OLDER WOMEN'S PHYSICAL, PSYCHOLOGICAL, AND SOCIAL EXPERIENCES OF RESIDING IN IVORY PARK, AN URBAN INFORMAL SETTLEMENT IN JOHANNESBURG.

A report on a research study presented to

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by

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Abstract

Population aging is a worldwide phenomenon that is growing and therefore, the demand for research to investigate its nuances has increased. Research regarding the experiences of older populations residing in urban low-income communities, such as informal settlements, is particularly limited. As such, the aim of the study was to investigate the perceptions and experiences of older women residing in Ivory Park, an informal settlement. impacts their physical, psychological, and social well-being. A qualitative case study was adopted as the research design. The theoretical framework underpinning the study was the biopsychosocial model. Purposive and snowball sampling were used to recruit and select research participants. Data collection took place by conducting semi-structured, in-depth interviews in person with participants, using an interview guide. Thematic analysis was the method of data analysis that was applied to analyse the data. Based on study findings it was concluded that older women residing in Ivory Park are facing physical, psychological, and social challenges, but are coping fairly well because they have been living in Ivory Park for a long period of time and built up some support systems, mainly for improving their financial circumstances. Social welfare practitioners should work holistically with multiple frameworks to improve effectiveness of services Further research is needed on a greater scale, and the intensity of crime and violence require urgent attention.

Key words

Older persons, older women, biopsychosocial needs, aging process, community, community-based interventions.

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CHAPTER ONE: INTRODUCTION

Background

According to the World Health Organisation (2022) the size of the older population is increasing across the globe in both developed and developing countries, such as South Africa. Statistics South Africa (Stats SA, 2019) indicates that in South Africa, the growth of the ageing population rose from 1,1% for the period 2002–2003 and to 3,0% for the period 2019–2020. The South African population of older person in 2022 was 5.6 million and that represents 9,2% of the overall population in the country (Stats SA, 2023).

The aging process is continuous and consequently requires ongoing research in order to develop strategies that will contribute positively towards the impact that it carries in all aspects of an older persons' life. Older persons are regarded as a vulnerable population that has unique needs due to the several biological, psychological, and social challenges that they experience (Jiang et al., 2016; Louw & Louw 2016). When going through the process of aging, the biological or physiological functions begin to decline sequentially, after reaching peak performance in life occurring during the third decade of life (Jiang et al., 2016).

Not all people who are 60 years and above experience changes in their physical abilities at the same rate and degrees. However, evidence suggests that the speed of the decline is largely determined by factors related to one's adult lifestyle and the environment which they are exposed to (Jiang et al., 2016). Factors such as social cohesion, safety, access to leisure and cultural activities and beliefs, social engagements have an influence on the wellbeing of older persons (Dua, 2017, Liu et a., 2017). Additionally, Liu et al. (2017) report that diet and exercise similarly impact on older persons' physical and mental health due to their vulnerability of developing physical or mental chronic illness. Psychological influences,

including depression, anxiety, sense of self-esteem, and mental stimulation impact on the aging process (Hertzog et al., 2009, Louw & Louw, 2016).

In 2015, the South African Human Rights Commission (SAHRC) in its report titled "Investigative Hearing into Systemic Complaints Relating to the Treatment of Older Persons", identified systemic issues of concern that deny and deprive older persons the right to enjoy and realise their constitutionally guaranteed rights.

Generally, research indicates that older persons in South Africa are exposed to a number of challenges. Older persons who are living in underprivileged conditions still have limited access to basic services such as clean water and sanitation, proper infrastructure and safety (Conteh et al., 2021). Lack of reliable public transport affects older people regarding access to health care services and pension pay-out points, which can also render them susceptible to abuse and crime. Abuse that is commonly reported by older persons includes: verbal, physical and sexual abuse, psychological and emotional abuse as well as neglect and abandonment (De Donder, 2011; Kotzé, 2018; Roberto & Hoyt, 2021). It has also been reported that verbal abuse, family violence and domestic violence is more likely to be experienced by women and for a prolonged period of time throughout their lives (Kabole, 2013; Mosha et al., 2019; Roberto & Hoyt, 2021). Additionally, cultural and societal acceptance of abuse in some African cultures further poses as risk to women to experience abuse (Mosha et al., 2019). Consequently, priority needs to be given to protecting women, especially older women in order to improve their wellbeing during the aging process (Kotzé, 2018).

In Ivory Park, which is based in the Johannesburg Metropolitan City, it is common to find older persons residing in crowded homes or yards because they may be accommodating both their dependants and extended family members who are unemployed. They may also be renting out backrooms/shacks in their yards for an additional income (Masuku, 2015).

As such, older persons in underprivileged communities such as in urban settlements (also known as townships) may be exposed to poverty, food insecurity as well as unresolved health concerns. This is especially relevant for older persons who may not consult at medical health facilities because of their belief systems or because those facilities are far from them (Kasiram & Hölscher, 2015).

Problem statement and rationale for the study

Research studies that have been conducted in South Africa regarding the wellbeing of older persons have largely focused on older persons in residential homes. The common themes that are found in these studies include developing a profile of older persons in residential old age homes, whilst other studies have addressed the functioning of older person in residential old age homes (Chipps & Jarvis, 2016; Mashige & Ramklass, 2020; Perold & Muller, 2000).

Other common topics widely available in literature regarding older persons is research in health and healthcare. Topics such as mental and physical health, as well as issues surrounding HIV/AIDS are also common (Knight, et al, 2018; Madhavan & Schatz, 2011; Madiba & Ntuli, 2020).

Additionally, the impact of the COVID-19 pandemic is also a topic that features in literature regarding older persons. The studies that the researcher was exposed to were done in European and Asian countries. Broadly, the studies covered the increased vulnerability older persons experienced during the pandemic, changes in family dynamics (Aryaie et al., 2022; Heidinger & Richter, 2022).

In Africa, research relating to the pandemic were done in Nigeria, Eswatini and Zimbabwe (Ekoh et al., 2022; Nhapi & Dhemba, 2020). For example, Ekoh et al., (2022, abstract) investigated how COVID-19 pandemic impacted on older persons living in rural areas in Nigeria. The researchers concluded that COVID-19 led to a reduction in "… material support

in the forms of food and money, and intangible support in the forms of assistance, communication, and care, due to limited social contact. Research was also conducted in South Africa (Abdelatif, et al., 2023). Results indicated that hospitalizations were highest among older persons and that people over the age of 70 years were more likely to die if contracting COVID-19.

Ivory Park is a post-apartheid informal settlement that was established in 1996 on a site where there was an informal settlement that had developed around 1990. It is located in the north-east of Region A in the City of Johannesburg (Charman, 2017; KAE News 2020; Masuku, 2015). The community is densely populated with black South Africans, migrants, and immigrants (Ballard, et al., 2021; Masuku, 2015). A notable factor that explains the overpopulation is that the community is located close to economic areas which makes travelling to work easier, these areas include Midrand, Kempton Park, Pretoria, and Johannesburg (Charman, 2017; Masuku, 2015).

The housing structure in Ivory Park is part of the Reconstruction and Development Programme (RDP) in South Africa and the purpose thereof is to provide housing for the underprivileged (Greyling, 2009). However, RDP houses are currently overcrowded, with shacks as well as backrooms being rented out in the yards. The settlement is now mainly characterised by corrugated iron shacks.

A good level of service delivery is lacking and there are continuous blockages of sewer drains and illegal electricity connections which are dangerous and the high congestion levels in many of the sections puts tremendous pressure on the existing infrastructure. This impedes emergency services from entering some of the areas (Joburg Newsroom, 2016). Additionally, the households are largely low-income households headed by women (Masuku, 2015).

Older black South African women play a pivotal role in raising their orphaned grandchildren in South Africa because the parents of the children may have passed away because of the Aids pandemic that hit South Africa (Mtshali, 2015). Similarly, Lombard and Kruger (2009) and Ferreira (2000) confirmed that older persons in urban areas live in multigenerational households that are mostly headed by women.

As such, the rationale for conducting this study is to explore how older women are personally experiencing the aging process in the Ivory Park context. It stands to reason how their personal experiences are being affected by many factors and this will be determined by exploring older women's personal experiences of aging in this community. The researcher anticipated gathering meaningful information from a grassroots level, namely what older women personally perceive as their most pressing challenges in Ivory Park that are impacting negatively on their wellbeing and how they personally feel these challenges can be addressed to enhance their wellbeing during the aging process.

Research regarding older person ageing in urban townships is limited in South Africa. Furthermore, few studies focus on all three aspects of the aging process in respect of older women, namely the physical, psychological, and social aspects. The researcher undertook this research hoping to fill this gap of knowledge. Strategies to enhance the social development of this category of vulnerable persons is also a priority in South Africa and social workers play a key role in ensuring their best interests are met.

Research question

The main research question underpinning the study was:

What are the perceptions and experiences of older women residing in Ivory Park regarding their physical, psychological, and social wellbeing?

Aim and objectives of the study.

The aim of the study was to explore the perceptions and experiences of older women residing in Ivory Park with regards to their physical, psychological, and social wellbeing. To achieve this aim, the objectives below were the main focus:

- To explore older women' perceptions of their current physical wellbeing and determine what factors are affecting their physical wellbeing.
- To investigate older women's perceptions of their current psychological/emotional wellbeing and determine what factors are impacting on their psychological well-being.
- To explore older women's perceptions of their current social wellbeing and determine what factors are affecting their social wellbeing.
- To inquire what older women in Ivory Park think should be done in the community to improve their physical, psychological, and social wellbeing.
- Based on research findings, recommend what community intervention strategies can be implemented in Ivory Park to enhance older women's wellbeing.

Definition of key concepts of the study

The following key words and concepts are relevant to the study:

Older Person – An older person is defined as any individual that is 60 years old and above (Older Persons Act No. 13, 2006).

Older Woman – Ageing adult female human (Allen & Delahunty, 2009).

