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Successful ageing amongst elderly women living independently in central areas Of Pretoria, South Africa

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Abstract

This qualitative study explores successful ageing among a group of old women who live in the central areas of Pretoria in South Africa. It utilised the notion of successful ageing as a theoretical construct to examine how the women adapt to the challenges of old age. The study reveals that participants who had overcome difficult challenges in previous life stages by relying on their own resources are the most likely to adjust comfortably to the challenges of old age as well as the complexities encountered in the diverse central areas of Pretoria.

Key words: *Elderly, life course perspective, successful ageing, living independently, South Africa*

Résumé

Cette étude qualitative explore un vieillissement réussi parmi un groupe de vieilles femmes qui vivent dans les zones centrales de Pretoria en Afrique du Sud. Il a utilisé la notion de vieillissement réussi comme une construction théorique d'examiner comment les femmes adapter aux défis de la vieillesse. L'étude révèle que les participants qui ont surmonté des défis difficiles dans les stades de vie antérieures en se fondant sur leurs propres ressources sont les plus susceptibles de régler confortablement aux défis de la vieillesse ainsi que les complexités rencontrées dans les zones centrales de divers Pretoria.

Mots clés: *personnes âgées, la perspective de parcours de vie, vieillissement réussi, vivent de façon autonome, l'Afrique du Sud*

Introduction

Over a decade ago, the United Nations (2002:1) noted that:

We celebrate rising life expectancy in many regions of the world as one of humanity's major achievements. We recognize that the world is experiencing an unprecedented demographic transformation and that by 2050 the number of persons aged 60

years and over will increase from 600 million to almost 2 billion and that the proportion of persons aged 60 years and over is expected to double from 10 to 21 per cent. **The increase will be greatest and most rapid in developing countries where the older population is expected to quadruple during the next 50 years.** This demographic transformation challenges all our societies to promote increased opportunities, in particular opportunities for older persons to realize their potential to participate fully in all aspects of life (emphasis added).

This observation alerts us to the issue of old age. In Africa, reportedly characterised by youthful populations (World Development Report 2007: 33) the old age population is, nevertheless, growing. It was estimated that the number of Africans aged 60 and older would increase from 38 million in 2000 to 212 million in 2025 (Apt 2001: x). In South Africa, there are 4 million people above the age of 60: those between 60 and 64 years were 3 million in 2011 (Stats SA) and those above 65 years were reported to have grown significantly from 4.9% in 2001 to 5.3% of the total population in 2011. In the City of Tshwane, which is the focus of this paper, the percentage of people older than 65 years grew from 4.1 to 4.9 per cent from 2001 to 2011 (StatsSA 2012b: 5).

With such an increasing number of people reaching an advanced age, many issues arise, in particular, the issue of suitable accommodation arrangements. In 2001, 2.1 out of 2.2 million people over the age of 65 years lived in household units in South Africa (StatsSA 2005:177). Of these, affluent elderly people in South Africa live in gated retirement villages (Goldhaber and Donaldson 2012a & 2012b) while the elderly poor, who often, acts as a resource person (financially – due to old age grants) tends to live within the family households (see for example Kimuna & Makiwane 2007). A general observation is the sharp increase in what could be referred to as collective living quarters (including old age homes and institutions) for the elderly. A significant number of white women live in such establishments (StatsSA 2005:178). One of the critical issues of concern in this regard is that African governments, including South Africa, can hardly afford to institutionalise large numbers of older people if they were to become frail, and families are not always willing or available to take care of them either. In recognition of this, perhaps, the South African Older Persons Act no 13 of 2006 (Department of Social Development 2006:8) advises that there should be a “shift [in] the emphasis from institutional care to community-based care in order to ensure that an older person remains in his or her home within the community for as long as possible”. Given this, this study focused on elderly people living in age integrated communities (not old age homes). The key research questions are:

What constitutes successful ageing for elderly women living independently in a dynamic social environment such as the Pretoria central areas?

The aim of this article is to add insight to the life world of elderly people living independently (not in old age homes or with adult children) by focusing on 12 elderly women who live alone in central areas of Pretoria (for this research comprising of the inner city, Sunnyside, Arcadia and Capital Park), South Africa.

