THE UNIVERSITY OF THE WESTERN CAPE
Department of Anthropology & Sociology

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Die stam van die gemeenskap: An exploration of hypertension and herbal treatment amongst the elderly in Nuwerus

Candidate: Michellé Sheila Pasquallie

Student Number: 2958670

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Michellé Sheila Pasquallie

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Abstract

Hypertension is estimated to affect 20 million people in South Africa, with lifestyle factors predisposing certain individuals to this condition disease (Hughes *et al.*, 2013). The prevalence rate of hypertension is higher in areas with low socio-economic status, with women more at risk of developing it than men. Current research suggests that 60-80% of people in South Africa use 'traditional'- most often plant based - medicines at some point for their primary healthcare needs (WHO, 2008; Hughes *et al.*, 2013). In rural and underprivileged areas, such as the community of Nuwerus in the Western Cape Province, the use of herbal medicines and its practices are maintained in an ageing population. This study looks at the ways in which the elderly and the home based care workers of Nuwerus understand hypertension. I focus on the transition from hypertension to high blood pressure and how the two concepts overlap in Nuwerus. I highlight the way the elderly maintain their sense of vitality. I also look at concepts of resilience and vitality to unpack the personal, religious and social dimensions of old age. I focus on the various activities the elderly participate in to unpack the subtle ways with which they push the boundaries of old age consequently challenging conventional notions of health and wellness amongst the aged. The vigour with which the elderly go about their everyday life is what ultimately makes them the pillars and knowledge holders of the community.

Declaration

Master's dissertation submitted to Department of Anthropology and Sociology, Arts Faculty The University of the Western Cape

Candidate:	Michellé Sheila Pasquallie
Student Number:	2958670
Supervisor:	Professor Diana Gibson
Co-Supervisor:	Dr William Ellis

I Michellé Sheila Pasquallie herewith declare that this minor dissertation *"Die stam van die gemeenskap: An exploration of hypertension and herbal treatment amongst the elderly in Nuwerus"* is my own work and has not been submitted for any degree, essay or examination at any other university. I have acknowledged all quotations and sources which I have consulted in this study to the best of my ability.

Candidate:		**Date:**	18 December 2016
Supervisor:		**Date:**	18 December 2016
Co-Supervisor:		**Date:**	18 December 2016

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Contents

Chapter 1

Introduction

'Old age' and the 'elderly' have been the topic of discussion in a growing number of research over the years. In the social science discipline, research on the elderly focus on conceptualising old age, the medicalization of the elderly and more recently, the vitality of the elderly. Recent studies indicate that the retirement age of 60 to 65 years old can no longer be used as a benchmark for old age. New categories of old age are emerging, differentiating between the 'young old', 'old old' and the 'oldest old'. These categories are a result of the increase in aging populations in industrialised countries (Quéniart & Charpentier, 2012). Research shows that most deaths are caused by chronic illness (non-communicable disease) within the elderly population (60+years). It becomes evident that non-communicable diseases are a burden in the elderly population and that there is a need for research in this particular area. Non-communicable disease accounts for 84% of all deaths in persons aged 60 years and older in South Africa, with cardiovascular disease as the leading cause of death (Joubert & Bradshaw, 2006, p.210).

High blood pressure is the most commonly reported chronic condition with over 60% of men and women diagnosed with it (Joubert & Bradshaw, 2006, p.212). High blood pressure is defined as having a blood pressure $\geq$ 140/ 90 mmHg (Kochanek *et al.*, 2011). High blood pressure treatment plans include the use of prescribed allopathic medication or alternative medicine. It is nonetheless well-known that many people in South Africa also utilise 'traditional' plant-based medicine to manage especially chronic illnesses (Davids *et al.*, 2016). According to current research 60-80% of people in South Africa use 'traditional'- most often plant based - medicines at some point for their primary healthcare needs (WHO, 2008; Davids *et al.*, 2014). In rural and underprivileged communities the use of traditional medicines is supposedly maintained (Van Wyk *et al.*, 1997). This is reportedly because of poor access to state run healthcare facilities, the lack of private health care and the local understanding of wellness, illness and healing (Ransford *et al.*, 2010).

Unlike other well-known systems of 'traditional' healing - like Chinese propriety medicines and Indian Ayurvedic medicine - South African 'traditional' or local medicine knowledge is poorly documented or systematised. In addition, little is known about how knowledge of remedies and self-treatment with medicinal plants is handed down from one generation to the next (Cocks *et al.*, 2012, p.6). Studies by Ferreira *et al.* (1996), Cohen (2009) and Davids (2010) found that traditional healers, *bossiesdoktors* (bush doctors) and the elderly hold and preserve medicinal plant knowledge. Similarly, research conducted in Bitterfontein, 16. 8 kilometres from Nuwerus reported similar findings (Davids *et al.*, 2016).

With the exception of a few ethnobotanical, anthropological and gerontological investigations, (Ferreira *et al.*, 1996; Thring & Weitz, 2006; Cohen, 2009; Davids, 2010; Cohen, 2013), little is known about the coping mechanisms of the elderly in relation to chronic illness conditions - also known as non-Communicable Diseases (NCD's). These conditions are often associated with the elderly, with hypertension and diabetes most prevalent in this group. An estimated 28.4% of South Africa's population is diagnosed with one or more of the chronic illnesses (Joubert & Bradshaw, 2006). In sub-Saharan Africa, an estimated 30.4% of the population was diagnosed with variations of Hypertension across all provinces. On average, individuals diagnosed with hypertension are mostly likely to be coloured women residing in urban areas (Kandala *et al.*, 2013).

There are a few research projects in anthropology and ethnobotany (Davids, 2010; Davids *et al.*, 2016) that looks at the way the elderly manage hypertension through the use of traditional remedies derived from medicinal plant knowledge. Little is known about how the elderly make sense of traditional herbal medicine and how it is incorporated into their everyday life. The focus of my own research was on Nuwerus. I was interested in the ways in which the elderly made use of traditional herbal medicines to treat hypertension. I became interested in their understanding of hypertension and the methods used to manage the disease. In addition, I looked at the everyday methods used to manage hypertension among the elderly. Moreover, I looked at the various activities the elderly participated in as a means to cultivate a source of strength and vitality for themselves.

During the research process understandings of hypertension often overlap and are replaced with understandings of high blood pressure. In the biomedical framework, hypertension is diagnosed and described in a very rigid and systematic manner associated with the field of biomedicine. However, in the context of Nuwerus, the

rigid framework used to diagnose hypertension is used interchangeably with layman understandings of high blood pressure. I explore the slippage from hypertension to high blood pressure in great detail in chapter 5, but as a note to the reader, the differences between hypertension and high blood pressure become blurred and are used together among the community members to make informed decisions about their chronic conditions.

As part of the team working on a NRF funded project titled 'Knowledge encounters: Cape herbal medicine practices' I conducted a number of surveys in the Larger Matzikama Municipal. The aim of the surveys was to get a sense of the knowledge spaces coming into being in South Africa. The Matzikama municipality has a population of 67 147, a population growth of 2.14% per annum (Matzikama Municipality, 2014, p.24) and 18 835 households. Development Economics (2006) indicate that the unemployment rate in Nuwerus is 15.8% and the average household income is R601 to R1500 per month, comprising mostly pension-, disability- and child support grants. The town's clinic has HIV/Aids awareness programmes but no chronic illness awareness programmes are available, nor are health statistics for the community. Census data indicate that 20% of the population of Nuwerus have no schooling, 27% have completed primary level education, 36% some secondary education, 8% have completed grades10-12 and 9% have some form of higher education (Development Economics, 2006).

I regularly visited a number of field sites in various towns in Matzikama and it was during this time that I encountered many of elderly community members living in Nuwerus, a small town in the Matzikama Municipality with a total of 650 inhabitants. In Nuwerus, the elderly are regarded as the guardians of medicinal plant knowledge, but their understanding and use of medicinal plants are relatively under-studied. This study investigated how the elderly used medicinal plants to treat hypertension. It focused on the daily life and related concerns and interests of a group of elderly as they negotiated health and illness in Nuwerus.

Case study area

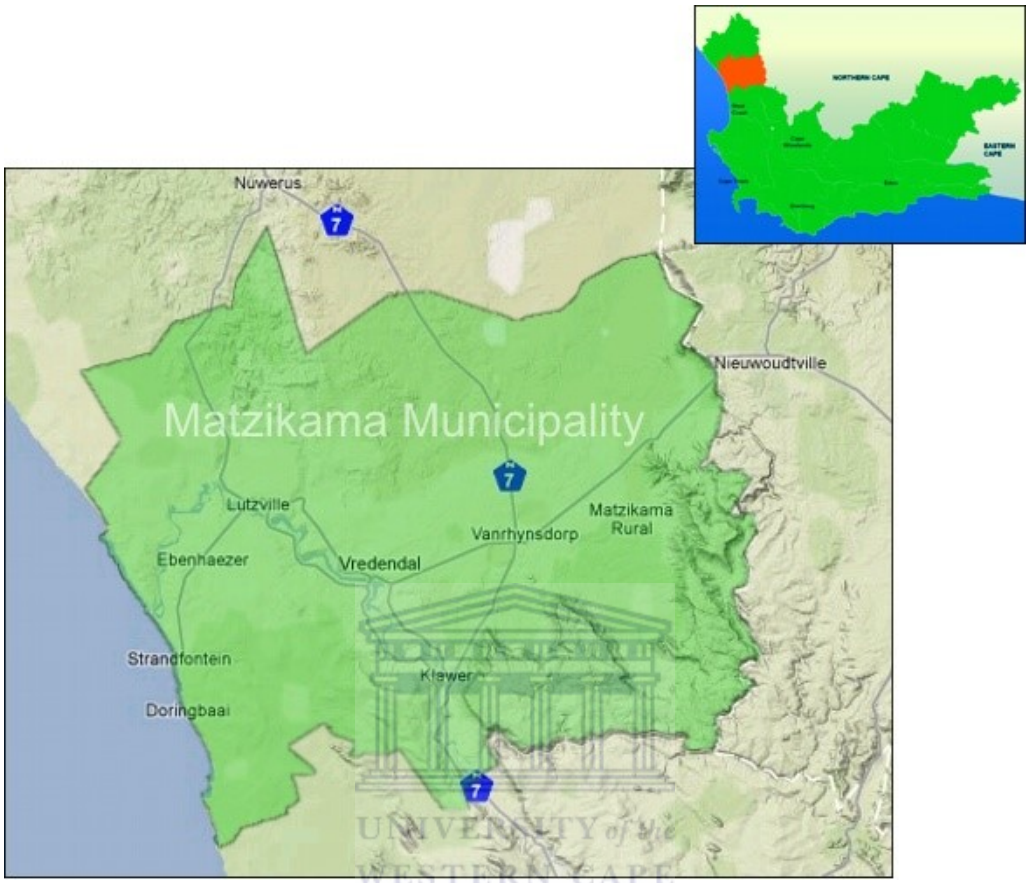


Figure 1.1: Map of the Matzikama Municipality, in the Western Cape

Nuwerus is a dry and arid community with harsh weather conditions during the warmer seasons. The main buildings in the area include one school with just over 200 primary and high school learners, a convenient store, a police station, a library, two churches and a local Municipal satellite clinic which opens every Monday between 09:00 and 14:00. Residents of Nuwerus depend on state health care from the Western Cape Department of Health to provided free treatment and medication (2014).

Aims and Objectives

This study scrutinised the use of traditional herbal medicines to manage hypertension amongst the elderly in Nuwerus. I looked at the methods used to manage hypertension in their everyday lives. I explored their understanding of hypertension and what it means to be healthy. I looked at their use of allopathic and alternative treatment methods to manage hypertension. I looked at the ways in

which the elderly maintained their vitality despite their chronic illness diagnosis and I explored their knowledge of traditional herbal medicines and its uses for hypertension. Furthermore, this thesis suggests that the elderly are not frail and immobile individuals that are easily taken for granted. They are resilient and knowledge holders in their communities. Lastly, this thesis attempts to push the boundaries of old age by highlighting the processes set in motion by the elderly to counter stereotypical perceptions of old age.

Although I used a mixed methods approach during my research, it is also very ethnographic. I spent five months in the community of Nuwerus and most of the insight of this study into the lives of the elderly who live with high blood pressure came about as a result of this ethnographic encounter. I tried to be self-reflexive in the process of research and analysis and subsequently decided to write in the first person when I discuss my fieldwork (Davies, 2012). Davies argues that writing in the first person allows the researcher to take into consideration the personal and impersonal experiences derived from the research process. As a result, I found that writing in the first person allowed me to integrate the data in a way that speaks to the research question.

The thesis is divided into the following chapters:

Chapter Two: This chapter provides a detailed account of the research site and entry point into Nuwerus. I discuss the proposed research methods and evaluate each research method based on its strengths and weaknesses, outlining the reasons for making use of quantitative and qualitative research methods, because a mixed method approach best suited the research objectives. Using quantitative methods allowed me to compare the statistical findings of existing treatment plans that were being used for high blood pressure, with the ethnography and various narratives that I collected using qualitative research methods. I reflect on my time in the research site, being a young female researcher, shadowing in the field and the various challenges that I encountered during my fieldwork and lastly I address and reflect on some of the ethical issues encountered during my fieldwork.

Chapter Three: In this chapter I engage with literature on the elderly, in various contexts. Specifically, the focus is on the ways in which the elderly are represented, stereotypes used to describe them as well as the theories used in conceptualising the group. In the social science discipline, research on the elderly focuses on conceptualising old age, the medicalisation of the elderly and more recently, their

vitality. New categories of ageing are emerging differentiating between the 'young old', 'old old' and the 'oldest old'. These categories are a result of the increase in ageing populations in industrialised countries. Stereotypes of the elderly portray them as vulnerable, physically weak individuals, disease-ridden, dependent on family members for survival, detached from society and unable to function on their own. A wealth of knowledge exists amongst the elderly and there is a longing to share their knowledge. In Nuwerus I encountered a resilience amongst the elderly residents, a desire to "do better" and build their community, to inspire the youth to make a difference and a yearning to illustrate that life does not come to a halt at 60 years of age. The elderly displayed practices of vitality that contest stereotypical notions of old age and through this contestation, new ways of conceptualising old age emerge.

Chapter Four: This chapter specifically looks at the statistical findings of the surveys conducted in Nuwerus, with emphasis on high blood pressure. I provide a schematic of the socio-demographic background of the community. I look at the various traditional herbal medicines used to manage the disease and the treatment outcomes. I also look at the methods of preparation and highlight the specific parts of the plants used to create medicine for high blood pressure.

Chapter Five: I discuss the '*bejaardes*' understanding of Hypertension and how it shifts to High blood pressure through narratives of their everyday life. Moreover, I discuss the lifestyle of the *bejaardes* diagnosed with hypertension and their motivations for living a fulfilling life. In addition, I draw on my brief experience as a *tuisversorger* (homecare) volunteer in Nuwerus, the role of the *tuisversorgers* and the 'physician-patient relationship' experienced between the *bejaardes*, *tuisversorgers* and medical staff at the satellite clinic in Nuwerus.

Chapter Six: This chapter explores the role of the elderly as *die Stam*, the heart and soul of Nuwerus. I look at the role of the elderly in the community of Nuwerus through the various social activities they participate in; secondly, I will draw on examples from the '*Bejaardes klub*' (senior citizens club) and community development programmes to unpack the social practices of the elderly. Moreover, I will draw on the importance of religion and faith amongst the bejaardes to cultivate the *krag* and *gees* (strength and spirit) needed for their active lifestyle. Furthermore, I draw on the use of medicinal plants amongst the elderly and the importance of medicinal plant knowledge preservation in Nuwerus. Lastly, I argue that the elderly are respected members in the community: based on their status, knowledge and vitality, the elderly occupy a place of authority in Nuwerus. Drawing on accumulated

knowledge and expertise gathered over the years in various aspects of their lives, the elderly as '*die Stam van die gemeenskap*' have authority and are respected in Nuwerus.

Chapter Seven: This chapter discusses the final conclusions of the study.

Conclusion

This introductory chapter outlined the context of the study. A brief overview of the research aims and objectives was provided, highlighting the relevance of the study, this chapter examines the research site, methods used to facilitate the research process and some reflection of my role as a researcher in Nuwerus.

Chapter 2

Research Methods

2.1 Introduction

During my fieldwork, I immersed myself in the daily life of the elderly in the small town of Nuwerus located in the Matzikama Municipality. This chapter specifically looks at the research methods used for this project in relation to their advantages and disadvantages. I highlight the proposed methods, problems encountered and the changes made to facilitate the research process. By slightly altering the research methods, I was able to fulfil the data generation process. A section has been included on the reflexivity of the research process and I have outlined the ethical considerations.

2.2 Proposed research methods

My research used both qualitative and quantitative research methods to ascertain how many people use medicinal plants in Nuwerus, with reference to four specific illnesses. I was particularly interested in how many elderly people used medicinal plants to treat high blood pressure. Greene (2007) argues that a mixed method approach brings various facets of a single phenomenon to light and I felt that a mixed method approach best suited the research question. The methods I used were household surveys, observation, participant observation, interviews and focus group discussions, garden surveys, team ethnography transect walks and job shadowing. The household surveys provided the quantitative aspect of my research, while the interviews, job shadowing, garden surveys, focus groups and transect walks made up the qualitative components of the mixed methods toolbox. As each of the research methods mentioned above have their advantages and disadvantages (Babbie, 2010), I chose to use a combination of methods to address gaps or

shortfalls I encountered. Being part of the Knowledge Connections project located in Matzikama Municipality, I participated in surveys conducted in four towns, namely Bitterfontein, Nuwerus, Vanrhynsdorp and Lutzville. The survey aimed to get an understanding of the health statistics for hypertension, diabetes, cancer and the common cold in the Matzikama Municipality. In addition, it gathered information about treatment plans for the aforementioned illnesses.

The household survey in Nuwerus was my entry point into this town. Neuman (2014) argues that surveys allow the researcher to use a sample consisting of a smaller group of individuals and to generalise the results to the larger population. These techniques are often used in descriptive or explanatory research (Neuman, 2014, p.49). A sample calculator was used to assess the sample size for Nuwerus. With a population of 650, using the Raosoft sample size calculator, an accurate sample size of 115 was recommended, providing for a margin of error of 5%, a confidence level of 95% and a 90% distribution.

Snowball sampling was used in the larger research project to identify how many individuals use medicinal plants or allopathic medicine to treat high blood pressure. Snowball sampling is a research method which starts with one or a few participants and accumulates throughout the research process (Babbie, 2010, p.193). The technique was to go door to door, conduct the household survey and ask participants to refer me to other members of the community who used traditional herbal medicine to treat one or more of the mentioned illness, and importantly, if the household was willing to participate in the survey. As the community is small and closely knit, this proposed method seemed plausible. I realised that the household survey would only yield quantitative results based on the health status of the community members, and their treatment plans; therefore, qualitative methods were proposed to close the gaps between the statistical data, and narratives that could explain the reasoning behind various treatment plans.

The proposed qualitative research methods were observation, participant observation in the form of shadowing, interviews, focus group discussions, garden surveys and transect walks. These methods were selected in order to explore the lived reality of the participants in a comfortable environment, once rapport had been established via the household surveys. The combination of qualitative research methods took into account all aspects of the participants' responses, both verbal and physiological, within various contexts. The interviews and focus group discussions allowed me to listen to the narratives of the participant's life, health issues and

their health concerns, while the observations and participant observations allowed me to discern their life and how it tied into their narratives about health issues and concerns (Neuman, 2014). In addition, the garden surveys helped initiate conversations about the medicinal plants found in the gardens and the ailments they were used for, while the transect walks gave me an appreciation of the landscape and the people inhabiting it. Job shadowing with the Home Based Care Nurses (known as *tuisversorgers* in Nuwerus) introduced me to the everyday life of the *tuisversorgers* in addition to all the chronic patients in Nuwerus and their treatment plans. Therefore, the proposed mixed method approach allowed me to answer all aspects of my research questions in terms of quantitative and qualitative responses. Comparing these responses provided a holistic perspective.

