There is an almost complete lack of literature on the needs of – and care services for – lesbian, gay, bisexual, transgender and intersex (LGBTI) elders in South Africa and across the African continent. As a result, with the exception of Henderson and Almack (2016), we present here some of the first writings on this topic in South Africa informed by the literature base that exists in relation to our knowledge of elder populations more generally in the region. Taking a social justice-oriented and intersectional lens, we approach this study from an African standpoint by engaging African epistemologies and ontologies in relation to old age, death and sexuality. We also engage the intricate interplay of race, class, urban/rural realities and the apartheid legacy as they intersect with the lives of LGBTI elders. We conclude the chapter by proposing an Africa-centred and culturally sensitive model of care for LGBTI elders. We purposefully use the term ‘elders’ to reference the historic respect given to older people across the African continent and so as to situate this study within the Southern African context.

We begin by providing some relevant contextual information on South African realities before engaging with the research on ageing in South Africa and across the continent before looking at the very limited research and writing to date on the lives of LGBTI elders in South Africa. We then present as a case study an interview we conducted with an older, lesbian married couple about their experiences and perspectives on queer ageing in South Africa. We conclude by proposing an African, community- and home-based model of care for older people, including LGBTI elders, informed by contextual realities and African ontologies.
South African realities

South Africa has one of the most progressive constitutions in the world that is often lauded globally as exemplary in terms of its focus on inclusion and tolerance (Woolman, 2015). The protections afforded by the Bill of Rights include a number of specifically enumerated categories including age, gender and sexual orientation and Section 9 of the Constitution states that neither the state nor anyone may ‘… unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth’ (Bill of Rights, RSA 1996).

Specifically in terms of ageing, the law upholding the rights of older people is the Older Persons Act 13 of 2006 which aims to:

… deal effectively with the plight of older persons by establishing a framework aimed at the empowerment and protection of older persons and at the promotion and maintenance of their status, rights, well-being, safety and security; and to provide for matters connected therewith.

In short, as is often the case in South Africa, formal equality is clearly enshrined in both the Constitution and in legislation. However, as is also generally the case in South Africa, this does not necessarily translate into substantive equality on the ground. There are a number of organisations whose work focuses on the lives and needs of older people, including the South African Older Persons Forum, Council for the Care of the Aged, the South African Association for Retired Persons and the Afrikaanse Christelike Vroue Vereeniging (Afrikaans Christian Women’s Association). However the inequalities that characterise South African society (outlined later) are also reflected in these organisations that represent and support older people. For example, most of the organisations listed above offer support services that are largely framed in terms of managing elder life with regards to health, finance, technology and leisure. Considering the income disparity and inequality between black and white South Africans, services aimed at these issues would serve mostly white people of retirement age.

Barriers to accessing formal elder care in South Africa include exclusion on the basis of race and class. For example, a survey of 145 old age homes across South Africa found that 77% of residents were
white, Afrikaans females (Perold and Muller, 2000). Communication was flagged as an issue in old age homes, in terms of language barriers between staff and residents. According to Perold and Muller (2000), caregivers come to their own conclusions about the needs of residents and often only focus on the obvious physical needs; as a result the holistic needs and preferences of the older person are rarely taken into account. Issues of elder abuse are also a growing concern in care facilities across the country. For example, Bigala and Ayiga (2014) studied the prevalence of elder abuse in Mafikeng in North West province. The main predictors of elder abuse were found to be having no surviving children, having no working children, being single, living in an elder couple family, living in rural areas, having a poor self-perception of health and having a disability. Men were more susceptible to physical abuse, while women were more susceptible to sexual abuse and elder abuse was found to more prevalent in rural areas (Bigala and Ayiga, 2014). The work of elder care organisations is also generally specific to a particular town, city or province such as the Durban Association for the Aged in KwaZulu-Natal province and the Western Cape Older Person’s Forum in Western Cape province. For definitional clarity, old age in South Africa is typically defined as the period after retirement, which is 60 years for women and 65 for men (Older Persons Act 13 of 2006). Despite the constitutional provisions and the formal rights related to sexual orientation and gender identity, none of these organisations has a focus on the inclusion of LGBTI people.

