

According to the national Department of Social Development, in 2000/01, 3% of beneficiaries of poverty-relief projects were people with disabilities, and this increased to 19% in 2001/02. Census 2001 indicated that 1,5% of persons with disabilities between the ages of 16 and 35 were studying at technikons or universities compared with 2,6% of 'able-bodied' persons. For people aged 20 years and above, proportionately more people with disabilities had no formal schooling and more people without disabilities (61,4%) than with disabilities (36,2%) had some secondary or more schooling.

Campaigns to ensure functional convenience in the workplace and other public spaces, as well as access to information have raised awareness and resulted in some practical changes. However, weaknesses remain: for example, given that the ability to use services, or attend school or work is largely dependent on the ability of people to get there, the lack of accessible user-friendly transport can be a serious barrier to the full integration into society of people with disabilities. Overall, the new rights regime and government programmes have brought about better conditions for people with disabilities, but much more needs to be done.

VI MIGRATION, CAUSES OF MORTALITY AND CRIME

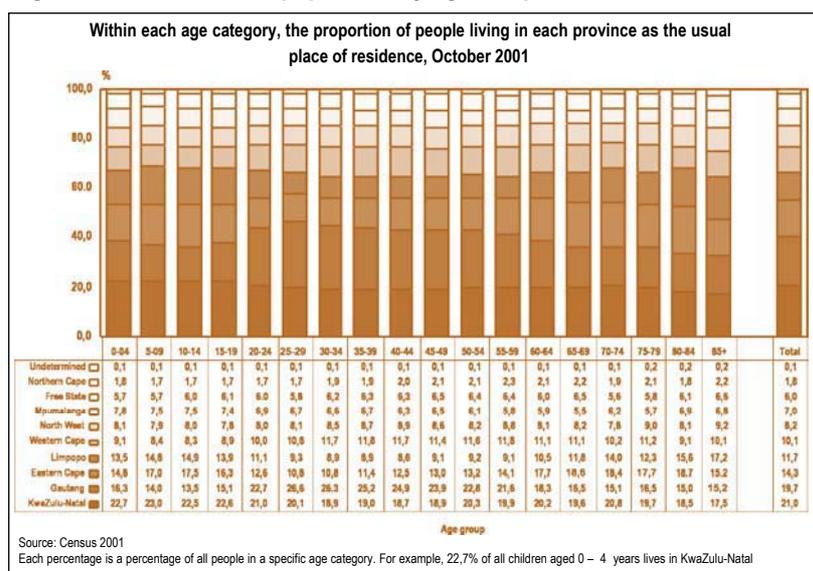
Data on two social trends in the past decade – migration and causes of mortality – has raised major questions with profound macro-social implications. In and of themselves, these factors are important in influencing dynamics with regard to community life, the family unit as well as race and language demographics. They are in turn impacted on by social status, lifestyles and social mobility.

20 Demographics of migration

Place of residence in this section is defined as the area where a person is resident for at least four days a week.



Figure 24: Distribution of population by age and province



What figure 24 shows is that, for instance, the proportion of people across all age categories living in Gauteng is 19,7% (Census, 2001) of the total population. But specific age categories constitute a larger proportion than the provincial average: 20 – 24 years (22,7%), 25 – 29 (26,6%), 30 – 34 (26,3%) and 35 – 39 (25,2%). On the other hand, a smaller proportion of those in such age categories as 5 – 9 years (14,0%), 10 – 14 (13,5%) and 15 – 19 (15,1%) form a significantly smaller proportion of the Gauteng population.

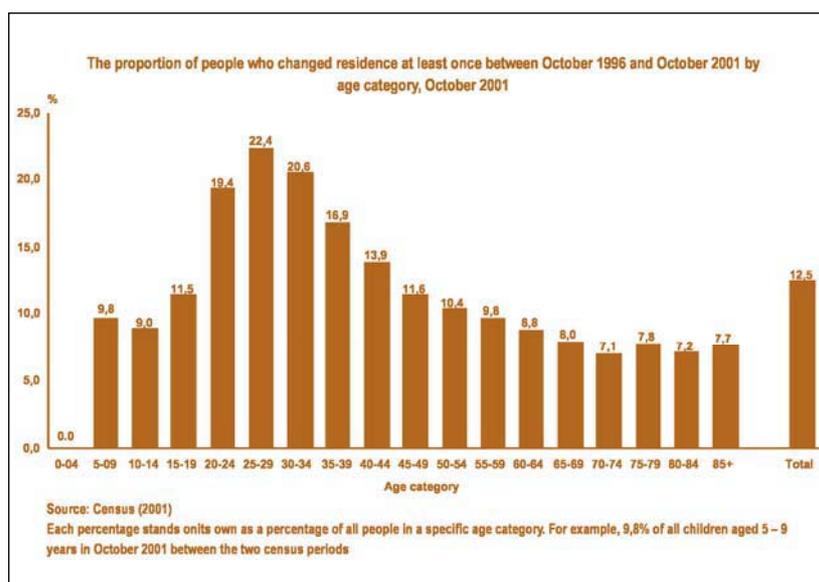
The inverse is the case with provinces such as the Eastern Cape with 14,3% of the total population but with only 10,8% of those in age categories 25 – 29 and 30 – 34, while those aged 5 – 9 years are at a higher-than-average proportion of 17% and those aged 10 – 15 years at 17,5%.

