

III. HIV AND AIDS INDICATORS

A. Knowledge of HIV and AIDS

The 2003 SADHS included a series of questions related to HIV and AIDS and sexually transmitted infections in both the Women's and Men's questionnaires. Both female and male respondents were asked if they have ever heard of AIDS, what a person could do to avoid getting AIDS, the number of sexual partners they had in the 12 months preceding the survey, and whether they had used condoms with any of these partners.

The survey found that 94 percent of women and 95 percent of men aged 15-49 have heard of AIDS (data not shown). The level of knowledge is so high that there are no significant differentials in knowledge by background characteristics. However, the level of awareness about HIV and AIDS among women has declined very slightly from 97 percent found in the 1998 SADHS.

Abstaining from sex, being faithful to one uninfected partner, and using condoms are important ways to avoid the spread of HIV and AIDS. To ascertain the depth of knowledge about modes of HIV and AIDS transmission, respondents were asked general questions as to whether there is anything a person can do to avoid getting AIDS or the virus that causes AIDS, and if so, what can be done. They were further prompted with specific questions about whether it is possible to reduce the chance of getting AIDS by having just one faithful sexual partner, using a condom at every sexual encounter and not having sex at all. Table 11 shows the percentage of women and men by their answers to these questions, according to background characteristics.

The results show that knowledge of HIV prevention methods is widespread, although there are differences between men and women. More than 4 in 5 men (86 percent) and 7 in 10 women (71 percent) indicate that the chances of getting the AIDS virus can be reduced by using condoms. Similarly, 82 percent of men and 75 percent of women know that limiting sex to one faithful and uninfected partner can reduce the risk of contracting the HIV virus. Knowledge of both these means of avoiding HIV transmission is also high, with 76 percent of men and 68 percent of women citing both as ways of reducing the risk of getting the AIDS virus. Finally, 83 percent of men and 70 percent of women know that abstinence can reduce the risk of getting HIV.

Knowledge of HIV prevention methods among women and men aged 15-19 is lower for all methods as compared to people aged 20 years and above. For all methods of reducing the risk of HIV infection, urban dwellers are more knowledgeable than their rural counterparts. The level of awareness by province shows that men in KwaZulu-Natal and women in Mpumalanga Province are better informed than those in other provinces. The least knowledgeable region is Eastern Cape Province for men and Limpopo Province for women.

Level of education is strongly related to respondents' knowledge of ways to avoid contracting HIV and AIDS. Men and women who have no education exhibit considerably lower levels of knowledge of HIV and AIDS prevention than those with some education. Asian and white respondents tend to be better informed about HIV prevention methods than African or coloured respondents.

Table 11 Knowledge of HIV and AIDS prevention methods

Percentage of men aged 15-59 and women aged 15-49 who, in response to a prompted question, say that people can reduce the risk of getting the AIDS virus by using condoms and by having sex with just one partner who is not infected and who has no other partners, and by abstaining, according to background characteristics, South Africa, 2003

Background characteristic	Men					Women				
	Using condoms	Limiting sex to one uninfected partner	Both using condoms and limiting to one partner	Abstaining from sex	Number of men	Using condoms	Limiting sex to one uninfected partner	Both using condoms and limiting to one partner	Abstaining from sex	Number of women
Age										
15-19	80.5	78.2	69.9	81.1	592	70.3	72.9	66.4	70.7	1,384
20-24	86.6	80.4	76.2	84.2	525	72.2	76.7	68.9	70.0	1,239
25-29	88.6	84.3	80.8	84.1	424	73.4	78.5	71.4	71.7	1,017
30-39	87.2	86.5	80.8	83.3	689	73.5	77.1	70.9	71.5	1,921
40-49	85.5	82.5	75.5	85.1	551	66.8	70.5	63.5	64.9	1,479
15-24	83.4	79.3	72.9	82.6	1,117	71.2	74.7	67.6	70.3	2,623
Residence										
Urban	86.1	83.4	77.7	83.5	2,259	74.8	78.9	71.8	73.1	4,871
Rural	80.6	77.3	70.2	80.3	859	63.2	66.3	60.1	62.1	2,170
Province										
Western Cape	86.4	82.7	75.4	82.5	373	73.7	76.5	71.1	71.1	899
Eastern Cape	72.4	64.2	58.5	71.2	294	67.3	71.8	62.0	59.7	750
Northern Cape	83.5	80.7	71.7	84.1	57	74.0	78.7	72.3	76.4	130
Free State	78.0	76.8	69.1	75.7	193	74.0	77.9	72.7	71.2	465
KwaZulu-Natal	90.0	89.8	83.5	94.6	796	67.1	72.4	65.8	68.2	1,311
North West	86.1	86.2	80.2	83.5	201	75.2	77.0	72.5	74.3	538
Gauteng	83.4	81.5	76.5	79.0	804	73.9	79.4	70.3	74.6	1,801
Mpumalanga	86.3	78.0	73.6	76.1	195	80.1	82.5	78.5	76.4	444
Limpopo	85.1	78.2	71.4	78.5	205	61.7	61.4	56.4	58.8	701
Education										
No education	65.3	66.6	56.0	64.9	136	43.8	47.0	40.3	43.4	295
Grades 1-5	74.2	68.5	59.7	70.9	217	52.8	55.9	51.4	48.9	428
Grades 6-7	77.0	75.2	68.2	78.0	303	62.7	65.4	59.1	61.2	713
Grades 8-11	85.2	80.8	75.1	81.1	1,364	71.5	74.9	68.0	70.2	3,269
Grade 12	88.4	87.8	81.7	89.1	814	78.6	83.4	76.0	75.9	1,716
Higher	96.0	92.7	90.0	93.6	284	85.0	90.4	82.9	86.9	620
Population group										
African	83.0	80.0	73.7	80.8	2,525	69.5	73.3	66.2	68.1	5,801
Coloured	85.3	82.3	73.8	85.7	269	70.4	73.8	68.7	68.4	682
White	96.3	93.0	90.6	94.6	251	90.4	94.5	89.1	90.1	415
Asian	98.0	99.1	97.5	96.1	68	88.0	93.7	85.4	83.9	141
Total	84.6	81.7	75.6	82.6	3,118	71.2	75.0	68.2	69.7	7,041

B. Number of Sexual Partners

Since an important way to reduce the transmission of the AIDS virus is to remain faithful to one partner, the 2003 SADHS asked questions about the number of partners respondents had in the 12 months preceding the survey. As shown in Table 12, less than 3 percent of women respondents reported having more than one sexual partner in the previous year, compared with 4 percent of men.

Men and women in their 20s are most likely to have multiple partners. Among men, the proportion reporting more than one partner increases with education level; among women, there is no consistent relationship.

