

# Shifting sands - families on the move

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## WHAT'S IMPACTING DEMOGRAPHIC CHANGE AND AGEING?

### How fertility and mortality have affected ageing in Africa

**As we prosper, our technological capability to keep death in check both at the beginning and the end of our lives improves.** The Stats SA *Profile on older persons in South Africa* notes that South Africa was one of the first countries in sub-Saharan Africa to experience a decline in the fertility rate, from 6.0 births per woman in the mid-1950s to an estimated 2.6 in 2016<sup>2</sup>. This 2016 number is only slightly above the fertility rates of developed economies.

**Economic prosperity has, in effect, become a form of birth control.** Our work opportunities carry us out of the fields and into centralised hubs of production and service. We don't need more children to help plant or harvest crops. Nor do we want more children, as they affect our ability to move around for work. This is a key development. After an analysis of 103 current and former developing countries, the conclusion of the Berlin Institute Study on Africa's Demographic Challenges was that no single country has developed socio-economically without a parallel decline in the birth rate<sup>3</sup>.

**Mortality plays an equally important role in shifting population share towards the elderly.** Sub-Saharan Africa's experience with mortality, even in the face of increasing economic prosperity, is markedly different from that of other nations (developing or developed). Theoretically, as living standards improve, mortality declines. Sub-Saharan Africa, though, has been at the epicentre of the HIV/AIDS epidemic. It had to endure a protracted period where efforts to curb, contain and relieve HIV were minimal at best, resulting in high mortality rates among economically active adults.

This had the effect of 'hollowing-out' a population at its most economically critical core. A by-product of this tragic episode has been the formation of skipped-generation households, where grandchildren are left behind by their deceased parents and are the sole responsibility of their elderly grandparents. Even worse has been the emergence of child-headed households<sup>4</sup>. In populations where this has occurred, the demographic shift towards an elderly population can occur more rapidly than policymakers have anticipated.

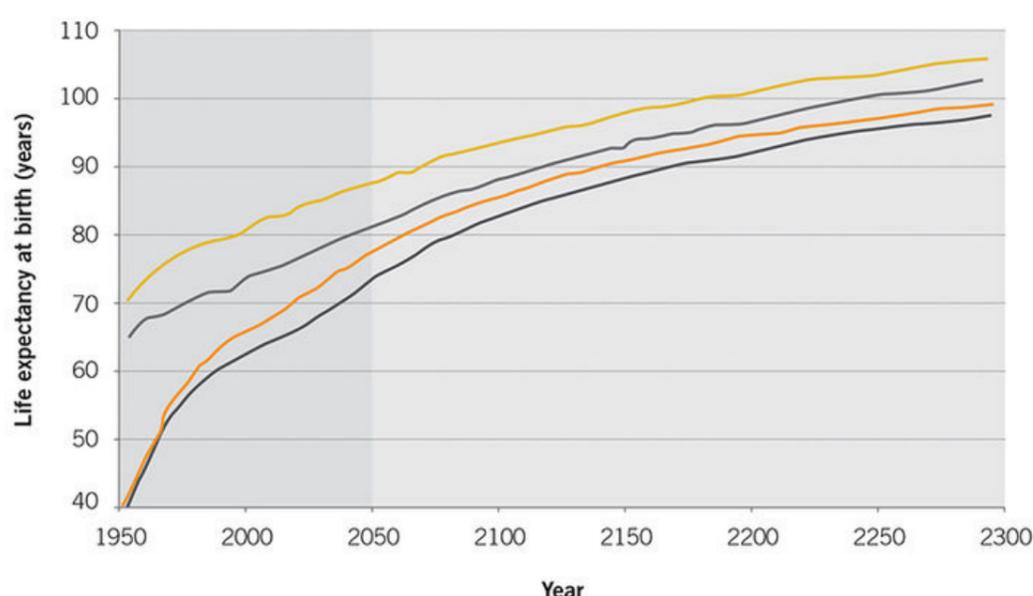


Figure 6: Male and female life expectancy at birth, in more developed and less developed regions: 1950 to 2050

