

THE MARITAL STATUS, INCOME AND RESIDENTIAL ADDRESS OF THE ELDERLY WHITE PATIENTS IN THE JOHANNESBURG HOSPITAL*

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In the Republic of South Africa the White section of the population has shown only a moderate increase in numbers from natural processes, but a rapid relative and absolute increase in the numbers of old people since 1911. With the shift of the population to the urban areas the ageing has become accentuated in the centre of a large city such as Johannesburg.^{1,2}

The need for hospital, ancillary and social services depends primarily upon the range, character and extent of illness found in the community, and the manner of the utilization of these services. The demand for these services must increase with the rise in numbers of old people. The increase and expected change in the demand for housing and various domiciliary and social services is at present being met to a certain extent by their children, by other relatives and friends who are willing to assist them, by voluntary charitable organizations, and by the State and local authorities. The extent and character of the services rendered and the assessment of the need for a home care programme for old people in Johannesburg can be more fully determined when the detailed information on their socio-economic and physical status is presented.

A clinical study of a random sample of 466 patients aged 65 years and over admitted to Johannesburg Hospital between 1961 and 1964 provided an ideal opportunity of collecting and evaluating information of the living arrangements and socio-economic circumstances in relation to their medical status and disability.

The definitions and basic concepts used in this study and the reasons for the choice of the particular age-group and the particular group of admissions have all been previously outlined.^{3,4} The details of the methods used to draw the sample and the analysis of the figures have been included in a more recent report.³

AGE, SEX AND MARITAL STATUS

The numbers of Provincial patients admitted to the Johannesburg Hospital have shown not only a gradual increase during the years 1960-1963, but also an absolute and relative increase in the numbers of patients aged 65 years and over. In the years 1961, 1962 and 1963 the numbers of patients aged 65 years and over who were admitted rose from 3,620 to 4,003 (Table I). The increase was greater

TABLE I. JOHANNESBURG HOSPITAL ADMISSIONS: PROVINCIAL PATIENTS

Year		Admissions		Total
		Age 14-64 years	Age 65 years and over	
1961	Numbers	13,606	3,620	17,226
	%	79.0	21.0	100.0
1962	Numbers	14,122	3,817	17,939
	%	78.7	21.3	100.0
1963	Numbers	14,447	4,003	18,450
	%	78.3	21.7	100.0

than that of the admissions as a whole. The proportion of old inpatients thus rose from 21.0 to 21.7%. This material increase in the number of old people occurred in the face of a fixed number of beds available, the very high bed occupancy rate, and the probably resultant conscious or unconscious selection of patients for admission.³

The number and proportion of patients aged 75 years and over showed a significant drop over the same period 1961-1963.³ The reasons for this are not apparent from the information available.

Of the admissions aged 65 years and over, 59.2% were females (Table II). Although this may well reflect, in part,

TABLE II. JOHANNESBURG HOSPITAL INPATIENTS SAMPLE 65 YEARS AND OVER: AGE AND SEX

	65-69 years	70-74 years	75-79 years	80-84 years	85 years	Total
Male						
Number	53	54	41	24	18	190
%	11.4	11.6	8.8	5.2	3.9	40.8
Female						
Number	88	80	65	29	14	276
%	18.9	17.2	13.9	6.2	3.0	59.2
Total						
Number	141	134	106	53	32	466
%	30.3	28.8	22.7	11.4	6.9	100.0

the greater number of females in the general population, or possibly a greater morbidity rate, no firm conclusions on these points should be drawn from the figures alone. It has not been possible to assess the actual demand for admission by each sex. In addition, the fact that there is almost an equal allocation of beds in a fixed pattern for males and females must have influenced the numbers of each sex admitted.

Over half the patients (52.2%) have been widowed, the majority being women (see Table III). Just over a third

TABLE III. JOHANNESBURG HOSPITAL INPATIENTS SAMPLE 65 YEARS AND OVER: MARITAL STATUS AND SEX

	Single	Married	Widowed	Divorced or separated	Total
Male					
Number	10	119	47	14	190
%	2.1	25.5	10.1	3.0	40.8
Female					
Number	21	52	196	7	276
%	4.5	11.2	42.1	1.5	59.2
Total					
Number	31	171	243	21	466
%	6.6	36.7	52.2	4.5	100.0

of the patients studied are still married (36.7%), two-thirds being male. A small yet significant group of 6.6% are still single, and a further 4.5% have been divorced or separated.

The living arrangements of these particular groups of patients have been studied in relation to the home care rendered by the patients' families, relatives and friends.

*Date received: 20 May 1968.

The findings will be presented in some detail in future publications.

EMPLOYMENT AND SOURCES OF INCOME

When the source of income of the individual patient rather than the total income of the family or household unit is considered, it is found that 21.3%, representing some 850 patients aged 65 years and over admitted during 1963, have sufficient private means to disqualify them from receiving a State pension. A very small number of these patients receive, in addition, substantial assistance from voluntary welfare organizations (see Table V).