Table 12. Number of sexual partners				
Percentage of men aged 15-59 and women aged 15-49 who have had sexual intercourse with two or more partners in the 12 months preceding the survey, according to background characteristics, South Africa 2003				
Background characteristic	Men		Women	
	2+ partners	Number of men	2+ partners	Number of women
Age				
15-19	2.8	592	2.9	1,384
20-24	9.8	525	3.7	1,239
25-29	8.7	424	4.0	1,017
30-34	5.7	347	2.3	925
35-39	1.1	341	1.3	997
40-44	1.0	326	1.3	817
45-49	0.0	226	0.6	662
50-54	3.1	185	na	na
55-59	0.0	152	na	na
Residence				
Urban	4.7	2,259	2.4	4,871
Rural	3.6	859	2.7	2,170
Education				
No education	0.4	136	1.0	295
Grades 1-5	3.1	217	2.0	428
Grades 6-7	1.3	303	1.4	713
Grades 8-11	3.8	1,364	2.9	3,269
Grade 12	6.4	814	2.8	1,716
Higher	7.9	284	1.6	620
Population group				
African	5.0	2,525	2.8	5,801
Coloured	1.8	269	1.5	682
White	2.3	251	1.1	415
Asian	3.2	68	0.5	141
Total	4.4	3,118	2.5	7,041
na = Not applicable				

C. Use of Condoms

Since condom use is an important method of preventing the spread of HIV, women were asked about condom use. The data in Table 13 indicate that almost 40 percent of women who had sexual intercourse in the 12 months prior to the survey, said they had ever used a condom. One-third of women said they had used a condom the last time they had sex, though

the proportion varies by type of partner. Only 15 percent of women say they use condoms with their husbands or live-in partners, while 47 percent say they used a condom the last time they had sex with a non-cohabiting partner.

Table 13 Use of condoms								
Among women 15-49 who had sexual intercourse in the 12 months preceding the survey, the percentage who ever used condoms, and percentage who used condoms during last sexual intercourse, according to type of partner and background characteristics, South Africa 2003								
Background characteristic	Ever used condom	Number	Used condom during last sex					
			Used with spouse	Number	Used with non-spouse	Number	Used with any partner	Number
Age								
15-19	49.0	505	(11.1)	26	50.1	478	48.1	505
20-24	50.8	913	20.4	138	53.8	774	48.8	913
25-29	45.4	835	16.3	299	45.9	533	35.2	835
30-34	37.4	765	15.9	427	37.0	337	25.1	765
35-39	30.9	820	14.2	482	42.5	334	25.7	820
40-44	25.0	648	16.6	403	41.0	243	25.7	648
45-49	24.1	420	12.1	299	36.6	120	19.1	420
Residence								
Urban	38.6	3,439	14.5	1,469	49.4	1,959	34.3	3,439
Rural	38.5	1,467	17.6	603	39.9	860	30.7	1,467
Province								
Western Cape	24.9	605	10.8	314	38.6	286	23.8	605
Eastern Cape	33.9	485	15.0	187	41.5	297	31.2	485
Northern Cape	26.8	83	7.3	44	35.3	39	20.3	83
Free State	26.2	294	13.0	147	43.6	146	28.3	294
KwaZulu-Natal	55.7	896	28.9	336	57.6	557	46.6	896
North West	45.5	371	13.2	125	43.4	243	33.1	371
Gauteng	35.3	1,339	14.1	560	50.8	777	35.3	1,339
Mpumalanga	36.6	331	9.8	145	40.5	185	27.0	331
Limpopo	43.0	502	13.2	213	36.3	289	26.5	502
Education								
No education	12.1	222	10.9	131	17.8	90	13.7	222
Grades 1-5	20.6	301	8.3	165	27.1	135	16.7	301
Grades 6-7	20.5	490	10.1	248	30.3	238	19.9	490
Grades 8-11	36.0	2,129	14.1	809	44.1	1,314	32.6	2,129
Grade 12	50.3	1,271	21.5	480	56.8	785	43.2	1,271
Higher	60.1	493	20.5	238	62.8	255	42.4	493
Population group								
African	38.6	4,060	17.1	1,502	46.9	2,546	35.8	4,060
Coloured	25.7	431	8.4	241	36.7	188	20.7	431
White	53.9	318	15.7	243	(58.5)	75	25.8	318
Asian	43.2	95	4.7	85	(42.6)	10	8.7	95
Total	38.6	4,906	15.4	2,072	46.5	2,819	33.3	4,906

Note: Figures in parentheses are based on 25-49 unweighted cases.

Younger women, those in KwaZulu-Natal, and especially, those with more education are also more likely than other women to have used condoms.

IV. CHILD HEALTH

A. Treatment of Childhood Diarrhoea

Dehydration caused by severe diarrhoea can cause death. Prompt medical attention when a child has symptoms of diarrhoea is, therefore, crucial in reducing child deaths. To obtain information on how childhood illnesses are treated, the mothers of each child under five years of age were asked whether the child had experienced diarrhoea in the two weeks before the survey. Data for children under five who were not living with their biological mothers were obtained from the child's guardian using the Additional Child Questionnaire.

The results show that only 8 percent of children under age five years are reported to have had diarrhoea in the two weeks before the survey (Table 14). Almost two-thirds of these children were treated with some sort of oral rehydration therapy (ORT), with about 40 percent receiving oral rehydration salt solution (ORS) and about 40 percent receiving a home solution. Differences in treatment are difficult to analyse, given the small numbers of children with diarrhoea across the various categories.

B. Breastfeeding and Supplementation

Breastfeeding practices and introduction of supplemental foods are important determinants of the nutritional status of children, particularly those under the age of two years. With improved nutritional status, the risk of mortality among children under five years can be reduced and their psycho-motor development enhanced. Breast milk is uncontaminated and contains all the nutrients needed by children in the first four to six months

Table 14 Prevalence of diarrhoea and use of oral rehydration therapy

Among children under five years of age, the percentage reported by the mother/guardian to have had diarrhoea in the two weeks preceding the survey, and of those with diarrhoea, percentage who were given oral rehydration salts (ORS) or a home solution, or either (ORT), by background characteristics, South Africa 2003

Background characteristic	Had diarrhoea in last 2 weeks	Diarrhoea treatment			Number of children under 5
		ORS packets	Home solution	Either ORT	
Age of child					
< 6 months	6.4	*	*	*	194
6-11 months	17.1	(30.9)	(45.5)	(59.9)	239
12-23 months	12.0	43.3	50.7	69.9	441
24-35 months	5.9	(39.6)	(34.6)	(62.9)	463
36-47 months	6.3	(33.5)	(39.7)	(60.2)	473
48-59 months	3.8	*	*	*	499
Sex of child					
Male	8.6	42.6	40.4	65.9	1,149
Female	7.1	35.5	38.8	60.2	1,160
Residence					
Urban	7.4	42.9	40.7	62.2	1,541
Rural	8.8	33.4	38.0	65.0	767
Province					
Western Cape	13.2	(39.4)	(42.8)	(54.5)	331
Eastern Cape	7.9	*	*	*	276
Northern Cape	15.7	40.9	44.8	76.9	55
Free State	14.5	(54.6)	(49.2)	(75.4)	158
KwaZulu-Natal	0.9	*	*	*	168
North West	6.8	*	*	*	235
Gauteng	4.0	*	*	*	584
Mpumalanga	6.5	*	*	*	193
Limpopo	10.1	(23.9)	(37.3)	(57.9)	307
Education					
No education	12.2	*	*	*	120
Grades 1-5	5.1	*	*	*	149
Grades 6-7	11.4	(45.4)	(66.2)	(90.9)	246
Grades 8-11	7.6	39.9	34.6	59.0	1,098
Grade 12	6.9	(40.2)	(36.1)	(62.5)	517
Higher	6.8	*	*	*	179
Population group					
African	7.6	42.8	41.0	67.0	1,950
Coloured	11.2	(25.2)	(27.8)	(39.7)	246
White	4.4	*	*	*	79
Asian	5.5	*	*	*	33
Total	7.9	39.4	39.7	63.3	2,309

of life. Supplementing breast milk before four months of age is unnecessary and discouraged because of the likelihood of contamination, which may result in diarrhoeal diseases.

