained that old pension grant is not enough to cover all their daily needs. This is closely tied to the suggestion by Schaver and Ntongana (2016:2) that for many households the older person pension is the only form of income in the household.

For instance, participant six mentioned that

***P6** “The money that we receive from the government is too little because we have to pay rent, electricity and water.”*

Municipal services

The municipality provides good resources to older people such as RDP houses, water and electricity but the main concern raised by almost all older people was the poor infrastructure and low maintenance level of these services. They blamed the municipality—they will report pipe leakages and flooding in their shacks, but municipality personnel will take months to respond to their complaints. Below are the quotes that confirm this finding:

***P5** “Our pipes are blocked, it’s bad, and the walls are damaged.”*

***P3** “The main problem we have, my child is electricity; load-shedding affects us a lot. As I’m speaking with you, there are homes with no electricity, as we speak. Electricity is our main problem here; homes are also flooded with water. So our kids have to go fetch water.”*

***P10** “Our shacks are flooded, we do not live in proper houses, and we live*

in shacks. As I speak with you, my bed is full of water due to the recent heavy rains. I cannot even sleep on it, you see?"

There were no findings similar or contrary to the above findings in the reviewed literature.

- *Conclusion*

This theme unpacked negative perceptions of older people on services that support positive ageing ranging from the negative experience of older person's pension grants, poor care facilities, medical services, and municipal services. The following theme discusses older person's recommendations on services that support positive ageing.

4.4.5 Theme 5: Older persons recommendations on services that support positive ageing

In the study, all the participants interviewed recommended the areas that must be improved to age positively. Some of the recommendations included poverty alleviation schemes and community development projects such as beadwork, crafting and gardening; improvement in transportation, adequate housing, good care facilities, application of the "platooning" system in clubs during the COVID-19 pandemic, assistance in dealing with family and social problems, need for entertainment opportunities, crime prevention campaigns, humane treatment, and improvement in service delivery system. These recommendations will be discussed in the sub-sections below.

- *Community support for older people*

The participants believe that even though there are services available in their communities to help them age positively, there are still some gaps, and they came up with some recommendations to close those gaps. Recommendations were provided: improvement of community support for older people, expansion of care facilities, social support services, and application of the "platooning" system in clubs during COVID-

19. These will be discussed further below.

Food provision

In the United States of America, it was found that for older people to access suitable food parcels, meals were delivered to the home of those who could not prepare or obtain adequate nutrition. In contrast, food was served in a community setting for congregate meals to those who could not prepare or get good nutrition (Siegler et al., 2015:3). The current study participants also reported that if they can be given projects that can reduce poverty that can enhance their well-being towards positive ageing.

It is clear from the responses of participants in this study that they regard food provision as positive and suggest that it continues. Below are the excerpts that support this finding:

***P1** “They must do as usual and give us groceries. They gave us grocery in the past month.”*

***P6** “They must be delivered door-to-door because some people are unemployed. They stopped working; it’s hard.”*

In concurring with these findings, it was also recommended by Siegler et al. (2015:3) that nutritional service programmes such as “Meals on Wheels,” which is a subsidised nutrition programme, were designed not just to relieve “food insecurity” but also to promote socialisation and physical health and wellbeing of older people. This, in turn, creates socialisation in the setting of congregate meals that are served in the community through senior centres, day health programs, and other venues (Siegler et al., 2015:3).

Community development projects such as crafting, gardening and sewing

Older people recommended that for them to stay relevant, active and part of the society, there should be community development projects such as crafting, gardening

and sewing. Below are the excerpts which support this finding:

P11 *“At least... people equipped us with skills on how to recycle old things. They also equipped us with woodwork and metalwork. If we can go back to that stuff.”*

P5 *“We need something that we can do together and learn how to knit hotwater bottles jackets. Even if we start with small things and grow, to keep ourselves busy because there are some of the grannies who are ‘just’ sitting at home basking in the sun, teach and advice each other.”* Schaver and Ntongana (2016:2) reported similar results that NOAH club members in Khayelitsha do small projects such as the social club garden, grow cabbage, radish and other plants to eat and to sell. In addition, Daily Maverick Newspaper (2021:2) also revealed that older people of Delft in Cape Town started a vegetable garden that has helped provide some produce for the meals. They grow spinach, chillies, carrots and herbs to make a living.

Transportation services

According to Siegler et al. (2015:3), transportation includes subsidised mass transit, curb-to-curb para-transit and other assisted transportation, and driver education which must be prioritised for older people worldwide. This was one of the recommended areas by some participants in the study that proper transportation is one of the keys to assist older people to age positively; as proposed by participant six,

P6 *“People who can’t walk should be transported to the clinics.”*

There seems to be a lot of improvement in some of the Khayelitsha clubs from 2016 up to date as reported by Schaver and Ntongana (2016:2) that NOAH club manager in Khayelitsha revealed that older persons do not have accessible public transport, and that is why, frequently, they could not access services at social clubs as regularly as possible. To address the problem, the club manager of NOAH launched a tuk-tuk programme as early as January 2017. Tuk-tuk is a three-wheel vehicle that carries two to three passengers to and from the club each day (Schaver & Ntongana, 2016:2).

Improved housing provision

As discussed in the previous themes, one of the complaints put forth by older people in the current study was the issue of poor housing infrastructure. Most older people complained that the municipality does not upgrade their RDP houses, and they then tend to live in appalling conditions, which put them at risk; as recommended by participant ten that,

P10 “I wish the government could give people proper houses.”

Entertainment

Happiness and entertainment are critical prerequisites for older people to live healthier lives and age positively; as confirmed by participant eleven,

P11 “Happiness soothes and strengthens one’s soul. This thing of being idle doing nothing is just not right. Parties bring joy so that we do not eat in solitude. We do need parties! And stop just sitting basking the sun. We need someone to play the drums for us; we play cards and darts, then LP’S (old CD’s).”

In addition to entertainment, some participants also recommended that elders be encouraged to continue taking part in physical exercises such as running, gym and jogging with the assistance of club assistants even if this is not done constantly to feel part of social life.

Similar to the suggestion posed by the participants on entertainment, it has been shown that social activities that stimulate positive feelings are highly valued for positive ageing (Schaver & Ntongana, 2016:2).

Different theories are proposing different views and approaches towards positive ageing in the milieu of ageing and older persons. One set of theorists, Elaine Cumming and William E. Henry, presented the **Disengagement theory** in 1961. According to

this theory, older adults naturally and willingly withdraw from people and activities as they get older and begin to anticipate death (Great Senior Living Journal, 2021:2). However, other psychosocial theories, such as those developed by Robert J. Havighurst **Activity theory**, oppose disengagement theory with the notion that older adults who remain active in retirement tend to be healthier and have higher life satisfaction levels (Great Senior Living Journal, 2021:2). Older people's activity level is also dependent on what they can capitalise on in their social environment. As a result, critics point out that this theory fails to account for economic or health factors that prevent individuals from participating in such activities (Great Senior Living Journal, 2021:2). **Continuity theory**, pioneered by Robert Atchley, seems to address the critique levelled against activity theory and is centred on the notion that as people age, they preserve the same beliefs, relationships, and behaviours from earlier in their lives (Great Senior Living Journal, 2021:2). Both activity theory and continuity theory serves as a foundation to support the notion of increased and sustained entertainment opportunities for older people to support their positive ageing.

Improved service delivery

One of the significant concerns raised by older people in the study is the issue of favouritism, whereby the government instructs street committees to distribute food parcels only given to a few selected individuals. Below are the quotes that confirm haphazard services as experienced by older people:

***P6** "The government issues out food parcels even though not all people access those food parcels. They do not reach everyone, even those who receive them. They fight over the food parcels. There is no order, and this deprives the older people from receiving the food. There are parents who can't walk, and it's difficult for them to reach these food parcels."*

***P3** "There are also groceries given to older people, but I won't lie to you. I've never received them because I am always indoors. They don't deliver food in a proper manner, it's supposed to be distributed door to door through street committees, but it's not like that."*

For instance, the report in News 24 by Evans (2021:1) showed that in Cape Town communities, due to COVID-19 lockdown regulations, Gift of the Givers launched its extended food programme for communities battling hunger as the extended coronavirus lockdown left many households without food. After at least two protests in the Cape Town communities, the distribution of food parcels was low-key, as the heightened need for food left people confused over why one area was getting food parcels before them.

Nepotism, corruption, and poor service delivery were among the risk factors that strain older people in Khayelitsha and Gugulethu. Most participants mentioned that government officials and ward councillors deliver food parcels, but only a few people benefit since officials start distributing to the people they favour first. Participant five also reflected on other aspects of service delivery that is a challenge and recommended,

***P5** “I wish mostly the pipes must be fixed because it’s very unhealthy,”*

while participant three suggested that;

***P3** “Supervision from the government is needed. There should be people who monitor the proper manner of their delivery to the people.”*

A Daily Maverick newspaper report (2021:4) found that due to poor service delivery from SASSA grants (R350) which was stopped during the COVID-19 pandemic, many people in Delft, Cape Town depend on philanthropists for food because they still don’t have employment. These philanthropists receive donations from Hillsong Church and Community Chest food hub that brings supplies once a month and from friends and family (Daily Maverick, 2021:4). Thus, communities often also draw on social relief outside the formal government structures.

Siette (2021:5) suggests that future government initiatives for older people living at home should prioritise initiatives that provide them opportunities for social connection with the broader community.

- *Expansion of care facilities*

The Limpopo Department of Social Development through the Older Person Service Package (2015/16-2017/18:2) made the following services available for older people to address their daily needs: residential care facilities such as independent living assisted living, and 24 hours frail care; care and supervision services to older persons with dementia and other mental health related conditions which requires special measures like therapy and explicit labelling of the environment; rehabilitation services; public education on ageing issues; counselling services; respite care which is a temporary relief service to family members or any person taking care of a frail older person; training of volunteers caregivers; and sport and recreational activities. Therefore, services such as these should be extended to all provinces such as Eastern Cape and KwaZulu Natal, characterised by many rural areas with poor service delivery and infrastructure, as investigated and reported by the SABC 1's Cutting Edge show (aired on 10 March 2021).

The majority of the participants in the study unanimously agreed that older people need care facilities for them to age in a dignified manner. This was recommended by participant ten,

***P10** "I wish that there was a place where there are people hired to take care of older people even if it's not a 'home' (old-age home). For instance, white people have places that are built for them where someone lives in his own room. There is no one who supervises and reminds you that you must take pills."*

The subsections below focus on older person's recommendations around various forms of care.

Institutions for older people

While many older people value growing old in their communities, certain conditions make them wish for safer spaces like institutions. Below are the quotes which confirm the need for institutional care for older people:

P10 *“Older people need to be kept in a safer place such as the old-age home because we are currently living with our grandchildren. Our grandchildren abuse us. They use drugs and drink alcohol. I think older people should be kept in a safer place.”*

P7 *“I was thinking that there should be a place built for older people where they can live under good care and supervision.”*

P8 *“We should be grouped together in a club, maybe a certain organisation for people who had a stroke. For example, they meet maybe once a week so as to engage with other people.”*

Even though the participants of the current study indicated the need for caring institutions, it is sad to find out that the research showed that in South Africa, most of older people are not in residential care as there is a critical shortage of proper facilities to care for the elderly (Kotzé, 2018:3). The most challenging reality is that some older people cannot afford to pay for the residential facilities as their pensions are insufficient.

Home-based care

Kotzé (2018:3) indicated that in South Africa, most older people live within communities and with their families. Taking care of your older person is regarded as the norm, and the South African government only takes responsibility for living arrangements where frail older people do not have a family to take care of them.

