

Doing so ensured that participation in the study was voluntary and they could withdraw at any stage during the course of the study.

Other ethical issues that were taken into consideration were, among others, the prevention of harm to participants due to the possible sensitivity of some questions, for instance, concerning income and the way it is spent (Babbie, 2004:470-481). Because of the involvement of students, supervisors and official caregivers, extreme caution had to be taken to ensure anonymity and confidentiality for all data and to take the privacy of participants into account on all occasions. This principle was also communicated to all participants during the preparatory interview (Grinnell, 2001:65-66; Neuman, 2003:126-129).

FINDINGS

Housing of participants

Of the total number of participants, 66% mentioned that the house and stand are registered in their name, while the other 34% participants indicated that the house and stand do not belong to them. In Table 1 shows the total number of inhabitants of the houses of participants.

TABLE 1
NUMBER OF INHABITANTS PER HOUSEHOLD

Age group	Number
Children under 6	49
Children 7 – 12	61
Children 13 – 18	76
Adults with family ties	249
Adults without family ties	44
Aged respondents	100
Total	579

According to Table 1, there is a mean number of 6 inhabitants per household. Only 5 participants indicated that they live alone in their house, while another participant mentioned a daughter and her baby living with her. Yet another participant mentioned a separate flat on her stand in which three of her children live. Table 2 gives the number of rooms of the household.

TABLE 2
NUMBER OF ROOMS PER HOUSEHOLD

Number of rooms	Respondents
1	6
2	17
3	16
4	36
5	6
6	3
7	15
8	1
Total	100

It is clear from Table 2 that the largest number of participants (36%) live in 4-room dwellings, while 17% live in 2-, 16% in 3- and 15% in 7-room dwellings. The mean number of rooms per dwelling is slightly less than 4, namely 3,93. Table 3 indicates the number of bedrooms per household.

TABLE 3
NUMBER OF BEDROOMS PER HOUSEHOLD

Number of bedrooms	Respondents
1	26
2	51
3	16
4	7
Total	100

From Table 3 it is evident that the largest number of participants (51%) live in 2-bedroom dwellings, while 26% live in 1- and 16% in 3-bedroom dwellings. The mean number of bedrooms per household is slightly more than 2, namely 2,04. If taken into consideration that the households have a mean number of 6 inhabitants, it can be deduced that more or less 3 people share a bedroom. In many cases overcrowding can thus not be ruled out.

Financial position of participants

As far as monthly income is concerned, all the respondents receive an old-age pension of R870 (approximately 120 US Dollars) per month. In the case of 48%, the participants' pensions were the only income of the household. Of the total number of 393 adults living in these households, one receives a foster-care allowance, while 16 receive a child-care grant for the children in their care. One person receives four child-care grants for four children in her care. Of the remaining 375 inhabitants, only 38 have a permanent income, while 20 receive a subsistence grant. The salaries of the people who do have an income are between R300 and R2 000 per month, with a mean income of R800. It can thus be deduced that the overwhelming majority of inhabitants are dependent on the aged person's pension. Hence one can state that the participants in this study are very poor, since they have to live on their pension income and also, in most cases, share it with a couple of other people.

Accounting for their expenditure

Overall, 73% of the participants were of opinion that they could give an accurate account of the spending of their pension, while 19% could not, with 8% participants being uncertain. Because of the sensitive nature of the topic of expenditure and their being afraid that they would get into trouble or bring their caregivers into trouble, one can expect the number of negative and uncertain answers to be even larger. Elders are likely to hide abuse because of shame, humiliation and fear of retaliation (Malks *et al.*, 2003:57). Table 4 shows the items that the pensions are spent on.

