

Using the Demographic and Health Survey (DHS) to monitor the well-being of South Africa's older persons aged ≥ 60 years

Jané Joubert,¹ Debbie Bradshaw,¹ Beatrice Nojilana,¹ Lindiwe Makubalo²

¹ MRC Burden of Disease Research Unit

² South African Department of Health



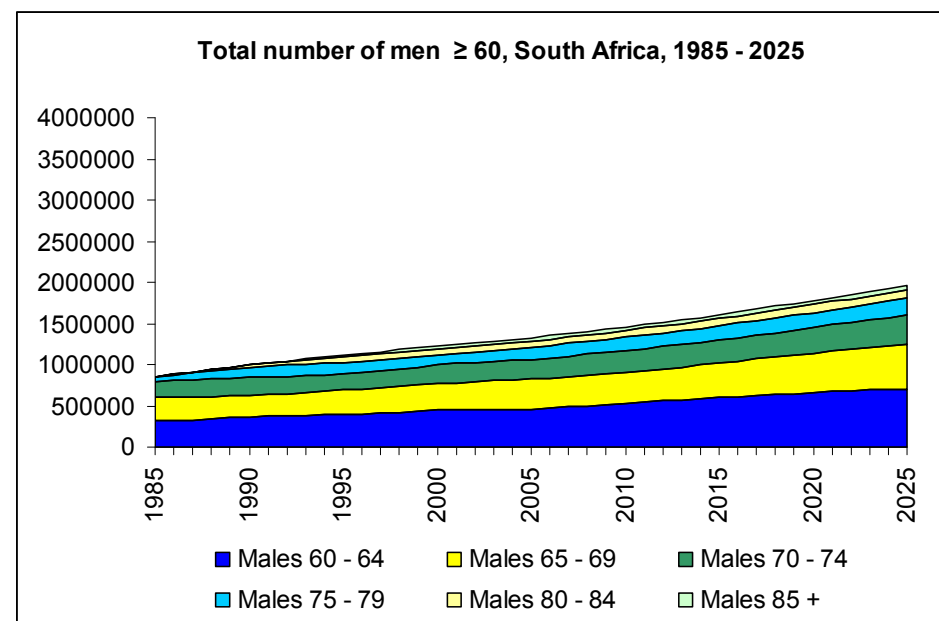
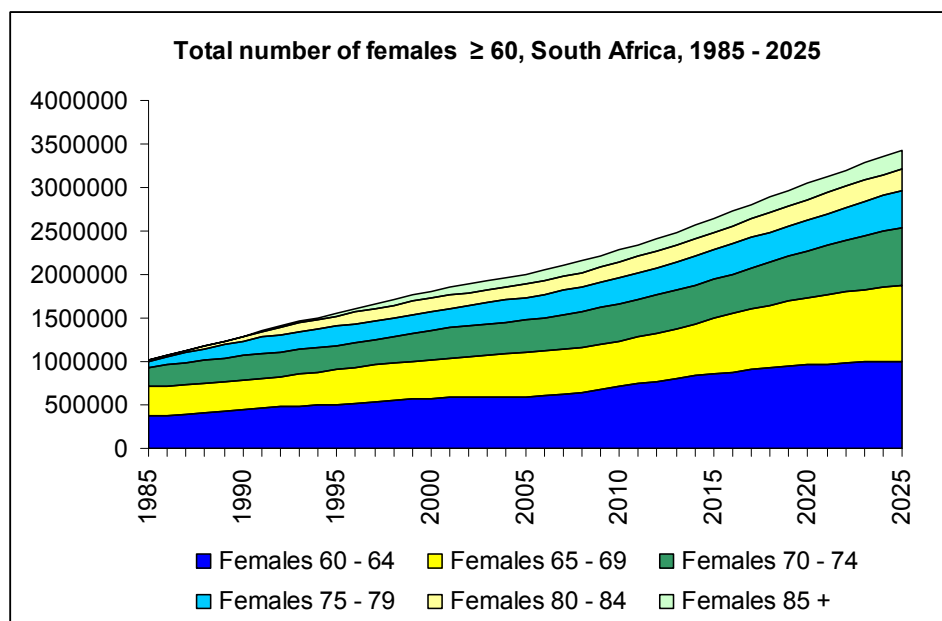
South African Medical Research Council

BUILDING A HEALTHY NATION THROUGH RESEARCH



Background

In South Africa, 7.3% of the population were ≥ 60 years in 2001, accounting for 3.28 million persons (Statistics South Africa, 2003). Though 7% is much smaller than the developed world's average, it is among the highest proportions in Africa. Despite the impact of HIV/AIDS, the number is projected to increase over the next two decades, particularly so among older women, as shown below (ASSA, 2005).