Given the presence of private care for older people in South Africa, issues of access and affordability emerge as important questions in a context of great inequality. According to a number of measures (Tregenna and Tsela, 2012), South Africa is one of the most unequal countries in the world and this plays out in terms of access to elder healthcare. For example, medical aid schemes generally provide only modest cover and also do not cover care that is administered outside of registered frail care facilities. This emphasis on registered institutional care also excludes the practice of home-based care which is preferred by many black African families. Given the cost of monthly premiums, the target market for medical aid schemes is clearly classed and creates barriers to elder care for those who are poor and less well off (du Preez, 2015). In general elder LGBTI communities remain invisible and their needs are not mentioned as a concern for medical aid schemes, which seem to operate on the assumption that the needs of heterosexual elders are no different from those of LGBTI elders. Wider evidence indicates that LGBTI people can receive suboptimal care due
to assumed heterosexuality and because of a lack of awareness and gaps in the knowledge base (Röndahl et al., 2006). When considering the ways in which institutions of care and support in South Africa still bear resemblance to the raced and classed inequalities created by the apartheid/colonial system, it becomes clear that the challenges facing LGBTI elders go beyond sexual orientation and gender identity. These marginalised positionalities intersect with multiple axes of difference to bring to light a very specific lived experience on the African continent.

**(South) African worldviews and experiences of ageing**

South Africa occupies a geopolitical space that places it among both developed and developing countries (Nieman and Fouché, 2016). It is a member of the BRICS (Brazil, Russia, India, China and South Africa) grouping of developing nations and – while the country has some of the severest levels of inequality in the world – is it also one of the leading economic powerhouse economies on the African continent along with Nigeria. Any understanding of issues of ageing and elder care must be cognisant of these issues and developing world and African ontologies. For example, Makiwane (2011), in exploring the type of family structures that support or hinder the process of growing old well in a South African context, points out that in many developing countries elders often live with their children which may be partially explained by both filial piety and by economic realities. However across the African continent such living arrangements, while beneficial in terms of care and support, also leave elders susceptible to abuse from family members (Bigala and Ayiga, 2104). Within this broader context, the care needs and related concerns of LGBTI elders remain unresearched and undocumented.

Looking at ageing and elder care from an African perspective foregrounds diverse conceptualisations and experiences of ageing across the continent. For example, in a study of the factors predicting mortality in older patients admitted to a medical intensive care unit in Morocco, Belayachi et al. (2012) note an inadequate number of doctors, lack of hospital beds and poorly maintained hospitals, all of which severely restricts access to quality healthcare services. In South Africa, Kalula (2011) explored the quality of healthcare for older people and found that overcrowding, lack of transport, inefficient appointment systems, inadequate public health education, understaffing, inadequate skills and a shortage of medication impeded their access to high-calibre healthcare.
In the global North, the evidence indicates that LGBTI people in old age may be more likely to live alone and less likely to have adult children or other kin to provide support. As a result they may be more likely to need formal care services but at the same time are fearful of approaching such services based on previous experiences of stigma and discrimination (Brotman et al., 2003; Bristowe et al., 2018). There is as yet a paucity of research on this issue in South Africa and Southern Africa contexts although existing evidence indicates that discrimination against LGBTI people is prevalent in the provision of healthcare (Gillespie and Reygan, 2017).

Mamba and Ntuli (2014) highlight the key role of home-based care in their study of the experiences of home-based carers in Soweto in Gauteng province, South Africa. They found that home-based carers were generally involved in nursing care, household chores, and in counselling patients and their families among other activities. However challenges such as lack of resources, lack of training and support, lack of remuneration, the stigmatisation of patients by families, and patients not disclosing their diagnoses to significant others were reported as concerns by participants. Importantly, Mamba and Ntuli (2014) note that the inadequacies of the frail-health system impede the proper functioning of the home-based carer model and recommend a much greater focus on determining and supporting the needs of home-based carers who are a key resource in (South) African contexts in terms of delivery of care to older people.

In the city of Tshwane in Gauteng province, Bohman et al. (2010) found that older African people’s experiences of old age were framed in a number of specific ways. For example, older people felt that the burden of care for elders was shared by those in the community regardless of family ties and that care was generally community based. Consequently, the resources for elder care came primarily from other community members, most of whom mostly rely on state support and state pensions (Bohman et al., 2010). Here also, shifting definitions of when old age starts reveal important insights into the political and social contexts in which people age in South Africa. For example, Bohman et al. (2010) found that old age was considered to begin on the date of receiving the old age pension from the state, which contrasts with the findings of Ramakeula et al. (2014) who found that old age was conceptualised among women in rural Vhembe, Limpopo province, as beginning on the cessation of menstruation. Overall, it is clear that the rapid urbanisation and changing cultural contexts of (South) African societies require much deeper engagement with understandings of ageing, old age and elder care needs (King, 2008).
Intersections of ageing, gender and sexualities