Alpaslan (2011), with students as fieldworkers, gave a baseline overview of elderly residents living in Sunnyside (some in old age homes) where he commented on the resilience of elderly people in this particular area. Although resilience has become a very popular theoretical construct to help understand how people cope with adverse life experiences (Wagnild 2003), a theoretical approach that has been associated with gerontology studies for a long time, namely successful ageing (see Alley, Putney, Rice & Bengston 2010), will be employed in this article to add richness to the analysis of the elderly. Another term, namely *supercooper*, is also used to show the complexities of successful ageing in particular contexts. In this study, successful ageing is not analysed by focusing on indicators of functioning (such as Activities of Daily Living; see detail below), but, rather, by focusing on the ability to adjust and cope with the demands of old age. This is known as the dynamic adaptation process, an ability that may be better understood if previous life experiences are taken into consideration, implying the inclusion of the life course perspective.

2. Background

The abovementioned central areas of Pretoria have been specifically selected for this study, since they have been described as a haven for older people in the past (*cf* Alpaslan 2011: 114-116). The advantages of living in the central areas of Pretoria include most amenities being within walking distance and a bus service. Choosing these central areas as a place of residence is therefore practical, especially when one does not drive a car, cannot afford a car, or is no longer driving because of health risk factors. These areas have been a popular choice for elderly white people to live in for decades. Those from other racial categories were legally prohibited from settling there during the *apartheid* years (Van der Burgh *et al.* 1983). The enforcement of the Group Areas Act of 1950, in particular, resulted in people of different racial categories living in separate areas in South Africa.

After the abolition of the Group Areas Act in 1991 and the first democratic elections in 1994, South Africa underwent remarkable political changes, which dramatically affected the demographics and character of the capital city, Pretoria. Within less than two decades, the former “white only” Pretoria central areas changed to a population with an overwhelming number of black residents.¹ In addition, high numbers of foreigners from various other African countries have also moved into the central city areas during the last decade. As more and more black residents moved in, large numbers of white people moved out.

¹ According to the 2001 census, one of the central areas, Sunnyside, comprised of 60 per cent black, 3 per cent of mixed descent, 2 per cent Indian/Asian and 34 per cent white residents.

Today, the central areas of Pretoria has a negative image because it is riddled with crime, overcrowding, deterioration of buildings, high noise levels, litter and poverty. This negative image is similar to a Johannesburg study (Ferreira & Rip 1990) more than two decades ago, which was highlighted by Alpaslan (2011). The deterioration of certain buildings in the Pretoria central areas is noticeable; so also is the overcrowding of specific apartment blocks. The methodology of the study is outlined below followed by a discussion of the concept of successful ageing and the findings.

3. Methodology

The research population for this study was those who live in one of the central areas of Pretoria in a household where they are not dependent on their adult children. People living in old age homes were excluded since they live separately from people in other age categories for most of their day and many services, such as preparing of meals, are delivered to them.

Since in-depth information on the lives of research participants meeting specific criteria was sought, a qualitative research design and purposive sampling (see Babbie 2013:129) were decided upon. I approached three resource people working in the central areas of Pretoria (a city councillor, a medical doctor and a social worker) and an organisation called Pretoria Care of the Aged. These four contact points yielded twelve women who were willing, available and able to be interviewed after which the great number of noted similarities in the interviews indicated that saturation was reached (see Sandelowski 1995).

With non-probability sampling methods a biased sample may be obtained and, in this particular sample, the racial and gender aspects are particularly noteworthy. Eleven of the twelve women were white and one was Indian. This is not an unexpected racial division, since black people moved gradually to the Pretoria central areas after the demise of apartheid. Most people move to cities for better socio-economic opportunities and, therefore, large numbers of elderly black people will most likely not form part of such intra-migration to the city. Apart from the racial bias, no elderly men were willing to be interviewed. Again, this is not surprising since there are fewer men in these age categories; but, more specifically, only two men, out of a total of approximately 20 people, attended sessions held by the Pretoria Care of the Aged and no other contact details for men could be obtained. Apart from racial and gender biases, Blodgett, Boyer and Turk (2005: par13) point out that purposive sampling may result in encountering a certain type of personality who tends to be more outgoing, social and friendly but they may also be informative research participants on certain topics since they have various social contacts.