Source: Actuarial Society of South Africa, 2005



Background (cont'd)

Population ageing often occurs in tandem with disease profile changes in a society, leading to changing health needs with an often greater demand for chronic care. Despite population ageing being generally associated with rising demands on the health-care system, and individual ageing being generally associated with changing physiological, physical, mental and cognitive functional capacities (National Academy of Sciences, 2001), there is limited national data to review the health and well-being of older persons.

Since democratic governance in 1994, South Africa has not conducted any special surveys focused on the health and well-being of older persons. During this time, the country has undergone extreme and rapid social change, and has been severely hit by a fierce HIV/AIDS epidemic. Older persons are adversely affected by the epidemic through added responsibilities and emotional and financial stressors (Ferreira *et al.*, 2001; Johnson *et al.*, 2003; Knodel & VanLandingham, 2000; Ntozi & Nakayiwa, 1999), which, in turn, may affect their health and well-being.

Aims

The South African Government acknowledges that the population is ageing. It has participated in international initiatives such as the 1999 International Year of Older Persons and the 2002 World Assembly on Ageing which has served as an important impetus for increased responses to ageing. The aim of this poster is to review Government's responses to ageing, and in the absence of older-age-specific measuring instruments, to illustrate how the South Africa DHS (SADHS) can provide national empirical information on the health and living conditions of older persons.

Methods

Governmental initiatives were identified via a literature review of relevant materials, and collaborative work between government and the MRC. The 1998 and 2003 SADHS surveys are national household surveys conducted by the Department of Health with technical support from a range of agencies. These were based on interviews conducted with the residents of a nationally representative sample of households, stratified by province and urban/non-urban areas.



Methods (cont'd)

The survey utilised five questionnaires, of which the Household (HQ) and Adult Health Questionnaires (AHQ) captured information about older persons. All usual members and visitors in the selected households were listed in the HQ, and data including age, sex, and injuries experienced in the last month were collected for each person. Information about the dwelling included type of energy, sanitation and water supply, and presence of various consumer goods. The Adult Health Questionnaire, applied to all adults in every alternate household, included questions about risk factors, self-reported chronic conditions, and health service utilization. Anthropometric and blood pressure measurements were also done. Standard DHS procedures such as intensive training, supervision and checking of questionnaires were applied.

	Household Schedule		Adult Health Questionnaire		Number of respondents ≥60 years	
	Realized sample	Response rate	Realized sample	Response rate	Household Questionnaire	Adult Health Questionnaire
1998 DHS	12 247	96.9%	13 827	92.6%	4 729	2 163
2003 DHS	7 756	84.5%	8 115	84.4%	2 717	1 059



Findings: Policy and Legislation relating to Older Persons

In line with the International Plan, the Department of Social Development has shown considerable commitment towards older persons' well-being by promoting and championing care and support services, and enabling environments for older persons. Similarly has the Department of Health committed itself towards health concerns of older persons. Legislative and policy initiatives, include:

- the Older Persons Act;
- the Older Persons Policy;
- the Bill of Rights prohibiting unfair discrimination on the basis of age;
- Guideline for Promotion of Active Ageing in Older Adults at Primary Level;
- National Guideline on the Prevention of Falls in Older Persons;
- National Guideline on the Prevention, Early Detection and Intervention of Physical Abuse of Older Persons at Primary Level;
- the Ministerial Committee on elder abuse and neglect; and
- the National Health Act with provisions allowing older persons access to free primary health care, while older persons in receipt of a social grant receive secondary health care services free of charge at public hospitals.