In other words, young adults, with the daring, ambition and some resources are more likely to migrate to provinces with greater economic potential such as Gauteng and the Western Cape.

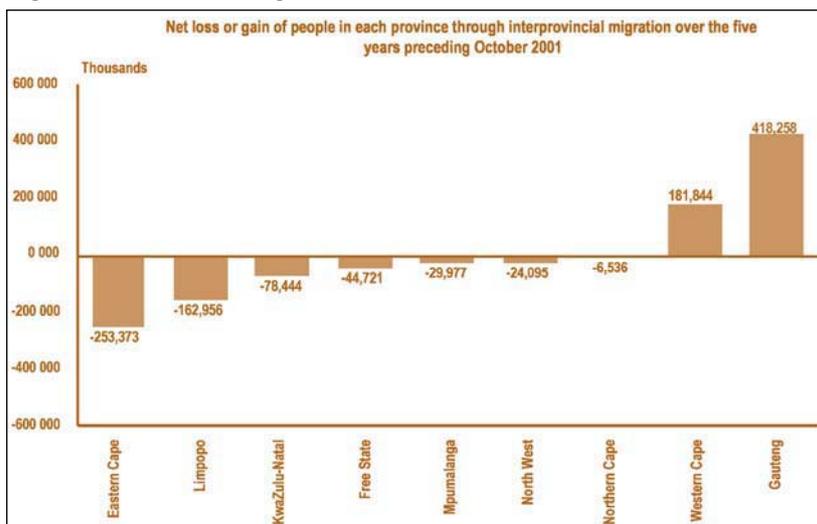
Migration has also occurred within provinces, reflecting the general trend of movement to urban areas. Approximately 75% of all migration is to urban areas. The incidence of such migration within provinces, from 1997 to 2001, is reflected in the following order: Gauteng (32,8%), Western Cape (14,8%) and KwaZulu-Natal (14,1%).

The proportion of each age category that moved residence between the two post-1994 censuses confirms the age pattern:

Figure 25: Changing residences – by age group



Of these 31,4% moved between provinces. The net loss/gain by province confirms the interprovincial patterns and is shown in figure 26:

Figure 26: Provincial net gains and losses

Source: Census 2001

The biggest loss was from the Eastern Cape (-253 000) and Limpopo (-163 000) while the biggest gains were in Gauteng and the Western Cape: movement was to areas with higher gross geographic product or higher economic potential. This is further confirmed by the fact that Mpumalanga's rural areas had the highest experience of in-migration.

According to Stats SA (2005) these migration patterns continue. These two provinces have positive net migration, with the largest number of persons expected to migrate to Gauteng (approximately 520 000 for the period 2001 – 2006). The Eastern Cape and Limpopo are expected to have the largest negative migration, with the Eastern Cape expected to experience negative net migration of approximately 320 000 for the period 2001 – 2006.

21 Underlying trends in migration

In their analysis of Stats SA's October Household Surveys data, Kok *et al* (2003) proffer a number of reasons for migration as summarised in table 18:



Table 18: Reasons for migration by percentage of respondents

Reason	Percentage
Marriage-related	12%
Work-related	50%
Moved to a new house	24%
Could no longer afford to pay rent	1%
Evicted	2%
Left to escape crime	2%
Lack of land	3%
Political reasons	3%
Other reasons	3%

Source: Kok, et al (2003)

There are many undercurrents to the migration process, with a myriad of implications for social cohesion and social capital:

- two migrant profiles describe themselves with migrants 'proper' mainly being the less vulnerable and better-educated residents, while labour migrants are essentially more vulnerable and poorly-educated citizens
- between 1992 and 1996, many more men than women migrated while by 2001 the number of male migrants was just marginally more than that of women
- the young women migrants tend to have secondary education while young males with less than secondary education have a higher probability of migrating – suggesting a poverty trap for poorly-educated women for whom migration is not an escape
- the Gauteng profile where there is a dip in the proportion of those aged 5 – 19, as opposed to Limpopo and the Eastern Cape where there is a higher proportion of those aged 5 – 19, suggests that young mothers migrate with babies (0 – 5 years), but send these back when they reach school-going age.