2.3 Evaluation of research methods used

The household survey used a Retrospective Treatment Outcome Study (RTO) approach. Duarte & Rai (2015) argue that an RTO study is the best option when determining the most effective traditional treatment for any ailment. An RTO study traces the progress of the traditional medicines used to treat various ailments. By doing this, the RTO makes it possible to correlate the traditional medicine used and its outcome, thus providing evidence of safety and efficacy (Duarte & Rai, 2015). In addition, the RTO provides information about any herb-drug interactions (Ibid). The household survey had four sections, namely demographic information, health and medical information, treatment(s) plan and health outcome(s) and lastly additional treatment(s). Moreover, the household surveys allowed me to make a statement about the entire population with regards to the demographic information, their prevalent health issues, the predominant treatment plan as well as probable health outcomes. Nuwerus has a population of 650 occupying 193 households. The population is made up of 50.31% females and 49.69% males. According to South African racial categories 81.83% is Coloured, 9.85% is White and 7.69% is African. Afrikaans is the first language of 96.39% of the people in Nuwerus (Census, 2011).

Saturation was reached in Nuwerus at 130 households. The majority of the population were, according to South African racial categorisation, Coloured, over the age of 40 years and female. The socio-demographic background of Nuwerus indicate that the majority (60.8%) of the sample were female with 81.54% of the sample over the age of 40 years old. Nuwerus is a Afrikaans community with 98.5%

of the sample practicing Christian faith. Below half of the sample (46.9%) relied on state funded grants such as pension and disability grants and 21.5% of the sample was unemployed. Overall, the majority of the sample (69.2%) earned $\leq$ R1999 per month derived mostly from state funded grants. It should be noted that the majority of participants had neighbours, family or friends in their house during the household survey which resulted in interpolations like "*Jy gebruik ook kruie, moet nie vir die mense lieg nie*" (You also use traditional herbal medicine, don't lie to the people). According to Valentine (1999) this is a common phenomenon when additional people are present while surveys are conducted. This was fortunate for me since many people would approach me afterward and ask about the purpose of the study, and if they could participate as well.

The statistical data generated by the survey provided insights into the health status of the population of Nuwerus, showing which diseases were most prevalent and the treatment practices commonly used in the community. The statistical output substantiates Neuman's (2014) claim that community practices are easily identifiable via quantitative research. In addition, the RTO household surveys provided a wealth of information regarding traditional herbal medicine use in Nuwerus.

To find out more about traditional herbal medicine in the community I employed the garden survey method. This is a qualitative research method where researchers walk around in the areas observing gardens and start conversations with the residents, which leads to discussion of the plants in the garden. Research has shown that home gardens offer more than just something aesthetically pleasing, providing multiple benefits such as the cultivation of medicinal plants as a medicine cabinet to treat family illnesses (Finerman & Sackett, 2003). This particular survey method gave the residents an opportunity to voice their opinion on the ways in which traditional herbal medicines worked, what made them effective and most importantly, what evidence existed that it had worked. The garden survey method gave me an opportunity to enquire about why certain plants were commonly found in local gardens and whether residents regularly made use of them for treatment purposes. The garden surveys opened up discussions about traditional herbal medicine and its uses, the plants found in their gardens, in the area of Nuwerus as well as the larger Matzikama Municipality. Through the garden surveys I was able to identify the common plants found in the gardens of Nuwerus and the reasons why specific medicinal plants were not found in their gardens, even though they were often used. The garden survey method provided useful narratives on the use of medicinal plants in Nuwerus.

Due to the number of traditional herbal medicines found within the residential area of Nuwerus, I participated in a transect walk that allowed me to make distinctions between the appearance, smell and taste of the wild medicinal plants vis-a-vis the domesticated medicinal plants in the area. A transect walk is a participatory approach that enables researchers to gather qualitative information (Van Staden *et al.*, 2006, p.9). Transect walks are mostly used in participatory rural appraisal (PRA) and are regarded as useful and cost effective tools to address rural issues. According to Mahiri (1998, p.1) a transect walk in the PRA is usually comprised of a mixed group of local people, and visiting professionals. Van Staden *et al.* (2006, p.6) argue that a transect walk can be regarded as a mobile interview during which students walk through the area, usually accompanied by key informants from the area who are knowledgeable around community issues and the management of natural resources. For research concerning the use of traditional herbal medicine, the transect walk involved local *bossiesdokters* (bush doctors).

The transect walk walked took place on a Sunday morning when *Oom* Dewee took us to a piece of land that the locals could access. *Oom* Dewee is a 70 year old male *bossiesdokter* who treats people of the area with various ailments. He welcomed us with his right hand covered in a brown-stained bandage with a very strong herbal smell. With a firm handshake he led the way to the *veld* (uncultivated field) where he usually collects medicinal plants to treat himself and other locals. The transect walk took three hours in total and was a helpful guide to understanding the environment of the *Hardeveld* area. Walking into the *veld* opened my eyes to the diversity of the landscape. It also gave me insight into the appreciation residents have of their surrounding area and the plants and animals that inhabit it. Listening to the passionate narratives of *Oom* Dewee regarding the plants and their healing properties, I developed a deeper appreciation for the people and their local healing knowledge.

2.4 Engaging with qualitative research methods

From the data of the household surveys, my garden surveys and transect walk, it quickly became apparent that the people who were most knowledgeable about traditional herbal medicine, and who were also the biggest percentage of users,

were the elderly. To get more access to them, I approached the administrator of the *Nuwerus Bejaardes Klub* (Elderly Club). After explaining my research interest, I was provided with a list with all the registered *bejaardes* of Nuwerus, and received their permission to spend time with them on a regular basis. They became my research participants. I attended and participated in their meetings every day as an observer. According to Neuman (2014, p.453) a researcher is an instrument that absorbs all sources of information by carefully scrutinizing the setting to capture its atmosphere. Initially the *bejaardes* were somewhat self-conscious around me, especially when I made fieldwork notes. After about a week they were used to this and I could more fully participate in their activities. Marshall & Rossman (1995, p.79) argues that the researcher plays a role that demands degrees of "participantness"—that is, the degree of actual participation in daily life. One extreme is full participation where the researcher engages in everyday activities. The other extreme is the complete observer who does not engage in social interaction in the research setting.

To get an 'insider's perspective' of the lives of the elderly I needed to actively involve myself in their daily activities and participant observation gave me the platform to immerse myself in their lives. By applying this method in my research, I immersed myself in the *bejaardes klub*, and their everyday lives. I painted pictures with *bejaardes*, helped search for recipes while reading magazines, fed some of the farm animals, and I sang and prayed with the *bejaardes*, I participated in their exercise activities and listened to stories of them growing up in Nuwerus. They told how they walked in the *veld* and played games; in their words, "*ons was nog nat agter die ore, nie soes vandag se kinders nie*" (we were still wet behind the ears –meaning innocent- not like the children of today). I attended the choir practice sessions and sang in church with them, I helped *tannie* Noos and *Oom* Arrie with their pig farming, I watched them slaughter a pig, I did home visits to some bed-ridden *bejaardes* and I learned how to crochet. I was referred to as "*die jongste bejaarde*" (youngest elder) by "fellow *bejaardes*" as well as the residents of Nuwerus, a title I became proud of. By completely immersing myself in their lives, my presence as a researcher faded and I could get a real sense of the life of the *bejaardes* of Nuwerus.

Some of the elderly do not attend the club on a regular basis so I decided to become a trainee *tuisversorger* (home based care giver) in Nuwerus as well. The *tuisversorgers* visited the elderly, especially those with chronic illnesses or who were bedridden, every day (except weekends). By working with the *tuisversorgers*, I walked with a different nurse from one home to the next every day, participated in and observed her day and that of her patients. In this way I was able to get to know all the

bejaardes, and was also able to ascertain who the high blood pressure sufferers were in the entire community, ranging from the youngest to the oldest.

During visits the nurses referred to me as "*die meisie van die kruie-afdeling*" (the girl from the medicinal plant division). What I was doing, was semi-structured shadowing. This is when the researcher closely follows members of an organization over an extended period of time (Johnson *et al.*, 2014). I assisted where I could; helping them wash and dress their quadriplegic patients, watching them fill out patient files, taking blood pressure, writing down the blood pressure readings and closely observing the elderly and the way they reacted during the home based care visits. Shadowing allowed me to closely observe *tuisversorgers* in their day- to- day work. Doing this work also enabled me to meet more elderly people, talk to them about my research and get their informed consent as research participants. They were keen to share their knowledge about *kruie* (medicinal plants/ herbs) and how it helped the members of the community.

I helped the *tuisversorgers* to fill out forms, wash sick people and make notes about high blood pressure and diabetes readings. In the process I saw how regimented and mechanical a chronic illness can be in the medicalized framework. To the *tuisversorgers*, high blood pressure or any other chronic illness is made 'present' or more real through such measurements.

Engaging in conversations with the nurses about the people of Nuwerus, the area, and how they as nurses felt about traditional herbal medicine in comparison to allopathic medicine provided complex but interesting and useful data. Participant observation allowed me to gain insight into the everyday life of the *bejaardes*, as well as the work of the *tuisversorgers* in relation to high blood pressure in Nuwerus. I had a first-hand account of the effect high blood pressure on each individual and how they themselves went about managing this chronic illness. In addition, I was able to follow the everyday life of *bejaardes* in Nuwerus, the role they played in the community and the interesting relationship they had with the *tuisversorgers*.

Once I had familiarised myself with the area and identified all the *bejaardes* with high blood pressure, I did in-depth interviews with them. According to Babbie (2010) in-depth interviews may cover one or two issues, but creates an opportunity for probing from the researcher. In addition, in-depth interviews provides a space to gain clarity on the interviewee's responses. I decided to use the in-depth interviews to gain a better understanding of the personal life of the elderly, the challenges they

faced as chronic patients and their personal motivations for using different treatment plans.

I did multiple interviews with 17 individuals, who also became my most active research participants. Making interview arrangements with women was easier as they were often at home or at the club. Due to the scarcity of work in Nuwerus, most of the men worked outside Nuwerus. This was a challenge when I tried to incorporate male participants into the study. The outcome proved to be very frustrating - I had proposed to conduct interviews with 10 elderly males and 10 elderly females but this could not be accomplished. As a result, the 17 interview participants ultimately comprised 16 females and one male. I did however have countless informal conversations with the elderly, both men and women, during the fieldwork period.

Initially, the participants seemed somewhat uncomfortable during the interviews because I had my recorder on and I was making notes. Legard, Keegan and Ward (2003) argue that this phenomenon is a common manifestation during the interview process. They also suggest that researchers should be flexible and create a comfortable environment for their participants. I soon learnt to be more flexible and engaged the elderly with narratives about their health and lifestyle, traditional herbal medicine and its uses, why people were moving away from it, and why knowledge was not being transferred.

I continued to use the tape recorder with their permission, but instead of sitting inside the house at the table with all my notebooks, we sat in places where the participants felt more comfortable, often inside or outside the club, outside their homes in the shade or in their front gardens with a nice view of the gardens filled with succulent plants that I had come to love. The conversations always seemed to start with my stay in Nuwerus, or the landscape that surrounded us. During the home visits, the home garden was always a topic of discussion, mainly because there was always a story to be told about the different plants and how it had ended up in their gardens. I realized that sharing plants, medicinal or aesthetic, was commonplace in Nuwerus.

2.5 Reflexivity

Being a young female researcher interested in traditional herbal medicine and located in an area where medicinal plants are locally found, I was attentive to the knowledge of the seniors about traditional herbal medicine, especially the plants used to treat high blood pressure. Initially, I could not understand why people were singing its praises but rarely used it. I wanted to find people who actively used traditional herbal medicine. I had somehow assumed that people would utilise traditional herbal medicine instead of prescription medicines – which I had also assumed, would not be easily accessible. The reality was that everyone with high blood pressure regularly received bags of tablets for their condition from the clinic or the *tuisversorgers*.

I had envisaged finding many elderly who had "*oumensraad*[1]" (Davids, 2010, p.7) and regularly collected medicinal plants from the *veld*. Yet many of the elderly had become forgetful and could not always remember all the plant names, or they were too old to walk in the *veld* to collect medicine.

Being a young Coloured female in the field I also became intensely aware of my gender when I was harassed on occasion by men. Clancy (2014) notes that females are prone to being harassed in fieldwork settings. Even though I carried a small can of pepper spray with me every day when I went out to do research, I knew that it would not protect me from groups of males who always seemed to crowd the road, pavements and shops, especially during weekends. When going door-to-door, I could tell that men were often watching me.

Due to my fear of being harassed, I refrained from going into the houses of young males to conduct research. I preferred to converse with them in the front yard or on the side walk where I would be in plain sight of other people. One male, who was intoxicated, threatened to "*toor*" (bewitch) me. I was thoroughly alarmed and decided to walk with a local man I trusted when I felt I needed protection during the research process.

The *bejaardes* and *tuisversorgers* became very protective of me and warned the males in the community to stay away from me. Soon I had "bodyguards" of my own -

[1]Oumensraad (translated meaning -old people advice)- The method used by the elderly to care for others. It is also a coping mechanism used to contend with the ailments associated with old age. This knowledge is a result of their life experiences.

arranged by the *tuisversorgers*. For example a *tuisversorger*, Katinka designated her son to walk with me. The administrator of the *bejaarde klub* administrator, *tannie* Sophia, also told her nephew to walk with me if and when I felt it necessary. It was evident that they were no longer just research participants, but my friends. Before I left, the *bejaardes* held an emotional surprise "*afskeid*" (farewell party) for me at Vanrhynsdorp waterfalls with gifts to remember them by. I realised that I cared a lot more than I thought possible for the quiet little town that is Nuwerus and its inhabitants.

Before I left, I wanted to show my appreciation for their acceptance, hospitality and love, so I bought flour and fruit for them since the elderly baked a lot and could not always afford fruit. To leave them with a touch of Cape Town, I baked doughnuts and made curry bunnies for them.

2.6 Ethical considerations

Institutional clearance for this research was obtained from the Senate Research and Ethics Committee of the University of the Western Cape. The study strictly adhered to the Ethical Guidelines of South African Review of Sociology, as well as to international Ethical Guidelines for Social Science Research in Health. The aims of the research were carefully set out and discussed with participants: both verbally and in writing, in Afrikaans. The survey questionnaires included a prior informed consent document and information sheet, as did the qualitative research. The documents were explained verbally and consent was sought both verbally and with written signatures. Furthermore, permission was obtained from the district health authorities and the Matzikama municipality.

Based on the nature of this research, all information was stored in a locked cabinet at the university and only I had access to it. Anonymity was offered to participants. All information including participants' identity was kept strictly confidential. All participants were asked not to disclose anything said within the context of the discussion. All identifying information was removed from the collected materials. Participants were informed verbally and in writing that participation in this research would not in any way affect their access to chronic medicines or to any health services. Participants were made aware that they could withdraw from this study whenever they wished, and if they did, all information pertaining to them would

be destroyed. The researcher worked with each individual interviewee to determine the site in which he/she felt most comfortable in for the field interviews. Similarly, participation in the focus group discussions was based on written and informed consent. Participants consented to the use of photographs in the thesis. They were asked whether I could record interviews and discussions. Where participants were uncomfortable with being tape recorded, I resorted to note taking. The methods of ensuring the safety of the data collected, was explained to the participants—in other words, the data collected was only available to my supervisors, beside myself. Furthermore, I informed the participants that the data collected for this research would be used for the completion of my master's degree thesis in addition to papers published based on my thesis. I informed my participants that their identity would be protect by the use of pseudonyms and addresses. In other words, I ensured that no participants would be identifiable from the thesis. This research was only conducted once the ethical review board approved my proposal.

Some of the ethical issue surrounding shadowing research was addressed by Johnson *et al.* (2014) who argues that researchers should be mindful of their position as well as the participants' when using the shadowing research method. In my research, patient confidentiality between the *tuisversorgers* and patients was amended to accommodate my being there. I was given permission to use the data collected during the home based care visits on the condition that I omit their names. I received the permission of participants to use photographs in my thesis.

2.7 Conclusion

This chapter looked at my entry point into Nuwerus and the larger Matzikama Municipality. I provided a detailed account of the reasons behind the mixed method approach and the problems encountered during the research process. In addition, I included a section on reflexivity by evaluating my research experiences, as well as a section dedicated to the ethical considerations drawn up for research of this nature. The following chapter is a literature review of the elderly, high blood pressure and medicinal plant use.

Chapter 3

Literature review and theoretical framework

3.1 Introduction

The terms 'old age' and the 'elderly' have been a topic of discussion in a growing number of research publications over the years (Ramashala, 2002; Singh *et al.*, 2009; Quéniart & Charpentier, 2012; Rosette, 2015). In the social sciences, some research on the elderly focuses on conceptualising old age, as well as on the medicalization of the physical condition of being elderly, e.g. gerontology (the study of the process of ageing) and geriatric medicine (Lascaratos & Poulacou-Rebelacou, 1999). Research shows that 84% of deaths are among the aged (60+ years) are caused by chronic illness (non-communicable disease) with cardiovascular disease being the leading cause (Joubert & Bradshaw, 2006, p.154). As a result, more funding should be allocated to further the research on the chronic disease burden amongst the aged (Joubert & Bradshaw, 2006). This chapter scrutinises the elderly in relation to literature concerning their frailty, the social roles of the elderly, but also their everyday practices that enables them to stay fit, strong, healthy and independent (Dunér & Nordström, 2005; Jones, 2006; Ralston *et al.*, 2009). This chapter will also scrutinise the use of traditional herbal medicine amongst the elderly.

3.2 Defining Chronic illness

Chronic illness is prolonged in duration; it is rarely resolved and does not have a cure. In addition, chronic illnesses are complex and vary in terms of their aetiology and the extent of its impact on the community. Some chronic illnesses contribute largely to premature death and disability. Chronic illnesses are also referred to

as non-communicable diseases (NDCs) because the disease cannot be transmitted from one person to another. Four main types of NDCs exist, namely chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) cardiovascular diseases (such as heart attacks and strokes), cancers, and diabetes (Alwan, 2011, p.9). NDCs disproportionately affect low and middle income countries where approximately 80% of all deaths are a result of NDC (Ibid). NDCs are currently the leading cause of death in all regions except Africa; however, current projections indicate that largest increases in NDC deaths will occur in Africa by 2020 (Joubert & Bradshaw, 2006, p.10). Research has shown that all regions and all age groups are affected by NDCs; however, NDCs are mostly associated with older age groups. In addition, more than 9 million deaths before the age of 60 is a result of NDC's and socio-economic factors contribute largely to the increase of NDCs. Vulnerable and socially disadvantaged groups are at greater risk of being diagnosed with NDCs in comparison to socially advantaged groups as the exposure to harmful habits such as the over-use of tobacco, alcohol or unhealthy food and limited access to health care are higher (Joubert & Bradshaw, 2006, p.33).

3.3 Illness most occurring in the elderly

Research conducted in South Africa shows that chronic illness in the elderly population (60+ years) is the main cause of mortality. The leading causes of death in older women and men highlight the significance of the chronic disease morbidity in the older population (Joubert & Bradshaw, 2006, p.91). In South Africa, non-communicable disease accounts for 84% of all deaths this group, with stroke and Ischaemic heart disease being the leading causes of death in women: the order is reversed in men, and together account for about one third of all deaths (Ibid, p.1). More than 60% of women aged 65 and older are hypertensive, and deaths from hypertensive heart disease are twice as high in older women in comparison to older men (Ibid, p.212). Overall, hypertension is the most commonly reported chronic condition in both men and women, followed by arthritis (Ibid, p.212).

Lifestyle behaviour and inadequate health care over the life course results in chronic disease in later life. Rapid urbanization trends, and the adoption of a diet rich in salt, sugar, fats, increased alcohol consumption and tobacco use contribute to hypertension, especially in South Africa (Yusuf *et al.*, 2001; Joubert & Bradshaw, 2006). Patient awareness for hypertension is low and is typically poorly managed.

