The search for freedom: reflecting on inequity and the 'acceptability' of formal long term care to older women in Soweto

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*In South Africa apartheid was uniquely unjust in the severe dislocation it caused to black, coloured and Indian communities. Families were broken up and older persons were forced to leave areas where they had worked and lived all their lives and move to areas where basic services and support systems were lacking. While there was **little or no provision for these older persons, the white elderly had access to a wide range of quality services. The official excuse was that in black communities, older persons "are cared for in the extended family system."***

SOUTH AFRICAN POLICY FOR
OLDER PERSONS, 2006

LTC in South Africa today

- Accessibility of formal LTC remains **grossly inequitable**

- Shaped by Apartheid policies and subsequent **reorganisation of LTC centred on the roll-back of State financing and provision**

- Formal LTC now subsidised only for those with the most advanced functional disability and who qualify for the means-tested Older Persons Grant

- Critique of Apartheid assumptions that extended family would care for non-White older adults in key policy material is based on understanding that this care was *insufficient*, not that it wasn't the most *appropriate*

  ⟹ Dominant policy narrative remains that the **family**, as the "fundamental unit of society" (SA Policy for Older Persons), **should be the focus of efforts to strengthen the LTC system**

Re-Africanisation of LTC

- Indeed, **the 'African family' is a central tenet of the spectrum of policy responses to strengthening LTC** for older adults developed over the past twenty years **across the continent**

- 'African family' presented as being unique: a distinctive strength of the region that offers advantages that cannot be attained in the West

- Narrative recognised as being shaped by the broader 'African Renaissance' political philosophy of liberation from colonial and neo-colonial ideology and subjugation

- At the heart of the African Renaissance project lies a push towards **'re-Africanisation'** and the search for 'homegrown' ways of thinking and responding to problems – for LTC, equated to 'traditional family care' by those shaping the discourse

African Renaissance Monument, Senegal
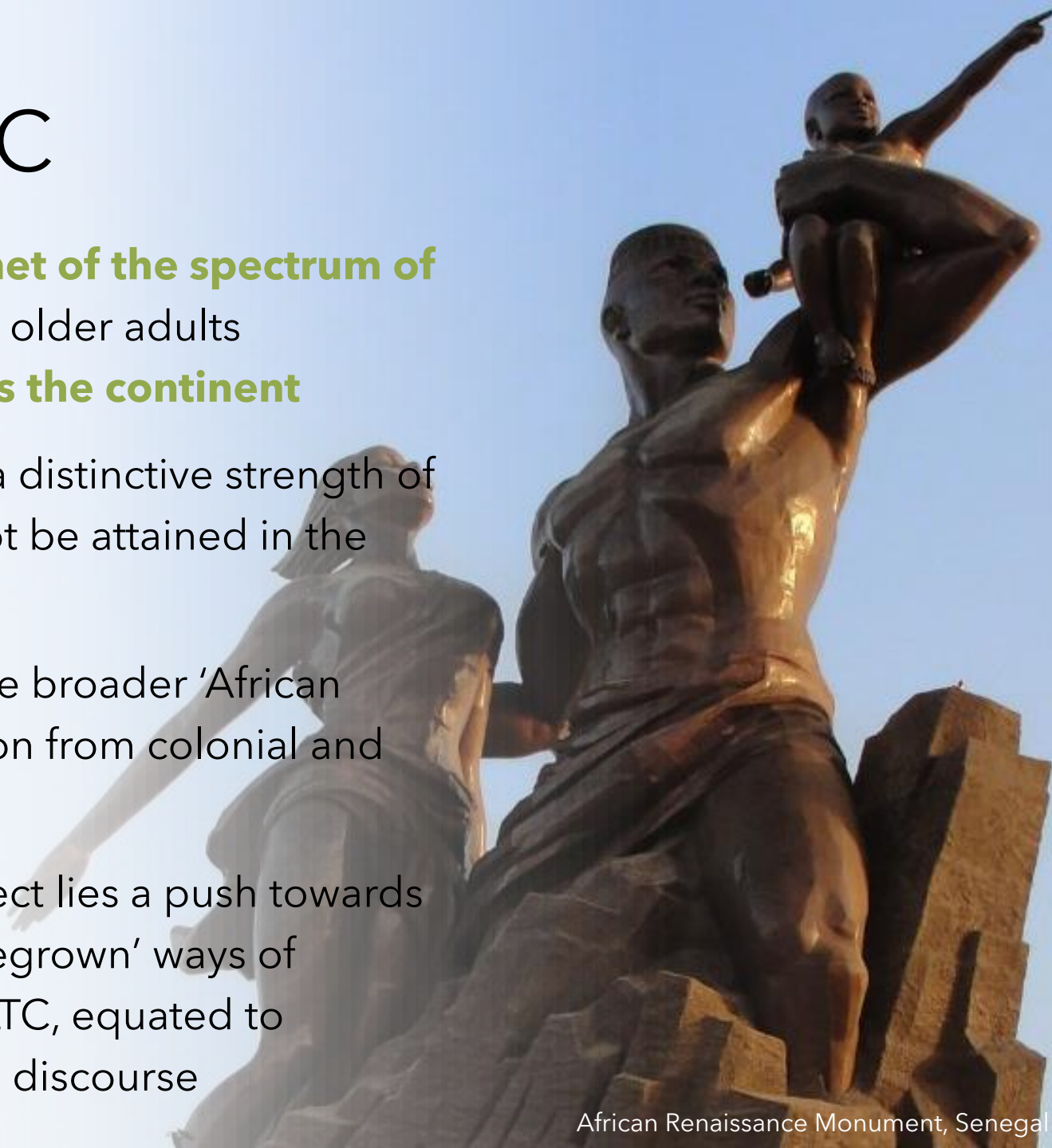
Need for LTC

