



Publisher

African Journal of Social Work

Afri. j. soc. work

© National Association of Social Workers-Zimbabwe/Author(s)

ISSN Print 1563-3934

ISSN Online 2409-5605

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Indexed & Accredited with: African Journals Online (AJOL) | University of Zimbabwe Accredited Journals (UZAJ) | SCOPUS (Elsevier's abstract and citation database) | Directory of Open Access Journals (DOAJ) | Society of African Journal Editors (SAJE) | Asian Digital Library (ADL) | African Social Work Network (ASWNet) | Department of Higher Education and Training (DHET) - South Africa | SJR | CNKI - China | Journal Publishing Practices and Standards (JPPS) | EBSCO | DOI

Ageing in place or residential care? Exploring older persons' routes to residential care in Johannesburg, South Africa

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ABSTRACT

The 2030 Agenda for Sustainable Development emphasises the promotion and protection of the interrelated rights of older persons. Owing to their advanced age, older persons require a supportive environment to spend the later years of their lives in dignity. However, many older persons contend with the fear of murder, rape, abuse, neglect, and violent crime in South Africa. Deciding whether to age in their homes or in residential facilities is difficult for older persons because of the social and economic complexities in the country. It is critical for the government, social workers and all stakeholders to understand the factors that influence older persons' decision to either age in their homes/ageing in place or in institutions. This qualitative exploratory study employed purposive sampling to select eight older persons from one residential facility in the North of Johannesburg, to whom semi-structured interviews were administered. All data was transcribed and analysed thematically. Findings showed that older persons opt for residential care owing mainly to loneliness and ill health. Since there is a cost involved in institutionalisation, financial support was the main theme that influenced their decisions. Among other recommendations, the study recommends further research that will encourage more innovative options for ageing.

KEY TERMS: ageing in place, institutionalisation, older persons, residential facilities, South Africa

KEY DATES: Submitted: March 2024; Reviewed: August 2024; Accepted: September 2024; Published: October 2024

KEY DECLARATIONS: Funding: None | Conflict of Interest: None

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Current and previous volumes are available at:

<https://ajsw.africasocialwork.net>



HOW TO REFERENCE USING ASWDNET STYLE

Sobantu M. (2024). Ageing in Place or Residential Care? Exploring Older Persons' Routes to Residential Care in Johannesburg, South Africa. *African Journal of Social Work*, 14(4), 285-293. <https://dx.doi.org/10.4314/ajsw.v14i5.7>

INTRODUCTION

Age and ageing are some of the key focus areas that require urgent policy attention by most governments. Particularly from a human rights perspective, it is important that resources are allocated for services that allow older persons, also referred to as senior citizens, to age with dignity where all their age-related needs are met. Housing and shelter are the central welfare needs for human beings, especially older persons, most of whom require adapted housing and inclusive neighbourhood spaces to enhance their mobility and continued social and economic integration. Given the global economic uncertainty that also affects South Africa, it is germane to think about not only where exactly older persons age but also to understand the ecological influences of their decisions. Older persons either opt to age in communities or to spend their later years in institutions, referred to as residential facilities (RFs) in South Africa. Tapping from the data that was gathered from older persons at an RF, situated North of Johannesburg and analysed through the environmental theories of ageing (ETA), this paper presents some of the factors that influence older persons and their families to make such important decisions. The paper reports on the findings of a study which focused on older persons in a RF and the factors that influenced them to opt for the facility instead of ageing in place (AiP). It first gives the background, followed by the theoretical framework and methodology. Lastly, findings, discussion, recommendations and conclusion are outlined.

