Use of health facilities and levels of selected health conditions in South Africa: Findings from the General Household Survey, 2011

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Preface

This report presents information on the use of health facilities by households in South Africa as well as the levels and patterns of selected health conditions in the country in 2011. It is based on information collected from respondents who participated in the General Household Survey that was conducted by Statistics South Africa from July to September 2011.

The report focuses on the utilisation of health facilities and access to these facilities, highlighting mode of travel and time taken to reach the facilities. It also provides information on medical aid coverage, self-reported illnesses or injuries suffered by individuals and health care seeking behaviour. The report further presents information on communicable and non-communicable diseases, including medication taken for non-communicable diseases.

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List of abbreviations and acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARTI	Acute Respiratory Tract Infections
HBP	High Blood Pressure
CVD	Cardiovascular Disease
CRD	Chronic Respiratory Disease
CMS	Council for Medical Schemes
GHS	General Household Survey
HIV	Human Immunodeficiency Virus
MDGs	Millennium Development Goals
MVAs	Motor Vehicle Accidents
SAS	Statistical Analysis Software
STIs	Sexually Transmitted Infections
Stats SA	Statistics South Africa
TB	Tuberculosis
WHO	World Health Organization

1. Introduction

1.1. Background

Statistics South Africa (Stats SA) is the official government body in South Africa that is mandated to provide relevant statistical information that meets user needs. In order to achieve this, Stats SA conducts censuses and household surveys that collect data from different sectors, which include the collection of health information. Even though currently there is no dedicated health survey conducted by Stats SA, information on health is collected through some of the household surveys in the organisation such as the General Household Survey (GHS), the Income and Expenditure Survey (IES) and the Living Conditions Survey (LCS). The organisation also acquires data from relevant administrative records, specifically data on deaths and causes of death from the civil registration system in the country.

"*A long and healthy life for all South Africans*" is one of the twelve key outcomes that have been adopted by the South African government. The country is also party to a number of international commitments that aim at improving the general health status of populations, such as the Millennium Development Goals. Accordingly, Stats SA has prioritised the collection and dissemination of health statistics in order to contribute to the measurement of this key outcome, both at national and international levels, and to expand the statistical information base on health statistics in the country.

Declining mortality in the recent past has been commended as one of the major achievements of the health system in South Africa, specifically with regard to confrontation and management of, among others, HIV and AIDS, tuberculosis, and high mortality of women and young children (Mayosi *et al.*, 2012). According to the Minister of Health, the decrease in mortality was largely attributed to improved performance in the public health sector and other social determinants of health such as access to housing, water and electricity (Motsoaledi, 2012).

The Department of Health (DoH) has established a national health insurance (NHI) plan, with the aim of ensuring that everyone in the country has access to appropriate, efficient and quality health services (DoH, 2011). The DoH further stated that the NHI will promote equity and efficiency so as to ensure that all South Africans have access to affordable, quality healthcare services regardless of their socio-economic status. This insurance scheme will be phased-in over a period of 14 years and is currently being piloted in 11 health districts, covering all the nine provinces in the country (Matsoso and Fryatt, 2013).

The National Planning Commission (NPC) also identified health as one of the nine key continuing challenges in the country, including uneven performance of the public service (The Presidency, 2011). Specifically, the NPC highlighted that the health system in South Africa is confronted by a massive disease burden of HIV, injuries, infectious diseases and non-communicable diseases. The commission also stressed the importance of addressing gender and racial inequalities in the provision of public services in the country.

Consequently, the National Development Plan (NDP) 2030 proposed actions that will ensure health care for all, including addressing the social determinants that affect health and disease; strengthening the health system; preventing and reducing the disease burden and promoting health; implementing the NHI; and building human resources in the health sector (The Presidency, 2011). The overall aim of the NDP is to eliminate poverty and reduce inequality by 2030.

Stats SA has prepared this report to provide information on the use of health facilities (utilisation and access) and the levels and patterns of selected health conditions of the South African population based on findings from the GHS undertaken in 2011. The GHS is an annual survey conducted by Stats SA with the aim of determining the level of development in the country and for measuring, on a regular basis, the performance of programmes and projects implemented by the government (Stats SA, 2012). The GHS covers six broad areas, namely: education, health and social development, housing, household access to services and facilities, food security, and agriculture.

It is envisaged that the results of this survey will provide an overview of the usage of health facilities in the country as assessed by individuals, as well as to provide individuals' perspective on their general well-being. This information will be useful to inform planning initiatives that are aimed at improving the status of health in the country.

1.2. Purpose of this report

This report is part of an annual regular series of thematic health reports produced by Stats SA using health information available from Stats SA's household surveys, administrative data and other Stats SA publications. The purpose of this report is to present health variables collected by the GHS conducted in 2011 in order to increase the knowledge base of health information from Stats SA data sources.

1.3. Objectives of this report

The main objective of this report is to provide information on the usage of health facilities and the levels and patterns of selected health conditions of the South African population based on the results of the 2011 GHS. Specifically, the report is aimed at achieving the following objectives:

- To present information on utilisation of health facilities, access to health facilities and satisfaction of the service received;
- To provide information on medical aid coverage;
- To show the extent of self-reported illnesses and injuries in the country and the extent of consultations with health workers when ill or injured;
- To give information on the levels of communicable and non-communicable diseases as well as injuries; and
- To provide information on the use of medication for non-communicable diseases.

1.4. Organisation and presentation of this report

The remainder of this report is organised as follows:

Section 2 describes the data and methods of analysis used to produce the report.

Main findings are presented in Sections 3 to 10, divided according to whether information was collected at household or at individual level. Sections 3 and 4 provide information on utilisation of health facilities and access to these health facilities, respectively. These sections are based on information collected at household level. Sections 5 to 8 discuss information at individual level, covering the areas of medical aid coverage (Section 5), self-reported illnesses or injuries (Section 6), health-care seeking behaviour (Section 7), communicable diseases (Section 8), non-communicable diseases (Section 9) and injuries (Section 10).

The last section, Section 11, provides the summary and discussions.

2. Data and methods

2.1. Data source

The report is based entirely on data from the General Household Survey (GHS) conducted by Statistics South Africa (Stats SA) between the months of July and September in 2011. The primary purpose of the GHS is to measure service delivery, demand for services as well as the improvement in the living conditions of individuals and households.

The 2011 GHS followed a multistage, stratified random sampling. A total of 25 653 households (including multiple households) were successfully interviewed during face-to-face interviews (see Stats SA, 2012 for further details about the 2011 GHS). This report is based on the GHS data set that was weighted and published in 2012. The whole GHS data series (2002 to 2011) is currently being re-weighted using the mid-year estimates that were released in May 2013, based on the Census 2011 findings. Once the re-weighted data sets are available, the estimates and absolute numbers may vary from the statistics published in this report.

The survey collected information at household and individual levels through face-to-face interviews. At household level, the head of the household was expected to answer questions on behalf of members of his or her household, but if he or she was not available, any responsible adult found at the household could answer. At individual level, the head of the household only answered for himself or herself and for persons under the age of 15. Persons aged 15 years and above answered survey questions for themselves if they were present at the time of the survey.

The survey collected data on a wide range of areas, namely health and social development, housing, education, household access to services and facilities, food security and agriculture. Health variables collected through this survey included medical aid coverage, injuries, health worker consultation, access to health facilities, utilisation of health facilities and satisfaction with health services utilised; communicable diseases suffered in the month before the survey; and non-communicable diseases diagnosed by a health worker.

Communicable diseases included flu or acute respiratory tract infections, diarrhoea, tuberculosis or severe cough with blood, sexually transmitted diseases; and HIV or AIDS. Information for the following non-communicable diseases was also collected: asthma, diabetes, cancer, hypertension and arthritis. Other health conditions for which information was collected were depression or mental illness, motor vehicle accident injuries and severe trauma due to violence, assault and beating.

This report utilises all variables related to health that were included in the GHS, as well as selected background characteristics of individuals and households. Inclusion of health variables in the report was based on having sufficient number of records for meaningful statistical analysis and interpretation of results.

The main limitation of the GHS is that it is a cross-sectional survey, which takes place between July and September every year. Therefore, seasonal diseases like diarrhoea are likely to be under-reported during these months. This data collection methodology has since been revised and from 2013, data are collected for all the 12 months of the year.

2.2. Data analysis

Data collected for this survey were electronically processed (scanned questionnaires) and were analysed using SAS Enterprise Guide version 4.3. The results were then exported to Microsoft Excel spreadsheets for calculation of percentages and for preparation of graphs. Patterns of health status were analysed by age, sex, population group and province of usual residence. For purposes of this report, the ages were grouped into five-year intervals for all ages below 15 years and into ten-year intervals for all ages from 15 years.

Only descriptive analyses are undertaken in this report. Bi-variate analyses of selected health indicators by age, sex, population group and province of usual residence were undertaken, including chi-squared tests to assess if there were any significant differences between categories included in each bi-variate analysis.

Different denominators were used for the calculation of proportions, depending on the indicator and the level at which responses were provided (see Table 2.1). Some variables were asked at household level and in this case the denominator mainly used was the total number of households.

Other variables were asked at individual level. For specific communicable diseases (excluding HIV or AIDS), injuries and depression or mental illness, the denominator used was the total number of people who indicated that they were ill or injured the month before the survey. The total population was used as the denominator for HIV or AIDS and all non-communicable diseases. The proportions for medication used were calculated based on the total number of people who were diagnosed with the specific illness.

Table 2.1: Summary of variables and denominators used to calculate percentages: GHS, 2011

Level	Variables	Denominator
Household	Utilisation of health facilities	Total number of households
	Satisfaction received from health facility used	Total number of households
	Households not using nearest health facility	Total number of households
	Reasons for not using the nearest health facility	Total number of households which did not use the nearest health facility
	Means of transport to health facility usually used	Total number of households
	Time taken to reach the health facility normally used	Total number of households
Individual	Medical aid coverage	Total number of people
	Illness or injury a month before the survey	Total number of people
	Asthma	Total number of people
	HIV or AIDS	Total number of people aged 15 years and older
	Diabetes / Cancer / Arthritis / Hypertension	Total number of people aged 25 years and older
	Absenteeism from school as a result of illness or injury	Total number of children aged 6–18 currently in school
	Reason for not consulting a health worker	Total number of people who did not consult a health worker as a result of illness or injury
	Flu or acute respiratory tract infection / Diarrhoea / Tuberculosis or severe cough with blood / Depression or mental illness / Minor trauma, Motor vehicle accidents / Severe trauma due to violence, assault and beating / Gunshot wounds	Total number of people who suffered an illness or injury a month before the survey
	Medication for HIV or AIDS, asthma, diabetes, hypertension, and arthritis	Total number of people diagnosed by a health worker for each respective illness

2.3. Summary

Data from the GHS conducted by Stats SA between July and September 2011 was used to prepare this report. Descriptive analyses were undertaken to study the use of health facilities in South Africa as well as levels and patterns of selected health conditions of the population using some of the health indicators collected in the survey. These include medical aid coverage; utilisation of health services; communicable and non-communicable diseases; and injuries.

3. Utilisation of health facilities

3.1. Introduction

This section presents information on utilisation of health facilities focusing on type of health facilities that most household members normally used when they got ill and the level of satisfaction with the services they received the last time they used these facilities. These questions were asked in the General Household Survey (GHS) at household level and the head of the household or any responsible adult provided answers. Respondents who indicated that most people in their households used facilities that were not nearest to their dwelling units were further asked to indicate reasons for not using the nearest facility.

Additional analyses include population group and province of usual residence to provide background characteristics of the households in relation to the three variables of utilisation of health services discussed in this section. This section mainly presents percentage distributions and absolute numbers for these distributions are provided in Appendices III.1 to III.5.

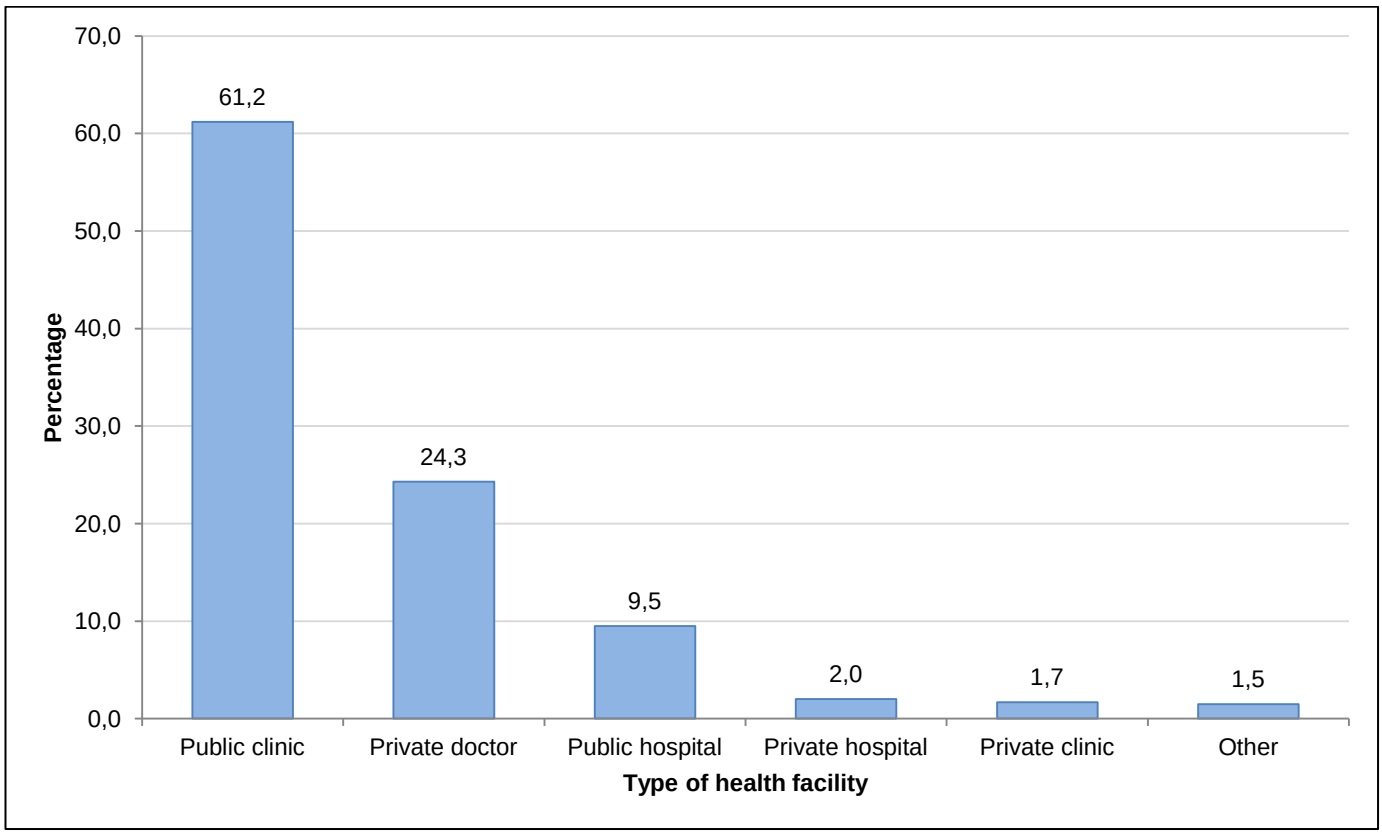
3.2. Type of health facilities

The GHS asked respondents to indicate where most people in their households usually went first when they were ill and decided to seek medical help. A number of facilities were indicated, grouped into the public and the private sectors and summary results for key categories are provided in Figure 3.1.

The majority of households went to public sector clinics (61,2%) first when members of their households were ill or injured and decided to seek medical help, followed by households who went to the private doctors (24,3%) and those who went to the public hospital (9,5%). The private hospital, private clinic and other facilities (e.g. pharmacy, employer facilities, spiritual healers, homeopaths and traditional healers) were used by a total of about 5% of the households.

Further analysis of health facilities by population group and province of usual residence used re-grouped categories classified as follows: public sector (public hospital and public clinic); private sector (private hospital, private doctor and private clinic); and others (unspecified public sector facilities, pharmacies, employer facilities, spiritual healers, homeopaths and traditional healers).

Figure 3.1: Percentage distribution of households by type of health facility used first when household members fell ill and decided to seek medical help: South Africa, 2011 (see Appendix III.1)



Population group

Table 3.1 shows that households from the black African and the coloured population groups mostly used health facilities in the public sector (81,3% and 63,1%, respectively) whereas those from the white and the Indian/Asian population groups mostly used health facilities in the private sector (88,0% and 64,1%, respectively.

There were particularly wide differences between the black African and the white population groups. On the one hand, as much as 81,3% of the black Africans used the public health facilities compared to 10,5% of the white population group that used the same facilities. On the other hand, 88,0% of the white population group used private health facilities compared to 17,2% of the black African population group who used private health facilities.

Table 3.1: Percentage distribution of households by type of health facility used classified by population group and province of usual residence: South Africa, 2011 (see Appendix III.2)

Characteristics	Type of health facility			
	Public sector	Private sector	Other	Total
South Africa	**70,6**	**27,9**	**1,5**	**100,0**
Population group				
Black African	81,3	17,2	1,5	100,0
Coloured	63,1	35,5	1,4	100,0
Indian/Asian	35,6	64,1	0,3	100,0
White	10,5	88,0	1,5	100,0
Province of usual residence				
Western Cape	52,5	46,1	1,4	100,0
Eastern Cape	80,8	18,2	1,0	100,0
Northern Cape	73,3	25,6	1,1	100,0
Free State	63,6	35,1	1,3	100,0
KwaZulu-Natal	77,2	22,0	0,8	100,0
North West	73,3	23,0	3,8	100,0
Gauteng	62,8	35,9	1,3	100,0
Mpumalanga	72,6	25,9	1,5	100,0
Limpopo	86,7	11,0	2,2	100,0

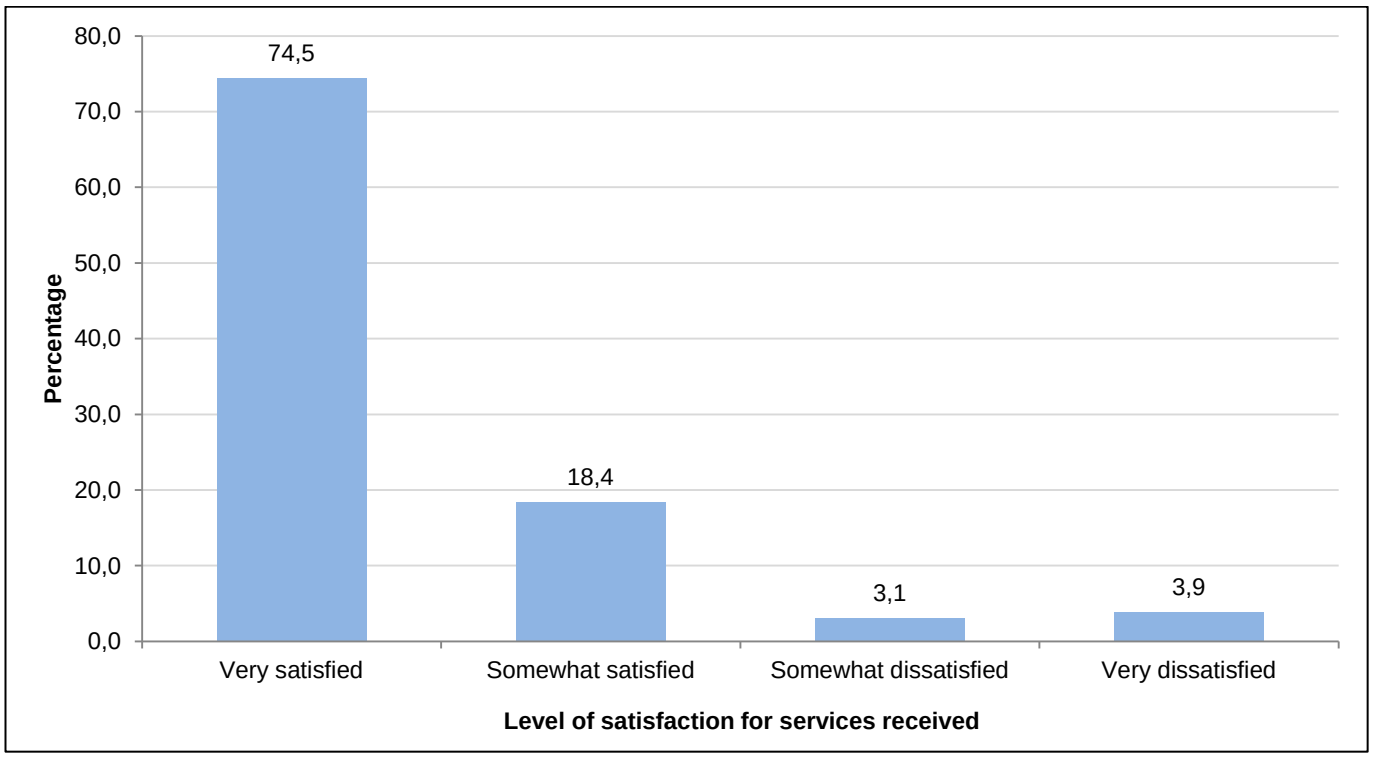
Province of usual residence

With regard to province of usual residence, Table 3.1 further shows that the public sector health facilities were the most common type of health facilities used in all provinces, although the magnitude differed. More than three quarters of households in Limpopo (86,7%), Eastern Cape (80,8%), and KwaZulu-Natal (77,2%) used public health facilities. The use of these facilities was also common in Northern Cape (73,3%), North West (73,3%) and Mpumalanga (72,6%). While the majority of households in Western Cape, Gauteng and Free State used public health facilities, they had the highest proportion of those who used the private sector health facilities (46,1%, 35,9% and 35,1% respectively).

3.3. Satisfaction with health services

The GHS included a question on how satisfied the respondent representing the household was with the health services received the last time they visited the health facility normally used by the household. Figure 3.2 shows that the majority of people indicated that they were very satisfied with the health service they received (74,5%), followed by those who said they were somewhat satisfied (18,4%). A total of less than 10% were dissatisfied with the service received (3,1% somewhat dissatisfied and 3,9% very dissatisfied).

Figure 3.2: Percentage distribution of people by level of satisfaction for services received from health facility last used: South Africa, 2011 (see Appendix III.3)



Population group

Regarding the level of satisfaction by population group, results (see Table 3.2) show that people from all population groups were generally satisfied with the health services they received at the facilities they last used, particularly the white (93,1%) and the coloured (80,1%) population groups who had the highest proportions of being very satisfied. Although percentages were relatively small, the black African population group had the highest percentage of people who indicated being somewhat dissatisfied (3,5%) or being very dissatisfied (4,4%).

Province of usual residence

The distribution by province of usual residence also shows general satisfaction with the services received during the last visit to the health facility normally used. The levels of satisfaction were much higher in Limpopo, Western Cape and Free State where over 80% of people in each of these provinces indicated that they were very satisfied with health services received. Other provinces with high levels of being very satisfied were Eastern Cape (76,4%), Gauteng (75,9%) and Mpumalanga (75,1%). It was in North West where there was a relatively high proportion of people who indicated that they were not satisfied with the services received (5,8% somewhat dissatisfied and 9,3% very dissatisfied).

Table 3.2: Percentage distribution of people by level of satisfaction for services received from health facility last used classified by population group and province of usual residence: South Africa, 2011 (see Appendix III.4)

Characteristics	Level of satisfaction for services received				
	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Do not know
South Africa	**74,5**	**18,4**	**3,1**	**3,9**	**0,0**
Population group					
Black African	70,8	21,2	3,5	4,4	0,1
Coloured	80,1	13,9	3,1	2,9	0,0
Indian/Asian	75,6	17,7	3,0	3,7	0,0
White	93,1	4,5	1,0	1,5	0,0
Province of usual residence					
Western Cape	81,1	13,1	3,5	2,4	0,0
Eastern Cape	76,4	18,5	3,4	1,7	0,1
Northern Cape	68,9	22,5	3,3	5,3	0,0
Free State	80,9	12,4	2,6	4,1	0,0
KwaZulu-Natal	63,8	29,8	2,8	3,6	0,0
North West	66,1	18,9	5,8	9,3	0,0
Gauteng	75,9	17,0	3,0	4,1	0,1
Mpumalanga	75,1	16,5	2,6	5,7	0,1
Limpopo	83,3	11,2	2,3	3,2	0,0

3.4. Reasons for not using the nearest health facility

Respondents were asked to indicate if the facility they indicated as the one most household members normally used when they were ill was the nearest to their dwelling. A great majority of households (90,8%) indicated that they used the facility nearest to their dwelling while a total of about 1,2 million households (8,7%) did not use the nearest facility. Those who did not use the nearest facility were further asked to indicate their reasons for not using the facility and the results are presented in Table 3.3.

Most of those who did not use the facilities nearest to their dwelling indicated that they preferred to use a private health institution (34,7%). Other common reasons provided included long waiting times (16,0%), drugs needed not available (11,0%) and preference for state or provincial health institutions (6,8%). Other reasons such as facility not being on medical aid list, staff rudeness, too expensive, opening times not convenient, facility not clean and incorrect diagnosis were each mentioned by less than 5% of the households.

Table 3.3: Number and percentage distribution of households by reasons provided for not using the health facility nearest to their dwelling: South Africa, 2011

Reason for not using the nearest health facility	Number of households	Percentage
Prefer to use a private health institution	443 717	34,7
Long waiting time	204 434	16,0
Drugs needed not available	141 405	11,0
Prefer to use a state/provincial health institution	87 152	6,8
Not on medical aid list of facilities	60 778	4,7
Staff rude	45 159	3,5
Too expensive	43 268	3,4
Opening times not convenient	34 365	2,7
Facility not clean	20 203	1,6
Incorrect diagnosis	11 309	0,9
Other	188 312	14,7
Total	**1 280 102**	**100,0**

Population group

Table 3.4 shows the percentage of households by reason for not using the nearest health facility classified by population group. While the most common reason for all population groups was preference for a private health institution, the percentages differed. For example, this reason was stated by over half (57,7%) of the households of the white population group but the same reason was cited by only 26,8% of the households of the black African population group. Long waiting times was the second most common reason provided by all population groups (18,7% for Indians/Asians; 18,5% for black Africans; and 13,2% for coloured population group), with the exception of the white population group to whom the second most common reason for not using the nearest health facility was because the facility was not on their medical aid list (9,4%).

Other common reasons provided by the black African population group for not using the nearest health facility were unavailability of drugs needed (14,5%) and preference for state/provincial health institution (7,4%). The reason of inconvenient opening times was cited more by black Africans (3,4%) than other population groups.

Compared to other population groups, a higher proportion of Indians/Asians cited the following reasons: long waiting time (18,7%), staff rude (8,5%), facility not clean (2,5%) and incorrect diagnosis (2,0%). Conversely, a higher proportion of the coloured population group mentioned preference for state/provincial health institutions than other population groups while the following reasons were cited more by the white population group compared to others: preference for private health institutions (57,7%), not on medical aid list of facilities (9,4%) and too expensive (5,5%).

Table 3.4: Percentage distribution of households by reasons cited for not using the nearest health facility classified by population group and province of usual residence: South Africa, 2011 (see Appendix III.5)

Characteristics	Reason for not using the nearest health facility											
	Prefer to use a private health institution	Long waiting time	Drugs needed not available	Prefer to use a state health institution	Not on medical aid list of facilities	Too expensive	Opening times not convenient	Staff rude	Facility not clean	Incorrect diagnosis	Other	Total
South Africa	**34,7**	**16,0**	**11,0**	**6,8**	**4,7**	**3,5**	**3,4**	**2,7**	**1,6**	**0,9**	**14,7**	**100,0**
Population group												
Black African	26,8	18,5	14,5	7,4	3,0	3,1	3,4	4,4	1,8	1,0	16,2	100,0
Coloured	46,1	13,2	4,2	8,2	9,1	1,9	2,2	2,4	1,8	0,3	10,6	100,0
Indian/Asian	47,5	18,7	6,2	1,2	5,7	0,0	0,0	8,5	2,5	2,0	7,8	100,0
White	57,7	7,3	1,8	4,6	9,4	5,5	0,4	0,4	0,7	0,5	11,7	100,0
Province of usual residence												
Western Cape	48,4	7,8	3,8	6,6	6,1	2,1	0,8	1,6	2,1	0,2	20,5	100,0
Eastern Cape	24,4	18,1	14,9	1,1	14,0	0,4	4,4	2,3	0,2	0,7	19,6	100,0
Northern Cape	40,4	6,5	16,1	5,4	10,9	1,1	3,8	3,3	0,7	0,0	11,9	100,0
Free State	42,0	17,5	15,4	0,5	0,4	3,4	5,5	3,9	4,1	4,3	2,8	100,0
KwaZulu-Natal	21,8	30,5	16,1	3,6	4,8	0,6	4,6	7,3	2,2	0,4	8,1	100,0
North West	57,8	12,7	8,1	8,1	3,0	0,3	2,9	2,6	0,7	0,0	3,9	100,0
Gauteng	27,2	14,7	6,3	14,2	1,8	7,5	0,9	3,5	1,6	0,7	21,6	100,0
Mpumalanga	46,5	9,2	19,3	5,0	3,1	4,7	1,2	2,1	0,5	0,4	8,1	100,0
Limpopo	26,1	14,8	21,5	0,6	3,2	5,0	3,1	5,0	0,0	1,4	19,4	100,0

Province of usual residence

Table 3.4 further shows that there was generally a consistent pattern followed in citing reasons for not using the nearest health facility among households in all provinces. The most common reason cited in all provinces, except KwaZulu-Natal, was preference to use private health institutions. Long waiting time was the most common reason cited in KwaZulu-Natal (30,5%) and the least cited reason in Northern Cape (6,5%). Furthermore, unavailability of drugs needed was cited more in Limpopo (21,5%) and less so in Western Cape (3,8%). Preference for a state health institution was given as a reason by a much higher proportion of people in Gauteng (14,2%) than all other provinces.

3.5. Summary

This section presented information on utilisation of health services in South Africa, with specific focus on type of health facilities utilised and the level of satisfaction with the services received. The section also provided reasons for non-utilisation of the nearest health facilities among those who said they did not use the facilities nearest to their dwelling. Most people used public health sector facilities, mainly clinics. The majority of households indicated that they were satisfied with the health services they received the last time they used the facilities. A small proportion of households did not use the facilities nearest to their dwellings and the main reasons provided were preference for private health institutions, long waiting times and unavailability of drugs needed. Variations of utilisation of health services by population group and province of usual residence of the households were noted.

4. Access to health facilities

4.1. Introduction

This section presents information on access to health facilities used by households in South Africa. Access to health care (within available resources) is a human right as declared by section 27(1) in Chapter 2 of the Constitution of South Africa. The Constitution states that "everyone has the right to have access to health care services including reproductive health care; and no one may be refused emergency medical treatment" (South African Human Rights Commission, 2009). As such, this section measures the extent to which South African households are able to access health facilities in the country, both public and private.

Access to health facilities in the General Household Survey (GHS) was measured by asking questions on means of transport used to reach the health facility normally used by the household as well as the time taken to get to this health facility. This question was posed at household level and the responses largely reflected the opinion of the head of the household or the person responding on behalf of the household. The background variables included in this analysis were the population group of the head of household and the province of usual residence. Absolute numbers used to prepare the percentage distributions reported in this section are provided in Appendices IV.1 and IV.2.

The GHS did not include questions on distance to the health facility normally used or the distance to the nearest health facility. In addition, the questions on access were based on the facility that the household normally used, not necessarily the facility nearest to the household.

4.2. Means of transport to reach the health facility normally used

The analysis in this section is based on responses that were provided by heads of households or a responsible adult present at the time of questionnaire administration. The respondents were asked to provide the means of transport that was usually used by most household members to get to the health facility the household normally used.

Table 4.1 shows that the most common means of reaching the health facility used by most household members was walking to the facility (47,4%). This was followed by households whose members mostly used a minibus taxi (27,7%) and households whose members mostly used their own cars (22,0%). A total of less than 5% of households used other means of transport such as the bus, the train and bicycles or motorcycles to reach the health facility used by most members of the household.

For subsequent analysis of means of transport used to reach the health facility normally, the categories in Table 4.1 were re-grouped into four modes of transport: (i) walking, (ii) public transport (bus, minibus taxi and train), (iii) own transport (bicycle/motorcycle and own car) and (iv) others. The distribution of these new groups showed that public transport was used by 29,1% of households while 22,1% used their own transport to reach the health facility that they normally used.

Table 4.1: Number and percentage distribution of households by their usual means of transport to reach the health facility normally used: South Africa, 2011

Means of transport	Number of households	Percentage
Walking	6 944 459	47,4
Minibus taxi	4 050 900	27,7
Own car	3 214 053	22,0
Bus	164 305	1,1
Train	40 077	0,3
Bicycle/motorcycle	14 560	0,1
Other	207 398	1,4
Total	**14 635 752**	**100,0**

Population group

Results in Table 4.2 show that among black African households, the majority (55,0%) walked to reach the health facility they normally used, followed by those who used public transport (34,9%). Compared to other age groups, a lower proportion of the black African households used their own transport (8,9%). There was also a higher proportion of households from the coloured population group (47,0%) who walked to reach the health facility normally used, followed by those who used their own transport to reach the health facility they normally used (31,7%).

Households in the Indian/Asian and white population groups mostly used their own transport (73,7% and 94,0%, respectively) to reach the health facility normally used. Only 10,9% of household members from the Indian/Asian population group and 3,8% of those from the white population group households walked to the health facility that household members normally used.

Province of usual residence

Table 4.2 further shows that generally, most household members in all provinces (with the exception of Western Cape and KwaZulu-Natal) walked to reach the health facility normally used. Provinces with the highest proportion of household members who walked to the health facility normally used were Northern Cape (56,9%) and Free State (55,7%) while KwaZulu-Natal (40,2%) and Western Cape (39,7%) had the lowest proportion of those who walked to reach the health facility normally used.

Public transport was most commonly used by households in KwaZulu-Natal (40,4%) and Limpopo (39,4%) and less commonly used by households in Northern Cape (9,4%). The more affluent provinces of Western Cape and Gauteng had the highest percentages of households who used their own transport (38,9% and 29,5%, respectively) to reach the health facility normally used. The percentage of households who used their own transport was lowest in Limpopo (7,2%).

Table 4.2: Percentage distribution of households by their usual means of transport to reach the health facility normally used classified by population group and province of usual residence: South Africa, 2011 (see Appendix IV.1)

Characteristics	Means of transport				
	Walking	Public transport	Own transport	Other	Total
South Africa	**47,4**	**29,1**	**22,1**	**1,4**	**100,0**
Population group					
Black African	55,0	34,9	8,9	1,2	100,0
Coloured	47,0	15,9	31,7	5,3	100,0
Indian/Asian	10,9	14,4	73,7	1,1	100,0
White	3,8	1,7	94,0	0,5	100,0
Province of usual residence					
Western Cape	39,7	17,6	38,9	3,8	100,0
Eastern Cape	54,4	31,7	12,9	1,0	100,0
Northern Cape	56,9	9,4	23,1	10,6	100,0
Free State	55,7	18,7	21,5	4,1	100,0
KwaZulu-Natal	40,2	40,4	19,0	0,4	100,0
North West	52,0	28,6	17,4	1,9	100,0
Gauteng	46,1	24,1	29,5	0,3	100,0
Mpumalanga	49,6	31,3	18,3	0,7	100,0
Limpopo	52,8	39,4	7,2	0,6	100,0

4.3. Time taken to reach the health facility normally used

This sub-section presents findings on the time taken by household members to reach the health facility normally used. The time taken in this context refers to the average time taken by household members, when using their usual means of transport, to reach the health facility that the household members normally used.

Table 4.3 shows that the largest percentage of households (41,5%) took 15–29 minutes to get to the health facility normally used, followed by those who took less than 15 minutes (39,3%). That is, about 80% of the households took less than 30 minutes to reach the health facility normally used when using the usual means of transport. A small proportion (2,1%) of households took 90 minutes and more to reach the health facility normally used.

Table 4.3: Number and percentage distribution of households by the time taken to reach the health facility normally used, when using their usual means of transport: South Africa, 2011

Time taken	Number of households	Percentage
Less than 15 minutes	5 755 353	39,3
15 - 29 minutes	6 077 344	41,5
30 - 89 minutes	2 486 197	17,0
90 minutes and more	309 291	2,1
Do not know	14 899	0,1
Total	**14 643 084**	**100,0**

Population group

The time taken to reach the health facility normally used was classified by population group. Table 4.4 shows that the black African households took more time to reach the health facility normally used in comparison to all other population groups. They had the highest proportion of households (43,7%) who took 15 or more minutes to reach the health facility normally used. In contrast, the majority of households in all other population groups took less than 15 minutes to reach the health facility (61,9%, 60,5% and 56,0% for the white, Indian/Asian and coloured population groups, respectively).

Table 4.4: Percentage distribution of households by the time taken to reach the health facility normally used, when using their usual means of transport, classified by population group and province of usual residence: South Africa, 2011 (see Appendix IV.2)

Characteristics	Time taken					
	Less than 15 minutes	15 - 29 minutes	30 - 89 minutes	90 minutes and more	Do not know	Total
South Africa	**39,3**	**41,5**	**17,0**	**2,1**	**0,1**	**100,0**
Population group						
Black African	33,6	43,7	20,1	2,5	0,1	100,0
Coloured	56,0	35,1	7,8	1,2	0,0	100,0
Indian/Asian	60,5	35,0	4,5	0,0	0,0	100,0
White	61,9	32,4	4,9	0,5	0,2	100,0
Province of usual residence						
Western Cape	62,0	30,8	6,6	0,5	0,1	100,0
Eastern Cape	28,0	47,3	20,6	4,0	0,1	100,0
Northern Cape	41,7	38,7	15,3	4,2	0,2	100,0
Free State	34,3	45,9	17,9	1,8	0,1	100,0
KwaZulu-Natal	31,4	42,9	22,1	3,5	0,1	100,0
North West	34,0	39,0	24,6	1,7	0,7	100,0
Gauteng	47,1	42,0	9,9	0,8	0,1	100,0
Mpumalanga	36,9	46,0	16,4	0,7	0,0	100,0
Limpopo	31,2	38,1	27,5	3,2	0,0	100,0

Province of usual residence

Table 4.4 also shows that most households in Western Cape took a shorter time to reach the health facility they normally used. Over 60% (62,0%) of households in Western Cape took less than 15 minutes to reach the health facility normally used, followed by Gauteng (47,1%) and Northern Cape (41,7%). Overall, about a quarter or more of households in Eastern Cape, KwaZulu-Natal, North West and Limpopo took at least 30 minutes to reach the health facility normally used.

