# Successful ageing in South Africa: opportunity structures and subjective wellbeing[1]

Valerie Møller*
University of Natal

Monica Ferreira
HSRC/UCT Centre for Gerontology

**Abstract**

*South Africa's seniors number over 1,5 million and they age in a variety of social circumstances. The 1990-91 multidimensional survey is the first comprehensive socio-economic study of South Africans of all population groups over 60 years of age. The questionnaire survey, which was conducted among a representative sample of 4 400 urban and rural dwellers, covers aspects of financial security, health, living arrangements and lifestyles, social support and perceived quality of life. The article gives an overview of preliminary research findings. Successful ageing is indicated by measures of subjective wellbeing. The paper describes the social circumstances of the different elderly population groups and explores their relationship to perceived wellbeing. It is concluded that lifestyle advantages do not offset socio-economic disadvantages among the less privileged elderly. Redressing social inequalities affecting seniors in a youthful society is a challenge for post-apartheid society.*

## Introduction

What are the markers of successful ageing in South Africa? The Multidimensional Survey of Elderly South Africans, 1990-91[2] sought to answer this question while taking into account the different opportunity structures and constraints which seniors face in a plural society shaped by apartheid which is currently undergoing rapid social and political change. This article gives an overview of preliminary findings. The full report on the key findings is given in Ferreira, Møller, Prinsloo & Gillis (1992).

The questionnaire survey was a partial replication of cross-cultural inquiries conducted in southeast Asian countries.[3] A multistage stratified cluster sampling method was used to draw a sample of 4 000 equally represented black, coloured, Indian and white persons who were 60 years and older, and who lived in metropolitan areas and were non-institutionalized. In addition an exemplary sample of 400 blacks in deep-rural areas of two homelands[4] was drawn.

Approximately two-thirds of the sample were women. The median age of the respondents in the five subsamples ranged from 67 to 71 years. About two in five black, coloured and Indian seniors, and half the white seniors were married. Slightly more than half of the black, coloured and Indian seniors, and slightly more than two-fifths of the white respondents were widowed.

## The Multidimensional Survey report

Conventional social reporting on South Africa breaks down statistics into broad racial categories which are a close approximation of the major socio-economic and sociopolitical divisions. The Multidimensional Survey report indicates the results for five groups of seniors according to the conventional style.

Selected indicators in Table 1 illustrate the wide variety of social constraints and opportunities afforded South African seniors under the headings socio-economic, health, housing and lifestyle, social support and social integration indicators.

Socio-economic conditions reflect the unevenness of development of the different communities. In terms of education, income and health factors the white seniors are the most privileged group (Ferreira, 1986). The mean monthly income of the black, coloured and Indian seniors is equivalent to a social pension which is subject to a means test. The self-reported health status of the sample appears to be broadly consistent with the differential rates of life expectancy at birth. A white woman can expect to live to 75 years and a black woman to 65 years.

The housing and lifestyle indicators suggest that there may be greater opportunities for the socio-economically less privileged groups to remain integrated in the community throughout their lives. A main focus of African gerontology is the social support of the elderly through family networks or kinship ties. The role and position of the black elderly have traditionally been prescribed by seniority principles – the basis of intergenerational mutual support systems which afford economic and social security in old age. Over 80 % of the surveyed black, coloured and Indian seniors live in multigeneration households, while a similar proportion of white seniors live alone or with their spouses only (Table 1). There was no evidence to suggest that seniors living in multigeneration households would prefer a different residential lifestyle.[5]

* *Address correspondence to*
Prof. Valerie Møller, Centre for Social and Development Studies, University of Natal, King George V Avenue, Durban, 4001, Republic of South Africa.

**Table 1**

Selected social indicators, Multidimensional Survey of Elderly South Africans, 1990-91

