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WHITE PAPER

ON

POPULATION POLICY

MINISTRY FOR WELFARE AND
POPULATION DEVELOPMENT

APRIL 1998

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FOREWORD

Our country is one of the few countries in the world where the fertility rate has been significantly reduced while the majority of the population has remained poor, which contradicts the belief that the majority of our people are poor because they have too many children. This policy advocates a holistic multi-sectoral approach, so that our efforts to influence fertility, mortality and migration, as well as the size, structure and growth rates of the population, are both a means to and outcomes of sustainable development.

Our population policy takes into account the recommendations of the Programme of Action of the International Conference on Population and Development held in Cairo in 1994. The population policy now compels us to take the consensus reached at that conference to the community and family levels. It is primarily within community and family contexts that underlying power relations operate to influence decision-making regarding the distribution of resources, which in turn determines quality of life.

This population policy is complementary to the national development plans and macro-economic policies of the Reconstruction and Development Programme and the Growth, Employment and Redistribution Strategy. The national population policy primarily seeks to influence the country's population trends in such a way that these trends are consistent with the achievement of sustainable human development.

The concerns spelt out in the policy pertain to problems associated with poverty, gender discrimination, environmental degradation, gross socio-economic inequities between rich and poor and between the urban and rural sections of the population, premature mortality, especially in infants, and the threat of HIV/AIDS and other sexually transmitted diseases, teenage pregnancies, the lack of expertise in the population and development field and a general lack of reliable population data and information on population and development interrelationships. Obviously, this policy focuses on more than just fertility trends and fertility control.

The design and implementation of interventions that will lead to the achievement of the objectives of the policy will be undertaken sectorally, at national and provincial levels. The various ministries and departments, especially those in the social, economic and environmental sectors, therefore have the major responsibility for the implementation of the policy. Accordingly, all existing and future sectoral and intersectoral policies and programmes must be oriented towards achieving the objectives of the policy.

The National and Provincial Population Units, currently located in welfare departments, will support national and provincial line function departments and facilitate inter-agency collaboration and cooperation regarding the implementation of the population policy. These population units will also be responsible for overseeing the monitoring and evaluation of the population policy's implementation. The final responsibility for the implementation of the policy rests with the South African Government.

Thank you.

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BACKGROUND

THE PROCESS OF DEVELOPING A NEW POPULATION POLICY FOR SOUTH AFRICA

The impetus for the reorientation of government policy arose from the change in government in 1994. This was the same year that the United Nations International Conference on Population and Development (ICPD) took place in Cairo, Egypt, in September 1994. The ICPD offered a useful new international perspective on population and development issues.

The development of the new national population policy commenced in June 1994, when the South African Government of National Unity initiated a review of the population policy adopted during the apartheid era as well as the functions of the population units at national and provincial levels. This review was undertaken in a number of stages. Consultations were held with the staff of population units and with population experts in order to identify the key issues that needed to be reviewed. A core group of national consultants and a broader working group of members of the population units were set up to undertake the review and to prepare a new policy.

A public discussion document, entitled **A Green Paper for Public Discussion: Population Policy for South Africa?** was launched in April 1995 during the Conference on Formulating a Population Policy for South Africa, organised by the Department of Welfare. A Non-Governmental Organisation Conference Report-back on the International Conference on Population and Development and on consultation on population policy was also held in April 1995. The Green Paper was widely advertised (including advertisement on Internet) between April and September 1995. Written submissions were requested from interested parties and the general public. In addition, the population units facilitated workshops in all provinces for government and representatives of civil society to achieve a broadly based consensus on national population problems, and the best means of addressing them.

A total of seven hundred and forty-nine written submissions on the Green Paper were received from academics, community groups, government departments, the private sector and NGOs. These were analysed and a report on the major findings was prepared by the core group and submitted to the national and provincial Ministers responsible for the population function in October 1995. Proposals were also made regarding the approach the population policy should take in order to reflect the findings of the submissions on the Green Paper.

The predominant view expressed in the submissions was that a new population policy for the country was necessary, and that such a policy should -

- form an integral part of national development strategies;
- have as a major goal the provision of a broad range of social services to improve the quality of life of the entire population, instead of the achievement of demographic objectives;

- ensure the establishment of effective mechanisms for the collection, analysis and interpretation of demographic and related socio-economic data and their use in policy formulation, planning, programming, monitoring and evaluation processes in various sectors; and
- lay the basis for the construction of interventions that should receive attention as part of the implementation of specific programmes in sectoral departments.

A draft discussion document on population policy was subsequently compiled during the period December 1995 to August 1996. During the drafting of the discussion document and the subsequent reviewing thereof, extensive consultations were held with all relevant ministries and departments as well as with population and development experts within universities, NGOs and the United Nations.

The completed draft discussion document on the population policy was presented to the Minister for Welfare and Population Development in September 1996. The following month Cabinet approved that the document be gazetted and released for public comment as the first Draft White Paper for a Population Policy for South Africa. It was released as *Government Gazette*, Volume 376, Number 17529 of 31 October 1996.

Copies of the first Draft White Paper were widely distributed and public comments on the contents were invited until the end of February 1997. The Department of Welfare received one hundred and sixteen written submissions from the public on the draft population policy. The submissions were scrutinised in March 1997. A number of substantive policy issues were identified, noted and then discussed; firstly, with a reference group of multi-disciplinary local and international experts on population and development; and secondly, with the Provincial Ministers and the relevant senior officials responsible for the population function in the nine provinces. These discussions provided guidelines for finalising the draft population policy.

The final draft of the White Paper was approved by the Cabinet Committee for Social and Administrative Affairs early in August 1997. The Portfolio Committee for Welfare and Population Development also arranged public hearings in October 1997 to offer the public an opportunity to air their views on the new population policy. The White Paper was tabled in Parliament early in 1998.

EXECUTIVE SUMMARY

A number of major population issues need to be addressed as part of the overall socio-economic development strategy of the country, as reflected in the Reconstruction and Development Programme (RDP) and the Growth, Employment and Redistribution (GEAR) strategy of the Government of South Africa. These population issues have been identified as limiting the attainment of sustainable development objectives. They constitute obstacles to improving the quality of life of the people of South Africa.

The population policy described in this White Paper is designed to provide a comprehensive and multi-sectoral framework for addressing population issues that are currently considered not commensurate with achieving sustainable socio-economic and environmental development. A basic tenet of this policy approach is that the population concerns are considered as multi-faceted and intersectoral. Consequently, efforts to address them within the context of national development strategies are also portrayed as multi-sectoral. The policy conforms with the Bill of Rights contained in the Constitution of the Republic of South Africa. It forms an integral component of national strategies for reducing past inequities, while substantially enhancing the quality of life of the entire population.

The policy emphasizes the shift to a sustainable human development paradigm which places population at the centre of all development strategies and regards population as the driving force and ultimate beneficiary of development. The role of population in development is encapsulated in the Programme of Action of the International Conference on Population and Development (ICPD) agreed upon by the international community in Cairo in 1994. South Africa endorses the Programme of Action and thus the strategy for development that emphasizes the reciprocal relationships between population, development and the environment.

The population policy has been designed and conceived as integral to development policies and strategies, not as a substitute for them. Given an improved understanding of the interrelationships between population, development and the environment, it calls upon Government to take these relationships into account when designing, implementing and monitoring development programmes. This call is made against the background that past policies aimed at addressing population issues in South Africa focused on fertility reduction, restricted population movement and controlled settlement patterns.

This population policy clearly articulates the Government's position on the relationship between population and development. Sustainable human development is the central theme and organizing principle of this policy. Therefore, the development challenge is viewed in terms of meeting the needs of the present generation and improving their quality of life without destroying the environment or depleting non-renewable natural resources, in order to avoid compromising the ability of future generations to meet their own needs. Accordingly, the policy is rooted in an approach which

recognizes the three demographic processes of fertility, mortality and migration as critical indicators of factors influencing the attainment of sustainable development.

The population policy described in this document has been developed within the framework of the Constitution. The policy is based on a set of twelve guiding principles, which provide the ethical context for a human rights approach to integrating population concerns into development planning, implementation and monitoring. These guiding principles provide the fundamental points of departure which guide the contents of the population policy.

The policy vision emphasizes the attainment of a high and equitable quality of life for all South Africans, as well as a balance between population trends, sustainable socio-economic development and the environment. The goal of the policy states that changes in the determinants of the country's population trends must be brought about to promote sustainable human development.

The policy objectives reflect the two main pillars on which the policy rests. One pillar is the systematic integration of population factors into all policies, plans, programmes and strategies aimed at enhancing the quality of life of the people at all levels and within all sectors and institutions of government. The other pillar is a co-ordinated, multi-sectoral, interdisciplinary and integrated approach in designing and implementing programmes and interventions that affect major national population concerns. Underpinning these two pillars is the need for reliable and up-to-date information on population and human development to inform policy making and programme design, implementation, monitoring and evaluation.

A number of major population concerns have been identified as a result of analysing the human development and demographic situation in the country. These concerns cover a full range of population, development and environmental challenges, such as:

- the growth and structural dynamics of the population relative to the growth and capacity of the economy to cope with backlogs in employment, education, housing, health and other social services to meet the needs and aspirations of the people;
- the pressure of the interaction of population, production and consumption patterns on the environment;
- the high incidence and severity of poverty in both rural and urban areas;
- inequities in access to resources, infrastructure and social services, particularly in rural areas, and the implications for redistribution and growth and the alleviation of poverty;
- the reduced human development potential influenced by a high incidence of unplanned and unwanted pregnancies and teenage pregnancies;
- the high rates of infant and maternal mortality, linked to high-risk child bearing;
- the high rates of premature mortality attributable to preventable causes;

- the rising incidence of sexually transmitted diseases, especially HIV/AIDS, and the projected socio-economic impact of AIDS;
- the marked gender inequalities in development opportunities, including access to productive resources, that reflect the low status of women;
- the poor knowledge base on population and population-development relationships;
- the limited systematic use of population data in formulating and implementing, monitoring and evaluating development plans and programmes for the entire population.

A number of strategies are outlined, which comply with the multi-sectoral nature of the population policy. They link with the major population concerns and are expected to be operationalised to achieve the objectives of the policy. The twenty-four strategies cover ten broad areas, namely:

- coordination and capacity building for integrating population and development planning;
- advocacy and population information, education and communication (IEC);
- poverty reduction;
- environmental sustainability;
- health, mortality and fertility;
- gender, women, youth and children;
- education;
- employment;
- migration and urbanisation; and
- data collection and research.

The multi-sectoral strategies in these areas are seen as laying the basis for multi-sectoral programmes that will be designed and implemented by a variety of government departments and supported by the private sector and organisations within civil society. In addition, the strategies form the basis to orient and, where necessary, to reorient intersectoral and sectoral policies and programmes towards the achievement of the objectives of this policy. The implementation of the policy will be the responsibility of the entire government, the private sector, civil society and all South Africans. Sectoral ministries and departments, especially those in the social, economic and environmental sectors, will have the responsibility for implementing the policy by designing and implementing interventions aimed at the achievement of the policy objectives. Interdepartmental liaison and co-ordination will be necessary to ensure effective policy implementation, such as the development of shared goals, targets and indicators to evaluate progress and impact.

Population units at national and provincial levels attached to the welfare departments will be restructured to facilitate and support the implementation of the policy. Their functions will include:

- promoting advocacy for population and related development issues;

- assisting government departments to interpret the population policy in relation to their areas of responsibility;
- analysing and interpreting population dynamics;
- commissioning research on the reciprocal relationships between population and development;
- disseminating information to inform policy design and programming; and
- monitoring and evaluating population policy implementation.

The Cabinet, Parliament and legislatures will play an essential role in ensuring the successful implementation of the policy. The President as Head of State will report on progress with the implementation of the policy as part of an annual national development report. The Cabinet Committee for Social and Administrative Affairs will also oversee the implementation, monitoring and evaluation of the policy as part of the national development strategy. All parliamentary and provincial legislature portfolio committees whose areas of responsibility relate to population and development issues, are expected to ensure that all legislation is consistent with the goal and objectives of the policy. They are called upon to monitor the implementation of the policy as it pertains to their respective sectors. This will ensure that legislation that supports the achievement of the policy objectives is enacted and that legislation that militates against it is identified and repealed.

Civil society will play a critical role in achieving the policy objectives. To this end, government departments will involve community structures in decision making and the implementation of programmes. Existing consultative structures will also incorporate issues addressed in the population policy in their deliberations. Non-governmental organisations that already implement programmes related to strategies identified in this population policy, will continue to monitor and critique the policy and its implementation.

PART ONE

PREAMBLE

1.1 WHY SOUTH AFRICA NEEDS AN EXPLICIT POPULATION POLICY

An analysis of the population and human development situation in South Africa reveals that there are a number of major population issues that need to be dealt with as part of the numerous development programmes and strategies in the country. Some of these concerns constitute serious obstacles to redressing inequalities and improving the quality of life of the population. They therefore need to be resolved within the framework of an explicit, comprehensive and multi-sectoral population policy, which is an integral component of national strategies for reducing past inequities based on race, while substantially enhancing the quality of life of the entire population. This policy should address current population trends that are not considered commensurate with sustainable socio-economic and environmental development. It should aim at bringing about changes in population trends, at removing flaws in past policies, and filling in gaps in the national social and economic development strategy.

The Reconstruction and Development Programme (RDP) and the Growth, Employment and Redistribution (GEAR) strategy currently constitute the overall planning framework for South Africa. The RDP is an integrated, coherent socio-economic policy that sets out various interconnected programmes for the many social and economic problems facing the country. The central objective of the RDP is to improve the quality of life of all South Africans. Its major programmes focus on meeting basic needs, developing human resources, democratising the state and society, and building the economy. The need for population data to formulate and implement pragmatic and realistic interventions for achieving the objectives of the RDP, and for their continuous monitoring and evaluation, is recognized. These data, however, require further elaboration to make the RDP a more effective instrument for achieving the Government's objectives in the post-apartheid era.

The GEAR, which is complementary to the RDP, sets out an integrated economic strategy for rebuilding and restructuring the economy. The focus of the GEAR is on the overall macro-economic environment. It constitutes a framework for accelerated economic growth, while focusing on the challenges of meeting basic needs, developing human resources, increasing participation in the democratic institutions of civil society and implementing the RDP in all its facets. Specific social and sectoral policy, such as health and welfare services, housing, land reform and infrastructure, and their key links with economic growth, employment and redistribution, are also contained in the GEAR. The RDP and the GEAR provide the overall framework within which to integrate the population policy.

The Bill of Rights contained in Chapter 2 of the Constitution for the Republic of South Africa also addresses social and human development issues, which affect the quality of life of people. These issues include housing, health care, food, water and social security, the situation of children, and education. Chapter 2 specifically notes the right of people to live in an environment "protected, for the benefit of present and future generations, through reasonable legislative and other measures that

... secure ecologically sustainable development and use of natural resources while promoting justifiable economic and social development". The links between these matters and population policy are clear.

1.2 PAST POLICY AND PLANNING CONTEXTS FOR POPULATION AND DEVELOPMENT

Past policies, especially with regard to the demographic processes of fertility, mortality and migration, were flawed in many respects. They were anchored in apartheid ideology and focused on:

- forced and/or restricted movement and resettlement of the population, especially blacks;
- reducing the country's rate of population growth by reducing the fertility of the population primarily through the provision of contraceptive services, often by coercive means;
- demographic rather than human development targets;
- restricting the access of blacks to educational and employment opportunities.

Past policies were also based on incorrect assumptions about the nature of those factors affecting the demographic processes, such as the belief that poverty is the consequence of a high population growth rate instead of recognizing the reciprocal relationship between the two phenomena.

Information on population and human development was often incomplete or deficient. Consequently, the knowledge base on the population, and on the interrelationship between population and development, was inadequate. Insufficient use was made of population data in the allocation of resources. Development planning and programming was seldom undertaken with the support of demographic analysis. The use of population data was further limited in scope because no overarching socio-economic development planning framework existed for the country as a whole. Although population data were used in the formulation of many development plans and programmes, this was not done systematically for the entire population. Development plans largely excluded the majority of the population.

Institutional mechanisms, which dealt with population-related issues, were limited by their location in government, and by the technical capacity of their staff. They were also limited by the ways in which they related to other institutions, both inside and outside of government, with which they had to deal and through which their programmes could be implemented. Mechanisms for co-ordination and collaboration were either weak or ineffective. This lack of effective cooperation and coordination resulted in programme interventions being neither realistic nor pragmatic.

The population policies of the former government, apart from their racial/racist basis, reflected a population and development paradigm that is no longer accepted. Rapid population growth was regarded as the major population concern. The preferred solution to the perceived overpopulation problem was the promotion of fertility decline, to be achieved largely through an intensive family planning programme.

In 1974 a national family planning programme was established to promote access to contraceptive services in order to lower the rate of growth of the black population. At the same time the government was encouraging an increase in the white population through immigration. Both

stationary and mobile family planning clinics were established and contraceptives were provided free of charge. The clinics operated independently of other health services, which were often not accessible or free. The programme consequently came under much pressure, both for its ideological focus and the inadequacy of its services. By the mid-1980s the programme's management had distanced itself from the demographic intent of the Population Development Programme. Instead, it promoted the programme's health benefits and started to integrate family planning into the other primary health care services.

In the early 1980s the government decided to implement a policy aimed explicitly at lowering the national population growth rate because the country's resources (especially water) could not sustain the prevailing high rate of population growth. Ironically, the black population was either being denied access to well water-resourced arable land or was being removed and relocated to poor water-resourced areas. Thus the minority population owned, or was systematically taking ownership of most of the well water-resourced land in the country. This approach to population growth was based on the recommendations of the 1983 Report of the Science Committee of the President's Council on Demographic Trends in South Africa. The Population Development Programme (PDP) was established in 1984 to implement this policy.

The PDP set a demographic target of achieving a total fertility rate of 2,1 by the year 2010 to stabilize the population at 80 million by the year 2100. The major thrust of the PDP was fertility reduction through family planning. However, in recognition of the fact that family planning by itself would not achieve this objective, the PDP included interventions in other areas that have an impact on fertility levels, namely education, primary health care, economic development, human resource development, and housing. Although it did not concern itself directly with mortality or migration, it did consider the impact of mortality, urbanization and rural development on fertility. The recognition of the broader dimensions of population growth marked a significant shift in government attitudes to the population problem and ways of solving it. However, the PDP did not address the fundamental question of the lack of citizenship of the black population, nor the institutionalized discrimination in the very areas it sought to address.

Since the PDP was multi-sectoral, it was to be implemented through an intersectoral committee consisting of representatives of departments responsible for education, primary health care, economic development, manpower development and housing. Each of these departments was expected to give priority to meeting the relevant needs of the population in the areas under its mandate. The Chief Directorate of Population Development (CDPD) was established in the Department of Health and Population Development. Population units were also set up under the CDPD in the provinces. Similar units were subsequently established in the homelands.

The implementation of the PDP was inadequate for a variety of reasons. There was no substantial shift in national funding priorities. Consequently, the intersectoral committee operated more in form than in substance. The CDPD did not have any authority to intervene in the programmes of other departments to ensure that the aims of the PDP were being pursued. In addition, there was no viable strategy or mechanism for the effective co-ordination of the multi-sectoral programme. An over-arching socio-economic development plan for the country did not exist. There was insufficient reliable demographic data and an insufficient number of appropriately trained people to analyse and interpret the data and to integrate population variables into sectoral plans and programmes. Attempts by the provincial population units to pursue the objectives of the PDP were not very successful either. Their briefs were unclear. They had no development funds.

The PDP met with considerable political resistance. In addition, there was little if any political commitment to ensure the effective integration of population issues in overall development planning. There was also no viable strategy to support the PDP's objectives.

As a result, the focus of the CDPD and the provincial population units shifted (from 1990) to the formulation and implementation of population information, education and communication (IEC) programmes. However, there were differences in focus, especially in the homelands, where the units concentrated on community development. The IEC programmes promoted the small family norm, stressing the relationship between poverty and large family size. The objective was to influence family size preferences and the reproductive behaviour of sub-groups with high fertility. Preference for a small family size increased during this period, especially among the Africans.

1.3 THE CURRENT POPULATION AND DEVELOPMENT PARADIGM

Different development paradigms have evolved and gained currency over time, primarily due to the analysis of the failure of past approaches to development. From an international perspective, there have recently been a number of fundamental changes in the conception and role of development, with a shift in focus to sustainable human-centred development. The focus of the current paradigm is "sustainable human development", in which population is placed at the centre of all development, as the driving force and ultimate beneficiary of development.

The role of population in development within this paradigm is encapsulated in the Human Development Reports prepared annually by the United Nations Development Programme (UNDP) and the Programme of Action of the International Conference on Population and Development (ICPD) agreed upon by the international community, including South Africa, in 1994. The Programme of Action endorses a new strategy on development that emphasizes the reciprocal relationships between population, development and the environment. It focuses on meeting the needs of individuals rather than on achieving demographic targets. Among its objectives and recommended actions with regard to the interrelationships between population, sustained economic growth and sustainable development (Chapter III) are:

- the need to fully integrate population concerns into all development strategies, planning, decision making and resource allocation, with the goal of meeting the needs and improving the quality of life of present and future generations;
- promoting social justice and eradicating poverty;
- adopting appropriate and sustainable population and development policies and programmes;
- reducing unsustainable consumption and production patterns as well as the negative impact of demographic factors on the environment;
- the periodic review of policies to ensure the full integration of population concerns into development strategies and into all aspects of development planning at all levels, the aim being to achieve sustainable development.

The Programme of Action also places emphasis on:

- gender equity, i.e. the equality and empowerment of women both as an important end in itself, and as essential for the achievement of sustainable development;

- improving education and health conditions;
- promoting sexual and reproductive health (including family planning) and reproductive rights;
- supporting the family as the basic unit of society and contributing to its stability;
- fostering a more balanced distribution of the population and reducing the role of various factors that affect rates of migration; and
- establishing factual bases for understanding and anticipating the interrelationships of population, socio-economic and environmental variables, and for improving programme development, implementation, monitoring and evaluation.

As a result of the close interrelationships between population, development and the environment, many population variables are now used as indicators of the development status of a country or geographical area. Similarly, many development indicators reflect the population situation within a country. It is incumbent on governments to take these relationships into account when designing, implementing and monitoring development programmes. Recommendations by various international forums are also encouraged. The most recent of the documents from the international fora are the Rio Declaration on Environment and Development (Rio de Janeiro, 1992); the Programme of Action of the International Conference on Population and Development (Cairo, 1994); the World Summit on Social Development (Copenhagen, 1995); the Platform of Action of the Fourth World Conference on Women and Development (Beijing, 1995); the second United Nations Conference on Human Settlements (Habitat II) (Istanbul, 1996) and the World Food Summit (Rome, 1996). There is consensus within these forums that "population issues should be integrated into the formulation, implementation, monitoring and evaluation of all policies and programmes relating to sustainable development". Further, it is agreed that the framework of population policies should be conceived as integral to development policies and strategies; not as a substitute for them.

1.4 THE APPROACH OF THE SOUTH AFRICAN GOVERNMENT TO THE POPULATION POLICY

This population policy articulates the Government's position on population and development. The Government's position is essentially a response to the injustices inherent in the population-related policies of the previous government, as well as to the internationally accepted paradigm shift in the population and development field. Sustainable human development is the central theme and organizing principle of this policy. "Sustainable human development" sees development as a process of enlarging people's choices. The role of government in development is the creation of an enabling environment for people to enjoy long, healthy and creative lives. The challenge is to meet the needs of the present generation and to improve their quality of life without destroying the environment or depleting non-renewable natural resources, which would compromise the ability of future generations to meet their own needs.

The three interrelated elements of population, pervasive poverty and environmental degradation are especially pertinent to sustainable human development. Thus, while the Government recognizes the critical links between population, development and the environment, the precise nature of these interrelationships must be further investigated in order to provide a solid foundation to improve the quality of life of all South Africans. The objectives, recommended actions and emphases of the ICPD Programme of Action stated earlier are thus accepted as basic points of departure for this policy and

its further refinement.

The present population situation is chiefly the consequence of past and current aspects of the interaction between development, demographic and environmental variables. Development affects population and the environment. Low levels of socio-economic development (a corollary of poverty) are typically associated with high rates of fertility, mortality and population growth. Changes in various development indicators have a direct impact on population trends. For instance, increasing levels of income, education and the empowerment of women are positively associated with better health and declining fertility and mortality rates, and often with migration from rural areas. On the other hand, some patterns of economic production lower the quality of the environment while others enhance it. For example, unregulated industrial production can lead to air and water pollution. Population pressure, too, can affect the environment. For example, population pressure on ecologically fragile areas can exacerbate environmental degradation and disrupt the ecosystem.

A country's population situation also affects its development prospects and the quality of the environment. For instance, high population growth places increasing pressure on government to provide services that will not only sustain but also improve existing standards of living. If the rate of population increase is more than a country can cope with, the quality of life will decline. This is true even where government is promoting equity in resource distribution.

The more youthful the population, the greater the proportion of the nation's resources that will have to be invested in the provision of services (for example education and health) for the dependent population, thereby reducing the resources available for stimulating economic growth in the short term. Further, a disproportionately young population will ensure that the population will increase in the future. In areas of the country where the population is thinly distributed, it is more expensive to make social services and infrastructure accessible to all.

The interrelationships between population, development and the environment outlined above imply that national population concerns must be taken into account in terms of promoting sustainable development in the country. The full range of major population concerns to be addressed through this policy initiative is clearly identified in Part Three of this policy document, following the analysis of the human development and demographic context in Part Two.

Consultations leading up to the final approval of this White Paper have seen a strong lobby for maintaining population growth as the central focus of this policy. However, such an approach would negate the important relationship between population and development for sustainable human development. While the factors promoting population growth are recognized as legitimate population concerns they must be addressed in a balanced manner.

A similar approach applies to family planning. Family planning is regarded as an integral part of reproductive health. The promotion of reproductive and sexual health is an important issue in its own right. It aims at helping men and women to control their fertility. It also aims at contributing to the improvement of the health of men, women and children. Sensitivity about past policies and strategies should not limit policy decisions for family planning service delivery. Within sustainable human development the emphasis is on providing equal access to reproductive health care for all. Quality of care, free choice, access to information and the availability of a full range of contraceptive methods are of crucial importance.

This emphasis on reproductive and sexual health does not, however, mean that these issues form the

central thrust of this policy. The policy is rooted in an approach which recognizes the three demographic processes of fertility, mortality and migration as equally important. A single policy intervention, such as family planning, aimed primarily at fertility control and therefore merely the reduction of the population growth rate, cannot form the thrust of the policy. However, family planning within the context of reproductive health is one of the important strategies for the achievement of sustainable human development. Government imposed and driven fertility control measures are not reconcilable within freedom of choice and human rights.

The Government acknowledges the reciprocal relationships between population, development and the environment. A basic tenet of the policy is that population concerns are multi-faceted and intersectoral. Efforts to address them within the context of the national development strategy should therefore be multi-sectoral and need to be realized within the framework of the RDP and the GEAR.

This population policy therefore commits the Government to resolving the national population concerns within the country's overall development framework. This will be achieved through the implementation of intersectoral programmes that impact on major national population concerns. Population and human development information that supports the systematic integration of population factors into all policies and programmes aimed at enhancing the quality of life of the people will be harnessed to maximum effect.

The vision embodied in this policy emphasizes the attainment of a high and equitable quality of life for all South Africans. The goal and objectives of the policy focus on changes in the determinants of the country's population trends, so that these trends are consistent with the achievement of sustainable human development. The design and implementation of interventions that will lead to the achievement of the objectives of the policy will be undertaken by all relevant government departments at all levels and in all sectors. Many of the programmes required to effectively operationalise the strategies are already being planned or implemented by various government departments at national and provincial level. However, existing and future development programmes may have to be oriented or reoriented towards achieving the objectives of the policy.

1.5 GUIDING PRINCIPLES OF THE POLICY

This population policy is based on the following guiding principles:

- 1.5.1 All South Africans are born free and equal in dignity and rights. Everyone is entitled to all the rights and freedoms set forth in the Universal Declaration of Human Rights and the Bill of Rights of the Constitution of South Africa. Population policies should therefore respect human rights.
- 1.5.2 The right to development is a universal, inalienable and an integral part of fundamental human rights. The people are the country's most important and valuable resource as well as the central subjects of development. The role of the Government in the development process is to facilitate people's ability to make informed choices, and to create an environment in which they can manage their lives.

- 1.5.3 Population, sustained economic growth and sustainable development are closely inter-related. Population policy should therefore be an integral part of an integrated system of development policies and programmes in a country. Its ultimate goal should be enhanced human development.
- 1.5.4 A population policy is more comprehensive than a fertility policy and includes such considerations as migration, mortality and fertility as well as their economic, social, cultural and other determinants.
- 1.5.5 Timely and reliable data and information are basic prerequisites for the design, monitoring and implementation of an appropriate population policy.
- 1.5.6 Advancing gender equality, equity and the empowerment of women, are fundamental prerequisites for sustainable human development, and thus constitute cornerstones of population and development programmes.
- 1.5.7 All couples and individuals have the basic right to decide freely and responsibly on the number and spacing of their children, and to have the information, education and means to do so.
- 1.5.8 People have the right to move freely within the boundaries of their country. Refugees may seek asylum from persecution in countries other than their own.
- 1.5.9 Poverty is one of the most formidable enemies of choice. Therefore, one of the most important objectives of a population policy is to contribute towards the eradication of poverty and all forms of social and economic exclusion of people.
- 1.5.10 People have the right to be informed about all matters relating to their daily lives. Consequently, the South African public should have access to relevant information concerning government policies, and an appropriate understanding of this information and its implications for all facets of their lives. This includes information on population and development issues.
- 1.5.11 The overall well-being of children should be given the highest priority by government.
- 1.5.12 Civil society should be involved in the design and implementation of population policies and programmes.

PART TWO

POPULATION AND HUMAN DEVELOPMENT SITUATION

2.1 DATA AND INFORMATION ON POPULATION AND HUMAN DEVELOPMENT

While a considerable amount of information is available on South Africa's population and the various indicators of human development in the country, it is unfortunately often deficient, especially with respect to its quality, reliability, coverage and completeness. Its usefulness is therefore limited, particularly with regard to accurately assessing the population and human development situation in the country, and developing, implementing, monitoring and evaluating development plans and programmes.

Although eleven population censuses have been conducted since 1904, their coverage has been limited because some of the former homelands were not included. This is especially the case in the more recent census enumerations conducted in the pre-1994 period. Inappropriate methodologies were adopted in the enumeration of populations residing in informal settlements around major cities. The organisation of the censuses was poor in several respects and the quality of data collected varied greatly between the various racial groups and provinces. Sample surveys conducted in that period did not as a rule cover the former homelands. The sampling procedures adopted were biased against informal settlements. The coverage and completeness rates of the vital registration system have always been low. The system did not cover the entire country, nor did the registration of births take place in health institutions. Data on international migration is deficient. A significant number of people immigrate illegally into South Africa, while many people who leave the country permanently do not declare themselves as emigrants. In addition, human resource capacities for undertaking analyses of the population and related data have been very limited, especially within government institutions.

As a result of the deficiencies mentioned above, there is no generally accepted set of reliable population and socio-economic data for the entire country. The estimates available are largely those made by national institutions and/or international agencies. There are few comprehensive or reliable analyses of demographic and socio-economic trends, or of the interrelationships between population and development phenomena in the country. Consequently, statistics used in this document, and explanations about their levels, trends and determinants, are based on the "best" available information and should be treated as indicative. The official publication of the Central Statistical Service (CSS), entitled RSA Statistics in Brief 1996, was used as a basic source of data and information in this document. Data disaggregated by race, geographical area and sex have been included where available. The limited availability of data disaggregated by sex, as well as of basic statistics on internal and international migration is striking.

It is recognized that disaggregation of data by race may be interpreted as an entrenchment of past political approaches that are no longer acceptable in the current democratic dispensation. Yet, the reality of the South African situation is that patterns of inequalities are clearly linked to race as a result of the country's history. An adequate situation analysis of the human development and demographic contexts thus needs to reflect the racial dimensions in order to effectively highlight population and development concerns and more adequately target development programmes. It will remain essential to maintain data sets disaggregated by race for the foreseeable future in order to monitor the success of corrective action in the quest for social justice.

The data situation is expected to be substantially improved in the immediate future since the Government, through the CSS, has already set in motion measures aimed at correcting past errors in the mechanisms for data collection, analysis, and dissemination. A system of integrated household surveys to be conducted annually (the October Household Survey series) started in 1993. A new Demographic and Health Survey (DHS) will be conducted in 1998 and is expected to be repeated at five-year intervals. The first post-apartheid population census to cover the entire country was done in 1996. Preliminary estimates of the 1996 census were published by the CSS in June 1997. The only results included in the preliminary estimates are population size per province, population distribution by sex, and urban/non-urban population distribution. The preliminary estimates indicate that there were 37,9 million people in South Africa at the time of the census. However, the CSS has indicated that detailed data from the 1996 census will only be released by April 1998. This data will be used to further elaborate on the nature of major population concerns for policy implementation.

2.2 THE HUMAN DEVELOPMENT SITUATION

2.2.1 THE ECONOMIC SITUATION

South Africa's GDP (at 1990 market prices) was R287 233 million in 1995. Real GDP increased at an annual average rate of only 0,7 per cent during the last decade, even with the stronger economic performance since 1994. With an annual population growth rate of more than two percent, real per capita output has declined significantly. However, recent economic growth rates have increased to 2,7 per cent in 1994 and 3,3 per cent in 1995.

The Consumer Price Index (CPI), which reflects the cost of living, was 12,4 per cent for the period 1970-1995. The value of the rand, based on the CPI, has been decreasing dramatically since the eighties, while the average level of consumer prices has increased constantly. With an inflation rate of just under 10 per cent, it is evident that South African consumers are currently worse off than they were two or three decades ago.

These figures indicate declines instead of improvements in the standard of living in the recent past. With existing inequities in access to resources, these declines are likely to have been more acutely felt among the disadvantaged sub-groups, which constitute the majority of the population.

South Africa is classified as an upper-middle income country with a medium level human development. However, the level of human development for the majority of the population is low. The Human Development Index (HDI), the level of development of a country's population calculated

on the bases of life expectancy, education and income, was 0,716 in 1994. National level figures mask huge differentials in the quality of life of the various sub-groups of the population, especially those identified by race and sex, and in the various geographical regions. In reality, the relative levels of human development are much lower for the majority of South Africans than is reflected by the above national aggregate indicators. For example, the HDI for Africans is 0,500; 0,663 for Coloureds; 0,836 for Asians; and 0,897 for whites; it also ranges from 0,470 for the Northern Province to 0,826 for the Western Province.

South Africa's history is characterised by colonialism, racism, apartheid, sexism and repressive laws. This history has created a divided society whose divisions have been reinforced and sustained by a system of separate and unequal development and segregation in virtually all spheres of social, economic, political and cultural life. One section of society is characterised by extreme wealth, with high levels of consumption, human development and the enjoyment of fundamental human rights. However, the major part of society is characterised by abject poverty, squalor, and minimal access to basic social and economic services. Fundamental human rights, including the enjoyment of full citizenship, were granted to the majority of the population only in 1994.

The country has one of the most skewed income distribution profiles in the world (as is reflected by a Gini Coefficient of 0,65). On average, Africans earn 13 per cent of the income earned by whites, while Asians and coloureds earn 40 per cent and 27 per cent respectively. An estimated 45 per cent of the population live in poverty. Almost all of the poor are Africans who live in either rural areas or urban slums/squatter settlements. These differentials are primarily a legacy of the apartheid system.