Biopsychosocial needs – Biopsychosocial needs can be explained through the biopsychosocial model which is of the view that biological, psychological, and

social processes systematically contribute to the wellbeing of the individual (Suls & Rothman, 2004). Bio

Aging process – The process of ageing is defined as the progressive impairment or deterioration in the functioning of biological, social, and psychological factors in the daily living of adults (Ozsungur, 2020).

Community – A community is defined as a group of people who have something in common and share some mutual characteristics such as geographical location, interest, culture as well as activities (Kirst-Ashman, 2013).

Community-based intervention – A community-based intervention is identified as an intervention that takes place in a community setting (McLeroy et al., 2003).

Structure of the research report

This research study report is structured as follows:

Chapter One - An introduction to the study is provided by describing the problem and rationale for conducting the research study. It also set forth the main aim and objectives of the study and provided definitions of the key words used in the research report.

Chapter Two – The chapter covers the theoretical framework underpinning the study.

Chapter Three – This chapter presents the literature review wherein the researcher provides details regarding the available academic literature relating to the topic of the study through discussion and analysis.

Chapter Four – This is the research methodology chapter. It covers the research approach and design, population, sampling, methods of data collection, data analysis, aspects of data quality and ethical considerations.

Chapter Five – This chapter covers the presentation of research findings based on thematic analysis of the data gathered. The themes identified are substantiated by citing verbatim quotes from the research participants. Findings are also critically discussed.

Chapter Six – This is the final chapter of this research report, and it presents a summary of research findings, conclusions reached, and recommendations based on the study findings.

CHAPTER TWO: THEORETICAL FRAMEWORK

Introduction

This chapter describes the theoretical framework for the study, namely the biopsychosocial model. Human development and ageing bring a variety of changes and as individuals approach old age, similar to other developmental stages, they experience changes that are physical, psychological, and social which are unique to them (Khan et al, 2022). The changes are gradual and usually result of the deterioration of functioning (Kelly et al., 2019; Louw & Louw, 2016).

Furthermore, Kelly et al., (2019) indicate that older persons often experience complex and multi-systematic challenges to their physical, mental, and social wellbeing which may require interventions that aim to improve their wellbeing. Those interventions should follow a holistic approach that includes the biological, psychological, and social levels of development.

Biopsychosocial model

The biopsychosocial model was developed from the foundations that medical practitioners R. Grinker and G. Engel proposed as early as the 1950's. However, over time the model brought forward by Engel appears to be the model that became more popular amongst researchers (Ghaemi, 2009; Taukeni, 2019).

The biopsychosocial model was historically recognised in the medical and psychiatry fields. However, it has evolved overtime and it is a model that is now applied to a number of professions including social work (Chigangaidze, 2021; Ghaemi, 2009; Molineux, 2017; Zittel et al., 2022). The biopsychosocial model acknowledges that an individuals' biological, psychological, and social/sociological spheres have an impact on their overall wellbeing and functioning (Ghaemi, 2009; Novek & Menec, 2014., Zittel et al., 2022). Additionally, Robertson et al., (2022) report that studies done on the ageing population recognise that life is

multi-systemic and it is important to determine how the different systems influence each other when investigating the quality of life of older persons.

Furthermore, Engel (1980) reports that any kind of event does not take place independently, but it is relatively influenced by the systems surrounding it. This notion was made by Engel with reference to the systems theory when he was analysing the work of Weiss and von Bertalanffy (Engel, 1980). The discussion made by Engel regarding systems further support his model and it displays the interconnectedness of theories or models available when working with individuals.

The Biopsychosocial Model has a total of three components and these will be described further in the text below:

Biological component

The most common and more visible changes that can be identified in older persons is physical appearance which includes changes in posture, muscle strength and the appearance of wrinkles. Furthermore, Louw and Louw (2016) reported that the five senses also deteriorate with ageing. Older persons are also prone to conditions such as heart disease, osteoporosis, arthritis, high blood pressure as well as diabetes, these are conditions that are commonly reported (Ray & Phillip, 2012). As such, with all the physical changes that gradually progress over time, it is important for older persons to maintain a certain level of physical activity to slow down the rate of the decline and to live a healthier lifestyle in general.

In addition, the type of living environment that older persons are exposed to have an impact with regards to how well the deterioration in their physical health is addressed and/or managed. Older persons living in more developed countries/regions in the world such as the USA tend to receive better services to assist them in manging their advancing needs as they age (Kjellström & Ross, 2011).

Psychological component

Cognitive development is the biggest aspect of human development that experiences a decline in functioning as individuals get older, especially in terms of attention and memory (Balaswamy et al., 2012; Louw & Louw, 2016). The decline in cognitive functioning of older persons may result in older persons being vulnerable to developing depression, dementia, and Alzheimer's disease amongst psychological conditions (Hertzog et al., 2009).

Mental health is an important aspect that is recognised and treated more in developed countries compared to developing countries. In African societies, mental health disorders were previously understood as witchcraft however, with growing knowledge and education the narrative is beginning to change; different communities are developing an understanding regarding mental health challenges and how it can effectively be addressed (Kpanake, 2018).

Social Component

The social relationships that people have as they age depends on how the older person views relationships. For example, older person would much rather keep their social network within their inner circle and from that they receive support and improves their wellbeing (Louw & Louw, 2016). Loneliness amongst older persons is also a growing concern because of the life changes they experience and the level of importance they are awarded in their transition from being adults to older persons (Khan et al., 2022). Although loneliness is subjective, the impact it has can to a certain extent, result in depression and anxiety (Khan et al., 2022; Mynhardt et al., 2008).

Although the ecological model is also applicable to the study, the biopsychosocial model was the key theoretical framework for the study due to its components which provided a better opportunity for the research question and aim of the study to be well investigated and achieved. The reference made to the ecological model was to indicate and support the view that

the different systems and components to daily life are interconnected and that nothing exists in isolation.

Summary

This chapter has focused on the biopsychological model in depth referring to its history and evolution. The key components of the model relating specifically to older persons were covered.

CHAPTER THREE: LITERATURE REVIEW

Introduction

This chapter explores population ageing as a growing phenomenon at an international, regional, and local level. Literature regarding older persons quality of life and the biopsychosocial aspects are reviewed in relation to the topic of this research study. The chapter later provides an analysis of the overall literature that was reviewed.

Older persons population

The World Health Organisation (WHO) (2022) reports that the general population of older persons is increasing across the world and it has become a phenomenon that has increased more in developing countries. This may be as a result of an increase in life expectancy due to improved provision of water and sanitation as well as improved healthcare in terms of curing highly infectious viruses or diseases that could result in death or have a severe impact on quality of life (Cadmus et al., 2021; Chipps & Jarvis, 2016).

Quality of life can be defined as a subjective view of ones' physical and mental health in addition to broadly recognised aspects which include social functioning and general health functioning (Hu, 2007).

The largest portion of the elderly population across the world is in Europe and Asia and this is because majority of countries are developed and therefore have better quality health care as well as appropriate interventions for the ageing population (Balachandran & James, 2019). This is further supported by the notion that the rate and quality of ageing is affected by physical and social environments (WHO, 2022). Therefore, having a good physical and social environment has a positive impact on ageing. The United Nations [UN] (2023) reports that the

highest population of older persons in the world is in Europe and North America. Meanwhile; Noth Africa, Sub-Saharan Africa and western Asia appear to have the fastest growing number of older persons respectively. Furthermore, WHO (2022) predicts that by 2050, older persons over the age of 60 years will be 22% of the total world population.

Global trends in research focusing on Older Persons

The global trends on academic research that is available on older persons living in informal urban settings with refence to the biopsychological aspects is limited. The majority of the research that the researcher came across while investigating this topic, focused more on the health and wellbeing of older persons. An American journal article written by Hu (2007) investigated older persons living in low-income communities and their quality of life. However, the study focused more on how physical and mental health impacts on their quality of life. The social aspect that can have an influence on the quality of life was given less consideration.

Another study that explored the same topic that was researched by Hu, (2007) was conducted by Rehkopf et al. (2019) using a cross-sectional method that was facilitated between 2003 and 2017. Additionally, other studies that addressed mental and emotional health were done in Canada and India (Hu & Das, 2019; Low et al., 2008; Raj et al., 2014; Richard et al., 2005).

Other research conducted that was similar to the topic of this research was done in USA and the main difference was that these studies were focusing on older persons living with disabilities and older person living in residential care facilities (Bloeck, 2019; Golant 2005; Szanton et al, 2011).

Regional trends in research focusing on older persons

Traditional African societies tend to view older persons as important figures who need to be valued due to the wisdom and knowledge they carry (Kyobutungi et al., 2010; National Research Council, 2006). Africa is a continent dominated by developing countries wherein families are expected to take care of their older family members compared to more developed countries where caring for older persons is not the sole responsibility of the family system (National Research Council, 2006).

Family care and social support is the system where older persons would receive assistance as they age. However, in recent times due to development, modernisation and urbanisation, there is a breakdown in the traditional systems which leave older persons in a vulnerable place (National Research Council, 2006; Conteh et al., 2021). Additionally, Apt (2000) reports that another factor that causes the breakdown is the promotion of education and literacy wherein new knowledge is learnt and the importance of older persons in society decreases. Urbanisation appears to be one of the leading factors that result in the increase of older persons living in urban/township areas and another reason could be that the older population in urban areas has no alternative homes or they lack resources to go to old-age facilities (National Research Council, 2006; Van Hoof, 2018).

A common theme in literature that appears prominently when investigating the phenomenon of older persons in Africa is the impact of the HIV/AIDS epidemic from the early 2000s. Researchers that have researched this phenomenon include Apt (2000), Harding et al. (2014), Kyobutungi, et al. (2010), Schatz and Seeley (2015), Siedner (2019) as well as The National Research Council (2006) amongst others.

Older persons have been directly impacted by HIV/AIDS because they have had to take over the role of primary caregiver for orphaned children in their families and that shift has a

financial, physical, mental, and social impact on them (Kyobutungi et al., 2010). The National Research Council (2006) additionally reports that other diseases such as malaria and TB have also had a negative impact on the ageing population, particularly in Sub-Saharan Africa.