Table 15 Breastfeeding status by age

Percent distribution of youngest children under 12 months living with the mother by breastfeeding status and percentage of children under 12 months using a bottle with a nipple, according to age in months, South Africa, 2003

Age in months	Not breastfed	Exclusively breastfed	Breastfeeding and consuming:			Total	Percent using a bottle with a nipple	Number of children
			Plain water only	Other liquids	Solid or mushy food			
<4	20.1	11.9	18.6	43.4	5.9	100.0	37.3	125
4-6	36.0	1.5	15.7	20.3	26.6	100.0	26.0	102
7-9	30.4	0.0	2.1	21.7	45.8	100.0	34.1	113
10-12	41.1	2.7	6.6	8.9	40.7	100.0	14.4	107
Total	31.3	4.3	10.9	24.4	29.1	100.0	28.5	447

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children classified as breastfeeding and consuming plain water only consume no supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, other liquids, and solid or mushy food are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and other liquids and who do not receive complementary foods are classified in the other liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

The results in Table 15 indicate that supplementation of breast milk starts early in South Africa. Exclusive breastfeeding (breast milk only) is not common as only 12 percent of children under four months of age are exclusively breastfed. Most of the supplements given are plain water or other liquids; only 6 percent of babies under four months and 27 percent of those aged 4-6 months of age are given mushy or semi-solid food. By age 7-9 months, almost half of children are given complementary foods, as is recommended.

Bottle feeding of infants is widespread. Nearly 40 percent of babies under four months of age are being fed using a bottle with a teat. This proportion declines among older children. These rates are lower than those reported in the 1998 SADHS.

C. Vitamin A Supplementation

Vitamin A is an essential micronutrient for the immune system and plays an important role in maintaining the epithelial tissue in the body. High levels of vitamin A deficiency can cause eye damage leading to blindness and can increase the severity of infections such as measles and diarrhoeal diseases in children. Ensuring that children between six months and 59 months receive enough vitamin A is a widely accepted child survival intervention.

As shown in Table 16, almost four in ten (39 percent) children aged 6 months to five years of age are reported to have received a vitamin A supplement in the six months preceding the survey. Variation in this figure by background characteristics is surprisingly minimal. Age of the child appears to have no clear pattern and supplementation coverage is the same for boys and girls. Rural children are, however, more likely to have received a supplement than urban children (46 percent vs. 36 percent).

Children in Eastern Cape (57 percent) and Northern Cape (49 percent) Provinces are most likely to have received a supplement, while those in Western Cape and North West Provinces (30 percent each) are the least likely. Supplementation levels by education of the mother do not follow a clear trend and they are only higher among children whose mothers have higher education. Similarly, age of the mother at birth appears to have no relationship with the likelihood that the child will receive vitamin A supplements.

D. Infant and Child Mortality

Childhood mortality rates are basic indicators of a country's socio-economic level and quality of life. Table 17 presents childhood mortality rates from the 2003 SADHS. Age-specific mortality rates are defined as follows:

Neonatal mortality: the probability of dying within the first month of life;

Postneonatal mortality: the difference between infant and neonatal mortality;

Infant mortality: the probability of dying before the first birthday;

Child mortality: the probability of dying between the first and fifth birthday;

Under-five mortality: the probability of dying before the fifth birthday.

All rates are expressed per 1,000 live births, except for child mortality, which is expressed per 1,000 children surviving to 12 months of age.

The level of under-five mortality was 58 deaths per 1,000 births during the five-year period before the survey, implying that 1 in every 17 children born in South Africa during the period died before reaching their fifth birthday. The infant mortality rate recorded in the survey was 43 deaths per 1,000 live births for the five-year period prior to the survey. These levels are lower than those estimated from other sources (e.g., Bradshaw and Nannan, 2004, estimate the infant mortality rate at 59 and the under-five mortality rate at 100 in 2002).

Table 16 Vitamin A supplementation

Among children age 6-59 months of age, the percentage reported by the mother/ guardian to have had received vitamin A supplements in the 6 months preceding the survey, by background characteristics, South Africa 2003

Background characteristic	Received vitamin A supplement	Number of children
Age of child		
6-9 months	36.5	149
10-11 months	33.9	76
12-23 months	46.1	400
24-35 months	38.8	387
36-47 months	37.5	386
48-59 months	36.0	392
Sex of child		
Male	39.6	887
Female	38.7	903
Residence		
Urban	36.2	1,227
Rural	45.5	563
Province		
Western Cape	29.5	284
Eastern Cape	57.3	199
Northern Cape	49.3	43
Free State	46.1	115
KwaZulu-Natal	42.3	124
North West	30.2	164
Gauteng	32.2	490
Mpumalanga	46.7	153
Limpopo	44.6	219
Education		
No education	38.2	77
Grades 1-5	40.0	118
Grades 6-7	30.7	183
Grades 8-11	40.8	823
Grade 12	37.3	438
Higher	45.6	151
Mother's age at birth		
< 20	37.8	319
20-24	43.2	445
25-29	37.0	452
30-34	36.9	294
35-49	40.0	280
Total	39.1	1,790

Table 17 Early childhood mortality rates by background characteristics					
Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristic, South Africa, 2003					
Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$)	Under-five mortality (${}_5q_0$)
Residence					
Urban	20.4	21.2	41.6	10.3	51.4
Rural	18.6	25.5	44.1	12.3	55.9
Province					
Western Cape	5.4	38.1	43.5	13.6	56.5
Eastern Cape	(11.9)	(56.4)	(68.3)	(11.6)	(79.1)
Northern Cape	18.4	10.3	28.7	10.6	39.1
Free State	33.0	15.1	48.1	21.1	68.2
KwaZulu-Natal	22.6	7.8	30.4	3.0	33.2
North West	26.9	35.0	61.9	15.3	76.3
Gauteng	24.2	9.3	33.5	9.4	42.6
Mpumalanga	21.5	18.9	40.5	12.3	52.2
Limpopo	19.9	14.2	34.1	10.1	43.9
Education					
No education	(26.2)	(27.6)	(53.8)	(3.7)	(57.3)
Grades 1-5	18.9	65.8	84.8	16.9	100.3
Grades 6-7	13.5	23.9	37.4	10.9	47.8
Grades 8-11	26.3	20.2	46.5	12.8	58.7
Grade 12	15.6	15.7	31.3	10.7	41.7
Higher	(1.4)	(2.9)	(4.3)	(1.7)	(6.0)
Population group					
African	22.5	22.5	45.0	9.8	54.4
Coloured	6.0	35.1	41.1	18.2	58.6
White	*	*	*	*	*
Asian	(21.1)	(3.7)	(24.8)	(9.9)	(34.4)
Sex of child					
Male	26.0	21.4	47.4	13.2	60.0
Female	13.6	23.8	37.4	8.7	45.7
Total ²	15.0	27.5	42.5	15.8	57.6

Note: Figures in parentheses are based on 250-499 cases, while an asterisk denotes a figure based on fewer than 250 cases that has been suppressed.