2.2.2 THE SITUATION OF WOMEN AND GENDER DISPARITIES

Gender disparities exist in many indicators of human development. These disparities reflect the generally lower status of women compared with men. Enrolment rates at primary, secondary and tertiary educational levels are estimated to be slightly higher for females (79,6 per cent) than for males (77,1 per cent), and adult literacy rates are almost equal for females and males. However, a high dropout rate is recorded for young women due to teenage pregnancies. Moreover, women are enrolled at the tertiary level of education mainly in traditionally female sectors such as teaching and nursing.

The income share of females is only 30,5 per cent of total income. This figure reflects the lower labour force participation rate of women and indicates that they are employed largely in low-wage jobs. A detailed breakdown of the economically active population by occupation and sex shows that women are bunched in traditional female occupations, which are relatively low-paid. Women are under-represented in the decision-making structures of both government and the private sector. They hold only 23,7 per cent of seats in Parliament, and constitute only 17,4 per cent of administrators and managers. The maternal mortality rate of 230 per 100 000 deliveries reflects their poor reproductive health status. The incidence of violence against women is high, with an estimated average of one rape every 83 seconds. Although the Constitution guarantees equality between the sexes in all aspects of life, many administrative and cultural practices still discriminate against them. In addition, women cannot as a rule take advantage of such life enhancing opportunities as politics, education, community involvement or leisure, because of their heavy domestic and work burdens. Female-headed households are particularly disadvantaged; their average income is about half that of male-

headed households (R1 141 and R2 089 respectively). Consequently, a larger proportion of female rather than male-headed households live in poverty.

Within the family, women assume the primary responsibility for the care of children, especially very young children. In South Africa, for the majority of African families, the extent to which women can fulfil this responsibility was severely compromised by the socio-political situation of the past. The burden on women to take on domestic as well as economic responsibilities leaves little time for childcare or feeding. At the same time, the provision of affordable, organised, early childhood education and care is completely inadequate or lacking. This need is probably greatest in urban and peri-urban areas. In rural areas, where families tend to be larger and employment rates lower, there is more likelihood of finding adults at home who can provide children with the necessary care and stimulation for development. Moreover, many families are female-headed with fathers absent or working elsewhere. Single parents do not have the time to undertake the double role of looking after their children and earning an income. This is particularly true of single mothers of small children.

The social-cultural context of gender issues in South Africa is not clearly understood. One of the reasons may be that the racial inequalities caused by apartheid policies have tended to mask the cultural aspects. Research on cultural perceptions of gender issues is needed to improve understanding of gender issues. Such research will provide a basis for developing appropriate illustrations of the real benefits of emancipating women and providing opportunities for children as part of policy implementation.

2.2.3 THE ENVIRONMENT AND NATURAL RESOURCES

Economic development and population settlement under apartheid policies could not be sustained. Industrial production has created air and water pollution. The reliance of 1,5 million households on agricultural production, together with forced removals to the homelands, has resulted in severe pressure on the land and environmental degradation. Overgrazing, overcrowding and erosion occurred in many areas which were already characterised by poor quality of land and low rainfall. Environmental degradation has also been exacerbated by deforestation. The lack of sanitation and refuse removal services in many rural and urban areas has added further pressure on the environment.

Additional stress on the environment results from widely differing consumption patterns within the total population. A major challenge faces water resource management strategies for the supply of safe and accessible water. The growing population and the great consumption differentials will place an increasing demand on already limited water resources.

Rainfall is highly variable in the southern African region. Sixty-five per cent of South Africa receives less than 500 millimetres of rain per year (i.e. 60 per cent of the world average). Much of the rainfall is concentrated along the eastern and southern parts of the country, while the interior and the west are generally semi-arid or arid. Ground water is limited. Extensive investments have been made in large inter-basin transfer schemes and regional water supply schemes to meet the needs of large-scale industry and commercial farming interests. International agreements on water transfers have been concluded with neighbouring countries. The demand for water for agricultural irrigation, municipal and domestic use, forestry, industry, power generation and nature conservation is increasing rapidly.

2.2.4 HOUSING, ELECTRICITY SUPPLY, WATER AND SANITATION

Although major strides have been made by government in water and electricity supply, far too many South Africans still live in shacks, without safe water, sanitation or electricity. In non-urban areas people generally rely on pit latrines, only 20 per cent of which have been improved to an acceptable, hygienic standard. Nineteen per cent of non-urban dwellings have no toilet at all.

About one quarter of South Africa's housing stock consists of traditional dwellings and shacks, nearly all of which are located in non-urban areas. The high proportion of shacks in urban and peri-urban areas is the result of limited housing and increased rural-urban migration since the 1980s.

The 1993 World Bank-sponsored Project for Statistics on Living Standards and Development (PSLSD) survey showed a strong correlation between income and housing. Some 36 per cent of the very poor live in shacks or traditional dwellings. Very poor households are crowded, with 2,3 persons per room. Africans and coloureds have an average of 0,8 rooms per person while the average for whites is 1,9. Only 15 per cent of very poor households have electricity, and 57 per cent of African households do not have access to piped water (i.e. internal household or yard taps).

Conditions are particularly bad for poor rural households. In rural areas 17 per cent of households fetch water from more than one kilometre away. Only 19 per cent have piped water, while only 11 per cent have a flush toilet or improved latrine. Very poor households use mostly wood for cooking which must also be fetched over long distances. These household tasks, which are performed by women and children, are very time consuming. African women living in households which do not have their own water supply typically spend more than three hours a day fetching water.

Poor housing, unhygienic water supplies and lack of sanitation are major underlying causes of the high mortality and morbidity rates, especially among children from poor families. Diarrhoeal diseases and respiratory infections are rife. A major benefit from improved water supply will be a general improvement in health. In addition, mothers and children will be released from the burden of fetching water. This will enable women to devote more time to their families, and perhaps earn income. The major benefit to children of improved sanitation will be a reduction in the incidence of disease. The health of other family members may also be improved.

2.2.5 THE SITUATION OF CHILDREN

Levels of child malnutrition and mortality are high, which indicates the plight of children. Immediate causes of malnutrition and mortality include poor dietary intake, disease and psychosocial stress and trauma. Underlying causes include poor household food security, inadequate childcare provision, lack of education and information, inadequate health services and an unhealthy living environment. These factors in turn reflect the basic economic and socio-political inequalities in the country. The need to focus on the eradication of poverty and increased access to basic services such as primary health care, clean water, sanitation and education is a priority.

Localised anthropometric studies suggest that about two and a half million South African children are undernourished and that 87 per cent of these are Africans. Sixteen per cent of African children under five surveyed in 1993 were underweight and between 20 and 30 per cent were stunted. The highest incidences of malnutrition are found in the rural areas of the former homelands and in the

informal peri-urban settlements.

There is a strong correlation between poverty and malnutrition. However, the cause of malnutrition in young South African children seems to be poor feeding practices rather than actual lack of food and can be eradicated by functional nutritional education. Malnutrition and nutritional deficiencies can be detrimental to a child's intellectual and psychometric development. Malnutrition is also associated with infections and lowered immunity, exposing children not only to the increased likelihood of contracting diseases but affecting also the severity and duration of diseases. The result is not only increased mortality among children, but also the increased use of curative rather than preventive health services, thus increasing the health system's operational costs. The situation is further affected by the lack of clean water, poor hygiene and an insanitary environment for the majority of households living in poverty. Access to primary health care facilities is a major factor in the prevention of malnutrition.

The South African society has experienced an extraordinary level of violence with serious effects on the psychological development of children. South African children face a range of physiological problems associated with malnourishment and poor health. In addition, they have been subjected to psychosocial stress and trauma. This has led to a very high prevalence of stress-related psychological symptoms and children with special needs.

2.2.6 HEALTH SERVICES

South Africa has a relatively well financed health service. The health budget accounts for 8,5 per cent of the GDP. Skilled employment in the health sector accounts for about four per cent of total employment. State expenditure on health services in the 1995/96 financial year amounted to R15 688 million, that is, ten per cent of the total State budget expenditure.

Expenditure in the health sector is concentrated very heavily in tertiary institutions, which benefit the 20 per cent of the population who are members of medical aid schemes. More than half of South Africa's doctors serve only 25 percent of the population. Primary health care, on the other hand, accounts for only about 12 per cent of public spending on health and is not readily accessible to a major section of the population. This is mainly due to a lack of facilities, lack of transport to reach the existing facilities, and barriers at the facilities themselves.

2.2.7 EDUCATION

As with the health sector, government spending on education has been high but inequitably distributed. Expenditure on the education system accounts for seven per cent of the GDP and the staff complement is six per cent of the formal sector workforce.

Very few South Africans under the age of six attend any form of school. In 1991 only nine per cent participated in pre-school programmes of any kind.

Enrolment rates in South African primary schools are high and there is little gender disparity. The pupil/teacher ratio is an indicator of inequality in teacher provision. The number of pupils per teacher varies considerably by province, with the largest classes in the Northern Province and the smallest in the Western Cape. The national average for the pupil/teacher ratio in South Africa was 41:1 in

1991. Many districts in all provinces other than the Western and Northern Cape, however, have ratios of over 37 pupils per teacher, which is considered as the norm, and there are many districts in KwaZulu/Natal and the Eastern Cape with ratios of more than 46:1. There are also great variations by race in the pupil/teacher ratio, as well as great geographical variations within race groups. These variations are partly attributed to discrimination in the allocation of resources for teacher training and teacher salaries by race in the former dispensation.

Under-provision of classrooms is a further disadvantage caused by the past African education system. In the most deprived of the former homelands and independent states, as well as in some areas in former "white" South Africa, the pupil/classroom ratio varies between 48:1 and 100:1. As might be expected, there is a high correlation between pupil/teacher ratios and pupil/classroom ratios: where there are high numbers of pupils per teacher, there is also generally a high number of pupils per classroom.

The proportion of the school-age population receiving post-primary education is the best single index of educational progress in a developing country and a useful indicator of the level of education facilities in an area. In 1994 the Education Foundation indicated that, for South Africa as a whole, 27 per cent of all African pupils were in the secondary phase. This figure varies from region to region. This is low compared to whites and Asians, with 40 per cent and 39 per cent respectively, virtually all of which complete school. Only 26 per cent of coloured pupils are in the secondary phase - the lowest percentage of any race group. In some areas this figure is even lower. It is high in urban areas and in many former homelands, but lower than 15 per cent in many other parts. Throughout the western parts of the country, where coloured populations are concentrated, the secondary enrolment largely falls between one and 25 per cent, as in the western section of the Eastern Cape.

In 1991, census figures recorded 490 051 children aged 7 to 14 years as being out of school. This number excluded children of this age group in the former independent states. Whereas 11 per cent of African children in this age group were out of school, the percentage for whites and Asians was 2,5 per cent and for coloureds 4,5 per cent. This represented an overall out of school percentage of nine per cent for seven to 14 year olds. The inclusion of the former independent states and of older children would greatly increase the figure for out of school children. There are large areas in the country where 25 to 74 per cent of African children are out of school. In areas where population density is high, even low percentages of out of school children represent high actual numbers of children.

The problem of children out of school is not confined to the former homeland areas but is also widespread in densely populated rural areas of the previously "white" South Africa where farm schools predominate. Children of school-going age - those between seven and 14 - are likely to be out of school when access to education is constrained by poverty, when children are required for domestic or farm work, or when children drop out of school. Language also plays a crucial role in access to education for children. Among those aged 15 to 19, girls tend to drop out of school earlier than boys. Young people in rural areas tend to drop out earlier than those in urban schools.

Despite a generally high rate of educational participation, Africans still lag behind in educational achievement. In 1994, 23 per cent of Africans aged 15-19 had not passed standard four. Moreover, among individuals aged 16 and over, two thirds of the members of the poorest households have only

primary education or less. Younger people are in general better educated than older people. A majority of members of very poor households aged 45 and over have no formal education at all, whereas only eight per cent aged 18-29 completely lack formal education.

Although most children of school-going age do attend school, many perform poorly, and eventually drop out after years of failure. This predicament applies especially to Africans and coloureds. High repetition rates among African primary school children occur especially in rural areas. In some places African repetition rates reach 20 to 46 per cent. In other words, more than one child in every five is repeating a grade. However, repetition rates do not reflect the percentage of pupils who have repeated a grade at some other point in their school career. Much failure is due to disadvantages outside the school that relate to general poverty. This is compounded by inherited inequalities of the education system and prevailing resource constraints. The quality of education, with poorly qualified and trained teachers, as well as the disadvantages due to poverty and studying in a second language, all contribute to Africans (especially) making slower progress through the education system.

The implementation of an integrated education system and a new system of appraisal which have been developed in South Africa during recent years should contribute to the improvement of the quality of education and school performance.

2.2.8 LITERACY

The adult literacy rate, that is, the proportion of the population who can read, write and speak their home language, was estimated at 82,2 per cent for the country as a whole in 1991. The corresponding figures for the different race groups are as follows: Africans 76,6 per cent; coloureds 91,1 per cent; Asians 95,5 per cent; and whites 99,5 per cent.

The percentage of literate adults is much higher in metropolitan areas (52 per cent) than in either the former homelands (42 per cent) or rural "white" South Africa (28 per cent). The corresponding adult literacy rate for coloured adults is 56 per cent, while the figures for whites and Asians are 97 per cent and 79 per cent respectively. The literacy levels of African adults are considerably lower than for other race groups. Moreover, the difference between African literacy levels in metropolitan areas, former homelands and rural "white" South Africa is very marked compared with other races.

Only eight per cent of all African adults in the 25 to 64 age group have passed matric. Corresponding figures for the other population groups are: whites 61 per cent, Asians 27 per cent and coloureds 10 per cent. The figure for Africans is higher in the metropolitan and former homeland areas (ten per cent) than it is in rural areas of former "white" South Africa (four per cent). While urban areas have a higher percentage of matriculants than do surrounding rural areas, most former "white" South African rural areas have the lowest percentage of matriculants. The level of African matriculants is low in all provinces.

2.2.9 EMPLOYMENT

According to the Central Statistical Service, the economically active section of the population represented 35,2 per cent of the South African population in 1994. This figure ranged from 50,1 per cent in Gauteng to 23,1 in the Northern Province. The unemployment rate (according to the October Household Survey done in 1994) was 32,6 per cent. The figures for males and females were 26,2

and 40,6 per cent respectively. The unemployment rate also varied considerably among the nine provinces. It ranged from 47 per cent in the Northern Province to 17,3 per cent in the Western Province.

There has been a steady increase in the number of economically active people between 1991 and 1995, particularly among Africans. The official figure for 1995 for the economically active population was 14 497 000. This figure represents 35 per cent of the population. The gendered participation rate of the economically active population is 64,3 per cent for males and 47,6 per cent for females. The average annual growth rate for the economically active population in the period 1991 to 1995 was estimated at 1,99 per cent.

The 1994 unemployment rate was 33 per cent, or 4,7 million people. The corresponding figures for males and females were 26,2 and 40,6 per cent respectively. The October 1994 Household Survey revealed that the highest unemployment rate was for Africans, namely 41,1 per cent. The corresponding figure obtained from the October 1995 Household Survey was 36,9, which reflected a slight improvement since the previous year.

The South African economy provides 9,6 million jobs annually for an adult population (15+) of 25,6 million. This translates into a job holding rate of 37,5 per cent. With a labour force participation rate of 56 per cent, and an unemployment rate of 33 per cent, to attain full employment South Africa requires at least 50 per cent more jobs than it currently has. It is estimated that about 400 000 job seekers enter the labour market annually. The increase of 20 900 jobs in the whole economy in 1995 should be at least twenty times higher if South Africa wants to stabilise its unemployment problem.

The situation for women is particularly acute with the non-urban job holding rate only 19,1 per cent. The corresponding figure for urban women is nearly double at 36,6 per cent. The lower level of job holding in rural areas is reflected in lower household incomes and a high proportion of poor households. The job holding rate is particularly low for people aged 16 to 24, at only 17 per cent, or 31 per cent of those in the age group not undergoing formal education. More people in this age group are actively searching for work than are actually working. This affects all races, but is most severe among Africans.

Very poor households are poorly represented among jobholders. There is a strong association between unemployment and poverty. Only 19 per cent of persons of workforce age in the poorest households have regular work. Three-quarters of the working-age members of the poorest households are without paid work.

Poverty has reached chronic proportions in South Africa, especially in some of the interior rural areas. There is a widespread spatial distribution of poverty in the majority of rural areas across South Africa. Low per capita income is most prevalent in the former homelands and in the rural areas of "white" South Africa. Although the relative income inequality between races is evident, poverty is concentrated mainly in the African community. The poor section of the population is without formal sector employment and is also excluded from access to formal housing, health and educational facilities.

The percentage of households with an income lower than the minimum living level (MLL), as calculated by the Bureau for Marketing Research (University of South Africa), has been established.

These calculations are based on the actual income and household size of each household as established by the Central Statistical Service. This is a far more valuable indicator of households in poverty than is per capita income. The relative income inequality between races is reflected in the fact that even the highest category of African per capita income is lower than the lowest category of white per capita income. As noted earlier, the dependency rate of the white population is low because of a limited number of children per woman and low unemployment, which serves to raise the per capita income relative to the African population.

Areas where extreme poverty prevails among the coloured community, and where average per capita income is below the MLL, are found in the rural districts of the interior. Generally speaking, the Asian population is relatively well off economically compared to both the coloured and African populations.

In most of the former homeland states more than 73 per cent of households live in poverty. All these areas have predominantly African populations. Metropolitan areas and smaller centres, including mining areas and electricity generating areas, have the lowest percentage of households living in poverty. Much of the Western Cape and almost all of Gauteng fall into the category with less than 40 per cent of households living in poverty (26 and 23 per cent). The two provinces with the highest percentage of poor households are the Northern Province (77 per cent) and the Eastern Cape Province (72 per cent). In terms of absolute numbers, the Eastern Cape has the highest number of households living in poverty. Areas with the highest and the lowest percentages of households living in poverty are closely juxtaposed.

2.2.10 OCCUPATION

2.2.10.1 Employment in the formal economy

The type of work done by employed people in the formal economy of South Africa varies by race and gender. Amongst employed Africans, 34 per cent of men, and 50 per cent of women are doing unskilled jobs such as cleaning, garbage collecting and agricultural labour. A further 20 per cent of African men are in operator, assembler and related occupations. Almost one in five (19 per cent) of African women are in semi-professional occupations. Fewer than four per cent of African men and two per cent of African women are in managerial posts.

Amongst employed coloureds it is found that, whilst a large proportion of both men (35 per cent) and women (42 per cent) are still found in unskilled occupations, there is some movement among men into more skilled artisan and craft jobs (23 per cent). Among women, there is a move into sales and service (16 per cent) and clerical (16 per cent) jobs. As with Africans, a small proportion of coloured workers (three per cent of men and one per cent of women) are in managerial posts.

The picture for employed Asians is beginning to resemble the picture found amongst whites. Amongst men, an extremely small proportion (one per cent) is found in unskilled occupations, but otherwise they are well represented in other occupational categories. Asian women, on the other hand, tend to be found in clerical occupations (36 per cent).

Whites, particularly white men, tend to have access to occupations requiring higher levels of competencies. Thus, white men tend to be found in three main occupational categories. In white-

collar occupations they are likely to be found in the top echelon of this type of work - management (19 per cent), while in blue-collar jobs they are more likely to be found in top echelon occupations requiring higher level competencies and longer-term training, namely artisans and craft workers (29 per cent), rather than in operator or unskilled occupations. In addition, a relatively large proportion of white men are also found in the semi-professional/technical category, in jobs such as engineering technicians (17 per cent) requiring post-school technical qualifications. White women, however, tend to be found largely in clerical occupations (47 per cent).

2.2.10.2 Economic sector

There is a definite shift in the formal economy away from jobs being found in the primary and secondary industries towards jobs being found in tertiary industries. Almost a third (31 per cent) of South Africans work in the personal services sector. An additional 17 per cent work in trade, catering and accommodation, while only 15 per cent work in the manufacturing and 13 per cent in the agricultural sectors. The rest, namely 24 per cent, are employed in the other sectors, that is, finance and business services, transport and storage, construction, mining and quarrying, electricity, gas and water and other.

2.2.10.3 Informal economy

The informal sector of South Africa is a growing source of employment. Approximately 1,7 million people work in this sector, of whom 1,3 million work for their own account. Africans generally, and African women in particular, predominate in this sector.

Occupations in the informal sector tend to cluster into certain distinct categories or sectors. For example, there are more than three-quarters of women own account workers in the informal sector (77 per cent) who tend to be found in the personal services sector, while four in every ten men (40 per cent) are found in the trade, catering and accommodation sector. Relatively few men (9 per cent) and women (5 per cent) are in small-scale informal manufacturing.

More than eight in every ten women (82 per cent) in the informal sector are in informal occupations such as street vending, domestic work and scavenging, while men are found in more diverse occupations, for example, artisan and craft activities such as building, house-painting and wood-working (37 per cent). A large proportion of men (20 per cent) described their occupation in terms of managing or running a micro-business, for example, running a taxi driving or hawking concern.

2.3 DEMOGRAPHIC CONTEXT

The situation of the South African population is characterised by:

- relatively high but declining fertility and population growth rates (compared with developed but not with developing countries);
- low overall (but high infant and maternal) mortality rate;
- a young age structure with a certain degree of built-in momentum for future increases in population size (even if the growth rate were to continue to decline in the immediate future);

- growing numbers of elderly people;
- a high dependency ratio;
- high rates of immigration;
- a high level of urbanisation relative to provision of infrastructure and services; and
- large rural populations in areas without an adequate productive base, infrastructure or services.

There are substantial differences in the demographic parameters between sub-groups of the population, mostly as a consequence of differences in the level of human development, which can be attributed to past patterns of development in the country.

2.3.1 POPULATION SIZE AND GROWTH RATE

The preliminary estimates of Census '96 indicate that there were 37,9 million people in South Africa during the time of the census, that is, October 1996. This figure is more than 4 million or ten per cent less than the projected figure of 42,1 million. The most probable explanation for the huge difference in census count and the projected figure is that the estimated fertility rates, especially of Africans, used in the projections were much higher than the actual rates. However, it will only be possible to draw specific conclusions about the reasons for the smaller population size than expected and the implications once the comprehensive census results that include age, population group and fertility measures are available and have been analysed.

In the light of new estimates by the CSS and the preliminary results of the 1996 census, all previous projections to the year 2000 and beyond should be viewed with caution. Existing projections are merely indicative of future trends.

Since the only other results included in the preliminary estimates of the 1996 census are population size per province, population distribution by sex and urban/non-urban population distribution, the mid-year population estimate (medium variant) for 1995 done by the CSS is used to illustrate increase in population size over time. This estimate indicates a population size of 37,254 million, having increased from 22,105 million in 1970, and 27,379 million in 1980.

The average growth rate of the population is currently estimated at 1,9 per cent per annum (1995-1996), having declined from about 2,2 per cent per annum in the 1980-90 period. The average annual compound population growth rate for 1970-1995 was about 2,2 per cent. The population growth rate is projected to decline further and dip below 1,9 per cent per annum in the 2000-2010 period.

2.3.2 AGE, SEX AND RACIAL COMPOSITION

South Africa has a relatively youthful population by world standards: an estimated 13 per cent of the population are aged four years and under; 37,3 per cent of the population are younger than 15 years; 58,3 per cent are between 15 and 65 years; while 4,4 per cent are 65 years old and older. The proportion of young children under 5 years of age in the population also differs substantially between the provinces. There are areas of the country where more than 19 per cent of the population is four years of age and under, which implies either a very high growth rate or a high rate of out-migration of young adults. Virtually all the areas with high percentages of very young children (up to 18 per cent and even more) are within the former homelands and independent states. The largest numbers

of young children are found in the Eastern Cape, the Northern Province and KwaZulu/Natal. Almost two thirds of children live in non-urban areas. Parts of the country where less than 10 per cent of the population is aged four years and under largely comprise the metropolitan areas and some of the more rural areas of the country. The young age structure of the population represents a built-in momentum for future increases in the overall size of the population.

It is projected that the percentage of the population in the age group younger than 15 years will decrease from 37,3 per cent in 1995 to 36,1 per cent in the year 2000, to 33,7 in the year 2010, and to 29,9 in the year 2020. This supports the view that the South African population is ageing gradually.

The 15-64 age group is generally regarded as the potential labour force of the country, which contributes to economic growth and which provides for the needs of children and the elderly. In general it can be said that there is a relatively high proportion of youth in rural areas and a relatively high proportion of the economically active age group in urban areas. The former homelands and independent states have a high number of young people and a relatively lower proportion of economically active people. The latter is an indication of both large-scale rural out-migration of adults to economic growth areas in search of work and a high number of young African people resulting from the high population growth in these areas. The higher number of young people and children in rural areas is also attributed to the fact that parents in urban areas often send their children to family members in rural areas to be looked after.

On the other hand, the metropolitan areas contain a high percentage of people in the economically active age group. Economic growth points have attracted people and caused a high rate of urban immigration of the economically active age group. Metropolitan areas historically have a better provision of infrastructure and services than rural areas. However, these are also the areas where people are best able to afford services such as education, since the percentage of the population in the economically active age group is relatively high.

It is projected that the percentage of the population in the age group 15-64 will increase from 58,3 per cent in 1995 to 59,4 in the year 2000, to 61,3 per cent in the year 2010, and to 64,1 per cent in the year 2020. These increases represent major challenges for the creation of job opportunities for the potential labour force.

The number of people aged 60 years and older is growing rapidly. This is the retirement age for women, who make up by far the greater proportion of the elderly. It was estimated by the CSS that 2 652 000 of a total of 40 317 000 South Africans were 60 years and older in 1994. This figure represents almost 6,6 per cent of the total population of 1994. The proportional representation of the different population groups calculated on the basis of all those 60 years and older in the country that year is as follows: Africans 63,4 per cent; coloureds 7,2 per cent; Asians 2,5 per cent; and whites 26,9 per cent. The proportion of people aged 60 years and older for each racial group, calculated as a percentage of the total of each population group in 1994, is as follows: Africans 5,5 per cent; coloureds 5,5 per cent; Asians 6,5 per cent; and whites 13,7 per cent. It is projected that the percentage of the population in the age group 60 years and older will increase from 6,2 per cent in the year 1995 to 6,9 per cent in the year 2000; to 7,4 per cent in the year 2010, and to 9,1 per cent in the year 2020. These increases are substantial. Even more substantial will be the increase in real numbers, since the total population will still be increasing during the projection period. This has

obvious implications for the provision of health and social welfare services for the growing numbers of elderly people in the country.

The age dependency ratio is high, at 70,6 per cent (1991). This ranges from 107,5 per cent for the Northern Province and 96,3 per cent for the Eastern Cape to only 50,4 per cent for the Western Cape and 40,9 per cent for Gauteng. This high dependency ratio is due to the large number of dependent children that have to be supported by the economically active population. This situation is further affected by the growing numbers of elderly people in the South African society. The dependency burden is higher than is at first apparent as a large percentage of people in the economically active ages are either unemployed or do not actively participate in the economic life of the country. About 61 per cent of the total national welfare budget (according to the 1995/96 budget) was spent on social security and social welfare services for the elderly. The implementation of a new subsidisation formula for residential care for the elderly resulted in a decrease in the expenditure to 50,4 and 45,8 per cent for the 1996/97 and 1997/98 financial years respectively. There is a growing need for residential care for the elderly which is not being met because of limited funds. Departmental information revealed that less than 10 per cent of the elderly population are currently benefiting from subsidised social welfare services.

The sex ratio (i.e. males per 100 females) for the country was 96 in 1991. According to the preliminary estimates released from the 1996 census, the figure for the total population is 92,3. However, the sex ratio varies considerably between provinces and rural and urban areas as a consequence of past patterns of internal migration. Since rural to urban migration in the country has been selective of adult men in their most economically productive ages, there is a preponderance of women (as well as children and the elderly) in the rural areas and in the less economically developed provinces, and a preponderance of men in the economically active ages in the urban areas and more industrialized provinces. For instance, sex ratios are 81,8 in the Northern Province, and 88,7 in both the Eastern Cape and KwaZulu/Natal, while they are 112,8 in Gauteng, and 108,3 in the Free State.

As far as the racial composition is concerned, in 1995 Africans constituted 76,3 per cent, coloureds 8,5 per cent, Asians 2,5 per cent, and whites 12,7 per cent of the total population.

2.3.3 FERTILITY

The crude birth rate (CBR) is estimated at 31,2 per 1000 in the 1985-90 period, down from 37,2 per 1000 in the 1970-75 period. The total fertility rate (TFR) estimates range between 3,9 and 4,09. The fertility structure is characterized by a high incidence of high-risk childbearing. Teenagers and women over 35 years of age accounted for 15 and 16 per cent of births respectively in 1993. There is a considerable gap between preferred and actual family size, indicating that many couples are not able to achieve their preferred family size. The contraceptive prevalence rate is high at an estimated 60 per cent (for married women in 1994). The age at first marriage is increasing. However, the typical negative correlation between age at first marriage and fertility level does not seem to hold in South Africa. It would appear that marriage is becoming less of a social requirement for childbearing.

There are substantial differences in the fertility rates between the various sub-groups of the population, essentially reflecting differences in the levels of human development, as well as in the

cultural values attached to children. The estimated total fertility rate of 1,5 for the white population is less than a third of the estimated TFR for Africans (4,3) and lower than the estimated TFRs of 2,2 and 2,3 for Asians and coloureds respectively. The magnitude (and rate) of decline in fertility also varies between the racial groups, being lowest for Africans and highest among coloureds, especially since the mid 1960s. Total fertility rates are higher in rural than in urban areas and in the less developed provinces (especially those that contain the former homelands) compared with the more developed provinces.

Contraceptive prevalence in South Africa was estimated at 60 per cent in 1994, up from 55 per cent in 1990. The latter estimate was broken down into contraceptive prevalence figures for each of the nine provinces. These provincial figures ranged from as high as 70 per cent in the Western Province and 66 and 65 per cent in the Northern Cape Province and Free State respectively, to as low as 46 per cent in the Eastern Cape Province and 33 per cent in the Northern Province respectively. The contraceptive prevalence rate is higher in metropolitan than in rural areas. There is a positive correlation between contraceptive prevalence and women's level of education. The teenage birth rate has been on the increase for the African population, especially since 1980, but has been declining for other racial groups. Preferred family sizes are also much lower in urban areas and among younger women.

The preferred family size among African women surveyed in the late eighties was smaller in urban areas than in rural areas. Just over 60 per cent of urban women wanted two or fewer children, compared with 31,8 per cent in rural areas. The ideal number of children also differed by age group, with younger respondents wanting smaller families. In urban areas 79 per cent of people aged 16 to 19 years indicated that they preferred two or fewer children compared to only 48 per cent of those aged 30 to 34 years. In rural areas the corresponding figures were 51 per cent and 24,3 per cent respectively.

Women have developed fairly low fertility aspirations. It was found that attitudes and practice in decision making change and/or differ with age for both men and women. Younger women were far more likely to take decisions jointly with their partner than women in the older age groups. For most respondents financial and economic considerations played a very important role in limiting family size. A survey in the late eighties revealed that 34,4 per cent of the African women interviewed wanted two or fewer children, while the desired number of children for all women surveyed was 3,3. Among younger women the desired number of children fluctuated between 2,6 and 2,9. Another study in 1996 by the Reproductive Health Research Unit of the University of the Witwatersrand, revealed that economic considerations and children's educational needs play a major role in terms of women's decision making on family size. It was also found that women's education was significantly associated with parity and planning of pregnancies. Other studies have found that the use of effective contraception is already relatively high in South Africa.

The survey of the late eighties also revealed a considerable degree of dissatisfaction among women with the family-building process. Approximately 42 per cent of all fecund women indicated that they had not wanted their last pregnancy, while 57,2 per cent of women indicated that their last pregnancy had been unplanned. There is still a considerable disparity between the ideal number of children individuals desire and the actual number of children that individuals have. It was also established that

women start with reproduction at early ages, frequently before contracting a formal marriage. Approximately 59 per cent of first births were to mothers under the age of 20.

The major portion of contraceptive use in South Africa consists of modern contraceptive methods, which are more effective than traditional methods. Among those who use contraception, for both men and women, there are racial and gender variations regarding choice of method. While the majority of men who practice contraception use condoms, the majority of women, especially African women, who practice family planning, use the contraceptive injection. The 1996 study mentioned above revealed that most men and women had heard of the contraceptive injection, the pill, the intra-uterine device (IUD), the condom and female sterilisation. More men than women, however, reported that they had heard of most of the methods except for the pill and the IUD.

A national household survey of health inequalities in South Africa carried out for the Henry J Kaiser Family Foundation indicated that, with respect to age and contraceptive use, the younger the respondents, the more likely they were to go for family planning advice. More than two thirds of those with a sexual partner who went for contraceptive advice went to family planning clinics to seek such advice. A large proportion of women who went for contraceptive advice went to a family planning clinic, while men were in general more likely to go to a private doctor.

This survey also revealed that rural Africans were less likely to seek advice on contraception than those living in urban or metropolitan areas. As far as the relationship between education and seeking contraceptive advice among Africans is concerned, a quarter of African men with matriculation went to obtain contraceptive advice. Those with no formal schooling who went for contraceptive advice represented a smaller fraction than the first. Among African women, approximately a quarter of those with no formal schooling went for contraceptive advice, which is considerably fewer than the almost three-quarters of those with matriculation who went for contraceptive advice. It was also found that women are far more likely to use contraceptive methods than men. However, African women are less likely to do so than whites, coloureds or Asians. In the absence of condom use, women are at greater risk from contracting sexually transmitted diseases and AIDS.

Regarding rural-urban differences in contraceptive use among Africans, it was found that younger, urbanised, more educated people are more likely to seek contraceptive advice, than older, less educated rural ones. Proportionately, more African men living in formal dwellings in metropolitan or urban areas use a contraceptive method, than those living in rural former homeland areas, in metropolitan informal areas, on white-owned farms or urban informal areas. The most common reason given by men for failing to use contraception is that they rely on their partners to do so. The responsibility for family planning tends to be relegated to women. Among women, although contraceptive use is much higher, a similar pattern of urban-rural differences emerges. Regarding education level and contraceptive use among Africans, a similar pattern to the one described for seeking advice on family planning was found.

International research conducted during the 1970s and 1980s on youth reproductive and sexuality issues indicated that a large number of factors, including developmental, psychological, interpersonal, social, cultural and economic factors, influence youth reproductive health behaviour and protection. Decisions young people make about their sexuality, the behaviour they engage in, and the values and

attitudes they hold, are shaped by their physical and social environments, their life histories and personal qualities. High-risk behaviour, such as alcohol use among young people, are intimately related to sexual risk behaviour and negative sexual outcomes. These international surveys indicate that young people see alcohol use and partner inhibitions against using sexual protection as the main barriers to the effective use of pregnancy prevention measures. These trends are also found in South Africa.

Studies indicate that most young men had their first sexual intercourse before age 17 and most young women before age 18. Also, about half of all young people have had more than one sexual partner. However, there was a strong endorsement from both young men and young women for fidelity in relationships and for gender equity, especially towards sexual and reproductive protection. The majority of young people did not want to have a child; pregnancy was perceived as a significant risk associated with sexual activity. However, only about a third of young people were regularly using contraceptive methods to prevent unwanted pregnancy. Knowledge of reproductive functioning was generally poor, although the necessity of sexual protection in relationships with regular partners was endorsed by a majority of the young people surveyed. In both young men and young women, increased contraceptive use was associated with exposure to a supportive information environment, especially with exposure to supportive information, advice and services from health professionals. A substantial number of young people indicated that they needed information on sexual and reproductive health issues, services and products, including information on matters such as pregnancy and sexually transmitted diseases, sexual intercourse, relationships and characteristics of the opposite sex.