4.4. Summary

Access to health facilities was measured by the means of transport used to reach the health facility as well as by the time it took household members to reach this facility. Most household members walked to reach the facility normally used or used public transport. Black African households generally walked to reach this facility while the white and the Indian/Asian households used their own transport. In addition, black Africans took a longer time to reach the health facility they usually used.

5. Medical aid coverage

5.1. Introduction

This section, and subsequent sections, used data collected at an individual level. That is, each individual provided responses for himself or herself and in the case of children aged less than 15 years, an adult, usually the mother, provided responses on their behalf. Information on medical aid coverage presented in this section is based on data gathered from the General Household Survey (GHS) conducted in 2011. Absolute numbers for all analyses undertaken in this section are presented in Appendix V.1.

5.2. Background characteristics

A number of medical aid schemes or health insurance schemes are available in South Africa. These schemes are intended to protect individuals against the risk of incurring medical expenses when they fall ill, or to pay for preventive treatments. Each medical aid or medical benefit scheme or private health insurance scheme has a range of options from which individuals can choose.

Medical aid schemes in South Africa are governed by the Council for Medical Schemes (CMS), which is a statutory body established by the Medical Schemes Act, 1988 (Act No. 131 of 1998) to provide regulatory supervision of private health financing through medical schemes. According to the Act, it is mandatory for all medical schemes to be registered with the CMS (CMS, 2012).

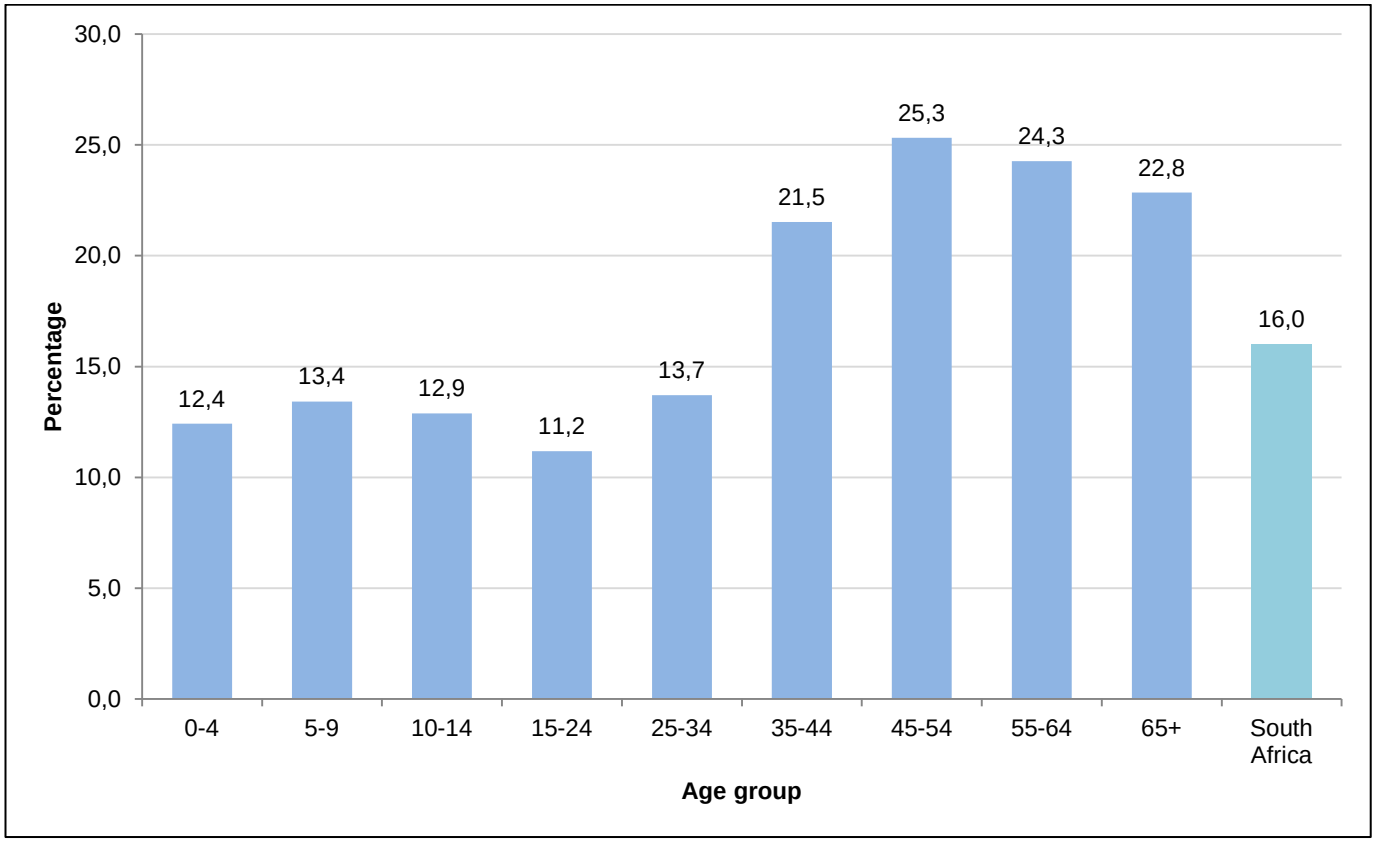
The GHS 2011 collected some information on medical aid coverage in the country from all individuals in the selected households. Since background characteristics of each household member were also included in the survey, it was possible to tabulate medical aid coverage by these characteristics. For purposes of this report, the main characteristics of individuals used are age group, sex, population group and province of usual residence.

The results from the survey showed that a total of 8 057 559 individuals were covered by medical aid, representing 16,0% of the total population in 2011. While no significant differences on medical aid coverage were observed by sex, significant differences were observed by age, population group and province of usual residence.

Age distribution

The percentage distribution of medical aid coverage by age group shown in Figure 5.1 indicates that people who were covered by medical aid in 2011 were generally aged 35 years and older. While less than 15% of people in each of the age groups 0–4 to 25–34 were covered by medical aid, over 20% of each of the age groups from 35–44 to 65 years and older were covered by medical aid.

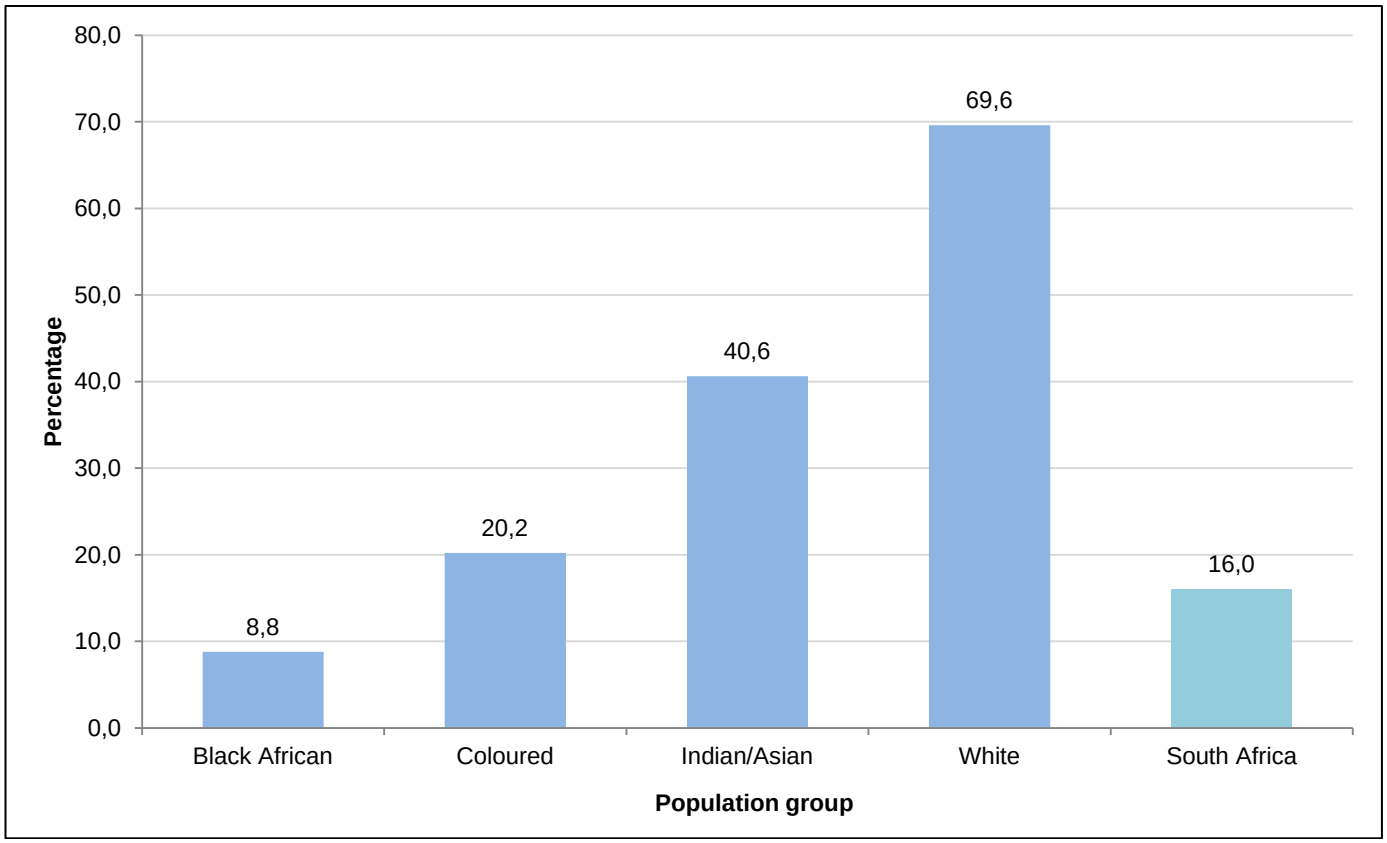
Figure 5.1: Percentage distribution of the population covered by medical aid or medical benefit scheme or other private health insurance, classified by age: South Africa, 2011 (see Appendix V.1)



Population group

The analysis of medical aid coverage by population group is essential for a better understanding of disparities that may exist in the country, particularly regarding access to health care services. Figure 5.2 shows that the majority of individuals from the white population group (69,6%) were covered by medical aid in 2011, followed by the Indian/Asian population group (40,6%). Just one in five (20,2%) individuals from the coloured population group were covered, and less than 10% (8,8%) of the black African population group were covered by medical aid in 2011.

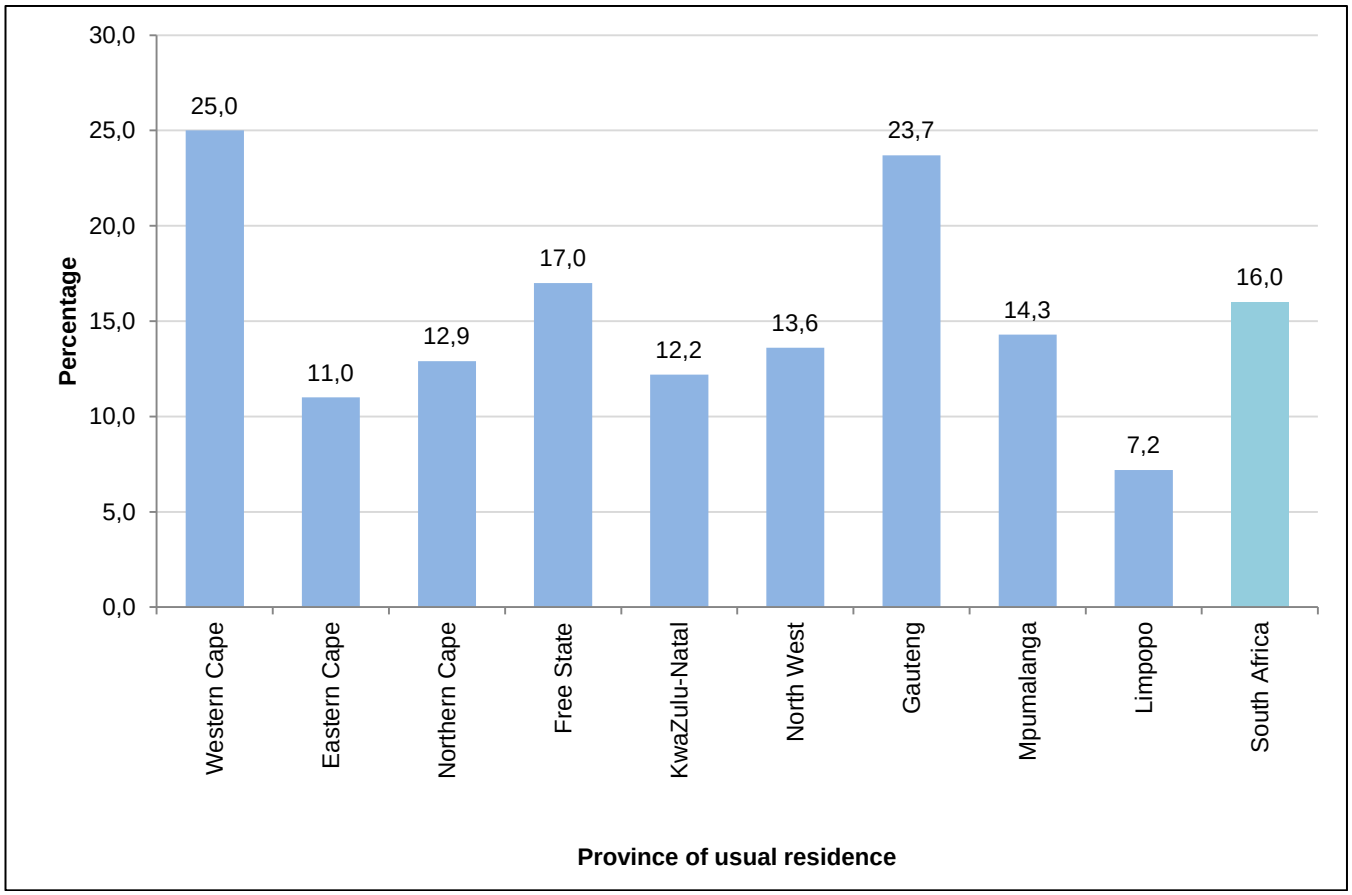
Figure 5.2: Percentage distribution of the population covered by medical aid or medical benefit scheme or other private health insurance, classified by population group: South Africa, 2011 (see Appendix V.1)



Province of usual residence

Differences in medical aid coverage by province of usual residence also show distinct patterns (see Figure 5.3). The relatively affluent provinces of Western Cape and Gauteng had the highest percentage of the population covered by medical aid. In these two provinces, over 20% of the population was covered (25,0% in Western Cape and 23,7% in Gauteng). However, KwaZulu-Natal (12,2%), Eastern Cape (11,0%) and Limpopo (7,2%) had the lowest percentage of individuals covered by medical aid.

Figure 5.3: Percentage distribution of the population covered by medical aid or medical benefit scheme or other private health insurance, classified by province of usual residence: South Africa, 2011 (see Appendix V.1)



5.3. Summary

This section indicated that less than 20% (16,0%) of the South African population was covered by medical aid, with wide differences observed by age, population group and province of usual residence. The older population; those from the white population group; and those residing in Western Cape and Gauteng had the highest proportion of the population covered by medical aid. Conversely, the younger population; the black Africans; and those residing in Limpopo had the least coverage of medical aid.

6. Self-reported illnesses or injuries

6.1. Introduction

This section presents information on the proportion of individuals who reported an illness or injury a month before the survey. It also presents data for persons of school-going age who missed school in the past school calendar week because of an illness or injury. The questions combined both illnesses and injuries in one question such that the analyses cannot separate those who were ill from those who were injured.

The analyses include background characteristics (age, sex, population group and province of usual residence) of specified reference groups in order to provide further details on individuals prone to illness or injuries. Chi-squared tests were performed for these analyses but only those that were significant at 5% are reported in this section. Absolute numbers used to calculate the percentages presented in this section are provided in Appendices VI.1 and VI.2.

6.2. Illness or injury in the general population

A disease or an illness in humans is often used more broadly to refer to any condition that causes pain, dysfunction or distress. The GHS collected information on illnesses or injuries by asking individuals to indicate if they had any illness or injury in the month before they were interviewed. As indicated earlier, the survey was undertaken between July and September 2011 and therefore the reported illnesses or injuries referred to the months of June, July and August. Overall, 9,6% of people interviewed indicated that they were ill or injured a month before the survey and some differences were noted by age, sex, population group and province of usual residence.

Age

Differences of illnesses or injuries by age group presented in Table 6.1 show that generally, people aged 45 years and older and those aged less than five years had higher proportions of people who reported being ill or injured a month before the survey. The highest percentage of people who were ill or injured was recorded among those aged 65 years and above, whereby about one in five (20,9%) of the elderly reported having had an illness or an injury a month before the survey. The lowest percentage was recorded in the 15–24 age group (5,7%).

Sex

Table 6.1 further shows the percentage of people who were ill or injured a month before the survey by sex. Females had a higher percentage (10,6%) of those who reported having an illness or injury a month before the survey as compared to males (8,5%).

Population group

Results by population group, also provided in Table 6.1, indicate that the white population group had the highest percentage of people who were ill or injured a month before the survey (13,1%), followed by the coloured population group at 11,3%. The lowest percentage was among the black African population group (9,0%).

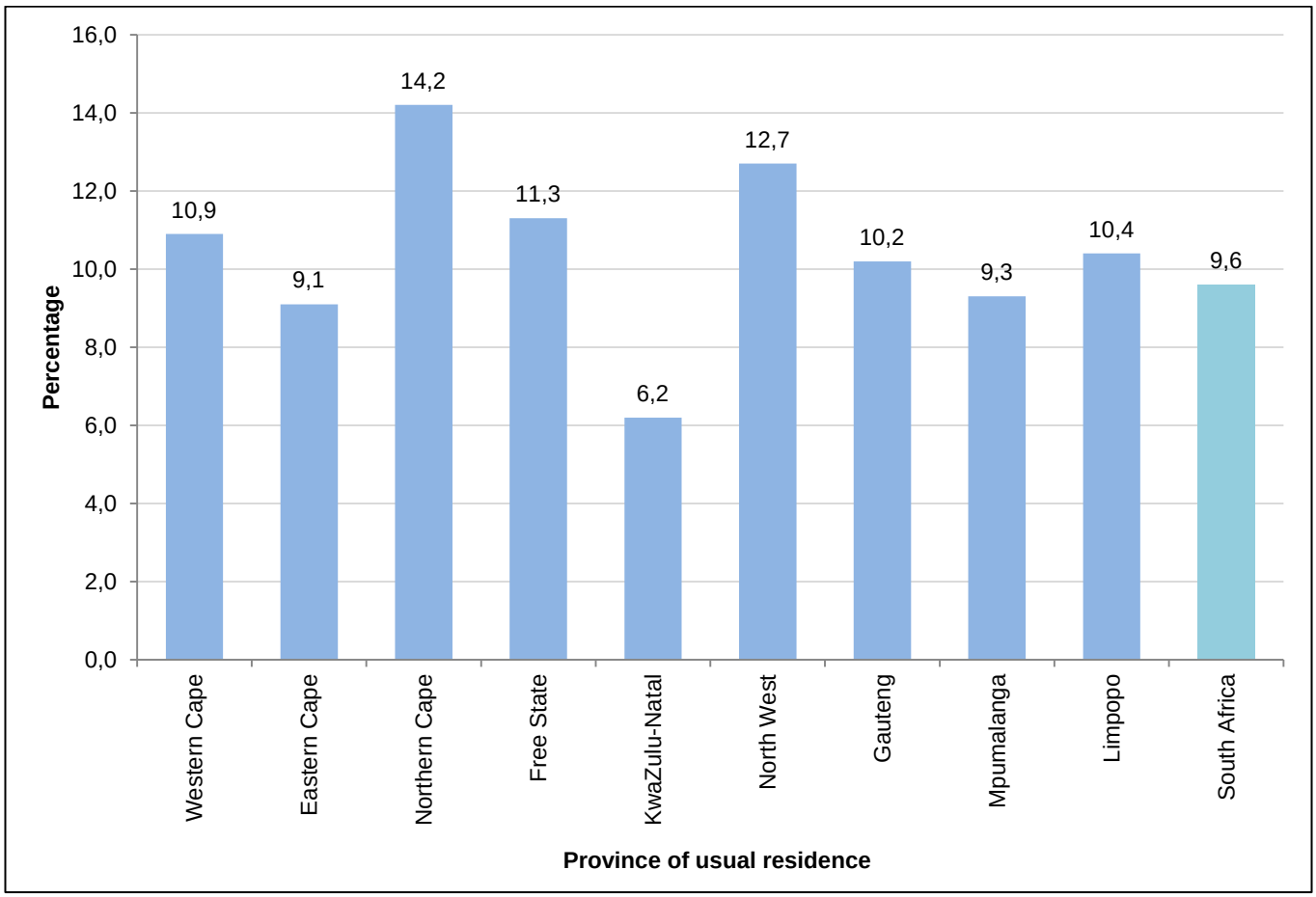
Table 6.1: Number and percentage distribution of people who were ill or injured a month before the survey classified by age, sex and population group: South Africa, 2011

Characteristics	Total population	Number of people who were ill or injured	Percentage
South Africa	**50 324 536**	**4 822 412**	**9,6**
Age group			
0-4	4 979 615	573 710	11,5
5-9	5 147 774	421 827	8,2
10-14	5 200 967	331 379	6,4
15-24	10 353 490	593 614	5,7
25-34	8 547 258	642 023	7,5
35-44	6 051 350	624 802	10,3
45-54	4 327 824	580 653	13,4
55-64	3 125 701	512 049	16,4
65+	2 590 557	542 356	20,9
Sex			
Male	24 405 795	2 064 302	8,5
Female	25 918 740	2 758 110	10,6
Population group			
Black African	40 059 995	3 597 842	9,0
Coloured	4 526 940	512 250	11,3
Indian/Asian	1 325 750	134 858	10,2
White	4 411 851	577 462	13,1

Province of usual residence

The distribution of people who were ill or injured a month before the survey by province of usual residence is provided in Figure 6.1. It is observed that Northern Cape recorded the highest percentage of people who were ill or injured (14,2%), followed by North West (12,7%). The lowest percentages were recorded in KwaZulu-Natal (6,2%), Eastern Cape (9,1%) and Mpumalanga (9,3%). Absolute numbers presented in Appendix VI.1 showed Gauteng (1 121 751) had more people who were ill or injured than any other province.

Figure 6.1: Percentage distribution of people who were ill or injured a month before the survey by province of usual residence: South Africa, 2011 (see Appendix VI.1)



6.3. Illnesses or injuries for those currently in school

Children who were currently attending school and aged 6–18 years (or those who were responding on their behalf) were asked to indicate if they were absent from school during the past school calendar week and to indicate reasons for their absence from school. Those who responded that they missed school because they were ill or injured are the focus of this sub-section.

Just over 5% (5,1%) of children aged 6–18 years who were currently in school reported that they missed school because of an illness or an injury. Significant differences were observed by age, population group and province of usual residence but there were no significant differences by sex.

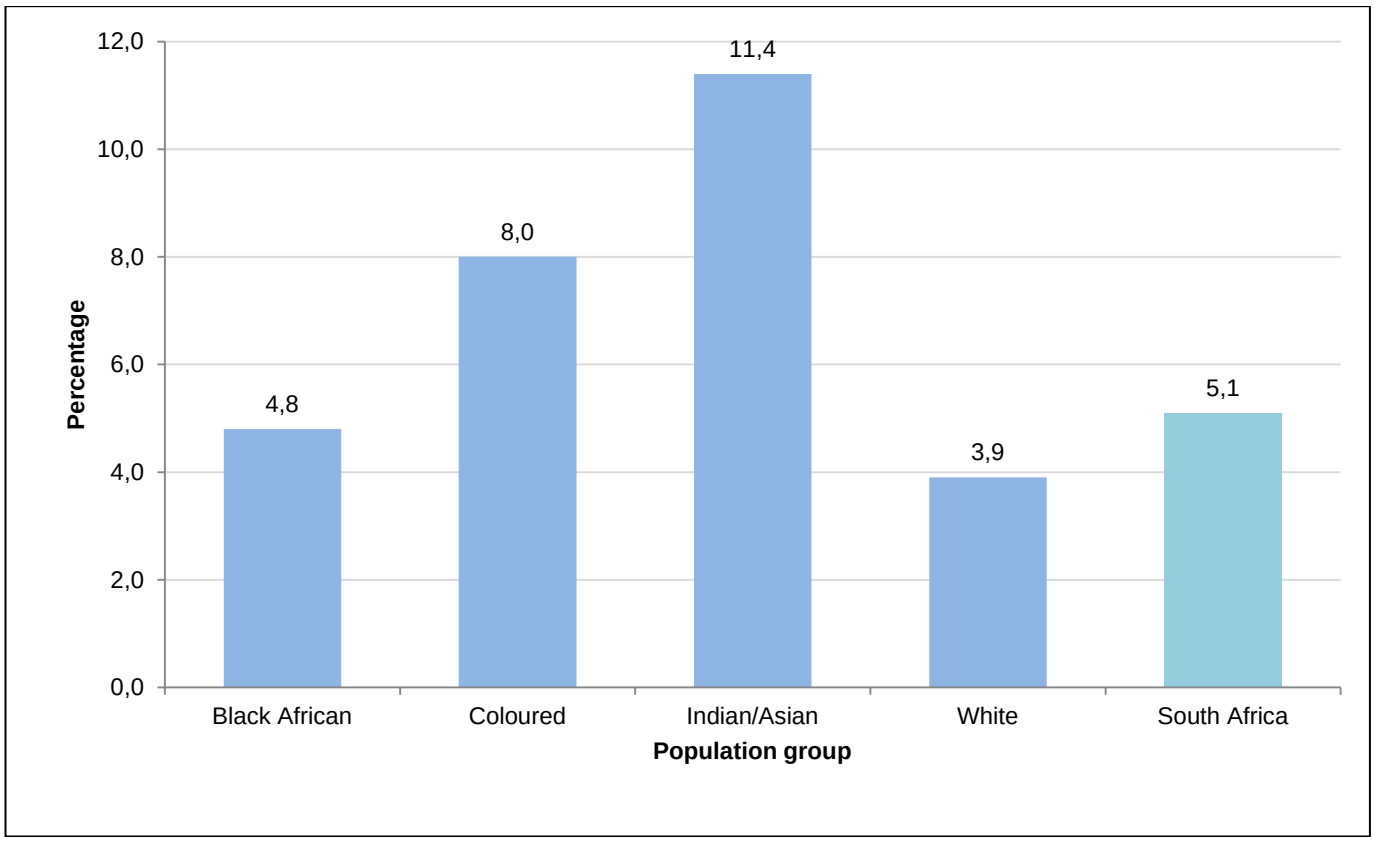
Age

The ages of children aged 6–18 years who were currently in school were categorised into two age groups: those aged 6–13 years (in primary school) and those aged 14–18 years (in high school). The table presented in Appendix VI.2 shows that the percentage of those who missed school because they were ill or injured was higher among those aged 14–18 years (5,5%) as compared to those aged 6–14 years (4,8%).

Population group

Percentage of children who were absent from school due to an illness or injury during the past school calendar week classified by population group is shown in Figure 6.2. The Indian/Asian population group had the highest percentage of children who were absent from school during the past school calendar week as a result of illness or injury (11,4%), followed by children from the coloured population group (8,0%). The lowest percentage of children who missed school as a result of injury or illness was observed in the white population group (3,9%).

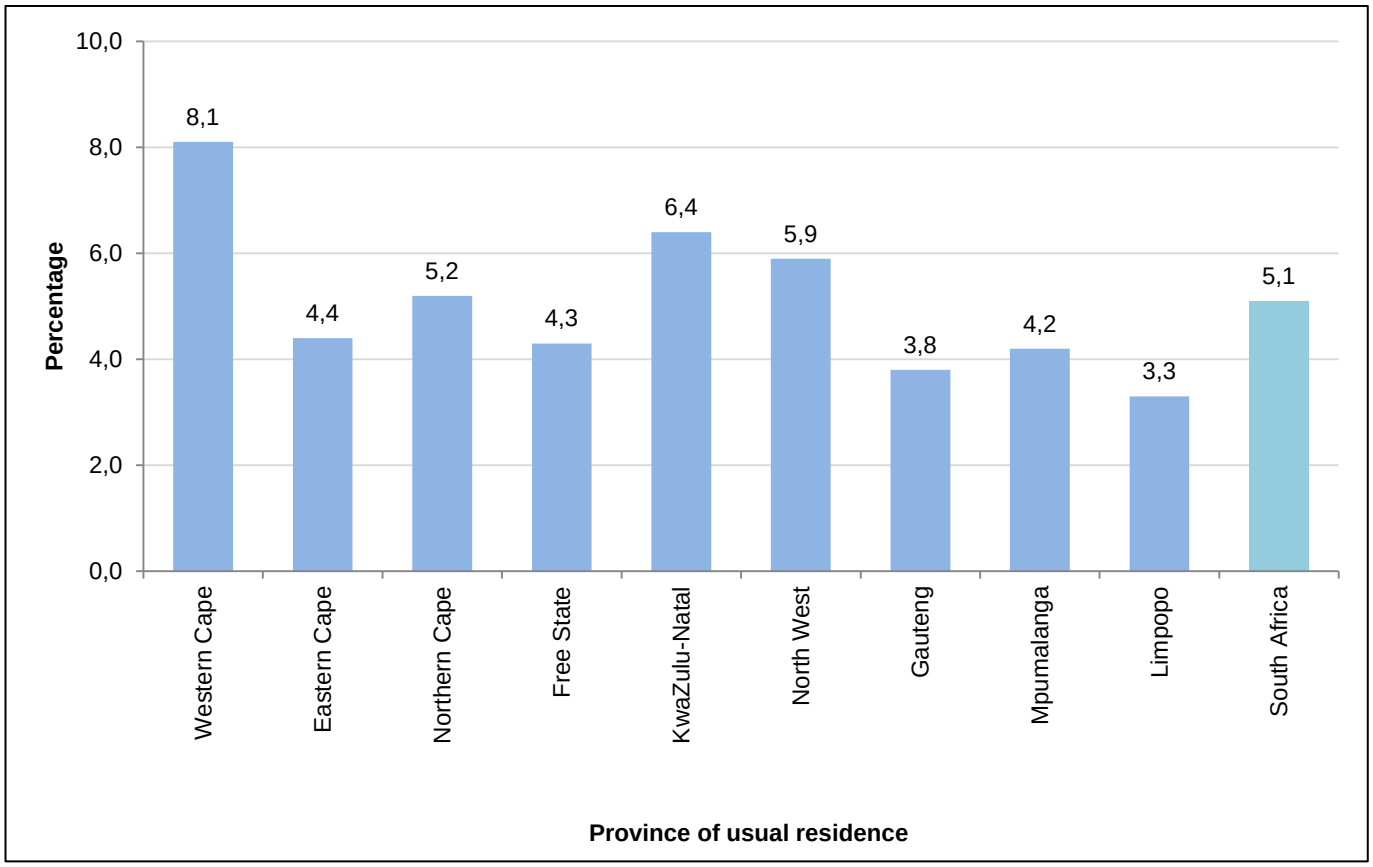
Figure 6.2: Percentage distribution of children aged 6–18 years currently in school but were absent from school during the past school calendar week due to an illness or injury, classified by age: South Africa, 2011 (see Appendix VI.2)



Province of usual residence

Figure 6.3 shows that Western Cape had the highest percentage of children of currently in school who were absent from school during the past school calendar week due to an illness or injury (8,1%), followed by KwaZulu-Natal (6,4%) and North West (5,9%). Limpopo had the lowest percentage of children who were absent from school due to an illness or injury (3,3%).

Figure 6.3: Percentage distribution of children aged 6–18 years currently in school but were absent from school during the past school calendar week due to an illness or injury, classified by province of usual residence: South Africa, 2011 (see Appendix VI.2)



6.4. Summary

Nearly 10% of the total population indicated that they were ill or injured a month before the survey and around 5% of those aged 6–18 who were currently in school said they missed school during the past calendar week as a result of illness or injury.

Based on the general population, a higher proportion of females reported being ill or injured more than males; the elderly (65 years and older) more than younger ages; white population group more than other population groups; and those residing in Northern Cape more than those in other provinces. For those in school, those older reported missing school due to illness or injury more than the younger ones; Indians/Asians more than other population groups; and those in Western Cape more than those from other provinces.

7. Health-care seeking behaviour

7.1. Introduction

The General Household Survey (GHS) included a question on whether those who said they were ill or injured a month before the survey consulted a health worker as a result of illness or injury. Those who did not consult following an illness or injury were further asked to indicate the main reason for not consulting a health worker. These questions provide information on health-care seeking behaviour of individuals, which is an important element of health systems development.

Health-care seeking behaviour has been defined as any activity that is undertaken by individuals who perceive that they have a problem or are ill for the purpose of finding an appropriate remedy (Govender, 2012). The authors further stated that health-care seeking behaviour is influenced by a group of factors that can be classified according to cultural and socio-demographic influences, economic conditions, physical and financial accessibility, health care services and the degree of women's autonomy.

This section presents information on consultations with health workers when ill or injured a month before the survey, with special focus on those who said they did not consult any health worker. This is followed by analyses of the main reasons provided for not having consulted a health worker after suffering an illness or an injury. These analyses are undertaken taking into consideration differences by age, sex, population group and province of usual residence. Percentage distributions are presented in this section to facilitate interpretation of the results but all absolute numbers are provided in Appendices VII.1 to VII.3.

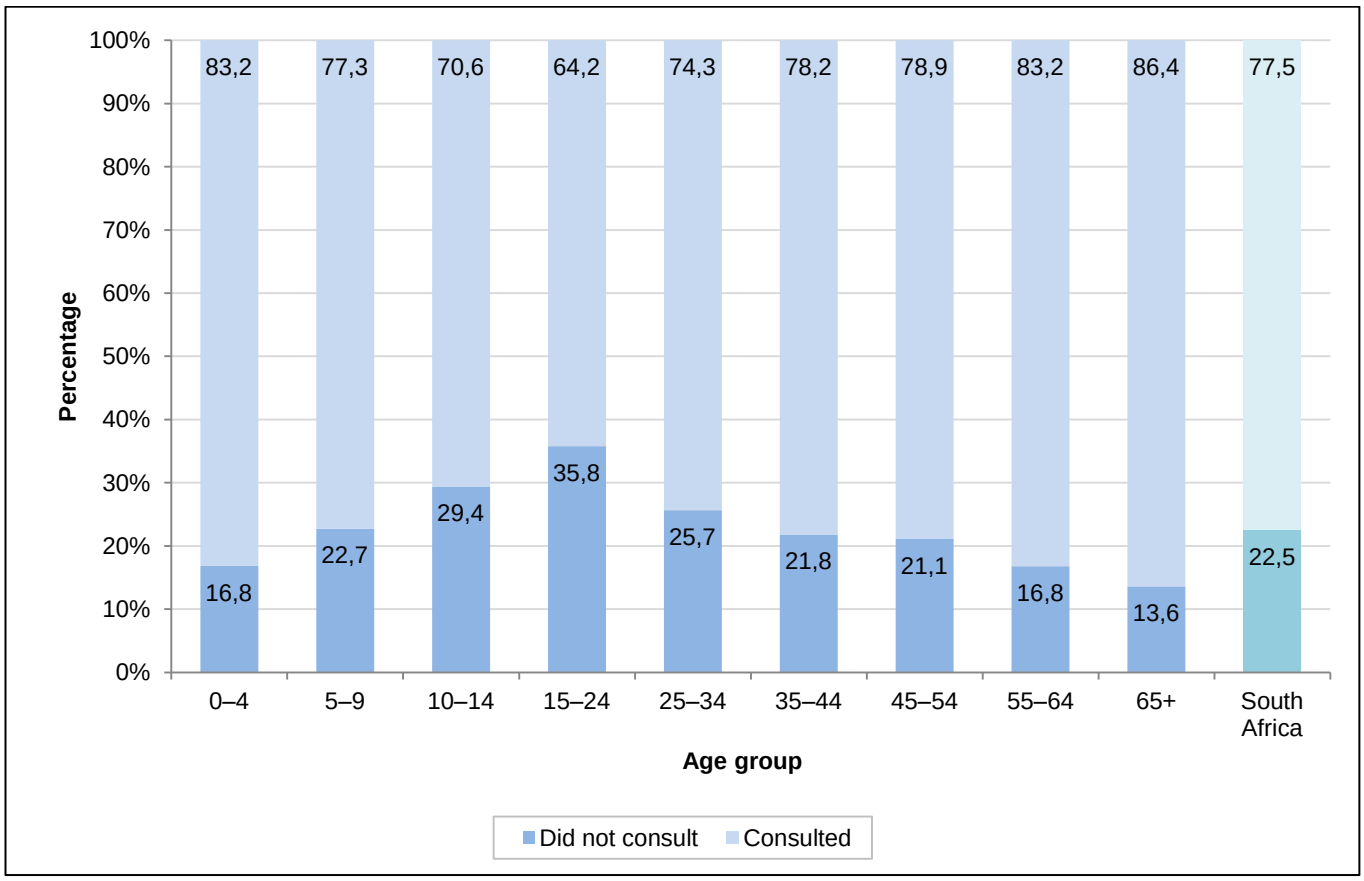
7.2. Consultations with health workers

Overall, the majority of the population (77,5%) indicated that they consulted a health worker when they were ill or injured a month before the survey, with 22,5% indicating that they did not consult a health worker. There were differences observed by age, sex, population group and province of usual residence with regard to consultations with health workers.

Age

The percentage distribution of people by status of health worker consultations and age is shown in Figure 7.1. It is observed that the percentage of people who did not consult a health worker yet they were ill or injured a month before the survey was highest in age group 15–24 (35,8%) and lowest among those aged 65 years and older (13,6%). Generally, the percentages increased from age group 0–4 up to age group 15–24 and decreased consistently thereafter. The results indicate that the older age groups (55 years and older) and the younger age group (0–4 years) tended to consult more when they were ill or injured.