- South Africa's LTC system is subsequently one of two-tiers:

  1 competitive private for-profit home- and residential-based care services that cater to more affluent, typically urban populations

  2 non-profit, often under-resourced services, offered by charitable or faith-based organisations that cater to populations of poor older adults without recourse to family or community care

- Key debates concern the **extent to which older Black South Africans *want* formal care** and the **"appropriateness" of State responsibility for financing and providing it**

- This work contributes to understanding how older Black South Africans, called upon to provide care and contemplating receiving it, conceptualise these debates

A political research question

- Research focus is inherently political, concerned with power dynamics and the way 'truths' are constructed. It exists about and because of entrenched inequality between rich and poor, colonialists and colonised, white and black

- This work therefore uses **Critical Discourse Analysis** (CDA), an analytical framework used "to read between the lines" of speech and text to describe, interpret, and explain the relationships between language, social practices, and the social world

- CDA is specifically concerned with **relations of power and inequality** in language, *and* with the **political act of research, giving voice to the voiceless**

- CDA used here to analyse transcripts of **two focus group interviews** with **later-middle aged (aged 60s and 70s) Black women (n=28) in Soweto**

- Each **unstructured** discussion about how participants, their families and communities position formal and familial care lasted c.2.5 hours

Soweto

- Created in the 1930s when Black people were forcibly moved from Johannesburg to an area separated from White suburbs

- Until 1976 its population could have status only as temporary residents, while serving as a workforce for Johannesburg

- Site of strong resistance to the Apartheid regime. Violent suppression of protests against a ruling that Afrikaans should be the language of schools there in 1976 injured or killed hundreds of children. Protests continued until 1994

Enoch Sitole (6) from Soweto admires the famous photograph taken by Sam Nzima of Hector Pieterson, dailymaveric.co.za

