

The demographics of ageing in South Africa

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THE WAY OUR POPULATION IS AGEING REQUIRES OUR SERIOUS ATTENTION

From 2015, South African males who made it to the age of 60 could be expected, on average, to reach the age of 73.5. South African women reaching 60 could potentially live to 78³. Note that these estimates have been based on the average quality of care this population has experienced up to this point.

But, as we shall soon see, that quality of care has differed radically for different segments of the South African population. ‘Average’ expectations for South Africa are relatively meaningless as a consequence.

When compared with global standards, South Africa is classified as being in the intermediate stage of ageing⁴ – a classification that masks a serious reality for South Africa’s elderly. According to Statistics South Africa, because this ageing process is taking place at a faster rate and within poorer socio-economic conditions than the developed world, the consequences may be more problematic.

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Population ageing trends

The tables below show how South Africa’s population ageing trends compare with those of other countries and regions.

Table 1: Population ageing trends in SAGE sites, 1950 to 2050

Country	Percentage of population aged 60 years or older				
	1950	1975	2000	2025	2050
China	7.5	7.2	10.2	20.2	33.9
Ghana	4.1	4.5	5.2	7.2	11.9
India	5.4	5.6	6.7	5.2	7.2
Mexico	5.4	5.6	7.5	14.2	25.8
Russia	9.2	13.6	18.5	24.0	31.2
South Africa	6.0	5.2	5.9	10.5	14.8

Source: World Health Organization. 2011. WHO Study on global AGEing and adult health (SAGE).

Table 2: Population ageing trends in southern and South Africa, 2000 to 2020

Region or country	Year	Percentage of ageing trends, by age (in years)		
		50+	60+	70+
Southern Africa	2000	12.4	5.9	2.1
	2010	14.9	7.2	2.6
	2020	16.9	9.2	3.5
South Africa	2000	12.7	5.9	2.1
	2010	15.4	7.4	2.6
	2020	17.7	9.6	3.6

Source: World Health Organization. 2011. WHO Study on global AGEing and adult health (SAGE).

What these statistics don't tell is a far more complex story about ageing in South Africa. This is what we flesh out here.

Lifestyles and longevity

The surprising story for longevity is that genetics counts for much less than we would have been led to imagine. High school students have come to understand that their parents' height is likely to explain as much as 90% of what their own height will be. But, according to James Vaupel at the Max Planck Institute for Demographic Research, genetics and family histories probably explain only 3% of our own personal longevity. Dr Sebastian Kalula at the Albertina and Walter Sisulu Institute of Ageing in Africa believes that number could be higher, as much as 25%, but it is still significantly lower than most people understand. What this means is that it is lifestyle choices (or circumstances) that are likely to have the greatest impact on how long we live. Factors such as income, education and access to healthcare and other services will have a significant impact on the ageing experience in South Africa. Because of historical inequalities in these areas that were enforced along racial lines, this will result in different challenges for different sectors of the population as they get older.