| | Whites | Coloureds | Indians | Urban blacks | Rural blacks |
|---|---|---|---|---|---|
| N | 989 | 978 | 999 | 997 | 400 |
| **Socio-economic indicators** | | | | | |
| No formal education (%) | 0 | 30 | 46 | 50 | 79 |
| Monthly income > R500 (%) | 79 | 14 | 15 | 11 | 3 |
| Perceived adequacy of income (%) | 77 | 32 | 35 | 32 | 28 |
| Made provision for old age (%) | 79 | 25 | 23 | 18 | 7 |
| Money is not a serious problem (% agreement)[a] | 91 | 58 | 67 | 19 | 9 |
| Modern household items index (mean) (10)[b] | 9,7 | 7,2 | 9,1 | 4,8 | 1,5 |
| **Health indicators** | | | | | |
| Good health (self-assessment) (%) | 66 | 46 | 43 | 29 | 24 |
| Good health (peer comparison) (%) | 87 | 74 | 71 | 64 | 52 |
| Physical competencies in ADL[c] index (mean) (44) | 39,4 | 35,5 | 34,9 | 31,8 | 32,3 |
| Ailments do not interfere with ADL (%) | 78 | 58 | 54 | 41 | 34 |
| High level of mobility (self-asessment) (%) | 82 | 72 | 70 | 54 | 49 |
| **Social support indicators** | | | | | |
| Number of living children (median) | 3 | 5 | 2 | 4 | 4 |
| Receives financial support from children (%) | 15 | 59 | 61 | 68 | 66 |
| Gives financial support to children (%) | 25 | 40 | 41 | 59 | 60 |
| Feels respected by family (%) | 88 | 89 | 92 | 78 | 84 |
| Children manage respondent's income (%) | 4 | 9 | 16 | 18 | 12 |
| **Housing and lifestyle indicators** | | | | | |
| Home ownership (%) | 62 | 48 | 50 | 46 | 91[d] |
| Lives alone/with spouse (%) | 79 | 10 | 8 | 5 | 6 |
| Multigeneration household (%) | 17 | 87 | 90 | 92 | 93 |
| Respondent/spouse is head of household (%) | 91 | 80 | 60 | 82 | 84 |
| Satisfaction with living arrangements (%) | 91 | 86 | 87 | 49 | 65 |
| **Social integration indicators** | | | | | |
| Social activities index (mean) (10) | 7,5 | 5,1 | 4,9 | 4,0 | 2,9 |
| Availability of a confidant (%) | 78 | 76 | 66 | 43 | 43 |
| Club membership (%) | 51 | 37 | 21 | 45 | 31 |
| **Successful ageing indicators** | | | | | |
| Life satisfaction index (LSIA) (mean) (30) | 24,5 | 23,6 | 22,1 | 19,4 | 19,0 |
| • Zest for life subscale (mean) (12) | 10,0 | 9,1 | 8,5 | 7,7 | 7,2 |
| • Congruence subscale (mean) (12) | 10,6 | 10,4 | 9,7 | 8,1 | 8,4 |
| • Positive mood tone subscale (mean) (6) | 4,0 | 4,1 | 4,0 | 3,7 | 3,5 |
| Satisfaction with life-as-a-whole (mean) (5) | 4,27 | 4,18 | 3,91 | 3,06 | 3,14 |
| Global happiness (mean) (5) | 4,25 | 4,13 | 3,93 | 3,16 | 2,99 |
| Freedom from depressive symptoms (CES-D index) (mean) (54) | 50,2 | 47,6 | 46,1 | 39,7 | 41,3 |
| **Psychosocial indicators** | | | | | |
| Freedom from problems index (mean) (45) | 41,9 | 39,0 | 37,6 | 31,2 | 30,6 |
| Feeling in control of one's life (% agreement) | 89 | 84 | 78 | 51 | 41 |

**Notes to Table 1**

a An item in the problem index. See the psychosocial indicators.

b Maximum score values are parenthesized throughout Table 1.

c ADL = activities of daily living.

d Responses indicated that two-thirds of rural structures are traditional huts.

The social support afforded by the extended family in the case of the majority of blacks, coloureds and Indians may partially offset the need for intimate social contacts and extensive activities outside the home (cf. the social integration indicators in Table 1).

The question underlying the argument in this article is whether socio-economic and health conditions, and lifestyle factors impinge on successful ageing. In order to answer this question it is necessary to define successful ageing.

## Indicators of successful ageing

Without doubt some senior South Africans might regard as an achievement and a marker of successful ageing the mere fact that they have reached three score years. Certainly, earlier research suggests that attaining a ripe old age is regarded as a blessing and a privilege by some older South Africans (Møller, 1984).