BACKGROUND

A brief global and national overview of older persons

Globally there has been a gradual increase in the proportion of older persons in the population. For example, in 1950 the estimated population of older persons was 200 million, which grew by 75 per cent to 350 million in 1975, and 630 million in 2002 and is expected to reach 840 million in 2025 (Nhongo, 2004; World Health Organisation [WHO], 2002). Africa alone is estimated to have 46 million older persons in 2024 and projected to have 694 million in 2100 (Aboderin, 2024). Worth noting is that 55% of the older persons are women (WHO, 2019). This gender variation is important as it has implications for policy in that crime and violence, poverty and access to resources particularly at old age are gendered, especially in South Africa (Makiwane, Alubafi & Gumede, 2020).

In sub-Saharan Africa, South Africa has the highest number of older persons (Makiwane et al. 2020), with over 9.2 per cent (5 million) of its population aged 60 years and above (Statistics South Africa [StatsSA], 2023). The country's proportion of the population that is aged 60 years or older is projected to double from 7.7 per cent to 15.4 per cent over the next 35 years (WHO, 2015). Of note is that 650 000 of the 6,132 834 older persons in the country are aged 80 years and above (StatsSA, 2024). There are provincial variations though, with Gauteng and KwaZulu-Natal having the highest numbers at 1.4 million and 940 000, respectively (StatsSA, 2023). While old age is feminised in the country, i.e., there are more female older persons as compared to older men, Gauteng has more older men than females, partly attributed to a higher proportion of the in-migration of men (Makiwane et al., 2020).

The social and economic challenges confronting ageing in South Africa

There are numerous challenges that are experienced by older persons for which government support is required. Poor housing and unsafe neighbourhood surroundings are some of the problems that are confronting ageing in South Africa (Makiwane et al., 2020; Moore, 2023). The changing family and social structures in the country also pose implications for older persons. The long-standing tradition mostly in the African families that motivates older persons to age within the immediate and extended family is challenged as in most low-income families, older persons take care of their grandchildren whose parents succumbed to AIDS-related diseases (Dhemba & Dhemba, 2015; Makiwane et al. 2020). This means that the affected older persons dedicate their pension, or older persons grant towards the welfare of their dependents (Makiwane et al., 2020). Furthermore, most older persons are excluded from the labour market, even those who are physically and cognitively stable to work. StatsSA (2023) records that 80 per cent of older persons were unemployed and not economically active between the third quarter of 2017 and 2022. Gauteng had the highest labour share of older persons at 18.2 per cent in 2017, while the Western Cape was leading in 2022 at 14.2 per cent (StatsSA, 2023). This explains why more than two thirds of older persons, most of whom are black female survive on old age grants as their only source of income. The Gauteng City Region Observatory (GCRO) shared that poverty is racialised and gendered in the province, with the "poverty rate ratio for African to white almost at 40:1 and female to male 2:1" (Mushongera, Tseng & Kwenda, 2018, p. 8).

Abuse, violent crime and neglect in communities are some of the difficulties that many older persons face in South Africa. Neube (2017) and Makiwane et al. (2020) partly attribute this to the shrinking traditional forms of informal care by extended family members in most developing countries. Cases of abuse in RFs have also been

reported by Kang'ethe (2017), making the decision to choose between RFs and ageing in place very complex. AiP is loosely understood as an approach to ageing that assists older persons to remain in their homes with their families.

Theorising ageing in place

While it is argued that RFs are easy to understand as part of the institutionalised care of older persons (Ncube, 2017), it is the view of the author that the concept of AiP is misunderstood. Rogers (1961) discussed AiP as a concept that is traced to the United States in the 1960s, used to describe older persons remaining in the rural locations where they grew up and were familiar with surroundings, people and social interactions. The concept gained popularity in social policy and gerontology in the 1970s where it was applied also in academic conferences and publications (e.g., Golant, 1975, 2003; Kennedy & De Jong, 1977). Lewis and Buffel (2020, p. 1) provide an apt definition for AiP, i.e., “an approach which helps older people to remain in their own homes for as long as possible”. That is, it is mainly understood to mean ‘not to move’. However, it can be contested to also mean moving from one place to another within the community provided the older person does not commit into a facility as argued by Forsyth and Molinsky (2021).