¹ Computed as the difference between the infant and neonatal mortality rates

² Total rates are for the five years before the survey

Under-five mortality is only slightly higher in rural areas than in urban areas. It is highest in Eastern Cape and North West Provinces and lowest in KwaZulu-Natal Province. Mortality is highest among the African and Coloured population groups. As expected, under-five mortality rates are higher for boys than girls.

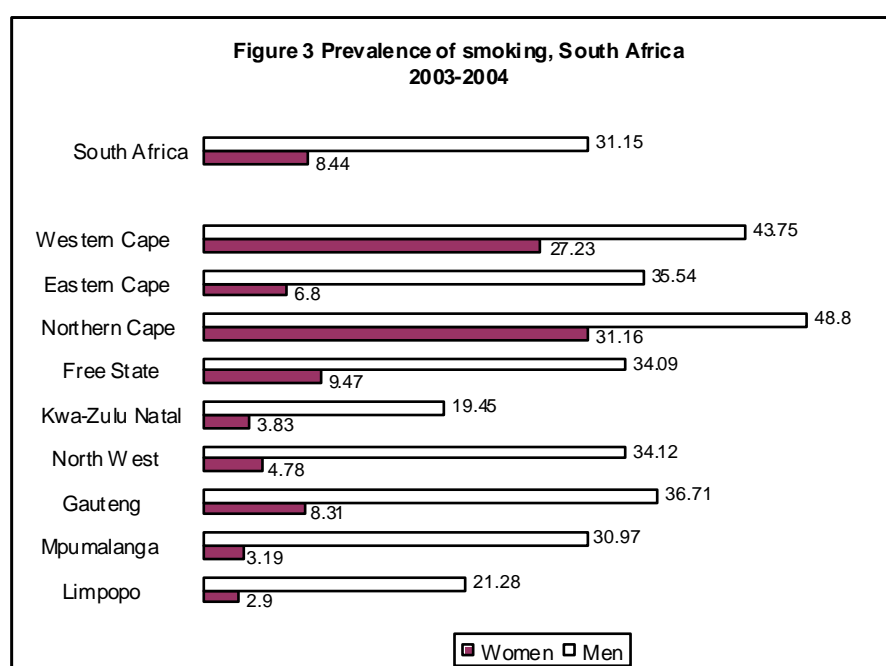
Comparison of mortality rates recorded in the 2003 SADHS with those from the 1998 SADHS survey shows no significant change at the national level. Under-five mortality has remained stable (59 per 1,000 from the 1998 SADHS, compared with 58 for the 2003 SADHS), as has infant mortality (45 vs. 43). There have been large changes by background characteristics; however, due to the high level of sampling errors associated with childhood mortality rates, the data should be viewed with caution.

V. ADULT HEALTH

In the adult health questionnaire, data were collected from men and women aged 15 and over on self-reported lifestyle habits that influence health and on commonly occurring chronic adult diseases. The blood pressure, height, weight, hip, and waist circumferences were measured, as was peak expiratory flow. Respondents were also asked whether they had any of a number of specific chronic health conditions.

A. Smoking

Figure 3 shows that approximately one-third (31 percent) of men aged 15 and above smoke daily, compared to only 8 percent of women. This strong male-female ratio holds for each province. Among both sexes, smoking is more prevalent in Northern Cape and Western Cape and is lowest among those in KwaZulu-Natal, Limpopo, and Mpumalanga Provinces.



The proportion of men aged 15 and over who reported smoking daily has declined from 42 percent in 1998 to 31 percent in 2003 and has declined from 11 percent in 1998 to 8 percent in 2003 among women.

B. Self-reported Chronic Conditions

Data on self-reported chronic conditions for men and women are shown in Tables 18.1 and 18.2, respectively. Men and women most frequently report suffering from high blood pressure and arthritis. Women are more likely than men to report having almost all of the chronic conditions asked about; however, men are more likely than women to report having tuberculosis.

Comparison with similar data from the 1998 SADHS shows very little change in the overall level of reporting of these conditions.

Table 18.1 Self-reported chronic conditions: men

Percent of male respondents age 15 and above who were told by a doctor, nurse, or health worker at a clinic or hospital that they have chronic health conditions, according to background characteristics, South Africa 2003