Figure 7.1: Percentage distribution of the population by status of health worker consultation, classified by age: South Africa, 2011 (see Appendix VII.1)



Sex

Differences by sex showed that a higher proportion of males (24,4%) compared to females (21,1%) did not consult a health worker when they were ill or injured a month before the survey (see Appendix VII.1).

Population group

Percentages of people who did not consult a health worker when they were ill or injured by population group are shown in Figure 7.2. Results show that the coloured (24,3%) and the black African population group (23,3%) had the highest percentage of people who did not consult a health worker when they were ill or injured a month before the survey. The white population group had the lowest percentage of people who did not consult (16,5%), indicating that over 80% (83,5%) of people from the white population group consulted a health worker when they were ill or injured a month before the survey.

Province of usual residence

Differences by province of usual residence as presented in Figure 7.3 show that Limpopo had the highest percentage (30,2%) of people who did not consult a health worker when they were ill or injured a month before the survey while Eastern Cape had the lowest percentage (17,8%).

Figure 7.2: Percentage distribution of the population by status of health worker consultation, classified by population group: South Africa, 2011 (see Appendix VII.1)

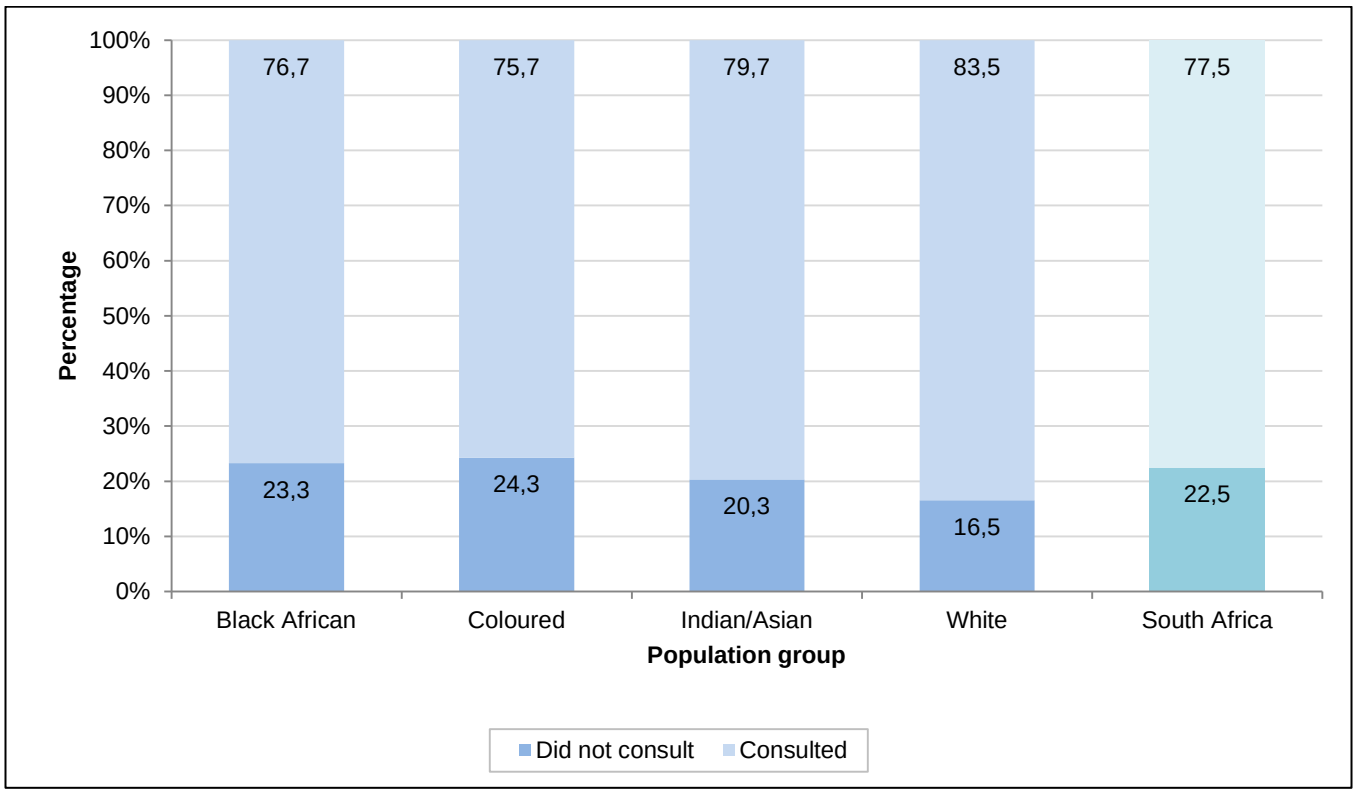
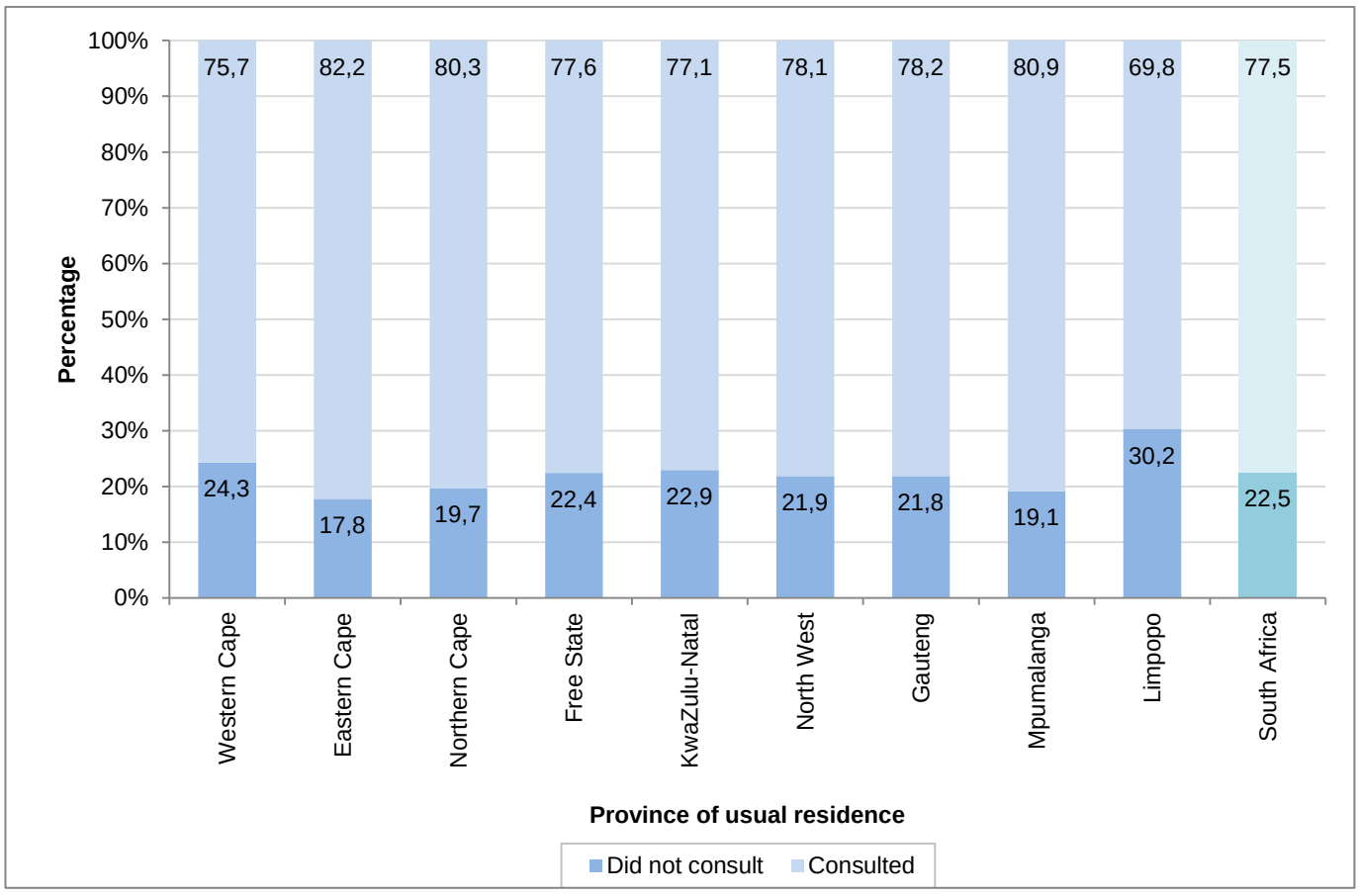


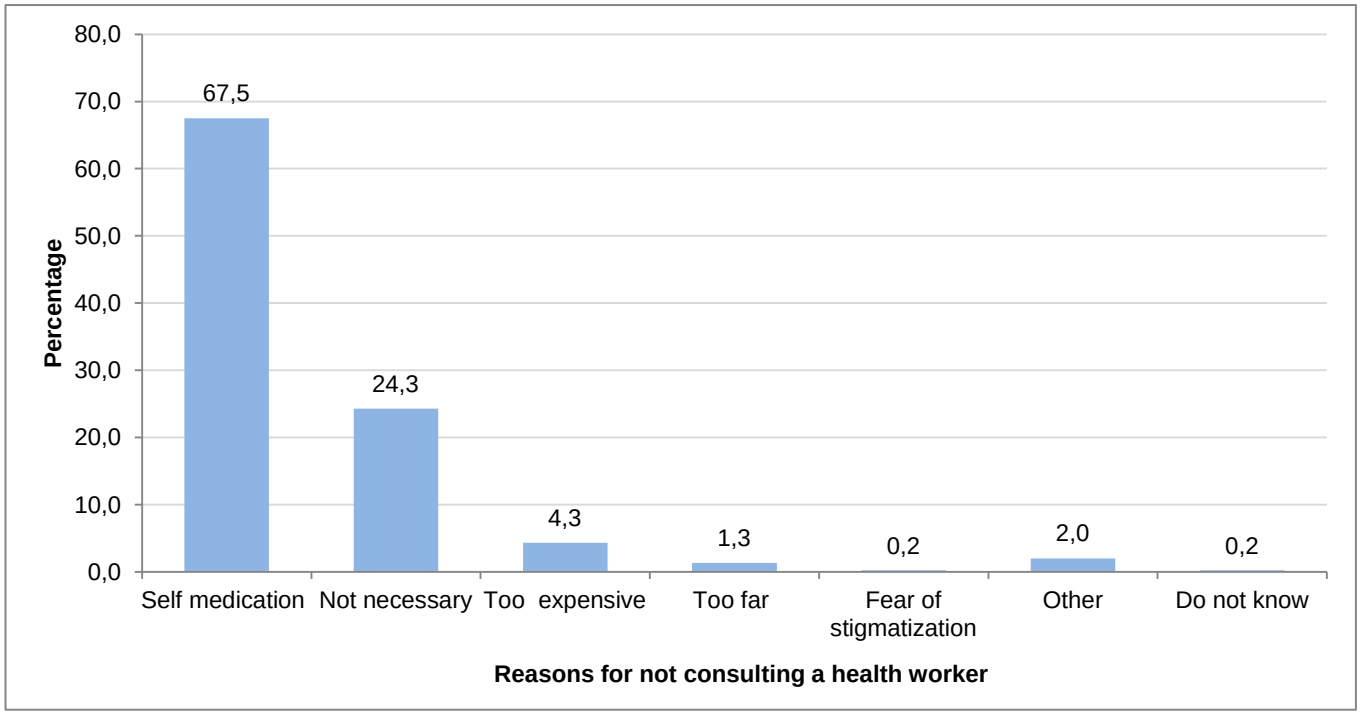
Figure 7.3: Percentage distribution of the population by status of health worker consultation, classified by province of usual residence: South Africa, 2011 (see Appendix VII.1)



7.3. Main reason for not consulting with a health worker

Respondents who did not consult with a health worker when they were ill or injured a month before the survey were further asked to indicate the main reason for not consulting with any health worker. Overall, results in Figure 7.4 show that the majority of people in South Africa who did not consult a health worker when they were ill or injured a month before the survey said they did not consult because they used self-medication (67,5%), followed by those who said they did not consult because it was not necessary or the problem was not serious enough (24,3%). The percentage of people who did not consult because it was too expensive was 4,3% and those who regarded the health facility as being too far was 1,3%.

Figure 7.4: Percentage distribution of people who were ill or injured a month before the survey but did not consult a health worker classified by the main reason cited: South Africa, 2011 (see Appendix VII.2)



The percentage distribution of people who were ill or injured a month before the survey but did not consult a health worker classified by age, sex, population group and province of usual residence is provided in Table 7.1.

Age

For all age groups, self-medication was the most common reason cited for not having consulted a health worker when ill or injured, followed by those who said they did not consult because it was not necessary and then those who said it was too expensive. However, the extent of mentioning these reasons differed by age. For example, the proportion of those who mentioned self-medication was much higher among those aged between 5–9 and 10–14 where the proportions mentioning this reason was over 70% for each age group while it was less than 70% for all the other age groups. In addition, the highest proportion of those who said it was not necessary was noted for those aged 65 years and older (27,6%) and those aged 0–4 years (27,2%) while the highest proportion for citing too expensive was observed for those aged 15–24 years (5,9%) and those aged 65 years and older (5,6%).

Sex

Differences by sex show that compared to males, females had higher percentages of people who did not consult a health worker because it was too expensive (5,7% for females and 2,7% for males) while a higher proportion of males (70,4%) stated self-medication as a reason than females (65,0%). There were marginal differences by sex for the other reasons cited for not consulting a health worker when ill or injured.

Table 7.1: Percentage distribution of people who were ill or injured a month before the survey but did not consult a health worker classified by the main reason cited and selected background characteristics: South Africa, 2011 (see Appendix VII.3)

Characteristics	Reason for not consulting a health worker							Total
	Self-medicated	Not necessary	Too expensive	Too far	Fear of stigmatization	Other	Do not know	
South Africa	**67,5**	**24,3**	**4,3**	**1,3**	**0,2**	**2,0**	**0,2**	**100,0**
Age								
0-4	68,3	27,2	3,3	0,5	0,6	0,1	0,0	100,0
5-9	74,6	18,2	2,9	0,8	0,0	3,1	0,4	100,0
10-14	72,7	21,9	3,2	1,0	0,0	1,1	0,0	100,0
15-24	65,4	24,9	5,9	2,3	0,3	0,7	0,6	100,0
25-34	67,3	26,7	4,8	0,6	0,0	0,6	0,0	100,0
35-44	66,3	23,7	4,5	0,7	0,0	4,8	0,0	100,0
45-54	66,7	23,5	3,4	2,2	0,8	2,8	0,6	100,0
55-64	68,0	24,0	3,3	2,1	0,0	2,6	0,0	100,0
65+	60,0	27,6	5,6	1,3	0,8	4,0	0,7	100,0
Sex								
Male	70,4	23,7	2,7	1,1	0,4	1,4	0,3	100,0
Female	65,0	24,8	5,7	1,5	0,1	2,6	0,2	100,0
Population group								
Black African	64,9	26,1	4,6	1,6	0,3	2,2	0,3	100,0
Coloured	74,9	21,1	1,7	0,3	0,0	2,0	0,0	100,0
Indian/Asian	78,9	13,3	7,8	0,0	0,0	0,0	0,0	100,0
White	77,6	16,1	4,4	0,5	0,0	0,9	0,5	100,0
Province of usual residence								
Western Cape	72,1	26,2	1,0	0,0	0,0	0,7	0,0	100,0
Eastern Cape	74,3	20,2	1,7	2,2	0,0	1,1	0,4	100,0
Northern Cape	75,3	9,7	6,2	3,5	0,0	5,3	0,0	100,0
Free State	68,0	18,9	5,7	1,3	0,8	4,8	0,6	100,0
KwaZulu-Natal	55,0	32,5	5,9	3,6	0,0	3,1	0,0	100,0
North West	68,1	22,6	3,7	2,1	0,7	1,8	1,0	100,0
Gauteng	69,4	22,0	7,0	0,1	0,0	1,2	0,3	100,0
Mpumalanga	64,3	25,5	6,7	1,3	1,2	1,0	0,0	100,0
Limpopo	66,5	27,3	2,1	1,1	0,4	2,7	0,0	100,0

Population group

While self-medication was the most common reason cited for all population groups, the proportions were higher for the Indian/Asian (78,9%), the white (77,6%) and the coloured (74,9%) population groups and lowest among the black African population group (64,9%). The black African, as well as the coloured population group mentioned the reason of not being necessary to consult more than the other population groups (26,1% and 21,1% respectively). The Indian/Asian population group had the highest percentage of people who said that they did not consult because it was too expensive (7,8%).

Province of usual residence

The Cape provinces (Western Cape, Eastern Cape and Northern Cape) had the highest proportions (over 70% each province) of people who said they did not consult a health worker when they were ill or injured because they used self-medication but KwaZulu-Natal had the lowest proportion (55,0%). However, the reason of not being necessary was cited more in KwaZulu-Natal than in other provinces (32,5%). The reason of being too expensive was provided more in Gauteng (7,0%) and Mpumalanga (6,7%) and less so in Eastern Cape (1,7%) and Western Cape (1,0%). Being too far was cited more in KwaZulu-Natal (3,6%) and Northern Cape (3,5%) than in other provinces.

7.4. Summary

This section presented information on health-care seeking behaviour. While the majority of people who were ill or injured a month before the survey consulted a health worker, over 20% (22,5%) did not consult. Compared to others in the same group, a higher proportion of males, the youth and those in Limpopo did not consult when ill or injured a month before the survey. The most common reasons cited for not consulting a health worker when ill or injured were the use of self-medication or that it was not necessary or the problem was not serious enough.

8. Communicable diseases

8.1. Introduction

This section and the following two sections, provide information on specific diseases or conditions that people indicated that they suffered from. People who said that they were ill or injured a month before the survey were further asked to indicate if they suffered from illnesses that were on the list provided in the questionnaire. The survey did not ask whether or not the specified illnesses were diagnosed by a health worker.

The section presents information for selected communicable diseases, namely flu or acute respiratory tract infections, diarrhoea and tuberculosis (TB) or severe cough with blood. Although included in the General Household Survey (GHS), sexually transmitted diseases was not analysed due to few numbers reported.

Information presented in this section also includes those who had HIV or AIDS. For HIV or AIDS, respondents were specifically asked to indicate if they had been informed by a medical practitioner or nurse that they had this condition. In addition, those who said they had HIV or AIDS were asked if they were taking any medication for this illness and this information is provided in the last sub-section of this section. Different denominators were used for the calculation of percentages for all analyses undertaken in preparation of this section (see Table 2.1).

Percentage distributions are presented in this section, highlighting reported levels of specified illnesses or conditions, classified by age, sex, population group and province of usual residence (see Appendices VIII.1 to VIII.4 for all absolute numbers). Only variables that were significant at 5% level in the chi-squared tests are presented in this section.

8.2. Flu or acute respiratory tract infection

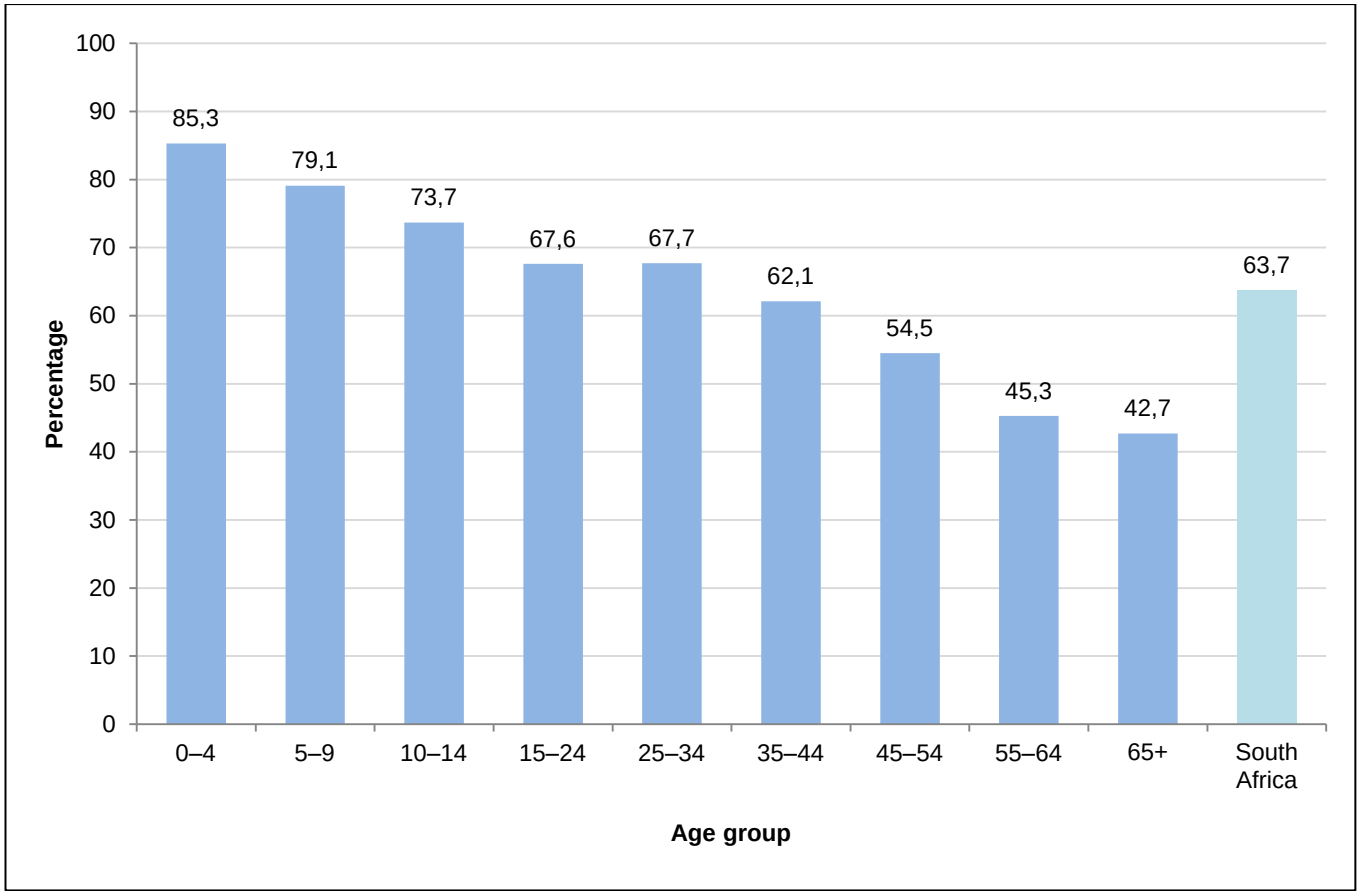
Flu or acute respiratory tract infections (ARTI) is a term commonly used to describe seasonal influenza, an illness caused by numerous influenza viruses. This infection affects the respiratory system and is highly contagious. Influenza is a common pathogen identified in children with acute lower respiratory infection and results in a substantial burden on health services worldwide (Nair et al, 2011).

Overall, over 60% (63,7%) of people who said they were ill or injured a month before the survey indicated that they suffered from flu or ARTI. No significant differences were observed by sex, but differences were observed by age, population group and province of usual residence.

Age

Figure 8.1 shows the percentage of people who were ill or injured a month before the survey and suffered from flu or ARTI classified by age. Generally, there was a consistent decrease in the percentage of people with flu or ARTI as age increased. The highest percentage of people who had flu or ARTI was recorded in the 0–4 age group (85,3%), which was double that in the 65 years and above age group (42,7%), the age group with the lowest percentage of people with flu or ARTI.

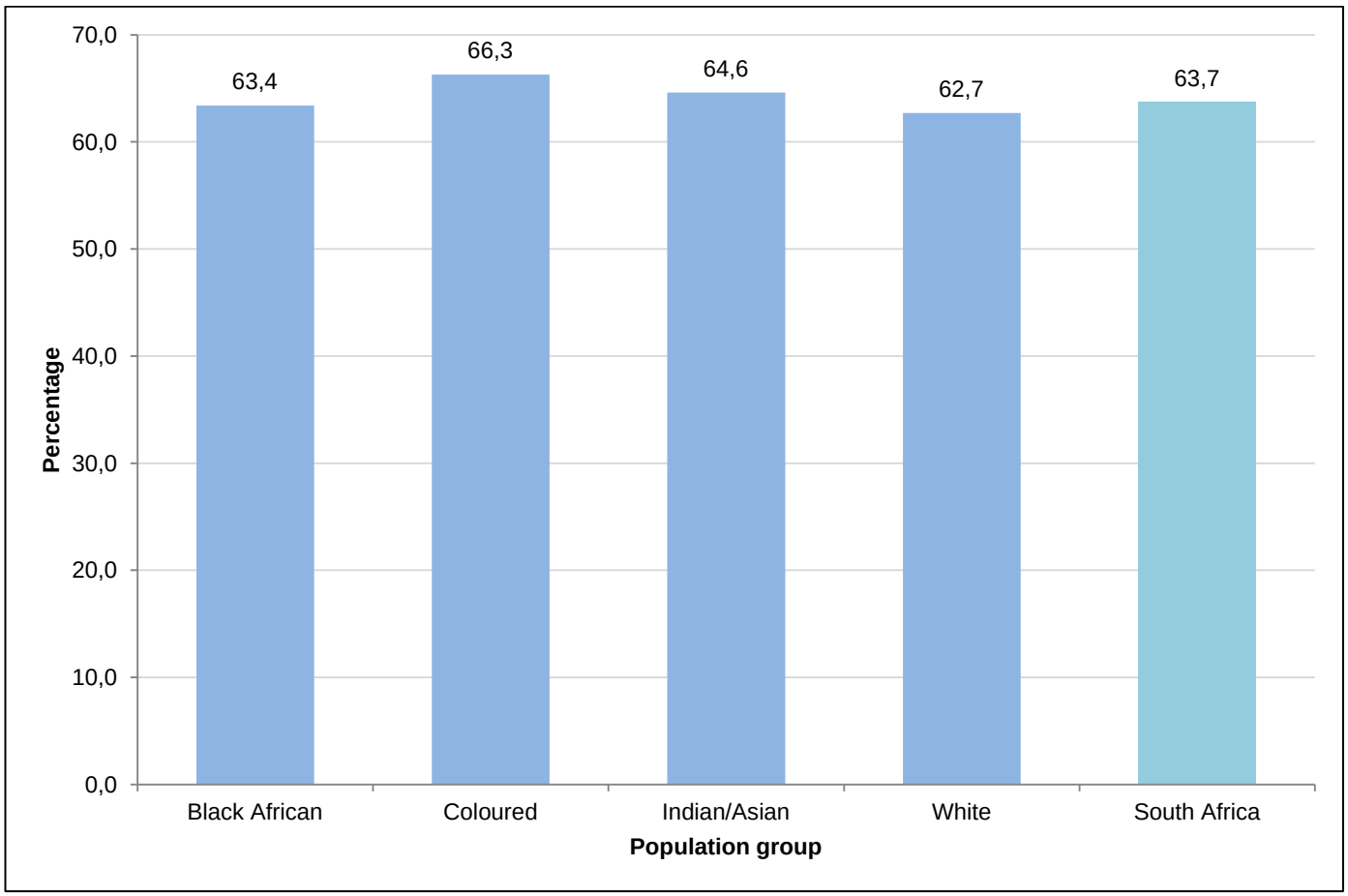
Figure 8.1: Percentage distribution of people who were ill or injured a month before the survey and suffered from flu or ARTI, classified by age: South Africa, 2011 (see Appendix VIII.1)



Population group

Differences by population group (see Figure 8.2) show that the coloured population group had the highest percentage (66,3%) of people who were ill or injured a month before the survey because of flu or ARTI and the white population group (62,7%) had the lowest.

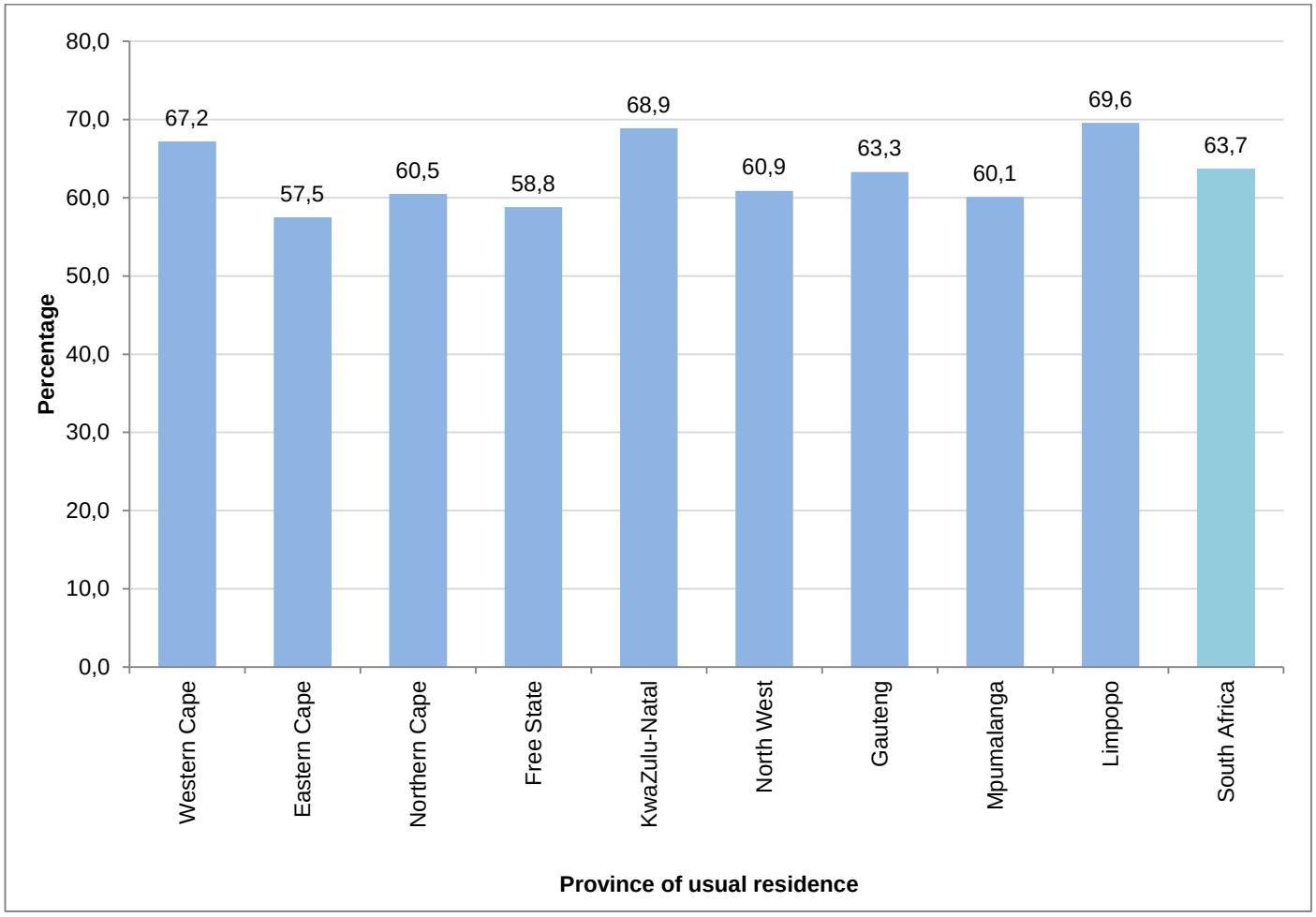
Figure 8.2: Percentage distribution of people who were ill or injured a month before the survey and suffered from flu or ARTI, classified by population group: South Africa, 2011 (see Appendix VIII.1)



Province of usual residence

Figure 8.3 shows that the percentage of people who were ill or injured a month before the survey and suffered from flu or ARTI varied across provinces. The highest percentages with flu or ARTI were recorded in Limpopo (69,6%), followed by KwaZulu-Natal (68,9%) and Western Cape (67,2%) and the lowest recorded in Eastern Cape (57,5%).

Figure 8.3: Percentage distribution of people who were ill or injured a month before the survey and suffered from flu or ARTI, classified by province of usual residence: South Africa, 2011 (see Appendix VIII.1)



8.3. Diarrhoea

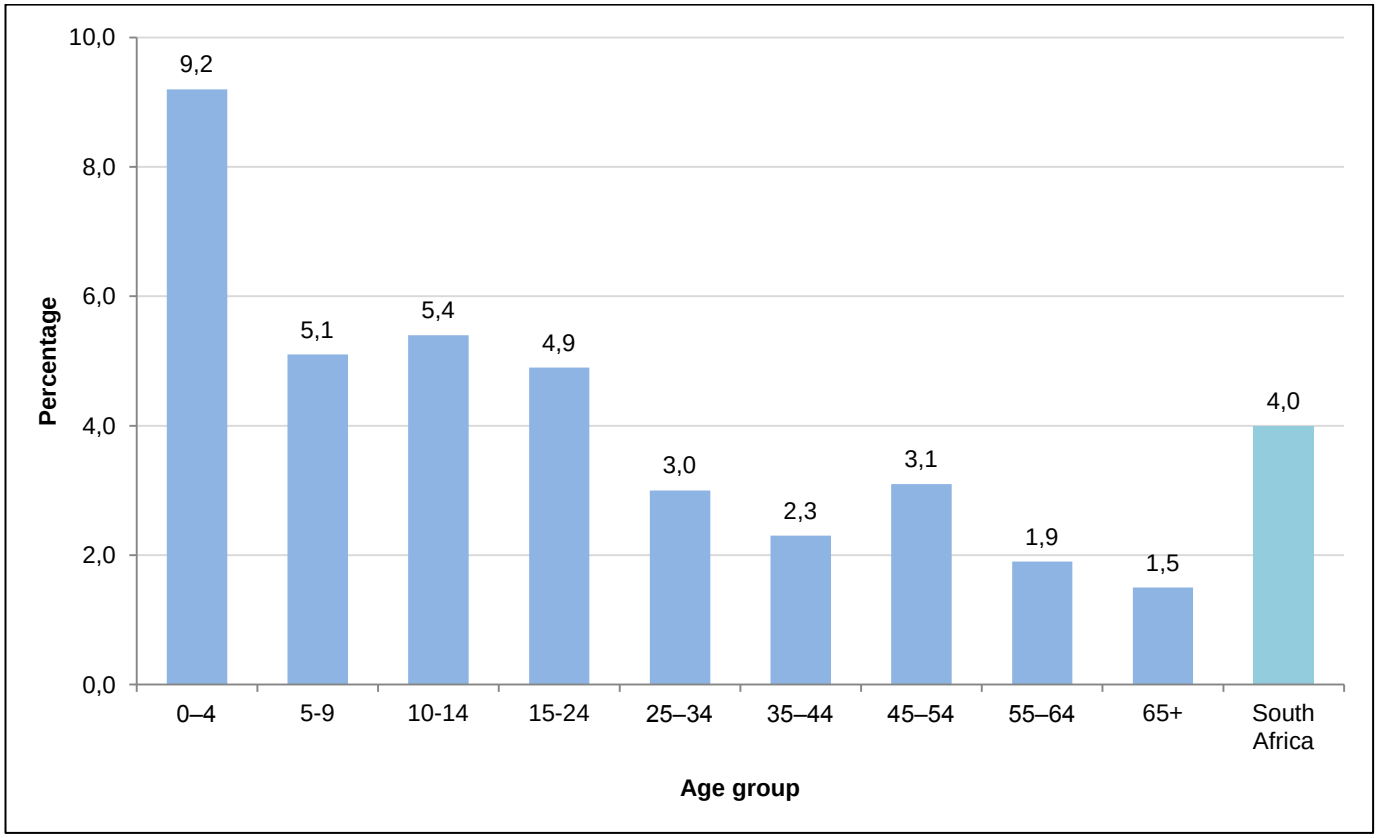
Diarrhoea is usually a symptom of gastrointestinal infection, which can be caused by a variety of bacterial, viral and parasitic organisms. Infection is spread through contaminated food or drinking water or from person to person as a result of poor hygiene. The disease is typically more prevalent during the summer months because the growth of pathogenic organisms in food and other material is increased in hot and humid weather (Steyn, 2009).

Less than 5% (4,0%) of the people who were ill or injured a month before the survey indicated that they suffered from diarrhoea. This low percentage of people who suffered from diarrhoea can be attributed to the fact that the GHS was conducted around the winter season when the illness is generally less prevalent. There were significant differences observed by age, population group and province of usual residence, but not by sex.

Age

It is observed from Figure 8.4 that age group 0–4 recorded the highest percentage of people who were ill or injured a month before the survey and suffered from diarrhoea (9,2%) and the lowest percentage was recorded among those people aged 65 years and above (1,5%). Generally, the younger people (up to age 24) had a higher proportion of people who were ill or injured a month before the survey and suffered from diarrhoea compared to those older (25 years and older).