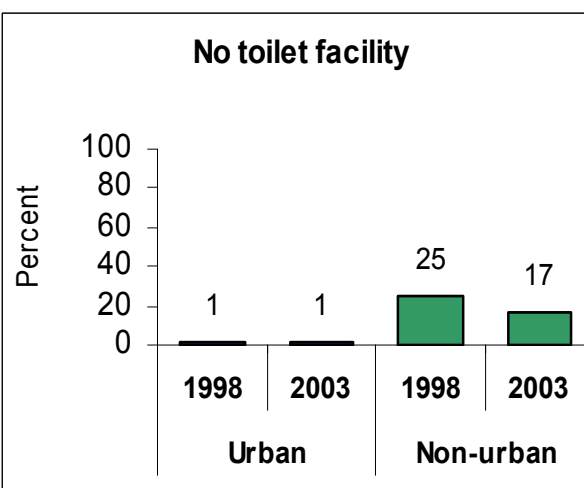
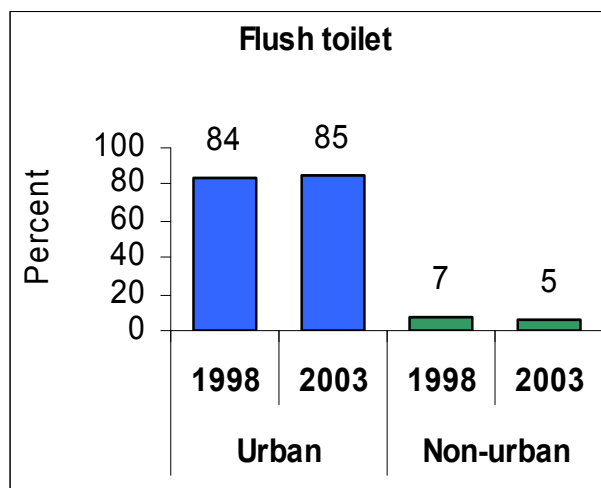
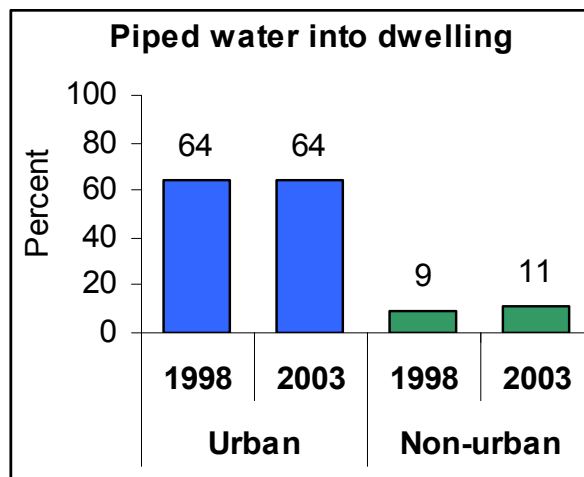
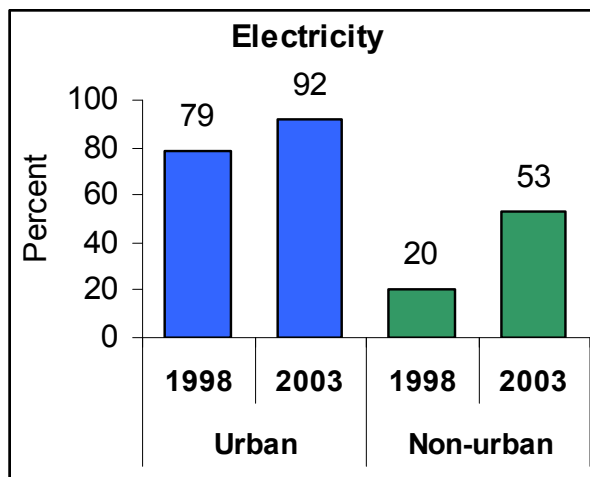
Social Security and Support to Older Persons

The struggle against poverty among older persons, and the eradication thereof, is a fundamental aim of the International Plan of Action on Ageing. Article 13 of the Political Declaration presented at the Second World Assembly on Ageing stresses the primary responsibility of governments in promoting, providing and ensuring access to basic social services for older persons (United Nations, 2002).