Participants in this study also expressed a need for home-based care to older people, more especially for bed-ridden and home-bound elders. This was recommended by participant eight's daughter, saying,

P8 *“I think we need home-based care workers. So, it's been two years now that I have been taking care after my mother. In that two years, I never rested. I wash my mom and do everything for her, Monday to Sunday. So,*

at least I would appreciate if I can get a one day of rest. They can come to wash my mom, anything else I will do. She is heavy. An older person is heavy!”

- *Social Support Services*

Older people in the current study also recommended that there should be assistance in dealing with family and social problems, crime prevention strategies, and prevention campaigns against discrimination or humane treatment. These will be discussed in detail below.

Assistance in dealing with family and social problems

Older people recommended that social workers work harder to create awareness about teenage pregnancies and domestic violence. These often add much more pressure on the responsibilities of adults and elders in the family. Based on this finding, the researcher believes that these campaigns must not only occur on noted days such as Child Protection Week and 16 Days of Activism but also occur monthly. Below are the excerpts that support this finding:

P6 *“There must be someone coming from some place to talk with these children because I’ve spoken with them until my husband died in 1991. I live in a drug-infested area (with a crying voice). I can’t do anything.”*

P10 *“These children fall pregnant which causes us to suffer. They give birth to a child after child, after child! We are in deep emotional pain because of our children’s behaviour.”*

Crime prevention

In the current study, crime was viewed by some participants as a social issue that disturbs older people’s ability to age in a positive manner. Participants painted their lives as ‘miserable and at risk’ during the old pension days due to the high rate of crime

and robbery in Cape Town communities. Participant eleven recommended that

P11 “That is what is needed, a visible policing.”

Prevention against discrimination / humane treatment

Jordan (2009:1) is of the view that growing older should be a period when a person’s contribution to society is acknowledged and valued, and in poor communities’ older persons make a valuable contribution to households as carers for children, people with disabilities and those affected and infected by HIV/AIDS.

However, contrary to the above opinion, older people raised a frustration in the current study. As they grow older, they tend to be treated as less valued humans by other people. They perceive people as labelling them as ‘useless’ and people who cannot add any value to someone’s life. Some participants raised this that older people are no longer valued or essential than growing up or working. They are ‘just’ people who are seen with no dignity, and for that matter, the only thing that helps them cope with this stigma is the clubs they live in currently. In supporting this view, participant eleven recommended that

P11 “This thing of treating us as if dead must end. No, we are not dead at all. We also need to be taken care of and be treated like other people. Stop showing our worth and dignity when we die. We need to feel dignified while still living.”

The systematic review of studies conducted in Australia from 1999 to 2016 by Van Gaans and Dent (2018:1) confirms that accessibility issues included difficulties accessing transport to health care services, which in turn restricted choice of appointment time. Therefore, older people feel treated not dignified by healthcare service providers (Van Gaans & Dent, 2018:1).

- *Application of the “platooning” system in clubs during COVID-19*

In the study, there was a recommendation that, now that we live in the COVID-19

pandemic, which follows lockdown restrictions, there should be a shift system for older people to attend their clubs. One group of older people suggested the club today and the other the next day to avoid crowding and social contact. The participants felt that older people must still visit the clubs because many things are done there. This is a space where older people get their nails trimmed, their feet washed, have a nutritious meal, etcetera. This recommendation was posed by participant eleven,

P11 “You must open clubs for us,”

and participant seven;

P7 “One group must go, and the other group goes the next day.”

- *Conclusion*

This theme discussed recommendations raised by older people for them to age positively. Some of the recommendations discussed included poverty alleviation schemes and community development projects such as beadwork, crafting and gardening; improvement in transportation, adequate housing, good care facilities, application of the “platooning” system in clubs during the COVID-19 pandemic, assistance in dealing with family and social problems, need for entertainment opportunities, crime prevention campaigns, humane treatment, and improvement in service delivery system. The section below summarises all the themes discussed in this Chapter.

4.5. Chapter Summary

This chapter discussed the demographic information for the participants interviewed in the current study. Eleven male and female participants shared their experiences of services that support positive ageing in the Khayelitsha and Gugulethu areas. It became known that participants interviewed know services available for their exposure in the areas mentioned above, even though only a few older people benefit from such services due to corruption, favouritism and nepotism.

However, regardless of the negative experiences of older people, there were positive experiences about positive ageing, as some mentioned that they are well taken care of by their children and grandchildren. Clubs for older people has definitely emerged as a positive aspect of ageing and much of the activities that takes place there is seen as supportive of their ageing process.

As explained in the introductory section, this chapter covered the five themes that emerged from the data. Theme one looked at the positive ageing and older people's views on structures that support this. Theme two presented the available services that support positive ageing in Khayelitsha and Gugulethu. Theme three presented the findings on environmental aspects challenging positive ageing in Khayelitsha and Gugulethu. Theme four described older people's perception of gaps in the services that support positive ageing. Theme five discussed the older person's recommendations on services that support positive ageing.

In Chapter Five, the implications of the research results are presented. Furthermore, the chapter will summarise the study and draw conclusions and recommendations based on the findings reported in this chapter.

5. CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

The previous chapters presented the motivation, the background, and the theoretical framework of the study. They also provided an overview of the research methodology, the research design, its application and an in-depth discussion of the findings with the integration of a literature control. This chapter, therefore, summarises the key findings offer conclusions and recommendations based on the data analysed in the previous chapter. The chapter also highlights the challenges/limitations experienced during the study.

5.2. Summary of the Findings, Conclusions and Recommendations Linked to the Themes

5.2.1 Theme 1: Positive ageing and older person's views on structures that support this

Theme one looked at the positive ageing and older people's views on structures that support this to achieve an objective one that sought to explore and describe older people's views on positive ageing.

The majority of the participants (eight participants) mentioned that their children support them very well with everything they need to function better. They also mentioned church and clubs as essential support structures that cater to their needs. They believe that church and clubs give them a sense of belonging. Out of eleven participants interviewed in the current study, nine participants mentioned that they know that there are clubs that support older people to age in a positive and dignified manner. The other two participants did not mention clubs because one of them was in Cape Town for two months coming from the Eastern Cape for better medical services, and the other one had a stroke which led to her not being able to voice out her experience. Based on this finding, it can be concluded that most older persons are comfortable living in their homes and communities as street committees and

community policing forums play a pivotal role in protecting them from crime prevalent in their communities. Older person's also seem to receive support from neighbours and social clubs.

Therefore, it is recommended that family members, the community at large, and club assistants continue taking care of older people to feel loved and cared for, have a sense of belonging, and continue to age in a positive and dignified manner.

5.2.2 Theme 2: Services available that support positive ageing in Khayelitsha and Gugulethu

Theme two presented the findings on the services available that support positive ageing in Khayelitsha and Gugulethu to achieve objective two, which sought to explore and describe older persons' perceptions regarding the availability of services that support positive ageing.

It was found that despite the well-known challenges such as poor health care facilities, mortality rate, health-related issues, low opportunities for jobs, social exclusion in physical exercises experienced by older people across the globe, there are available services that support positive ageing in Khayelitsha and Gugulethu such as involvement in handwork, food provisioning, physical exercise facilities, excursions and entertainment opportunities, clubs for older people, social support grants, medical services, social work services and advisory services.

One of the participants was of the impression that older persons' are involved in **handwork** such as sewing, knitting, beadwork, crocheting and that it is valuable to them. It brings unity and socialisation, but this type of handwork also help older persons' to use their time effectively as they can even sell these goods for commercialisation purposes. It can be concluded that handwork can positively affect one's well-being. It can thus be recommended that handwork can provide positive benefits that may encourage people to take up hobbies as a self-care strategy.

One of the services available in the Khayelitsha and Gugulethu areas for older persons'

is the **provision of food parcels**. This was expressed by most participants as a 'good basic need' that is appreciated by them obtained from various philanthropists. Older persons' in these two Cape Town communities (Khayelitsha and Gugulethu) also seem to benefit from soup kitchens and food distribution. Half of the participants mentioned that they are members of older persons' clubs, and thus food parcels were delivered to their homes during the COVID-19 pandemic. Taking in consideration that these are older persons' who are primarily dependent on the government-issued Older Person's Grant, these additional support structures is regarded as very valuable.

It was also interesting to find that even Gugulethu non-club members benefit from the soup kitchens located within their area. Based on this finding, it can be concluded that soup kitchens and food parcels benefit older persons' in Khayelitsha and Gugulethu. It is recommended that non-club members join clubs and benefit more in the food provisioning.

Physical exercise can be beneficial for all ages. Some participating older people in this study confirmed during the interviews that they participate in physical exercises to keep their bodies fresh and healthy. One participant mentioned a "club assistant" who guides them during these physical exercises. It seems like this helps as she mentioned that it is difficult to continue with the exercises alone at home during this pandemic period. Therefore, it is recommended that older people be encouraged to take a walk, jog, and do yoga as it seems healthy to metabolise one's body for blood circulation.

Different organisations involved with older people arrange various **recreational activities** for older people. In the current study, one club member participant indicated that club assistants take them to the city sightseeing and the beach. Based on this finding, it can be concluded that it seems that it is mostly those older people linked to clubs involved in these recreational activities. Some participants who are not attached to clubs showed little knowledge of fun and entertainment activities in their communities. Therefore, it is recommended that all older people be encouraged to do excursions arranged by club assistants and social workers. Their families can also play a role in taking them out as entertainment.

Anyone in life does need some sort of belonging and fun to feel alive and refreshed. Some participants in this study spoke to the value of **entertainment activities** in their lives. This shows a need for older people to be fulfilled through various entertainment activities. Some older people are still active within their communities. Participant eleven mentioned that the main thing he is involved in at Gugulethu is reviving the music band and drama. Through his involvement, he identifies much talent in the youngsters of Gugulethu.

He plays music, draft and chess with them, and he believes that chess aids a child to be able to use his or her mind to calculate. He reported that he consistently links young people with relevant services to improve their talents.

His involvement speaks of the value of these activities and provides good opportunities for intergenerational exchange. The finding thus indicates that entertainment activities like music, dance and playing games is a fantastic way for older people to stay socially connected.

Clubs are an available resource in the communities of Cape Town (Khayelitsha and Gugulethu). Older people mentioned that they are transported from 9 am to 4 pm to clubs where they participate in different activities such as beadwork, socialising and recreational activities. In addition to this, participants reported that their intellectual capacities are also strengthened through the activities conducted within the clubs. Based on this finding, it can be concluded that social clubs offer a variety of activities that can contribute to older person's positive ageing, and these findings seem to confirm this.

Social assistance (**SASSA**) is an income transfer in grants provided by the government. There are military veterans' grants, social relief funds, disability grants and COVID-19 grants. These grants were reported by participants in the study as crucial subsidies which put their lives at ease. None of the participants interviewed was dissatisfied with old age pension grants. They all applauded and felt thankful to the government for making such grants available. However, other participants who benefit from SASSA grants mentioned that they take care of a whole family with their grants due to the socio-economic situation. This showed that the high unemployment

rate in South Africa results in a financial burden on older people within their families. Therefore, it is recommended that youth unemployment receive serious attention, that they become self-entrepreneurs and participate in income-generating activities like agricultural co-operatives to earn a living. Older persons' in this study believe that they are well taken care of **medically**. The only complaint held by older people about medical services was the long queue they had in which they had to wait in some clinics before the COVID-19 pandemic arrived. Delivery of medications to their doorsteps is therefore recommended as a service irrespective of the status of the pandemic. The **social work services** in South Africa plays a pivotal role in older people's lives, as they offer them psycho-social support during times of need. In almost all provinces, old age homes are available that take care of older people. This was confirmed by some of the participants in the study that social workers play a crucial role in dealing with older people's psycho-social needs. Based on this finding, it can be concluded that offering professional management of an individual's health care, identification and assessment of bio-psycho-social needs, and monitoring the use of services to ensure positive outcomes is vital for older people.

