

# **Patterns of morbidity and mortality among older persons in South Africa, 2013**

Statistics South Africa

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Statistician-General

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**Patterns of morbidity and mortality among older persons in South Africa, 2013/Statistics South Africa**

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## Preface

This report is part of a regular series of thematic health reports produced by Statistics South Africa. It outlines the patterns of morbidity and mortality among older persons (60 years and above) in South Africa using data from the 2013 General Household Survey and the 2013 Mortality and causes of death from the South African civil registration system.

The report provides information on the general health status of older persons, focussing on perceived health status; medical aid coverage; self-reported illnesses suffered a month prior to the survey; and consultations with health workers. The report further outlines information chronic illnesses and use of medication. Information on mortality is also included in the report and highlights the leading causes of death among older persons, and causes of death due to communicable and non-communicable diseases.

It is anticipated that this report will contribute to the provision of relevant health information that can assist programme managers dealing with older persons in South Africa in improving their health status and quality of life in general.



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## List of abbreviations and acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARTI	Acute Respiratory Tract Infections
CMS	Council for Medical Schemes
CRD	Chronic Respiratory Disease
CVD	Cardiovascular Disease
GHS	General Household Survey
HBP	High Blood Pressure
HIV	Human Immunodeficiency Virus
MDGs	Millennium Development Goals
MVAs	Motor Vehicle Accidents
SAS	Statistical Analysis Software
Stats SA	Statistics South Africa
STDs	Sexually Transmitted Diseases
TB	Tuberculosis
WHO	World Health Organization



# 1. Introduction

## 1.1 Background

Statistics South Africa (Stats SA) has a mandate to provide statistical information in South Africa and conducts household surveys, population censuses and use of administrative records to achieve this. With the establishment of a Health Statistics component within the organisation, Stats SA also provides information on health statistics in the country. While there is currently no dedicated survey on health issues conducted by Stats SA, the organisation is able to collect some information through other surveys such as the General Household Survey (GHS) and the Living Conditions Survey (LCS), as well as through the use of data on deaths from the South African civil registration system that is processed at Stats SA.

On an annual basis, a theme is selected to produce a thematic health report, based on available data at Stats SA. This report focuses on the health of older persons in South Africa, highlighting their morbidity and mortality patterns based on recent information obtained from the 2013 GHS and the 2013 Mortality and causes of death data. It follows up on two key publications with detailed information on older persons published by Stats SA in 2013: (i) *Social profile of South Africa, 2002–2012 (Report 03-19-00)* and (ii) *Census 2011: Profile of older persons in South Africa (Report No. 03-01-60)*. Both reports used the age range of 60 years and older to define ‘older persons’ and the same age range is used in this report. This is also in line with the recommendation made by the World Health Organization (2009).

Globally, the number of older people is expected to rise above the number of children by 2045 (Joubert & Bradshaw 2006). There are 50 million people who are 60 years and above, accounting for 5% in sub-Saharan Africa. South Africa is one of the most rapidly ageing countries in Africa and the population is projected to continue ageing over the next two decades despite the impact of the AIDS epidemic (Joubert & Bradshaw 2006). The 2011 South African population census showed that the number of older persons in the country increased from 2,8 million in 1996 to 4,1 million in 2011 (7,1% in 1996 to 8,0% in 2011). According to the revised 2013 mid-year population estimates, the total population of South Africa was 53 157 490 and older persons accounted for 4 394 295 people, representing 8,3% of the total population in South Africa (Statistics South Africa, 2013). The number of older persons is expected to continue to increase and it is estimated that there will be approximately 7 million older persons in South Africa by 2030 (Statistics South Africa, 2013).

This increase in numbers and proportions of older persons has implications for the planning of social and health services in South Africa (Joubert & Bradshaw 2006). Chronic and degenerative diseases represent a major cause of morbidity and mortality among older people in both developed and developing countries (Medical Research Council, 2005). Developing countries are at different stages of the epidemiological transition, which is the change in causes of death from infectious diseases to chronic diseases (Medical Research Council, 2005). In Africa, deaths from non-communicable diseases are expected to rise above deaths due to nutritional diseases, maternal and prenatal diseases combined (International Longevity Centre, 2011). There is a scarcity of information about the health status and causes of mortality in the older population, as well as use and satisfaction of health services by older persons (Joubert & Bradshaw 2006).

For the period 2010–2014, the Government of South Africa agreed on 12 key outcomes as the key indicators for its programme of action. This included a vision of “A long and healthy life for all South Africans”. (Department of Health, 2011). In addition, the Department of Health identified four outputs against which to be measured and these included increasing life expectancy and combating HIV and AIDS, and tuberculosis. Information in this report will play an important role in assisting the Government of South Africa when establishing progress made towards achieving its vision of “A long and healthy life for all South Africans”, with a specific focus on the needs of older persons.

For many decades, older persons remained a vulnerable group in many societies. International and country commitments were made to create age-friendly societies that attend to the health and socio-economic needs of older persons. The commitments are reflected in the recent spell of international guidelines and country-specific older person legislations and policies. The Madrid Plan calls for the recognition of the contribution of older persons and the promotion of their rights, and emphasises the role of government in providing and ensuring access to basic social services (United Nations, 2002).

The rights of older persons are enshrined in the Universal Declaration of Human Rights. According to section 25 of the Declaration, *“everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control”* (United Nations, 1948).

The South African older person legislations and policies reflect key guidelines embedded in the Madrid Plan. The commitment from the government to develop the lives of the older persons is reflected in the establishment of relevant structures and bodies. The South African Older Persons Policy adopted in 2006 (Act No. 13 of 2006) provides a framework for providing for the needs of older persons. These include the establishment of the Directorate of Care and Services within the Department of Social Development. The government recognises that older persons are indeed a vulnerable group, due to their health and socio-economic circumstances. The vulnerability of older persons in South Africa is largely determined by pre-1994 policies and inequalities.

The Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996) declares that every South African (including older persons) has the right to dignity and to have that dignity respected and protected (Republic of South Africa, 1996). The Older Persons Act, 2006 (Act No. 13 of 2006) makes provision for fulfilling these rights by alleviating the difficulty or plight of older persons in South Africa through setting up a framework for their empowerment and protection. The Older Persons Act promotes and maintains the rights, status, wellbeing, and safety and security of older persons through maintenance and promotion of the status, wellbeing, safety and security of older persons, protection of their rights, helping them stay in their homes in the community for as long as possible, regulate services and residential facilities for older persons, and to combat abuse of older persons.

The Older Persons Act, 2006 stipulates that older persons require social security in the form of an old-age pension as a support mechanism. It has been noted that old-age pensions play a crucial role in supplementing household income and in some instances it is the only source of income for some households (Statistics South Africa, 2012). The National Development Plan 2030 emphasises the importance of the social security systems in an attempt to redress the high levels of poverty and inequality experienced in South Africa (Statistics South Africa, 2011).

## 1.2 Objectives of this report

The main purpose of this report is to provide detailed information on the morbidity and mortality profile of older persons in South Africa. The report draws on secondary data from the GHS and the Mortality and causes of death data to provide detailed information on the health status of this special group.

This report is part of an annual regular series of thematic health reports produced by Statistics South Africa and the objectives of this report are as follows:

- To provide information on coverage of medical aid among older persons, their health and disability status and self-reported illnesses;
- To present patterns on chronic conditions among older persons and the use of medication; and
- To highlight patterns of mortality among older persons focussing on the underlying causes of death.

It is envisaged that this report will be used to inform planning initiatives that are aimed at the improvement of the geriatric services within the health sector in South Africa. Furthermore, information from this report can be used to identify challenges faced by older persons in their health needs.

### **1.3 Organisation and presentation of this report**

This report is divided into nine chapters: Chapter 1 provides an introduction to the report. The second chapter outlines the sources of data and methods used to analyse the data. Background characteristics and distribution of older persons are presented in Chapter 3. The fourth chapter covers information on perceived health status and healthcare-seeking behaviour focussing on medical aid coverage and consultations with health workers. The fifth chapter presents information on recent self-reported illnesses. Chronic conditions and use of medication are discussed in Chapter 6 while issues on disability and use of assistive devices are in Chapter 7. Patterns of mortality and causes of death are provided in Chapter 8. The last chapter, Chapter 9, presents the summary and concluding remarks.

## 2. Data and methods

This chapter presents information on sources of data as well as the methodology applied in analysing data from the General Household Survey (GHS) and Mortality and causes of death from the South African civil registration system.

### 2.1 Data sources

This thematic health report uses data acquired from the General Household Survey (GHS) conducted by Statistics South Africa (Stats SA) between January and December 2013 and the Mortality and causes of death data from the South Africa civil registration system for deaths that occurred between January and December 2013 and were registered at the Department of Home Affairs.

#### 2.1.1 General Household Survey data

The GHS is an annual survey conducted by Stats SA with the aim of determining the level of development in the country and for measuring the performance of programmes and projects implemented by the government (Stats SA, 2012). The primary purpose of the GHS is to measure service delivery, demand for services as well as the improvement in the living conditions of individuals and households.

The 2013 GHS used a multistage, stratified random sampling method. A total of 25 786 households (including multiple households) were successfully interviewed through face-to-face interviews. The survey collected information at household and individual levels. At household level, the head of the household was required to answer questions on behalf of members of the household, but if he or she was not available, any responsible adult found at the household could answer. At individual level, the head of the household only answered questions for himself or herself and for persons under the age of 15 years. Persons aged 15 years and above answered survey questions for themselves if they were present at the time of the survey, otherwise the head of the household answered on their behalf.

The GHS collects data on six broad areas, namely: education, health and social development, housing, household access to services and facilities, food security, and agriculture. Health variables collected through this survey include: medical aid coverage, injuries, self-reported diseases suffered in the month prior to the survey; chronic diseases as diagnosed by a health worker; use of medication for chronic illnesses; and their disability status.

Information on self-reported diseases collected through this survey includes the following: flu or acute respiratory tract infections, diabetes, high blood pressure, diarrhoea, tuberculosis or severe cough with blood, sexually transmitted diseases, pneumonia, bronchitis, meningitis and sinusitis. Information on chronic diseases and the use of medication is also collected and includes: asthma, diabetes, cancer, hypertension, stroke, heart attack/myocardial infarction, arthritis, depression, epilepsy and osteoporosis.

### **2.1.2 Mortality and causes of death data**

The information on mortality and causes of death is drawn from death notification forms for the civil registration system maintained by the Department of Home Affairs (DHA). The information is based on all deaths that occurred in 2013, were registered at the DHA, and the forms were received by Stats SA for processing in 2014.

Stats SA collects all completed death notification forms from the DHA head office for data processing. There are different stages in the processing of data. The forms are first sorted by year of death and labels with unique identifiers pasted on each form. The information on the form is then coded as well as the causes of death using the International Classification of Diseases, tenth revision (ICD-10) (World Health Organization, 2009). Thereafter, the data is captured and the derivation of the underlying cause of death is undertaken.

Information on causes of death in this report are based on the ICD-10 diagnostic tool for coding diseases, signs, symptoms and other factors causing morbidity and mortality (World Health Organization, 2009). The tool was developed by WHO to promote international comparability in collection, processing, classification and presentation of mortality statistics. The ICD-10 has been adopted by all member states of the United Nations (UN) as the standard classification system. The tool enables countries to monitor and evaluate the prevalence of health problems and compare and share information in a consistent manner. The International Classification of Diseases (ICD) is revised from time to time to incorporate changes in medical knowledge and currently the tenth revision is under review.

## **2.2 Data analysis**

Data from the GHS and the Mortality and causes of death were analysed using SAS Enterprise Guide version 4.3. Descriptive analyses (frequency distributions and cross-tabulations) were applied to both data sets, focusing on age, sex, population group and province of usual residence. Results are presented in tables and graphs showing percentage distributions.

### 3. Distribution and characteristics of older persons

#### 3.1 Introduction

This chapter provides information on the distribution of older persons in South Africa by age, sex, population group and province of usual residence, as well as their characteristics focussing on their marital status, education and relationship to the head of the household.

The information in this chapter is based on data from the 2013 General Household Survey (GHS), from which the total population of South Africa was estimated as 52 981 991 in 2013. Of these, 4 146 911 were older persons [1 601 114 males (38,6%) and 2 545 797 (61,4%) females].

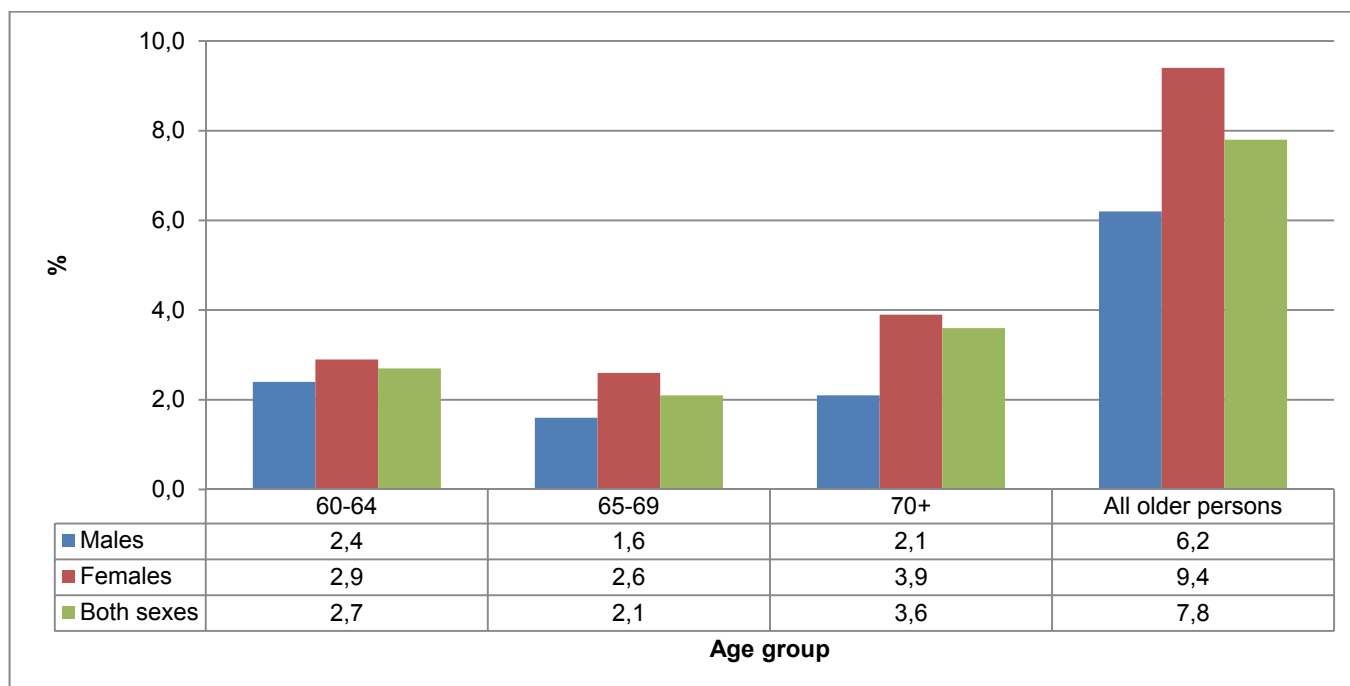
#### 3.2 Distribution of older persons

This subsection provides the distribution of older persons in the country in comparison to all other ages. For the analyses undertaken in this subsection, the denominator used is the total population for each category. Absolute numbers from which the percentage distributions were calculated are provided in Appendix 3.1.

##### 3.2.1 Age and sex distribution

The distribution of older persons by age and sex shown in Figure 3.1 indicates that older persons constituted 7,8% of the total population of South Africa in 2013 – composed of 2,7% of those aged 60–64; 2,1% of those aged 65–69 and 3,6% of those aged 70 years and older. Differences by sex show that the proportions of older persons were higher for females at all older ages, with the gap in proportions between males and females increasing with age.

**Figure 3.1: Percentage distribution of older persons by age group and sex, South Africa, 2013**

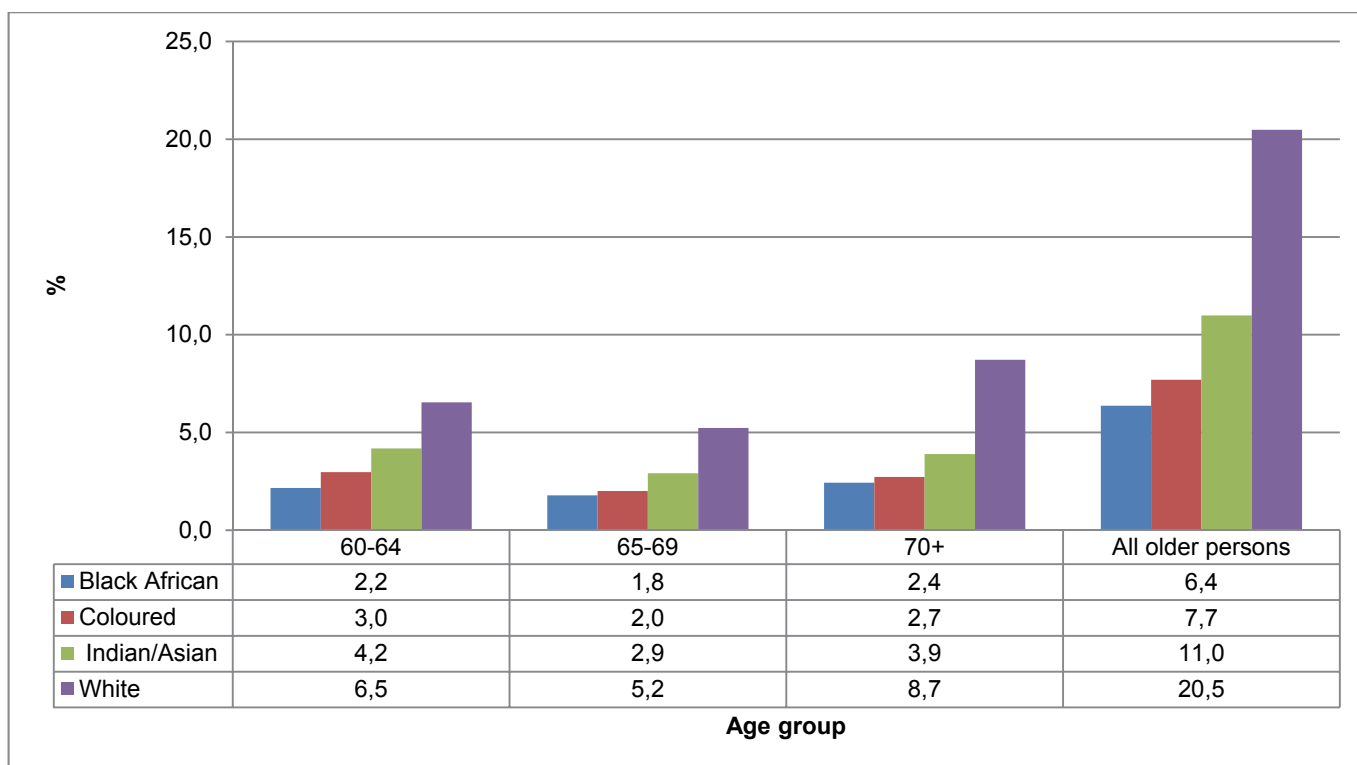


### 3.2.2 Population group

The white population group had the highest proportion of older persons in South Africa, representing 20,5% of the total population within this population group (see Figure 3.2). At all older age groups, the white population group had relatively more people, followed by the Indian/Asian and the coloured population groups. About 6,4% of black Africans were aged 60 years and older and represented the lowest proportion of older persons compared to other population groups.

It is worth noting that while the black Africans had a relatively lower proportion of older persons compared to other population groups, their absolute numbers represent 64,9% of the total number of older persons in the country while the white population group represented 22,7% and the coloured and Indian/Asian population groups represented 8,8% and 3,5%, of the total number of older persons, respectively.

**Figure 3.2: Percentage distribution of older persons by age and population group, South Africa, 2013**

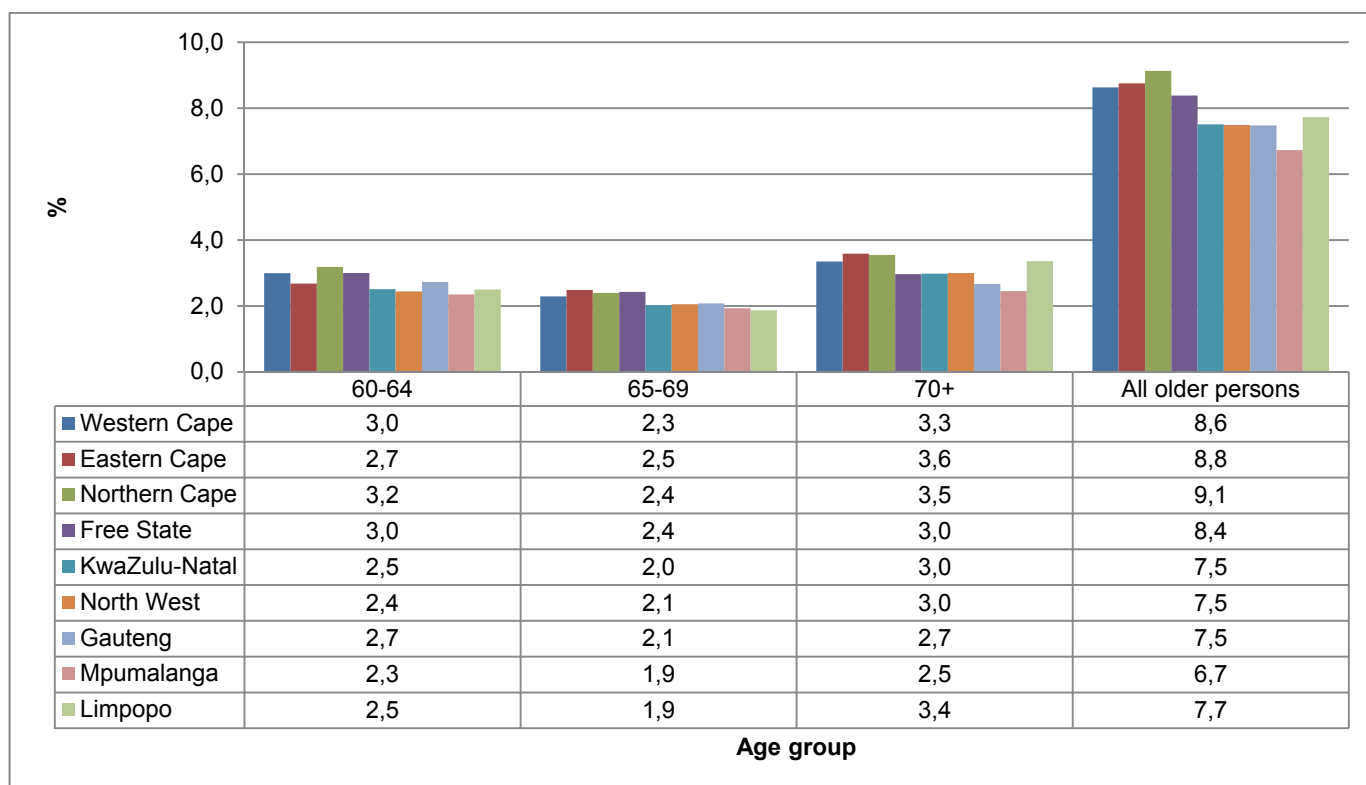


### 3.2.3 Province of usual residence

The percentage distribution of older persons by age group and province of usual residence shown in Figure 3.3 indicates that Northern Cape had the highest proportion of older persons in South Africa in 2013 (9,1%), followed by Eastern Cape (8,8%), Western Cape (8,6%) and Free State (8,4%). Mpumalanga had relatively fewer older persons (6,7%). This pattern largely remains the same even at different age groups of older persons.

In terms of the actual number of older persons, Appendix A.1 indicates that most older persons in the country lived in Gauteng (22,9%), KwaZulu-Natal (18,9%), Eastern Cape (14,0%) and Western Cape (12,5%). The least number of older persons resided in Northern Cape (2,6%).

**Figure 3.3: Percentage distribution of older persons by age group and province of usual residence, South Africa, 2013**





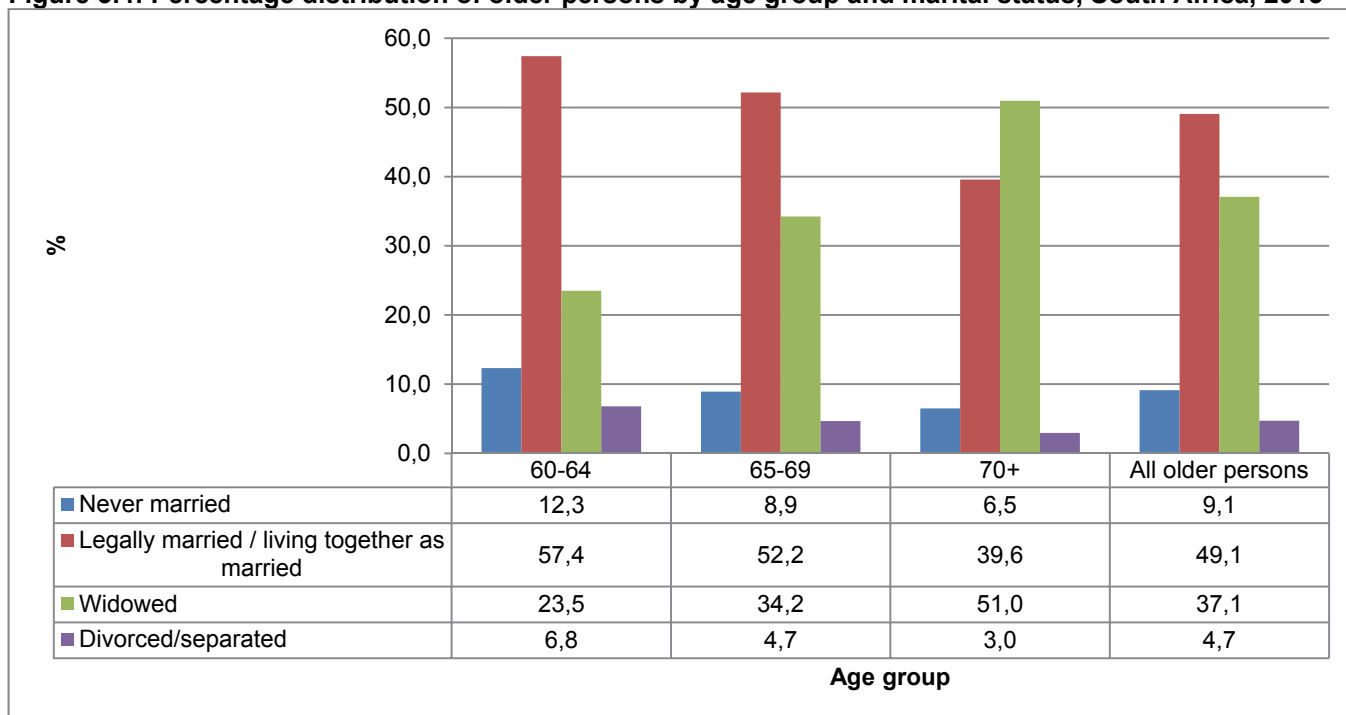
### 3.3 Characteristics of older persons

This subsection provides information on the characteristics of older people. The denominator used to calculate the percentage distributions is the total number of older persons in each category. That is, the focus is just on older persons, not in comparison to other age groups. The characteristics of older persons that are studied include marital status, relationship to the head of the household, education, employment and access to social grants. All these variables are categorised according to three age groups: 60–64, 65–69 and 70 years and older. Absolute numbers are provided in Appendix 3.2.

#### 3.3.1 Marital status

Most older persons were legally married or living with a partner as married, followed by those widowed and those never married (see Figure 3.4). About 4,7% of older persons were divorced or separated. The proportions married, never married and divorced decreased with age. For example, among those married or living with a partner as married, the proportions reduced from 57,4% among those aged 60–64 to 52,2% among those aged 65–69 and further to 39,6% among those aged 70 years and older. Conversely, the proportion widowed increased with age such that by age 70 and older, slightly more than half (51,0%) of older persons were widowed.

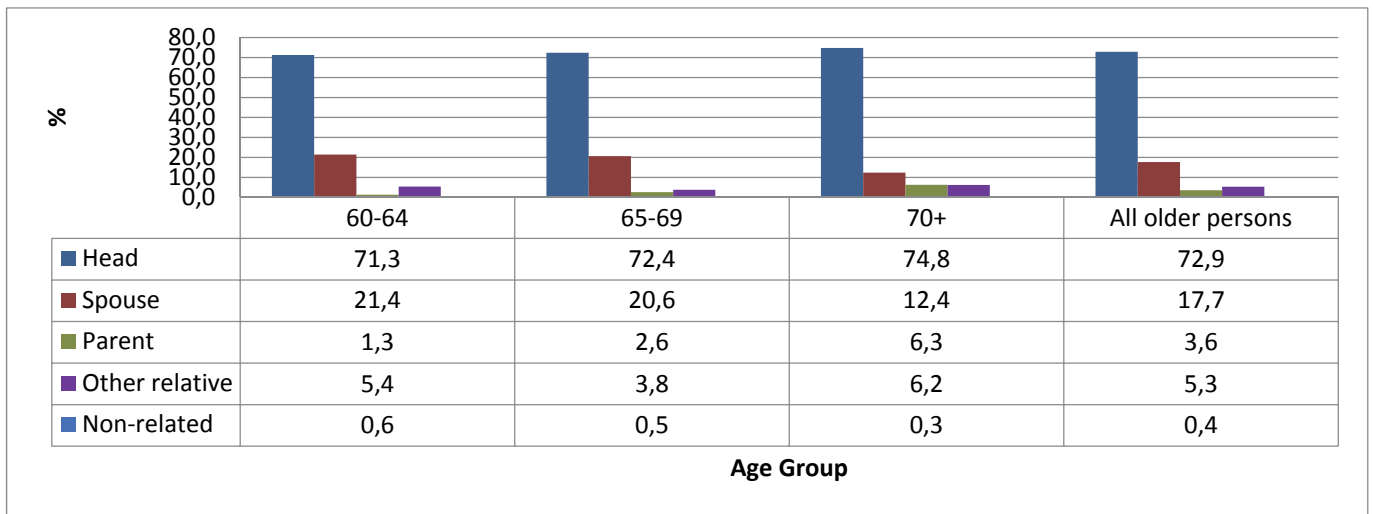
**Figure 3.4: Percentage distribution of older persons by age group and marital status, South Africa, 2013**



### 3.3.2 Relationship to the head of the household

Figure 3.5 shows that the majority (more than 70%) of older persons at different age groups were heads of households. Overall, 17,7% of older persons were spouses of heads of households, although this proportion decreased with age, particularly among those aged 70 years and older, whereby 12,4% indicated that the head was their spouse compared to 21,4% who indicated the same relationship among those aged 60–64. Relatively, much older persons lived in households headed by their children (6,3% at 70 years and older) or other relatives (6,2% at 70 years and older). A small proportion of older persons lived in households headed by people they were not related to.