Local programmes responding to these responsibilities, include:

- social security directly facilitated by the Department of Social Development in the form of the longstanding provision of the non-contributory Older Persons Grant, currently R870 (about US\$ 122) to eligible older persons. The social security offered through this grant, and its economic impacts, are extraordinary and incomparable in this poor region of the world; and
- Department of Social Development provides subsidies to a range of NGO's, including social work services, organisation of community and intersectoral programmes, and subsidies to community-based care that provides support to community-living older persons (Joubert & Bradshaw, 2006).

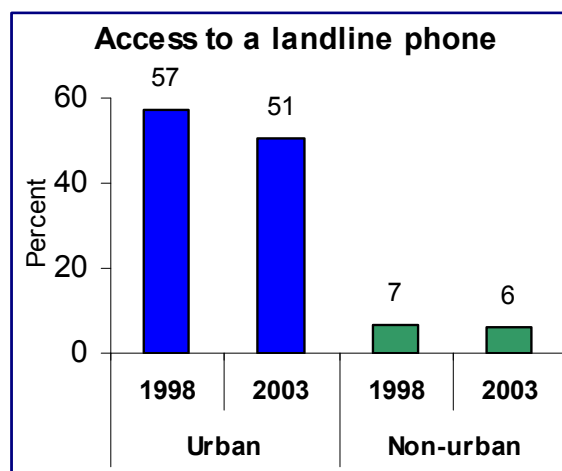
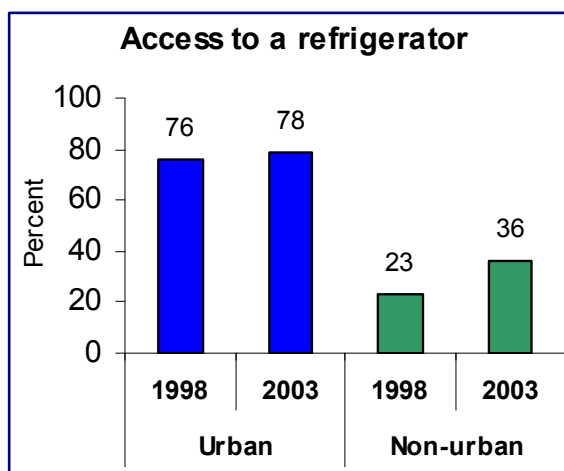
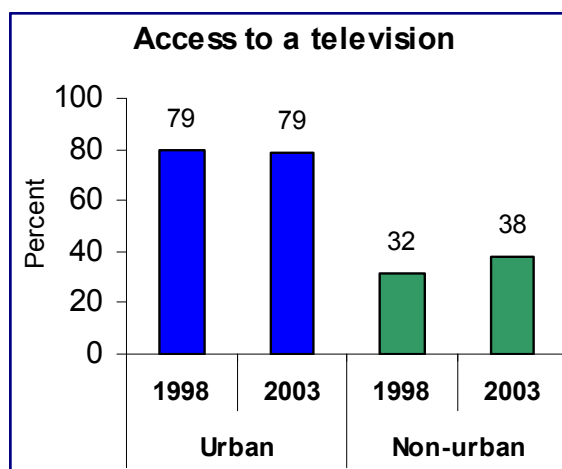
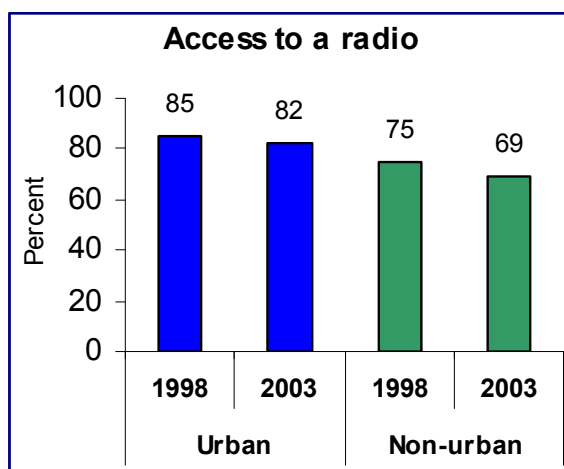
Living conditions: Comparing 1998 and 2003 SADHS for urban and non-urban areas



- Access to electricity in non-urban areas has improved substantially from 1998, but continues to be less than ideal.
- Limited improvement over time is illustrated for access to piped water and improved sanitation facilities.
- These findings pose challenges to older persons whose physical abilities and mobility generally decline with increasing age, and, in this way, is likely to impact on their well-being.