When it comes to legal and advisory services, older people in the current study mentioned that police services are available in Khayelitsha and Gugulethu that support their sense of safety. However, they complained that they should not be queuing there or in ATM's due to their age and knee fractures. The literature (Siegler et al., 2015:3), on the other side, speaks to services in the American context that provides advisory services to older people like consumer issues, housing advice and other benefits. Therefore, in the South African context, it is recommended that Older Persons' Act 13 of 2006 be explained in simpler terms and all languages to older people about what legal rights they have to support positive ageing. In addition to this, it is further recommended that older people must not queue in public spaces; they must be treated as a priority.

5.2.3 Theme 3: Environmental aspects challenging positive ageing in Khayelitsha and Gugulethu

Theme three presented the findings on environmental aspects challenging positive

ageing in Khayelitsha and Gugulethu, as aligned with research objective three, which sought to explore older persons' perceptions of the effectiveness of current services rendered to enhance their daily life functioning.

The eleven participants interviewed mentioned critical areas of concern that need attention from everyone in society. Potgieter (1998:55) noted that every single part of the system is somehow connected to every other part. Whatever happens, one part will always affect the other. This study showed a need for a solution to the psycho-social issues reported by older people. These issues ranged from unfavourable home conditions where older people are being exposed to substance use, violence, neglected and ill-treated by their children and family members, being physically abused, and being victims of financial exploitation.

This finding is of particular interest when juxtaposed against older people's experience of connectedness to family and community. It is thus imperative that home and communal spaces be safe and supportive towards the ageing process.

In addition to the challenges highlighted, some participants mentioned that they experience challenges such as haphazard services, inaccessibility of information, poverty and unemployment, health-related problems, corruption in service delivery, crime in their communities, discrimination by some political parties when it comes to the service delivery, and the impact of COVID-19 pandemic which took away some of their beloved ones and some of their freedoms.

In addressing some of the above-mentioned environmental challenges for older people, participant ten recommended that older people be kept in safer places such as older persons' homes. This study showed that substance use is one factor contributing to older people being abused by their children; some are reported to be emotionally abused. This shows the importance of having awareness campaigns with older people to know when and where to report such cases instead of suffering in silence.

Poverty and unemployment were reported by six out of eleven participants in the study as significant problems in their families. They challenged the government that

there should be more job opportunities to eradicate the high unemployment rate, resulting in social issues such as crime, violence and prostitution.

Older persons' in the study reported that they experience **health-related problems** like high blood pressure, problems with their knees, and diabetes as they grow older. In agreement with what was found in the current study, Wang (2012:5) found that with the improvement of medical services, the mortality rate is descending, which means that more and more people are moving into old age. This, therefore, means that in order for older people to age well and live longer lives, they need adequate and accessible medical services. As explained in the previous sections, older people know that the government provides food parcels and blankets to support people. There is a view that as a result of **corruption**, only a few older people benefit and many people in need are left without these supplies. One of the significant concerns raised by older people is being at risk of **crime** in their communities. However, they mentioned that street committees, community policing forums and neighbourhood watch helps to fight crime at a grassroots level.

Regarding the **discrimination**, the participants in the study raised a concern that even now that we say we have obtained democracy, there is a practice of indirect apartheid as historically privileged people still receive preference and priority of a better life and services in Cape Town. Participant 10, for instance, complained that even the grant should increase. Historically privileged people (White) have more financial resources to draw from, and as a result, they can afford better older persons packages. Older people in this study are of the impression that the government should give them proper houses. Some live in shacks compared to the privileges of people living in luxurious houses in nearby cities.

All participants reported the COVID-19 pandemic as one of the most painful experiences they had ever encountered in their lives. For instance, Participant one labelled it as a painful wound that took away the lives of many older people almost everywhere. After a long fight for their lives in isolation, it even took his wife. He made an emphasis that he 'respect!' COVID. As time went on, vaccines were developed, which helped many countries with COVID-19 injections. Older people and frontline workers benefitted first from these vaccines. While many people may choose not to

vaccinate, it is recommended that all older people be encouraged to vaccinate at their homes by home-based care workers if possible. Being locked indoors isolated was explained by older people as a 'not nice experience' during the COVID-19 pandemic. The government said that they must stay indoors, wear a mask, maintain social distance, wash their hands all the time, and to not go to public mass gatherings. You cannot speak there if you are not wearing a mask. Also, they attend *imicimbi* (traditional ceremonies). They used to drink in one beaker (*ibhekile*) of *umqombothi* and drink together. Now they are not permitted to do so, but someone must serve them one by one. They are enduring such **changed circumstances** for them. They hope that maybe this is what will help them stay safe. They are following the government's rules.

Social exclusion and living an introverted life was problematic for most people in our communities. Anyone observing the social vibe experienced by younger people in the taverns, sports fields and concerts can confirm that socialisation with others is as important to South Africans as is for people worldwide. Now that we are in COVID-19 lockdown, as the President of South Africa announced 'with immediate effect', everything was placed on hold with a gradual easing of the lockdown rules. Even with the easing of protocols, certain restrictions remain in place. This also affected older people as their sense of belonging places such as the churches and clubs were restricted.

Thus it is suggested that older people need social engagement and interaction to have a sense of identity, belong to a community and live fulfilled lives and that during times of disasters like the Covid-19 pandemic, this need for social engagement be prioritised as well.

5.2.4 Theme 4: Older persons' perceptions of gaps in the services that support positive ageing

Theme four described older people's perception of gaps in the services that support positive ageing to achieve research objective four which sought to draw conclusions and develop recommendations about perceptions of older persons on services that

support positive ageing in the Western Cape.

Historically, due to the socio-economic context of South Africa, especially for Black and Coloureds poor communities, many older people would not have had jobs that provided them with savings of their old age and thus, they are reliant on the state only. While this may help cover their basic needs, it does not provide many options (The South-African Socio-Economic and Political Context, 2017:01; Micklesfield, Lambert, Hume, Chantler, Pienaar, Dickie, Puoane & Goedecke, 2013:369; Wabiri & Taffa, 2013:1037). As a result, older people have a financial burden, undergo stress, and poor infrastructure, as discussed in Chapter Four.

Even though most participants in the study shared positive perceptions on services that support positive ageing in Cape Town, they also shared the gaps they think are present. Almost all of them mentioned old pension grants, but they complained that they were insufficient to cover their daily needs. Among the participants interviewed, some were concerned about available but inadequate services. They referred to a COVID-19 relief—at the beginning of lockdown, they received food parcels and money from the government, but as time went on, only a few people benefited from this scheme.

This is in accord with the finding of corruption and favouritism of already limited resources reported in the previous section of this report. Therefore, it is recommended that older persons' be prioritised for services, especially during pandemics and disasters.

One of the concerns raised by some older people in the study was the issue of **maltreatment**. Even though there is an availability of older persons' homes to address older persons' needs, older persons' complained that some institutions still mistreat them. They also complained that better institutions are costly, and thus they cannot afford the required expenses as they are dependent on old age grants.

As discussed in the previous section of this report, older persons' indicated that before the COVID-19 pandemic, it was easy for them to access medical services. However,

during the COVID-19 pandemic, their movement was restricted. Some doctors and nurses would visit them at their homes to avoid social contact in the larger community. However, some participants also found that with the hard lockdown lifted, they have to go and fetch their medications at health care centres and do not experience this as positive as when medication was delivered to them. However, despite these expressed experiences, there seem to be more older-person friendly medical services in these communities.

Some older people seem to benefit from more older-person focused medical care, while those who are not aware of these seems to have a more negative experience.

Adult day-care community-based programmes offer social, recreational, and health-related services in a communal setting for older people (Siegler et al., 2015:3). This has been confirmed by seven participants in the current study that they are club members, and some of them mentioned that they were included in the establishment of the clubs. Thus, they had mutual feelings and view that clubs cater to older people's emotional and psycho-social needs. Club assistants were rated as highly effective to render the services mentioned above.

In the study, older people in Khayelitsha and Gugulethu confirmed that they feel positive about **medical services**. For instance, they mentioned that they are prioritised in clinics and hospitals, and thus they do not stand in long queues.

In the study, few participants complained that **old pension grant** is not enough to cover all their daily needs.

The municipality provides good resources to older persons' such as RDP houses, water and electricity but the main concern raised by almost all older people was the poor infrastructure and low maintenance level of these services. They blamed the municipality that they reported today for pipes leakage and flooding in their shacks, but municipality personnel will take months to respond to their complaints. Therefore, it is recommended that municipal services be at the forefront for older people.

5.2.5 Theme 5: Older person's recommendations on services that support positive

ageing

Theme five discussed the older person's recommendations on services that support positive ageing, intending to achieve research objective five, which sought to draw conclusions and develop recommendations about perceptions of older persons on services that support positive ageing in the Western Cape.

In the study, all the participants interviewed recommended the areas that must be improved in order for them to age positively. Some of the recommendations included poverty alleviation schemes and community development projects such as beadwork, crafting and gardening; improvement in transportation, adequate housing, good care facilities, application of the "platooning" system in clubs during the COVID-19 pandemic, assistance in dealing with family and social problems, need for entertainment opportunities, crime prevention campaigns, humane treatment, and improvement in service delivery system. The participants in the current study reported that if they can be given projects that can reduce poverty, that can enhance their well-being towards positive ageing. The study found that before the COVID-19 pandemic, older persons' used to receive food parcels. However, during the COVID scourge, many older people found that foodparcel provisions became limited.

In concurring with these findings, it was also recommended by Siegler et al. (2015:3) that nutritional service programmes such as "Meals on Wheels," which is a subsidised nutrition programme, were designed not just to relieve "food insecurity" but also to promote socialisation and physical health and well-being of older people. This, in turn, creates socialisation in the setting of congregate meals that are served in the community through senior centres, day health programs, and other venues (Siegler et al., 2015:3).

Older persons' recommended that in order for them to stay relevant, active and part of the society, there should be a provision of community development projects such as crafting, gardening and sewing.

The participants in the current study recommended that proper transportation is one of the keys services which can assist older people to age positively.

As discussed in the previous themes, one of the complaints put forth by older people in the current study was the issue of poor housing infrastructure. Most older people complained that the municipality does not upgrade their RDP houses, and they then tend to live in appalling conditions, which put them at risk. The majority of the participants in the study unanimously agreed that older people need care facilities in order for them to age in a dignified manner. Some participants in the study reported that as a result of maltreatment, emotional, and physical abuse experienced at their homes, it is recommended that they be taken to safer places such as old age homes.

Even though the participants of the current study indicated the need for caring institutions, the research has shown that in South Africa most older people are not in residential care as there is a critical shortage of proper facilities to care for the elderly (Kotzé, 2018:3). The saddest part is that some older people cannot afford to pay for the residential facilities as their pensions are insufficient. The participants also mentioned a need for home-based care to older people, especially for bed-ridden and home-bound elders. Therefore it is recommended that government must improve the provision of free or government-subsidised residential facilities to accommodate all older people and invest in the provision of home-based care services.

