

# Local effects of new social-welfare policy on ageing in South Africa

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## Abstract

*In this paper, new South African social-welfare policy on ageing is analysed through an investigation of a poor coloured community in Namaqualand in the Northern Cape Province of South Africa. The study, conducted during the implementation of proposals in new draft policy, revealed that the new policy would have negative effects on the residents of a home for the aged located in the focus community. It is suggested that the new policy, which invokes the concept of ubuntu, differs only superficially from past policy on the state's provision for older citizens. South Africans are required to provide financially for their retirement, despite it having been shown that both in the past and at present, it is tremendously difficult for the majority to do so. Further research is needed to determine whether the results of this study are unique or whether other communities experience similar effects of the new policy.*

## Introduction

New social-welfare policy in South Africa purports to lessen racial inequalities in the distribution of state wealth towards older citizens. However, research conducted among historically marginalized coloured people (people of mixed ancestry) in a town located in Namaqualand in the Northern Cape Province of South Africa, shows that the new policy fails to take account of poor older people who have few links with their family and/or community. By continuing to place the burden of providing for retirement and old age upon the individual, and invoking the African concept of ubuntu – and therein implying that families and communities should care for older relatives, the state remains firmly entrenched in the erroneous ideology of modernization theory, as applied in the pre-apartheid and apartheid eras. My research indicates that economic inequalities are recreated and at the same time are overshadowed by ideology.

## Social-welfare policy on ageing in apartheid and pre-apartheid South Africa

In the past, the South African state expected all individuals to fend for themselves in old age. State pension levels during the apartheid and pre-apartheid years were inequitable and enabled older whites to enjoy proportionately more state support in old age than their counterparts in other racial groups. These unequal pension levels were justified through faulty reasoning and by misguided conclusions based on perceived levels of need. A quotation from the Minister of Health in

1980 during a parliamentary debate on pensions illustrates this: “[Does an African] who spends R8 on housing [have] to receive the same pension as the White person who spends R55 on his housing?” (Gordon, 1981: 581).

Coupled with disparate allocations in the amount of the state pension was the over-institutionalization of white elderly persons. The state earmarked a disproportionate amount of funding for residential institutions for the white elderly (cf. Cooper *et al.*, 1993: 304; Cooper *et al.*, 1994: 155). By contrast, there was a relative lack of state funding to support comparable institutions for elderly blacks, coloureds and Indians. The lack of support for people in these racial groups was justified by the government on the ground that the people purportedly received adequate care in their communities. A report on a survey of race relations in 1954-55 (Horrell, 1955: 222) included the following quotation made by the Minister of Native Affairs in 1955 during a debate in Parliament, which effectively characterizes the sentiment of the times:

*My department inherited one old-age home from the Department of Social Welfare. I regard such homes as a wrong system. I do not intend continuing it. We want to evolve a system whereby we reinstate the natural obligations of Bantu authorities and Bantu children in regard to their old people, with the support of an equal amount of money to that which we now spend wrongly caring for them.*

During the apartheid era numerous voluntary welfare organizations were established to help needy people who were excluded from receiving social assistance from the state, or who were provided only minimal assistance. Some, but not all, of these organizations received official recognition and thus partial funding from the state. The organizations were regarded as providing social welfare to members of specific racial-ethnic groups in their natural and appropriate setting (cf. Horrell, 1954: 141-142; Horrell, 1964: 265-266). By the 1980s, however, it became clear that maintaining separate facilities under apartheid policies was too expensive for the state and the system would have to be eventually dismantled. Specifically, for social-welfare policy, population ageing in South Africa raised concerns that in a post-apartheid society the state would have to extend to all racial groups, the same level of funding afforded whites. In the early 1980s the state continued to indicate that it would take a more passive role in social welfare for the elderly and strongly emphasized that welfare was primarily the responsibility of the community (Gordon, 1981: 577).