**Figure 3.5: Percentage distribution of older persons by age group and relationship to the head of the household, South Africa, 2013**

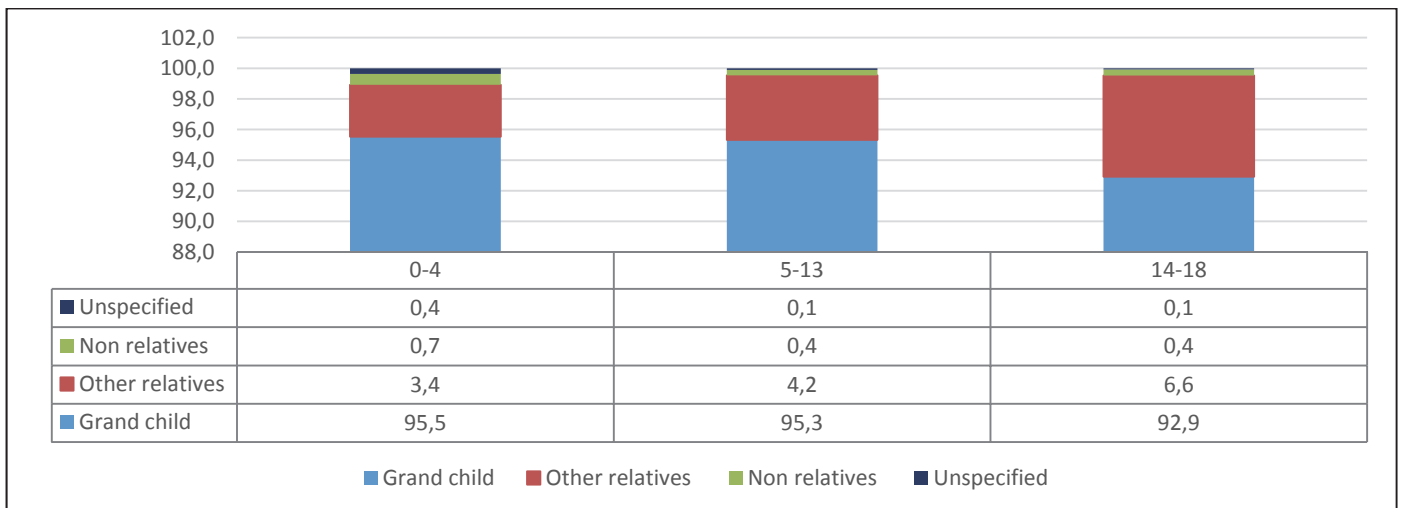


### 3.3.3 Living arrangements of skip-generation children

The General Household Survey had a question to establish whether individual lived with their biological parents or grandparents in the same household. This section presents information only on children of school going age (less than 18 years).

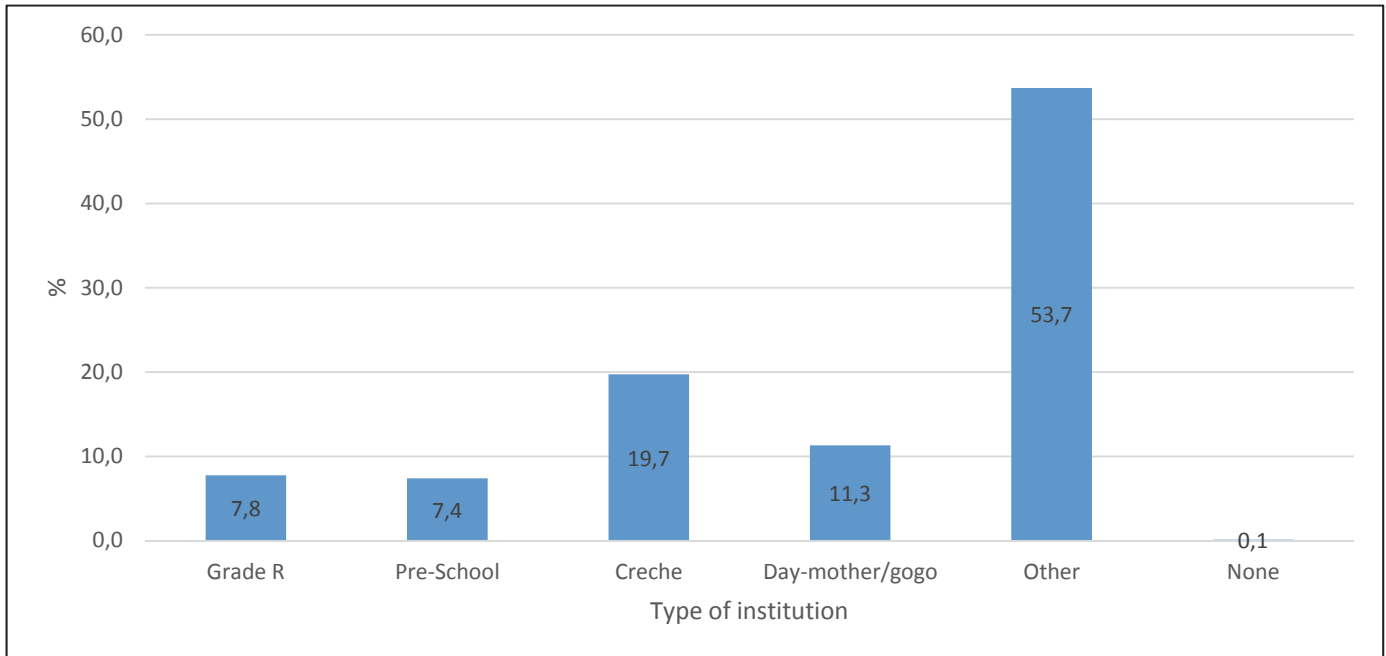
Figure 3.6 presents information on the living arrangements, where grandchildren were living with their grandparents in the absence of their biological parents. Results show that majority of grandchildren (over 90%) live with their grandparents in the same household.

**Figure 3.6: Percentage distribution of grandchildren by living arrangements with grandparents, South Africa, 2013**



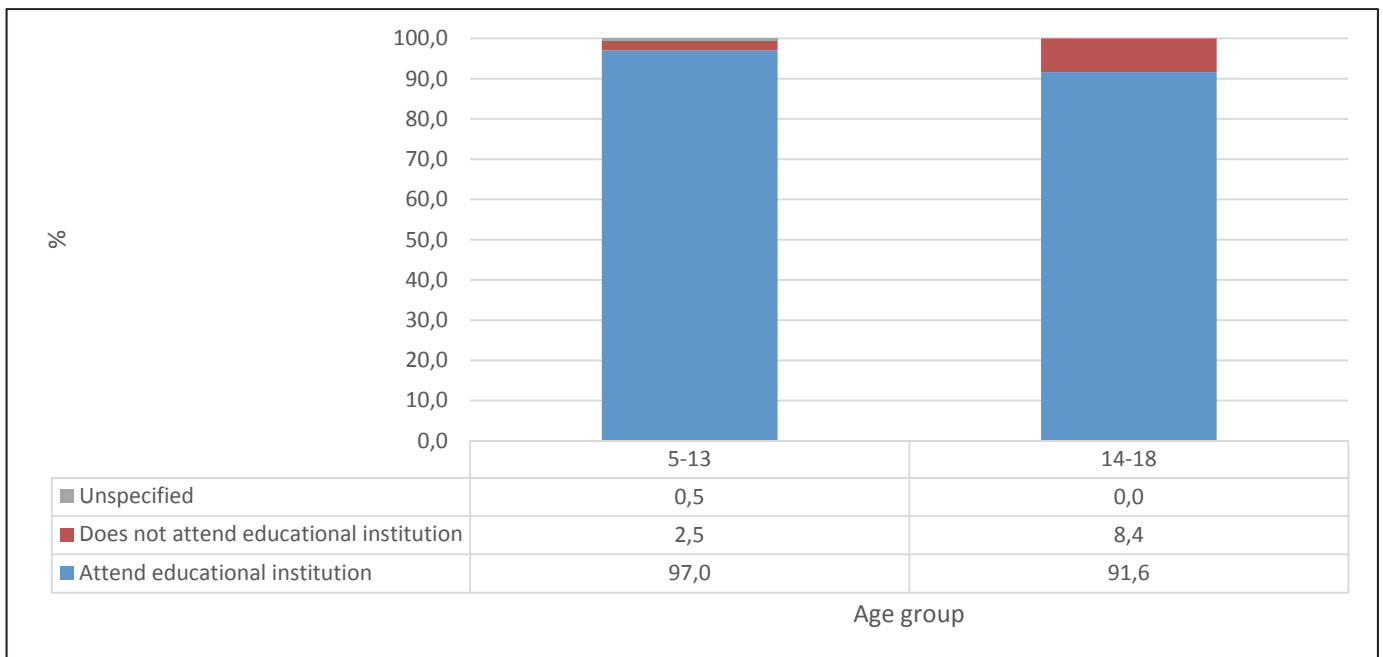
Regarding the educational level of grandchildren less than five years staying with grandparents, 19,7% of them attended crèche, followed by those who were taken care of by day mothers (11,3%). Grandchildren attending Grade R and Pre-school recorded the lowest percentages (7,8% and 7,4%, respectively).

**Figure 3.7: Percentage distribution by educational level of grandchildren less than five years, South Africa, 2013**



The percentage distribution of grandchildren five years and above who attended educational institutions shows that the majority (over 90%) of them attended educational institution, with less than 3% in the 5-13 age group and about 8% in the 14-18 years.

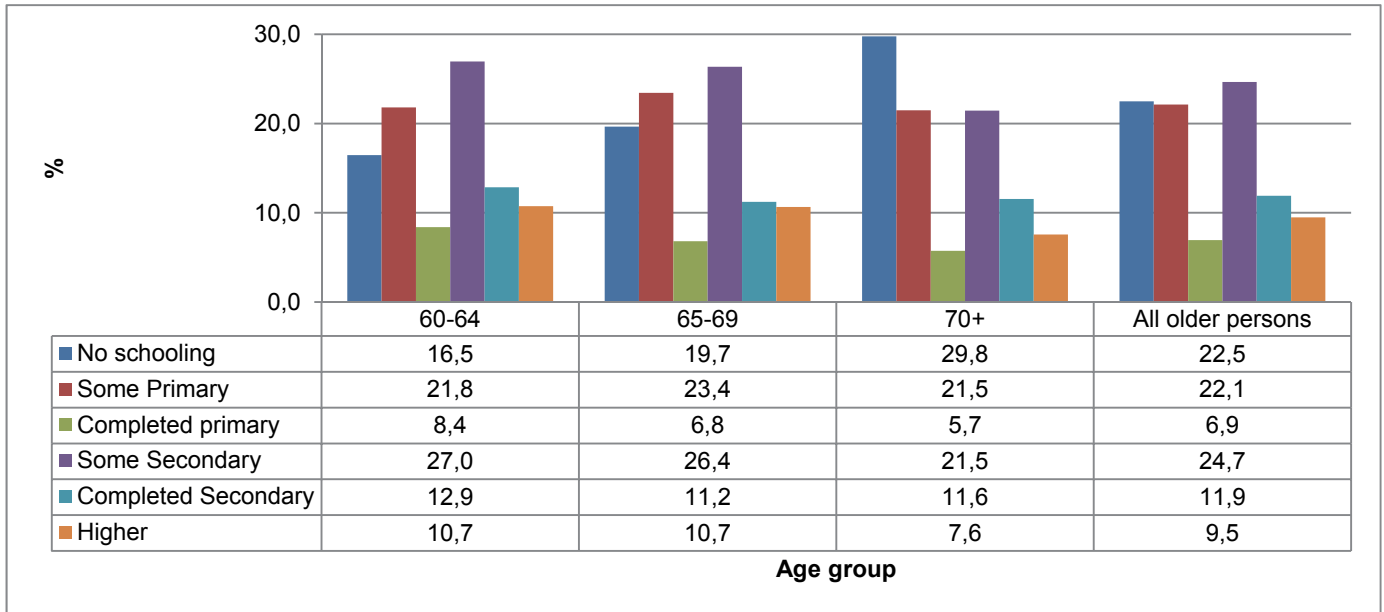
**Figure 3.8: Percentage distribution of grandchildren five years and above who were attending educational institution, South Africa, 2013**



### 3.3.4 Education

The percentage distribution of older persons by age group and level of education shows that 22,5% of older persons had no schooling (see Figure 3.9). This proportion increased substantially with age (from 16,5% among those aged 60–64 to 29,8% among those aged 70 years and older). In total, about one in five (21,4%) older person had completed secondary education or had higher levels of education.

**Figure 3.9: Percentage distribution of older persons by age group and level of education, South Africa, 2013\***

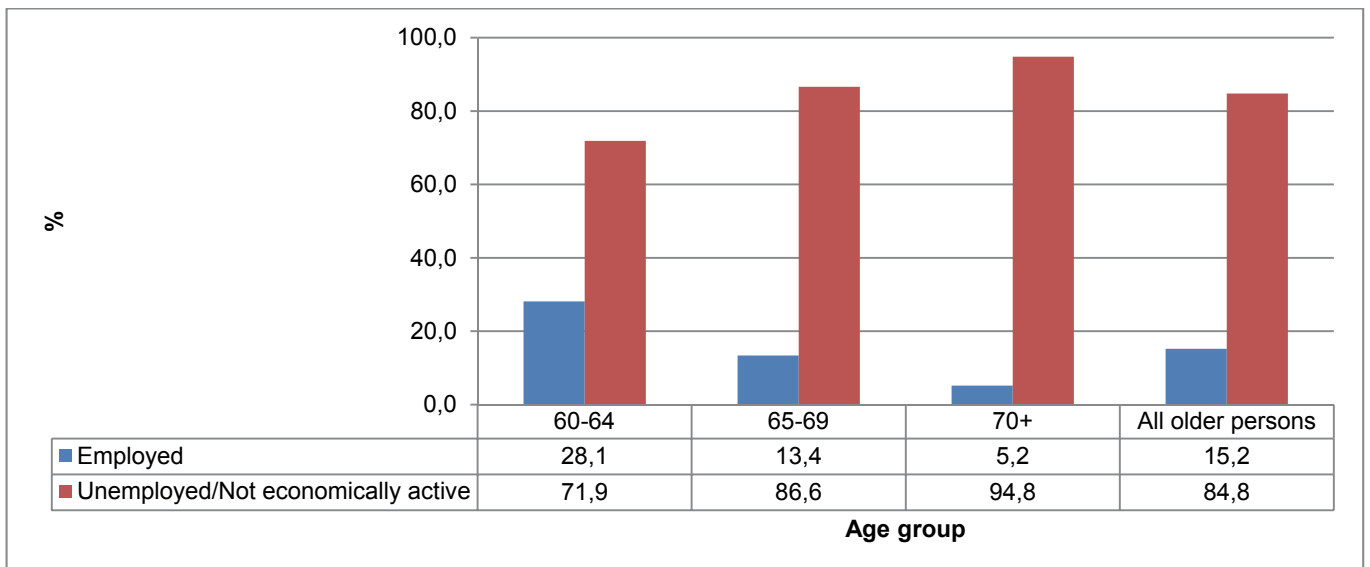


\*Excluding unspecified level of education

### 3.3.5 Employment

The majority (84,8%) of older persons were not economically active or unemployed (see Figure 3.10). However, the results at different ages indicate that over a quarter (28,1%) of those aged 60–64 and 13,4% of those aged 65–69 were employed. About 5,2% of those aged 70 years and older were still employed.

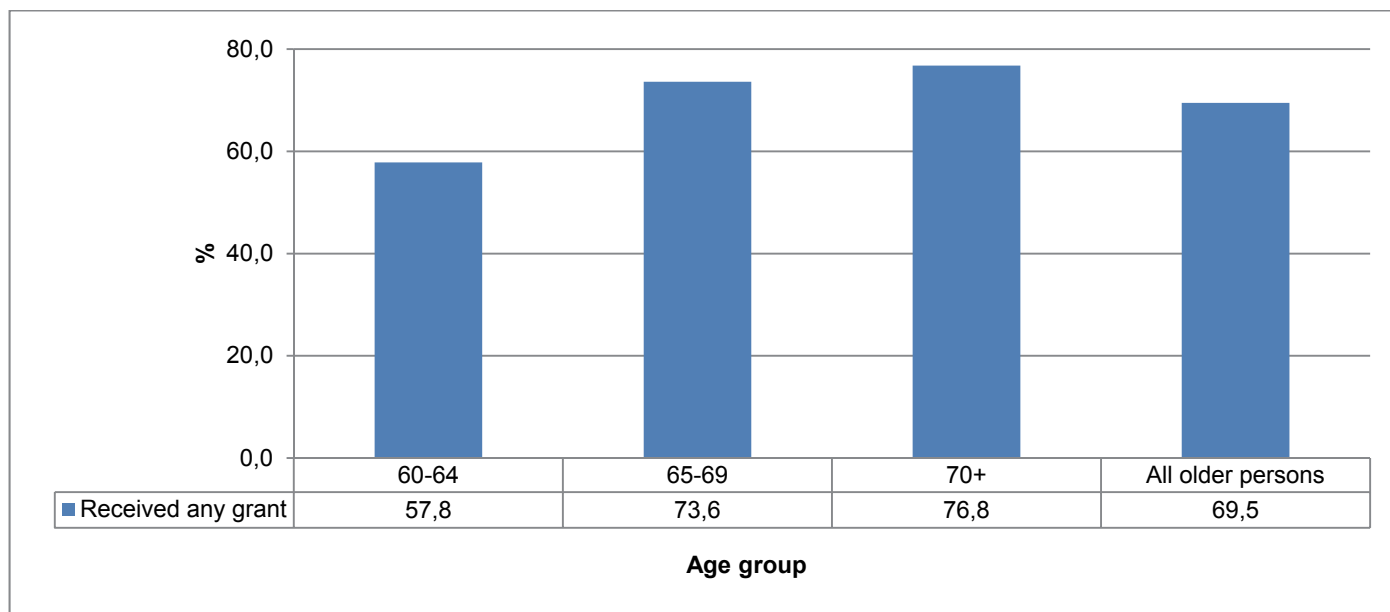
**Figure 3.10: Percentage distribution of older persons by age group and level of employment, South Africa, 2013**



### 3.3.6 Grants

About 70% of older persons were receiving social security grants in 2013. These grants include the old age grant, war veterans' grant and social relief of distress grant. The percentage of older persons who received grants increased with age (from 57,8% among those aged 60–64 to 76,8% among those aged 70 years and older). For the purpose of this report, this section will only present information on older persons receiving old age grants, showing that 99% of older persons were receiving old age grants among all that were receiving social grants in 2013.

**Figure 3.11: Percentage distribution of older persons by age group and receipt of social grants, South Africa, 2013**



### 3.4 Summary

Older persons in South Africa in 2013 constituted about 8% of the total population in the country, with more females than males. The white population group had a relatively higher proportion of older persons than other population groups. Furthermore, Northern Cape, Eastern Cape, Western Cape and Free State had a higher proportion of older persons than other provinces.

The distribution of older persons showed that older persons were mostly legally married or living with a partner as married; were mostly heads or acting heads of their households; had received some schooling; unemployed or not economically active; and the majority received social grants, especially old age grant.

Older persons lived with over 90% of the grandchildren that did not have their biological parents living in the same household.

## 4. Perceived health status and healthcare-seeking practices

### 4.1 Introduction

Information on perceived health status of older person and their practices in healthcare-seeking is provided in this chapter. It is based on responses provided by individual older persons with regard to: how they perceived their health; if they had access to medical aid; if they consulted a health worker when ill a month before the survey; and to provide reasons for not consulting a health worker if they were ill a month before the survey but did not consult a health worker.

The information is based on data from the 2013 General Household Survey (GHS), specifically focussing on older persons aged 60 years and older. The results are provided for the overall number of older persons, classified by sex, population group and province of usual residence.

### 4.2 Perceived health status

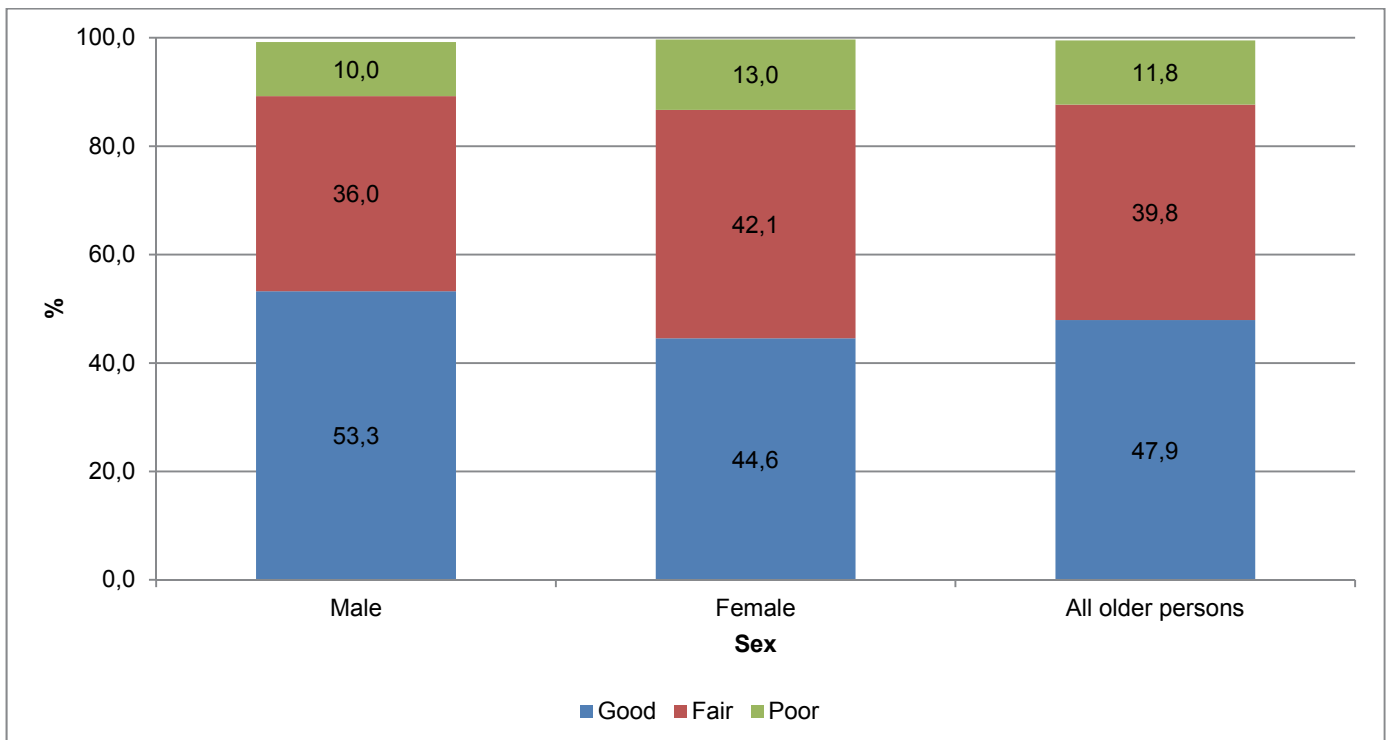
The GHS included a question for respondents to describe their health in general. Absolute numbers used to calculate proportions reported in this subsection are provided in Appendix 4.1.

Overall, a higher proportion of older persons regarded their health as good (47,9%), followed by those who regarded it as fair (39,8%) (see Figure 4.1). About 11,8% regarded their health as poor.

#### Sex

The comparison between males and females shown in Figure 4.1 indicates that, on one hand, a higher proportion of males perceived their health as good (53,3%) compared to females (44,6%). On the other hand, more females perceived their health as either fair or poor.

**Figure 4.1: Percentage distribution of older persons by perceived health status and sex, South Africa, 2013\***

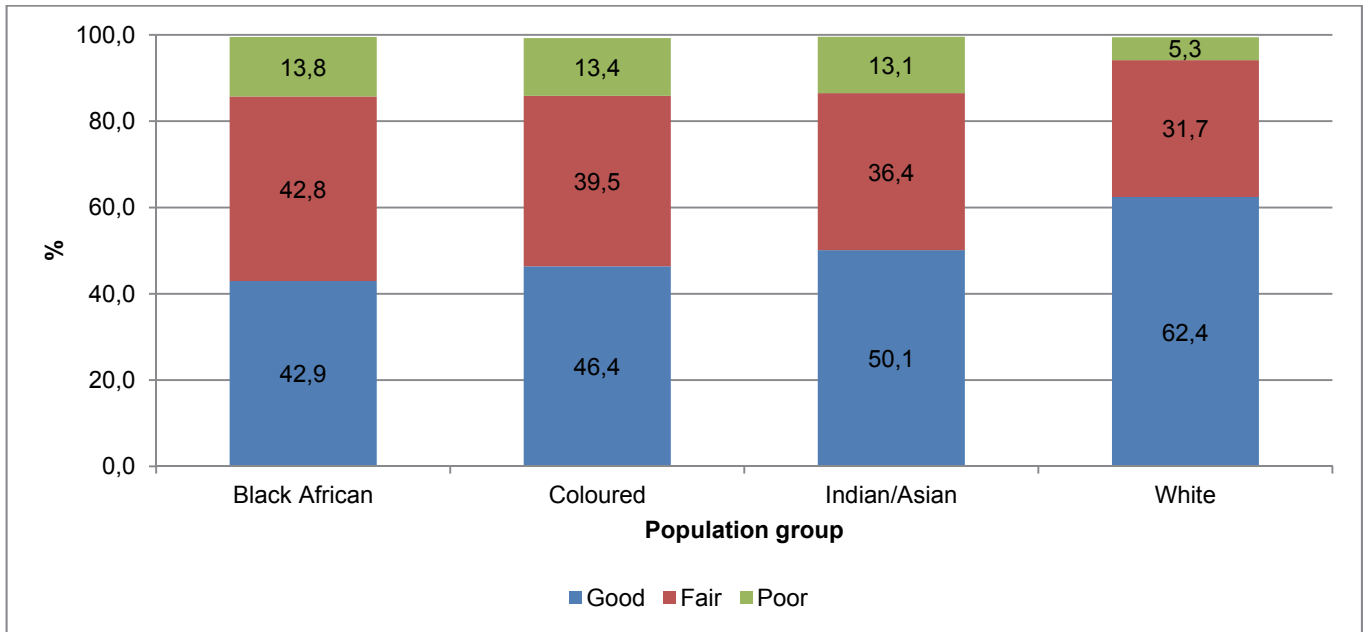


\*Excluding data with unknown and unspecified

**Population group**

A relatively higher number of older persons from the white population group, compared to other population groups, perceived their health as good. About 62,4% of older persons from the white population group perceived their health as good, followed by those from the Indian/Asian population group (50,1%). Less than half of those from the black African (42,9%) and coloured (46,4%) population groups perceived their health as good. The black African, coloured and Indian/Asian older persons generally had similar proportions of older persons perceiving their health status as poor, which was much higher than for the white population group.

**Figure 4.2: Percentage distribution of older persons by perceived health status and population group, South Africa, 2013\***

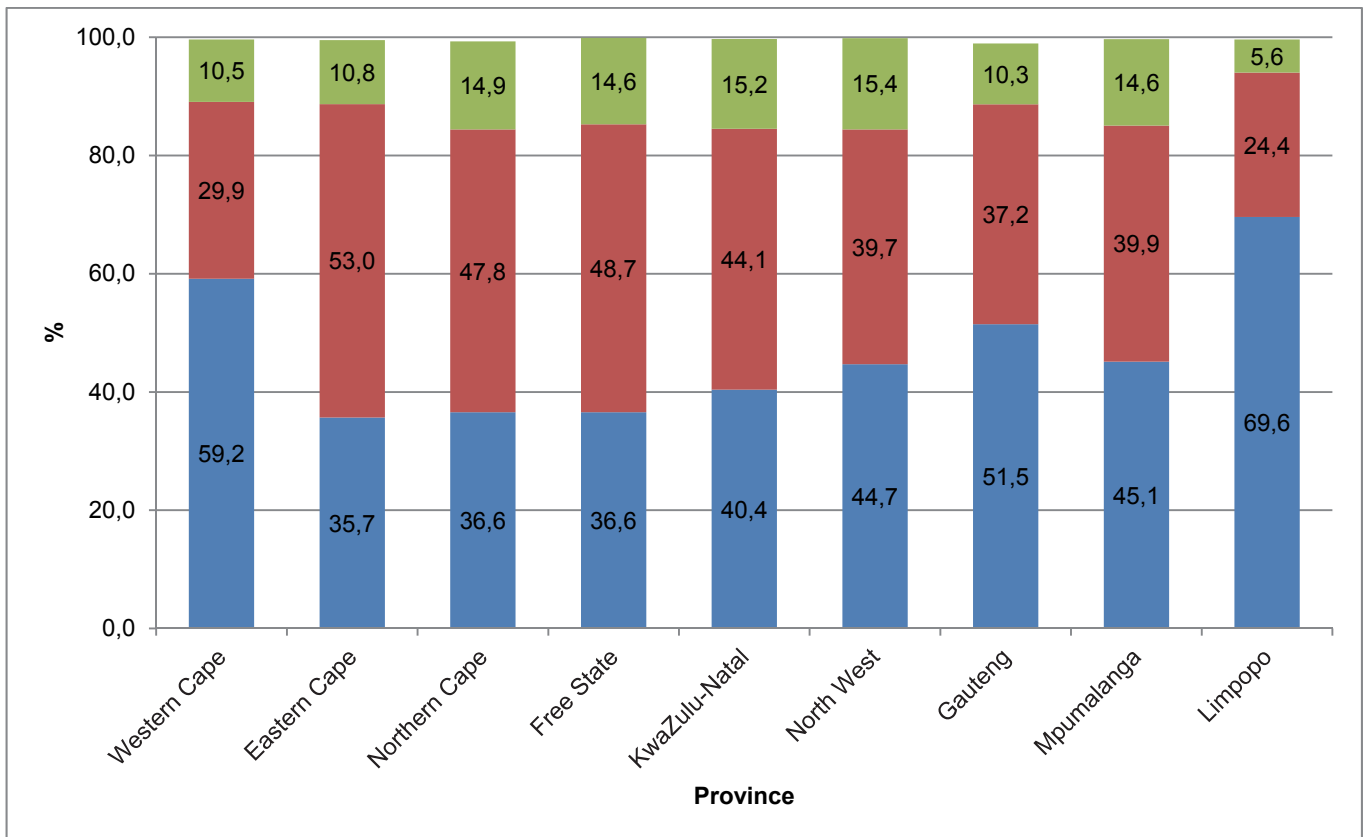


\*Excluding data with unknown and unspecified

**Province of usual residence**

Figure 4.3 presents the provincial distribution of the health status among older persons by province of usual residence. Limpopo (69,6%), Western Cape (59,2%), and Gauteng (51,5%) had the highest percentages of older persons who perceived their health as good while Eastern Cape (35,7%), Northern Cape and Free State (both at 36,6%) had the lowest percentages of older persons who perceived their health status as good. Among older persons who regarded their health as poor, Limpopo had the lowest percentage (5,6%). Older persons living in Northern Cape, Free State, KwaZulu-Natal, North West and Mpumalanga had higher proportions of those who perceived their health as poor, each at around 15% of older persons.

