

Family  
Caregiving  
Programme



# Family Caregiving of Older Persons in South Africa

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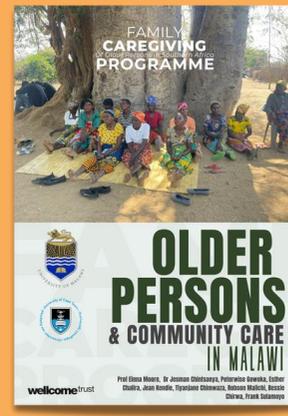
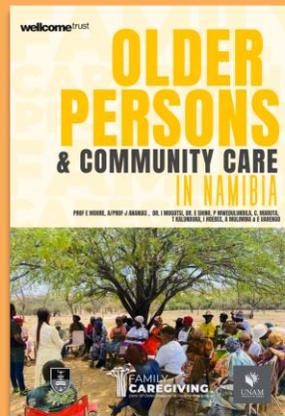
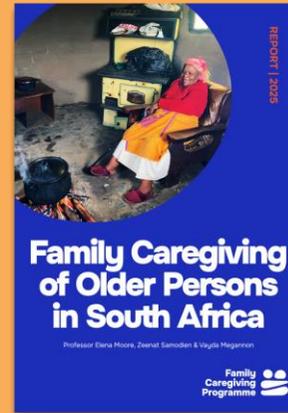
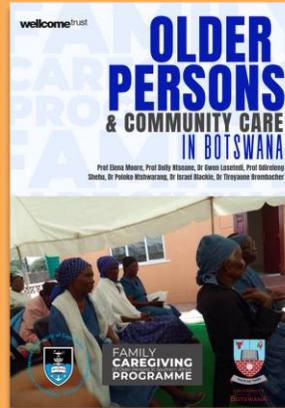


# Family Caregiving Programme



- Care Economics
- Ageing
- Social Protection
- Families & Relationships

Dignified & decent care of older persons & caregivers in Southern Africa



We are a team of 40 researchers working in nineteen research sites across four different countries in Southern Africa. Working with 340 families and over 60 NPOs.

*The place of care shapes the experience of care, and it allows us to make sense of what care means in context*



# FAMILY CAREGIVING PROGRAMME

*Of Older Persons in Southern Africa*

# Centrality of Family Care

- Age in Place Policy: what is the place?
- Familialism and Assumptions Families can care
- Decrease in funding care provision
- 4+ million older person grant beneficiaries: who are older persons and caregivers?
- What are the costs and consequences of family care?  
Is this acceptable?

**80% OF** 

THE CAREGIVERS  
IN THE SAMPLE  
ARE **WOMEN**

**20% OF** 

THE CAREGIVERS  
IN THE SAMPLE  
STOPPED WORK  
OR JOB SEEKING

 **1/3**

OF THE CAREGIVERS ARE  
OVER 60 YEARS OLD AND  
ARE LIVING WITH A  
CHRONIC CONDITION OR  
DISABILITY

 **36**

**CAREGIVERS**  
ARE ALSO CARING FOR  
CHILDREN

WHILE TWO FAMILY CAREGIVERS  
WHERE ALSO CARING FOR PEOPLE  
LIVING WITH DISABILITIES

**MORE THAN**

**13%**

OF THE CAREGIVERS YOUNGER THAN  
60 YEARS OLD ARE LIVING WITH A  
CHRONIC CONDITION OR DISABILITY

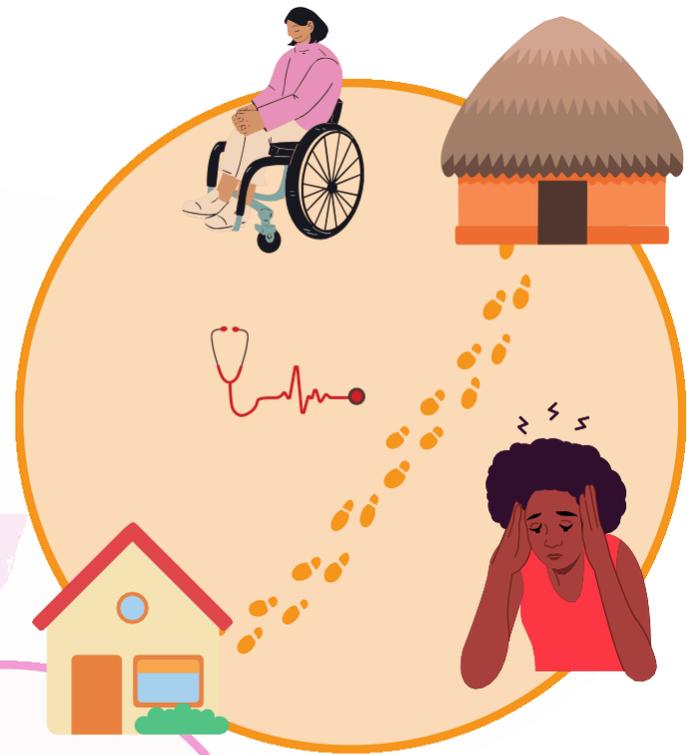
# Older Persons in South Africa who Move to Receive Care