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A report on ageing trends in South Africa, published in 1988, indicated that population ageing was most pervasive among the white group. A number of proposals were made in this report, such as the privatization of care facilities, state housing to be reserved for infirm and needy individuals, incentives to be paid for children to accept more responsibility for elderly relatives, and a continuous publicity campaign to emphasize individuals' responsibility for financial provision for retirement – to counter the belief that the state should bear the sole responsibility for this provision (Cooper *et al.*, 1989: 18). These proposals were not without their opponents among social-welfare workers and in government. Moreover, these people were advocating for parity in the amount of the pension paid to beneficiaries in the different racial groups. The state made enormous strides in 1993 with the achievement of parity in the amount of the social pension. The amount of the monthly pension payable in 1997/98 is R470 (US\$98) a month.

### **Social-welfare policy on ageing in post-apartheid South Africa**

The initiative for change that had been brewing since the early 1980s fermented again in the post-apartheid era, in the context of proposals designed to trim the welfare budget for the care of the elderly. A goal was to address the many existing inequalities in the state's allocation of funds for social welfare and the fact that 61% of the total budget for social welfare was being diverted to the care of the aged (Draft White Paper for Social Welfare, 1995: 114). The main proposal was the phasing out of all state-funded homes for the aged by the year 2000 and the conversion of all existing facilities into nursing homes for elderly individuals of all race groups who were frail and/or chronically ill. This proposal also urged all elderly individuals who are healthy to rely first on their own resources, then on their family and/or community, and last on the state.

This strategy was premised on the belief that existing homes for the aged were predominantly used by whites and that there is less need for such homes for people in other race groups.

### **The Draft White Paper for Social Welfare**

The Draft White Paper for Social Welfare asserted that individuals are responsible for their retirement income: "Every individual has the personal responsibility, as far as possible, to provide for his or her retirement in old age" (1995:118).

What does this policy mean for blacks, coloureds and Indians? On the surface, it would appear that this government proposal will not have a significant impact, since, after all, the state has never provided adequate funding to older persons in these race groups. It has not done so in the mistaken belief that their needs are met through traditional caregiving practices in their communities. Blacks, coloureds and Indians are still expected to provide for their retirement, despite research evidence that shows that economic circumstances over their life courses make it difficult or impossible for the majority to do so (cf. Ferreira, Møller, Prinsloo & Gillis, 1992: 77-78).

The most negative implications of the policy, however, are for homes for the aged which developed in response to the demand for residential care, despite a lack of state support, in black, coloured and Indian communities. Today the state acknowledges its theoretical responsibility to meet the needs of destitute and frail older persons who require 24-hour care and who do not have the financial resources to meet their own needs (Draft White Paper for Social Welfare, 1995: 118). But this admission of responsibility is tempered by the assertion

that existing institutions for the aged must develop creative options to accommodate destitute or homeless elderly persons.

The draft white paper was later solidified into legislation. While the government appears to have backed down from some of its draft proposals, the most essential parts of these proposals remain intact.

### **A case study**

The research which I carried out in a Namaqualand coloured community clearly demonstrates the implications of the state's new social-welfare policy proposals. The case study of a home for the aged in this poor, predominantly coloured community during the implementation of the new policy proposals in 1995 is given below. I suggest that the conclusions that may be drawn therefrom are not atypical of what is occurring elsewhere in the country, among poor elderly people who lack family and community support.

### **The focus community**

The focus community, located in Namaqualand, has a population of about 8 000. The majority of the households are dependent on migrant wage labour in local copper and diamond mines, and on government grants and social pensions. Since there are few opportunities for employment locally, people tend to work outside of the community and are away for long periods of time, ranging from a few weeks to many years.

In the late 1960s, the Dutch Reformed Mission Church in the community proposed the erection of a home to accommodate older people who were poor and/or in frail health, and who had no family members on whom they could rely for support. Younger members of such individuals' families were typically away from the community seeking wage labour. The institution was built on church property with local funds and labour, and officially opened in 1970. Initially, elderly people were reluctant to relocate to the home, and it took some coaxing on the part of church officials to persuade them to come and live in the facility. In due course, however, the home became an important resource, or place of refuge for homeless, sick and frail elderly people who lacked access to professional care in regional homes and hospitals that were restricted for use by whites and who needed long-term residential care.