**Figure 4.3: Percentage distribution of older persons by perceived health status and province of usual residence, South Africa, 2013\***



\*Excluding data with unknown and unspecified



### 4.3 Healthcare-seeking practices

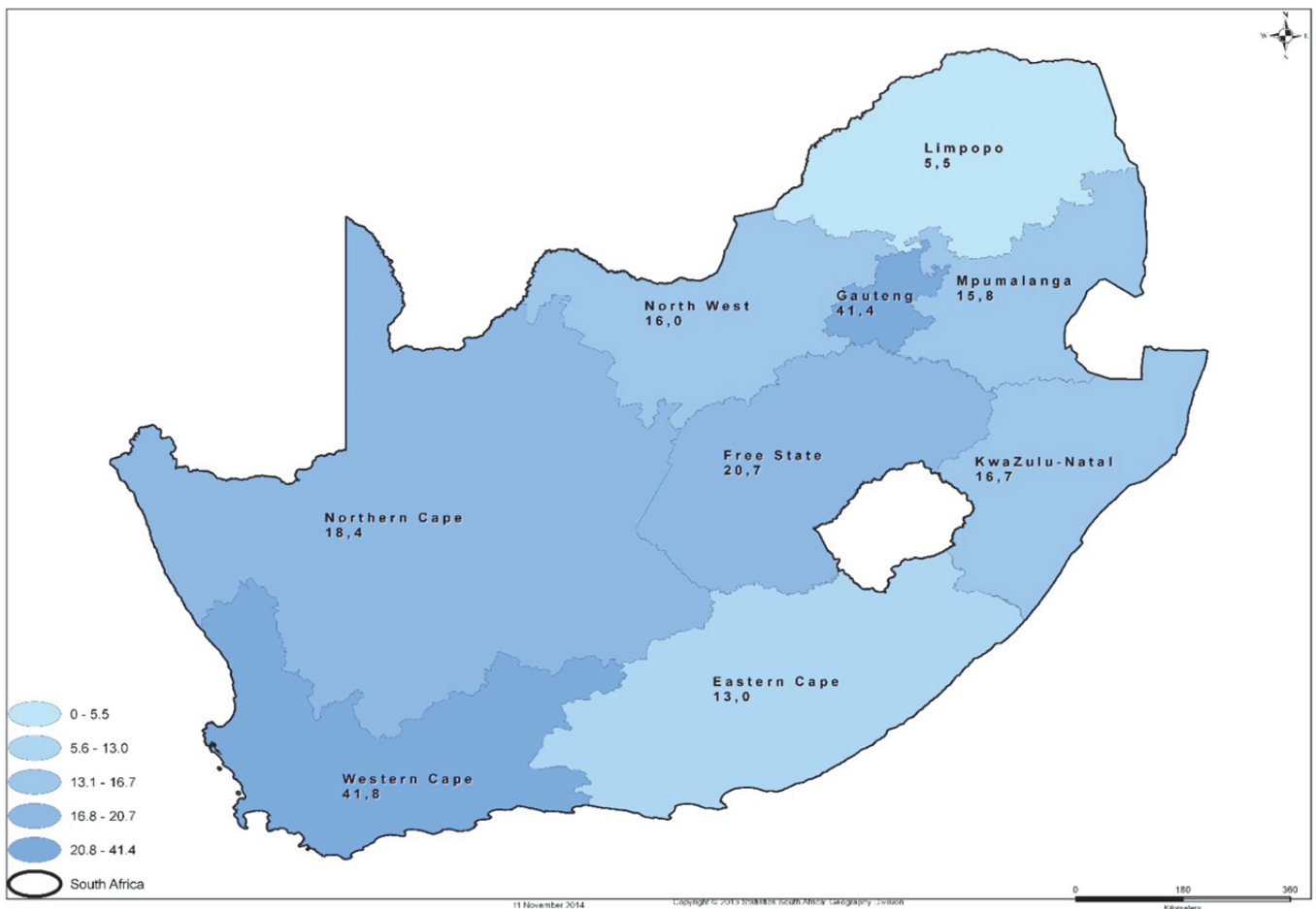
This subsection presents information on healthcare-seeking practices based on medical aid coverage (proportion covered by medical aid or medical benefit scheme or other private health insurance) and consultations with health workers. The results are classified by sex, population group and province of usual residence. Absolute numbers used to calculate proportions covered by medical aid are provided in Appendix 4.2.

#### 4.3.1 Medical aid coverage

Just about a quarter (24,0%) of older persons were covered by medical aid, with slightly more males (27,5%) than females (21,8%) with medical aid coverage. However, the distribution by population group showed that the majority of older persons from the white population group (78,1%) were covered by medical aid while 35,8%, 15,9% and only 5,5% of the Indian/Asian, coloured and black African population respectively were covered by medical aid.

Differences were also noted by province of usual residence. A much higher proportion of older persons from Western Cape (41,8%) and Gauteng (41,4%) were covered by medical aid (see Figure 4.4). The lowest proportions of older persons covered by medical aid were residing in Limpopo (5,5%) and Eastern Cape (13,0%).

**Figure 4.4: Percentage distribution of older persons by medical aid coverage and province of usual residence, South Africa, 2013**



### 4.3.2 Consultations with health workers

Respondents who indicated that they suffered from an illness a month before the survey were asked if they consulted a health worker such as a nurse, doctor or traditional healer as a result of the illness. If not, they were asked to indicate reasons for not consulting a health worker. The analyses in this subsection cover proportions who did not consult a health worker when ill and the reasons given for not consulting.

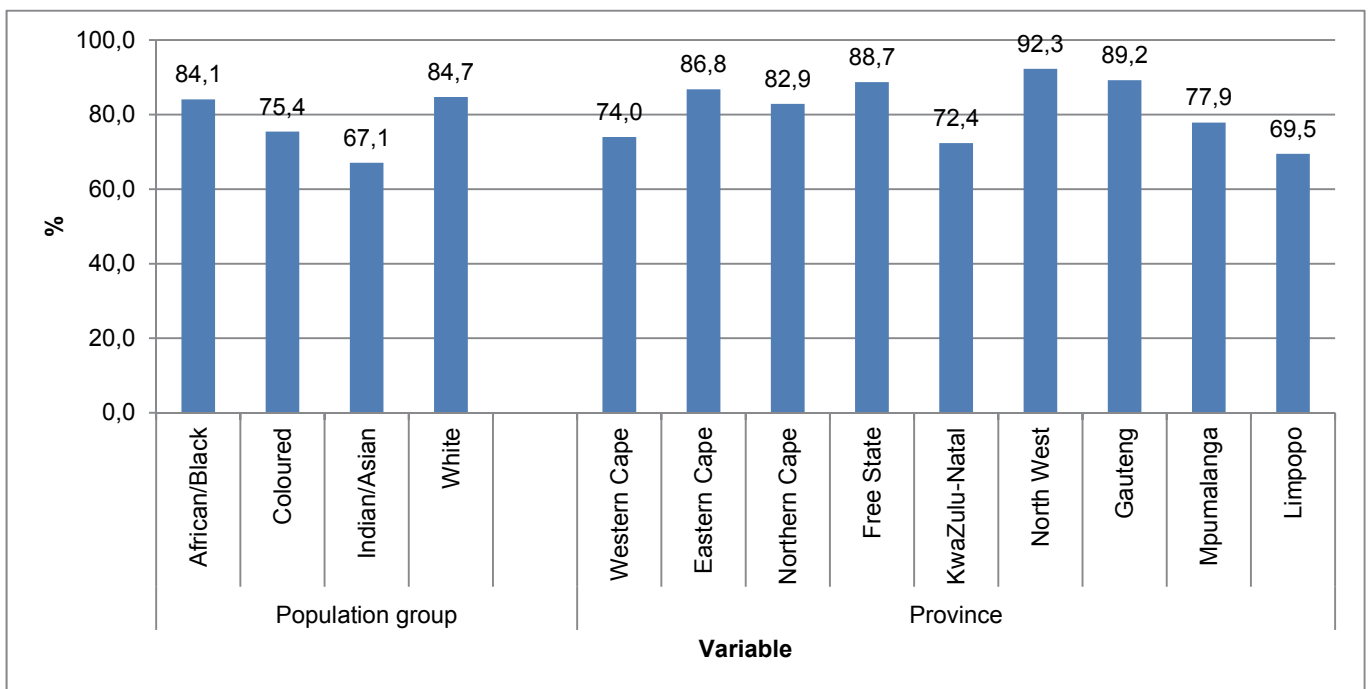
### 4.3.3 Characteristics of those who consulted health workers when ill

A total of 620 429 older persons indicated that they suffered an illness a month before the survey, representing 15,0% of all older persons. This group forms the basis of the analyses undertaken on consultations with health workers. Absolute numbers used to calculate proportions reported in this subsection are provided in Appendix 4.3.

The majority (83,3%) of older persons who said they suffered an illness a month before the survey consulted a health worker while 14,6% did not consult. About 2,1% of them did not specify whether or not they consulted a health worker. Slightly more females (84,2%) than males (81,4%) who were ill a month before the survey consulted a health worker.

Figure 4.5 shows that older persons from the black African (84,1%) and white (84,7%) population groups had higher proportions of those who consulted a health worker when ill during the month before the survey. The Indians/Asians had the lowest proportion. Differences by province of usual residence indicate that the older persons from North West (92,3%) had the highest proportion of those who consulted a health worker when ill while Limpopo (69,7%) had the lowest.

**Figure 4.5: Percentage distribution of older persons who consulted health workers by population group and province of usual residence, South Africa, 2013**

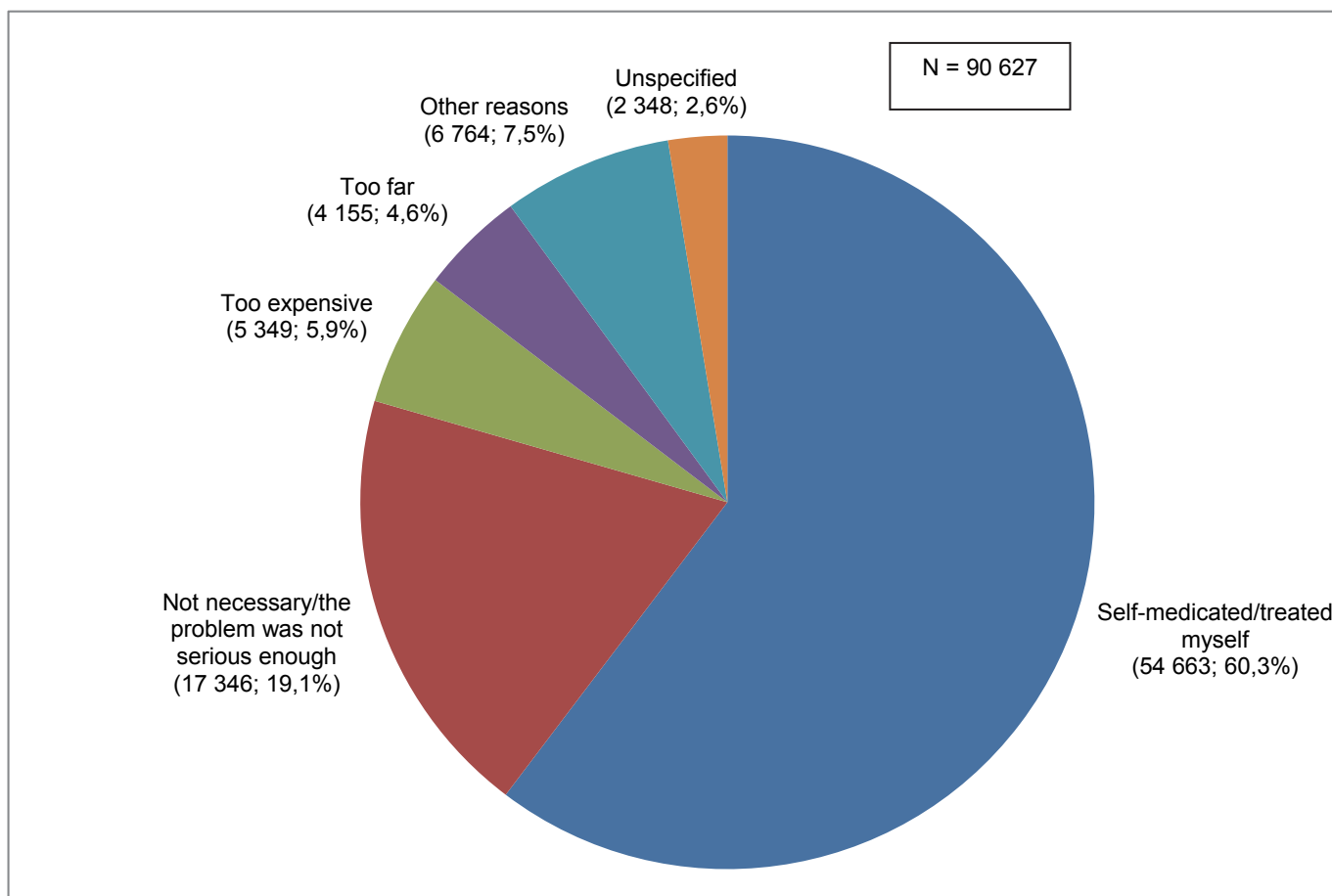


### 4.3.4 Reasons for not consulting health workers

About 90 627 older persons did not consult a health worker when ill a month before the survey. Absolute numbers used to calculate proportions reported in this subsection are provided in Appendix 4.4.

The distribution of the main reasons given for not consulting is provided in Figure 4.6. It shows that the main reason given by the majority (60,3%) was self-medication, followed by those who reported it was not necessary or the problem was not serious enough (19,1%). About 5,9% and 4,6% indicated that they did not consult because it was too expensive and too far, respectively.

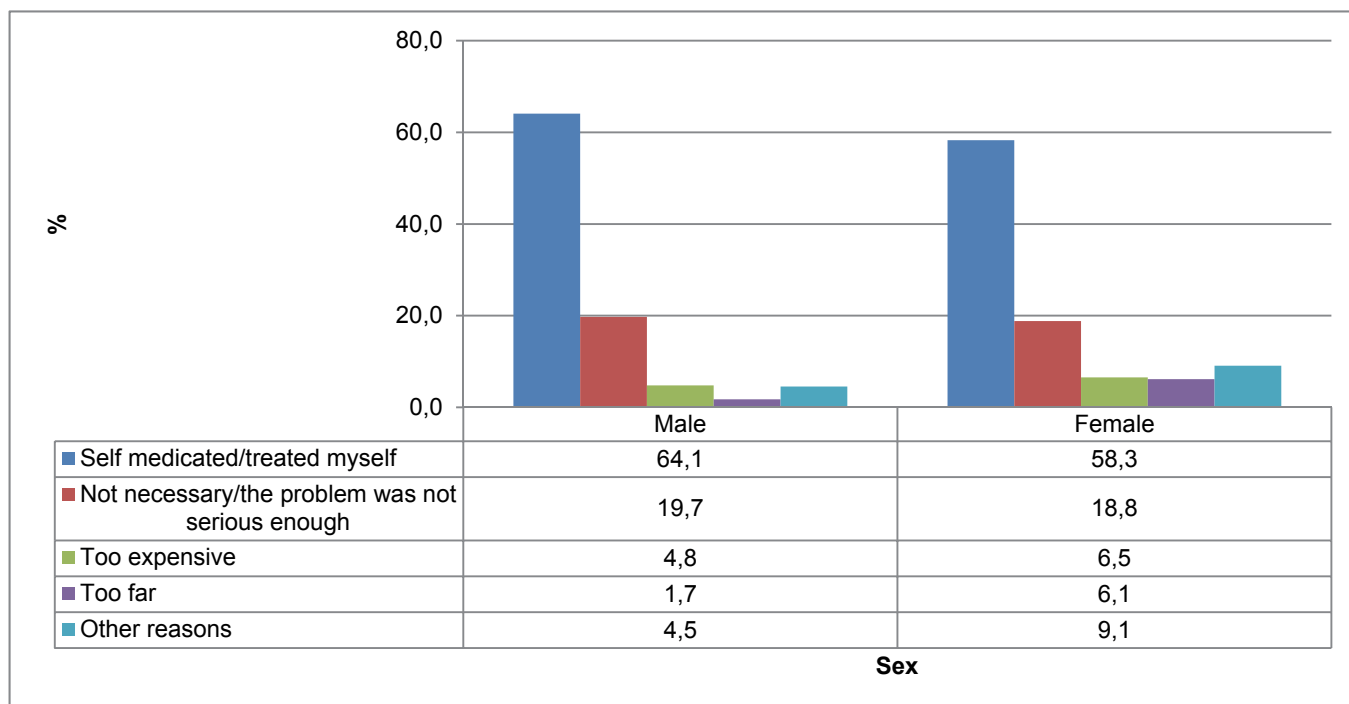
**Figure 4.6: Percentage distribution of older persons by reasons given for not consulting a health worker when ill a month before the survey, South Africa, 2013**



### Sex

Due to relatively fewer respondents for different categories of reasons, only the analysis by sex will be undertaken and the results are shown in Figure 4.7. Self-medication was the most common reasons provided by older persons for not consulting for both males and females, with more males (64,1%) giving this reason than females (58,3%). While the reasons of being too expensive or too far were relatively uncommon (less than 10%), a higher proportion of females cited these reasons compared to males.

**Figure 4.7: Percentage distribution of older persons by reasons given for not consulting a health worker when ill a month before the survey classified by sex, South Africa, 2013\***



\*Excluding unspecified reasons for non-consultation

### 4.4 Summary

Older persons in South Africa in 2013 generally perceived their health status as good, particularly males, those from the white population group and those residing in Limpopo and Western Cape. About a quarter of older persons were covered by medical aid, with a disproportionately higher percentage among the white population group. Gauteng and Western Cape had higher coverage of medical aid.

The majority of older persons consulted a health worker when ill a month before the survey. However, the Indian/Asian population as well as older persons residing in Limpopo had lower proportions of those who consulted. The main reason given by the majority of older persons for not consulting with a health worker when ill a month before the survey was use of self-medication.

## 5. Recent self-reported illnesses

### 5.1 Introduction

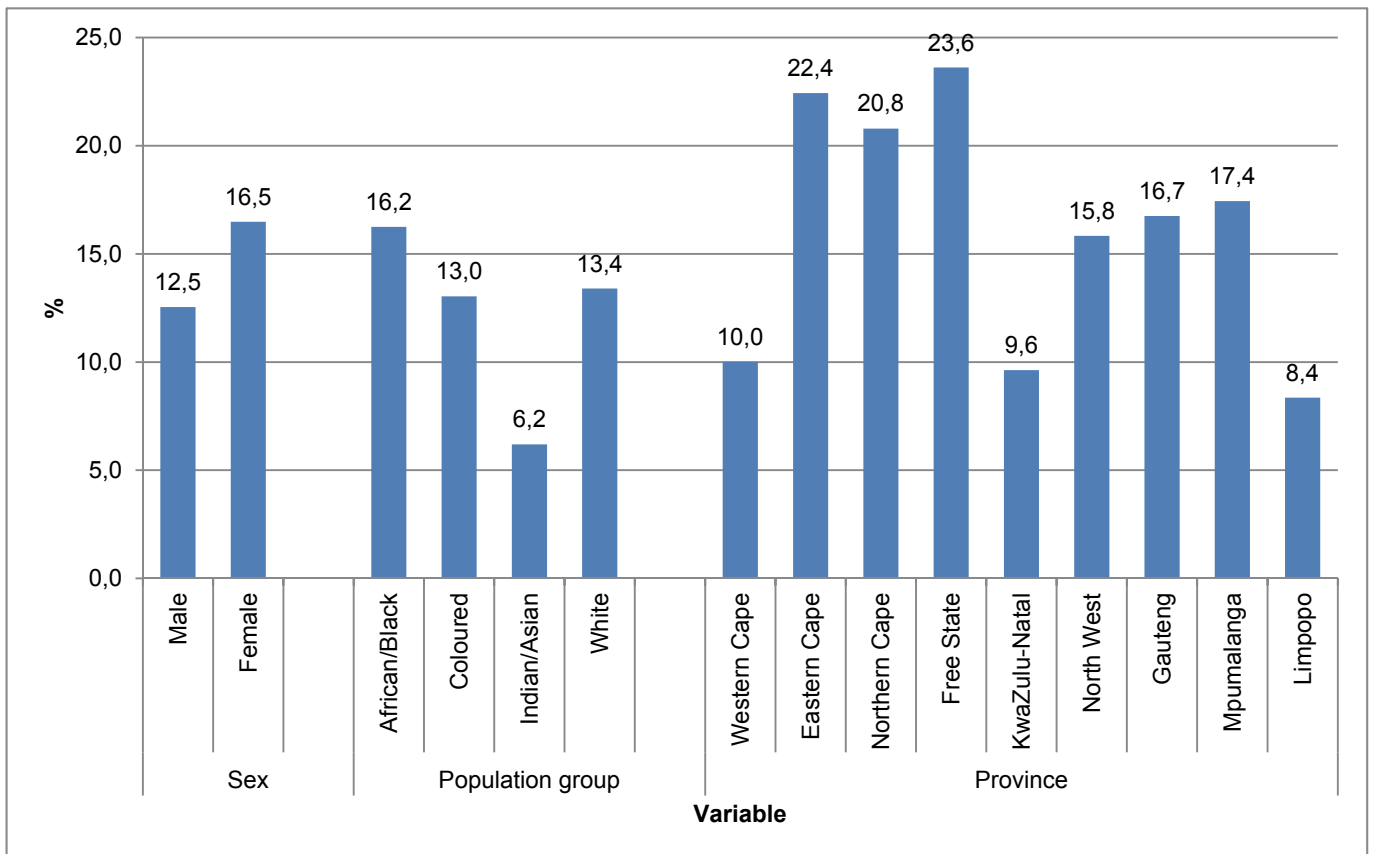
This chapter presents information on self-reported illnesses suffered by older persons a month before the survey based on data from the 2013 General Household Survey (GHS). The survey asked respondents if they were ill a month before the survey and if ill, to specify the illness they suffered from. The basis of the analyses undertaken in this chapter is the total number of older persons from which the proportions ill and with specific illnesses were calculated.

### 5.2 Self-reported illnesses

Overall, 15,0% of older persons indicated that they were ill a month before the survey, with more females (16,5%) than males (12,5%) reporting that they were ill (see Figure 5.1). Absolute numbers are provided in Appendix 4.3.

The highest proportion of those ill a month before the survey were among black Africans (16,2%) and the lowest among the Indians/Asians. At least 20% of older persons residing in Free State (23,6%), Eastern Cape (22,4%) and Northern Cape (20,8%) reported being ill a month before the survey while 10% or less of those in Western Cape (10,0%), KwaZulu-Natal (9,6%) and Limpopo (8,4%) reported being ill.

**Figure 5.1: Percentage distribution of older persons by who reported being ill a month before the survey by sex, population group and province of usual residence, South Africa, 2013**

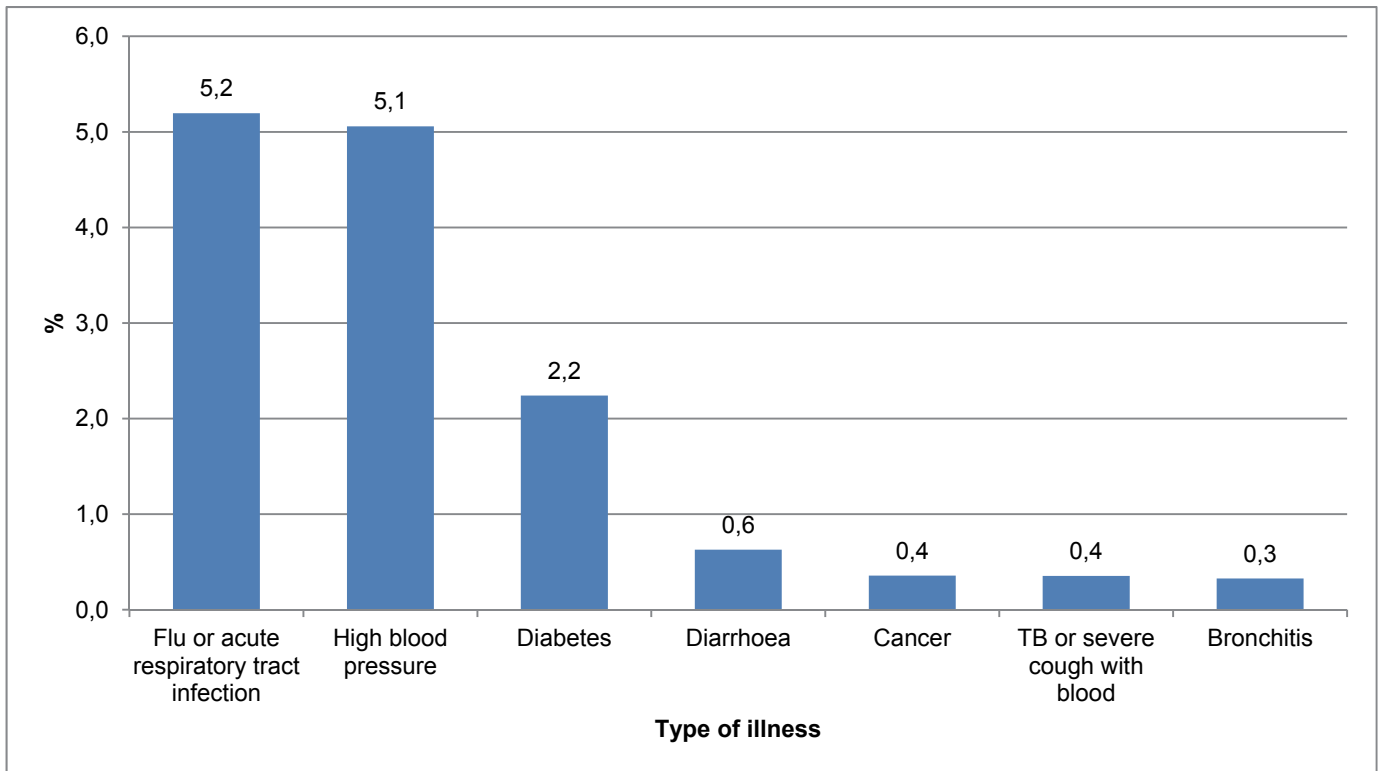


A list of illnesses was read to all respondents who said they were ill a month before the survey to give an indication if they suffered from each of those illnesses a month before the survey. The percentage distribution of those who said they suffered a specific illness (based on all older person – not just those who said they were ill a month before the survey) is provided in Figure 5.2. The figure provides only illnesses with at least 10 000 older persons indicating that they suffered from each illness, arranged from the most frequently reported illness (see Appendix 5.1).

The most common illnesses suffered by older persons a month before the survey was *flu or acute respiratory tract infection*, which affected 5,2% of all older persons and *high blood pressure*, which affected 5,1%. *Diabetes* was also relatively common (2,2%). Less than 1% of older persons suffered from *diarrhoea* (0,6%), *cancer* (0,4%), *TB or severe cough with blood* (0,4%) and *bronchitis* (0,3%) a month before the survey.

Further analyses on recent self-reported illnesses will only focus on *flu or acute respiratory tract infection*, *high blood pressure* and *diabetes* due to the limited number of cases for other illnesses (see Appendix 5.2).

**Figure 5.2: Percentage distribution of older persons by type of illness suffered a month before the survey, South Africa, 2013**

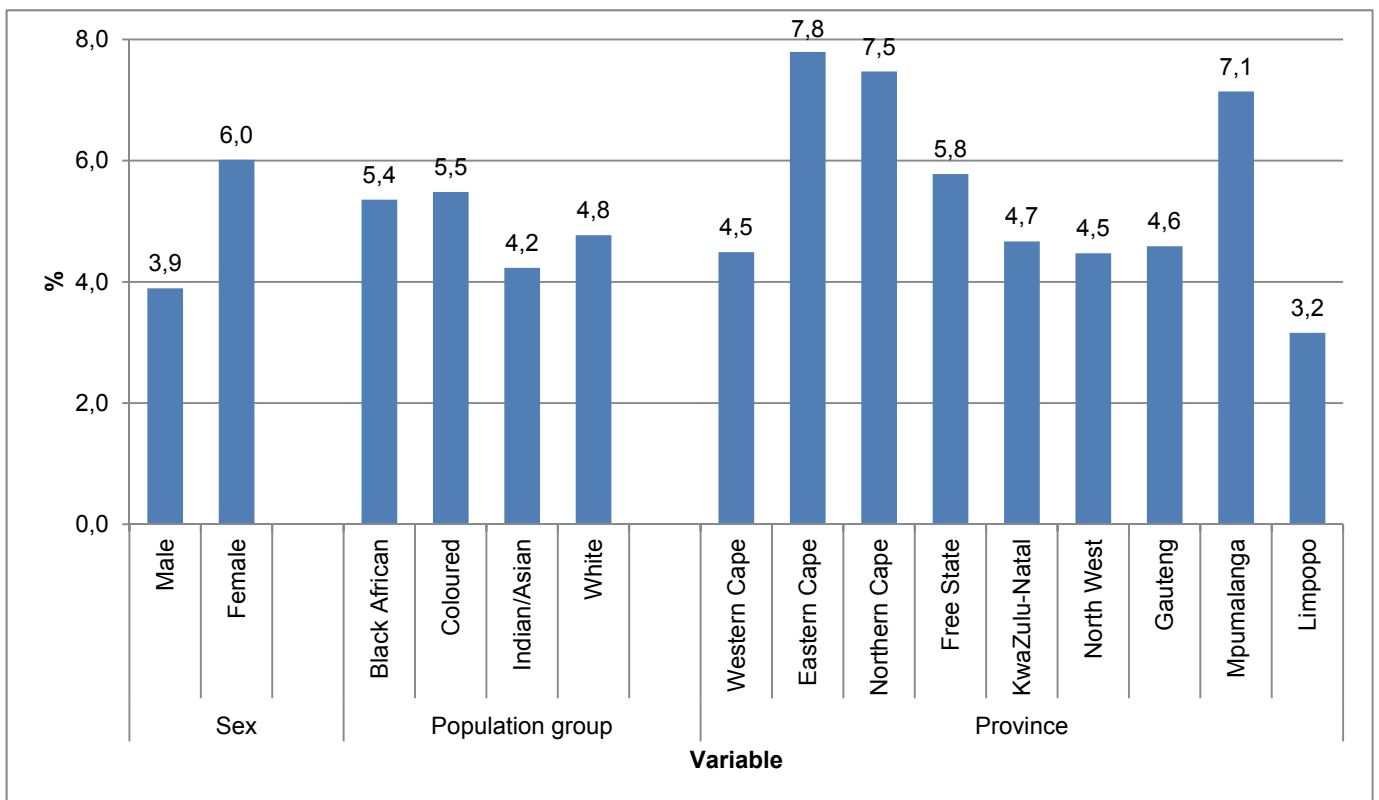


### 5.2.1 Flu or acute respiratory tract infection

The distribution of all older persons who suffered from *flu or acute respiratory tract infection (ARTI)* is provided in Figure 5.3. Relatively more females (6,0%) than males (3,9%) reported having *flu or ARTI* a month before the survey. Differences by population group were not wide but older persons from the coloured (5,5%) and the black African (5,4%) population groups had slightly more people who suffered from *flu or ARTI* a month before the survey.

Notable differences were observed by province of usual residence. Older people residing in Eastern Cape (7,8%), Northern Cape (7,5%) and Mpumalanga (7,1%) had higher proportions of those who from suffered *flu or ARTI* a month before the survey. Limpopo had the lowest (3,2%).