A key lens in deepening the understanding of ageing, old age and elder care needs in the (South) African context is the concept of ubuntu and the role of the ancestors. The philosophy of ubuntu is encapsulated in the isiZulu expression *umuntu ngumuntu ngabantu* which roughly translated into English means ‘a person is a person because of other people’ or more figuratively ‘I am because you are’. Ubuntu points to the fundamentally African philosophy of the interconnectedness of life and to the value of interdependence. The philosophy of ubuntu is closely linked to past generations, the ancestors and to the unseen forces of daily life. In this worldview older people are seen as mediators and interpreters of messages from the ancestors and also from the living to the ancestors. This role is seen as unifying and one that proves the elders are still influential in the family (Bohman et al., 2010), which arguably has a profound influence on conceptualisations of ageing, both at personal and community levels, as well as of personal experiences and expectations around growing older. In summary, the authors highlight a need for support of home-based care and the protection of older people outside of structures which are able to enforce the law. This is, again, even more pertinent in the case of LGBTI elders who could face additional marginalisation based on sexual orientation. The need to redefine the category of ‘old’, as informed by subjective and cultural norms, is also an important consideration when determining who should be eligible for support and care under this banner. When considering the hierarchical role of older people as influential links to the ancestors – which would be accorded a certain level of respect and prestige – it could be important to consider prejudice against LGBTI elders as a factor in negating such respect and creating a negative experience of ageing. This reveals yet another case for community-based care interventions that enforce the law outside of formal structures.

South Africa has the highest HIV/AIDS prevalence in the world and has the largest per capita anti-retroviral public health programme in the world (Hontelez et al., 2016). HIV/AIDS has affected all areas of society, including older populations, socially, economically and psychologically (Lekalakala-Mokgele, 2011). High HIV/AIDS prevalence places a heavy burden of care on older people who have to care for their children and grandchildren, and the elders become primary caregivers despite requiring care themselves. With shorter life spans (Nyirenda et al., 2012) in part resulting from the HIV/AIDS epidemic, the definition of what is considered old age in South Africa differs from elsewhere, especially from countries in the global North. In such a context, poverty combined with the lack of adequate and
efficient healthcare makes the likelihood of institutionalised, private elder care an unreality for the majority of South Africans. These complexities and challenges related to ageing and elder care both in South Africa and across the continent are further nuanced when engaging with issues related to sexual orientation and gender identity.

**LGBTI ageing in South Africa**

The literature cited in this chapter has highlighted that ageing in (South) Africa can have various meanings and take on different forms. Important for understanding this conceptualisation of ageing is an intersectional lens. Race, class, gender, age, sexuality and gender identity are experienced differently depending on how each of these axes of difference are co-constructed and co-constituted by each other. Because constellations of oppression and privilege crystallise differently in a given situation, an intersectional lens is important for engaging the nuances and complexities that are bound to characterise any analysis of elder LGBTI lived experiences of care and support.

South Africa is one of the most unequal societies in the world and the distribution of wealth, resources and land ownership continues to substantially favour white South Africans with white, cis gender, heterosexual males at the top of a raced, classed and gendered hierarchy (Commey 2014; Akala and Divala 2016). This legacy is one of the most obvious remnants of white minority rule and the apartheid era, which continues in determining of the life courses of many. Therefore, many LGBTI people find themselves caught at the intersection of racism, classism and homophobia. Although embedded within the Bill of Rights, the Older Persons Act 13 of 2006 makes no explicit reference to best practice guidelines for the care of older members of the LGBTI community (Henderson and Almack, 2016). The limited research to date indicates that older people often do not follow up on their rights regarding end-of-life care (Henderson and Almack, 2016). Opportunistic infections still receive the bulk of focus in healthcare, with little attention given to LGBTI persons with ageing and other healthcare concerns. South Africa’s public healthcare system is also under-resourced, which compromises the extent of services that can be offered, further compounded by a lack of competent staff and decisive leadership. Social work intervention in dealing with older LGBTI clients or older clients in general is also an area in need of focus. Retirement options for LGBTI persons is another aspect that is ‘superseded by a lack of retirement options for the broader population’ (Henderson and Almack, 2016: 275).
Although the constitution provides protection for minorities, many LGBTI persons still feel restricted in accessing their rights (Osche, 2011). As a white, middle-class lesbian participant over the age of 30 from Pretoria, South Africa, in Osche (2011: 7) pointed out:

‘I think the constitution is amazing, but, like I have said to other people too, the reality is that legal protection does not necessarily translate into social acceptance because you sit with people’s perception, their stereotypes, all of that that people have grown up with from political, religious and cultural perspectives.’