In some instances, moving for care takes place over many years with an older person moving to an adult child's house temporarily during periods of convalescence, before permanently relocating there several months or years later.



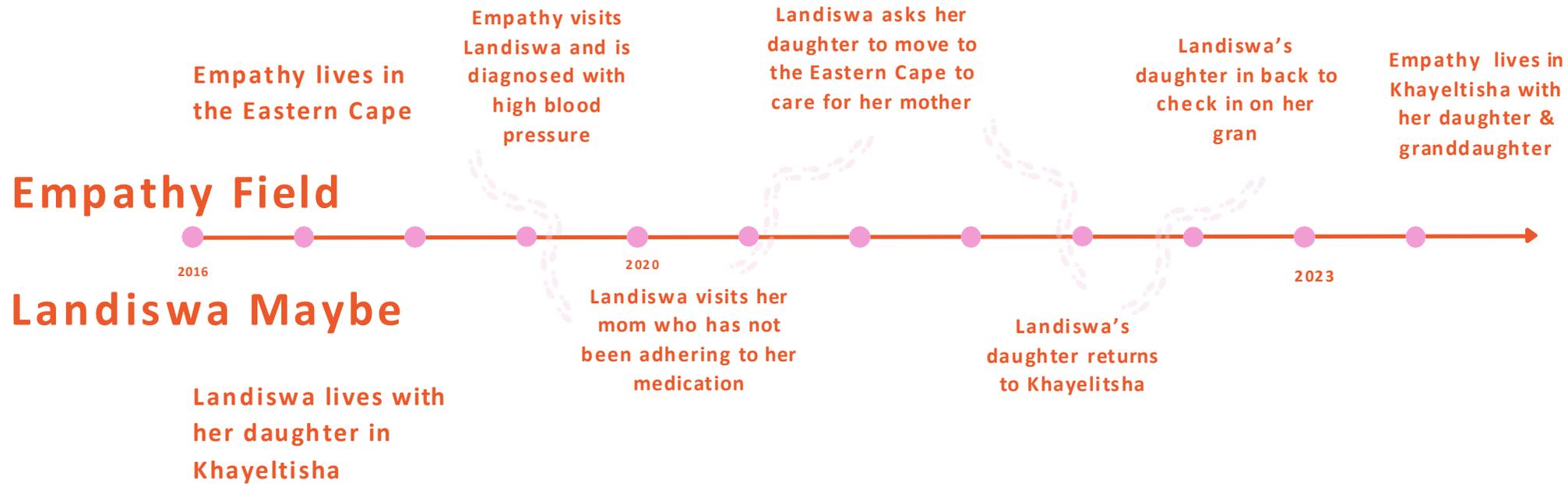
**The need for care as an older person in South Africa often requires older persons to move more permanently to another household in order to obtain care.**



An older person may have to move over the course of the day or week or year to ensure that good care is available at all times and to meet the needs of non-residential caregivers too.