**More developed regions**  
Female  
Male

**Less developed regions**  
Female  
Male

Source: United Nations Department of Economic and Social Affairs or Population Division

**This is our concern for South Africa. At a time when policymakers have their attention riveted on the mounting problems of our unemployed youth, an equally serious demographic challenge is rearing up at the other end of our age continuum.**

## Who will take care of us? A closer look at the intergenerational support model

As life expectancy increases, so do the odds of different generations within a family being alive at the same time. This should be good news, as the idea of intergenerational reciprocity implies that, when it comes to family care and finances, everyone can benefit from mutual support.

Grandparents provide much-needed childcare and often contribute to funding familywide educational needs, for example by contributing their grant funds to the family pot<sup>5</sup>. In turn, when they need support in the face of increasing frailty and decreasing economic viability, the younger generations will step in to fill that critical gap.

### Intergenerational reciprocity or economic dependency?

Intergenerational reciprocity in caregiving is a double-edged sword, though. While the model can serve to bring families together and, as a collective, enable them to be more resilient to financial shocks, it also can result in more economic dependency between generations. Witness such phenomena as ‘black tax’ or the ‘sandwich generation’.

*While this model of reciprocity provides a measure of social protection for the extended family in a country where the social protection net has gaping holes, it can also hamper social mobility and economic growth, which is why this ‘cultural norm’ demands our attention.*

### Changes in the ‘culture of reciprocal care’

We established at the beginning of this chapter that cultural norms evolve, sometimes imperceptibly at glacial speeds, and sometimes with violent, wrenching twists and turns.

If we look at the way our living arrangements are subtly changing, it seems that a culture of reciprocal care is shifting, too.

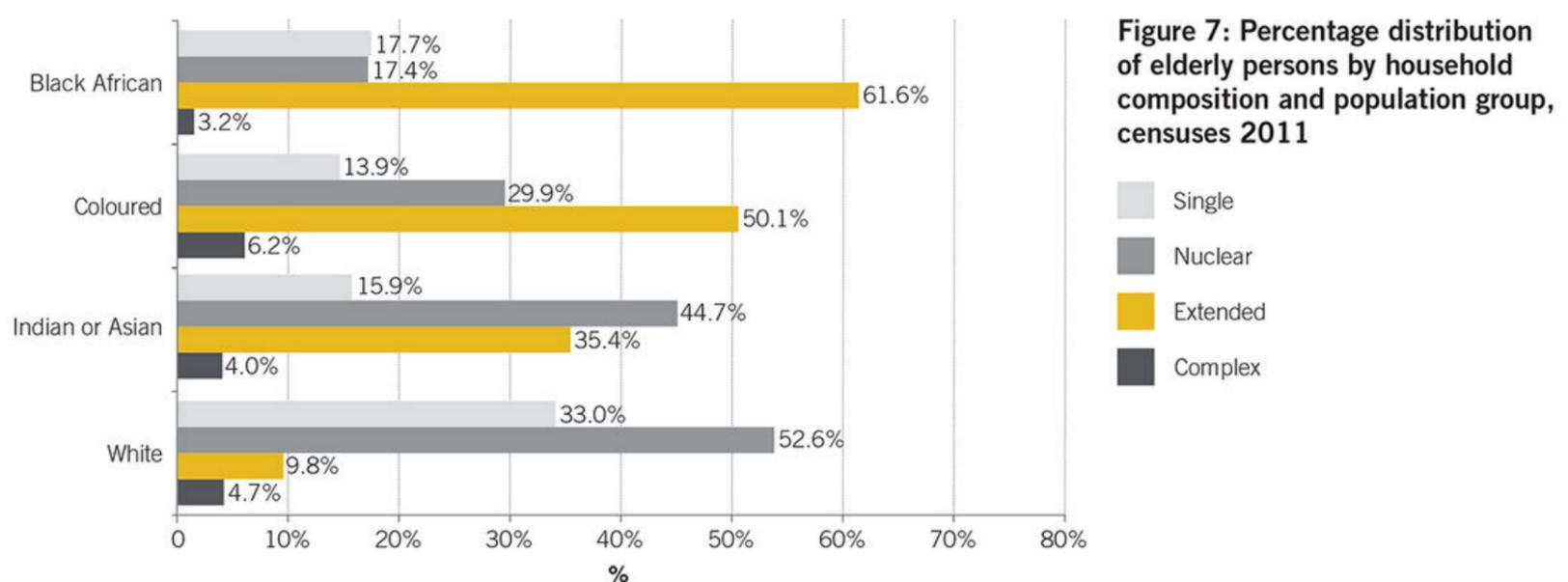
Figure 7 shows that there is a similar pattern emerging for every population group: **the number of people living in extended families is declining and the number of people living on their own is increasing.**