TABLE 4
THE OUTLAY OF THE PAY POINT

Item	Yes	No	Range of Amount	Mean amount
House rent	66	34	R40-R450	R155
Funeral policy	67	33	R35-R220	R96
Payment to caregiver	4	96	R20-R400	R185
Food	90	10	R100-R600	R289
Medicine	31	69	R30-R200	R93
Municipal account	51	49	R50-R500	R131
Child care	14	86	R60-R300	R153
Debt	33	67	R60-R2500	R273
Transport	68	32	R40-R200	R66

Food is the item on which most participants (90%) spend the largest percentage of their income (R289), which is quite understandable. Transport (68%), funeral policy (67%) and house rent (66%) are also paid for by a large number of participants. Child care (14%) and payment to caregiver (4%) are the items only a few participants spend money on. One would expect more frail elderly persons to spend money on caregivers. This phenomenon can probably be attributed to the fact that most of the participants are cared for by a caregiver free of charge. It could also be expected that more than 31% participants would spend money on medicine. This can, however, be explained by that fact that people who receive an old-age pension also receive free medication from the clinic. The participants who thus spend money on medicine are those who need additional medicine which is not distributed by the clinics, or those who pay for medicine prescribed by a private doctor.

Only 33% of participants admitted to having debt of between R60 and R2 500. It can also be noted that, on average, house rent (R155), municipal account (R131), funeral policy (R96) and transport (R66) take up a large percentage of the monthly income. If the total average expenditure is taken into account, it is obvious that it is much more than the amount of the old-age pension. This means that the participants do have an additional income from perhaps their children or other people. Table 5 indicates the place where the pension is paid out.

Place where pension is paid out

TABLE 5
PLACE OF PAYMENT

Place of payment	Respondents
Pension pay point	31
Directly into bank account	39
Post office	30
Total	100

It is interesting to note that the largest group of participants (39%) have the payment done directly into their bank account, while 30% use the post office. If calculated together, it is obvious that most of the participants (69%) use direct payments into a bank or post office

account. However, more than 30% of the aged persons still do not trust these kinds of payment and prefer the traditional way of receiving the pension, namely in person or by an assigned person at the pension pay point. A percentage of 36 assigned persons have authority granted by the aged person to withdraw the old-age pension on their behalf. Of the 36% assigned persons who draw the pension on behalf of the elderly person, it is reported that 69% live in the same household as the participant and that only 31% live at a different address than that of the participant.

Accompanying person to pay point

Of the 31% participants in the study who prefer to receive their money at the pension pay point, 45% have an assigned person to draw the money on their behalf. The other 55% are mostly accompanied by the following persons.

**TABLE 6
 PERSON ACCOMPANYING THE AGED PERSON TO THE PAY POINT**

Accompanying person	Respondents
Marriage partner	2
Own child	7
Step child	1
In-law child	2
Grandchild	1
Friend	2
Other family member	2
Total	17

Most of these 55% participants are accompanied to the pension pay point by their own child (41%), followed by a marriage partner (12%), an in-law child (12%), friends (12%) or other family members (12%). Table 7 focuses on the manner in which withdrawal from the bank or post office account takes place.

Manner in which withdrawal from account takes place

**TABLE 7
 WITHDRAWAL FROM ACCOUNT**

Manner of withdrawal	Respondents
By ATM card	13
Inside bank/post office	56
Total	69

Of the 69% participants who have the old-age pension paid directly into a bank or post office account, 32% use an assigned person to withdraw the money on their behalf. It can be deduced that 81% draw their money (self or by assignee) by completed slip inside the bank or post office. The fact that only 19% participants or assignees use an ATM card outside the bank can be an indication that they do not trust the new technology, or that they feel vulnerable and can easily fall pray to criminals.

Physical appearance of participants

In this category the field workers had to answer definitely yes, yes, no and definitely no to whether the aged participant left the impression of being neat, fed and well cared for.

TABLE 8
THE PHYSICAL IMPRESSION OF PARTICIPANTS

Impression: neat, fed, well cared for	Participants
Definitely yes	24
Yes	26
No	36
Definitely no	14
Total	100

Twenty-four percent of the participants left the impression of being well cared for and of being neat, while 26% looked fairly neat, 36% did not look neat and 14% were clearly neglected. It is interesting to note that half the participants did not leave a neat and cared for impression, and were even neglected in some cases.