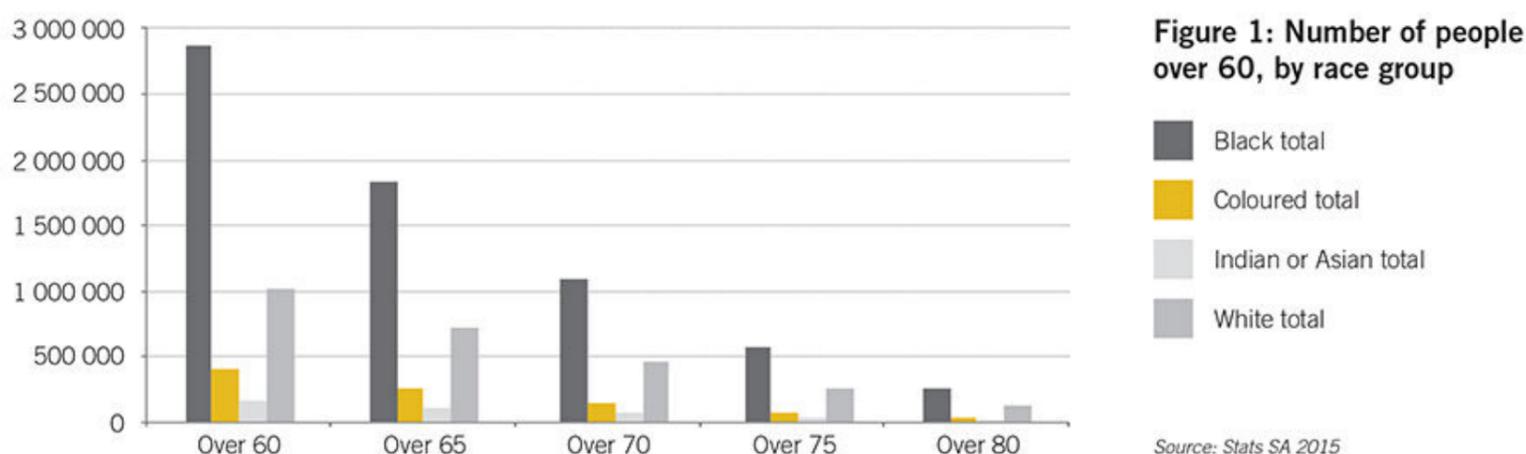
It might seem decidedly retrogressive in this post-apartheid world to continue referring to race. However, the reality is that our **differentiated histories, day-to-day lifestyles and family dynamics provide the most powerful explanation for how South Africans will continue to experience the ageing process, at least in the near term.** Because of our past, these dynamics are closely linked to how different race groups experience ageing today, and we therefore use them to examine the phenomenon of ageing in this section.

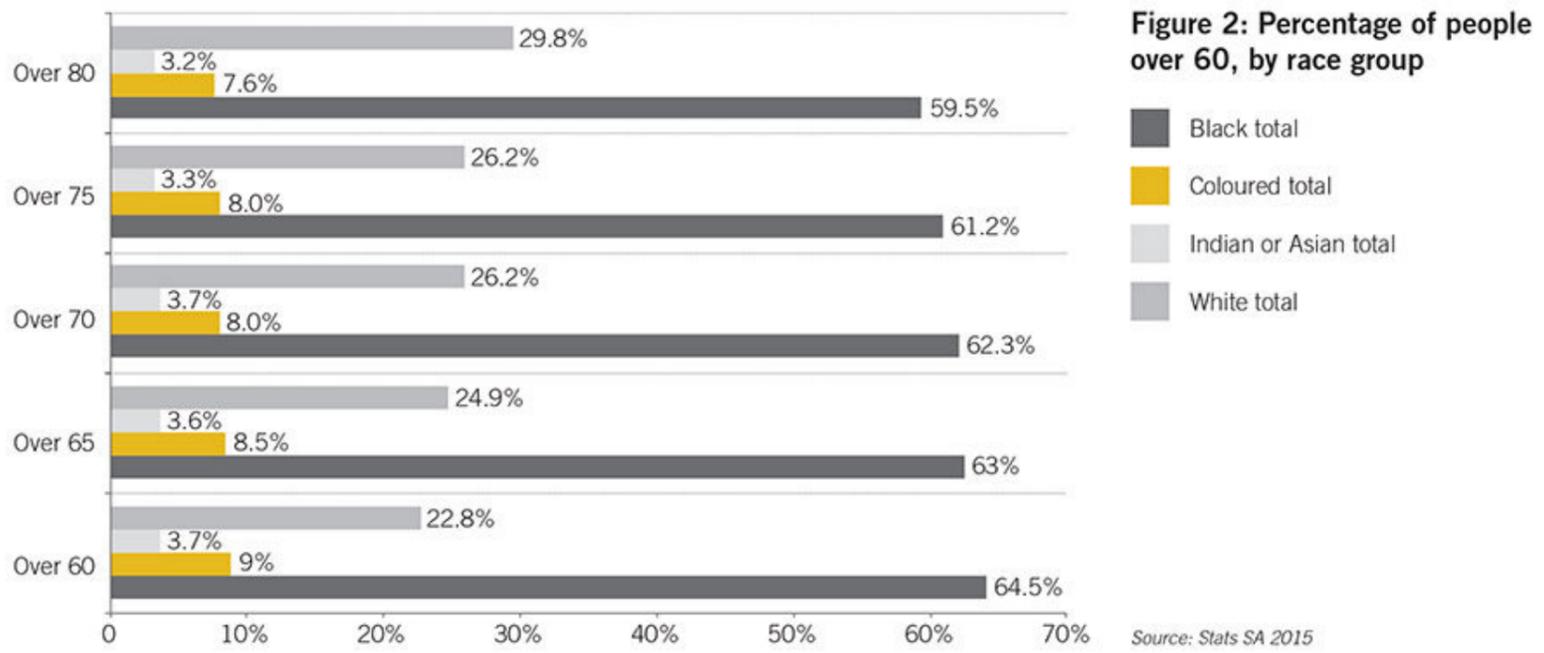
While it may seem self-evident that marginalisation and limited access to good health facilities for specific groups played – and continue to play – an important role in ageing, the World Health Organization's study on global ageing and adult health for South Africa points out that we still have a limited understanding of the magnitude, patterns, dynamics, social determinants, and individual and societal impacts of ill-health in older age⁵. The need for better research here is becoming critical.