Intriguingly, the rate of increase in single households seems to be the most dramatic. This may simply be a function of increasing longevity or, as Atul Gawande points out, it may be more generally associated with increasing prosperity. Affluence tends to lead people to seek greater independence as they get greater control of their economic lives<sup>6</sup>.

By contrast, the decrease in extended families appears to be less dramatic among black South Africans. While the slight uptick in extended-family households for the white population is worth noting, the presence of the extended family is nearly seven times greater in black families than it is in white families.

The important reality here is that, as we have already seen, the bulk of these multigenerational households tend to be in the rural provinces.

Change is in the air, but why? Two factors have a significant impact: HIV/AIDS and urban migration.



Source: Statistics South Africa. 2014. Census 2011: Profile of older persons in South Africa.

**The more modernisation combines with the prospects of prosperity from urban migration, the more there will be an understandable strain on the ‘cultural norm’ of intergenerational reciprocity.**

### The impact of HIV/AIDS on living arrangements

With HIV/AIDS affecting a significant portion of economically active adults, elderly people are now responsible for caring for their affected (and sometimes infected) grandchildren. They have to do so under conditions where the parent is either absent or ailing, which places an additional physical and financial burden on caregivers who themselves are becoming increasingly frail and financially stretched.

### The impact of urban migration on living arrangements

An equally important dynamic is one of the three mentioned at the beginning of the chapter: migration. According to the World Health Organization, this is the first time the majority of the world’s population live in cities. Rapid urbanisation is perhaps the migratory phenomenon with the greatest socio-economic impact. As we move from an agrarian to industrial and, finally, a service-dominated economic path, an urban move is a natural shift. So much so that, as Gawande points out, “the prosperity of whole countries now depends on children’s willingness to escape family expectations and follow their own path<sup>7</sup>.”

In South Africa, 62% of the population lives in urban areas and more than 52% of older people live in rural areas, although the proportion varies by province<sup>8</sup>. This has the potential to be another double-edged sword: the more modernisation combines with the prospects of prosperity from urban migration, the more there will be an understandable strain on the ‘cultural norm’ of intergenerational reciprocity that has served the ageing population in certain groups for so long.

Global connectivity makes it easier for younger generations to migrate to areas of growth, but with increasing urbanisation there has also been an increase in HIV/AIDS. As a result, older family members back in poor rural areas are left without traditional family structures for support. Now, for example, 30% of older women head up skipped-generation households, where they are responsible for at least one grandchild without the presence of middle generation family members.

Similarly, as education has risen and fertility decreased, there has been an emergence in economic opportunities for women – again, primarily in urban areas. This means their caregiving services may not be available when they are most required. While women may be able to secure greater financial stability through work, this additional income doesn’t always allow them to ‘contract out’ long-term care for the simple reason that there is no longer anyone available on the home front to perform that function.

### Where, then, are these changes taking us?

**Although the number of generations in a family may have increased, today they are more likely to live separately.** In South Africa, the number of single-member households has risen dramatically, from 16.3% in 1996 to 26.7% in 2011. Single-member households headed by an elderly person grew from 14.6% in 1996 to 20.2% in 2011<sup>9</sup>.