Research in Africa regarding older persons living in urban areas is limited. Regarding studies that have been conducted in this regard, the following studies are relevant: Kyobutungi et al. (2010) researched older persons living in slums, which are known as highly populated residential areas located in urban settings in Kenya. Additionally, Ezeh et al. (2006) also conducted research in Kenya regarding older persons living in underprivileged urban areas. The study investigated the health and wellbeing of older persons living there. Paraïso et al. (2007) and Esmaeilzadeh, and Oz (2020) investigated the prevalence of loneliness and depression, dementia in West African countries, Benin and Nigeria to determine how these factors impact on older persons' quality of life.

Local trends in research focusing on Older Persons

The historical background of South Africa has left an unequal society with inequalities affecting all individuals up to this present day. The current older population in South Africa is the generation that experienced the apartheid era in its full force, and they continue to experience challenges post democracy (Ferreira, 2000).

The United Nations (2011) has reported that South Africa has a population that is ageing quicker than any other African country. Similar to the rest of the world, urbanisation and rural-urban migration has increased in South Africa particularly since the end of apartheid era due to an increase in unemployment especially amongst black South Africans (Ferreira, 2000; Lombard & Kruger, 2009; Schatz et al., 2015).

Migration was done by middle-aged adults and youth while older persons were left in the rural areas with young children. However, older persons would later move to urban areas

in cases where they were struggling to make ends meet (Ferreira, 2000, Makiwane & Kwizera, 2006).

The introduction of the Older Persons grant as well as the Child Support grant has to a certain extent provided relief to older persons because poverty amongst older persons is relatively high and they have households to support in the face of rural-urban migration as well as the HIV/AIDS epidemic (May, 2003; Mpedi & Darimont 2007).

In addition to unemployment and poverty amongst older persons, other challenges that are broadly explored in literature include elder abuse and vulnerability, impact of the HIV/AIDS epidemic, as well as difficulty accessing basic services. These topics have been covered extensively by many researchers, including Ferreira (2000), Kasiram and Holscher (2015), Kelly et al. (2019), Klemz et al., (2015), Lombard and Kruger (2009), Lloyd-Sherlock (2019), May (2003), Makiwane and Kwizera, (2006), Sidloyi and Bomela (2016) as well Ralston (2018). The studies were respectively conducted in Cape Town, Mpumalanga, Kwa-Zulu Natal, Eastern Cape, and Gauteng. In addition, the National Research Council (2006) investigated the HIV/AIDS epidemic in sub-Saharan Africa expansively, including its impact in South Africa.

A study by Geffen et al. (2019) explores how social interactions and support impact on the wellbeing and quality of life of older persons in Khayelitsha, Cape Town. In Gauteng, Makiwane and Fubah (2018) report mainly on the demographics of older persons, as well as the challenges that they experience. However, there is limited reporting on the biopsychosocial systems of older persons in urban residential areas. Additionally other research regarding older persons in Gauteng explores the impact of HIV/AIDS, residential facilities, lack of service delivery as well as healthcare in the province. Some of the authors that investigated these topics

include Chabeli (2003) Makiwane et al., (2020), Masuku (2015), Lekalakala-Mokgele, (2020) as well as Noyoo (2017).

The other types of research that the researcher came across was medical research and therefore, the research was from a medical point of view and most of the research originated from international studies. The majority of the research studies conducted in South Africa explored the challenges that older persons are exposed to.

Based on the researcher's rigorous literature review, it can be concluded that there is vast academic literature that is available regarding the topic of older persons or the ageing population. However, there seems to be limited research on older person in urban residential areas that investigates the physical, psychological, and social aspects on ageing and how that impacts of the quality of life.

Policies and legislation regarding Older Persons

The rise in the ageing population called for the world to not only acknowledge the phenomenon, but to also plan on how the phenomenon will be addressed adequately. The various policies and legislation in the World, Africa and South Africa will be discussed.

International policies

The international policy regarding older persons that is recognised globally both socially and politically is the Madrid International Plan of Action on Ageing and Political Declaration that was adopted at the United Nations second world assembly on ageing in Madrid (UN, 2002). This policy was adopted to cater for the needs of older persons in the 21st century.

The first world assembly on ageing which sat in Vienna in 1982, developed a policy on ageing. It was created during a time period where ageing populations were mainly recognised

in developed countries and the purpose was to promote the social and economic wellbeing of older persons; it contained 62 recommendations that could be actioned (UN, 1982; UN, 2002).

Due to development, industrialisation, urbanisation, advancement in health care as well as other factors promoting population ageing worldwide, the Madrid Plan is more popular, and it is advantageous because the government representatives across the world have taken the declaration to show commitment towards implementing the policy.

The Madrid Plan has three areas of priority. The first priority area is older persons and development which aims to promote the participation of older persons in development and also reap the benefits (UN, 2002). Additionally, this priority area promotes the alleviation and eventual eradication of marginalisation or stigma against older persons (UN, 2002).

The second area of priority is health and wellbeing advancement of older persons, and the goal of this priority area is to encourage older persons to receive health care that will be beneficial to them as they age through advocating for older persons rights to receive health care suitable to their needs (UN, 2002).

The final priority area is the promotion of supportive and enabling environments. The main aims are to alleviate elder abuse and neglect and to ensure that older persons are able to enjoy basic rights and services (UN. 2002).

Regional policies

The policy that was developed by the African Union (AU) is guided by some of the policies that have been adopted by the UN regarding older persons and the ageing population. The AU has established the AU Policy Framework and Plan of Action on Ageing to address the African ageing population and it highlights factors that African countries need to consider when addressing the needs of older persons (AU, 2002). The policy framework additionally outlines recommendations on policy implementation, monitoring and evaluation.

The AU Policy Framework and Plan of Action on Ageing highlight key points that include rights, poverty, information and coordination, health, food and nutrition, housing and living, family, social welfare, employment, and income security (AU, 2002). All these factors have supplementary recommendations on how they can be achieved. Additional key points that were highlighted include gender; crises, emergencies, and epidemics; ageing and migration, as well as education and training (AU, 2002).

Local Policies

The South African Human Rights Commission (SAHRC) developed The Older Persons Bill to highlight some of the challenges experienced by older persons and to promote the introduction of educational programmes that will provide awareness of elder abuse, mental health in addition to other challenges faced by older persons (SAHRC, 2005). Additionally, it also highlights the importance of promoting older persons to have access and resources to receiving education (SAHRC, 2005).

In 2005, the Department of Social Development (DSD) developed the South African Policy for Older Persons, and the main aim of the policy was to facilitate the process of making services accessible and affordable to the standards that will allow older persons to live comfortably (DSD, 2005).

South Africa later adopted the Older Persons Act which is in line with the UN Plan of Action on Ageing and it also aims to acknowledge and provide guidance when working with older persons (Older Persons Act 13, 2006). Additionally, the Act aims to promote and protect the rights of all older persons without any consideration given to the living arrangements and environment of older persons or their overall health status.

Summary

This chapter explored population ageing as a phenomenon as well as the international, regional, and local research trends. Additionally, research studies focusing on the phenomenon of older persons' development and challenges experienced in different facets of life was also highlighted. The chapter further discussed the global, regional, and local policies and legislation that have been adopted to address the phenomenon. This was particularly valuable in describing and understanding the ageing population from different spheres.

CHAPTER FOUR: RESEARCH METHODOLOGY

Introduction

Research methodology is important when conducting research because it provides a framework that guides research methods, data collection and data analysis. As such, this chapter will discuss the research methodology for this study.

The chapter covers the research approach, research design, sampling as well as the methods used for data collection. Furthermore, the chapter presents aspects of data analysis, steps taken to improve the trustworthiness of the study, and ethical considerations that were put into practice.

Research approach

The research approach that was utilised for the study was qualitative in nature. Qualitative research is described as an approach that aims to investigate and gather new knowledge and understanding regarding natural or social phenomenon directly from the perspective of the research participants (Merriam & Grenier, 2019; Saldana, 2011; Ochieng, 2009). The essence of qualitative research lies in the fact that research is conducted in the participants natural setting because it seeks to understand the experiences of individuals in the context of their world (Basias, & Pollalis, 2018; Cleary et al., 2014; Creswell & Poth, 2016; Merriam & Grenier, 2019).

Additionally, qualitative research is also described to be interpretative and therefore, the interpretivism research paradigm was followed for the study (Basias, & Pollalis, 2018; Cleary et al., 2014). Interpretivism is described as a perspective that aims to develop an in-depth understanding of the phenomenon that is being investigated in its original and unique

context rather than developing an understanding of phenomena and applying this generally to a community or population in its entirety (Alharahsheh & Pius 2020; Pham, 2018).

Qualitative research was the appropriate approach to use for this study because the researcher wanted to determine what older persons experience as their physical, psychological, and social aspects of residing in Ivory Park and how these factors impact them. The research required the participants to provide in-depth descriptions of their unique experiences in their environment through "thick descriptions" (Baxter & Jack, 2008). As such, qualitative research has the appropriate methodology and research tools that allowed the study to effectively explore and achieve its aims and objectives.

Research Design

The research design that was used for this study was the case study research design. Case study research is described as a qualitative research type that focuses mainly on analysing a case or unit in a bounded system. (Creswell & Poth, 2016; Saldana, 2011; Starman, 2013). Additionally, case study research is also done in a natural setting or real-life context (Algozzine, & Hancock, 2017; Starman, 2013). Furthermore, Nieuwenhuis, (2016) and Starman (2013) report that having a boundary for the case is important to assist the researcher to maintain focus in conducting the research.

The boundary for case study in terms of location for this study, was Ivory Park, an urban settlement/ township. The 'case' explored in this location was older persons' perceptions and experiences of how residing in Ivory effects their biological, psychological and social well-being. Although data was not gathered from various resources, different older persons were recruited to be participants in the study.