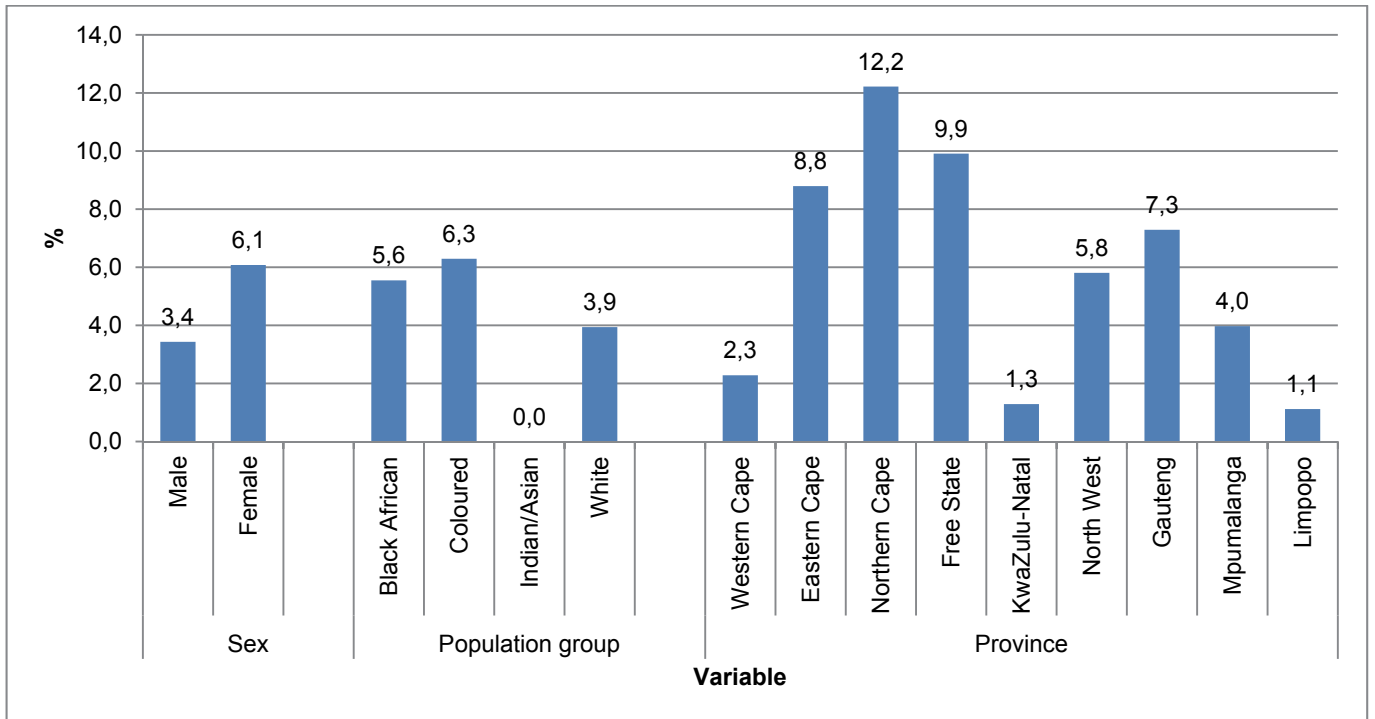
**Figure 5.3: Percentage distribution of older persons who suffered from flu or ARTI a month before the survey by sex, population group and province of usual residence, South Africa, 2013**



### 5.2.2 High blood pressure

Figure 5.4 shows that suffering from *high blood pressure* a month before the survey by older persons was reported more by females (6,1%) as compared to males (3,4%). Furthermore, older persons from the coloured (6,3%) and the black African population groups (5,6%) also reported higher proportions of suffering from *high blood pressure* compared to other population groups. *High blood pressure* was less commonly reported by older persons in Limpopo (1,1%), KwaZulu-Natal (1,3%) and Western Cape (2,3%) but more commonly reported in Northern Cape (12,2%).

**Figure 5.4: Percentage distribution of older persons who suffered from high blood pressure a month before the survey by sex, population group and province of usual residence, South Africa, 2013**

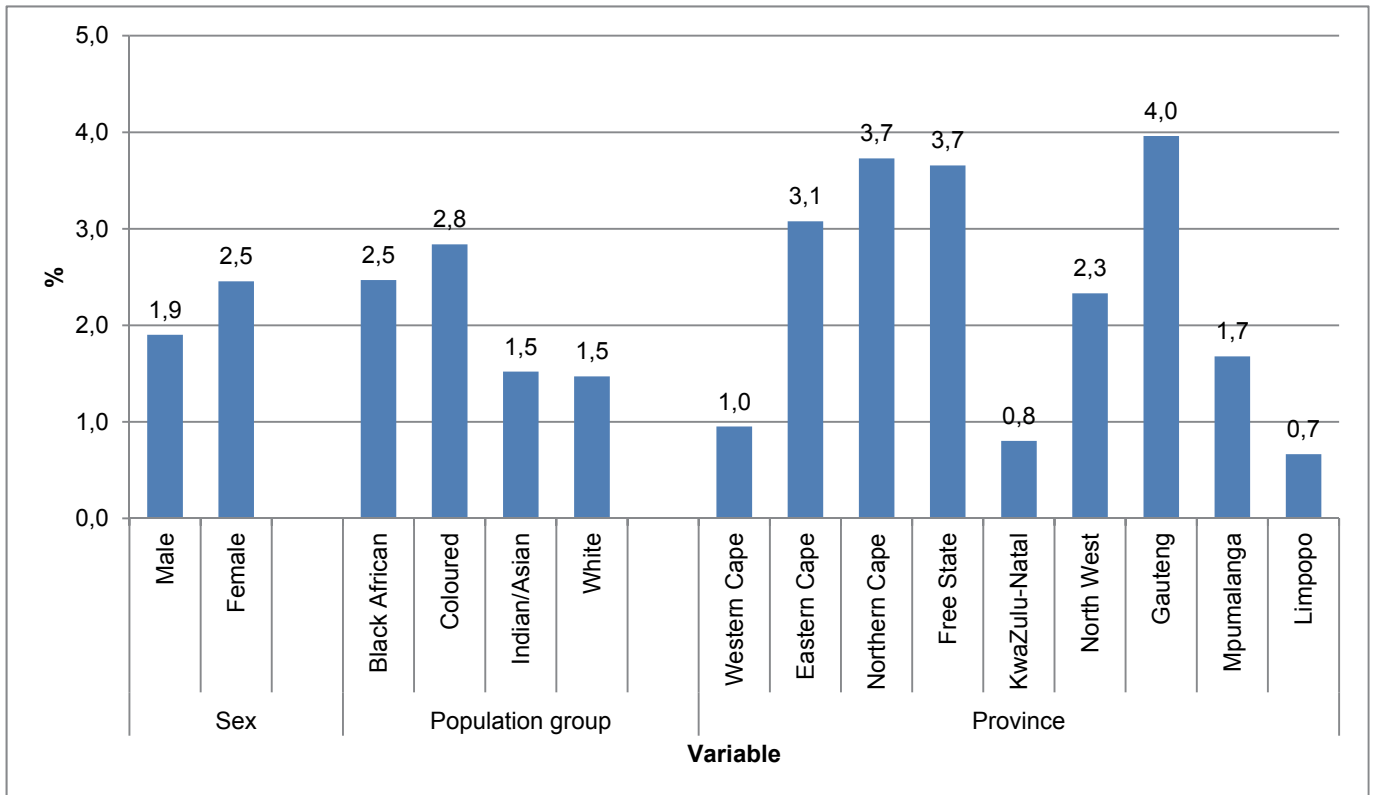




### 5.2.3 Diabetes

Slight differences of the proportions of older persons suffering from *diabetes* a month before the survey were observed by sex and population group (see Figure 5.5). However, notable differences were observed by province of usual residence where those residing in Gauteng (4,0%), Northern Cape and Free State (3,7% each) had a higher proportion of older persons that reported suffering from *diabetes* a month before the survey while those in Limpopo (0,7%), KwaZulu-Natal (0,8%) and Western Cape (1,0%) reported the lowest.

**Figure 5.5: Percentage distribution of older persons who suffered from diabetes a month before the survey by sex, population group and province of usual residence, South Africa, 2013**



### 5.3 Summary

Recent illnesses reported in this chapter were measured by the proportion of older persons who were ill a month before the survey. Focus was placed on three illnesses (*flu or ARTI, high blood pressure and diabetes*) due to the limited number of cases for other illnesses for further breakdown by sex, population group and province of usual residence.

About 15% of older persons reported being ill a month before the survey. Compared to males, there were more females reporting that they suffered from *flu or ARTI, high blood pressure and diabetes*. Differences by population group showed that more black Africans reported being ill a month before the survey population groups. Older persons from the coloured population group reported higher proportions of *flu or ARTI, high blood pressure and diabetes*, followed by black Africans. For provinces, Eastern Cape, Northern Cape and Mpumalanga had higher proportions of older persons being ill a month before the survey. These three provinces also had higher proportions suffering from *flu or ARTI*. *High blood pressure* was reported more in Eastern Cape, Northern Cape and Free State while *diabetes* was reported more in Gauteng, Northern Cape, Free State and Eastern Cape.

## 6. Chronic conditions and use of medication

### 6.1 Introduction

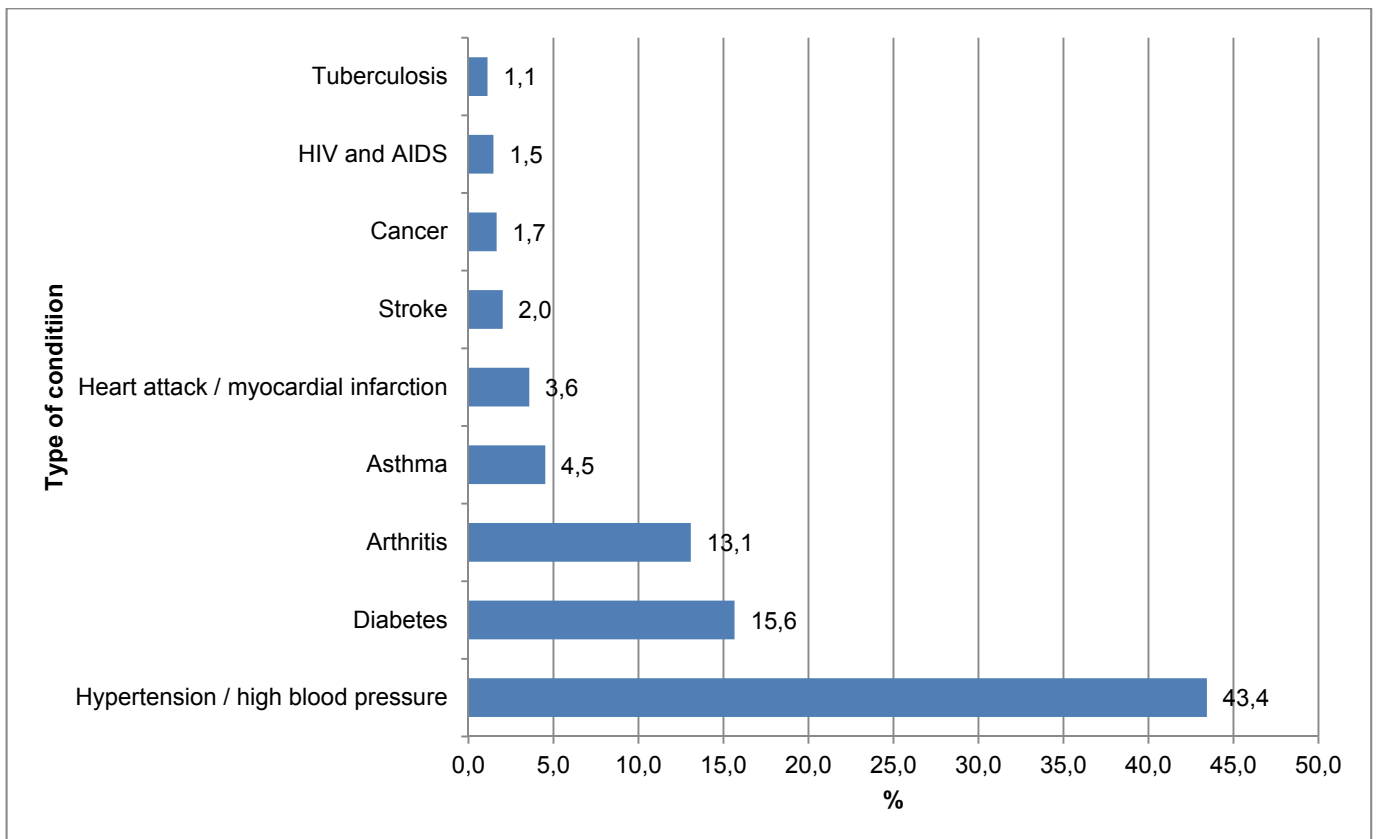
This chapter discusses chronic conditions among older persons as well as use of medication for specified conditions based on data collected through the 2013 General Household Survey (GHS). Chronic diseases are defined as diseases of long duration and generally of slow progression.

The information on chronic conditions is based on a question on whether respondents were informed by a medical practitioner or nurse that they suffered from *hypertension or high blood pressure, diabetes, arthritis, asthma, heart attack or myocardial infarction, stroke, cancer, HIV and AIDS or tuberculosis*. This question was addressed to all persons covered in the GHS. Those who indicated that they suffered each condition were asked to indicate if they were taking medication for the condition.

Figure 6.1 provides the distribution of older persons who were informed by a health worker that they suffered from the listed conditions (see Appendix 6.1 for absolute numbers). A disproportionately higher number of older persons had *hypertension / high blood pressure* (43,4%). They were followed by less than half of this proportion that had *diabetes* (15,6%) and then *arthritis* (13,1%). Less than 5% of older persons had other conditions such as *asthma* (4,5%) and *heart attack / myocardial infarction* (3,6%). The two infectious diseases (*HIV and AIDS* and *tuberculosis*) had the lowest proportions: 1,5% and 1,1% respectively.

Further analysis by sex, population group and province of usual residence will only focus on *hypertension or high blood pressure, diabetes, arthritis, asthma, heart attack or myocardial infarction and stroke* due to the limited number of cases for other conditions (see Appendix 6.2 and Appendix 6.3 for the distribution of older persons with these illnesses and usage of medication).

**Figure 6.1: Percentage distribution of older persons who were informed by a health worker that they had an illness by type of illness, South Africa, 2013**

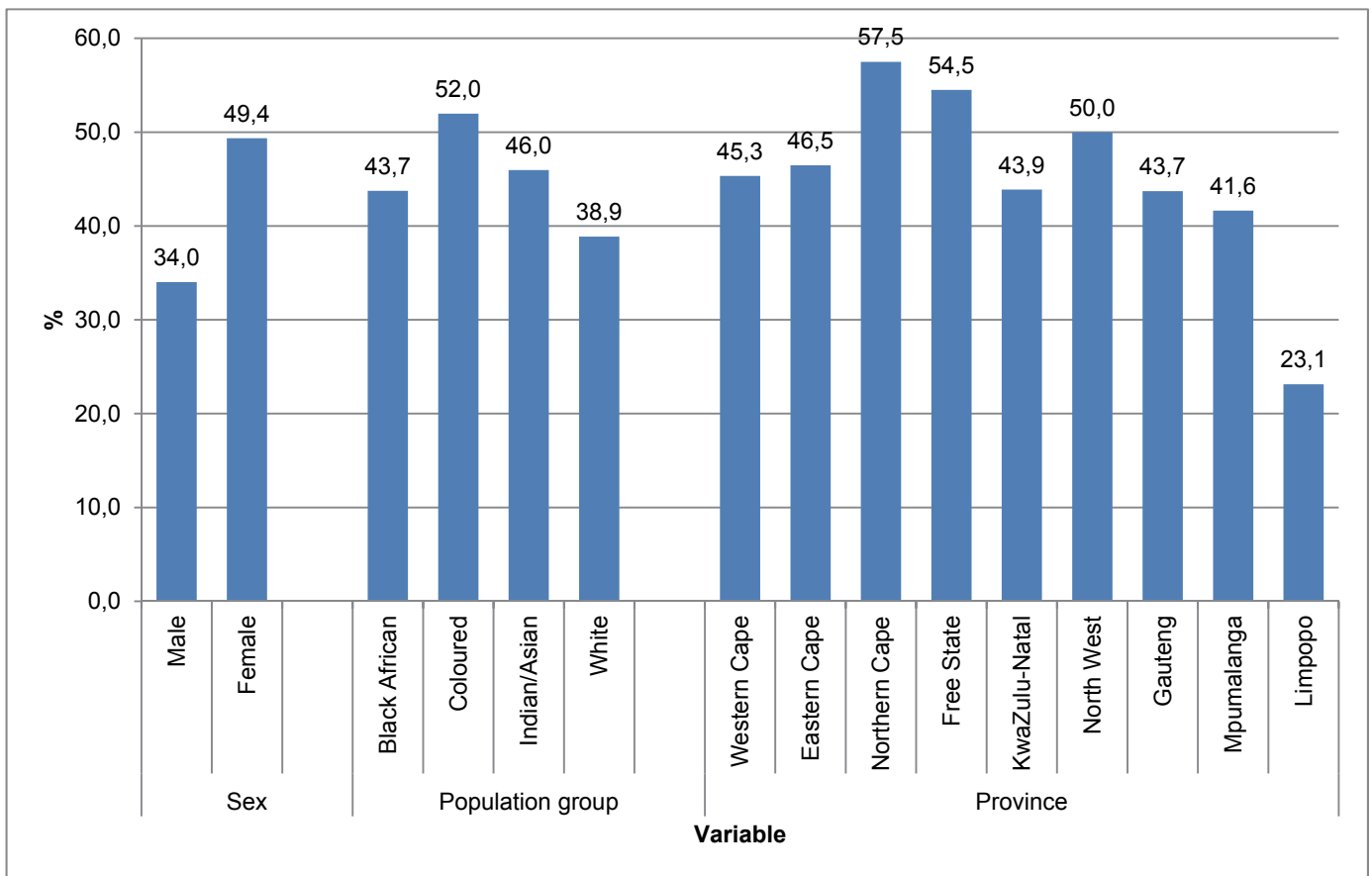


## 6.2 Hypertension / high blood pressure

The percentage distribution of older persons who were told by a medical practitioner or nurse that they had *hypertension or high blood pressure* is shown in Figure 6.2, and it is observed that there were notable differences by sex, population group and province of usual residence. There was a higher proportion of females (49,4%) with the condition, compared to males (34,0%). More than half of older persons from the Indian/Asian population group (52,0%) indicated that they had the condition, with the lowest observed among the white population group. For provinces, older persons from Northern Cape (57,5%), Free State (54,5%) and North West (50,0%) had the highest proportion of older persons with *hypertension or high blood pressure* while Limpopo (23,1%) had the lowest.

Of the older persons who were told by a medical practitioner or nurse that they had *hypertension or high blood pressure*, the majority (94,6%) were taking medication for this condition. In each of the categories of the variables sex, population group and province of usual residence, at least 92% of those with *hypertension or high blood pressure* were taking medication for it. There were minimal differences by sex, population group and province of usual residence.

**Figure 6.2: Percentage distribution of older persons who had hypertension or high blood pressure by sex, population group and province of usual residence, South Africa, 2013**

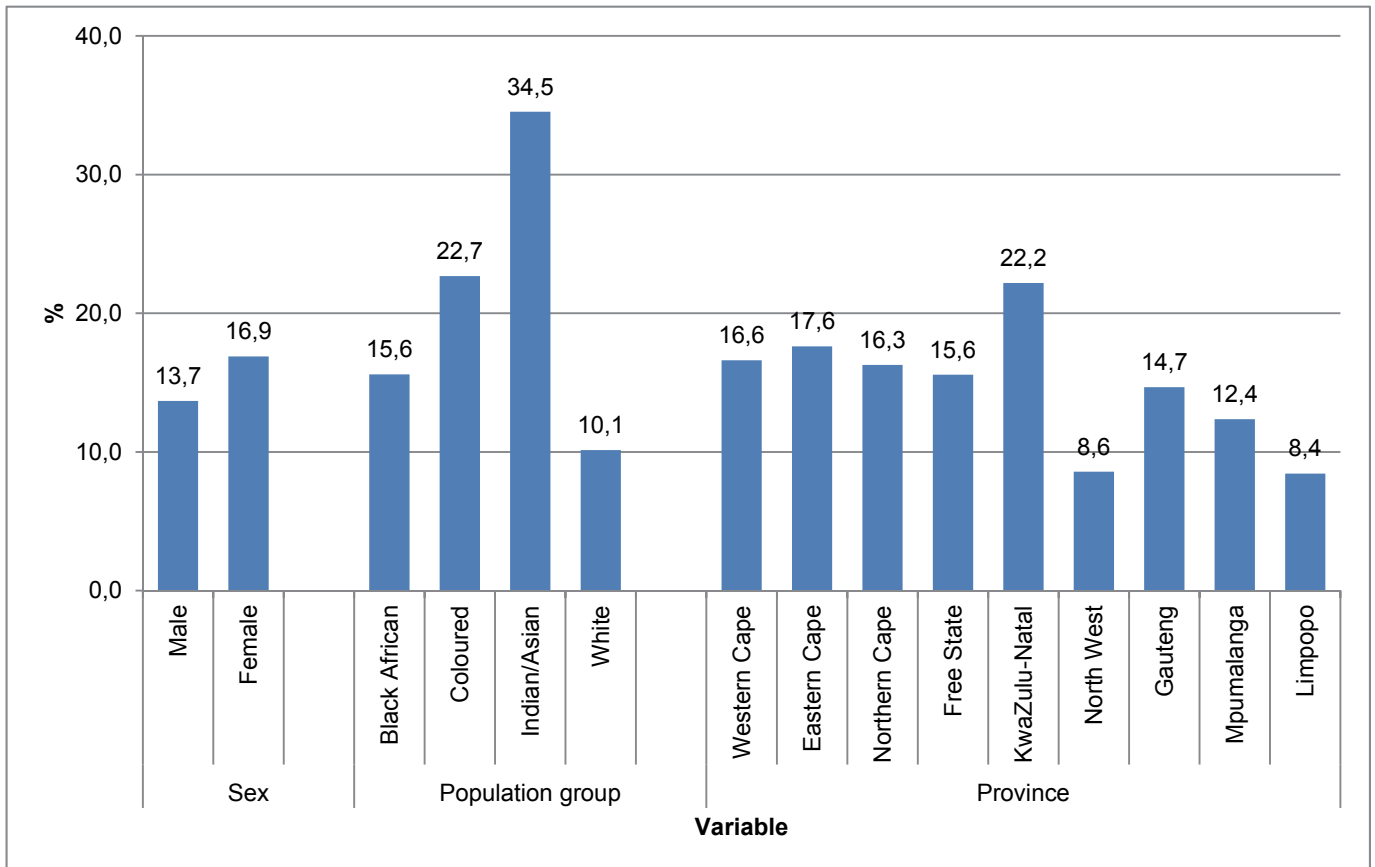


### 6.3 Diabetes

The proportion of older persons who were told by a medical practitioner or nurse that they had *diabetes* was also higher among females (16,9%) than males (13,7%) (see Figure 6.3). The Indian/Asian population group (34,5%), followed by the coloured population group (22,7%) had higher proportions of older persons with *diabetes* while the white population group had the lowest (10,1%). About 15,6% of older persons from the black African population group had *diabetes*. Comparison by province of usual residence shows that older persons in KwaZulu-Natal (22,2%) had the highest proportion with *diabetes* while North West (8,6%) and Limpopo (8,4%) had the lowest. The remaining provinces had proportions ranging between 12% and 18%.

With regard to medication taken for *diabetes*, the results showed that 94,8% of older persons who had *diabetes* were on medication for the condition. The results further indicate that, generally, there were no differences by sex and population group. In each of the categories of these variables, at least 94% of older persons who were told by a medical practitioner or nurse that they had *diabetes* were taking medication for the condition. Minimal differences were noted for provinces. With the exception of North West (89,4%), Mpumalanga (90,8%) and Free State (93,6%), at least 94% of older persons with *diabetes* were taking medication for the condition.

**Figure 6.3: Percentage distribution of older persons who had diabetes by sex, population group and province of usual residence, South Africa, 2013**

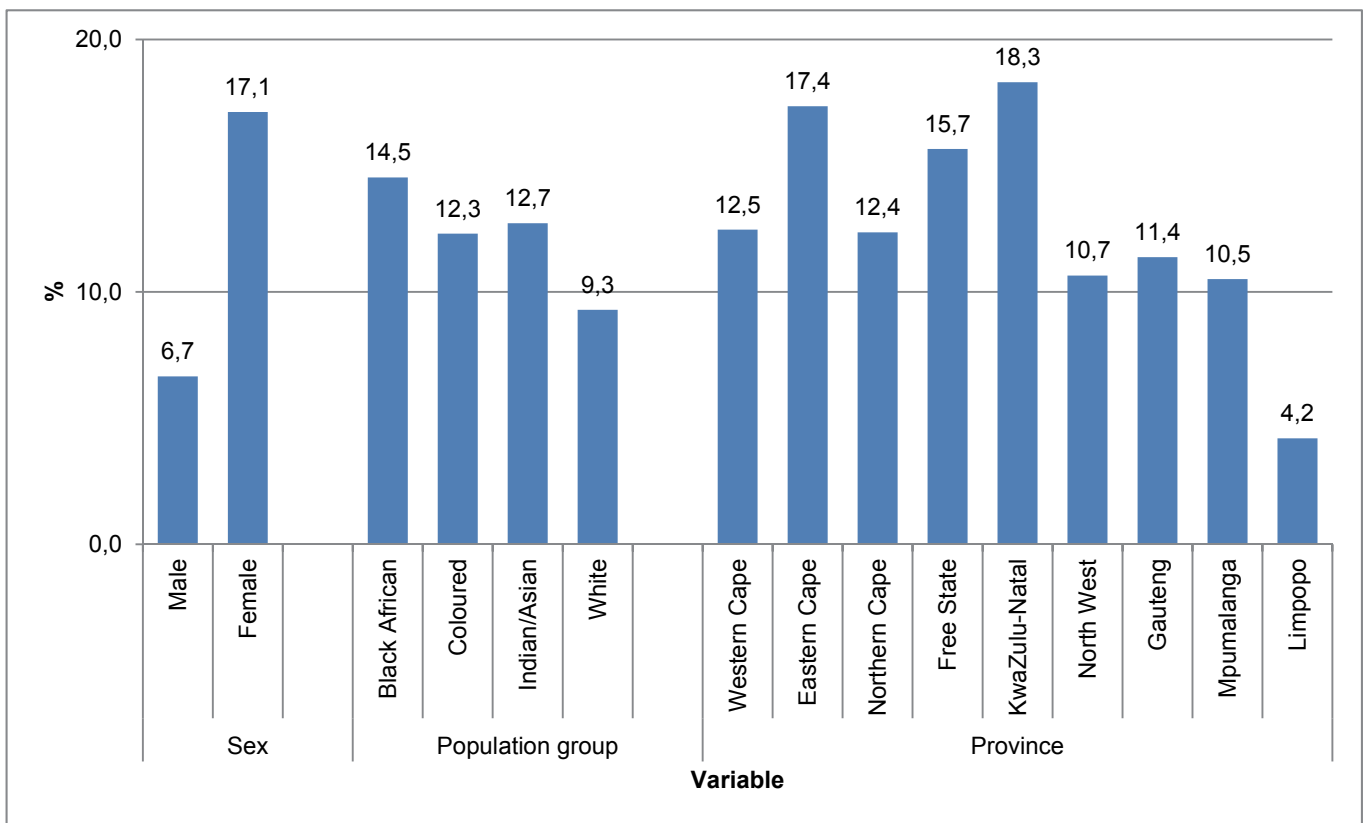


### 6.4 Arthritis

Figure 6.4 shows the proportion of older persons who were told by a medical practitioner or nurse that they had *arthritis*. It is observed that there was a wide difference between males and females, with 17,1% of females having *arthritis* compared to 6,7% of males. Compared to other population groups, the black Africans (14,5%) had a higher proportion of older persons with *arthritis* and those from the white population group (9,3%) had the lowest. Around 12% of those from the coloured (12,3%) and Indian/Asian (12,7%) population groups had *arthritis*.

Wide differences were observed by province of usual residence, with the proportions ranging from 4,2% in Limpopo to 18,3% in KwaZulu-Natal. Eastern Cape (17,4%) and Free State (15,7%) also showed higher proportions of older persons with *arthritis*.

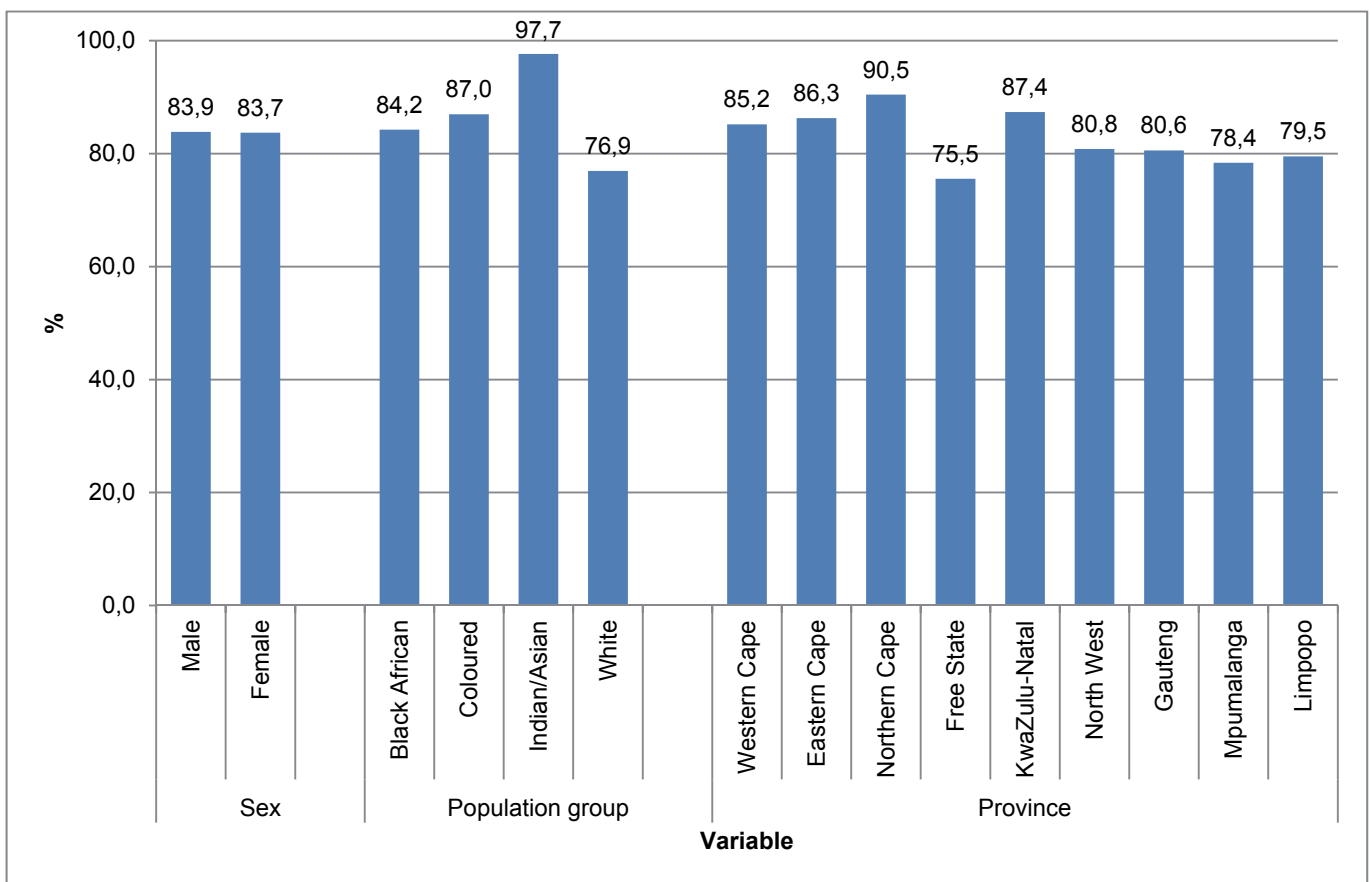
**Figure 6.4: Percentage distribution of older persons who had arthritis by sex, population group and province of usual residence, South Africa, 2013**



With regard to usage of medication, the results show that 83,8% of older persons with *arthritis* were taking medication for the condition, with notable differences observed by population group and province of usual residence but not by sex (see Figure 6.5). Compared to other population groups, a higher proportion of older persons with *arthritis* from the Indian/Asian population (97,7%) were taking medication for the condition. Older persons from the white population (76,9%) had the lowest proportion of those with *arthritis* and taking medication for the condition.