Background characteristic	High blood pressure	Heart attack or angina	Stroke	High blood cholesterol	Dia-betes	Emphy-sema	As-thma	Arth-ritis	Osteo-porosis	Epi-lepsy	Tuber-culosis	Cance-r	Number
Age													
15-24	1.7	1.2	0.1	0.2	1.3	0.8	1.9	1.5	0.4	0.5	1.8	0.5	1,130
25-34	2.9	2.0	0.7	0.6	0.4	1.1	2.7	3.2	0.7	0.8	3.4	0.1	727
35-44	10.6	2.4	0.5	3.5	1.8	1.7	2.4	3.8	0.5	1.6	3.0	0.2	601
45-54	18.2	4.4	1.0	6.3	5.9	4.3	4.1	10.6	1.4	1.1	6.1	1.1	433
55-64	17.9	5.1	4.8	1.7	7.0	5.2	5.5	13.1	1.9	0.9	3.9	1.0	295
65+	26.2	7.0	1.5	2.9	5.2	2.3	5.4	12.7	4.0	2.9	6.7	1.8	254
Residence													
Urban	10.0	3.2	0.7	2.6	2.8	2.2	2.9	5.7	0.8	1.1	3.7	0.7	2,408
Rural	6.0	1.7	1.4	0.3	1.9	1.3	3.2	4.2	1.6	0.9	2.8	0.4	1,033
Province													
Western Cape	14.8	5.7	1.0	5.4	3.7	3.4	5.7	8.5	0.4	0.0	7.8	1.4	344
Eastern Cape	9.2	3.5	0.9	2.4	2.7	6.4	3.9	5.6	0.6	2.6	8.3	0.6	354
Northern Cape	14.1	2.8	1.4	1.4	3.0	2.7	1.9	6.3	2.4	2.9	2.5	0.3	59
Free State	13.3	3.7	0.8	1.2	1.8	1.9	2.0	4.1	2.2	2.5	4.5	0.3	222
KwaZulu-Natal	6.2	1.7	0.5	1.0	2.5	0.5	1.2	3.3	0.4	0.3	1.0	0.3	850
North West	9.2	3.7	2.1	0.4	1.5	1.4	3.6	6.0	5.8	1.7	5.0	0.4	238
Gauteng	9.2	2.4	0.6	2.3	2.6	1.8	3.9	6.4	0.0	0.6	2.7	0.9	914
Mpumalanga	3.1	2.7	1.8	1.7	2.5	1.0	2.6	3.0	1.4	1.4	0.0	0.0	200
Limpopo	6.6	0.6	1.6	1.2	2.4	0.6	1.6	4.2	1.7	1.6	2.1	0.3	259
Education													
No education	15.1	5.6	2.6	0.6	3.3	2.3	4.0	9.8	3.4	2.7	7.1	0.4	288
Grades 1-5	10.6	5.9	1.9	3.2	3.9	3.9	3.8	7.3	1.7	1.5	7.6	0.6	328
Grades 6-7	10.8	3.7	2.5	1.4	4.0	3.1	3.4	6.5	1.5	1.0	3.6	0.2	375
Grades 8-11	7.0	2.4	0.4	2.1	2.4	1.7	3.8	4.6	0.8	1.1	2.9	0.6	1,370
Grade 12	6.0	1.2	0.2	1.7	1.6	1.6	1.0	2.3	0.1	0.1	1.5	0.5	730
Higher	12.8	1.0	0.2	2.4	1.8	0.3	2.0	6.9	0.5	1.0	2.3	1.6	351
Population group													
African	6.9	2.8	0.9	1.0	1.8	1.7	2.5	4.3	1.1	1.0	3.6	0.3	2,832
Coloured	15.3	2.1	1.5	3.8	3.1	3.2	3.9	8.1	0.8	0.6	4.4	0.8	259
White	23.3	0.9	0.3	9.8	8.6	3.7	8.0	12.8	0.1	2.7	1.2	4.6	234
Asian	14.1	8.1	0.8	8.4	11.4	2.7	4.1	8.4	0.4	0.3	0.7	0.0	76
Total	8.8	2.7	0.9	2.0	2.6	2.0	3.0	5.2	1.0	1.1	3.4	0.6	3,441

Table 18.2 Self-reported chronic conditions: females

Percent of female respondents age 15 and above who were told by a doctor, nurse, or health worker at a clinic or hospital that they have chronic health conditions, according to background characteristics, South Africa 2003

Background characteristic	High blood pressure	Heart attack or angina	Stroke	High blood cholesterol	Diabetes	Emphysema	Asthma	Arthritis	Osteoporosis	Epilepsy	Tuberculosis	Cancer	Number
Age													
15-24	3.1	0.9	0.0	0.8	0.4	1.0	2.7	1.3	0.1	0.8	1.9	0.4	1,248
25-34	8.8	2.5	0.1	0.9	1.1	1.6	3.5	3.3	1.1	0.6	1.2	0.9	998
35-44	19.2	2.9	1.0	2.3	2.9	2.2	5.1	7.4	1.4	0.9	2.6	0.6	860
45-54	33.5	7.8	1.6	3.7	6.7	4.1	5.8	16.6	4.8	2.4	3.2	1.1	694
55-64	40.1	8.2	3.6	4.8	12.5	4.8	6.7	20.8	3.7	1.6	1.9	2.0	464
65+	41.4	7.6	2.3	3.3	8.6	5.4	5.5	14.6	8.4	2.5	3.5	0.9	410
Residence													
Urban	20.7	3.6	1.0	2.5	4.3	2.9	4.6	9.5	2.4	1.3	2.2	0.9	3,128
Rural	15.1	4.6	1.0	1.4	3.0	1.8	4.0	5.5	2.3	1.2	2.1	0.7	1,546
Province													
Western Cape	23.2	2.7	1.3	3.2	6.6	5.7	8.8	10.5	1.8	1.0	4.0	1.3	582
Eastern Cape	22.1	3.7	0.4	2.1	3.8	2.4	8.1	13.2	1.2	0.8	6.2	0.4	540
Northern Cape	25.2	3.3	1.6	2.4	3.0	3.7	4.4	10.3	2.7	1.9	2.3	0.5	91
Free State	26.5	8.9	0.8	1.7	4.0	1.7	2.7	5.9	0.6	3.9	3.1	0.9	312
KwaZulu-Natal	11.2	2.2	0.2	1.3	4.0	0.8	2.3	6.1	0.7	1.0	0.4	0.5	956
North West	20.9	7.1	2.0	2.1	1.8	2.9	3.6	8.8	10.1	2.2	3.1	0.3	355
Gauteng	21.2	3.1	1.6	2.6	3.5	2.2	3.7	8.8	2.1	0.7	1.0	1.2	1,074
Mpumalanga	14.9	4.5	1.1	1.3	2.1	2.1	4.2	4.0	2.3	1.3	1.6	0.5	286
Limpopo	14.5	5.5	1.0	2.3	3.5	3.5	2.4	5.7	3.5	1.3	0.9	1.2	477
Education													
No education	32.7	8.1	1.4	2.5	6.5	3.4	5.8	13.1	4.5	1.8	4.2	0.8	554
Grades 1-5	32.0	6.5	1.4	1.4	7.3	2.3	6.3	15.3	1.8	2.6	4.6	1.5	438
Grades 6-7	25.9	5.9	2.2	2.9	4.1	2.9	6.3	8.7	2.8	1.6	2.1	0.5	493
Grades 8-11	15.9	3.3	0.6	2.4	3.3	2.4	3.8	6.8	2.6	1.0	1.8	1.0	1,879
Grade 12	8.0	1.4	0.4	1.5	1.6	2.2	3.9	5.4	0.9	0.6	1.3	0.6	937
Higher	15.5	1.9	2.1	1.6	4.1	2.6	1.5	6.1	1.6	1.2	1.0	0.1	374
Population group													
African	18.9	4.1	0.9	1.5	3.6	1.9	3.8	7.5	2.4	1.3	2.1	0.7	3,787
Coloured	24.0	2.8	1.0	2.9	5.5	5.1	8.5	10.7	0.8	0.8	5.1	1.4	446
White	9.9	3.2	2.4	7.9	1.1	6.6	6.9	10.9	4.6	0.7	0.0	2.5	283
Asian	20.3	6.3	0.8	6.9	12.5	3.3	5.1	15.7	0.9	0.5	0.0	0.6	100
Total	18.8	3.9	1.0	2.1	3.9	2.6	4.4	8.2	2.4	1.2	2.2	0.8	4,674

C. Body Mass Index

The body mass index (BMI or Quetelet index) is used to measure thinness or obesity. It is defined as weight in kilograms divided by height in metres squared (kg/m^2). A cut-off point of 18.5 is used to define thinness or acute undernutrition. A BMI of 25 or above usually indicates overweight, while a BMI of 30 or above usually indicates obesity.