Forsyth and Molinsky (2021) provide insightful permutations of what AiP could potentially mean. For example, it could mean “never move for as long as possible”, “staying put as long as possible” and “stay in the same vicinity” (Forsyth & Molinsky, 2021, p. 186). These fall within the most popular interpretation AiP as “remain[ing] in their chosen homes and communities as they age” (Yarker, Doran & Buffel, 2024, p. 1). Furthermore, Forsyth and Molinsky (2021) challenge this popular understanding, arguing that the phrase could also be interpreted from a service-based perspective to mean ‘not moving between care facilities’ (remaining in one facility) - motivating facilitation to develop flexible care options to accommodate those who desire to remain in that familiar setting.

In line with the environmental theories of ageing (Forsyth & Molinsky, 2021; Lewis & Buffel, 2020), the United Nations (UN) supports the idea of AiP, underscoring that older people who have limited functional abilities must be supported to remain in the community as articulated in the Convention on the Rights of Persons with Disabilities (UN, 2007). The reality is that people become attached to a place that they live in over a period, they get entwined to the social, spiritual, cultural and institutional contexts of the person-in environment (Forsyth & Molinsky, 2021; Wahl, Iwarsson & Oswald, 2012).

Particularly in Africa and other developing contexts, AiP is viewed differently. Dhemba and Dhemba (2015) and Ncube (2017) highlight the dwindling traditional networks that have been known to provide safety nets mostly in the traditional African context, thus giving rise to institutionalisation which Ncube (2017, p. 45) refers to as “an emergence of the new era”. It is also equated to uprooting older persons from their homes, viewed as a form of control that undermines social and cultural networks, their connections to their environment, communities and neighbourhoods, land, livestock and spirituality, food, and long-established networks, which are fundamental to their social, cultural and economic well-being (Dhemba & Dhemba, 2015).

Institutionalisation in South Africa

As articulated in the Older Persons Act 13 of 2006, hereafter referred to as the Act, an older person refers to a person who is 65 years or older for males and 60 years or older for females (Republic of South Africa [RSA], 2006). South Africa boasts an impressive regime of policies to cater to the special needs of older persons (Moore, 2023). The country’s ratification of the Madrid Plan of Action (Plan of Action) (United Nations, 2002) signifies government’s commitment to promote the welfare of older persons in the country. Similarly, South Africa must be applauded for its efforts to respect the African Charter on Human and Peoples’ Rights (African Union, 1981), which, coupled with the Plan of Action, demands member states develop policies that promote the rights of older persons. South Africa’s Constitution and the Bill of Rights are steadfast in maintaining that everyone has a right to social and economic rights irrespective of age, gender, race, and social status (RSA, 1996).

The Act is the blueprint for institutions and related stakeholders to determine whether older persons must age in place or in institutions. In the case of South Africa, RFs are divided into categories, i.e., those that function as high-end businesses (privately owned and run) and government-funded, but it must be noted that government remains the custodian of all older persons, even in these facilities (RSA, 2006). All categories offer infrastructure for independent living, assisted living, and frail care, with healthcare and nutrition in these facilities. Private RFs are very expensive in the country, and admission costs are the responsibilities of families. Older persons wishing to be admitted into government-funded institutions must be receiving an old-age grant or pension fund, South African, 60 years or older and in need of full-time care (Government of South Africa, n.d.).

Institutionalisation is only one of the options of care support for older persons. Working with non-profit organisations (NPOs), the government funds other community-based programmes for older persons, such as home-based care services and service centres. Considering the diverse society that characterises South Africa and

the numerous problems that confront older persons, AiP and institutionalisation must be seen as complementary to each other, and it is essential to understand how older persons choose their best option. Perhaps, a relevant theoretical framework would help appreciate these choices.