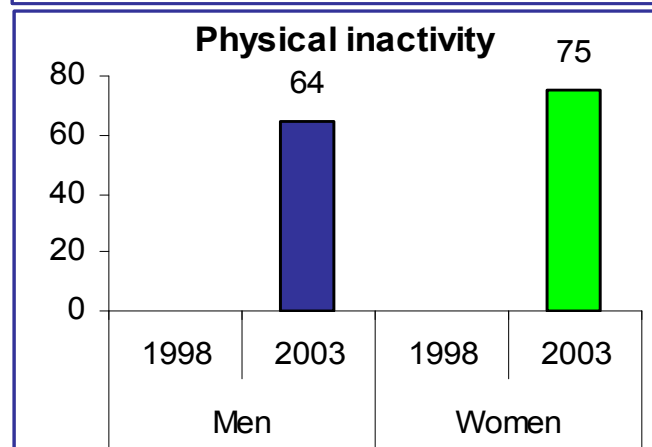
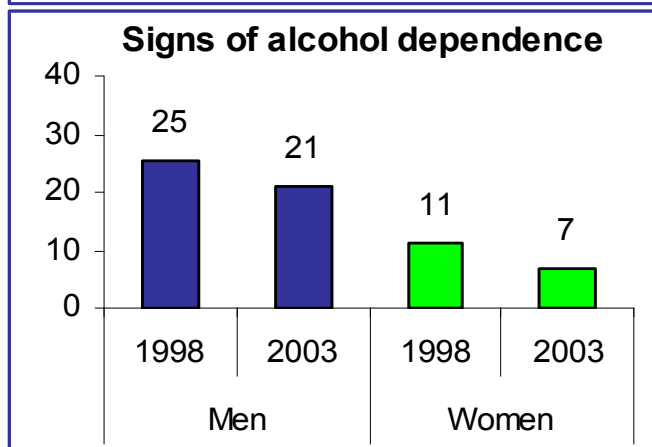
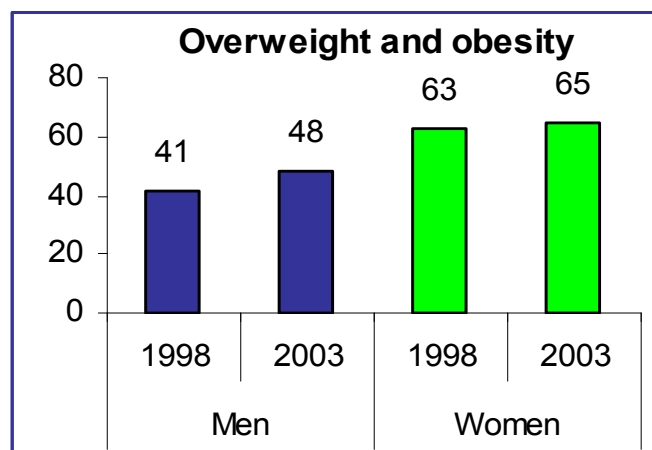
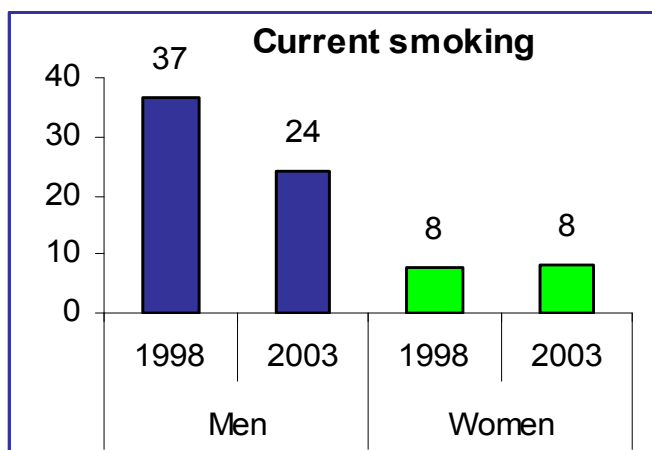


Access to household durable goods: Comparing 1998 and 2003 SADHS for urban and non-urban areas



- Radio and TV pose important possibilities in disseminating health information, and facilitate access to an important form of leisure and relaxation.
- Access to a phone is useful in participating in societal life, and in this way contribute to the maintenance of personal well-being. It can be critical in sickness, emergency or loneliness.
- Increased access over time is shown for some amenities, but, considering *all* amenities, there were more with stagnated or decreased access.