In the study, there was a recommendation that, now that we are living in COVID-19 pandemic, which follows lockdown restrictions, there should be a shift system whereby one group of older people goes today in the club. The other group goes tomorrow to avoid crowding and social contact. The participants felt that older people must still visit the clubs because many things are done there. There is a time when older people got their nails trimmed, their feet washed, *etcetera*.

Older persons' recommended social workers to work harder in making awareness is that talks about teenage pregnancies and domestic violence as all these impacts the older people living with their families and in communities. Based on this finding, the researcher believes that these campaigns must not only occur on noted days such as Child Protection Week and 16 Days of Activism but occur monthly.

Happiness and entertainment are critical prerequisites for older people to live healthier lives and age positively; as confirmed by participant eleven,

P11 "Happiness soothes and strengthens one' soul. This thing of being idle

doing nothing is just not right. Parties bring joy so that we do not eat in solitude. We do need parties! And stop just sitting basking in the sun. We need someone to play the drums for us; we play cards and darts, then LP'S (old CD's)."

In addition to entertainment, some participants also recommended that elders be encouraged to continue taking part in physical exercises such as running, gym and jogging with the assistance of club assistants even if this is not done constantly to feel part of social life.

Based on this finding, the researcher believes that successful ageing is influenced by a range of factors, including diet, lifestyle, and genetics and participating in entertainment and recreational activities.

In the current study, crime was viewed by most participants as a social issue that disturbs older people to age in a positive manner. Participants painted their lives as 'miserable and at risk' during the old age pension pay-out days due to the high rate of crime and robbery in Cape Town communities. Thus they recommended visible policing to take part in their communities for the sake of their safety.

Older people in the current study raised a cry and frustration that as they grow older, they tend to be treated as less valued humans by others. They perceive people as labelling them as 'useless' and as people who cannot add any value to someone's life. This was raised by participant two, who mentioned that older people are no longer valued or essential compared to the times they were growing up or working. They are often seen as people who are seen with no dignity, and for that matter, the only thing that helps them cope with this stigma is the clubs they attend currently. In combating this tendency, participant eleven recommended that

P11 *"This thing of treating us as if dead must end. No, we are not dead at all. We also need to be taken care of and be treated like other people. Stop showing our worth and dignity when we die. We need to feel dignified while still live."*

Nepotism, corruption, and poor service delivery were among the risk factors that strain

older people in Khayelitsha and Gugulethu.

Most participants mentioned that government officials and ward councillors deliver food parcels, but only a few people benefit since officials start distributing to the people they favour first.

In order to eradicate this wrong behaviour participant five recommended that;

P5 "I wish mostly the pipes must be fixed because it's very unhealthy."

In contrast, participant three recommended that

P3 "Supervision from government is needed. There should be people who monitor the proper manner of their delivery to the people."

In concurring with the above views, Siette (2021:5) suggests that future government initiatives for older people living at home should prioritise initiatives that provide them opportunities for social connection with the broader community.

The section below summarises the research methodology and research design employed in this study.

5.3. Summary of research methodology

To achieve the aims and objectives of the study, the use of a qualitative approach was deemed appropriate, which eventually led to answering the research question and achieving the goal and objectives. The selected design enabled the achievement of the overall goal, answering the research question, goal and objectives. It is now known how older people perceive the quality of service delivery, which supports positive ageing in the Khayelitsha and Gugulethu areas, as this was the research question. The study was rooted in a qualitative approach.

Due to the phenomenon under study being under-researched and with a scarcity of

literature, an explorative, descriptive, and contextual design was most suitable for achieving the research goal. Research participants were sampled from a Khayelitsha and Gugulethu Townships population, using a purposive sampling method.

Participants were intentionally selected based on inclusion criteria, as explained in Chapter One and Chapter Three of this study. In compliance with ethical research codes, participants were recruited voluntarily, and all research details were explained to them prior to participation. A consent form was further explained telephonically in detail with each participant and signed in the form of *WhatsApp* screenshots before the study commenced. A pilot study was conducted to ensure that the proposed data collection method was adequate and appropriate to achieve the research aim and objectives, using semi-structured telephonic interviews with an interview guide containing predetermined questions. After prospective research participants consented, individual telephonic interviews were conducted. Through interviews with the eleven participants, data saturation was reached.

Data was then analysed, using the descriptive analysis method guided by the eight steps suggested by Tesch (1990:142-145). Data was collected through audio-recorded interviews, transcribed, translated to English, then cleaned by identifiers being removed and coded by the researcher and independent coder to form themes, sub-themes, and categories. Other aspects of the research methodology, such as trustworthiness and ethical considerations, were summarised in Chapter One and Chapter Three of this study. The researcher, therefore, concludes that the study could also have benefitted if she employed a narrative approach. This would have meant that instead of describing their views on this topic they would have narrated them in a story format.

Challenges Experienced and Limitations of the Study

The study's focus explored the views of older persons' on services that support positive ageing. During the interviews, some participants hoped that the researcher would provide them with some solutions to their daily challenges because they sometimes forget that she is researching in her capacity as a researcher, not a social worker. In

addition to this, some participants forgot what was asked and had to be rephrased again and again due to age constraints. Some participants were irritated by long probing questions and had to be summarised here and there due to low concentration levels. This also prolonged some interviews, which delayed transcribing and data analysis. All participants in the study preferred isiXhosa for interviews, and these need to be translated before being transcribed. This, therefore, consumed much time, especially during the transcribing phase. The voice of social workers as service providers, club assistants as older people carers, and family members as witnesses of older people could have benefitted the study. However, it was not part of the design of the research. Gaining access to the community to gather data was a challenge due to COVID-19 lockdown regulations.

The researcher had to apply for an ethics amendment to change face-to-face interviews to telephonic interviews. Regarding the telephonic interviews, anticipated challenges could obstruct this type of data collection, such as expensive airtime for calls, exceptionally long interviews, and poor weather conditions that could lead to communication barriers. The researcher, however, worked around these, and it was still possible to gather valuable information from them.

One other challenge experienced was that it was not always easy to get participants, as some of them did not keep their appointments with the researcher, and this was because they did not see her face-to-face beforehand to build trust and rapport. Some preferred face-to-face interviews at their homes, but unfortunately, COVID-19 restrictions did not allow that to happen. This also delayed data collection and transcribing stages.

Lastly, the researcher's biases, knowledge of the research topic and preconceived perceptions about service delivery towards older people could become a limitation that she needed to be aware of and reflect on during the interviews continuously.

5.4. Recommendations

Recommendations below will refer to recommended areas for future research, recommendations based on the research methodology, recommendations based on

the research findings, and the recommendation for policy development in a people-centred model of participatory action research that includes older people in uplifting their positive ageing.

5.5.1 Recommendations for Further Studies

The voice of social workers as service providers, club assistants as older people carers, and family members as witnesses of older people can benefit future studies. Therefore, it is recommended that future studies use the stakeholders mentioned above as the sample participants of the research. Future research must also explore the experiences of older people on services that support positive ageing in a rural context. There is also a need for more research papers on elderly experiences during the COVID-19 period focusing on the South African context as there is little or no existing literature present. There is also a need for policy development on how to take care of older people in South Africa.

It is also recommended that the studies of this nature (qualitative studies) be done in indigenous languages so that even the rural elders who only speak their home language could benefit from the study's findings.

5.5.2 Recommendations on the Research Methodology

The researcher would like to point out that the study benefitted from descriptive-exploratory-contextual research designs because they helped answer the research questions, goals and objectives of the study. However, the study could have generated even more rich data through a narrative research design, whereby older people would share their views in the form of storytelling. The current design allowed the researcher to get a broad understanding of various aspects that contribute to their positive ageing. The study employed semi-structured telephonic interviews as methods of data collection. Future studies must also consider a form of focus groups.

5.5.3 Recommendations Based on the Research Findings

The key findings of the current study indicated that in Khayelitsha and Gugulethu areas, there are available services that support positive ageing, such as clubs, excursions and social grants. Environmental aspects challenging positive ageing in the study included unfavourable home conditions such as financial burden and ill-treatment, poverty and unemployment, health problems, and COVID-19 effects. Older people mentioned that there are available but inadequate services such as municipal services and care facilities. Thus, they recommended that there should be poverty alleviation schemes, community development projects such as crafting, gardening, and sewing, institutions for older people, and home-based care.

The researcher recommends that older persons' during the COVID-19 pandemic scourge be monitored weekly by the social workers, encouraged with positive affirmations, and given service delivery without discrimination, corruption, and nepotism. As Potgieter (1998) postulates, systems theory mentions that 'what happens in one system affects other parts of the systems'; it is recommended that older people be well taken care of by everyone in the society with respect and dignity.

5.5.4 Recommendation for Policy Development in People-Centred Model or Participatory Action Research that Includes Older People to Uplift Positive Aging

The current study added to the literature of positive ageing and older people. It gave older people a platform to share their service delivery experiences in Khayelitsha and Gugulethu communities. However, there is a need for participatory action research whereby older people will be included as active co-researchers during the data collection of the study. This can help when reviewing or formulating policies that pertain to positive ageing.

5.5. Conclusions

Every study addresses specific gaps or adds value to the existing literature. This was the case in the current study, where older people expressed their feelings, experiences, challenges, and recommendations on services that support positive

ageing in Khayelitsha and Gugulethu areas. At the end, they were asked how they experienced each interview. They all felt refreshed and revived that something would happen in their lives now that they participated in the study. They felt proud for sharing their views on the research topic. Participants proposed areas of improvement on service delivery as discussed in 5.2.6 of the current study. The researcher employed an interpretivist approach when researching as she was curious to understand how older people experience service delivery. She was objective throughout the research process and learnt a lot from these findings.

Social workers who work with older people will benefit more from the findings of this study and improve their service delivery, attitudes and approach towards older people.

5.6. Chapter Summary

This chapter summarised the key findings offered conclusions and recommendations based on the data analysed in the previous chapter. The chapter also highlighted the challenges/limitations experienced during the study.

I would like to conclude this report by saying,

“The only people who can understand psycho-social and emotional well-being of older people better is only themselves. Thus, it is important for us as social workers or people working with them not to assume their needs. Positive service delivery is equal to positive ageing. Enjoy!”

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Appendix 1: Letter to Gatekeepers



Change the World

• PO Box 77000 • Nelson Mandela University

• Port Elizabeth • 6031 • South Africa • www.nmu.ac.za

Date: 11 March 2021

To: Seniors' Department Program Manager
Ikamva Labantu NGO
Khayelitsha
Cape Town
7784

To: Ward Counsellors (Khayelitsha and Gugulethu)

Request for Permission to Conduct Research Study

I am Siphokazi Tshefu, a Former Social Worker at Ikamva Labantu NGO and a Scholar Coordinator from Make A Difference Leadership Foundation, Cape Town. I am currently enrolled for a master's degree in Social Work Research at Nelson Mandela University, Port Elizabeth, Eastern Cape. I am required to complete a research dissertation as part of the requirements of the course, and the title of my research is as follows:

“Older Persons’ perceptions on Services that support Positive Ageing in in the Khayelitsha and Gugulethu Districts of the Western Cape.”

I am currently making preliminary enquiries to establish if such a study would be feasible. My request to your community is to identify potential research participants who meet the following criteria:

- Older persons between the ages of 60 years and above,
- Who speak English and or isiXhosa fluently,
- Older people from Gugulethu and Khayelitsha area, Cape Town.
- Club and home-based older people.
- Older persons show willingness as well as availability to participate in the research study.

The researcher aims to develop an understanding of older people's perceptions on services that support positive ageing in the Western Cape, Khayelitsha and Gugulethu Area. To achieve this aim, the researcher intends to reach the following objectives:

- To explore and describe the older people's views on positive ageing.
- To explore and describe older people's perceptions regarding the availability of services that support positive ageing.
- To explore older people's perceptions of the effectiveness of current services rendered to enhance their daily functioning.