3.2 Research interviews and ethics

I conducted all twelve of the interviews and transcribed them over a period of five months during 2010. The research participants were all interviewed in their homes or at a community centre, after appointments had been made via telephone/mobile phone or through a resource person at *Pretoria Care for the Aged*². All the research participants gave their informed consent to take part in the research and have their interviews audio-taped (willing participants with illnesses that affect cognitive functions, such as Alzheimer's, were not interviewed as I am not qualified to ascertain whether they would understand what informed consent implies). The research participants were assured of their right to withdraw from the interviews or refuse to answer specific questions at any time. They were assured that their participation would be anonymous and therefore only pseudonyms are used in this article. The audio-recorded interviews were held either in Afrikaans or English (depending on the home language of the research participant), transcribed, and the relevant sections from the Afrikaans transcripts were translated (since I was the sole researcher, I consulted others, who are also fluent in Afrikaans and English, on the translation of certain vernacular expressions).

The discussions were relaxed and in certain cases included drinking tea, showing me photographs/documentation related to leases and newspaper clippings, interruptions by visitors/telephone calls, and tours through apartments or apartment buildings. I used an informal conversation style in the interviews, and the research participants provided most of the information I wanted to explore without my having to probe. A balance was struck between formality (since I came from a well-known university with a specific purpose) and familiarity (since I spoke their home language and live in the same city), which seemed to be conducive to in-depth interviews in which open and frank discussions were held; I was even let in on family secrets in one case (although I was requested to switch off the audio recorder beforehand). I was always mindful of the fact that research participants construct their experiences for my benefit in a particular manner and that they may even disclose information that should be kept confidential, as they may feel regret after an interview for divulging too much about themselves to a stranger. As is often the case, the ordinary aspects of their lives may be more insightful than their secrets (*cf* Blodgett et al. 2005: par 13-14; Mason 2003: 7-8; Silverman 2001: 300-301).

3.3 Data analysis

The transcribed interviews were analysed by making use of thematic coding (Babbie 2013: 396-398; Neuman 2003: 441-444). Certain of the identified themes from this coding process resonate with those identified by Alpaslan's (2011) research on the elderly

² An active NGO focusing on elderly people living independently in the Pretoria central areas.

in Sunnyside for example references to crime. These themes are briefly highlighted in the next section after which case studies are presented in more detail to demonstrate the complexities of living independently, coping with the challenges of advanced age and a changing socio-historic environment.

3.4 Research profile

Of the twelve research participants who were interviewed, eleven lived in the central areas of Pretoria and one had moved out of the area two years prior to our interview. The latter was included in this study to gain some perspective on alternative choices for elderly women. With the exception of one Indian research participant, who moved recently from Durban to Pretoria, each of the research participants has lived in Pretoria for more than fifteen years, but only two have lived in Pretoria throughout their lives.

The ages of the 12 research participants vary greatly, with the eldest being 92 years old. Five women were in their eighties, two in their mid-seventies, two in their sixties and the remaining two were 54 and 59 years old. Chronological age on its own is not a good indicator of “old age”³, since various other factors, such as health and socio-economic circumstances, impact greatly on the experience of old age (Baltes and Smith 2003). In this particular study, the research participants were identified by others (resource people) as “elderly people”⁴ (these identified people were all 80 years of age and older) or they regularly attended meetings held by *Pretoria Care for the Aged*.

Five of the women were widows (three had outlived two husbands), two were married, one was single, and four were divorced (including one who had been divorced twice). Apart from Mrs Hugo, who has moved in with her children, two other women also mentioned that their children wanted them to move in with them, but they prefer to live alone, and it is clear that independence is regarded as a core value of their existence. Seven of the women in this study are partly dependent on food parcels and other material support from the state and welfare organisations in order to make ends meet.

4. Successful ageing

Over the last few decades, advanced ageing population structures in certain regions of the world (e.g. Western Europe, Japan and Northern America) intensified the attention paid to later life. Research on ageing within bio-medical, psychological and social disciplines has proliferated. Concomitantly, theoretical approaches abound in this field, as seen in the increasing use of theories by empirical researchers (Alley et al 2010).

³ For this reason the complex old age categories such as ‘young old’ and ‘old old’ or the ‘third’ and ‘fourth age’ were not used.

⁴ The term ‘older persons’ is preferred by the United Nations but this term is confusing in everyday conversations since people may ask ‘older than whom?’ whilst terms such as elderly and aged are understood and used by research participants and resource people. For this reason the term elderly has been retained in this article.

Within this growing field, successful ageing models have come to the fore as a tool to evaluate the level of functioning amongst older people.

