Giving meaning to health: Daily occupations among elderly South Africans

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Elderly South Africans experience health burdens due to non-communicable disease, the responsibilities of caring for ailing children infected with AIDS, and raising fostered and orphaned grandchildren. The aim of this paper is to explore connections between daily occupations, health and well-being among older persons living in rural South Africa. Although a significant amount of research highlights meaningful activity as a factor for maintaining health and well-being in developed countries, very little empirical work has explored this issue in developing country settings. Daily occupations, what makes them meaningful, and the meaning of health are all context specific; without empirical studies it is difficult to know how older persons see their lives, and what assistance they may need, or in what ways they are resilient. This paper builds on other work from the Gogo (Grandmother) Project—repeated semi-structured interviews with 90 women over age 50 living in the South African Medical Council/University of the Witwatersrand Rural Public Health and Health Transitions research site. This paper describes the ways in which these rural South African women talk about their own health, the daily activities in which they take part, and possible connections between these and their sense of well-being. South Africa’s high HIV-prevalence, emergent epidemic of non-communicable disease, and state-funded non-contributory pension system, which make older household members an important economic asset to their households and social networks, both help form and complicate the roles and responsibilities older people feel they can or must accomplish to support their families and themselves.

I am a social demographer (who uses a lot of anthropological techniques) with a position as an assistant professor in the University of Missouri (MU) Department of Occupational Therapy & Occupational Science. Research in the field of demography focuses on the statistical study of human populations, notably topics related to fertility, mortality and migration. The data for this basic research is usually collected in the form of surveys and censuses. As a social demographer, I draw on the tools of a range of disciplines in order to provide insights into the meanings and processes behind such statistics. My own work draws on sociology and demography, the disciplines in which I completed my doctoral training, as well as anthropology, occupational science, gender studies, and public health. Using this interdisciplinary lens, I examine and elucidate the lived experiences of older women in rural South Africa.

Despite my interdisciplinary research agenda, when I tell people that I am a demographer in an OT department, the response is often a blank stare—people are not sure how I fit in, what I do or what I teach. But I believe that my work and teaching exemplifies the connections and overlap between fields. In each of the disciplines from which I draw, particularly anthropology and occupational science, there is an evident desire to document individuals’ daily lives in a way that will uncover meanings and contextual specificities that provide insight into family and community dynamics.

My presentation at the American Anthropological Association meeting in November, 2007, used older rural South African women’s narratives to focus on their “access [to] and participation in] activities that are meaningful, purposeful, and relevant to their lives, roles, and sense of well-being.” While enabling individuals and communities to engage in meaningful occupations is outlined as an explicit aim of the American Occupational Therapy Association as a profession, my research examines what these occupations might be in contexts beyond our borders. I explore how those occupations might positively or negatively impact older women’s health and how their health impacts their ability to engage in these occupations. Without this empirical evidence, it would be impossible to understand how individuals make meaning out of their daily lives, how social and cultural factors impact these meanings, or how the lived daily experiences impact and are impacted by their health and well-being. This evidence is important for understanding individuals, family and community dynamics, but also for shaping evidence-based practice.

The OT department at MU has a three semester research series; I teach the first two of these research courses. In the first semester, students learn about the nitty-gritty details of what goes into doing research. During this semester they often see research as something someone else might do—an anthropologist, sociologist, public health specialist—but not an OT. They often do not connect research to something they could or would ever want to do. In the second semester they form research teams and write a proposal for research they will conduct with that group and a faculty mentor in the following semester. Although the faculty mentor usually determines the research direction and topic, by the end of the second semester, the students have taken ownership of the idea of being researchers. Their projects usually focus on occupation and function, but are largely interdisciplinary explorations of ways to improve

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of a new house, to convey the experience of venturing into a new place (either physical or intellectual) and thoroughly exploring it, room-by-room. This orienting metaphor enabled him to discuss quite eloquently how he viewed the “fun” (aka intellectual excitement) of throwing open the doors and seeing what one finds in these rooms. Upon entering each new room, one can see what is already there and the overall dimensions and characteristics of these spaces. Sometimes one knows about key aspects of what one will find there, and sometimes one is surprised as well. Opening these doors also presents opportunities to think about how the various “rooms” in the house fit together and can be coordinated over time. He captured the excitement that comes at the beginning of such an exploration and recommended paying close attention to all aspects of this discovery process, keeping the “big picture” in mind and never forgetting the fundamentals of each field—e.g., what makes the framing of a particular issue anthropological, and likewise for OT. The “good bones” of the anthro-OT house, with its strong foundation and supporting structures, should provide an appropriate environment that will foster the continued growth of our cross-disciplinary dialogue.

In spite of its time slot (i.e., the last morning of the conference), it was clear that the session had an impact. There was much post-session discussion in the hallway about individual papers, the discussants’ comments, and where to go from here; so much so that several people expressed concern about making it to the airport in time to catch their flights. We, as the session organizers, took it as a good sign that this conversation continued, that there was enthusiasm for ongoing exploration of this linkage, and it fortified us for taking this work forward. We hope that you will enjoy reading about these issues, learning about what has been discussed so far, and adding your own voices and perspectives to extending this conversation.

References:

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the individuals’ “life opportunities.” In all likelihood, most of them will become practitioners, not researchers, but this experience allows them to see why evidence-based practice is important and how an interdisciplinary lens enhances both their field and others.

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adults’ interest in not only “doing something” but also “being someone”, and for these participants, that meant being recognized as active, engaged, independent and therefore, vital contributing members within American society. Going forward in extending this research program, I look forward to drawing upon and integrating a variety of disciplinary perspectives that can inform this work from anthropology, gerontology, occupational science/occupational therapy, and technology studies, to list some relevant areas here.