From its inception, the home charged its residents two-thirds of their pension income. The remainder of the pension is the residents' pocket money. The residents receive three meals a day and five cups of tea or coffee at designated times. They are accommodated in a double room and each has a small bed. They receive free medications and medical services. The washing and mending of their clothing is attended to, as are other basic services rendered as required. Few recreational services are provided, and the residents spend their days chatting and telling stories. Some residents occupy themselves with odd jobs in and around the institution, for payment-in-kind.

Over the course of 25 years, the presence of the home for the aged took the responsibility for the care of some elderly persons away from the family and put it into the hands of the church. Later, under the state's authority, the home's presence had a definite impact on local attitudes towards ageing and caregiving. In particular, some people regarded the home as the appropriate locus of care of older persons, regardless of whether an older person had children or a family, or was in good health. Based on this perception, some healthy elderly individuals who had family support were sent to the home,

because it was believed that the home was better than the family at providing services for an older person. People often commented that the condition of elderly individuals who enter the home in dirty rags and in poor health noticeably improves after a few months in the home, where all their basic needs are met. But far more important than the home's function in the community, is its function as an institution to serve poor elderly individuals who are located beyond the borders of the focus community.

In the mid-1970s, the Department of Coloured Affairs provided a subsidy that allowed the home to expand its services. A larger facility was built, which provided various types of specialized care, such as medical services by qualified nurses. A large number of individuals from outside the community whose names had been on a waiting list could then be admitted to the home.

The old-age home played an important regional role in caring for the needs of coloured elderly who had been turned away from existing homes and hospitals elsewhere, because of their race or because of a shortage of accommodation. It complemented the local services available for whites at a home for the aged (also opened in the 1970s) in a neighbouring town some 50 km away, historically mainly inhabited by white people.

### Methodology

My inquiry entailed interviews with all 81 residents of the home for coloured people on at least one occasion and in-depth interviews with 23 of the residents on multiple occasions. I also interviewed 15 employees of the home and four community leaders. All the interviews, except three which were conducted in English, were conducted in Afrikaans – the language mainly spoken in the community, although many older people also still speak Nama. Six interviews were tape-recorded with the permission of the interviewees.

The initial interviews of the 81 residents were conducted in their rooms. The data gathered, which pertained to their place of origin, marital status, work history and whether they had children, were cross-checked with their data in the files kept by the administration, which I reviewed with the permission of the director of the home. The recorded interview data (n=81), verified in January 1995, are shown in Table 1 as a socio-demographic profile of the residents.

The mean age of the residents was 79 years. More than two-fifths were men. Almost two-fifths were widowed and an unusually large proportion, more than half, had never married. More than four-fifths had been employed in domestic service or on a farm; one in ten had worked on a mine. The mean duration that the residents had lived in the home at the time of the study was six years. All 81 residents received a social pension – an amount of R390 (US\$81) a month at the time. The vast majority had no savings.

More than three in five residents had come to the home from elsewhere, i.e. they had not previously resided in the community, where they had worked on a mine or on a farm, or in a home owned by whites. The majority had stopped working because of age-related physical problems which prevented them from working as well as they had previously. When they left, or had been dismissed from their job, they were required to vacate the abode on their employer's property.

A male resident, for example, had started working in Upington when he was seven years old and then later worked in Kimberley, Cape Town, Johannesburg and finally, Vioolsdrift. At the age of 83, impending blindness made it difficult for him to continue to work on the farm where he had lived for almost a decade. The employer initially tried to place him in

the old-age home in Clanwilliam, a town nearer to Vredendal than to the focus community, but he was turned down because there was no place. In the end he was admitted to the home in the focus community.

