

Money and aging: South African study shows cash grants help people live longer and have better memory function

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Nearly half of South Africa's 60 million people receive social grants, ranging from child support to pensions. The grants are designed to provide financial assistance to people living in poverty.

The largest components of the South African social grant system were introduced, or expanded to include the full population, in the 1990s. Since then, the system has [evolved](#) into one of the most comprehensive in the global south.

In addition to their direct financial benefits, the grants have been found to have a wide range of positive effects. These include improvements in [child nutrition](#) and [education](#), and increased participation of women in the labor force.

But the effects of social grants on the health of older adults have not been extensively explored. Until now.

Across a series of recent studies conducted as part of an extensive research project in a rural part of South Africa, we have established that social grants can help older South Africans protect their [cognitive health](#) and live longer. Cognitive health is the ability to clearly think, learn, and remember.

Using our collective expertise into cognitive and population health, we studied the health effects of three different cash transfer programs in a sample of 5,059 adults 40 years and older in rural Mpumalanga province.

Our results consistently found strong and positive effects thanks to these

programs.

Older people will make up a much bigger portion of South Africa's population over the next [20 years](#). Our results provide good news about a social intervention program the country already has in place to promote health and well-being among older adults.

How we did the studies and what we learnt

The [Agincourt Health and Demographic Surveillance System](#) has been collecting data on more than 120,000 people living in 31 villages in north-east South Africa since 1992.

This rural campus of the University of the Witwatersrand was established to track and understand health and well-being in these rural environments.

The Agincourt project is also a platform for other studies to collect more detailed information on certain community members.

We used data from an experimental [cash transfer](#) trial within the larger Agincourt research platform that paid monthly cash transfers to households from 2011 through 2015 and compared them to control households with no payments. Just over 2,500 households originally enrolled in the trial. Monthly payments of R300 were split between a school-age female and her caregiver.

We also used data from Health and Aging in Africa: Longitudinal Studies in South Africa. This is a smaller Agincourt cohort of 5,059 men and women aged 40 and older with detailed information on memory function and dementia probability collected every three years from 2014/2015 through to 2021/2022.

We tested whether being in the group that received the cash transfers led to better cognitive health later in life, up to seven years after the trial concluded.

We found that people who received the cash were better off than those who did not. They had slower aging-related memory decline and lower dementia probability in 2021/2022, the most recent wave of [data collection](#).

For some groups, we also observed an impact on mortality. In those who were relatively better off at baseline with regard to education and wealth, the addition of the cash transfer led to significantly reduced risk of mortality.

In a second study we examined the [impact](#) of the older person's grant, a public pension, on men's later-life cognitive health.

From 2008 to 2010, the older person's grant expanded its [age eligibility](#) for men from 65 to 60 years. This meant that men aged 60 through 64 at the time of expansion were newly eligible for between one and five "extra" years of pension income prior to turning 65.

Women had always become eligible at [60 years](#) of age, so they were not included in this analysis.

We found that men who received the full five extra years of pension income eligibility had significantly better cognitive function than expected if the grant had not expanded its eligibility.

We also observed a "stair step" pattern, where cognitive function was progressively better for each extra year of pension eligibility.

In our final study, we examined the impact of the [child support grant](#) on

women's later-life cognitive health.

When the child support grant was introduced in 1998, it was available only for children under [seven](#) years old. Since then, a series of policy changes expanded the ages that children were eligible for the grant, eventually rising to age [18](#) in 2012. These expansions over time mean that two women with the same number of children could have had access to very different amounts of child support grant income, depending on when those children were born.

Consistent with what we found for the older person's grant expansion, higher access to child support grant income was associated with higher later-life cognitive function for maternal beneficiaries of the grant.

Looking forward

Our results so far clearly point to the benefits of South Africa's social grant programs for older adults as they are currently structured.

They suggest that as South Africa ages in the upcoming decades, sustained investments in these programs will pay off in better health and well-being of the country's most vulnerable older adults.

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