Less than 80% of older persons with *arthritis* in Free State (75,5%), Mpumalanga (78,4%) and Limpopo (79,5%) were taking medication for the condition. Provinces with higher proportions of older persons with *arthritis* taking medication for it were Northern Cape (90,5%), KwaZulu-Natal (87,4%), Eastern Cape (86,3%) and Western Cape (85,2%).

**Figure 6.5: Percentage distribution of older persons with arthritis who were taking medication for the condition by sex, population group and province of usual residence, South Africa, 2013**

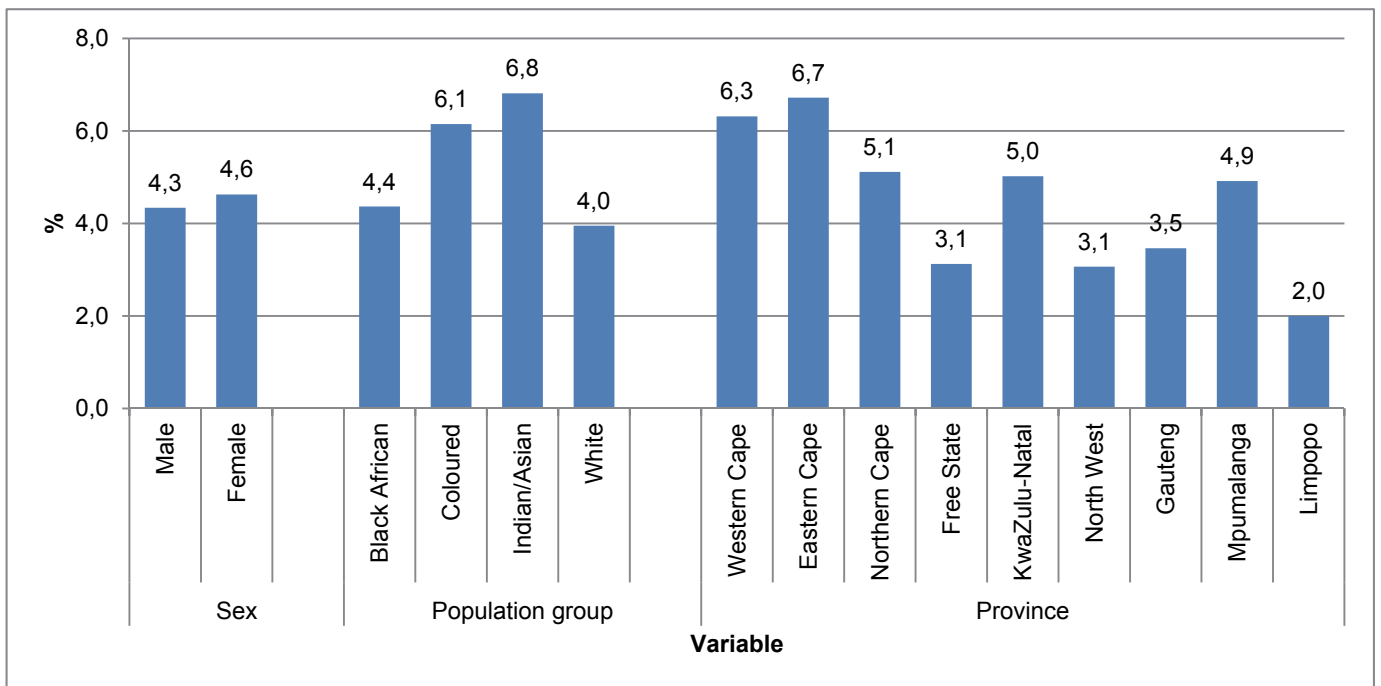


### 6.5 Asthma

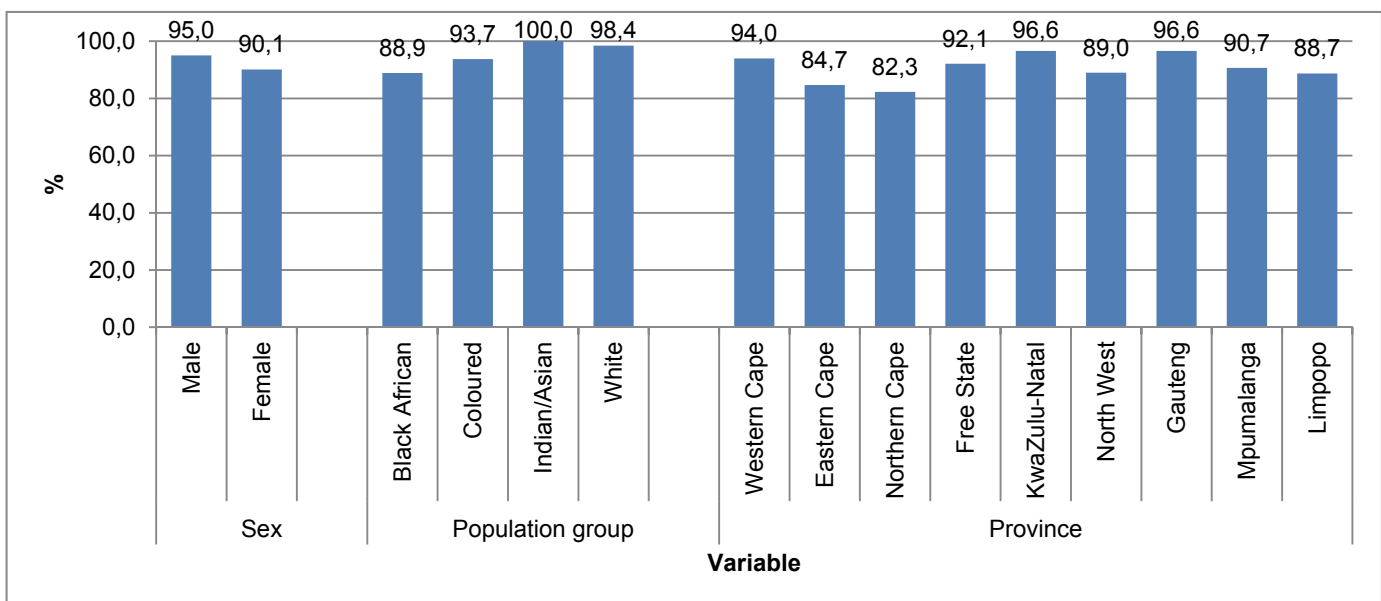
Differences of older persons with *asthma* were observed by population group and province of usual residence (see Figure 6.6) but not by sex. The Indian/Asian (6,8%) and the coloured (6,1%) population groups had higher proportions of older persons with *asthma* while the black African (4,4%) and the white (4,0%) population groups had the lowest. The comparison of provinces of usual residence indicates that higher proportions of older persons with *asthma* were found in Western Cape (6,3%) and Eastern Cape (6,7%), while the lowest were found in Gauteng (3,5%), Free State (3,1%), North West (3,1%) and Limpopo (2,0%).

Overall, 91,9% of older persons who were told by a medical practitioner or nurse that they had *asthma* were taking medication for the condition. Notable differences were observed by sex, population group and province of usual residence (see Figure 6.7). A higher proportion of males (95,0%) with *asthma* were taking medication for the condition, compared to females (90,1%). While less than 90% of older persons with *asthma* from the black African population group (88,9%) were taking medication for the condition. At least 93% of those from other population groups were taking medication for the condition. Four provinces [Northern Cape (82,3%), Eastern Cape (84,7%), Limpopo (88,7%) and North West (89,0%)] had less than 90% of older persons with *asthma* taking medication for the condition. KwaZulu-Natal and Gauteng (both at 96,6%) had the highest proportion of older persons with *asthma* taking medication for the condition.

**Figure 6.6: Percentage distribution of older persons who had asthma by sex, population group and province of usual residence, South Africa, 2013**



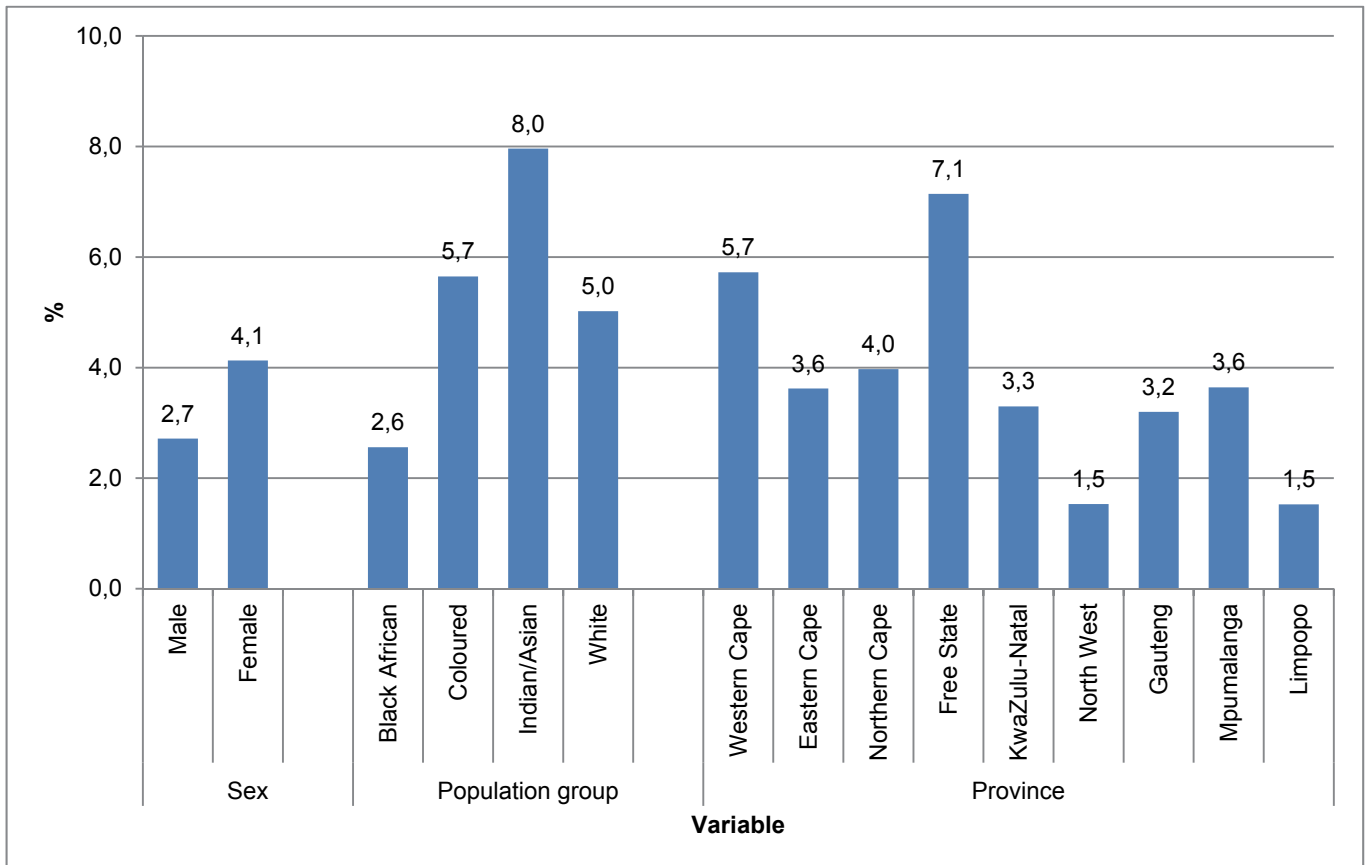
**Figure 6.7: Percentage distribution of older persons with asthma who were taking medication for the condition by sex, population group and province of usual residence, South Africa, 2013**



### 6.6 Heart attack / myocardial infarction

Figure 6.8 shows the distribution of older persons who were told by a medical practitioner or nurse that they had suffered a *heart attack or myocardial infarction*. There were more females (4,1%) than males (2,7%) with this condition. Furthermore, the Indian/Asian population group reported this condition more than other population groups, with the black African population group reporting the lowest (2,6%). *Heart attack or myocardial infarction* was reported more in Free State (7,1%), followed by Western Cape (5,7%) while North West and Limpopo (both at 1,5%) reported the lowest.

**Figure 6.8: Percentage distribution of older persons who had heart attack or myocardial infarction by sex, population group and province of usual residence, South Africa, 2013**

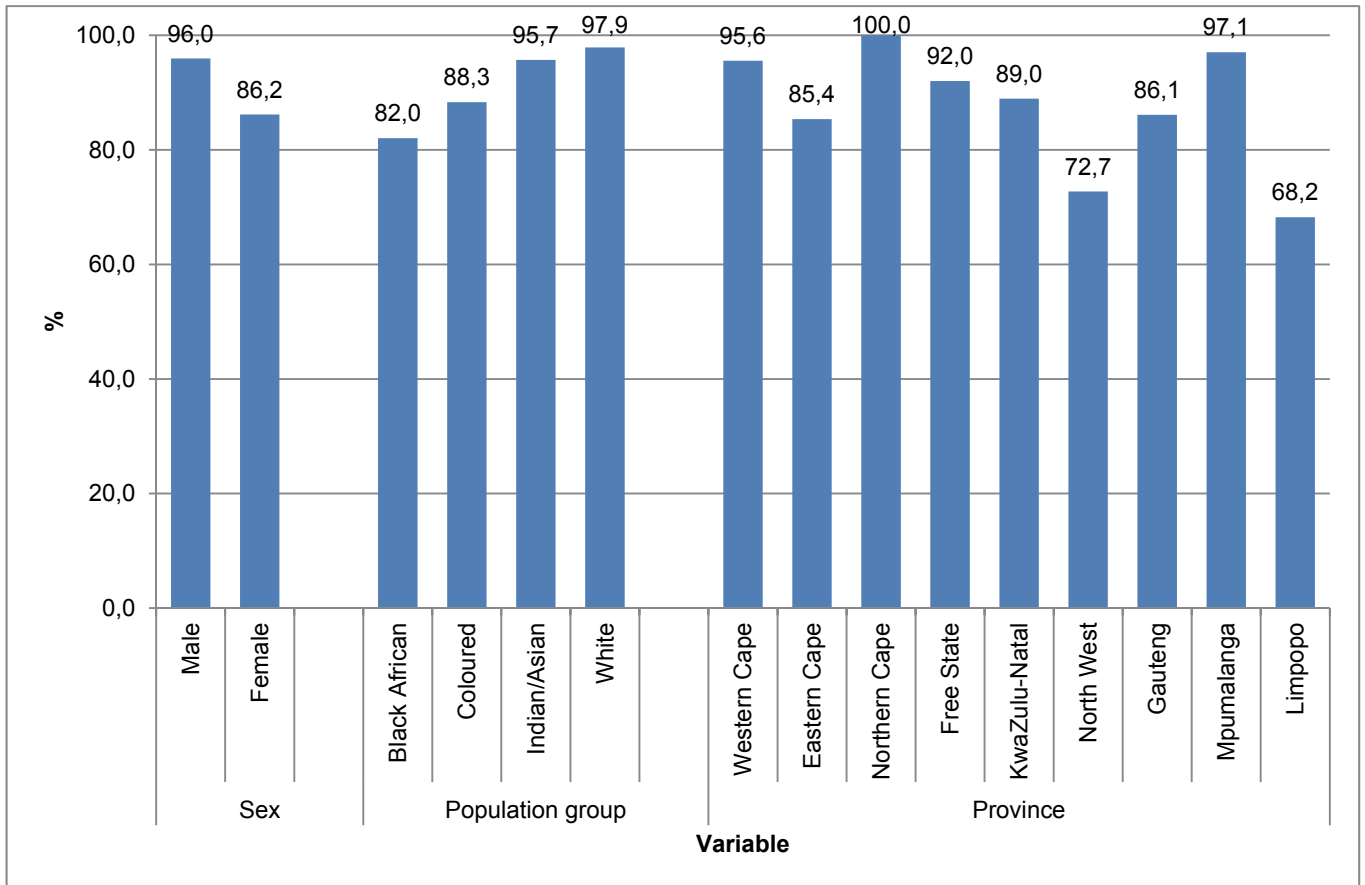


The analysis on use of medication among older persons with *heart attack or myocardial infarction* indicated that 89,0% of those with the condition were taking medication for it. Differences were observed by sex, population group and province of usual residence as shown in Figure 6.9. Relatively more males (96,0%) with *heart attack or myocardial infarction* were taking medication for it, compared to females (86,2%). In addition, there were considerable differences by population group. The highest proportion of older persons with *heart attack or myocardial infarction* from the white population group (97,9%), were taking medication for the condition, followed by Indians/Asians (95,7%). Less than 90% of those from the coloured (88,3%) and the black African (82,0%) population groups were taking medication.



Within different provinces, it is observed that less than 80% of older persons with *heart attack or myocardial infarction* in Limpopo (68,2%) and North West (72,7%) were taking medication for the condition. Conversely, over 90% of those with *heart attack or myocardial infarction* from Western Cape (95,6%), Northern Cape (100,0%), Free State (92,0%) and Mpumalanga (97,1%) were taking medication for the condition.

**Figure 6.9: Percentage distribution of older persons with heart attack or myocardial infarction who were taking medication for the condition by sex, population group and province of usual residence, South Africa, 2013**



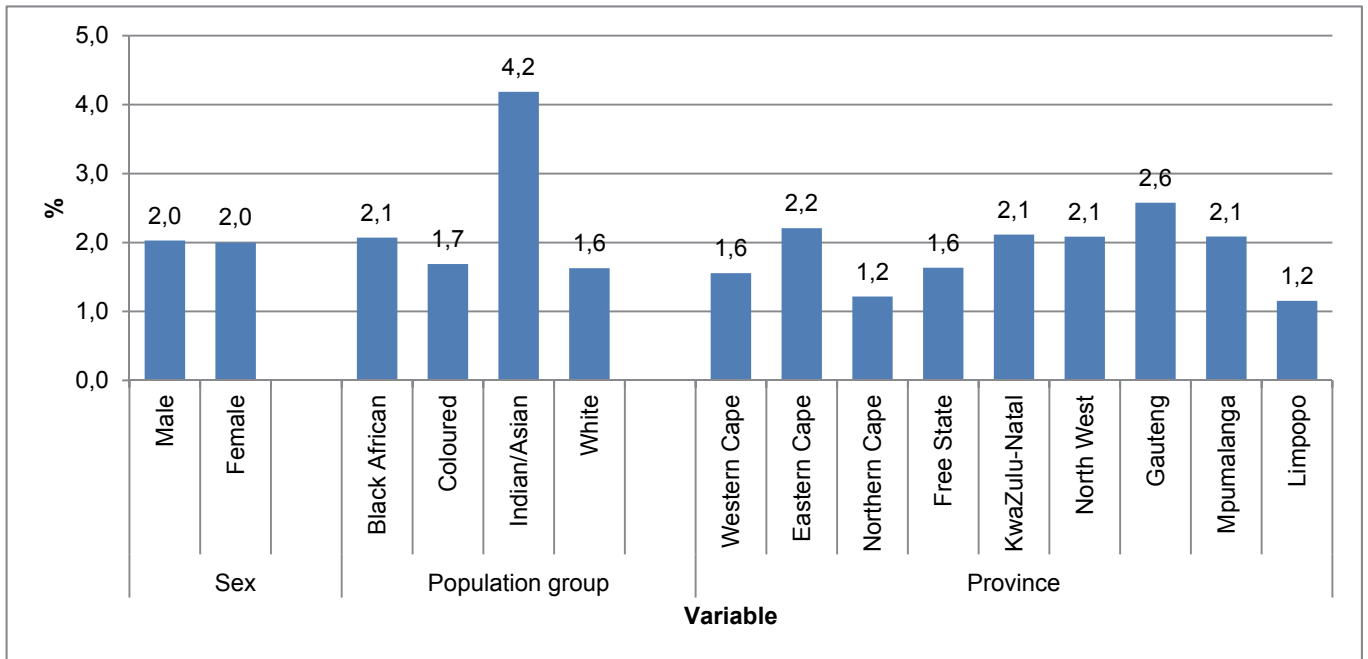
### 6.7 Stroke

The main difference for older persons who were told by a medical practitioner that they had *stroke* was observed by population group (see Figure 6.10). Indians/Asians (4,2%) had a higher proportion of older persons with *stroke* compared to other population groups, which ranged from 1,6% among the white population group to 2,1% among the black Africans. Differences by province of usual residence were minimal. A slightly higher proportion of older persons residing in Gauteng (2,6%) had *stroke*, with the lowest observed in Northern Cape and Limpopo (both at 1,2%).

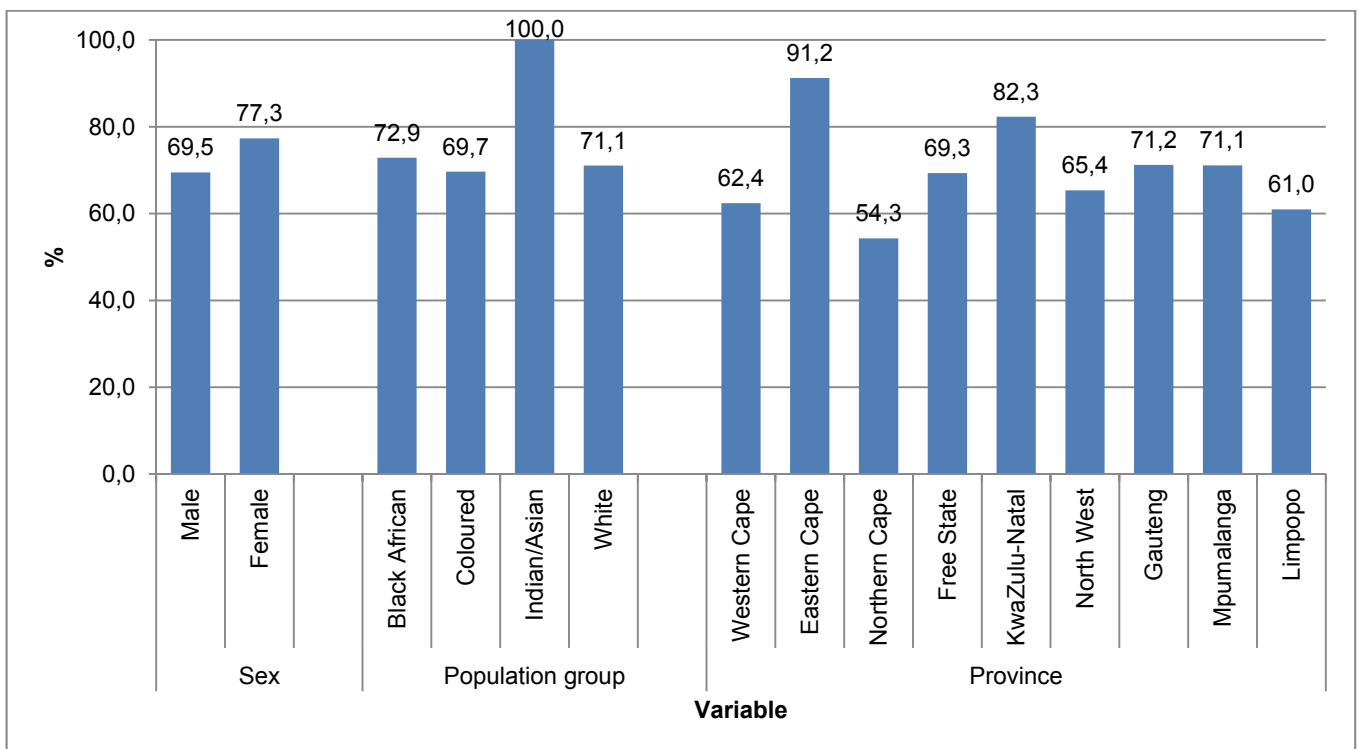
While minimal differences were observed for those with *stroke*, some notable differences were observed for taking medication for this condition (see Figure 6.11). Overall, about 74,3% of older persons with *stroke* were taking medication for the condition, which is the lowest compared to other conditions discussed in the chapter.

A higher proportion of females (77,3%) with *stroke* were taking medication for this condition compared to males (69,5%). In addition, Indians/Asians differed from other population groups by having the highest proportion taking medication (100,0%) while other population groups were around 70%–73%. Over 80% of older persons with *stroke* in Eastern Cape (91,2%) and KwaZulu-Natal (82,3%) were taking medication for the condition. The lowest proportions of those with *stroke* taking medication for the condition were observed in Northern Cape (54,3%) and Limpopo (61,0%).

**Figure 6.10: Percentage distribution of older persons who had stroke by sex, population group and province of usual residence, South Africa, 2013**



**Figure 6.11: Percentage distribution of older persons with stroke who were taking medication for the condition by sex, population group and province of usual residence, South Africa, 2013**



## 6.8 Summary

The most common chronic condition reported by older persons in South Africa in 2013 was *hypertension or high blood pressure*, followed by *diabetes* and *arthritis*. Females generally had higher proportions with these conditions compared to males. *Hypertension or high blood pressure* was higher among older persons from the coloured population group; *diabetes* higher among Indians/Asians; and *arthritis* higher among black Africans. The white population group had the highest proportions of older persons with *heart attack or myocardial infarction* and *stroke*. Compared to other provinces, *hypertension or high blood pressure* was highest among older persons in Northern Cape and Free State. KwaZulu-Natal had the highest proportion with *diabetes* and *arthritis*. *Asthma* was more common among older persons in Eastern Cape while *heart attack or myocardial infarction* and *stroke* were more common in Gauteng.

For those with the selected conditions, the highest proportions of older persons who took medication were for those who had *hypertension or high blood pressure* and *diabetes*. A lower proportion was for those with *stroke*. The Indian/Asian population group generally had a higher proportion of usage of medication compared to other population groups. Use of medication by older persons differed by province for all the selected conditions, with the exception of *hypertension or high blood pressure* and *diabetes* which had minimal differences by sex, population group and province of residence. Free State had the lowest usage of medication for *arthritis*; Northern Cape the lowest usage for *asthma* and *stroke*; and Limpopo lowest for *heart attack or myocardial infarction*.

## 7. Disability and use of assistive devices

### 7.1 Introduction

The 2013 General Household Survey (GHS) included some questions on disability measured by the level of difficulty individuals had with the following:

- i. seeing (even with glasses if he or she wears them);
- ii. hearing (even with a hearing aid, if he or she wears one);
- iii. walking a kilometer or climbing a flight of steps;
- iv. remembering and concentrating;
- v. self-care such as washing or dressing; and
- vi. communicating in their usual language, including sign language (understanding others and being understood by others).

This chapter focuses on disability among older persons as well as on assistive devices that they may be using. Information on assistive devices collected through the 2013 GHS included use of eye glasses/spectacles/contact lenses; hearing aids; walking stick/walking frame; and a wheel chair. This information was collected from all respondents who participated in the GHS. Only persons aged 60 years and older were selected for the analyses undertaken in this chapter. The results are presented by sex, population group and province of usual residence.

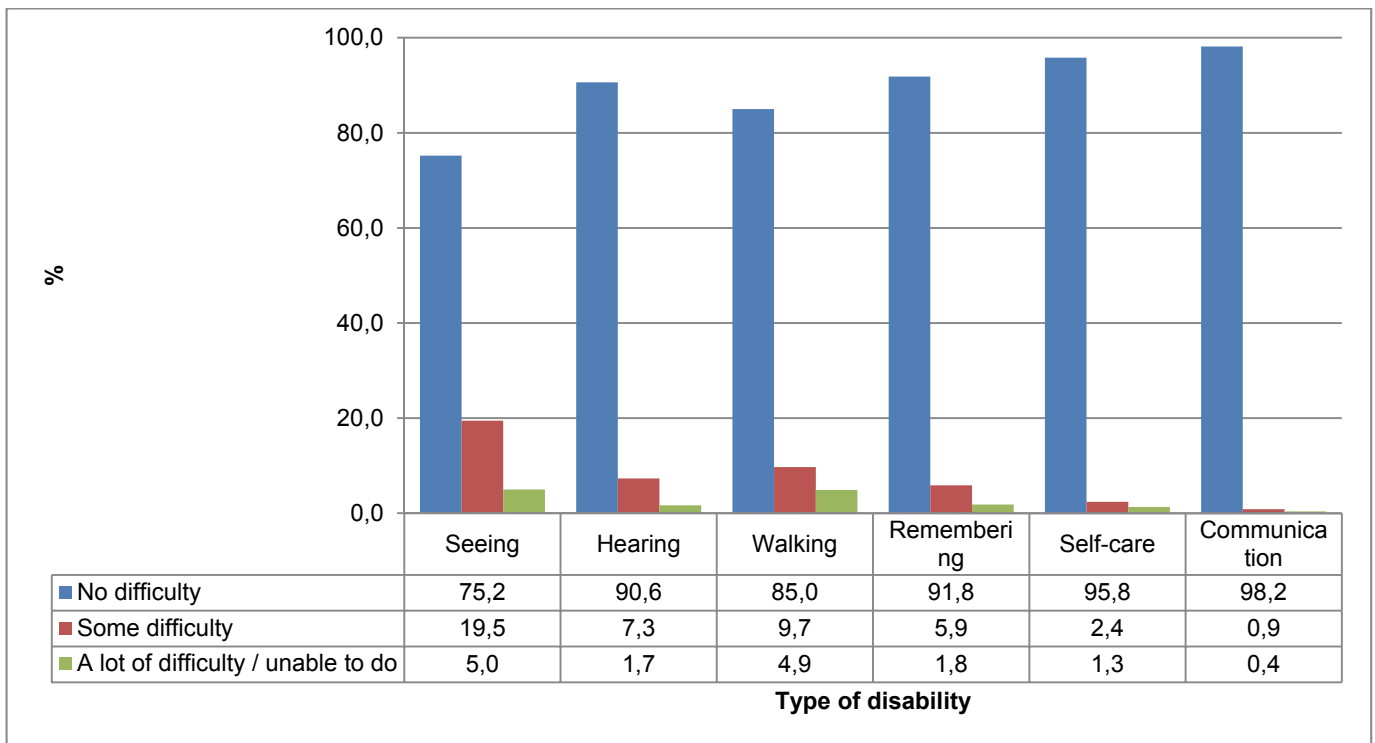
### 7.2 Overall patterns

Figure 7.1 shows that the majority of older persons in South Africa did not have any difficulty with seeing, hearing, walking, remembering, self-care or communication (see Appendix 7.1 for absolute numbers). However, a relatively higher proportion of older persons had difficulties in seeing and walking, indicated by less than 90% of those with no difficulties with these activities. Activities with the highest proportion of older persons indicating no difficulty were communication (98,2%) and self-care (95,8%).

In general, the most common assistive device used by older persons was eye glasses/spectacles/contact lenses, used by 35,3% of older persons (see Appendix 7.2 for absolute numbers). Walking sticks/walking frames were used by 5,6% while hearing aids and wheelchairs were used by 1,2% and 0,9%, respectively. Due to the limited number of cases for older persons using hearing aids and wheelchairs, further analysis on assistive devices will be restricted to glasses/spectacles/contact lenses and walking sticks/walking frames only.

Absolute numbers for information on different types of disability and level of difficulty are provided in Appendix 7.3, Appendix 7.4 and Appendix 7.5. Information on assistive devices (eye glasses/spectacles/contact lenses and walking stick/walking frame) is shown in Appendix 7.6.