**Table 1**

Selected socio-demographic characteristics of the residents: frequencies and percentage distribution<sup>a</sup>

Characteristic	N	%
N	81	100
<b>Gender</b>		
Male	36	44
Female	45	56
<b>Age group (years)</b>		
55 - 64	3	4
65 - 74	19	24
75 - 84	38	47
85+	17	21
Unknown	4	5
Mean age = 79 years		
<b>Marital status</b>		
Married	3	4
Widowed	30	37
Divorced	3	4
Never married	43	53
Unknown	2	3
<b>Children</b>		
Yes	36	44
No	45	56
<b>Place of origin</b>		
Focus community	31	38
Elsewhere	50	62
<b>Previous occupation</b>		
Domestic worker	33	41
Farm labourer	33	41
Mine worker	8	10
Service worker	2	3
Teacher	2	3
Unknown	3	4
<b>Duration of stay in home (years)</b>		
1 - 4	32	47
5 - 9	20	29
10 - 14	9	13
15 - 24	5	7
25	2	3
Mean duration = 6 years		
n = 68 <sup>b</sup>		

a Percentages may not add up to 100 due to rounding off.

b Missing data (13) due to records having been destroyed in a fire.

Similarly, a 79-year-old woman was brought to the home from Vredendal by her white employer when she was no longer able to perform her duties as the house domestic. In another instance, a former male farm labourer working near a town located some 200 km south-east of the focus community, was brought to the home in his late seventies by his white employer because failing vision and dementia made it impossible for him to perform duties on the farm. These and numerous other people were, over the past 25 years, brought to the home in the focus community from regional towns by their white employers when they could no longer work. They were left there because they had no family to whom they could go, could not support themselves, and their employers were not willing to maintain an unproductive labourer.

Thus, after a lifetime of low-paid employment, these individuals found themselves lacking the finances, family and a

community which they needed to live independently in their retirement years – as intended by the state.

### The crisis

How was this regional caregiving structure, which developed over three decades in response to the needs of poor and homeless elderly persons, affected by the government's proposal to phase out all homes for the aged, except homes caring for frail elderly persons, by the year 2000?

In March 1995, the Department of Developmental Welfare of the Northern Cape Province implemented throughout the province the proposals outlined in the Draft White Paper for Social Welfare. The focus community's home was henceforth to receive only a fraction of the monthly subsidy it needed towards its operating costs; whereas the state subsidy made up 75% of the institution's operating budget, the subsidy would be now reduced to 44% of the budget. Other homes for the aged in the Northern Cape faced a similar crisis at the time.

The residents were classified into three categories, which would determine their eligibility to continue to receive institutional care. Group 1 included individuals regarded as physically and mentally independent. Group 2 included those who required minimal supervision and assistance. Group 3 included those who were physically and mentally incapacitated, to the extent that they would need full-time care by trained professionals. Funding was to be gradually reduced for residents deemed to belong in Groups 1 and 2. The recruitment of sick and frail individuals (Group 3) would continue indefinitely, as existing homes for the aged were converted into acute-care hospitals for elderly persons.

Without funds to compensate for the loss of state funding, the home's administrative body informed residents falling in Group 1 that they would have to make alternative living arrangements and be ready to vacate the home by April 1996. Cuts to staff and salaries were also announced. As the home struggled to make ends meet with much less money, the quality of the three modest meals suffered. The staff reported that the residents were losing weight and some began, uncharacteristically, to stay in bed all day. Several of these residents said that since they had nowhere to go, they would be better off sick, because they would then be able to stay in the facility. Both the residents and staff members showed physiological signs of stress.

Overall, everyone was confused, angry and afraid for their future. Those who were asked to leave had, after all, few or no options open to them, save living in the bush or on the street. Even so, a few made plans to leave, despite having no known family or friends, within or outside the focus community, with whom they could live.

The twenty-three residents who were interviewed in-depth were classified in Groups 1 and 2. I informally questioned them, individually and collectively, about their perceptions of the government's new social-welfare policies and about the alternatives which they had to government assistance. The fifteen employees of the home and four community leaders were questioned along similar lines. The residents were interviewed in the home for the aged and the community leaders were interviewed in their own homes.