Population and sampling

A population in research is described as a group of individuals which the research aims to study (Majid et al., 2018; Omair, 2014). As such, a sample from the study population is selected to represent the larger population, this is an important exercise because in most cases the study population is too large (Majid et al., 2018; Omair, 2014). Additionally, Nieuwenhuis (2016) reports that selecting a sample size contributes positively to the credibly and trustworthiness of the study.

The inclusion criteria for the study that the participants had to meet included the following:

- Females that are 60-75yrs old
- Residing in Ivory Park consistently for at least one year
- Physically and mentally fit

Two sampling techniques were used to select a sample of participants, purposive and snowball sampling. Purposive sampling is described as a process where individuals are identified and selected for a study with the idea that they can purposively contribute to understanding a phenomenon (Creswell & Poth, 2016). Furthermore, Nieuwenhuis (2016) and Singh and Masuku (2013) describe purposive sampling as a process where a sample is selected to represent a particular population.

There were four participants that were purposively selected and recruited from a burial stokvel in the community. The researcher then applied snowball sampling by asking the participants if they could refer her to other older women who met the inclusion criteria. This was due to the fact that the four participants were the only older women that were 60 years and above that were in reach for the researcher to initially engage with. There were other older women present in the society group however, they were younger then 60yrs.

Twelve potential participants were recruited but two were subsequently not invited to participate in the study because they did not fully meet the selection criteria. One of the interested participants that was disqualified had experienced a car accident about 18 years ago. Although from the outward physical appearance she looked physically fit, she explained that she struggles with physical pain daily which sometimes affects her mobility. The other older woman was disqualified because she previously used to live permanently in Ivory Park however, her stay in the community had become inconsistent over the past couple years because she visits home for a few months then returns. As such, a total of 10 participants were interviewed because the data collected had reached data saturation.

Method of data collection

The method of data collection for this study was conducting semi-structured, in person interviews with the participants. Interviews have been noted as one of the most utilised methods to gather information in qualitative research (Cleary et al., 2014; Saldana, 2011). Conducting interviews is seen as the best way to enquire and document information that will be shared by the participant regarding their perceptions, attitude, experiences, values and ideas in order to gain an understanding of them as individuals. (Saldana, 2011; Nieuwenhuis, 2016).

The research tool that was used for the study was a semi-structured interview guideline. Semi-structured interviews contain pre-determined questions however, there is flexibility to allow the interviewee to be able to express themselves without constraint (Birmingham & Wilkinson, 2003). Additionally, Birmingham and Wilkinson (2003) together with Nieuwenhuis (2016) report that semi-structured interviews allow interviewees to be able to express themselves and the interviewer is able to guide of the interview to prevent interviewees from speaking out of the context of the study through the type of questions that are being asked. This can be achieved through asking the research participants open-ended questions that will

prompt them to answer questions with detail. Open-ended questions are utilised when in-depth information is required (Maree & Pietersen, 2016; Trigueros & Sandoval, 2017).

The open-ended questions that were asked during the interviews for this study were pre-determined and the questions were used as a guideline to understand the perceptions and experiences of older persons relating to their physical, mental, and social wellbeing. Each of the questions covered a specific aspect and the interviews were facilitated accordingly.

There were no challenges experienced while interviewing the participants for the study. Prior to initiating the data collection process, the interview guide was 'pilot' tested with a participant meeting the selection criteria. A pilot study or pre-test is described as the process where the research tool is tested on a participant or group of participants prior to the main study to determine if the questions asked are relevant and understandable (Strydom, 2011). As such, Strydom (2011) reports that should there be any discrepancies, the research tool will need to be altered. One participant who met the inclusion criteria was interviewed and the interview questions were considered appropriate to continue to interview other participants for the study. The interview from the pilot study was not included in the total number of participants that were interviewed for the study.

Data Analysis

The method of data analysis for the study was thematic analysis. Thematic analysis is described as the process of systematically identifying, organising, and analysing data patterns of meaning (themes) from the data collected in qualitative research (Braun & Clarke, 2012, Nowell et al, 2017). Additionally, utilising thematic analysis is helpful in highlighting unique information in the collected data and it is a method that is relatively straightforward for researchers to use (Nowell et al., 2017). This type of data analysis method also allows

researchers to have flexibility when analysing data sets (Braun & Clarke, 2012, Nowell et al, 2017).

Thematic analysis has six (6) phases that provide guidance on how to analyse collected data. Braun and Clarke (2012) list the phases as follows: familiarising yourself with the data, generating initial codes, searching for themes, reviewing potential themes, defining, and naming themes, producing a report. These phases will be discussed further below.

Familiarising yourself with the data

This phase of data analysis requires researchers to engage comprehensively with the collected data. This includes listening to the audio recordings attentively, reading and re-reading the interview transcripts because this will help the researcher to thoroughly know the type of data, they have available (Braun & Clarke, 2012).

The researcher interviewed a total of 10 participants for this study. The interviews were audio-recorded and thereafter the interviews were transcribed. The researcher spent time listening to the audio-recordings of each interview while transcribing, and this was helpful in assisting the researcher to fully engage with the data collected.

The interviews were conducted around May/June 2022. The transcription process was done around August/September 2022, which required the researcher to revisit the collected data. This involved listening to each audio-interview recording and transcribing it on paper.

Generating initial codes

Generating initial codes requires a researcher to create codes for the data as a way of logically analysing the information (Braun & Clarke, 2012). Furthermore, Braun and Clarke (2012) state that the process of coding requires researchers to break down or label the information in smaller large chunks in order to make the information easier to understand and

interpret. Furthermore, the researcher followed a deductive approach to coding because study was aimed at understanding the experiences and perceptions of older persons relating to their physical, psychological, and social well-being. The information that was obtained from the interviews reflected the aspects that the study was exploring and therefore an inductive approach to coding would not have been suitable. Developing codes was helpful in terms of synthesising all the information into manageable parts.

Searching for themes

The process of searching for themes is explained as an ongoing process that researchers engage in while working with the information or data codes (Braun & Clarke, 2012). This phase requires researchers to use the codes that were created in the second phase to produce themes that will highlight aspects in the data that are important in relation to the question of the study (Braun & Clarke, 2012; Nowell et al., 2017).

The researcher was able to produce themes that had information which covered all the aspects of the research questions for this study.

Reviewing potential themes

This phase of thematic analysis requires researchers to review the themes that were developed in the previous phase in order to determine if those themes are congruent with the entire data information that was collected for the study (Braun & Clarke, 2012; Nowell et al., 2017). As such should there be a need to create new themes as a result of discrepancies, researchers can create new themes that will correspond with the data set.

The process of reviewing potential themes for this study happened twice. In the first instance, the researcher realised after creating the themes that some of the themes were repetitive because themes could be linked together. New themes were then created, and it was found that the themes were now consistent with the data set.

Defining and naming themes

In this phase, researchers are required to name and define the selected themes for the study and to be able to elaborate on the uniqueness of each theme in relation to the study (Braun & Clarke, 2012). Furthermore, Nowell et al., (2017) indicate that it is of grave importance that all the data information is thoroughly investigated and analysed prior to the potential themes becoming final.

The process of defining and naming themes for this study was guided by the research topic and question because the data collected was a representation of what the study was investigating.

Producing report

Producing a report is the final phase of the thematic analysis approach to data analysis and it entails researchers producing a report which will have the final analysis of the information data that collected, analysed, and interpreted (Braun & Clarke, 2012). One of the most important aspects in compiling a final report is including the final themes and presenting verbatim information collected making use of quotation marks (Nowell et al., 2017). Chapter five of this report covers information regarding the data collected and its analysis.

Trustworthiness

Data quality and trustworthiness in qualitative research is explained to be the extent to which data collection, data interpretation and methods used for the study are of high quality (Connelly, 2016). Rose and Johnson (2020) similarly describe trustworthiness to be the confidence in the research design, manner in which research methods are applied as well as the extent to which the research findings are accepted as a way of measuring the quality of the research.

There are four criteria that can be used to promote and ensure trustworthiness namely: credibility, confirmability, dependability as well as transferability (Nieuwenhuis, 2016; Connelly, 2016). The criteria will be discussed below in greater detail.

Credibility

Credibility is explained to be the extent to which the data that is collected from research participants is consistent with the reality that they share (Lietz & Zayas, 2010; Nieuwenhuis, 2016). In qualitative research, researchers can achieve credibility through utilising research methods that are well established, purposively sampling research participants and engaging in debriefing sessions (Nieuwenhuis, 2016). Additionally, strategies such as reflexivity, member checks, thick descriptions as well as triangulation can also promote data credibility (Lietz & Zayas, 2010; Shenton, 2004).

In order to ensure credibility for the study, the researcher investigated and utilised the appropriate research approach for the study to ensure that research participants were able to describe their experiences in depth in order to help the researcher to develop a good understanding thereof. Furthermore, the researcher was familiar with the participants' environment and community. It therefore made it easier for the researcher and participants to build trust prior to conducting the interviews which facilitated them to be open and relaxed during the interviews. In addition, the researcher engaged in member checking during the process of presenting the data to confirm and clarify information with some of the participants.

Confirmability

The second criterium for trustworthiness is confirmability and it is described as the degree to which the research findings are neutral and objective because qualitative research has the potential to encourage bias from the researcher (Anney, 2014; Shenton, 2004). Additionally, Connelly (2016) and Nieuwenhuis (2016) further support this notion by adding

that the study findings must not be in favour of any interest or motivation from the researcher. As a way to promote confirmability, researchers need to have an audit trail whereby each step of the research is documented and can be peer reviewed when necessary (Connelly, 2016; Nieuwenhuis, 2016). Researchers acknowledging bias and other predispositions is also necessary to ensure that they are working against proving those (Connelly, 2016).

The researcher is from the same community where the research was conducted and therefore, there was prior knowledge and understanding regarding some of the experiences of the community members. However, the researcher encouraged the participants to describe their experiences according to how they perceived it.

Additionally, there were supervision sessions that were facilitated with the research supervisor from the outset of the research study until compilation of the research report.