**Figure 7.1: Percentage distribution of older persons by type and level of disability, South Africa, 2013\***



\*Excluding unspecified categories

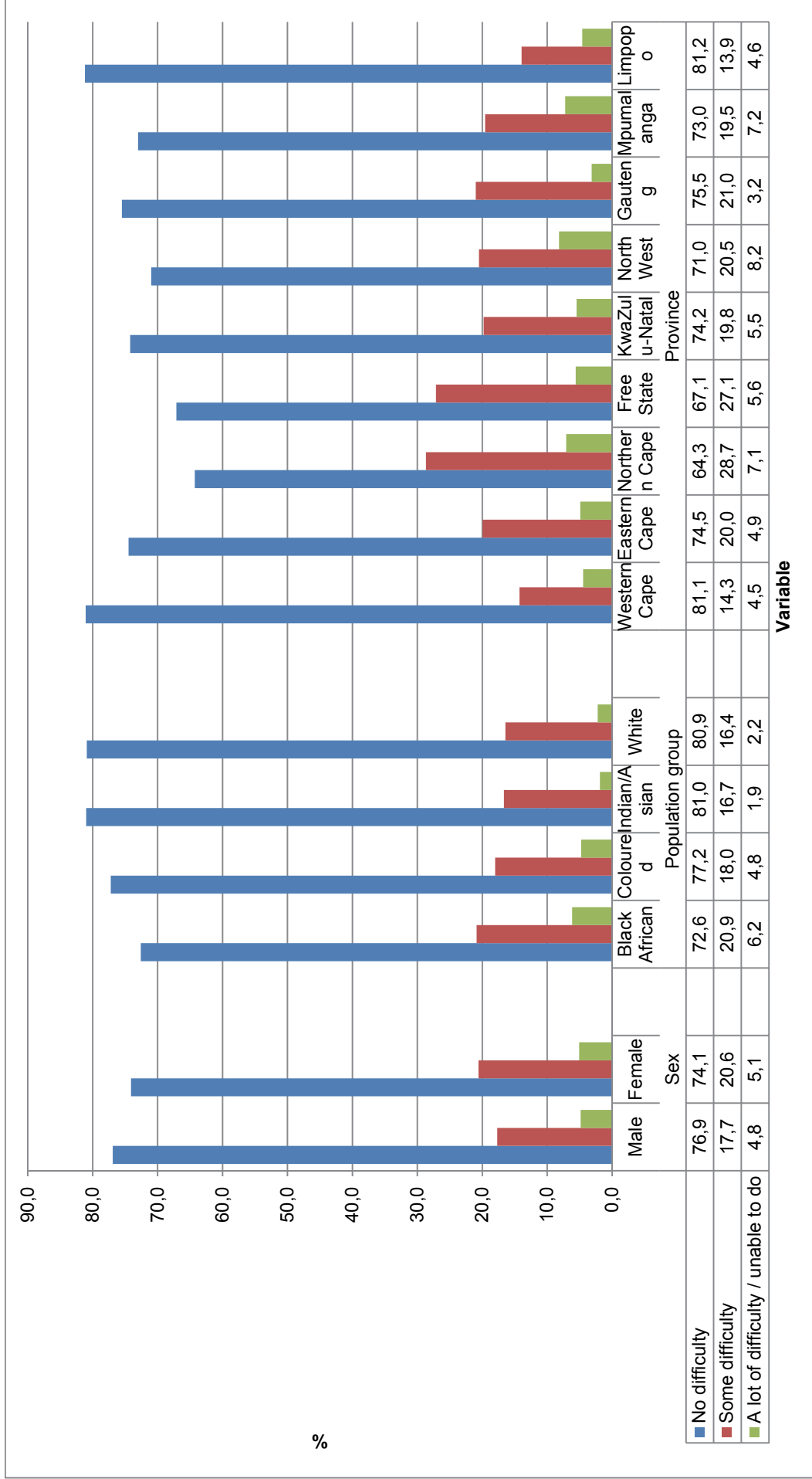
### 7.3 Seeing

The distribution of older persons by level of difficulty in seeing classified by sex, population group and province of usual residence is provided in Figure 7.2. For all the categories of these variables, the majority of older persons did not have any difficulty with seeing although the magnitude differed by variable. There were minimal differences by sex, with females reporting slightly higher proportions of having some or a lot of difficulty in seeing or not being able to see.

The black African population group, followed by those from the coloured population group, had a higher proportion of older persons who had some or a lot of difficulty in seeing or were unable to see. About 20,9% had some difficulty in seeing, while 6,2% had a lot of difficulty in seeing or were unable to see. The lowest proportions with some degree of difficulty in seeing were observed for the Indian/Asian and the white population groups.

Differences in the levels of difficulty for seeing were also noted by province of usual residence. Provinces with the highest proportion of older persons with some or a lot of difficulty in seeing or unable to see were Northern Cape and Free State, where more than 30% of older persons had some degree of difficulty in seeing. For the most severe level of difficulty in seeing (a lot of difficulty or unable to see), Mpumalanga (7,2%) and Northern Cape (7,1%) had the highest proportions.

**Figure 7.2: Percentage distribution of older persons by level of difficulty in seeing classified by sex, population group and province of usual residence, South Africa, 2013\***

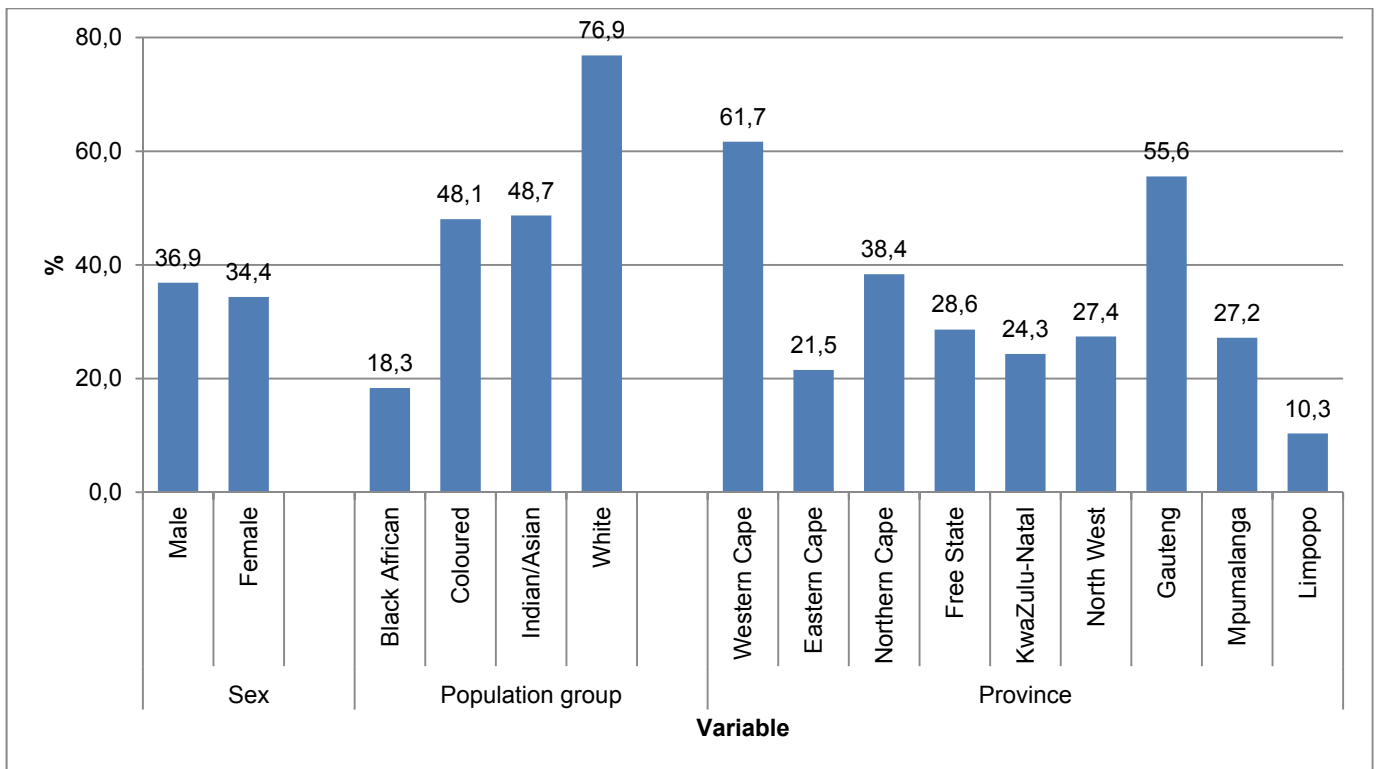


\*Excluding unspecified categories

Information on use of devices for seeing presented in Figure 7.3 shows that slightly more males (36,9%) than females (34,4%) used eye glasses/spectacles/contact lenses. Over three quarters of older persons from the white population group (76,9%) used eye glasses/spectacles/contact lenses while less than half of those from the coloured (48,1%) and Indian/Asian (48,7%) population groups used them, and less than a fifth of black Africans (18,3%) used them.

Wide differences are also observed by province of usual residence. The majority of older persons from Western Cape (61,7%) and Gauteng (55,6%) used eye glasses/spectacles/contact lenses while 10,3% of those from Limpopo used them.

**Figure 7.3: Percentage distribution of older persons using eye glasses/spectacles/contact lenses by sex, population group and province of usual residence, South Africa, 2013\***

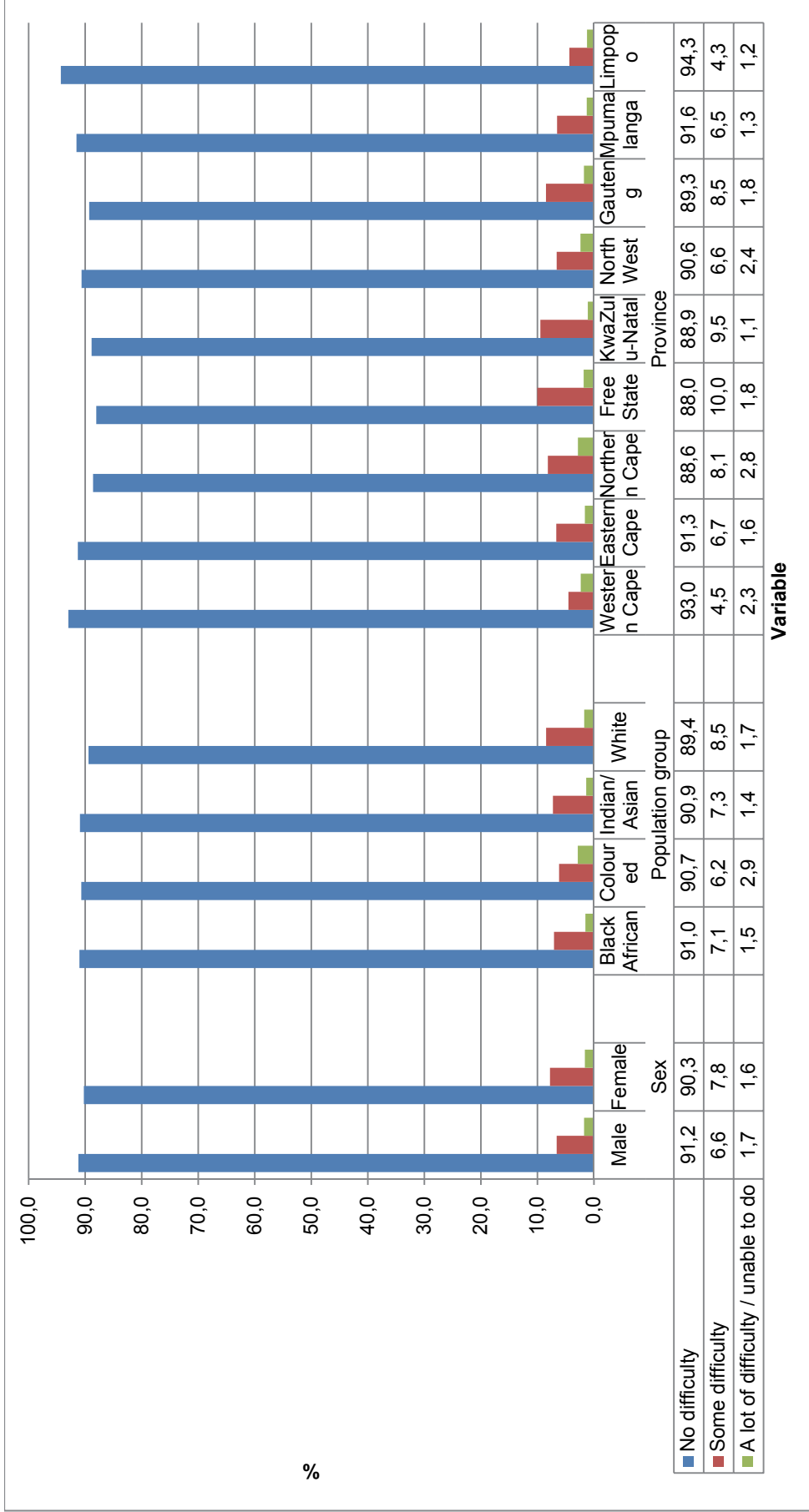


\*Excluding unspecified categories

### 7.4 Hearing

Figure 7.4 shows that there were virtually no differences observed in the hearing of older people by sex and population group. However, there were some slight differences by province of usual residence. Older persons in Limpopo (94,3%) and Western Cape (93,0%) had slightly higher proportions experiencing no difficulty in hearing. Northern Cape, Free State, Gauteng and KwaZulu-Natal appeared to have slightly higher proportions experiencing some or a lot of difficulty in hearing or not hearing at all.

**Figure 7.4: Percentage distribution of older persons by level of difficulty in hearing classified by sex, population group and province of usual residence, South Africa, 2013\***



\*Excluding unspecified categories



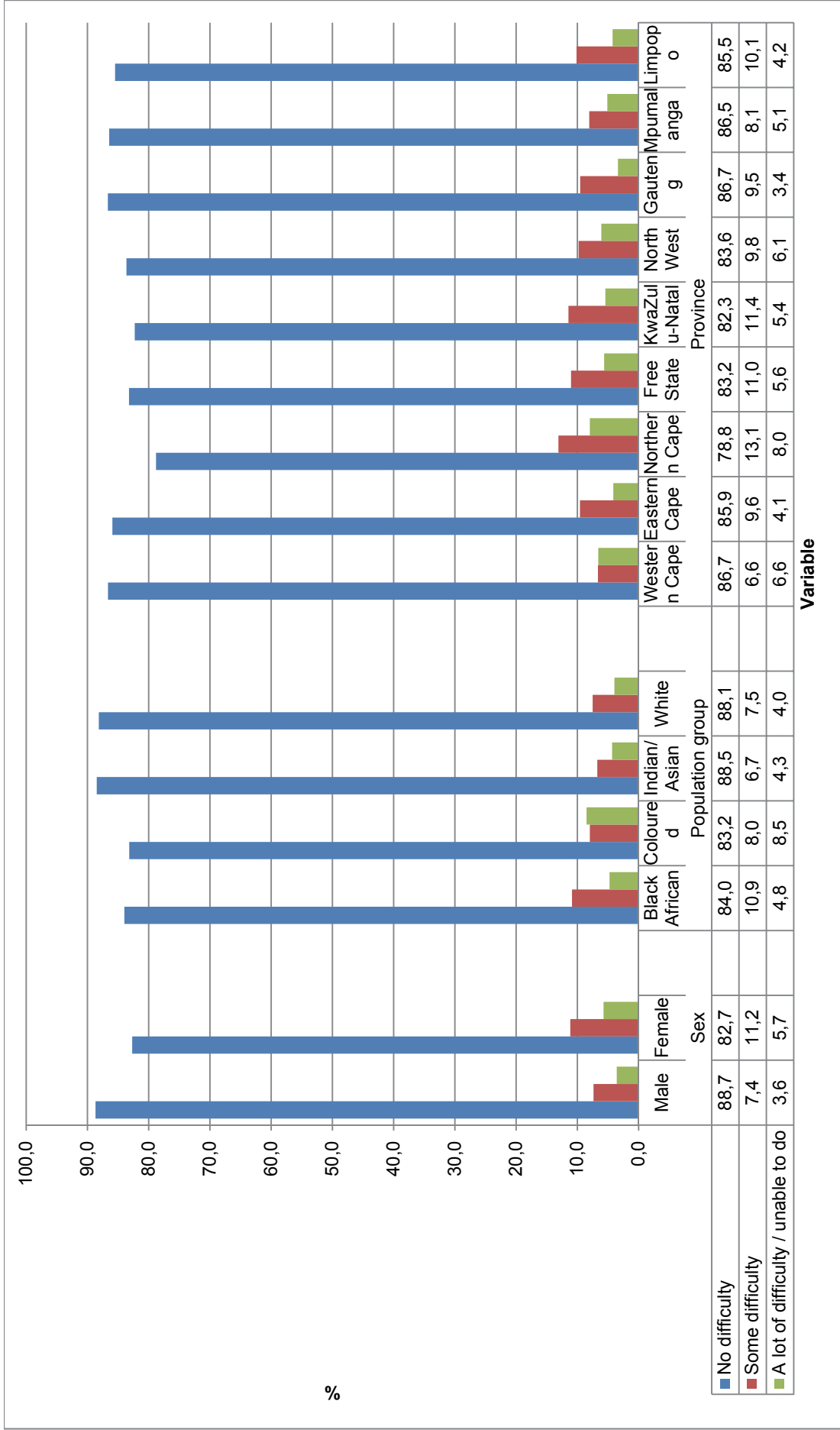
## 7.5 Walking

The distribution of older persons by level of difficulty in walking a kilometre or climbing a flight of steps classified by sex, population group and province of usual residence is provided in Figure 7.5. Higher proportions of females experienced some or a lot of difficulty or were not able to walk compared to males. About 11,2% and 5,7% of females had some difficulty and a lot of difficulty or unable to walk respectively compared to males (7,4% and 3,6% respectively).

There were slightly higher proportions of older persons who had some difficulties in walking among the black African and coloured population groups as compared to the Indian/Asian and the white population groups. For example, 10,9% of older persons from the black African population group had some difficulty in walking and 4,8% had a lot of difficulty or were unable to walk. Similarly, the coloured population had 8,0% of older persons who had some difficulty in walking and 8,5% who had a lot of difficulty or were unable to walk. This is comparable to 6,7% and 4,3% for the Indian/Asian population group and 7,5% and 4,0% for the white population group, respectively.

Differences by province show that those residing in Northern Cape, Free State and KwaZulu-Natal had the highest proportion of older persons with some degree of difficulty in walking. A total of 21,1% of older persons in Northern Cape had some or a lot of difficulty in walking or could not walk at all.

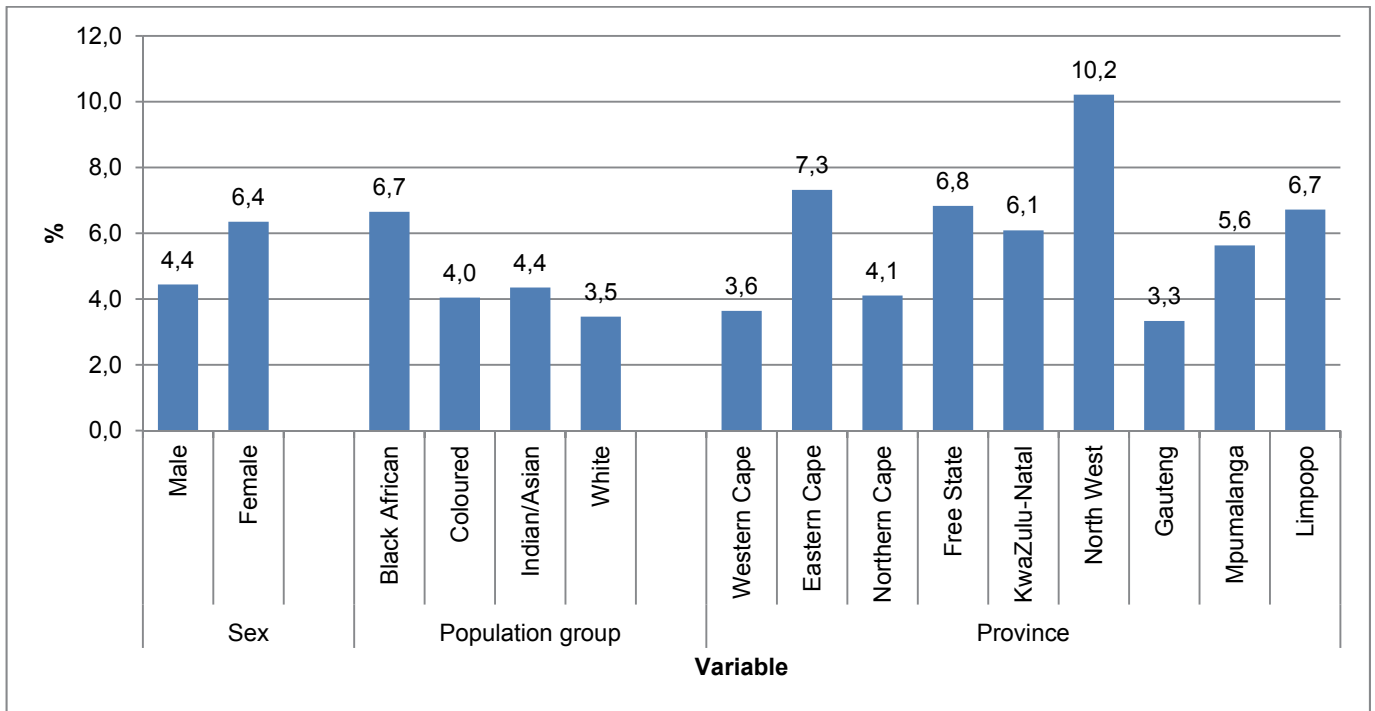
**Figure 7.5: Percentage distribution of older persons by level of difficulty in walking classified by sex, population group and province of usual residence, South Africa, 2013\***



\*Excluding unspecified categories

Figure 7.6 shows that the use of a walking stick/walking frame by older persons was higher among females (6,4%) compared to males (4,4%). It was also higher among black Africans (6,7%) compared to other population groups (around 4% of each population group). The distribution by province of usual residence shows that older persons in North West (10,2%), followed by those in Eastern Cape (7,3%), Free State (6,8%) and Limpopo (6,7%) had the highest proportion using walking stick/walking frame. Older persons in Gauteng (3,3%) and Western Cape (3,6%) had the lowest proportion of older persons using walking sticks/walking frames.

**Figure 7.6: Percentage distribution of older persons using a walking stick/walking frame by sex, population group and province of usual residence, South Africa, 2013\***



\*Excluding unspecified categories

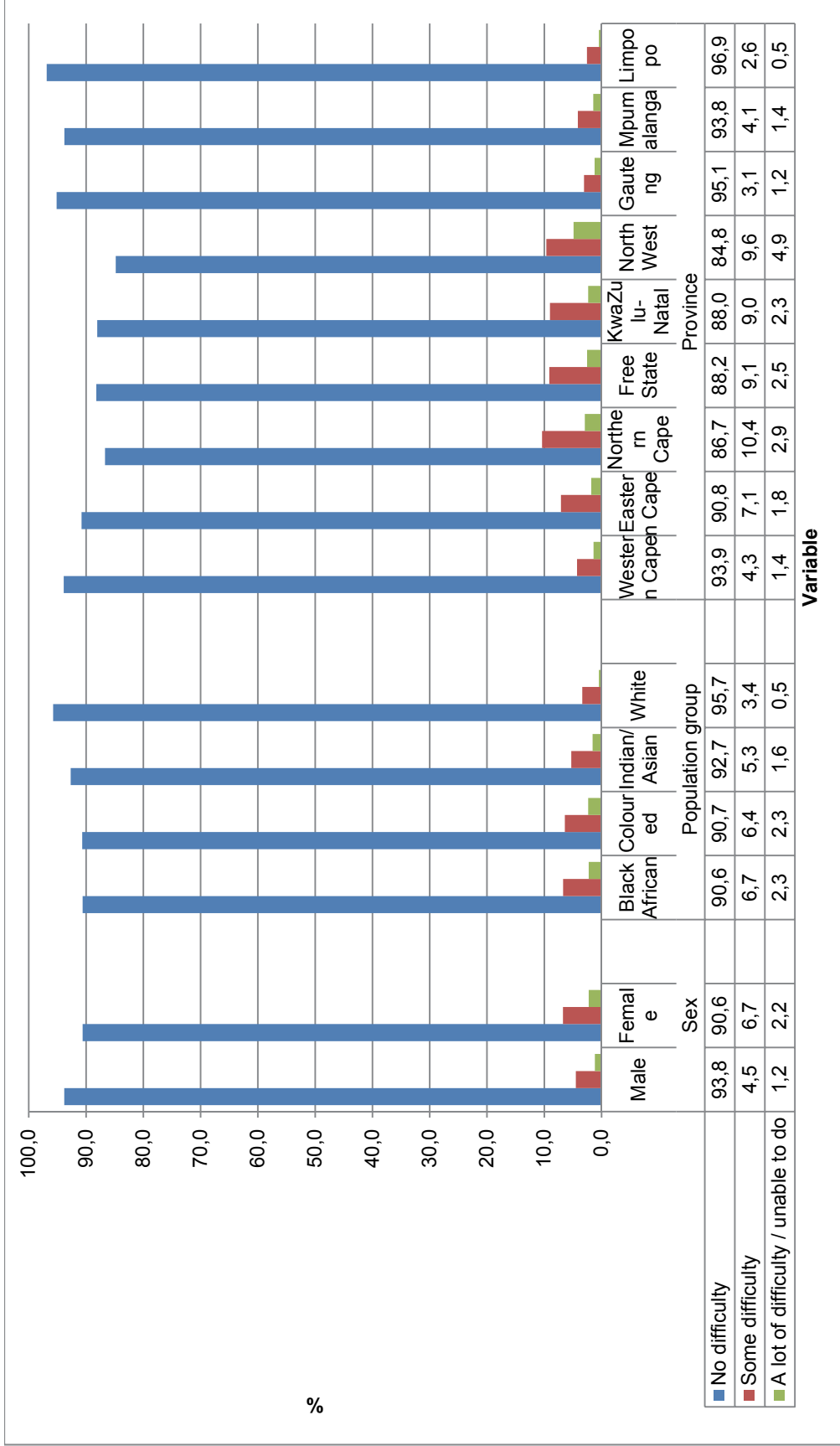
## 7.6 Remembering

Over 90% of each of the categories of sex and population group did not have difficulty in remembering or concentrating (see Figure 7.7). However, slightly more females than males had some difficulty or a lot of difficulty in remembering or concentrating or could not remember or concentrate at all.

The black African and coloured population groups also had slightly higher percentages of older persons who had difficulties in remembering or concentrating as compared to the Indian/Asian and the white population groups. At least a total of 8,7% of the black African and the coloured population groups had some degree of difficulty in remembering or concentrating, while less than 4% had a similar problem among older persons from the white population group.

Older persons in Limpopo (96,9%), Gauteng (95,1%), Western Cape (93,9%) and Mpumalanga (93,8%) had the highest proportion with no difficulty in remembering or concentrating. Those in Northern Cape, North West, Free State and KwaZulu-Natal had a higher proportion with some degree of difficulty in remembering and concentrating.

**Figure 7.7: Percentage distribution of older persons by level of difficulty in remembering classified by sex, population group and province of usual residence, South Africa, 2013\***



\*Excluding unspecified categories

## 7.7 Other disabilities

Almost all older persons did not have any difficulty in self-care and communication and there were no notable differences by sex, population group and province of usual residence for these two types of disability. As such, no further information is provided on these two types of disability.

## 7.8 Summary

The majority of older persons in South Africa did not have any difficulty with seeing, hearing, walking, remembering/concentrating, self-care or communication, although the magnitude differed by type of disability. Disabilities with relatively higher proportions of older persons who had some or a lot of difficulties or could not do at all were seeing and walking.

A larger proportion of females compared to males had more difficulties with seeing, hearing, walking and remembering/concentrating. Older persons from the black African and coloured population groups had higher proportions with some degree of difficulty for seeing, walking and concentrating/remembering than other population groups. Differences were noted by province of usual residence but older persons in Northern Cape, Free State and KwaZulu-Natal appeared to experience more difficulties than those in other provinces.

The most common assistive devices used by older persons were eye glasses/spectacles/contact lenses and walking sticks/walking frames. Compared to others in the same category, males, the white population group, and those residing in Western Cape and Gauteng had higher proportions of older persons using eye glasses/spectacles/contact lenses. For those using walking sticks/walking frames, higher proportions were observed for females, black Africans, and those residing in North West, Eastern Cape, Limpopo and Free State.

## 8. Mortality and causes of death

### 8.1 Introduction

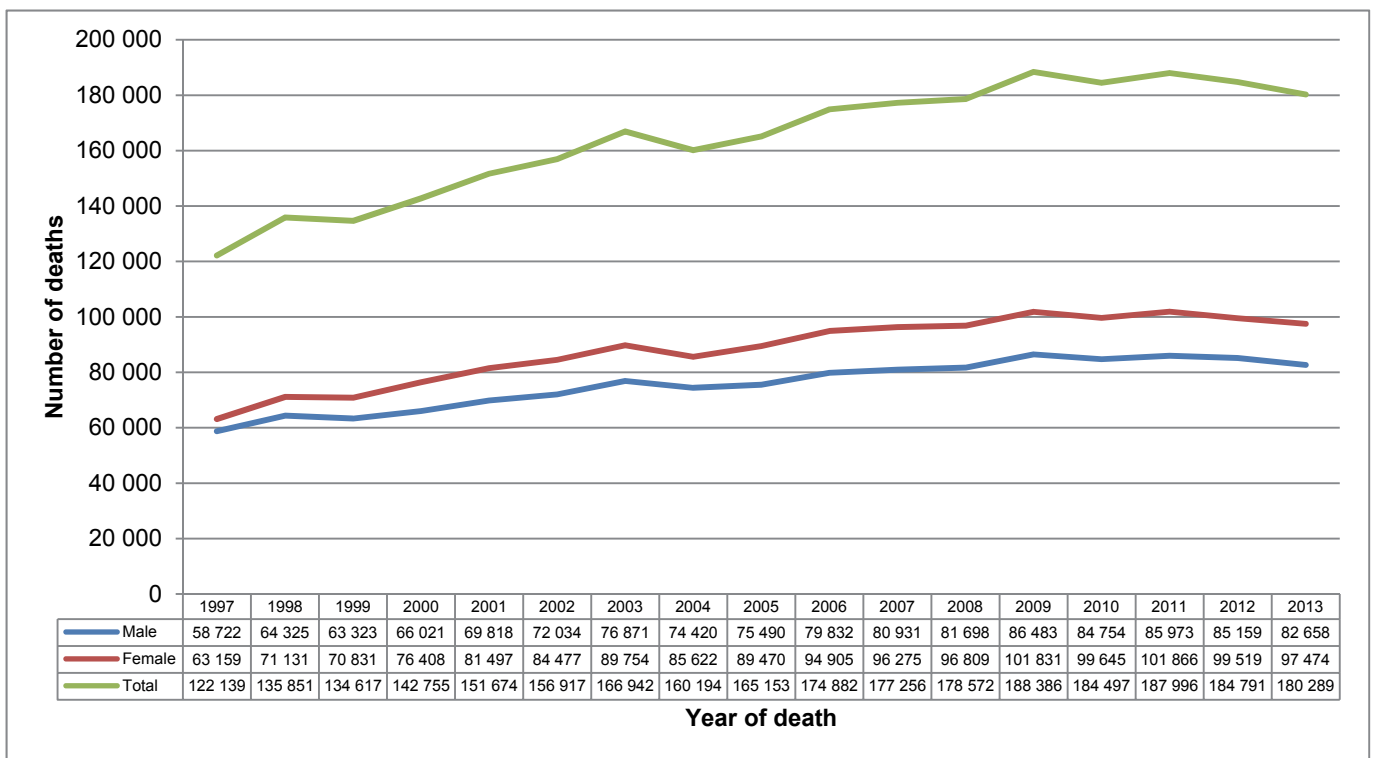
This chapter provides information on mortality and causes of death among older persons in South Africa. It is based on analysis of data from the 2013 Mortality and causes of death database. The database includes deaths that occurred in 2013, were registered at the Department of Home Affairs, and the forms were processed by Statistics South Africa (Stats SA) during the 2014 processing phase. Additional information from 1997 is used to provide trends in the number of deaths. The estimated completeness of death registration for 2013 was 94% (Stats SA, 2014).