What we know

- > The highest impact of ageing is in populations where social and economic hardships are greatest, and where poverty and HIV/AIDS have the greatest impact.
- > Currently, black South Africans (male and female) have been dying at a younger age than any other group.
- > Rural provinces, where access to healthcare and services for the elderly may be minimal, have higher proportions of poor elderly persons than urban areas⁶.
- > At the same time, we are seeing an alarming increase in the incidence of diabetes, heart disease and stroke, which are effectively lifestyle diseases. This is particularly prevalent among affluent sectors of the population (see a discussion of this in *Benefits Barometer 2016: 'Benefits models fit for South Africa'* What are the main causes of NCD's).

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The ageing experience is – and will be – different for different population groups

We've said that our experience of ageing is largely determined by lifestyle factors, which are a product of our income, education, and access to services and economic opportunities. In the past, access to such opportunities was denied to the vast majority of people on the basis of 'race'. The impact of this history still lingers in the data. Understanding the impact of longevity in South Africa must take into account the differential historical experiences of different population groups in South Africa.

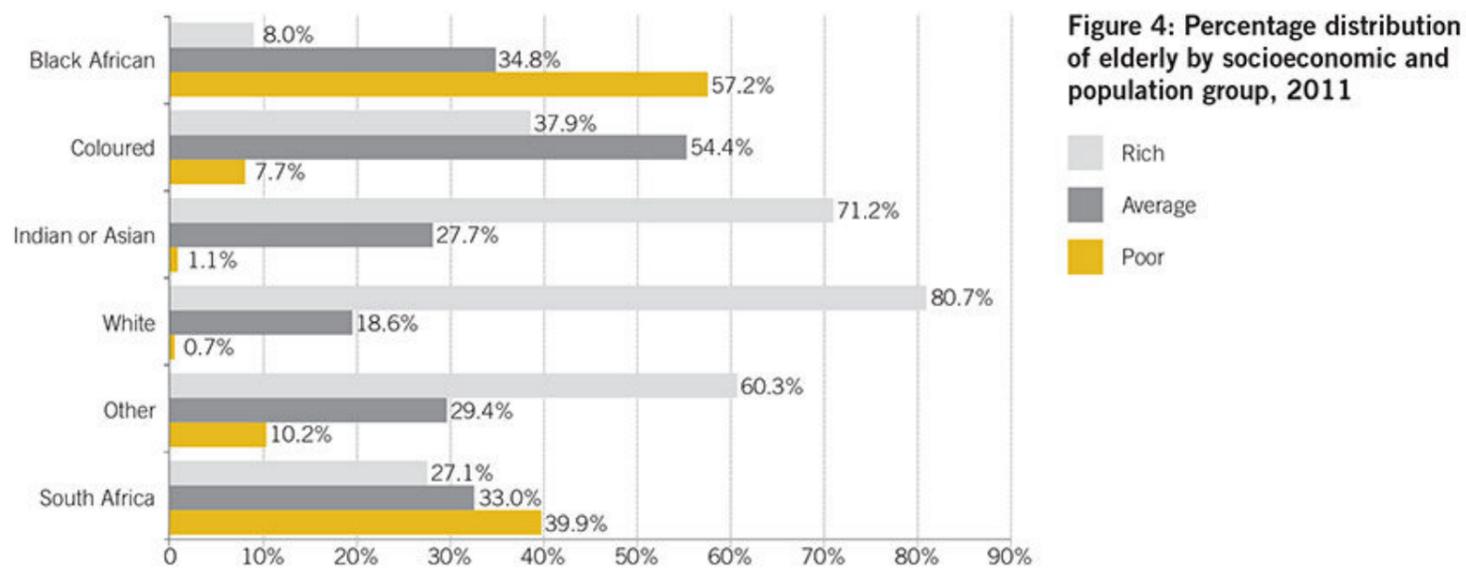
How should we interpret the data on ageing?