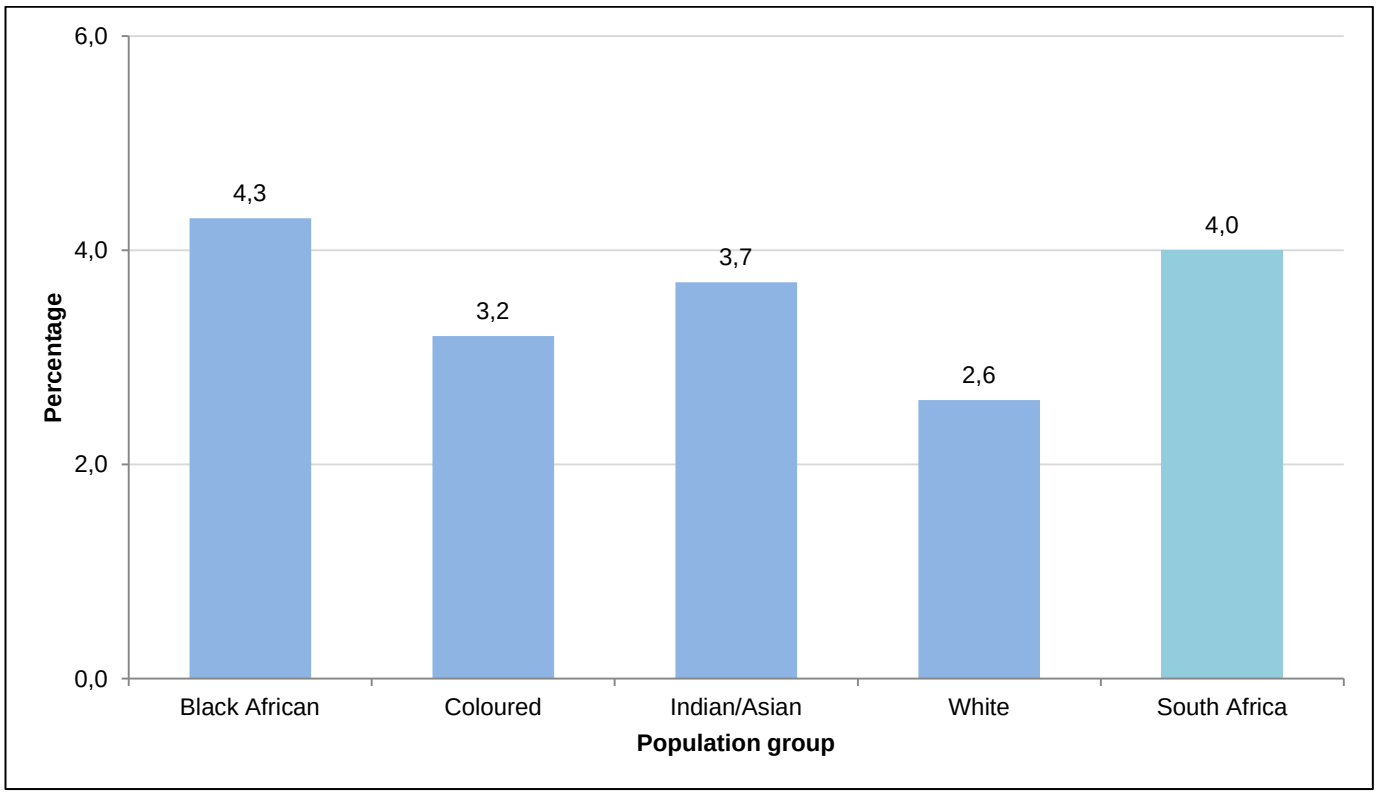
Figure 8.4: Percentage distribution of people who were ill or injured a month before the survey and suffered from diarrhoea, classified by age: South Africa, 2011 (see Appendix VIII.2)



Population group

The percentage of people with diarrhoea by population group (Figure 8.5) show that the black African population group (4,3%) had the highest percentage of people who reported that they had diarrhoea a month before the survey while the white population group (2,6%) had the lowest.

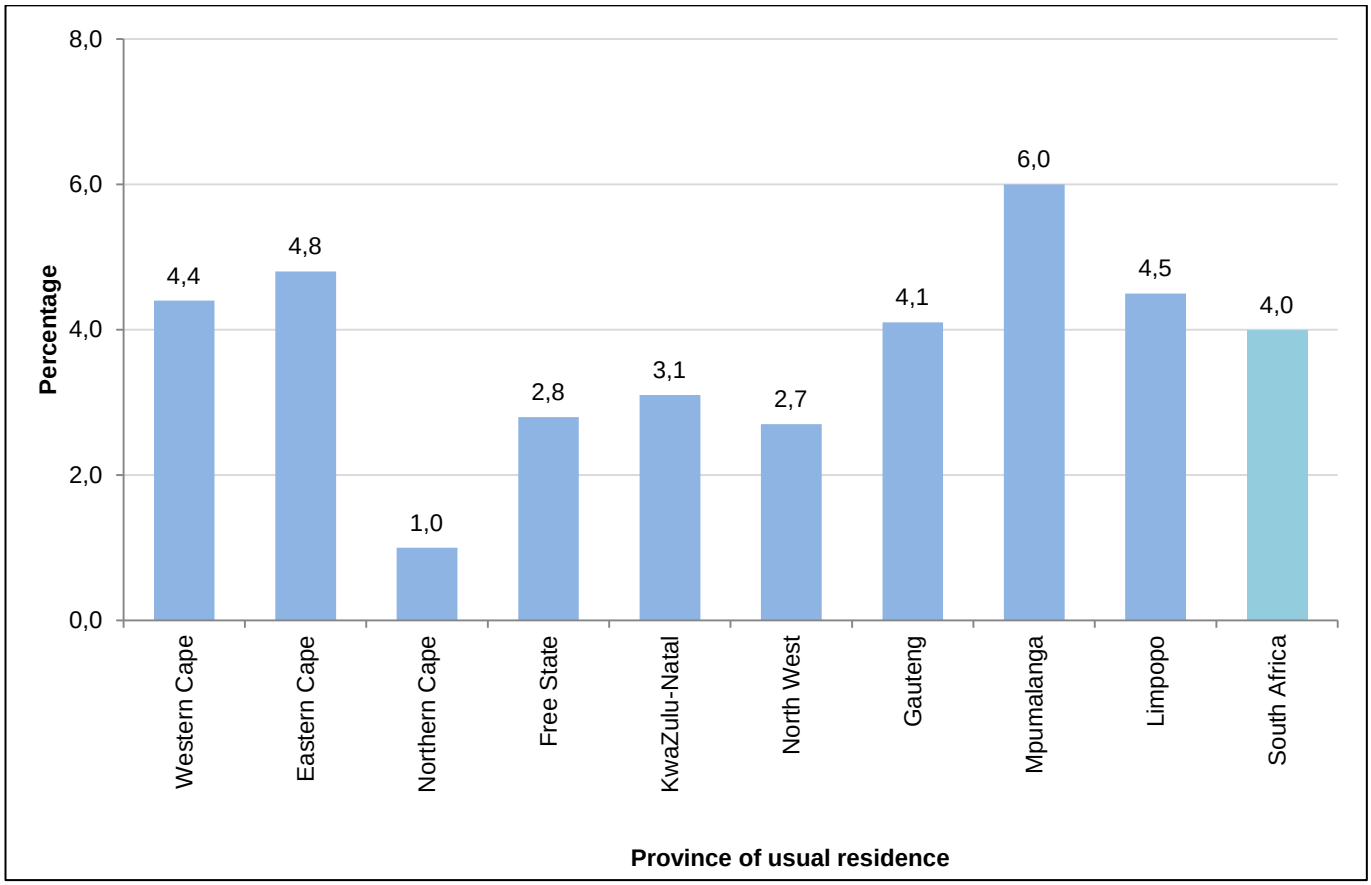
Figure 8.5: Percentage distribution of people who were ill or injured a month before the survey and suffered from diarrhoea, classified by population group: South Africa, 2011 (see Appendix VIII.2)



Province of usual residence

Figure 8.6 shows that there were variations in the percentages of people who were ill or injured a month before the survey and said they had diarrhoea by province of usual residence. The highest percentage was reported in Mpumalanga (6,0%) and lowest in Northern Cape (1,0%). Eastern Cape (4,8%), Limpopo (4,5%), Western Cape (4,4%) and Gauteng (4,1%) also had proportions of the population with diarrhoea that were higher than the national average of 4,0%.

Figure 8.6: Percentage distribution of people who were ill or injured a month before the survey and suffered from diarrhoea, classified by province of usual residence: South Africa, 2011 (see Appendix VIII.2)



8.4. Tuberculosis (TB) or severe cough with blood

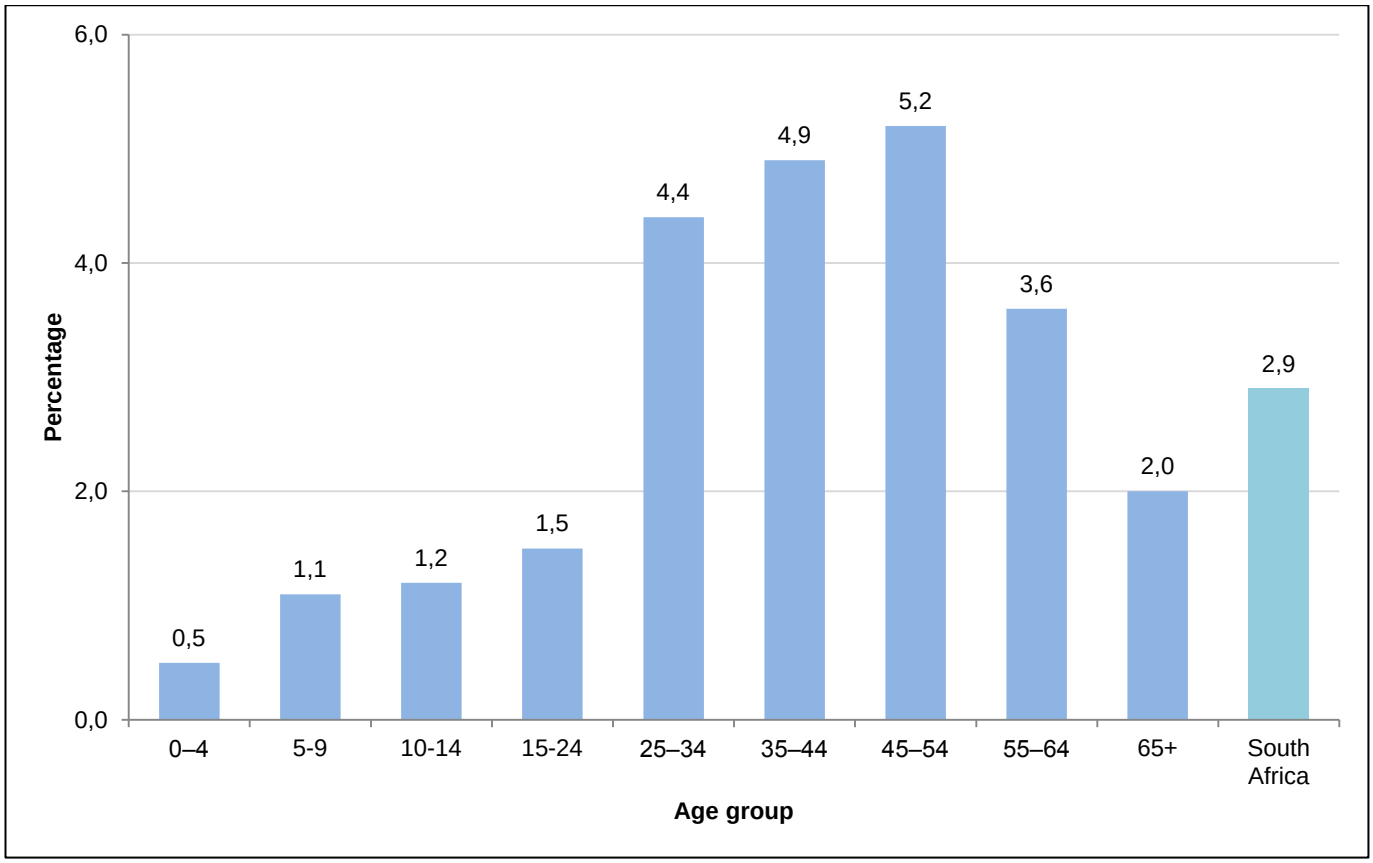
Tuberculosis is an infectious disease that typically infects the lungs but can also affect other parts of the body. The risk of transmission increases with the closeness of contact, overcrowded living conditions and the degree of infectiousness of a TB case (Mandalalas, 2012).

The GHS results showed that 2,9% of the people who said they were ill or injured a month before the survey suffered from TB or severe cough with blood. Significant differences were observed by age, sex, population group and province of usual residence.

Age

Figure 8.7 shows that tuberculosis was more common in age groups 25–34, 35–44, 45–54 and 55–64 and less common in the younger (0–4, 5–9, 10–14 and 15–24) and the much older ages (65 years and older). Generally, there was an increase in the percentage of people with TB or severe cough with blood between age groups 0–4 and 45–54 and a decline thereafter. The highest percentage of people who said they were ill or injured a month before the survey and had tuberculosis or severe cough with blood was recorded in the 45–54 age group (5,2%), followed by age group 35–44 (4,9%) and age group 25–34 (4,4%). The lowest was recorded in the 0–4 age group (0,5%).

Figure 8.7: Percentage distribution of people who were ill or injured a month before the survey and suffered from TB or severe cough with blood, classified by age: South Africa, 2011 (see Appendix VIII.3)



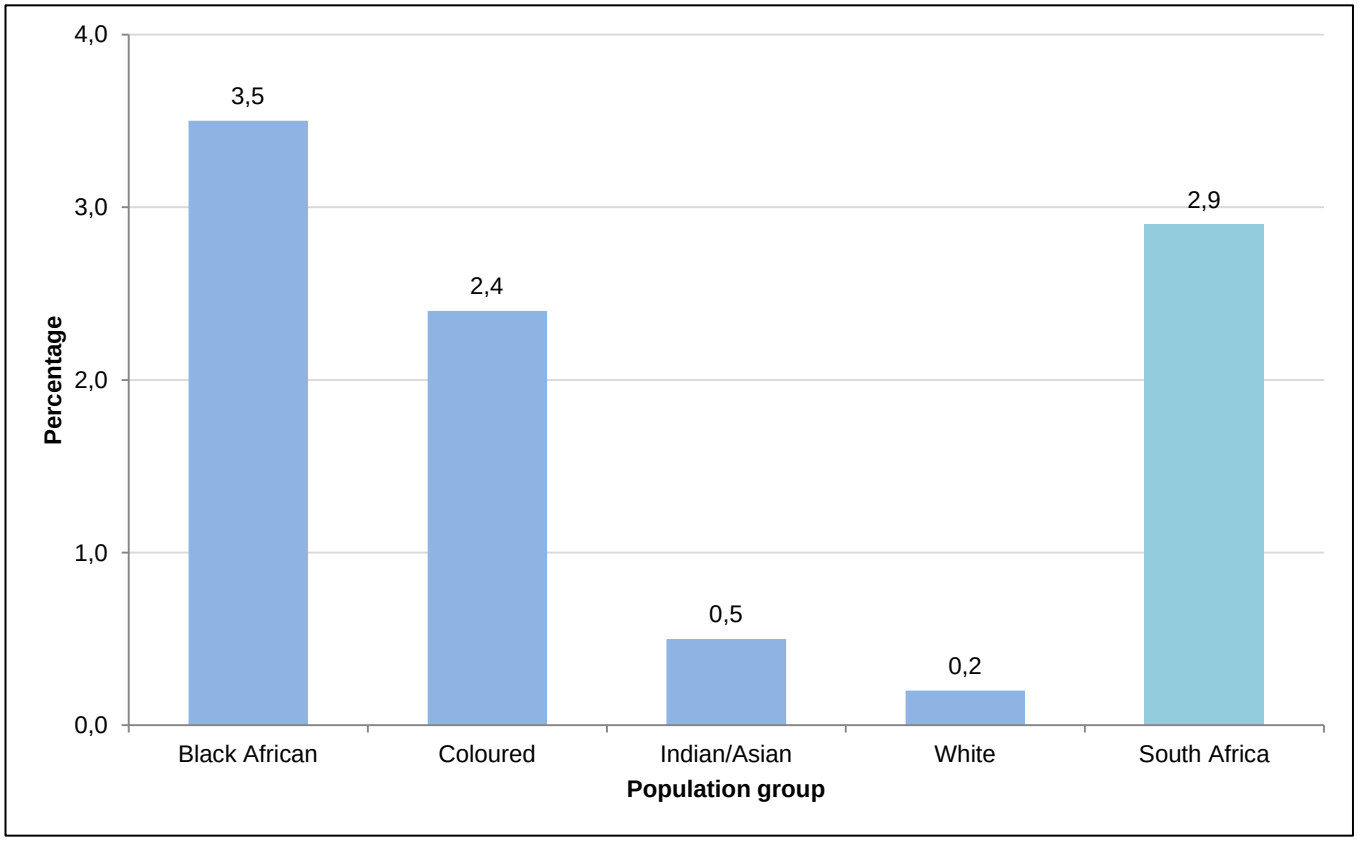
Sex

The percentage of males with TB or severe cough with blood (see Appendix VIII.3) was higher (3,8%) than that of females (2,2%).

Population group

Figure 8.8 shows that the black African population group (3,5%) had the highest proportion of people who were ill or injured a month before the survey and suffered from TB or severe cough with blood, followed by the coloured population group (2,4%). Less than 1% of people from the Indian/Asian (0,5%) and the white (0,2%) population groups who were ill or injured a month before the survey said they had TB or severe cough with blood.

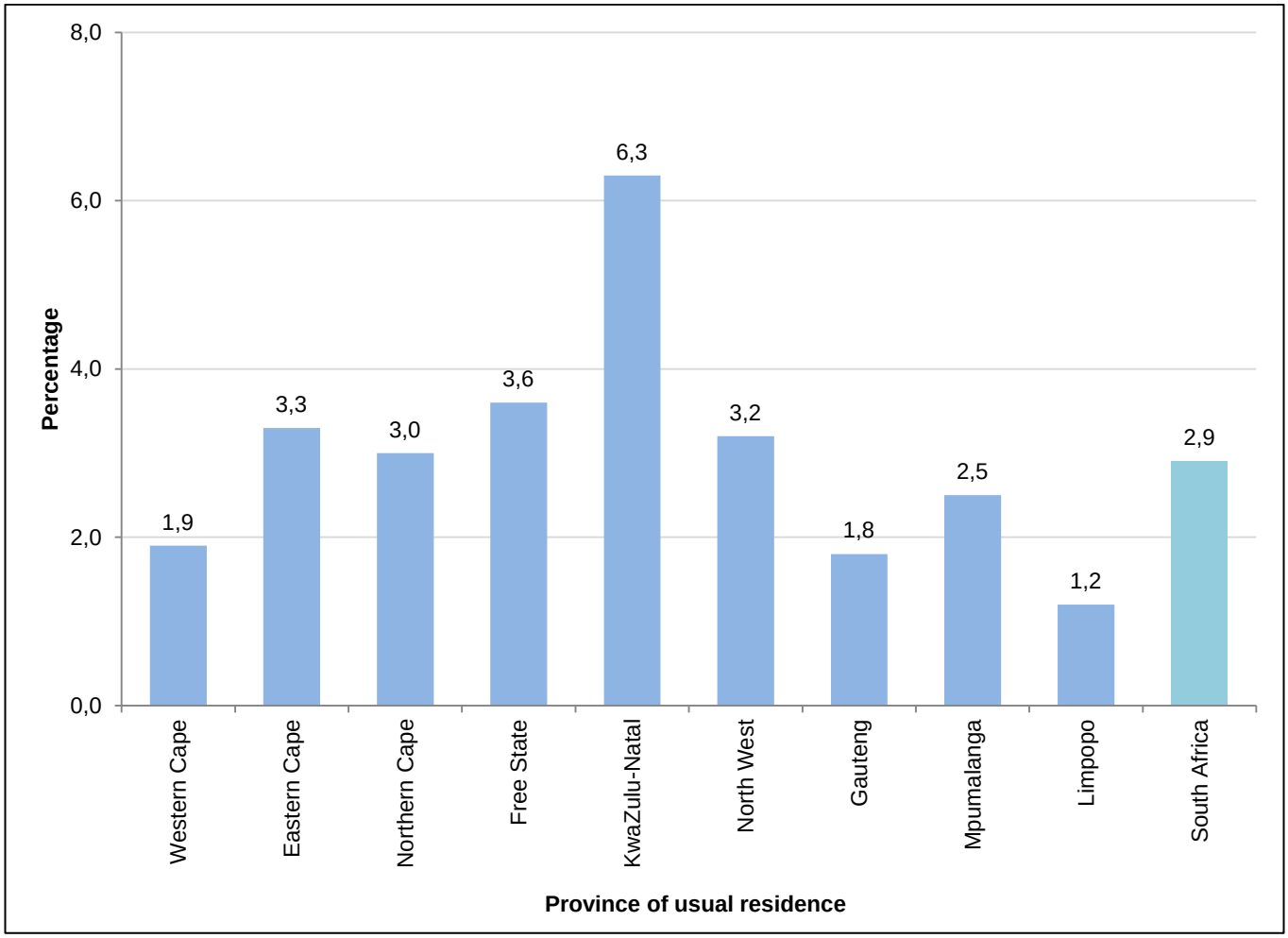
Figure 8.8: Percentage of people who were ill or injured a month before the survey and suffered from TB or severe cough with blood, classified by population group: South Africa, 2011 (see Appendix VIII.3)



Province of usual residence

The results by province of usual residence indicate that the proportion of people who were ill or injured a month before the survey and had TB or severe cough with blood was much higher in KwaZulu-Natal (6,3%) than all other provinces (see Figure 8.9). Western Cape (1,9%), Gauteng (1,8%) and Limpopo (1,2%) had the lowest percentages.

Figure 8.9: Percentage of people who were ill or injured a month before the survey and suffered from TB or severe cough with blood, classified by province of usual residence: South Africa, 2011 (see Appendix VIII.3)



8.5. HIV or AIDS

The Human Immunodeficiency Virus (HIV) is a retrovirus that infects cells of the immune system, destroying or impairing their function. As the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to other infections. The most advanced stage of HIV infection is called the Acquired Immunodeficiency Syndrome (AIDS) (WHO, 2012a).

The scale of the South African HIV epidemic remains huge. More HIV-positive people live in South Africa than in any other country (Gray et al, 2013) and South Africa has the most people in the world on the largest antiretroviral treatment programme.

This sub-section presents information on individuals who indicated that they were informed by a medical practitioner that they suffered from HIV or AIDS. It also provides information on whether they were taking medication for this condition. All the information is categorised by age, sex, population group and province of usual residence.

A question on whether or not a person was informed by a medical practitioner or nurse that he or she suffered from HIV or AIDS was addressed to all individuals. However, due to few cases reported at younger ages, this sub-section only provides information from 15 years. The results for this age group indicated that 1,7% of the population aged 15 years and older in South Africa mentioned that they had been diagnosed with HIV or AIDS by a medical practitioner or nurse and of these 85,3% indicated that they were taking medication for this condition.

Age

Figure 8.10 shows that the highest percentage of people who indicated that they had been diagnosed with HIV or AIDS by a medical practitioner or nurse was recorded in the age groups 30–34, 35–39 and 40–44 (all at over 3% in each age group). The lowest percentages were recorded in the 15–19 (0,2%) and the 20–24 (0,5%) age groups.

The distribution of those who had been diagnosed with HIV or AIDS by a health worker and taking medication for the disease, classified by age shows that at least 60% in each age group were taking medication for HIV or AIDS (see Figure 8.11). The highest percentage of people diagnosed with HIV or AIDS who were taking medication for this condition was recorded in the 35–39 age group (92,2%) and the lowest in the 20–24 age group (69,1%).

Figure 8.10: Percentage distribution of people aged 15 years and older who were diagnosed with HIV or AIDS by a health worker, classified by age: South Africa, 2011 (see Appendix VIII.4)

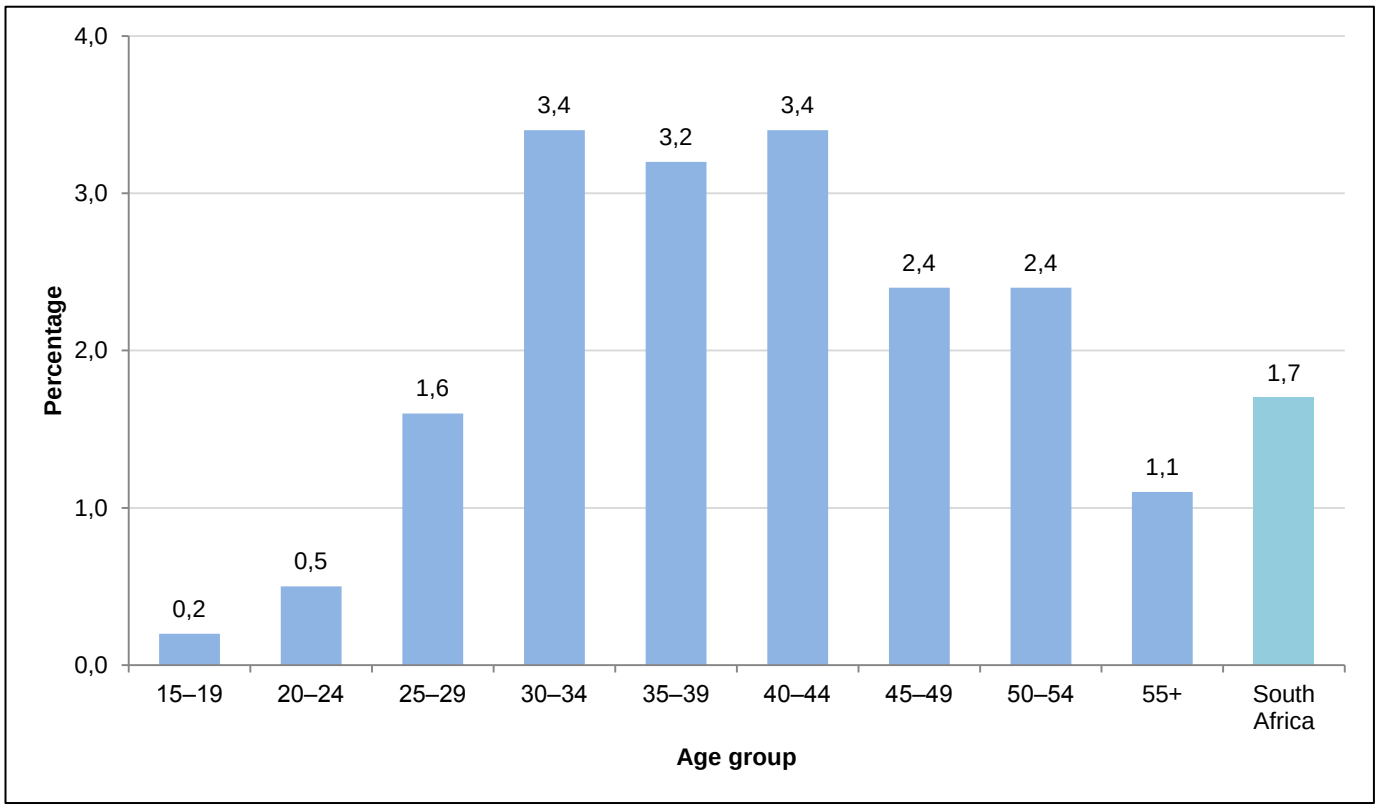
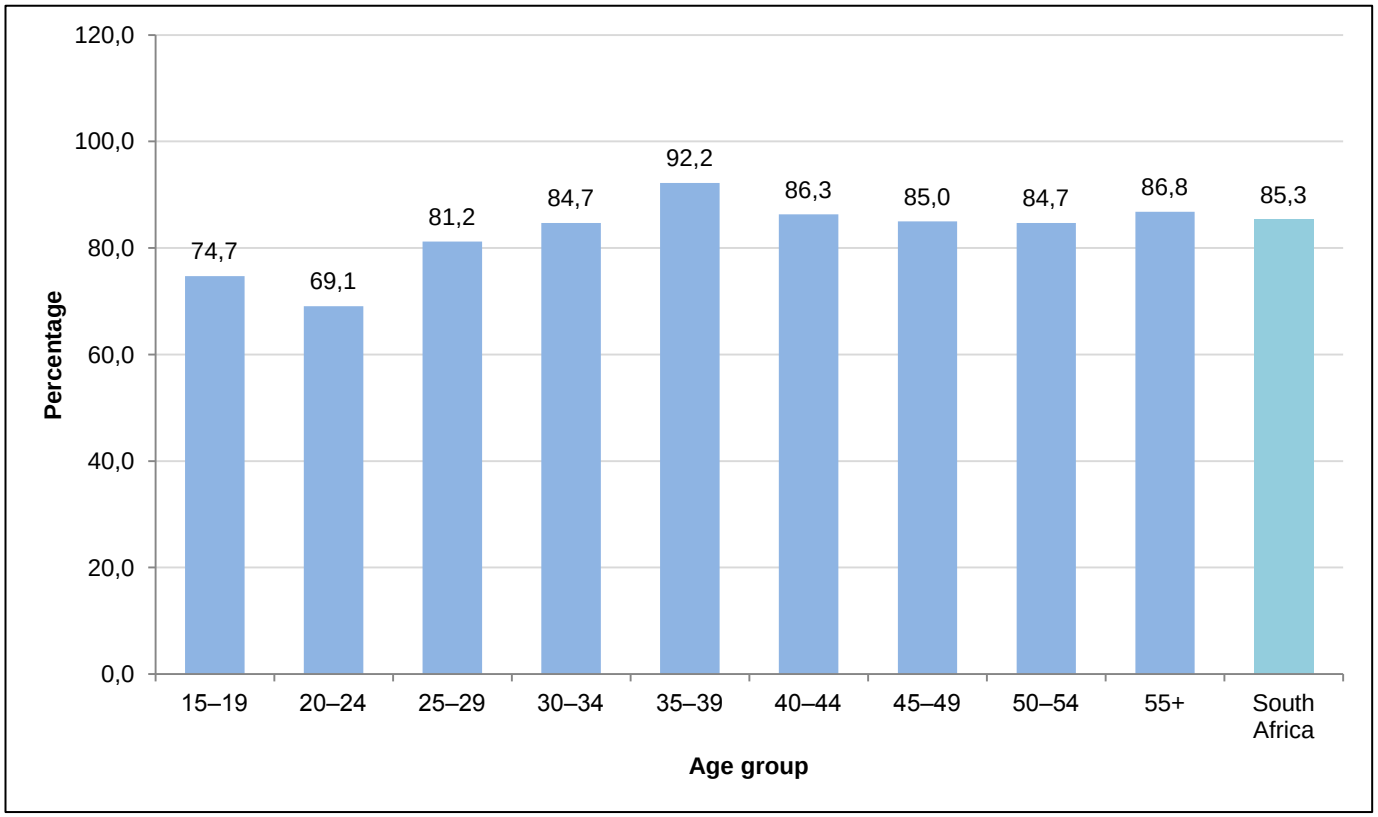


Figure 8.11: Percentage distribution of people aged 15 years and older who were diagnosed with HIV or AIDS and taking medication for the condition, classified by age: South Africa, 2011 (see Appendix VIII.5)



Sex

A higher proportion of females aged 15 years and older (2,2%) indicated that they had been diagnosed with HIV or AIDS by a health worker compared to males (1,2%) of the same age (see Appendix VIII.4). However, there was no significant difference by sex regarding the proportion of people taking medication for this condition.

Population group

The black African population group (2,1%) had the highest proportion of individuals aged 15 years and older who were diagnosed with HIV or AIDS by a medical practitioner or nurse (see Figure 8.12). Less than 1% of each of the other population groups reported that they had been diagnosed with HIV or AIDS.

Figure 8.12: Percentage distribution of people aged 15 years and older who were diagnosed with HIV or AIDS by a health worker, classified by population group: South Africa, 2011 (see Appendix VIII.4)

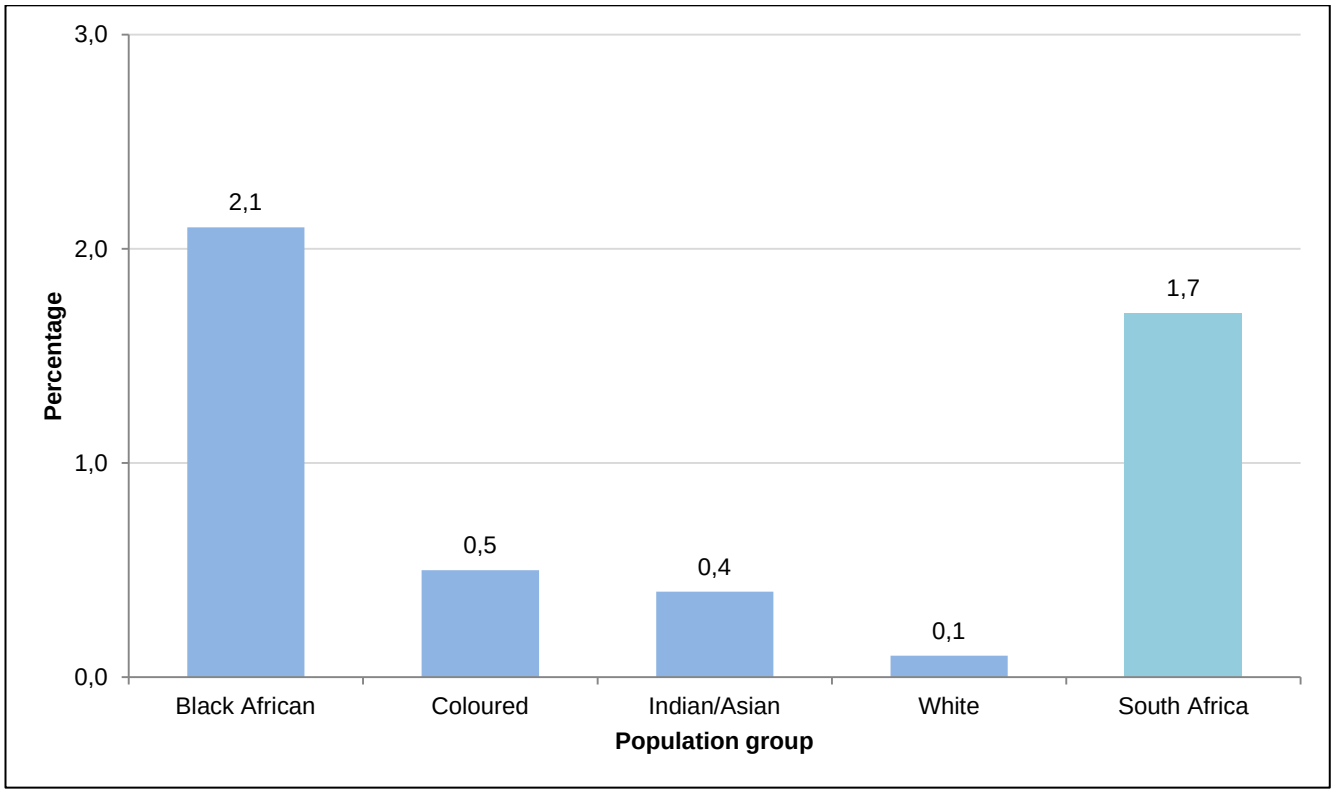
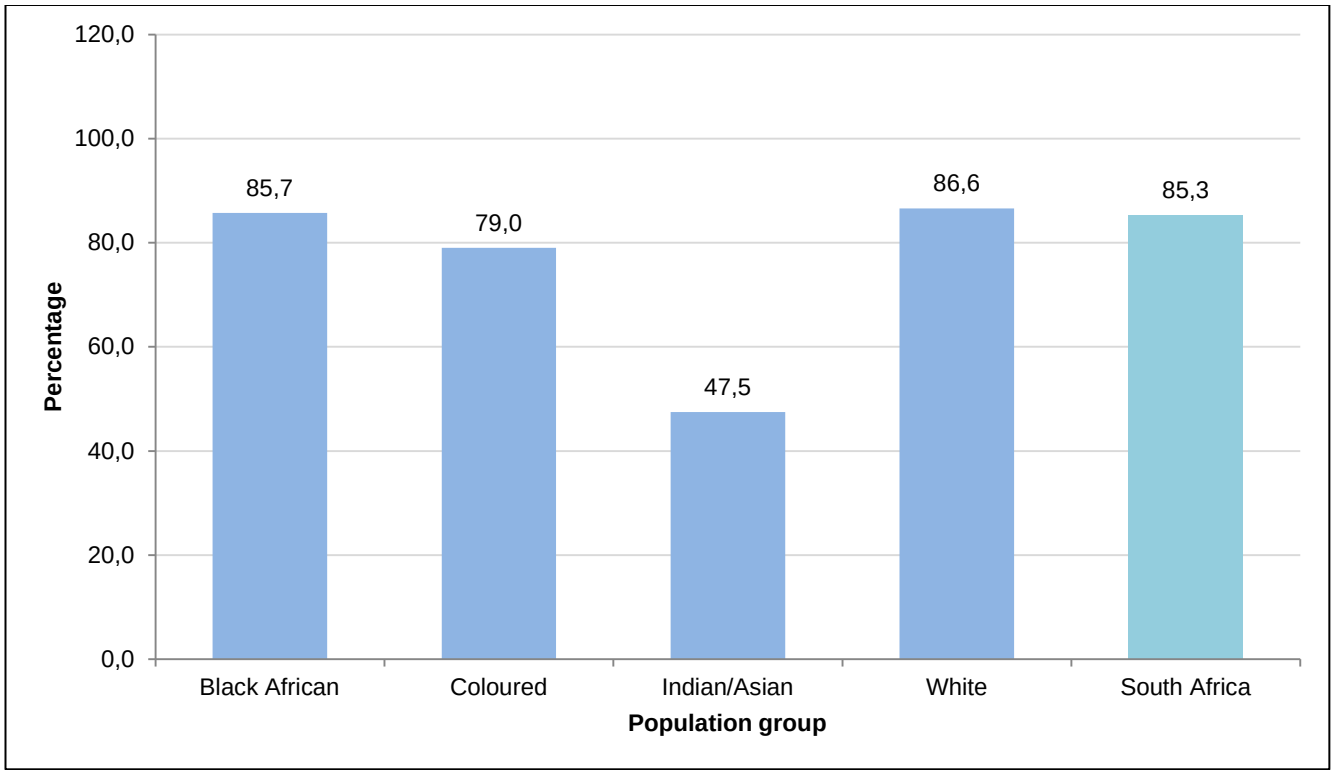


Figure 8.13 shows the percentage of those aged 15 years and older who had been diagnosed with HIV or AIDS and were taking medication for the condition. It is observed that the white (86,6%) and the black African (85,7%) population groups had the highest proportion of people diagnosed with HIV or AIDS taking medication for the condition. A much lower proportion of the Indian/Asian population group (47,5%) diagnosed with HIV or AIDS was taking medication for the condition.