Beyond mere survival to the third age, the Multidimensional Survey turned to the more telling and conventional indicators of what is commonly known as morale, contentment, adjustment or adaptation in later life (Lohman, 1977; Larson, 1978). Assuming that individuals themselves are the best judges of their situation, the Multidimensional Survey applied several measures of subjective wellbeing which have been used in both developed and less developed contexts. The first measure was the suitably rephrased Life Satisfaction Index A (LSIA) (Neugarten, Havighurst & Tobin, 1961; Adams, 1969), shortened by one item. The LSIA, a scale specifically designed to measure senior satisfactions, taps the dimensions of positive mood tone, zest for life and sense of achievement in life, i.e. congruence between expectations and achievement (Liang, 1984). Two further indicators of successful ageing included the widely used one-item measures of global happiness and satisfaction with life-as-a-whole (Andrews & Withey, 1976). A short depression scale based on the Centre for Epidemiological Studies Depression (CES-D) item catalogue (Radloff, 1977) was the fourth measure. Depressive symptoms are considered to be correlates and determinants of subjective wellbeing (Abbey & Andrews, 1986).

All measures of subjective wellbeing shown at the bottom of Table 1 are highly and significantly correlated with each other. LSIA scores are lowest for both groups of blacks, highest by far for whites, with coloured and Indian seniors falling in between. The widest gap is between blacks and all other groups. This gradient also applies to the subscales shown in the table. The three other indicators of successful ageing – satisfaction with life-as-a-whole, global happiness and depressive symptoms – follow the same pattern. Moving up the table we observe that the social profiles on health, physical coping and social integration are a mirror image of perceived quality of life. However the economic gradient transposes the position of Indians and coloureds.

The findings suggest that successful ageing in South Africa may be closely linked to favourable social circumstances and living conditions, and may reflect the accumulated experience

of a lifetime. The subjective wellbeing gradient emerging from the Multidimensional Survey is also observed in trend surveys of younger generations of South Africans (Møller, 1989; Møller & Schlemmer, 1989). Under the apartheid system social rewards have been distributed unequally. The brief review of lifestyles above and the income statistics reproduced in Table 1 confirm this point. Assuming that greater effort is required to overcome social disadvantage, it is small wonder that a larger proportion of the more privileged sector of the South African population has managed to achieve a higher degree of subjective wellbeing in later life.

Congruence between socio-economic conditions and subjective wellbeing is found in other parts of Africa and Asia (Veenhoven, 1984). It would be short-sighted to interpret the survey findings solely in terms of the socio-economic divide between First and Third World development levels. The individual experience of subjective wellbeing and the diversity of lifestyles in plural society call for closer examination.

## Variations in coping styles: recipes for successful ageing

It is proposed that a broad conceptual distinction can be made between a "sharing" ethos and an "independence" ethos. The first ethos is based on co-operation, interdependence and mutual support between the generations, and reflects the more traditional mode of adjustment in later life. The second is rooted in the notion of self-reliance, which is akin to a more western-modern style of adaptation and coping in later life.

The two ethoses are evidenced in the data relating to living arrangements, money management, and the social security provision of seniors which have been described above. Among rural and urban blacks the social solidarity mode prevails with the emphasis on intergenerational financial support, nurture and care. The sharing ethos is perhaps best epitomized by the Indian lifestyle, where the extended family system appears still to remain intact and great respect is shown to seniors.

Survey evidence suggests that white seniors subscribe to the second ethos. Independence appears to be the principle guiding their living arrangements, preparation for retirement, financial security and social integration.

South Africa is a society in transition and the data patterns are not consistently clear-cut. The black response patterns suggest that the ideal of mutual solidarity has been disrupted at both the urban and the rural pole. Alienation and loss of respect is most keenly felt at the urban end. The majority of urban black seniors appear to be permanent urban residents who have cut their rural ties. They stand to forfeit the social security afforded by the traditional family support system. Meanwhile they cannot afford the high cost of urban living.

At the rural end, it appears that seniors feel that they have been left behind in the urbanization process. Their need for conveniences and more accessible health care is critical. A small number wish to be reunited with their families who have migrated to town.

The dilemmas faced by individuals caught between the two ethoses may in itself have a depressing effect on wellbeing.

Signs of a convergence of coping styles can be detected in the survey data. The independence ethos is emergent among urban blacks. For example, an increasing number of urban black seniors are benefiting from private pension schemes. Black rural seniors – women as well as men – are predominantly household heads who manage their own money.