THEORETICAL FRAMEWORK

The study employed the Environmental Theory of Aging (ETA) that according to Lawton and Nahemow (2014) helps make sense of how over time, people become attached to a place that they are accustomed to. Environmental gerontology concerns those very close physical and spatial factors that impact on the wellbeing of older persons. As people age, the environment may cease to support older persons and their ageing, necessitating either relocation or reconfiguration and adaptation to aid physical and cognitive functioning (Lawton & Nahemow, 2014; Wahl et al., 2012). If reconfiguration is impossible, the ETA urges that older persons must move to other more suitable places that will enhance their wellbeing which may not necessarily imply institutionalisation. Dhemba and Dhemba (2015) and Ncube (2017) warn that moving older persons from one place to the other uproots them from their ingrained memories that they have accumulated over time, robs them of their identity as well as the social relationships that defines who they are. In South Africa with high poverty levels (StatsSA, 2024), older persons may be forced to change residences within the communities and into a RF because of death of a partner, lack of social care and social support systems, disability and crime, neglect and violence among other reasons (Makiwane et al., 2020). It must also be noted that many older persons and their families find themselves in extremely difficult economic positions that expose the older persons to poor living conditions and nutrition. This is exacerbated by a lack of state resources, as posited by Kelly et al. (2019) and Makiwane et al. (2020). Thus, the ETA helps policy planners and related stakeholders to appreciate the “decision to move, then can be viewed as a process of continuous or periodic re-evaluation of residential satisfaction where the various push-and-pull factors of the triggering mechanisms are weighted in the balance of needs and desires, countervailed by perceived outcomes and influenced by facilitating and inhibiting factors” (Wiseman, 1980, p. 146). According to Chan and Ellen (2017), the value of the ETA in gerontology is that it may help to appreciate why many older persons in South Africa live in precarious arrangements that may not be adapted and calibrated to support their ageing.

METHODOLOGY

This study utilised a qualitative approach and an exploratory design to gain a deeper understanding of the factors that influence older persons to opt for RFs or age in place. Hammarberg, Kirkman and De Lacey, (2016) recommend qualitative methods to answer questions that pertain to experience, meaning and perspective from the participant’s viewpoints. Participants were drawn from a government registered and sponsored RF, North of Johannesburg. The facility is situated in a high-income community whose residents are mostly whites. The facility was purposefully selected because of the over 300 older persons at the facility who would provide useful and relevant information (Grinnell & Unrau, 2008) about the choices they made between moving into the facility and AiP. The facility provides shelter and care support to both female and male beneficiaries, and at the time the study was conducted, there were over 300 beneficiaries most of whom were white and majority female. Eight participants were selected using purposive sampling, with the institution’s social worker being a gatekeeper. The following criteria was used in this study in selecting participants: 1) they must have been in the institution for not more than 12 months (a likelihood that they could still remember the factors that influenced their decisions), 2) both males and females, 3) white or black, 4) available and willing to participate in the study and 5) must have cognitive abilities to share the factors that they considered in deciding to move into this facility.

All one-on-one semi-structured interviews with the eight participants were conducted at the facility at a day and time negotiated between the researcher and the participant. An interview guide with open-ended questions was used to guide the interviewing process (Geyer, 2021). All interviews lasting 45-60 minutes were conducted in English, a language that all participants could speak and understand well, and they were recorded to create a “permanent record of what was said and not said” (Gill, Stewart, Treasure, & Chadwick, 2008, p. 293). Recording was complemented by note taking by the researcher. Thematic analysis was conducted following Zhang and Wildemuth’s (2005) stages, i.e., familiarisation, conceptualisation, cataloguing of concepts, reviewing themes and defining them. As all the questions had been arranged according to the objectives of the study, sub-themes were also in line with these objectives.