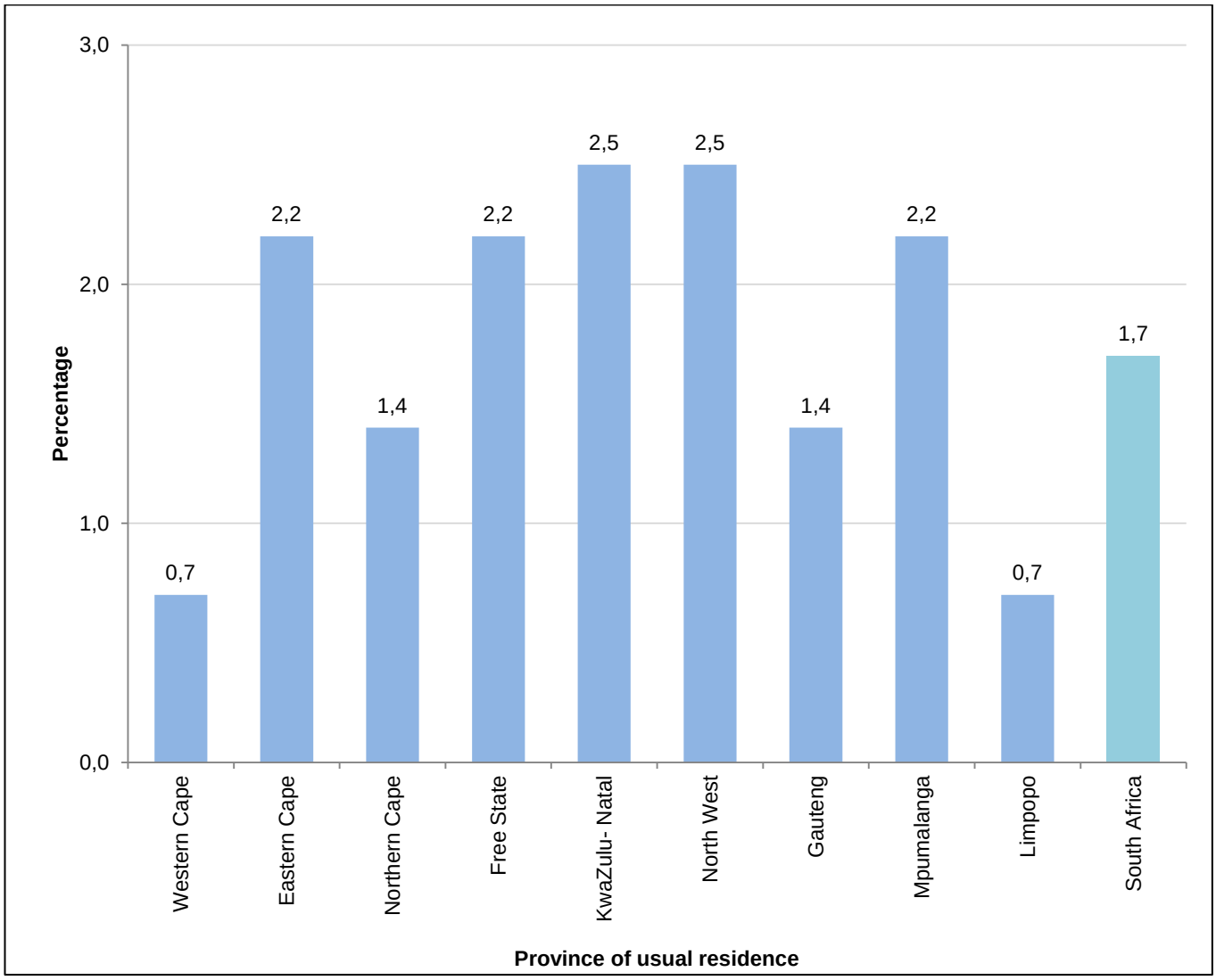
Figure 8.13: Percentage distribution of people aged 15 years and older who were diagnosed with HIV or AIDS and taking medication for the condition, classified by population group: South Africa, 2011 (see Appendix VIII.5)



Province of usual residence

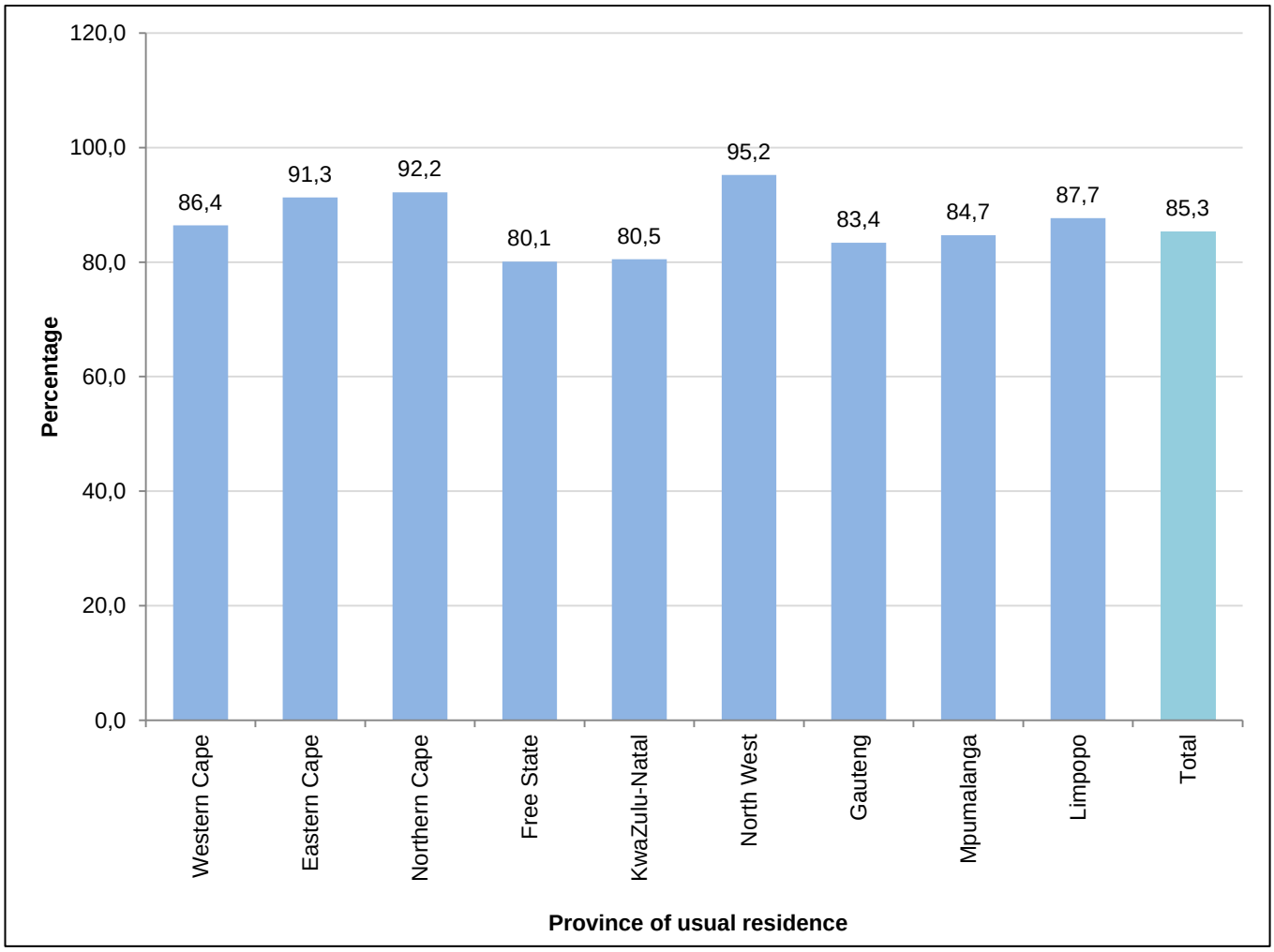
Regarding the percentage of people with HIV or AIDS classified by province of usual residence, Figure 8.14 shows that the highest percentages of people aged 15 years and older who were diagnosed with HIV or AIDS by a health worker were observed in KwaZulu-Natal (2,5%), North West (2,5%), Eastern Cape (2,2%), Free State (2,2%) and Mpumalanga (2,2%). The lowest was recorded in Western Cape and Limpopo (both at 0,7%).

Figure 8.14: Percentage distribution of people aged 15 years and older who were diagnosed with HIV or AIDS by a health worker, classified by province of usual residence: South Africa, 2011 (see Appendix VIII.4)



In terms of those taking medication for HIV or AIDS, the provincial breakdown provided in Figure 8.15 shows that at least 80% of people aged 15 years and older in each of the nine provinces in the country were taking medication for the condition. Specifically, over 90% of those diagnosed with HIV or AIDS in North West (95,2%), Northern Cape (92,2%) and Eastern Cape (91,3%) were taking medication for HIV or AIDS. The lowest proportions were observed in Free State (80,1%) and KwaZulu-Natal (80,5%).

Figure 8.15: Percentage distribution of people aged 15 years and older who were diagnosed with HIV or AIDS and taking medication for the condition, classified by province of usual residence: South Africa, 2011 (see Appendix VIII.5)



8.6. Summary

Communicable diseases were presented in this section. The most common communicable disease suffered by those who were ill or injured a month before the survey was flu or acute respiratory tract infection, which was cited by more than 60% of those ill or injured. Other diseases that people suffered from were diarrhoea and TB or severe cough with blood although each was cited by less than 5% of those who were ill or injured a month before the survey. Differences in citing these communicable diseases were observed by age, sex, population group and province of usual residence.

Less than 2% of people aged 15 years and older said they had been diagnosed with HIV or AIDS by a medical practitioner or nurse and more than 80% of those with this condition said they were taking medication for it.

9. Non–communicable diseases

9.1. Introduction

Non-communicable diseases are defined as diseases of long duration and generally of slow progression. South Africa is experiencing a rising tide of non-communicable diseases affecting the quality of life and increasing health care expenses both at individual and country levels (Mayosi, 2009). They affect large numbers of the labour force, impacting on the productivity and the economy of the country. Major non-communicable diseases common in South Africa are cardiovascular diseases, diabetes, cancers, chronic respiratory diseases and mental illness (Bradshaw et al, 2011).

This section presents information on non-communicable diseases that was collected through the General Household Survey (GHS) in 2011. The GHS had three questions that covered non-communicable diseases:

i. Individuals who said they were ill or injured a month before the survey were asked to indicate if they suffered from depression or mental illness, diabetes, hypertension/high blood pressure (HBP) and cancer.

ii. All individuals interviewed in the GHS were asked to indicate if they had been informed by a medical practitioner or nurse that they suffered from asthma, diabetes, cancer, hypertension/HBP and arthritis.

iii. There was a follow-up question for those diagnosed with asthma, diabetes, cancer, hypertension/HBP and arthritis by a medical practitioner or nurse to indicate if they were taking any medication for each of these conditions.

The results based on the second question relating to illnesses or conditions confirmed by a health worker are presented in this section, with the exception of mental illness or depression which was only covered by the first question. Each analysis of a specified non-communicable disease is followed by analysis of whether the person who had the condition was taking any medication for such a condition. Both types of analyses take background characteristics of individuals (age, sex, population group and province of usual residence) into consideration.

The analyses of asthma covers individuals of all ages while the analyses of diabetes, hypertension/HBP, arthritis and cancer covers individuals from 25 years of age. This is because there were very few individuals with diabetes, hypertension/HBP, arthritis and cancer at younger ages. The results on mental illness were based on all individuals who indicated that they were ill or injured a month before the survey. Absolute numbers for all percentage distributions are provided in Appendices IX.1 to IX.8.

9.2. Asthma

Asthma is a chronic respiratory disease which affects people of all ages. The results from the GHS indicate that 2,3% of the population said that they had been informed by a medical practitioner or nurse that they suffered from asthma. Over 80% (83,2%) with asthma were on asthma medication.

Age

Figure 9.1 shows that the proportion of people diagnosed with asthma was lower in younger ages (less than 35 years) and higher in older ages (35 years and older). Less than 2% of people in each of the age groups younger than 35 years had been diagnosed with asthma whereas at least 2,6% of those aged 35 years and older had been diagnosed with the condition. The highest proportion was observed among those aged 55–64 years where as much as 5,4% of people in this age group had been diagnosed with asthma, followed by those aged 65 years and older (5,2%).

The results on medication (see Figure 9.2) also indicate that a higher proportion of those in ages older than 35 years (85% or more) took medication for asthma more than those in younger ages. As much as 92,9% of those aged 65 years and older who had been diagnosed with asthma were taking medication for this condition.

Figure 9.1: Percentage distribution of people who were diagnosed with asthma by a health worker, classified by age: South Africa, 2011 (see Appendix IX.1)

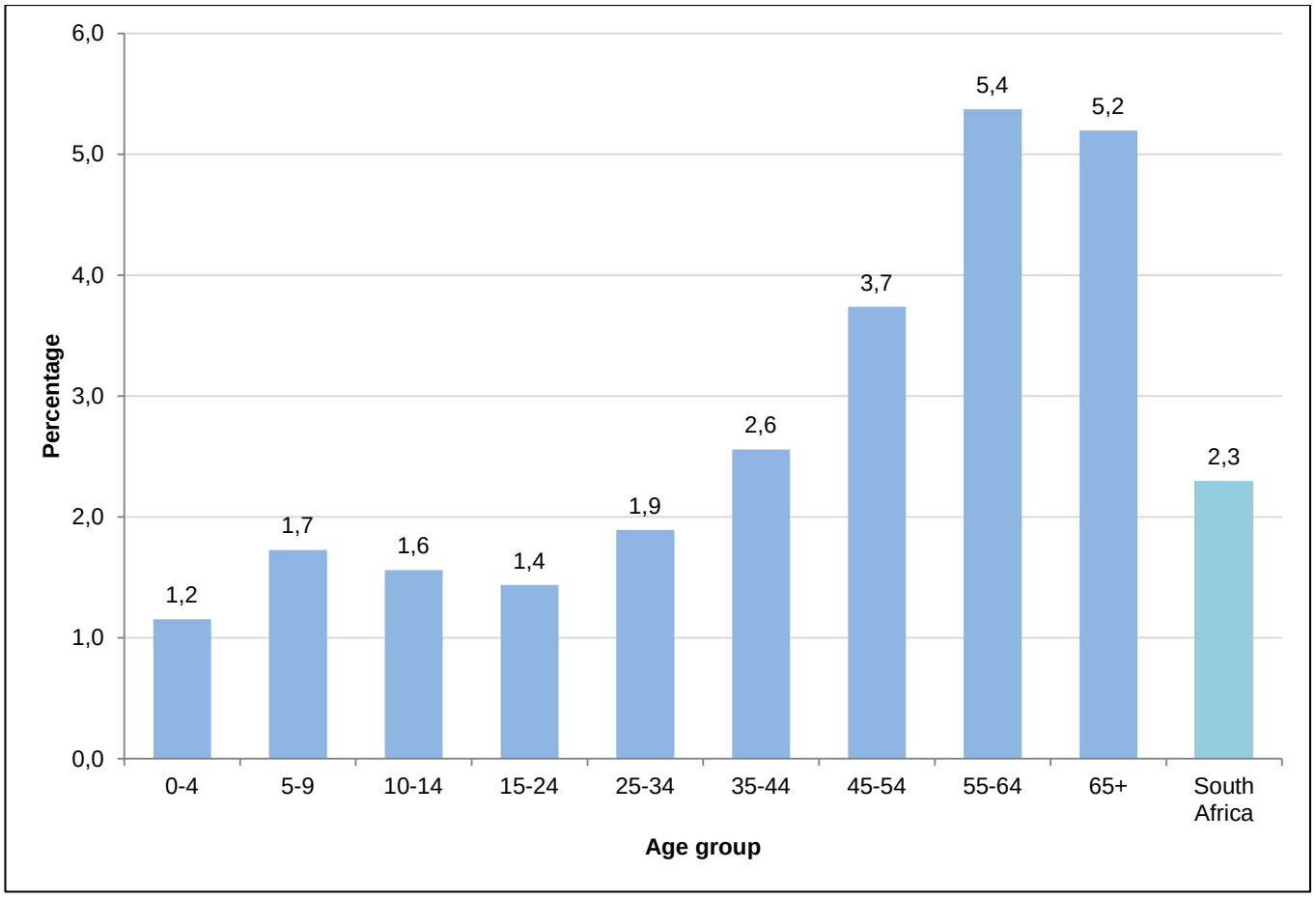
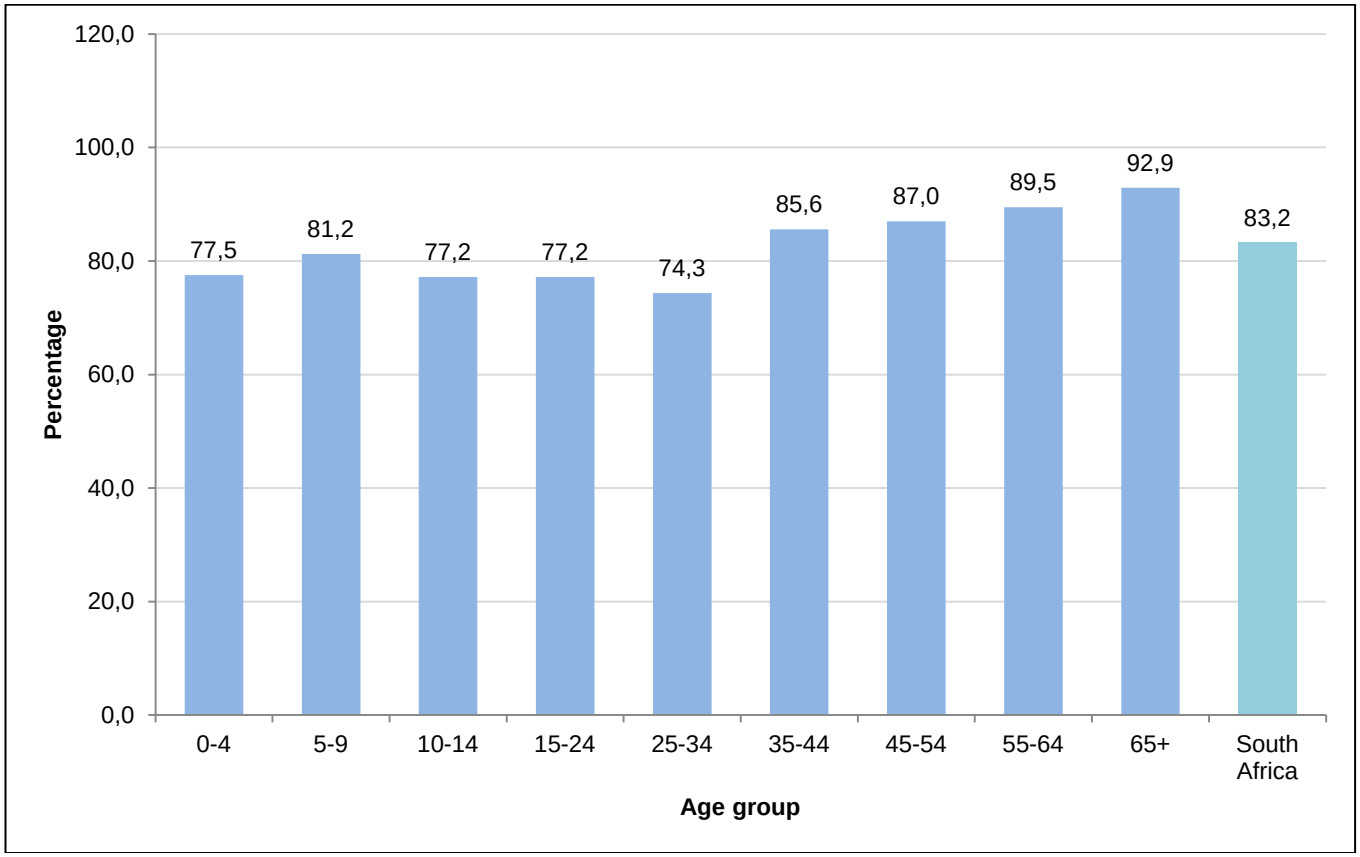


Figure 9.2: Percentage distribution of people who were diagnosed with asthma and taking medication for the condition, classified by age: South Africa, 2011 (see Appendix IX.2)



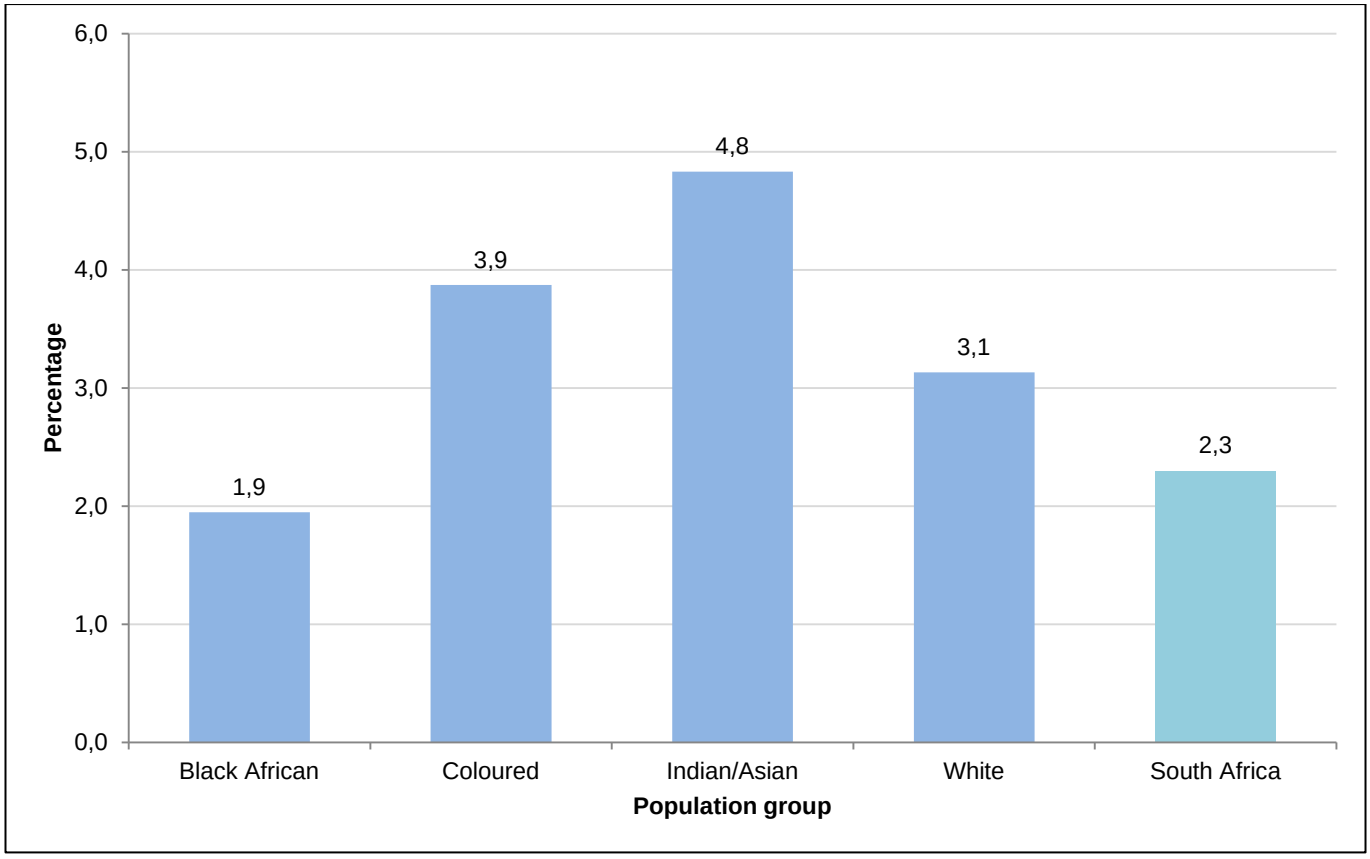
Sex

Results on the proportion of people with asthma by sex indicate that a slightly higher proportion of females (2,5%) compared to males (2,1%) indicated they had been informed by a medical practitioner or nurse that they suffered from asthma (see Appendix IX.1). However, more males (84,5%) than females (82,1%) indicated that there were on asthma medication (see Appendix IX.2).

Population group

Percentage of people with asthma by population group (see Figure 9.3) shows that the highest percentage of people who had been diagnosed with asthma by a health worker was recorded among the Indian/Asian population group (4,8%), followed by the coloured population group (3,9%). The lowest percentage was observed among the black African population group (1,9%). There were no significant differences in levels of taking the medication for asthma for the different population groups.

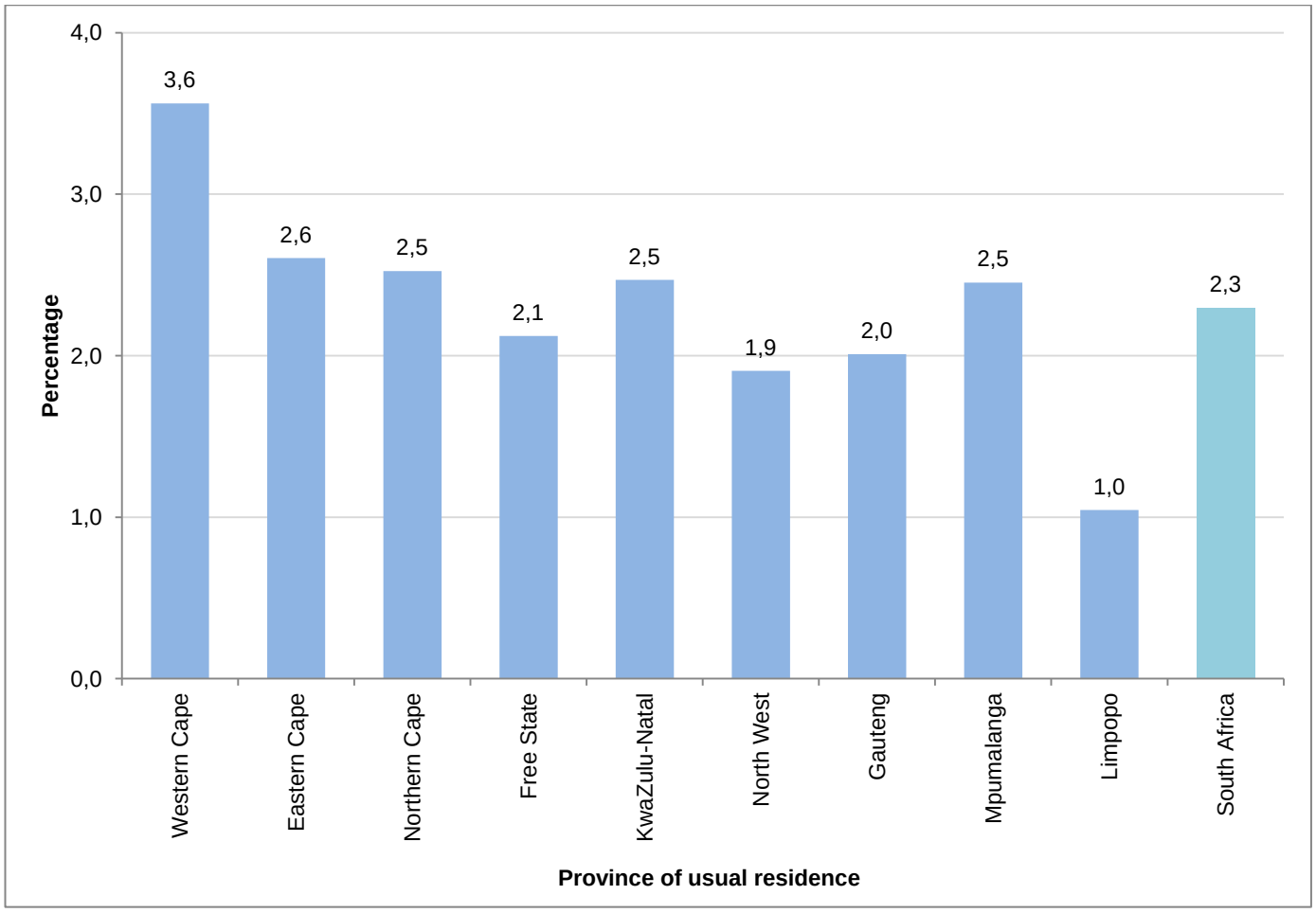
Figure 9.3: Percentage distribution of people who were diagnosed with asthma by a health worker, classified by population group: South Africa, 2011 (see Appendix IX.1)



Province of usual residence

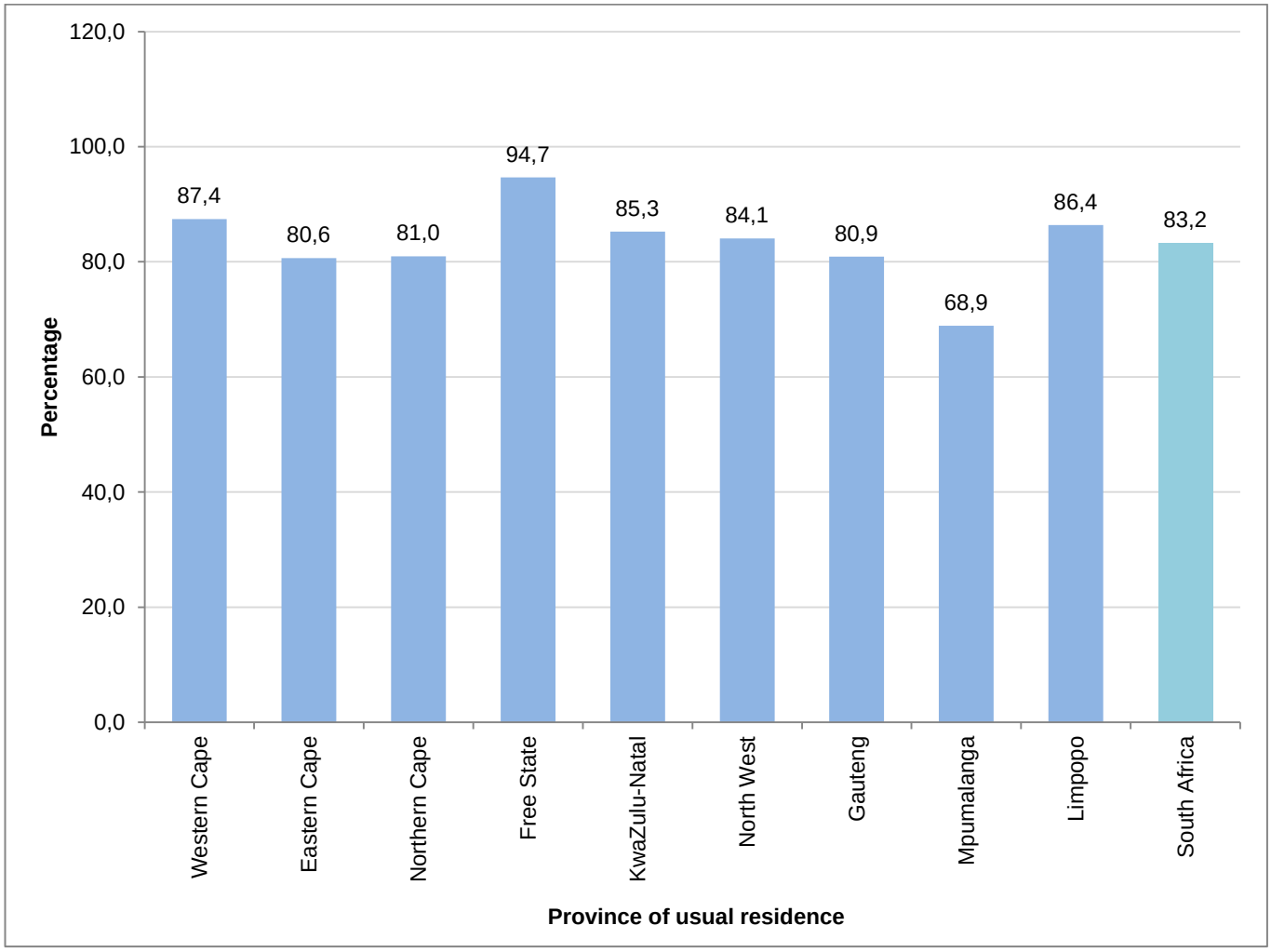
The results by province of usual residence (see Figure 9.4) shows that Western Cape recorded the highest percentage of people who were diagnosed with asthma by a health worker (3,6%) and Limpopo recorded the lowest percentage (1,0%). Most of the remaining provinces reported more or less similar percentages, which ranged from 1,9% to 2,6%.

Figure 9.4: Percentage distribution of people who were diagnosed with asthma by a health worker, classified by province of usual residence: South Africa, 2011 (see Appendix IX.1)



In terms of the proportion of people with asthma and on asthma medication by province of usual residence, Figure 9.5 shows that Free State had the highest percentage of people with asthma that were taking asthma medication (94,7%), followed by Western Cape (87,4%). Mpumalanga (68,9%) had a much lower percentage of people who were diagnosed with asthma and were on asthma medication.

Figure 9.5: Percentage distribution of people who were diagnosed with asthma and taking medication for the condition, classified by province of usual residence: South Africa, 2011 (see Appendix IX.2)



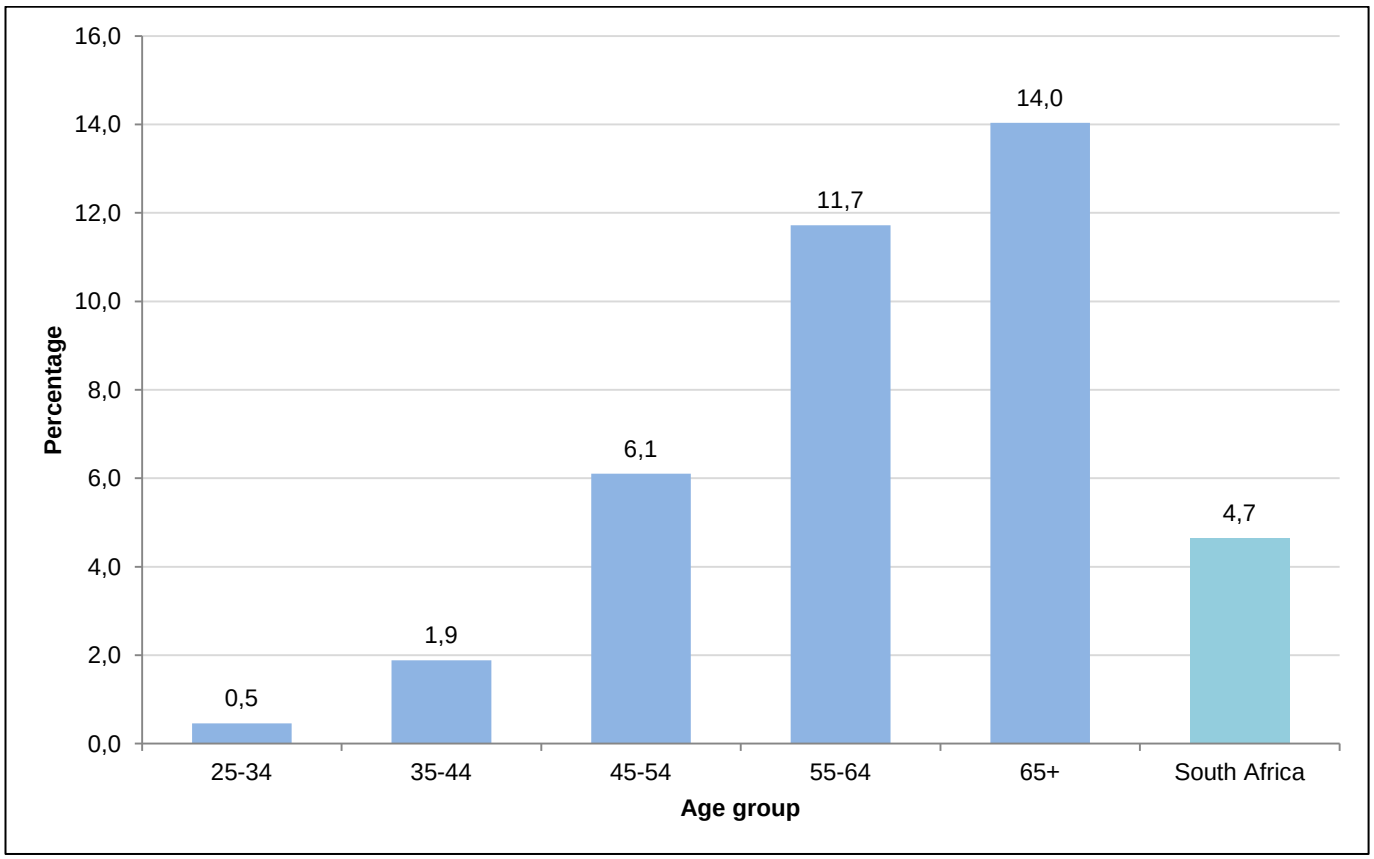
9.3. Diabetes

Diabetes is a chronic condition in which blood glucose levels are above normal (4–7 millimoles per litre). It occurs when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces (WHO, 2012b). The GHS collected information on diabetes but did not go to the details on establishing the type of diabetes. The results indicated that 4,7% of the population aged 25 years and older said they were told by a medical practitioner or nurse that they had diabetes. Over 90% (94,5%) of those with diabetes were taking medication for this condition.