Furthermore, 35% of older men and 7% of older women currently use tobacco daily (Joubert & Bradshaw, 2006, p.213). Slightly less than half of older men and a fifth of older women currently consume alcohol. These factors contribute largely to NCD Among the aged. Health care for the majority of the older population in South Africa is far from adequate and disease prevention is sorely under developed (Ibid). As a result, the elderly remain fairly 'health illiterate' and health professionals in less urbanized areas typically lack knowledge and skills to treat and educate older clients, (UNPD, 2009).

3.4 Representation in the literature

The United Nations (UN) categorises an individual as elderly once they reach the age of 60 years old (United Nations, 2015). Using the UN indicator for old age, South African men and women are considered elderly once they reach 60 years old; however, women qualify for a pension at 60 years and men at 65 years as stipulated in the South African Older Persons Act (2006). Social classification of old age or the 'elderly' follows from this benchmark. Individuals do not necessarily agree with categories associated with old age. Social representations such as "old, older, senior, elderly and elder" sometimes have negative social meanings attached, perpetuating stereotypes concerning the elderly (Jones, 2006, p.81). In addition, social representations of old age have predominantly painted a picture of loss, dependency, impairment, isolation and having little to no sense of autonomy in social groups (Quéniart & Charpentier, 2012, p.986). Kaufman (1986) suggests that the various meanings associated with old age should be understood in their cultural and socio-structural context. By investigating the meaning of old age as it is understood by the elderly, researchers are able to provide a more accurate account based on the real life experiences of what is considered old age (Quéniart & Charpentier, 2012). This approach contextualizes the meaning of old age is as it is socially constructed by the elderly Kaufman (1986).

In this regard a study in Ghana by medical anthropologist Van der Geest (2004, p.77) found that, even while elderly people engaged in social activities, they experienced loneliness. This was mostly because their "wisdom and advice' was not respected anymore. The elderly regarded these as "the most valuable proof of respect and companionship" (Ibid, p.77). An earlier study by the author (Van der Geest, 1997) argued that respect for old people as 'the elderly' had lessened in Ghana. Old

people who had been financially successful and had some money were nonetheless still accorded respect while "Having no money makes old age bitter" (Ibid, p.551).

In this regard the South African literature represents a rather disconcerting picture of the lives of the elderly. For example, Chigali *et al.* (2002, p.21) investigated experiences that affect the wellbeing of elderly people in Mfuleni Township, Cape Town. The study found that the majority reported feelings of isolation and loneliness, loss of respect and dignity. They had inadequate access to health care services and accommodation. A study on the health status of elderly people in Cape Town (Govender, 2012) found that 43% reportedly lived in shacks and 88% had fewer than three meals a day. Waiting times at clinics – particularly to get their medication - was a problem. The majority (64%) of pensioners scored as severely depressed on the geriatric depression scale and reported being mistreated by a family member (Ibid, iii). Many of the pensioners financially supported their children and/or grandchildren. .

Nonetheless in some recent literature, positive representations of old age have started to emerge, focusing more on the independence, autonomy and the ability to remain active and socially engaged in their communities (Quéniart & Charpentier, 2012). The emergence of optimistic representations of old age in the literature is a by-product of the movement towards successful aging, a factor that has been overlooked in the past. Successful aging is a concept used to measure the individual's state of being at a certain moment, as well as a process of continuous adaptation (Von Faber *et al.*, 2001, p.2964). Successful aging is influenced by cultural context and the setting in which the elderly is situated (Dunér & Nordström, 2005). Successful aging evidently encapsulates the all-inclusive process of aging in its entirety based on the subjective experiences of the elderly.

Material living standards also contributes to a sense of well-being for the elderly. In this regard a report by Møller (2011) compared material living standards in households in South Africa between 2002 and 2009. Where old people in households received pensions they reported higher levels of life satisfaction. This was the case in both rural and urban settings. The living standards of households had, according to this study, improved between 2002 and 2009 – also as a result of better access to social grants.

3.5 Social constructions of old age

Literature on the elderly provides a critical inquiry as to the cultural and social constructions of aging and the aged. This review is of significance in light of the aging world phenomenon (He *et al.*, 2016). The elderly have become socially othered by medically categorizing them as a high risk group. They are culturally constructed as unproductive and have become increasingly central in social and political discourses. Health care services and the division of resources allocated to the elderly add to the negative stereotypes associated with the elderly. As a result, negative stereotypes impact the policy decisions and social identity of the elderly as a social group (Talarsky, 1998).

Literature on the elderly argues that becoming old in Western societies is perceived as a downward spiral with various social and economic losses in addition to the decline of the body and mind. The losses linked to becoming old include a decline in social status as well as a disconnection with family and friends (Pascucci & Loving, 1997; Femia *et al.*, 2001). Impairments and physical diseases increase with advanced age (Jagger *et al.*, 1993; Zarit *et al.*, 1995; Dening *et al.*, 1998) contributing to the limitations associated with old age. As a result, the ability to manage the everyday activities are implicated, thus increasing depression rates among the aged (Stouffer Calderon, 2001).

Even though the existing literature on the aged paints a bleak picture, there are studies that emphasize the positive characteristics of old age. Research papers by Baltes & Kühl (1992) found that levels of maturity increase in old age, on a skills and intellectual level. Other research papers highlight a better quality of life amongst the aged (Sarvimäki & Stenbock-Hult, 2000) in terms of their state of well-being, that is generally overlooked (Kunzmann *et al.*, 2000). Positive characteristics of old age are categorised as resilience in the literature. Resilience is a personal characteristic and internal strength that motivates individuals to recover from unpleasant experiences (Dyer & McGuinness, 1996).

Among the aged, resilience is described as an adaptive capacity that contributes to maintaining a sense of independence and overall well-being (Rowe & Khan, 2000). Resilience among the aged is an all-inclusive process incorporating levelheadedness, self-reliance, meaning, perseverance and acceptance. Nygren *et al.* (2005) conducted a study on resilience and found that resilience is a result of inner strength.

Furthermore, they suggest that health care and social care services consider the aspect of resilience when providing services for the aged. Nygren *et al.* (2005) argues that inner strength should be considered and applied in health care facilities. This will counterbalance the predominant risk group perception often found in the health care system (Nygren *et al.*, 2005).

3.6 Understanding illness and treatment - elderly in Western Cape

Ferreira & Kowal (2006) conducted a study in disadvantaged townships in the Western Cape. They found that poor living conditions negatively affected the physical, psychosocial and material health of the elderly. However, Davids (2010, p.16) found that the elderly in Bonteheuwel highlighted the positive aspects of old age– even while living in a disadvantaged community. Davids (2010, p.18) also found that the elderly valued their experiences of dealing with illness, its treatment and methods to produce relief of symptoms and get better – for themselves, their kin, neighbours and those under their care. As a result, the elderly are skilled at diagnosing and treating various illnesses by incorporating local and biomedical knowledge (Lupton, 2003).

For the elderly in low socio-economic backgrounds, preserving health is an all-inclusive process of reciprocity between themselves, family, friends and neighbours Davids (2010, p.50). A central point of focus is the garden, which has great symbolic meaning and is seen as representative of the life and character of the individual who maintains and nurtures it. The gardens of the elderly are also used to grow herbs and traditional herbal medicine to treat themselves and others (Ibid). Furthermore, the process of providing care as part of their everyday life, in the face of illness and poverty is one way the elderly interact with one another. This may take the form of advice about illness, treatment experiences, health or exchanging traditional herbal from home gardens (Ibid).

However, self-medicating with household remedies prescribed by traditional healers and family members relies on access to various medicines -pharmaceutical as well as plant (Cocks & Møller, 2002). In self-care and treatment of close family and friends, individuals often create their own tinctures or teas by combining various herbal

remedies as well as allopathic medication. As a result, the basis of care through social interaction is necessary when coping with life in a disadvantaged community.

A nation-wide survey conducted in the 1980s amongst the elderly Coloureds in South Africa residing in rural areas, home remedies made from traditional herbal medicines was used by majority of the population to treat illnesses as an alternative or in addition to Western medical treatment (Ferreira, 1987). Similarly, Cohen (2009) found that plant based remedies were given to individuals as a supplement or an alternative to allopathic medicine by *bossiesdoktors* (plant medicine doctors) in South Africa. These remedies were usually given to close friends and relatives without payment expected for it (Cohen, 2009, p.19). A recent study conducted in Bitterfontein, found that residents use traditional herbal medicines to treat high blood pressure and Type 2 Diabetes Davids *et al.* (2016, p.10). Twenty-four plants were reportedly used to manage high blood pressure in Bitterfontein (Davids *et al.*, 2016, p.10).

Thring & Weitz (2006, p.262) argue that many people in South Africa still use plants as medicines for many illnesses, even chronic illness. Additionally, a study conducted by De Beer and Van Wyk in Calvinia in the Northern Cape Province found that indigenous medicine is still widely used to treat illnesses within the area and that individuals (De Beer & Van Wyk, 2011, p.751). Research participants from different age groups identified various indigenous plants; however, the elderly were located in three categories. The three categories were (1) participants who are unaware of plants and their uses (2) participants with some knowledge about plants growing in the community, and (3) local experts with knowledge of the plants and its uses (Ibid, p.753). De Beer & Van Wyk (2011) argue that there is a shortage of local experts in the Cape region. This last category of people typically includes the herbalist or *bossiedokters* (bush doctors) (Ibid). This occurrence could be based on the fact that indigenous knowledge about traditional herbal medicines is not transferred to the younger generation.

Local knowledge of traditional herbal medicine and traditional healing is orally transferred to younger generations in Southern Africa (Stoffersen *et al.*, 2011). Thring & Weitz's (2006) research findings suggest that South Africans are losing valuable medicinal plant knowledge mainly because we failed to document it properly as well as other traditional medicines. Knowledge about traditional herbal medicine shared by the elderly is based on the memory of their family members using indigenous plants; however, no one has made a concerted effort to document it

(Thring & Weitz, 2006). Similarly, Ferreira (1987) found that the remedies used by the elderly come from their exposure to traditional herbal medicines used by their family members for symptomatic relief. Furthermore, treatment recommendations made by the elderly are prescribed to family friends and community members based on their own experience with the treatment outcomes (Ferreira, 1987; Thring & Weitz, 2006; Cohen, 2009; Davids, 2010). When looking at medicinal plant use, we should consider the possibility that the plant based remedies have been used alongside western allopathic medicine.

3.7 Allopathic and plant medicine in context

The pharmacological action upon the body is important when looking at how individuals come face to face with illnesses, as the pharmacological action determines the outcome of the treatment itself, especially when looking at the efficacy of the treatment. These treatments also have healing properties derived from the meanings they contain for people, namely the placebo effect or the 'meaning response' (Whyte *et al.*, 2002, p.15). Both these forms of efficacy relate to the outcome of treatment for the individual mindful body. Additionally, medicines both plant and allopathic, can also have social efficacy by which the effects on the relations between those enacting illness and treatment (Ibid). These different forms of efficacy reinforce one another. Moreover, in real life, efficacies are assessed not by pharmacologists but by social actors who have their own criteria and expectations located within a particular social and cultural context. As a result, it is important to understand how the elderly perceive efficacy with regards to their own treatments.

Perceived efficacy of medicines is further found to be related to price and provenance. In a study conducted with mothers in the community, Whyte *et al* (2002) found that the expensive drugs were perceived to be more powerful due to their price. Herbal remedies on the other hand which are encouraged by community health workers as alternatives to expensive medicines are considered less powerful and less effective (Ibid). Research has shown that inert substances can make the condition of the user improve, often nearly as much as the medicine that contains the active ingredient (Ibid). They work because people expect them to work and have confidence in their efficacy and or in the person giving them the treatment. Additionally, medicines carry a powerful symbolic value which is the return of health. In biomedicine, symbolic healing is called the placebo effect and this effect is of particular interest

to the anthropologist because it involves a discourse, knowledge, belief, form, relationship, commitment and history directly affecting the human body (Ibid). This aspect of healing is important when looking at how the elderly perceive plant medicine and the remedies made from the plants within the community. In addition, it is important to take chronic illness into account as there is no cure, only treatments to manage the illness. This notion brings to light efficacy.

Efficacy as argued by Etkin & Michael (1994) is culturally constructed. It is understood in the context of a larger healing process, including initial perceptions of symptoms, notions of causation and severity, subsequent treatment actions and expectations of outcome, as well as evaluations of efficacy and further treatment choices if outcome is unsatisfactory. One is to look at the culturally shaped expectations of medicinal effect, thus revealing the rationality of people's assessments of efficacy. This approach focuses on the systematic and more or less conscious attention that social actors pay to illness aetiology and bodily processes. The notion of social efficacy provides a way of understanding habitual practices (Whyte *et al.*, 2002). They can be seen as the performance of treatment in a conventional and therefore recognizable way. People act in ways which make sense to them because it makes sense to others (Ibid). People have attributed special transformative powers to material substances across cultures throughout human history Van der Geest *et al.* (1996). By definition, medicines are materials that have the capacity to change the condition of a living organism for better or for worse (Ibid, p.154).

The prototype of medicines are in the *meteria medica* that alleviate ill health, and the significance of medicines for most people lies in the curative efficacy (Whyte *et al.*, 2002, p.1). Van der Geest *et al* (1996) who followed Appadurai (1986) argue that the secret of the attributed power of medicine lies primarily in their concreteness. Their "thinginess" provides patients and healers with a means to deal with the problem at hand (Van der Geest *et al.*, 1996, p.154). As Van der Geest (1996, p.154) puts it, medicines are tangible, usable, in a concrete way: they can be swallowed, smeared on the skin, or inserted into orifices, e.g. as a suppository. Van der Gesst*et al* (1996, p.154) argues that the abovementioned activities hold the promise of a physical effect by applying the "thing" and transform the state of dysphoria into something concrete. Thring & Weitz (2006) found that many plant remedies were taken as a tea or smeared or packed onto the body. In addition, Cohen found that the plant remedies used usually resulted in sweating the illness out of the body, mostly through physical exertion; this was an indication that the

medicine was working (Cohen, 2009).

The elderly are said to be the knowledge holders of medicinal plants (Cocks & Møller, 2002). Cohen (2009, p.19) argues that there are individuals who have knowledge about medicinal plants, often older men or older women, who learnt about medicinal plants from their own parents or grandparents. A study conducted in Malaysia in 1996 has shown that 29% of the elderly utilized plant medicines with a recent update of 40.9% of medicinal plant use in Malaysia (Ismail *et al.*, 2005). A study from Suriname showed a higher percentage of medicinal plant use with a 66% reported use of traditional medicine to treat hypertension, the common cold, fever, urinary tract infections and headaches (van Andel & Carvalheiro, 2013, p.10). Also, at least 22% combined traditional medicine with prescribed allopathic medicine with familiarity with medicinal plants being the main reason for utilization (Pala Nazir *et al.*, 2010; van Andel & Carvalheiro, 2013). It is argued that the illness and traditional herbal knowledge predict plant use; not poverty or a limited access to modern health care (van Andel & Carvalheiro, 2013, p.11).

3.8 Summary

This chapter looked at some current literature on the elderly. I focused on the ways in which the elderly are represented and the stereotypes used to describe and conceptualize them. Stereotypes usually associated with the elderly portray them as vulnerable, physically weak, disease ridden, dependent on family members for survival, detached from society and unable to function on their own. This chapter highlighted issues like resilience, to capture the unseen efforts by the elderly to adapt and function on a day to day basis. I addressed the treatments options used by the elderly and the ways in which they identify and measure the efficacy: and the significance of old age, by presenting the elderly as repositories of knowledge. The following chapter looks at the statistical findings of the household study conducted in Nuwerus by providing an overview of the socio-economic background of the community. It also looks at the ways in which traditional herbal medicines are used in the community to manage high blood pressure.

Chapter 4

Household survey results on High blood pressure in Nuwerus

4.1 Introduction

Information relating to Nuwerus is scarce. The population status and some developmental statistics are a matter of public record; however, health related information about the town is not easily available. To ascertain the prevalence of certain conditions, such as high blood pressure in Nuwerus, a household hold survey was used. The survey includes four sections, each one focusing on specific issues. Section one involved basic demographic information, section two focused on the presence of certain disease conditions which had been medically diagnosed (high blood pressure, type 2 diabetes mellitus, common cold and cancer), section three involved questions about treatments used and section four focused on alternative treatment regimes. The household survey contributes to the existing body of knowledge of the Matzikama municipality.

It is important to note that research on high blood pressure in South Africa, as well as in other countries around the world, show that traditional herbal medicines are used to manage it (Hughes *et al.*, 2013). Hypertension is prevalent and people often use both traditional herbal medicine and allopathic medicine to manage this chronic disease. This is also the case in Nuwerus. This chapter provides a comprehensive background of the study area and its residents.

4.2 Socio-demographic background of Nuwerus participants

Table 4.1: Demographic characteristics of participants (n=130)

Characteristics	Frequency	Percentage (%)
Age group (Years)		
(20-29)	5	3.84
(30-39)	19	14.62
(40-49)	32	24.62
(50-59)	31	23.85
(60-69)	18	13.85
(70-79)	22	16.92
(80-89)	3	2.3
Gender		
Male	51	39.2
Female	79	60.8
Language		
Afrikaans	130	100
Number of people in the house hold		
(1-2)	30	23.1
(3-4)	63	48.5
(5-7)	37	28.4
Religion		
Christian	128	98.5
Rastafarian	1	0.8
ATB* (African traditional belief)	1	0.8
Level of education		
Primary	49	37.7
Secondary	56	43.1
Tertiary	3	2.3
No education	22	16.9
Employment		
Full-time	21	16.2
Part-time	16	12.3
Self-employed	4	3.1
Unemployed	28	21.5
Other (SFG*)	61	46.9
Monthly household income		
0 - R1999	90	69.2
R2000 - R4999	15	11.5
R5000 - R10999	7	5.4
R15000+	1	0.8
DND (Did not wish to disclose)	17	13.1
Total	**130**	**100**

*ATB: African traditional beliefs *SFG: State funded grant *DND: Did not wish to disclose.

Table 4.1 highlights the socio-demographics of the participants in Nuwerus. In the research sample, 39.2% of the sample was male and 60.8% were female. Fifty-five point ninety two percent of the population was over the age of 50 years old. There are between 3-7 people found in one household on average. The majority of the people in the sample are Christians (98.5%). Most of the people (43.1%) had secondary school education with 37.77% having only primary school education. Just below half of the sample (46.9%) relied on state funded grants such as pension and disability grants and 21.5% of the sample was unemployed. The remaining 31.6% generated an income through employment in the surrounding towns as farm labourers and livestock trading. The majority of the sample (69.2%) earned less than R1999 per month derived mostly from state funded grants.

4.3 Prevalence of high blood pressure in Nuwerus

Table 4.2: Prevalence rate of high blood pressure (n=73)

Diagnoses/Incidence of each condition	**Incidence**	**Proportion (%)**
High Blood Pressure	69	94.52
Diabetic-Hypertensive	3	4.11
Hypertensive-Diabetic	1	1.37

Table 4.2 specifies the prevalence rate of high blood pressure among the survey sample in Nuwerus. It shows that 73 (56.15%) participants (out of 130 participants) had been diagnosed by the clinic or the tuisversorgers with high blood pressure. Of the 73 participants, 94.52% were diagnosed with high blood pressure only while 5.48% also had diabetes. Diabetes does not fall within the scope of my research, but studies show that patients diagnosed with high blood pressure often go on to develop diabetes (Balogun, 2011). High blood pressure and blood sugar levels are regularly tested by the home based care nurses and medical staff in Nuwerus.