# Moving to Receive Care: Empathy & Landiswa Maybe's Experience

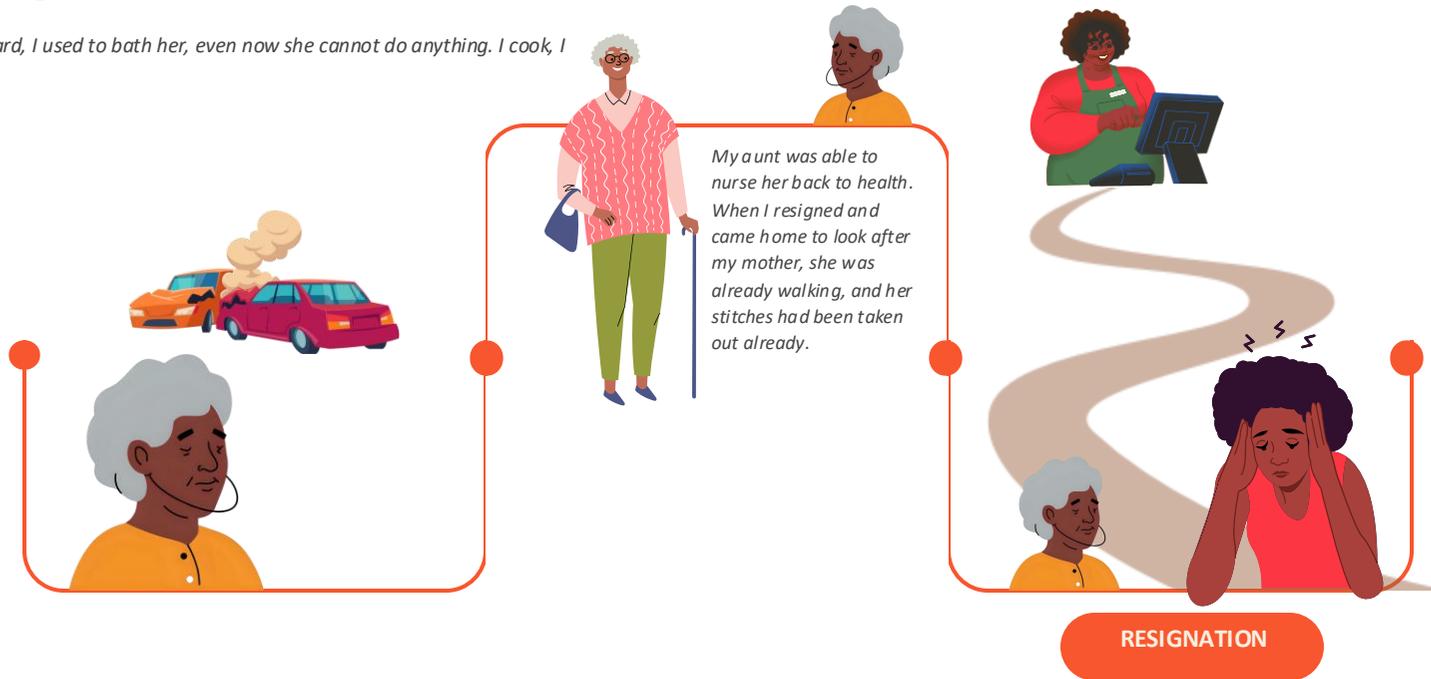




**42 years old, single**  
**Living in rural KwaZulu-Natal**

*I moved back home two months after she was back and my aunt had to go back to her home, my mother could not be left alone, my brothers who were home at the time could not have done an adequate job as men.*

*After the accident, it was hard, I used to bath her, even now she cannot do anything. I cook, I clean, I fetch water.*



*It was a hard decision to make, I knew that it meant that I was giving up so much by moving back home as my mother's caregiver and that would mean giving up so much, my economic generating capability, my social life, it was a very hard and sad decision that I had to make but I made it because she is my mother, she is my mother.*

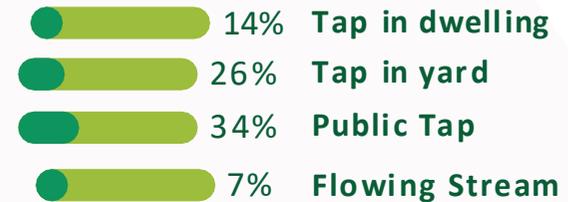
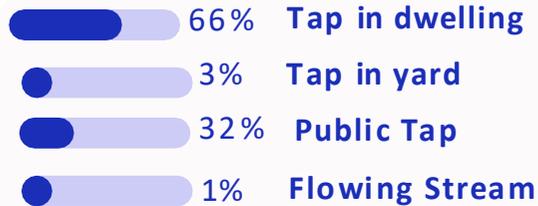
# (a) Care in Disabling Environments