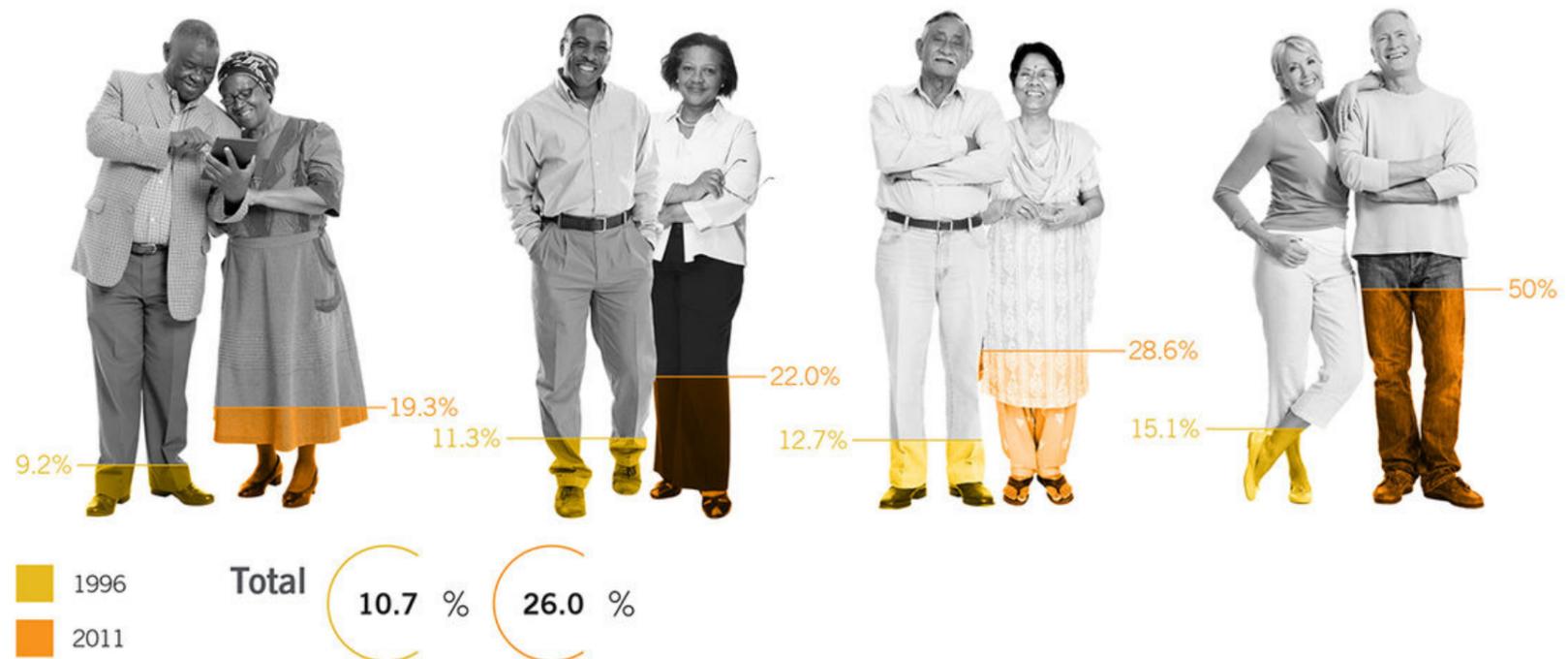
**There has been a rise in the number of elderly people as the declared financial head of the household.** Between 1996 and 2011, this number increased from 1.7 million to about 2.9 million households – 19.9%. We can only guess at the factors directly responsible for this increase, but it is likely that the impact of HIV/AIDS in ‘hollowing out’ the multigenerational family, and increased unemployment among the youth have played an important role<sup>10</sup>.

**Another interesting change is that elderly people also appear to be continuing to work later in life** (Figure 8). This could be because of economic pressure to continue generating an income, or it may be a reflection of a global trend: educated individuals are beginning to see that they still have value to offer professionally, even if they have hit some arbitrary cut-off date.