The term successful ageing was originally proposed by Rowe and Kahn (1987), who wanted to break the practice of distinguishing only between pathological and non-pathological classifications of old age. The authors distinguish between usual and successful ageing and noting that both are non-pathological states. Rowe and Kahn (1997: 433) define successful ageing as “including three main components: low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life”. Rowe and Kahn (1997: 433-34) elaborate: “interpersonal relations involve contacts and transactions with others, exchange of information, emotional support, and direct assistance. An activity is productive if it creates societal value, whether or not it is reimbursed.”

Bryant, Corbett and Kutner (2001: 928) expound how successful ageing has often been quantified, also in South Africa (*cf* Møller & Ferreira 1992), by focusing on specific variables such as activities of daily living (ADLs). ADLs refer to basic physical activities, such as feeding oneself and dressing. Instrumental Activities of Daily Living (IADLs) include more elaborate activities that may require interaction with a wider range of people, such as shopping, managing money and going to places beyond walking distance. “Individuals can be ‘graded’ along a continuum of number and type of ADLs and IADLs they can perform without help” (Rubinstein, Kilbride & Nagy 1992: 16). However, it is generally agreed that successful ageing implies more than counting what people can do for themselves, and many quantitative studies include a section on subjective assessments of wellbeing or quality of life (*cf* Moen, Dempster-McClain and Williams 1992:1616; Schulz & Heckhausen 1996:704). In this study, none of the research participants experienced problems with ADLs, and most of them could comfortably engage in IADLs. This implies a further interrogation of what is meant by successful ageing.

Despite the widespread use of the term successful ageing, it is fraught with difficulties. First, a certain value judgement is implied if a term such as successful ageing is employed, which easily leads to a “Foucauldian gaze”. Often the life-worlds and preferences of specific older people are ignored in striving towards an ideal of activities amongst the elderly as it is believed that what active older people do (regardless of what “active” exactly means and whether it is indeed desirable) constitutes successful ageing (Katz 2005: 123-130; Schulz & Heckhausen 1996: 704). Furthermore, empirical problems arise with the use of successful ageing models since clear conceptualisation of the term is difficult, partly because researchers from various fields employ discipline-specific terminology without critical reflection. In addition, notions of successful ageing are culturally specific and lay people’s views on what constitute successful ageing also differ from those of researchers in that lay people emphasise a greater number of domains of successful ageing (Bowling & Dieppe 2005: 1550; Hung, Kempen & De Vries 2010: 1382; Schulz & Heckhausen 1996: 702).

A different approach to successful ageing is employed by Bowling and Dieppe (2005: 1549), who claim that successful ageing is an adaptive process that develops over one's life course when one is able to use past experiences to cope with current life circumstances. This process of adaptation resonates with the term "supercopers", which was coined by Bould, Sanborn and Reif (1989:78). These authors use this term to indicate how people may age successfully despite diminished capabilities. Once individuals lose the ability to do certain things for themselves, they have to adjust to these new circumstances and allow other people to help them, instead of stubbornly clinging to independence. This process is known as the **dynamic adaption process**.

Although this description of successful ageing is employed in this study (as stated in the introduction), it will be demonstrated below that such an understanding of successful ageing is not necessarily straightforward in that there is sometimes a thin line between being a "supercoper" and being unrealistic about one's coping abilities. Examples will be analysed to demonstrate the complexities of embracing successful ageing, and through an overview of major life events, a picture emerges of how diminishing capabilities, life transitions and challenges are dealt with. It will be argued that being a "supercoper" is easier if it is preceded by a lifetime of dynamic adaptation, which implies the importance of a life course perspective.

The life course approach adds value to successful ageing constructs by focusing on individual life trajectories, the current social context and how the ageing process is experienced within a specific period of history (*cf* Elder 1978: 26; Bengston, Putney & Johnson 2005: 14). In examining the relationships between the life course approach and successful ageing, the importance of trade-offs in later life (Schulz & Heckhausen 1996: 706) and multiple roles (Moen et al. 1992:1620) have already been identified. Trade-off refers to choices throughout life where investment of time and effort in a particular activity implies that less time can be spent on other activities. Moen et al. (1992:1632) found that involvement in multiple roles earlier on in life seems to promote both social integration and health in later life.