2.3.4 MORBIDITY AND MORTALITY

Data on mortality and morbidity in South Africa are inadequate. The absence of a comprehensive national health information system, coupled with inadequate reporting of notifiable diseases, poses problems for an analysis of the mortality and health status of different groups according to province, age, sex, etc. Some common inferences can however be drawn on the basis of occasional surveys. Nevertheless, the available data provide sufficient evidence of the inequalities between different races and of the disadvantaged situation of many African children, especially poor rural, African children.

2.3.4.1 Mortality

Like fertility, the mortality rate for South Africa has been declining over time, leading to an increase in the expectation of life at birth. The average figure for estimated life expectancy at birth for the country as a whole is 62,8 years (1991), up from 58,8 years in 1980. The average figures for the different race groups are as follows: Africans 60,3 years; coloureds 66,5 years; Asians 68,9 years, and whites 73,1 years.

The crude death rate (CDR) is estimated at 9,4 per 1000 persons in 1994, down from 14 per 1000 persons in 1970. The infant mortality rate (IMR), an important indicator of the quality of life and level of development of a population, was estimated at 41 per 1000 live-births (1994), which is less than half the rate of 89 per 1000 live-births in 1960. The mortality rate for children under 5 years of age was estimated at 68 per 1000 in 1994. The maternal mortality rate, an important indicator of

the reproductive health and socio-economic status of women, was estimated at a high of 230 per 100 000 deliveries in 1993.

There are a number of characteristic features of the structure and pattern of mortality in the country. The level of premature adult mortality is high. In 1985 it was estimated that 38 and 25 per cent of fifteen year old men and women respectively were likely to die before reaching the age of 60, chiefly as a result of factors associated with lifestyle, including the relatively high incidence of crime.

There are also significant differentials in mortality indicators among various sub-groups of the population, which again reflect differences and past inequities in access to services, the quality of life, and thus in the level of human development. A profound manifestation of the extent and impact of poverty in South Africa is reflected in the infant and child mortality rates. These indicators represent a fundamental measure of society's general well-being. The infant mortality rate of 49 per 1000 live births among the African population is six times the rates of 8,3 and 9 among the white and Asian populations respectively, and double the rate for coloureds at 23. Life expectancy at birth is thirteen years higher for whites than for Africans. Life expectancy is also lower in the less developed provinces. For example, it was found that life expectancy at birth was the highest in the Western Province (67,7 years in 1991, compared to 62,8 years in 1980) and Gauteng (66 years in 1991, compared to 61,7 years in 1980), and the lowest in the Eastern Cape at 60,7 years in 1991 (up from 54,4 years in 1980) and the North West Province at 59,7 years in 1991 (up from 56,3 years in 1980). The magnitude and rate of decline in the infant mortality rate in the recent past has, however, been higher among Africans and coloureds than other racial groups, amongst whom the levels have been much lower in the past.

A high perinatal mortality rate (PNMR) provides an indication of the quality and availability of antenatal care, as well as adverse health, nutritional and social conditions for childbearing women. Children born to rural women whose pregnancies are not regularly monitored and who give birth at home are significantly more at risk of perinatal deaths. Perinatal mortality is not routinely reported in South Africa. Available statistics reveal that the perinatal mortality rate increased between 1986 and 1989. In 1989 it was estimated at 23,3 per 1 000 births, which may only be applicable to the white population. A more recent estimate is higher at 45-55 per 1 000 births, and even higher in the former homelands.

Perinatal mortality rates point to the inadequacy of antenatal care, since a significant number of deaths in this age category are preventable. Antenatal care is important to ensure that complications are detected and dealt with promptly. The availability of antenatal facilities differs widely according to race, socio-economic standing and locality. Many women in rural areas still give birth at home, assisted by traditional birth attendants. This is mainly due to limited services and inadequate and costly transport. The risk to mother and child are increased with home deliveries, especially when complications arise. Moreover, some women rarely attend antenatal clinics, and often late in their pregnancy.

Teenage pregnancies increase the health risks to both mother and child. The Department of Health indicated that the percentage of teenage births as a proportion of all births varies from 11,8 per cent in the Western Cape to 16,4 per cent in the Northern Province in 1994. Teenage pregnancies are

often the outcome of a lack of knowledge about sexuality and contraception and the unequal power relations between men and young women. Many teenagers resort to illegal abortions to terminate pregnancies, which often result in medical complications, infertility and even death, although this problem will diminish with the enactment of liberal abortion legislation. In 1991 the Department of Health revealed that maternal mortality was almost double for women under 20 years of age compared to those over that age. The risks to children include abandonment, higher incidence of still birth, low birth weight and post-natal complications.

2.3.4.2 Causes of death among children

Six diseases account for the majority of the known causes of death in the first year of life. Of these, perinatal causes were by far the most prevalent. It was found that three-quarters of deaths among African infants were due to perinatal causes, diarrhoeal and respiratory diseases.

As with the IMR, estimates of under-five mortality are unreliable in South Africa as data were not routinely collected from all racial groups and the homelands were excluded. A recent analysis of data indicates very high rates of child mortality, especially among poor rural children. Overall, the under-five mortality rate is estimated by the Medical Research Council to be between 115 and 120 per 1000 live births, and as high as 139 for rural children (1994). This means that one in every seven children born in the rural areas of the country die before the age of five.

Measles was the second most important notifiable disease in South Africa in 1995. It is a leading cause of child mortality and morbidity. Unvaccinated children between nine and twelve months are the most vulnerable. Like tuberculosis, measles is eminently preventable through effective immunisation programmes. Mass immunisation campaigns countrywide by the Department of Health in 1996 and 1997 are expected to reduce the incidence of measles.

Other leading notifiable causes of child mortality and morbidity in South Africa are malaria, viral hepatitis, typhoid fever (which is strongly associated with contaminated drinking water, poor sanitation, and overcrowding), meningococcal disease, and cholera. Acute respiratory infections, likewise, are a major cause of childhood mortality. Diarrhoeal diseases, respiratory infections and allergies outnumber all diseases in both ambulatory facilities and hospital admissions. All these diseases are linked to poverty, poor living conditions and the absence of basic health care messages reaching the population. This situation poses major challenges in terms of the reduction of child mortality rates.

2.3.4.3 Causes of death among adults

According to the National Department of Health, the 213 279 deaths that occurred in South Africa in 1994 are distributed by cause of death as follows: Unintentional and intentional violence 19,2 per cent; "ill-defined" causes 15,2 per cent; illnesses related to life-style, namely strokes and ischaemic heart diseases, collectively 11,4 per cent; and upper respiratory tract infections 4,3 per cent.

Poverty, inadequate primary health care and unhygienic living conditions are major underlying factors

of illness and death. Many parasitic and infectious diseases, which are aggravated by poverty, are preventable through immunisation, increased access to primary health care, improvements in living conditions and improvements in income levels.

South Africa is burdened by a very high incidence of tuberculosis. However, the extent and trend of the tuberculosis epidemic is not accurately known. In 1994 the case notification rate for all forms of tuberculosis was 223 per 100 000 of the total population, and the estimated rate of smear-positive cases was 140 per 100 000. The overall incidence in 1994, estimated by the Medical Research Council, was 311 per 100 000, with 80 per cent of these occurring in the 15-49 year age group. In 1995, tuberculosis accounted for more than 80 per cent of communicable disease notifications. It was estimated that at least 140 000 new cases have occurred in the country. Of these, at least one quarter were attributable to HIV infection and one per cent were harbouring multi-drug resistant tuberculosis organisms. An estimated 160 000 cases in 1996 included more than 42 000 cases as a direct result of HIV infection. The rising trend is expected to continue for at least the next 7 years, given optimal tuberculosis and HIV control programmes, after which the incidence of tuberculosis can be expected to stabilise and start to decline. If current trends continue, more than 3 million new cases of tuberculosis will occur in South Africa over the next decade.

These figures confirm tuberculosis as South Africa's number one public health problem and South Africa as a country with one of the highest incidence rates in the world. There is considerable variation between provincial estimates, with the Western and Eastern Cape having incidence rates approximately twice those of other provinces. Tuberculosis rates are highest in rural areas and particularly amongst people in poor living conditions. Government spent an estimated R500 million on the tuberculosis problem in 1995. In view of the limited success of these activities, the Department of Health has declared tuberculosis a priority and introduced a more cost-effective control strategy countrywide, the Directly Observed Treatment Short Course (DOTS), to reduce the prevalence of tuberculosis.

Typhoid still ranks among the five most frequently notified diseases in the country, although notification rates have dropped considerably. Even though the available data indicate a decline of the disease in all population groups, the concentration of the disease among the African population relative to the other population groups is noticeable.

2.3.4.4 HIV infection/AIDS

The Department of Health estimates that up to three per cent of the overall population and 7,5 per cent of the sexually active population are infected by the human immunodeficiency virus (HIV) which is spreading rapidly in South Africa. This means that approximately 700 people are becoming infected each day with the rate of new infections doubling every 15 months. There is a rapid increase of HIV infection amongst young women, which reflects their vulnerability in sexual relationships. The problem of children orphaned by AIDS is increasingly becoming an issue.

The nature of the demographic and economic consequences of AIDS in a society is determined by how many people are infected, their place in society in terms of skill and productivity and for how long they are ill. It will take a number of decades before the full impact of the AIDS epidemic will

be felt, although the socio-economic costs of this epidemic are already quite evident.

The most direct demographic consequence of AIDS is an increase in the deaths of adults and children. The effects on fertility are indirect through the infection of women of the reproductive age group who will either die before fulfilling their childbearing intentions or who do not bear children at all. The quantitative effects of HIV infection/AIDS on fertility are less understood. The accumulation of these direct and indirect effects causes changes in other demographic indicators, such as population growth rates, dependency ratios and orphanhood.

AIDS increases mortality in age groups that typically have the lowest mortality rates. Since AIDS is primarily spread through sexual transmission, the majority of people will be infected in their late teens and twenties and will fall ill and die in their late twenties and thirties. The peak ages of HIV infection are 20 to 40, and the peak ages of AIDS death are five to ten years later. The concentration of AIDS deaths in this age group has important consequences for the number of AIDS orphans and for economic growth. HIV-infected pregnant women might infect their foetuses or their newborn children during delivery or through breastfeeding. Infant and child mortality rates will increase since most of these children will develop AIDS and die within a few years of birth. Although the potential increase in the infant mortality rate is estimated at about five infant deaths per 1000 live births, the net effect will be smaller since some children might die from other causes. However, about a 20 per cent increase in the under five mortality rate could be expected. Life expectancy at birth is particularly sensitive to AIDS because deaths occurring to young adults and young children result in a large number of years of life lost.

The dependency ratio is expected to increase because of the increased number of young adults who die from AIDS. One of the worst consequences of AIDS is that large numbers of children are orphaned because their parents die from AIDS. The health and development of these children can be neglected as grandparents, extended families and communities cannot carry the burden of orphaned children. However, as AIDS also leads to an increase in the number of child deaths, the result is that the dependency ratio does not change dramatically in the presence of an AIDS epidemic.

As stated earlier, the effects of AIDS on fertility are indirect. The number of births may be affected if many women die before reaching the end of their childbearing years. However, most births occur to women at a young age. Since the average age at the time of death from AIDS is usually around 30 or higher for women, the effect of AIDS deaths of potential mothers on the birth rate is not likely to be large if the total fertility rate remains constant.

Age at marriage may also be affected and could, in turn, affect fertility rates. AIDS could lead to a lower age at marriage or first union if young people seek early marriage as a protection against pre-marital sex with a number of different partners. This could raise fertility rates if women are exposed longer to the possibility of pregnancy. Alternatively, AIDS could lead to higher age at first intercourse as the dangers of unprotected sex become known, which would lead to lower fertility rates. Examination of potential changes in the proximate determinants of fertility concluded that the most likely result is that an HIV epidemic will slightly reduce fertility.

The effect of HIV/AIDS on population structure is more dramatic than on fertility, with a relative

decline in the number of people between age 5 and 25 years. Over time, this cohort will move up the age pyramid and so, with increased mortality and deferred births, the structure of the age pyramid will change.

The economic impact of AIDS manifests at various levels and to varying degrees. The impact derives from the fact that the individuals who fall ill and die are either producers or consumers. At the household level the effect of HIV infection increases certain kinds of expenditure. If the infected person is an income-earning adult, his/her illness will significantly reduce the household production of income capacity. Special medical treatment and care, nutrition and funeral costs also constitute a major financial burden on the household budget, which may lead to a decline in the household economic status, adversely affecting the living standard and quality of life of the household members. Household members with AIDS who need special care and treatment may place a substantial additional burden on women, who traditionally take responsibility for the care of family members and children.

The measurement of the impact of AIDS on firms and enterprises is more complex. The actual cost of AIDS cases to employers varies greatly, depending on factors such as the conditions of employment and the post levels of the staff. Productivity will be affected when skilled or experienced staff fall ill, stay absent or die. Costs and actual expenditure will increase if employers have to pay for additional employee benefits, such as group life insurance, pensions and medical aid. Absenteeism, lower productivity and loss of experienced staff add to the indirect cost of AIDS in the workplace. The epidemic may eventually affect macro-economies through the illness and death of productive members and the diversion of resources from savings (and eventually investment) to care, which may significantly reduce the rate of economic growth over time.

The overall effect of AIDS will be to reverse hard won development gains and make people worse off. It is possible that these effects may last for decades. The people who fall ill and die are the parents and leaders in society, which means that a generation of children may grow up without the care and the role models they would normally have.

2.3.5 MIGRATION, URBANISATION AND THE SPATIAL DISTRIBUTION OF THE POPULATION

2.3.5.1 Internal migration

Migration is one of the three demographic processes which determine the structure, distribution, and size of the population. The other two are fertility and mortality. Both net migration and the difference between births and deaths are responsible for the changes in the size and structure of sub-national populations. The pattern of migration in the country, especially in the past, has had serious effects on the age and sex structure of the population in different areas, as well as exceptionally negative effects on social cohesion and family stability. Since migration patterns and trends impact on the social and economic situation and natural resources of the country, these issues are relevant for government policies which are designed to address population trends in the context of sustainable development.

Settlement patterns in South Africa reflect the historical experience of colonisation, the process of economic development during the 20th century and segregation and apartheid policies enforced by the former apartheid government. The rate of internal migration in the country has been very high though it is not accurately known. The most important underlying factors for the high rate of internal migration were the forced removals of African people from the commercial farms to the homelands from the 1960s until the early 1990s, and the continuing migrant labour system. This system has traditionally been selective of able-bodied persons, primarily males, from the economically depressed provinces and rural areas to the industrial and urban centers in search of employment and other opportunities for a better life. Less densely populated rural areas are most likely to feel the effects of the movement of people, although many of them may return to attend to their remaining interests in these areas. A high rate of change has taken place in the former homelands, which had an average annual growth rate of 5 per cent per annum compared to 2,5 per cent for the country as a whole over the period 1970-1991. Equally high growth rates were experienced in other areas as a result of urban and industrial growth and immigration.

In addition, there is considerable movement of people between rural and urban areas, sometimes for long periods. Children and older people are often sent from cities and towns to rural areas for care and schooling. The new socio-political environment in the country may be associated with increased migration to the urban areas.

Just under half of the total population live in areas which the Central Statistical Service classifies as non-urban, while three-quarters of the total non-urban population live in areas which had been designated as homelands. The areas of high population increase between 1980 and 1991 were largely in the former homeland areas, as well as certain urban and mining areas. It would, however, be a mistake to attribute sub-national population growth rates to natural increase alone, as apartheid worked dramatically in concentrating and containing people in the former homeland areas and independent states through forced removals and resettlement.

A prevalent feature of South African demographic trends is urbanisation, which is typical of a developing society. Rural to urban migration, in combination with the natural increase of the population in the urban areas, has increased the level of urbanisation in the country. The areas of net out-migration are mainly from rural areas of former "white" South Africa, while the areas of net in-migration are overwhelmingly the metropolitan areas, particularly those parts that fell under former homelands. Certain rural areas have declined in population by an average of more than one per cent a year over the past 21 years. The relaxation of influx control measures during the eighties has resulted in large population movements to urban areas and the expansion of informal settlements. The extent of migration and its continuing rate are not, however, precisely known. The preliminary estimates of the size of the population of South Africa in urban and non-urban areas, based on the 1996 census, indicate that 55,4 per cent of the population is urbanised. It is predicted that Africans will urbanise rapidly in the next decade which, coupled with a relatively high natural population growth rate, means that urban areas will be faced with growing and younger African populations - with major implications for infrastructure and service delivery.

A large majority (approximately 70 per cent) of the urban population are concentrated in the four

metropolitan centres, while 15 per cent each live in large and in small towns. Nearly four fifths of the rural population live in the former homelands, while about a fifth live in commercial farming areas. Extremely high population densities are found in the Johannesburg, Durban and Cape Town metropolitan areas, where the largest proportion of South Africa's economically active population resides. Because cities are already large, natural population increase affects the size of cities by the addition of large absolute numbers of people. Metropolitan areas have the lowest proportion of people living in poverty.

Areas of low sex ratios (below 100) are areas of out-migration, usually rural areas, while those with high sex ratios (above 100) are areas of in-migration, usually urban areas with mining and industrial activities where there are work opportunities. The areas where less than 46 per cent of the population are male are the former homelands and independent states. Men have migrated from these areas to the developed industrial and mining sectors, since they cannot provide sufficient employment opportunities to accommodate the rapidly growing labour force. With the increasing problems of single-parent female-headed households in areas with high male absenteeism, women face extra burdens, for example, in bearing sole responsibility for the financial, domestic and emotional support of their families, while frequently lacking political representation and fora for community participation.

Except in KwaZulu/Natal and certain parts of Gauteng, available evidence shows that there are relatively few people in the country who have been displaced as a consequence of violence. However, little data is available and few programmes target those who have been so affected.

The overwhelming feature of population distribution in South Africa is the relatively high degree of racial mix throughout most of the country. The African population forms the majority of people in many census districts throughout the country. The African population is concentrated in the eastern half of South Africa, while the coloured population is concentrated in the western half of the country. It is the African population in South Africa that has the highest growth rates, and it is here that the younger, least skilled and poorest sections of society are concentrated.

The eastern parts of the country are much more densely settled than the western areas. There are large areas in the east where more than 99 per cent of people are Africans. In the former homelands population numbers are high, and more than 73 per cent of the population live in poverty, many of them very young. There is extreme poverty in parts of the Northern Cape, Free State and Eastern Cape, especially in some rural areas.

The population density for South Africa was estimated at 33,8 people per square kilometre in 1995. The national aggregate masks major differentials per province. The population density for various provinces is as follows: Gauteng 374,2; KwaZulu/Natal: 94,5; Northern Province: 43,8; Western Cape: 28,8; Free State: 21,5, and Northern Cape: 2,0.

2.3.5.2 International migration

As a result of the white settlement programme encouraged in the colonial and apartheid era, large

numbers of persons (mostly from Europe, the United States, Canada and Australia) immigrated to South Africa. The number of immigrants from other countries, chiefly from neighbouring African countries, as a result of the contract labour system (though contract labourers never settled permanently) and, more recently, as a result of legal and illegal immigration, has also been high. National statistics are not usually kept on contract labourers. There are no reliable estimates of illegal immigrants though their number is thought to be high. The number of refugees in the country is estimated to be high, though again no reliable estimates are available. On the other hand, fewer persons are recorded as having emigrated from the country. Overall, there has been a surplus of immigrants over emigrants in most years since 1945.

It is common knowledge that large numbers of people emigrate from South Africa each year. Many of these emigrants are highly skilled professionals and experts from various fields, contributing to the so-called "brain drain". This phenomenon is detrimental to local economic development and growth. On the other hand, there appears to be an even larger number of people entering the country, some of them illegally and without passing through the official documentation procedures. Most of the people entering the country are apparently from the neighbouring countries. This is largely a legacy of the apartheid economic and political structure. The impact of these immigrants on the local economy should be determined. The view is that these people take the jobs of local people. This is a plausible fear. However, more research is needed to substantiate this perception. The real impact of emigration and immigration on the South African social and economic structure has not yet been clearly established.

There are many different reasons for international migration. People have been influenced to migrate to South Africa by economic, political and climatic factors. It is generally held that immigrants tend to believe that a better life awaits them in the country of destination. They are, however, often disillusioned if they find that job opportunities and basic community services and facilities, such as housing, are not readily available, especially in newly urbanised areas where many of them tend to settle.

There is a high degree of xenophobia in South Africa with regard to illegal immigrants. Since this prejudice is not scientifically founded, it is misleading to suggest that illegal immigrants are the main cause of the current wave of socio-economic ills the country is experiencing. Criminal and political violence, which is currently regarded as the most serious social problem in South Africa, most often have their roots in the sweeping inequalities which are prevalent in the South African society. Housing shortages, unemployment and other social ills are largely not caused by the "influx" of illegal immigrants but should be attributed to the legacy of apartheid.

No reliable statistics are available on the numbers of illegal and undocumented persons within the borders of South Africa, although crude estimates range in the millions. The lack of reliable statistics in this regard is one of the major constraints for policy making and planning in this field.

The real impact of immigration on resource usage and service delivery can only be assessed on the basis of reliable data on the number of different types of immigrants within the country. Therefore it is essential to distinguish between various types of immigrants. The categories to be distinguished include the following:

- Refugees: political as well as economic refugees. It is important to determine the legal status of refugees.
- Documented immigrants: qualified professionals as well as non-professionals from neighbouring countries and beyond who are legally working in the country.
- Undocumented immigrants illegally in the country.

In the case of all of the above categories it is important to establish what their circumstances are and to what extent they are influencing, negatively or positively, the economic and social development of the country. This will contribute to acquiring an objective picture of immigrants and make it possible to assess more accurately the extent of the impact of immigrants on the country's development situation and on population trends. Reliable data and information based on systematic research and surveys on cross-border migration trends, particularly with regard to refugees and undocumented migrants, should be gathered to determine more accurately the nature and extent of this phenomenon. A comprehensive review of the impact of immigration on the population structure, the economy and the environment, and the consequent demand for services in the country should be undertaken. Research results should be available to inform effective policy-making and planning.

The problem of illegal immigrants in South Africa needs to be placed in a historical, economic, political, socio-cultural and ethnic context and related to the current political and economic situation of both South Africa and its neighbouring countries. Essentially, this means that the dynamics underlying the phenomenon should be carefully considered in formulating an appropriate migration policy. Furthermore, since the problem of international migration literally cuts across borders, solutions have to be sought in the context of the Southern African region, and even beyond.

The Government, through the Department of Home Affairs, has initiated a comprehensive policy formulation process, which focuses on various contentious issues pertaining to international migration. The Department is reviewing various policy options related to the regulation of immigration to the country and the naturalisation of immigrants from other African countries. Since international migration is a multi-faceted issue caused by complex economic, political and climatic factors, it requires a multi-sectoral policy approach. This implies that all relevant stakeholders in both the private and public sectors should be actively involved in finding acceptable solutions to this major national population concern.

PART THREE

POPULATION POLICY GOALS, OBJECTIVES AND STRATEGIES

3.1 VISION OF THE POLICY

The vision of this policy is to contribute towards the establishment of a society that provides a high and equitable quality of life for all South Africans in which population trends are commensurate with sustainable socio-economic and environmental development.

The policy is therefore complementary to the national development strategy and related sectoral policies.

3.2 GOAL OF THE POLICY

The goal of the policy is to bring about changes in the determinants of the country's population trends, so that these trends are consistent with the achievement of sustainable human development.

3.3 MAJOR NATIONAL POPULATION CONCERNS

The outline of the country's population and human development situation presented in Part Two provides the basis for identifying major population concerns that could constitute obstacles to sustainable development.

Major population concerns include:

- 3.3.1 the growth and structural dynamics of the population relative to the growth and capacity of the economy to cope with backlogs in employment, education, housing, health and other social services to meet the needs and aspirations of the people;
- 3.3.2 the pressure of the interaction of population, production and consumption patterns on the environment;
- 3.3.3 the high incidence and severity of poverty in both rural and urban areas;
- 3.3.4 inequities in access to resources, infrastructure and social services, particularly in rural areas, and implications for redistribution and growth and the alleviation of poverty;

- 3.3.5 the reduced human development potential influenced by the high incidence of unplanned and unwanted pregnancies and teenage pregnancies;
- 3.3.6 the high rates of infant and maternal mortality, linked to high-risk child bearing;
- 3.3.7 the high rates of premature mortality attributable to preventable causes;
- 3.3.8 the rising incidence of sexually transmitted diseases, especially HIV/AIDS, and the projected socio-economic impact of AIDS;
- 3.3.9 the nature of spatial mobility and the causes and consequences of urban and rural settlement patterns;
- 3.3.10 the insecure family and community life;
- 3.3.11 the marked gender inequalities in development opportunities, including access to productive resources, that reflect the low status of women;
- 3.3.12 the inadequate availability and access to population and development data and information for designing, monitoring and evaluating population and development strategies and programmes;
- 3.3.13 the limited institutional and technical capacity for demographic analysis and for using population data and information for integrated population and development planning;
- 3.3.14 the poor knowledge base of population and population-development relationships;
- 3.3.15 the limited systematic use of population data in formulating and implementing, monitoring and evaluating development plans and programmes for the entire population;
- 3.3.16 the inadequate analysis of the nature and impact of immigration for policy development purposes;
- 3.3.17 the insufficient availability to the people of appropriate information, education and communication on population and development-related issues.

The Government is committed to resolving these concerns in a comprehensive manner within the framework of its overall development strategies as contained in the RDP and the GEAR. This commitment is a further justification for the population policy.

3.4 OBJECTIVES OF THE POLICY

The objectives of the policy are to enhance the quality of life of the people through:

- 3.4.1 the systematic integration of population factors into all policies, plans, programmes and strategies at all levels and within all sectors and institutions of government;

- 3.4.2 developing and implementing a coordinated, multi-sectoral, interdisciplinary and integrated approach in designing and executing programmes and interventions that impact on major national population concerns;
- 3.4.3 making available reliable and up-to-date information on the population and human development situation in the country in order to inform policy making and programme design, implementation, monitoring and evaluation at all levels and in all sectors.

3.5 MAJOR STRATEGIES OF THE POLICY

The strategies listed below are those that should be implemented to achieve the objectives of the policy. The strategies reflect the multi-sectoral nature of the population policy and relate to a range of programmes that should be implemented by a variety of government departments. These strategies are therefore not the sole responsibility of any one government department or institution; they cut across the line functions of various departments. They should be implemented within the scope and functional responsibility of the relevant line function departments, supported by the private sector and organisations of civil society, with adequate provision for intersectoral linkages.

Once the population policy has been finalised and approved, a comprehensive National Action Plan will be drawn up in consultation and collaboration with all relevant stakeholders at national and provincial levels for its implementation. The National Action Plan will contain details and specifications of the responsibilities of the stakeholders for executing programmes and projects on the basis of the strategies of the population policy at the various levels of government and within the scope of the relevant line functions.

Additional strategies will be developed as new information on the interrelationships between population and development in the country becomes available, and as programmes for the implementation of the policy are developed. Ongoing monitoring and the evaluation of policy implementation will also produce evidence for developing additional strategies.

Policy objectives will be achieved through the major strategies listed below. It needs to be recognised that, although the strategies have been grouped under some headings for ease of reference, the groups of strategies are interlinked because of their reciprocal impacts. For example, improved education will impact on health, mortality, fertility and gender equality; increased employment will impact on poverty and health, etc.

Coordination and capacity building for integrating population and development planning

- 3.5.1 Enhancing the technical capacity of technical planning staff in pertinent government institutions at all levels and in all sectors with regard to the methodologies for integrated population, development and gender-sensitive planning and programming.
- 3.5.2 Expanding opportunities for training in demography and population studies.
- 3.5.3 Sharing of technical information, advice and services relating to population and

development issues between various government institutions, the private sector, including tertiary institutions, and civil society, for the more effective design and implementation of policies and programmes that impact on the major population concerns.

- 3.5.4 Promoting the participation of civil society in all aspects of the implementation of the population policy.
- 3.5.5 Establishing and/or strengthening mechanisms for intersectoral consultation, collaboration and coordination.
- 3.5.6 Developing and promoting the use of composite indicators, goals and targets for -
 - (a) monitoring changes in the dynamics of the population and in the levels of human development;
 - (b) revising the thrust of programme interventions where necessary; and
 - (c) assessing progress in the achievement of the objectives of this policy.

Advocacy and population information, education and communication (IEC)

- 3.5.7 Sustaining advocacy on population and development issues targeted at leadership at all levels.
- 3.5.8 Integrating information, education and communication strategies into all relevant programmes.
- 3.5.9 Incorporating population education (on the linkages between population dynamics and development) into school curricula in relevant learning areas at all levels.

Poverty reduction

- 3.5.10 Reducing poverty and socio-economic inequalities through meeting people's basic needs for social security, employment, education, training and housing, as well as the provision of infrastructure and social facilities and services.

Environmental sustainability

- 3.5.11 Ensuring environmental sustainability through comprehensive and integrated strategies which address population, production and consumption patterns independently as well as in their interactions.

Health, mortality and fertility

- 3.5.12 Improving the quality, accessibility, availability and affordability of primary health care services, including reproductive health and health promotion services (such as family planning), to the entire population in order to reduce mortality and unwanted

pregnancies, with a special focus on disadvantaged groups, currently underserved areas, and adolescents; and eliminating disparities in the provision of such services.

Gender, women, youth and children

- 3.5.13 Reducing the high incidence of crime and violence, especially violence against women and children.
- 3.5.14 Promoting responsible and healthy reproductive and sexual behaviour among adolescents and the youth to reduce the incidence of high-risk teenage pregnancies, abortion and sexually transmitted diseases, including HIV/AIDS, through the provision of life skills, sexuality and gender-sensitivity education, user-friendly health services and opportunities for engaging in social and community life.
- 3.5.15 Advocating and facilitating measures taken in order to enable women and girls to achieve their full potential through -
- (a) eliminating all forms of discrimination and disparities based on gender;
 - (b) more effective implementation of laws that protect women's rights and privileges; and
 - (c) increasing women's representation in decision-making bodies through affirmative action.
- 3.5.16 Promoting the equal participation of men and women in all areas of family and household responsibilities, including responsible parenthood, reproductive health, child-rearing and household work.

Education

- 3.5.17 Improving the quality, accessibility, availability and affordability of education from early childhood through to adult education, with the emphasis on gender-sensitive and vocational education and the promotion of women's educational opportunities at the tertiary level.

Employment

- 3.5.18 Creating employment-generating growth with a focus on economic opportunities for young people and women.

Migration and urbanisation

- 3.5.19 Increasing alternative choices to migration from rural to urban areas through the provision of social services, infrastructure and better employment opportunities in the rural areas within the context of rural development programmes and strategies.
- 3.5.20 Reducing backlogs in urban infrastructure and social services, and making adequate

provision for future increases in the population living in urban areas.

- 3.5.21 Reviewing the nature and impact of all forms of international migration on sustainable development in order to formulate and implement an appropriate policy.

Data collection and research

- 3.5.22 Strengthening commitment to and enhancing national capacities and mechanisms for the collection, analysis, interpretation and dissemination of population data and information, including data and information on all aspects of human development, and the use of such data and information to inform policy making and development planning.
- 3.5.23 Establishing and continuously updating a national statistical database and information system designed to pool pertinent data and information from various government departments, as well as other relevant institutions, making such data and information accessible to the various planning units and the general public in order to enhance the sharing and exchange of such data and information.
- 3.5.24 Ensuring that all data collected, the analyses of such data and the findings of pertinent research studies are, to the extent possible -
- (a) disaggregated by sex to permit the application of gender-sensitive planning techniques and the construction of gender indicators;
 - (b) disaggregated by geographical area, age and other attributes, in order to inform policy making and planning at local levels; and
 - (c) made available in formats that comply with the needs of users.

PART FOUR

INSTITUTIONAL FRAMEWORK FOR IMPLEMENTING, MONITORING AND EVALUATING THE POLICY

4.1 IMPLEMENTATION OF THE POLICY

The implementation of this policy depends on a sound institutional framework and active political, administrative and technical support for the translation of goals, objectives and strategies outlined in the policy into actual programmes at all levels of society. The collective responsibility of both the government and the private sectors, as well as civil society, is required to operationalise the policy purposefully within the South African situation.

The functional area of "population development" is contained in Part A of Schedule 4 of the 1996 Constitution of the Republic of South Africa¹, which deals with "Functional Areas of Concurrent National and Provincial Legislative Competence". Chapter 3 of the Constitution, which deals with "Co-operative Government", contains a section on "Principles of co-operative government and intergovernmental relations" which states that "[a]ll spheres of government and all organs of state within each sphere must ... secure the well-being of the people of the Republic" and must "co-operate with one another in mutual trust and good faith by ... informing one another of, and consulting one another on, matters of common interest; co-ordinating their actions and legislation with one another; adhering to agreed procedures; ..."

These principles imply that the population function will be executed at the national, provincial and local level of government according to the guidelines, norms and standards set out in this population policy. Existing structures and institutions will be utilised and new ones established as necessary to promote and facilitate intergovernmental relations for effective policy implementation.

Because of the multi-faceted nature of population issues and the factors that impact on them, the implementation of this policy and the achievement of its goal and objectives will be the responsibility of the entire government at all levels and in all sectors, the private sector, civil society, and indeed all South Africans. There is therefore a need for the active participation and involvement of all individuals and national institutions; for strong commitment on the part of the political leadership of all kinds and at all levels; for effective coordination of the relevant efforts and activities to be undertaken by many institutions in different locations. Equally, there is a strong need for collaboration between these institutions.

New programmes or action plans may be designed for the implementation of this policy. But, more importantly, all existing and future programmes have to be oriented or reoriented towards achieving its objectives. Deliberate efforts will be made to utilize existing structures of government and civil

¹See *Government Gazette* No 17678, Vol 378 (18 December 1996)

society to implement the policy in order to avoid creating additional institutional frameworks, unless they are absolutely necessary. Some reorientation of functions and the establishment and/or strengthening of operational linkages will, however, be necessary.

This population policy will be implemented in two ways: firstly, by developing the necessary demographic and interpretative capacity in all relevant departments to ensure the undertaking of adequate demographic analysis and related policy interpretation to support the policy-making and planning needs of each sectoral department, and secondly, through sectoral and intersectoral programmes which impact on key population concerns.

4.2 CABINET

The President as Head of State will oversee the implementation of the population policy and will report on progress with its implementation as part of an annual national development report.

The Cabinet Committee for Social and Administrative Affairs will ensure coordination and political commitment at the highest political level to integrating population and development concerns as part of the national development strategy. This is a prerequisite for the effective implementation, monitoring and evaluation of the policy.

4.3 PARLIAMENT AND PROVINCIAL LEGISLATURES

It should be ensured that legislation supportive of the achievement of the objectives of the policy is enacted and that legislation militating against it is identified and repealed. This means that parliamentary and provincial legislature portfolio committees whose areas of responsibility are related to population and development issues should ensure that all current and future legislation is consistent with the goal and objectives of this policy. Portfolio committees should also monitor the implementation of this policy as it pertains to their sectors. The National Population Unit will provide technical assistance in this regard. Interportfolio committee meetings will provide mechanisms for facilitating coordination between sectors and for addressing any overarching legislative issues.

Chapter 6 of the Constitution² states that the legislative authority of a province is vested in its Provincial Legislature. The Provincial Legislature has the power to pass legislation for its province with regard to any matter within a functional area listed in Schedule 4 of the Constitution, such as the functional area of "population development". Further, "The Premier exercises the executive authority, together with the other members of the Executive Council, by ... implementing all national legislation within the functional areas listed in Schedule 4 ..." The Provincial Legislature can also assign any of its legislative powers to a municipal council in that province, which implies that the Provincial Legislature has the power to oversee the execution of a specific function at local level. This clearly also applies to the functional area of "population development".