Age

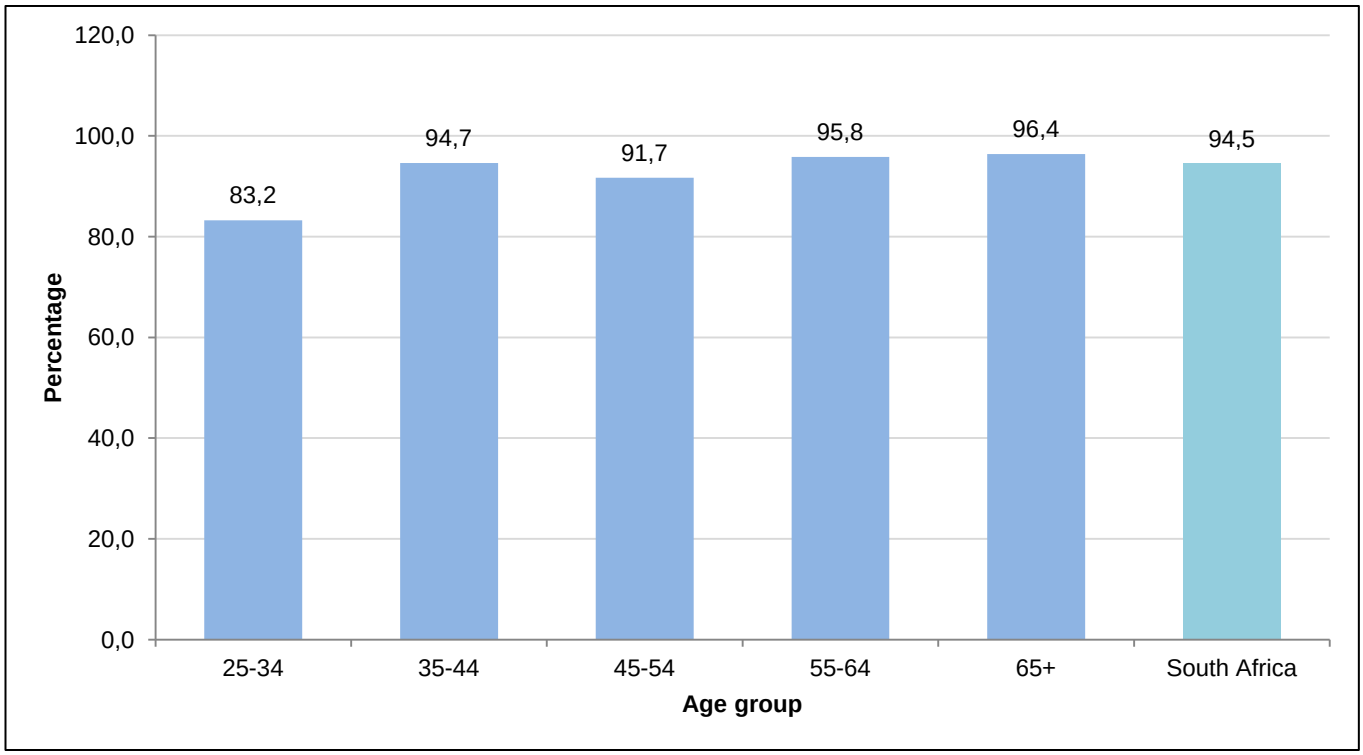
Figure 9.6 presents the percentage of people who were diagnosed with diabetes classified by age. There was a consistent increase in the percentage of people with diabetes by age. The lowest proportion was observed in the age group 25–34 (0,5%) and the highest in the age group 65 years and above (14,0%). Over 10% (11,7%) of those aged 55–64 also indicated that a health worker had diagnosed them with diabetes.

Figure 9.6: Percentage distribution of people aged 25 years and older who were diagnosed with diabetes by a health worker, classified by age: South Africa, 2011 (see Appendix IX.3)



As observed from Figure 9.7, nearly all people aged 55 and older who had been diagnosed with diabetes were on diabetes medication (95,8% for those aged 55–64 and 96,4% for those aged 65 years and older). The lowest percentage of people diagnosed with diabetes who were on diabetes medication was recorded in the 25–34 age group (83,2%).

Figure 9.7: Percentage distribution of people aged 25 years and older who were diagnosed with diabetes and taking medication for the condition, classified by age: South Africa, 2011 (see Appendix IX.4)



Sex

There was a slightly higher percentage of females (5,2%) compared to males (4,1%) who had been diagnosed with diabetes by a health worker (see Appendix IX.3). However, no significant differences were observed by sex with regard to taking medication for this condition.

Population group

Figure 9.8 shows that the Indian/Asian population group had the highest percentage of people aged 25 years and older who said they were diagnosed with diabetes by a health worker (9,6%), while the lowest percentage was recorded among black Africans (4,0%).

For all population groups, usage of diabetes medication was at least 93% among those who mentioned that they had been diagnosed with the condition by a health worker (see Figure 9.9). The percentage was slightly lower for the black African population group (93,1%) compared to the other three population groups (96,2%, 96,9% and 97,8% for the white, Indian/Asian and coloured population groups respectively).

Figure 9.8: Percentage distribution of people aged 25 years and older who were diagnosed with diabetes by a health worker, classified by population group: South Africa, 2011 (see Appendix IX.3)

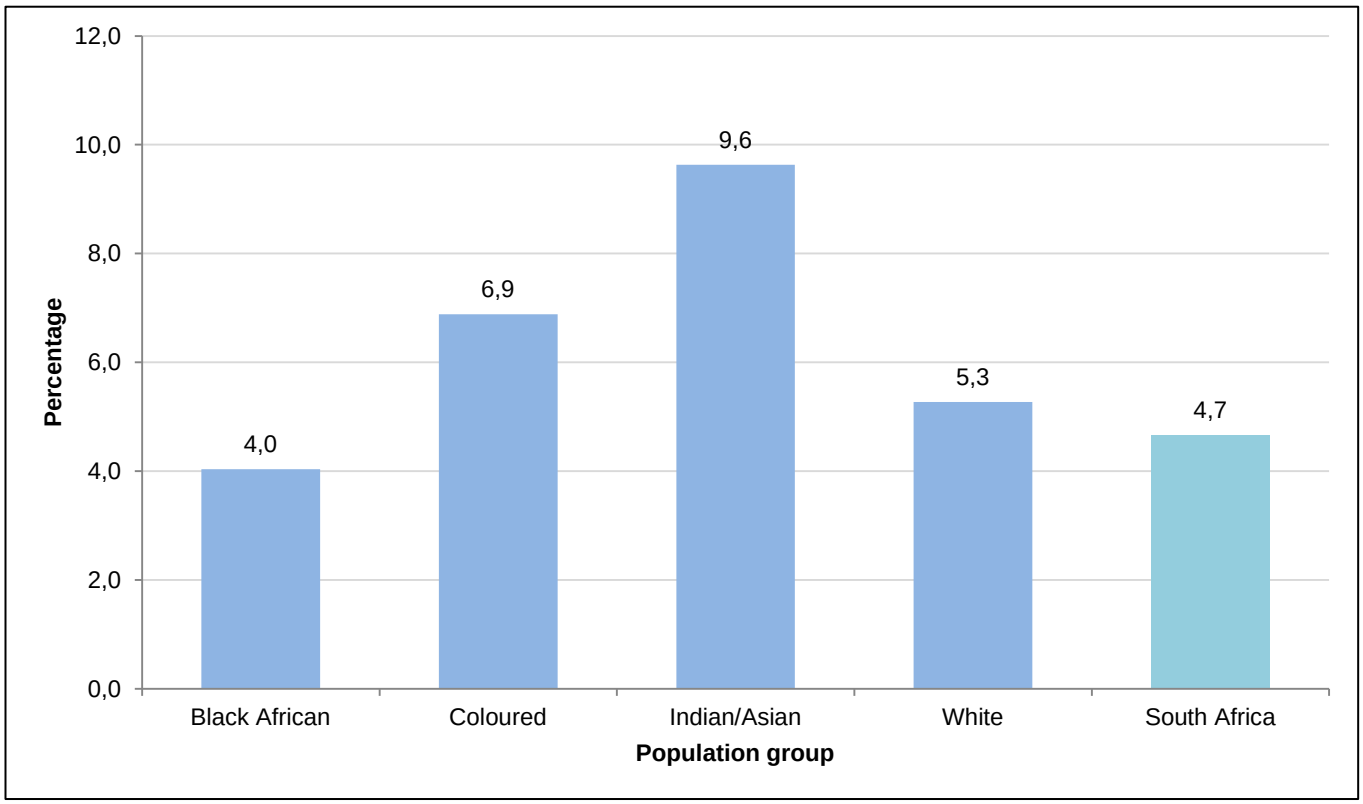
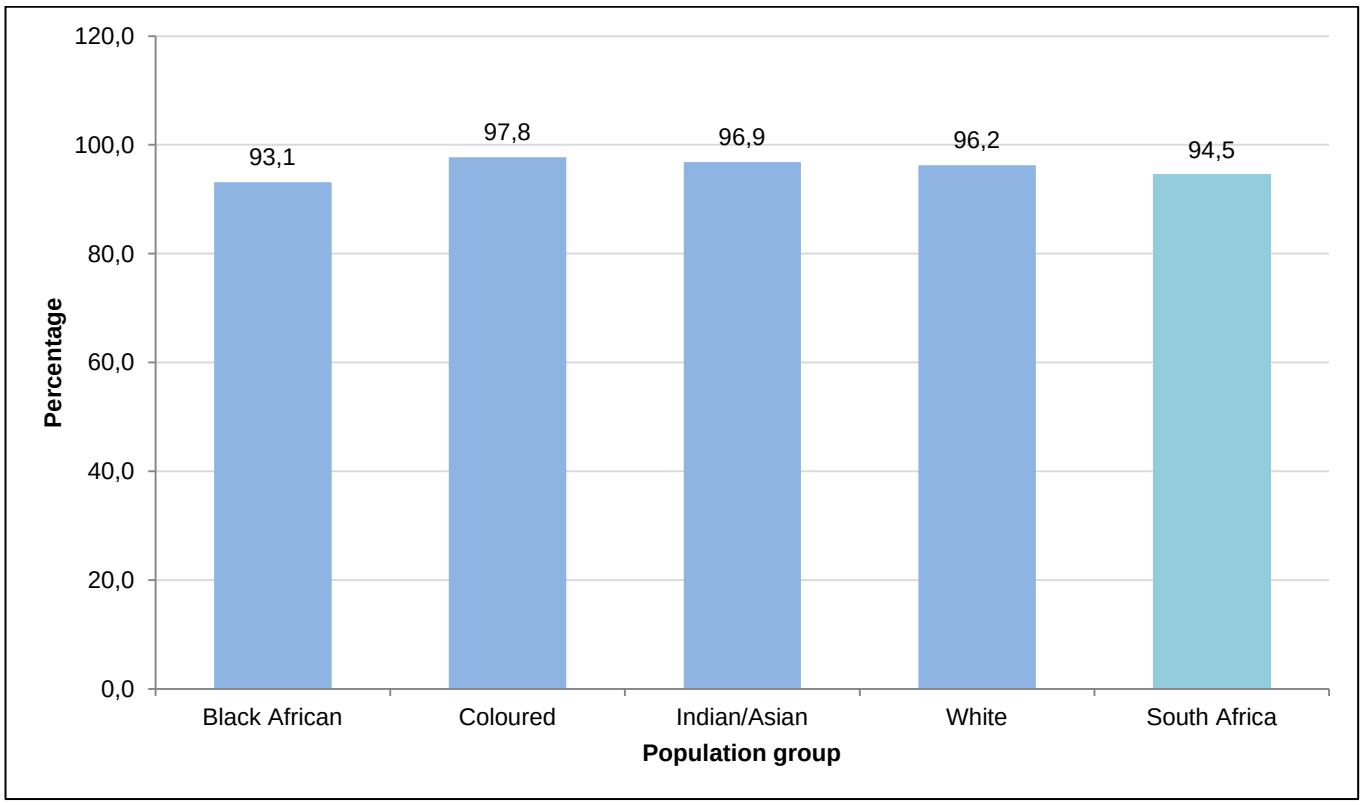


Figure 9.9: Percentage distribution of people aged 25 years and older who were diagnosed with diabetes and taking medication for the condition, classified by population group: South Africa, 2011 (see Appendix IX.4)



Province of usual residence

In terms of the proportion of people who had been diagnosed with diabetes, classified by province of usual residence, Figure 9.10 shows that the highest percentage of people aged 25 years and older diagnosed with diabetes was recorded in Western Cape (6,8%), followed by KwaZulu-Natal (5,7%). The lowest percentage was recorded in Limpopo (2,8%).

Results for the percentage of people with diabetes on medication for this condition classified by province of usual residence, presented in Figure 9.11 show that a great majority (90% or more) of people with diabetes were on diabetes medication. Nearly all people (98,4%) diagnosed with diabetes in Western Cape were on diabetes medication. The lowest percentage of those with diabetes on diabetes medication was recorded in Mpumalanga (90,4%).

Figure 9.10: Percentage distribution of people aged 25 years and older who were diagnosed with diabetes by a health worker, classified by province of usual residence: South Africa, 2011 (see Appendix IX.3)

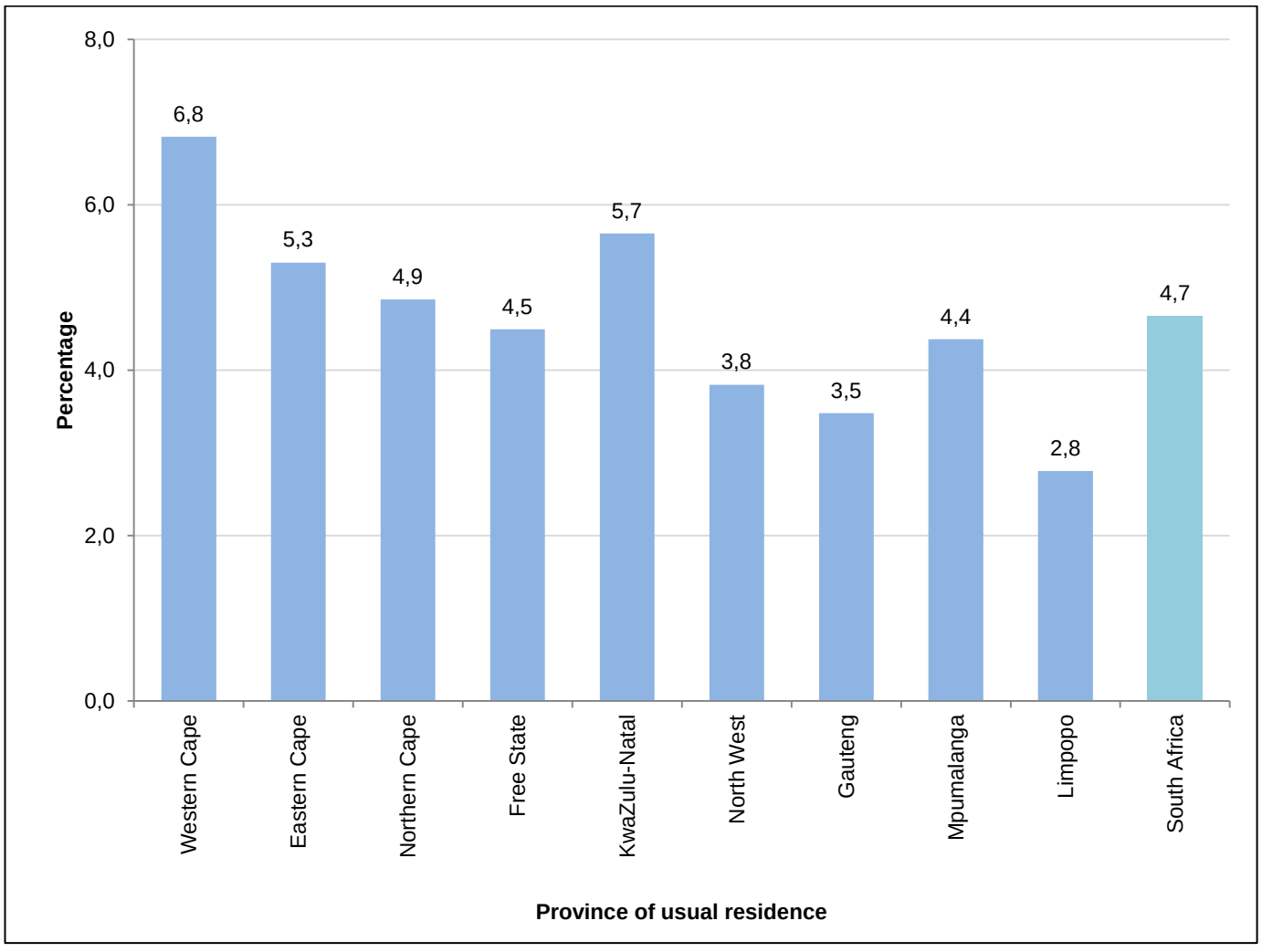
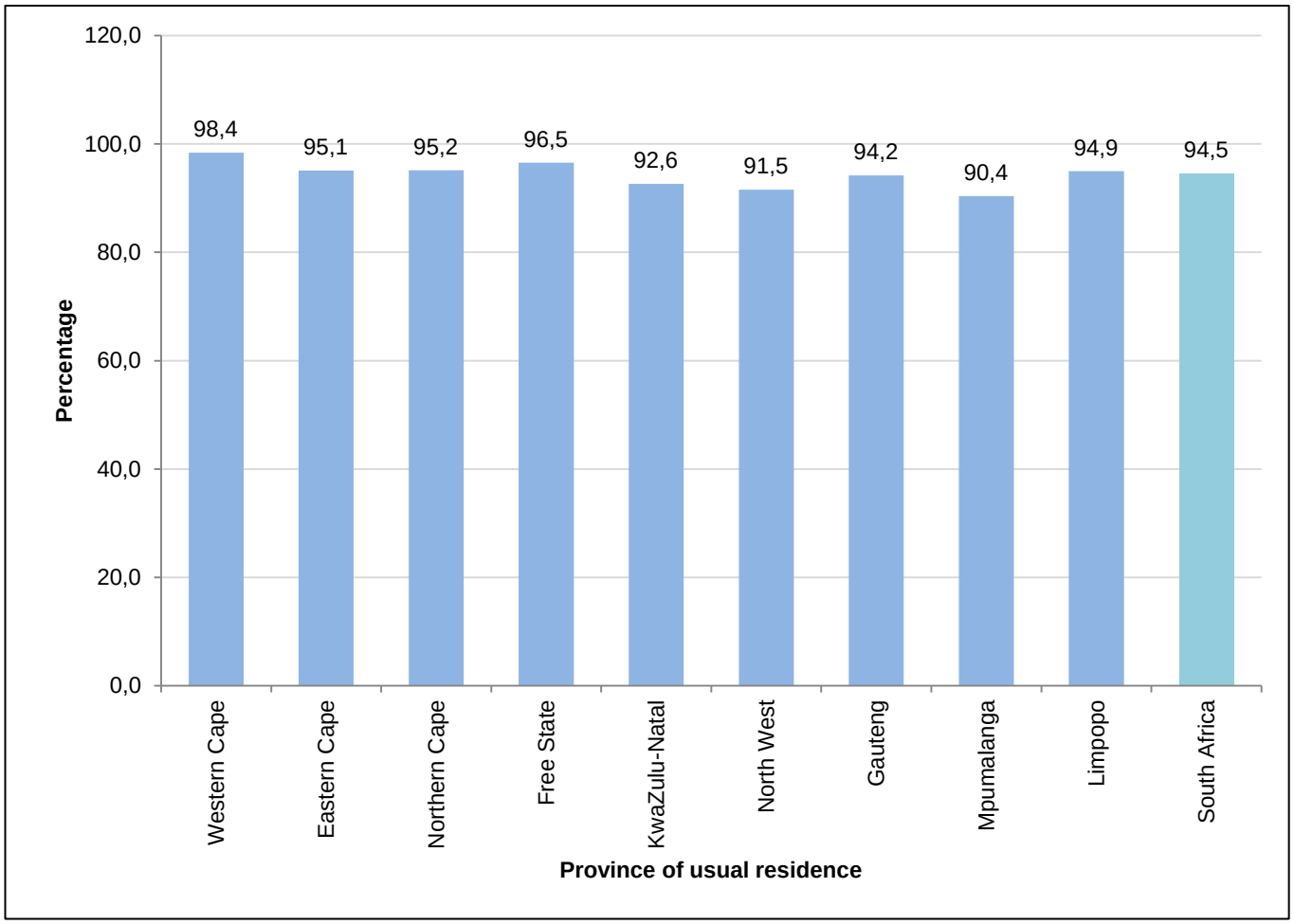


Figure 9.11: Percentage distribution of people aged 25 years and older who were diagnosed with diabetes and taking medication for the condition, classified by province of usual residence: South Africa, 2011 (see Appendix IX.4)



9.4. Hypertension/high blood pressure

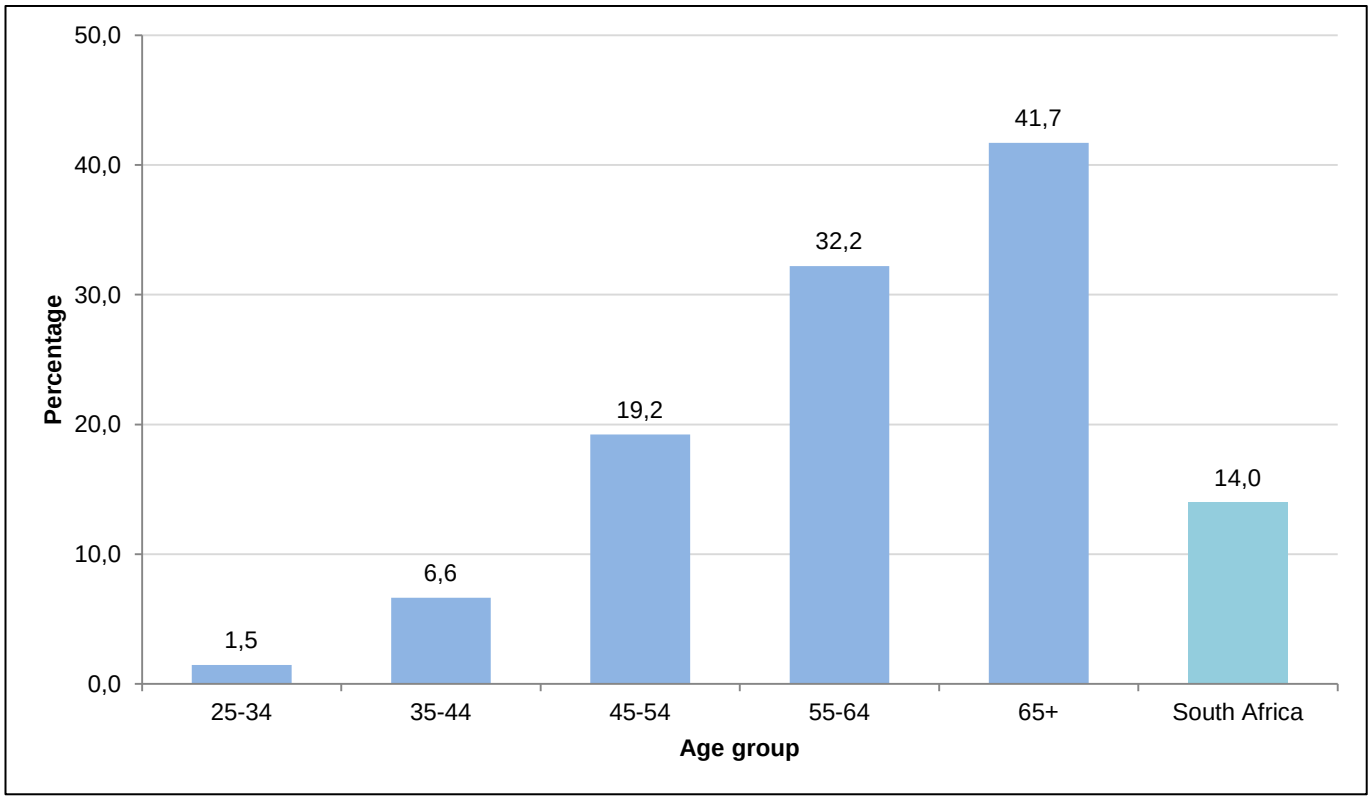
High blood pressure (HBP) or hypertension is a common condition in South Africa and is a risk factor for heart attacks, stroke, left ventricular hypertrophy, renal disease and blindness. People who have hypertension are usually unaware that they have the condition, unless their blood pressure has been measured at health facilities (Steyn, 2005).

The GHS found that 14,0% of people aged 25 years and older indicated that they were informed by a medical practitioner or nurse that they suffered from hypertension/HBP. Of these, 93,4% stated that they were taking medication for this condition.

Age

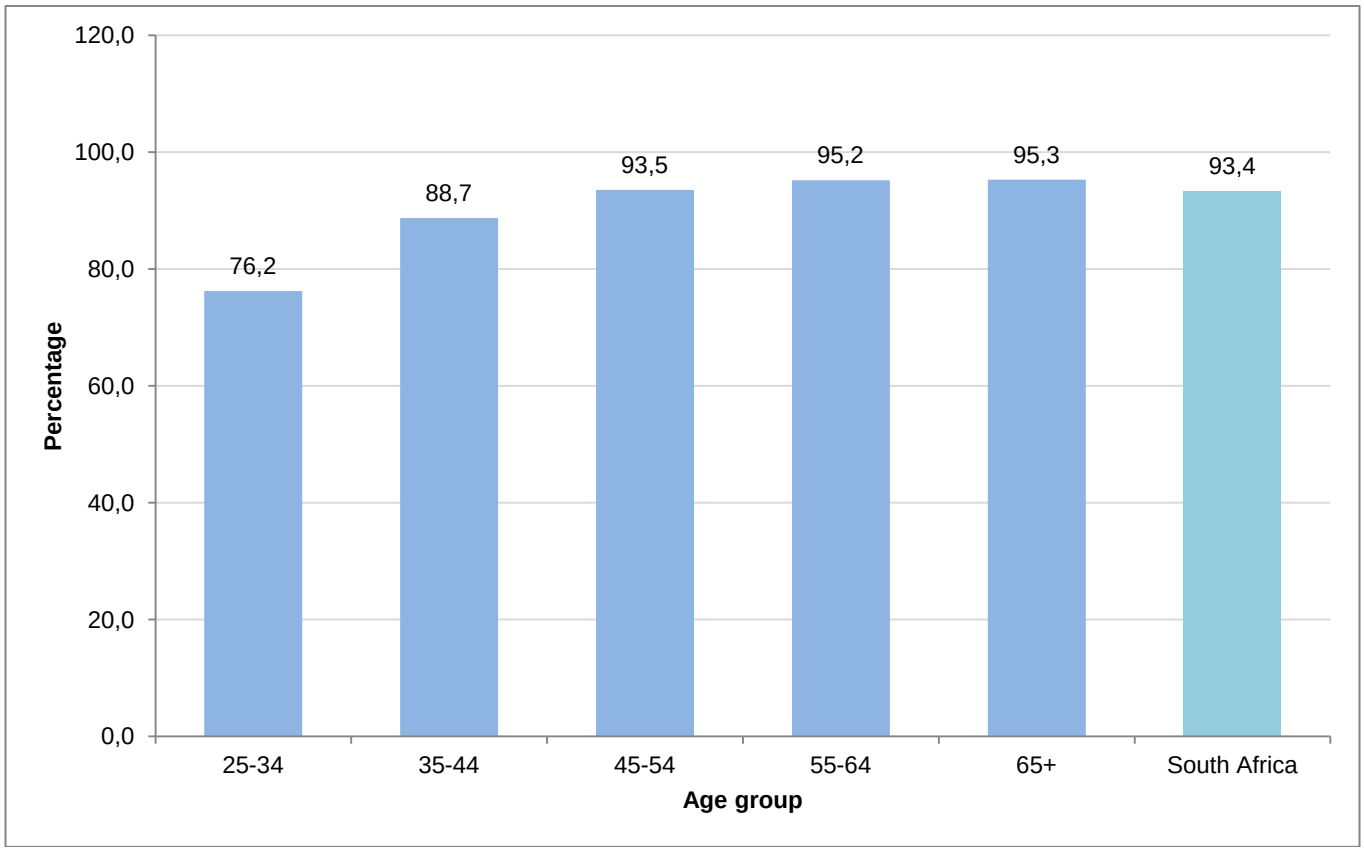
Figure 9.12 shows that the percentage of people with hypertension/HBP increased considerably with age. Only 1,5% of those aged 25–34 were diagnosed with this condition compared to a high of 41,7% among those aged 65 years and older.

Figure 9.12: Percentage distribution of people aged 25 years and older who were diagnosed with hypertension/HBP by a health worker, classified by age: South Africa, 2011 (see Appendix IX.5)



The use of medication for hypertension/HBP also increased with age (see Figure 9.13). Just over three quarters (76,2%) of those aged 25–34 were using medication for this condition but as much as 95,3% of those aged 65 years and older were on medication.

Figure 9.13: Percentage distribution of people aged 25 years and older who were diagnosed with hypertension/HBP and taking medication for the condition, classified by age: South Africa, 2011 (see Appendix IX.6)



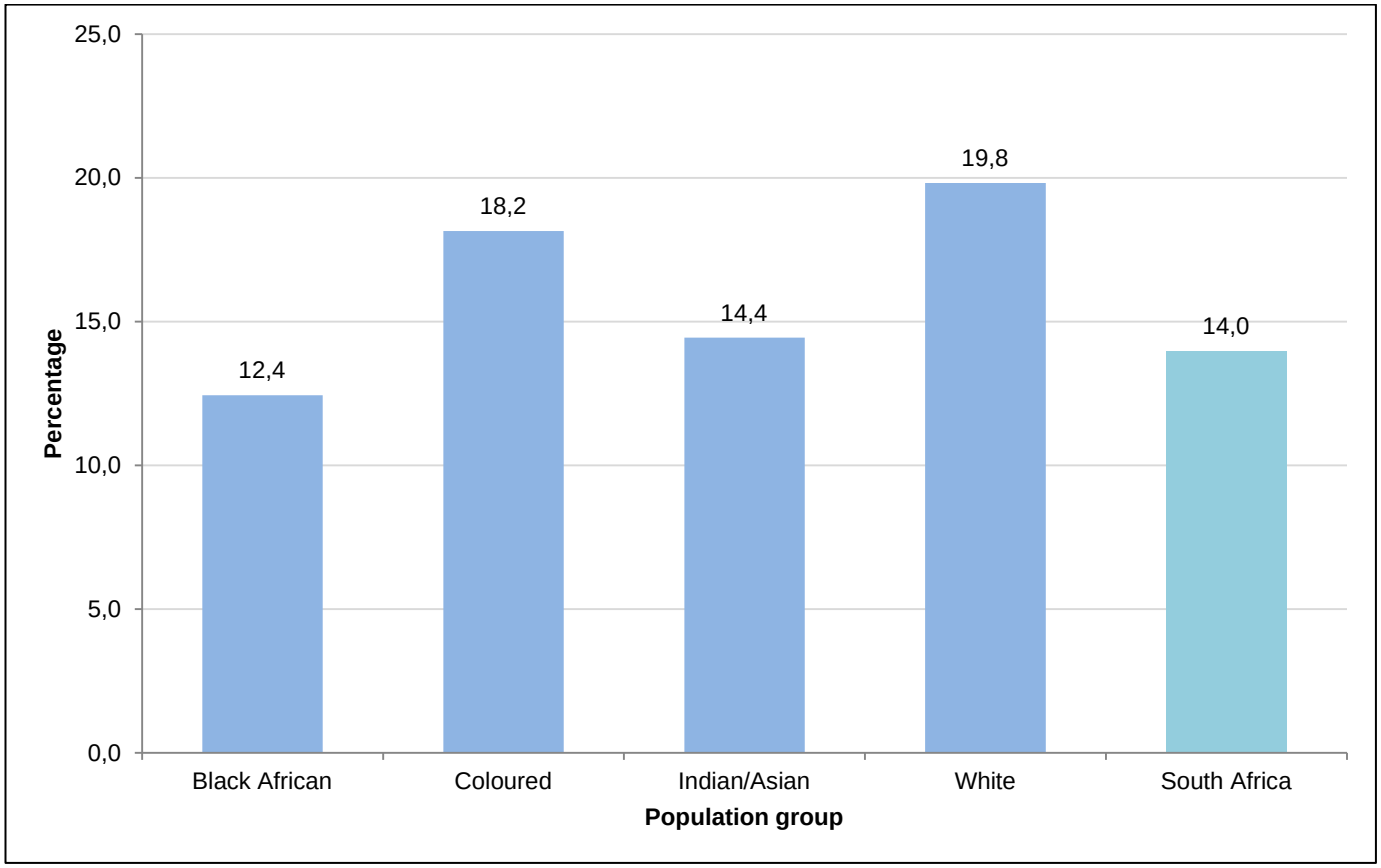
Sex

Results on hypertension/HBP by sex indicated that females (17,8%) had a much higher proportion of people aged 25 years and older who had been diagnosed with this condition compared to males (9,6%) (see Appendix IX.5). No significant differences were observed regarding usage of medication for hypertension/HBP by sex.

Population group

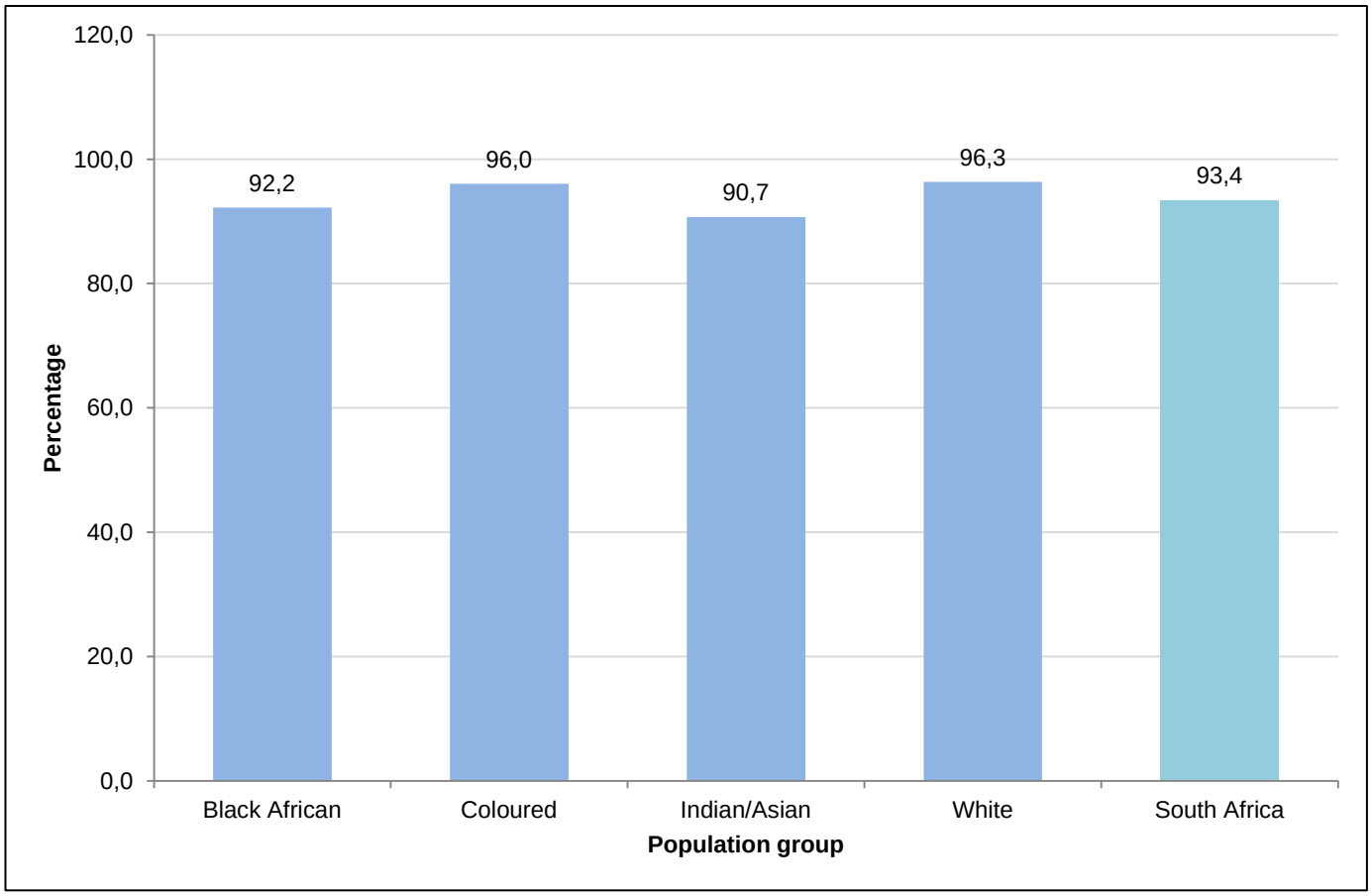
With regard to hypertension/HBP by population group, Figure 9.14 shows that the white population group recorded the highest percentage of people diagnosed with this condition by a health worker (19,8%), followed by the coloured population group (18,2%). The lowest was reported by the black African population group (12,4%) while 14,4% was recorded for the Indian/Asian population group.

Figure 9.14: Percentage distribution of people aged 25 years and older who were diagnosed with hypertension/HBP by a health worker, classified by population group: South Africa, 2011 (see Appendix IX.5)



The white (96,3%) and the coloured (96,0%) population groups also had the highest proportion of those diagnosed with hypertension/HBP who were taking medication for this condition (see Figure 9.15). Although still high (over 90%), the lowest percentage of those taking medication for hypertension/HBP was observed for the Indian/Asian (90,7%) and the black African (92,2%) population groups.