Strydom and Roestenburg (2021) highlight that informed consent is paramount in research as no participant must ever be coerced into participation. Thus, the researcher issued out the participant information sheet (PIS) to the participants, with fuller details about the study so that they could make an informed decision of whether to take part or not (Grinnell & Unrau, 2008). Written in simple English language, the PIS also explained that participation was voluntary, and they could also withdraw at any stage of the research process (Strydom & Roestenburg, 2021). Privacy and confidentiality were achieved by using pseudonyms and ensuring that the data was accessed only by the researcher. Ethics of care were achieved by continuously reminding them about their

participation and informed consent, speaking a bit slowly as well as further explaining some questions (Fagerberg & Engstrom, 2012; Juujärvi, Ronkainen, & Silvennoinen, 2019). This study was granted ethical clearance by the Faculty of Humanities' Research and Ethics Committee (FREC) at the University of Johannesburg (Clearance number: REC-01-152-2019).

FINDINGS

Eight participants took part in the study. There was one white male, one black female and six were white females. While this study cannot ascertain the reasons for this profile, it however resonates with high poverty levels among blacks, making residence in RFs unaffordable for them. In line with the aim of the study and the theoretical framework, findings showed that older persons opted for RFs largely because of the dwindling social support systems that were exacerbated by ill health of the participants. The findings outline the three main interrelated themes: deteriorating health and illness, the influence of a support system, and loneliness. The author is aware that these are very interrelated, but they are not mutually inclusive and discussing them separately elucidates the importance of each one of them in promoting human rights and social justice of older persons. All these themes are evidence to the reality that person-place interaction changes with time, sometimes in directions that do not contribute to successful ageing.

Theme 1: Deteriorating health and illness

Findings showed that participants' decision to opt for institutionalisation was largely influenced by their old age-related illnesses, which adversely impacted on their health. As a result, the families convinced the older persons to move into the facility where they would be able to receive dedicated medical attention. They indicated that they had accepted that their homes and communities' ecological environment could no longer support their constant need for medical attention, which in many instances required specialised care and support. The following excerpts shed light on the choices that they had made:

I moved here because I was suffering from pneumonia. My daughter was very scared because my situation was deteriorating daily as she could not take care of me 24/7 since she is busy at work. My husband passed and I think this is what also adding to my misery...well I'm getting excellent assistance from the staff here (Liza).

Arthritis was just killing me, and it was becoming difficult for me to walk and do anything by myself. The place that my brother's son had arranged for me in Rosettenville wasn't okay, it was horrible as it was days went by it was becoming smelling, dirty and unsafe. The accumulation of dust was unbearable for my chest. Thanks to brother's son who looked for this place for me and still pays for me (Helen).

As you can see, I'm much better than I was before moving in here. I'm having dementia and being alone most of the time at home was very unbearable for me (Sue).

Theme 2: Loneliness

Loneliness came up as a major theme that influenced participants' decision to move into institutions instead of remaining in their homes. Loss of a partner, relatives and friends in the community were cited as other sources of loneliness in addition to children who are at work most of the time. Reflecting on their experiences at the facility, they shared that they had established networks with other older persons who reignited their sense of purpose. Some of the responses are as quoted below:

Yes, my husband passed away 11 years ago, and it's been me and my son who recently moved to New Zealand. It's been very lonely for me and that's why my son decided that I must come here (Chanelle).

I'm over 70 years now and it's been years since my husband died. With my daughter always away at work and me alone, I suffer a lot of boredom (Liza).

I just couldn't take it anymore, most of my friends and relatives have either passed on or moved to other places, some far away. Yes, it's painful to leave the place where I was born, got married and raised my children but there was nothing that I could do as I was alone and miserable (Angie).

Theme 3: The influence of the financial and social support

The participants especially appreciated the financial support available to them to meet the costs of the RF. This played a huge role as they and their families decided whether to age in place or in this institution because of the ability of the family to meet the costs of a RF. The excerpts below are some of the examples of how this support was pivotal in the decision-making process:

My children pay for the shortfall, and I have investments that cater for all my costs here. It's these three children who looked for a suitable place for me and they found this facility (Ashlyn).