²See *Government Gazette* No 17678, vol 378 (18 December 1996)

Suitable structures and mechanisms should be established at the provincial and local (community) level to facilitate the execution of the population function, should such structures or mechanisms for this purpose not exist at present. This includes the establishment of population units at provincial level.

Since most development and population-related programmes operate at the local level, local authorities are central to the implementation of the major strategies of this policy. Local governments have to ensure the provision of services to communities in a sustainable manner, to promote social and economic development, to promote a safe and healthy environment and to encourage the involvement of communities and community organisations in matters of local government. In providing these services, local governments have to involve communities and community organisations in programmes and projects related to promoting sustainable development and the improvement of the quality of life of people at the local level, which will inevitably include population and development-related matters.

4.4 POPULATION UNITS

Population units will be restructured at the national and provincial levels. Provincial Population Units will have a centralised structure within the departments where they are located. This means that population structures will not be created at regional or district level. The population units will support national and provincial line function departments and facilitate inter-agency collaboration in order to ensure the implementation of the policy at all levels of government. Population units will be responsible for monitoring and evaluating the progress of the population policy as part of the monitoring of the national development strategy.

The functions of the population units will be to:

- 4.4.1 promote advocacy for population and related development issues targeted at government leadership and civil society at all levels;
- 4.4.2 disseminate relevant population information (as part of the monitoring and evaluation role) to all structures of government in suitable formats in order to inform them about population trends and to provide technical support for the implementation of the policy;
- 4.4.3 undertake the analysis and interpretation of data on the country's population dynamics and on the reciprocal relationships between population and development to inform policy design and programming;
- 4.4.4 assist government departments to analyse data and to monitor and evaluate the effectiveness of programmes for purposes of assessing the overall successes and failures of the national development strategy;
- 4.4.5 develop means to assist government departments to enhance their capacity and expertise in analysing the linkages between demographic variables and their policies and programmes (this may involve the commissioning of appropriate training and capacity building for institutions in civil society);

- 4.4.6 assist government departments to interpret the population policy in relation to their areas of responsibility;
- 4.4.7 monitor and evaluate population policy implementation;
- 4.4.8 commission relevant research in consultation with the Central Statistical Service and/or other departments in order to ensure comparability and compatibility of data and to prevent duplication;
- 4.4.9 liaise with institutions outside of South Africa to promote collaboration and the exchange of expertise and experience in the population and development field; and
- 4.4.10 coordinate government preparations for and reporting on international population conferences.

In order to perform the above functions effectively, the technical capacity of population unit staff needs to be enhanced.

The population units may initiate intersectoral collaboration in the analysis and interpretation of demographic data to inform the strategies and the monitoring and evaluation of this policy, as well as in the commissioning of research. They can call for intersectoral technical meetings to highlight the interaction of demographic trends with development, and encourage departments to develop strategies or campaigns, individually or intersectorally. Existing intersectoral coordinating mechanisms will be used where possible to ensure effective coordination of multi-sectoral programmes.

Collaboration between Provincial Population Units, and between Provincial Population Units and the National Population Unit will be encouraged to facilitate the sharing of expertise and resources.

The National and Provincial Population Units are at present located in the departments responsible for the welfare function. This is due to historical decisions and does not reflect the cross-departmental and service nature of their functions. Although the nature of the services they provide require that population units, both at national and provincial levels, should be located outside of the line function structures of government, a suitable alternative location will be determined in the future by the Cabinet in the context of national and provincial reviews regarding the location of institutions responsible for intersectoral development planning and monitoring functions. The role of the Central Planning Unit in the Office of the Deputy President, which is ultimately expected to play a coordinating role at this level, is especially pertinent in this regard.

In the meantime it has been decided that the National and Provincial Population Units will remain attached to the departments responsible for the welfare function. Since their functions are different from those of welfare, and involve servicing many sectoral departments, they will therefore operate as separate entities with a unique mandate and functions. Their budgets and priorities will be approved and monitored separately from those of the welfare components.

The National Population Unit will collaborate closely with the Central Planning Unit in the Office of the Deputy President in order to facilitate the incorporation of the population policy as part of the national development strategy. Similarly, Provincial Population Units will collaborate closely with the units responsible for provincial development planning.

The Cabinet Committee on Social and Administrative Affairs will make it clear to all relevant departments that the population units offer a service to all of them.

4.5 SECTORAL DEPARTMENTS

The design and implementation of interventions that will lead to the achievement of the objectives of the policy will be undertaken sectorally, at national and provincial levels. The various ministries and departments, especially those in the social and economic sectors, therefore have the major responsibility for the implementation of the policy. All existing and future sectoral and intersectoral policies and programmes must be oriented towards achieving the objectives of this policy. This implies that the technical capacity of professional staff in this field must be enhanced.

Sectoral departments at national and provincial levels will be sensitised and assisted technically by staff of the population units to understand and interpret the relevance of this policy for their respective line functions. Population units will design and undertake advocacy strategies to support sectoral departments at national and provincial levels in taking up this responsibility. They will develop strategies to make training available to sectoral staff in order to enhance their capacity to understand and interpret the relevance of the policy for their respective line functions and to begin to systematically incorporate population issues into their policy and planning processes. Population units will also offer technical support to sectoral functions as required.

In order to ensure effective population policy implementation, including the development of shared goals, targets and indicators related to the strategies of this policy, interdepartmental liaison and coordination is necessary. Mechanisms and structures already established, such as various interdepartmental and intergovernmental task teams, the Office on the Status of Women or the Interministerial Committee on Youth at Risk, should be utilised as far as possible without creating unnecessary additional structures, in order to avoid duplication of effort and to maximise the use of resources.

A line function department may initiate intersectoral programmes in collaboration with other relevant departments. Such collaboration, facilitated through intersectoral committees, will be necessary to ensure a shared understanding of the key population concerns for which each sector has some responsibility.

Funding for policy implementation is to be met through eliminating duplication and ensuring cost-effective means of integrating population programme interventions into the development of the programmes and projects of departments. This means that major additional funding should not be needed for population policy implementation since line function departments will accommodate population concerns in their line function programmes and projects.

4.6 CIVIL SOCIETY

The active involvement and participation of the private sector and civil society in the planning, implementation, monitoring and evaluation of population activities is of paramount importance for

the achievement of the objectives of this policy. Many government departments already have effective mechanisms for involving community structures in decision making and in the actual implementation of programmes. In addition, existing consultative structures, from community development forums to the National Economic Development and Labour Council (NEDLAC), will incorporate the issues addressed in this population policy into their deliberations at the national, provincial and local levels.

Many non-governmental organisations representing civil society are already dealing with some of the issues identified in this population policy in a complementary role to that of government. In addition, they will continue to monitor and critique this policy and its implementation in order to ensure the openness and responsiveness which are essential to democracy.

4.7 ADVISORY BODY

A non-bureaucratic multi-sectoral advisory body consisting of population and development experts should be established to facilitate the technical operations of the National Population Unit. The population policy advisory body should assess the contributions of the various sectors to population policy implementation and should strengthen intersectoral collaboration in this field at all levels. The body should also provide expert advice on population and development issues to the Minister responsible for the population function.

4.8 LEGISLATIVE FRAMEWORK

Currently there is no legislation to regulate matters relating to population and development as envisaged in this policy. The governmental structures within which the population units are located, in consultation with other relevant stakeholders, will explore the development of appropriate legislation to promote the objectives outlined in this policy.

4.9 CONCLUSION

Through the concerted efforts of all of these structures, population concerns will be integrated into the national development strategy from policy development to programme implementation, monitoring and evaluation. In this way, the population policy will contribute to the establishment of a society which provides a high and equitable quality of life for all South Africans.

GLOSSARY OF CONCEPTS USED IN THE WHITE PAPER

Age dependency ratio

The age dependency ratio represents the ratio of the combined child population (0-14 years) and aged population (65+ years) to the intermediate age population (15-64 years).

Child mortality rate

The child mortality rate (under-five mortality rate) refers to the number of children who die before their fifth birthday and is expressed as a rate per 1 000 live births.

Contraceptive prevalence rate

Contraceptive prevalence rate is defined as the percentage of fertile women exposed to risk of pregnancy using contraception.

Crude birth rate

The crude birth rate (CBR) is the number of live births per 1000 of the population in a given year.

Crude death rate

The crude death rate (CDR) is the number of deaths per 1000 of the population in a given year.

Development/Human development

Development implies more than merely economic development, that is, an increase in human productivity and long-term increases in real output per capita. Development entails economic and social development. This perspective gave rise to the concept of human development.

Human development accepts the central role of human capital in enhancing human productivity. But it is just as concerned with creating the economic and political environment in which people can expand their human capabilities and use them appropriately. It is also concerned with human choices that go far beyond economic well-being.

In essence, human development is a process of enlarging people's choices. These choices include three elements, namely choices for people to lead a long and healthy life, to acquire knowledge, and to have access to the resources needed for a decent standard of living. Additional choices include political, economic and social freedom to make use of opportunities for being creative and productive, and to enjoy personal self-respect and guaranteed human rights. Human development thus has two sides: the formation of human capabilities, such as improved health, knowledge and skills, and the use people make of their acquired capabilities for productive purposes, for leisure or for being active in cultural, social and political affairs. The purpose of development is to enlarge all human choices in order to promote human well-being. There are therefore four major elements in the concept of human development: productivity, equity, sustainability, and empowerment.

Economically active population

The term "economically active" refers to all those people who are available for work. It includes both the employed and the unemployed. People who are not available for work, for example, those under the age of 15 years, students, scholars, housewives or homemakers, retired people, pensioners, disabled people and others who are permanently unable to work are excluded from the definition of the economically active population. They are generally regarded as being outside the labour market. The economically active population consists of workers (employees and employers), in both the formal and the informal sector.

Environment

The environment covers a wide range of issues - the land, water and air, all plants, animals and microscopic forms of life on earth, the built environment, as well as the social, economic, political and cultural activities that form part of everyday life.

Fertility

Fertility refers to the number of live births occurring in a population. The average number of children that would be born to a woman (or group of women) during her lifetime is referred to as the total fertility rate (TFR). The fertility rate (or general fertility rate) is the number of live-births per 1000 women aged 15 - 49 years in a given year.

Infant mortality rate

The infant mortality rate refers to the number of deaths of babies before the age of one year per 1000 live births.

Life expectancy at birth

Life expectancy at birth is an estimate of the average number of years a person can be expected to live from the time he/she is born. It is a good indirect measure of the mortality (and health) conditions of a population.

Migration

Migration is the movement of people across specified boundaries for the purpose of establishing a new residence. Such movements can be due to various reasons, for example, in search of a job or better life, to live with relatives, forced displacements, etc. Movements for the purpose of establishing a residence across international boundaries, or from one country to another, are referred to as international migration; as emigration when such movement is out of a country, and as immigration when such movement is into a country.

Minimum Living Level

The Minimum Living Levels (MLLs) are calculated by the Bureau of Market Research (University of South Africa) in February and August of each year for 26 areas. There are as many as twelve different MLLs for each area, calculated according to household size and place of residence. The MLL denotes the minimum financial requirements of members of a family if they are to maintain their health and have acceptable standards of hygiene and sufficient clothing

for their needs. The MLL is the lowest possible sum on which a specific size of family can live in the existing social set-up. The MLL is calculated according to the actual size of families, their age structure and sex composition in each area.

Mortality

Mortality refers to deaths that occur within a population. The infant mortality rate (IMR) is the number of deaths to infants under one year of age per 1000 live births in a given year. Similarly, the child (under-five) mortality rate is the number of deaths to children under five years of age per 1000 of the population under five years old in a given year. The maternal mortality rate is the number of women who die as a result of complications related to pregnancy and childbirth in a given year per 100 000 births in that year.

Natural increase

Natural increase is the surplus (or deficit) of births over deaths in a population over a given period of time. The rate of natural increase is the rate at which a population is increasing (or decreasing) in a given year due to the surplus (or deficit) of births over deaths, expressed as a percentage of the population. The rate of natural increase does not include the effects of emigration and/or immigration.

Perinatal mortality

Perinatal mortality is defined as the death of a foetus or a baby which occurs within the period from 28 weeks of gestation to the first 28 days after birth. High rates of perinatal mortality provide an indication of the quality and availability of antenatal care, as well as adverse health, nutritional and social conditions of child-bearing women.

Population growth

Population growth is the overall change in the size of the population in a geographic area, owing to fertility, mortality and migration.

Population growth rate

The population growth rate is the rate at which a population is increasing (or decreasing) in a given year owing to natural increase and net migration, expressed as a percentage of the base population. It takes into account all the components of population growth, namely births, deaths and migration.

Population policy

A population policy refers to explicit or implicit measures undertaken by a government to (directly or indirectly) influence the processes of fertility, mortality and migration as well as their outcomes such as the growth, distribution, composition, size and structure of the population. Population policies are often adopted and implemented as integral components of the development strategies of countries.

Population or demographic trends

Population or demographic trends refers to changes over time in the three demographic processes of fertility, mortality and migration, as well as concomitant changes in the size, composition and distribution of the population.

Preferred family size

Preferred family size is defined as a woman's ideal or desired number of children.

Racial classifications

The terminology referring to racial classifications used in this White Paper reflects systems of racial classification under apartheid, according to which data were kept. The use of these classifications is necessary in order to indicate the challenges facing South Africa in its goal of achieving equality. The terms African, Asian, coloured and white are generally used, except when referring to Africans, Asians and coloureds collectively, in which case the term "black" is used.

Reproductive health services

Reproductive health services refers to the constellation of services aimed at fostering sexual and reproductive health. These include preventive and promotive services, such as information, education, communication and counseling, as well as treatment in relation to reproductive tract infections, sexually transmitted diseases, including HIV/AIDS, and other reproductive health conditions; contraception; prenatal care, safe delivery and post-natal care; infertility; abortion; and cancers of the reproductive system.

Sex ratio

The sex ratio is the ratio of males to females in a given population, usually expressed as the number of males to every 100 females.

Sex/gender

Sex differences refer to differences based on biological realities. Narrower in scope, the word "sex" denotes the biological distinction between male and female. Gender differences refer to differences which are socially created and conditioned. The word "gender" pertains to masculine and feminine roles as culturally perceived. While sex is given and for the most part unalterable, gender is constructed within particular societies and, theoretically at least, can be deconstructed.

Sustainable human development

Sustainable human development can be defined as the enlargement of people's choices and capabilities through the formation of social capital to meet as equitably as possible the needs of the current generation without compromising the needs of future generations.

Unemployed persons

The Central Statistical Service defines "unemployed persons" as persons 15 years and older who were not in paid employment or self-employed, and were available for paid employment or self-

employment during the reference week (the seven days preceding the interview), and had the desire to work and to take up employment.

Urban/non-urban

"Urban" includes areas with some form of local authority as well as areas of an urban nature but without any form of local management. All other areas are classified as non-urban. Residents of an informal settlement immediately adjacent to the boundaries of a town are classified as "non-urban".

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KENNISGEWING 1930 VAN 1998

**WITSKRIF
OOR
BEVOLKINGSBELEID**

**MINISTERIE VIR WELSYN EN
BEVOLKINGSONTWIKKELING**

APRIL 1998

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VOORWOORD

Ons land is een van die min lande ter wêreld waar die vrugbaarheidsyfer aansienlik afgeneem het terwyl die meerderheid van die bevolking steeds arm gebly het. Dit weerspreek die mening dat die meeste van ons mense arm is omdat hulle te veel kinders het. Hierdie beleid verkondig 'n holistiese, multisektorale benadering, sodat ons pogings om vrugbaarheid, sterftes en migrasie, asook the grootte, struktuur en groeikoers van die bevolking te beïnvloed, beide 'n middel tot en die resultate van volhoubare ontwikkeling is.

In ons bevolkingsbeleid word die aanbevelings van die Aksieprogram van die Internasionale Konferensie oor Bevolking en Ontwikkeling, wat in 1994 in Kaïro gehou is, in aanmerking geneem. Die bevolkingsbeleid dwing ons nou om die ooreenkomste wat by daardie Konferensie bereik is, na gemeenskaps- en gesinsvlakke uit te dra. Dit is primêr binne die gemeenskaps- en gesinsverbande waar onderliggende magsverhoudinge funksioneer wat besluitneming betreffende die verspreiding van hulpbronne beïnvloed, welke proses op sy beurt die lewensgehalte bepaal.

Hierdie bevolkingsbeleid is aanvullend tot die nasionale ontwikkelingsplanne en makro-ekonomiese beleide van die Heropbou-en-Ontwikkelingsprogram en die Groei-, Indiensneming- en Herverspreidingsstrategie. Die nasionale bevolkingsbeleid wil primêr die land se bevolkingstendense op so 'n wyse beïnvloed dat hierdie tendense in ooreenstemming met die bereiking van volhoubare mensontwikkeling is.

Die probleme wat in die beleid uitgelig word, hou verband met armoede, geslagsdiskriminasie, omgewingsateruitgang, growwe sosio-ekonomiese ongelykhede tussen ryk en arm en tussen die stedelike en landelike sektore van die bevolking, voortydige sterftes veral onder jong kinders, die bedreiging van HIV/VIGS en ander seksueel oordraagbare siektes, tienerswangerskappe, die gebrek aan kundigheid op die gebied van bevolking en ontwikkeling, en 'n algemene gebrek aan betroubare data en inligting oor die onderlinge verbande tussen bevolking en ontwikkeling. Dit is duidelik dat hierdie beleid op veel meer as net vrugbaarheidstendense en vrugbaarheidsbeheer fokus.

Die ontwerp en implementering van intervensies wat tot die bereiking van die beleidsdoelwitte sal lei, sal sektoraal op nasionale en provinsiale vlakke onderneem word. Die verskillende ministeries en departemente, veral dié in die maatskaplike, ekonomiese en omgewingssektore, dra dus die meeste verantwoordelikheid vir die implementering van die beleid. Alle bestaande en toekomstige sektorale en intersektorale beleide en programme moet dienooreenkomstig op die bereiking van die beleidsdoelwitte gerig word.

Die Nasionale en Provinsiale Bevolkingseenhede, wat tans onder welsynsdepartemente ressorteer, sal nasionale en provinsiale lynfunksiedepartemente ondersteun en inter-agentskapsamewerking ten opsigte van die implementering van die bevolkingsbeleid fasiliteer. Hierdie bevolkingseenhede sal ook verantwoordelik wees vir toesighouding oor die monitering en evaluering van die bevolkingsbeleid se implementering. Die finale verantwoordelikheid vir die implementering van die beleid berus by die Suid-Afrikaanse Regering.

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GERALDINE J FRASER-MOLEKETI
MINISTER VIR WELSYN EN BEVOLKINGSONTWIKKELING

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Bondy Zindwe, Omgewingsake en Toerisme

Internasionale Steun

Die UNFPA het goedgegunstiglik finansiële steun verleen vir sommige provinsiale oorlegplegings en vir die aktiwiteite van die kerngroep. Benson Morah van die *UNFPA Country Support Team for Southern Africa* in Harare, Zimbabwe, het gewaardeerde tegniese bystand tydens kritieke oomblikke in die ontwikkeling van die Witskrif verleen.

Lede van die groep kundiges wat die openbare kommentaar op die Konsepwitskrif ondersoek het en die Witskrif hersien en uitgegee het

Peter Ubomba-Jaswa (Voorsitter), Hoofdirekteur van die Nasionale Bevolkingseenheid, Pretoria
Padi Lehohla, Sentrale Statistiekdiens, Pretoria
Benson Morah, *UNFPA Country Support Team*, Harare, Zimbabwe
Jay Parsons, UNFPA-landsvertegenwoordiger in Suid-Afrika, Pretoria
Charles Simkins, Departement van Ekonomie, Universiteit van die Witwatersrand

Hennie Swanepoel, Departement van Ontwikkelingsadministrasie, Universiteit van Suid-Afrika

Guy Preston, Spesiale Raadgewer, Ministerie vir Waterwese en Bosbou

Eleanor Preston-White, Adjunkvisekanselier, Navorsing en Ontwikkeling, Universiteit van Natal

Valerie Moller, Sentrum vir Maatskaplike en Ontwikkelingstudies, Universiteit van Natal

Helen Rees, Direkteur van die Navorsingseenheid vir Reproductiewe Gesondheid, Universiteit van die Witwatersrand

Jan Sadie, Afgetrede Professor van Ekonomie, Universiteit van Stellenbosch

Kobus Esterhuizen, Departement van Sosiologie, Universiteit van Pretoria

Manfred Wogugu, Kundige oor Bevolkingsbeleid, UNFPA/ILO, Gaborone, Botswana

Moleboheng Lehutso-Phooko, Departement van Sosiologie, Universiteit van die Witwatersrand

Sulaiman Bah, Sentrale Statistiekdiens, Pretoria

Redaksiespan vir die Witskrif

Michael Rice

Barbara Klugman

Peter Ubomba-Jaswa

Ena van Rensburg

Ina Mentz

AGTERGROND

DIE PROSES VAN DIE ONTWIKKELING VAN 'N NUWE BEVOLKINGSBELEID VIR SUID-AFRIKA

Die dryfkrag vir die heroriëntering van regeringsbeleid spruit voort uit die regeringsverandering in 1994. Dit was ook die jaar waarin die Verenigde Nasies se Internasionale Konferensie oor Bevolking en Ontwikkeling (IKBO) in Kaïro, Egipte, gehou is, en wel in September 1994. Die IKBO het 'n nuttige nuwe internasionale perspektief op kwessies rakende bevolking en ontwikkeling gebied.

Die ontwikkeling van die nuwe nasionale bevolkingsbeleid het in Junie 1994 begin, toe die Suid-Afrikaanse Regering van Nasionale Eenheid begin het met 'n hersiening van die bevolkingsbeleid wat gedurende die apartheids-era aangeneem is, asook die funksies van die bevolkingseenhede op nasionale en provinsiale vlak. Hierdie hersiening is in 'n aantal stadiums gedoen. Daar is oorleg gepleeg met die personeel van bevolkingseenhede en met bevolkingskundiges ten einde die sleutelkwessies te identifiseer wat hersien moes word. 'n Kerngroep van nasionale konsultante en 'n breër werkgroep van lede van die bevolkingseenhede is saamgestel om die hersiening te doen en om 'n nuwe beleid op te stel.

'n Openbare besprekingsdokument, getiteld **'n Groenskrif vir Openbare Bespreking: Bevolkingsbeleid vir Suid-Afrika?** is in April 1995 bekendgestel tydens 'n konferensie oor die formulering van 'n bevolkingsbeleid vir Suid-Afrika, wat deur die Departement van Welsyn georganiseer is. 'n Nie-regeringsorganisasiekonferensie vir terugrapportering oor die Internasionale Konferensie oor Bevolking en Ontwikkeling en oor oorlegpleging oor bevolkingsbeleid is ook in April 1995 gehou. Die Groenskrif is tussen April en September 1995 wyd geadverteer (met inbegrip van advertering oor die Internet). Skriftelike voorleggings is gevra van belanghebbende partye en die breë publiek. Verder het die bevolkingseenhede werkwinkels vir die regering en verteenwoordigers van die burgerlike samelewing in al die provinsies gefasiliteer om 'n breed gefundeerde konsensus te bereik oor nasionale bevolkingsprobleme en die beste maniere om dit aan te pak.

Altesaam 749 geskrewe voorleggings oor die Groenskrif is ontvang van akademici, gemeenskapsgroepe, staatsdepartemente, die private sektor en NRO's. Hierdie voorleggings is ontleed en 'n verslag oor die vernaamste bevindings is deur die kerngroep opgestel en in Oktober 1995 voorgelê aan die nasionale en provinsiale Ministers verantwoordelik vir die bevolkingsfunksie. Daar is ook voorstelle gemaak betreffende die benadering wat die bevolkingsbeleid moet volg ten einde die bevindings van die voorleggings oor die Groenskrif te weerspieël.

Die oorheersende mening wat in die voorleggings uitgespreek is, was dat 'n nuwe bevolkingsbeleid vir die land nodig is en dat so 'n beleid -

- 'n integrale deel van nasionale ontwikkelingstrategieë moet uitmaak;
- as hoofdoel moet hê die verskaffing van 'n breë verskeidenheid maatskaplike dienste om die lewensgehalte van die hele bevolking te verbeter, in plaas van die bereiking van demografiese doelwitte;
- moet verseker dat doeltreffende meganismes daargestel word vir die insameling, ontleding en vertolking van demografiese en verwante sosio-ekonomiese data en die gebruik daarvan by prosesse van beleidsformulering, beplanning, programmering, monitering en evaluering in verskillende sektore; en
- die grondslag moet lê vir die ontwerp van ingrepe wat aandag moet geniet as deel van die implementering van spesifieke programme in sektorale departemente.

'n Konsepbesprekingsdokument oor bevolkingsbeleid is daarna opgestel gedurende die tydperk Desember 1995 tot Augustus 1996. Tydens die opstel van die besprekingsdokument en die latere hersiening daarvan is omvattende samesprekings gehou met alle betrokke ministeries en departemente asook met kundiges op die gebied van bevolking en ontwikkeling by universiteite, NRO's en die Verenigde Nasies.

Die voltooië konsepbesprekingsdokument oor die bevolkingsbeleid is in September 1996 oorhandig aan die Minister vir Welsyn en Bevolkingsontwikkeling. Die volgende maand het die Kabinet goedgekeur dat die dokument in die *Staatskoerant* gepubliseer word en uitgereik word vir openbare kommentaar as die eerste Konsepwitskrif vir 'n Bevolkingsbeleid vir Suid-Afrika. Dit is gepubliseer as *Staatskoerant* Volume 376, Nommer 17529, van 31 Oktober 1996.

Eksemplare van die eerste Konsepwitskrif is wyd versprei en openbare kommentaar oor die inhoud daarvan is ingewag tot die einde van Februarie 1997. Die Departement van Welsyn het 116 skriftelike voorleggings oor die konsepbevolkingsbeleid van die publiek ontvang. Die voorleggings is in Maart 1997 bestudeer. 'n Aantal substantiewe beleidskwessies is geïdentifiseer, aangeteken en toe bespreek; eers met 'n verwysingsgroep van multidissiplinêre plaaslike en internasionale kundiges op die gebied van bevolking en ontwikkeling; en tweedens met die provinsiale Ministers en die betrokke senior amptenare verantwoordelik vir die bevolkingsfunksie in die nege provinsies. Hierdie samesprekings het riglyne gebied vir die finalisering van die konsepbevolkingsbeleid.

Die finale konsep van die Witskrif is vroeg in Augustus 1997 deur die Kabinetskomitee vir Maatskaplike en Administratiewe Aangeleenthede goedgekeur. Die Portefeuljekomitee vir Welsyn en Bevolkingsontwikkeling het ook in Oktober 1997 openbare sittings gehou om die publiek die geleentheid te bied om hulle menings oor die nuwe bevolkingsbeleid te lug. Die Witskrif is in April 1998 in die Parlement ter tafel gelê.

BESTUURSOPSOMMING

'n Aantal belangrike bevolkingskwessies moet aandag geniet as deel van die oorkoepelende sosio-ekonomiese ontwikkelingstrategie van die land, soos weerspieël in die Heropbou- en Ontwikkelingsprogram (HOP) en die strategie vir groei, werkverskaffing en herverspreiding (beter bekend onder sy Engelse akroniem, GEAR) van die Suid-Afrikaanse Regering. Daar is aangedui dat hierdie bevolkingskwessies die verwesenliking van volhoubare ontwikkelingsdoelwitte aan bande lê. Hierdie kwessies vorm hindernisse vir die verbetering van die lewensgehalte van die mense van Suid-Afrika.

Die bevolkingsbeleid wat in hierdie Witskrif beskryf word, is ontwerp om 'n omvattende en multisektorale raamwerk te verskaf om aandag te gee aan die bevolkingskwessies wat tans beskou word as nie in ooreenstemming met die bereiking van volhoubare sosio-ekonomiese en omgewingsontwikkeling te wees nie. 'n Basiese beginsel van hierdie beleidsbenadering is dat bevolkingsvraagstukke as veelfasettig en intersektoraal beskou word. Gevolglik word pogings om hierdie vraagstukke binne die konteks van nasionale ontwikkelingstrategieë aan te pak, ook as multisektoraal uitgebeeld. Die beleid is in ooreenstemming met die Handves van Regte wat in die Grondwet van die Republiek van Suid-Afrika vervat is. Dit maak 'n integrale komponent uit van nasionale strategieë om onbillikhede van die verlede te verminder en terselfdertyd die lewensgehalte van die hele bevolking wesenlik te verbeter.

Die beleid beklemtoon die verskuiwing na 'n paradigma van volhoubare mensontwikkeling, wat bevolking in die middelpunt van alle ontwikkelingstrategieë plaas en bevolking as die dryfkrag en uiteindelijke bevooroordeelde van ontwikkeling beskou. Die rol van bevolking in ontwikkeling is vasgevang in die Program van Optrede van die Internasionale Konferensie oor Bevolking en Ontwikkeling (IKBO), waaroor die internasionale gemeenskap in 1994 in Kaïro ooreengekom het. Suid-Afrika onderskryf die Program van Optrede, en dus ook die strategie vir ontwikkeling wat klem plaas op die onderlinge verhoudings tussen bevolking, ontwikkeling en die omgewing.

Die bevolkingsbeleid is ontwerp en word verstaan as 'n integrale komponent van ontwikkelingsbeleide en -strategieë, en nie as 'n plaasvervanger daarvoor nie. Gegewe 'n verbeterde begrip van die onderlinge verhoudings tussen bevolking, ontwikkeling en die omgewing, doen hierdie beleid 'n oproep op die Regering om hierdie verhoudings in aanmerking te neem by die ontwerp, implementering en monitering van ontwikkelingsprogramme. Hierdie oproep word gedoen teen die agtergrond daarvan dat beleide van die verlede wat daarop gerig was om bevolkingskwessies in Suid-Afrika te hanteer, op fertiliteitsvermindering, beperkte bevolkingsbeweging en beheerde vestigingspatrone gekonsentreer het.

Hierdie bevolkingsbeleid stel die Regering se posisie oor die verhouding tussen bevolking en ontwikkeling duidelik. Volhoubare mensontwikkeling is die sentrale tema en organiserende beginsel van hierdie beleid. Daarom word die ontwikkelingsuitdaging gesien in terme van voorsiening in die behoeftes van die huidige geslag en verbetering van hulle lewensgehalte sonder om die omgewing te vernietig of nie-hernubare natuurlike hulpbronne

uit te put, ten einde te voorkom dat die vermoë van komende geslagte om in hulle eie behoeftes te voorsien, in die gedrang kom. Gevolglik is die beleid geanker in 'n benadering wat erkenning verleen aan die drie demografiese prosesse van fertiliteit, mortaliteit en migrasie as kritieke aanwysers van faktore wat die bereiking van volhoubare ontwikkeling beïnvloed.

Die bevolkingsbeleid wat in hierdie dokument beskryf word, is ontwikkel binne die raamwerk van die Grondwet. Die beleid is gegrond op 'n stel van 12 rigtinggewende beginsels, wat die etiese konteks bied vir 'n menseregtebenadering om bevolkingsvraagstukke te integreer in die beplanning, implementering en monitering van ontwikkeling. Hierdie rigtinggewende beginsels bied die fundamentele uitgangspunte wat rigting gee aan die inhoud van die bevolkingsbeleid.

Die beleidsvisie plaas klem op die bereiking van 'n hoë en gelykwaardige lewensgehalte vir alle Suid-Afrikaners, asook 'n balans tussen bevolkingstendense, volhoubare sosio-ekonomiese ontwikkeling en die omgewing. Die doelstelling van die beleid verklaar dat daar veranderinge in die determinante van die land se bevolkingstendense teweeg gebring moet word ten einde volhoubare mensontwikkeling te bevorder.

Die beleidsdoelwitte weerspieël die twee hoofpilare waarop die beleid rus. Die een pilaar is die stelselmatige integrering van bevolkingsfaktore in alle beleide, planne, programme en strategieë wat daarop gemik is om die lewensgehalte van die mense te verbeter, op alle vlakke en in alle sektore en instellings van die owerheid. Die ander pilaar is 'n gekoördineerde, multisektorale, interdisiplinêre en geïntegreerde benadering tot die ontwerp en uitvoering van programme en ingrepe wat belangrike nasionale bevolkingsvraagstukke beïnvloed. Onderliggend aan hierdie twee pilare is die behoefte aan betroubare en bygewerkte inligting oor bevolking en mensontwikkeling ten einde beleidsformulering en die ontwerp, implementering, monitering en evaluering van programme te steun.

'n Aantal belangrike bevolkingsvraagstukke is geïdentifiseer as gevolg van 'n ontleding van die situasie rakende mensontwikkeling en demografie in die land. Hierdie vraagstukke dek 'n wye verskeidenheid uitdagings betreffende bevolking, ontwikkeling en die omgewing, byvoorbeeld:

- die groei- en strukturele dinamika van die bevolking relatief tot die groei en vermoë van die ekonomie om agterstande in werkverskaffing, onderwys, behuising, gesondheid en ander maatskaplike dienste te hanteer ten einde aan die behoeftes en aspirasies van die mense te voldoen;
- die druk van die wisselwerking tussen bevolking, produksie en verbruikspatrone op die omgewing;
- die hoë voorkoms en erge graad van armoede in sowel landelike as stedelike gebiede;

- onbillikhede in toegang tot hulpbronne, infrastruktuur en maatskaplike dienste, veral in landelike gebiede, en die implikasies daarvan vir herverspreiding en groei en die verligting van armoede;
- die verlaagde potensiaal vir mensontwikkeling, beïnvloed deur 'n hoë voorkoms van onbeplande en ongewenste en tienerswangerskappe;
- die hoë infantiele en moedersterftesyfers, gekoppel aan hoërisiko-kindergeboorte;
- die hoë koerse van premature mortaliteit as gevolg van voorkombare oorsake;
- die stygende voorkoms van seksueel oorgedraagde siektes, veral MIV/VIGS, en die geprojekteerde sosio-ekonomiese impak van VIGS;
- die opvallende geslagsongelykhede in ontwikkelingsgeleenthede, met inbegrip van toegang tot produksiehulpbronne, wat die lae status van vroue weerspieël;
- die swak kennisbasis oor bevolkingsverhoudings en bevolking-ontwikkeling-verhoudings; en
- die beperkte stelselmatige gebruik van bevolkingsdata by die formulering en implementering, monitering en evaluering van ontwikkelingsplanne en -programme vir die hele bevolking.

'n Aantal strategieë word geskets, wat ooreenstem met die multisektorale aard van die bevolkingsbeleid. Hierdie strategieë skakel met die belangrikste bevolkingsvraagstukke en moet geoperasionaliseer word ten einde die doelwitte van die beleid te verwesenlik. Die 24 strategieë dek tien breë terreine, naamlik:

- Koördinasie en vermoëskepping vir die integrering van bevolkings- en ontwikkelingsbeplanning;
- voorspraak en inligting, opvoeding en kommunikasie (IOK) oor bevolkingsake;
- die vermindering van armoede;
- omgewingsvolhoubaarheid;
- gesondheid, mortaliteit en fertiliteit;
- geslag, vroue, jeugdiges en kinders;
- onderwys;
- werkverskaffing;

- migrasie en verstedeliking; en
- data-insameling en navorsing.