5. Findings: Supercoper?

Some participants in this study made comments or decisions that may appear as if they are ignoring the harsh realities of their vulnerable positions in the city and being unrealistic about their current life circumstances. The following six examples illustrate this point: Mrs Jolene Blom had a death threat from a tenant in the apartment block where she is a caretaker. She brushes this threat aside, and furthermore makes comments such as: "I believe the heart attack I had the other day is utter nonsense". Mrs Jennifer Moodley noticed that people come into her room and move things around when she is not there and she did not report this to anyone. Mrs Bea Daniels was chased away from her car

guarding job by young male black car guards and she and her husband are gradually selling their furniture and appliances to make ends meet. Mrs Pat Miller and her adult son lived in a building that is rapidly deteriorating (the building has in fact been declared unsafe and officially closed in 2011) without actively trying to find alternative accommodation. Mrs Sally Rogers, who tried to commit suicide a few years prior to the research interview, prefers to know as little as possible about her serious illness, which will likely leave her paralysed within a few years. Mrs Evelyn Hendricks has no financial means or practical plan for a future if she may become frail or ill: she says: "I just hope I'll die in my sleep". All six women have financially independent children; but information regarding threats to their safety or health is either underplayed or withheld from their children.

At first glance it appears as if none of the participants above can be regarded as supercopers, since they ignore stressful aspects as much as possible; whereas a supercoper would be expected to deal with the stressor in a realistic manner. However, all these women have complex life circumstances and if a richer life story is provided, it becomes clear that they are adapting constantly to changed life circumstances. For example, Mrs Daniels and Mrs Hendricks are estranged from their children and Mrs Hendricks's daughter contributed to her dire financial position by leaving her mother in debt through fraudulent credit card use. One of Mrs Miller's two sons has been convicted of crime; her second son appears unable to live on his own for long periods and she lived with her daughter and her family for a few weeks when she had a foot operation. Mrs Moodley is on the verge of emigrating to Australia, where she will join her children and Mrs Blom, who has a serious heart problem, is considering moving in with her daughter, whose husband is a cardiologist. Mrs Rogers receives significant support from her sister, who lives nearby, and does not want to place additional stress on her only daughter by focusing on her deteriorating health. Considering more detail about an individual's life demonstrates that is not always clear-cut whether they are supercopers or not. The case of Mrs Harding will be discussed to illuminate this point.

Mrs Pauline Harding (92) underplays her health problems, despite the fact that she can barely keep her balance if she does not have her walking frame. Mrs Harding has lived in the same apartment for 42 years. She has no family members who live nearby and she seldom leaves the apartment. She has a few friends, but she prefers to attend to all her ADLs herself and only relies on others for IADLs (e.g. groceries are delivered to her door, and a maintenance worker at the apartment building is willing to run errands for her on a daily basis). She does not want to talk about her health and, when mentioning a clinic sister who visits her once a week, she says: "We only drink tea together".

When I ask her whom she will contact if she accidentally falls, it transpires that she has actually fallen a few times and that she then tries to cope with this on her own. She laughs when she conveys how she sat on a wooden tomato box to defrost her fridge and how the box's planks gave way beneath her. She fell into the box, and remained stuck there for some time before she managed to roll over and crawl around in order to

free herself. She believes that her closest friend, who is also an elderly woman and the caretaker of the building she lives in, would in any case not be strong enough to help her when she falls, and therefore it would be useless to telephone her.

Two stressful events have occurred over the past eight years; her second husband's health deteriorated after the first of these events and he passed away; her own health deteriorated after the second event. The first event took place in 2002, when some men followed Mrs Harding and her husband into their apartment and brutally attacked them:

They [the perpetrators] kicked him and they jumped on him, you know he was weak and he walked slowly ... They tied me up with my hands behind my back, put a whole shirt down my throat.

A few years after this traumatic attack, Mrs Harding, at the age of 90, was in a serious car accident which resulted in her being hospitalised for a long time. She returned to live in her apartment again, but she had to give up driving.

Taking the above into consideration, it seems as if Mrs Harding has difficulty living on her own since her support structures do not seem adequate and she is physically vulnerable. She does not seem to fit the category of a "supercoper", since she struggles to accept her diminished capabilities. Yet a broader view of her life brings additional aspects to the fore.