Risk factors for chronic disease in older men and women, 1998 and 2003 SADHS



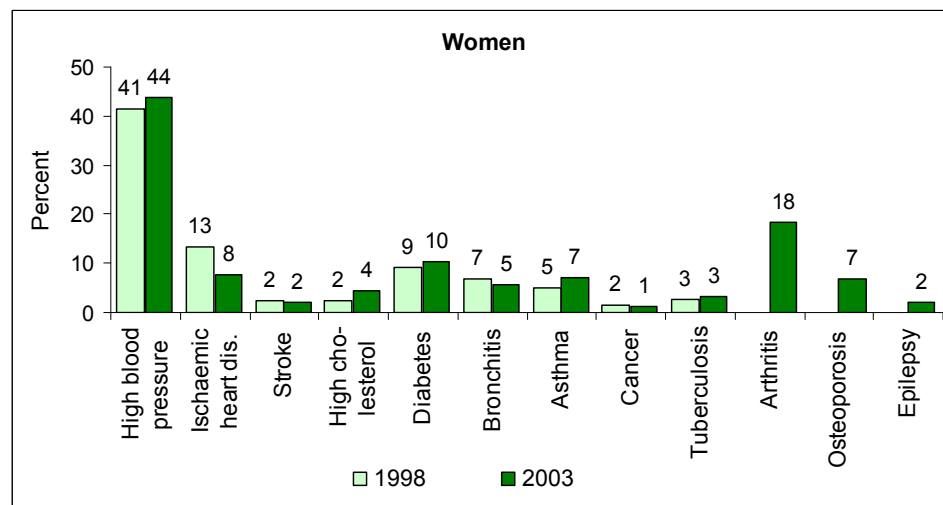
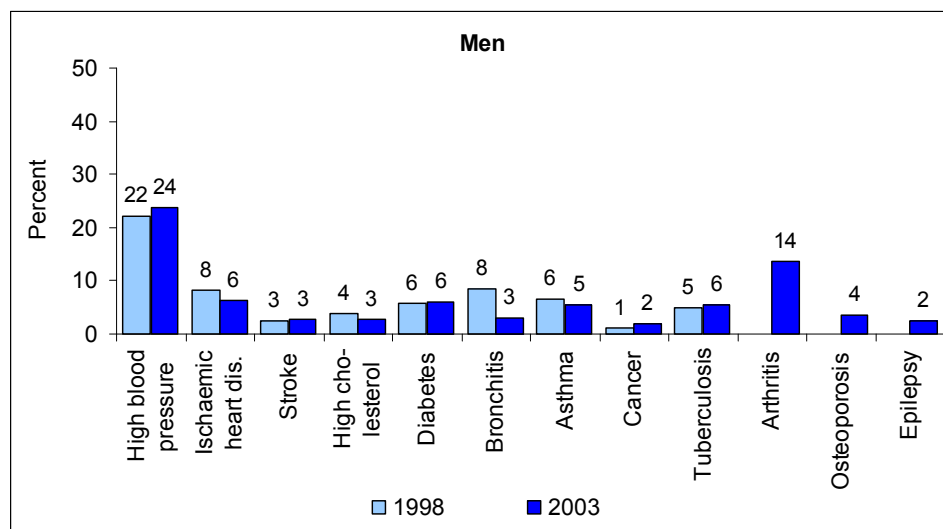
- Male smoking shows a large decline over time, but female levels have been maintained.
- High proportions of men and women have levels of BMI and physical inactivity that are associated with increased risk of various debilitating chronic conditions.
- Slight declines in alcohol dependence is seen over time, but a high proportion of men remain at risk for disease and injuries associated with alcohol abuse.