Another lesbian participant in Osche (2011: 7) stated “My take on it is the constitution is fantastic ... [but] in terms of the reality of implementation, in terms of how society behaves regardless of the constitution, is another problem.”

An article by Hayward (2016) published in Exit, a South African online LGBTI newspaper, also highlights the raced and classed nature of LGBTI elder care. Speaking to issues of judgement, freedom of expression, exclusivity, leisure, childlessness, maintenance of large suburban homes, emigration and access to land, the concerns of the white, male and middle-class readership of this gay magazine speak to a limited view of the needs of the majority of LGBTI people in South Africa who do not have access to the resources required for such an investment (Hayward, 2016).

The literature and research on ageing in African contexts is almost completely silent in relation to sexual and gender minorities. Although the literature, highlighted previously, speaks to issues of class, gender and race there is no mention of the ways in which these intersect with sexual and gender identities. The work in promoting the rights of older persons has been mostly done by the Department of Social Development and the South African Human Rights Commission, but again there is no focus on sexual- and gender-minority ageing. There is also no link currently being made between Section 9 of the Constitution, the Older Persons Act 13 of 2006 and the Civil Unions Acts of 2006, which would be necessary in terms of the rights of married or civil partnered, same-sex couples to elder institutionalised care. Exploring the extent to which older LGBTI people access their rights and what social justice institutions in South Africa are doing to provide this information could also be useful in understanding the factors affecting the well-being of older queer people.
Conversations on LGBTI ageing and care

As part of a research project on LGBT ageing and care in two provinces in South Africa funded by the University of the Western Cape, we held a workshop in July 2016 to start conversations on the topic of LGBTI ageing and care. The session was attended by various representatives and activists of the LGBTI community and allies of the community. What emerged from the dialogue paints a first-hand account of how the issues of LGBTI ageing are lived in South Africa and the types of action required to promote the rights and care needs of LGBTI elders. The group supported the idea of framing the issue of elder LGBTI care in South Africa as a social justice issue along with a clear acknowledgement of the intersectional realities of the people who make up this group, thereby recognising various constituencies and vulnerabilities along multiple axes of oppression. Questions were raised concerning what needs to be done in order to create the conditions in which LGBTI elders may access and exercise their rights more freely. A second important theme was the need to foreground stories and experiences of older LGBTI people themselves so as to deepen our awareness and understanding of LGBTI ageing within an African context. Embedded within these narratives are the implications of culture, norms, socioeconomic status, quality of healthcare and subjective experiences of ageing for LGBTI Africans.

We also conducted an interview with an older lesbian couple (we use the pseudonyms ‘Patricia’ and ‘Carmen’ in quotes given below), who are both political and feminist activists, on their experiences of ageing and care. Falling into the 50–65 age group and being mixed race, the couple represent a particular constellation of privilege and marginalisation. The interview highlighted the intersectional issues of age, race, language, gender, sexuality and class among others and a number of key themes emerged. It is important to acknowledge that factors cited as protective were being middle-class, looking white, speaking a foreign language and living in a suburb with a family. The biggest vulnerability cited for both participants was being a woman. Although they do not form part of the most vulnerable demographics, what this reifies is that race, age, class, sexuality and gender do indeed play major roles in determining the life chances and shaping the lived experiences of people.

Among these was the loss of respect for older people which found expression in the ways in which older people, including older LGBTI people, are perceived and treated in South Africa. In general, the
worth of women, especially older women, is gauged by the levels of care work they provide:

‘The economic situation in the world makes it more difficult to have help for new families, then they start to be the responsibility of the old women. Old women need to look after their grandchildren, after the sick people—even if you are one of them it doesn’t matter. That is good in one way, because you’ve got some place in the society but it’s bad because you are doing the caregiving but not receiving it.’ (Patricia)

When looking at the intersection of age and sexuality, both participants expressed that there is an erasure at play. The perception that older people are not sexual is held generally and even from within the LGBTI community there are views that LGBTI people are not supposed to age. This unrealistic expectation adds to the pressure on LGBTI people to present in a certain way, while still facing erasure and a loss of status in old age. In particular, it is the erasure of a sexual identity that is imposed on older people:

‘LGBT is sexuality: it is sex, and old people and sex don’t go together! When you have a very narrow way to see sexuality, or sexual orientations, or sexual identities you can do this kind of reading. This is not your identity: it’s your sexual actions and when you’re old you don’t have sexual actions! I don’t think it’s something that is verbalised but it is entrenched in how to read these things. If I kiss Carmen, I am sweet. If you kiss your boyfriend, you are hot! Even if we are doing exactly the same thing.’ (Patricia)