Mrs Harding lost her first husband to polio when both her children were financially dependent. She continued farming on her late husband's farm. Many years later, she met her second husband on a golf course (she continued playing golf well into her eighties). They moved to Pretoria and she was employed in the retail sector at a junior managerial level for many years. She also visited one of her children in a prime coastal vacation area shortly before I met her. This trip entails a two-hour flight as well as at least two and a half hours driving to and from airports. Furthermore, she maintains her apartment without any help (even though she could easily afford domestic services) and the apartment is neat and clean with good security (which was upgraded after the criminal attack); she can effortlessly sit cross-legged on a chair; she provides homemade snacks for her friends at their weekly scrabble meetings in her apartment; her own paintings hang on the wall in testimony to an ongoing hobby; she plays Sudoku games; she is well-informed about current news; and she is generally self-sufficient. Unlike some of the other women in this study, she does not have any financial problems (she had worked for the same company for a long period of time, and her second husband sold life insurance for a living, which probably both contribute to her current financial security), and she can gain entry into a specific home for the aged at any time she wishes. The fact that she has made contingency plans for when she cannot continue living on her own, and that she indicated that she may not be able to cater for the weekly scrabble meetings any longer (both her friends, who came to visit her while I was there,

immediately agreed that she should stop this, as it is unnecessary), do indicate some preparedness to accept a life stage that may include greater dependency on others.

In focusing on only certain aspects of this participant's life, a bleak picture may be painted, but if her previous successes in overcoming hardships, her recent unusually high levels of activity for a woman of her age, her network of friends and other support people, and the fact that she does ask for help from time to time are taken into account too, an entirely different situation emerges. Striking a balance between doing as much as possible for herself for as long as possible while being able to ask for help and accepting changed circumstances, may thus imply being a "supercoper", or exemplify successful ageing.

6. Life as a dress rehearsal for old age

Out of all the research participants, only Mrs Karin Hugo, Mrs Daphne Coleman and Mrs Anne Thompson described a happy childhood, stable marital relations and secure financial positions throughout their lives. Although Ms Marinda Pienaar never married and lost her mother at a young age, she also described a happy childhood with a loving father and secure employment with good retirement benefits. The remaining eight women lived through profoundly stressful events such as difficult childhoods, traumatic divorces, gross unfair gender employment practices, poverty or estrangement from their children. Brief details are provided of the four most extreme examples of participants with difficult family relationships and low incomes.

Mrs Sally Rogers, together with her siblings, was removed from her parents' care and placed in an orphanage. When she finished school and left the orphanage, she met her husband, married him within a few weeks and became pregnant. A few years later she was widowed after her husband died from poison encountered at work (three people in the same office died from the same poison after short illnesses).

Mrs Evelyn Hendricks's father passed away when she was ten years old and her mother repeatedly told her that she would never be able to attain much in life. At the age of 16 she tried to escape an unhappy childhood by marrying a soldier who was returning from the Second World War. Unfortunately he became involved in crime and they had to move regularly because he was wanted by the police for fraud. When she left him, he gained custody over the children through tricking the authorities and then fled with the children to a neighbouring country before she could prevent him through a court order. Her later attempts at reconciliation with her children when they were adults did not succeed due to different values to hers having been installed in them at a young age by her husband (the credit card fraud by her daughter was mentioned above).

Both Mrs Bea Daniels and Mrs Pat Miller grew up in families where their fathers abandoned them, they both married men at a young age whom they divorced after

stormy relationships that included emotional and verbal abuse (Mrs Daniels remarried later). Mrs Miller is estranged from one of her sons, who has a criminal record. This son has also broken into her apartment on previous occasions. Mrs Daniels's children were removed from her custody when they were very young and she could never establish close relationships with them after this removal, despite numerous attempts at contacting them.

These adverse life circumstances have left Mrs Daniels angry and bitter. She describes herself as being "a hard person" who has little trust in others. She gave numerous examples from her life in which she almost immediately retreats from relationships if people appear unkind towards her or her plight as a poor person. Mrs Daniels walks many kilometres to access health care and obtains food parcels that she has to carry back to her apartment afterwards and she is developing hip problems, which occasionally makes this difficult. Yet she never asks for help. In contrast, Mrs Rogers, Miller and Hendricks portray themselves as sociable and outgoing people; but, in reality, none of them has close friends to whom they can turn for support. All four women describe various ways in which they provide support to others, but with the exception of Mrs Daniels's husband and Mrs Rogers's sister, they cannot really count on anybody in times of need. Although all four of them attend meetings for the elderly, they informed me that nobody at these meetings knows their life stories or about the days without food or other necessities.

Strained family relationships and poverty thus complicated their ability to adapt to new challenges associated with old age, such as deteriorating health and mobility. Overcoming hardships earlier on in life may change one's perception of what successful ageing implies. For certain research participants, being able to reach a destination, not being hurt by a partner or child or having enough to eat may very well constitute successful ageing if major life stressors earlier in life are taken into account.