### How are these changes affecting intergenerational care?

Whatever the explanation, a more important consideration is whether these subtle demographic shifts are translating into (or reflecting) a change of heart regarding the commitments embedded in the reciprocity of care.

Figure 8: Percentage of elderly persons who were employed by population group, censuses of 1996 and 2011



Here we are best served by the qualitative microeconomic research conducted by Hoffman. His study on the Emalaheni, and the ‘changing narrative’ of intergenerational care and reciprocity, acknowledges some tension between ‘the told story’ and ‘the lived story’. Elders understand their obligations here, but words such as ‘must’ are beginning to creep in, suggesting a rising level of resentment (and a recognition that reciprocity of obligation may not be well balanced). By contrast, the youth are more circumspect. More and more, they are assessing their own capacity and hierarchy of needs before determining the level of commitment they can provide to their elders.

**The net effect is that two competing scenarios appear to be emerging:**

**Scenario 1:** The elderly capitulate and accept institutional care. The family no longer can benefit from their Older Person’s Grant (OPG), which can introduce a different sort of tension to the decision. That grant provides an important financial resource to the whole family. This could well be why so many families elect not to take up the elder’s offer to move out.

**Scenario 2:** Younger generations lobby for the institutional care of the elderly, arguing that this allows them to pursue work opportunities which are vital to overall family survival. What can be earned through these opportunities will more than make up for the lost OPG income.

Whichever scenario, the hand of change is at work here and it’s time we start to consider the longer-term implications.

In *Being Mortal*, Gawande notes that, while we tend to think nostalgically of the ‘good old days’ when families maintained their intergenerational dependencies, **the harsh truth is that “as soon as people got the resources and opportunity to abandon that way of life, they were gone”, with both the elderly and children regarding the move as a form of freedom<sup>11</sup>**. Although they have typically been cared for in extended households, the more economically empowered the elderly become, the more likely they are to choose a new form of living arrangement altogether – what social scientists are now calling ‘intimacy at a distance’ (living alone but maintaining the ties)<sup>12</sup>.

#### Renegotiating the lines of power between generations

Instead of viewing this cultural shift as an indication of hard times ahead, Gawande talks rather of the lines of power between the two generations requiring a renegotiation. Hoffman’s Emalaheni narrative captures just such a process of renegotiation. As Gawande describes it, **“The aged did not lose status and control as much as share it. Modernisation did not demote the elderly. It demoted the family [...] The veneration of elders may be gone, but not because it has been replaced by veneration of youth. It’s been replaced by veneration of the independent self<sup>13</sup>.”**

Our analysis so far suggests that, over the near term, our answers will have to address two very different sets of challenges that are emerging from different segments of the population as a result of their disparate circumstances and experiences with ageing.

On the one hand, a small portion of our population is hitting the same type of ageing wall as ageing populations in developed countries. But services that provide quality care can probably accommodate only 2% of the population over 65.

## Questions for a policy on ageing

As these two worlds start inching towards each other, there are any number of policy questions to consider. The study **Ageing in Sub-Saharan Africa** presents some questions we all need to address:

- > Whose priority is care provision? (Is this a health service priority? A social services priority? A financial services priority?)
- > Where should funding come from?
- > What is needed in terms of good care? (What is good care anyway?) And what are actual care practices?
- > Where can the necessary capacities be found?
- > Who is helping and who should be?
- > What about older people’s responsibilities to take care of themselves?
- > Who is ultimately responsible or should be made accountable? What aspect of responsibility belongs to the state? What belongs to the private sector and what belongs to the individual and their families? At what point does the state take over from the private citizen?
- > And finally – that overarching question: “How do we get to a common discourse on good but affordable care for older people in need?<sup>14</sup>”

These questions relate to policy around ageing. And they certainly suggest that we need a far more inclusive discourse on the topic between families, the Department of Social Services, the Department of Health, medical aid schemes, and employers and service companies engaged in grey-market services such as housing, care facilities, care services, the training of carers, and relevant financial services.

If the expression ‘It takes a village’ springs to mind here, it’s because getting it right across our complex population will demand just that.

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