Tables 19.1 and 19.2 present data on BMI for men and women aged 15 and above, respectively. The data show that 9 percent of adult men and 23 percent of adult women in South Africa are obese, while 21 percent of men and 29 percent of women are overweight but

not obese. Obesity is more prevalent among older men and women, as well as those in urban rather than rural areas. Among men, obesity is more common in Western Cape, Gauteng, and KwaZulu-Natal Provinces, while among women, it is more common in Eastern Cape, Gauteng, and Western Cape Provinces. (The relatively low proportion of men and women in KwaZulu-Natal who are underweight needs further checking). Obesity does not seem to be highly related to education, although it is higher for the most educated men.

Table 19.1 Body mass index: men						
Percent distribution of men age 15 and above by body mass index (BMI) categories, according to background characteristics, South Africa 2003						
Background characteristic	Underweigh t (<18.5)	Normal (18.5- 24.9)	Overweight (25.0-29.9)	Obese (30.0+)	Total	Number
Age						
15-24	19.9	68.3	10.0	1.8	100.0	1100
25-34	8.4	61.3	20.7	9.6	100.0	708
35-44	8.3	52.6	26.2	12.9	100.0	574
45-54	8.5	45.3	32.5	13.8	100.0	419
55-64	9.7	48.1	28.9	13.3	100.0	285
65+	9.5	44.5	32.1	13.8	100.0	221
Residence						
Urban	11.7	57.7	20.2	10.4	100.0	2214
Rural	13.8	58.1	22.8	5.3	100.0	1093
Province						
Western Cape	9.3	52.2	23.6	15.0	100.0	274
Eastern Cape	10.8	63.8	16.4	9.1	100.0	355
Northern Cape	25.7	55.1	13.8	5.5	100.0	62
Free State	18.0	60.0	13.4	8.6	100.0	237
KwaZulu-Natal	3.9	55.3	31.8	8.9	100.0	798
North West	19.7	57.9	17.6	4.8	100.0	252
Gauteng	14.3	55.9	20.1	9.7	100.0	847
Mpumalanga	16.1	61.6	16.3	6.0	100.0	220
Limpopo	19.5	64.9	11.0	4.6	100.0	262
Education						
No education	13.9	50.7	24.4	11.0	100.0	281
Grades 1-5	14.5	50.5	24.8	10.2	100.0	331
Grades 6-7	15.8	58.8	16.6	8.8	100.0	374
Grades 8-11	14.0	60.3	19.5	6.3	100.0	1304
Grade 12	9.5	61.1	19.7	9.7	100.0	685
Higher	5.4	52.3	29.9	12.5	100.0	303
Population group						
African	13.1	59.4	20.4	7.1	100.0	2790
Coloured	11.6	51.9	21.0	15.6	100.0	235
White	4.9	47.6	25.0	22.6	100.0	200
Asian	9.8	45.5	34.1	10.7	100.0	69
Total	12.4	57.8	21.1	8.7	100.0	3,307

Among men, obesity is highest among the White population group and lowest among African men. Among women, African, Coloured and Asian women are almost equally likely to be obese, while the proportion of White women who are obese is relatively lower.

A comparison of data from the 2003 and 1998 SADHS surveys shows minimal changes in the overall categories among men, although there has been a slight decline in the proportion of men who are obese. Among women, there has been a decline in the proportion obese, from

30 percent in 1998 to 27 percent in 2003. The decline has been particularly steep among White and African women, but is also apparent among Coloured women. The proportion that is obese among Asian women has remained stable since 1998.

Table 19.2 Body mass index: women						
Percent distribution of women age 15 and above by body mass index (BMI) categories, according to background characteristics, South Africa 2003						
Background characteristic	Underweigh t (<18.5)	Normal (18.5- 24.9)	Overweight (25.0-29.9)	Obese (30.0+)	Total	Number
Age						
15-24	10.6	58.2	20.0	11.2	100.0	1,201
25-34	5.2	39.8	29.3	25.8	100.0	938
35-44	4.1	30.8	29.8	35.4	100.0	846
45-54	3.0	28.3	27.9	40.9	100.0	687
55-64	5.0	26.2	34.8	34.0	100.0	447
65+	5.0	29.2	33.3	32.6	100.0	360
Residence						
Urban	5.6	36.3	27.9	31.0	100.0	2,878
Rural	6.8	43.9	28.4	20.9	100.0	1,601
Province						
Western Cape	8.9	34.4	26.1	30.6	100.0	457
Eastern Cape	3.2	36.4	28.0	32.4	100.0	526
Northern Cape	12.2	41.9	21.6	24.3	100.0	96
Free State	7.7	42.8	23.3	26.2	100.0	326
KwaZulu-Natal	3.0	39.5	32.9	24.5	100.0	898
North West	8.0	42.5	25.1	24.3	100.0	374
Gauteng	5.7	36.1	28.2	30.1	100.0	1,005
Mpumalanga	6.0	39.9	25.9	28.2	100.0	313
Limpopo	9.1	45.0	24.1	21.8	100.0	485
Education						
No education	6.6	36.4	30.4	26.5	100.0	547
Grades 1-5	6.9	31.2	32.3	29.7	100.0	432
Grades 6-7	6.4	33.1	25.4	35.1	100.0	484
Grades 8-11	6.8	41.7	25.2	26.4	100.0	1,783
Grade 12	4.7	43.5	27.3	24.5	100.0	886
Higher	3.5	38.9	33.8	24.0	100.0	322
Population group						
African	5.6	38.2	27.8	28.4	100.0	3,759
Coloured	11.6	35.8	26.0	26.6	100.0	387
White	4.1	59	23.5	13.5	100.0	233
Asian	5.5	36.8	33.8	23.9	100.0	93
Total	6.0	41.3	29.0	23.3	100.0	4,480

D. Work-related Illness or Injury

The 2003 SADHS asked adults who had worked for pay in the 12 months preceding the survey whether they had any injury or health problems caused by their work in the previous year. The data in Table 20 show that 8 percent of working men and 4 percent of working women report a work-related illness or injury. The prevalence of such illnesses/injuries is higher among men in Western Cape and Limpopo Provinces and among women in Eastern Cape Province. Among both men and women, work-related injury and illness generally

decline as education increases. White men are the least likely to report a work-related illness or injury in the previous 12 months, while White women are the most likely.

Comparison with data from the 1998 SADHS shows little change in the prevalence of work-related illness and injury.