Three important implications for households and families arise from the following trends in migration:

The first is that households in which a member receives a social pension, experience a drop in working age males and are more likely to have children below the age of five and young women of child-bearing age. This implies the dependency syndrome in extended families but also raises the question of the impact of access to some income on employment search costs.

The second is that migration seems to have a direct influence on household size, with migrant households increasingly tending to be composed more of single-member households, and with the proportion of such among migrants having doubled between 1996 (11%) and 2001 (21%).

Thirdly, migration data indicates that rural areas are being left with high proportions of female-headed households. Apart from the obvious social implications such as family disintegration, these female household heads are particularly prone to poverty, trapped in the deepest mire of the Second Economy.

In terms of identity, migration generally does spawn a change of 'place identity': desegregation of former white suburbs, cultural affiliation, 'imported' dependencies and the emergence of migrant colonies. In instances where the migrants are economic outsiders, these identities can play havoc with the social regulation of formal instruments of the polity.

22 Causes of death and social demographics

As indicated earlier, mortality trends and causes do reflect social dynamics, and these dynamics can themselves be impacted on by trends in mortality, especially where unnatural causes produce distorted life cycles.



In terms of absolute figures from the latest study by Stats SA(2004), mortality trends tend to confirm the relationship between social conditions and race on the one hand and the actual causes of death on the other, though there are some contradictory data in some respects:

- young African males are more likely to die of unnatural causes (mainly violence and car accidents) than any other section of the population – this is borne out by the fact that assault, as a cause of death, does not feature among the top 10 in any other age category but 15 – 29

Table 19: Leading causes by age

% distribution of 10 leading causes of death by age: 15 – 19				
Cause of death	Year of death			
	1997	1999	2001	Total
Events of undetermined intent	43,87	26,22	19,46	27,96
Tuberculosis	10,01	13,37	17,60	14,24
Ill-defined and unknown causes of mortality	7,79	8,64	9,12	8,62
Influenza and pneumonia	3,97	6,15	9,28	6,87
Human immunodeficiency virus (HIV) diseases	4,76	5,39	3,87	4,61
Certain disorders involving the immune mechanism	2,50	4,70	4,81	4,18
Intestinal infectious diseases	1,93	3,28	4,36	3,37
Other external causes of accidental injury	1,35	3,81	2,15	2,51
Assault	1,54	2,66	2,89	2,47
Other forms of heart diseases	2,54	2,09	2,25	2,27
Total	80,26	76,31	75,79	77,10

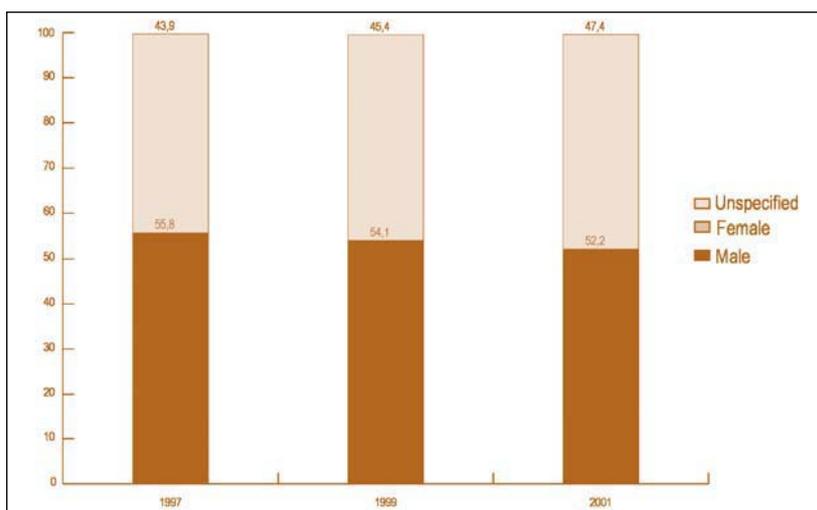
Source: Stats SA(2005)

- among the very young (0 – 14 years), respiratory, cardiovascular and digestive system disorders as well as intestinal infections and malnutrition – which are most likely linked to social conditions – are the most prevalent among the top 10 causes of death

- within the white community, among the most pronounced causes of death are diseases and other causes related to lifestyle such as cardiovascular mortalities and so on
- the distribution of deaths by gender suggests a counterintuitive tendency, in that males show a higher level of mortality relative to their proportion of the population as a whole – this is in part influenced by the issue of risky life experiences among young adult males alluded to earlier.