Excerpts from three of the interviews that were tape recorded are given in the boxes and illustrate general perceptions of the interviewees of the new state policy and the consequences of its implementation.

It is clear from the excerpt in Box 1 that regardless of where Mr B lives, he knows that he must purchase care as he would any other commodity. He lacks family, friends and finances to draw on. This man worked as a migrant farm labourer since

#### Box 1

##### Case of an 84-year-old retired farm labourer

Mr B, an 84-year-old resident of the home, was laid off by his white employer when he became unproductive after working as a farm labourer all his life. His situation exemplifies the lot of many of the residents of the home.

*I must find a wife. I'm still okay, its just that I can't see very well. First I have to get some money so that I can buy food for that wife. I had sheep there but I sold them to the farmers. I can no longer work. I'm too old. Therefore I get a pension. That R410 is okay for me a month. I don't need to buy a lot of food. Its just me and the person who must come to look after me. I must pay such person but not so much. First I have to find such a person.*

childhood, first in Vioolsdrift where he was born, and then in Namibia and near Cape Town, and in the last decade of his life, on various farms in Namaqualand. He said that he did not have the opportunity to marry because he lacked the money to support a family. He represents many other South Africans whose life courses were intricately tied to their socio-economic status under the old apartheid regime. To whom must they now turn for support? According to the new state welfare policy, this man must be supported by the community, any community. Although many in the focus community want to assist, they are unable to take on the economic burden of caring for a stranger. This dilemma is illustrated by the excerpt in Box 2.

#### Box 2

##### Case of a 51-year-old female worker in the home

Mrs K, 51 years old, works in the home. She wanted to help by giving a resident a place in her own home but could not do so because she is too poor.

*I feel terribly sorry for the people here who have no family. I wanted to take one of them on but my house has barely enough space for myself and my daughter. And what about my pay? And who will look after the person during the days and nights when I have to work and my daughter is in the technikon? Just what does the government think it is doing? They [the residents] worked for such a long time on the farms. They [the government] don't seem to care about our elderly and where they are supposed to go if this old-age home closes. This is a terrible situation! Now that my pay is cut, I'm struggling to pay the bills.*

Given the pervasive nature of these dilemmas, it is quite clear that the state subsidy cuts cannot be softened by any economic contribution by the focus community. The comments of a local community leader, cited in Box 3, characterize why it is difficult to adjust to the new policy and why the old-age home must be allowed to care for all elderly persons.

Since the implementation of the proposals of the draft white paper, three of the residents in Group 1, who were asked to make arrangements to leave the home, experienced a

**Box 3****Comments of a community leader**

DS T, a leader in the community, captures the impossible situation facing the community.

*The donations received [for the old-age home] totalled R50 and I expected very much more. And I'm sure that R50 came from poor people. The people in the old-age home have nowhere else to go and if they do go to their families, if there are any, the question is do they have a room, a place for those people and a bed? And can they take care of the people?*

*I feel that most of the children of the white people in the old-age home are able to look after them. We put our people in the old-age home because there is nobody to look after them. So I asked the Minister [government] if they close some of the old-age homes, I would like to see that they keep this one. And there is nothing wrong with this old-age home. If they come, the black and the white people, they can come to this old-age home.*

rapid deterioration of their good health and subsequently died. Research in North America on the consequences of relocation of older persons suggests that the degree of predictability and control over choice to move has an impact on physical and mental health. This is particularly true regarding increased mortality, depression, decreased physical activity and increased anxiety (Coulton, Dunkle, Chun-Chung Chow, Haug & Vielhaber, 1988; Schultz & Brenner, 1977; Wells, 1997).

While I can only draw a tentative link between these results and the above case study, it is clear that during the implementation of the policy proposals in the focus community, the residents had very little control over their fate and negative health effects were observed among some residents. The few Group 1 residents who remain in the home do so with the understanding that they must contribute their total pension income in exchange. The staff has been reduced and the home is maintained by a large body of (mainly female) volunteers. The service and nursing staff has been reduced significantly and the position of matron is filled by the director who also looks after the administration of the home. The home, once a haven for poor and homeless elderly persons, is now seen as a place where the old go to die. What options, then, does the state propose for poor and homeless elderly individuals?