The two contrasting ethoses may affect reporting styles among seniors. Quality of life research has discovered a general tendency for seniors to report relatively higher levels of satisfaction than younger age cohorts. One explanation advanced for this trend is that seniors seek to conceal their disabilities and personal problems while overstating their coping abilities as a means of maintaining morale (Herzog & Rodgers, 1986). Denial is compatible with the independence ethos.

By contrast, a sharing ethos calls for people to confront the issues squarely, to air problems and concerns as a means of raising support and inviting mutual assistance in solving them.[6] It is suggested that where social disadvantage and a sharing ethos coincide, the issues tend to be exaggerated.[7] This may be the case with the data profiles of the black groups.

## The ingredients of successful ageing

What are the factors contributing to successful ageing? An answer to this question was sought in the results of regression analyses involving LSIA scores as the criterion of success, and a wide range of social background characteristics and lifestyle factors as predictor variables. The findings suggest that there are common dimensions of successful ageing regardless of differing life conditions and coping styles. The selection of factors figuring in the regression solutions varied according to the opportunity structures and constraints applicable in the case of the different groups of seniors. In all cases five broadly defined common factors made significant and independent contributions to subjective wellbeing: feeling in control of one's life, health, financial security, satisfactory living arrangements, and a measure of social integration. Admitting to fewer problems was a predictor of above-average life satisfaction among white, coloured and Indian seniors.

## Conclusions

The social report on South African seniors identifies the constraints which prevent South Africans from realizing their potential to age successfully. It reveals that older South Africans have developed coping styles which enable them to maximize opportunity structures and to enhance their quality of life. It is apparent that social inequalities as they affect the quality of life of seniors need to be redressed. Integrating the needs of the older generation for greater social equality with those of the younger generation in an essentially youthful society poses a real challenge to the social policy makers of the post-apartheid era. Given the disparities between the status and resources of the white seniors and those of the disadvantaged groups, there is a need for monitoring progress in social equity through trend studies.

## Notes

1. Revised version of a paper with the same title read at the 25th Annual Conference of the Australian Association of Gerontology with the theme "Successful ageing", held in Canberra, Australia, October 1-4, 1990. In Lefroy, R.B. (Ed.) *Proceedings of the 25th Annual Conference of the Australian Association of Gerontology*. Parkville, Vic: Australian Association of Gerontology.

2. The Multidimensional Survey of Elderly South Africans, 1990-91 was conducted by the former Centre for Research on Ageing at the Human Sciences Research Council (HSRC) in Pretoria, later incorporated in the HSRC/UCT Centre for Gerontology in Cape Town. Monica Ferreira, the project leader and director of the centre, drew upon specialist inputs from L.S. Gillis (aspects of depression), V. Møller (subjective wellbeing) and F.R. Prinsloo (health). Valerie Møller is based at the Centre for Social and Development Studies at the University of Natal. The authors acknowledge the contributions of co-investigators Professor Gillis (Department of Psychiatry, University of Cape Town) and Dr Prinsloo (Department of Community Health, University of Stellenbosch) to the research effort.

3. The research design and measuring instruments of the Multidimensional Survey were adapted from those used in three major comparative surveys conducted in southeast Asian countries over the past 2-3 years, namely the National Survey of Older Adults conducted jointly by the Institute of Gerontology at the University of Michigan and the Tokyo Metropolitan Institute of Gerontology, the Socio-Economic Consequences of the Ageing of the Population project conducted in six countries under the ASEAN Population Programme, and the Comparative Survey of the Elderly in Four Asian Countries conducted jointly by the Population Studies Center at the University of Michigan and co-investigators in the Philippines, Singapore, Taiwan and Thailand.

4. The self-governing states of Lebowa and KaNgwane.

5. Low percentages of black, coloured and Indian seniors expressed a preference to live in a home for the aged. Institutionalization of seniors is in any case rare in these groups: a rate of less than 1 %, compared with a rate of 8-11 % for whites (Ferreira & Lamont, 1990).

6. The authors are indebted to Catherine Cross at the Centre for Social and Development Studies, University of Natal for drawing their attention to this point.

7. Hampson (private communication, 1991) correctly points out that in a society characterized by a group ethos of disadvantage and sharing, members will seek to minimize individual response differences. It is this mechanism which contributes to the negative exaggeration phenomenon observed in the data. The authors thank Joseph Hampson for sharing this insight.

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