Participants taking care of children

Twenty percent of the participants indicated that they have children in their permanent care. When asked about their interest in an empowerment group for grandparents caring for children, 70% of these participants indicated interest in becoming a member of such a group. This was excellent, because to be part of an empowerment group would also strengthen participants against abuse. In Table 9 the interest in specific topics is indicated.

Topics of interest for grandparents

TABLE 9
TOPICS FOR GROUP DISCUSSIONS

Topics	Yes	No	Total
Discipline	11	3	14
AIDS-preventative information	7	7	14
Sexual matters	8	6	14
Personal hygiene	4	10	14
Financial matters	6	8	14
Future planning	9	5	14
Life skills training	6	8	14

Participants indicated their interest in certain topics and had to answer yes or no to each category. The main problems these elderly persons apparently experienced regarding these children were lack of discipline (79%), the future planning of these children (64%), sexual matters (57%) and AIDS-preventative information (50%).

DISCUSSION

It was found that the elderly in this study live in circumstances of more or less 6 persons per 2-bedroom household, which means 3 persons per bedroom on average. For privacy and a decent life this can be regarded as too many persons per room. Approximately 30% of the participants could not account for their monthly expenditure, which can point towards abuse, while more than 30% still prefer to receive their pension at the pension pay point. Half this number have an assigned person who draws the money on their behalf. An assigned person is mostly a family member, including sons, daughters, grandchildren, or spouses (National Committee for the Prevention of Elder Abuse, 2003:1). About a third of the participants who obtain their pensions from the bank or post office make use of an assigned person. The role and selection of an assigned person should receive careful consideration.

Twenty percent of the participants indicated that they have young children in their permanent care, which places a tremendous burden on these older persons on all levels of functioning. In more than 30% of the cases financial problems were evident due to the fact that there was no food in the home, the home smelled of urine and filth, dirty laundry and bed linen were evident, and windows were without curtains. Half the participants did not leave a neat and cared-for impression and even showed signs of being neglected. The participants complained of a variety of physical ailments and that the income was too small to survive on. Many said that children and grandchildren only visit them on pension days and for the rest they never see them. Others mentioned that the entire family lives on their income and that they become annoyed if they are refused money. Financial abuse can thus be expected in many cases, but the elderly do not admit this and try to cover it up.

An escalating threat of financial abuse among the elderly population was evident in this study and frail elderly persons are especially vulnerable to abuse. The literature confirms abuse of the elderly, procedures are in place for dealing with cases of abuse and the perpetrators (Department of Social Development, 2006:24-32), and yet few cases are prosecuted. This can be attributed to the fact that elder abuse is a complex and highly emotional issue that is increasing in a worldwide context (Strydom, 2003:76-77). There is a generally low awareness of elder abuse among the elderly and the general public, and the aged do not always know their right to report these cases. Service centres can be regarded as places in the community that are in a position to offer a variety of multi-professional services to the elderly, such as social work services, meal services and nursing services. These facilities in the community are by and large meant to coordinate all the services to the elderly in that particular community. Structural changes in society such as working women and looser family ties resulted in few families still caring for their aged relatives in the traditional manner.

The components of a proactive community systems approach include local needs assessment sensitive to the cultural needs of an area, the identification of service providers and the facilitation of access between service providers and seniors (Schuyler & Liang, 2006:2). The term 'adult protective services' or APS refers to publicly funded programmes that investigate and intervene in cases of abuse and exploitation of elders who are physically or mentally impaired, and unable to protect themselves from harm (Mixson, 1995:69). The Israeli supportive community programme is based on two assumptions, namely that most of the elderly population prefer to live in their own homes as long as their quality of life can be maintained, and that provision of community services is less expensive than institutional care (Auslander *et al.*, 2003:209).

RECOMMENDATIONS

The importance of the family structure should once again be realised and these relationships strengthened. Aged persons should receive preventative and rehabilitative health care besides normal health care support and social protection (Second World Assembly on Ageing, 2002:2).