4.4 High blood pressure treatment regimens

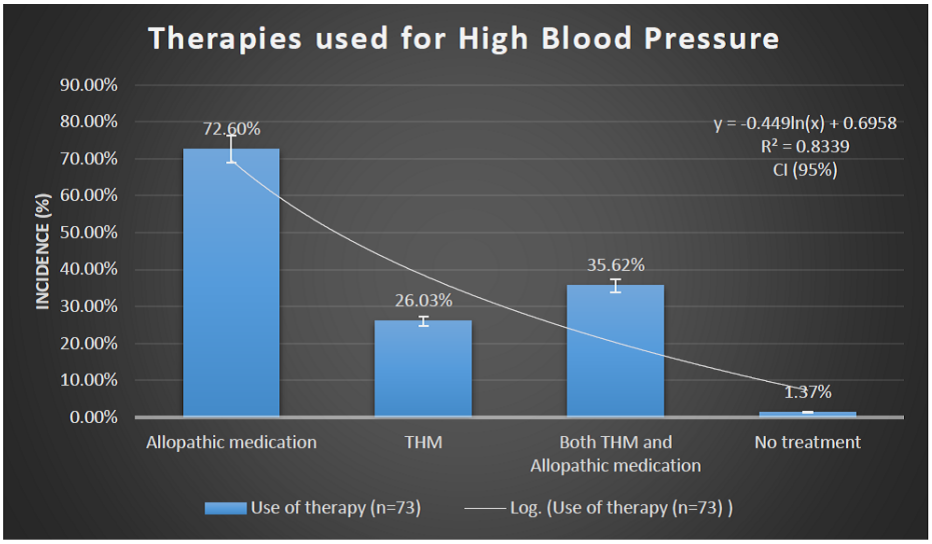


Figure 4.1: Therapies used for used for High Blood Pressure

Above, figure 4.1 shows the therapies used to manage high blood pressure. The majority (72.60%) used allopathic medication provided by the clinic, 35.62% combined their prescribed medication with traditional herbal medicine. Just more than a quarter of the survey participants (26.03%) only used traditional herbal medicine collected in the Matzikama Municipality.

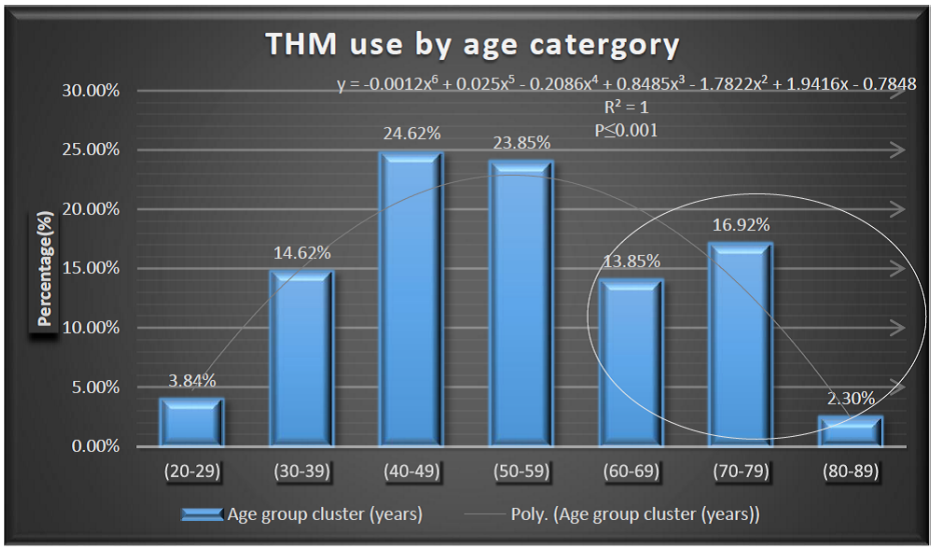


Figure 4.2: Traditional Herbal Medicine used by age category

Figure 4.2 highlights the use of traditional herbal medicines to manage high blood pressure in different age groups. About a third (33.07%) of the sample group over 60 years old used traditional herbal medicine to manage their high blood pressure. A significant finding in figure 3 shows that traditional herbal medicine is most commonly utilized by the older generation in Nuwerus with 81.54% of the sample being over the age of 40. Research over the years has shown that age is a risk factor for high blood pressure (Davids *et al.*, 2016, p.8). As seen in figure 3, participants diagnosed with high blood pressure were found in the older cohort of the sample.

4.5 Administering traditional herbal medicines for high blood pressure

Table 4.3: Administration of Traditional Herbal Medicine

Dosage (quantity)	**Percentage %**
250ml (1 cup)	50
125ml (1/2 cup)	50
Dosage (Frequency)	
Once a day (1)	33.36
Three times a day (3)	27.27
Four times a day (4)	36.36
Side-effects	
Side-effects	0
No side-effects	100
Administration	
Decoction (Tea)	100
Prescription	
Self	18.18
Family member in the household	81.82

To manage high blood pressure in Nuwerus, half (50%) of the sample ingested 1cup (250ml) of a decoction made from traditional herbal medicine, while the remaining half (50%) drank half a cup of a decoction made from traditional herbal medicine. About a third (36.36%) of the sample drank the decoction four times a day, 33.36% drank it once a day and 27.27% drank it thrice a day. None of the participants in the sample reported any side effects. The majority of the sample (81.82%) had the treatment prepared by a family member in the household. A relatively small percentage (18.18%) prepared it themselves. All of the participants in the sample

diagnosed with high blood pressure were active users of traditional herbal medicine, i.e. they had used it at least twice per week prior to being interviewed.

4.6 Gender and the use of traditional herbal medicine

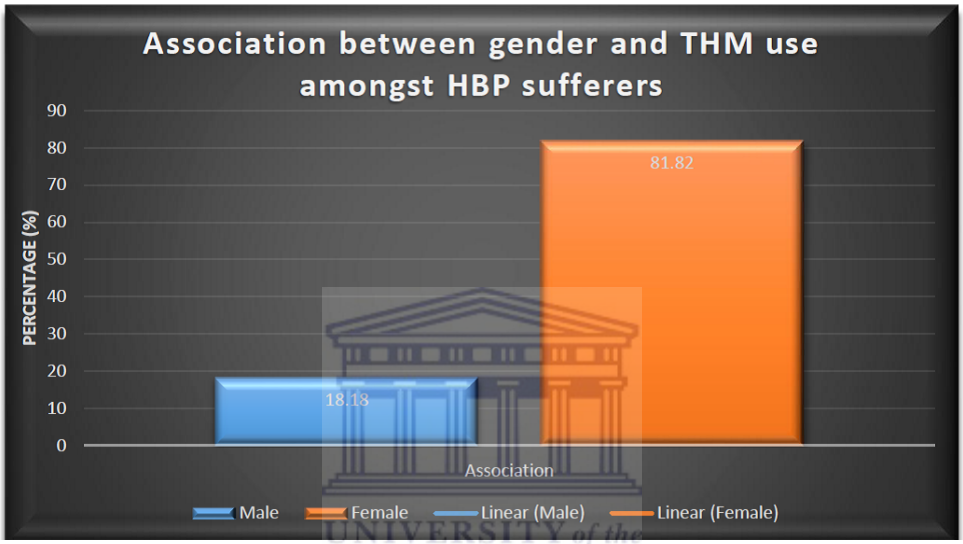


Figure 4.3: Gender and Traditional Herbal Medicine used amongst High Blood Pressure sufferers

As seen above in figure 4.3, women (81.82%) were the most frequent users of traditional herbal medicine to manage their high blood pressure and its symptoms. Ethnographic research conducted in the field of Medical Anthropology show that among the lay people, women are the users and distributers of knowledge surrounding the use of traditional herbal medicines (Davids, 2010, p.34). Even though 'expert' knowledge is more frequesntly associted with male Rastafarians, bush doctors and herbalists, females are always located within the highest percentage of individuals who use traditional herbal medicine.

4.7 Association between age and traditional herbal medicine used by high blood pressure sufferers

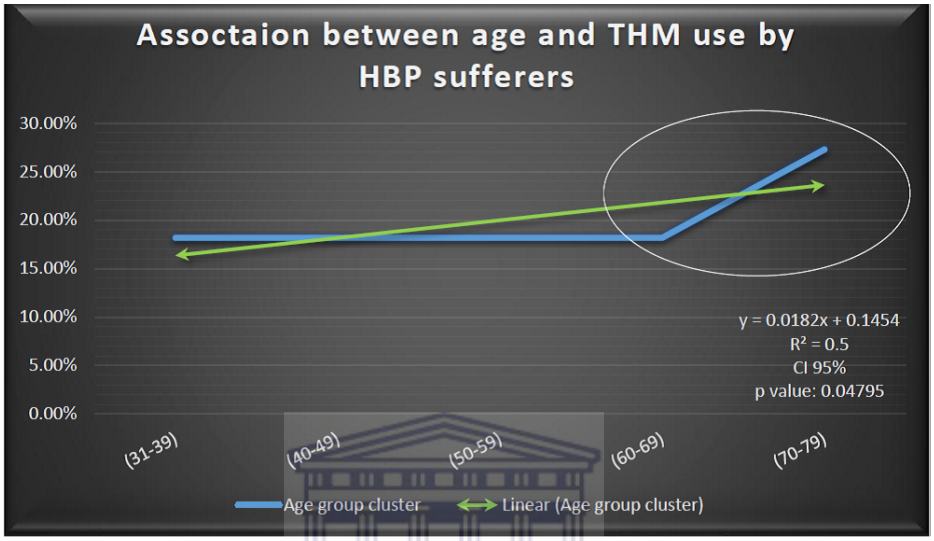


Figure 4.4: Age and Traditional Herbal Medicine used by High Blood Pressure sufferers

As seen in figure 4.4, traditional herbal medicine was used in all age groups but spiked considerably in participants from 60 years old and up. This indicates that knowledge about traditional herbal medicine features more prominently amongst the older generation. This association could be related to the perception of the elderly being the knowledge holders of traditional herbal medicines, thus using the medicines more readily than the younger generation (Davids, 2010, p.29).

4.8 Frequently used plants for high blood pressure

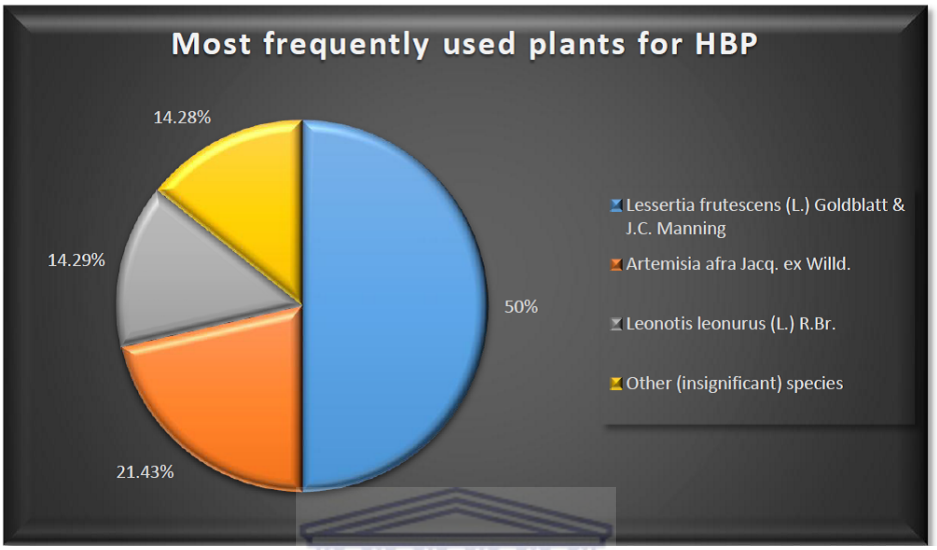


Figure 4.5: Frequently used plants for High Blood Pressure

Figure 4.5 identifies the plants commonly used to manage high blood pressure in Nuwerus. As seen above, half (50%) of the sample used *Lessertia frutescens*, 21.43% used *Artemisia afra*, and 14.29% used *Leonotis leonurus*. Research conducted on the use of traditional herbal medicine to treat high blood pressure has been reported in ethnobotanical studies. Similar research studies suggest that using traditional herbal medicine to treat high blood pressure in addition to other illnesses is a common practice. Two of the plants that came up in my research namely, *Lessertia frutescens* and *Artemisia afra* are commonly used in various treatment practices along the west coast (Van Wyk *et al.*, 1997; Van Wyk *et al.*, 2000; Van Wyk & Albrecht, 2008). *Lessertia frutescens* is widely used by herbalists, diviners Rastafarians, bush doctors, lay people, allopathic and alternative medical practitioners (Hughes *et al.*, 2015, p.2). The survey results show that no more than two plants are used in a mixture to manage high blood pressure in Nuwerus.

Lessertia frutescens is a medicinal plant indigenous to South Africa and is used to treat a wide range of health related conditions (Hughes *et al.*, 2015, p.1). The safety, quality and efficacy of *Lessertia frutescens* as a traditional medicine are being carried out through extensive scientific research and clinical trials in South Africa. To date, *Lessertia frutescens* has been tested as a possible hypoglycaemic agent for

managing Type 2 Diabetes Mellitus in addition to other diseases (Davids *et al.*, 2016). In Nuwerus, *Lessertia frutescens* is used alone or in conjunction with other traditional herbal medicines such as *Artemisia afra* or *Leonotis leonurus* to manage high blood pressure. *Lessertia frutescens* is registered as Least Concern on the Red List of South African Plants Red list status.

Artemisia afra is commonly used as a traditional herbal medicine in South Africa that is used as a purgative as well as treating a wide variety of ailments such as headaches, influenza, malaria, inflammation, gastric imbalances (Thring & Weitz, 2006; Davids *et al.*, 2016). *Artemisia afra* is registered as Least Concern on the Red List of South African Plants.

Leonotis leonurus is widespread along the Cape floristic region. This particular traditional medicinal plant has been documented for its use and efficacy for High blood pressure and Type 2 diabetes mellitus (Kenechukwu, 2004; Davids *et al.*, 2016). *Leonotis leonurus* is registered as Least Concern on the Red List of South African Plants. It is important to highlight the conservation status of the traditional herbal medicines used in this study as various biodiversity and conservation strategies have been put in place to monitor various plant groups in South Africa, especially the vulnerable plant groups. As a result, a strategy for plant conservation is being developed nationally (Ralston *et al.*, 2009; SANBI, 2014; Victor *et al.*, 2015). The plants used in this study falls outside the South African National Biodiversity Institute of Red List of plants (SANBI). Therefore, none of the plants used in this study are threatened or endangered in any way.

Family	Fabaceae	Asteraceae	Lamiaceae
Species	*Lessertia frutescens* (L.) Goldblatt & J.C. Manning	*Artemisia afra* Jacq. ex Willd.	*Leonotis leonurus* (L.) R.Br.
Voucher number	P03_01 (UWC)	P06_04 (UWC)	P25_06 (UWC)
Vernacular names (Specific to Nuwerus)	Kankerbos; bitterbos; kiertjies; blaasiebos	Wilde als	Wilde dagga
Reported use	High Blood Pressure and Diabetes	High Blood Pressure and Diabetes	High Blood Pressure and Diabetes
Part of plant used	Leaves	Leaves	Leaves, roots and flowers
Notes	Mostly prepared as a single remedy.	*A. afra* is widely used to treat a variety of ailments and as a general tonic. A strong infusion of *A. afra* is said to drastically reduce blood pressure and sugar levels.	The, leaves, roots and flowers are used in a decoction to treat pain and inflammation associated with HBP and T2DM. The plant is also reportedly used as a pain reliever.

Table 4.4: Medicinal plants used to manage High blood pressure

4.9 Plant parts most frequently used for traditional herbal medicine

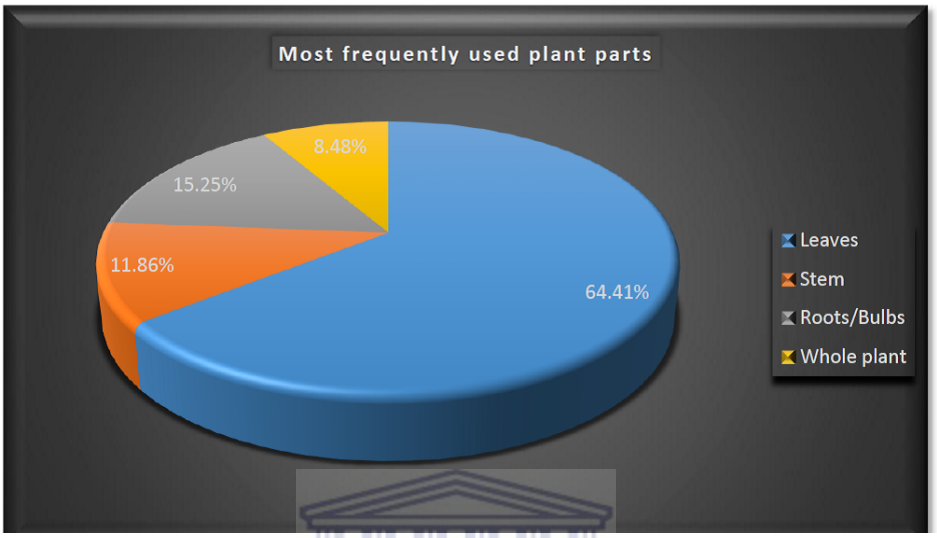


Figure 4.6: Parts of plants used

Figure 4.6 indicate the parts of plants frequently used when making a decoction for high blood pressure medicine. Sixty four point forty one percent of the sample only used leaves while 15.25% used roots/bulbs; 11.86% used the stems and the remaining 8.48% used the entire plant. Research conducted on the use of traditional herbal medicines found that leaves and stems are the parts commonly used to make medicine. Even though other plant parts were also used, it was used to a lesser extent. The widespread use of leaves in medicinal preparations is well documented in ethnobotanical studies (Hughes *et al.*, 2013; Davids *et al.*, 2014; Hughes *et al.*, 2015; Davids *et al.*, 2016). The leaves of traditional herbal medicines are considered to be the strongest parts of the plant, housing the most potency in relation to other plant parts, thus encouraging their extensive use in traditional medicines. This raises potential concerns about over-use and conservation of traditional herbal medicines as a whole (Loundou, 2008; Mintza Mi Nzue, 2009; Street & Prinsloo, 2012).

4.10 Perceptions of availability of plants for traditional herbal medicine

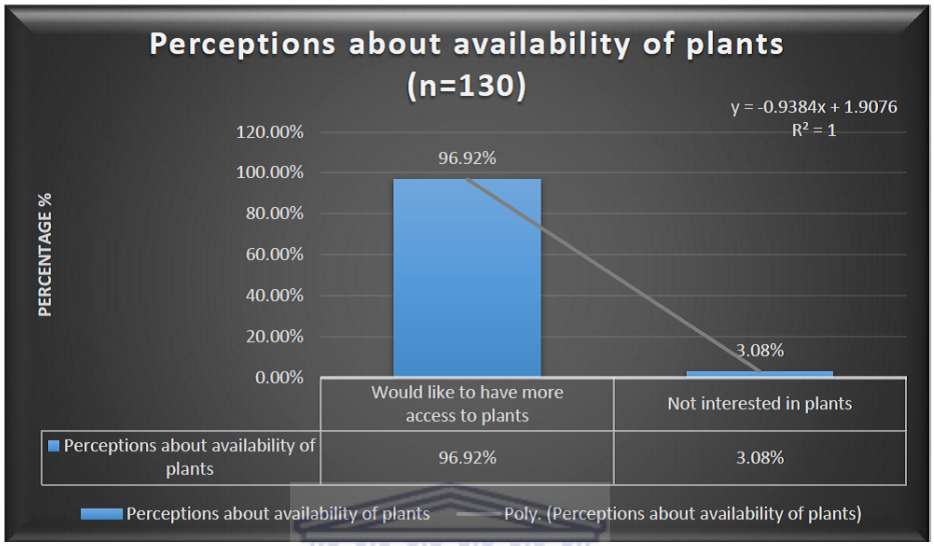


Figure 4.7: Perceptions of availability of plants

Towards the end of each interview I asked each participant if they would like to have traditional herbal medicines more readily available in Nuwerus and the majority (96.92%) of the sample said yes. The result means that there is a strong desire to have traditional herbal medicines made locally available and that the residents prefer traditional herbal medicine over government funded allopathic medication. This percentage highlights the significant role traditional herbal medicine plays in the life of the residents of Nuwerus. Traditional herbal medicine is deeply embedded in the history of Nuwerus.