Dependability

Dependability of the research is explained to be the reliability and the stability of the research over time, and this can be further supported by having an audit trail (Anney, 2014; Connelly, 2016). According to Lietz and Zayas (2010) dependability can result from documenting the research process in its entirety in such a way that anyone that was not part of the research is able to follow the process and offer critique (Nieuwenhuis, 2016, Shenton, 2004). Journal documenting is one of the ways which promote dependability (Nieuwenhuis, 2016).

The audit trail for this research can be found firstly in the research proposal that was done prior to conducting the study. The research proposal was sent to the Departmental Human Research Ethics Committees (Social Work) where it was reviewed and feedback was provided. Amendments were made, the proposal was approved and ethical clearance was awarded.

Before conducting the interviews, participants signed the informed consent form as well as the permission to audio-record form (Appendix B). Additionally, from the audio recorded interviews, transcripts for all the interviews were done and have been stored safely.

The final audit trail from the research study is this report. It documents every aspect of the research and all the processes that were followed.

Transferability

Transferability as one of the criteria for trustworthiness is explained as the extent to which the research findings of one study in a certain environment can be relevant or applied in a separate environment (Connelly, 2016; Shenton, 2004). The concept of transferability in qualitative research is broadly discussed because some authors argue that it is possible to have transferability whereas other authors dispute this. Qualitative research in its nature promotes participant subjectivity in order for them to express themselves according to their perceptions or experiences; research finding generalisation are not promoted. As such, it may be a challenge to apply the findings of one study in a certain environment and apply it to another because environments are unique even though there may be similarities.

Another point that is brought forward by other authors is that the research findings can be applied to other populations because the sample participants that are interviewed represent the rest of the population (Connelly, 2016, Lietz & Zayas, 2010). In such cases, Anney (2014) and Connelly (2016) report that thick descriptions will need to be presented to motivate the correlation.

The research findings as well as the recommendations for this study are presented in the following chapter of this research report and those may be used for further research.

Ethical Considerations

Ethical considerations are important to consider particularly when facilitating research with individuals from diverse backgrounds. The Departmental Human Research Ethics Committees (Social Work) at the University of Witwatersrand gave ethical clearance for this study to be conducted. The protocol number is SW21/11/01. Ethical research is important in protecting and ensuring that no harm is done to the participants (Orb & Wynaden, 2001). Furthermore, Maree (2016) and Umamaheswar (2018) reported that having an informed consent form and an information letter is one of the most important factors to consider prior to conducting research because the participant are provided with an overview of what the study entails. Thereafter, participants are able to make an informed decision of whether to participate in the study or not.

The ethical considerations that will be discussed below include anonymity and confidentiality, informed consent and voluntary participation as well as beneficence and non-maleficence.

Anonymity and confidentiality

Anonymity and confidentiality are ethical considerations that are explained by Steffen (2016) as concepts that are mainly aimed at providing and maintaining privacy particularly regarding the participants private information. This research requires interviews to be conducted in person and therefore, anonymity and confidentiality cannot be totally guaranteed. However, during data analysis and discussion of findings, anonymity can be guaranteed because instead of utilising the participants original names, pseudonyms can be used as an alternative.

The participants for the study were provided with the research information form (Appendix A) informed consent form and the audio-consent form (Appendix B) to sign. The

documents required their names, signature, and the date of the interview. The participants were also informed that the information collected would be stored in a password protected laptop and the research findings would not include their original names.

Informed consent and voluntary participation

Informed consent involves sharing specific information with regards to the study and explaining to the prospective participant the reasons why they are selected to be part of the study (Ryen, 2016). Additionally, it is important to share with the participants that they are not in any way forced to participate in the study and they are welcome to withdraw from the interview at any point in time with negative consequences (Arifin, 2018; Ryen, 2016).

The participants for the study were thoroughly provided with information regarding the study and how the interviews would be conducted. The aspect of voluntarily participation was stressed in order to make sure that none of them felt obliged to participate or continue with the interview in the case where they would no longer be interested.

Another point that was highlighted with the participants is that there was no material or financial gain from participating in the study. There was an older person that asked about the benefit of participating in the study and it was reiterated that the study unfortunately did not have any material or financial benefits that came with participating and she decided to not participate in the study. Furthermore, from all the participants that voluntarily participated, there was none that withdrew their consent during or after the interview.

Beneficence and non-maleficence

Research participants should be protected at all times from any kind of harm during data collection therefore, both beneficence and non-maleficence are particularly important when engaging with research participants. Beneficence is defined as the action of doing good or treating people good and fundamentally doing no harm to them (Orb & Wynaden, 2001). In

addition, Singh and Ivory (2015), indicate that non-maleficence is the role and responsibility of researchers to not do harm to the participants deliberately.

The participants for the research were provided with respect and courtesy throughout the data collection process. The interview questions for the study may have been viewed as emotionally triggering because the answers require elaboration and detail. However, for this study, the participants answered the questions without expressing or reacting uncomfortably. Should that have been the case, the interview was going to be stopped immediately and the researcher was going to provide the participant with debriefing or refer them for further emotional support at the local clinic if the need was identified. The researcher is a qualified Social Worker. As such, the information that would have been collected up until that point was going to be destroyed.

Summary

In this chapter, qualitative research was the research approach that was followed for the study and it was discussed together with the research design, which was a multiple case study research. The chapter further presented information regarding the sample population and the sampling techniques that were utilised for the study namely being purposive and snowball sampling. Additionally, the researcher discussed methods of data collection for the study as well as the aspects that can be practiced achieving data quality and trustworthiness. The ethical consideration for conducting ethical research were explained and lastly, this chapter discussed thematic analysis as the method used for data analysis for this research. The aspects that were presented in this chapter were further supported by practical accounts and motivation that the researcher experienced throughout the study. The following chapter is the presentation of research findings

CHAPTER FIVE: DATA PRESENTATION AND DISCUSSION OF FINDINGS

Introduction

This chapter of the research report presents the data collected based on the study and the discussion of findings follows. The main purpose of the study was to explore and describe the personal experiences and perceptions of older women in Ivory Park regarding their physical, psychological, and social wellbeing. After describing the demographic particulars of research participants, based on thematic analysis of data, themes were centred around older persons' physical, psychological, and social wellbeing. All three of these components were integrated and thus the themes presented and discussion should be seen from this concept. Due to the interconnectedness of the biopsychosocial components, the presentation of the themes has been divided; however, some of the themes may not be exclusive to only one component.

Socio-demographic particulars of participants

Family structure stability in South Africa has seen a decline since the beginning of the colonial era, development, industrialisation, urbanisation as well as the factors that result in demographic changes (Makiwane, 2019; Makiwane et al., 2017). As such, the type of family structures that have resulted are largely inter-generational as well as multigenerational wherein older persons can be found (Aboderin & Hoffman, 2015; Lombard & Kruger, 2009; Makiwane et al, 2017).

In as much as some of the participants are living in inter-generational and multigenerational families, there are some participants who are in female single parent households.

The General Household Survey (GHS) reported that 42% South African households were headed by women and Gauteng province has 33.9% of its households being headed by women (Stats SA, 2021).

The table on the following page summarises the socio-demographic particulars of the research participants.

Table 1.

Socio-demographic particulars of research participants

Pseudonym	Sex	Age	Home Language	Years living in Ivory Park	Type of housing	Marital status and family composition	Children in household	No. of grandchildren
Lerato	Female	63	Sepedi	19	Renting Backyard shack	Married with children	3	2
Mary	Female	68	Setswana	31	House	Widowed with children	4	5
Patricia	Female	60	Isizulu	30	House (RDP)	Married with children	3	2
Gladys	Female	60	Sepedi	30	House (RDP)	Single with children	2	0
Beauty	Female	61	Xitsonga	30	House	Married living with husband	0	0
Angel	Female	64	Sesotho	31	House	Separated but living together	0	0
Thandiwe	Female	73	Xhosa	31	House	Single with child	1	2
Constance	Female	63	Sepedi	30	House (RDP)	Cohabiting with child	1	1
Margaret	Female	71	SiSwati	30	House (RDP)	Married with children	0	0
Doreen	Female	60	Afrikaans	31	House	Married with children	2	2

Theme 1: Physical well-being

1.1. Informal physical activity

The physical health of older persons is one of the factors that is most noticeable while ageing and the changes affect overall functioning of older persons (Louw & Louw, 2016). The process of ageing is inevitable however, the quality of physical health while ageing is a manageable element.

All participants indicated that they are not involved in any formal, structured or planned physical activities. Instead, physical activity formed part of their daily routine. For example, Doreen pointed out that she conducts household chores: "I don't do exercise, but I keep active in the house through cleaning, laundry and keeping busy in the kitchen with cooking." Similarly, other participants focused on informal activities as a means of engaging in physical activity. Patricia pointed out: "I do walk around my area, and I also walk when I go to shops such a Cambridge then come back and rest. I am quite active and sometimes I go with my neighbour and friend to visit her sister."

According to Lerato:

> I don't really do anything but previously I used to go to the park to use those machines that are installed for exercising. However, there are days where I can wake up and decide to not to exercise, because usually I do household chores and you need to be active.

One participant said that she has been informed that that conducting household chores is not the most effective form of exercise. Angel reported: " … I just clean around the house, and I was told at the clinic that cleaning is not a form of exercise…"

Not much research focuses on older persons engaging in informal physical activity, but it has been found that informal physical activity can be convenient and accessible. Older

persons can incorporate physical activity in their daily lives without the need for special exercise equipment or visiting exercise/ training facilities (Koblinsky et al., 2018; Morrow-Howell et al., 2012). Furthermore, physical activity is considered to be one of the important factors in promoting wellbeing because it assists in building body strength to reduce risk of developing disabilities, improves physical capacity and it also provides overall satisfaction (Bae et al., 2017; Hambrook et al., 2020; McAuley et al., 2006). Additionally, McAuley et al. (2006) indicate that increased engagement in physical activity improves self-efficacy which is an important factor in maintaining a certain level of independence while ageing.