### 8.2 Mortality

#### 8.2.1 Trends in number of deaths

A total of 180 289 deaths occurred among older persons in 2013. Figure 8.1 shows that the number of deaths among older persons has generally been increasing over time, although slight declines are noted from 2012. There was a consistent pattern between males and females and for all the years, there were more female than male deaths.

**Figure 8.1: Number of deaths among older persons by sex and year of death, South Africa, 1997–2013**



### 8.2.2 Contribution of older persons' deaths to overall mortality

The relative contribution of deaths for older persons by age is shown in Figure 8.2 (absolute numbers are provided in Appendix 8.1). Deaths occurring among older persons contributed 39,3% of all deaths that occurred in the country in 2013. It is observed that during 1997–2004, the proportion of deaths occurring among older persons declined with time, which resulted from an unprecedented increase in the number of deaths at ages younger than 60 years. Since the decline in mortality around 2005 for these ages, the relative contribution of deaths occurring among older persons has continued to increase.

**Figure 8.2: Percentage distribution of deaths by age and year of death, South Africa, 1997–2013**

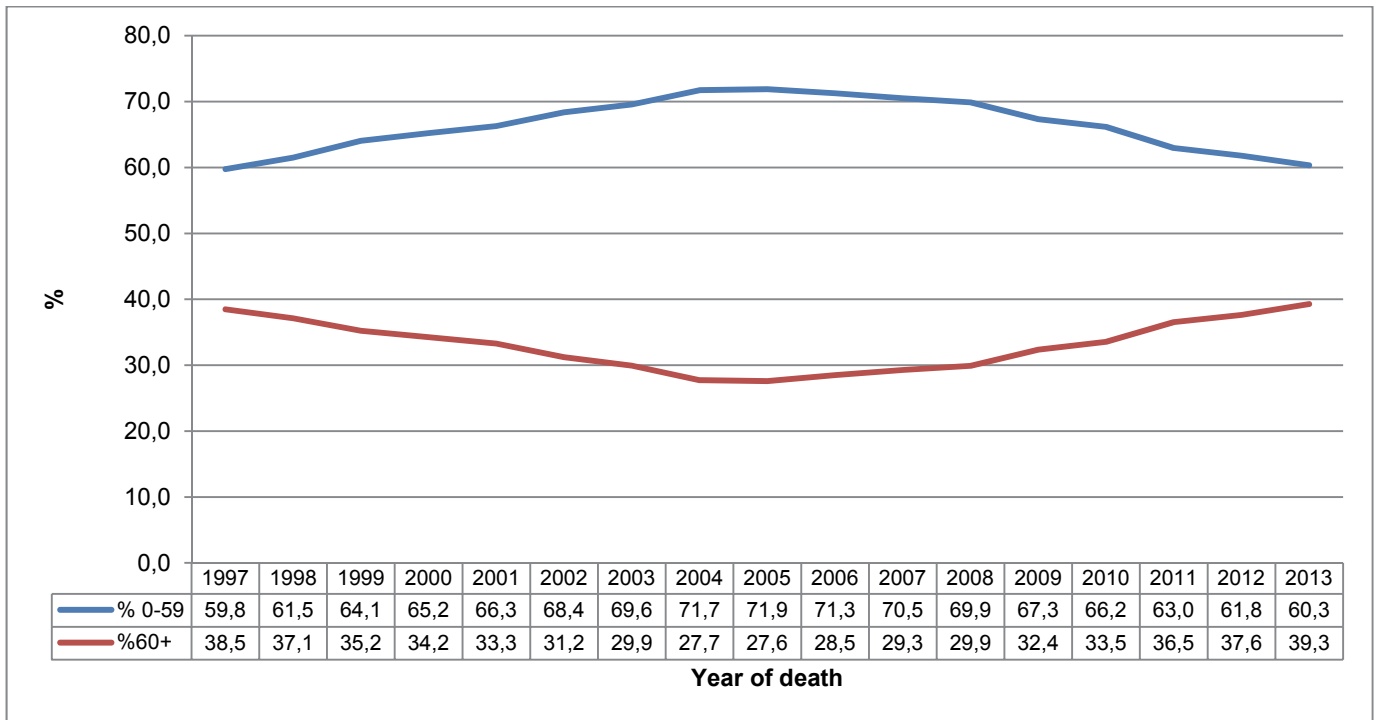
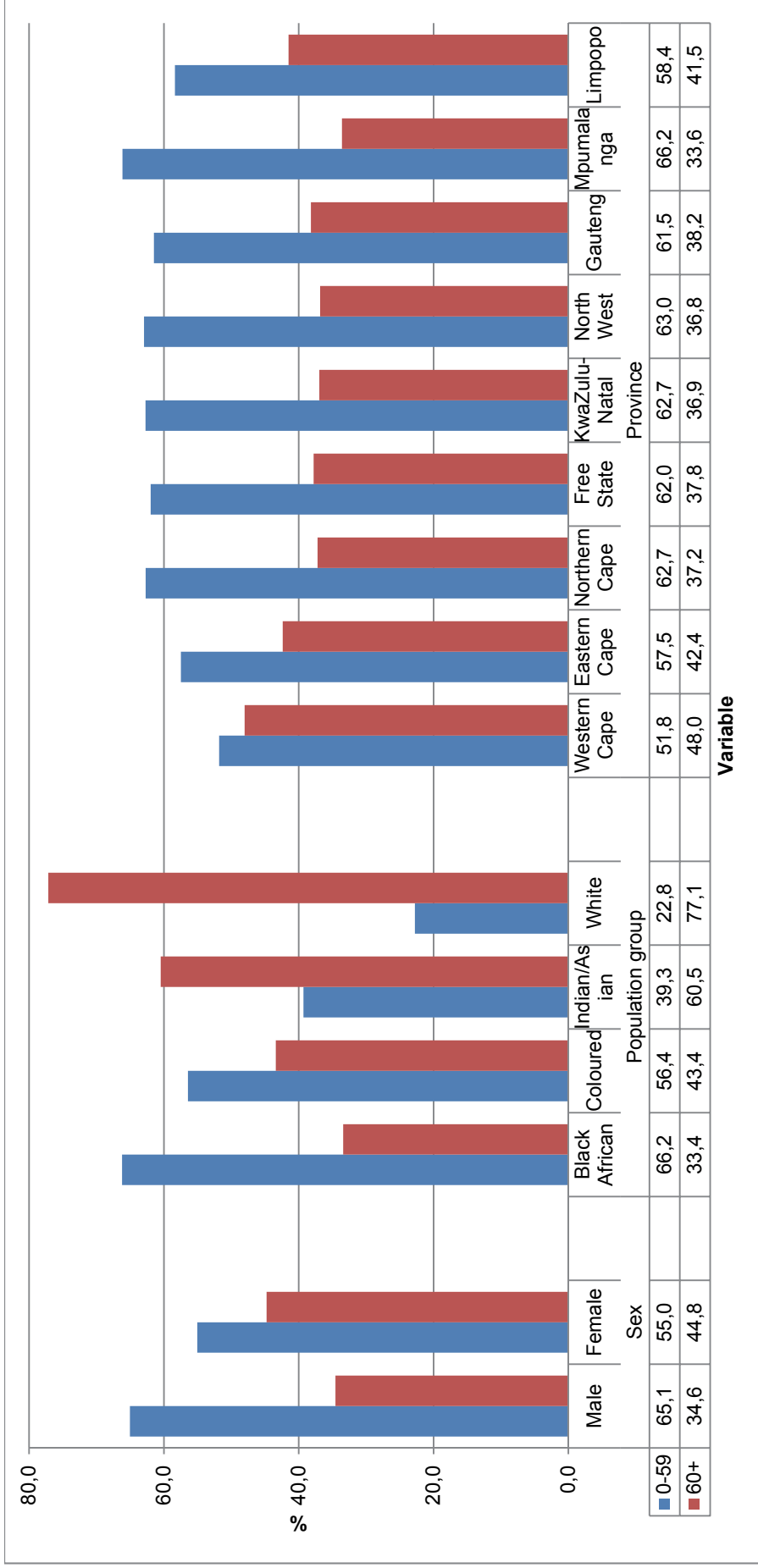


Figure 8.3 shows the proportion of deaths occurring among older persons as compared to deaths occurring at ages 0–59 by sex, population group and province of usual residence, focussing on deaths that occurred in 2013 (absolute numbers are provided in Appendix 8.2). The results by sex show that generally the majority of deaths occurred at ages 0–59 but a higher proportion of deaths among older persons occurred among females (44,8%) as compared to males (34,6%).

Notable differences were observed by population group. The majority of deaths that occurred in 2013 occurred in age group 0–59 for the black African and coloured population group. However, most deaths that occurred among the Indian/Asian (60,5%) and the white (77,1%) population groups occurred at older ages.

In all provinces, most deaths occurred at ages 0–59, but Western Cape (48,0%) and Limpopo (41,5%) had higher proportions of deaths occurring at older ages, as compared to other provinces.

**Figure 8.3: Percentage distribution of deaths by age classified by sex, population group and province of usual residence of deceased, South Africa, 2013**





### 8.3 Causes of death

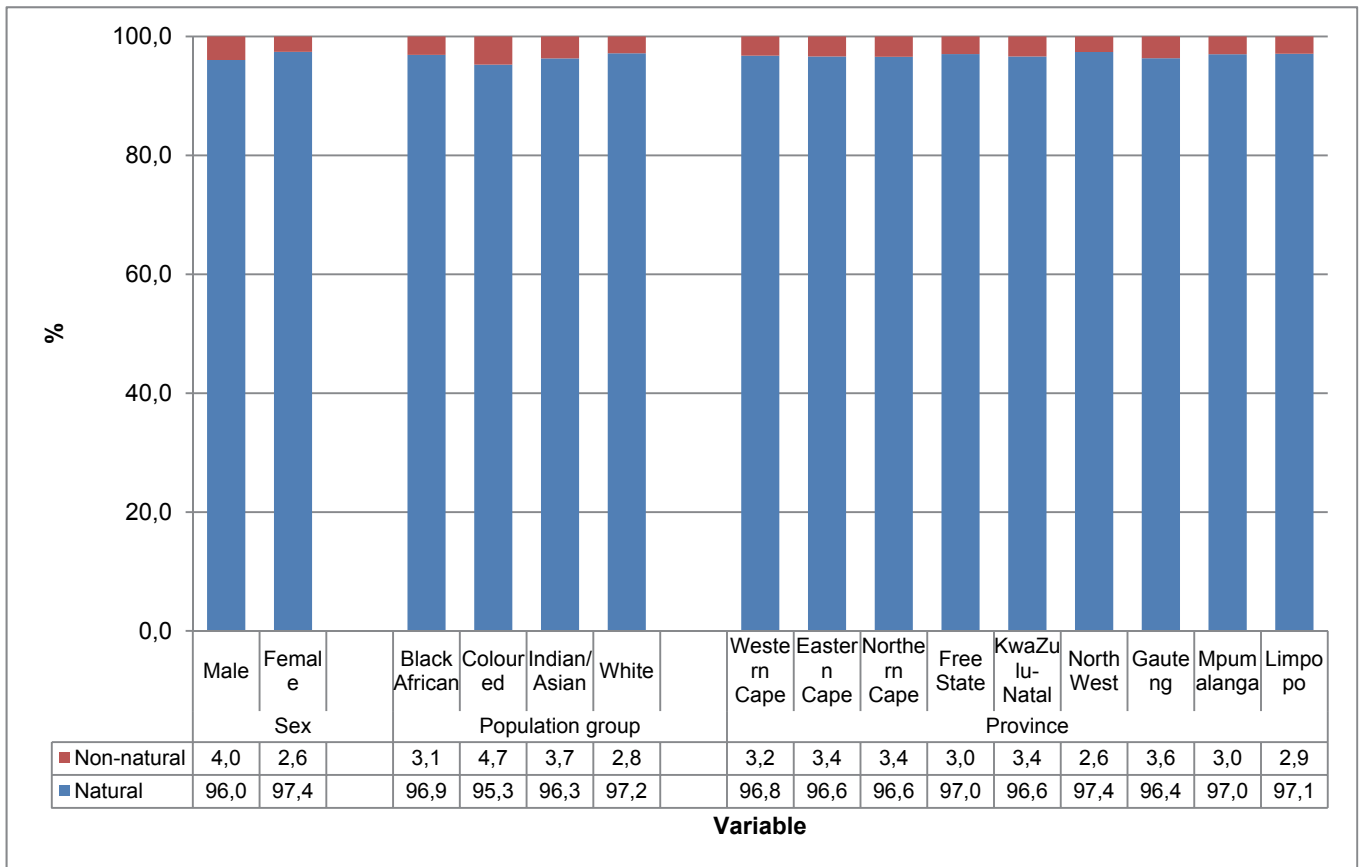
Information on causes of death in this subsection will be classified according to: natural and non-natural causes of death; communicable and non-communicable diseases; and the ten leading causes of death based on broad groups of causes of death. Specific focus in the analyses of causes of death is based on the underlying causes of death.

#### 8.3.1 Natural and non-natural causes

Non-natural causes of death were uncommon among older persons. Overall, 96,8% of deaths occurring to older persons were due to natural causes. The distribution provided in Figure 8.4 shows that for each of the categories of the three variables, at least 95% were due to natural causes (absolute numbers are provided in Appendix 8.3). Slight differences were observed by sex, where 4,0% of male deaths among the older persons were due to non-natural causes, compared to 2,6% for the females.

The coloured population group also shows a higher proportion of non-natural causes. About 4,7% of deaths occurring to older persons from the coloured population group were due to non-natural causes, while 2,8% were due to the same cause for the white population group. There were virtually no differences by province of usual residence of the deceased.

**Figure 8.4: Percentage distribution of deaths by type of death classified by sex, population group and province of usual residence of deceased, South Africa, 2013\***



\*Excluding deaths with unspecified sex, population group and province

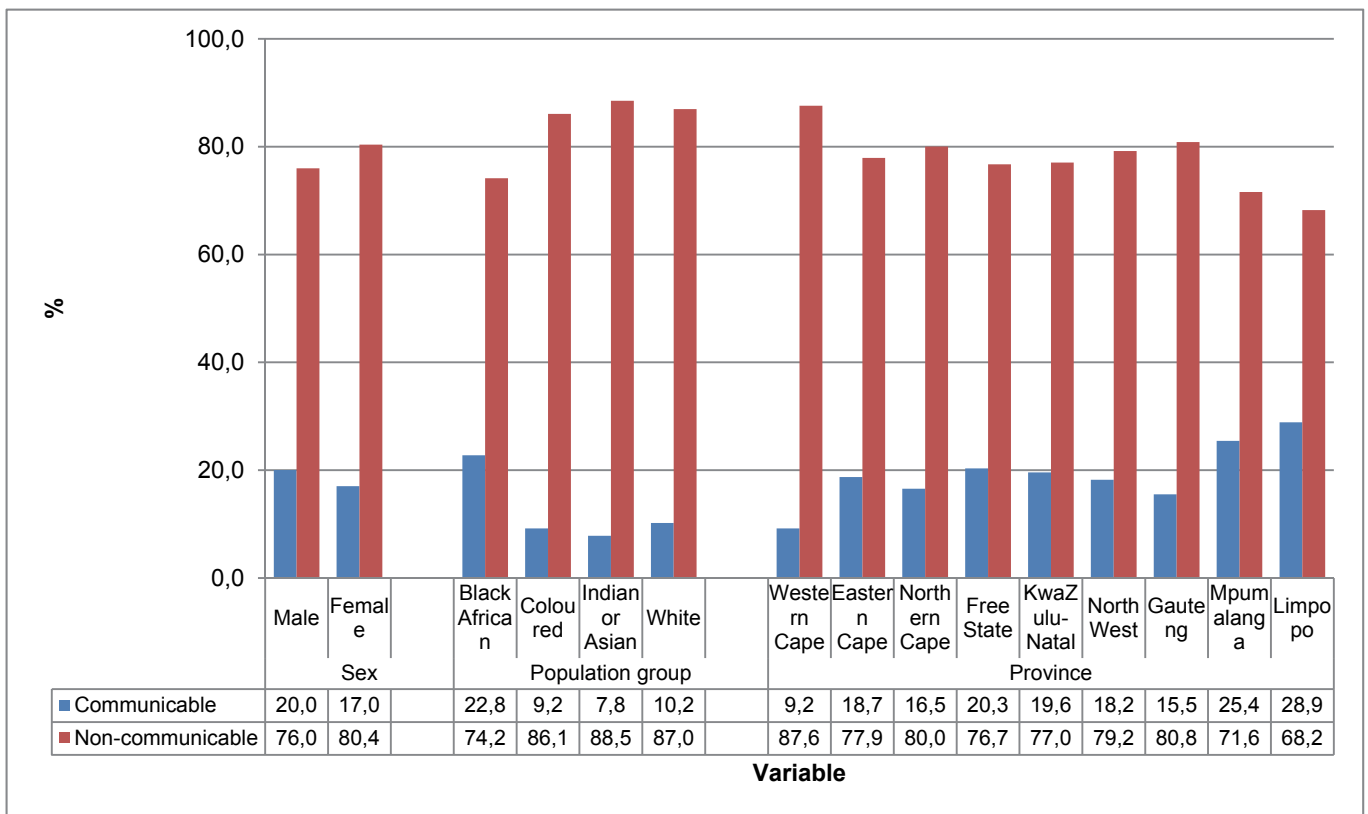
### 8.3.2 Communicable and non-communicable diseases

Natural causes are further broken down into communicable and non-communicable diseases in this subsection. The majority of deaths among older persons were due to non-communicable diseases (e.g. *diabetes, cerebrovascular diseases, hypertensive disease* etc.). This was the case for all categories of the three selected variables. Overall, 78,3% of deaths among older persons were due to non-communicable diseases while 18,4% were due to communicable diseases (e.g. *tuberculosis, intestinal infectious diseases, HIV disease* etc.).

Figure 8.5 shows that there were more males (20,0%) than females (17,0%) who died from communicable diseases (see Appendix 8.4 for absolute numbers). Furthermore, communicable diseases were relatively common among the black African population as compared to other population groups. About 22,8% of older persons who died in 2013 died due to communicable diseases, while 10,2%, 9,2% and 7,8% of those from the white, coloured and Indian/Asian population groups respectively died from the same cause.

Limpopo (28,9%), Mpumalanga (25,4%), Free State (20,3%) and KwaZulu-Natal (19,6%) had the highest proportions of older persons who died from communicable diseases. Western Cape (9,2%) had the lowest.

**Figure 8.5: Percentage distribution of deaths due to communicable and non-communicable diseases classified by sex, population group and province of usual residence of deceased, South Africa, 2013\***



\*Excluding deaths with unspecified sex, population group and province

### 8.3.3 The ten leading causes of death

Information on the ten leading causes of death focuses on natural causes of death ranked according to the most frequently reported cause of death. The rankings also excluded deaths due to *symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified*. This subsection will be divided according to the three variables of interest.

#### Overall

The ten leading underlying causes of death for all older persons are provided in Table 8.1. *Cerebrovascular disease* (9,0%) was the leading cause of death among the elderly in 2013. It was followed by *diabetes mellitus* (8,6%), *other forms of heart disease* (7,5%) and *hypertensive diseases* (7,0%). These leading four non-communicable diseases represented about a third (32,1%) of all deaths occurring among older persons. *Influenza and pneumonia* (4,5%), *chronic lower respiratory diseases* (4,4%), *tuberculosis* (3,8%) and *intestinal infectious diseases* (2,3%) ranked fifth, eighth and tenth and in total contributed 15,0% of deaths among older persons.

**Table 8.1: Distribution of the ten leading causes of death among older persons, South Africa, 2013**

Cause of death (Based on ICD-10)	Rank	Number	%
Cerebrovascular diseases (I60-I69)	1	16 168	9,0
Diabetes mellitus (E10-E14)	2	15 420	8,6
Other forms of heart disease (I30-I52)	3	13 609	7,5
Hypertensive diseases (I10-I15)	4	12 599	7,0
Influenza and pneumonia (J09-J18)	5	8 164	4,5
Chronic lower respiratory diseases (J40-J47)	6	7 939	4,4
Ischaemic heart diseases (I20-I25)	7	7 855	4,4
Tuberculosis (A15-A19)	8	6 843	3,8
Malignant neoplasms of digestive organs (C15-C26)	9	5 960	3,3
Intestinal infectious diseases (A00-A09)	10	4 076	2,3
Malignant neoplasms of male genital organs (C60-C63)	...	...	...
Other natural causes		75 858	42,1
Non-natural deaths		5 799	3,2
<b>Total</b>		<b>180 290</b>	<b>100,0</b>

**Sex**

The ten leading underlying causes of death for deaths that occurred among older persons in 2013 by sex are shown in Table 8.2. For both males and females, *cerebrovascular disease* and *diabetes mellitus* were the first leading causes of death. The third leading cause of death for males was *other forms of heart disease* (which ranked fourth among females), while the third leading cause of death for females was *hypertensive diseases* (which ranked fifth among males). *Malignant neoplasms of male genital organs* were among the leading causes of death for males while *intestinal infectious diseases* were among the ten leading causes for females, but not for males.

The contribution of *chronic lower respiratory diseases*, *tuberculosis* and *influenza and pneumonia* to overall number of deaths for each sex was higher for males as compared to females. Similarly, the contribution of *cerebrovascular diseases*, *diabetes mellitus*, *other forms of heart disease* and *hypertensive diseases* was higher for females compared to males.

**Table 8.2: Distribution of the ten leading causes of death among older persons by sex, South Africa, 2013\***

Cause of death (Based on ICD-10)	Male			Female		
	Rank	Number	%	Rank	Number	%
Cerebrovascular diseases (I60-I69)	1	6 268	7,6	1	9 893	10,1
Diabetes mellitus (E10-E14)	2	5 719	6,9	2	9 692	9,9
Other forms of heart disease (I30-I52)	3	5 696	6,9	4	7 898	8,1
Chronic lower respiratory diseases (J40-J47)	4	4 735	5,7	7	3 197	3,3
Hypertensive diseases (I10-I15)	5	4 408	5,3	3	8 185	8,4
Tuberculosis (A15-A19)	6	4 377	5,3	10	2 459	2,5
Ischaemic heart diseases (I20-I25)	7	4 113	5,0	6	3 732	3,8
Influenza and pneumonia (J09-J18)	8	4 001	4,8	5	4 156	4,3
Malignant neoplasms of digestive organs (C15-C26)	9	3 250	3,9	8	2 708	2,8
Malignant neoplasms of male genital organs (C60-C63)	10	2 455	3,0	...	...	...
Intestinal infectious diseases (A00-A09)	...	...	...	9	2 501	2,6
Other natural causes		34 361	41,6		40 534	41,6
Non-natural deaths		3 275	4,0		2 520	2,6
<b>Total</b>		<b>82 658</b>	<b>100,0</b>		<b>97 475</b>	<b>100,0</b>

\*Excluding deaths with unknown and unspecified sex

**Population group**

The distribution of the ten leading underlying causes of death for older persons by population group is presented in Table 8.3. *Cerebrovascular diseases* was the leading cause of death for black/Africans and the second leading cause of death for the white population group. For Indian/Asian and the white population groups, *diabetes mellitus* was their leading cause of death and the second leading cause of death for black Africans. *Ischaemic heart diseases* was among the ten leading causes of death for the coloured and the Indians/Asians.

**Table 8.3: Distribution of the ten leading causes of death among older persons by population group, South Africa, 2013**

Causes of death (Based on ICD-10)	Black African			Coloured			Indian/Asian			White		
	Rank	Number	%	Rank	Number	%	Rank	Number	%	Rank	Number	%
Cerebrovascular diseases (I60-I69)	1	11 174	10,4	3	2 008	6,8	4	239	6,1	2	1 160	9,0
Diabetes mellitus (E10-E14)	2	10 353	9,6	6	1 414	4,8	1	689	17,7	1	1 532	11,9
Hypertensive diseases (I10-I15)	3	9 326	8,7	9	877	3,0	5	189	4,8	5	932	7,3
Other forms of heart disease (I30-I52)	4	9 165	8,5	2	2 242	7,6	3	329	8,4	8	522	4,1
Tuberculosis (A15-A19)	5	5 651	5,2	...	...	...	...	...	...	9	388	3,0
Influenza and pneumonia (J09-J18)	6	5 468	5,1	7	1 402	4,8	9	88	2,3	10	289	2,3
Chronic lower respiratory diseases (J40-J47)	7	3 886	3,6	4	1 753	6,0	7	154	4,0	3	1 125	8,8
Intestinal infectious diseases (A00-A09)	8	3 300	3,1	...	...	...	...	...	...	...	...	...
Malignant neoplasms of digestive organs (C15-C26)	9	2 878	2,7	5	1 701	5,8	6	160	4,1	7	699	5,5
Renal failure (N17-N19)	10	2 029	1,9	10	807	2,7	8	138	3,5	...	...	...
Ischaemic heart diseases (I20-I25)	...	...	...	1	3 422	11,6	2	549	14,1	4	965	7,5
Malignant neoplasms of respiratory and intrathoracic organs (C30-C39)	...	...	...	8	1 055	3,6	10	86	2,2	6	699	5,5
Other natural causes		41 151	38,2		11 365	38,6		1 134	29,1		4 226	33,0
Non-natural causes		3 314	3,1		1 389	4,7		143	3,7		360	2,8
<b>Total</b>		<b>107 695</b>	<b>100,0</b>		<b>29 435</b>	<b>100,0</b>		<b>3 898</b>	<b>100,0</b>		<b>12 824</b>	<b>100,0</b>

\*Excluding deaths with unknown and unspecified population group

**Province of usual residence**

The ten leading underlying causes of death for deaths that occurred among older persons in 2013 by province are shown in Table 8.4. *Cerebrovascular diseases* was common in Eastern Cape, Free State and KwaZulu-Natal. *Diabetes mellitus* was the second leading cause of death in KwaZulu-Natal and Gauteng. *Hypertension* was mostly seen among older person in Northern Cape and North West. Gauteng's leading cause of death was *other forms of heart diseases*, which was the second leading cause of death in Eastern Cape, Free State and North West.

**Table 8.4: Distribution of the ten leading causes of death among older persons by province of usual residence, South Africa, 2013**

Causes of death (Based on ICD-10)	Western Cape		Eastern Cape		Northern Cape		Free State		KwaZulu-Natal		North West		Gauteng		Mpumalanga		Limpopo								
	Rank	Number	%	Rank	Number	%	Rank	Number	%	Rank	Number	%	Rank	Number	%	Rank	Number	%							
Diabetes mellitus (E10-E14)	1	2 189	10,2	3	1 898	7,1	3	358	7,1	2	3 423	11,1	4	1 002	7,6	2	1 129	9,4	2	1 699	8,6				
Ischaemic heart diseases (I20-I25)	2	2 014	9,4	9	573	2,2	6	274	5,4	6	1 274	4,1	8	359	2,7	5	1 919	5,4	8	409	3,4	...			
Cerebrovascular diseases (I60-I69)	3	1 859	8,7	1	2 169	8,2	2	412	8,2	1	3 597	11,7	3	1 238	9,4	3	2 454	6,9	1	1 314	11,0	1	1 726	8,8	
Chronic lower respiratory diseases (J40-J47)	4	1 396	6,5	5	1 628	6,1	4	340	6,8	8	922	3,0	6	537	4,1	7	1 553	4,4	9	368	3,1	8	498	2,5	
Malignant neoplasms of digestive organs (C15-C26)	5	1 334	6,2	7	1 000	3,8	9	166	3,3	10	795	2,6	9	312	2,4	8	1 312	3,7	...	...	...	...	...	...	...
Malignant neoplasms of respiratory and intrathoracic organs (C30-C39)	6	1 251	5,8	...	...	...	10	158	3,1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hypertensive diseases (I10-I15)	7	1 221	5,7	4	1 633	6,1	1	448	8,9	4	2 197	7,1	1	1 400	10,6	4	2 218	6,2	3	1 075	9,0	5	1 253	6,4	
Other forms of heart disease (I30-I52)	8	974	4,5	2	1 982	7,5	5	288	5,7	3	2 531	8,2	2	1 336	10,2	1	2 878	8,1	4	904	7,5	4	1 371	7,0	
Influenza and pneumonia (J09-J18)	9	528	2,5	8	816	3,1	7	227	4,5	5	1 120	3,6	5	583	4,4	6	1 726	4,8	6	607	5,1	3	1 554	7,9	
Tuberculosis (A15-A19)	10	464	2,2	6	1 489	5,6	8	186	3,7	7	1 576	5,1	7	478	3,6	9	821	2,3	5	649	5,4	7	670	3,4	
Other diseases of the respiratory system (J95-J99)	...	...	...	10	412	1,6	...	...	...	...	...	...	...	...	...	...	...	...	...	10	344	2,9	6	946	4,8
Intestinal infectious diseases (A00-A09)	...	...	...	...	...	...	...	...	...	9	827	2,7	10	297	2,3	...	...	...	...	7	432	3,6	9	487	2,5
Renal failure (N17-N19)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	782	2,2	...	...	...	...	...	...	...
Inflammatory diseases of the central nervous system (G00-G09)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	406	2,1
Other natural causes	...	7 502	35,0	...	12 067	45,4	...	2 005	39,8	...	11 540	37,4	...	5 267	40,1	...	16 166	45,3	...	4 394	36,7	...	8 491	43,2	
Non-natural causes	...	690	3,2	...	893	3,4	...	172	3,4	...	1 038	3,4	...	341	2,6	...	1 301	3,6	...	358	3,0	...	568	2,9	
<b>All causes</b>	...	<b>21 422</b>	<b>100,0</b>	...	<b>26 560</b>	<b>100,0</b>	...	<b>5 034</b>	<b>100,0</b>	...	<b>30 840</b>	<b>100,0</b>	...	<b>13 150</b>	<b>100,0</b>	...	<b>35 685</b>	<b>100,0</b>	...	<b>11 983</b>	<b>100,0</b>	...	<b>19 689</b>	<b>100,0</b>	

## 8.4 Summary

A total of 180 289 deaths occurred among older persons in 2013, contributing 39,3% of all deaths in the country. There was an increase in the number of deaths over time, with a slight decline eminent from 2011. The pattern of deaths between males and females was consistent for all the years, with more female than male deaths.

The majority of deaths occurred at ages 0–59 but deaths from the Indian/Asian and white population groups, and those in Western Cape and Limpopo, occurred at older ages. Most deaths occurring to older persons were due to natural causes, but the coloured population group showed a higher proportion of non-natural causes. In terms of communicable and non-communicable diseases, the majority of deaths among older persons were due to non-communicable diseases such as diabetes, cerebrovascular diseases and hypertensive disease.

Regarding communicable diseases, there were more male deaths than female deaths. Deaths due to communicable diseases were common among the black African population group and older persons residing in Limpopo, Mpumalanga, Free State and KwaZulu-Natal. Western Cape had the lowest in terms of communicable diseases. Cerebrovascular disease was the leading cause of death among the elderly in 2013, followed by diabetes mellitus, other forms of heart disease and hypertensive diseases. Cerebrovascular disease and diabetes mellitus were the first leading causes of death for both males and females.