4.11 Conclusion

The household survey findings provide a detailed background of the residents of Nuwerus. The demographic findings show that majority of the population only has primary and secondary school education. The majority of the population earn a monthly household income of less than R1999 per month through state funded grants. The survey suggests that high blood pressure is prevalent in Nuwerus with 56.15% of the population diagnosed with high blood pressure. The survey findings

show that even though the majority (72.60%) of the sample used allopathic medicine to manage high blood pressure, the remaining 61.65% of the sample use traditional herbal medicine alone or in conjunction with allopathic medicine to manage high blood pressure. Even though allopathic medication is largely used in Nuwerus, the practice of traditional herbal medicine lives on in the area especially amongst the older generation. The following chapter will look at the lives of the elderly living with high blood pressure. The chapter will provide an in-depth account of the lived realities of high blood pressure, how it is understood, managed and treated on a day to day basis.

Chapter 5

Understanding and living with High Blood Pressure

"*Is ń lelike besigheid die bloeddruk stories, rerag waar. Jy moet vir jou baie kalm hou met die bloeddruk stories*" (It's an ugly thing this blood pressure stories, truly. You must keep yourself very calm with this blood pressure stories) (Transcribed interview, October, 2014).

5.1 Introduction

To *tannie* Liez (above) high blood pressure is an unpleasant reality she has to constantly regulate. She manages her high blood pressure by staying calm. To her understanding, high blood pressure is something the body is relentlessly trying to balance out as she becomes older and increasingly susceptible to other heart related diseases. High blood pressure affects 20 million people in South Africa. Known as a non-communicable disease, it is more prevalent in low socio-economic areas, with women more at risk of developing the disease than men (Hughes *et al.*, 2013).

Sociological studies show that demographically defined indicators, such as social and cultural change, tend to produce stress resulting in elevated blood pressure. In settings where social stressors like poverty, unemployment and lack of resources are prevalent, high incidences of hypertension are commonly reported (Stahl, 1976a). Nonetheless studies show that an unhealthy diet and low levels of physical fitness are not necessarily perceived as causal factors by patients diagnosed with high blood pressure (Flynn *et al.*, 2013; Peer *et al.*, 2013). Research conducted in America and South Africa show that study participants perceived stress - family, financial and job related - to be the main reasons why they have hypertension (Flynn *et al.*,

2013; Peer *et al.*, 2013). Similarly, patients[1] in Nuwerus diagnosed with high blood pressure also view family, financial and job related stressors to be the main reason for the onset of high blood pressure.

Even though high blood pressure is biomedically defined as a chronic disease, by e.g. the nurses in the clinic and the *tuisversorgers* in Nuwerus, the elderly's perceptions and experiences of hypertension move between the frameworks of disease and illness. Illness is defined as the sociocultural context within which disease is experienced. A sick person and his/her family label, give meaning to, classify, and make sense of an episode of being unwell in ways which are personally and socio-culturally sensible (Kleinman *et al.*, 1978). Disease is a psychological or physiological malfunctioning in the body exhibited in specific symptoms recognised by medical staff (Herselman, 2007). The shift made between disease and illness becomes apparent in the everyday conversations amongst the *bejaardes* and *tuisversorgers*. There is a slippage from hypertension, a disease, to high blood pressure, an illness, for the *bejaardes*. In Nuwerus, the *bejaardes* constantly move between the biomedical and lay understandings of this condition and understand it as somehow related to high levels of stress. Expressions like "*my bloed is hoog*" (my blood is high) or "*my bloed is op*" (my blood is up) are common amongst the *bejaardes* and are also understood as indicative of a time and state of distress. This chapter aims to demonstrate the lived realities of a *hoë bloeddruklyer* (high blood pressure sufferer) in Nuwerus. By looking at narratives surrounding initial diagnoses, treatment plans, lifestyle and various spaces like the *bejaardes* club, *tuiseversorgers'* office and the clinic, I show how the *bejaardes* negotiate 'health' and make sense of *hoë bloed* (high blood).

5.2 Defining Hypertension

Biomedically, hypertension is defined as having a blood pressure reading of $\geq$ 140/ 90 mmHg (Hughes *et al.*, 2013, p.1). It is highly prevalent and estimated to affect 800 million globally (Ibid). It is the most commonly reported chronic condition with over 60% of men and women diagnosed with the disease (Joubert & Bradshaw, 2006). Moreover, hypertension is one of the chronic diseases partly attributed to behavioural factors - alongside diabetes and obesity. Hypertension is also an

[1]I use the word 'patients' because that is how *tuisversorgers* with whom I worked regularly, referred to their clients – the people with hypertension.

important risk factor for cardiovascular diseases (CVD) such as heart attacks and stroke (Hughes *et al.*, 2013). As a result, hypertension is one of the greatest health challenges in South Africa (Peer *et al.*, 2013).

Recent studies show that hypertension in Africa increased in comparison to high income countries (Peer *et al.*, 2013). This shift is attributed to an increase in globalization and urbanisation. These results change rare medical conditions to a common phenomenon in society today (Hughes *et al.*, 2013). As seen in chapter four- *Household survey results on High blood pressure in Nuwerus*, 56.15% of the sample was diagnosed with high blood pressure during the research process. The prevalence rate of high blood pressure in the community was associated with age, eating habits and the lack of physical activity. On a global scale, high blood pressure is linked to life style factors and eating habits associated with urbanization and globalization. These changes bring about modifications in diet and lifestyle choices that are associated with modernisation- affecting lifestyle factors surrounding eating habits, and changes in the standard of living (Woo *et al.*, 1999).

In Nuwerus, in the clinic, or when the *tuisversorgers* visit the elderly, blood pressure is measured with a sphygmomanometer[2]. The reading of the sphygmomanometer is compared to the hypertension testing chart to identify the various blood pressure stages. During this process the elderly person's blood pressure reading is compared to one of the following categories listed below to make a diagnosis:

Category	Systolic, mmHg	Diastolic, mmHg
Hypotension	Less than 90	Less than 60
Normal	90 – 119	60 – 79
Prehypertension	120 – 139	80 – 89
Stage 1 Hypertension	140 – 159	90 – 99
Stage 2 Hypertension	160 – 179	100 – 109
Hypertensive Crisis	Greater than 180	Greater than 110

Figure 5.1: An example of a hypertension testing chart

[2]Sphygmomanometer an instrument attached to an inflatable air-bladder cuff and used with a stethoscope, for measuring blood pressure in an artery (2016).

Figure 5.1 shows the blood pressure category and the reading associated with the category. Blood pressure readings are compared to the categories above and patients are diagnosed and treated accordingly. This process, the technology used, as well as the categories indicated, are recognised globally as "objective" measurements of deviation from what is considered to be the "normal" body and "normal" blood pressure (Lock & Nguyen, 2010). Similarly, causal factors for hypertension are represented as the result of bad life style choices, hereditary family ailments, eating habits and lack of physical fitness. This is also how nursing staff and *tuisversorgers* make sense of high blood pressure/hypertension within the framework of biomedicine: this condition is to be managed through the use of prescribed medication, combined with life style and dietary changes.

> *Jy moet vars kos eet, reg eet. Die sout kosse moet jy uitskakel en die vetterigheid.* (You have to eat fresh food, eat correctly. You have to cut out salty food and the fattiness- these foods usually include salted stews, meat and fried potato chips). (*Tannie Liez*, 61 years old). (Transcribed interview, October 2014).

> *Want hulle het vir my gesê ek moenie vetterigheid, soes vetterigheid eet nie, toe sê ek vir dokter maar daar hoef hy nie bekommered te wees, ek is nie ń vet mens nie. Ek eet nie graag vet nie.* (Because they told me I should not eat fatty, like fatty foods, so I told doctor but he does not have to be worried about me, I am not a fatty person). (Aunt Meitjie, 72 years old). (Transcribed interview, October 2014).

When nursing staff and *tuisversorgers* interact with *bejaardes* like *tannie* Liez and aunt Meitjie, they (staff) always emphasise diet and the necessity to adhere to the prescribed medication regimen (Pharmapress and Ridaq). The excerpts above highlight the perception of these two *bejaardes* concerning healthy eating (which usually include fresh fruit and vegetables- these items are bypassed and replaced with items that last longer but with less nutritional value such as frozen vegetables, canned vegetables, and flour). Nonetheless the ability to eat "healthily", very much depends on what the *bejaardes* can afford with their pension money. Money set aside for food is based on how "filling" a food item is, how long it will last and how many mouths it can feed. As a result, the nutritional value of food purchased on a monthly basis does not necessarily factor in its health benefits.

5.3 *Bejaardes en Tuisversorgers* (Elderly and Home Based Care Nurses): disease and illness narratives

The health facilities in Nuwerus includes a Satellite clinic operating on a Monday from 09:00 to 14:00. The nearest district hospital is in Vredendal, 77 kilometres from Nuwerus. Six *tuisversorgers* are employed by *Diakonale Dienste* (a service provided to the community through the local church) to fill the health care gap during the rest of the week. The *tuisversorgers* go for regular training through *Diakonale Dienste* and work weekdays from 07:30 to 15:00. During my fieldwork, I spent time with each *tuisversorger*, visiting patients, assessing treatments plans, filling out charts and providing assistance where I was needed. The patients of the *tuisversorgers* are divided into three categories:

Category	**Description**
1- *Ondersteunings* (support) group	Young adults diagnosed with chronic illness younger than 60 years.
2- Chronic illness group	Elderly only 60 years upwards
3- Bedridden	Quadriplegic

Each *tuisversoger* nurse has patients assigned to her from each category and has a specific route to walk every day. Based on the close relationships with fellow community members, the *tuisversorgers* have intimate knowledge about their patients. During my fieldwork, I noticed the close relationships between the *tuisversorgers* and their patients created a safe atmosphere for the patients to discuss their ailments. Helman (2007) argues that health care providers, such as doctors and nurses, and patients often view ill health in very different ways even if they come from the same social and cultural background. As a result, proof of the disease and efficacy the treatment are assessed in different ways. The *tuisversorgers'* bags are packed with files, blood pressure monitors, scales, aprons, masks and sterilising material. These nurses are trained to ask specific questions about the general well-being of the people under their care - how they slept, if their medication was taken and whether they experienced anything out of the ordinary since the last visit. It is during these discussions where disease and illness narratives take their position. Based on their home based care training, the nurses have the necessary

knowledge to engage with issues regarding their patients' ailments. However, I noticed the *tuisversorgers* and patients constantly move between biomedical and lay understandings when discussing hypertension. This shift became apparent on my first day with the *tuisversorgers* when I was introduced as *die meisie van die kruie-afdeling* (the girl from the medicinal plant division).

I am with Katinka, one of the first *tuisversorgers* in Nuwerus. Upon entering Aunt Meitjies (the fourth patient of the day) house, Katinka says "*Sy is een van die mense wat kruie gebruik*" (She is one of the people who uses medicinal plants). Aunt Meitjie (70 years old) is diagnosed with hypertension and diabetes. She patiently holds the blood pressure monitor while Katinka manually pumps the apparatus and fills in the chart. The blood pressure reading is 120/60 and Katinka says "*die bloeddruk is mooi vandag*"(the blood pressure is nice today). Aunt Meitjie says "*hy speel so rond. Dan lê hy, dan styg hy, ń mens weet nooit*" (He [referring to her blood pressure] plays around. Then it's low, then it's high, you never know). Katinka says: "Aunt Meitjie *moet die pille elke dag vat, oefen en reg eet*" (Aunt Meitjie must take the tablets every day, exercise and eat right). Shortly followed by, "*Aunt Meitjie moet ook kalm bly*" (Aunt Meitjie must also stay calm). (Field notes, September 2014).

In the excerpt above, Katinka affirms her biomedical position as a nurse and applies her skill set by taking the blood pressure reading. Even though aunt Meitjie holds the monitor in her hand, she is unable to make sense of the monitor's readings and waits for Katinka to read it out and write it down on Aunt Meitjie's patient record. After commenting on the blood pressure status, Katinka stresses the importance of taking the medication daily, exercising and of correct diet: in this regard she is following a set of protocols used by all nursing staff in South Africa in relation to hypertension (Seedat *et al.*, 2014). These protocols emphasise the correct procedures to take blood pressure measurements, how to evaluate, e.g. cardiovascular risk factors, provide antihypertensive therapy (the medication and reduction of stress) and to educate Aunt Meitji on modifying her lifestyle (diet, physical activity) to manage the condition.

Drawing on her training, Katinka can make a blood pressure reading correctly – a very important part of managing it (Seedat *et al.*, 2014). She makes sense of the reading on the blood pressure monitor: it is normal – this can be an effect of the fact that the reading is done in Aunt Meitjie's house and not at the clinic, where readings can sometimes be higher because of patient stress (Ibid). Katinka assesses her patient: she knows Aunt Meitjie does not smoke, is not overweight and

does not have a kidney disease (risk factors). Aunt Meitjie does, however, have a family history of hypertension and is over the age of 65 – these, Katinka knows, are risk factors. Katinka reassures Aunt Meitjie that her blood pressure is currently under control. Katinka's ability to fill out the documentation in ways that will be understood by other health care practitioners, draws on the specific biomedical practices and protocols. As a trained tuisversorger Katinka draws on sedimented medical knowledge relating to routine investigations she has to make, as well as routine counselling concerning management: lifestyle choices, eating habits and physical fitness (Peer *et al.*, 2013). She is also cognisant with the treatment regimens prescribed for high blood pressure by the state health services: Pharmapress, and ACE (angiotensin-converting enzyme) inhibitor and a diuretic, Ridaq. Both of these had been prescribed for Aunt Meitjie and Katinka asks whether she has been using it as part of the protocol of monitoring, and of recording her patient. The patient record gives the health care giver an overview of the patients and his/her condition and treatment over time. The patient record is also a medico-legal document.

Katinka also keeps up with the latest research and knows that a study conducted in America and South Africa shows that hypertension is also a result of a stressful life style and in stressful situations, it is best to stay calm (Flynn *et al.*, 2013). Katinka accordingly also emphasised the importance of staying calm and of avoiding stress to her patients. For the sufferers, like Aunt Meitjie and tannie Liezl, the "*spanning*" (stress) and "*onsteldheid*" (upset) - about the hardness of life in a small economically depressed town, where the men are often away to seek work or are employed in adjacent towns or on farms, where unemployment is high, old people have to care for young people, pensions have to be stretched to provide for other family members, food is expensive and alcohol abused over weekends when men come home - play a large role in their condition of *hoë bloed* (high blood). During an interview with *tannie* Liez, I asked her what she thought was the cause of high blood pressure and this was her response:

> *Wat die veroorsaak het?...Kyk partykeer onsteldheid maak mos ook laat jou bloed partykeer styg of soe sien jy as jy baie onsteld is of iets het gebeur met jou, dat jou bloed mos nou hoog raak.* (What is the cause?...look sometimes being upset causes your blood pressure to go up you see if you very upset about something or something happened to you, then your blood goes up). (Transcribed interview, October, 2014).

For *tannie* Liez (above) *hoë bloed* is part of the reality and experience of life in Nuwerus, Unlike hypertension, the disease, she calls it 'high blood', an illness. The latter, as Helman (1981, p.458): refers to the subjective response of the patient to being unwell; how he, and those around him, perceive the origin and significance of this event; how it effects his behaviour or relationships with other people; and the steps he (sic) takes to remedy this situation ... It includes not only his experience of ill health, but the meaning he (sic) gives to that experience.

Conversations about a relative or community member with *hoë bloed* are common; however, when the biomedical system, represented in Nuwerus by the *tuisversorgers*, the clinic and medical doctors start to engage with the individuals, high blood is hypertension again.

5.4 The transition from Hypertension to High Blood Pressure

In Nuwerus, the *bejaardes* often move between biomedical (hypertension) and lay understandings (*hoë bloed*) to make sense of and manage their chronic condition. This transition is embedded in the conversations the *bejaardes* have with the medical staff, the *tuisversorgers*, and fellow community members. Most of the members of the *bejaardes* club are diagnosed with high blood pressure and everyone has something to say about the matter. One of the founders of *Môreson Bejaardes Klub*, *tannie* Johanna said "*ons almal is hartlyers en suikerlyers*" (We are all heart and sugar (diabetes) sufferers).

For the lay person in Nuwerus, especially the *bejaardes*, high blood pressure is not caused by, e.g. an unhealthy life style or a diet high in salt; it is a result of life itself. It is within similar conversations as seen above where the transition from hypertension to high blood pressure takes place. Similar stories depicting the discovery that a person suffers from high blood pressure are shared amongst the *bejaardes* when asked how they found out about their high blood pressure and what they thought was the cause.

> *Ek weet nou nie wat ek mekeer ie maar ek voel nou nie lekker nie...innie nag, toe ek opstaan, toe val ek. Ek wou uit gekom het maar toe het ek ie*

die krag om uit te kom ie... en die kinders raas, Ma Ma wat gaan aan...ek weet dan nou selfie wat gaan anie. Net so gemaak voor my (gesturing with hands covering the eyes... it got dark)... En die anderdag môre toe gaan ek dokter toe... toe sê die dokter vir my dis my bloed wat my so gooi. My blood was hopeloos te hoog gewees. Daarvan af het ek dit. (I don't know what was wrong with me but I did not feel well... when I got up at night I fell. I wanted to get up but I did not have the strength to get up... and the children screamed, Mom Mom what is happening... I myself didn't know what was going on. Just went like this in front of me (gesturing with hands covering the eyes... it got dark) and the next day I went to the doctor... so the doctor said it was my blood that did that to me. My blood was hopelessly too high. From then I had it). (Transcribed interview, October, 2014).

As seen in the quote above, the disease, hypertension, "it" is what a person has once the doctor has made a diagnosis. What a *bejaardes* experiences, is *hoë bloed*. There is a slippage from the disease condition of hypertension to high blood pressure - something to do with stress, feeling unwell, loss of strength and having one's blood up (*hoë bloed*). Being "*ontsteld*" (upset).

In this regard Lock and Nguyen (2010) argue that ethnographic accounts provided by participants, medicinal specialists, and other key informants provide insights into the way medical knowledge and practice affect everyday life, often transforming it profoundly. The *bejaarde* becomes a patient, a hypertensive whose condition has to be treated through medication, managed through diet and lifestyle and monitored by, e.g. a *tuisversorger*.

Nonetheless information regarding the disease in Nuwerus is not obvious. The clinic's walls house a few HIV/Aids and TB posters, pamphlets about alcoholism, burn wounds, HIV/Aids and TB. This I found particularly perplexing since hypertension is the most prevalent disease for older people in the community.

5.5 *"Hipertensie en Hoë Bloed"*: Perspectives of the bejaardes and the Home Based Care Nurses

Medicine is an important part of society. Social scientists working around the world have shown how medical knowledge and practices of lay people and experts are culturally and regionally informed as they go about their daily life (Lock & Nguyen, 2010). In Nuwerus, as described above, it is apparent that the *bejaardes* and *tuisversorgers* understand hypertension somewhat differently. Their understandings are informed by various aspects, namely, life experiences for the *bejaardes* and medical training for the *tuisversorgers*. As a result, the *bejaardes* understand hypertension along the lines of and illness whereas the *tuisversorgers* understand it as a disease.

Ember and Ember (2004) argue that western labels, which biomedically trained experts accept as true, accurate, and universal, often do not correspond to the labels in other socio-cultural settings. As mentioned above, one set of concepts that medical anthropologists and sociologists use to make sense of and unpack the many cross-cultural labels and perceptions is through the idea of the *disease/illness dichotomy* (Ibid). In this model, disease refers to a biological health problem that is objective and universal, such as a bacterial or viral infection or a broken arm, whereas illness refers to culturally specific perceptions and experiences of a health problem (Ibid). As a result, social scientists studying disease and illness show how both must be understood within their socio-cultural contexts.