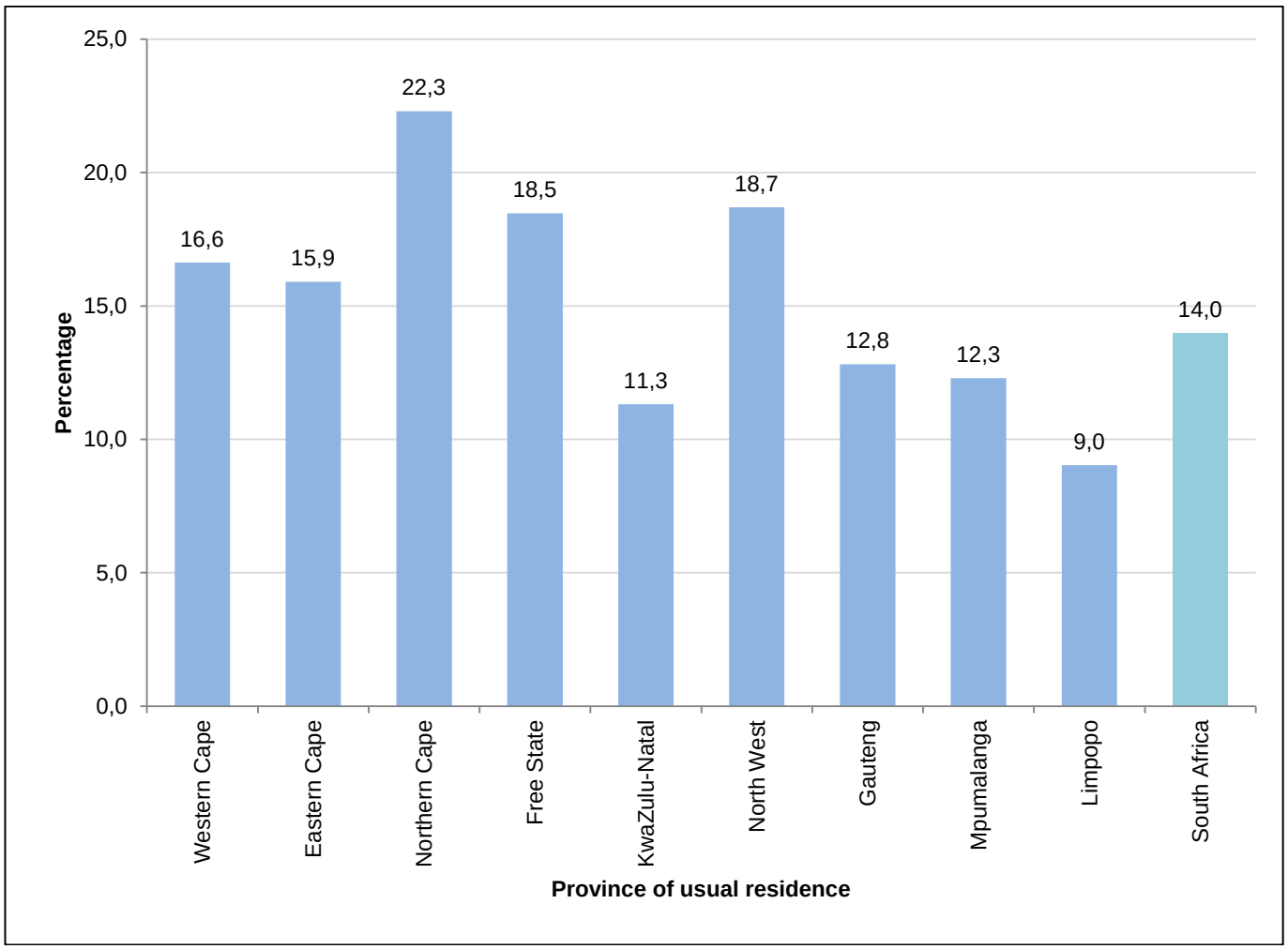
Figure 9.15: Percentage distribution of people aged 25 years and older who were diagnosed with hypertension/HBP and taking medication for the condition, classified by population group: South Africa, 2011 (see Appendix IX.6)



Province of usual residence

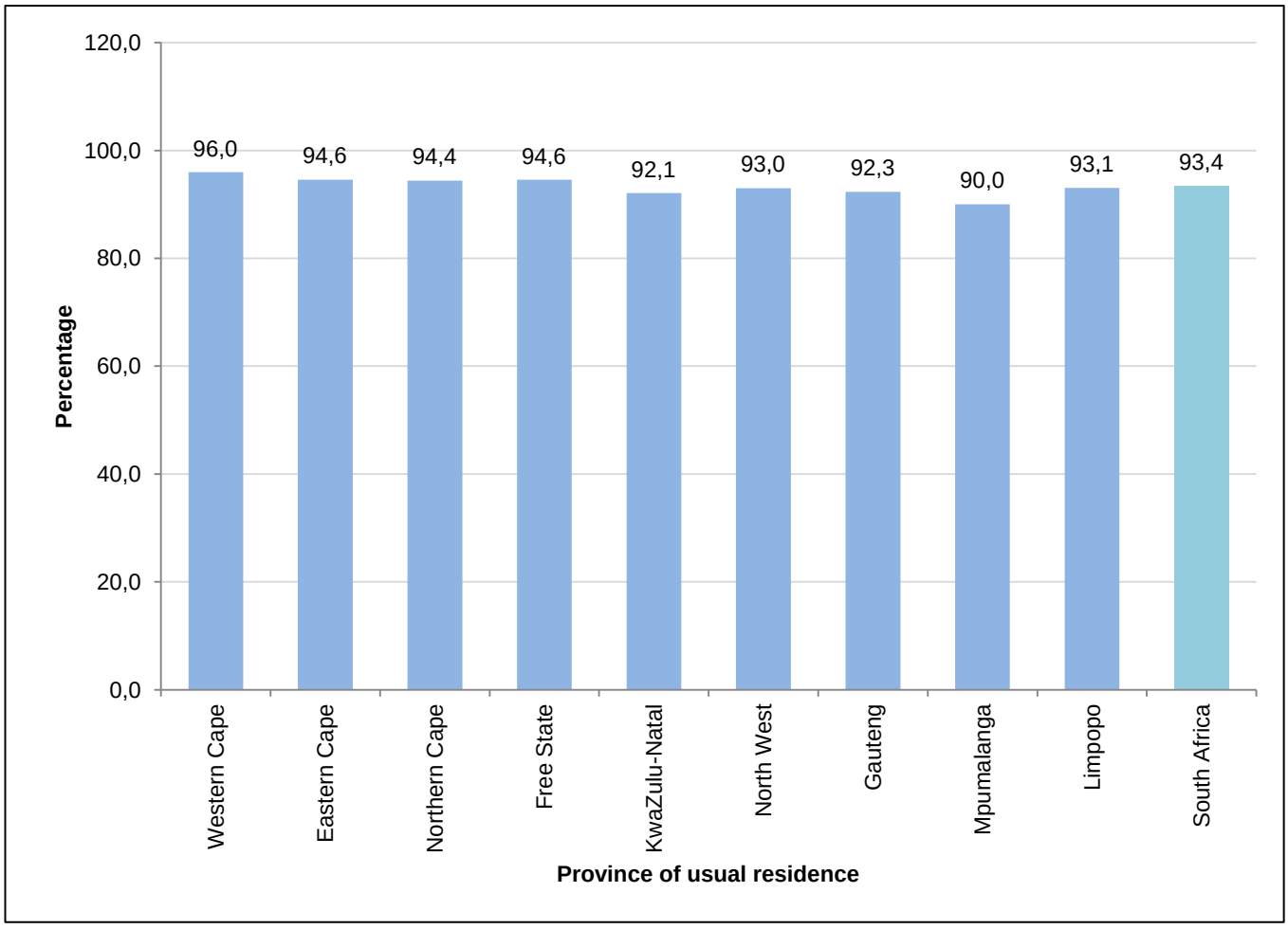
Analysis of hypertension/HBP by province of usual residence presented in Figure 9.16 shows that the highest percentage of people with hypertension/HBP was in Northern Cape (22,3%), followed by North West (18,7%) and Free State (18,5%). The lowest percentages were recorded in KwaZulu-Natal (11,3%) and Limpopo (9,0%).

Figure 9.16: Percentage distribution of people aged 25 years and older who were diagnosed with hypertension/HBP by a health worker, classified by province of usual residence: South Africa, 2011 (see Appendix IX.5)



All provinces had at least 90% of people diagnosed with hypertension/HBP taking medication for this condition. However, Western Cape (96,0%) had the highest percentage and Mpumalanga the lowest (90,0%).

Figure 9.17: Percentage distribution of people aged 25 years and older who were diagnosed with hypertension/HBP and taking medication for the condition, classified by province of usual residence: South Africa, 2011 (see Appendix IX.6)



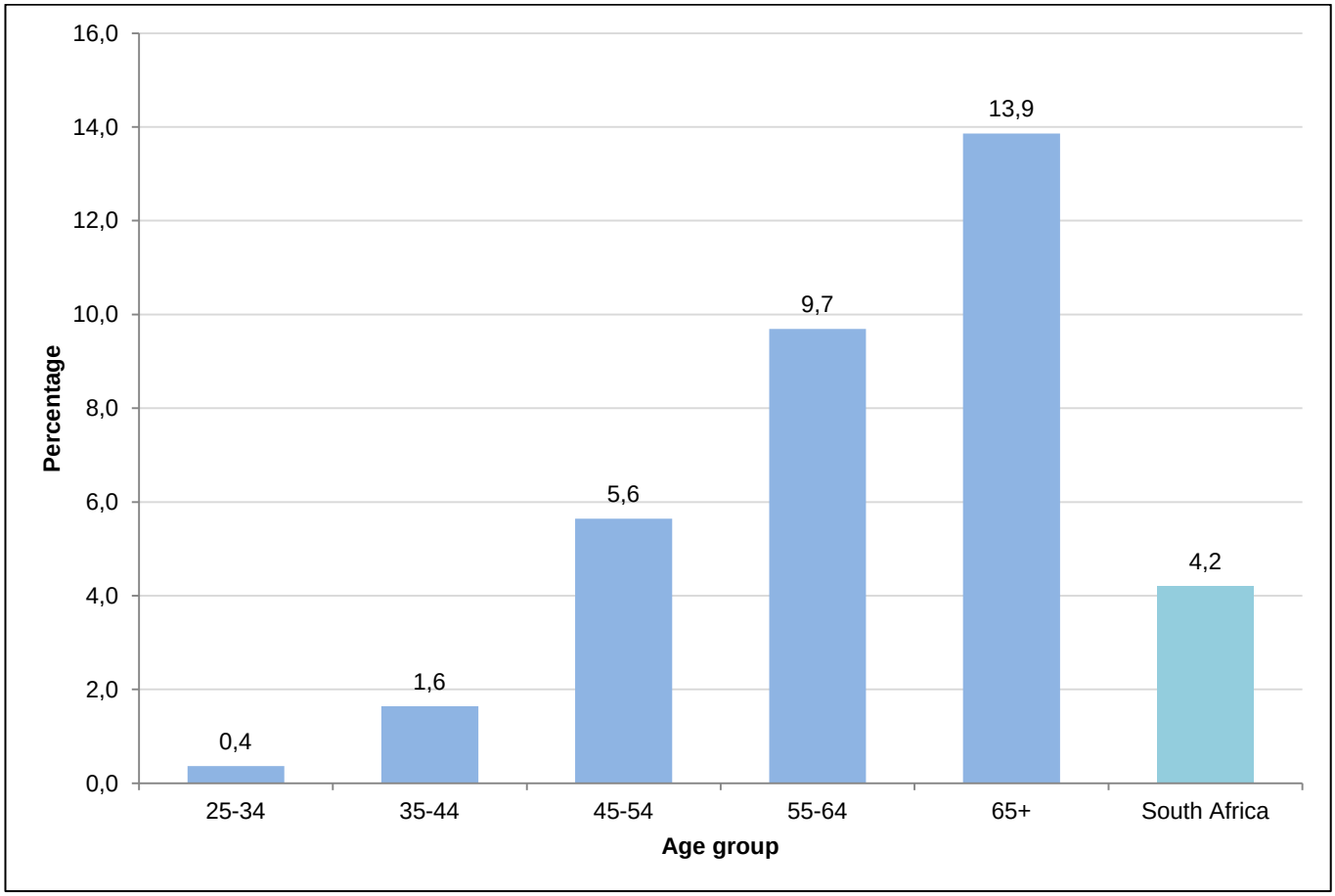
9.5. Arthritis

Arthritis is characterised by painful joints (that may also be swollen) as a result of inflammation (Symmons, 2006). The GHS collected information on arthritis by asking respondents to indicate if they were informed by a medical practitioner or nurse that they suffered from the illness. Overall, 4,2% of the people aged 25 years and older indicated that they suffered from arthritis and 85,1% of these were taking medication for the illness.

Age distribution

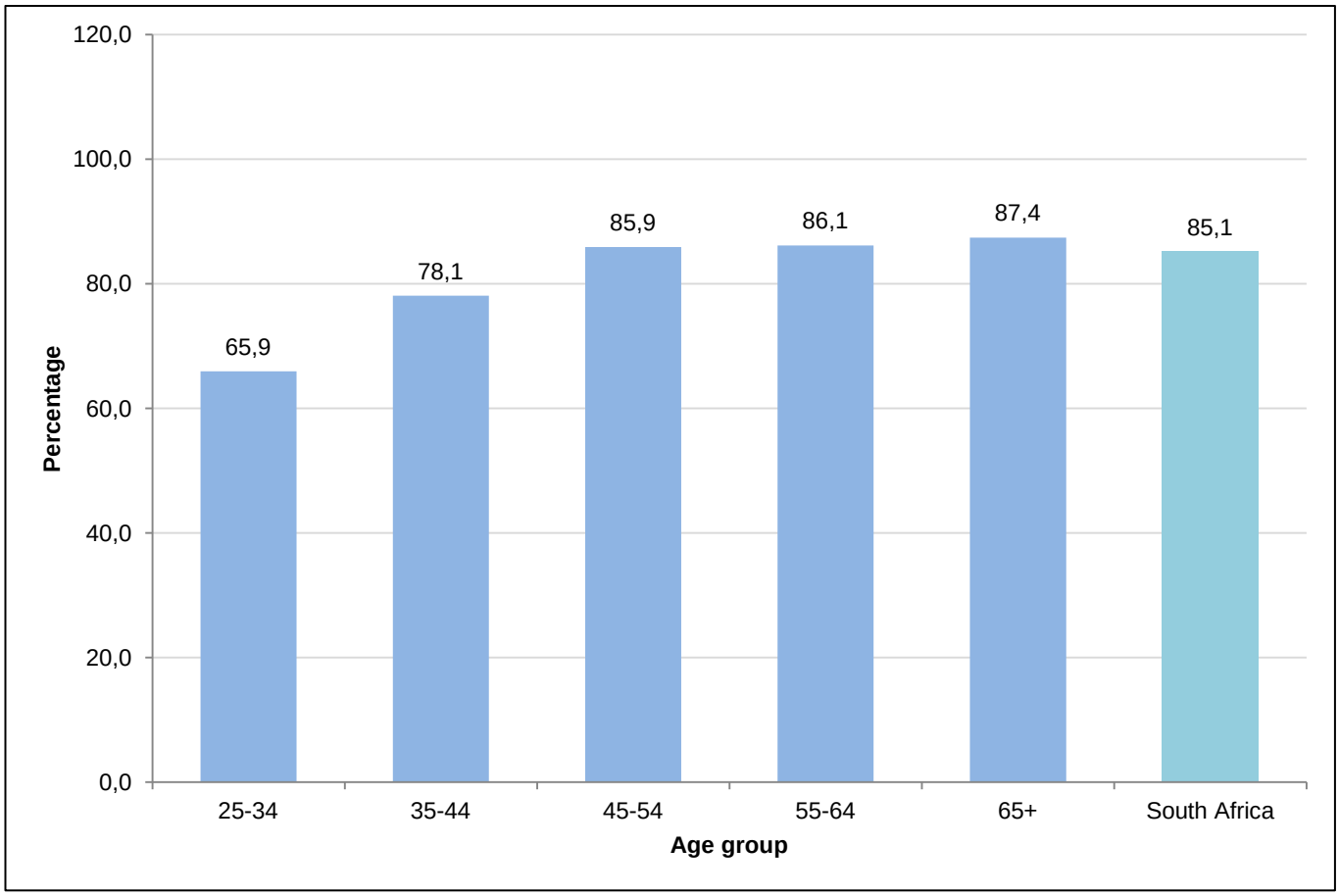
Figure 9.18 shows that the percentage of people with arthritis increased considerably with age. Of the age group 25–34, only 0,4% indicated that they were informed by a health worker that they suffered from arthritis and this percentage increased slightly to 1,6% for those aged 35–44. There was then a sharp increase in the percentages from this age group up to age group 65 years and older. As much as 13,9% of the population aged 65 years and older indicated that they suffered from arthritis.

Figure 9.18: Percentage distribution of people aged 25 years and older who were diagnosed with arthritis by a health worker, classified by age: South Africa, 2011 (see Appendix IX.7)



The use of medication for arthritis also increased with age such that less than 70% (65,9%) of those aged 25–34 used medication for their condition compared to nearly 90% (87,4%) among those aged 65 years and older (see Figure 9.19). Generally, between 80% and 90% of those aged 45 years and older who had been diagnosed with arthritis were taking medication for this illness.

Figure 9.19: Percentage distribution of people aged 25 years and older who were diagnosed with arthritis and taking medication for the condition, classified by age: South Africa, 2011 (see Appendix IX.8)



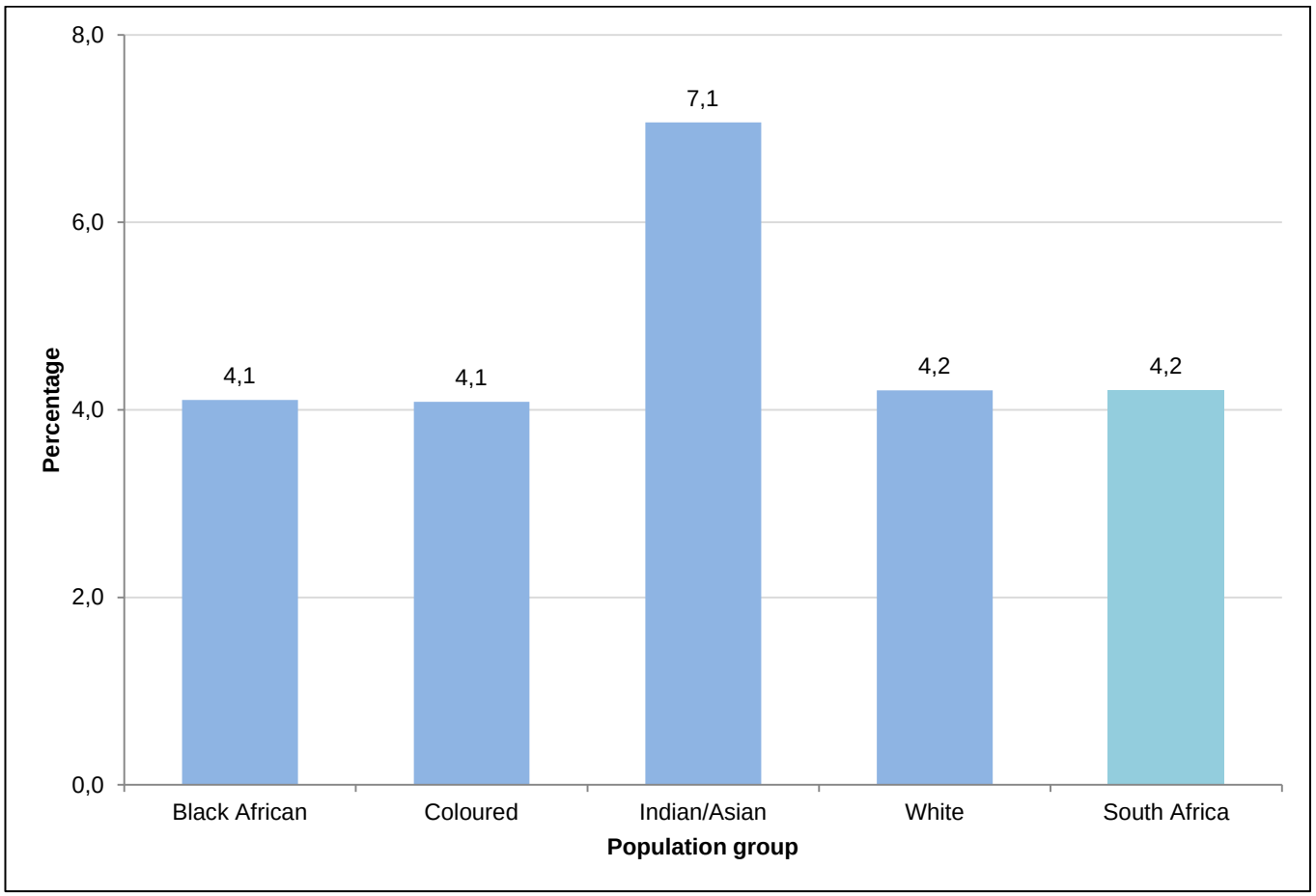
Sex

The distribution of arthritis by sex shows that females (6,2%) had a higher percentage of people who said they had been diagnosed with arthritis compared to males (1,9%) (see Appendix IX.7). There was no significant difference of taking medication for arthritis between males and females.

Population group

Figure 9.20 shows that the Indian/Asian population group (7,1%) had the highest proportion of people aged 25 years and older who had been informed by a health worker that they suffered from arthritis. The other population groups had about the same proportions, at around 4% for each population group. There was no significant difference in taking arthritis medication for different population groups.

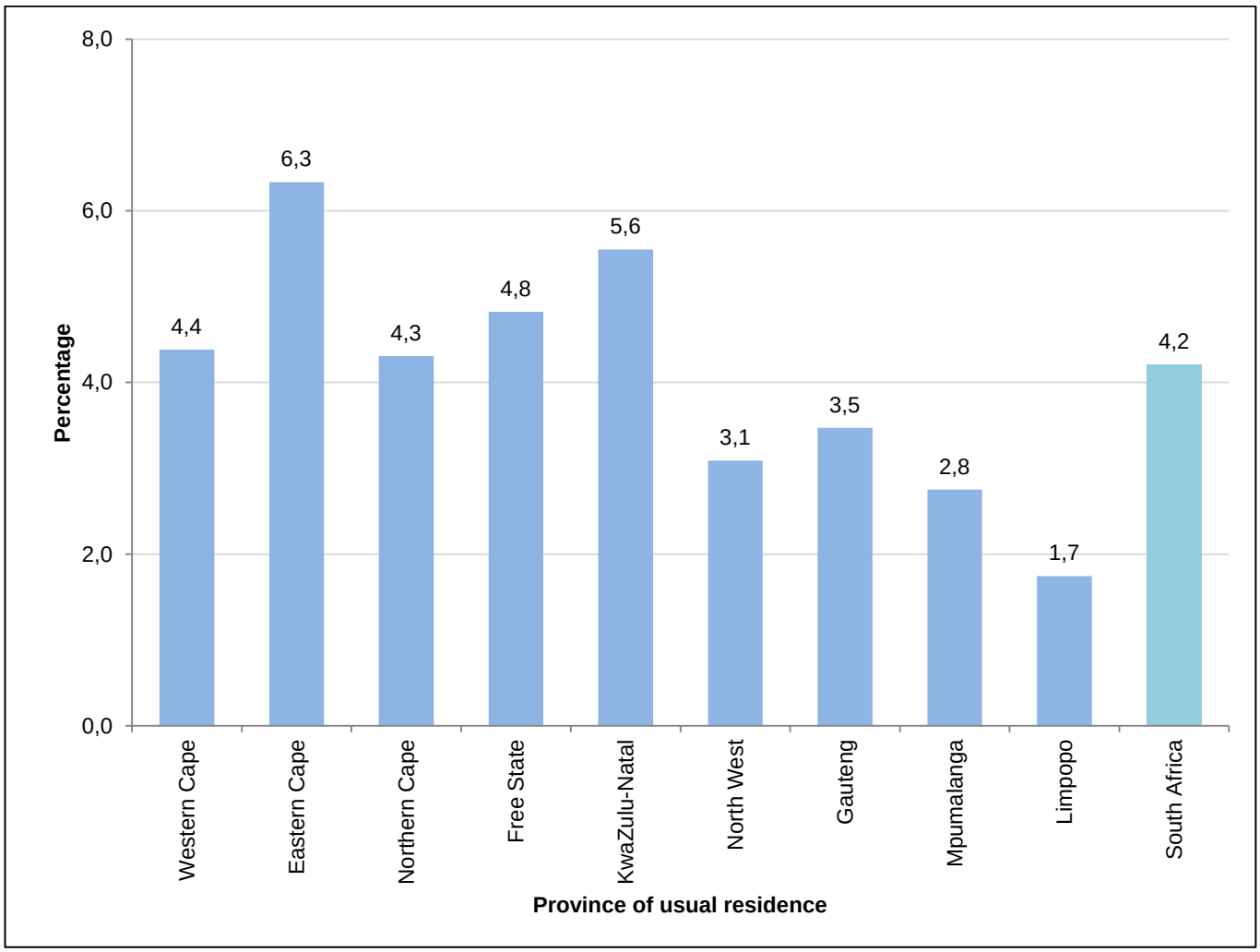
Figure 9.20: Percentage distribution of people aged 25 years and older who were diagnosed with arthritis by a health worker, classified by population group: South Africa, 2011 (see Appendix IX.7)



Province of usual residence

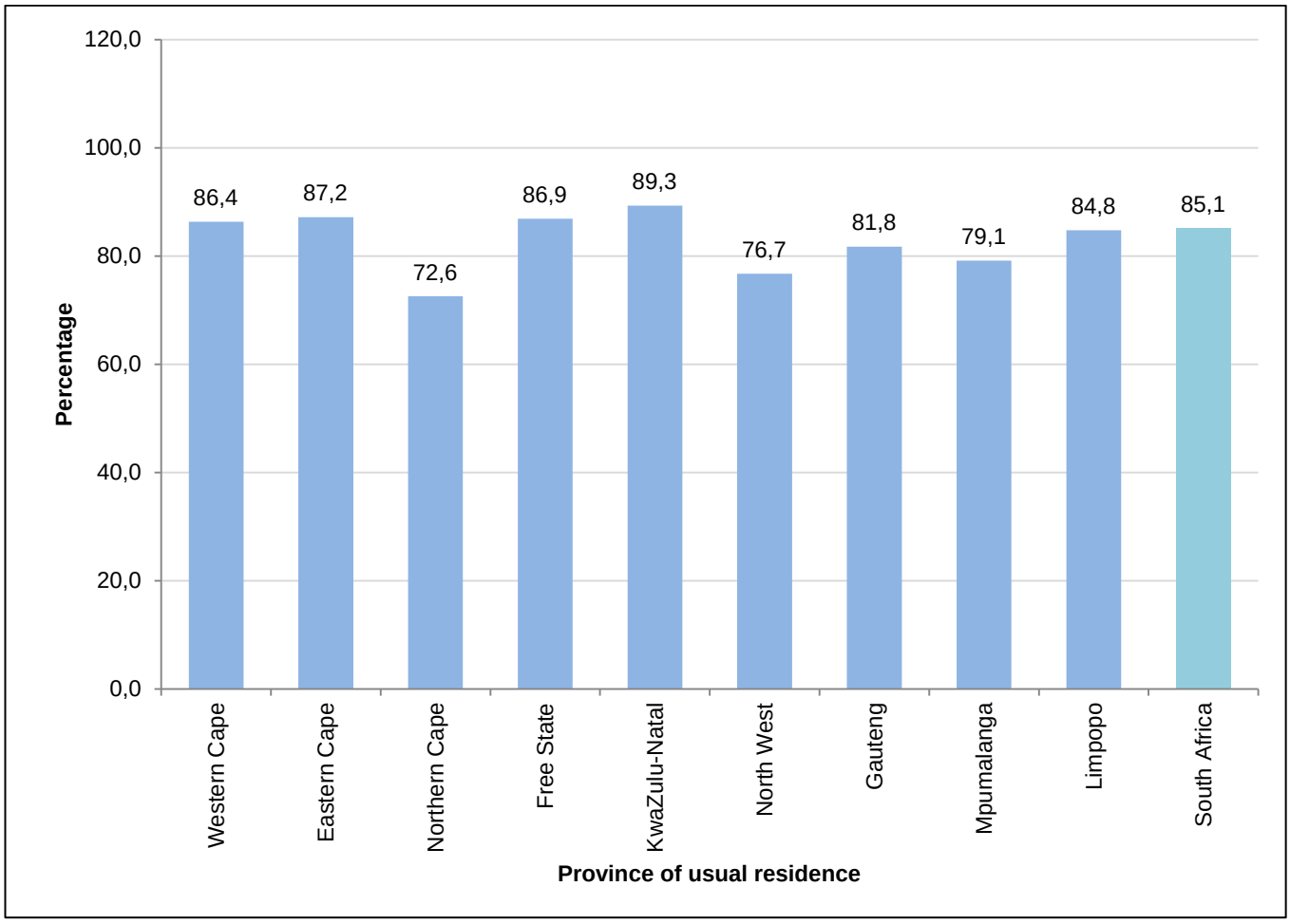
Figure 9.21 shows that the highest percentage of people with arthritis was recorded in Eastern Cape (6,3%), followed by KwaZulu-Natal (5,6%). Limpopo (1,7%) had the lowest proportion of people aged 25 years and older who had been diagnosed with arthritis.

Figure 9.21: Percentage distribution of people aged 25 years and older who were diagnosed with arthritis by a health worker, classified by province of usual residence: South Africa, 2011 (see Appendix IX.7)



Regarding taking medication for arthritis by province of usual residence, Figure 9.22 shows most provinces had over 80% of people diagnosed with arthritis on medication for this condition, with the exception of Mpumalanga (79,1%), North West (76,7%) and Northern Cape (72,6%). KwaZulu-Natal (89,3%) had the highest proportion of people aged 25 years and older who had been diagnosed with arthritis and were taking medication for this illness, followed by Eastern Cape (87,2%), Free State (86,9%) and Western Cape (86,4%).

Figure 9.22: Percentage distribution of people aged 25 years and older who were diagnosed with arthritis and taking medication for the condition, classified by province of usual residence: South Africa, 2011 (see Appendix IX.8)



9.6. Cancer

Cancer refers to conditions in which abnormal cells divide without control and are able to invade other tissues (WHO, 2013). Overall, 130 655 out of 24 642 690 people aged 25 years and older (0,5%) indicated that they had been informed by a health worker that they had this condition. Of these 79,3% indicated that they were taking medication for cancer.

Information on cancer and those on medication was not analysed further by age group, sex, population group and province of usual residence because of the few numbers that were reported.

9.7. Depression or mental illness

Depression disorders are defined as mood disorders because of the disturbance in the mood (Tomlinson, 2009). Mental disorders are a major contributor to the burden of disease in all parts of the world but data on the epidemiology of major depressive disorders in South Africa are limited (Schlebusch, 2005).

At national level, 95 000 out of 4 822 412 of people who said they were ill or injured a month before the survey (2,0%) said they suffered from depression or mental illness. No further analyses were undertaken for this condition due to the limited number of cases reported.

9.8. Summary

This section presented information on non-communicable diseases including asthma, diabetes, hypertension/HBP, arthritis, cancer and depression or mental illness. Based on the population aged 25 years and older, there were more people who said they had been diagnosed with hypertension by a health worker compared to those with diabetes, arthritis or cancer. About 2% of all individuals were diagnosed with asthma. Of those who had been ill or injured a month before the survey, 2% said they had depression or mental illness.

The majority of those who had been diagnosed with asthma, diabetes, hypertension, arthritis or cancer were taking medication for these illnesses or conditions, more so for diabetes and hypertension.

10. Injuries

The General Household Survey (GHS) also collected information on injuries. Specifically, individuals who reported that they were ill or injured a month before the survey were asked to indicate if they suffered from motor vehicle accident injuries, gunshot wounds, severe trauma due to violence, assault or beating and minor trauma (e.g. cuts, breaking arm).

Table 10.1 shows that nearly 3% (2,8%) of people who said they were ill or injured a month before the survey had minor trauma. Injuries due to motor vehicle accidents were reported by 0,5% of those ill or injured a month before the survey while severe trauma due to violence, assault and beating was suffered by 0,3%. A very small percentage (0,1%) of people who were ill or injured a month before the survey said they had gunshot wounds.

Due to the small number of people reported for each of the specified injuries suffered a month before the survey, no further analyses were undertaken for these conditions.

Table 10.1: Number and percentage distribution of people who were ill or injured a month before the survey and suffered from specified injuries: South Africa, 2011

Type of injury	Total number of people who were ill or injured	Number of people who had injuries	Percentage
Minor trauma (e.g. cuts, breaking arm)	4 822 412	136 246	2,8
Motor vehicle accident injuries	4 822 412	24 585	0,5
Severe trauma due to violence, assault and beating	4 822 412	15 723	0,3
Gunshot wounds	4 822 412	3 362	0,1

11. Summary and discussions

Health continues to be one of the priorities of the South African government. The government has identified the need to improve the quality of health care; reduce inequalities in health care provision; and fight the scourge of HIV and AIDS, tuberculosis and other diseases. As such, reliable and timely health information is an essential foundation required to identify health priorities and planning health service delivery.

Statistics South Africa (Stats SA) has a mandate to provide statistical information that meets user needs and regularly conducts surveys to achieve this. The organisation undertook the General Household Survey (GHS) in 2011, which collected information on education, health and social development, housing, household access to services and facilities, food security and agriculture. Data collected on health from this survey was used to prepare this report.

This report provided information on health care services and specified health conditions of the South African population, focusing on communicable and non-communicable diseases. Information on injuries was limited due to a smaller number of people who had specified injuries a month before the survey.

The majority of the South African households in 2011 continued to rely on the public sector for health services, specifically public clinics. However, there were differences in utilisation of health services by population group. The white and the Indian/Asian population groups mainly relied on the private sector whereas the black African and the coloured population group mainly used the public sector. Furthermore, individuals from the white and Indian/Asian population groups had much higher coverage of medical aid or medical benefit scheme or other private health insurance than the other two population groups.

Most people in South Africa were very satisfied with the health services they received from the health facilities they last used. Variations by province of usual residence showed that those in Limpopo, Western Cape and Free State had the highest proportions of people that were very satisfied with the health services received.

Furthermore, a great majority of households used facilities nearest to where they lived and most people walked to reach the health facility they normally used. However, just over one in five people did not use the nearest health facility to their dwelling. The main reason given by those who did not use the nearest facility was that they preferred to use private health institutions. Other main reasons included long waiting times and unavailability of drugs needed. Long waiting time was cited by a higher proportion of people in KwaZulu-Natal whereas unavailability of drugs needed was cited more in Limpopo and Mpumalanga. These issues would need to be addressed to improve the delivery of health services in specified provinces and in the country in general.

The GHS was undertaken during the months of July, August and September and was therefore unable to take into account seasonality of specific illnesses or conditions. However, the survey provided relative levels of reported illnesses or injuries for specified communicable and non-communicable diseases. It is important to note that this report focussed on percentage distributions but attention still needs to be focussed on the magnitude of absolute numbers of people affected by specific illnesses. In terms of volumes, KwaZulu-Natal and Gauteng in comparison to other provinces, as well as the black African population group in comparison to other population groups, will have much more people affected.

The results showed that the distribution of communicable diseases differed during the reference period of the GHS. There was a much higher proportion of people who indicated that they suffered from flu or acute respiratory tract infection (ARTI), which could have resulted from the period of data collection which is around the winter months when such conditions are more prevalent. Diarrhoea and tuberculosis were also relatively common although they were mentioned by less than 5% of those ill or injured a month before the survey. These three conditions were also the leading causes of death in South Africa in 2010 (Stats SA, 2013).

For non-communicable diseases, different subsets of the population were used for the calculation of percentages, which makes comparison of all non-communicable diseases difficult. However, hypertension/high blood pressure (HBP), diabetes, arthritis and cancer were comparable and the results showed that there were more people with hypertension/HBP. Hypertensive diseases were the fifth most commonly reported causes of death in South Africa in 2010 (Stats SA, 2013). Very few people in the GHS reported specified injuries. The highest percentage of injuries was noted for minor trauma such as cuts. Accelerated efforts are therefore needed to control both communicable and non-communicable diseases.

Descriptive analyses (bi-variate) were undertaken to understand differences in health conditions by age, sex, population group and province of usual residence. The findings based on these variables are summarised and discussed below:

Age

- The aged tended to report being ill or injured more than people in younger ages. This was also observed when comparing children of school-going age. A higher proportion of those older (14–18 years) reported being ill or injured than those younger (6–13 years).
- In addition, a higher proportion of the children in the older age group tended to consult a health worker when ill as opposed to younger ones, especially young adults.
- Some illnesses were more common among younger age groups. These included flu or ARTI and diarrhoea. Zar (2009) estimated that approximately one in three children is affected by flu annually. Furthermore, Stats SA (2013) found that diarrhoea was the leading cause of death among children aged below five years in South Africa in 2010.
- Adults suffered more from chronic illnesses such as asthma, diabetes, hypertension/HBP and arthritis. Studies have shown that increasing age brings increased risk of chronic conditions (Hunt, Mcewen and Mckenna, 1984).
- Younger people did not take medication for their chronic conditions as much as older people did.

Sex

- Overall, females reported being ill or injured more than males. Females also consulted with health workers when ill or injured more than males. These findings are consistent with other research reports. Hunt, Mcewen and Mckenna (1984) indicated that women reported more symptoms of both mental and physical illness and utilised health services than men.

- A higher proportion of males who were ill or injured but did not consult a health worker cited the reason of having used self-medication more than females. Conversely, a higher proportion of females cited the reason of high expenses more than males.

- While there were no differences in the proportion of males and females with flu or ARTI and diarrhoea, differences were observed for TB or severe cough with blood and HIV or AIDS. Males reported TB or severe cough more than females and vice versa for HIV or AIDS.

- A higher proportion of females reported that they suffered from all specified chronic conditions than males. Generally, there were no differences in taking medication for males and females for the chronic conditions.

Population group

- Households from the black African and coloured population groups mostly used public sector health facilities while the Indian/Asian and white population groups mostly used private sector health facilities.

- The black African and coloured population groups also mostly walked to reach the health facilities normally used whereas the other two population groups mostly used their own transport. The black Africans also took much longer to reach the health facilities they normally used, compared to other population groups.

- A higher proportion of people from the white population group reported being ill or injured more than other population groups. This may have been affected by the age structures of population groups as the white population group has a relatively higher proportion of the aged population. Furthermore, the white population group reported consulting a health worker when ill or injured more than other population groups.

- Communicable diseases were generally more common among the black African population group, specifically diarrhoea, TB or severe cough with blood and HIV or AIDS. The high proportions of diarrhoea and TB or severe cough with blood may reflect the living conditions of the black African population which are conducive for transmitting communicable diseases.

- With regard to non-communicable diseases, the Indian/Asian population group reported higher proportions of people with asthma, diabetes and arthritis than other population groups. However, hypertension/HBP was higher among the coloured and the white population groups. Molleutze (2005) also found that the Indian/Asian population group had the highest self-reported cases of diabetes. Furthermore, the proportion of people who died from diabetes was much higher for Indian/Asian than other population groups in 2010 although the data source had some limitations on reporting population group (Stats SA, 2013).

Province of usual residence

- Long waiting times were reported as a deterring factor to use the health facilities nearest to the dwelling and this was highlighted mainly in KwaZulu-Natal.
- Households in Limpopo took much longer than those in other provinces to reach the health facility normally used.
- Individuals in Western Cape and Gauteng reported better coverage of medical aid than other provinces and Limpopo reported the lowest coverage.
- A higher proportion of people residing in Limpopo said they did not consult a health worker when ill or injured compared to other provinces.
- The results on the selected illnesses by province of usual residence were not consistent. However, KwaZulu-Natal showed higher proportions of TB or severe cough with blood, flu or ARTI and HIV or AIDS. Limpopo also had higher levels of flu or ARTI while in Mpumalanga there was a higher proportion of people with diarrhoea. HIV or AIDS was also relatively high in North West.
- Usage of medication for chronic conditions was generally low in Mpumalanga, particularly for asthma, diabetes and hypertension/HBP. This report also highlighted a higher proportion of households in Mpumalanga indicating unavailability of drugs needed. A lower proportion of usage of medication was also observed in Free State and KwaZulu-Natal for HIV or AIDS and Northern Cape for arthritis.