Figure 27: Causes by gender

Distribution of deaths for 1997, 1999, 2001 by gender



Source: Stats SA(2005)

An analysis of non-natural causes of death in the National Injury Mortality Surveillance System Survey (MRC, 2003), reflecting fatal injuries (homicide, transport accidents, suicides or other unintentional injury fatalities) during the course of 2002 reveals the following critical information on social dynamics:

- such non-natural causes account for 12 – 15% (about 80 000) of all mortalities, and the highest proportions in this regard are in the age group 20 – 44 years

Figure 28: Overall manner of death

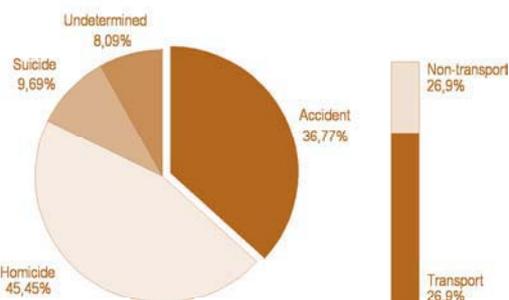
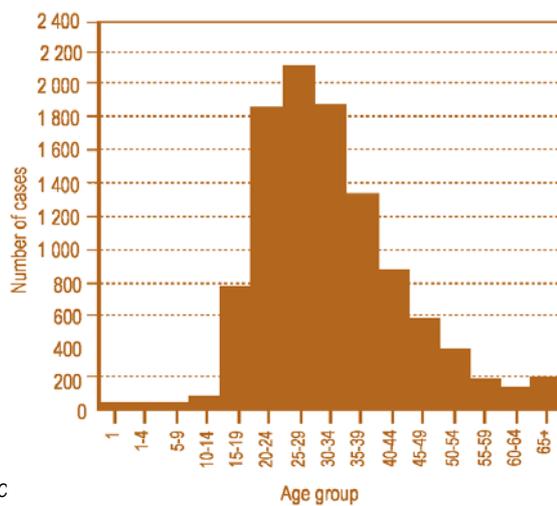


Figure 29: Homicide by age



Source: MRC

- 45,4% of these deaths are homicides, and they account for over 50% of all non-natural deaths in the age group 15 – 44 years
- in the age categories 0 – 14 and 55+, the largest cause (at over one-third) is transport-related, and in the group 0 – 14 years over 60% of these are pedestrians

- males account for the highest proportion of non-natural deaths (80,6%) and the leading cause of these among males (49%) is homicide and for females (31,9%) it is transport
- of homicide cases, over half in the age group 15 – 64 years are as a result of firearm incidents followed by 'sharp force injury'.

Overall, the total number of registered deaths increased from 308 790 in 1997 to 422 508 in 2001, an increase of 37% in a period roughly corresponding with the two Census periods in which the population increased by some 11%. Allowance has to be made for improvements in recording over this period: however, there seems to be a suggestion of an increase in the mortality rate.

In the TYR (2003), using figures from MRC research, it was established that average life expectancy of the South African population fell from 57 years in 1995 to 55 years in 2000.

23 Unnatural trend – impact of HIV and AIDS?

The percentage of deaths by age for 1997, 1999 and 2001 suggests a reduction in the proportion of deaths among the very young (0 – 14 years) and the older generation (55+).

Table 20 (a): Distribution of deaths by age

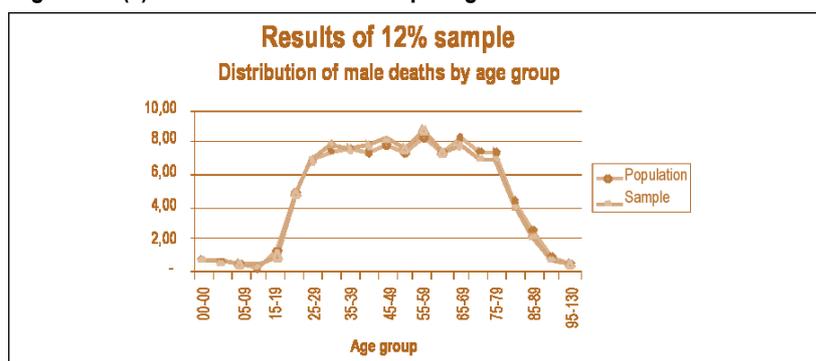
Percentage deaths by age for 1997, 1999, 2001			
Age	1997	1999	2001
0 – 14	12,2%	11,7%	10,8%
15 – 29	11,8%	13,3%	13,9%
30 – 44	17,5%	20,8%	23,6%
45 – 59	18,8%	17,9%	17,9%
60+	38,5%	35,5%	33,6%
Unspecified	2,1%	0,8%	0,5%