Dominant discourses

Main discourse	Main discourse type	Underlying discursive formation
1. What "old people" are like	Dominant hegemonic outside and inside the FGDs	▪ Old people are incapable/childlike ▪ This makes them vulnerable to abuse ▪ They are in need of protection
2. We are not like old people	Dominant hegemonic alternative inside the FGDs	▪ Builds on discourse 1 to distinguish participants from old people and pull back from ominous future ▪ Participants are capable ▪ They are able to give or campaign for care and protection for old people
3. We are oppressed	Dominant inside the FGDs based on dominant narrative outside the FGDs	▪ Builds on discourses 1 and 2 ▪ We are poor, Black and oppressed/trapped ▪ We are different from "old people" (discourse 1) but share this oppression ▪ Oppressors are at the structural level
4. "Our elderly" need us	Dominant inside the FGDs	▪ Builds on discourse 1, 2 and 3 ▪ Solidarity demands we fight for good quality formal LTC because we are good people, not because aged care is our responsibility ▪ We are limited in our power to address problems

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Communicated with reference to two broader, overarching discourses of morality/Christian charity and human rights

D1.What "old people" are like

- Both groups used nouns to positioned older adults as a distinct demographic group with shared characteristics: **grannies**, **they**, **the elderlies**

- They are presented as **inactive, naïve, frequently demented, more broadly lacking the ability for self-care, "children now"**: Older adults **miss their little things**, they **want sweeties**; daycare centres are **playschools** for elderly, experiences of **pre-school teaching** are made relevant to elderly care

- As such, older adults could be **hard for their families to care** for: they lied, forgetful, were frustrating, they behaved irrationally

D1.What "old people" are like

- Using comic anecdotes of caregiving, participants held them up as **figures of fun** while at the same time **eliciting sympathy for those called upon to care for them** (the participants)

- **However, incapacity and childlike nature makes old people vulnerable to abuse**; the humour of participants' personal anecdotes contrasts sharply with **sober concern and indignation** for older adults who do not receive appropriate care

- They are abused by children who should be independent, by care home staff motivated only by money

D2. We are not like "old people"

- Discourses exert power by operating through rules of exclusion. Participants made many **exclusions**: white versus black, rich versus poor, and old and incapable versus 'us'

- Participants **pull away from identifying with "old people" and the experiences they have observed and are scared of**

- Discussion of their possible future selves centred on imagery that contrasts with that of D1. They would also be difficult to care for, but because they are **stubborn, wilful, want things [their] own way** - **they are self autonomous and** *powerful*

D2. We are not like "old people"

- Used allusions and references to personal experiences of fighting Apartheid, critically observing abuse of vulnerable older people, and of caregiving to **communicate strength and moral virtue**

- **No references ever made to having received care**, yet it is unlikely that none of them had ever experienced a period of illness before

You know, I'm laughing because this little girl who was, eh, helping me, with that. When I got into the-the-the the police van- you know when you go and report something you are taken into the police van. When she saw me, she said to me and you? Can we find you something to climb on, so that you may be able to get into the van? I said, no, I'm experienced in getting into police vans! [laughing lightly]

D3. We are oppressed

- This third discourse, centred on race and (comparative) poverty, is strongly presented in the data

- Participants used rhetorical mechanisms familiar and comfortable for the groups to discuss 'old people's' unmet need for care: **identification with being held down and kept down, pushed back; and of solidarity in the victim state**

- Case stories are given and received as evidence for the proposition of dispossessed elderly. Delivered with punctuations of **you know** and reference to **our community**, **participants legitimise the proposition as a truth all will recognise**

D3. We are oppressed

- In the narratives, older adults are **trapped**:

  - By extended family living arrangements that mean older adults lack autonomy and independence

  - By expectations of filial care duties that mean old adults cannot 'progress'

  - Between being burdened by that ongoing care for children and their children, and not wanting to be completely separated from them

  - Between poor care family care or burdening one's relatives, and poor-quality old age homes, since high-quality formal care is out of reach

D3. We are oppressed

- Participants' language presented **entrapment as additionally being spatially constituted** – using familiar imagery of incarceration, resettlements and hampered progress