In the next two case studies the importance of previous life decisions for current life circumstances are highlighted. These two participants were chosen since neither poverty nor abuse from family members has been encountered in their lives and therefore the demands of old age and living in the Pretoria central areas are more focal. The two participants, Mrs Karin Hugo (82 years old) and Ms Marinda Pienaar (80 years old), lived close to one another for years (probably without ever meeting each other) and attended church services at different churches in close proximity:

Mrs Hugo, a well groomed widow, moved out of her apartment to live with her children two years prior to our interview. She lives in a separate flatlet that is attached to the main house where her son and his family lives in a quiet, well-off neighbourhood. Her daughter and retired son-in-law live next door to her. The houses and garden are in immaculate condition (I was taken on an extensive tour through both houses to view tapestries created by her daughter) and Mrs Hugo's furniture, tea-cups and clothes suggest material comfort. Apart from a new hearing aid, which bothers her a little, she is in extremely good health;

she walks briskly and almost jumps out of chair when she gets up. She lived for 17 years in an apartment in Sunnyside, a Pretoria central area. She moved there from a rural area approximately a year after the death of her husband. She remembers the years of living there fondly, particularly her freedom to move around, since most amenities were within walking distance, and she had given up driving when moving to Pretoria. She does not regard herself as particularly socially inclined, but her mid-morning run of daily errands is described as one of the highlights, since it enables her to meet various people with whom she could have a quick chat. On Sundays she attended church services only a short walk from her apartment. When asked why she moved out, she answers:

If I could still live there, I would have, because I can still do everything for myself, but circumstances changed too much there, because you know, when I moved in it was only white [referring to racial categories], and all of us lived marvellously in Sunnyside. It was a very nice place to live in, but over time things changed and it is actually just black there now and that is why I moved. The children also did not want me to continue like that because for every white that moves out there, a black moves in, and they are not alone you know.

She is unsure whether any of her former black neighbours had come from other African countries, and she had been only on greeting terms with black residents in her building. She also pointed out the increased noise levels (especially the *vuvuzelas* – loud instruments blown especially during and after football/soccer matches) and littering in the streets that bothered her. She maintains that she had heard that it was not worth the trouble to phone the police on such occasions because they no longer did anything about noise pollution.

Moving in with her children has changed her lifestyle dramatically. She lost contact completely with her earlier acquaintances and has almost no contact with one good friend who had lived fairly close to her:

No, you know it is an adjustment because the thing is uh there, every morning once I cleaned the apartment and got dressed then I was on my way, then I go and do shopping and so, and there are always people you can chat to. So it was actually more of an adjustment here, because I am more left to my own devices, because I live here with my son and daughter-in-law and they both work, so I am alone here. But just next door, there is my son-in-law ... my daughter also works, now if my son-in-law and I want to talk to each other, then we do and if we don't feel like it then we don't have to see each other.

Mrs Hugo's children had regular contact with her whilst she lived on her own and she had spent many weekends with them. She also explained how well her husband had looked after her, which is the reason for her current financial independence. She has never been employed: "No, no, he [her husband] never wanted me to work, he said that I should raise the children."

In contrast to Mrs Hugo, Ms Marina Pienaar never married and has no children. She has lived in the same apartment block for 37 years. She has two siblings living in Pretoria. She is originally from a small town, and she came to Pretoria to further her career as a librarian, which included studying at one of the tertiary institutions in Pretoria. She is in good health and mobile – she suggested that we use the stairs to her apartment since the lift is too slow for her liking, and she climbed the flight of stairs without any difficulty. She does not have many friends, but she has part-time work for three days of the week (in a field that is related to her previous career), she reads widely, and she watches sport and films in her spare time. She has almost weekly contact with at least one of her siblings, and she often visits them by using the bus service (she has never learnt to drive). Her younger brother does minor repairs in the apartment for her, and he and his wife are also the first people she contacts if she needs help. She had an accident a few months prior to our interview in which she injured her shoulder, and she manages pouring the tea without spilling only with difficulty. The apartment is somewhat neglected. She purchases some of her meals from a nearby old age home when she wishes to.