Die multisektorale strategieë op hierdie terreine lê die grondslag vir multisektorale programme wat deur 'n verskeidenheid staatsdepartemente ontwerp en geïmplementeer sal word en deur die private sektor en organisasies in die burgerlike samelewing ondersteun sal word. Die strategieë vorm ook die grondslag om intersektorale en sektorale beleide en programme te oriënteer en waar nodig te heroriënteer vir die verwesenliking van die doelwitte van hierdie beleid. Die implementering van die beleid sal die verantwoordelikheid wees van die hele owerheid, die private sektor, die burgerlike samelewing en alle Suid-Afrikaners. Sektorale ministeries en departemente, veral diegene in die maatskaplike, ekonomiese en omgewingsektore, sal die verantwoordelikheid dra vir die implementering van die beleid deur ingrepe te ontwerp en te implementeer wat daarop gemik is om die beleidsdoelwitte te verwesenlik. Interdepartementele skakeling en koördinasie sal nodig wees om doeltreffende implementering van beleid te verseker, soos die ontwikkeling van gedeelde doelstellings, teikens en aanwysers om vordering en impak te evalueer.

Bevolkingseenhede op nasionale en provinsiale vlak wat aan die welsynsdepartemente verbonde is, sal herstruktureer word om die implementering van die beleid te fasiliteer en te ondersteun. Hulle funksies sal die volgende insluit:

- Die bevordering van voorspraak vir bevolkings- en verwante ontwikkelingskwessies;
- die verlening van bystand aan staatsdepartemente om die bevolkingsbeleid te vertolk met betrekking tot hulle verantwoordelikheidsterreine;
- die ontleding en vertolking van bevolkingsdinamika;
- opdraggewing vir navorsing oor die onderlinge verhoudings tussen bevolking en ontwikkeling;
- die verspreiding van inligting om die ontwerp en programmering van beleid te steun; en
- die monitering en evaluering van die implementering van bevolkingsbeleid.

Die Kabinet, die Parlement en wetgewers het 'n noodsaaklike rol om te speel ten einde die suksesvolle implementering van die beleid te verseker. Die President as Staatshoof sal oor vordering met die implementering van die beleid verslag doen as deel van 'n jaarlikse nasionale ontwikkelingsverslag. Die Kabinetskomitee vir Maatskaplike en Administratiewe Aangeleenthede sal ook toesig hou oor die implementering, monitering en evaluering van die beleid as deel van die nasionale ontwikkelingstrategie. Daar word van alle parlementêre en provinsiale portefeuljekomitees wie se verantwoordelikheidsterreine met kwessies rakende bevolking en ontwikkeling verband hou, verwag om te verseker dat alle wetgewing in ooreenstemming is met die doelstelling en doelwitte van die beleid. Daar word 'n beroep op hulle gedoen om die implementering van die beleid te moniteer waar dit op hulle

onderskeie sektore betrekking het. Dit sal verseker dat wetgewing wat die verwesenliking van die beleidsdoelwitte ondersteun, verorden word en dat wetgewing wat in stryd daarmee is, geïdentifiseer en herroep word.

Die burgerlike samelewing sal 'n kritieke rol hê om die beleidsdoelwitte te verwesenlik. Vir hierdie doel sal staatsdepartemente gemeenskapstrukture betrek by besluitneming en die implementering van programme. Bestaande strukture vir oorlegpleging sal ook kwessies wat in die bevolkingsbeleid ter sprake kom, in hulle beraadslagings insluit. Nie-regeringsorganisasies wat reeds programme implementeer wat betrekking het op strategieë wat in hierdie bevolkingsbeleid geïdentifiseer is, sal voortgaan om die beleid en die implementering daarvan te monitor en kritiek daarop te lewer.

DEEL EEN

AANHEF

1.1 WAAROM SUID-AFRIKA 'N DUIDELIKE BEVOLKINGSBELEID NODIG HET

'n Ontleding van die situasie betreffende bevolking en mensontwikkeling in Suid-Afrika bring aan die lig dat daar 'n aantal belangrike bevolkingskwessies is wat aandag moet geniet as deel van die talle ontwikkelingsprogramme en -strategieë in die land. Sommige van hierdie kwessies vorm ernstige hindernisse vir die herstel van ongelykhede en die verbetering van die lewensgehalte van die bevolking. Gevolglik moet hierdie kwessies opgelos word binne die raamwerk van 'n duidelike, omvattende en multisektorale bevolkingsbeleid, wat 'n integrale komponent is van nasionale strategieë om onbillikhede van die verlede gegrond op ras te verminder en terselfdertyd die lewensgehalte van die hele bevolking wesenlik te verhoog. Hierdie beleid moet let op huidige bevolkingstendense wat nie geag word in ooreenstemming met volhoubare sosio-ekonomiese en omgewingsontwikkeling te wees nie. Dit moet daarop gemik wees om veranderinge in bevolkingstendense teweeg te bring, om gebreke in beleide van die verlede uit te skakel en om leemtes in die nasionale maatskaplike en ekonomiese ontwikkelingstrategie te vul.

Die Heropbou- en Ontwikkelingsprogram (HOP) en die strategie vir groei, werkverskaffing en herverspreiding (GEAR) vorm tans die oorkoepelende beplanningsraamwerk vir Suid-Afrika. Die HOP is 'n geïntegreerde, samehangende sosio-ekonomiese beleid wat verskeie onderling geskakelde programme vir die talle maatskaplike en ekonomiese probleme wat die land in die gesig staar, uiteensit. Die sentrale doelwit van die HOP is om die lewensgehalte van alle Suid-Afrikane te verbeter. Die vernaamste programme daarvan is daarop gemik om in basiese behoeftes te voorsien, mensehulpbronne te ontwikkel, die staat en die samelewing te demokratiseer en die ekonomie op te bou. Die behoefte aan bevolkingsdata om pragmatiese en realistiese ingrepe te formuleer en te implementeer ten einde die oogmerke van die HOP te verwesenlik, en aan die deurlopende monitering en evaluering daarvan, word erken. Hierdie data verg egter verdere ontwikkeling om die HOP 'n doeltreffender instrument te maak om die regering se doelwitte in die na-apartheidsera te verwesenlik.

Die GEAR, wat aanvullend tot die HOP is, gee 'n uiteensetting van 'n geïntegreerde strategie om die ekonomie te herbou en te herstruktureer. Die klem van die GEAR is op die oorkoepelende makro-ekonomiese omgewing. Dit stel 'n raamwerk vir versnelde ekonomiese groei daar, en fokus terselfdertyd op die uitdagings om in basiese behoeftes te voorsien, mensehulpbronne te ontwikkel, deelname aan die demokratiese instellings van die burgerlike samelewing te verhoog en die HOP in al sy fasette te implementeer. Spesifieke maatskaplike en sektorale beleid, soos gesondheids- en welsynsdienste, behuising,

grondhervorming en infrastruktuur, die sleutelskakels daarvan met ekonomiese groei, werkverskaffing en herverspreiding, is ook in die GEAR vervat. Die HOP en die GEAR bied die oorkoepelende raamwerk waarbinne die bevolkingsbeleid geïntegreer moet word.

Die Handves van Regte vervat in Hoofstuk 2 van die Grondwet van die Republiek van Suid-Afrika handel ook oor maatskaplike en mensontwikkelingskwessies, wat die lewensgehalte van mense beïnvloed. Hierdie kwessies sluit in behuising, gesondheidsorg, voedsel, water en bestaansbeveiliging, die situasie van kinders, en onderwys. Hoofstuk 2 meld spesifiek die reg van mense om te woon in 'n omgewing wat beskerm word "ter wille van huidige en toekomstige geslagte, deur redelike wetgewende en ander maatreëls wat ... die ekologies volhoubare ontwikkeling en aanwending van natuurlike hulpbronne verseker, terwyl dit regverdigbare ekonomiese en maatskaplike ontwikkeling bevorder". Die skakels tussen hierdie aangeleenthede en bevolkingsbeleid is duidelik.

1.2 VORIGE BELEIDS- EN BEPLANNINGSKONTEKSTE VIR BEVOLKING EN ONTWIKKELING

Vorige beleide, veral met betrekking tot die demografiese prosesse van fertiliteit, mortaliteit en migrasie, was in baie opsigte gebrekkig. Hulle was in apartheidsideologie veranker en het gefokus op -

- gedwonge en/of beperkte beweging en hervestiging van die bevolking, veral swartes;
- die verlaging van die land se bevolkingsgroeikoers deur die fertiliteit van die bevolking te verlaag, primêr deur die verskaffing van voorbehoedingsdienste, dikwels deur dwangmaatreëls;
- demografiese eerder as mensontwikkelingsteikens; en
- die beperking van die toegang van swartes tot geleenthede vir onderwys en werk.

Vorige beleide was ook gegrond op foutiewe veronderstellings oor die aard van die faktore wat die demografiese prosesse raak, soos die geloof dat armoede die gevolg is van 'n hoë bevolkingsgroeikoers in plaas daarvan om die onderlinge verhouding tussen die twee verskynsels te erken.

Inligting oor bevolking en mensontwikkeling was dikwels onvolledig of gebrekkig. Gevolglik was die kennisgrondslag oor die bevolking, en oor die onderlinge verhouding tussen bevolking en ontwikkeling, ontoereikend. Daar is ontoereikend gebruik gemaak van bevolkingsdata by die toewysing van hulpbronne. Die beplanning en programmering van ontwikkeling is selde met die steun van demografiese ontleding gedoen. Die gebruik van bevolkingsdata was verder van beperkte omvang omdat daar geen oorkoepelende sosio-ekonomiese raamwerk vir ontwikkelingsbeplanning vir die land as geheel bestaan het nie. Ofskoon bevolkingsdata by die formulering van baie ontwikkelingsplanne en -programme gebruik is, is dit nie stelselmatig vir die hele bevolking gedoen nie. Ontwikkelingsplanne het die meerderheid van die bevolking grootliks uitgesluit.

Institusionele meganismes, wat bevolkingsverwante kwessies hanteer het, is beperk deur hulle posisie in die owerheid en deur die tegniese vermoë van hulle personeel. Hulle is ook aan bande gelê deur die maniere waarop hulle geskakel het met ander instellings, sowel binne as buite die owerheid, met wie hulle moes werk en deur wie hulle programme geïmplementeer kon word. Meganismes vir koördinasie en samewerking was óf swak óf ondoeltreffend. Hierdie gebrek aan doeltreffende samewerking en koördinasie het daartoe gelei dat programingrepe nóg realisties nóg pragmaties was.

Die bevolkingsbeleide van die vorige regering, afgesien van die rasse-/rassistiese grondslag daarvan, het 'n bevolkings- en ontwikkelingsparadigma weerspieël wat nie meer aanvaar word nie. Snelle bevolkingsgroei is as die vernaamste bevolkingskwessie beskou. Die verkieslike oplossing vir die vermeende probleem van oorbevolking was die bevordering van 'n afname in fertiliteit, wat teweeg gebring moes word deur 'n intensiewe gesinsbeplanningsprogram.

In 1974 is 'n nasionale gesinsbeplanningsprogram in die lewe geroep om toegang tot kontraseptiewe dienste te bevorder ten einde die groeikoers van die swart bevolking te verlaag. Terselfdertyd het die regering 'n toename in die blanke bevolking deur immigrasie aangemoedig. Statiese en mobiele gesinsbeplanningsklinieke is ingestel en kontraseptiewe middels is gratis verskaf. Die klinieke het onafhanklik van ander gesondheidsdienste, wat dikwels nie toeganklik of gratis was nie, gewerk. Gevolglik het die program onder kwaai druk gekom, vanweë sowel sy ideologiese fokus as die ontoereikendheid van sy dienste. Teen die middel van die tagtigerjare het die program se bestuur hom gedistansieer van die demografiese fokus van die Bevolkingsontwikkelingsprogram. In plaas daarvan het die bestuur die program se gesondheidsvoordele bevorder en begin om gesinsbeplanning te integreer in die ander primêre gesondheidsorgdienste.

In die vroeë tagtigerjare het die regering besluit om 'n beleid te implementeer wat uitdruklik daarop gemik was om die groeikoers van die nasionale bevolking te verlaag aangesien die land se hulpbronne (veral water) nie die heersende hoë bevolkingsgroeikoers kan dra nie. Ironies genoeg is die swart bevolking óf toegang ontsê tot bewerkbare grond wat voldoende water het óf verskuif en hervestig in gebiede met gebrekkige watervoorsiening. Die minderheidsbevolking het dus die meeste van die grond wat oor goeie watervoorsiening beskik, besit of stelselmatig in besit geneem. Hierdie benadering tot bevolkingsgroei was gegrond op die aanbevelings van die 1983 Verslag van die Wetenskapkomitee van die Presidentsraad oor Demografiese Tendense in Suid-Afrika. Die Bevolkingsontwikkelingsprogram (BOP) is in 1984 ingestel om aan hierdie beleid uitvoering te gee.

Die BOP het as demografiese teiken gestel om teen die jaar 2010 'n totale fertiliteitskoers van 2,1 te bereik ten einde die bevolking teen die jaar 2100 op 80 miljoen te stabiliseer. Die hoofdoel van die BOP was fertiliteitsverlaging deur middel van gesinsbeplanning. Met erkenning van die feit dat gesinsbeplanning alleen nie hierdie doel sou bereik nie, het die BOP egter ingrepe op ander gebiede ingesluit wat 'n impak op fertiliteitsvlakke het, naamlik onderwys, primêre gesondheidsorg, ekonomiese ontwikkeling, die ontwikkeling van mensehulpbronne, en behuising. Ofskoon die BOP hom nie regstreeks met mortaliteit of

migrasie bemoei het nie, is die impak van mortaliteit, verstedeliking en landelike ontwikkeling op fertiliteit in ag geneem. Die erkenning van die breër dimensies van bevolkingsgroei was 'n beduidende verskuiwing in regeringshoudings ten opsigte van die bevolkingsprobleem en maniere om dit op te los. Die BOP het egter nie die fundamentele kwessie van die gebrek aan burgerskapsregte van die swart bevolking behandel nie, en ook nie die geïnstitusionele diskriminasie juis op die terreine waaraan die Program aandag moes gee nie.

Aangesien die BOP multisektoraal was, moes dit geïmplementeer word deur 'n intersektorale komitee bestaande uit verteenwoordigers van departemente verantwoordelik vir onderwys, primêre gesondheidsorg, ekonomiese ontwikkeling, mannekragontwikkeling en behuising. Elk van hierdie departemente moes voorrang verleen aan voorsiening in die betrokke behoeftes van die bevolking op die gebiede onder sy mandaat. Die Hoofdirektoraat Bevolkingsontwikkeling (HBO) is in die Departement van Gesondheid en Bevolkingsontwikkeling ingestel. Bevolkingseenhede is ook in die provinsies onder die HBO ingestel. Soortgelyke eenhede is later in die tuislande ingestel.

Die implementering van die BOP was weens verskeie redes ontoereikend. Daar was geen werklike verskuiwing in nasionale befondsingsprioriteite nie. Gevolglik het die intersektorale komitee meer in vorm as in wese gefunksioneer. Die HBO het geen gesag gehad om in die programme van ander departemente in te gryp ten einde te verseker dat die doelstellings van die BOP nagestreef word nie. Verder was daar geen lewensvatbare strategie of meganisme vir die doeltreffende koördinerende van die multisektorale program nie. 'n Oorkoepelende sosio-ekonomiese ontwikkelingsplan vir die land het nie bestaan nie. Daar was onvoldoende betroubare demografiese data en 'n ontoereikende aantal toepsalig opgeleide mense om die data te ontleed en te vertolk en om bevolkingsveranderlikes te integreer in sektorale planne en programme. Pogings deur die provinsiale bevolkingseenhede om die oogmerke van die BOP na te streef was ook nie baie geslaag nie. Hulle opdragte was onduidelik. Hulle het geen ontwikkelingsfondse gehad nie.

Die BOP het aansienlike politieke weerstand ondervind. Verder was daar weinig of geen politieke verbintenis om die doeltreffende integrasie van bevolkingskwessies in oorkoepelende ontwikkelingsbeplanning te verseker nie. Daar was ook geen lewensvatbare strategie om die BOP se doelwitte te ondersteun nie.

Gevolglik het die fokus van die HBO en die provinsiale bevolkingseenhede verskuif (vanaf 1990) na die formulering en implementering van programme vir inligting, opvoeding en kommunikasie (IOK) oor bevolking. Daar was egter verskille in fokus, veral in die tuislande, waar die eenhede op gemeenskapsontwikkeling gekonsentreer het. Die IOK-programme het die kleingesinsnorm bevorder, met klem op die verhouding tussen armoede en groot gesinne. Die oogmerk was om voorkeure rakende gesinsgrootte en die reprodutiewe gedrag van subgroepe met hoë fertiliteit te beïnvloed. Voorkeur vir 'n klein gesinsgrootte het gedurende hierdie tydperk toegeneem, veral onder swartmense.

1.3 DIE HUIDIGE BEVOLKINGS- EN ONTWIKKELINGSPARADIGMA

Verskillende ontwikkelingsparadigma het met verloop van tyd ontstaan en gangbaarheid verwerf, primêr as gevolg van die ontleding van die mislukking van vorige benaderings tot ontwikkeling. Uit 'n internasionale perspektief was daar onlangs 'n aantal fundamentele veranderings in die begrip en rol van ontwikkeling, met 'n verskuiwing in fokus na volhoubare mensgesentreerde ontwikkeling. Die fokus van die huidige paradigma is "volhoubare mensontwikkeling", waar bevolking in die middelpunt van alle ontwikkeling geplaas word as 'n dryfkrag en uiteindelijke bevooroordeelde van ontwikkeling.

Die rol van bevolking in ontwikkeling is vasgevang in die verslae oor mensontwikkeling wat jaarliks opgestel word deur die Verenigde Nasies se Ontwikkelingsprogram en die Program van Optrede van die Internasionale Konferensie oor Bevolking en Ontwikkeling (IKBO), waaroor die internasionale gemeenskap, met inbegrip van Suid-Afrika, in 1994 ooreengekom het. Die Program van Optrede onderskryf 'n nuwe strategie oor ontwikkeling wat klem plaas op die onderlinge verhoudings tussen bevolking, ontwikkeling en die omgewing. Dit fokus op voorsiening in die behoeftes van individue eerder as op die bereiking van demografiese teikens. Onder sy doelwitte en aanbevole optredes betreffende die onderlinge verhoudings tussen bevolking, volgehoue ekonomiese groei en volhoubare ontwikkeling (Hoofstuk III) is die volgende:

- Die behoefte om bevolkingsaangeleenthede ten volle te integreer in alle ontwikkelingstrategieë, beplanning, besluitneming en hulpbrontoewysing, met die doel om te voorsien in die behoeftes van huidige en toekomstige geslagte en om hulle lewensgehalte te verbeter;
- die bevordering van maatskaplike geregtigheid en die uitwissing van armoede;
- die aanvaarding van geskikte en volhoubare beleide en programme vir bevolking en ontwikkeling;
- die vermindering van onvolhoubare verbruiks- en produksiepatrone asook die negatiewe impak van demografiese faktore op die omgewing;
- die periodieke hersiening van beleide om die volledige integrasie van bevolkingsaangeleenthede in ontwikkelingstrategieë en in alle aspekte van ontwikkelingsbeplanning op alle vlakke te verseker, met die doel om volhoubare ontwikkeling te bewerkstellig.

Die Program van Optrede plaas ook klem op die volgende:

- Geslagsgelykwaardigheid, d.w.s. die gelykheid en bemagtiging van vroue as 'n belangrike doel op sigself, en ook as 'n noodsaaklikheid vir die verkryging van volhoubare ontwikkeling;
- die verbetering van toestande vir onderwys en gesondheid;
- die bevordering van seksuele en reprodúktiewe gesondheid (met inbegrip van gesinsbeplanning) en reprodúktieregte;

- die ondersteuning van die gesin as die basiese eenheid van die samelewing, en bydraes tot die stabiliteit van die gesin;
- die bevordering van 'n meer gebalanseerde verspreiding van die bevolking en die vermindering van die rol van verskeie faktore wat migrasiekoerse beïnvloed; en
- die vestiging van feitelike grondslae vir begrip en antisipering van die onderlinge verhoudings van bevolkings-, sosio-ekonomiese en omgewingsveranderlikes, en vir die verbetering van die ontwikkeling, implementering, monitering en evaluering van programme.

As gevolg van die noue onderlinge verhoudinge tussen bevolking, ontwikkeling en die omgewing word baie bevolkingsveranderlikes nou gebruik as aanwysers van die ontwikkelingstatus van 'n land of geografiese gebied. Insgelyks weerspieël baie ontwikkelingsaanwysers die bevolkingsituasie in 'n land. Dit is regerings se plig om hierdie verhoudings in aanmerking te neem by die ontwerp, implementering en monitering van ontwikkelingsprogramme. Aanbevelings deur verskeie internasionale forums word ook aangemoedig. Die mees onlangse dokumente uit die internasionale forums is die Rio-Verklaring oor Omgewing en Ontwikkeling (Rio de Janeiro, 1992); die Program van Optrede van die Internasionale Konferensie oor Bevolking en Ontwikkeling (Kaïro, 1994); die Wêreldspitsberaad oor Maatskaplike Ontwikkeling (Kopenhagen, 1995); die Platform vir Optrede van die Vierde Wêreldkonferensie oor Vroue en Ontwikkeling (Beijing, 1995); die tweede Verenigde Nasies-konferensie oor Menslike Nedersettings (Habitat II) (Istanboel, 1996) en die Wêreldvoedselspitsberaad (Rome, 1996). Binne hierdie forums is daar konsensus dat bevolkingskwessies in die formulering, implementering, monitering en evaluering van alle beleide en programme rakende volhoubare ontwikkeling geïntegreer moet word. Verder word daar saamgestem dat die raamwerk van bevolkingsbeleide gesien moet word as 'n integrale komponent van ontwikkelingsbeleide en -strategieë, en nie as 'n plaasvervanger daarvoor nie.

1.4 DIE BENADERING VAN DIE SUID-AFRIKAANSE REGERING TOT DIE BEVOLKINGSBELEID

Hierdie bevolkingsbeleid sit die Regering se posisie oor bevolking en ontwikkeling uiteen. Die Regering se posisie is wesenlik 'n reaksie op die onregverdighede inherent in die bevolkingsverwante beleide van die vorige regering, asook op die internasionaal aanvaarde paradigmaterskuif op die gebied van bevolking en ontwikkeling. Volhoubare mensontwikkeling is die sentrale tema en organiserende beginsel van hierdie beleid. "Volhoubare mensontwikkeling" sien ontwikkeling as 'n proses om mense se keuses te verbreed. Die rol van die regering in ontwikkeling is die skepping van 'n bemagtigende omgewing vir mense om lang, gesonde en kreatiewe lewens te geniet. Die uitdaging is om te voorsien in die behoeftes van die huidige geslag en om hulle lewensgehalte te verbeter sonder om die omgewing te vernietig of nie-hernubare natuurlike hulpbronne uit te put, wat toekomstige geslagte se vermoë om in hulle eie behoeftes te voorsien, in die gedrang sou bring.

Die drie onderling verwante elemente, naamlik bevolking, verspreide armoede en omgewingsagteruitgang, is veral van belang vir volhoubare mensontwikkeling. Hoewel die Regering die kritieke skakels tussen bevolking, ontwikkeling en die omgewing erken, moet die presiese aard van hierdie onderlinge verhoudings nog verder ondersoek word ten einde 'n soliede grondslag te bied om die lewensgehalte van alle Suid-Afrikaners te verbeter. Die doelwitte, aanbevole optredes en beklemtonings van die IKBO se Program van Optrede wat vroeër gemeld is, word dus aanvaar as basiese uitgangspunte vir hierdie beleid en die verdere verfyning daarvan.

Die huidige bevolkingsituasie is hoofsaaklik die gevolg van vorige en huidige aspekte van die wisselwerking tussen ontwikkelings-, demografiese en omgewingsveranderlikes. Ontwikkeling beïnvloed die bevolking en die omgewing. Lae vlakke van sosio-ekonomiese ontwikkeling ('n uitvloeisel van armoede) word tipies geassosieer met hoë koerse van fertiliteit, mortaliteit en bevolkingsgroei. Veranderinge in verskillende ontwikkelingsaanwysers het 'n regstreekse impak op bevolkingstendense. Byvoorbeeld, stygende vlakke van inkomste, opvoeding en die bemagtiging van vroue word positief geassosieer met beter gesondheid en dalende koerse van fertiliteit en mortaliteit, en dikwels met migrasie vanuit landelike gebiede. Aan die ander kant verlaag sommige patrone van ekonomiese produksie die gehalte van die omgewing en verhoog ander dit. Byvoorbeeld, ongereguleerde nywerheidsproduksie kan lei tot lug- en waterbesoedeling. Bevolkingsdruk kan ook die omgewing beïnvloed. Byvoorbeeld, bevolkingsdruk op ekologies sensitiewe gebiede kan omgewingsagteruitgang vererger en die ekostelsel ontwrig.

'n Land se bevolkingsituasie raak ook sy vooruitsigte vir ontwikkeling en die gehalte van die omgewing. Byvoorbeeld, hoë bevolkingsgroei plaas toenemende druk op die regering om dienste te lewer wat bestaande lewenstandaarde nie net sal handhaaf nie maar ook sal verbeter. As die bevolkingsgroei koers meer is as wat 'n land kan hanteer, sal die lewensgehalte afneem. Dit geld selfs waar die regering billikheid in die verspreiding van hulpbronne bevorder.

Hoe jeugdig die bevolking, hoe groter is die deel van die nasie se hulpbronne wat belê sal moet word in die verskaffing van dienste (byvoorbeeld onderwys en gesondheid) vir die afhanklike bevolking, en dit verminder die hulpbronne wat beskikbaar is vir die stimulerende van ekonomiese groei oor die kort termyn. Voorts sal 'n disproporsionele jong bevolking verseker dat die bevolking sal groei in die toekoms. In dele van die land waar die bevolking yl versprei is, is dit duurder om maatskaplike dienste en infrastruktuur vir almal toeganklik te maak.

Die onderlinge verhoudings tussen bevolking, ontwikkeling en die omgewing wat hierbo geskets is, impliseer dat nasionale bevolkingsaangeleenthede oorweeg moet word in terme van die bevordering van volhoubare ontwikkeling in die land. Die volle bestek van belangrike bevolkingsaangeleenthede wat deur hierdie beleidsinisiatief aandag moet geniet, word duidelik uiteengesit in Deel Drie van hierdie beleidsdokument, wat volg op die ontleding van die mensontwikkelings- en demografiese konteks in Deel Twee.

Tydens die oorlegpleging wat tot die finale goedkeuring van hierdie Witskrif gelei het, was daar 'n sterk groep wat voorstanders is van die behoud van bevolkingsgroei as die sentrale fokus van hierdie beleid. So 'n benadering sou egter die belangrike verhouding tussen bevolking en ontwikkeling vir volhoubare mensontwikkeling ontken. Hoewel die faktore wat bevolkingsgroei bevorder erken word as werklike bevolkingsaangeleenthede, moet hulle op 'n gebalanseerde wyse aandag geniet.

'n Soortgelyke benadering is op gesinsbeplanning van toepassing. Gesinsbeplanning word beskou as 'n integrale deel van reprodutiwe gesondheid. Die bevordering van reprodutiwe en seksuele gesondheid is 'n belangrike kwessie in eie reg. Dit is daarop gemik om mans en vroue te help om hulle fertiliteit te beheer. Dit is ook daarop gemik om by te dra tot die verbetering van die gesondheid van mans, vroue en kinders. Sensitiwiteit oor vorige beleide en strategieë behoort nie beleidsbesluite vir die lewering van gesinsbeplanningsdienste te beperk nie. Binne volhoubare mensontwikkeling is die klem op die verskaffing van gelyke toegang tot reprodutiwe gesondheidsorg vir almal. Gehalte van sorg, vrye keuse, toegang tot inligting en die beskikbaarheid van 'n volle verskeidenheid kontraseptiewe metodes is van die uiterste belang.

Hierdie klem op reprodutiwe en seksuele gesondheid beteken egter nie dat hierdie kwessies die kern van hierdie beleid vorm nie. Die beleid is gewortel in 'n benadering wat erkenning verleen aan die drie demografiese prosesse fertiliteit, mortaliteit en migrasie as ewe belangrik. 'n Enkele beleidsingryping, soos gesinsbeplanning, wat hoofsaaklik gerig is op fertiliteitsbeheer en dus bloot die verlaging van die bevolkingsgroeiakoers nastreef, kan nie die kern van die beleid vorm nie. Gesinsbeplanning binne die konteks van reprodutiwe gesondheidsorg is egter een van die belangrike strategieë vir die bereiking van volhoubare mensontwikkeling. Maatreëls om fertiliteit te beheer wat deur die regering ingestel en bevorder word, is nie versoenbaar met vrye keuse en menseregte nie.

Die Regering erken die onderlinge verhoudings tussen bevolking, ontwikkeling en die omgewing. 'n Basiese beginsel van die beleid is dat bevolkingsvraagstukke veelfasettig en intersektoraal is. Pogings om hierdie vraagstukke binne die konteks van die nasionale ontwikkelingstrategie te hanteer, moet dus multisektoraal wees en moet uitgevoer word binne die raamwerk van die HOP en die GEAR.

Hierdie bevolkingsbeleid verbind die Regering dus daartoe om die nasionale bevolkingsvraagstukke op te los binne die land se oorkoepelende ontwikkelingsraamwerk. Dit sal gedoen word deur die implementering van intersektorale programme wat 'n impak het op belangrike nasionale bevolkingsvraagstukke. Inligting oor bevolking en mensontwikkeling wat steun verleen aan die stelselmatige integrasie van bevolkingsfaktore in alle beleide en programme gemik op die verbetering van die lewensgehalte van die mense, sal maksimaal ingespan word.

Die visie wat in hierdie beleid beliggaam word, beklemtoon die verkryging van 'n hoë en gelykwaardige lewensgehalte vir alle Suid-Afrikaners. Die doelstelling en doelwitte van die beleid fokus op veranderinge in die determinante van die land se bevolkingtendense, sodat hierdie tendense in ooreenstemming is met die verwesenliking van volhoubare

mensontwikkeling. Die ontwerp en implementering van ingrepe wat sal lei tot die bereiking van die doelwitte van die beleid, sal gedoen word deur alle betrokke staatsdepartemente op alle vlakke en in alle sektore. Baie van die programme wat nodig is om die strategieë doeltreffend te operasionaliseer, word reeds beplan of geïmplementeer deur verskeie staatsdepartemente op nasionale en provinsiale vlak. Bestaande en toekomstige ontwikkelingsprogramme sal egter moontlik georiënteer of heroriënteer moet word ter verwesenliking van die doelwitte van die beleid.

1.5 RIGTINGGEWENDE BEGINSELS VAN DIE BELEID

Hierdie bevolkingsbeleid is gegrond op die volgende rigtinggewende beginsels:

- 1.5.1 Alle Suid-Afrikaners word gebore vry en gelyk in waardigheid en regte. Elkeen is geregtig op al die regte en vryhede uiteengesit in die Universele Deklarasie van Menseregte en die Handves van Regte in die Grondwet van Suid-Afrika. Bevolkingsbeleide moet dus menseregte eerbiedig.
- 1.5.2 Die reg op ontwikkeling is 'n universele, onvervreembare en integrale deel van fundamentele menseregte. Die mense is die land se belangrikste en waardevolste hulpbron en ook die sentrale onderwerpe van ontwikkeling. Die rol van die Regering in die ontwikkelingsproses is om mense se vermoë te fasiliteer om ingeligte keuses te maak en om 'n omgewing te skep waarin hulle hulle lewens kan bestuur.
- 1.5.3 Bevolking, volgehoue ekonomiese groei en volhoubare ontwikkeling het 'n noue onderlinge verband. Bevolkingsbeleid behoort dus 'n integrale deel te vorm van 'n geïntegreerde stelsel van ontwikkelingsbeleide en -programme in 'n land. Die uiteindelijke doel daarvan moet verhoogde mensontwikkeling wees.
- 1.5.4 'n Bevolkingsbeleid is omvattender as 'n fertiliteitsbeleid en sluit in oorwegings soos migrasie, mortaliteit en fertiliteit asook die ekonomiese, maatskaplike, kulturele en ander determinante daarvan.
- 1.5.5 Tydige en betroubare data en inligting is basiese voorvereistes vir die ontwerp, monitering en implementering van 'n toepaslike bevolkingsbeleid.
- 1.5.6 Die bevordering van geslagsgelykheid, billikheid en die bemagtiging van vroue is fundamentele voorvereistes vir volhoubare mensontwikkeling, en vorm dus hoekstene van bevolkings- en ontwikkelingsprogramme.
- 1.5.7 Alle paartjies en individue het die basiese reg om vryelik en verantwoordelik te besluit oor die getal en spasiëring van hulle kinders, en om die inligting, opvoeding en middele te hê om dit te doen.

- 1.5.8 Mense het die reg om vryelik rond te beweeg binne die grense van hulle land. Vluchteling kan asiel soek teen vervolging in ander lande as hulle eie.
- 1.5.9 Armoede is een van die gedugste vyande van keuse. Daarom is een van die belangrikste oogmerke van 'n bevolkingsbeleid om by te dra tot die uitwissing van armoede en alle vorme van maatskaplike en ekonomiese uitsluiting van mense.
- 1.5.10 Mense het die reg om ingelig te word oor alle aangeleenthede rakende hulle daaglikse lewe. Gevolglik moet die Suid-Afrikaanse publiek toegang hê tot tersaaklike inligting rakende regeringsbeleide, en 'n behoorlike begrip van hierdie inligting en die implikasies daarvan vir alle fasette van hulle lewe. Dit sluit in inligting oor bevolkings- en ontwikkelingskwessies.
- 1.5.11 Die algemene welsyn van kinders moet die hoogste voorrang van die regering kry.
- 1.5.12 Die burgerlike samelewing moet betrek word by die ontwerp en implementering van bevolkingsbeleide en -programme.

DEEL TWEE

SITUASIE RAKENDE BEVOLKING EN MENSONTWIKKELING

2.1 DATA EN INLIGTING OOR BEVOLKING EN MENSONTWIKKELING

Ofskoon daar 'n aansienlike hoeveelheid inligting oor Suid-Afrika se bevolking en die verskillende aanwysers van mensontwikkeling in die land beskikbaar is, is dit ongelukkig dikwels gebrekkig, veral met betrekking tot die gehalte, betroubaarheid, dekking en volledigheid daarvan. Die bruikbaarheid daarvan is dus beperk, veral met betrekking tot die akkurate evaluering van die situasie betreffende die bevolking en mensontwikkeling in die land, en die ontwikkeling, implementering, monitering en evaluering van ontwikkelingsplanne en -programme.

Hoewel elf bevolkingsensusse sedert 1904 gedoen is, was die dekking daarvan beperk omdat sommige van die gewese tuislande nie ingesluit is nie. Dit is veral die geval in die meer onlangse sensusopnames wat in die tydperk voor 1994 gedoen is. Onvanpaste metodologieë is gebruik by die telling van bevolkings woonagtig in informele nedersettings rondom die groot stede. Die organisasie van die sensusse was swak in verskeie opsigte, en die gehalte van die data wat ingesamel is, het grootliks verskil tussen die verskillende rasse-groepe en provinsies. Steekproefopnames wat in daardie tydperk gedoen is, het in die reël nie die gewese tuislande gedek nie. Die steekproefprosedures wat gebruik is, was bevooroordeel teen informele nedersettings. Die dekkings- en volledigheidskoerse van die stelsel vir die registrasie van geboortes en sterftes was nog altyd laag. Die stelsel het nie die hele land gedek nie, en geboorteregistrasie is nie in gesondheidsinrigtings gedoen nie. Data oor internasionale migrasie is gebrekkig. 'n Beduidende aantal mense immigrer onwettig na Suid-Afrika, en baie mense wat die land permanent verlaat, verklaar hulself nie as emigrante nie. Verder is die mensehulpbronvermoëns om ontledings van die bevolking en verwante data te doen, baie beperk, veral in staatsinstellings.