In Nuwerus, the *tuisversorgers* draw on their extensive medical training and are taught to identify and diagnose patients with *hipertensie* (hypertension). Hypertension, as mentioned earlier, is a chronic condition based on the patient's blood pressure. Blood pressure is the force exerted by the blood against the blood vessel walls and the magnitude of the force depends on the cardiac output and resistance of the blood vessels (MacGill, 2015). Factors predisposing individuals to hypertension include a salt-rich diet through processed and fatty foods, physical inactivity, alcohol and tobacco use (Ibid). Individuals diagnosed with hypertension are told they have or are diagnosed with a chronic condition, something they will have to live with for the rest of their life.

The *tuisversorgers* stress the fact that "*hipertensie is ń kroniese siekte*" (hypertension is a chronic sickness) and emphasise the necessity of regularly taking the prescribed medication, a healthy diet, little to not salt intake and physical fitness. This diagnosis and treatment plan for *hipertensie* is typical in the biomedical approach and is also what the *tuisversorgers* deal with as part of their professional practices and duties.

For the *bejaardes* on the other hand, *hoë bloed* is what they live with every day.

> *'Die sout goeters. Jy moet vars kos eet, reg eet. Die sout kosse moet jy uit skakel en die veteragheid... as ek veterage kos ge eet het of te sout kos, dan gewaar ek my bloed is nie lekker nie. Soes my ore en so, dan is die bloed ń beitjie baie hoog... dit lyk vir my dit gaan gepaard. Dit lyk my hulle gaan mos maar saam, van so dra as ek baie stress vol is dan is my bloed maar net nie reg nie. Jy moet maar self-balans laat jy kan kyk hoe hy kan af kom lat hy normaal is'* (This salt stuff. You must eat fresh food, eat right. This salt food you must cancel out and the fattiness... when I eat fatty food or salty food, then I notice my blood is not right. Like my ears and so, then the blood is very high... it looks to me like they go together. It looks to me they have to go together, because as soon as I am stressed out then my blood is just not right. You have to self-balance so that you can see how it can go down so that it's normal). (*Tannie* Liez, 61 years old). (Transcribed interview, October, 2014).

As seen above, *tannie* Liez draws on both disease and illness in her understanding. She sees the importance of a healthy diet, and the relationship it has with her ailment. She also recognises the relationship between stressful situations and the effect it has on her blood pressure.

Ember and Ember (2004) argue that individuals are constantly trying to make sense of health problems and trying to understand the cause. Based on research conducted amongst the urban poor of north-eastern Brazil, individuals consider several causal possibilities when they are sick, some which are not considered biomedically (Ibid). Ember and Ember (2004) use the term ethno-aetiologies to refer to the cross-cultural variations in causal explanations for health problems and suffering. It can be natural, socioeconomic, psychological, or supernatural (Ibid).

In Nuwerus, the *bejaardes* are constantly engaging with their local aetiologies to help find the causal factors for many of their ailments. As mentioned above, the *bejaardes* are diagnosed with more than just hypertension. They are also diagnosed with diabetes, cholesterol, arthritis, *spanning* (stress), cancer and asthma. As a result, the *bejaardes* and *tuisversorgers* are constantly trying to tease out and make sense of the many chronic conditions prevalent in the community.

5.6 Living with High Blood Pressure

In Nuwerus high blood pressure is known as the *lopende siek* (walking sickness) amongst the *bejaardes*. No one worries much about the presence of *hoë bloed* unless the symptoms are severe and disrupts their daily lives. Lawton (2003) argues that chronic illness as biographical disruption creates a significant turning point in understanding and conceptualising lay experiences of chronic illness. The ways in which *hoë bloed* symptoms cause discomfort brings about a new consciousness of the body to the individual. Sudden dizzy spells, anxiety attacks and blackouts are examples of biological disruptions amongst the *bejaardes* in Nuwerus. These disruptions shift the *lopende siek* from a health issue in the background to a serious condition in a moment. Therefore, the world of pain, suffering and death - normally seen as distant possibilities to others - are the lived realities for individuals diagnosed with chronic illnesses (Ibid). During an interview, *tannie* Liez narrates her experience high blood pressure.

> *Ja! Soes met oom Kassa... my man daai aanval gekry het, daai Donderdag voor hy gegaan het hospital toe...net daai skrik, werk jou op, toe kan ek voel my kop is nie reg nie... toe kan ek voel my bloed het ook nou weer gestyg, want toe moet ek nou eers ń bietjie ook lê laat die bloed net 'n beitjie af kom. Ek het geweet dis weer my bloed. Ja, hy is n ander storie die bloeddruk... ja, die senuwees, jy moet jou net kalm hou as jy wil het jou bloed moet af kom... dat ek vir die Here net vra, Here laat ek net kalm wees... ek voel my ore beginne maak woep woep woep (sound effects). So is hy, bloeddruk, hy is niks lekker storie.* (Yes! Like with uncle Kassa... my husband got an attack (husband had an asthmatic attack). That Thursday before he went to the hospital... just that shock, winds you up, there I could feel something was wrong with

> my head... I could feel my blood went up, because I first had to lie down so that the blood could come down again. I knew it was my blood. Yes, he is another story this blood pressure... yes, the nerves, you just have to stay calm if you want your blood to come down... that I have to ask the Lord, Lord let me just stay calm... I felt my ears start to make woep woep woep (sound effects). That's how he is, blood pressure, he is not nice story). (Transcribed interview, October, 2014).

Above *tannie* Liez tells a story of her husband who had an asthma attack and was rushed to hospital. She identifies the presence of *hoë bloed* and the various ways she tries to calm herself down to alleviate the symptoms. *Oom* Kassa passed away a few days after the asthma attack. During this time the *bejaardes* and *tuisversorgers* prayed for *tannie* Liez and her family while visiting regularly making sure she was doing well. Another *hoë bloed* incident took place in *ouma* Grietjie's house.

It is September. I am walking with Saretta, one of the *tuisversorger*. Walking into *Ouma* Grietjie's (82 years old) house and we notice she has a large purple ring around her right eye. Saretta's growing concern prompts her to ask if someone hit her. Ouma Grietjie laughs while saying no. The day before she wanted to sit outside in the shade with one of her daughters but as she followed the daughter out of the house she lost consciousness and fell onto the step in front of the door. Today she's '*piekfyn*' (perfect). Saretta is unsure and takes her blood pressure. The reading on the sphygmomanometer is 130/90. Saretta asks *ouma* Grietjie's daughter Fona to keep a close eye on. (Field notes, September 2014).

Anxiety attacks and blackouts are not common occurrences amongst the elderly. There is a sense of normality despite their high blood pressure diagnosis. Feeling normal whilst being diagnosed with a non-communicable, yet chronic disease is the main reason why high blood pressure is referred to as the *lopende siek* amongst the elderly in Nuwerus. This term highlights the ability to function normally in the everyday lives of the elderly. It gives them the freedom to be productive in their homes and community. The onset of an anxiety attack or a blackout in the case of *tannie* Liez and *ouma* Grietjie (above) is an example of a Lawton's (2003) biographical disruption, a result of their compromised immune system. The disruptions causes uncertainty in the lives of the people diagnosed with non-communicable disease. For the *bejaardes* pain, suffering and death are close. Faced with a multitude of spontaneous biographical disruptions, the elderly are reminded that they are indeed *hartlyers en suikerlyers*. These disruptions can take away

the ability to function normally under a certain conditions. This prevents the *bejaardes* from going about their daily activities. Being diagnosed with *Hoë bloed* the *lopende siekte*, the *bejaardes* sometimes find themselves bed ridden. As bread winners of the house, these disruptions take away their mobility and independence needed to generate money to help maintain the household. However, plant medicine, allopathic medicine and prayer help them to overcome their weakness. The *bejaardes* maintained their strength and well-being through continuous laborious work and developed various skills to occupy their time during the day at home and in the club.

5.7 Conclusion

This chapter looked at the different ways in which blood pressure is understood in Nuwerus. Drawing on recent studies across the globe, I show how hypertension increased in Africa in comparison to high income countries. Research shows that biomedicine features prominently when looking at treatment practices to maintain blood pressure in addition to maintaining a healthier lifestyle. In Nuwerus, an effort is made to treat blood pressure biomedically through the use of free allopathic medicine provided by the satellite clinic; however, the *bejaardes* found alternative ways of managing their blood pressure outside the biomedical framework. To the *bejaardes* in Nuwerus, high blood pressure is not the cause by an unhealthy life style or a diet high in salt; it is a result of a stressful life. By using medicinal plants and remaining calm, especially during stressful circumstances, high blood pressure is an illness that can easily be managed. I used the disease and illness dichotomy to make sense of the ways in which the medical staff and *bejaardes* understand high blood pressure. Lastly, I look at the daily activities of the *bejaardes* and their use of traditional herbal medicines to manage their blood pressure.

Chapter 6

Die Stam van die gemeenskap

6.1 Introduction

For these older people, the meaning of old age can be seen as a time for being detached from society. Assigning detachment from the outside world to old age, limits elderly residents' movements, relationships and interactions in the community, thus contributing in more isolation from the wider community. (Cloete, 2005).

For my informant *tannie* Leen (aged 69), the above does not quite ring true, because for her being elderly reflects strength and vitality. According to her:

> "*Ons is die stam van die gemeenskap, die res is net takke*" (We are the trunk of this community tree, the rest are just branches) (Field notes, October 2014 – tannie Leen)

In this chapter I want to counter many taken-for-granted ideas in the literature about the elderly – especially in rural areas and in developing countries. Cloete (2005) argues that they withdraw from the community and are not active. This is in line with the many prominent representations in literature on the elderly as increasingly frail individuals in need of constant care and support (Quéniart & Charpentier, 2012).

Instead, what impressed me during fieldwork was the old peoples' vitality According to the online dictionary vitality means the following:

1. Exuberant physical strength or mental vigour.
2. The capacity for survival or for the continuation of a meaningful or purposeful existence

3. The power to live or grow

(http://www.dictionary.com/browse/vitality)

All of the characteristics above were emphasised by the elderly themselves. For instance *tannie* Leen, like most of the *bejaardes* with whom I worked during fieldwork, sees the elderly as the *stam* (trunk, but also a family tree) of the community. Like a *stam* they support the whole tree (family) and its off-shoots (children and grandchildren). The word *stam* in Afrikaans also indicates a socio-cultural group, a community with kinship relations and shared beliefs, practices, language etc. The *stam* is embedded, through its roots, in the wider environment and in history- it supports and nurtures the others, the *takke* (branches), the younger family and community members.

These younger members, their children, grandchildren and great grandchildren are thought of as the figurative and literal branches of their families. However, the central and supporting role of the *stam* is not just passive, as a static tree might suggest, it is actively displayed in the various activities in which the *bejaardes* are involved- an indication of their vitality. In this chapter, vitality refers to attributes of physical strength, mental vigour, and the desire to live a meaningful and purposeful life. The elderly participate in a range of social and communal activities that display such vitality, thereby reinforcing the notion of strong community connections and fixing their stabilizing roles as its "pillars" (*stam*).

To understand their activities, I use practice theory to unpack the lives of the elderly. Bourdieu (1995) argues that practice can be understood as a connection of doings and sayings that are familiar in specific social groups. Reckwitz (2002) argues that practice involves routinized behaviour consisting of elements interconnected to each other. These elements include types of bodily activities, background knowledge, certain mental activities, know-how, things and their use, motivational knowledge and states of emotion (Reckwitz, 2002). In addition practices represent patterns that can be fulfilled by a multitude of single or unique actions reproducing the practice.

In the case of Nuwerus, the elderly are culturally and socially embedded in, and very familiar with various practices within the context of the community. These practices are understood and given meaning within different contexts. Therefore, the routinized way in which bodies are moved, subjects treated, objects handled, things described and the world is understood can be described as practice (Reckwitz, 2002).

Highlighting the practices of the elderly will bring to light a better understanding of old age in Nuwerus. By doing this, the chapter will also show how meaning is attributed to the lives of the elderly. By drawing on practice theory as a framework, I will show how the accumulated knowledge of the elderly orchestrates various practices.

In this practice theory framework, the politics of knowledge is located within the power dimensions of accumulated knowledge, by the elderly. Thus knowledge brings about a sense of power. Within the context of Nuwerus the elderly utilise their power by sharing (or possibly withholding) knowledge they have accumulated over years. Ecological, religious, financial, historical and creative knowledge, amongst others, produce various power dimensions within the politics of knowledge. As a result, knowledge is found within the power locus of the social actors in Nuwerus, namely the elderly.

In this chapter, I look at the role of the elderly in this community, and draw on examples from the '*Bejaardes klub*' (senior citizens club), with its self-developed community improvement programmes, to unpack the social practices of the elderly. Lastly, I argue that the elderly are respected members of the community. Based on their status, knowledge and vitality, the elderly occupy a place of authority in Nuwerus. Drawing on accumulated knowledge and expertise gathered over the years in various aspects of their lives, the elderly as '*die Stam van die gemeenskap*' have authority and command respect in Nuwerus.

6.2 Being *die Stam*

The elderly (over 60s – especially in a small, relatively economically depressed town) consciously or unconsciously ascribe to society's perception of the aged. This could be as a result of chronic illness, disability, being in a retirement home or being alone without friends or family support, etc. These individuals tend to become withdrawn and detached from society; they are the (somewhat stereotyped) elderly we have come to know today (Cloete, 2005). Being familiar with literature (Cloete, 2005; Van Dongen, 2005; Ferreira & Kowal, 2006; Davids, 2010) on the elderly, I had certain expectations about old people when I entered the field, but I found that the *bejaardes* (elderly) of Nuwerus differed from descriptions in extant literature, in terms of their health and vitality: they cherished their individual physical and

mental vigour and this worked in their favour as members of a defined group.

I quickly realised that the *bejaardes* of Nuwerus were engaged and active members in the community. Whether it was knitting, home visits, farming or practicing for the Golden Games, (a regular occurrence for which they would practice daily), the majority of them seemed to be constantly busy; they did a great deal to support and contribute to the survival and engagement of the younger generation. To preserve their legacy, the *bejaardes* of Nuwerus actively engaged with and worked against the stereotypes associated with the elderly. In doing so they encouraged their community members to change their stereotyped perceptions of the elderly.

6.3 The aged body: physical fitness and capabilities

Figure 6.1: Photograph taken at Môreson Bejaardes Klub

It is October. I am in the *dienssentrum* (service centre). A group of *bejaardes* are in deep conversation about the final production of a large piece of material on the table. They are working on a flag with "*Môreson Dienssentrum*" (the name of the *Bejaardes* club) painted on it. The flag will identify them as a competing team during their upcoming weekend away at Lamberts Bay, on the Cape West Cast.

They will participate in various "Golden Games": running, jumping, relays, talent shows and other events against groups of their peers from towns in the Matzikama municipality. To demonstrate their physical fitness some are jogging and stretching, and others are modelling. *Tannie* Johanna proudly waved the flag (Field notes: October 2014).

The body is fundamental in practice theory, as routinized bodily activities make up practices (Bourdieu, 1995). When observing the above scenario, and how the *bejaardes* manoeuvred their bodies in the mock parade, a certain message was being relayed to the audience. Bourdieu (1995) argues that we learn practice by training the body in a certain way. Regular or skilful practices executed by the body provide certain meanings. In the case of the *Bejaardes* club, the aged body moving in a youthful way, demonstrates vitality. By doing this the *bejaardes* show that old age does not have to subscribe to generalised perceptions of the aged. Instead they are constantly working to stay physically fit and, while outwardly weathered, they are inwardly full of life – like a live tree trunk, vigorous, purposeful, active. A key marker of this vitality of the elderly is in their ability to use and employ their bodies in daily activities and in quite special ways. Physical fitness is one of the attributes the *bejaardes* are most proud of, because this vitality represents how things were in the past.

Drawing on childhood memories, the *bejaardes* compared their old age to that of their parents, most of whom endured a life of hard labour as farm workers. Like their parents and the generations before them, they valued being industrious, physically active and independent. Most of the *bejaardes* in this study had been or still were farm workers and domestic workers. They were proud of this and saw it as a kind of trade, or embodied skilfulness, and an attitude to life in general. The *bejaardes* stressed the similarity between their lives and those their parents had led. Active pursuit of a quality of life associated with physical fitness accompanying hard labour was highly prized:

> *"As ek my nou ge bad het en soe, dan smeer ek my nou darem ń beitjie uit en dan oefen ek nou, wikel darem die ou lyf so en die ou lide so".* (When I bath and so, then I rub myself out and then I exercise, move the old body like this and the old limbs like this) (Aunt Meitjie, 72 years old). (Transcribed interview, October 2014).

Continuing hard and physical work keeps the body fit and healthy – this is often represented as the opposite of "sitting at home and doing nothing" – which is seen as commonplace amongst "the youth of today", especially in Nuwerus. The vitality of the *bejaardes* can be explained as part and parcel of their very active lifestyles. They pride themselves in their ability to work at the same pace as in the past - which shows the positive effects this has on the body. It is also an indicator that the aged body, for them, is not necessarily a frail body.

Tannie Johanna (62 years old) is one of the founders of the *Bejaardes klub*. When she was in her forties Nuwerus was undergoing many changes. Some of the mines in the surrounding areas had closed. People were unemployed. There was drought and farming was going through a difficult time. Many of the *bejaardes* withdrew from the community, became lonely and sometimes went hungry. If they were sick, nobody would take care of them, said *tannie* Johanna.

> *Omdat ons ma'net ń behoefte gesien het. En hulle is nou soe van hulle word nou net daar een kant gedruk. Hulle kan nou niks vir die gemeenskap nou doen nie, nou en dan sit hulle alleen, hulle is eensaam, soms keer is hulle honger want wie maak vir hulle kos? Hulle het party oggende nie eers ń ou koffetjie, toe het ons maar net dit gesien daar is so ń behoefte. Ons moet hulle nader bring.* (Because we just saw a need... and they are now so because they are pushed aside. They can do nothing for the community now, now and then they sit alone, they are lonely, sometimes they are hungry because who is cooking food for them? Some mornings, they don't even have any coffee to drink, so we just saw the need. We must bring them closer). (Field notes, September 2014).

Tannie Johanna, *tannie* Leiz and *ouma* Leentjie organised a dance party and used the funds raised in this way to start the *bejaardes* club. With ongoing enthusiasm, the *bejaardes* now organised and participated in bake sales, and held Christmas concerts and song festivals to raise funds for the *bejaardes* club, which has been functioning for more than 20 years.

Special mention must be made of their raising funds by baking and selling *suurdeeg brood* (sourdough bread), baked in an outside oven. This manner of baking bread and its recipes and careful practices have been passed on by generations of elderly people here as in other places in the Matzikama. Bourdieu (1995) argues that social

practices are more than routinized sets of bodily performances. Having the necessary knowledge to understand and execute a performance is essential when looking at social practices. Baking bread in the open air ovens requires the knowledge and skills needed to produce a local delicacy, native to the Namaqualand region. The mental and bodily patterns are socially constructed and therefore form part of the social practice. By drawing on the local culinary knowledge, the *bejaardes* are one of the few groups in the community investing in Nuwerus, through their age-old practices.

The arts and crafts activities the *bejaardes* engage in at the club are also skills acquired from their parents. Activities such as needle work, knitting, painting and dress making are products of their knowledge. These practices are usually done individually or as a group drawing on the pooled knowledge and skills to accomplish the task. Much of the *bejaardes'* work is displayed in the club, in the church and utilised in the homes of local residents. With their work on display in the church and neighbours' homes, or being used by others, the *bejaardes* feel they are valued members of the community, bringing us back to *tannie* Johanna's main objective- to bring the elderly closer to the community. By doing this, the activities making up the social practices can best be understood within a context where practices are familiar and imbued with meaning (Reckwitz, 2002). As a result, the *bejaardes* show that life does not come to a standstill after 60. From careful observation over four months in Nuwerus, I am convinced that the *bejaardes* live a more fulfilling life than most of the youth in Nuwerus.