The finding that only 9.1% of the elderly inpatients were employed in either a full-time or part-time capacity (Table IV) is in keeping with the observation that many of the

TABLE IV. JOHANNESBURG HOSPITAL INPATIENTS SAMPLE 65 YEARS AND OVER: EMPLOYMENT AND SEX

	Full-time	Part-time	None	Total
Male				
Number	26	6	158	190
%	5.6	1.3	33.9	40.8
Female				
Number	5	5	266	276
%	1.1	1.1	57.1	59.2
Total				
Number	31	11	424	466
%	6.7	2.4	91.0	100.0

patients are either moderately or severely disabled.³ The income derived from self-employment, wages or salaries is often not much more than the income derived from the State pensions. It forms the sole source of income of almost half of those classified as having private means.

TABLE V. JOHANNESBURG HOSPITAL INPATIENTS SAMPLE 65 YEARS AND OVER: INCOME CATEGORY

	Numbers	%
Private means	95	20.4
Pension { Old age	130	27.9
{ Others	90	19.3
Assistance from { Only	38	8.1
family or friends { With pension	88	18.9
Assistance from { Only	3	0.6
welfare { With pension	18	3.9
organization { Private means	4	0.9
Total	466	100.0

The remaining 12.2% with private means support themselves on the interest derived from savings or investments, rent derived from the letting of small properties, or on their capital.

Seventy percent of the patients included in the study are dependent on old-age or other pensions as a main source of income. Those who are solely dependent on an old-age pension number 27.9% of the group as a whole, and a further 19.3% are in receipt of other pensions such as war veterans, phthisis pension, etc. Any notable financial assistance from other sources precludes the receipt of these State pensions in full. Nevertheless, a further 18.9% who are in receipt of these pensions receive in addition a considerable amount of direct financial or equivalent support from their families, relatives or friends. A further

3.9% are helped by voluntary welfare organizations (Table V).

The immediate family, relatives or friends not only assist these 18.9% of the older pensioners, but are the sole supporters of a further 8.1%. The assistance rendered is in the form of direct financial support or its equivalent. This may take the form of covering the cost of the rent, the provision of a full-time or part-time domestic servant, or the regular supply of food or clothing. The supply of an occasional parcel of food or clothing, or the provision of transport to and from the hospital has not been included in the present assessment as income. The help in terms of home nursing or domiciliary services such as cleaning, cooking and personal services that may have been provided by the family or relatives have also been excluded.

Thus, over a quarter of the elderly patients admitted to Johannesburg Hospital still receive a substantial amount of support in the form of direct financial assistance or financial equivalents from their family, relatives or friends. There is little doubt that the family and relatives still play an important role in maintaining old people within the community. The amount of assistance in the way of personal and domiciliary services that are also provided will be presented and evaluated in a later report.

The number who receive financial assistance of a similar nature from voluntary welfare organizations is considerably less—5.4%. This figure is probably not fully representative of all the patients who receive this support, since this information is often withheld by the patient. This figure represents only the confirmed instances and should, therefore, be considered as an underestimate. The help offered usually does not consist of direct financial help, but rather takes the form of assistance with rent, food and clothing.

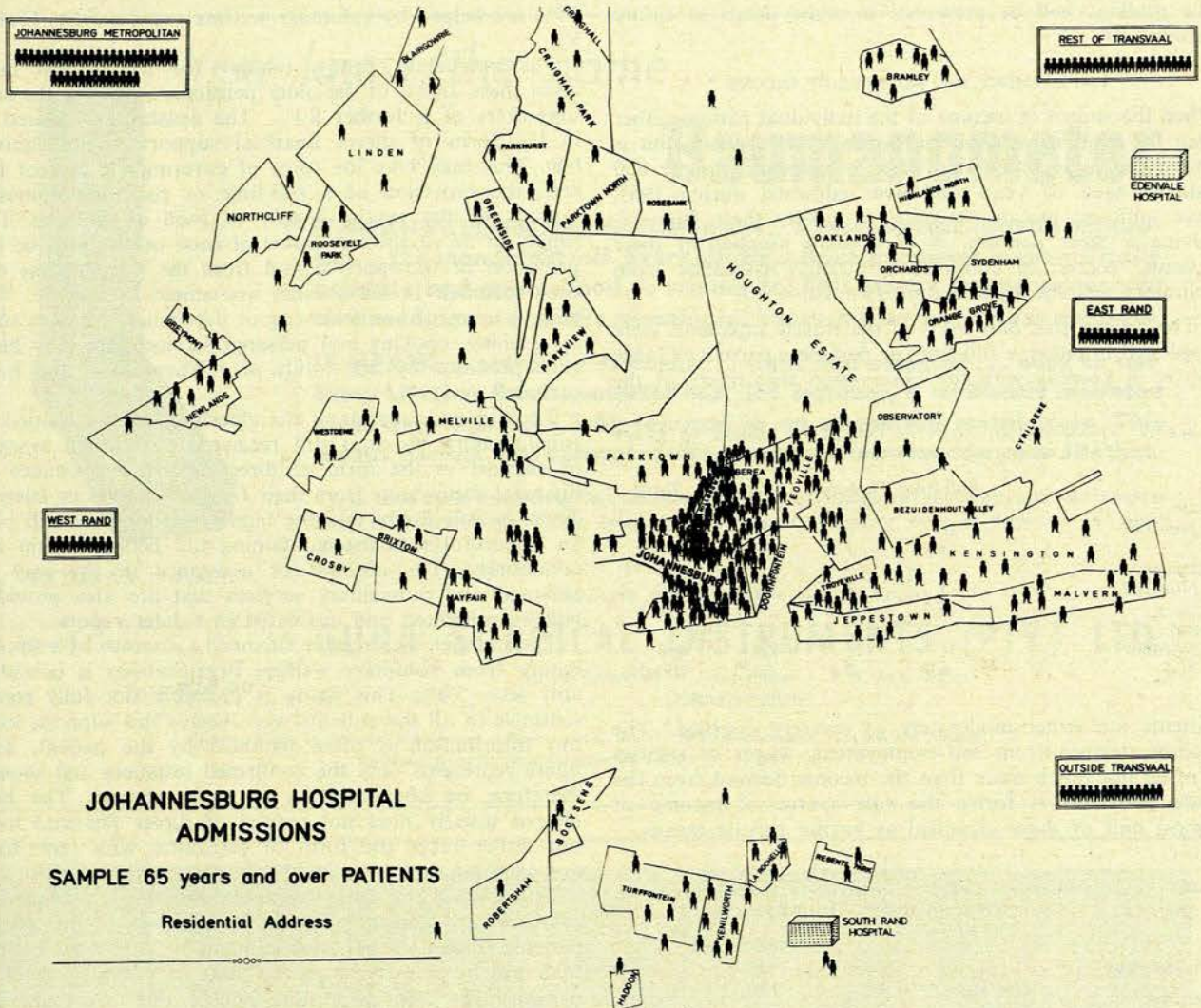
One cannot be sure, however, whether the financial resources are adequate for the basic needs of the elderly patients studied or not. Nor can one be sure what further load will be transferred to the State or voluntary welfare organizations and institutions should this direct and indirect financial assistance provided by the family, relatives and friends be withdrawn.