I hereby seek you to kindly assist me in terms of finding the relevant participants for my study and give feedback on how this study will benefit your organisation.

The information gathered from this study will engage the voices of older people, and they will have the opportunity to make suggestions on what is needed for their positive ageing process. Social Service Providers that offer older persons services will benefit from the study; the study will enable them to come up with plans on how the services can be improved. Ikamva Labantu NGO will also benefit from this study as the Seniors' Department focuses primarily on Older Persons. The researcher would be sought or responsible for the post-interview support to the older persons' included in the study.

For more information do not hesitate to contact me on 0782087718 or s212298518@mandela.ac.za. You can also get my Research Supervisor (Prof. Annaline Keet) at 0415044917/ Annaline.Keet@mandela.ac.za.

Looking forward to hearing from you.

Yours sincerely,

Mrs. S. Tshetu-Mavimbela
Master of Social Work: Research Student

Prof. A.C.S. Keet
Research Supervisor

Appendix 2: Letter to Prospective Participants



Change the World

• PO Box 77000 • Nelson Mandela University

• Port Elizabeth • 6031 • South Africa • www.nmu.ac.za

Dear Participant

I am a Social Worker currently working for Make a Difference Leadership Foundation and. I previously worked at Ikamva Labantu NGO in Khayelitsha, Cape Town. I am studying towards a Masters' Degree in Social Work: Research at the NelsonMandela University, Port Elizabeth.

Our discussion will focus on your ideas about positive ageing, the needs of older persons and the challenges experienced as an older person in your community. This research study can only be conducted if I am able to obtain participants who would not mind sharing their ideas. I would like to conduct one on one interview of approximately an hour with you. You are allowed to recommend the day, time and location of the interview suitable for you. Due to the current COVID-19 pandemic, these interviews can be conducted telephonically. The content of the interview will be recorded, but at all times, confidentiality and privacy will be ensured. The study will conform to the ethical guidelines and requirements of the university, and I will enter into individual confidentiality agreements with each person interviewed. My research supervisor can be contacted at 0415044917/ Annaline.Keet@mandela.ac.za. You can also contact me at 0782087718 or s212298518@mandela.ac.za.

Thank you for taking the time to read this letter, and I hope to hear from you.

Yours sincerely,

Mrs. S. Tshefu-Mavimbela
Master of Social Work: Research Student.

Prof. A.C.S. Keet
Research Supervisor

Appendix 3: Release Form, Recordings & Transcriptions



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USE OF AUDIO RECORDINGS AND WRITTEN MATERIAL FOR RESEARCH PURPOSES – PERMISSION AND RELEASE FORM

Declaration

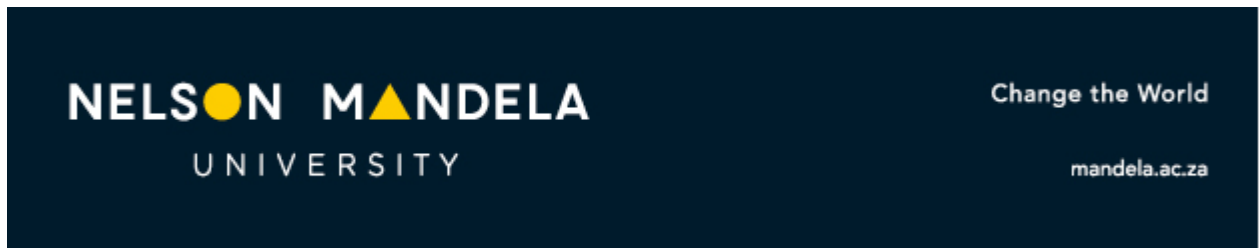
(Please sign in the blocks next to the statements that apply)

1. The nature of the research and the nature of my participation have been explained to me verbally and in writing.	Signature:
2. I agree to participate in an interview and to allow audiorecordings of these to be made.	Signature:
3. The audio recordings will be transcribed only by the researcher.	Signature:
4. Once the data have been transcribed, the recordings will be destroyed.	Signature:

Date:	
Witnessed by the researcher: 11 July 2021	

For a description of how these forms were signed by the research participants, please see Appendix 2: Letter to proposed participants.

Appendix 4: Consent Form



Date: 20 September 2021

INFORMATION ABOUT THE STUDY

Ref: [H20-HEA-SDP-003]

For a description of the study and how consent forms were signed by the research participants, please see Appendix 2: Letter to proposed participants.

Contact person: Mrs Siphokazi Tshetu-Mavimbela

Cell: 0782087718

Email: s212298518@mandela.ac.za

Appendix 5: Telephonic Interview Schedule



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- Mholo mama igama lam ndinguSiphokazi Tshefu apha eKhayelitsha, ndandikade ndingunontlalontle e-Ikamva Labantu NGO kunye neKho-odineyitha yabafundi abaxhaswa nguMAD eKapa. Enkosi ngokuba undiphe ixesha lakho ukwenza olu dliwano-ndlebe. Njengoko ububonile kulaa leta bendikuthumelele yona njengomfundi weeMastazi waseNelson Mandela University yaseBhayi, ndenza uphando ukuva izimvo zakho malunga namava akho kwiinkonzo ezixhasa abantu abadala apha eNtshona Koloni, ingakumbi kwingingqi yakho yaseKhayelitsha okanye eGugulethu. Ngaphambi kokuba ndiqhubekele phambili nolu dliwano-ndlebe ndingathanda ukukubuza le mibuzo ilandelayo:

DEMOGRAPHIC FORM FOR PARTICIPANTS INFORMATION

Ungathanda ndikubize bani ngoku sincokolayo?	Loluphi ulwimi olukhethayo ukwenza olu dliwano-ndlebe?	Ingaba ungowaseKhayelitsha okanye eGugulethu?	Ingaba uhlala ekhaya okanye eklabhini?	Mingaphi iminyaka yakho ngoku?
--	--	---	--	--------------------------------

- Njengoko bendikucacisele ke kweza fom zokunika imvume nokurekhoda olu dliwano-ndlebe, yonke into esiyincokoleyo ndiza kuyirekhoda ukwenzela ndikwazi ukuyibhala phantsi emva kolu dliwano-ndlebe. Igama lakho alizi kuvela kwinto ebhalwe phantsi. Ubukhulu becala ndiza kumamela wena uthethe njengoko inguwe umntu onamava ngalo mxholo sincokola ngawo. Masiqalise ke mama u...siye kwimibuzo yam; umbuzo wam wokuqala uthi:

English questions:

1. Tell me about yourself and where you are from originally.
2. What are the things you think older people need to help them grow old in a positive manner?
3. What are your experiences on services that support positive ageing in the Western Cape region (Gugulethu or Khayelitsha)?
4. What are the challenges that you are currently facing at home/your community while growing older?
5. What are the highlights that you think of when you talk about services that support your ageing positively?
6. Tell me about the things that you are involved in your community that enhance your well-being?
7. What support are you getting from your family, community and Social Service Providers?
8. What are your views on how the COVID-19 pandemic is affecting older people in this area?
9. How is the pandemic impacting your life? (Probe to elaborate more on access to health care, services, interaction with family and friends).
10. What has been done in your community to support older people during the pandemic?
11. What do you think can be done to further support positive ageing for people in your region generally and specifically during the pandemic?

IsiXhosa translation:

1. Ndicela undixelele ukuba uzalelwe phi na okanye usuka phi ngaphambi kokuba uze apha eKapa?
2. Ziintoni ocinga ukuba zidingwa ngabantu abadala ukubanceda bakhule ngendlela enesidima nephucukileyo?
3. Athini amava akho ngeenkonzelo ezixhasa abantu abadala ukuba baguge ngendlela ephucukileyo kule ngingqi yaseKapa iyiGugulethu okanye iKhayelitsha?
4. Yeyiphi imiceli-mingeni okanye iingxaki ohlangabezana nazo sithetha nje kwikhaya lakho okanye kwingingqi yakho njengokuba usiya ukhula mihla le?
5. Ziintoni ongandibalisela ngazo ozibona njengezinto ezintle ozicingayo xa kuthethwa ngeenkonzelo ezixhasa wena ukuba uguge ngendlela esempilweni nephucukileyo?
6. Kha undixelele ngezinto oyinxalenye yazo ekuhlaleni okanye kwingingqi yakho, ezincedisana nokuphucula impilo yakho?
7. Yeyiphi inkxaso oyifumanayo kwifemeli/kusapho lwakho, kubantu bengingqi yakho nakumaGosa ahambisa iinkonzelo eziPhuhlisa uLuntu?
8. Zithini izimvo zakho malunga nokuba iye yabachaphazela njani abantu abadala ikhovithi kule ndawo uhlala kuyo?
9. Ingaba ibuchaphazela njani ubomi bakho ikhovithi? (Ndiyibuzisise iparticipant nangakumbi kwizinto ezifana nokuba izibona ilufumana lula na uncedo lwezempilo, iinkonzelo zentlalo-ntle nezinye nje gabalala, kwakunye nokuba iyakwazi na ukunxulumana nefemeli kwakunye nezihlobo zayo).
10. Yintoni okanye ziintoni eziye zenziwa kwingingqi yakho ukuxhasa abantu abadala ngeli xesha lekhovithi?
11. Yintoni ocinga ukuba mayenziwe okanye enokwenziwa ukuphucula nokuxhasa nangakumbi abantu abadala ukuba baguge ngendlela entle nephucukileyo kwingingqi yakho ingakumbi ngeli xesha lekhovithi?

Conclusion:

- Xa siqukumbela ingaba uyive njani le interview okanye olu dliwano-ndlebe?
- Akukho nto okanye mibuzo mhlawumbi amazwi akuvise kakubi phofu?
- Yintoni ongathanda ndiyitshintshe kule mibuzo okanye ongathanda ukuyongeza xa ndibuza abanye abantu abadala?
- Okokugqibela ke mama u... ungathanda ukusifumana isishwankathelo seripoti yam ngeleta okanye ngephone call xa sendisigqibile esi sitadi?
- Enkosi ngexesha lakho ndakuphinda ndikukrwece xa kukho izinto endifuna ukuziqonda kule ncoko besinayo. **Bye...**

Appendix 6: Rec-H Amended Clearance Approval Letter

Chairperson: Research Ethics Committee (Human)
Tel: +27 (0)41 504 2347
sharlene.govender@mandela.ac.za

NHREC registration nr: REC-042508-025

Ref: [H20-HEA-SDP-003] / Approval]

2 September 2020

Dr A Keet
Faculty: Health Sciences

Dear Dr Keet

OLDER PERSONS PERCEPTIONS ON SERVICES THAT SUPPORT POSITIVE AGING IN THE WESTERN CAPE AREA OF KHAYELITSHA AND GUGULETHU

PRP: Dr A Keet
PI: Ms S Tshetu

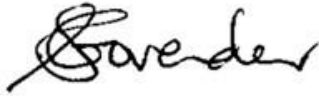
Your above-entitled application served at the Research Ethics Committee (Human) (29 April 2020) for approval. The study is classified as a medium risk study. The ethics clearance reference number is **H20-HEA-SDP-003** and approval is subject to the following conditions:

1. The immediate completion and return of the attached acknowledgement to Imtiaz.Khan@mandela.ac.za, the date of receipt of such returned acknowledgement determining the final date of approval for the study where after data collection may commence.
2. Approval for data collection is for 1 calendar year from date of receipt of above mentioned acknowledgement.
3. The submission of an annual progress report by the PRP on the data collection activities of the study (form RECH-004 available on Research Ethics Committee (Human) portal) by 15 November this year for studies approved/extended in the period October of the previous year up to and including September of this year, or 15 November next year for studies approved/extended after September this year.
4. In the event of a requirement to extend the period of data collection (i.e. for a period in excess of 1 calendar year from date of approval), completion of an extension request is required (form RECH-005 available on Research Ethics Committee (Human) portal)
5. In the event of any changes made to the study (excluding extension of the study), completion of an amendments form is required (form RECH-006 available on Research Ethics Committee (Human) portal).
6. Immediate submission (and possible discontinuation of the study in the case of serious events) of the relevant report to RECH (form RECH-007 available on Research Ethics Committee (Human) portal) in the event of any unanticipated problems, serious incidents or adverse events observed during the course of the study.
7. Immediate submission of a Study Termination Report to RECH (form RECH-008 available on Research Ethics Committee (Human) portal) upon expected or unexpected closure/termination of study.
8. Immediate submission of a Study Exception Report of RECH (form RECH-009 available on Research Ethics Committee (Human) portal) in the event of any study deviations, violations and/or exceptions.
9. Acknowledgement that the study could be subjected to passive and/or active monitoring without prior notice at the discretion of Research Ethics Committee (Human).