1.2. Unsatisfactory medical services rendered by local clinic.

Ivory Park has one public clinic. Another clinic that is in close proximity is located in Rabie Ridge which is a neighbouring community. The GHS reported that in Gauteng 57% of residents make use of public clinics when they require healthcare whereas 28% of residents utilise the service of private doctors (Stats SA, 2021).

The participants that presented with health concerns mainly reported high blood pressure and diabetes as their major health issues; they used public clinics and not private health care.

Constance mentioned that she attends the local clinic but was not satisfied with the services she receive at the clinic: “I have sugar diabetes and high blood pressure. I visit the clinic every month for my medication… I want to be honest; the clinic does not really have care; we just go for the sake of going.”

As a result of the poor service that is experienced at the clinic, Doreen pointed out that she decided to collect her medication at the public clinic in Midrand. She reported that she is willing to travel because she believes that she receives good service and she returns home at a

reasonable time compared to when she was receiving her treatment at the local clinic. Doreen shared her experience:

> I go every month to the clinic in Midrand for medication, I have high blood**.** The local clinic only starts to assist people from 12:00, you have to be sitting in the line the whole time. I can't stand it so that is why I go to the one in Midrand. They are fast there**…** I leave the house at 06:00 and by 09:00 I am back.

Additionally, Angel travels to another town to receive her medication because she fears that her health status and information may be disclosed or shared without her permission. Her husband's girlfriend was working at the local clinic during the time she had to start receiving treatment for her diagnosis. She shared the following:

> I have not been taking my medication from there because the lady he was dating who is living in the next street was volunteering at the local clinic. I was scared that maybe she was going to see my statement and file. I went to the clinic in Spartan (Kempton Park) to test and I found that, I am positive. I take my medication from that clinic.

Over the years, public health in the country has been under scrutiny with complaints directed towards the quality of treatment service users receive from healthcare workers as well as the quality of the health care facilities (Lombard & Kruger, 2009). Although the researcher could not locate any research focusing on older persons' attitude towards clinic services in Gauteng, one particular study conducted in Cape Town made similar findings. Kelly et al., (2019) explored older people's experiences of primary healthcare in Cape Town, South Africa. They concluded that " … services available in lower-income areas were much less responsive and participants displayed low trust in the healthcare system, feeling that their needs were overlooked".

In addition to public clinics, some of the participants make use of the hospital for their medical treatment. Tembisa Provincial Tertiary Hospital is the only public hospital which is available for use by the community of Ivory Park. It was interesting to learn that some participants had to receive treatment at public hospitals because their health conditions were serious. However, they were more satisfied with the quality of hospital services they had received. For example, Mary reported that she had more serious health issues and she had to receive hospital treatment from two separate public hospitals. She stated:

> I started at Joburg Gen, and it has been about 26 or 28yrs ago where I got treatment. I am still receiving my treatment from there but if it becomes difficult to get medication, I have to go to another hospital. The stroke that I suffered in 2008, I was taken to Tembisa hospital, I also received good treatment from there. I am still going to Joburg because I also suffer from ulcers…

Additionally, Gladys reported on how she experienced the services she received from Tembisa Hospital, "I receive medical care from Tembisa Hospital. I feel that the service is fine for me because there are times when they even offer me to attend physio training."

1.3. Effect of traditional medicine on the wellbeing of individuals

This theme is well illustrated by Angel's response. Angel pointed out to me that her husband engaged in an extra-marital affair, and this created a lot of stress in her life, especially when her husband's girlfriend tried to murder her: "Now let me tell you something very painful, this new girlfriend he has almost killed me using muti. The muti she used has turned my neighbours against me and they sometimes attack me…''

Another issue arising indirectly from Angel's comments is that some community members in Ivory Park still believe in the power of muti. Muti is a term used in South Africa that is used to refer to traditional medicine or spiritual activities, the use of traditional medicine

is widespread in South Africa (Nxumalo et al., 2011). However, one should not generalise Angel's comments because research has shown that many Africans in South Africa believe traditional medicine can have positive effects on a person's wellbeing, both physically and psychologically (Mothibe & Sibanda, 2019).

While other participants make use of western medication to treat and maintain their health conditions, in the initial interview Margaret reported: " I drink a lot of herbal teas like green tea, it is really helpful. I rarely go to the doctor." During member checking to determine her views on traditional medicine, Margaret indicated: " I believe a lot in culture and tradition, traditional medicine does work. As a child growing up, the only healers I knew were traditional." She further added her view regarding modern traditional healers, "the only problem with modern day traditional healers is that they are either fake or expensive which is something we rarely experienced in the past."

Theme 2: Psychological Well-being

2.1. High crime creates stress.

Research has confirmed that neighbourhood crime is significantly linked to depression and psychological distress (Baranyi et al., 2021). The crime levels in South Africa have continued to rise exponentially and this has caused a general state of discomfort for citizens. The ageing population is a vulnerable group. The South Africa Police Service (SAPS) have identified Ivory Park Police Station as part of the top 30 police stations that had the highest cases reported regarding murder and attempted murder, contact crimes and robbery, sexual offences, rape as well as assault with intent to cause grievous bodily harm (SAPS, 2022). The crimes that have been listed mirror on the type of community the participants live in. The participants reported that the high level of crime in Ivory Park is one of their biggest concerns.

For example, Angel indicated that she is constantly worried about crime, and she has to be alert,

> Some of my items in the yard get stolen…even with my laundry, I have to constantly be alert. My rake and shovel have been stolen and today I noticed that the mattress that was outside has been stolen. I think the boy that lives next door is responsible for my things going missing.

Constance shared similar sentiments: "… even now I always have to keep my doors locked especially if there is no-one else in the yard…as an older person you are not safe." The other participants reported that they have not directly been targeted but they have witnessed other members of the community being affected by crime. Thandiwe reported: "…there was a break-in in one of the houses up the road and they shot both the mother and father of the home… The mother passed away and the father managed to survive. "

Furthermore, the issue of crime seems to be exacerbated by the illegal electricity connection apart from loadshedding, that is affecting the community. According to Thandiwe: "Usually as soon as there is no electricity or if it's dark, the crime levels increase because they know that they will not be seen by anyone."

The profile on the City of Joburg done by the Department of Cooperative Governance and Traditional Affairs (COGTA) reported that illegal connections, vandalism, and cable theft are the factors that contribute to unstable power supply throughout its regions (COGTA, 2020).

One of the other factors that may have an influence on the high prevalence of crime in the area is another social ill, which is drug abuse. Drug use is mainly amongst the youth and there have been reports that drugs such as 'nyaope', which is low grade heroin mixed with other substances, is one of the leading type of drugs that can be found in majority of South African townships currently due its highly addictive nature which comes at a cheap price

(Mthembi, 2021). Furthermore, ‘nyaope’ drug users are reported to be linked to crimes such as robbery and housebreaking (Mabokela & Muswede, 2021).

Doreen indicated that she has a son who uses illegal substances. She shared the following information: “My other son is struggling with drugs so he hardly lives here…I don’t know when he started with the drugs but it has been a long time” She further added that he resorts to crime and it has also personally affected her:

> He steals from other peoples’ homes…He does the same thing in the house; he steals and runs away… He steals things inside and outside the house, people come here looking for him and I can’t hide him if he is inside the house.

An important factor that can be established from the findings is that the participants who have been victims of crime did not feel that they were targeted due to their vulnerability as older persons. This response was not anticipated because it has been established that older persons in South Africa are vulnerable victims of crime (Kay, 2012). Furthermore, Baranyi et al., (2021) make it clear that research in criminology indicates that increased crime rates are more common in disadvantaged and low-income communities (such as Ivory Park).

2.2. Poor financial circumstances create strain.

Frankham et al., (2020) highlights that financial hardship frequently results in poor mental health conditions such as stress, anxiety and depression. Most participants indicated that they are struggling financially and thus meeting their daily needs has become a challenge. Constance remarked:

> I can spend a week or sometimes two weeks with no food, I’m at least fortunate that my partner does odd jobs or activities like recycling. He sometimes comes back with bread and other times he comes back with maize meal and chicken feet, then I cook for all of us to eat.

Furthermore, Margaret also pointed out that she experiences difficulty meeting her basic needs because only her husband receives the Older Persons Grant even though she also fully qualifies to be a recipient. Her neighbour is supportive: “there is a lady next door that assists us with food (veggies) sometimes… I haven’t started receiving the grant yet. I actually should have started getting the grant a long time ago.”

Some participants pointed out that although the Older Persons Grant from the South Africa Social Security Agency (SASSA) provides relief from the financial challenges they experience, they have also resorted to renting out rooms in their yards to help them meet their basic needs as a result of the high cost of living. For instance, Constance mentioned: “For me, you see I have people that are renting shacks in my yard...”

Thandiwe also confirmed that she is renting out shacks to generate an income, “We survive through the Older Persons Grant and everything that I do, I use the grant money… I also have three shacks at the back so that I can have an extra income since my daughter is not working”.

These findings support those of Masuku (2015) who established that backyard rooms as well as iron corrugated shacks are mainly used for renting. Research has also established that in Ivory Park between five to ten people live in one household unit and that backyard dwellings are constructed by landlords (Naidoo et al., 2012). Although this research was conducted over 10 years ago, the researcher has personally observed that the renting of backyard rooms is still very common in Ivory Park.

Additionally, informal economic activity in Gauteng townships through Small to Medium Enterprise (SMME’s) is still prevalent, these can also be found in Ivory Park. It has been found that women also engage in their own small businesses (Njiro, 2010; Wiid & Cant, 2021).

The most common businesses that have been observed being run by women is selling fruit and veggies on the side of the road as well as running creche's/child day care facilities. For example, Beauty is running a creche for additional income and she has also created employment by hiring fellow community members. She reported: "I survive from the money that I receive from the creche'. I also get government assistance with regards to funding to buy food for the children..." She further added "I have three people who assist me, they are from the community, but one is from another section.