Alcohol dependence assessed through the CAGE questionnaire.
Physical Inactivity not measured in the 1998 survey.



Building a healthy nation through research

Self-reported prevalence of chronic disease in older men and women, 1998 and 2003 SADHS

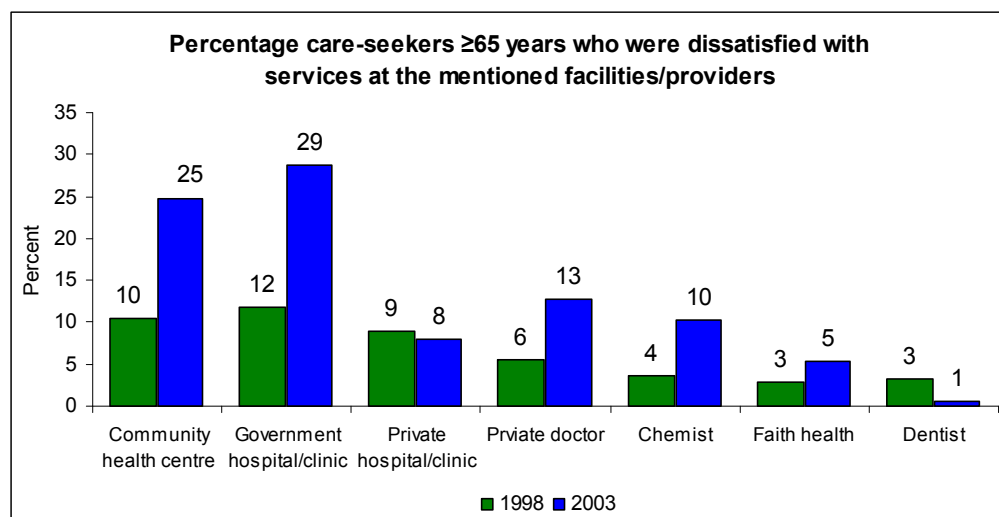
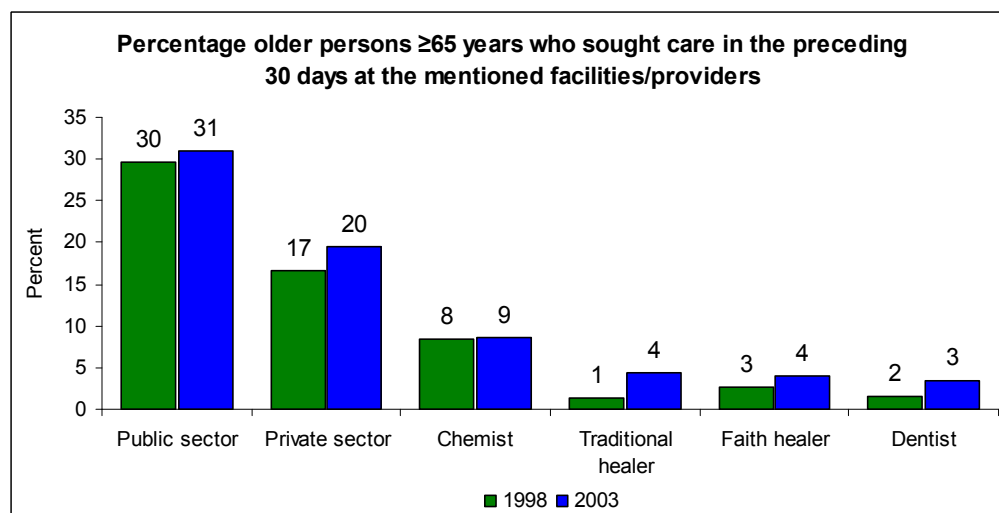


- Similar to the 1998 survey, the 2003 results indicate that high blood pressure is by far the most commonly reported chronic condition among older persons, with a large gender differential.
- Reported levels of diabetes and osteoporosis among women is about twice as high as that in men.
- Prevalence for most conditions is similar over time, excepting much lower reported male bronchitis and female ischaemic heart disease (IHD). The unexpectedly higher female than male reporting of IHD in 2003 may be indicative of the caution needed when interpreting self-reported levels of chronic conditions.