The *bejaardes* know how to cook, fix things, treat illnesses with traditional herbal medicine, organise activities, raise families, generate an income and remain self-sufficient. This accumulated knowledge gives the *bejaardes* an air of authority. The practice of knowledge embraces a particular way of understanding the world, including objects and human beings (Reckwitz, 2002). Such knowledge is implicit, as well as being culturally and historically specific. Through knowledge as the social agent, their behaviour and practice are in unison. Within the context of the *bejaardes* club, the elderly are constantly engaging with arts and crafts, illness narratives, employment and the social issues prevalent in the community. In this setting, the *bejaardes* communicate and behave in socially appropriate ways based on their accumulated knowledge. As a result, the decisions made within the setting are guided by a mutual understanding of the *bejaardes*, a shared, accumulated knowledge that makes them justifiably accepted and respected members of the community: they are its "heartbeat".

6.4 Defining: "*die stam*"

In the expression "*ons is die stam van die gemeenskap, die res is net takke*" the word '*stam*' has deep social meaning. '*Stam*' in Afrikaans also means origin or foundation, as noted above. Family relations are often expressed through a *stamboom* (family tree) or *afstam* (branching off). When looking at the structure of a tree, the trunk supports the leaf-bearing branches. The trunk is also the main source of useful wood. By unpacking the tree trunk metaphor used by the *bejaardes*, the constituted authority of the *bejaardes* begins to unfold. I argue that inasmuch as the tree trunk is the main source of useful wood, so the *bejaardes* are the main source of 'useful wood' in Nuwerus. To fully understand why the *bejaardes* see themselves as the *stam van die gemeenskap*, we need to examine their role in the community.

The *bejaardes* are the oldest individuals and residents in Nuwerus, deeply rooted in their community and immersed in the lives of fellow community members. During *huisbesoek* (home visits) with the home based care nurses, I learnt that 81% of the 'coloured' population in Nuwerus are direct descendants of the living *bejaardes*. This clarifies *tannie* Johanna's description of Nuwerus as a '*klein familieplek*' (small family place) (field notes: September 2014). The *stam* constitutes the authority of the *bejaardes* but the metaphor goes beyond the *bejaardes* being the oldest. Their deeply rooted permanence entrenches their active role in support of the community. Every healthy tree has its roots firmly embedded in the ground. Similarly, the *bejaardes*, like the tree, are deeply rooted in the history and environment of Nuwerus. They were born in the area, lived there as children, learned from their own parents, worked in the area and have now graduated to being active and industrious members of the club, their families and the community at large. The lives of *bejaardes* in Nuwerus far outstrip the notion of being helpless, infirm and detached members of society as described by Cloete (2005).

The *bejaardes* in Nuwerus are in no way detached from the community, *tannie* Leen asserts. The wealth of knowledge and vitality of the *bejaardes* drive the community. By engaging in various community activities the *bejaardes* show how deeply rooted they are in their community. They garden, farm, sing, heal, bake, knit, paint, participate in athletics, are story-tellers, are active in church matters and drive a number of community development projects. In doing so the *bejaardes* draw on their accumulated knowledge to "uplift" the community and encourage the youth. Moreover, the *bejaardes* use their activities as a platform to share their knowledge

and to engage in conversations recounting the history of the practices producing the activities. In effect, they are living this history that they are recounting. It is through these practices and production of activities that the *bejaardes* demonstrate their constituted authority. As a result, it becomes easier to identify the *bejaardes* as *die stam van die gemeenskap*. Drawing on history and moulding the younger generation by exercising practices, the *bejaardes* impart meaning to many lives.

The vitality of the *bejaardes* is shaped and energised by their belief in God, for all to see. The faith of the *bejaardes* produces spiritual vitality which, in turn, diffuses into every aspect of their lives. In addition, by virtue of participating in the Golden Games, and using their pensions - which are important sources of income in the community - as well as by using their knowledge specifically related to the *veld* and its *kruie*, the elderly demonstrate their deep immersion in and commitment to the community.

My participants described Nuwerus as a family-centred community. As *tannie* Johanna emphasised, it is a "*klein familie plek*" where everyone is in some or other way related, or if not, at least treated like kin. As a researcher, I was treated with the same care, kindness and love. I started to feel like family. The *bejaardes* have an ability to draw community members together and bring about a sense of community. They do this by drawing on various social practices through informal arts and crafts workshops and other community development programmes. By engaging with the community members on various social platforms, the *bejaardes* show they care about the development of the community as well as the quality of life in Nuwerus. As a result, a strong notion of family holds the community together. This is a product of the *bejaardes* as *die stam van die gemeenskap*. Their efforts are what holds the centre of Nuwerus firmly in place.

6.5 Religion, the elderly and performing *"DIE STAM"*

A belief in God plays an important role in the lives of the *bejaardes*. Religious practices strengthen them throughout the day. By singing hymns, reading the Bible and through prayer the *bejaardes* renew their strength, governing their households and their lives in ways that "puts God first". Everything done by the *bejaardes* is

accompanied by prayer. Family members would often seek advice and prayer would then be led by the *bejaardes*.

> *"Ek gloe net mos aan die Here en het daardie geloof, as ek mos nie gloe aan die Here nie, wie sal my laat leef? Wie sal vir my optel? Mos net sy genade wat dit is, sy genade wat ek nog kan vir môre opgestaan het, en wat ek kan my goetjies doen, ja soe is ek. Nee my kind, jy moet vir die Here se dankie op die ouderdom wat ek is."* (I just believe in the Lord and have that belief, if I don't believe in the Lord who will let me live? Who will pick me up? It is just his grace, his grace that I could wake up this morning and that I can do my things, yes, that's how I am. No my child, you have to say thank you to the Lord at my age). (Transcribed Interview, Aunt Meitjie, October, 2014)

The quote above shows that not only is the belief in God important, it becomes essential in old age. To be able to get up every morning and do what needs to be done in and around the house, to work in the garden, to make sure there is a source of financial income in the house, food for the family, to be 'healthy' despite being diagnosed with one or multiple cases of chronic illness, comes with the grace of God. Faith in God shapes the everyday lives of the *bejaardes*, strengthening them spiritually, emotionally and physically.

In this regard research has shown that religion is associated with improved mental and physical health. Being part of a religious group and attending services brings about a sense of community (Meisenhelder, 2002). In addition, the sense of hope, positive attitudes towards disease and disabilities found within various religious affiliations positively contribute to a sense of health and wellness (Meisenhelder, 2002). In the context of Nuwerus, the *bejaardes* are members of the *VG Kerk* (Vrye Gereformeerde Kerk/ Uniting Reform Church) and many of them are *ouderlinge* (elders). As argued in the literature, the *bejaardes* do find their sense of community within the context of the church, by actively exercising their religious faith.

Belief in God gives meaning to the lives of the elderly in the extant literature (Rippentrop *et al.*, 2005) and the same phenomena is found in Nuwerus. The *bejaardes* have regular prayer meetings, communion services, youth meetings and home visits to strengthen their faith and encourage community members. Encouraging the youth is one of the main objectives of the *bejaardes*. This objective

is directly associated with the church. In a community where alcohol abuse is rife and unemployment is common, the *bejaardes* provide a sense of hope in a seemingly hopeless situation. The youth regularly seek advice and council from *bejaardes*, sharing current and future concerns. With little to no education, the *bejaardes* look for ways to shield the youth from alcohol consumption, drug abuse and teenage pregnancy, and help to create employment through small scale projects. To do this, the *bejaardes* draw on their own financial resources in collaboration with *Diakonale Dienste* (a service provided to the community through the church) to help the youth find employment outside Nuwerus.

Hoping to encourage fellow community members and break the cycle of unemployment amongst the youth of Nuwerus, the *bejaardes* use prayer and "a closer walk with God" to guide the youth. As *ouderlinge* (church elders) and more importantly family members, the *bejaardes* act as mentors to the youth. In addition to being a *bejaarde*, being a mentor with wisdom and knowledge to share also adds meaning to the lives of the elderly. Literature on ageing depicts this part of life as a reflective stage, a time to find meaning and purpose (Van Dongen, 2003; Van Dongen, 2004). Similarly, the life of the *bejaardes* in the community is centred on the notion of living a meaningful life. By drawing on their own life experiences, success, failures, hardships and their own "walk with God", the *bejaardes* anchor themselves in the lives of fellow community members. Through these experiences, a sense of community is achieved. Looking at the social practices theoretical framework, the everyday life experiences of the *bejaardes* is filled with meaning. It becomes evident that *bejaardes* follow a Christian way of life where individuals live for others, not only themselves. As a result, the life of the *bejaardes*, immersed in their faith, translates into every aspect of their lives.

6.6 Activities and vitality of the *Bejaardes*

In literature, bodies of the elderly are portrayed as weak and prone to disease (Walston *et al.*, 2006). As a result, the bodies of the elderly become signifiers of old age. Ageing bodies are natural occurrences and are used as a way to identify old age. But even though the *bejaardes* are subject to bodily changes in their old age, they do not necessarily subscribe to the characteristics of the sick or aged body. The *bejaardes* claim to use practices of faith to strengthen their bodies. On a daily basis the *bejaardes* spend time reading their bibles, in prayer and singing

hymns. As mentioned earlier, these practices promote a sense of health and well-being. Through these practices the *bejaardes* show the positive effects on them of their religious practices.

In addition the *bejaardes* receive regular physical examinations through the HBCN (Home Based Care Nurses/ *tuisversorgers*). Blood pressure, sugar levels and the weight of the *bejaardes* are checked on a weekly basis to help them manage illnesses. In the absence of 24-hour full-time medical facilities in Nuwerus, the *tuisversorgers* are trained to facilitate the treatment plan of each patient in Nuwerus. The availability of the *tuisversorgers* makes it easier to monitor the health status of the *bejaardes* in Nuwerus. The increased prevalence of allopathic medicine to treat various ailments is visible among the elderly in Nuwerus. Large envelopes and packs of government funded medication are dispensed to the elderly at state facilities and by the *tuisversorgers* on a monthly basis.

In addition to the regular check-ups, the *bejaardes* make use of traditional herbal medicine, a well-known practice in the area. In rural and semi-rural communities, individuals are more likely to make use of local traditional medicines than allopathic medicine. Although literature on plant based medicine generally does not recommend its use in conjunction with allopathic medicine and in fact warns that this can be dangerous, there is a tendency to combine traditional medicine with allopathic prescriptions (Pala Nazir *et al.*, 2010; Davids *et al.*, 2016).

In Nuwerus, such medical pluralism is common. The *bejaardes* especially believe in the healing properties of medicinal plants and as a result continue to use medicinal plants to treat ailments, on occasion in conjunction with allopathic medicine. The use of medicinal plants provides the *bejaardes* with a sense of identity and renews their relationship with the *veld*. Before the clinic was established, the *veld* was their medicinal home and it was where they found healing. As a result, the *bejaardes* hold onto their relationship with the *veld*.

> *Nee my kind, daai tyd het ek bokke opgepas en skaap opgepas in die veld. Die tyd wat ek groot geword het, het baie swaar groot geword. Daar wasie skool...kans vir ń skool ganery nie [laughing]. Die lewe lyk mos nou soe laat jy amper nie kan vestaan hoe daar kan mense wees wat so issi. Ek hetie by ń skool kan gekom hetie want my ouers het so groot geraak soes ek.* (No my child, that time I had to herd goats and sheep in the field. The time when I grew up was very diffiult. There were no schools...no

time to go to school [laughing]. The way life looks now it as if you cant understand how there are people who never went to school. I didn't have an opportunity to go to school, because my parents grew up like me.). (Transcribed interview, Ouma Grietjie, November 2014).

Ja, in daai destyds het ons ouers vir ons uit die veld uitgedokter sien jy, as ons mos nou siek raak. Dan het ons se pa en ons se mama nou, en pluk hulle mos die kruie en dan kook hulle dit nou en dan gooi hulle dit nou in n glas poitjie of dan het hulle ń eetleepiltjie daar so, dan kry jy nou, as jy nou koors kry. (Yes, in those days our parents doctored us from the field you see, when we got sick. Then our father and our mother pick the plants and then they boil it and then they throw it into a glass jar and then they have a tablespoon there, then you get some when you get a fever). (Transcribed interview, Aunt Meitjie, November 2014).

The *bejaardes* in Nuwerus are physically strong for a number of reasons. One involves their past and history – they still have a strong relationship the *bejaardes* of the *veld*. In this regard the *bejaardes* claim that having grown up in the *veld* is one of the main reasons why they are physically strong, capable, independent and relatively healthy. They also give credit to the *veld* for their ability to stay in shape for the Golden Games and my observation is that the activities of their daily lives help strengthen them physically.

6.7 People and plants

Cohen's work looks at the relationship between people and plants. His ethnography outlines the complex relationship between traditional herbal medicine and the locals who use it to treat various ailments. In his most recent work, Cohen uses the concept of *krag* (strength/ vitality) to explain the life and well-being of individuals in Namaqualand (2013). Cohen argues that *krag* is in a constant state of flux, rising and falling throughout life's challenges. Furthermore, Cohen argues that *krag* is connected to a divine origin, therefore affecting the wellbeing of individuals. When *krag* is weakened, individuals become exposed to natural illnesses. As a result, people's sense of wellbeing becomes weakened due to various social factors

such as unemployment, alcoholism and illness. Practices often found to build *krag* are faith practices and the smell and use of *bossiesmedisyne* (bush medicine) (Ibid). These practices were informed by life experiences, local clinics, and radio and television programmes that encourage individuals to live healthier lives. By participating in these practices, individuals maintain or regain their health and build their *krag*. Furthermore, *krag* is said to be part of everyday discourse as individuals unconsciously participate in conversations and practices- creating a space to refresh and build up their *krag*. In the context of Nuwerus, the *bejaardes* are constantly engaging in practices that build and renew their *krag*. In addition to their daily schedule, the *bejaardes* walk up steep hills to get to the *Môreson, bejaardes klub* situated on the highest hill in Nuwerus.

Morning Prayer sessions at *Môreson*, is one of the ways in which the *bejaardes* renew their *krag*. This is accomplished by way of a group session prayer, reading the bible and encouraging each other, based on the scripture reading, and closing off with singing two hymns. By starting their day in this manner, the *bejaardes* use the *gedagte vir die dag* (thought for the day, based on the scripture reading) to guide them. Book reading, engaging in conversations, doing needlework and knitting throughout the day are a few of the ways the *bejaardes* renew their strength individually. The *Môreson Bejaardes* building provides the *bejaardes* with a space to build and renew their *krag*. As a result, being a registered *Môreson Bejaardes* club member achieved more than its initial objective which was to bring the elderly person closer to the community. Through the *bejaardes* club platform, the *bejaardes* had become mentors and beacons of hope to the community.

Moreover, the *bejaardes* are active in small scale farming business, specialising in pig, sheep and goat husbandry. In addition to livestock farming, the *bejaardes* have a small agricultural section which they actively work in to provide food for the unemployed community members. By doing this the *bejaardes* are able to generate money and provide a service to the community members. Participating in club activities, exercise routines, regular home visits, completing domestic duties and acting as primary caregivers to their grandchildren without any assistance from their family members, the *bejaardes* show they are able and capable of active contribution to their community. As a result, the *bejaardes'* lifestyle choices "help strengthen their bodies", a much-needed asset for the Golden Games.

The Golden Games is an initiative by the government to improve the quality of life of the elderly. The Golden Games bring a sense of pride to the community

and encourages the elderly to live healthy lifestyles by participating in sport and social activities. Many *bejaardes* from all over the country participate annually in the Golden Games, but *oom* Arrie (71) of Nuwerus was the only local *bejaarde* who qualified for the National Golden Games in Johannesburg during my research period.

Oom Arrie's flight to Johannesburg inspired the community members; Nuwerus was proud of him. Boarding an aeroplane is a rare event amongst local residents, even more so to compete nationally at the age of 71. Before departing, *Oom* Arrie said he was going to show them what the *bejaardes* of Nuwerus could do. For him, as for the other *bejaardes*, it was evident that have a lot to offer and that their vitality and life experiences mean a great deal during their old age, thereby impacting on the community in a positive way. *Oom* Arrie represented their energetic strength and vigour, their ability to not only survive under sometimes difficult socio-economic circumstances in a physically harsh environment, but to thrive, live meaningful lives and give purpose to others.

Other *bejaardes* showed their vitality through their creativity and interest in community development. Apart from being the main source of financial income in their household by virtue of their pensions, the *bejaardes* use their creative skills to bring extra money into their homes, the club and the community. The *bejaardes* are skilled in carpentry and needle work and are excellent story tellers. They are always in the process of creating something such as a *lappieskombers* (quilts), curtains, sand bottles, crochet blankets, knitted jerseys and recounting memorable moments of their lives in book form, amongst other things. These items are sold to tourists or visitors, to generate income for the community. In addition to baking special bread they would do clothing alterations at no charge, but ask for a small donation for the club (as a little as R2) to maintain a steady income. What can be done when large families live together and a pension is the only source of income? Being aware of the difficult life their children face (with no success in finding jobs even after years of trying), the *bejaardes* do their best to take care of their family, going so far as supporting their extended family by providing meals and other household items. As a result, sharing is a common practice amongst the *bejaardes* in Nuwerus. Through various practices and activities, the *bejaardes* enact being *die stam van die gemeenskap*. These enactments show how deeply rooted the *bejaardes* are in Nuwerus and this rootedness in its everyday life makes them its constituted authority.

6.8 *"Die stam" van die gemeenskap en kruie*

The *bejaardes* claim that growing up in the *veld* is partly why they are physically strong and in better condition than the elderly in other towns in the Matzikama. "Growing up in the *veld*" means that they worked on a farm and often still had access to traditional herbal medicine. The *bejaardes* often told stories about walking in the *veld* with their parents and learning about medicinal plants directly from them. Stories about being treated with different *kruie* (herbs/ traditional herbal medicine) would result in laughter when discussing the bitter taste of the medicine and how much they disliked it. However, noticing their healing qualities and how healthy the medicine kept their parents, they paid attention to the various plant medicines. Even though some of the *bejaardes* currently may not have direct access to the *veld*, the knowledge has stayed with them and they are eager to share this knowledge. They sometimes ask others to bring them medicine from the *veld*. The *bejaardes* are strong believers in plant-based medicine and claim that by regularly using it throughout their lives, they have been able to remain strong and healthy.

The traditional herbal medicines are not just used to treat specific illnesses; the *bejaardes* use *kruie* to improve their general wellbeing. In order to support their families and community, the bejaardes need to stay healthy and they give credit to traditional herbal medicine for their vitality. When possible, traditional herbal medicines are usually collected by the *bejaardes* themselves - who are familiar with the plants and their locations in the surrounding area. In some instances, the *bejaardes* will purchase traditional herbal medicine from the Rastafarians who come to Nuwerus from Vredendal on the dates when state funded grants are paid out, between the 1st and 3rd day of each month. Ideally, the *bejaardes* prefer to collect their own traditional herbal medicine in the *veld* or along the N7 highway. However, during the drier months, when the traditional herbal medicines are scarce in the area, or when they are bed-ridden, the *bejaardes* make use of medicine provided by Rastafarians, or asks others to find medicinal plants for them.

Identifying traditional herbal medicines by its appearance and smell, the *bejaardes* would boil water and throw it over the plant in a cup or a pot. By doing this, most of the medicine is taken in the form of a tea. Using the social practice framework, things and knowledge about things are important. In the context of Nuwerus, knowledge about traditional herbal medicine has been passed down through the generations. Having learnt how to identify medicinal plants in the *veld* and surrounding areas,

how to collect them and make traditional herbal medicine from them, the *bejaardes* still employ the same methods. They use certain plants as a cure-all, notably *Jantjieberend* or *Kankerbossie (Sutherlandia frutescens)* and *Wilde Als* (Artemisia afra). The leaves are strained and the resultant healing water is taken during the day.