Table 20 (b): Distribution of deaths by age

Deaths per year								
Age group	1997	% 1997	1999	% 1999	2001	% 2001	Total	% Total
0 – 4	32 130	10,4%	36 124	10,0%	38 804	9,2%	107 058	9,8%
5 – 9	2 851	0,9%	3 192	0,9%	3 625	0,9%	9 668	0,9%
10 – 14	2 631	0,9%	2 769	0,8%	3 000	0,7%	8 400	0,8%
15 – 19	5 976	1,9%	7 198	2,0%	7 740	1,8%	20 914	1,9%
20 – 24	13 101	4,2%	15 919	4,4%	18 237	4,3%	47 257	4,3%
25 – 29	17 683	5,7%	25 007	6,9%	33 039	7,8%	75 729	6,9%
30 – 34	18 347	5,9%	26 947	7,4%	36 374	8,6%	81 668	7,5%
35 – 39	18 153	5,9%	25 752	7,1%	33 964	8,0%	77 869	7,1%
40 – 44	17 639	5,7%	22 854	6,3%	29 764	7,0%	70 257	6,4%
45 – 49	18 043	5,8%	22 398	6,2%	26 667	6,3%	67 108	6,1%
50 – 54	17 085	5,5%	20 595	5,7%	25 140	6,0%	62 820	5,7%
55 – 59	20 038	6,5%	21 693	6,0%	22 173	5,2%	63 904	5,8%
60 – 64	19 933	6,5%	21 748	6,0%	25 434	6,0%	67 115	6,1%
65+	98 846	32,0%	106 813	29,5%	116 483	27,6%	322 142	29,5%
Unspecified	6 334	2,1%	2 813	0,8%	2 064	0,5%	11 211	1,0%
Total	308 790	100%	361 822	100%	422 508	100%	1 093 120	100%

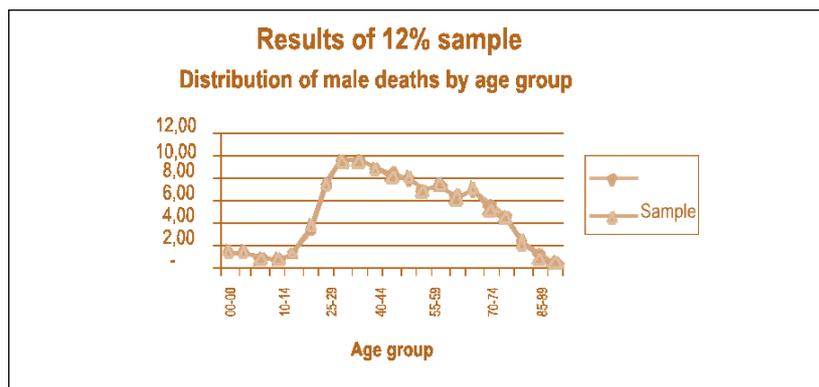
Source: Stats SA(2005)

As such, compared with 1997, the age distribution for 2001 shows an increasingly pronounced and unnatural hump among both males and females.

Figures 30(a): Male distribution – comparing 1997 and 2001

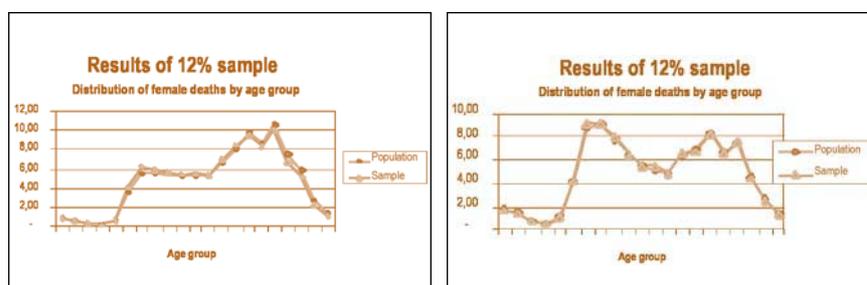
Source: Stats SA(2005)

Figures 30(b): Male distribution – comparing 1997 and 2001



Source: Stats SA(2005)

Figure 31(a) and (b): Female distribution – comparing 1997 and 2001



Source: Stats SA(2005)

In analysing this age pattern, account should be taken of two factors:

- The observations above regarding non-natural causes of death: the fact that a disproportionate number (in terms of 'normal' mortality trends) of those in age group 20 – 44 account for non-natural causes of death. This explains the hump in figure 30 for males and the steep rise for females after 19 years in figure 31.