As gevolg van die tekortkominge hierbo genoem, is daar geen algemeen aanvaarde stel betroubare bevolkings- en sosio-ekonomiese data vir die hele land nie. Die beskikbare ramings is grootliks dié wat deur nasionale instellings en/of internasionale agentskappe gedoen is. Daar is weinig omvattende of betroubare ontledings van demografiese en sosio-ekonomiese tendense, of van die onderlinge verhoudings tussen bevolkings- en ontwikkelingsverskynsels in die land. Gevolglik is statistieke wat in hierdie dokument gebruik word, en verduidelikings oor die vlakke, tendense en determinante daarvan, gegrond op die "beste" beskikbare inligting en moet dit as 'n aanduiding beskou word. Die amptelike publikasie van die Sentrale Statistiekdiens (SSD), getiteld *RSA Statistics in Brief 1996*, is as 'n basiese bron van data en inligting in hierdie dokument gebruik. Data wat volgens ras, geografiese gebied en geslag ingedeel is, is ingesluit waar beskikbaar. Die beperkte beskikbaarheid van data wat volgens geslag ingedeel is, asook van basiese statistieke oor binnelandse en internasionale migrasie, is treffend.

Daar word erken dat die indeling van data volgens ras vertolk kan word as 'n verskansing van vorige politieke benaderings wat in die huidige demokratiese bedeling nie meer aanvaarbaar is nie. Tog is die werklikheid van die Suid-Afrikaanse situasie dat patrone van ongelykhede duidelik aan ras gekoppel is as gevolg van die land se geskiedenis. 'n Toereikende situasie-ontleding van die mensontwikkelings- en demografiese kontekste moet dus die rassedimensies weerspieël ten einde vraagstukke rakende bevolking en ontwikkeling doeltreffend uit te lig en ontwikkelingsprogramme meer toereikend te teiken. Dit sal noodsaaklik bly om stelle data wat volgens ras ingedeel is, vir die afsienbare toekoms in

stand te hou ten einde die sukses van regstellende optrede te monitor in die strewe na maatskaplike geregtigheid.

Die situasie betreffende data sal na verwagting in die onmiddellike toekoms aansienlik verbeter aangesien die Regering, deur die SSD, reeds maatreëls getref het om vorige foute in die meganismes vir die insameling, ontleding en verspreiding van data reg te stel. 'n Stelsel van geïntegreerde huishoudingsopnames wat jaarliks gedoen sal word (die Oktober Huishoudingsopnamereeks), het in 1993 begin. 'n Nuwe Demografiese en Gesondheidsopname (DGO) sal in 1998 gedoen word en sal na verwagting met tussenpose van vyf jaar herhaal word. Die eerste na-apartheidsbevolkingsensus wat die hele land dek, is in 1996 gedoen. Voorlopige ramings van die 1996-sensus is in Junie 1997 deur die SSD gepubliseer. Die enigste resultate wat in die voorlopige ramings ingesluit is, is bevolkingsgrootte per provinsie, bevolkingsverspreiding volgens geslag, en stedelike/nie-stedelike bevolkingsverspreiding. Die voorlopige ramings dui daarop dat daar ten tyde van die sensus 37,9 miljoen mense in Suid-Afrika was. Die SSD het egter aangedui dat gedetailleerde data uit die 1996-sensus eers in April 1998 uitgereik sal word. Hierdie data sal gebruik word om verder uit te wei oor die aard van belangrikste bevolkingsvraagstukke vir beleidsimplementering.

2.2 DIE MENSONTWIKKELINGSITUASIE

2.2.1 DIE EKONOMIESE SITUASIE

Suid-Afrika se BBP (teen 1990-markprys) in 1995 was R287 233 miljoen. Gedurende die afgelopen dekade het die reële BBP teen 'n jaarlikse gemiddelde koers van net 0,7 persent gestyg, selfs met die sterker ekonomiese prestasie sedert 1994. Met 'n jaarlikse bevolkingsgroeikoers van meer as twee persent het die reële uitset *per capita* beduidend gedaal. Onlangse ekonomiese groeikoerse het egter tot 2,7 persent in 1994 gestyg, en tot 3,3 persent in 1995.

Die Verbruikersprysindeks (VPI), wat die lewenskoste weerspieël, was 12,4 persent vir die tydperk 1970 tot 1995. Die waarde van die rand, gegrond op die VPI, daal sedert die tagtigerjare dramaties, en die gemiddelde vlak van verbruikersprys styg voortdurend. Met 'n inflasiekoers van net onder die 10 persent is dit duidelik dat Suid-Afrikaanse verbruikers tans swakker daaraan toe is as twee of drie dekades gelede.

Hierdie syfers dui op dalings eerder as stygings in die lewenstandaard in die onlangse verlede. Met bestaande onbillikhede in toegang tot hulpbronne word hierdie dalings waarskynlik erger gevoel onder die benadeelde subgroepe, wat die meerderheid van die bevolking uitmaak.

Suid-Afrika word geklassifiseer as 'n hoërmiddelinkomsteland met 'n mediumvlak mensontwikkeling. Die vlak van mensontwikkeling vir die meerderheid van die bevolking is egter laag. Die Mensontwikkelingsindeks (MOI), die vlak van ontwikkeling van 'n land se bevolking bereken op grond van lewensverwagting, opvoeding en inkomste, was 0,716

in 1994. Syfers vir die nasionale vlak verberg geweldige verskille in die lewensgehalte van die verskillende subgroepe van die bevolking, veral dié wat deur ras en geslag geïdentifiseer word, en in die verskillende geografiese streke. In werklikheid is die relatiewe vlakke van mensontwikkeling veel laer vir die meerderheid Suid-Afrikaners as wat deur die bogemelde aanwysers vir die nasionale geheel weerspieël word. Byvoorbeeld, die MOI is 0,500 vir swartmense; 0,663 vir kleurlinge, 0,836 vir Asiërs, en 0,897 vir blankes. Dit wissel ook van 0,470 vir die Noordelike Provinsie tot 0,826 vir die Wes-Kaap.

Suid-Afrika se geskiedenis word gekenmerk deur kolonialisme, rassisme, apartheid, seksisme en onderdrukkende wette. Hierdie geskiedenis het 'n verdeelde samelewing geskep waarvan die verdelings versterk en volgehou is deur 'n stelsel van afsonderlike en ongelyke ontwikkeling en segregasie op feitlik alle terreine van die maatskaplike, ekonomiese, politieke en kulturele lewe. Een seksie van die samelewing word gekenmerk deur uiterste rykdom, met hoë vlakke van verbruik, mensontwikkeling en die genieting van fundamentele menseregte. Die meerderheid van die samelewing word egter gekenmerk deur volslae armoede, verwaarlosing en minimale toegang tot basiese maatskaplike en ekonomiese dienste. Fundamentele menseregte, met inbegrip van die genieting van volle burgerskap, is eers in 1994 aan die meerderheid van die bevolking verleen.

Die land het een van die skeefste inkomsteverspreidingsprofiële ter wêreld (soos weerspieël deur 'n Gini-koëffisiënt van 0,65). Swartmense verdien gemiddeld 13 persent van die inkomste van blankes, terwyl Asiërs en kleurlinge onderskeidelik 40 persent en 27 persent daarvan verdien. Na raming lewe 45 persent van die bevolking in armoede. Byna al die armes is swartmense wat in landelike gebiede of in stedelike krotbuurte en plakkernedersettings woon. Hierdie verskille is primêr 'n erfenis van die apartheidstelsel.

2.2.2 DIE SITUASIE VAN VROUE EN GESLAGSVERSKILLE

Geslagsverskille bestaan in baie aanwysers van mensontwikkeling. Hierdie verskille weerspieël die algemeen laer status van vroue vergeleke met mans. Inskrywingskoerse op primêre, sekondêre en tersiêre onderwysvlakke is na raming effens hoër vir vroue (79,6 persent) as vir mans (77,1 persent), en geletterdheidskoerse vir volwassenes is feitlik gelyk vir mans en vroue. Daar is egter 'n hoë uitsakkoers vir jong vroue as gevolg van tienerswangerskappe. Voorts word vroue op die tersiêre onderwysvlak hoofsaaklik in tradisioneel vroulike sektore soos onderwys en verpleging ingeskryf.

Die inkomsteaandeel van vroue is net 30,5 persent van totale inkomste. Hierdie syfer weerspieël die laer deelnamekoers van vroue aan die arbeidsmag en dui daarop dat hulle grootliks in laag besoldigde poste in diens is. 'n Gedetailleerde ontleding van die ekonomies aktiewe bevolking volgens beroep en geslag toon dat vroue saamgebondel is in tradisioneel vroulike beroepe, wat relatief laag besoldig is. Vroue is ondervteenwoordig in die besluitnemingstrukture van sowel die owerheid as die private sektor. Hulle vul net 23,7 persent van die setels in die Parlement en maak net 17,4 persent van die administrators en bestuurders uit. Die moedersterftesyfer van 230 per 100 000 geboortes weerspieël hulle swak reprodutiewe gesondheidstatus. Die voorkoms van geweld teen vroue is hoog, met 'n geraamde gemiddelde van een verkragting elke 83 sekondes. Ofskoon die Grondwet

gelykheid tussen die geslagte waarborg in alle aspekte van die lewe, diskrimineer baie administratiewe en kulturele praktyke nog teen hulle. Voorts kan vroue in die reël nie voordeel trek uit lewensverbeterende geleenthede soos die politiek, opvoeding, gemeenskapsbetrokkenheid of ontspanning nie vanweë hulle swaar huishoudelike en werklaste. Huishoudings met vroue aan die hoof word in die besonder benadeel; hulle gemiddelde inkomste is ongeveer die helfte van dié van huishoudings met mans aan die hoof (onderskeidelik R1 141 en R2 089). Gevolglik lewe 'n groter persentasie huishoudings met vroue aan die hoof as huishoudings met mans aan die hoof in armoede.

Binne die gesin dra vroue die primêre verantwoordelikheid vir die versorging van kinders, veral baie jong kinders. In Suid-Afrika, vir die meeste swart gesinne, is die mate waarin vroue hierdie verantwoordelikheid kan nakom, ernstig beperk deur die sosio-politieke situasie van die verlede. Die las op vroue om huishoudelike asook ekonomiese verantwoordelikhede op hulle te neem, laat weinig tyd vir die versorging of voeding van kinders. Terselfdertyd is die voorsiening van bekostigbare, georganiseerde onderwys en versorging vir kleuters heeltemal ontoereikend of ontbreek dit. Hierdie behoefte is waarskynlik die grootste in stedelike en buitestedelike gebiede. In landelike gebiede, waar gesinne oor die algemeen groter is en werkverskaffingskoerse laer is, is die kanse beter om volwassenes te kry wat tuis is en die nodige versorging en stimulasie vir ontwikkeling kan verskaf. Voorts het baie gesinne vroue aan die hoof en is die vaders afwesig of werk hulle elders. Enkelouers het nie die tyd vir die dubbele rol om hulle kinders te versorg en 'n inkomste te verdien nie. Dit geld veral in die geval van enkelmoeders van klein kindertjies.

Die sosiokulturele konteks van geslagskwessies in Suid-Afrika word nie goed begryp nie. Een van die redes kan wees dat die rasongelykhede wat deur apartheidsbeleide veroorsaak is, die kulturele aspekte meesal verberg. Navorsing oor kulturele persepsies van geslagskwessies is nodig ten einde die begrip van geslagskwessies te verbeter. Sulke navorsing sal 'n grondslag bied vir die ontwikkeling van geskikte illustrasies van die werklike voordele van die emansipering van vroue en die beskikbaarstelling van geleenthede vir kinders as deel van beleidsimplementering.

2.2.3 DIE OMGEWING EN NATUURLIKE HULPBRONNE

Ekonomiese ontwikkeling en bevolkingsvestiging onder apartheidsbeleide kon nie volgehou word nie. Nywerheidsproduksie lei tot lug- en waterbesoedeling. Die afhanklikheid van 1,5 miljoen huishoudings van landbouproduksie, tesame met gedwonge verskuiwings na die tuislande, het gelei tot ernstige druk op die grond en agteruitgang van die omgewing. Oorbeweidning, oorbevolking en erosie het in baie gebiede voorgekom wat reeds gekenmerk was deur swak gehalte van grond en lae reënval. Die agteruitgang van die omgewing is ook vererger deur ontbossing. Die gebrek aan sanitasie en vullisverwyderingsdienste in baie landelike en stedelike gebiede plaas verdere druk op die omgewing.

Bykomende druk op die omgewing spruit voort uit heel verskillende verbruikspatrone binne die totale bevolking. Strategieë vir waterhulpbronbestuur vir die verskaffing van veilige en toeganklike water kom voor 'n groot uitdaging te staan. Die groeiende bevolking en die groot verbruiksverskille sal toenemende eise aan reeds beperkte waterhulpbronne stel.

Reënval is hoogs veranderlik in die Suider-Afrikaanse streek. Vyf en sestig persent van Suid-Afrika ontvang minder as 500 millimeter reën per jaar (d.i. 60 persent van die wêreldgemiddelde). Baie van die reënval is gekonsentreer in die oostelike en suidelike dele van die land, en die binneland en die weste is oor die algemeen halfdor of dor. Grondwater is beperk. Groot beleggings is gemaak in groot interkomoordragskemas en streekwatervoorsieningskemas om in die behoeftes van grootskaalse nywerhede en kommersiële boerderybelange te voorsien. Internasionale ooreenkomste oor watervoordrag is met buurlande gesluit. Die vraag na water vir landboubesproeiing, munisipale en huishoudelike gebruik, bosbou, nywerhede, kragontwikkeling en natuurbewaring neem vinnig toe.

2.2.4 BEHUISING, ELEKTRISITEITSVOORSIENING, WATER EN SANTASIE

Ofskoon die owerheid al baie gedoen het om water en elektrisiteit te verskaf, lewe veels te veel Suid-Afrikaners nog in krotte, sonder veilige water, sanitasie of elektrisiteit. In nie-stedelike gebiede maak mense gewoonlik staat op putlatrines, waarvan net 20 persent verbeter is tot 'n aanvaarbare higiëniese standaard. Negentien persent van nie-stedelike wonings het hoegenaamd geen toilet nie.

Ongeveer een kwart van Suid-Afrika se behuisingsvoorraad bestaan uit tradisionele wonings en krotte, wat byna alles in nie-stedelike gebiede geleë is. Die hoë persentasie krotte in stedelike en buitestedelike gebiede is die gevolg van die beperkte behuising en groter landelik-stedelike migrasie sedert die tagtigerjare.

Die Projek vir Statistieke oor Lewenstandaarde en Ontwikkeling, wat in 1993 deur die Wêreldbank geborg is, toon 'n sterk korrelasie tussen inkomste en behuising. Ongeveer 36 persent van die heel armes woon in krotte of tradisionele wonings. Heel arm huishoudings is oorbewoon met 2,3 persone per kamer. Swartmense en kleurlinge het gemiddeld 0,8 kamers per persoon, en die gemiddelde vir blankes is 1,9. Net 15 persent van die heel arm huishoudings het elektrisiteit, en 57 persent huishoudings van swartmense het nie toegang tot water in pype nie (dit is krane in die huis of op die erf).

Toestande is besonder swak vir arm landelike huishoudings. In landelike gebiede gaan haal 17 persent huishoudings water meer as 'n kilometer ver. Net 19 persent het water in pype, en net 11 persent het 'n spoeltoilet of verbeterde latrine. Heel arm huishoudings gebruik meesal hout vir kookdoeleindes, en dit moet ook oor lang afstande gehaal word. Die huishoudelike take wat deur vroue en kinders verrig word, is baie tydrowend. Swart vroue in huishoudings wat nie hulle eie watertoevoer het nie, bestee tipies meer as drie uur per dag om water te gaan haal.

Swak behuising, onhigiëniese watervoorraade en gebrek aan sanitasie is belangrike onderliggende oorsake van die hoë mortaliteits- en morbiditeitskoerse, veral onder kinders uit arm gesinne. Diarreësiektes en asemhalingsinfeksies kom algemeen voor. 'n Belangrike voordeel van verbeter watervoorsiening sal 'n algemene verbetering in gesondheid wees. Voorts sal moeders en kinders verlos wees van die las om water te gaan haal. Dit sal moeders in staat stel om meer tyd aan hulle gesinne te bestee en miskien om 'n inkomste te

verdien. Vir kinders sal die belangrikste voordeel van verbeterde sanitasie 'n verlaging van die voorkoms van siektes wees. Die gesondheid van ander gesinslede kan ook verbeter.

2.2.5 DIE SITUASIE VAN KINDERS

Die vlakke van wanvoeding en mortaliteit onder kinders is hoog; dit is 'n aanduiding van die lot van kinders. Onmiddellike oorsake van wanvoeding en mortaliteit sluit in swak dieet, siektes en psigososiale stres en trauma. Onderliggende oorsake sluit in swak huishoudelike voedselbeskikbaarheid, ontoereikende voorsiening vir kindersorg, gebrek aan onderwys en inligting, ontoereikende gesondheidsdienste en 'n ongesonde lewensomgewing. Op hulle beurt weerspieël hierdie faktore die basiese ekonomiese en sosiopolitieke ongelykhede in die land. Die behoefte om te fokus op die uitwissing van armoede en verhoogde toegang tot basiese dienste soos primêre gesondheidsorg, skoon water, sanitasie en onderwys is 'n prioriteit.

Gelokaliseerde antropometrie studies dui daarop dat ongeveer twee en 'n half miljoen Suid-Afrikaanse kinders ondervoed is en dat 87 persent van hulle swartmense is. Sestien persent van swart kinders onder vyf jaar wat in 1993 by 'n opname betrek is, was ondergewig en tussen 20 en 30 persent was verdwerg. Die hoogste voorkoms van wanvoeding kom in die landelike gebiede van die gewese tuislande en in die informele buitestedelike nedersettings voor.

Daar is 'n sterk korrelasie tussen armoede en wanvoeding. Die oorsaak van wanvoeding by jong Suid-Afrikaners is egter blykbaar swak voedingpraktyke eerder as 'n werklike tekort aan voedsel, en dit kan uitgewis word deur funksionele voedingsopvoeding. Wanvoeding en voedingsgebreke kan nadelig wees vir 'n kind se intellektuele en psigometrie ontwikkeling. Wanvoeding word ook geassosieer met infeksies en verlaagde immuniteit, wat kinders nie net blootstel aan die groter waarskynlikheid om siektes op te doen nie maar ook die erns en duur van siektes beïnvloed. Die gevolg is nie net 'n groter mortaliteit onder kinders nie, maar ook die groter gebruik van helende eerder as voorkomende gesondheidsdienste, waardeur die bedryfskoste van die gesondheidstelsel verhoog word. Die situasie word verder beïnvloed deur die gebrek aan skoon water, swak higiëne en 'n ongesonde omgewing vir die meeste huishoudings wat in armoede lewe. Toegang tot primêre gesondheidsorgfasiliteite is 'n belangrike faktor om wanvoeding te voorkom.

Die Suid-Afrikaanse samelewing ondervind 'n buitengewone vlak van geweld, wat ernstige gevolge vir die sielkundige ontwikkeling van kinders het. Suid-Afrikaanse kinders het te doen met 'n verskeidenheid fisiologiese probleme wat met wanvoeding en swak gesondheid in verband staan. Boonop word hulle onderwerp aan psigososiale stres en trauma. Dit lei tot 'n baie hoë voorkoms van stresverwante sielkundige simptome en kinders met spesiale behoeftes.

2.2.6 GESONDHEIDSDIENSTE

Suid-Afrika het 'n betreklik goed gefinansierde gesondheidsdiens. Die gesondheidsbegroting maak 8,5 persent van die BBP uit. Geskooldes in die gesondheidssektor maak ongeveer vier

persent van die totale indiensneming uit. Staatsbesteding aan gesondheidsdienste in die 1995/96 finansiële jaar het R15 688 miljoen beloop, dit is tien persent van die totale besteding uit die staatsbegroting.

Besteding in die gesondheidsektor is baie swaar gekonsentreer in tersiêre instellings, wat tot voordeel strek van die 20 persent van die bevolking wat lede van mediese hulpskemas is. Meer as die helfte van Suid-Afrika se dokters bedien net 25 persent van die bevolking. Aan die ander kant is primêre gesondheidsorg verantwoordelik vir slegs ongeveer 12 persent van staatsbesteding aan gesondheid en is dit nie geredelik toeganklik vir 'n groot deel van die bevolking nie. Dit is hoofsaaklik as gevolg van 'n gebrek aan fasiliteite, 'n gebrek aan vervoer om by die bestaande fasiliteite te kom en hindernisse by die fasiliteite self.

2.2.7 ONDERWYS

Soos in die gesondheidsektor is staatsbesteding aan onderwys hoog maar onbillik versprei. Besteding aan die onderwysstelsel maak sewe persent van die BBP uit, en die personeelkorps is ses persent van die werkmag in die formele sektor.

Baie min Suid-Afrikaners onder die ouderdom van ses jaar woon enige vorm van skool by. In 1991 het net nege persent deelgeneem aan voorskoolse programme van enige aard.

Inskrywingskoerse by Suid-Afrikaanse primêre skole is hoog en daar is weinig geslagsverskille. Die leerling-onderwyser-verhouding is 'n aanwyser van ongelykheid in die voorsiening van onderwysers. Die getal leerlinge per onderwyser verskil aansienlik van provinsie tot provinsie, met die grootste klasse in die Noordelike Provinsie en die kleinste in die Wes-Kaap. Die nasionale gemiddelde vir die leerling-onderwyser-verhouding in Suid-Afrika was 41:1 in 1991. Baie distrikte in ander provinsies as die Wes-Kaap en die Noord-Kaap het egter verhoudings van meer as 37 leerlinge per onderwyser, wat as die norm beskou word, en daar is baie distrikte in KwaZulu-Natal en die Oos-Kaap met verhoudings van meer as 46:1. Daar is ook groot verskille volgens ras in die leerling-onderwyser-verhouding, asook groot geografiese verskille binne rasse-groepe. Hierdie verskille kan deels toegeskryf word aan diskriminasie by die toewysing van hulpbronne vir die opleiding van onderwysers en onderwysersalarisse volgens ras in die vorige bedeling.

Die ondervoorsiening van klaskamers is nog 'n nadeel wat deur die vorige stelsel van swart onderwys veroorsaak is. In die mees verwaarloosde van die gewese tuislande en onafhanklike state, asook in sommige gebiede in die gewese "blanke" Suid-Afrika, wissel die leerling-klaskamer-verhouding tussen 48:1 en 100:1. Soos verwag kan word, is daar 'n hoë korrelasie tussen leerling-onderwyser-verhoudings en leerling-klaskamer-verhoudings: waar daar groot getalle leerlinge per onderwyser is, is daar gewoonlik ook 'n groot getal leerlinge per klaskamer.

Die persentasie van die bevolking van skoolgaande ouderdom wat naprimêre onderwys ontvang, is die beste enkele indeks van onderwysvordering in 'n ontwikkelende land en is 'n nuttige aanwyser van die vlak van onderwysfasiliteite in 'n gebied. In 1994 het die Onderwysstigting aangedui dat, vir Suid-Afrika as geheel, 27 persent van alle swart leerlinge

in die sekondêre fase is. Hierdie syfer wissel van streek tot streek. Dit is laag vergeleke met blankes en Asiërs, met onderskeidelik 40 persent en 39 persent, van wie feitlik almal hulle skoolopleiding voltooi. Net 26 persent van kleurlingleerlinge is in die sekondêre fase - die laagste persentasie van al die rasse-groepe. In sommige gebiede is hierdie syfer selfs nog laer. Dit is hoog in stedelike gebiede en in baie gewese tuislande, maar laer as 15 persent in baie ander dele. Dwarsdeur die westelike dele van die land, waar die kleurlingbevolking gekonsentreer is, val die sekondêre inskrywing grotendeels tussen een en 25 persent, soos in die westelike deel van die Oos-Kaap.

In 1991 het sensussyfers getoon dat daar 490 051 kinders van 7 tot 14 jaar was wat nie skool bygewoon het nie. Dit sluit kinders van hierdie ouderdomsgroep in die gewese onafhanklike state uit. Hoewel 11 persent van swart kinders van hierdie ouderdomsgroep nie skool bygewoon het nie, was die syfers vir blankes en Asiërs 2,5 persent en vir kleurlinge 4,5 persent. Die totale syfer vir kinders van 7 tot 14 jaar wat nie skool bywoon nie, het dus op 9 persent te staan gekom. Die insluiting van die gewese onafhanklike state en van ouer kinders sou die syfer vir kinders wat nie skool bywoon nie, aansienlik vergroot. Daar is groot gebiede in die land waar 25 tot 74 persent swart kinders nie skool bywoon nie. In gebiede met 'n hoë bevolkingsdigtheid verteenwoordig selfs lae persentasies kinders wat nie skool bywoon nie, in werklikheid groot getalle kinders.

Die probleem van kinders wat nie skool bywoon nie is nie tot die tuislande beperk nie maar is ook algemeen in digbevolkte landelike gebiede van die voorheen "blanke" Suid-Afrika waar daar hoofsaaklik plaasskole is. Kinders van skoolgaande ouderdom - dié tussen 7 en 14 - sal waarskynlik nie skool bywoon nie wanneer toegang tot onderwys aan bande gelê word deur armoede, wanneer kinders nodig is vir huishoudelike of plaaswerk, of wanneer kinders uitsak op skool. Taal spel ook 'n beslissende rol in toegang tot onderwys vir kinders. Onder diegene in die ouderdomsgroep 15 tot 19 jaar sak meisies vroeër uit op skool as seuns. Jongmense in landelike gebiede sak gewoonlik vroeër uit op skool as dié in stedelike skole.

Ondanks 'n algemeen hoë koers van onderwysdeelname het swartmense nog 'n agterstand wat onderwysprestasie betref. In 1994 het 23 persent swartmense van die ouderdom 15 tot 19 jaar nie in standerd vier geslaag nie. Voorts, onder individue van 16 jaar en ouer het twee derdes van die lede van die armste huishoudings net primêre onderwys of minder. Jonger mense is oor die algemeen beter opgevoed as ouer mense. Die meeste lede van 45 jaar en ouer van die heel arm huishoudings het glad geen formele onderwys nie, terwyl net 8 persent van diegene van 18 tot 29 jaar geen formele onderwys het nie.

Hoewel die meeste kinders van skoolgaande ouderdom wel skool bywoon, presteer baie van hulle swak en sak uiteindelik uit na jare van mislukking. Hierdie probleem is veral op swartmense en kleurlinge van toepassing. Hoë herhalingskoerse onder swart kinders in die primêre fase kom veral in landelike gebiede voor. Op sommige plekke is herhalingskoerse vir swartmense 20 tot 46 persent. Met ander woorde, meer as een kind uit elke vyf is besig om 'n graad te herhaal. Herhalingskoerse weerspieël egter nie die persentasie leerlinge wat vroeër in hulle skoolloopbaan 'n graad herhaal het nie. Mislukking is in groot mate toe te skryf aan nadele buite die skool wat met algemene armoede verband hou. Dit word vererger

deur oorgeërfde ongelykhede van die onderwysstelsel en heersende hulpbronbeperkings. Die gehalte van onderwys, met swak gekwalifiseerde en swak opgeleide onderwysers, asook die nadele voortspruitend uit armoede en studie in 'n tweede taal, dra alles daartoe by dat swartmense (veral) stadiger vordering deur die onderwysstelsel maak.

Die implementering van 'n geïntegreerde onderwysstelsel en 'n nuwe stelsel van evaluering wat die afgelope jare in Suid-Afrika ontwikkel is, behoort by te dra tot die verbetering van die gehalte van onderwys en skoolprestasie.

2.2.8 GELETTERDHEID

Die geletterdheidskoers vir volwassenes, dit is die persentasie van die bevolking wat hulle huistaal kan lees, skryf en praat, is in 1991 geraam op 82,2 persent vir die land as geheel. Die ooreenstemmende syfers vir die verskillende rassegroepe is soos volg: swartmense 76,6 persent; kleurlinge 91,1 persent; Asiërs 95,5 persent, en blankes 99,5 persent.

Die persentasie geletterde volwassenes is veel hoër in metropolitaanse gebiede (52 persent) as in die gewese tuislande (42 persent) of in landelike "blanke" Suid-Afrika (28 persent). Die ooreenstemmende geletterdheidskoers vir volwasse kleurlinge is 56 persent, en die syfers vir blankes en Asiërs is onderskeidelik 97 persent en 79 persent. Die geletterdheidsvlakke van swart volwassenes is aansienlik laer as dié van die ander rassegroepe. Voorts is die verskil tussen geletterdheidsvlakke vir swartmense in metropolitaanse gebiede, die gewese tuislande en landelike "blanke" Suid-Afrika baie opvallend in vergelyking met die ander rasse.

Net 8 persent van alle swart volwassenes in die ouderdomsgroep 25 tot 64 het matriek geslaag. Die ooreenstemmende syfers vir die ander bevolkingsgroepe is: blankes 61 persent, Asiërs 27 persent en kleurlinge 10 persent. Die syfer vir swartmense is hoër in die metropolitaanse gebiede en die gewese tuislande (10 persent) as in landelike gebiede van die gewese "blanke" Suid-Afrika (4 persent). Hoewel stedelike gebiede 'n hoër persentasie matrikulante het as dié omringende landelike gebiede, het die meeste landelike gebiede in die gewese "blanke" Suid-Afrika die laagste persentasie matrikulante. Die vlak van swart matrikulante is laag in al die provinsies.

2.2.9 WERKVERSKAFFING

Volgens die Sentrale Statistiekdiens het die ekonomies aktiewe deel van die bevolking in 1994 35,2 persent van die Suid-Afrika bevolking uitgemaak. Hierdie syfer het gewissel van 50,1 persent in Gauteng tot 23,1 persent in die Noordelike Provinsie. Die werkloosheidskoers (volgens die Oktober Huishoudingsopname wat in 1994 gedoen is) was 32,6 persent. Die syfers vir mans en vroue was onderskeidelik 26,2 en 40,6 persent. Die werkloosheidskoers het ook aansienlik gewissel tussen die nege provinsies. Dit het gewissel van 47 persent in die Noordelike Provinsie tot 17,3 persent in die Wes-Kaap.

Daar was 'n bestendige toename in die aantal ekonomies aktiewe mense tussen 1991 en 1995, veral onder swartmense. Die amptelike syfer vir 1995 vir die ekonomies aktiewe bevolking was 14 497 000. Hierdie syfer maak 35 persent van die bevolking uit. Die geslagsdeelnamekoers van die ekonomies aktiewe bevolking is 64,3 persent vir mans en 47,6 persent vir vroue. Die gemiddelde jaarlikse groeikoers vir die ekonomies aktiewe bevolking in die tydperk 1991 tot 1995 is geraam op 1,99 persent.

Die werkloosheidkoers vir 1994 was 33 persent, of 4,7 miljoen mense. Die ooreenstemmende syfers vir mans en vroue was onderskeidelik 26,2 en 40,6 persent. Die Oktober Huishoudingsopname van 1994 het getoon dat die hoogste werkloosheidkoers vir swartmense was, naamlik 41,1 persent. Die ooreenstemmende syfer wat uit die Oktober Huishoudingsopname van 1995 verkry is, was 36,9, wat 'n geringe verbetering sedert die vorige jaar weerspieël.

Die Suid-Afrikaanse ekonomie bied 9,6 miljoen betrekkings jaarliks vir 'n volwasse bevolking (15+) van 25,6 miljoen. Dit beteken 'n werkgeleentheidskoers van 37,5 persent. Met 'n arbeidsmagdeelnamekoers van 56 persent en 'n werkloosheidkoers van 33 persent, het Suid-Afrika dus ten minste 50 persent meer werkgeleenthede as wat hy tans het nodig om volle indiensneming te verkry. Na raming betree ongeveer 400 000 werksoekers die arbeidsmark elke jaar. Die toename van 20 900 werkgeleenthede in die hele ekonomie in 1995 moet ten minste 20 keer hoër wees as Suid-Afrika sy werkloosheidprobleem wil stabiliseer.

Die situasie vir vroue is besonder swak, met die nie-stedelike werkgeleentheidskoers van net 19,1 persent. Die ooreenstemmende syfer vir stedelike vroue is bykans twee keer soveel op 36,6 persent. Die laer vlak van werkgeleenthede in landelike gebiede word weerspieël in laer huishoudelike inkomste en 'n hoër persentasie arm huishoudings. Die werkgeleentheidskoers is besonder laag vir mense tussen 16 en 24 jaar, op net 17 persent, of 31 persent van diegene in hierdie ouderdomsgroep wat nie formele onderwys ondergaan nie. Meer mense in hierdie ouderdomsgroep soek daadwerklik werk as wat werklik werk. Dit geld vir alle rasse, maar dit is die ergste onder swartmense.

Die heel arm huishoudings is swak verteenwoordig onder diegene wat 'n werk het. Daar is 'n sterk assosiasie tussen werkloosheid en armoede. Net 19 persent persone van werkouderdome in die armste huishoudings het 'n gereelde werk. Drie kwart van die lede van die armste huishoudings van werkouderdome is sonder besoldigde werk.

Armoede het chroniese afmetings in Suid-Afrika aangeneem, veral in sommige van die binnelandse landelike gebiede. Daar is 'n wyd verspreide ruimtelike verspreiding van armoede in die meeste landelike gebiede dwarsoor Suid-Afrika. 'n Lae inkomste *per capita* kom die meeste voor in die gewese tuislande en in die landelike gebiede van "blanke" Suid-Afrika. Ofskoon die relatiewe ongelykheid van inkomste tussen rasse duidelik is, is armoede hoofsaaklik in die swart gemeenskap gekonsentreer. Die arm gedeelte van die bevolking is sonder werk in die formele sektor en is ook uitgesluit van toegang tot fasiliteite vir formele behuising, gesondheid en onderwys.

Die persentasie huishoudings met 'n inkomste laer as die minimum bestaansvlak (MBV), soos bereken deur die Buro vir Marknavorsing (Universiteit van Suid-Afrika), is vasgestel. Hierdie berekenings is gegrond op die werklike inkomste en huishoudingsgrootte van elke huishouding soos vasgestel deur die Sentrale Statistiekdiens. Dit is 'n veel waardevoller aanwyser van huishoudings in armoede as inkomste *per capita*. Die relatiewe inkomsteongelykheid tussen rasse word weerspieël in die feit dat selfs die hoogste kategorie inkomste *per capita* vir swartmense laer is as die laagste kategorie van blanke inkomste *per capita*. Soos reeds gemeld, is die afhanklikheidskoers van die blanke bevolking laag omrede 'n beperkte getal kinders per vrou en lae werkloosheid, wat daartoe lei dat die inkomste *per capita* hoër is in vergelyking met die swart bevolking.

Gebiede waar uiterste armoede onder die kleurlinggemeenskap heers, en waar gemiddelde inkomste *per capita* onder die MBV is, kom in die landelike distrikte in die binneland voor. Algemeen gesproke is die Asiërbevolking ekonomies betreklik goed daaraan toe vergeleke met die kleurling- en die swart bevolking.

In die meeste van die gewese tuislande lewe meer as 73 persent van huishoudings in armoede. Al hierdie gebiede het oorheersend swart bevolkings. Metropolitaanse gebiede en kleiner sentrums, met inbegrip van mynbougebiede en elektrisiteitsontwikkelingsgebiede, het die laagste persentasie huishoudings wat in armoede lewe. Groot dele van die Wes-Kaap en feitlik die hele Gauteng val in die kategorie met minder as 40 persent huishoudings wat in armoede lewe (onderskeidelik 26 en 23 persent). Die twee provinsies met die hoogste persentasie arm huishoudings is die Noordelike Provinsie (77 persent) en die Oos-Kaap (72 persent). Wat absolute getalle betref, het die Oos-Kaap die grootste aantal huishoudings wat in armoede lewe. Gebiede met die hoogste en die laagste persentasies huishoudings wat in armoede lewe, lê langs mekaar.