Table 20 Prevalence of work-related illness and injury						
Among working men and women age 15 and above, the prevalence of injury or work-related health problems in the 12 months preceding the survey, according to background characteristics, South Africa 2003						
Background characteristic	Men		Women		Total	
	Percent injured	Number of working men	Percent injured	Number of working women	Percent injured	Number of working adults
Age						
15-24	8.9	215	2.9	164	6.3	379
25-34	8.8	410	4.9	340	7.0	750
35-44	8.0	398	3.8	377	6.0	776
45-54	6.7	232	5.0	219	5.9	451
55-64	5.2	102	5.7	73	5.4	175
65+	(3.8)	26	*	19	(2.2)	44
Residence						
Urban	8.0	1,094	4.7	952	6.5	2,046
Rural	7.4	289	2.5	240	5.2	529
Region						
Western Cape	13.6	211	4.7	270	8.6	482
Eastern Cape	8.2	103	6.5	79	7.5	182
Northern Cape	6.7	28	2.3	24	4.7	52
Free State	8.4	87	5.6	68	7.2	154
KwaZulu-Natal	3.2	286	2.0	211	2.7	497
North West	8.8	92	4.0	82	6.5	174
Gauteng	7.7	424	4.7	321	6.4	745
Mpumalanga	5.8	66	5.2	65	5.5	131
Limpopo	10.1	86	4.1	71	7.4	157
Education						
No education	10.5	86	7.3	78	9.0	164
Grades 1-5	10.5	128	4.8	76	8.4	204
Grades 6-7	6.2	136	1.8	112	4.2	248
Grades 8-11	9.6	443	6.0	372	8.0	815
Grade 12	7.6	370	3.3	343	5.5	713
Higher	3.3	220	2.8	211	3.1	431
Population group						
African	8.8	1,005	3.9	784	6.7	1,788
Coloured	9.8	164	2.7	211	5.8	375
White	0.9	157	8.7	147	4.6	304
Asian	5.9	51	5.2	35	5.6	86
Total	7.9	1,383	4.3	1,192	6.2	2,575

Note: Figures in parentheses are based on 25-49 unweighted cases; an asterisk denotes a figure based on fewer than 25 unweighted cases that has been suppressed.

E. Asthma and Chronic Bronchitis

Men and women interviewed with the Adult Health Questionnaire were asked questions about symptoms related to asthma and bronchitis. As Table 21 shows, 8 percent of men and 9 percent of women had symptoms associated with asthma (see note below table). Only 2 percent of men and women had symptoms related to chronic bronchitis.

Both conditions become more prevalent with age. Both are also more common among men and women in Western Cape and Eastern Cape Provinces and for bronchitis, among women in North West and Limpopo Provinces. The strong negative association between these conditions and education may be due to the fact that older respondents tend to have less education than younger ones; consequently, the pattern may be due at least in part to age instead of education.

Background characteristic	Men			Women		
	Asthma	Bronchitis	Number of men	Asthma	Bronchitis	Number of women
Age						
15-24	5.7	0.7	1,130	6.5	1.3	1,248
25-34	7.7	1.8	727	7.6	1.1	998
35-44	6.6	2.3	601	8.2	2.4	860
45-54	10.2	4.5	433	11.1	2.6	694
55-64	12.6	4.1	295	11.4	2.7	464
65+	11.2	4.8	254	9.4	2.5	410
Residence						
Urban	8.4	2.4	2,408	8.8	1.6	3,128
Rural	6.5	1.9	1,033	7.7	2.6	1,546
Province						
Western Cape	12.6	5.3	344	12.3	2.9	583
Eastern Cape	14.2	5.5	354	13.4	3.9	540
Northern Cape	9.3	3.3	59	9.7	1.9	91
Free State	11.7	2.5	222	7.4	2.5	312
KwaZulu-Natal	1.3	0.1	850	4.2	0.0	956
North West	7.2	1.6	238	8.0	3.6	355
Gauteng	9.0	2.1	914	6.4	0.8	1,074
Mpumalanga	7.6	1.2	200	11.8	1.1	286
Limpopo	7.5	2.5	259	10.2	3.5	477
Education						
No education	17.5	5.0	288	13.1	3.6	554
Grades 1-5	13.8	5.9	328	11.3	3.6	438
Grades 6-7	10.2	2.1	375	10.1	3.4	493
Grades 8-11	8.0	2.5	1,370	8.1	1.8	1,879
Grade 12	2.1	0.0	730	4.9	0.2	937
Higher	3.0	0.6	351	6.9	0.6	374
Population group						
African	8.0	2.3	2,832	8.3	2.0	3,787
Coloured	9.7	4.1	259	10.0	2.5	446
White	4.5	1.5	234	6.4	0.5	283
Asian	7.3	0.4	76	15.4	0.3	100
Total	7.8	2.3	3,441	8.5	1.9	4,674

Note: Asthma is defined as having wheezing or tightness of the chest in the 12 months preceding the survey *and* sleep interrupted by wheezing or a tight chest. Bronchitis is defined as having a regular cough that is productive (i.e., bringing up phlegm) every day for at least three months a year for two years or more.

VI. SOCIAL DEVELOPMENT

A. Orphanhood

Information on the survival status of parents and living arrangements of children under the age of 15 years is useful from a social point of view. As can be seen in Table 22, only about three-quarters of children under 15 have both their natural parents still alive. Two percent have lost their mothers only, 11 percent have lost their fathers only, while two percent have lost both parents. Information is missing for 8 percent of children. Older children are more likely to have a deceased parent. Among children age 10-14, 4 percent have both parents deceased. The highest percentage of children who have lost only their father (14 percent) and the highest percentage of children of whom only mother died (3 percent) were also recorded in this age group.

Table 22. Orphanhood						
Percent distribution of de jure children under age 15 by survival status of parents, according to background characteristics, South Africa, 2003						
Background characteristic	Both parents dead	Mother only dead	Father only dead	Both parents alive	Information missing	Total
Age						
0-1	0.3	0.1	6.3	87.8	5.5	100.0
2-4	0.9	1.1	6.8	84.9	6.2	100.0
5-9	1.7	1.8	11.2	77.2	8.1	100.0
10-14	4.0	2.7	13.7	71.4	8.2	100.0
Sex						
Male	2.2	2.0	11.3	76.4	8.0	100.0
Female	2.6	1.8	10.9	77.4	7.3	100.0
Residence						
Urban	2.4	1.4	10.9	78.8	6.5	100.0
Rural	2.4	2.7	11.4	74.3	9.2	100.0
Province						
Western Cape	1.8	0.6	6.0	88.5	3.0	100.0
Eastern Cape	1.5	2.6	15.0	67.8	13.1	100.0
Northern Cape	1.8	3.9	9.6	82.1	2.6	100.0
Free State	2.6	2.6	10.3	69.7	14.9	100.0
KwaZulu-Natal	4.8	3.4	12.8	72.1	6.8	100.0
North West	1.8	1.1	9.4	80.8	7.0	100.0
Gauteng	2.7	1.2	12.4	79.5	4.2	100.0
Mpumalanga	1.7	2.4	9.7	81.5	4.7	100.0
Limpopo	1.1	1.1	9.9	76.7	11.2	100.0
Total	2.4	1.9	11.1	76.9	7.6	100.0

B. Children's Living Arrangements

Table 23 shows the living arrangements for children aged 0-14. More than half the children under the age of one year, stay with their mothers only and just more than one-third stay with both parents. Provincial differentials show that in KwaZulu-Natal one or both parents of 21 percent of the children were deceased.

