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Older persons grant not enough to support their needs, UCT study shows

A study by a University of Cape Town (UCT) academic has revealed that in South Africa, the elderly are facing growing challenges in meeting their financial needs as the monthly state-provided Older Persons Grant (OPG) is falling short. Their obligations, particularly the primary one of supporting their families, seem to have no end in sight.

During his budget speech on Wednesday, 21 February 2024, Minister of Finance Enoch Godongwana announced an additional R100 for the country's elderly. However, despite this latest increment, raising their total to R2 180, the question remains: will it be enough to alleviate their financial strain?

"Social grants alone are not supporting the care needs of older people or their households. The state must turn its attention to introducing community-based care services for older people," said the UCT Professor Elena Moore.

Moore is a professor in sociology at UCT and leads the [Family Caregiving of Older Persons in southern Africa programme](#). A recent study, "Older persons' care needs and social grants", which forms part of the programme, sets out to establish how the OPG is transformed into care and how older folks spend their grants. To draw these conclusions, Moore and her team analysed national income and expenditure data (NIDS) that focused specifically on OPG beneficiary households, combined with a qualitative research approach, which included the experiences of 80 families in the Western Cape and KwaZulu-Natal.

The research

The motivation behind the study stemmed from previous research titled "Funding Elder Care," revealing that approximately 98% of the annual expenditure by South Africa's Department of Social Development is allocated to the OPG. Consequently, Moore emphasised the significance of comprehending whether this grant adequately addresses the overarching needs of older persons and identifying any existing gaps.

"In 25 years' time we will have almost twice the number of older people than we have right now. National policy makes the assumption that because older people receive the OPG, investing more on community services is not necessary, even though everyone knows that the OPG is used on the household and not exclusively on the older person, and our research proves this," she said.

According to Moore, the research reveals that nearly two-thirds of OPG recipients reside in

households with five or more members, with an average monthly household income of around R6 850. In two-thirds of these households, there's no recorded income from employment. However, many also benefit from the Child Support Grant and the Social Relief of Distress Grant, which augment the total household income but still remain insufficient. In households without additional grants, the OPG is compelled to cover even more ground, stretching its resources thin.

Underspend on food

Worryingly, Moore said, the research revealed that homes dependent on the OPG and other grants recorded a gross underspend on food.

"The average OPG beneficiary household spends roughly R2 438 per month on necessities, including food. Yet, research conducted in July 2023, showed that a nutritious diet for a family of five costs roughly R4 459. This does not include the cost of electricity to cook the food, the cost of transport to acquire the food, or cleaning products to clean up after the meal," she said. "The discrepancy between what households are spending and what is deemed the basic cost of a nutritious diet for a family of five per month is what is most concerning."

Despite these concerns, the yearly increments in the OPG do not keep pace with the escalating cost of living, encompassing rising food prices and the increasing expenses related to electricity and fuel. Consequently, families are compelled to make sacrifices, often cutting back on essential food items, as a significant portion of the OPG funds is allocated to cover electricity bills and transportation costs to access local clinics or the South African Social Security Agency (SASSA) office.

"This means that many older folks rely on community-based, non-profit-organisation-funded food programmes to ensure that they receive at least two or three nutritious meals per week. This was evident in our research," Moore said. "Yes, community-based support goes a long way, but it remains uneven across communities and provinces and fails to serve the majority of older people."

Niche research area

In recent years, Moore said, much research emphasis has been placed on the OPG, with the aim of using it as a tool to alleviate poverty, especially at household level. However, she added, very little attention is placed on what the OPG means to older folk on an individual level, specifically regarding their care needs, and whether they can use it to access healthcare and nutritious food.

As a result, the study revealed that elderly family members who utilise their OPG to care for relatives receive minimal additional assistance. While the OPG addresses critical gaps in household expenses, aids in providing sustenance, and meets other fundamental needs, supplementary funds are required to enhance the functional capacity of the elderly and uphold their entitlement to dignity.

"We will work with the Department of Social Development, the Department of Health and other key stakeholders to advocate for change and to re-structure elder person care. As the older person grant beneficiary population grows, and more people rely on the OPG, a comprehensive set of policies need to be developed to support the OPG as the main form of state support for older persons and their households," Moore said.

Bringing change

Transforming the lives of thousands of OPG recipients on the fringes in South Africa is within reach. Moore emphasised that a crucial aspect of this endeavour involves implementing sustainable community care initiatives and avenues that empower older people to navigate their daily expenses. Such initiatives could encompass offering free transportation to clinics and exploring the possibility of establishing additional mobile clinics in under-resourced communities to reduce travel expenses.

"A few communities are already leading the way in this regard. One example of this is the regular and reliable supply of incontinence products, which prevent OPG households from purchasing such expensive, but necessary products," she said.

"Through more campaigns and advocacy work, we can also make sure that older persons who have full-time needs apply for the Grant in Aid and we are hoping for a much better uptake of this grant as well. With these measures in place, we are on our way to placing the needs of this marginalised sector of society first."

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