One way to assess the magnitude of these differences is to apply the ageing index. This index shows the number of people aged 65 and above for every hundred people under the age of 14. It indicates the family and economic support that may be available to help older people meet their needs.

The ageing index for South Africa is substantially below that of other, more developed countries. The Stats SA 2014 report on ageing in South Africa states there were 18 elderly people for every 100 youth (up slightly from 14 in 1994), which is generally considered a healthy ratio of support. But this assumes that most young people have access to work opportunities, whether as employees or business owners, which is currently not the case. With youth unemployment at 45% and no immediate sign of economic growth, these figures are no little cause for concern.

As Figure 3 shows, the ageing index reading for whites has almost doubled over the last 20-some years, placing that segment of the population in as precarious a position as the baby boomers in the US and Europe.





Our response to the impact of longevity must take into account the differential experiences of different population groups in South Africa.

Cause for concern

Should policymakers in South Africa be concerned? The charts on page 95 suggest why they may not be.

The same 2014 Stats SA report on South Africa's older persons concludes that:

- > 40% of the elderly in South Africa are poor
- > 33% make an average living
- > 27% are classified as rich ... with 80.7% of whites and 71.2% of Indians or Asians sitting firmly in that 'rich' categorisation

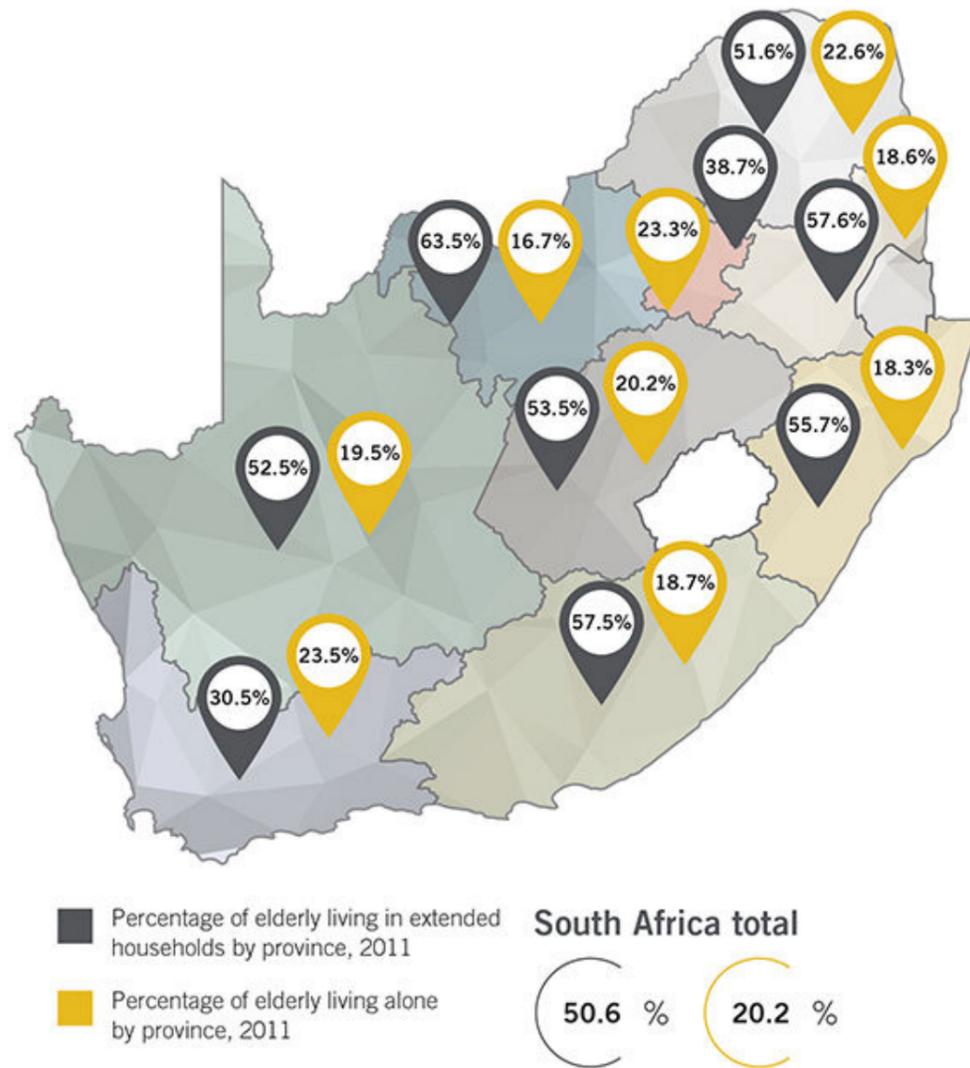
So, the white and Indian or Asian populations may have a problem on the horizon, but many will have the financial resources to potentially manage it. For the majority of the black and coloured populations, there are no warning signs, no dependency problems. Surely the family reciprocity system will provide the necessary support for now⁷?