Table 23 Children's living arrangements							
Percentage of de jure children under age 15 who are orphans, and percent distribution by children's living arrangements, according to background characteristics, South Africa, 2003							
Background characteristic	Orphans ¹	Children's living arrangements				Total	Number of children
		Not living with either parent	Living only with mother	Living only with father	Living with both parents		
Age							
0-1	6.8	6.7	58.8	0.5	34.1	100.0	917
2-4	9.3	18.6	43.6	1.8	36.0	100.0	1,419
5-9	15.6	24.9	38.2	2.8	34.1	100.0	3,134
10-14	21.2	31.0	32.5	3.0	33.5	100.0	3,985
Sex							
Male	16.4	24.9	38.2	3.0	34.0	100.0	4,710
Female	16.0	24.7	39.0	2.1	34.2	100.0	4,744
Residence							
Urban	15.3	19.2	37.6	2.0	41.1	100.0	5,580
Rural	17.4	32.8	40.0	3.2	24.0	100.0	3,876
Province							
Western Cape	8.6	11.5	29.5	1.1	57.9	100.0	1,024
Eastern Cape	20.4	35.1	41.3	3.2	20.5	100.0	1,306
Northern Cape	15.4	26.0	37.1	4.1	32.8	100.0	190
Free State	16.9	28.7	39.5	2.9	28.9	100.0	630
KwaZulu-Natal	21.2	28.4	30.3	5.2	36.0	100.0	1,585
North West	13.3	32.0	46.9	1.5	19.7	100.0	857
Gauteng	17.0	13.2	36.7	1.2	48.9	100.0	1,937
Mpumalanga	14.3	28.0	46.5	2.6	22.9	100.0	709
Limpopo	13.1	29.4	46.6	1.9	22.1	100.0	1,218
Total	16.2	24.8	38.6	2.5	34.1	100.0	9,456

¹ Mother, father, or both parents dead

C. Grants

In the household questionnaire, questions relating to social grants were included in order to establish to what extent grants are utilised in South Africa. Table 24 shows that overall, 16 percent of people in South Africa are reported to be receiving some sort of grant. Women are slightly more likely than men to be receiving a grant (18 percent vs. 14 percent). Children and the elderly are most likely to be grant recipients, as are those who live in rural areas and in Eastern Cape and Limpopo Provinces.

Table 25 gives a summary of the type of grants people receive. It is clear that the two types of grants that are most common are child support grants and old age pensions. These grants account for almost 40 percent of grant recipients each.

Table 24 Grants

Percentage of males and females who receive any type of grant, according to background characteristics, South Africa 2003

Background characteristic	Males		Females		Total	
	Percent	Number	Percent	Number	Percent	Number
Age						
0-4	39.5	1,158	43.2	1,168	41.4	2,326
5-9	30.2	1,594	30.5	1,556	30.4	3,151
10-14	2.6	1,951	2.7	2,022	2.7	3,975
15-19	1.4	1,491	1.1	1,591	1.2	3,083
20-24	1.3	1,288	2.6	1,419	1.9	2,708
25-29	3.4	1,017	2.8	1,143	3.1	2,161
30-34	3.5	899	3.0	1,061	3.2	1,960
35-39	3.1	867	3.7	1,148	3.5	2,016
40-44	5.3	774	6.3	917	5.8	1,691
45-49	4.9	643	7.6	784	6.4	1,426
50-54	10.7	476	14.2	848	12.9	1,324
55-59	14.1	399	22.7	578	19.2	977
60-64	33.5	397	64.7	556	51.7	953
65+	70.2	664	87.1	939	80.1	1,602
Residence						
Urban	11.8	8,933	15.3	10,129	13.7	19,064
Rural	18.2	4,691	21.4	5,617	19.9	10,311
Province						
Western Cape	10.8	1,547	13.1	1,778	12.0	3,326
Eastern Cape	20.6	1,556	25.2	1,971	23.2	3,527
Northern Cape	20.0	258	22.1	305	21.1	563
Free State	18.6	871	20.5	1,068	19.6	1,939
KwaZulu-Natal	9.5	2,857	13.8	2,929	11.7	5,786
North West	19.7	1,052	22.4	1,322	21.2	2,376
Gauteng	9.2	3,297	11.7	3,590	10.5	6,887
Mpumalanga	15.7	897	20.1	1,040	18.0	1,937
Limpopo	21.8	1,289	23.3	1,741	22.7	3,033
Total	14.0	13,624	17.5	15,746	15.9	29,375

Note: Those missing information as to grant status (<2 %) assumed not to have a grant. Table based on de facto population enumerated in the household questionnaire.

Table 25 Type of grants

Percent distribution of those receiving grants by type of grant received, South Africa 2003

Type	Males	Females	Total
Old age	29.5	46.7	39.7
Disability	14.4	10.0	11.8
War veteran	0.2	0.2	0.2
Care dependency	2.8	1.9	2.3
Foster child	2.6	2.4	2.5
Child support	46.8	34.7	39.7
Social relief of distress	2.7	3.5	3.2
Don't know	1.0	0.5	0.7
Total	100.0	100.0	100.0
Number	1,918	2,779	4,700

VII. CONCLUSIONS

The 2003 SADHS recorded a substantial decline in fertility in South Africa, from 2.9 births per woman in the 1998 survey to 2.0 in the 2003 SADHS. A more detailed analysis is necessary to explore how much of this decline is real and how much might be due to misreporting. The survey found that the infant and child mortality rates for the five-year period preceding the survey were virtually unchanged from those measured in the 1998 SADHS.

The survey reveals generally high levels of knowledge about HIV and AIDS, with 95 percent of men and 94 percent of women aged 15-49 having heard about AIDS. It seems that the high level of knowledge about HIV and AIDS is starting to translate into behaviour changes. One-third of women aged 15-49 who were sexually active in the 12 months prior to the survey indicated that they used a condom during their last sexual intercourse, compared with 8 percent in 1998.

Levels of knowledge about modern contraception remain high, despite a slight drop, from 97 percent of all women aged 15-49 in 1998 to 94 percent in 2003. An increase in use of modern contraceptive methods was recorded for sexually active women from 61 percent in 1998 to 65 percent in 2003.

High levels of use of primary health care services were recorded for women and children. More than 9 in 10 women who had a birth in the five years preceding the survey reported having received antenatal care from a health professional, mostly from a nurse. The percentage of births that are assisted by a doctor, nurse or midwife increased from 84 percent in 1998 to 92 percent in 2003. Road-to-health cards were available for 68 percent of children aged 12-23 months.

A marked decrease in the prevalence of childhood diarrhoea has been recorded. Overall, this rate has declined from 13 percent of children under five with diarrhea in the two weeks preceding the survey in 1998 to 8 percent in 2003. Especially encouraging is the drop in diarrhoeal disease in children under six months of age (11 percent in 1998 to 6 percent in 2003) and those aged 6-11 months (22 percent in 1998 to 17 percent in 2003).

There has been little change in breastfeeding practices, although there has been a slight increase in the proportion of children 0-3 months who are not being breastfed and a large decrease in the proportion of children who are fed with a bottle with a nipple.

The drop in the proportion of men age 15 and over who smoke daily (from 42 percent in 1998 to 36 percent in 2003) is an indication that the Department of Health's efforts to reduce smoking are succeeding. Another lifestyle indicator that has shown marked improvement is the percentage of adult women who are obese (30 percent in 1998 to 23 percent in 2003).

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