Building a healthy nation through research

Health services attended, and dissatisfaction with services, 1998 and 2003 SADHS



- While the proportion of persons ≥ 65 years seeking care at selected facilities/providers remained similar over time, substantially higher proportions of care-seekers were dissatisfied in 2003 with health services generally, excepting services from a private hospital or clinic and dentist.
- Bearing in mind that the number of older persons has been growing at a rapid rate over the past decade (ASSA, 2005), similar proportions seeking care in 1998 and 2003 represent increased numbers between surveys, and therefore an increased load on health care services.



Injuries and physical violence in older persons: 2003 SADHS

- Two percent of older persons experienced a serious injury in the preceding 30 days, with urban and non-urban incidences similar in men and women.
- Four percent of older persons reported being physically attacked one or more times during the past 12 months.
- Types and place of attack differed by gender:
 - in men, attacks were most commonly in form of pushing, shaking, or throwing something at the victim,
 - in women, attacks were most commonly in the form of being threatened with a knife, gun, or other weapon;
 - 44% of male victims were attacked at home, 41% on a public road,
 - 71% of female victims attacked at home, 10% on a public road.
- The particular vulnerability of older persons is demonstrated in that older persons, more than any other age group, tend to be attacked *in their homes*, a finding that is supported by data from the National Injury Mortality Surveillance System (Joubert & Bradshaw, 2006).



Conclusions

Commitments at the policy and legislative level reflect considerable keenness to enhance older South Africans' health and well-being. These commitments are a good foundation, but the survey data show that more needs to be done to optimise the country's commitments to the Madrid Plan, and to ensure that the policies are translated into budgetary allocations and effective implementation in communities and service organisations to enhance the health and well-being of older persons.

The SADHS can provide valuable empirical information on the health and living conditions of older persons that can be used to identify aspects and areas where progress has been made, and areas that need attention to improve environmental conditions and health services. However, such a general survey has many limitations when considering one sector of the population, and it is recommended that surveys focusing on older persons *per se*, with much larger samples and focused, older-persons-specific instruments and contents, be undertaken.



The SADHS is a project of the National Department of Health. Web address for more info: www.doh.gov.za

The 1998 SADHS Full Report is available at:

<http://www.doh.gov.za/docs/index.html> and www.mrc.ac.za/bod/bod

References:

- Actuarial Society of South Africa AIDS Sub-committee. 2005. ASSA2003 AIDS and Demographic Model. Accessed online at <http://www.assa.org.za/aids/content.asp?id=1000000449> on 24 April 2007.
- Ferreira M, Keikelame MJ, Mosaval Y. 2001. Older women as carers to children and grandchildren affected by AIDS: A study towards supporting the carers. Cape Town: University of Cape Town.
- Johnson S, Schierhout G, Steinberg M, Russell B, Hall K, Morgan J. 2003. AIDS in the household. In: P Ijumba, A Ntuli, P Barron (Eds). South African Health Review 2002. Durban: Health systems Trust.
- Joubert JD, Bradshaw D. 2006. Population ageing and health challenges in South Africa. In: K Steyn, J Fourie, N Temple (Eds). Chronic diseases of lifestyle in South Africa: 1995-2005. Cape Town: Medical Research Council.
- Knodel J, VanLandingham M. 2000. Children and older persons: AIDS' unseen victims. American Journal of Public Health; 90(7): 1024-1025.
- National Academy of Sciences. 2001. Preparing for an Aging World: The Case for Cross-National Research. Washington, DC: National Academies Press.
- Ntozi J, Nakayiwa S. 1999. AIDS in Uganda: How has the household coped with the epidemic? In: IO Orubuloye, JC Caldwell, J Ntozi (Eds). The continuing HIV/AIDS epidemic in Africa: Response and coping strategies. Canberra: Health Transition Centre, Australian National University.
- Statistics South Africa. 2003. Census 2001: Census in Brief. Report no. 03-02-03(2001). Pretoria: Statistics South Africa.
- United Nations. 2002. Report of the Second World Assembly on Ageing. Madrid, 8-12 April 2002. New York: United Nations.