- As indicated in the TYR (2003), antenatal care utilisation improved from 89% in 1994 to 94% in 1998 with births received without antenatal care falling from 12% to 3%. In part, this explains the reporting of maternal deaths which increased from 676 in 1998 to over 1 150 in 2003 (Department of Health, Enquiries into Maternal Deaths in South Africa, 2004). It is estimated that maternal mortality ratios have averaged 150 per 100 000 of live births.

These two factors, however do not, on their own, fully explain the trend in age patterns of deaths in figures 30 and 31. Combined with this age pattern, is the fact that explicit reference to HIV and AIDS in the recorded data indicates that only in the age groups 15 – 44 does this cause feature among the top 10. Stats SA(2005) has also made a number of inferences from this as well as the incidence of HIV-related opportunistic causes of death to come to the conclusion that 'AIDS-related' causes of death increased from about 15% of all deaths in 1997 to about 25% in 2001.

Table 21: Extrapolation on impact of HIV and AIDS

% of deaths per year attributed to HIV & AIDS-related (opportunistic) diseases			
HIV & AIDS opportunity diseases	1997	1999	2001
Diarrhoea and gastroenteritis of presumed infectious origin	1,96	2,82	3,39
Respiratory tuberculosis; not confirmed bacteriologically or historically	6,47	8,26	10,2
Zoster (herpes zoster)	0,01	0,01	0,02
Human immunodeficiency virus (HIV) disease resulting in infectious and parasitic diseases	1,39	1,89	1,39
Human immunodeficiency virus (HIV) disease resulting in other specified diseases	0,09	0,12	0,1
Human immunodeficiency virus (HIV) disease resulting in malignant neoplasms	0,03	0,03	0,03
Human immunodeficiency virus (HIV) disease resulting in other conditions	0,21	0,23	0,15
Unspecified human immunodeficiency virus (HIV) disease	0,27	0,34	0,38
Candidiasis	0,02	0,03	0,06
Cryptococcosis	0,07	0,12	0,23
Pneumocystosis	0,04	0,15	0,41
Kaposi's sarcoma	0,04	0,06	0,1

Table 21: Extrapolation on impact of HIV and AIDS (continue)

% of deaths per year attributed to HIV & AIDS – related (opportunistic) diseases			
HIV & AIDS opportunity diseases	1997	1999	2001
Other and unspecified types of non-Hodgkin's lymphoma	0,16	0,16	0,13
Bacterial meningitis; not elsewhere classified	0,07	0,08	0,1
Meningitis due to other and unspecified causes	0,37	0,51	0,7
Other disorders of brain	0,08	0,13	0,12
Pneumonia: organism unspecified	3,54	4,82	6,77
Other non-infective gastroenteritis and colitis	0,17	0,29	0,53
Congenital pneumonia	0,93	1,07	1,29
Other congenital infectious and parasitic diseases	0,1	0,11	0,13
Other perinatal digestive system disorders	1,5	1,6	1,18
Total	17,5	22,8	27,4

Source: Stats SA(2005)

In other words, there is clearly not only a pandemic in silent attack, but its fatal impact is starting to express itself palpably in both morbidity and mortality. The most affected in this regard are able-bodied citizens in the prime of their lives. These would most likely be parents of young children and possibly breadwinners of extended families who are also among the most skilled within the population.

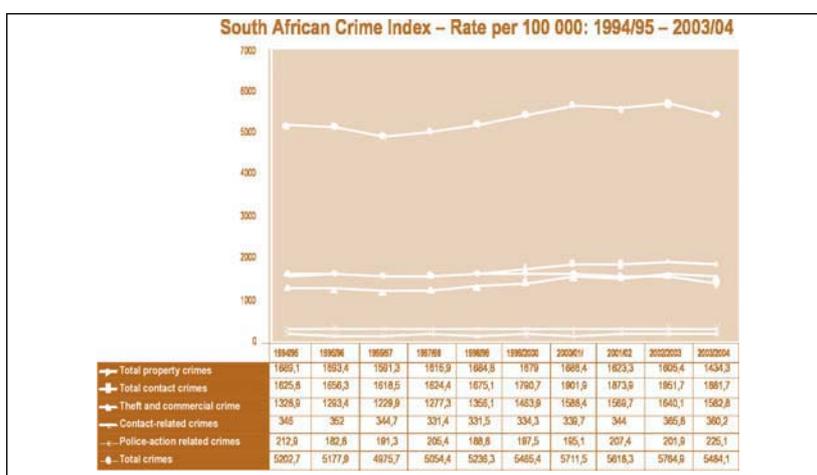
24 Crime trends and their relevance to social cohesion