Please quote the ethics clearance reference number in all correspondence and enquiries related to the study. For speedy processing of email queries (to be directed to Imtiaz.Khan@mandela.ac.za), it is recommended that the ethics clearance reference number together with an indication of the query appear in the subject line of the email.

We wish you well with the study.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Govender', written in a cursive style.

Dr S Govender

Chairperson: Research Ethics Committee (Human)

Cc: Department of Research Development
Faculty Manager: Health Sciences

Appendix 1: Acknowledgement of conditions for ethical approval

ACKNOWLEDGEMENT OF CONDITIONS FOR ETHICS APPROVAL
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I, **DR A KEET (PRP)** of the study entitled **[H20-HEA-SDP-003] OLDER PERSONS PERCEPTIONS ON SERVICES THAT SUPPORT POSITIVE AGING IN THE WESTERN CAPE AREA OF KHAYELITSHA AND GUGULETHU**, do hereby agree to the following approval conditions:

1. The submission of an annual progress report by myself on the data collection activities of the study by 15 November this year for studies approved in the period October of the previous year up to and including September of this year, or 15 November next year for studies approved after September this year. It is noted that there will be no call for the submission thereof. The onus for submission of the annual report by the stipulated date rests on myself. I am aware of the guidelines (available on Research Ethics Committee (Human) portal) pertinent to the submission of the annual report.
2. Submission of the relevant request to RECH in the event of any amendments to the study for approval by RECH prior to any partial or full implementation thereof. I am aware of the guidelines (available on Research Ethics Committee (Human) portal) pertinent to the requesting for any amendments to the study.
3. Submission of the relevant request to RECH in the event of any extension to the study for approval by RECH prior to the implementation thereof.
4. Immediate submission of the relevant report to RECH in the event of any unanticipated problems, serious incidents or adverse events. I am aware of the guidelines (available on Research Ethics Committee (Human) portal) pertinent to the reporting of any unanticipated problems, serious incidents or adverse events.
5. Immediate discontinuation of the study in the event of any serious unanticipated problems, serious incidents or serious adverse events.
6. Immediate submission of the relevant report to RECH in the event of the unexpected closure/discontinuation of the study (for example, de-registration of the PI).
7. Immediate submission of the relevant report to RECH in the event of study deviations, violations and/or exceptions. I am aware of the guidelines (available on Research Ethics Committee (Human) portal) pertinent to the reporting of any study deviations, violations and/or exceptions.
8. Acknowledgement that the study could be subjected to passive and/or active monitoring without prior notice at the discretion of RECH. I am aware of the guidelines (available on Research Ethics Committee (Human) portal) pertinent to the active monitoring of a study.

Signed: _____

Date: _____

Appendix 7: Interview Transcript with Participant Number 5



Change the World

Participant: Hello.

Researcher: Hello *mama* (*participant - hello*), okay, we can start now, let me firstly introduce myself to you *neh?* (*Participant - yes*). My name is Siphokazi Tshedu here in Khayelitsha, I was once a Social worker at Ikamva Labantu NGO, and after I left Ikamva Labantu I became a Coordinator for students who are supported by MAD Leadership Foundation here in Cape Town. Thanks a lot for giving me your time to do this interview. As you saw in the letter that I sent you, like as we spoke, as a Masters student of Nelson Mandela University in Port Elizabeth I am currently busy conducting a research to hear your views and experiences on services that support older people in the Western Cape, more especially in the area of Khayelitsha or Gugulethu. Before I proceed with this interview I would like to ask you the following questions. How would you like me to call you *mama*? (*Participant – oh, I'm mam' uNontsikelelo.*) Alright *ke mama* no problem I'll call you mam' uNontsikelelo, which language do you prefer for this interview? IsiXhosa or English?

Participant: In isiXhosa.

Researcher: Okay *mama*, are you currently living in Khayelitsha or Gugulethu area?

Participant: I'm in Gugulethu.

Researcher: Alright, no problem *ke mama* I just wanted to check if which area you're living in in Khayelitsha but I hear that you are in Gugulethu (*participant - yes in Gugulethu.*) Are you living in a club or at home?

Participant: Eeh I'm currently living at home now that we are in COVID pandemic times, but I do have a club that I used to go to. (*Researcher - oh okay ke mama alright, so how did you attend it? During the day or how did it work? Can you please explain more about that?*) We used to wake up in the morning and go to the club around 09:00 am, stay the whole day in the club and then at 4 pm we return home.

Researcher: Oh, okay *ke mama*, how old are you this year?

Participant: I have 81 years of age this year.

Researcher: Oh alright, okay *ke mama* so as I explained in the consent letters to record you that I sent you, everything that we will talk about will be recorded so that I can be able to write it down after this interview. Your name will not be mentioned or identified anywhere in the transcript. Most of the time you are the one who is going to speak more and I will listen less because you are the one who has an experience about the theme of our conversation. So *ke mama* don't have a problem if you notice me quiet, I'll ask you a question and then listen on your side if what do you say since you're the one having experience about what we will be talking about. So can I start with my questions *mama*? (*Participant – yes you can start asking questions, but don't ask them at once because we older people forget easily.*) Okay *ke mama* no problem I will do so, yes. Okay *ke mama* (**first question**) can you please tell me if where are you originally from before you came to Cape Town?

Participant: Eeh I am a woman who was born in Cape Town; my father and mother were residing in Cape Town but we are originally coming from Kensington. Eeh as you know we're living in different places but as for now here in Gugulethu we are coming from Kensington, my parents; but currently I live alone in my house.

Researcher: Um-u alright *ke mama* thanks a lot. So (**question two**) what are the things you think older people need to help them grow old in a positive, dignified and respected manner?

Participant: Eeh there is a lot that I can say but *ke* we are living in our houses with children and grandchildren. Now you know living with children who makes a division/crack because as older people we're no longer cared for by children. Children are always busy all the time. Some older people, I'll talk about older people, they don't have people that can assist them, like take care of them at certain time, giving them medication or food at certain time. Then you find out that it is not right, so an older person for instance if he/she goes to the clinic you find out that there is no help she/he receive. Sometimes an elder wakes up without taking a bath and have odour in his/her nose. Now, we are enduring such things because it's not nice. Some older people are being physically abused by their children, they live in misery, but because he/she is an older person there is nothing he/she can do. We are enduring such things, in some homes children are smoking tik, they smoke drugs and then now you find yourself living in fear all the time you are not happy. But *ke* we endure that since there is

nowhere that we can go to. That's why we feel happy when we live in places such as the clubs. We enjoy a lot being in the club because there we receive a day meal, you get a cup of coffee, you eat lunch and come back home satisfied even if you didn't get anything at home because you got food in the club. So, we thank the White woman called *Helen* who usually comes take a good care of us. Even now we no longer go to the club she is taking care of us, because she thinks that we get hungry. We endure such things *ke* but even the government issues out food parcels even though not all people access those food parcels. They does not reach everyone, even those who receive them they fight/hijack that food without order and this makes other elders not to benefit. There are parents who can't walk and it's difficult for them to reach these food parcels. If according to my will, there can be a way of transporting older people to the stations that have pills, which can be good. Yes there are ways done to make pills reached nearer by the older people such as accessing them in the church; but what's the use of taking them from the church if you don't have someone who can fetch them for you? Or he/she fetches them but don't give you in the house. You are hungry you didn't eat anything in your stomach, so it's things such as those. That's my explanation about the inequality between children and older people. I'm not sure if I must stop there, there is a lot that I can talk about.

Researcher: Okay *ke mama* thanks a lot about this information you gave me, I've heard that you mentioned different problems faced by older people and now you are advising that it can be better if older people can be taken care of, even those who are bedridden or can't walk must be assisted with transport which will transport them to those places.

Participant: Yes, they must be transported to the clinics, you see? People who can't walk should be transported to the clinics. If a plan like that can be done maybe it can be better, people to be transported to the clinics during their dates of receiving pills. Then *ke* at home it's very difficult, that's why I'm saying I wish that even if it's not a '*home*' (old-age home) if there was a place, for instance the White people have places that are built for them where someone live in his room. Where there are people hired to take care of them. People who takes care of older people, because people are hired but become careless with older people, and some elders struggle as a result of that poor care. I wish there should be a place where older people can reside in, and being cared for. So that health things that should reach them can be accessed on time. There is nothing that we survive about except pills. We live by pills. So if such things can be

in place, some people miss these pills because they are unable to walk and get them in the clinics. There is no one who supervise and reminds you that you must take pills. We also live in a situation whereby our children use/abuse drugs which makes you find out that you are at risk while you're in your house. But I hope these things will end because God is helping us, do you understand my child? (*Researcher - yes mama I understand.*) We don't sit well in our homes as a result of our children. Yes they are our children but they don't behave according to the way we know. (*Researcher - okay ke mama I've heard you mention an issue of 'home' (old-age home) that you would like elders to go to them. Are there any places like that in Gugulethu?*) There is a 'home' (old-age home) here in NY1 but people complains about it. There is a 'home' in NY108 but that 'home' is right but it needs someone who can do all for him/herself. Someone who can cook for her/himself, someone who can do washing for him/herself. There are washing machines and places that you can put your food in; it needs someone who do that. If you run out of pay that 'home' have low rent. Now, the rent has increased and the one in NY1 takes everything you have, you don't get your money or they take your money to do things that we don't know about. The one at 108 had increased its rent as well it's around seven. Do you see that it reduces that pension grant? You don't get left over money to buy fruit or nice things as older people. For instance if you want something nice you don't have any money to buy it because all your money ends there. So it as well have problems, you see? It takes all that money and it doesn't have right food for older people. Older people eats bread all the time, good food is absent. There are places such as...I'm not sure if I can name these places, like cottages, where White people live under the supervision and care of someone. Where everything is easily accessible, pills etc. etc. where they wear their clothes freely, here you find out that they even take the clothes you are wearing. If it seems nice they take it. (*Researcher - um-u how do they take your clothes ke mama?*) Yes, they take clothes like today I'm at the 'home' and then a child brings clothes that are of good quality. For instance, in some mother they took her church clothes, you see? They take church clothes. Because you no longer go to the church you are at the 'home' so these are the things that I think they shouldn't be happening. Even if the government gives us things, some people get them and some don't benefit. You find out that some people say they received something but you didn't. I won't lie to you the club that we are at, the one called Nombasa is recommended, we received everything, even if you return home and there's no food you, you can just drink a cup of tea as you

know that you ate something from the club, do you understand? Even now that we are at home they take care of us. They send grocery, milk, tins of fish, we receive everything from Nombasa. Everything, tea coffee is present that we get from Nombasa. From the one that are coming from government, you find out that there are four people who receive grocery, in a street of maybe fifty people. If you're lucky you receive rice, mealie-mealie, and fish oil. I believe you cannot only get these from the government. The government issues more but they end up only to those people who distribute them. They don't land to the hands of people that were supposed to receive them.