2.2.10 BEROEP

2.2.10.1 Diens in die formele ekonomie

Die tipe werk wat gedoen word deur mense wat in die formele ekonomie van Suid-Afrika in diens is, wissel volgens ras en geslag. Wat swartmense in diens betref, doen 34 persent van die mans en 50 persent van die vroue ongeskoolde werk soos skoonmaak, vullisverwydering en landbou-arbeid. Nog 20 persent swart mans is in operateurs-, monteurs- en verwante beroepe. Bykans een uit vyf (19 persent) swart vroue is in semiprofessionele beroepe. Minder as 4 persent swart mans en 2 persent swart vroue is in bestuursposte.

Onder kleurlinge in diens word gevind dat, ofskoon 'n groot persentasie mans (35 persent) en vroue (42 persent) steeds in ongeskoolde beroepe is, daar 'n mate van beweging onder mans is na meer geskoolde ambagsman- en handwerkbetrekings (23 persent). Onder vroue is daar 'n beweging na betrekings in verkope en diens (16 persent) en klerklike werk (16 persent). Net soos by die swartmense, is net 'n klein persentasie kleurlingwerkers (3 persent mans en 1 persent vroue) in bestuursposte.

Die prentjie vir Asiërs in diens begin om met dié van blankes ooreen te stem. Onder mans is net 'n uiters klein persentasie (1 persent) in ongeskoolde beroepe, maar andersins is hulle goed verteenwoordig in ander beroepskategorieë. Asiërvroue, aan die ander kant, is meesal in klerklike beroepe (36 persent).

Blankes, veral blanke mans, het oor die algemeen toegang tot beroepe wat hoër vlakke van bekwaamhede vereis. Gevolglik word blanke mans dikwels aangetref in drie groot beroepskategorieë. In witboordjieberoepe sal hulle waarskynlik aangetref word in die topkader van hierdie tipe werk - bestuur (19 persent), terwyl hulle in blouboordjiewerk meer waarskynlik in topkaderberoepe sal wees wat vaardighede op 'n hoër vlak en langer opleiding vereis, naamlik vakmanne en handwerkers (29 persent), eerder as in operateurs- of ongeskoolde beroepe. Verder is 'n betreklik groot persentasie blanke mans ook in die semiprofessionele/tegniese kategorie, in poste soos ingenieurstechnici (17 persent) wat naskoolse tegniese kwalifikasies vereis. Blanke vroue bevind hulle egter hoofsaaklik in klerklike beroepe (47 persent).

2.2.10.2 Ekonomiese sektor

Daar is 'n besliste beweging in die formele ekonomie weg van werk in die primêre en sekondêre nywerhede na werk in tersiêre nywerhede. Bykans 'n derde (31 persent) van Suid-Afrikaners werk in die persoonlikedienstesektor. Nog 17 persent werk in die handel, verversings en akkommodasie, en net 15 persent werk in die fabriekswesesektor en 13 persent in die landbousektor. Die res, naamlik 24 persent, is in diens in die ander sektore, dit is finansiële en sakedienste, vervoer en opberging, konstruksie, mynbou en steengroewe, elektrisiteit, gas en water en ander.

2.2.10.3 Informele ekonomie

Die informele sektor van Suid-Afrika is 'n groeiende bron van werkgeleenthede. Ongeveer 1,7 miljoen mense werk in hierdie sektor, van wie 1,3 miljoen vir eie rekening werk. Swartmense in die algemeen, en swart vroue in die besonder, oorheers in hierdie sektor.

Beroepe in die informele sektor is meesal in sekere bepaalde kategorieë of sektore saamgegroepeer. Daar is byvoorbeeld meer as drie kwart vroue wat vir eie rekening werk in die informele sektor (77 persent) wat meesal in die persoonlikedienstesektor aangetref word, terwyl vier uit elke tien mans (40 persent) in die sektor handel, verversings en akkommodasie werkzaam is. Betreklik min mans (9 persent) en vroue (5 persent) is in kleinskaalse informele vervaardiging.

Meer as agt uit elke tien vroue (82 persent) in die informele sektor is in informele beroepe soos straatverkope, huishoudelike werk en opruiming, terwyl mans aangetref word in meer uiteenlopende beroepe soos ambagsman en handwerkbedrywighede soos bouwerk, die verf van huise en houtwerk (37 persent). 'n Groot persentasie mans (20 persent) beskryf hulle

beroep in terme van die bestuur of organisering van 'n mikro-onderneming, byvoorbeeld die bestuur van 'n taxi- of smousonderneming.

2.3 DEMOGRAFIESE KONTEKS

Die situasie van die Suid-Afrikaanse bevolking word gekenmerk deur -

- betreklik hoë maar afnemende fertiliteits- en bevolkingsgroeikoerse (vergeleke met ontwikkelde lande maar nie met ontwikkelende lande nie);
- 'n lae algemene (maar hoë infantiele en moeder-) mortaliteitsyfer;
- 'n jong ouderdomstruktuur met 'n sekere mate van ingeboude momentum vir toekomstige toenames in bevolkingsgrootte (selfs al sou die groeikoerse voortgaan om te daal in die onmiddellike toekoms);
- toenemende getalle bejaardes;
- 'n hoë afhanklikheidsverhouding;
- hoë immigrasiekoerse;
- 'n hoë vlak van verstedeliking relatief tot die verskaffing van infrastruktuur en dienste; en
- groot landelike bevolkings in gebiede sonder 'n toereikende produksiebasis, infrastruktuur of dienste.

Daar is aansienlike verskille in die demografiese parameters tussen subgroepe van die bevolking, meesal as gevolg van soortgelyke verskille in die vlak van mensontwikkeling, wat toegeskryf kan word aan vorige patrone van ontwikkeling in die land.

2.3.1 BEVOLKINGSGROOTTE EN GROEIKOERS

Die voorlopige ramings van Sensus '96 toon aan dat daar gedurende die tydperk van die sensus, dit wil sê Oktober 1996, 37,9 miljoen mense in Suid-Afrika was. Hierdie syfer is meer as 4 miljoen of tien persent minder as die geprojekteerde syfer van 42,1 miljoen. Die waarskynlikste verklaring vir die groot verskil tussen die sensustelling en die geprojekteerde syfer is dat die geraamde fertiliteitskoerse, veral ten opsigte van swartmense, wat in die projeksies gebruik is, veel hoër was as die werklike koerse. Eers nadat die omvattende sensusuitslae wat ouderdom, bevolkingsgroep en fertiliteit insluit, beskikbaar geword het en ontleed is, sal dit egter moontlik wees om spesifieke gevolgtrekkings te maak oor die rede vir die kleiner as verwagte bevolkingsgrootte.

In die lig van nuwe ramings deur die Sentrale Statistiekdiens en die voorlopige resultate van die 1996-sensus moet alle vorige projeksies tot die jaar 2000 en daarna met omsigtigheid benader word. Bestaande projeksies is bloot aanduidend van toekomstige tendense.

Aangesien die enigste ander resultate wat in die voorlopige ramings van die 1996-sensus ingesluit word, bevolkingsgrootte per provinsie, bevolkingsverspreiding volgens geslag, en stedelike/nie-stedelike bevolkingsverspreiding is, is die middeljaarbevolkingsraming (medium

variant) vir 1995 wat deur die SSD gedoen is, gebruik om die toename in bevolkingsgrootte oor tyd te illustreer. Hierdie raming toon 'n bevolkingsgrootte van 37,254 miljoen, waar dit 22,105 miljoen in 1970 was, en 27,379 miljoen in 1980.

Die gemiddelde groeikoers van die bevolking word tans geraam op 1,9 persent per jaar (1995-1996), wat 'n daling is vanaf die ongeveer 2,2 persent per jaar in die tydperk 1980-90. Die gemiddelde jaarlikse saamgestelde bevolkingsgroeikoers vir 1970-95 was ongeveer 2,2 persent. Die bevolkingsgroeikoers sal volgens projeksies verder daal tot onder 1,9 persent per jaar in die tydperk 2000-2010.

2.3.2 SAMESTELLING VOLGENS OUDERDOM, GESLAG EN RAS

Suid-Afrika het 'n betreklik jeugdige bevolking volgens wêreldstandaarde: 13 persent van die bevolking is vier jaar of jonger; 37,3 persent van die bevolking is jonger as 15 jaar; 58,3 persent is tussen 15 en 65 jaar, en 4,4 persent is 65 jaar en ouer. Die persentasie jong kinders onder vyf jaar in die bevolking wissel ook aansienlik van provinsie tot provinsie. Daar is dele in die land waar meer as 19 persent van die bevolking vier jaar of jonger is, wat dui op óf 'n baie hoë groeikoers, óf 'n hoë koers van uitmigrasie van jong volwassenes. Feitlik al die gebiede met hoë persentasies baie jong kinders (tot 18 persent en selfs meer) is binne die gewese tuislande en onafhanklike state geleë. Die grootste getalle jong kinders word aangetref in die Oos-Kaap, die Noordelike Provinsie en KwaZulu-Natal. Bykans twee derdes van kinders woon in nie-stedelike gebiede. Dele van die land waar minder as 10 persent van die bevolking vier jaar en jonger is, behels grootliks die metropolitaanse gebiede en sommige van die meer landelike dele van die land. Die jong ouderdomstruktuur van die bevolking verteenwoordig 'n ingeboude momentum vir toekomstige toenames in die algehele grootte van die bevolking.

Volgens projeksies sal die persentasie van die bevolking in die ouderdomsgroep jonger as 15 jaar afneem van 37,3 persent in 1995 tot 36,1 persent in die jaar 2000, tot 33,7 in die jaar 2010, en tot 29,9 persent in die jaar 2020. Dit steun die mening dat die Suid-Afrikaanse bevolking geleidelik ouer word.

Die ouderdomsgroep 15 tot 64 jaar word algemeen beskou as die potensiële arbeidsmag van die land, wat bydra tot ekonomiese groei en wat voorsien in die behoeftes van kinders en bejaardes. Oor die algemeen kan gesê word dat daar 'n betreklik hoë persentasie jeugdiges in landelike gebiede is en 'n betreklik hoë persentasie van die ekonomies aktiewe ouderdomsgroep in stedelike gebiede. Die gewese tuislande en onafhanklike state het 'n hoë aantal jongmense en 'n relatief kleiner persentasie ekonomies aktiewe mense. Laasgenoemde is 'n aanduiding van grootskaalse uit-migrasie van volwassenes na ekonomiese groeigebiede op soek na werk, asook 'n groot aantal jong swartmense as gevolg van die hoë bevolkingsgroei in hierdie gebiede. Die groter getalle jongmense en kinders in landelike gebiede word ook toegeskryf aan die feit dat ouers in stedelike gebiede dikwels hulle kinders na familieledes in landelike gebiede stuur om versorg te word.

Aan die ander kant bevat die metropolitaanse gebiede 'n hoë persentasie van mense in die ekonomies aktiewe ouderdomsgroep. Ekonomiese groeipunte lok mense en veroorsaak in-

migrasie van die ekonomies aktiewe ouderdomsgroep. Histories beskik metropolitaanse gebiede oor beter infrastruktuur en dienste as landelike gebiede. Dit is egter ook die gebiede waar mense die beste in staat is om dienste soos onderwys te bekostig, aangesien die persentasie van die bevolking in die ekonomies aktiewe ouderdomsgroep betreklik hoog is.

Volgens projeksies sal die persentasie van die bevolking in die ouderdomsgroep 15 tot 64 jaar toeneem van 58,3 persent in 1995 tot 59,4 in die jaar 2000, tot 61,3 in die jaar 2010 en tot 64,1 persent in die jaar 2020. Hierdie toenames bied groot uitdagings vir die skep van werkgeleenthede vir die potensiele werkerskorps.

Die aantal mense van 60 jaar en ouer neem vinnig toe. Dit is die aftree-ouderdom vir vroue, wat verreweg die grootste gedeelte van bejaardes opmaak. Volgens ramings deur die SSD was daar in 1994 2 652 000 uit 'n totaal van 40 317 000 Suid-Afrikaners 60 jaar en ouer. Hierdie syfer verteenwoordig bykans 6,6 persent van die totale bevolking van 1994. Die proporsionele verteenwoordiging van die verskillende bevolkingsgroepe, bereken op die grondslag van almal in die land wat in daardie jaar 60 jaar en ouer was, is soos volg: swartmense 63,4 persent; kleurlinge 7,2 persent; Asiërs 2,5 persent; en blankes 26,9 persent. Die proporsie van mense 60 jaar en ouer vir elke bevolkingsgroep, bereken as 'n persentasie van die totaal van elke bevolkingsgroep in 1994, is soos volg: swartmense 5,5 persent; kleurlinge 5,5 persent; Asiërs 6,5 persent; en blankes 13,7 persent. Volgens projeksies sal die persentasie van die bevolking in die ouderdomsgroep 60 jaar en ouer toeneem van 6,2 persent in die jaar 1995 tot 6,9 persent in die jaar 2000, tot 7,4 persent in die jaar 2010, en tot 9,1 persent in die jaar 2020. Hierdie toenames is aansienlik. Die toename in werklike getalle sal selfs aansienliker wees, aangesien die totale bevolking steeds sal groei tydens die projeksietydperk. Dit het klaarblyklike implikasies vir die verskaffing van gesondheids- en maatskaplike welsynsdienste vir die groeiende getalle bejaardes in die land.

Die ouderdomsafhanklikheidsverhouding is hoog, naamlik 70,6 persent (1991). Dit wissel van 107,5 persent vir die Noordelike Provinsie en 96,3 persent vir die Oos-Kaap tot slegs 50,4 persent vir die Wes-Kaap en 40,9 persent vir Gauteng. Hierdie hoë afhanklikheidsverhouding is toe te skryf aan die groot aantal afhanklike kinders wat deur die ekonomies aktiewe bevolking onderhou moet word. Hierdie situasie word verder beïnvloed deur die groeiende getalle bejaardes in die Suid-Afrikaanse samelewing. Die afhanklikheidslas is hoër as wat dit met die eerste oogopslag lyk, aangesien 'n groot persentasie van mense in die ekonomies aktiewe ouderdomsgroep werkloos is of nie daadwerklik aan die ekonomiese lewe van die land deelneem nie. Ongeveer 61 persent van die totale nasionale welsynsbegroting (volgens die begroting vir 1995/96) is bestee aan bestaansbeveiliging en maatskaplike welsynsdienste vir bejaardes. Die implementering van 'n nuwe subsidieformule vir residensiële versorging van bejaardes het gelei tot 'n afname in die besteding tot onderskeidelik 50,4 en 45,8 persent vir die finansiële jare 1996/97 en 1997/98. Daar is 'n groeiende behoefte aan residensiële versorging van bejaardes, waarin nie voorsien kan word nie as gevolg van beperkte fondse. Departementele inligting toon dat minder as 10 persent van die bejaarde bevolking tans voordeel trek uit gesubsidieerde maatskaplike welsynsdienste.

In 1991 was die geslagsverhouding (d.w.s. mans per 100 vroue) vir die land 96. Volgens die voorlopige ramings wat uit die 1996-sensus vrygestel is, is die syfer vir die totale bevolking 92,3. Die geslagsverhouding wissel egter aansienlik tussen provinsies en landelike en stedelike gebiede as gevolg van patrone van binnelandse migrasie van die verlede. Aangesien landelike na stedelike migrasie in die land selektief is vir volwasse mans in hulle ekonomies produktiefste jare, is daar 'n oorheersing van vroue (asook kinders en bejaardes) in die landelike gebiede en in die ekonomies minder ontwikkelde provinsies, en 'n oorheersing van mans in die ekonomies aktiewe ouderdomsgroep in die stedelike gebiede en in meer geïndustrialiseerde provinsies. Geslagsverhoudings is byvoorbeeld 81,8 in die Noordelike Provinsie en 88,7 in die Oos-Kaap en KwaZulu-Natal, maar 112,8 in Gauteng en 108,3 in die Vrystaat.

Wat rassesamestelling betref, het swartmense in 1995 76,3 persent, kleurlinge 8,5 persent, Asiërs 2,5 persent en blankes 12,7 persent van die totale bevolking uitgemaak.

2.3.3 FERTILITEIT

Die gewone geboortesifer (GGS) was na raming 31,2 per 1 000 in die tydperk 1985 tot 1990, vergeleke met 37,2 per 1 000 in die tydperk 1970 tot 1975. Ramings van die totale fertiliteitsifer (TFS) wissel tussen 3,9 en 4,09. Die fertiliteitstruktuur word gekenmerk deur 'n hoë voorkoms van hoërisiko-kindergeboorte. Tieners en vroue ouer as 35 jaar was in 1993 verantwoordelik vir onderskeidelik 15 en 16 persent van geboortes. Daar is 'n aansienlike gaping tussen gewenste en werklike gesinsgrootte, wat daarop dui dat baie paartjies nie in staat is om hulle verkose gesinsgrootte te behaal nie. Die kontraseptiewe gebruiksyfer is hoog - na raming 60 persent (vir getroude vroue in 1994). Die ouderdom by eerste huwelik is besig om te styg. Die tipiese negatiewe korrelasie tussen ouderdom by eerste huwelik en fertiliteitsvlak geld blykbaar egter nie in Suid-Afrika nie. Dit wil voorkom dat die huwelik nie meer 'n sosiale vereiste is om kinders te hê nie.

Daar is wesenlike verskille in die fertiliteitsyfers tussen die verskillende subgroepe van die bevolking, wat in wese die verskille in die vlakke van mensontwikkeling weerspieël, asook die verskille in die kulturele waarde wat aan kinders geheg word. Die geraamde totale fertiliteitsifer van 1,5 vir die blanke bevolking is minder as een derde van die geraamde TFS vir swartmense (4,3) en laer as die geraamde TFS van 2,2 en 2,3 vir onderskeidelik Asiërs en kleurlinge. Die omvang (en koers) van afname in fertiliteit wissel ook tussen die rasse-groepe; dit is die laagste vir swartmense en die hoogste vir kleurlinge, veral sedert die middel van die sestigerjare. Totale fertiliteitsyfers is hoër in landelike as in stedelike gebiede en in die minder ontwikkelde provinsies (veral dié wat die gewese tuislande insluit) vergeleke met die meer ontwikkelde provinsies.

Kontraseptiewe gebruik in Suid-Afrika is geraam op 60 persent in 1994, waar dit in 1990 55 persent was. Laasgenoemde raming is onderverdeel in kontraseptiewe gebruiksyfers vir elk van die nege provinsies. Hierdie provinsiale syfers wissel van so hoog as 70 persent in die Wes-Kaap en 66 persent en 65 persent in onderskeidelik die Noord-Kaap en die Vrystaat, tot so laag as 46 persent in die Oos-Kaap en 33 persent in die Noordelike Provinsie. Die kontraseptiewe gebruiksyfer is hoër in metropolitaanse gebiede as in landelike

gebiede. Daar is 'n positiewe korrelasie tussen kontraseptiewe gebruik en die onderwysvlak van vroue. Die tienergeboortesifer is aan die styg vir die swartmense, veral sedert 1980, maar dit daal vir die ander rasse-groepe. Die gewenste gesinsgrootte is ook baie kleiner in stedelike gebiede en onder jonger vroue.

Die gewenste gesinsgrootte onder swart vroue wat in die laat tagtigerjare by 'n opname betrek is, was kleiner in stedelike gebiede as in landelike gebiede. Net meer as 60 persent van stedelike vroue wou twee of minder kinders hê, vergeleke met 31,8 persent in die landelike gebiede. Die ideale getal kinders het ook volgens ouderdomsgroep verskil, met jonger respondente wat kleiner gesinne wou hê. In stedelike gebiede het 79 persent van mense van 16 tot 19 jaar aangedui dat hulle twee of minder kinders verkies, vergeleke met net 48 persent van diegene van 30 tot 34 jaar. In landelike gebiede was die ooreenstemmende syfers onderskeidelik 51 persent en 24,3 persent.

Vroue het taamlik lae fertiliteitsaspirasies ontwikkel. Daar is bevind dat houdings en praktyk in besluitneming verander en/of verskil volgens ouderdom by sowel mans as vroue. Jonger vroue sou veel eerder besluite saam met hulle maat neem as vroue in die hoër ouderdomsgroepe. Vir die meeste respondente het finansiële en ekonomiese oorwegings 'n baie belangrike rol gespeel om gesinsgrootte te beperk. 'n Opname in die laat tagtigerjare het getoon dat 34,4 persent van die swart vroue wat by die opname betrek is, twee of minder kinders wou hê, en die gewenste getal kinders vir al die vroue in die opname was 3,3. By jonger vroue het die gewenste getal kinders gewissel van 2,6 tot 2,9. Nog 'n studie in 1996 deur die Navorsingseenheid vir Reproductiewe Gesondheid aan die Universiteit van die Witwatersrand het getoon dat ekonomiese oorwegings en kinders se opvoedkundige behoeftes 'n belangrike rol speel by vroue se besluite oor gesinsgrootte. Daar is ook bevind dat vroue se opvoeding in beduidende mate geassosieer is met kindertal en die beplanning van swangerskappe. Ander studies het getoon dat die gebruik van doeltreffende kontrasepsie reeds betreklik hoog is in Suid-Afrika.

Die opname in die laat tagtigerjare het ook 'n aansienlike mate van ontevredenheid onder vroue met die gesinsbouproses aan die lig gebring. Ongeveer 42 persent van alle vrugbare vroue het aangedui dat hulle hulle laaste swangerskap nie wou hê nie; 57,2 persent vroue het aangedui dat hulle laaste swangerskap onbeplan was. Daar is steeds 'n aansienlike verskil tussen die ideale getal kinders wat individue wil hê en die werklike getal kinders wat individue het. Daar is ook vasgestel dat vroue op 'n vroeë ouderdom met voortplanting begin, dikwels voordat daar 'n formele huwelik gesluit word. By ongeveer 59 persent van eerste geboortes was die moeder onder die ouderdom van 20 jaar.

Die grootste gedeelte van die gebruik van kontraseptiewe middels in Suid-Afrika bestaan uit moderne kontraseptiewe metodes, wat doeltreffer as tradisionele metodes is. By diegene wat kontrasepsie gebruik, mans en vroue, is daar rasse- en geslagsverskille betreffende die keuse van metode. Die meeste mans wat kontrasepsie gebruik, gebruik kondome; die meeste vroue, veral swartmense, wat gesinsbeplanning toepas, gebruik die kontraseptiewe inspuiting. Die 1996-studie wat hierbo genoem is, het getoon dat die meeste mans en vroue al van die kontraseptiewe inspuiting, die pil, die intra-uteriene toestel (IUT),

die kondoom en vroulike sterilisasie gehoor het. Meer mans as vroue het egter gemeld dat hulle van die meeste van die metodes uitgesonderd die pil en die IUT gehoor het.

'n Nasionale huishoudingsopname van gesondheidsongelykhede in Suid-Afrika wat vir die Henry J Kaiser-gevestiging gedoen is, het getoon dat, betreffende ouderdom en die gebruik van kontrasepsie, hoe jonger die respondente, hoe groter die waarskynlikheid dat hulle advies oor gesinsbeplanning sal inwin. Meer as twee derdes van diegene met 'n seksmaat wat advies oor kontrasepsie ingewin het, het gesinsbeplanningsklinieke besoek vir daardie advies. 'n Groot persentasie vroue wat advies oor kontrasepsie ingewin het, het gesinsbeplanningsklinieke besoek, maar mans het oor die algemeen verkies om 'n private geneesheer te besoek.

Hierdie opname het ook aan die lig gebring dat landelike swartmense minder geneig is om advies oor kontrasepsie in te win as dié wat in stedelike of metropolitaanse gebiede woon. Wat die verhouding tussen opvoeding en die inwin van advies oor kontrasepsie onder swartmense betref, het 'n kwart van swart mans met matriek advies oor kontrasepsie ingewin. Diegene sonder formele skoolopleiding wat advies oor kontrasepsie ingewin het, verteenwoordig 'n kleiner gedeelte as eersgenoemde. Onder swart vroue het ongeveer 'n kwart van dié sonder formele skoolopleiding advies oor kontrasepsie ingewin, wat aansienlik minder is as die bykans drie kwart van dié met matriek wat advies oor kontrasepsie ingewin het. Daar is ook bevind dat vroue veel eerder kontraseptiewe metodes gebruik as mans. Swart vroue is egter minder geneig om dit te doen as blankes, kleurlinge of Asiërs. In die afwesigheid van die gebruik van kondome is vroue blootgestel aan 'n groter risiko om seksueel oorgedraagde siektes en VIGS op te doen.

Betreffende landelik-stedelike verskille in die gebruik van kontraseptiewe middels onder swartmense is daar bevind dat jonger, verstedelike, meer opgevoede mense meer geneig is om advies oor kontrasepsie in te win as ouer, swakker opgevoede landelike mense. Na verhouding gebruik meer swart mans wat in formele wonings in metropolitaanse of stedelike gebiede woon, 'n kontraseptiewe metode as diegene wat in landelike gewese tuislandgebiede, in metropolitaanse informele gebiede, op plase in blanke besit of in stedelike informele gebiede woon. Die algemeenste rede wat deur mans verstrekkend is waarom hulle nie kontrasepsie gebruik nie, is dat hulle op hulle maat vertrou om dit te doen. Die neiging is om verantwoordelikheid vir gesinsbeplanning aan vroue te deleger. By vroue is daar 'n soortgelyke patroon van landelik-stedelike verskille, ofskoon die gebruik van kontrasepsie veel hoër is. Wat onderwysvlak en die gebruik van kontrasepsie by swartmense betref, is 'n patroon gevind soortgelyk aan die een wat beskryf is vir die inwin van advies oor gesinsbeplanning.

Internasionale navorsing wat gedurende die sewentiger- en tagtigerjare gedoen is oor kwessies rakende voortplanting en seksualiteit by jeugdiges, het aangedui dat jeugdiges se reprodutiewe gesondheidsgedrag en beskerming beïnvloed word deur 'n groot aantal faktore, met inbegrip van ontwikkelings-, sielkundige, interpersoonlike, maatskaplike, kulturele en ekonomiese faktore. Besluite wat jongmense neem oor hulle seksualiteit, die gedrag waarby hulle betrokke raak, en die waardes en houdings wat hulle koester, word gevorm deur hulle fisiese en maatskaplike omgewings, hulle lewensgeskiedenis en hulle

persoonlike eienskappe. Hoërisiko-gedrag, soos alkoholgebruik onder jongmense, staan in noue verband met seksuele risiko-gedrag en negatiewe seksuele uitkomst. Hierdie internasionale opnames toon dat jongmense die gebruik van alkohol en hulle maat se inhibisies teen die gebruik van seksuele beskerming sien as die belangrikste hindernisse vir die doeltreffende gebruik van maatreëls om swangerskap te voorkom. Hierdie tendense kom ook in Suid-Afrika voor.

Studies toon dat die meeste jong mans hulle eerste seksuele omgang voor ouderdom 17 gehad het, en die meeste jong vroue voor ouderdom 18. Verder het ongeveer die helfte van alle jongmense meer as een seksmaat gehad. Daar was egter sterk steun by sowel jong mans as jong vroue vir getrouheid in verhoudings en vir geslagsgelykheid, veral betreffende seksuele en reprodutiewe beskerming. Die meeste jongmense wou nie 'n kind hê nie; swangerskap is gesien as 'n beduidende risiko wat met seksuele aktiwiteit gepaard gaan. Tog het net ongeveer een derde van jongmense gereeld kontraseptiewe metodes gebruik om ongewenste swangerskappe te voorkom. Kennis van reprodutiewe funksionering was oor die algemeen swak, hoewel die noodsaaklikheid van seksuele beskerming in verhoudings met vaste maats ondersteun is deur die meeste van die jongmense in die opnames. By sowel jong mans as jong vroue word verhoogde kontraseptiewe gebruik geassosieer met blootstelling aan 'n ondersteunende inligtingsomgewing, veral met blootstelling aan ondersteunende inligting, advies en dienste van gesondheidsberoepsmense. 'n Aansienlike aantal jongmense het aangedui dat hulle inligting oor kwessies, dienste en produkte rakende seksuele en reprodutiewe gesondheid nodig het, met inbegrip van inligting oor aangeleenthede soos swangerskap en seksueel oorgedraagde siektes, seksuele omgang, verhoudings en eienskappe van die teenoorgestelde geslag.

2.3.4 MORBIDITEIT EN MORTALITEIT

Data oor morbiditeit en mortaliteit in Suid-Afrika is ontoereikend. Die gebrek aan 'n omvattende nasionale gesondheidsinligtingstelsel, gekoppel met ontoereikende aanmelding van aanmeldbare siektes, skep probleme vir 'n ontleding van die gesondheidstatus van verskillende groepe volgens provinsie, ouderdom, geslag, ens. Daar kan egter 'n paar algemene afleidings gemaak word op grond van opnames wat van tyd tot tyd gedoen is. Desondanks bied die beskikbare data voldoende getuienis van die ongelykhede tussen die verskillende rasse en van die benadeelde posisie van baie swart kinders, veral arm, landelike swart kinders.

2.3.4.1 Mortaliteit

Net soos morbiditeit is die mortaliteitsyfer vir Suid-Afrika besig om oor tyd te daal, wat aanleiding gee tot 'n toename in die lewensverwagting by geboorte. Die gemiddelde syfer vir die geraamde lewensverwagting by geboorte vir die land as geheel is 62,8 jaar (1991), vergeleke met 58,8 jaar in 1980. Die gemiddelde syfers vir die verskillende rassegroepe is soos volg: swartmense 60,3 jaar; kleurlinge 66,5 jaar, Asiërs 68,9 jaar, en blankes 73,1 jaar.

Die gewone sterftesyfer (GSS) word geraam op 9,4 per 1 000 persone in 1994, vergeleke met 14 per 1 000 persone in 1970. Die infantiele sterftesyfer (ISS), 'n belangrike aanwyser

van die lewensgehalte en vlak van ontwikkeling van 'n bevolking, is geraam op 41 per 1 000 lewende geboortes (1994), wat minder as die helfte is van die koers van 89 per 1 000 lewende geboortes in 1960. Die sterftesyfer vir kinders onder 5 jaar oud is geraam op 68 per 1 000 in 1994. Die moedersterftesyfer, 'n belangrike aanwyser van die reprodktiewe gesondheid en sosio-ekonomiese status van vroue, is op 'n hoë 230 per 100 000 geboortes in 1993 geraam.

Daar is verskeie kenmerkende eienskappe van die struktuur en patroon van mortaliteit in die land. Die vlak van premature volwassene-mortaliteit is hoog. In 1985 is daar geraam dat 38 en 25 persent van onderskeidelik 15 jaar oue mans en vroue waarskynlik sal sterf voor die ouderdom van 60 jaar, hoofsaaklik as gevolg van faktore wat verband hou met lewenstyl, met inbegrip van die betreklik hoë voorkoms van misdaad.

Daar is ook beduidende verskille in mortaliteitaanwysers onder verskeie subgroepe van die bevolking, wat weer eens verskille en onbillikhede van die verlede in toegang tot dienste, die lewensgehalte, en derhalwe die vlak van mensontwikkeling weerspieël. 'n Duidelike manifestasie van die omvang en impak van armoede in Suid-Afrika word weerspieël in die sterftesyfers vir babas en kinders. Hierdie aanwysers verteenwoordig 'n fundamentele meting van die samelewing se algemene welsyn. Die infantiele sterftesyfer van 49 per 1 000 lewende geboortes onder die swart bevolking is ses keer hoër as die koerse van 8,3 en 9 van onderskeidelik die blanke en die Asiërbevolking, en dubbel die koers van 23 vir kleurlinge. Die lewensverwachting by geboorte is 13 jaar langer vir blankes as vir swartmense. Die lewensverwachting is ook laer in die minder ontwikkelde provinsies. Daar is byvoorbeeld bevind dat die lewensverwachting by geboorte die hoogste is in die Wes-Kaap (67,7 jaar in 1991, vergeleke met 62,8 jaar in 1980) en Gauteng (66 jaar in 1991, vergeleke met 61,7 jaar in 1980), en die laagste in die Oos-Kaap (60,7 jaar in 1991, vergeleke met 54,4 jaar in 1980) en in die provinsie Noordwes (59,7 jaar in 1991, vergeleke met 56,3 jaar in 1980). Die omvang en koers van afname in die infantiele sterftesyfer in die onlangse verlede is egter hoër onder swartmense en kleurlinge as onder die ander rasse-groepe, by wie die vlakke in die verlede baie laer was.

'n Hoë perinatale sterftesyfer (PSS) bied 'n aanduiding van die gehalte en beskikbaarheid van voorgeboortelike sorg, asook van ongunstige gesondheids-, voedings- en maatskaplike toestande vir swanger vroue. Kinders wat deur landelike vroue in die lewe gebring word wie se swangerskap nie gereeld gemoniteer word nie en wat tuis geboorte skenk, loop 'n beduidend groter risiko van perinatale dood. Perinatale mortaliteit word in Suid-Afrika nie roetinegewys aangemeld nie. Beskikbare statistieke toon dat die perinatale sterftesyfer tussen 1986 en 1989 gestyg het. In 1989 is dit geraam op 23,3 per 1 000 geboortes, wat moontlik net op die blanke bevolking van toepassing is. 'n Meer onlangse raming is hoër op 45 tot 55 per 1 000 geboortes, en selfs hoër in die gewese tuislande.

Perinatale sterftesyfers dui op die ontoereikendheid van voorgeboortelike sorg, aangesien 'n beduidende aantal sterftes in hierdie ouderdomskategorie voorkombaar is. Nageboortelike sorg is belangrik ten einde te verseker dat komplikasies spoedig opgespoor en behandel word. Die beskikbaarheid van voorgeboortelike fasiliteite verskil baie volgens ras, sosio-ekonomiese posisie en ligging. Baie vroue in landelike gebiede skenk nog tuis geboorte,

bygestaan deur tradisionele geboorte-assistente. Dit is hoofsaaklik die gevolg van beperkte dienste en ontoereikende en duur vervoer. Die risiko vir moeder en kind word vergroot met tuisgeboortes, veral wanneer daar komplikasies ontstaan. Verder besoek party moeders voorgeboortelike klinieke selde, en dan dikwels laat in die swangerskap.

Tienerswangerskappe verhoog die risiko's vir moeder en kind. Die Departement van Gesondheid het aangedui dat die persentasie tienergeboortes as persentasie van alle geboortes wissel van 11,8 persent in die Wes-Kaap tot 16,4 persent in die Noordelike Provinsie in 1994. Tienerswangerskappe is dikwels die gevolg van 'n gebrek aan kennis oor seksualiteit en kontrasepsie en die ongelyke magsverhoudinge tussen mans en jong vroue. Baie tieners neem hulle toevlug tot onwettige aborsies om swangerskappe te beëindig, wat dikwels lei tot mediese komplikasies, onvrugbaarheid en selfs die dood, ofskoon hierdie probleem sal afneem met die verordening van liberale wetgewing oor aborsie. In 1991 het die Departement van Gesondheid onthul dat die moedersterftesyfer vir vroue onder die ouderdom van 20 jaar bykans twee keer so hoog is as dié van ouer vroue. Die risiko's vir kinders sluit in verlating, 'n hoër voorkoms van doodgeboortes, laer geboortegewig en nageboortelike komplikasies.