2.3. Stokvels in the community help alleviate financial stress.

Another finding coming to the fore is that many South Africans exposed to poor financial circumstances rely on stokvels to help address financial problems. Matuku and Kaseke (2014) explain that stokvels can be described as an "… informal group savings scheme in which members voluntarily agree to contribute a fixed amount to a common pool on a regular basis. This could be on a weekly, fortnightly, or monthly basis." Margaret reported that she belongs to a burial society stokvel: "…we have a burial society group that my husband joined. We want to make sure that when we pass away, our funeral/burial goes well."

Similarly, Florence informed the researcher about the grocery savings society group, "…I have joined a societal group for groceries. I contribute R300 every month and at the end of the year, the money is used to buy groceries in bulk then we share it amongst ourselves. We meet once a month…"

Constance expressed her desire to have a money savings group exclusively for older persons. She indicated: "…I came up with a suggestion for us and other older ladies start something where we each contribute the same amount of money and we rotate on who receives the total sum of the money each month…"

As with other studies focusing on the role of stokvels in impoverished communities in South Africa the results of the study showed that stokvels enable members to meet their basic needs (Matuku & Kaseke, 2014; Ngcobo & Chisasa, 2019).

Theme 3: Social Well-being

Greffent et al. (2019) emphasise that: "…social integration, connection, relationships and social support have been frequently cited as some of the most important factors influencing self-reported well-being in the elderly".

3.1. Quality of inter-personal relationships affects well-being.

Most participants shared that they have good interpersonal relationships with their neighbours, relatives as well as their adult children. For example, Beauty who has lived in Ivory Park for approximately 30 years stated:

> I would say that I have a good relationship with my neighbours because we can approach each other when we lack something like salt, for example. Even when they travel, they can leave their keys with me and vice versa. Overall, we have good relations, and we support each other.

Margaret also responded positively: "Yes, all my neighbours are fine, and we all live well together, there are no problems".

One participant, Angel, indicated that she does not really have good relations with her immediate neighbours however, when she fell ill, she received support from one of her neighbours. Angel reported: "I developed high blood and there was a point where I would be walking, and I would struggle to see properly. One of neighbours would come to assist me every day because I was struggling…"

Majority of the participants shared that they enjoy good relationships with family members. For example, Doreen has a daughter who is married and lives further away. However, she is still supportive of her mother. Doreen's husband also shows love and understanding, "I rely mostly on my daughter, Dorah, for support as well as my husband, Edward."

Margaret expressed:

> I am naturally a person that is not too social, but I am friendly. I am happy living with just my husband, and I engage well with my neighbours when there is a need because I do not have major stressors in my life. My child and grandchildren sometimes visit and it's always lovely seeing them.

The views shared by Margaret support the notion that social interactions that are fairly pleasing and active contribute positively to the health and wellbeing of individuals and it also has a positive impact on cognitive functioning in old age (Zhaoyang et al., 2021).

However, there were a few exceptions. For example, Thandiwe pointed out that she had experienced abuse in her marriage, and she feels happier as a single parent. She reported:

> I can say that I am happy being single because I used to experience abuse from my husband and since he left, I have been taking care of my grandchildren. My relationship with my children and grandchildren has improved since.

Patricia lives with her husband, children, and grandchildren. However, she is often upset by the action of her children she reported:

> My children and I have a shaky relationship, they just upset me when they go out because of how they behave after that. I am especially closer to my daughter who currently does

not live at... My son is a bit distant from both me and his father. I think it's because he is older and wants his independence.

Studies by Cohen-Mansfield and Perach (2015), Essandor (2012) and much older studies by Hall-Elston and Mullins (1999) report that social isolation or loneliness in older persons is characterised by depressed mood, hopelessness and cognitive decline that may result in Dementia and Alzheimer's. As such, maintaining good relationships whether with friends, neighbours, family members or adult children results in the provision of support, and it has a significant impact on the level of loneliness or social isolation that older persons may experience.

From the data collected for this study, there were no indications or reports from the participants that suggested the possibility of them experiencing loneliness or severe mental health concerns.

3.2. Spirituality and religion build a sense of belonging.

Some of the participants indicated that they are Christians, and they explained the importance of religion in their lives. There are a number of religious institutions in the community, and it appears as though there are no visible barriers preventing individuals from participating in religious activities. Participants have not made any reports regarding challenges relating to religious participation and therefore their absence from participation may either be related to their personal preferences, or it may be related to family constraints such as minding their grandchildren. Beauty reported, "I am a Christian however, I do not go to church. I believe that more than anything the relationship that I maintain with God is most important. It is sometimes difficult to physically attend church…"

Lerato further reported on the impact of being religious: " I believe in God, and I also believe in the bible. The thing that calms me down when I am overly stressed is believing that things will be okay through prayer and reading the bible."

Gladys is the only participant from the study that confirmed that she consistently attends church: "I go to church most of the time because I feel comfort and support." The element of support was also shared by Mary,

> We supported each other a lot before the branch moved however…Since the branch moved, the pastors come to visit our area every first Wednesday of the month to accommodate the congregants this side. However, it's not always easy to make it to those services.

The experiences shared by the participants support the findings from the research by Mihretu (2019) because the participants in the Mihretu's study expressed that they received support, comfort and hope from their faith.

3.3. Programmes available for older persons are not utilised.

The participants reported that they are aware of the existence of a programme for older persons however, there appears to be lack of interest to engage in the programme. Angel reported: "…there are things for older persons, but I don't engage in those…" Patricia expressed her loss of interest with regards to attending the programmes that were running, "…the hall is rented and if activities need to take place, we need to pay, that is how it ended." Additionally, Mary, reported: "There are structures where older persons go, up there by the hall. However, I do not go because I look after my grandchildren and there's nobody to look after them…and it's a little bit further away."

The experiences shared by the participants indicate that although there are programmes available for older persons to engage in, those are either inaccessible or far from the intended recipients.

Additionally, it appears as though the programmes may not be advertised enough because some participants do not know exactly what is being done during those sessions. Doreen indicated: “there is a programme there by the hall that is for older persons…I am not sure what they do there or if it is still running. I am not interested because it takes place every day”.

The Older Persons Act (No. 13 of 2006) advocates for the implementation of promotion and prevention of programmes that cover empowerment, recreational activities, education and information as well as counselling among other points that have been described in the Act (Older Persons Act 13, 2006). Unfortunately, findings indicate that participants were not particularly interested in any community programme for older persons.

Data analysis with reference to theoretical framework

The theoretical framework underpinning the study was the biopsychological model. The model is of the view that life is multi-systemic, and therefore the different systems have an influence on each other (Robertson et al., 2022). As such, the biological, psychological, and social systems contribute to the overall wellbeing of individuals due to its interconnectedness (Ghaemi, 2009; Novek & Menec, 2014., Zittel et al., 2022).

The concept of active or healthy ageing is described as a multidimensional process that includes physical and mental health, social interaction, family support as well economic independence (Dias, 2017). Furthermore, Dias (2017) reported that if there is a balance with all the dimensions it is likely that older persons will have good quality of life as they age.

The biopsychosocial model is well reflected in the research findings because the participants have expressed how the systems of self and environment have an impact on them and how the systems work together to assist them with coping and improving their quality of life. It is also important to note that the components are interlinked, and these can only be separated by a fine line.

Limitations of the study

Although the study was strategically planned, there were a few limitations that could not have been anticipated. These are presented below:

- There were no prepared and specific questions regarding the biographical background of the participants and this characteristic was key in understanding the physical, psychological and social wellbeing of the participants at a basic level. The questions regarding the biographical background were asked outside of the questions that were on the interview schedule.

- Data collection was done in a very short space in time and the researcher could not vigorously and thoroughly reflect on a single interview before conducting the next interview, this was due to researcher and participants' availability. As such, member checking had to be conducted during the compilation of the report.

- The researcher lives in the same community the study was facilitated in and there was a possibility of bias. However, the participants were encouraged to reflect fully on their experiences and perceptions from their perspective and not rely on the knowledge of the researcher. The data collected reflects on the experiences of participants in their perspective as older persons and it differs compared to how the researcher perceives the community.

Summary

This chapter of the research report presented and discussed the research findings in relation to the research question for the study. The data collected were presented according to the themes that were established through the thematic analysis process of data analysis. The presented data was supported by verbatim quotes expressed by participants during the interviews. The following chapter is the final chapter of this research report, and it will focus on the main findings, conclusions and recommendations of the study.

CHAPTER SIX: SUMMARY OF MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This is the final chapter of the research report and it will summarise the main research findings with reference to the theoretical framework underpinning the study**.** This will be followed by the conclusions drawn based on research findings, and recommendations based on research findings. The chapter is closed by a presentation of the research limitations as experienced throughout the research study.

Aim and objectives of the study.

The aim of the study was to explore the perceptions and experiences of older women residing in Ivory Park with regards to their physical, psychological, and social well-being. This aim of the study was achieved through carrying out the study objectives, these are as follows:

- To explore older women' perceptions of their current physical well-being and determine what factors are affecting their physical well-being.
- To investigate older women's perceptions of their current psychological well-being and determine what factors are impacting on their psychological wellbeing
- To explore older women's perceptions of their current social well-being and determine what factors are affecting their social wellbeing.
- To inquire what older women in Ivory Park think should be done in the community to improve their physical, psychological, and social well-being.

Summary of the main findings

The main findings from this research study are presented below according to the physical, psychological, and social aspects that were identified.

Physical well-being

- The participants make use of healthcare facilities to receive medication on a monthly basis whereas some participants who are healthier do not go for medical check-ups at all due to their respective belief systems.
- Due to the vulnerability that comes with ageing, there may be a lack of education regarding the significance of attending health checks.
- Participants that go to the clinic are well informed with regards to their health and they are able to maintain their respective diagnoses relatively well with the resources that they have available. However, some participants were not happy with the services provided at the local clinics.
- The participants engage only in minor physical movement or exercise which includes doing household chores and walking as a way of maintaining physical activity.
- There were no reports of loss in functioning of eyesight, hearing and physical movement which are the major changes that come with ageing.