Strydom (2003:94) recommends that respect for the elderly should be re-instilled in communities and that elderly persons be seen for what they are and what they can still contribute to society at large. Ageism must be addressed in society, as well as abuse in all its forms. The United Nations Economic and Social Council (2005:4) also made a plea for fair globalisation by creating opportunities for all aged persons in the world. In order to achieve such a positive attitude, atmosphere and opportunities for the aged, the whole community should be mobilised.

A proactive community approach to care for the elderly in all its facets, including dealing with elder abuse, should be instilled in which the community of elderly persons is made aware of their rights as citizens and enabled to act as a group in cases of violation of their rights. The public should become involved in practical ways to care for the elderly and to combat abuse – for instance coffee mornings with a guest speaker and a discussion on any issues pertaining to the elderly population. Another suggestion is a “big brother day” for the elderly, where mentors are selected for the elderly (International Network for the Prevention of Elder Abuse, 2006:9).

Community members can act as speakers, and training videos, group exercises and discussions can be used to facilitate these events. Even kind supportive words of encouragement and referrals provide options and support for the elderly (Spangler & Brandl, 2007:328). In this way elderly persons at risk of being abused can be identified and preventative programmes in communities can thus be installed (National Center on Elder Abuse, 2007:1). The role of service centres and luncheon clubs for the aged should take the lead in these programmes.

Elderly persons should be empowered with knowledge to be able to report abuse and not to fear perpetrators and possible retaliation. Elderly persons should know of the possible ways in which their abuse can be reported and treated, even if they do not wish the perpetrator to be prosecuted at first. Service centres and luncheon clubs for the aged should play a more active role in this regard.

When in contact with abused elderly persons or elderly persons where abuse is suspected, some practical issues demand attention, such as ending the isolation of the person (Strydom, 2003:89-94), cheques being directly deposited into the person’s account, making reference checks on the criminal record of the caregiver, limiting the power of attorney, keeping communication going with the bank officials and keeping people involved in the life circumstances of the elderly person (Idaho Careline, 2007:1-2).

A series of workshops can be developed for professionals already providing services to the elderly in the community, for instance, further identification and assessment of cases of elder abuse, development and implementation of intervention strategies, and exploration of ethical dilemmas and problem-solving strategies (Weiner, 1991:114).

Service centres for the aged, and specifically their multi-professional teams, must be involved in assisting abused persons but also to establish preventative programmes. Service centres and their staff members are responsible for all the services being offered, such as a distress button which is connected by intercom and telephone, medical services, social work services and a social programme (Auslander *et al.*, 2003:209-210). Social workers and nursing staff are the

first line of workers who come into contact with abuse of the elderly, and a multi-disciplinary approach to victim support should be followed at all times. These professionals are trained to be on the look out for signs of abuse such as isolated elderly persons, elderly persons who avoid the topic of abuse, or caregivers who do not allow the aged to talk to the professional in private.

Government should support research endeavours to determine criteria for deciding on the risk factors for each and every aged person as well as to gain scientific criteria to be able to ascertain when and how a person has been abused and what the criteria for care giving should be.

Measures should be developed to combat elder abuse, and stricter law-enforcement measures should be advocated and introduced. Professionals should familiarise themselves with the guidelines for the protection of older persons in the Older Persons Act (Department of Social Development, 2003:24-32) and should be able to apply it in practice.

It can thus be concluded that, although not much overt abuse was discovered in this study, much more is taking place and that many aged persons are suffering in silence for many reasons such as not knowing their rights, fearing retaliation and feeling sorry for the perpetrator.

SUMMARY

This study was done in a semi-urban area of South Africa, where certain community outreach services have been delivered for some time. This specific programme is facilitated by an old-age home in the vicinity of this community and the services are rendered by a number of registered nurses and volunteers. For some time now the service providers have realised that the elderly in their care have very few financial means for themselves. They became aware of possible abuse and hence the study was initiated. In this study the financial position of the participants was investigated with an emphasis on the housing circumstances, whether they could account for the spending of their income, the items the pension was spent on, the point of payment of the pension, the accompanying person and the manner in which the withdrawal of money took place. Caring for children, topics of interest for grandparents caring for grandchildren, physical appearance of participants, and some observations and remarks by field workers were also addressed in this article.

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