## OPG BENEFICIARIES' HOUSEHOLD LIVING STANDARDS IN SOUTH AFRICA

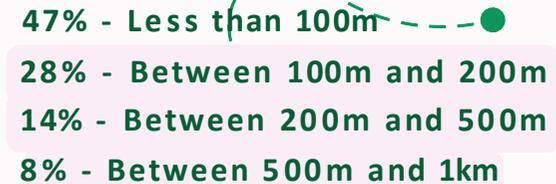
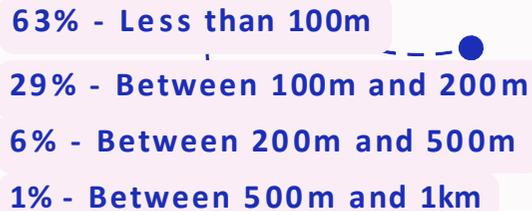
### URBAN

### RURAL

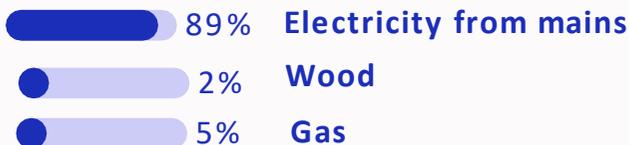
### HOUSEHOLD WATER SOURCE



### DISTANCE FROM WATER SOURCE



### HOUSEHOLD ENERGY SOURCE



86%  
OF OPGB HOUSEHOLDS  
HAVE  
ELECTRICITY

86%  
OF OPGB HOUSEHOLDS  
HAVE  
ELECTRICITY



# Lack of Access to Adult Incontinence Products in South Africa



“The home carers...they would bring diapers, like now that they don't do that anymore I don't know how we are going to make do because we bought pull up diapers because it is easier for her to use and sometimes she doesn't want to ask for much help then she just wants to put on a pull up and if we decide that we are going shopping a bit so that she can get out a bit then we just put one on for her quickly, then we buy it at clicks. But now that the home-based nurses are not here anymore then we are going to have to buy it for her”

## Older Person Act of 2006

### Section 2.10

“available plans and information relating to Incontinence management, including appropriate aids and appliances, including commodes, incontinence pads and catheters.”

# How do Older Person Households Secure Food in South Africa?



LOAN SHARK BORROWING

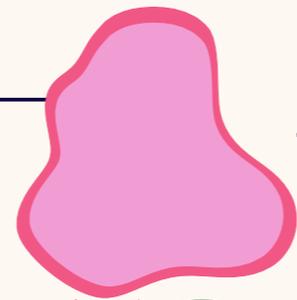
ACCESS TO SUBSIDISED FOOD



FOOD PARCELS FROM NON-RESIDENT FAMILY MEMBERS



LOCAL INFORMAL ARRANGEMENTS



MANAGING FOOD INTAKE



# Financial Tensions in Older Person Households in South Africa

"We use that to live, all of us, we have to take from the pension give and give. I do not know till when it is that what is breaking our heart. We thought they would study, finish, then carry us; we see that it is not happening. The only person working is Nosipho, she is better because she works, she gives us small things, what she can"

## UNEMPLOYMENT

"We are constantly struggling and just not coping"

## CAREGIVING TENSIONS

"For me as a caregiver, a stipend of maybe R500 for the work I do looking after my mother would be helpful. So, I can buy toiletries, underwear and just have dignity. Because now I do not work, and I am doing this work as a carer, but I am not compensated for it"

## FAMILY HOME ADMINISTRATION

"Oh there is a problem, there is a problem here, let me tell you, my husband died the title deed is here. We cannot change it its hard, municipality do not explain to us who is responsible of doing the changes. They told me that I needed a lawyer. I don't know how to pay the lawyers. I tried everything we don't know where to get help."

## MONEY LENDING

"...it is neighbours, they always come to borrow money, if we have money to spare, we give it to them... the neighbours, I told you, they do not return the money we give to them, and this is not fair because you know we all

## MANAGING FOOD INTAKE

"...we try to reduce sugar intake the problem is starch. The cost of living is too high. I cannot afford to buy healthy food all the time. I eat uphuthu, also eat samp, which I should not be eating because it is starch."



# LTC IN LMIC IS FAMILY CARE: WHAT ARE THE ASSUMPTIONS?

- THE FAMILY HAS THE CAPACITY TO CARE
  - Family caregivers of older persons are able bodied and can care.
  - Family members are available to care
  - Family members will help and that helping is evidence of good care
  - Living at home within the community maintains and promotes the well-being of older persons.
- Institutions and their practices are enabling
  - The built environment and access to services is disabling and constrains family care
  - Access to services in relation to mobility as well as personal care are disabling

# THANK YOU



[www.familycaregiving.org.za](http://www.familycaregiving.org.za)