Crime incidence does have a bearing on social cohesion – both as cause and effect. In a society in transition, particularly ours, which included the removal of artificial racial barriers, massive migration, changes in the structure of the economy, as well as improving confidence in law-enforcement agencies, there was bound to be upheaval at least in terms of trends in reported crimes.

Crime statistics indicate that the total of all reported crimes steadily increased from 1996/97, stabilised from 2000/01 and decreased by 5% between the 2002/03 and 2003/04 financial years (South African Police Service [SAPS], 2004). The total of property crimes consistently decreased from the 1998/99 to 2003/04 financial years.

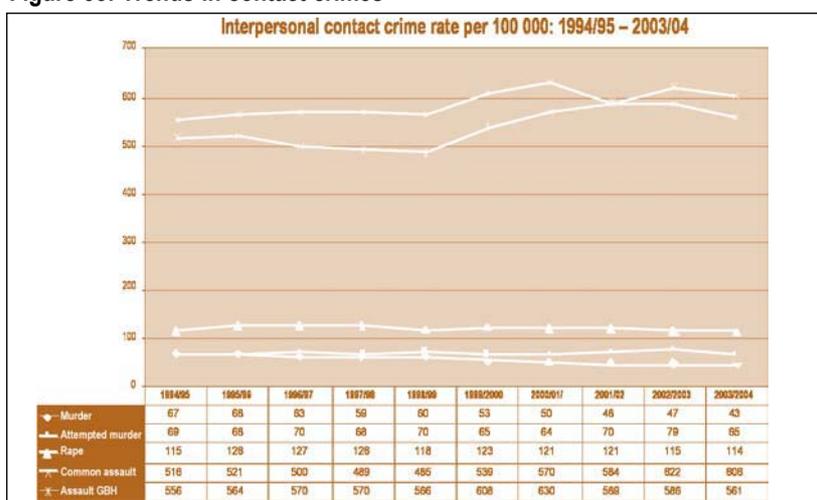
On the other hand, the total of contact crimes and theft has been increasing since 1994/95 but decreased marginally in the 2003/04 financial year.

Figure 32: Crime Rate Index



Source: SAPS (2004)

Figure 33: Trends in contact crimes

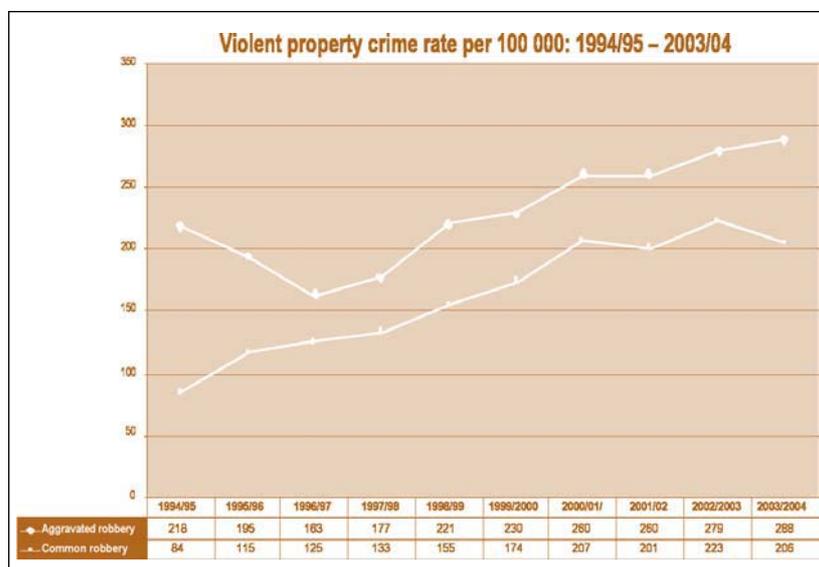


Source: SAPS (2004)

The above graph (figure 33) depicts trends in respect of crime against the person. Murder has sustained considerable declines and the murder rate has decreased by 36% and between 2002/03 and 2003/04 by 9% (SAPS, 2004). Although murder has been decreasing, the volume of this crime is still high at 18 000 cases reported per year.