My brother's son pays for everything here and I'm grateful for that. My cousins also come here, and they'll be bringing me fruit this week and they talk to me almost every day and they are happy that we chose this place (Helen).

Even though I'd saved a bit for retirement through some insurances, my children support me and I'm grateful for that because my pension will leave a big shortfall (Lary).

DISCUSSION

The findings of the study align with most previous research that looks at the factors that push older persons from AiP towards institutionalisation. This study and its findings are topical in the sense that South Africa's economic and social landscape have been unstable and unpredictable, demanding constant re-evaluation of government's understanding of how these shifts impact on older persons' welfare, human rights and social justice. They challenge the traditional approaches and understanding of care and support for ageing and how, in the dynamic processes of social change, older persons' rights and social justice must be promoted.

The criteria for selecting the participants were that both males and females and all racial groups were invited to take part in the study. StatsSA (2024) shows that 67 per cent of black older persons have the old age grant as the only source of income. The racial profile may also be influenced by the geographical location of this facility; in Johannesburg North which is largely populated by upper middle class that comprises mostly white people. In addition, the facility charges high monthly rental fees which excludes most low-income beneficiaries dominated by black people.

From the findings, loneliness featured as one of the major drivers towards institutionalisation. On the contrary, some previous studies such as Geyer and Teater (2024) found that social support measures were higher for those older persons who were in the communities compared to their peers in care facilities. The author acknowledges that the Geyer and Teater (2024) study was conducted during COVID-19 while this study was done immediately post-COVID in 2021. The circumstances that led to loneliness among the participants in this study are best understood from an ecological perspective, and these include the deaths of significant others and the emigration of immediate family members, among others. The value of ETA applied in this study juxtaposed with previous studies that found older persons being lonely in facilities elucidates the need for individualisation of these senior citizens because they are each unique and thus deserve specific attention for their individuality to be protected and promoted. In addition, this emphasises that AiP versus care facilities are complementary as settings for ageing. Moreover, in line with the service-based definition of AiP, RFs also need to plan to re-evaluate the needs of older person in their care constantly. For social policy, the government must plan well ahead to avert loneliness as it is inevitable that in some instances in their lives, significant others will die, and some family members will be forced to leave them.

Almost all the participants reported that they experienced ill health and deteriorating health. This is expected at old age, in line with Comfort's (1979, p. 21-22) view of ageing as a "progressive increase throughout life ... in the likelihood that a given individual will die from randomly distributed causes." Some of the participants reported that they were experiencing difficulties with mobility because of arthritis while some had pneumonia. This is like previous studies, for example Perry (2014) who found out that fluctuating cognitive and physical abilities makes it difficult for older persons to continue living independently. Thus, most of them need care facilities as they may struggle to access in-home care services or home modifications to ensure a safe living environment.

RECOMMENDATIONS

In line with the findings and the discussion, this study makes the following recommendations:

- There is a need to strengthen the rights-based approach to providing care for older persons by government and all stakeholders involved regardless of socio-economic status.
- Both AiP and RFs must be strengthened as constituting the continuum for providing alternatives for ageing.
- Continued research involving older persons to inform evidence-based decision-making and policy development that is aimed at promoting the rights of older persons.

CONCLUSION

This paper explored the factors that influence older persons as they decide whether to age in place or in institutions. More importantly, the paper applied the ETA to analyse the social, cultural and economic factors that shape these decisions. Findings showed that at old age, illness and deteriorating health and loneliness are the major push factors to the facilities especially for those who have the financial support to meet the monthly financial costs of residential care. The study further interrogated the various strands of what it means to age in place, which can also be interpreted to mean remaining in one facility where the older persons is familiar with the social and cultural systems instead of moving to a new facility. This provides an opportunity to further theorise both the concepts of AiP and institutionalisation.

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