RESIDENTIAL ADDRESS

The Johannesburg Hospital serves not only the major part of the municipal and metropolitan areas of the city, but also a considerable number of old people who may come to Johannesburg temporarily for hospital treatment.² In addition it serves as a regional centre for both the East and West Rand, and the rest of the Transvaal.

The accompanying outline of the map of Johannesburg, on which the exact residential address of each of the 466 inpatients of the study has been pin-pointed, serves to illustrate this particular point (Fig. 1). Each manikin can be interpreted as representing some 8 or 9 patients aged 65 years and over admitted to Johannesburg Hospital during any one year from 1961 to 1963.

Patients who reside in the Johannesburg municipal area form the largest group of patients studied (79.9%—Table VI). This represents some 3,040-3,400 patients aged 65 years and over admitted during 1963. A further 7.9% came from the adjoining, mainly northern, suburbs



**JOHANNESBURG HOSPITAL
ADMISSIONS**
SAMPLE 65 years and over PATIENTS
Residential Address

Fig. 1. See text.

which are included under the term metropolitan area (as defined by the Bureau of Statistics, 1966).⁵ This total of 87.8%, representing some 3,500-3,700 elderly patients admitted during 1963, can be considered as being representative of the effective population served by Johannesburg Hospital.

TABLE VI. INPATIENTS SAMPLE 65 YEARS AND OVER: RESIDENTIAL ADDRESS

				Numbers	%
Johannesburg	{	Municipal	372	79.9
		Metropolitan	37	7.9
East Rand .. .. .	.. .. .	.. .. .	12	2.6
West Rand .. .. .	.. .. .	.. .. .	9	1.9
Rest of Transvaal .. .. .	.. .. .	.. .. .	21	4.5
Outside Transvaal .. .. .	.. .. .	.. .. .	15	3.2
Total .. .. .	.. .. .	.. .. .	466	100.0

The remainder of the patients (12.2%), representing some 300-500 patients aged 65 years and over admitted

to Johannesburg Hospital during 1963, came from areas outside the Johannesburg metropolitan area. Just less than half of these were actually referred for special treatment by the hospitals or medical practitioners serving these areas. The remainder came on their own initiative to seek treatment.

The disability, the living arrangements and the care provided at the homes of the patients residing in the Johannesburg metropolitan area have been studied in some detail, and will form the basis of further reports.

SUMMARY

The study of a random sample of the Provincial patients aged 65 years and over admitted to the Johannesburg Hospital provided an opportunity of collecting and evaluating the information on their socio-economic circumstances and living arrangements.

The sample has been divided according to age and marital status. It has been found that comparatively few patients derive their income from self-employment, wages or salaries, or from savings or investments. Seventy percent are dependent on old-age or other State pensions as a main source of income.

The immediate family, relatives or friends are not only the sole supporters of 8.1% of the patients, but assist a further 18.9% in the form of direct financial support or its equivalent. The support received from voluntary welfare organizations is considerably less.

A total of 87.7% of elderly inpatients admitted to Johannesburg Hospital during 1963 are resident in the Johannesburg municipal and metropolitan areas. These patients can be considered as being representative of the effective population served by the hospital.

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