Researcher: Okay *ke mama* thanks a lot, and now you've also touched the next question I was going to ask you, about your experiences on services that support older people in your area (**question three**) to make sure that they live a respected, dignified and positive life as they grow older? So in your response I've heard you mention that old-age homes are available but now there are complaints that you have. According to your experience, places are available but they don't treat older people the way you thought they should. You mentioned that you also receive blankets but they don't reach everyone in your area.

Participant: Yes... In such a way that there was a mom from one of the old-age homes who came into our club to get something to eat, for her to receive breakfast in the morning and lunch, a full meal. We took from our food as the members of the club as we knew her situation so that she can also have supper when she gets to the old-age home instead of eating slices of bread. I mean what can an older person benefit from that thing? You see? Which is not nice even to us that don't stay in 'home' (old-age home). Even if you are at home with these children who mistreat you, you rush to go out and be at 'home', you can't because you know how 'home' is, you know? And a 'home' is a place for older people. Older people live in their homes hoping that it will be alright, but no *maan* we are being mistreated and there is no place of safety to go to. It's very sad, people could not receive their things that they are entitled to. At least now things come closer to us but still only few people benefit. I can no longer walk, so I send children to collect food for me. You must have a transport fee which will fetch and bring you back home. Those are the monies that we don't receive from the government. The money that we receive from the government is less because we have to rent, and pay electricity and water. You understand? All of those monies come from the government money, and in addition to that the government issues out things and

take them back to him. (*Researcher - if you don't mind mama how much money do you receive from the government?*) It's one thousand seven hundred and something, but I have someone who assist me to reach two thousand, me since I cannot walk. I have someone who help me. (*Researcher - okay ke mama so how did you get the money for the person you're saying that he/she is assisting you? Do you also apply for it?*) Him/her as well is from SASSA because you must show them all your things including the rent card, and then SASSA sends you to the clinic, and the doctor have a right to evaluate if you qualify to receive this money or not. So, I had a luck of qualifying for that money from that doctor. (*Researcher - oh so not every older person benefit from it?*) No because it belongs to people that struggle to walk, but people receive it sometimes, in a sense that there are grannies I told about this. Luckily, some of them received it. (*Researcher - um-u how did you hear about this money mhakhulu?*) I was helped by the hearsay that there is this money, and then I decided that I must go there as well. Therefore, SASSA did an application form for me. I then took that form to the clinic, and then the doctor the moment I entered his room he saw that I have a right for this money and he didn't ask me further questions. He saw the manner I was walking that it's not a condition that can allow me to do things by myself. Then he assisted me, and I went back to SASSA who was the one who did everything. There are certain forms to be written in order for you to get it.

Researcher: Okay *ke mama* thanks a lot, you've touched on everything that you face in the community, all the problems that you encounter, and also came up with advices of how would you like these problems to be fixed. Eem, now *mama* I would like you to explain for me if (**question four**) as we speak what are the challenges that affects you straight in your home? What challenges do you face?

Participant: Eeh here in the house, me, if I could ask government to send his people to come and monitor these children. There must be someone coming from other place to talk with these children because I've spoken with them until my husband left in 1991. I live within a vicinity of drug use, they smoke drugs (*with crying voice*) I can't do anything, but I'm enduring that because there is a phrase which says, "*There is no dustbin to throw away a child.*" I live with the people that smoke drugs, friends enter my house as they please, they smoke drugs, and that is something that I like. I live with *invubu* (for a lack of a better translation/word we will say *shambok – isabhokhwe.*) I chase and chase, even now that there is this pandemic I live with this '*mvubu*' and I sit near the door for beating these children. They come in my house via my children

who smoke drugs. But in all of that I thank God for giving me power/strength to be strong. I usually tell these children that you won't enter here because I don't sell drugs. I grew up without selling drugs, and I've never sold this thing called alcohol. Ever since I worked in a club, working for these children to *ukubolusa* (sent them into initiation school) and done everything, but the drugs that they use, they pass beyond my control. But God is still with me I'm still able to survive, even in the club I'm able to chat with other parents and tell them about my children. Even in the church I chat about my situation of living under the use of substances. Most children who smoke drugs kill parents, and I don't wish to end in that situation as well. To be killed by my children or by my grandchildren who smoke substances. (*Researcher - um-u so now mama, yes I hear the pain that children are using substances in front of you, are there any things they do to you which makes you feel uncomfortable?*) Their habit after smoking drugs is to make noise and sometimes shout me, and I tell them that, 'you are abusing me'. They shout me. There is this one who was injured in a head and received a grant for head injury. But now he seem to be psychotic. He shouts and swear and swear, so I endure those swearing words. A child who smoke substances as a parent you find difficulty to communicate with, because we are the form of older generation parents, and we never respond/answer our parents like the way nowadays do. I see that these drugs have effect on this behaviour, and we never done these things they do. But they never raise a hand to me, their only habit is to fight alone, and sometimes end up under those battles and sometimes fall down because I don't have energy. I'm no longer having energy. But I'm still living with them. How long their father left/died? 1991! All these years I live with these children, they are unemployed and I'm the one who makes ways of living using my old pension grant. Do you see that? My granddaughter who is a girl tries to assist me. She have two children that she must also take care of, the other one is doing grade twelve and the other one is doing gradeten. You see? I live that condition of 'enduring' it's enduring which helps me. I don't know about them, you understand *mos* something you don't like you won't like it in anyday. The manner they do things is far closer to the way your parents raised you using. In my home I grew up as a single child but I've never done funny things. I've never done funny things to my parents, in such a way that my parents died in peace. I buried my mother well, I buried my father with no hassles but my children I don't even see the way of burying. Another things which alarms/worries me is that if I can pass away how will I be buried in this small pension grant I receive from government which needs me to buy food and the

funeral schemes if you bury will tell you that the money is finished. We don't need even those funeral policies now, and the government is no longer burying people which also makes someone confused because I ask myself that if my children can die how will I bury them? You understand? But in all of that you endure. It's very painful my child, it's very painful the life we live as I've explained to you. Our children gives us painful life. But the Xhosa phrase says that, "In endurance there is no reward." But then we still endure, because we appreciate people such as you. People who do things such as this one you're doing. I'm thankful for that. Maybe after this interview I'll sleep a peaceful night. It's not nice my child and it doesn't seem like it will be nice again. But we ask government to help us since we can't walk. There are people who don't receive government people who make rounds and check older people.

Researcher: Okay thanks a lot *mama* for opening up and share your experiences and by trusting me as a researcher. Okay *ke mama* I ask you now to **(question five)** you've explained *mos* about everything bad happening in your home and in your community, but now is there anything that you can say it goes well at home, like ABC can be counted as good thing. And also mention the positive things done in the community for older people. (*Participant - in the community?*) Yes. (*Participant - services that are done for older people?*) Yes *mama*.

Participant: I don't know anything in the community, it is the things that end up nowhere. The government issues out things but not all people receive them. He can't help it because he issued them out to be given to the people but people give only to their preferred beloveds. The only thing that I'm thankful for, I'm not sure if it's from the government, it's this place that takes us out as older people. We are sent to Table Mountain and other places, so I'm not sure if he/she is a government or what. That I can commend/complement. (*Researcher - where is he/she? Is he/she in the club?*) Yes it's a club. They help people to be happy and take us out in the morning then afternoon take us to the water. He/she takes care of us *et cetera*. That makes you feel that in your youth days you used to come to these places but now you are no longer a youth who comes here. We applaud such services but as for the government he don't do such things. He only issues food parcels which ends up on few beneficiaries. Otherwise we are living in happiness. There is this place called Ilitha Labantu before I forget it. It is situated here in Twenty Two. It cooks, and unemployed people go there with their lunchboxes to get free food. He/she also cooks for people but unemployed people goes there to get food at Ilitha Labantu. (*Researcher - okay ke mama I hear*

that you say they cook food, and you mentioned that you are unable to walk, so does people who can't walk benefit from that food?) Eeh the people who are unable to walk like me, I for instance was eating in the club. The woman living at Eleven Street gives me some portion she got from Ilitha Labantu. She is an older person but can walk. So, she goes to Ilitha Labantu, and in the past month she came in my house and heard that I'm suffering from this and that. After she heard my struggles she took my lunchbox and said, "I'll go there and register your name." So that woman brings my lunchbox as well. She sends children to bring me my food. I get everything prepared by Ilitha Labantu, whether it's a samp and fish, spaghetti and fish, or rice with potatoes and meat I receive whatever they have cooked. Eeh it's not only me who benefit but the whole location goes to Ilitha Labantu. Women and everyone who is unemployed goes there. There is also another place which distributes bread. However, I won't mention it because it's on and off, you get or don't get that bread. You get it today and don't get it tomorrow. And you don't complain as a hungry person, you can't go and demand something that you don't own. I'm always thankful of everything I get them because there are times whereby there is not even a bread here. Where I end up eating maize-meal *pap* and cooking oil. Otherwise it's very hard, it's very hard; the hardship has crossed the line/bar. Another thing that I mustn't forget is neighbours as someone who can't do anything. They appear from next door or sometimes appear somewhere, and they know my hardships. If my grandchild is at work I'm staying at home alone they send me a plate of food, or someone sometimes even send a cake. Or wakes me up for *pap* as a person who sits in one place. (*Researcher- mhh, wait kemama is there anyone who cooks for you at home or how do you do?*) Here in the house food is cooked by great-grandson. This boy child cooks full-meal and serve me to eat with bread. After he came back from school he cooks for me and do a cup of coffee. Other meals are prepared by neighbours, yes. (*Researcher - okay ke mama thanks a lot.*) In such a way that my arms cannot be lifted, and this great-grandson lifts me up. He wash and helps me to wear clothes because my arms cannot be lifted up. (*How old is this child mama? Or which grade is he doing now?*) He is doing grade twelve now and he is a fifteen years old. He is the one who does everything that I'm telling you. He cooks on Sundays and serve everyone. He is taking a good care of me. He takes my bucket and throw it away before going to school because the toilet is there far away, as if he is not a boy child. I'm thankful to God about him. Yes, by the time our children were born this is a grandchild. (*Researcher - um okay ke mama where is his mother?*)

His mother resides with us but she is at work most of the times, but her child is taking care of me. If I ask something to eat, coffee or anything he does it. But when he was not here the neighbours help me. I live with good neighbours. My neighbours never miss a day without checking me. Even if they hear a noise they come to check very fast and speak with these children if they are doing silly stuff. I live that life *ke my child*, thank you.

Researcher: Okay *ke mama* thanks. So, I would like you *ke mama*, you've explained everything I asked, but can you please (**question six**) tell me about the things that you are part of in the community or in your area? Things that assist your life, what are they? Things that you can say you're part of them. If there is something in the community they call me to be part of it?

Participant: Now that I'm in this condition there is nothing much I do. I do prayers and console people with prayers. As someone who is unable to walk I support someone who is mourning for death by being present. Yes, that's the only thing I do otherwise there is nothing much I do.