  - Elderly (D1) are "**tossed between**" relatives (that don't want them); "**Chased**" or "**removed**" from their homes and "**left**" or "**dumped**" at old age homes; Once resident in old age homes, their **movement** within and outside of old age homes is **restricted**

  - Older adults like them (D2) do not move forwards, their lives are cyclical: **"She's just rolling"**; **"just going up and down, up and down"**; **"walk[ing] sideways"**

D3. We are oppressed

- Distinction between 'them' and 'us' (D1&2) is largely maintained, but shifting pronouns unite them as "**us**" as "**we**" – the community is a shared one

- Now, emphasis is on poor care happening to "***our elderly***". The rhetorical mechanism – feeding into the fourth major discourse – is one of **solidarity;** The oppression experienced by the elderly is oppression of their community

D3. We are oppressed

- The discourses employed – of oppression, of human rights – and the **linguistic and rhetorical mechanisms that draw parallels between the position of older adults today and the lifelong struggle** these individuals have experienced, functions to implicitly and explicitly **lay the blame for aggressions** not with "our children" (who should be able to have their own life without this responsibility, or cannot help being unemployed and dependent) or the abusive staff of care homes (who are underpaid), but the **State**

  – individual level stories are presented as the **working of oppressors at the structural level**

Formal care within D3

- Formal care, **as accessed by and accessible to this community**, is a **mechanism of State oppression**: a site of abuse of human rights and dignity

- Accessible formal LTC is underfunded by a Government that does not care for "us" (poor black population) and is not therefore fit-for-purpose or culturally appropriate. **Old age homes they have access to are very bad and because of *that*, remain "a foreign concept to us"**

- Formal care **as accessed by wealthy (White, Jewish, foreign) others** and inaccessible to this community, is conversely presented as a **way to secure human rights and restore dignity** in older age. Illustrating propositions more frequently with retirement villages than old age homes, participants recount observing older adults visited by family and taken on trips, but living independently and autonomously

D4. "Our elderly" need us

- Building on the previous 3 discourses, and employing a **language of activism**, participants, having claimed ownership of the vulnerable, oppressed elderly and set out the shared injustices faces by all older Black South Africans (including themselves), **called on each other to mobilise to change the system**

- Participants drew on allusions to their shared Christian morality and experiences of Apartheid resistance to situate the **responsibility for older adults' care with the Government**, not with families or communities, and **responsibility to expose abuse and lobby for change with themselves** (capable, powerful)

D4. "Our elderly" need us

- Nevertheless, the call to arms is moderated by the **narratives of powerlessness** expressed within D3

- Government corruption blocks the group ("we") from acting. Shift in language: **rather than groups' action being a moral duty (a sacrifice given *by* them), ability to act effectively is presented as a fulfilled right (a positive *to* them)**

- In doing so, an **allusion is made to their shared experience of individual freedoms being limited by State-orchestrated structural unfairness** (Apartheid); and implicitly, to the **insecure right to oppose Government** (the history of violent suppression of protest is not voiced).

- Repetition and hyperbole is used to position the group members subsequent inaction not as content, lethargy or lack of will, but **bitter resignation**: "**Forget it. Forget it**"; "**so much anger amongst the people**"; "**it's useless**"

Implications

- In the interview narratives **formal care serves as a reflection of structural injustice *and* as a possibility for self-actualisation** – 'progress' – allowing 'we' to break free from oppression

- **Regional policy discourse that focuses on the 'un-African-ness' of formal care is turned on its head**. Using the language of Apartheid, **formal care is not "native" ('African'), by the *purposeful design*** of corrupt and ineffective governments that have not adequately addressed inequities in need for care in the first place, or in good quality care provision in response

- For this (atypical) group of women, **the formal care that Black older adults can access is bad care, not because it is formal, but because its design reflects and reproduces the oppression of Black South Africans**

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