Psychological well-being

- Challenges regarding finances, health, family members' well-being, crime issues, electricity challenges, drug use amongst youth, unemployment experienced in the community, were identified as major stressors for the participants.
- There were no reports on significant mental health concerns either historically or currently.

- Good interpersonal relationships have been an effective coping mechanism for the participants. This includes partner/husband relationships, parent/child relationships as well as external social relationships such as neighbour interactions.
- Participants display resilience in overcoming their challenges due to self-determination, confidence, and also religious belief systems either internally or externally.
- Many of the participants presented as having been able to overcome their challenges without consulting professionals, such as social workers or psychologists. Only one participant made use of social work services a few years ago.
- Overall, this may indicate that interpersonal support is one of the important factors that feeds their resilience, or it may indicate that there is a lack of professional support available to them in the community.

Social wellbeing

- Participants respectively live within intergenerational and multigenerational family settings with either their children, grandchildren and/or with their husbands/partners.
- Family and neighbour interpersonal interactions are generally maintained well and this contributes significantly to the quality of life of the participants.
- Societal groups such as burial and grocery society groups contribute positively to building social cohesion and alleviating financial stress.
- The available programme to promote social support and engagement amongst older persons in the community is available. However, the services provided are not sufficiently accessed by the participants due to distance, time and general disinterest.

Implication of findings of this research work to social work practice

Social welfare practitioners addressing the challenges of the elderly in the community of Ivory Park may need to apply additional theories or frameworks to their existing programs to enhance the effectiveness of their services. The services are available however, it appears as though there are no pull factors.

The study displayed how the impact of different spheres in life affect older women in the community. As such, the importance of social workers and social welfare practitioners addressing all aspects when providing services to individuals is of outmost importance. Although the study had only one main theoretical framework; various theories, models and frameworks should be applied simultaneously to enhance the quality of services rendered. This encourages social workers and social welfare practitioners to apply a holistic approach in every case to improve the success of the services that they provide.

Conclusion

Post-democratic South Africa currently faces numerous challenges on a political, social, and economic level. The effects are felt most by individuals in underdeveloped communities such as rural and township communities. This study focused on exploring the perceptions and experiences of older women in a township area to understand how their physical, psychological and social well-being is affected by the community in which they live, namely Ivory Park.

The physical, psychological, and social well-being of the participants proved to be interconnected. As such, this may be used to support the views shared by Robertson et al., (2022) which indicate that each of these ‘systems’ has an impact on the overall well-being of the participants.

Although, the participants experience challenges they have fairly good support systems to enhance their functioning and quality of life. Some of the participants showed resilience and resourcefulness with being economically innovative to effectively increase their sources of income.

The biopsychosocial model as a theoretical framework for this study was relevant because it provided deep insight into all three of the components. The concept of active or healthy ageing is described as a multidimensional process that includes physical and mental health, social interaction, family support as well economic independence (Dias, 2017).

Recommendations

The recommendations based on study findings will be presented below:

Study recommendations

Physical

- Campaigns promoting health and fitness for older persons should be made available at local organisations, such as local shops and churches. Healthcare workers at the local clinic could also hand out simple pamphlets which have already been published by the Department of Health and Age-in-Action agency.
- Health care workers based at the local clinics (Ivory Park and Rabie Ridge) should be made aware that older persons feel disrespected when collecting their medication and arrangements need to be made that they need not wait for many hours.

Psychological

- Although crime seems to have become a part of life for older persons in Ivory Park, they need to be made aware of the psychological stress this places on them and

community members. They could be made aware of how to take good care of themselves for example, by implementing simple destressing techniques.

- Apart from facing financial problems, they are also stressed by illegal electricity connections. The City of Joburg through City Power should consider assisting households that have illegal electricity connections to their backrooms and shacks to become legitimate as a practical means of addressing the illegal electricity connection emergency. This is since Eskom is facing serious challenges in term of providing electricity throughout the country. Providing solar energy at very reasonable prices should also be considered.

Social

- The voices of older persons should be explored regarding what social groups they would be interested in, and how they could be more accessible. For example, older persons might be interested in basic education or discussing interesting topics etc. The facilitation of these programmes should be strategically located and planned to promote interest and attendance.
- Each programme could focus on a specific challenge in order to promote freedom of choice.

Recommendations for future research

- This study was done in Ivory Park and focused on a small sample of participants. Larger studies focusing on the same phenomenon in Ivory Park could be undertaken to gain further insight into the challenges and experiences of older persons in this community.
- They are many other urban informal settlements located in different areas of Gauteng. It would be a good idea to research issues related to older persons' physical, psychological, and social well-being in these communities.

- Further studies focusing on older persons challenges and experiences could be facilitated with a different theoretical framework to understand the experiences and perceptions of older women from a different perspective.

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Appendix A: Participant Information Form

Good day,

My name is Mmasopola Mokoena, and I am a postgraduate student currently registered for MA in Social Work degree at the University of the Witwatersrand. As such, I am required to conduct research on a topic of interest and produce a research report.

I am very interested in how older women, such as yourself, are experiencing living in Ivory Park. Older persons should be well-respected in the community and treated with love and care. If they are not employed, they should be able to buy healthy food with their older persons' grant and be able to afford to live in a clean home that protects them from the weather. They should be able to go buy medicine or see a doctor if they become sick or injured. They should also be able to exercise and spend time with their friends. Older persons should also not face so much stress that they feel very unhappy and not able to cope.

For people who care about older persons living in Ivory Park, it is important that they hear from older persons themselves how they are experiencing being an older person in this community. They need to hear what older persons think is going well for them and what things need to be improved.

I kindly invite you to participate in my research because as an older woman living in Ivory Park community, your participation would contribute greatly to my research. Please note that accepting my invitation and participating in the research is completely voluntary, you may withdraw your permission at any point and there will be no penalties incurred because of the withdrawal. Furthermore, there is no personal benefit from participating in the research. Should you agree to participate in the research, we will need to schedule an appointment for a time convenient for you for the interview to be conducted. The interview will not be any longer than a longer than one (1) hour and you also have the right to not answer questions that you do not feel comfortable answering. I am a registered Social Worker and in the event that you may require debriefing after the interview, I will be able to assist or alternatively you will be referred

to Bophelong Clinic (address: 3699 Freedom Drive, Ivory Park, 1693) to receive assistance with the counselling services they provide. Additionally, should you choose to participate, I will ask for your permission to audio-record the interview for future reference. The-audio recorded interview will be kept safely and only my research supervisor can have access if requested.

Kindly note that all the information collected when I interview different older women, as well as Consent Forms you will need to sign if you want to participate in the study, will be stored in a password protected laptop and the interview transcripts will be stored in a locked cupboard and may be used again in future research. However, this will not include the storage of any personal identifying details. Additionally, no personal identifying information such as your name and other personal details will be included in the final research report. The findings from this research may additionally be used for academic purposes (including books, journals, and conference proceedings). A summary of the research findings can be made available to you should you make the request.

Please feel free to contact me on 071 246 8939 or 2512039@students.wits.ac.za, or my supervisor, Dr Priscilla Gerrard at priscilla.gerrand@wits.ac.za if you have any questions regarding my study, we shall answer them to the best our ability. If you have any concerns and complaints about the study, please contact Human Research Ethics Committee (Non-Medical) telephone 011 717 1408, email hrecnon-medical@wits.ac.za

Thank you for taking the time to consider participating in the study.

Yours Sincerely,

Name of student

M. D. Mokoena

Appendix B: Informed Consent Form

Title: Older women's perceptions and experiences of the physical, psychological, and social effects of residing in an urban informal settlement: a case study conducted in Ivory Park, Johannesburg.

I hereby consent to participate in the research study. The purpose and procedures of the study have been explained to me.

I understand that:

- My participation in the study is voluntary and I may at any time withdraw from the study without being disadvantaged in any way.
- I may choose not to answer any specific questions that will be asked if I am not comfortable to do so.
- There are no benefits or particular risk associated with participating in the study.
- My identity will be kept confidential and any information that may possibly identify me, will be removed the interview transcript and it will not form part of the final report.
- A copy of my interview transcript without any personal or identifying information will be stored permanently in a locked cupboard and may be used for future research.
- I understand that my responses will be used in the write up for a masters research report. My responses may also be presented in conferences, book chapters, journal articles and books.

Name of Participant: _____

Date: _____

Signature: _____

Appendix B. Consent to audio-record interview

I hereby consent to audio-recording of the interview.

- The recording will be stored in a secure location (a locked cupboard or password-protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed.
- When the data analysis and write-up of the research study is complete, the audio-recording of the interview will be kept for two years following any publications or for six years if no publications emanate from the study.
- Direct quotes from my interview, without any information that could identify me may be cited in the research report or other write-ups or presentations of the research.

Name of Participant: _____

Date: _____

Signature: _____

Appendix C: Semi-structured interview schedule

QUESTIONS/PROBES

1. What is your physical health like? (Probes: do you have any medical problems, like backache, difficulty breathing etc.). If you feel sick, where do you go to be treated and what quality of services are rendered to you? Are medical clinics or hospitals easily accessible?)

2. What you do as an older person do to try to maintain good health? (Probes: what do eat daily, what sort of exercise do you do?)

3. How do you feel mentally? (Do you suffer from a lot of stress, feel unsafe, experience depression, feel lonely? If you feel happy being an older person, please explain to me why this is so…what makes you feel happy? Do you feel good about the person you are?)

4. Having good relationships with other people is important throughout our lives. What sort of relationships do you have with your children, other family members, friends and members of the community? Do younger members of the community treat you with respect?

5. What good structures are available for older persons in Ivory Park? (Probes: do you participate in any community programmes, are their churches that you attend?)

6. What are the biggest challenges you are facing as an older person in Ivory Park and what are you doing to try managing these challenges successfully?

7. What do you think needs to be done in Ivory Park to help older persons enjoy a better life?