When asked about the racial composition of the apartment building, Ms Pienaar states with certainty from which countries the foreign residents come and from which towns the South African residents come. An example of her relations with other residents is a young Xhosa-speaking neighbour who comes to check on her every morning before leaving for work. Ms Pienaar has lived in the building for so long that she not only knows the current cleaning staff, but also the father of one of the staff, who passed the position on to his son. She is on the managing committee of the apartment building and is quite aware of all the rules and applicable municipal by-laws. She has telephoned the Police Department as well as the Fire Department on occasion to report a noisy neighbour who was entertaining a number of friends with, according to her, an illegal barbeque. They had been told by the officials to break up their party, and they did so within half an hour.

In comparing the lives of these two women, a few similarities are apparent: they are more or less the same age, they are financially independent, and they are both healthy and agile for their age. They both moved to Sunnyside after having lived in much smaller towns in other provinces, although Ms Pienaar had moved there and lived on her own from a much younger age than Mrs Hugo. They both describe themselves as not particularly socially inclined in the sense that they do not often receive visitors and neither do they visit others much. They both witnessed the same rapid socio-political changes and urban deterioration in their immediate vicinity, but their reactions to these changes are quite different – Mrs Hugo moved away, whilst Ms Pienaar is integrated into her environment by still being employed, serving on the

management committee of her apartment block, and knowing her neighbours regardless of their racial category. Clearly their different family circumstances play a big role in their differing life experiences, in that Mrs Hugo's children persuaded her to move in with them, but Ms Pienaar had no such options. However, Ms Pienaar could move into an old age home (very close to her apartment) at any time she wished, but she resisted this fiercely, maintaining that she is "not ready" for such a move.

At the time of the interviews, Mrs Hugo lived in much more attractive surroundings, with a well-kept garden and house, while Ms Pienaar's flat suggests the absence of regular maintenance such as painting. Yet, Ms Pienaar is able to live a full and active life in the way she chooses, while Mrs Hugo feels isolated, with little intellectual stimulation. Mrs Hugo experienced the changes in the nature of the city as threatening and difficult to cope with, and she believed that the Police Service would not defend her rights, even though she has never tested this view. Ms Pienaar, on the other hand, took the changes in her stride (e.g. buying ear plugs in preparation for the World Cup); she telephones the Police Department when necessary, and she has managed to foster good relations with a much younger black neighbour, which suggests caring.

The life course perspective helps to explain the two women's different levels of adjustment to challenges in later life. Ms Pienaar could adjust much easier to the changed nature of the city due to the fact that she is much more used to relying on her own devices and had come into contact with various people over the years, due to her occupation, Mrs Hugo enjoyed some independence, but major life decisions (such as not being employed or where to live) are made in consultation with or even at the insistence of family members.

The life stories of these two women emphasise that successful ageing is not a straightforward concept, since one could argue, on the one hand, that Ms Pienaar is in a worse situation than Mrs Hugo related to care and possible safety concerns. On the other hand, one could also argue that Ms Pienaar is in a better situation since she has substantially greater freedom to determine her own lifestyle, but still experiences care in times of need from her siblings, and has full availability of services at her doorstep, as well as the opportunity to foster and develop meaningful social relations.

7. Conclusion

The women in this study can generally be described as having aged "successfully" if quantifiable standards of successful ageing such as health, mobility and regular social contact with a variety of people are used as indicators of successful ageing. However, if the dynamic adaption approach is employed, certain research participants do not appear as supercopers who can adjust their lifestyles to changing circumstances. But, living in the central areas of Pretoria implies having to face challenges over and above those inherent in the ageing process. The rapid political and social changes in their

immediate environment over roughly two decades brought on new social dynamics in having to adapt living amongst people of different racial categories who may have diverse lifestyles and having to protect oneself against potential dangers such as criminal attacks. In addition, certain research participants experience added strains due to poverty and adverse family relationships. Such changes and added stressors impact on successful ageing, and the dynamic adaptation process of elderly women informed by a life course perspective brought these added factors into focus. By employing a life course perspective, which includes a focus on a specific social context, it became clear that coping skills learnt earlier in life influence adaptation strategies to later challenges in life. Having coped successfully with varied roles and challenges in previous life stages seems to ease facing the challenges of old age within a dynamic broader social context.

While it may appear at first glance that research participants are not adapting their lifestyles to accommodate financial difficulties and early signs of deteriorating health, a more detailed look shows how certain women are using exceptional coping skills by having to overcome far more obstacles than only stressors associated with advanced age. Trying to ascertain current levels of coping should therefore be informed by knowledge of previous life circumstances. Successful ageing is thus not a process that only starts with advanced age but rather a process that starts early in life and continues in old age.

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