In conclusion, information presented in this report shows that the black African population group and people residing in less privileged provinces continue to be disadvantaged in terms of the general aspects of health. Clearly some inequalities still exist in the country. The National Health Insurance (NHI) that is currently being piloted in the country is aimed at promoting equity and efficiency so as to ensure that all South Africans have access to affordable, quality health care services regardless of their socio-economic status. It is anticipated that the NHI will transform the existing unequal health system in the country.

References

Bradshaw, D. 2011. “Non-communicable diseases in South Africa: A race against time”. retrieved from: http://www.doh.gov.za/docs/presentations/2011/diseases_sa.PDF.

Council for Medical Schemes. 2012. “Quarterly report for the period ending 30 September 2011”. http://www.medicalschemes.com/files/Quarterly%20Reports/QuarterlyReport20110930.pdf, accessed on 17 March 2013.

Department of Health. 2011. “National Health Insurance in South Africa: policy paper”. Department of Health, Pretoria.

Govender, V., Ataguba, J.E. and Alaba, O. 2012. “Who is covered by private health insurance in South African households?”. The role of gender and household structure”. Health Economics Unit. University of Cape Town.

Gray, A., Vawda, Y. and Jack, C. 2013. “Health Policy and Legislation. In: Padarath A, English R, editors”. South African Health Review 2012/13. Durban, Health Systems Trust.

Hunt, *S.M., Mcewen, J. and Mckenna, S.P. 1984. “Perceived health: age and sex comparisons in a community”. Journal of Epidemiology and Community Health, Volume 38: pages 156-160.*

Mandalalas, A.M., Kirchner, H.L., Lombard, C., Walzl, G., Grewal, H.M.S., Gie, R.P. and Hesseling, A.C. 2012. “Well–quantified tuberculosis exposure is a reliable surrogate measure of tuberculosis infection”. International Journal of Tuberculosis Lung Disease, Volume 16(8): pages 1033–1039.

Matsoso, M.P. and Fryatt, R. 2013. “National Health Insurance: The first 18 months”. South African Medical Journal, Volume 103, Number 3.

Mayosi, B.M., Flisher, A.J., Lalloo, U., Sitas, F., Tollman, S.M. and Bradshaw, D. 2009. "The burden of non–communicable diseases in South Africa", Lancet, Volume 374, pages 934–947.

Mayosi, B.M., Lawn, J.E., van Niekerk, A., Bradshaw, D., Abdool Karim, S.S., and Coovadia, H.M. 2012. “Health in South Africa: changes and challenges since 2009”, The Lancet. Volume 380.Issue 9858,pages 2029-2043.

Molleutze, W.F. and Levitt, N.S. 2005. “Diabetes mellitus and impaired glucose tolerance in South Africa”. Chronic Diseases of Lifestyle in South Africa since 1995 – 2005, Chapter 10.

Motsoaledi, A. 2012. “Progress and changes in the South African health sector”. The Lancet, Volume 380, Issue 9858, pages 1969-1970.

Nair, H., Brooks, W.A, Katz, M., Roca, A., Berkley, J.A., Madhi, S.A., Simmerman, *et.al*. 2011. "Global burden of respiratory infections due to seasonal influenza in young children: a systematic review and meta–analysis". The *Lancet, Volume* 378, pages 1917–1930.

Schlebush L. 2005. “Depression and suicidal behaviour”. South African Family Practice, Volume 47(5), pages 61-63.

South African Human Rights Commission. 2009. “Public Enquiry: Access to health care services”.

Statistics South Africa (Stats SA). 2012. General Household Survey, 2011. Statistical Release P0318, Stats SA, Pretoria.

Statistics South Africa (Stats SA). 2013. Mortality and causes of death: Findings from death notification, 2010. Statistical Release P0309.3. Stats SA, Pretoria.

Steyn, K. and Fourie, J. 2005. “Hypertension in South Africa Chronic Diseases of Lifestyle in South Africa since 1995–2005”. www.mrc.ac.za/chronic/cdlchapter8.pdf, Medical Research Council.

Steyn, M. 2009. “Diarrhoea: Third biggest killer in South Africa”. Sciencescope.

Symmons, D., Mathers, C. and Pfleger, B. 2006. “The global burden of rheumatoid arthritis in the year 2000”. Facts findings.

The Presidency of South Africa. 2011. “Diagnostic Overview”. The Presidency, Pretoria.

The Presidency of South Africa. 2011. “National Development Plan: 2030”. The Presidency, Pretoria.

Tomlinson, M., Grimsrud, A.T., Stein, D.J., Williams, D.R. and Myer, L. 2009. “The epidemiology of major depression in South Africa: results from the South African stress and health study”. South African Medical Journal, Volume 99, Number 5, Cape Town.

World Health Organization (WHO). 2012a. “Fact sheet on HIV”, New WHO guidelines to better prevent HIV in sex workers, December 2012.

World Health Organization (WHO). 2012b. “Diabetes Report Card”. www.cdc.gov/diabetes/pubs.

World Health Organization (WHO). 2013. “World Cancer Day”. http://www.who.int/cancer.

Zar, H. 2009. Influenza in children. Retrieved from http://www.sajch.org.za. Accessed on 2 May 2013.

Appendices

Appendix III.1: Number and percentage distribution of households that utilised a health facility when household members fell ill and sought medical help: South Africa, 2011

Type of health facility	Total number of households	Percentage
Public sector clinic	8 978 888	61,2
Private doctor specialist	3 560 333	24,3
Public sector hospital	1 388 517	9,5
Private hospital	291 489	2,0
Private clinic	243 312	1,7
Other	214 789	1,5
South Africa	**14 677 328**	**100,0**

Appendix III.2: Number of households that utilised a health facility when household members fell ill and sought medical help by the type of health facility, population group and province of usual residence: South Africa, 2011

Variable	Type of health facility			
	Public sector	Private sector	Other	Total
South Africa	**10 367 405**	**3 775 122**	**534 801**	**14 677 328**
Population group				
Black African	9 322 680	1 918 871	222 815	11 460 000
Coloured	737 865	397 753	33 916	1 169 534
Indian/Asian	131 419	209 072	28 663	369 154
White	175 441	1 249 425	249 407	1 674 274
Province				
Western Cape	827 129	671 041	78 304	1 576 474
Eastern Cape	1 458 171	331 088	15 509	1 804 769
Northern Cape	239 279	81 533	5 623	326 434
Free State	576 057	318 889	11 367	906 313
KwaZulu-Natal	2 142 595	540 455	93 026	2 776 076
North West	733 687	253 276	14 655	1 001 619
Gauteng	2 391 124	1 141 198	277 752	3 810 074
Mpumalanga	758 750	255 607	30 709	1 045 066
Limpopo	1 240 612	182 035	7 857	1 430 504

Appendix III.3: Number and percentage distribution of people by levels of satisfaction with services received from a health facility normally used: South Africa, 2011

Level of satisfaction for services received	Total number of households who received a service	Percentage
Very satisfied	9 452 457	74,5
Somewhat satisfied	2 334 967	18,4
Somewhat dissatisfied	396 669	3,1
Very dissatisfied	495 564	3,9
Do not know	4 747	0,0
South Africa	**12 684 404**	**100,0**

Appendix III.4: Number of people by levels of satisfaction with services received from a health facility normally used, classified by population group and province of usual residence: South Africa, 2011

Variable	Level of satisfaction for services received					
	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Do not know	Total
South Africa	**9 452 457**	**2 334 967**	**396 669**	**495 564**	**4 747**	**12 684 404**
Population group						
Black African	6 863 199	2 054 614	338 060	428 397	4 747	9 689 018
Coloured	883 982	153 315	33 632	32 439	0	1 103 369
Indian/Asian	244 054	57 179	9 762	11 986	0	322 980
White	1 461 222	69 859	15 214	22 742	0	1 569 037
Province						
Western Cape	1 192 597	191 793	50 701	34 854	0	1 469 946
Eastern Cape	1 240 465	300 530	55 228	26 955	1 546	1 624 724
Northern Cape	198 151	64 672	9 444	15 233	0	287 500
Free State	690 188	105 683	22 348	34 668	0	852 887
KwaZulu-Natal	1 477 516	690 213	64 312	83 663	0	2 315 704
North West	564 968	161 226	49 324	79 869	0	855 387
Gauteng	2 347 062	526 490	91 443	126 928	2 114	3 094 036
Mpumalanga	709 114	155 959	24 911	53 394	1 088	944 466
Limpopo	1 032 396	138 400	28 959	39 999	0	1 239 754

Appendix III.5: Number of households by main reasons for not using their nearest health facility by population group and province of usual residence: South Africa, 2011

Variable	Reason for not using the nearest health facility											
	Prefer to use a private institution	Long waiting time	Drugs needed not available	Prefer to use a state institution	Not on medical aid list of facilities	Too expensive	Opening times not convenient	Staff rude	Facilities not clean	Incorrect diagnosis	Other	Total
South Africa	**443 717**	**204 434**	**141 405**	**87 152**	**60 778**	**43 268**	**34 365**	**45 159**	**20 203**	**11 309**	**188 312**	**1 280 102**
Population group												
Black African	241 380	167 201	130 846	66 786	26 721	27 976	30 932	39 307	15 760	9 179	146 340	902 428
Coloured	51 370	14 635	4 648	9 167	10 151	2 071	2 437	2 657	2 008	381	11 812	111 338
Indian/Asian	13 061	5 151	1 698	341	1 563	0	0	2 326	677	550	2 148	27 516
White	137 906	17 446	4 213	10 858	22 343	13 221	996	869	1 758	1 198	28 011	238 820
Province												
Western Cape	84 882	13 769	6 714	11 658	10 682	3 722	1 390	2 823	3 632	381	35 916	175 567
Eastern Cape	41 231	30 662	25 201	1 851	23 644	629	7 351	3 874	328	1 198	33 149	169 117
Northern Cape	14 739	2 389	5 863	1 957	3 973	388	1 395	1 206	270	0	4 326	36 507
Free State	53 976	22 485	19 836	588	567	4 409	7 043	5 049	5 293	5 569	3 645	128 460
KwaZulu-Natal	38 624	54 179	28 640	6 419	8 504	1 104	8 230	12 922	3 862	711	14 400	177 595
North West	67 853	14 913	9 467	9 485	3 531	374	3 367	3 035	767	0	4 622	117 413
Gauteng	98 256	53 074	22 693	51 425	6 318	27 195	3 396	12 580	5 673	2 561	78 021	361 191
Mpumalanga	32 732	6 461	13 567	3 522	2 162	3 279	835	1 484	379	275	5 733	70 428
Limpopo	11 424	6 502	9 424	248	1 397	2 169	1 358	2 187	0	614	8 501	43 825

Appendix IV.1: Number of households by their usual means of transport to the health facility that the households normally used by population group and province of usual residence: South Africa, 2011

Variable	Means of transport used to reach the health facility normally used				
	Walking	Public transport	Own transport	Other	Total
South Africa	**6 944 459**	**4 269 842**	**3 214 053**	**207 398**	**14 635 752**
Population group					
Black African	6 291 866	4 000 052	1 007 626	133 253	11 430 000
Coloured	548 398	186 246	369 565	62 353	1 166 562
Indian/Asian	39 955	52 729	270 304	3 919	366 907
White	64 240	30 815	1 566 558	7 873	1 669 487
Province					
Western Cape	624 883	278 070	612 349	60 048	1 575 350
Eastern Cape	980 836	573 017	231 363	17 554	1 802 770
Northern Cape	184 689	30 819	74 964	34 289	324 761
Free State	503 643	171 137	192 736	37 438	904 954
KwaZulu-Natal	1 111 894	1 120 623	524 230	11 368	2 768 115
North West	517 977	288 150	169 767	19 317	995 211
Gauteng	1 749 106	915 344	1 117 081	11 305	3 792 836
Mpumalanga	517 871	329 037	189 286	7 824	1 044 019
Limpopo	753 559	563 645	102 278	8 255	1 427 737

Appendix IV.2: Number of households by the time it took them to reach the health facility that the households normally used by population group and province of usual residence: South Africa, 2011

Variable	Time taken to reach the health facility normally used					
	Less than 15 minutes	15 - 29 minutes	30 - 89 minutes	90 minutes and more	Do not know	Total
South Africa	**5 755 353**	**6 077 344**	**2 486 197**	**309 291**	**14 899**	**14 643 084**
Population group						
Black African	3 844 856	4 996 889	2 296 371	286 978	12 143	11 440 000
Coloured	653 792	410 154	90 947	13 485	0	1 168 378
Indian/Asian	222 213	128 571	16 503	0	0	367 286
White	1 034 493	541 729	82 376	8 828	2 756	1 670 183
Province						
Western Cape	975 567	485 325	103 558	8 210	1 530	1 574 191
Eastern Cape	505 125	853 274	372 593	72 645	1 350	1 804 987
Northern Cape	135 575	125 907	49 949	13 616	487	325 532
Free State	310 563	415 495	162 225	16 103	648	905 034
KwaZulu-Natal	868 237	1 187 528	612 498	96 898	1 826	2 766 986
North West	339 662	390 224	246 021	17 324	6 945	1 000 176
Gauteng	1 792 227	1 598 143	377 423	31 651	2 114	3 801 557
Mpumalanga	383 796	479 197	170 465	7 745	0	1 041 204
Limpopo	444 601	542 251	391 465	45 100	0	1 423 417

Appendix V.1: Number and percentage distribution of the population covered by medical aid or medical benefit scheme or other private health insurance by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number of people	Number of people covered by medical aid	Percentage
South Africa	**50 324 536**	**8 057 559**	**16,0**
Age group			
0–4	4 979 615	618 508	12,4
5–9	5 147 773	691 112	13,4
10–14	5 200 966	670 408	12,9
15–24	10 353 490	1 157 090	11,2
25–34	8 547 258	1 172 090	13,7
35–44	6 051 350	1 302 314	21,5
45–54	4 327 824	1 095 836	25,3
55–64	3 125 701	758 412	24,3
65+	2 590 557	591 789	22,8
Sex			
Male	24 405 796	3 919 214	16,1
Female	25 918 740	4 138 345	16,0
Population group			
Black African	40 059 995	3 533 251	8,8
Coloured	4 526 940	915 570	20,2
Indian/Asian	1 325 750	538 739	40,6
White	4 411 851	3 070 000	69,6
Province			
Western Cape	5 565 021	1 392 594	25,0
Eastern Cape	6 656 821	735 275	11,0
Northern Cape	1 158 635	149 978	12,9
Free State	2 931 712	498 041	17,0
KwaZulu-Natal	10 632 446	1 300 601	12,2
North West	3 500 486	477 234	13,6
Gauteng	10 949 597	2 599 829	23,7
Mpumalanga	3 665 348	524 240	14,3
Limpopo	5 264 468	379 767	7,2

Appendix VI.1: Number and percentage distribution of people who suffered an injury or illness a month before the survey classified by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number of people	Number of people who suffered an illness or injury	Percentage
South Africa	**50 324 536**	**4 822 412**	**9,6**
Age group			
0–4	4 979 615	573 710	11,5
5–9	5 147 774	421 827	8,2
10–14	5 200 967	331 379	6,4
15–24	10 353 490	593 614	5,7
25–34	8 547 258	642 023	7,5
35–44	6 051 350	624 802	10,3
45–54	4 327 824	580 653	13,4
55–64	3 125 701	512 049	16,4
65+	2 590 557	542 356	20,9
Sex			
Male	24 405 795	2 064 302	8,5
Female	25 918 740	2 758 110	10,6
Population group			
Black African	40 059 995	3 597 842	9
Coloured	4 526 940	512 250	11,3
Indian/Asian	1 325 750	134 858	10,2
White	4 411 851	577 462	13,1
Province			
Western Cape	5 565 022	604 111	10,9
Eastern Cape	6 656 821	607 001	9,1
Northern Cape	1 158 635	164 871	14,2
Free State	2 931 712	332 660	11,3
KwaZulu-Natal	10 632 446	658 118	6,2
North West	3 500 486	444 736	12,7
Gauteng	10 949 597	1 121 751	10,2
Mpumalanga	3 665 348	339 913	9,3
Limpopo	5 264 468	549 251	10,4

Appendix VI.2: Number and percentage distribution of children aged 6–18 years currently in school who were absent from school during the past school calendar week due to an illness or injury, classified by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number of children currently in school	Number of children who were absent from school due to an illness or injury	Percentage
South Africa	**12 379 512**	**629 276**	**5,1**
Age group			
6-13	7 712 885	371 345	4,8
14-18	4666627	257 931	5,5
Sex			
Male	6 232 078	320 417	5,1
Female	6 147 434	308 859	5,0
Population group			
Black African	10 560 628	502 419	4,8
Coloured	934 783	74 663	8,0
Indian/Asian	239 430	27 329	11,4
White	644 671	24 867	3,9
Province			
Western Cape	1 109 112	89 687	8,1
Eastern Cape	1 846 393	81 555	4,4
Northern Cape	286 691	14 935	5,2
Free State	725 035	31 190	4,3
KwaZulu-Natal	2 909 630	187 410	6,4
North West	856 981	50 619	5,9
Gauteng	2 090 981	79 589	3,8
Mpumalanga	1 022 239	43 427	4,2
Limpopo	1 532 450	50 863	3,3

Appendix VII.1: Number and percentage distribution of the population by consultations with health workers and age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number of people who suffered an illness or injury	Number of people who consulted a health worker	Number of people who did not consult a health worker
South Africa	**4 822 412**	**3 736 691**	**1 085 721**
Age group			
0–4	573 710	477 134	96 576
5–9	421 827	325 908	95 919
10–14	331 379	233 980	97 399
15–24	593 614	381 179	212 435
25–34	642 023	477 164	164 859
35–44	624 802	488 474	136 328
45–54	580 653	458 177	122 476
55–64	512 049	426 006	86 043
65+	542 356	468 669	73 687
Sex			
Male	2 064 302	1 560 057	504 245
Female	2 758 110	2 176 634	581 476
Population group			
Black African	3 597 842	2 759 387	838 455
Coloured	512 250	387 921	124 329
Indian/Asian	134 858	107 473	27 385
White	577 462	481 910	95 552
Province			
Western Cape	604 111	457 425	146 686
Eastern Cape	607 001	499 234	107 767
Northern Cape	164 871	132 351	32 520
Free State	332 660	258 077	74 583
KwaZulu-Natal	658 118	507 336	150 782
North West	444 736	347 508	97 228
Gauteng	1 121 751	876 720	245 031
Mpumalanga	339 913	274 880	65 033
Limpopo	549 251	383 159	166 092

Appendix VII.2: Number and percentage distribution of respondents who did not consult a health worker as a result of illness or injury suffered a month before the survey: South Africa, 2011

Reason for not consulting	Number of respondents who did not consult a health worker	Percentage
Self medication	714 919	67,5
Not necessary	257 327	24,3
Too expensive	45 806	4,3
Too far	14 257	1,3
Fear of stigmatization	2 617	0,2
Other	21 331	2
Do not know	2 645	0,2
South Africa	**1 058 902**	**14,3**

Appendix VII.3: Number of people who did not consult a health worker by main reason for not consulting classified by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Reason for not consulting a health worker							
	Self-medicated	Not necessary	Too expensive	Too far	Fear of stigmatization	Other	Do not know	Total
South Africa	**714 919**	**257 326**	**45 807**	**14 258**	**2 617**	**21 331**	**2 645**	**1 085 721**
Age group								
0-4	63 956	25 435	312	432	549	134	0	96 575
5-9	70 055	17 112	2 755	716	0	2 921	334	95 919
10-14	69 383	2 091	3 099	1 001	0	1 043	0	97 399
15-24	135 195	51 420	12 259	4 767	592	1 376	1	212 435
25-34	52 191	42 406	7 585	1 025	0	935	0	81 618
35-44	88 812	13 906	6 055	956	0	6 435	0	75 704
45-54	80 338	28 328	4 130	2 626	904	2 080	695	122 476
55-64	56 780	20 066	2 730	1 770	0	2 169	0	86 043
65+	43 454	12 642	4 075	966	571	1 494	472	73 688
Sex								
Male	346,713	116,705	13,328	5,563	1,879	6,734	1,369	504,245
Female	368,206	140,62	32,479	8,695	738	14,597	1,276	581,476
Population group								
Black African	528 745	212 816	37 430	13 408	2 617	18 061	2 174	815 251
Coloured	90 465	25 448	2 083	336	0	2 384	0	120 715
Indian/Asian	21 599	3 644	2 141	0	0	0	0	27 385
White	74 110	15 417	4 152	514	0	886	472	95 552
Province								
Western Cape	103 648	37 602	1 463	0	0	1 033	0	143 745
Eastern Cape	78 253	21 287	1 775	2 300	0	1 195	465	105 276
Northern Cape	23 613	3 048	1 954	1 107	0	1 652	0	31 374
Free State	50 573	14 041	4 214	979	593	3 540	472	74 411
KwaZulu-Natal	78 122	46 202	8 316	5 072	0	4 470	0	142 182
North West	64 422	21 413	3 521	1 945	695	1 719	898	94 613
Gauteng	167 583	53 228	16 854	336	0	2 784	811	241 596
Mpumalanga	41 155	16 305	4 295	818	758	658	0	63 989
Limpopo	107 551	44 202	3 414	1 700	571	4 281	0	161 718

Appendix VIII.1: Number and percentage distribution of people who suffered from flu or acute respiratory tract infection (ARTI) a month before the survey classified by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number of people who suffered an illness or injury	Number of people with flu or ARTI	Percentage
South Africa	**4 822 412**	**3 070 415**	**63,7**
Age group			
0–4	573 710	489 095	85,3
5–9	421 827	333 723	79,1
10–14	331 379	244 205	73,7
15–24	593 614	401 179	67,6
25–34	642 023	434 405	67,7
35–44	624 802	387 782	62,1
45–54	580 653	316 284	54,5
55–64	512 049	232 075	45,3
65+	542 356	231 667	42,7
Sex			
Male	2 064 302	1 336 470	64,7
Female	2 758 110	1 733 945	62,9
Population group			
Black African	3 597 842	2 281 726	63,4
Coloured	512 250	339 709	66,3
Indian/Asian	134 858	87 132	64,6
White	577 462	361 848	62,7
Province			
Western Cape	604 111	405 667	67,2
Eastern Cape	607 001	349 216	57,5
Northern Cape	164 871	99 681	60,5
Free State	332 660	195 663	58,8
KwaZulu-Natal	658 118	453 293	68,9
North West	444 736	270 740	60,9
Gauteng	1 121 751	709 529	63,3
Mpumalanga	339 914	204 205	60,1
Limpopo	549 251	382 421	69,6

Appendix VIII.2: Number and percentage distribution of people who suffered from diarrhoea a month before the survey by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number of people who suffered an illness or injury	Number of people with diarrhoea	Percentage
South Africa	**4 822 412**	**190 571**	**4,0**
Age group			
0–4	573 710	52 733	9,2
5-9	421 827	21 399	5,1
10-14	331 378	17 908	5,4
15-24	593 613	29 234	4,9
25–34	642 023	19 131	3,0
35–44	624 802	14 540	2,3
45–54	580 653	17 716	3,1
55–64	512 049	9 678	1,9
65+	542 356	8 232	1,5
Sex			
Male	2 064 302	82 978	4,0
Female	2 758 110	107 593	3,9
Population group			
Black African	3 597 842	154 054	4,3
Coloured	512 250	16 423	3,2
Indian/Asian	134 858	4 980	3,7
White	577 462	15 114	2,6
Province			
Western Cape	604 111	26 322	4,4
Eastern Cape	607 001	29 375	4,8
Northern Cape	164 871	1 585	1,0
Free State	332 660	9 424	2,8
KwaZulu-Natal	658 117	20 437	3,1
North West	444 736	12 094	2,7
Gauteng	1 121 751	45 900	4,1
Mpumalanga	339 913	20 497	6,0
Limpopo	549 251	24 937	4,5

Appendix VIII.3: Number and percentage distribution of people who suffered from TB or severe cough with blood a month before the survey classified by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number of people who suffered an illness or injury	Number of people with TB or severe cough	Percentage
South Africa	**4 822 412**	**138 356**	**2,9**
Age group			
0-4	573 710	2 745	0,5
5-9	421 827	4 554	1,1
10-14	331 378	3 838	1,2
15-24	593 613	8 933	1,5
25-34	642 023	28 080	4,4
35-44	624 802	30 465	4,9
45-54	580 653	30 456	5,2
55-64	512 049	18 184	3,6
65+	542 356	11 101	2,0
Sex			
Male	2 064 302	77 966	3,8
Female	2 758 110	60 390	2,2
Population group			
Black African	3 597 842	124 469	3,5
Coloured	512 250	12 078	2,4
Indian/Asian	134 858	652	0,5
White	577 462	1 156	0,2
Province			
Western Cape	604 111	11 227	1,9
Eastern Cape	607 001	19 932	3,3
Northern Cape	164 871	4 959	3,0
Free State	332 660	12 052	3,6
KwaZulu-Natal	658 117	41 234	6,3
North West	444 736	14 189	3,2
Gauteng	1 121 751	19 750	1,8
Mpumalanga	339 913	8 405	2,5
Limpopo	549 251	6 607	1,2

Appendix VIII.4: Number and percentage distribution of people aged 15 years and older who were diagnosed with HIV or AIDS by a health worker classified by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number of people aged 15 years and older	Number of people diagnosed with HIV or AIDS	Percentage
South Africa	**35 000 000**	**606 057**	**1,7**
Age group			
15-19	5 267 571	10 853	0,2
20-24	5 085 919	25 625	0,5
25-29	4 554 929	70 634	1,6
30-34	3 992 329	133 891	3,4
35-39	3 454 023	110 915	3,2
40-44	2 597 327	87 821	3,4
45-49	2 238 540	54 487	2,4
50-54	2 089 284	50 163	2,4
55+	5 716 258	61 669	1,1
Sex			
Male	16 690 000	404 528	2,4
Female	18 300 000	404 528	2,2
Population group			
Black African	27 050 000	581 400	2,1
Coloured	3 277 492	16 972	0,5
Indian/Asian	1 032 740	3 670	0,4
White	3 638 033	4 015	0,1
Province			
Western Cape	26 509	4 024 677	0,7
Eastern Cape	98 271	4 516 920	2,2
Northern Cape	10 943	796 799	1,4
Free State	45 316	2 039 671	2,2
KwaZulu- Natal	176 580	7 167 167	2,5
North West	59 626	2 433 636	2,5
Gauteng	111 571	8 072 375	1,4
Mpumalanga	53 462	2 463 624	2,2
Limpopo	23 778	3 481 309	0,7

Appendix VIII.5: Number and percentage distribution of people aged 15 years and older who were diagnosed with HIV or AIDS by a health worker and were taking HIV or AIDS medication classified by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number of people aged 15 years and older diagnosed with HIV or AIDS	Number of people taking HIV or AIDS medication	Percentage
South Africa	**606 057**	**516 978**	**85,3**
Age group			
15-19	10 853	8 108	74,7
20-24	25 625	17 699	69,1
25-29	70 634	57 361	81,2
30-34	133 891	113 370	84,7
35-39	110 915	102 279	92,2
40-44	87 821	75 794	86,3
45-49	54 487	46 334	85,0
50-54	50 163	42 476	84,7
55+	61 669	53 558	86,8
Sex			
Male	201 529	173 264	86,0
Female	404 528	343 714	85,0
Population group			
Black African	581 400	498 346	85,7
Coloured	16 972	13 410	79,0
Indian/Asian	3 670	1 744	47,5
White	4 015	3 479	86,6
Province			
Western Cape	26 509	22 898	86,4
Eastern Cape	98 271	89 693	91,3
Northern Cape	10 943	10 088	92,2
Free State	45 316	36 281	80,1
KwaZulu-Natal	176 580	142 138	80,5
North West	59 626	56 737	95,2
Gauteng	111 571	93 002	83,4
Mpumalanga	53 462	45 297	84,7
Limpopo	23 778	20 844	87,7

Appendix IX.1: Number and percentage distribution of people diagnosed with asthma by a health worker classified by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number of people	Number of people diagnosed with asthma	Percentage
South Africa	**50 324 536**	**1 157 220**	**2,3**
Age group			
0-4	4 979 615	57 510	1,2
5-9	5 147 774	88 903	1,7
10-14	5 200 967	81 097	1,6
15-24	10 353 490	148 766	1,4
25-34	8 547 258	161 771	1,9
35-44	6 051 350	154 808	2,6
45-54	4 327 824	161 777	3,7
55-64	3 125 701	167 945	5,4
65+	2 590 557	134 642	5,2
Sex			
Male	24 405 795	516 696	2,1
Female	25 918 740	640 524	2,5
Population group			
Black African	40 059 995	779 727	1,9
Coloured	4 526 940	175 225	3,9
Indian/Asian	1 325 750	64 060	4,8
White	4 411 851	138 208	3,1
Province			
Western Cape	5 565 021	198 178	3,6
Eastern Cape	6 656 821	173 322	2,6
Northern Cape	1 158 635	29 235	2,5
Free State	2 931 712	62 210	2,1
KwaZulu-Natal	10 632 446	262 585	2,5
North West	3 500 486	66 741	1,9
Gauteng	10 949 597	220 043	2,0
Mpumalanga	3 665 348	89 926	2,5
Limpopo	5 264 468	54 979	1,0

Appendix IX.2: Number and percentage distribution of people who were diagnosed with asthma by a health worker and were taking asthma medication classified by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number of people diagnosed with asthma	Number of people taking asthma medication	Percentage
South Africa	**1 157 220**	**963 001**	**83,2**
Age group			
0-4	57 510	44 587	77,5
5-9	88 903	72 200	81,2
10-14	81 097	62 579	77,2
15-24	148 766	114 780	77,2
25-34	161 771	120 264	74,3
35-44	154 808	132 440	85,6
45-54	161 777	140 751	87,0
55-64	167 945	150 280	89,5
65+	134 642	125 120	92,9
Sex			
Male	516 696	436 863	84,5
Female	640 524	526 138	82,1
Population group			
Black/African	779 727	626 812	80,4
Coloured	175 225	156 402	89,3
Indian/Asian	64 060	56 594	88,3
White	138 208	123 192	89,1
Province			
Western Cape	198 178	173 247	87,4
Eastern Cape	173 322	139 763	80,6
Northern Cape	29 235	23 669	81,0
Free State	62 210	58 887	94,7
KwaZulu-Natal	262 585	223 872	85,3
North West	66 741	56 101	84,1
Gauteng	220 043	178 015	80,9
Mpumalanga	89 926	61 950	68,9
Limpopo	54 979	47 498	86,4

Appendix IX.3: Number and percentage distribution of people aged 25 years and older who were diagnosed with diabetes by a health worker classified by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number of people aged 25 years and older	Number of people diagnosed with diabetes	Percentage
South Africa	**24 642 690**	**1 147 309**	**4,7**
Age group			
25-34	8 547 258	39 249	0,5
35-44	6 051 350	113 974	1,9
45-54	4 327 824	264 165	6,1
55-64	3 125 708	366 358	11,7
65+	2 590 550	363 563	14,0
Sex			
Male	11 493 633	466 035	4,1
Female	13 149 057	681 274	5,2
Population group			
Black African	18 338 890	740 167	4,0
Coloured	2 465 980	169 691	6,9
Indian/Asian	805 384	77 558	9,6
White	3 032 437	159 893	5,3
Province			
Western Cape	3 083 454	210 375	6,8
Eastern Cape	2 950 841	156 428	5,3
Northern Cape	575 930	27 954	4,9
Free State	1 446 607	65 011	4,5
KwaZulu-Natal	4 812 010	271 995	5,7
North West	1 768 227	67 606	3,8
Gauteng	6 207 677	216 011	3,5
Mpumalanga	1 651 312	72 245	4,4
Limpopo	2 146 633	59 684	2,8

Appendix IX.4: Number and percentage distribution of people aged 25 years and older who were diagnosed with diabetes by a health worker and were taking diabetes medication classified by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number aged 25 years and older diagnosed with diabetes	Number of people taking diabetes medication	Percentage
South Africa	**1 147 307**	**1 084 321**	**94,5**
Age group			
25–34	39 248	32 669	83,2
35–44	113 974	107 877	94,7
45–54	264 165	242 274	91,7
55–64	366 357	351 100	95,8
65+	363 562	350 401	96,4
Sex			
Male	466 034	438 536	94,1
Female	681 273	645 785	94,8
Population group			
Black/African	740 167	689 427	93,1
Coloured	169 691	165 884	97,8
Indian/Asian	77 557	75 120	96,9
White	159 893	153 890	96,2
Province			
Western Cape	210 375	207 035	98,4
Eastern Cape	156 428	148 774	95,1
Northern Cape	27 954	26 599	95,2
Free State	65 010	62 758	96,5
KwaZulu-Natal	271 995	251 866	92,6
North West	67 606	61 884	91,5
Gauteng	216 011	203 420	94,2
Mpumalanga	72 245	65 315	90,4
Limpopo	59 684	56 670	94,9

Appendix IX.5: Number and percentage distribution of people aged 25 years and older who were diagnosed with hypertension/HBP by a health worker classified by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number of people aged 25 years and older	Number of people diagnosed with hypertension	Percentage
South Africa	**24 642 690**	**3 444 466**	**14,0**
Age group			
25-34	8 547 258	124 311	1,5
35-44	6 051 350	401 595	6,6
45-54	4 327 824	831 651	19,2
55-64	3 125 708	1 006 647	32,2
65+	2 590 550	1 080 262	41,7
Sex			
Male	11 493 633	1 099 603	9,6
Female	13 149 057	2 344 863	17,8
Population group			
Black African	18 338 890	2 279 705	12,4
Coloured	2 465 980	447 588	18,2
Indian/Asian	805 384	116 258	14,4
White	3 032 437	600 915	19,8
Province			
Western Cape	3 083 454	512 612	16,6
Eastern Cape	2 950 841	469 363	15,9
Northern Cape	575 930	128 424	22,3
Free State	1 446 607	267 156	18,5
KwaZulu-Natal	4 812 010	544 283	11,3
North West	1 768 227	330 517	18,7
Gauteng	6 207 677	795 317	12,8
Mpumalanga	1 651 312	203 020	12,3
Limpopo	2 146 633	193 774	9,0

Appendix IX.6: Number and percentage distribution of people aged 25 years and older who were diagnosed with hypertension/HBP by a health worker and were taking hypertension/HBP medication classified by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number aged 25 years and older diagnosed with hypertension	Number of people taking hypertension medication	Percentage
South Africa	**3 444 466**	**3 216 195**	**93,4**
Age group			
25–34	124 311	94 745	76,2
35–44	401 595	356 272	88,7
45–54	831 651	777 661	93,5
55–64	1 006 647	958 148	95,2
65+	1 080 262	1 029 369	95,3
Sex			
Male	1 099 603	1 024 026	93,1
Female	2 344 863	2 192 169	93,5
Population group			
Black African	2 279 705	2 102 040	92,2
Coloured	447 588	429 799	96,0
Indian/Asian	116 258	105 423	90,7
White	600 915	578 933	96,3
Province			
Western Cape	512 612	491 926	96,0
Eastern Cape	469 363	444 026	94,6
Northern Cape	128 424	121 273	94,4
Free State	267 156	252 681	94,6
KwaZulu-Natal	544 283	501 332	92,1
North West	330 517	307 477	93,0
Gauteng	795 317	734 331	92,3
Mpumalanga	203 020	182 807	90,0
Limpopo	193 774	180 341	93,1

Appendix IX.7: Number and percentage distribution of people aged 25 years and older who were diagnosed with arthritis by a health worker classified by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number of people aged 25 years and older	Number of people diagnosed with arthritis	Percentage
South Africa	**24 642 690**	**1 036 797**	**4,2**
Age group			
25-34	8 547 258	31 413	0,4
35-44	6 051 350	99 248	1,6
45-54	4 327 824	244 189	5,6
55-64	3 125 708	302 887	9,7
65+	2 590 550	359 060	13,9
Sex			
Male	11 493 633	221 530	1,9
Female	13 149 057	815 267	6,2
Population group			
Black African	18 338 890	752 738	4,1
Coloured	2 465 980	100 723	4,1
Indian/Asian	805 384	56 905	7,1
White	3 032 437	126 431	4,2
Province			
Western Cape	3 083 454	135 173	4,4
Eastern Cape	2 950 841	186 937	6,3
Northern Cape	575 930	24 801	4,3
Free State	1 446 607	69 769	4,8
KwaZulu-Natal	4 812 010	267 114	5,6
North West	1 768 227	54 599	3,1
Gauteng	6 207 677	215 509	3,5
Mpumalanga	1 651 312	45 440	2,8
Limpopo	2 146 633	37 456	1,7

Appendix IX.8: Number and percentage distribution of people aged 25 years and older who were diagnosed with arthritis by a health worker and were taking arthritis medication classified by age group, sex, population group and province of usual residence: South Africa, 2011

Variable	Total number aged 25 years and older diagnosed with arthritis	Number of people taking arthritis medication	Percentage
South Africa	**1 036 796**	**882 786**	**85,1**
Age group			
25-34	31 413	20 709	65,9
35-44	99 248	77 506	78,1
45-54	244 189	209 761	85,9
55-64	302 887	260 910	86,1
65+	359 060	313 900	87,4
Sex			
Male	221 530	186 398	84,1
Female	815 267	696 389	85,4
Population group			
Black African	752 738	633 878	84,2
Coloured	100 723	89 363	88,7
Indian/Asian	56 904	50 068	88,0
White	126 431	109 478	86,6
Province			
Western Cape	135 173	116 738	86,4
Eastern Cape	186 937	163 026	87,2
Northern Cape	24 801	17 995	72,6
Free State	69 769	60 639	86,9
KwaZulu-Natal	267 114	238 567	89,3
North West	54 599	41 890	76,7
Gauteng	215 509	176 219	81,8
Mpumalanga	45 440	35 957	79,1
Limpopo	37 456	31 756	84,8