**The proposed solution: ubuntu**

The above case study has made it clear that there are elderly persons who, because of economic circumstances over their life course, have no family or community to turn to for support in old age. Yet the state asserts that: "The family is the core of the support systems for the elderly ... [and] a good balance should be struck between individual, family, community and Government responsibilities for older persons" (Draft White Paper on Social Welfare, 1995: 116).

This mandate has been generally communicated by the state to the public through an invocation of the African philosophy of ubuntu. It is stated that "... ubuntu means that people are people through people. It also acknowledges both the rights and the responsibilities of every citizen in promoting individual and societal well-being" (Draft Social Welfare Paper, 1995: 18). Archbishop Desmond Tutu characterizes

ubuntu as "... our humanness, ability to care, hospitality, our sense of connectedness, our sense that my humanity is bound up in your humanity" (Branford & Branford, 1991: 350). Wilson (1996: 11), writing on the popularization of ubuntu in the Truth and Reconciliation Commission, notes that it is portrayed as "... a benign expression of community, representing a particularly reified and romanticized vision of the rural African community based upon reciprocity, respect for human dignity, social welfare, empathy and solidarity."

In the context of social-welfare policy ubuntu seems innocuous, yet a closer examination reveals its implicit flaws. First, its presence in the contemporary discourse of the post-apartheid state indicates that the state is operating under the same erroneous assumptions of the era before it. In the beginning of this paper I outlined these general assumptions. From this, it is clear that ubuntu, as it is employed in social-welfare policy, is based on the myth (Cooper *et al.*, 1988: 586; Lemon, 1982: 78-82) that elderly blacks, coloureds and Indians enjoy carefree retirements in their communities of origin, when this is clearly not the case. Second, by focussing on familial relationships as the basis for entitlement to care in old age, the application of the concept fails to recognize the impact of migratory and low-paid labour on the life course of South African workers and their ability to form and sustain familial and community links.

Third, the ideological underpinnings of ubuntu parallel the idealistic international policies of the World Health Organization and the United Nations. Such policies are based on the erroneous tenets of modernization theory which posit the *a priori* existence of traditional society and that in these societies, caring for the elderly, the sick and the handicapped was and is an accepted and shared responsibility of all family members (Marshall, 1990). The glorification of traditional society in modernization theory also assumes a homogeneity of the ageing experience (Neysmith & Edwardh, 1983; Edwardh, 1984) and fails to account for class, gender, and racial/ethnic and national differences.

We may thus conclude that the state policy, overshadowed by the philosophy of ubuntu, differs little in content from previous state attitudes and policies towards people other than whites, although social-welfare discourse casts an image of eliminating economic inequalities. It is, perhaps, a way to sweeten unpalatable central state policies by, as Wilson (1996: 10-11) has suggested, appealing to Africanness.

Whatever the case may be, the conclusion must be drawn that it is neither an appropriate nor an adequate solution in the absence of concrete economic support and development in poor communities.

**Conclusion**

The White Paper for Social Welfare (1997) purports that South Africa's new policy equalizes social-welfare spending towards the elderly. The effect of the policy, however, is the perpetuation of social inequalities by implicitly adhering to the same faulty logic found in modernization theory. In the focus community, the majority of the residents of the home for the aged are retired unskilled labourers who have been unable to prepare a nest-egg for retirement. Under the system of apartheid, the elderly individuals in this study were exploited, restricted and denied many options as working adults. Further, they were unable to be part of that community idealized in the policy of ubuntu.

Some negative effects of new state policy on ageing have been analyzed here in a single context, but I suggest that similar consequences exist in other communities around the country. While I have not offered concrete proposals here, I suggest that further comparative research would be useful

both in evaluating the validity of ubuntu as a solution to the problems of population ageing in South Africa and developing solutions that are more in synch with current economic and social inequalities which exist between older South Africans.

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