> *Die Jantjieberend bos, dit is nou my gewoone bos vat ek so af en toe, as ek nou baie sleg voel, dan trek ek vir my n paar blaartjies af en dan drink ek die watertjies.* (The jantjieberend bush that is now my regular bush that I now and then, when I don't feel well, I boil some leaves and drink the water). (Transcribed Interview, Aunt Meitjie, September 2014).

Looking at the above excerpt, there is no standard way of collecting and making medicine from traditional herbal medicine. Through years of experience using traditional herbal medicine *tannie* Meitjie shows a kind of ingrained knowledge, the result of being exposed to the *veld* and the *oumensraad* (advice from the elderly) passed down through generations. As a result, the elderly are making a difference in Nuwerus, not only by sharing knowledge and wisdom, creating skills amongst the youth and improving the quality of life in the community. Being a *bejaarde* embodies strength, knowledge and wisdom, attributes found in the *Môreson Dienssentrum.*

6.9 Conclusion

The elderly in society are prominently represented as frail individuals dependent on family and friends for physical and financial support. However, as seen in Nuwerus, the *bejaardes* are fiercely independent and do not subscribe to the popular notions of old age. As the *bejaardes* go about their day, meaning and purpose is ascribed to their lives through various activities. The *bejaardes* use their vitality to take us back into the past where hard labour and the use of *kruie* from the *veld* were common practices. Today, the *bejaardes* live similar lives to their parents, thus producing similar outcomes of strength and vitality. Being physically able is one of the attributes they value most. It defines who they are as a social group and as a community. Using arts and crafts knowledge passed down throughout the generations as a platform to engage with fellow community members, the *bejaardes* establish their identity as *die stam van die gemeenskap.* In the expression "*ons is*

die stam van die gemeenskap, die res is net takke", the *bejaardes* attest to their deep rootedness in their community. It is through their lives and practices that the *bejaardes* immerse themselves in the lives of fellow community members. In addition, placing God at the centre of their strength and vitality, the *bejaardes* use prayer and a "close walk with God" to help and guide community members. As a result, the *bejaardes* position themselves as *die stam van die gemeenskap*, the constituted temporal and spiritual authority of Nuwerus.

Chapter 7

Conclusions

High blood pressure is a non-communicable disease that is prevalent across the globe among adults over 25 years old. In Nuwerus 56.15% of the sample had been diagnosed with high blood pressure. Knowledge and perceptions of high blood pressure in Nuwerus varied and seemed to overlap with biomedical and lay understandings of the condition. Overlap and slippage from the biomedical framework to layman understandings of high blood pressure tended to take place once locally trained home based care nurses had engaged with their assigned elderly patients during the daily check-up process run by the Western Cape Department of Health.

In this investigation of high blood pressure I highlight the different contexts that bring about discussions of high blood pressure and the treatment management process. I unpack the thought process and decision making of the elderly relating to management of the disease. I use statistical findings and ethnographic data to argue for the various ways in which knowledge about high blood pressure is acquired, understood, internalized and embedded in the daily lives of the elderly. I use Lawton's (2003) argument relating to chronic illness as a biographical disruption, in order to better understand perceptions of high blood pressure among the elderly.

The author's argument provides a framework to unpack the sudden appearance and disappearance of high blood pressure, in light of biographical episodes such as dizzy spells or blackouts. High blood pressure was only rendered visible through documented disruptions prompting a particular treatment plan, be it allopathic, alternative or both, to manage the disease. However, I argue that high blood pressure does not feature prominently in the everyday life of the elderly, outside of these biographical disruptions. Counter balancing this, I argue, there is eagerness among the elderly group of Nuwerus to regain a sense of normalcy, and to counter the stereotypes associated with the elderly, through the varied everyday activities at the *bejaardes klub* and the personal life of the elderly.

There is an urgency in scholarly research to investigate 'Old age' and the 'elderly'. In the social science discipline, conceptualising old age, the medicalization of the aged body and more recently, the resilience and vitality of the elderly, has emerged as a way to better understand perceptions of old age in the twenty-first century. Unpacking the aged as a social category brought about better models to understand old age, namely, 'young old', 'old old' and the 'oldest old'. Although these models are not ideal they allow for a better understanding of the various progressions of old age. The global rise of aging populations, especially in industrialised countries, is one of the reasons why newer models of old age have emerged. It has becomes increasingly difficult to make generalised statements about the elderly when various age categories of old age each have their own set of capabilities. Stereotypes associated with the elderly portray the entire group as vulnerable, disease-ridden, physically weak, detached from society, dependent on family members for survival, and unable to function on their own: these stereotypes are being fundamentally reviewed.

My research specifically looked at the ways in which traditional herbal medicines are utilized to treat high blood pressure amongst the elderly in Nuwerus. In tandem with this I investigated the strategies set in place by the elderly to push the boundaries of old age, thus redefining our perceptions of old age. Moreover, my research captures the prevailing vitality and resilience of the elderly research group. Vitality and resilience is an uncommon manifestation among the elderly, when negative connotations are far more likely to be associated with old age. My aim was to present my research in a way that highlights the various systems put in place by the elderly, on a small and large scale, to contest what is considered current 'common knowledge' regarding the nature and the position of the elderly in society. A wealth of knowledge is to be found amongst the elderly in my research group, especially as regards traditional herbal medicine and its uses.

The ways to prepare and administer these traditional herbal medicines are flexible and are altered according to the needs of each individual. I argue that there is a strong connection between the elderly and the *veld* where medicinal plants grow wild. I show to what extent the elderly attribute their health and well-being to God, the *veld* and the traditional medicines used by them to inculcate a holistic sense of health and wellness. I found that a desire exists among the elderly to share their wealth of knowledge not only about their life lessons but importantly, traditional herbal medicine and its deep-seated connection to the elderly and the heritage of Nuwerus. This I interpreted as a resilient attitude to be found amongst

the elderly in Nuwerus. There is a perceived need to do better and build their community: to inspire the youth to make a difference. They also want to show that life gets better after 60 years old, once the meaning and purpose in your own life has been established. I found that this type of local resilience comes from a life of strenuous work, endurance and a reported "silver lining" attitude towards life and the hardships associated with it.

I used Bourdieu's (1995) practice theory as a framework to understand the ways in which the elderly understand and make meaning of their everyday life. I argue that the elderly derive meaning from various social practices that they engage in, on a regular basis. I found that collecting, preparing and consuming traditional herbal medicines, engaging in small scale agricultural and livestock farming, sewing, needle work, arts and crafts and bread baking worked together to anneal a special skill-set, filled with meaning and practical application, for the elderly. I argue that such specialized skill sets are part and parcel of what it means to be elderly in this community. The ability to understand and execute any performance is essential when looking at social practices among the elderly. I argue that positive social roles are associated with the elderly in Nuwerus, contradicting current stereotypes that are widely encountered in literature and popular culture.

Ultimately, this study aims to highlight the use of traditional herbal medicines to help manage high blood pressure among the elderly. In addition, I argue that the elderly actively show how their practices of vitality contest stereotypical notions of old age and that through such contestation, new ways emerge of conceptualising old age.

Illustrations

The landscape

The view of Nuwerus taken from the hostel where I stayed during the research process. It is located in the Hardeveld where temperatures easily reach over 40°C in summer.

These are the houses situated in the upper part of Nuwerus where majority of the inhabitants are racially categorised as coloured.

Hoërskool Nuwerus - one of the few Primary and High schools located in the Matzikama Municipality

Hoërskool Nuwerus - one of the few Primary and High schools located in the Matzikama Municipality

Small scale farming organized and facilitated by the *bejaardes* of Nuwerus to generate income

The images above show the local small scale farming facilities used by member of the Nuwerus community for livestock and agricultural purposes. Small scale farming allows members to generate an income due to the high unemployment rate in the community.

Arts and crafts

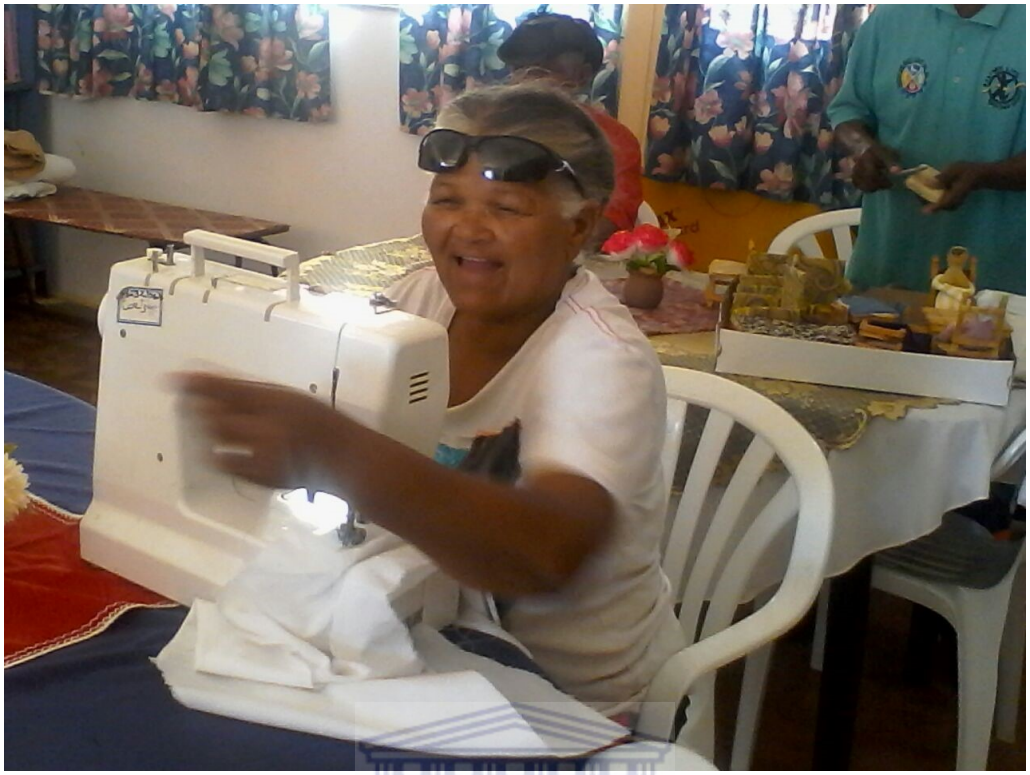
Tannie Johanna is eager to participate in the Golden games as she stands in front of the board in the *bejaardes klub*

Old shoes filled with various succulent plants found in the surrounding area. An idea by the *bejaardes* to recycle items for arts and crafts

Arts and crafts session in progress during *bejaardes* klub hours

Oom Arrie and *Oupa* Frikkie are in the process of creating a miniature lounge set made from discarded pegs

A few of the *bejaardes* share a table to create their own curtains and stone art to be sold to community members to generate an income.



Tannie Johanna enjoys herself while using a sewing machine to create materials for the handmade miniature doll set.

Handmade miniature doll set made by the ladies of *Môreson Bejaardes Klub*. The materials used were donated by local community members to encourage creativity among the elderly.

A book compiled will stories told by different *bejaardes* along the Westcoast, including Nuwerus. The stories are of a personal Nature and include life stories of the elderly and their ability to make the best out of any situation.

All the author's own photos

Participant number: _____

Family code: _____

Interviewer: _____

HOUSEHOLD SURVEY ON HYPERTENSION IN NUWERUS

This questionnaire is for participants who suffer from, or who have family members who suffer from Hypertension (Blood pressure of 140/90 or above)

- **Tick ONLY the box that MOST applies**
- **When ticking "OTHER" specify using:_____**

Section 1 Demographic: #1-9 (Tick ONLY one box that MOST applies**)**					
Date: DD/MM/YY ___/___/___					
1.	**Gender** ☐ **M** ☐ **F** **(Gender of person with Hypertension, if not the interviewee)** **Gender** ☐ **M** ☐ **F**	**2.**	**Describe your relationship with the person with Hypertension** ☐ Wife ☐ Husband ☐ Daughter ☐ Son ☐ Grandmother ☐ Grandfather ☐ Other _____	**3.**	**Date of Birth:** DD/MM/YY ___/___/___ **(Date of birth of the person with Hypertension, if not the interviewee)** DD/MM/YY ___/___/___

4.	**What is your home language?** ☐ English ☐ Afrikaans ☐ isiXhosa ☐ Other (Please specify) _____	**5.**	**How many people live in your household?** _____	**6.**	**Religion** ☐ African traditional belief ☐ Christian ☐ Hinduism ☐ Islam ☐ Judaism ☐ Other _____
7.	**Educational level** ☐ Primary (Grade 1-7) ☐ Secondary (Grade 8 -12) ☐ University/ Technicon/ College ☐ Post-grad ☐ None ☐ Other _____	**8.**	**Employment** ☐ Full-time ☐ Part-time ☐ Self-employed ☐ Unemployed ☐ Other _____	**9.**	**Monthly household income** ☐ Less than R1999 per month ☐ R2000- R4999 ☐ R5000- R10999 ☐ R11000- R15000 ☐ Above R15000 ☐ Do not wish to disclose monthly income

Section 2: Health and Medical #10-11(Tick ONLY one box that MOST applies**)**		
10.	**Have you or anyone in the household been diagnosed with Hypertension?**	
	Currently have ☐ Yes ☐ No	**Had in the past** ☐ Yes ☐ No
11.	**Did you seek treatment for the Hypertension?** ☐ Yes ☐ No **(If yes, go to 12. If no, finished with the questionnaire)**	

Section 3: Treatment(s) and health outcome(s) #12 (Tick ONLY one box that MOST applies**)**

 # Hypertension

- Complete the following to give the details of ALL treatment(s) (Herbal and allopathic) taken and your health outcome(s)
- If a remedy was a mixture, complete one row for each part of remedy.
- If an allopathic remedy was used, complete only 1, 2, 5, 6, 7, 8, 9, 10, 11.

1. What date did you start this treatment?	**2. Name of medicine/plant**	**3. Part of plant[1]**	**4. How was it prepared?[2]**	**5. How was it taken?[3]**	**6. How much was taken per dose?**	**7. How many doses per day?**	**8. For how many days would you take this?**	**9. Who prescribed this treatment?[4]**	**10. What was your health outcome?[5]**	**11. Were there any side-effects? (Specify)**

Section 4: Additional treatment(s)# 13-19

13.	**Do you sometimes use herbal remedies together with allopathic medicine?** ☐ Yes ☐ No	**14.**	**Of the treatments you listed in #12, was the first treatment:** ☐ First a herbal remedy and then allopathic medicine? ☐ First allopathic medicine and then a herbal remedy?
15.	**Of the treatments listed in #12, can they be used for pregnant women?** ☐ Yes ➡ **Go to #16** ☐ No ➡ **Go to #17** ☐ Other _____ ➡ **Go to #17** _____	**16.**	**Were the treatment dosages the same?** ☐ Yes ➡ **Go to #17** ☐ No ➡ **Describe the treatment dosages below** ☐ Other _____ ➡ **Go to #17** _____
17.	**Were you admitted to a health clinic or hospital during the time of treatment?** ☐ Yes ➡ **Go to #18** ☐ No ➡ **Go to #19** ☐ Other _____ ➡ **Go to #19**	**18.**	**How many days were you admitted to the health clinic or hospital?** _____ **days**
19.	**Additional information you would like to share about your symptoms, treatments and/ health outcome(s):** _____ _____		

UNIVERSITY OF THE WESTERN CAPE

Department of Anthropology and Sociology

Private Bag X17, Bellville 7535, Cape Town, South Africa
Telephone: (021) 959 2336

INFORMATION SHEET

Project Title: *Die stam van die gemeenskap*: An exploration of hypertension and herbal treatment amongst the elderly in Nuwerus

What is this study about?

This research project is being conducted by Michellé Sheila Pasquallie, a student at the University of the Western Cape. You are invited to participate in this project as you are an elderly individual living in Nuwerus located in the Matzikama Municipality. The purpose of this research is to empirically analyze the various ways in which plant medicines are used to treat hypertension (high blood pressure/ hoë bloedruk) among the elderly and how plant medicines are used to create and maintain social relations in everyday life. It is hoped that the research will provide suggestions and recommendations for future studies on medical anthropology and sociology scholarship.

What will I be asked to do if I agree to participate?

You will be asked to share information, opinions and suggestions on the use of plant medicines to help treat hypertension. The in-depth interviews will take place within the homes of my participants or a location of their choice. The focus group discussions will take 45-60minutes and will take place in the home of one of the participants or in the bejaarde's klub (senir citizens club).

Would my participation in this study be kept confidential?

Your personal information will be kept private and will remain anonymous at all times. You will be required to sign a consent form to protect your privacy and confidentiality while participating in this study. The information collected will be kept safe and used for the purpose of the research project. In this research report, identity of the participants will be protected to the maximum.

What are the risks of this research?

There are no risks involved in participating in this research project. From the beginning, aims and objectives will be clear.

What are the benefits of this research?

This research is not designed to help the participant personally. The findings from this research will however provide a new insight into how medicinal plants are used and understood to treat hypertension amongst the elderly.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to participate and to stop participating at any time you want. If you stop or decide not to participate, you will not lose anything.

Is any assistance available if I am negatively affected by participating in this study?

No negative effects will come from participating in this study.

What if I have questions?

This research is being conducted by **Michellé Sheila Pasquallie,** a student at the University of the Western Cape. Her contact numbers are (021)820 4752; 0745521569.

If you have any questions about the research study itself, please contact Professor Diana Gibson at the University of the Western Cape, her contact numbers are, (021)959 2861; 0791860279

Should you have any questions regarding this study and your rights as a research participant or if you wish to report problems you have experienced related to the study, please contact:

Professor Heike Becker
Head of Department: Department of Anthropology and Sociology
Arts Faculty
University of the Western Cape
Private Bag X17
Bellville 7535

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

Consent Form University of the Western Cape

Title-" *Die stam van die gemeenskap*: An exploration of hypertension and herbal treatment amongst the elderly in Nuwerus"

Researcher: Michellé Sheila Pasquallie

Please initial box

1. I confirm that I have read and understand the information sheet explaining the above research project and I have had the opportunity to ask questions about the project. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. (If I wish to withdraw I may contact the lead researcher at any time) ☐
3. I understand my responses and personal data will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the reports or publications that result for the research. ☐
4. I agree for the data collected from me to be used in future research. ☐
5. I agree for to take part in the above research project. ☐

_____	_____	_____
Name of Participant (*or legal representative*)	Date	Signature
_____	_____	_____
Name of person taking consent *(If different from lead researcher)*	Date	Signature
_____	_____	_____
Lead Researcher	Date	Signature

(*To be signed and dated in presence of the participant*)

Copies: All participants will receive a copy of the signed and dated version of the consent form and information sheet for themselves. A copy of this will be filed and kept in a secure location for research purposes only.

Researcher:	**Supervisor:**	**HOD:**

Consent Form – Focus Group Discussions University of the Western Cape

Title-"*Die stam van die gemeenskap*: An exploration of hypertension and herbal treatment amongst the elderly in Nuwerus"

Researcher: Michellé Sheila Pasquallie

Please initial box

1. I confirm that I have read and understand the information sheet explaining the above research project and I have had the opportunity to ask questions about the project. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. (If I wish to withdraw I may contact the lead research at anytime) ☐
3. I understand my responses and personal data will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the reports or publications that result for the research. ☐
4. As a participant of the discussion, I will not discuss or divulge information shared by others in the group or the researcher outside of this group. ☐
5. I agree for the data collected from me to be used in future research. ☐
6. I agree for to take part in the above research project. ☐

_____	_____	_____
Name of Participant (*or legal representative*)	Date	Signature
_____	_____	_____
Name of person taking consent *(If different from lead researcher)*	Date	Signature
_____	_____	_____
Lead Researcher	Date	Signature

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Researcher:	**Supervisor:**	**HOD:**

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