The issues of medical assistance and of recognition were also important ones. In a heterosexist society, same-sex partnership is often not considered to be legitimate, even if it is a legal union as is the case in South Africa where marriage equality was introduced in 2006. Despite same-sex marriage being legal in South Africa, Patricia and Carmen felt that in case of a medical emergency, they would not be believed to be each other’s legal spouse and expected the administration to be unfairly challenging:

‘If I have an event [that needs] medical intervention immediately then I need my partner to sign. With us it’s
different, because it’s a legal thing but even if it is a legal thing, the problem is being believed and proving that we’re a couple.’ (Patricia)

Both participants felt that healthcare provision for older people is generally grim in South Africa due to the fact that older people are not considered valuable to society once they reach older age. This loss of value makes them less likely to be the recipients of efforts to protect their health, and when this loss of value is coupled with the prejudice and stigma still directed towards LGBTI people the prospects of fair and equal treatment are even further reduced. As a result the potential for abuse at the hands of caregivers becomes a reality:

‘Old people have less value so people don’t care much because you are down on the scale but when you are an LGBT person you’re even further down on the scale. The amount of care that you receive is less because your value is less and you are attacking the religion and tradition of society and they can feel that they – caregivers – have the right to make you suffer for that.’ (Patricia)

Both participants felt that a general lack of understanding of the needs of LGBTI people generally, and of LGBTI elders in particulars, is evident in South Africa and needs to be addressed if older LGBTI people are to have access to care facilities that respect their rights to dignity:

‘I think of the clinics that are very proud of all the LGBT messaging that they have on the walls and none of that has an old person in it. There isn’t a picture with an old person in it, not even a middle-aged person: there are only young people. So the health facilities say “Yes, we’re here for everyone!” but there would be a necessity for older LGBT people to feature in that. I think of trans issues and then what people think a body must look like, or can look like. If you think of nurses in care facilities who encounter patients who are male, for example, but still have a vagina, they’re not going to want to have anything to do with that person. So what it means to the person is one thing but that nurse is totally unprepared.’ (Carmen)
When considering care in the future, both Patricia and Carmen agreed that financial constraints would prevent them from accessing top quality care and that home-based care would be a more viable option. Even so, hired help would be difficult to fund, leaving them with the option of caring for each other or soliciting assistance from their children. If institutionalised care were to be explored, Patricia and Carmen feared that they would be separated and not acknowledged as a couple.

**Conclusion**

Much is yet to be known about the life experiences and care needs of older queer people in both South Africa and across the continent. Even in contexts such as South Africa where formal equality is guaranteed in the Constitution and in legislation, this has yet to translate into substantive equality, especially for more vulnerable and marginalised constituencies in sexual and gender communities. We highlighted some of the key issues related to elder care in some African contexts as a way to delineate the ways in which ageing and elder care needs are conceptualised and culturally embedded in the region. A combination of a philosophy of interdependence as manifest in ubuntu creates tensions in community contexts where the ravages of HIV/AIDS have left grandparents as the sole providers of care to their grandchildren. In South Africa, the colonial and apartheid legacy that perpetuates white privilege has also created a situation in which both medical insurance and many of the elder care facilities cater primarily for the needs of older white South Africans. The idea that children will look after their parents is a commonly accepted as a norm in the African context, but in such settings research has shown that older people can become susceptible to multiple forms of abuse when disempowered by an unequal care dynamic. However there is also a long history of agency among elders, evident in many communities across the continent, where elders hold influence as bearers of wisdom.

We therefore recommend, cognisant of deep, ongoing and seemingly intractable and worsening inequalities on the grounds of class and race, that a community-based model of elder care, including care for LGBTI elders, be further researched and supported by stakeholders, policy makers and government departments. We caution against a model of separate care for LGBTI communities as this would further perpetuate the race and class privilege already so prevalent in South Africa with such services being tailored to the needs of affluent, white gay men and, perhaps, lesbian women. Rather we advocate
for a more inclusive and socially just project of elder care in South Africa that speaks to the needs of all communities, regardless of class, that is grounded in African conceptualisations and understandings of ageing and elder care. In a time of global, reactive backlash against sexual and gender minority rights, as evident at the time of writing in the Trump administration in the US and in the introduction of homophobic legislation in a number of African states, it becomes all the more important to guard against already vulnerable cohorts within sexual and gender minority communities being further stigmatised. In resource-constrained and developing economy contexts, as is the case in South Africa, programmes and interventions must necessarily consider locally grounded, culturally relevant and effective approaches that engage with the lived realities and their understandings of ageing, elder care and of sexual and gender diversity, particularly from African perspectives.

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