Researcher: Okay so *mama* can you please (**question seven**) tell me about the support you receive from your family, community or service providers which supports you? (*Participant - support such as?*) Any support that you receive as an older person. For an example you mentioned that at home there is someone who supports you, your great-grandchild is doing grade twelve. So you said he supports you by all means. Your family. You also mentioned that your neighbours assist you in the situation that you currently at now. So, what else, what is the service that you can say you're getting from service providers?

Participant: No, for now there is no one offering me a support except my neighbours. It's nice to live well with neighbours, otherwise except them I don't receive other support in the community. Or sometimes any person thinks of me. My family passed away. The only people who supports me is my neighbours. I don't have a brother or sister, I was born alone.

Researcher: Okay *ke mama* thanks, so I would like us to talk about the time we are at, COVID time because you said that you're no longer going to the club as a result of this COVID, (**question eight**) so now *mama* what are your views and how it affects them in the area that you are living in?

Participant: *Eyi* in the area that I'm living in there is no one who passed away as a result of COVID, in this area. As older people we live indoors, and now I've received

my injection (*jab*) for this vaccination happening. Tomorrow the 13th I'm going to take another injection. Yes, the 13th of this month. Tomorrow is my second needle. I forgot to mention something that pained me done by some of my grandchildren. The children raised by me lost their mother. They are living in these shacks. That pained me, and sometimes you don't understand it but I notice that it aggrieved my heart. They had a fight which ended up into court. That pained me because one of them is going to the court. I'm sitting here *ke* and I can't go to the court. It pained me to see my son's children to fight like that. In such a manner that they ended up in court, whereby as a parent you have a financial burden of paying a bail fees. I issued out five hundred money to bail a child but if he was working I was not going to do that, but now that he just got employed he is imprisoned. I decided to give away my five hundred rand so that he can go back to work and go now and then to the court appearing's. I've never went to the court appearing's because I'm unable to walk. It pained me my child I want to say this, because even in the night when I go to pee (*participant - crying and pained voice*) my heart becomes painful. The quarrels made by my child's children pained me a lot but I plea God not to make this a way that will end my life because my heart is not happy. When I introspect this I've never experienced such thing before, do you understand my child? I'm sorry for sharing a thing that you did not expect (*researcher - no problem mama*) it pained me. I feel pain my child but I urge God not to allow this as a way that I'll leave this life with. Incident of fighting children who injure each other and end up in court. It's not nice my child, at this age of life. (*Researcher - be strong mama because there are children's things which you can't be able to control, you see? And now you as an older person you like your children to be happy all the times. So you need to feel the way you are feeling now.*) Yes, my child at this age this thing is wrong, I've never heard it, but I said I must vent out how I feel about this. This pained my life but God is the One who will see a way out in this situation. Because even in those courts I won't go there. I'm pained in this chair that I'm sitting on. I must look after my great-grandson.

Researcher: Um-u okay *ke mama*, thanks a lot for trusting me and share your painful experiences. *Mama* now can we please proceed to the next questions or? (*Participant - yes we can proceed my child, no proceed. I just thought that I must vent out my feelings, it is not nice. It's not nice my child but if you have many questions to ask, ask me.*) Alright, okay *ke mama* no problem (**question nine**) how does this COVID affect

your life?

Participant: Yes the COVID is not nice because it kept us locked indoors, but *ke* that's how things are. The government said that stay indoors, wear a mask, wash your hands all the time, and don't go to the public mass gatherings. But *ke*, we are enduring maybe this is what is going to help us. We are following the government's rules. We are meeting him halfway because he is also in pain the government himself for people we are. He is helping us. But there is nothing we can do. We are praying to our God to show our President a way. We are old now and we stay indoors.

Researcher: Okay *ke mama* (**question ten**) can you please tell me the changes that you have noticed in your life due to COVID? For instance you can say that before the COVID pandemic things were like this and I was doing these activities but now that its COVID time things have changed, ABC is not going according to the way it was before. What things you can mention such as those maybe?

Participant: I was able to receive things while I was able to walk with my feet, you understand? So now I don't receive some things. Now, there is this guy who resides from 147 who came and knocked at my door. He said that he is sent by his mother to bring pen to pack, do you understand? I was so grateful for that, in such a way that I still want to send my boy great-grandchild to go and thank Nokuzola for me. I'm thankful for thinking of me, maybe she thought that, "*Eyi* this woman must be in need of this." So, it's things such as those whereby you thought I must plea him/her.

Researcher: Um-um, okay it's good that you still get a support during this COVID time. I would like to hear about the things happening in your area (**question eleven**) if what are the things done for older people which supports them during the COVID-19 time? (*Participant - in my area?*) Yes, in your community to assist people during this COVID?

Participant: No there is nothing happening in this area, benefitted by four people. But four people receive meali-meal, rice, flour, fish oil which they received from the government. So, I'm saying that except those things I noticed that my name was registered as well. However, I was refusing to receive these four things that I have counted. Yes. They were coming from the government, and they said that your name as well appears in the register.

Researcher: Oh okay alright, aam let's proceed to my last question (**question twelve**) what do you think can be done to further support positive ageing for people in your region, generally and specifically during the pandemic? Or to keep them safe during this COVID time? Your advices or recommendations?

Participant: You know my child during this COVID time some other older people who were working has been suspended at work. Now, you know Black people, there must be something to be done, maybe food parcels to be distributed to the people. They must be delivered door-to-door because some people are unemployed. They stopped working, it's hard. Even things such as rape have elevated in numbers. Like things such as water problems *et cetera*. Those are the things that could be done for the benefit of people. Otherwise, all the things government delivers in his way he does it even if they are inaccessible to the people, he does help people in his way of helping. But things such as food parcels seem to be reaching this area but not to be given to 'oohlohl' ezabo' (self-feeders). There are families who really struggle in such a way that I sometimes feel like donating from my food to them. To the needy. You see? There is a child who was born by the great-great-grandchild of my child. This was living alone while his grandchildren was in Hospital. While in Hospital, he was left with his sister's child of about five six years. He sometimes don't even have electricity and food. You see? So if food can be delivered door-to-door them as well can benefit. Because, I for instance had to cook and take some portion to that child to eat. Because his mother is lying there in TB Hospital. So, things such as those should be checked by the Government.

Researcher: Um-um, okay *ke mama* alright thanks a lot. We are concluding now. So, as we are concluding our chat I would like to know about your experience for this interview? How did it make you feel?

Participant: It made me feel very happy my child. It made me feel very happy our interview, because some of these things we don't speak about them. We don't get a platform that we can go and explain the information you were looking for. All these things you have asked we don't get a platform to talk about them. To talk about the well-being of a person it's rare. So, I'm very happy about this even though I don't know where this information I vented out is going to. I don't know where this information is going to but I'm venting out as you explained so. Yes, I'm so happy.

Researcher: Um-u okay *ke mama*, so are there any questions that hurt you during our chat? (*Participant – which pained me?*) Yes, by the time I asked you these questions.

Participant: No there are none my child. I felt good for getting a platform to vent out my pains and feelings. You know? It's very rare to do what you have done today, it's very rare. I've never saw it, I've never experienced it to speak about my problems to someone. So, it's very good. I see it as a good thing that you have done. I wish that it

can go to a place that you can read and listen to it. After you have done that there must be something you do about us. I thank you a lot my child for thinking about granny on this. Because I'm a busy granny. To be busy is my thing. There was nowhere I could go to but God sent you to come closer to me. Thanks my child, thanks a lot.

Researcher: Okay *ke mama* I thank you as well for your time. Now I hear *mama* saying that there is no question pained you, but is there any question that you think I can add because I'll interview other grannies, so is there any question that you think I can add when I ask them?

Participant: Eeh no you've asked them all. You've asked me well, and I answered very well the social well-being matters. Things that I also wish them to be done. But, as for now you've asked everything so well. I was happy for everything. You made me feel happy my child. You made me feel happy. It was good for me to also touch a matter of these children of mine who always fight each other, which I don't know how I will solve it. But, there is someone who we send our problems to – God fixes our things in His way.

Researcher: Um-um, okay *ke mama* lastly, now that we are done with this interview I will speak with my supervisor. Then I will compile a document, in this document because I will interview many grandmothers and grandfathers, so after that I will compile a document that I've received this information from Gugulethu and Khayelitsha grannies, and found that ABC is happening in grannies of these areas. And then after I've received all that information, would you like to receive the summary of my report via phone as I did now or you would like to receive it in a form of a letter?

Participant: Yes, we are many but I would like to receive it in a form of a letter so that I sit down and read it as I'm sitting on this chair. I can appreciate a letter my child. Yes, as I'm hearing my ears become weak to listen but so far I've heard all the things you spoke. It can be well if you write me a letter. If that's not a problem...

Researcher: Um-um, okay *ke mama*, no that's not a problem. I will do that, after I'm done conducting the study I will contact you again. (*Participant - okay my child okay*). Okay *ke mama* thanks a lot for your time (*participant - thanks sisi thanks a lot in everything you have done*). Bye, bye. (*Participant - bye, bye, bye...*)

Appendix 8: Declaration of language editing and proofreading



Editing Certificate

This certifies that editing services were rendered to:

SIPHOKAZI TSHEFU-MAVIMBELA

FOR THE THESIS: OLDER PERSONS'
PERCEPTIONS OF SERVICES THAT SUPPORT
POSITIVE AGEING IN THE WESTERN CAPE AREA
OF KHAYELITSHA AND GUGULETHU

CC

Chengetai Chikadaya, Editor

Cell: 079 788 30 64
Email: tweaks@conceptafrika.com
Website: www.conceptafrika.com

Appendix 9: Confirmation of independent coder's report

19b Jakaranda Street
Parel Vallei
Somerset West
7130
11 October 2022

The Examinations Department
Nelson Mandela University
Port Elizabeth
6001

Dear Sir/Madam

RE: LETTER OF CONFIRMATION – INDEPENDENT CODING

This letter serves to confirm that independent coding was conducted at the request of Ms Siphokazi Tshetu for her study entitled "**older persons' perceptions of services that support positive aging in the Western Cape area of Khayelitsha and Gugulethu**", in fulfilment of the requirements of the MA SW (Research) Degree at Nelson Mandela University. This service was undertaken during August/September 2021.

For further enquiries, kindly contact the undersigned.

Regards,



Dr Mmampho KB Gogela-Smith
Cell Number: 066 306 8608
Email: mmampho.gogela@gmail.com

Appendix 10: Gatekeeper's approval letter for data collection



📍 Hills Building, Buchanan Square, 160 Sir Lowry Road, Cape Town, 7925 | ✉ PO Box 165, Cape Town, 8000, South Africa
☎ : +27 21 461 8338 | 🌐 www.ikamva.org | @ info@ikamva.co.za

The Examinations Department
Nelson Mandela University
Port Elizabeth
6001

Dear Sir/Madam

RE: LETTER OF CONFIRMATION APPROVAL TO CONDUCT INTERVIEWS WITH SENIORS AFFILIATED TO IKAMVA LABANTU CHARITABLE TRUST

This letter serves to confirm that approval was given to Ms Siphokazi Tshefu , on the 11th March 2021, to conduct interviews with seniors affiliated to Ikamva Labantu Charitable Trust -Seniors Department for her study entitled '**Older Person's perceptions of services that support positive aging in the Western Cape area of Khayelitsha and Guguletu**'

For further enquiries, kindly contact the undersigned

Yours faithfully

A handwritten signature in black ink, appearing to read 'Lulama Sigasana'.

Lulama Sigasana
Programme Manager
4 November 2022

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