The traditional family support model – will it hold?

For now, at least, 72% of the noninstitutionalised⁸ elderly population in South Africa live in multigenerational households⁹. The irony is that the more economically successful South Africans become, the greater the strain placed on that support model. As Figure 5 shows, these extended households are mostly in the more rural provinces, with single and nuclear-family living arrangements dominating the urbanised provinces of the Western Cape and Gauteng.

On the surface, our data analysis suggests different populations will have very different priorities for addressing the dynamic of ageing in South Africa. But that could be a short-lived illusion, as we shall discover in our next section. Understanding the interplay between the different trajectories of these population groups will have implications for addressing the needs of all South Africans.

Figure 5: Percentage of extended households by province, 2011



References

- 1 Hoffman, J and Pype, K (Eds.). 2016. Introduction. *Ageing in Sub-Saharan Africa: Spaces and Practices of Care*. University of Chicago.
- 2 Ibid.
- 3 Harper, S. 2016. *How Population Change will Transform our World*. Oxford: Oxford University Press.
- 4 Hoffman, J. 2016. Negotiating care for older people in South Africa: between the ideal and the pragmatic. In J. Hoffman and K. Pype (Eds.), *Ageing in Sub-Saharan Africa: Spaces and Practices of Care*. University of Chicago.
- 5 Statistics South Africa. 2014. *Census 2011: Profile of older persons in South Africa*. Pretoria: Stats SA.
- 6 Ibid.
- 7 KPMG. 2013. *An uncertain age: reimagining long term care in the 21st century*.
- 8 'Non-institutionalised' means not already in a health facility.
- 9 Hoffman, J. 2016. Negotiating care for older people in South Africa: between the ideal and the pragmatic. In J. Hoffman and K. Pype (Eds.), *Ageing in Sub-Saharan Africa: Spaces and Practices of Care*. University of Chicago.