Trends for rape have been relatively stable since 1994/95 and decreased moderately from 2001/02 and 2003/04. While attempted murder, assault with grievous bodily harm (GBH) and common assault had steadily increased, latterly they have also decreased. Attempted murder decreased significantly by 18%, whereas common assault and assault with GBH decreased moderately by 3% and 4% respectively. An increase in the number of reported assaults could in part point to growing public confidence in the SAPS.

Figure 34: Trends in robbery



Source: SAPS (2004)

Reported robberies have been steadily increasing since 1994/95. Common robberies decreased moderately between 2002/03 and 2003/04 (figure 34). The increase in aggravated robbery rates correlates with the high number of street robberies and muggings recorded by the police in socio-economically depressed areas, as well as the dynamics pertaining to cellphone-related crimes and claims. On the contrary, the number of 'high-profile robberies' such as car and truck hijacking, cash-in-transit heists and bank robberies have decreased considerably, notably between 1996/97 and 2003/04.

Overall, property crimes are consistently decreasing. Only residential burglaries have been increasing steadily since 1997/98 and dropped by 8% between 2002/03 and 2003/04. The increase in residential burglaries may point to the vulnerability of families in socio-economically depressed areas, as well as the general situation of massive poverty and opulence existing side by side within society.

Social conditions and the incidents of contact crimes

The majority of contact crimes occur in socio-economically depressed areas where there are:

- high levels of unemployment
- proliferation of liquor outlets which leads to alcohol and substance abuse
- absence of basic community amenities (water, electricity, recreational facilities, toilets)
- poor infrastructure and environmental design (lack of street lights, street names and sometimes even proper streets, isolated routes between houses and taxi ranks, etc.)
- migration into urban areas (which puts pressure on appropriate urban human settlement planning on the one hand and social, community and traditional systems of censure)
- high levels of recidivism.



Attached to this is the legacy of apartheid, such that areas experiencing the most crimes also remain affected by inadequate security resources.

Most of the contact crimes mainly occur during the festive season and on weekends, very often between people who know one another, and within close proximity of liquor outlets. The peak hours for homicide are 20h00 – 23h00; peak days are Saturday followed by Sunday and Friday; while the peak month is December.

With regard to rape, there is quite strong association with drinking – mostly in the company of acquaintances, gang members, people who have been involved in criminal activity, and at public drinking places such as shebeens, bottle stores and clubs.

A related and relatively new phenomenon is the usage of drugs. Half of the people arrested for murder, 45% for rape and 35% for assault tested positive for drug abuse.

There has also been a dramatic increase in the number of young people who have been incarcerated, either as sentenced inmates or awaiting-trial detainees.

Table 22: Number of sentenced and awaiting-trial prisoners

Dates	under-18	19 – 25	26 – 30	31 – 35	Total
31 July 1995	936	37 244	24 423	19 144	81 747
31 July 2004	3 616	71 293	41 789	29 008	145 706

Source: Fagan (2005)

25 Public perceptions of the criminal justice system

The National Victims of Crime Survey, conducted by the ISS in 2003, showed an increase in the confidence of the public in the criminal justice system (Burton, *et al*, 2004).

Over half (52%) of the respondents in the study said police in their area were doing a good job, while 45% disagreed. The main reasons behind the positive response included: a committed police force, the arrest of criminals and timely response. On the other hand, corruption was one of the main reasons for the opposite view. Notably, over half of those who had actually visited a police station said their opinions about the police had improved.

Over half (59%) of South Africans who had been to court felt that courts were adequately performing their duties. Just over half (51%) of all respondents said they were generally satisfied with the court performance while 45% were dissatisfied.

Other studies also revealed that the high intensity operations conducted by the SAPS in various crime hot spots left the public feeling safe in those areas. In this regard, 76% of people who had come into contact with the police during these operations expressed satisfaction with their service.

The study indicated high public access to the police. Nearly all respondents (97% of the 3 000 people interviewed) knew where their nearest police station was and two thirds of these were able to reach the police station within 30 minutes or less using their mode of transport.

The study also showed that access to courts was also generally good. Over three quarters (84%) of the respondents knew where their nearest magistrate court was located in their area. Access to courts was much easier for urban dwellers than for people living in rural areas.

VII ORGANISATION OF SOCIAL LIFE AND SOCIAL NETWORKS

Cohesion in a society such as ours is determined by the social structure in terms of such categories as class, race, language and nationality. But social networks extend beyond these socio-economic issues, and are impacted on by factors that can define a trajectory of their own.