## 9. Summary and concluding remarks

Statistics South Africa (Stats SA) has a mandate to provide statistical information that meets user needs and regularly conducts surveys to achieve this. Thematic health reports are produced on an annual basis and a theme is selected every year. The theme for this report is about older persons and it has provided health information focussing on the overshadowed issue of the health of older persons. It has highlighted information on their perceived health status, medical aid coverage, and practices regarding health worker consultations. It further outlined self-reported illnesses, injuries and their disability status. Chronic illnesses and use of medication as well as mortality and causes of death are also part of this report. Information for the report was based on the 2013 General Household Survey (GHS) and the death notification system of 2013. This is the first time that data collection for the GHS was done for 12 months beginning from January until December.

There was a total of 4 146 911 older persons (representing about 8% of the total population) in South Africa during the year 2013, with more females than males in this age category. People from the white population group had higher proportions of older persons than other population groups, as well as older persons residing in Northern Cape, Eastern Cape, Western Cape and Free State. The marital status of older persons showed that most of them were legally married or living with a partner as married. Older persons were mostly heads or acting heads of households. Their education and employment status revealed that they had some schooling, they were unemployed or not economically active. Majority of the older persons received social grants, with over 90% receiving old age grants.

In terms of their health status, older persons' health was perceived as good, with more males than females. Older persons from the white population group, and those residing in Limpopo and Western Cape perceived their health as good in comparison to other population groups and older persons in other provinces. Medical aid coverage was higher among older persons from the white population group and those in the two affluent provinces, Gauteng and Western Cape. Generally, health worker consultation when ill a month before the survey was common among older persons. People from the Indian/Asian population group and those in Limpopo had the lowest proportions of those who consulted a health worker when they were ill a month before the survey, because of self-medication.

Self-reported illnesses were the ones that older persons suffered from a month before the survey. Less than one fifth of the older persons were ill a month before the survey. There were more females who suffered from *flu or ARTI*, *high blood pressure* and *diabetes* when compared to their male counterparts. The same illnesses mentioned above were common among the coloured and the black African population groups. *Flu or ARTI* was observed more in Eastern Cape, Northern Cape and Mpumalanga, *high blood pressure* was seen more in Eastern Cape, Northern Cape and Free State, while older persons in Gauteng, Northern Cape, Free State and Eastern Cape had *diabetes*.

Chronic conditions are diseases that older persons were told or diagnosed by the health care worker. *Hypertension or high blood pressure* was the most common chronic condition among older persons, followed by *diabetes* and *arthritis*. Females suffered more from these conditions than males. The coloured population group suffered more from *high blood pressure*, while *diabetes* was higher among the Indians/Asians; and *arthritis* was higher among the black Africans. *Heart attack or myocardial infarction* and *stroke* were more common among older persons from the white population group. Older persons residing in Northern Cape and Free State suffered more from *hypertension or high blood pressure*. KwaZulu-Natal had the highest proportion of *diabetes* and *arthritis*, *asthma* was seen more in Eastern Cape, while *heart attack or myocardial infarction* and *stroke* were more common in Gauteng.

In terms of selected chronic conditions and their medication use, majority of older persons who took medication were for those who had *hypertension or high blood pressure* and *diabetes*. Medication use was lower for those with *stroke*. Indians/Asians generally used medication compared to other population groups. Use of medication among older persons differed by province for all the selected conditions, with the exception of *hypertension or high blood pressure* and *diabetes*, where differences by sex, population group and province of residence was marginal. Medication use for arthritis was the lowest in Free State, while Northern Cape had the lowest usage for *asthma* and *stroke*; Limpopo had the lowest for *heart attack or myocardial infarction*.



The disability status of older persons in South Africa indicated that the majority of them did not have any of the disabilities, although the magnitude differed by type of disability. Higher proportions of older persons with a level of some or a lot of difficulties or could not do at all were for seeing and walking. More females had more difficulties with seeing, hearing, walking and remembering/concentrating compared to males. The black Africans and coloureds had some degree of difficulty in seeing, walking and concentrating/remembering than other population groups, older persons in Northern Cape, Free State and KwaZulu-Natal had more difficulties than those in other provinces.

Eye glasses/spectacles/contact lenses and walking sticks/walking frames were the most common assistive devices used by older persons. The white population group, males and older persons in Western Cape and Gauteng used eye glasses/spectacles/contact lenses more than the others in the same category. The use of walking sticks/walking frames was observed more among females, black Africans and older persons residing in North West, Eastern Cape, Limpopo and Free State.

A total of 180 289 deaths occurred among older persons in 2013, contributing 39,3% to all deaths in the country. Majority of deaths occurred at ages 0–59 with the exception of deaths from the Indian/Asian and white population groups, and those in Western Cape and Limpopo, which occurred at older ages (60 years and above). Most older persons died due to natural causes, except for the coloured population group who died of non-natural causes. Older persons died mostly of non-communicable diseases such as diabetes, cerebrovascular diseases and hypertensive disease.

There were more male deaths than female deaths due to communicable diseases. Deaths due to communicable diseases were common among the black African population group and older persons in Limpopo, Mpumalanga, Free State and KwaZulu-Natal. Cerebrovascular disease was the leading cause of death among older persons, followed by diabetes mellitus, other forms of heart disease and hypertensive diseases. Cerebrovascular disease and diabetes mellitus were the number one leading causes of death for both males and females.

This report has demonstrated that Statistics South Africa can produce useful information that can be used by programme managers in the health sector to monitor their programmes. The information in this report indicates that interventions for certain diseases should be directed to a particular sex, population group and province.

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## 11. Appendices

**Appendix 3.1: Number of older persons by age group and sex, population group and province of usual residence, South Africa, 2013**

Variables	Total population	Number of older persons	Age group		
			60–64	65–69	70+
<b>Overall</b>	<b>52 982 000</b>	<b>4 146 911</b>	<b>1 409 490</b>	<b>1 129 301</b>	<b>1 608 120</b>
<b>Sex</b>					
Male	25 823 300	1 601 114	627 613	423 909	549 592
Female	27 158 700	2 545 797	781 877	705 392	1 058 528
<b>Population group</b>					
Black African	42 284 100	2 691 459	911 397	754 730	1 025 333
Coloured	4 766 200	366 743	141 448	95 373	129 923
Indian/Asian	1 329 300	146 036	55 619	38 643	51 775
White	4 602 400	942 672	301 026	240 557	401 090
<b>Province</b>					
Western Cape	6 016 900	519 420	180 238	137 772	201 410
Eastern Cape	6 620 100	579 527	177 414	164 571	237 542
Northern Cape	1 162 900	106 209	37 037	27 905	41 267
Free State	2 753 200	230 908	82 533	66 760	81 615
KwaZulu-Natal	10 456 900	785 587	262 232	211 578	311 777
North West	3 597 600	269 543	87 748	73 938	107 857
Gauteng	12 728 400	951 505	347 452	264 105	339 948
Mpumalanga	4 128 000	277 813	96 946	79 630	101 238
Limpopo	5 518 000	426 399	137 890	103 042	185 466

**Appendix 3.2: Number of older persons by age group and marital status, relationship to the head of household, education, employment and social grants, South Africa, 2013**

Variables	All older persons	Age group		
		60–64	65–69	70+
<b>Overall</b>	<b>4 146 911</b>	<b>1 409 490</b>	<b>1 129 301</b>	<b>1 608 120</b>
<b>Marital status</b>				
Never married	379 020	173 666	100 850	104 505
Legally married / living together as married	2 034 887	809 137	589 176	636 574
Divorced / separated	1 537 332	331 101	386 706	819 525
Widowed	195 671	95 586	52 570	47 516
<b>Relationship to head of household</b>				
Head/Acting head	3 025 071	1 004 585	817 625	1 202 861
Spouse	734 698	302 184	232 539	199 975
Parent	148 702	17 928	29 662	101 113
Other relative	219 316	76 617	43 453	99 246
Non-related	18 237	8 176	6 022	4 038
Unspecified	886	0	0	886
<b>Education</b>				
No schooling	932 872	232 091	221 951	478 829
Some primary	917 702	307 370	264 718	345 614
Completed primary	287 418	118 185	77 011	92 222
Some secondary	1 022 639	379 889	297 752	344 998
Completed secondary	493 701	181 225	126 690	185 785
Higher	393 374	151 448	120 351	121 576
Unspecified	99 204	39 282	20 828	39 095
<b>Employment status</b>				
Employed	630 731	396 223	151 242	83 265
Unemployed / not economically active	3 516 180	1 013 266	978 059	1 524 854
<b>Social grants</b>				
Received any grant	2 881 542	815 141	831 492	1 234 909
Did not receive any grant	1 265 369	594 348	297 809	373 211

**Appendix 4.1: Number of older persons by perceived health and sex, population group and province of usual residence, South Africa, 2013**

Variables	All older persons	Perceived health		
		Good	Fair	Poor
<b>Overall</b>	<b>4 146 911</b>	<b>1 987 155</b>	<b>1 648 719</b>	<b>490 397</b>
<b>Sex</b>				
Male	1 601 114	852 669	576 002	159 949
Female	2 545 797	1 134 485	1 072 718	330 448
<b>Population group</b>				
Black African	2 691 459	1 155 603	1 151 352	372 288
Coloured	366 743	170 017	144 984	49 064
Indian/Asian	146 036	73 184	53 155	19 075
White	942 672	588 351	299 228	49 970
<b>Province</b>				
Western Cape	519 420	307 284	155 429	54 774
Eastern Cape	579 527	206 852	307 217	62 756
Northern Cape	106 209	38 842	50 805	15 817
Free State	230 908	84 454	112 475	33 778
KwaZulu-Natal	785 587	317 339	346 705	119 343
North West	269 543	120 458	107 073	41 627
Gauteng	951 505	489 722	353 996	97 806
Mpumalanga	277 813	125 410	110 904	40 627
Limpopo	426 399	296 795	104 115	23 868

**Appendix 4.2: Number of older persons covered by medical aid by sex, population group and province of usual residence, South Africa, 2013**

Variables	Total number of older persons	Number of older persons covered by a medical aid
<b>Overall</b>	<b>4 146 911</b>	<b>996 120</b>
<b>Sex</b>		
Male	1 601 114	440 223
Female	2 545 797	555 897
<b>Population group</b>		
Black African	2 691 459	149 132
Coloured	366 743	58 180
Indian/Asian	146 036	52 294
White	942 672	736 513
<b>Province</b>		
Western Cape	519 420	217 280
Eastern Cape	579 527	75 340
Northern Cape	106 209	19 575
Free State	230 908	47 907
KwaZulu-Natal	785 587	131 151
North West	269 543	43 118
Gauteng	951 505	394 314
Mpumalanga	277 813	43 887
Limpopo	426 399	23 548

**Appendix 4.3: Number of older persons who were ill a month before the survey by status of consultation with a health worker and sex, population group and province of usual residence, South Africa, 2013**

Variables	Total number of older persons ill a month before the survey	Consulted a health worker when ill a month before the survey		
		Yes	No	Unspecified
<b>Overall</b>	<b>620 430</b>	<b>516 870</b>	<b>90 627</b>	12 933
<b>Sex</b>				
Male	200 774	163 473	31 800	5 501
Female	419 655	353 397	58 826	7 432
<b>Population group</b>				
Black African	437 245	367 681	60 430	9 134
Coloured	47 819	36 074	10 739	1 006
Indian/Asian	9 040	6 064	2 296	680
White	126 326	107 051	17 162	2 113
<b>Province</b>				
Western Cape	52 015	38 490	12 720	805
Eastern Cape	130 021	112 858	14 648	2 515
Northern Cape	22 085	18 304	3 273	508
Free State	54 535	48 395	4 830	1 310
KwaZulu-Natal	75 640	54 730	20 230	680
North West	42 683	39 393	3 052	238
Gauteng	159 375	142 216	16 371	788
Mpumalanga	48 449	37 729	9 061	1 659
Limpopo	35 625	24 755	6 441	4 429

**Appendix 4.4: Number of older persons who did not consult a health worker when ill a month before the survey by sex, South Africa, 2013**

Reasons for not consulting a health worker when ill a month before the survey	Total number of older persons who did not consult a health worker when ill a month before the survey Total	Sex	
		Males	Females
Total	90 625	31 800	58 825
Self-medicated / treated myself	54 663	20 376	34 287
Not necessary / the problem was not serious enough	17 346	6 268	11 078
Too expensive	5 349	1 522	3 827
Too far	4 155	553	3 602
Other reasons	6 764	1 435	5 329
Unspecified	2 348	1 646	702

**Appendix 5.1: Number of older persons who suffered a specific illness a month before the survey, South Africa, 2013**

Type of illness	Total number of older persons who suffered the illness a month before the survey
Flu or acute respiratory tract infection	215 455
High blood pressure	209 716
Diabetes	92 959
Diarrhoea	26 074
Cancer	14 837
TB or severe cough with blood	14 676
Bronchitis	13 559



**Appendix 5.2: Number of older persons by type of illness suffered a month before the survey and sex, population group and province of usual residence, South Africa, 2013**

Variables	Total number of older persons	Type of illness suffered a month before the survey		
		Flu or acute respiratory tract infection	High blood pressure	Diabetes
<b>Overall</b>	<b>4 146 911</b>	<b>215 455</b>	<b>209 715</b>	<b>92 959</b>
<b>Sex</b>				
Male	1 601 114	62 333	54 987	30 447
Female	2 545 797	153 121	154 728	62 512
<b>Population group</b>				
Black African	2 691 459	144 196	149 449	66 457
Coloured	366 743	20 110	23 089	10 413
Indian/Asian	146 036	6 179	0	2 221
White	942 672	44 969	37 178	13 868
<b>Province</b>				
Western Cape	519 420	23 325	11 848	4 944
Eastern Cape	579 527	45 174	50 971	17 837
Northern Cape	106 209	7 937	12 981	3 960
Free State	230 908	13 344	22 888	8 441
KwaZulu-Natal	785 587	36 663	10 143	6 307
North West	269 543	12 054	15 663	6 284
Gauteng	951 505	43 648	69 392	37 688
Mpumalanga	277 813	19 840	11 044	4 661
Limpopo	426 399	13 470	4 784	2 837

**Appendix 6.1: Number of older persons by type of illness diagnosed by medical practitioner or nurse, South Africa, 2013**

Type of illness	Total number of older persons who were diagnosed with the illness by medical practitioner or nurse
Hypertension / high blood pressure	1 801 292
Diabetes	648 982
Arthritis	542 527
Asthma	187 294
Heart attack / myocardial infarction	148 544
Stroke	83 399
Cancer	68 663
HIV and AIDS	60 953
Tuberculosis	46 535

**Appendix 6.2: Number of older persons with hypertension / high blood pressure, diabetes and arthritis and usage of medication for the conditions classified by sex, population group and province of usual residence, South Africa, 2013**

Variables	Total number of older persons	Hypertension/high blood pressure		Diabetes		Arthritis	
		Has condition	On medication for condition	Has condition	On medication for condition	Has condition	On medication for condition
<b>Overall</b>	<b>4 146 911</b>	<b>1 801 292</b>	<b>1 704 747</b>	<b>648 982</b>	<b>615 371</b>	<b>542 527</b>	<b>454 381</b>
<b>Sex</b>							
Male	1 601 114	544 800	513 668	219 021	206 760	106 509	89 315
Female	2 545 797	1 256 492	1 191 079	429 961	408 611	436 018	365 066
<b>Population group</b>							
Black African	2 691 459	1 177 259	1 105 823	419 790	397 513	391 246	329 600
Coloured	366 743	190 565	184 085	83 205	78 481	45 139	39 265
Indian/Asian	146 036	67 126	66 034	50 429	48 663	18 575	18 140
White	942 672	366 342	348 806	95 558	90 715	87 565	67 375
<b>Province</b>							
Western Cape	519 420	235 430	229 744	86 269	81 871	64 751	55 163
Eastern Cape	579 527	269 303	258 361	102 074	97 390	100 602	86 811
Northern Cape	106 209	61 068	59 810	17 293	16 445	13 128	11 875
Free State	230 908	125 864	120 600	35 948	33 665	36 172	27 326
KwaZulu-Natal	785 587	344 673	318 167	174 299	165 861	143 849	125 687
North West	269 543	134 691	126 523	23 135	20 687	28 707	23 201
Gauteng	951 505	415 943	389 258	139 604	133 602	108 243	87 218
Mpumalanga	277 813	115 663	109 961	34 348	31 194	29 186	22 875
Limpopo	426 399	98 658	92 322	36 013	34 657	17 889	14 224

**Appendix 6.3: Number of older persons with asthma, heart attack / myocardial infarction and stroke and usage of medication for the conditions classified by sex, population group and province of usual residence, South Africa, 2013**

Variables	Total number of older persons	Asthma		Heart attack / myocardial infarction		Stroke	
		Has condition	On medication for condition	Has condition	On medication for condition	Has condition	On medication for condition
<b>Overall</b>	<b>4 146 911</b>	187 293	172 212	148 544	132 263	83 399	61 956
<b>Sex</b>							
Male	1 601 114	69 465	66 015	43 464	41 711	32 484	22 576
Female	2 545 797	117 828	106 197	105 080	90 552	50 915	39 380
<b>Population group</b>							
Black African	2 691 459	117 535	104 445	68 864	56 497	55 749	40 626
Coloured	366 743	22 552	21 141	20 722	18 305	6 188	4 311
Indian/Asian	146 036	9 949	9 949	11 630	11 130	6 113	6 113
White	942 672	37 258	36 677	47 327	46 331	15 349	10 906
<b>Province</b>							
Western Cape	519 420	32 810	30 836	29 738	28 422	8 076	5 039
Eastern Cape	579 527	38 947	32 974	20 986	17 918	12 793	11 670
Northern Cape	106 209	5 434	4 472	4 220	4 220	1 291	701
Free State	230 908	7 216	6 649	16 491	15 175	3 775	2 617
KwaZulu-Natal	785 587	39 464	38 117	25 911	23 049	16 614	13 675
North West	269 543	8 270	7 360	4 128	3 003	5 618	3 672
Gauteng	951 505	32 954	31 837	30 449	26 220	24 519	17 463
Mpumalanga	277 813	13 664	12 393	10 118	9 820	5 798	4 123
Limpopo	426 399	8 535	7 574	6 502	4 437	4 915	2 997

**Appendix 7.1: Number of older persons by type of disability and level of difficulty, South Africa, 2013**

Level of difficulty	Type of disability					
	Seeing	Hearing	Walking	Remembering	Self-care	Communication
No difficulty	3 118 122	3 758 043	3 525 211	3 808 583	3 972 589	4 070 998
Some difficulty	807 195	303 207	402 009	243 716	99 527	35 790
A lot of difficulty / unable to do	206 814	68 912	202 603	75 923	55 507	15 915
Do not know / unspecified	14 780	16 749	17 088	18 688	19 288	24 207
<b>Total</b>	<b>4 146 911</b>	<b>4 146 911</b>	<b>4 146 911</b>	<b>4 146 911</b>	<b>4 146 911</b>	<b>4 146 911</b>

**Appendix 7.2: Number and percentage distribution of older persons by type assistive device used, South Africa, 2013**

Type of assistive device	Number	Percentage
Eye glasses/spectacles/contact lenses	1 465 427	35,3
Walking stick/walking frame	232 886	5,6
Hearing aid	49 550	1,2
Wheelchair	35 399	0,9

**Appendix 7.3: Number of older persons by level of difficulty in seeing and hearing classified by sex, population group and province, South Africa, 2013**

Variables	Total number of older persons	Level of difficulty for seeing			Level of difficulty for hearing			
		No difficulty	Some difficulty	A lot of difficulty / unable to do	No difficulty	Some difficulty	A lot of difficulty / unable to do	Unspecified
<b>Overall</b>	4 146 910	3 118 121	807 195	206 814	14 780	3 758 044	68 911	16 749
<b>Sex</b>								
Male	1 601 113	1 231 574	283 336	77 533	8 670	1 460 392	27 938	7 157
Female	2 545 797	1 886 547	523 859	129 281	6 110	2 297 652	40 973	9 592
<b>Population group</b>								
Black African	2 691 459	1 953 945	561 843	165 732	9 939	2 449 704	40 273	11 174
Coloured	366 743	283 163	66 092	17 488	0	332 589	10 463	1 125
Indian/Asian	146 037	118 285	24 342	2 750	660	132 781	1 996	660
White	942 673	762 729	154 918	20 845	4 181	842 970	16 180	3 791
<b>Province</b>								
Western Cape	519 421	421 137	74 113	23 157	1 014	482 932	23 384	1 023
Eastern Cape	579 527	431 658	115 687	28 448	3 734	529 162	38 588	2 523
Northern Cape	106 208	68 262	30 441	7 505	0	94 123	8 644	448
Free State	230 909	154 991	62 643	12 965	310	203 285	23 138	310
KwaZulu-Natal	785 587	583 200	155 444	42 954	3 989	698 105	74 446	4 536
North West	269 543	191 333	55 284	22 059	867	244 311	17 765	1 024
Gauteng	951 504	718 504	199 832	30 020	3 148	849 635	80 657	4 543
Mpumalanga	277 813	202 814	54 307	20 072	620	254 346	18 070	1 845
Limpopo	426 398	346 222	59 444	19 635	1 097	402 144	18 515	498

**Appendix 7.4: Number of older persons by level of difficulty in walking and remembering classified by sex, population group and province, South Africa, 2013**

Variables	Total number of older persons	Level of difficulty for walking			Level of difficulty for remembering			
		No difficulty	Some difficulty	A lot of difficulty / unable to do	No difficulty	Some difficulty	A lot of difficulty / unable to do	Unspecified
<b>Overall</b>	4 146 910	3 525 212	402 009	202 603	3 808 583	243 717	75 923	18 688
<b>Sex</b>								
Male	1 601 113	1 419 836	117 943	57 198	1 501 841	71 998	18 911	8 364
Female	2 545 797	2 105 376	284 066	145 405	2 306 742	171 719	57 012	10 324
<b>Population group</b>								
Black African	2 691 459	2 259 984	292 383	127 886	2 438 190	180 578	60 697	11 994
Coloured	366 743	305 042	29 185	31 151	332 558	23 532	8 588	2 065
Indian/Asian	146 037	129 234	9 834	6 309	135 338	7 736	2 303	660
White	942 673	830 952	70 608	37 256	902 497	31 871	4 335	3 969
<b>Province</b>								
Western Cape	519 421	450 135	34 476	34 160	487 696	22 229	7 276	2 220
Eastern Cape	579 527	497 965	55 499	23 899	526 125	41 095	10 497	1 811
Northern Cape	106 208	83 698	13 900	8 457	92 082	11 026	3 101	0
Free State	230 909	192 164	25 452	12 982	203 707	21 058	5 832	310
KwaZulu-Natal	785 587	646 427	89 886	42 536	691 605	70 769	18 350	4 863
North West	269 543	225 433	26 404	16 374	228 595	25 992	13 168	1 788
Gauteng	951 504	824 709	90 755	31 941	905 194	29 162	11 637	5 512
Mpumalanga	277 813	240 173	22 391	14 173	260 562	11 478	4 023	1 750
Limpopo	426 398	364 508	43 246	18 080	413 017	10 907	2 040	434

**Appendix 7.5: Number of older persons by level of difficulty in self-care and communication classified by sex, population group and province, South Africa, 2013**

Variables	Total number of older persons	Level of difficulty for self-care			Level of difficulty for communication				
		No difficulty	Some difficulty	A lot of difficulty / unable to do	Unspecified	No difficulty	Some difficulty	A lot of difficulty / unable to do	Unspecified
<b>Overall</b>	4 146 910	3 972 590	99 526	55 507	19 287	4 070 998	35 790	15 914	24 207
<b>Sex</b>									
Male	1 601 113	1 555 085	20 169	18 409	7 450	1 575 985	7 055	7 881	10 192
Female	2 545 797	2 417 505	79 357	37 098	11 837	2 495 013	28 735	8 033	14 015
<b>Population group</b>									
Black African	2 691 459	2 574 389	74 523	30 685	11 863	2 635 883	26 706	11 187	17 683
Coloured	366 743	341 416	10 481	12 570	2 275	358 356	4 433	2 218	1 736
Indian/Asian	146 037	142 044	1 083	2 250	660	144 473	903	0	660
White	942 673	914 740	13 441	10 002	4 490	932 286	3 749	2 510	4 128
<b>Province</b>									
Western Cape	519 421	496 248	9 176	12 619	1 377	511 374	3 634	3 439	974
Eastern Cape	579 527	555 261	10 724	9 123	4 420	567 275	4 448	4 391	3 413
Northern Cape	106 208	99 781	2 662	3 428	337	103 429	1 158	1 175	447
Free State	230 909	225 534	1 732	3 332	310	229 667	257	674	310
KwaZulu-Natal	785 587	734 506	34 287	11 542	5 253	761 353	10 385	4 096	9 752
North West	269 543	260 103	5 634	2 939	867	267 880	795	0	867
Gauteng	951 504	918 063	21 528	7 814	4 099	931 808	13 211	1 152	5 334
Mpumalanga	277 813	269 045	4 755	2 536	1 477	275 769	275	322	1 448
Limpopo	426 398	414 047	9 029	2 174	1 148	422 443	1 627	667	1 662



**Appendix 7.6: Number of older persons by usage of eye glasses/spectacles/contact lenses and walking stick/walking frames classified by sex, population group and province, South Africa, 2013**

Variables	Total number of older persons	Uses eye glasses/spectacles/contact lenses			Uses walking sticks/walking frames		
		Yes	No	Unspecified	Yes	No	Unspecified
<b>Overall</b>	<b>4 146 911</b>	<b>1 465 427</b>	<b>2 675 110</b>	<b>6 374</b>	<b>232 886</b>	<b>3 905 717</b>	<b>8 308</b>
<b>Sex</b>							
Male	1 601 114	590 201	1 009 179	1 734	71 138	1 527 871	2 105
Female	2 545 797	875 226	1 665 931	4 640	161 748	2 377 846	6 203
<b>Population group</b>							
Black African	2 691 459	493 456	2 193 285	4 718	179 036	2 505 770	6 652
Coloured	366 743	176 265	190 348	130	14 837	351 775	130
Indian/Asian	146 036	71 115	74 921	0	6 353	139 684	0
White	942 672	724 591	216 556	1 526	32 660	908 487	1 526
<b>Province</b>							
Western Cape	519 420	320 389	198 092	939	18 916	499 565	939
Eastern Cape	579 527	124 728	454 799	0	42 425	537 103	0
Northern Cape	106 209	40 756	65 323	130	4 365	101 714	130
Free State	230 908	66 120	164 201	586	15 782	214 540	586
KwaZulu-Natal	785 587	191 274	592 534	1 779	47 844	734 698	3 045
North West	269 543	73 848	195 695	0	27 534	242 008	0
Gauteng	951 505	528 724	420 484	2 297	31 717	917 491	2 297
Mpumalanga	277 813	75 503	202 032	278	15 641	261 692	481
Limpopo	426 399	44 084	381 950	364	28 663	396 906	830

**Appendix 8.1: Number of deaths by year of death and age, South Africa, 2013**

Year of death	Total number of deaths	Age of deceased		
		0–59 years	60 years and older	Unspecified
1997	317 412	189 689	122 139	5 584
1998	366 124	225 155	135 851	5 118
1999	382 121	244 788	134 617	2 716
2000	416 818	271 826	142 755	2 237
2001	455 656	302 038	151 674	1 944
2002	502 797	343 824	156 917	2 056
2003	557 792	387 988	166 942	2 862
2004	577 823	414 503	160 194	3 126
2005	598 866	430 398	165 153	3 315
2006	613 691	437 403	174 882	1 406
2007	605 448	426 889	177 256	1 303
2008	597 016	417 263	178 572	1 181
2009	582 024	391 869	188 386	1 769
2010	549 925	363 867	184 497	1 561
2011	514 486	323 888	187 996	2 602
2012	491 100	303 454	184 791	2 855
2013	458 933	276 860	180 289	1 784

**Appendix 8.2: Number of deaths by age classified by sex, population group and province of usual residence of deceased, South Africa, 2013**

Variable	Total number of deaths	Age of deceased		
		0–59 years	60 years and older	Unspecified
<b>Overall</b>	<b>458 933</b>	<b>276 860</b>	<b>180 290</b>	<b>1 783</b>
<b>Sex</b>				
Male	239 188	155 593	82 658	937
Female	217 747	119 865	97 475	407
Unspecified	1 998	1 402	157	439
<b>Population group</b>				
Black African	322 301	213 377	107 695	1 229
Coloured	38 154	8 692	29 435	27
Indian/Asian	6 445	2 533	3 898	14
White	29 543	16 676	12 824	43
Unspecified	62 490	35 582	26 438	470
<b>Province</b>				
Western Cape	44 608	23 111	21 422	75
Eastern Cape	62 679	36 027	26 560	92
Northern Cape	13 529	8 483	5 034	12
Free State	33 087	20 503	12 506	78
KwaZulu-Natal	83 466	52 365	30 840	261
North West	35 701	22 475	13 150	76
Gauteng	93 423	57 435	35 685	303
Mpumalanga	35 675	23 600	11 983	92
Limpopo	47 383	27 653	19 669	61
Foreign/unspecified	9 382	5 208	3 441	733

**Appendix 8.3: Number of deaths by type of death classified by sex, population group and province of usual residence of deceased, South Africa, 2013**

Variables	Total number of deaths among older persons	Type of death	
		Natural	Non-natural
<b>Overall</b>	<b>180 289</b>	<b>174 490</b>	<b>5 799</b>
<b>Sex</b>			
Male	82 658	79 383	3 275
Female	97 474	94 954	2 520
Unspecified	157	153	4
<b>Population group</b>			
Black African	107 694	104 380	3 314
Coloured	29 435	28 046	1 389
Indian/Asian	3 898	3 755	143
White	12 824	12 464	360
Unspecified	26 438	25 845	593
<b>Province</b>			
Western Cape	21 422	20 732	690
Eastern Cape	26 560	25 667	893
Northern Cape	5 034	4 862	172
Free State	12 506	12 136	370
KwaZulu-Natal	30 840	29 802	1 038
North West	13 150	12 809	341
Gauteng	35 685	34 384	1 301
Mpumalanga	11 982	11 624	358
Limpopo	19 669	19 101	568
Foreign/unspecified	3 441	3 373	68

**Appendix 8.4: Number of deaths due to communicable and non-communicable diseases classified by sex, population group and province of usual residence of deceased, South Africa, 2013\***

Variables	Total number of deaths among older persons	Type of death	
		Communicable diseases	Non-communicable diseases
<b>Overall</b>	<b>180 289</b>	<b>33 236</b>	<b>141 255</b>
<b>Sex</b>			
Male	82 658	16 563	62 820
Female	97 474	16 600	78 355
Unspecified	157	36	117
<b>Population group</b>			
Black African	107 694	24 518	79 863
Coloured	29 435	2 703	25 343
Indian/Asian	3 898	305	3 450
White	12 824	1 310	11 154
Unspecified	26 438	4 589	11 409
<b>Province</b>			
Western Cape	21 422	1 969	18 763
Eastern Cape	26 560	4 970	20 697
Northern Cape	5 034	833	4 029
Free State	12 506	2 541	9 595
KwaZulu-Natal	30 840	6 040	23 762
North West	13 150	2 394	10 415
Gauteng	35 685	5 534	28 850
Mpumalanga	11 982	3 047	8 578
Limpopo	19 669	5 680	13 421
Foreign/unspecified	3 441	560	2 813