2.3.4.2 Oorsake van dood by kinders

Ses siektes is verantwoordelik vir die meeste van die bekende oorsake van dood in die eerste lewensjaar. Hiervan is perinatale oorsake verreweg die algemeenste. Daar is bevind dat drie kwart van die sterfgevälle onder swart babas die gevolg was van perinatale oorsake, diarree- en asemhalingsiektes.

Soos in die geval van ISS is ramings van mortaliteit vir kinders jonger as vyf jaar in Suid-Afrika onbetroubaar aangesien data nie roetinegewys van alle rasse-groepe ingesamel word nie en die tuislande uitgesluit is. 'n Onlangse ontleding van data toon baie hoë koerse van kindersterftes, veral onder arm, landelike kinders. Oor die algemeen word die sterftesyfer vir kinders jonger as vyf jaar deur die Mediese Navorsingsraad geraam op tussen 115 en 120 per 1 000 lewende geboortes, en so hoog as 139 vir landelike kinders (1994). Dit beteken dat een uit elke sewe kinders wat in die landelike gebiede van die land gebore word, sterf voor die ouderdom van vyf jaar.

Masels was in 1995 die tweede belangrikste aanmeldbare siekte in Suid-Afrika. Dit is een van die grootste oorsake van mortaliteit en morbiditeit by kinders. Oningeënte kinders tussen nege en twaalf maande is die kwesbaarste. Soos tuberkulose is masels baie voorkombaar deur doeltreffende immuniseringsprogramme. Massa-immuniseringsveldtogte landswyd deur die Departement van Gesondheid in 1996 en 1997 sal die voorkoms van masels na verwagting verlaag.

Nog belangrike aanmeldbare oorsake van mortaliteit en morbiditeit by kinders in Suid-Afrika is malaria, virushepatitis, tifoïedkoors (wat sterk geassosieer word met besmette drinkwater, swak sanitasie en oorbevolking), meningokokkale siekte en cholera. Akute asemhalingsinfeksies is insgelyks 'n belangrike oorsaak van kindersterftes. Diarreësiektes, asemhalingsinfeksies en allergieë kom die meeste van alle siektes voor in ambulansfasiliteite

en hospitaalopnames. Al hierdie siektes word geassosieer met armoede, swak lewensomstandighede en die gebrekkige oordrag van basiese gesondheidsorgboudskappe aan die bevolking. Hierdie situasie bied groot uitdagings wat die verlaging van kinderserfesyfers betref.

2.3.4.3 Oorsake van dood onder volwassenes

Volgens die nasionale Departement van Gesondheid is die 213 279 sterfgevälle wat in 1994 in Suid-Afrika voorgekom het, deur die volgende faktore veroorsaak: Bedoelde en onbedoelde geweld 19,2 persent; "swak omskrewe" oorsake 15,2 persent; siektes wat verband hou met lewenstyl, naamlik beroerte en iskemiese hartsiektes, saam 11,4 persent; en infeksies van die boonste lugweë 4,3 persent.

Armoede, ontoereikende primêre gesondheidsorg en onhigiëniese lewenstoestande is belangrike onderliggende faktore van siektes en die dood. Baie parasitiese en aansteeklike siektes, wat deur armoede vererger word, kan voorkom word deur immunisasie, groter toegang tot primêre gesondheidsorg, verbetering van lewenstoestande en verbetering van inkomstevlakke.

Suid-Afrika gaan gebuk onder 'n baie hoë voorkoms van tuberkulose. Die omvang en tendens van die tuberkulose-epidemie is egter nie akkuraat bekend nie. In 1994 was die aanmeldingskoers van gevalle vir alle vorme van tuberkulose 223 per 100 000 van die totale bevolking, en die geraamde koers van smeerspositiese gevalle was 140 per 100 000. Die algemene voorkoms in 1994 soos geraam deur die Mediese Navorsingsraad was 311 per 100 000, met 80 persent hiervan in die ouderdomsgroep 15 tot 49 jaar. In 1995 het tuberkulose meer as 80 persent van die aanmeldings van oordraagbare siektes uitgemaak. Na raming het daar ten minste 140 000 nuwe gevalle in die land voorgekom. Hiervan is ten minste een kwart toeskryfbaar aan MIV-infeksie, en een persent huisves multimiddelbestande tuberkulose-organismes. 'n Geraamde 160 000 gevalle in 1996 sluit in meer as 42 000 gevalle as regstreekse gevolg van MIV-infeksie. Die stygende tendens sal na verwagting vir ten minste die volgende sewe jaar voortduur, mits daar optimale beheerprogramme vir tuberkulose en MIV is, waarna daar verwag kan word dat die voorkoms van tuberkulose sal stabiliseer en begin afneem. Indien huidige tendense voortduur, sal meer as 3 miljoen nuwe gevalle van tuberkulose oor die volgende dekade in Suid-Afrika voorkom.

Hierdie syfers bevestig tuberkulose as Suid-Afrika se vernaamste openbare gesondheidsprobleem en Suid-Afrika se posisie as 'n land met een van die hoogste voorkomssyfers in die wêreld. Daar is aansienlike verskille tussen provinsiale ramings; die Wes-Kaap en die Oos-Kaap het die hoogste voorkomssyfers van byna dubbel dié van die ander provinsies. Tuberkulosesyfers is die hoogste in landelike gebiede en veral onder mense in swak lewenstoestande. Die Staat het in 1995 'n geraamde R500 miljoen aan die tuberkuloseprobleem bestee. In die lig van die beperkte sukses van hierdie bedrywighede het die Departement van Gesondheid tuberkulose tot 'n prioriteit verklaar en 'n kostedoeltreffender beheerstrategie landwyd ingevoer, naamlik die Kortkursus in Regstreks

Waargenome Behandeling (beter bekend onder sy Engels akroniem, DOTS), om die voorkoms van tuberkulose te verminder.

Tifoïedkoors is steeds een van die vyf siektes wat die meeste aangemeld word in die land, hoewel aanmeldingskoerse aansienlik gedaal het. Self al dui die beskikbare data op 'n afname van die siekte onder al die bevolkingsgroepe, is die konsentrasie van die siekte onder die swart bevolking relatief tot die ander bevolkingsgroepe opvallend.

2.3.4.4 MIV-infeksie/VIGS

Die Departement van Gesondheid raam dat tot 3 persent van die totale bevolking en 7,5 persent van die seksueel aktiewe bevolking besmet is met die menslike immuuniteitsgebrekvirus (MIV), wat vinnig in Suid-Afrika versprei. Dit beteken dat nagenoeg 700 mense elke dag besmet word en dat die koers van nuwe besmettings elke 15 maande verdubbel. Daar is 'n snelle toename van MIV-besmetting onder jong vroue, wat hulle kwesbaarheid in seksuele verhoudings weerspieël. Die probleem van kinders wat wees gelaat word deur VIGS, word toenemend 'n kwessie.

Die aard van die demografiese en ekonomiese gevolge van VIGS in 'n samelewing word bepaal deur hoeveel mense besmet is, hulle plek in die samelewing in terme van vaardigheid en produktiwiteit en hoe lank hulle siek is. Dit sal 'n aantal dekades duur voordat die volle impak van die VIGS-epidemie gevoel sal word, ofskoon die sosio-ekonomiese koste van hierdie epidemie reeds baie duidelik is.

Die mees regstreekse demografiese gevolg van VIGS is 'n toename in die sterftes van volwassenes en kinders. Die gevolge vir fertiliteit is onregstreeks deur die besmetting van vroue van die reproduktiewe ouderdomsgroep wat óf sal sterf voordat hulle hulle voornemens rakende kindergeboorte tot uitvoer kan bring, óf glad nie kinders sal hê nie. Die kwantitatiewe gevolge van MIV-besmetting/VIGS vir fertiliteit is minder duidelik. Die akkumulasie van hierdie regstreekse en onregstreekse gevolge veroorsaak veranderinge in ander demografiese aanwysers, soos bevolkingsgroeikoerse, afhanklikheidsverhoudings en die getalle weeskinders.

VIGS laat die mortaliteit toeneem in ouderdomsgroepe wat tipies die laagste mortaliteitsyfers het. Aangesien VIGS primêr deur seksuele kontak versprei word, sal die meeste mense in hulle laat tiener- en twintigerjare besmet word en in hulle laat twintiger- en dertigerjare siek word en sterf. Die spitsouderdomme van MIV-besmetting is 20 tot 40, en die spitsouderdomme van VIGS-sterftes is vyf tot tien jaar later. Die konsentrasie van VIGS-sterftes in hierdie ouderdomsgroep het belangrike gevolge vir die aantal VIGS-weeskinders en vir ekonomiese groei. Swanger vroue wat met MIV besmet is, kan moontlik hulle fetusse besmet, of ook hulle pasgebore kinders tydens geboorte of deur borsvoeding. Infantiele en kindersterftesyfers sal styg aangesien die meeste van hierdie kinders VIGS sal ontwikkel en sterf binne 'n paar jaar na geboorte. Ofskoon die potensiele toename in die infantiele sterftesyfer na raming ongeveer vyf babasterftes per 1 000 lewende geboortes is, sal die netto effek kleiner wees aangesien sommige kinders aan ander oorsake sal sterf. Daar kan egter 'n toename van 20 persent in die sterftesyfer vir kinders onder vyf jaar verwag

word. Die lewensverwachting by geboorte is besonder gevoelig vir VIGS, aangesien sterftes wat onder jong volwassenes en jong kinders voorkom, veroorsaak dat 'n groot aantal lewensjare verloor word.

Die afhanklikheidsverhouding sal na verwagting groter word omrede die groter getal jong volwassenes wat aan VIGS sterf. Een van die ergste gevolge van VIGS is dat groot getalle kinders wees gelaat word omdat hulle ouers aan VIGS sterf. Die gesondheid en ontwikkeling van hierdie kinders kan verwaarloos word omdat groutouers, uitgebreide families en gemeenskappe nie die las van weeskinders kan dra nie. Aangesien VIGS ook lei tot 'n toename in die aantal kindersterftes, is die gevolg egter dat die afhanklikheidsverhouding nie dramaties verander in teenwoordigheid van 'n VIGS-epidemie nie.

Soos reeds gemeld, is die gevolge van VIGS vir fertiliteit onregstreeks. Die aantal geboortes kan geraak word indien baie vroue sterf voordat hulle die einde van hulle vrugbare jare bereik. Die meeste geboortes kom egter by vroue op 'n jong ouderdom voor. Aangesien die gemiddelde ouderdom ten tyde van dood aan VIGS gewoonlik rondom 30 jaar of ouer vir vroue is, sal die uitwerking van VIGS-sterftes van potensiele moeders op die geboortekoers waarskynlik nie groot wees nie indien die totale fertiliteitsyfer konstant bly.

Ouderdom by huwelik kan ook geraak word, en dit kan op sy beurt fertiliteitskoerse beïnvloed. VIGS kan lei tot 'n laer ouderdom by huwelik of eerste verbintenis indien jongmense vroeë huwelik beskou as 'n beskerming teen voorhuwelikse seks met 'n aantal verskillende maats. Dit kan fertiliteitsyfers verhoog indien vroue langer blootgestel word aan die moontlikheid van swangerskap. Alternatiewelik kan VIGS lei tot 'n hoër ouderdom by eerste seksuele gemeenskap namate die gevare van onbeskermde seks bekend word, wat kan lei tot laer fertiliteitskoerse. 'n Ondersoek na potensiele veranderinge in die onmiddellike determinante van fertiliteit het getoon dat die waarskynlikste resultaat is dat 'n MIV-epidemie die fertiliteitskoers effens sal verlaag.

Die gevolg van MIV/VIGS vir bevolkingstruktuur is meer dramaties as vir fertiliteit, met 'n relatiewe afname in die aantal mense tussen vyf en 25 jaar. Oor tyd sal hierdie kohort hoër op in die ouderdomspiramiede beweeg, en daardeur, met verhoogde mortaliteit en uitgestelde geboortes, sal die struktuur van die ouderdomspiramiede verander.

Die ekonomiese impak van VIGS manifesteer hom op verskillende vlakke en in verskillende grade. Die impak spruit voort uit die feit dat die individue wat siek word en sterf, óf produseerders óf verbruikers is. Op die vlak van die huishouding verhoog die uitwerking van MIV-besmetting sekere tipes uitgawes. As die besmette persoon 'n inkomsteverdienende volwassene is, sal sy of haar siekte die huishouding se produksie van inkomstevermoë beduidend verminder. Spesiale mediese behandeling en versorging, voeding en begrafniskoste is ook 'n belangrike finansiële las op die huishoudelike begroting, wat kan lei tot 'n afname in die huishouding se ekonomiese status, en dit kan weer 'n nadelige uitwerking hê op die lewenstandaard en lewensgehalte van die lede van die huishouding. Lede van 'n huishouding met VIGS wat spesiale versorging en behandeling moet kry, kan

'n wesenlike bykomende las plaas op vroue, wat tradisioneel verantwoordelikheid aanvaar vir die versorging van gesinslede en kinders.

Die meting van die impak van VIGS op maatskappye en ondernemings is ingewikkelder. Die werklike koste van VIGS-gevalle vir werkgewers wissel in groot mate, afhangende van faktore soos die diensvoorwaardes en die posvlakke van die personeel. Produktiwiteit sal geraak word wanneer geskoolde of ervare personeel siek word, van die werk wegbly of sterf. Koste en werklike uitgawes sal toeneem as werkgewers moet betaal vir bykomende werknemervoordele, soos groeplewensversekering, pensioene en mediese bystand. Wegblyery, laer produktiwiteit en verlies van ervare personeel dra by tot die onregstreekse koste van VIGS in die werkplek. Die epidemie kan uiteindelik makro-ekonomieë beïnvloed deur die siekte en dood van produktiewe lede en die verskuiwing van hulpbronne vanaf besparing (en uiteindelik investering) na versorging, wat die koers van ekonomiese groei oor tyd beduidend kan verlaag.

Die algemene gevolg van VIGS sal wees dat dit ontwikkelingswinste wat met inspanning verkry is, ongedaan sal maak en mense swakker daaraan toe sal laat. Dit is moontlik dat hierdie gevolge dekades lank kan duur. Die mense wat siek word en sterf, is die ouers en leiers in die samelewing, wat beteken dat 'n geslag kinders kan opgroei sonder die versorging en die rolmodelle wat hulle normaalweg sou hê.

2.3.5 MIGRASIE, VERSTEDELIKING EN DIE RUIMTELIKE VERSPREIDING VAN DIE BEVOLKING

2.3.5.1 Binnelandse migrasie

Migrasie is een van die drie demografiese prosesse wat die struktuur, verspreiding en grootte van die bevolking bepaal. Die ander twee is fertiliteit en mortaliteit. Sowel nettomigrasie as die verskil tussen geboortes en sterftes is verantwoordelik vir die veranderinge in die grootte en struktuur van subnasionale bevolkings. Die patroon van migrasie in die land, veral in die verlede, het ernstige gevolge gehad vir die ouderdoms- en geslagstruktuur van die bevolking in verskillende gebiede, asook buitengewone negatiewe gevolge vir maatskaplike samehang en gesinstabiliteit. Aangesien migrasiepatrone en migrasietendense 'n uitwerking het op die maatskaplike en ekonomiese situasie en natuurlike hulpbronne van die land, is hierdie kwessies tersaaklik vir staatsbeleide wat daarop gemik is om bevolkingstendense te hanteer binne die konteks van volhoubare ontwikkeling.

Vestigingspatrone in Suid-Afrika weerspieël die historiese ondervinding van kolonialisme, die proses van ekonomiese ontwikkeling gedurende die 20ste eeu en segregasie en apartheidsbeleide wat deur die gewese apartheidsregering toegepas is. Die koers van interne migrasie in die land is baie hoog, hoewel dit nie akkuraat bekend is nie. Die belangrikste onderliggende faktore vir die hoë koers van interne migrasie was die gedwonge verwydering van swartmense van die kommersiële plase na die tuislande vanaf die sestigerjare tot die vroeë negentigerjare, en die voortdurende stelsel van trekarbeid. Hierdie stelsel selekteer tradisioneel liggaamlik geskikte persone, hoofsaaklik mans, uit die ekonomies bedrukte provinsies en landelike gebiede na die industriële en stedelike sentra op soek na werk en

ander geleentheid vir 'n beter lewe. Die gevolge van die beweging van mense word die ergste gevoel deur minder digbevolkte landelike gebiede, ofskoon baie van hierdie mense moontlik sal terugkeer om na hulle oorblywende belange in hierdie gebiede om te sien. Daar was 'n hoë veranderingskoers in die gewese tuislande, waar daar 'n gemiddelde jaarlikse groeikoers van 5 persent was vergeleke met 2,5 persent vir die land as geheel gedurende die tydperk 1970 tot 1991. Net sulke hoë groeikoerse is in ander gebiede ondervind as gevolg van stedelike en nywerheids groei en in-migrasie.

Verder is daar aansienlike beweging van mense tussen landelike en stedelike gebiede, soms vir lang tydperke. Kinders en oumense word dikwels uit stede en dorpe na landelike gebiede gestuur om daar versorg te word en skool te gaan. Die nuwe sosiopolitieke omgewing in die land kan geassosieer word met groter migrasie na die stedelike gebiede.

Net meer as die helfte van die bevolking (52 persent) woon in gebiede wat die Sentrale Statistiekdiens as nie-stedelik klassifiseer, en drie kwart van die totale nie-stedelike bevolking woon in gebiede wat as tuislande bekend gestaan het. Die gebiede van hoë bevolkingstoenames tussen 1980 en 1991 was hoofsaaklik in die gewese tuislande, asook in sekere stedelike en mynbougebiede. Dit sou egter 'n fout wees om subnasionale bevolkingsgroeikoerse net aan natuurlike aanwas toe te skryf, aangesien apartheid 'n dramatiese uitwerking gehad het om mense in die gewese tuislande en onafhanklike state te konsentreer en in te sluit deur gedwonge verskuiwings en hervestiging.

'n Algemene eienskap van Suid-Afrikaanse demografiese tendense is verstedeliking, wat tipies is van 'n ontwikkelende samelewing. Landelike na stedelike migrasie, in kombinasie met die natuurlike aanwas van die bevolking in die stedelike gebiede, het die vlak van verstedeliking in die land verhoog. Die gebiede van netto uit-migrasie is hoofsaaklik die landelike gebiede van die gewese "blanke" Suid-Afrika, en die gebiede van netto in-migrasie is oorweldigend die metropolitaanse gebiede, veral die dele wat onder die gewese tuislande val. In sekere landelike gebiede het die bevolking oor die afgelope 21 jaar met gemiddeld meer as een persent per jaar afgeneem. Die verslapping van instromingbeheermaatreëls gedurende die tagtigerjare het gelei tot groot bevolkingsverskuiwings na stedelike gebiede en die uitbreiding van informele nedersettings. Die omvang van migrasie en die voortdurende koers daarvan is egter nie presies bekend nie. Die voorlopige ramings van die grootte van die bevolking van Suid-Afrika in stedelike en nie-stedelike gebiede, gegrond op die 1996-sensus, toon aan dat 55,4 persent van die bevolking verstedelik is. Daar word voorspel dat swartmense in die volgende dekade vinnig sal verstedelik, wat, tesame met 'n betreklik hoë natuurlike bevolkingsgroeikoers, beteken dat stedelike gebiede te doen sal kry met groeiende en jonger swart bevolkings - met groot implikasies vir infrastruktuur en dienslewering.

'n Groot meerderheid (ongeveer 70 persent) van die stedelike bevolking is gekonsentreer in die vier metropolitaanse sentra, en 15 persent elk woon in groot en klein dorpe. Bykans vier vyfdes van die landelike bevolking woon in die gewese tuislande, en ongeveer een vyfde woon in gebiede van kommersiële boerdery. Uitsers hoë bevolkingsdigtheid kom voor in die metropolitaanse gebiede van Johannesburg, Durban en Kaapstad, waar die grootste persentasie van Suid-Afrika se ekonomies aktiewe bevolking woon. Omdat stede reeds

groot is, beïnvloed die natuurlike aanwas van die bevolking die grootte van die stede deur die byvoeging van groot absolute getalle mense. Metropolitaanse gebiede het die laagste persentasie mense wat in armoede lewe.

Gebiede van lae geslagsverhoudings (minder as 100) is gebiede van uit-migrasie, gewoonlik landelike gebiede, en dié met hoë geslagsverhoudings (meer as 100) is gebiede van in-migrasie, gewoonlik stedelike gebiede met mynbou- en nywerheidsbedrywighede waar daar werkgeleenthede is. Die gebiede waar minder as 46 persent van die bevolking mans is, is die gewese tuislande en onafhanklike state. Mans migreer uit hierdie gebiede na die ontwikkelde nywerheids- en mynbousentra aangesien die gebiede nie genoeg werkgeleenthede kan bied om die snel groeiende arbeidsmag te akkommodeer nie. Met die toenemende probleme van enkelouerhuishoudings met vroue aan die hoof in gebiede met hoë afwesigheid van mans, dra vroue bykomende laste, byvoorbeeld alleenverantwoordelikheid vir die finansiële, huishoudelike en emosionele ondersteuning van hulle gesinne, terwyl hulle dikwels nie politieke verteenwoordiging en forums vir gemeenskapsdeelname het nie.

Behalwe in KwaZulu-Natal en sekere dele van Gauteng toon beskikbare getuienis dat daar betreklik min mense in die land is wat as gevolg van geweld ontwortel is. Daar is egter min data beskikbaar en daar is min programme wat gemik is op diegene wat daardeur geraak is.

Die oorweldigende kenmerk van bevolkingsverspreiding in Suid-Afrika is die betreklik hoë mate van rassevermenging dwarsdeur die grootste deel van die land. Die swartmense vorm die meerderheid van die mense in baie sensusdistrikte dwarsdeur die land. Die swart bevolking is gekonsentreer in die oostelike helfte van Suid-Afrika, en die kleurlingbevolking is gekonsentreer in die westelike deel van die land. Dit is die swartmense in Suid-Afrika wat die hoogste groeikoerse het, en dit is hier waar die jonger, mins geskoolde en armste seksies van die samelewing gekonsentreer is.

Die oostelike dele van die land is baie digter bevolk as die westelike dele. Daar is groot gebiede in die ooste waar meer as 99 persent van die mense swartmense is. In die gewese tuislande is bevolkingsyfers hoog, en meer as 73 persent van die bevolking lewe in armoede, baie van hulle baie jonk. Daar is uiterste armoede in dele van die Noord-Kaap, die Vrystaat en die Oos-Kaap, veral in sommige landelike gebiede.

Die bevolkingsdigtheid vir Suid-Afrika is in 1995 geraam op 33,8 mense per vierkante kilometer. Die nasionale totaal verberg groot verskille tussen die provinsies. Die bevolkingsdigtheid vir verskeie provinsies is soos volg: Gauteng 374,2; KwaZulu-Natal 94,5; Noordelike Provinsie 43,8; Wes-Kaap 28,8; Vrystaat 21,5, en Noord-Kaap 2,0.

2.3.5.2 Internasionale migrasie

As gevolg van die blanke vestigingsprogram wat in die koloniale en apartheids-era aangemoedig is, het groot getalle mense (meesal uit Europa, die Verenigde State, Kanada en Australië) na Suid-Afrika geïmmigreer. Die aantal immigrante uit ander lande, hoofsaaklik buurlande in Afrika, is ook hoog as gevolg van die kontrakarbeidstelsel (hoewel kontrakarbeiders hulle nooit permanent vestig nie) en, meer onlangs, as gevolg van wettige

en onwettige immigrasie. Daar word gewoonlik nie nasionale statistieke gehou van kontrakarbeiders nie. Daar is geen betroubare ramings van onwettige immigrante nie hoewel hulle getalle vermoedelik groot is. Die aantal vlugteling in die land is na raming hoog, maar weer eens is daar geen betroubare ramings beskikbaar nie. Aan die ander kant word minder mense aangeteken as emigrante uit die land. Oor die algemeen was daar 'n surplus van immigrante bo emigrante in die meeste jare sedert 1945.

Dit is algemene kennis dat groot getalle mense elke jaar uit Suid-Afrika emigreer. Baie van hierdie emigrante is hoogs geskoolde beroepsmense op verskillende kundigheidsterreine, wat bydra tot die sogenaamde "talentverlies". Hierdie verskynsel is nadelig vir plaaslike ekonomiese ontwikkeling en groei. Aan die ander kant is daar blykbaar 'n selfs nog groter aantal mense wat die land binnekom, sommige van hulle onwettig en sonder om deur die amptelike dokumentasieproses te gaan. Die meeste van die mense wat die land binnekom, is blykbaar van die buurlande. Dit is grootliks 'n erfenis van die ekonomiese en politieke struktuur van apartheid. Die impak van hierdie immigrante op die plaaslike ekonomie moet bepaal word. Die mening bestaan dat hierdie mense die werk van plaaslike mense vat. Dit is 'n redelike vrees. Meer navorsing is egter nodig om hierdie persepsie te staaf. Die werklike impak van emigrasie en immigrasie op Suid-Afrika se maatskaplike en ekonomiese struktuur is nog nie duidelik vasgestel nie.

Daar is baie verskillende redes vir internasionale migrasie. Mense word deur ekonomiese, politieke en klimaatsfaktore beïnvloed om na Suid-Afrika te migreer. Daar bestaan 'n algemene mening dat immigrante gewoonlik glo dat daar vir hulle 'n beter lewe wag in die land van bestemming. Hulle word egter dikwels ontnugter as hulle vind dat werkgeleenthede en basiese gemeenskapsdienste en fasiliteite, soos behuising, nie gereedlik beskikbaar is nie, veral in nuut verstedelike gebiede waar baie van hulle gewoonlik vestig.

Daar bestaan 'n hoë mate van haat teenoor vreemdelinge in Suid-Afrika met betrekking tot onwettige immigrante. Aangesien hierdie vooroordeel nie wetenskaplik gegrond is nie, is dit misleidend om te kenne te gee dat onwettige immigrante die vernaamste oorsaak van die huidige golf van sosio-ekonomiese euwels is wat die land ondervind. Misdadige en politieke geweld, wat tans beskou word as die ernstigste maatskaplike probleem in Suid-Afrika, het sy wortels heel dikwels in die ernstige ongelykhede wat algemeen in die Suid-Afrikaanse samelewing voorkom. Behuisingstekorte, werkloosheid en die ander maatskaplike probleme word grootliks nie deur die "instroming" van onwettige immigrante veroorsaak nie maar moet toegeskryf word aan die erfenis van apartheid.

Daar is geen betroubare statistieke beskikbaar oor die getalle onwettige en ongedokumenteerde persone binne die grense van Suid-Afrika nie, ofskoon ruwe ramings op miljoene dui. Die gebrek aan betroubare statistieke in dié verband is een van die vernaamste beperkings vir beleidsbepaling en beplanning op hierdie gebied.

Die werklike impak van immigrasie op hulpbrongebruik en dienslewering kan bepaal word net op grond van betroubare data oor die getalle van die verskillende tipes immigrante in die land. Dit is dus noodsaaklik om te onderskei tussen verskillende tipes immigrante. Die kategorie wat onderskei moet word, sluit die volgende in:

- Vluchteling: politieke en ekonomiese vluchteling. Dit is belangrik om die wetlike status van vluchteling te bepaal.
- Gedokumenteerte immigrante: gekwalifiseerde beroepsmense asook nie-beroepsmense uit buurlande en ander lande wat wettig in die land werk.
- Ongedokumenteerte immigrante wat onwettig in die land is.

In die geval van al die bogemelde kategorieë is dit belangrik om vas te stel wat hulle omstandighede is en in watter mate hulle die ekonomiese en maatskaplike ontwikkeling van die land beïnvloed, positief of negatief. Dit sal daartoe bydra dat 'n objektiewe prentjie van immigrante gevorm word en sal dit moontlik maak om die omvang van die impak van immigrante op die land se ontwikkelingsituasie en op bevolkingstendense akkurrater te bepaal. Betroubare data en inligting gegrond op stelselmatige navorsing en opnames oor oorgrensmigrasietendense, veral met betrekking tot vluchteling en ongedokumenteerte migrante, moet ingesamel word om die aard en omvang van hierdie verskynsel akkurrater te kan bepaal. 'n Omvattende ondersoek na die impak van immigrasie op die bevolkingstruktuur, die ekonomie en die omgewing, en die gevolglike vraag na dienste in die land, moet gedoen word. Navorsingsresultate moet beskikbaar wees om doeltreffende beleidbepaling en beplanning moontlik te maak.

Die probleem van onwettige immigrante in Suid-Afrika moet in 'n historiese, ekonomiese, politieke, sosiokulturele en etniese konteks geplaas word en moet in verband gebring word met die huidige politieke en ekonomiese situasie van Suid-Afrika en buurlande. In wese beteken dit dat die dinamika onderliggend aan hierdie verskynsel deeglik oorweeg moet word by die formulering van 'n geskikte migrasiebeleid. Voorts, aangesien die probleem van internasionale migrasie letterlik oor grense heen strek, moet oplossings gesoek word in die konteks van die Suider-Afrikaanse streek, en selfs nog verder.

Die Regering, deur die Departement van Binnelandse Sake, het 'n omvattende beleidsformuleringsproses geïnisieer wat fokus op verskeie aanvegbare kwessies rakende internasionale migrasie. Die Departement is besig om verskeie beleidsopsies te hersien rakende die regulering van immigrasie na die land en die naturalisasie van immigrante uit ander Afrikalande. Aangesien internasionale migrasie 'n veelfasettige kwessie is wat deur ingewikkelde ekonomiese, politieke en klimaatsfaktore veroorsaak word, vereis dit 'n multisektorale beleidsbenadering. Dit impliseer dat alle tersaaklike belanghebbendes in die private en die openbare sektor daadwerklik betrek moet word om aanvaarbare oplossings te kry vir hierdie belangrike nasionale bevolkingsvraagstuk.

DEEL DRIE

BELEIDSDOELSTELLINGS, -DOELWITTE, EN -STRATEGIEË

3.1 VISIE VAN DIE BELEID

Die visie van hierdie beleid is om by te dra tot die vestiging van 'n samelewing wat 'n hoë en gelykwaardige lewensgehalte bied vir alle Suid-Afrikaners, waarin bevolkingstendense in pas is met volhoubare sosio-ekonomiese en omgewingsontwikkeling.

Die beleid is dus aanvullend tot die nasionale ontwikkelingstrategie en verwante sektorale beleide.

3.2 DOELSTELLING VAN DIE BELEID

Die doelstelling van die beleid is om veranderinge teweeg te bring in die determinante van die land se bevolkingstendense, sodat hierdie tendense in ooreenstemming sal wees met die verwesenliking van volhoubare mensontwikkeling.

3.3 BELANGRIKSTE NASIONALE BEVOLKINGSVRAAGSTUKKE

Die uiteensetting van die situasie rakende bevolking en mensontwikkeling in die land wat in Deel Twee verstrekkend is, bied die grondslag vir die identifisering van belangrike bevolkingsvraagstukke wat hindernisse vir volhoubare ontwikkeling kan uitmaak.

Belangrike bevolkingsvraagstukke sluit die volgende in:

- 3.3.1 Die groei en strukturele dinamika van die bevolking relatief tot die groei en vermoë van die ekonomie om agterstande in werkverskaffing, onderwys, behuising en gesondheid en ander maatskaplike dienste te hanteer ten einde aan die behoeftes en aspirasies van die mense te voldoen;
- 3.3.2 die druk van die wisselwerking tussen bevolking, produksie en verbruikspatrone op die omgewing;
- 3.3.3 die hoë voorkoms en erge graad van armoede in landelike en stedelike gebiede;
- 3.3.4 onbillikhede in toegang tot hulpbronne, infrastruktuur en maatskaplike dienste, veral in landelike gebiede, en implikasies daarvan vir herverspreiding en groei en die verligting van armoede;
- 3.3.5 die verlaagde potensiaal vir mensontwikkeling, beïnvloed deur 'n hoë voorkoms van onbeplande en ongewenste swangerskappe en tienerswangerskappe;
- 3.3.6 die hoë infantiele en moedersterftesyfers, gekoppel aan hoërisiko-kindergeboorte;
- 3.3.7 die hoë koerse van premature mortaliteit as gevolg van voorkombare oorsake;
- 3.3.8 die stygende voorkoms van seksueel oorgedraagde siektes, veral MIV/VIGS, en die geprojekteerde sosio-ekonomiese impak van VIGS;
- 3.3.9 die aard van ruimtelike mobiliteit en die oorsake en gevolge van landelike en stedelike vestigingspatrone;
- 3.3.10 die onstabiele gesins- en gemeenskapslewe;

- 3.3.11 die opvallende geslagsongelykhede in ontwikkelingsgeleenthede, met inbegrip van toegang tot produksiehulpbronne, wat die lae status van vroue weerspieël;
- 3.3.12 die ontoereikende beskikbaarheid van en toegang tot bevolkings- en ontwikkelingsdata en -inligting vir die ontwerp, monitering en evaluering van bevolkings- en ontwikkelingstrategieë en -programme;
- 3.3.13 die beperkte institusionele en tegniese vermoë vir demografiese ontleding en vir die gebruik van bevolkingsdata en -inligting vir geïntegreerde bevolkings- en ontwikkelingsbeplanning;
- 3.3.14 die swak kennisbasis van bevolkingsverhoudings en bevolking-ontwikkeling-verhoudings;
- 3.3.15 die beperkte stelselmatige gebruik van bevolkingsdata by die formulering en implementering, monitering en evaluering van ontwikkelingsplanne en -programme vir die hele bevolking;
- 3.3.16 die ontoereikende ontleding van die aard en uitwerking van immigrasie vir doeleindes van beleidontwikkeling;
- 3.3.17 die ontoereikende beskikbaarheid vir die mense van geskikte inligting, opvoeding en kommunikasie oor bevolkings- en ontwikkelingsverwante kwessies.

Die Regering is daartoe verbind om hierdie vraagstukke op 'n omvattende wyse op te los binne die raamwerk van sy oorkoepelende ontwikkelingstrategieë soos vervat in die HOP en die GEAR. Hierdie verbintenis is nog 'n regverdiging vir die bevolkingsbeleid.

3.4 DOELWITTE VAN DIE BELEID

Die doelwitte van die beleid is om die lewensgehalte van die mense te verbeter deur -

- 3.4.1 die stelselmatige integrering van bevolkingsfaktore in alle beleide, planne, programme en strategieë op alle vlakke en in alle sektore en regeringsinstellings;
- 3.4.2 ontwikkeling en implementering van 'n gekoördineerde, multisektorale, interdisiplinêre en geïntegreerde benadering tot die ontwerp en uitvoering van programme en ingrepe wat op belangrike nasionale bevolkingsvraagstukke 'n impak het; en
- 3.4.3 die beskikbaarstelling van betroubare en bygewerkte inligting oor die bevolkings- en mensontwikkelingsituasie in die land ten einde beleidsbepaling en die ontwerp,

implementering, monitering en evaluering van programme op alle vlakke en in alle sektore te steun.

3.5 BELANGRIKSTE STRATEGIEË VAN DIE BELEID

Die strategieë wat hieronder vermeld word, is dié wat geïmplementeer moet word ten einde die doelwitte van die beleid te verwesenlik. Die strategieë weerspieël die multisektorale aard van die bevolkingsbeleid en het betrekking op 'n verskeidenheid programme wat deur 'n verskeidenheid staatsdepartemente geïmplementeer moet word. Hierdie strategieë is dus nie die alleenverantwoordelikheid van enige een staatsdepartement of instelling nie; hulle strek oor die lynfunksies van verskillende departemente heen. Hulle moet geïmplementeer word binne die bestek en funksionele verantwoordelikheid van die tersaaklike lynfunksiedepartemente, gesteun deur die private sektor en organisasies in die burgerlike samelewing, met toereikende voorsiening vir intersektorale koppelings.

Sodra die bevolkingsbeleid gefinaliseer en goedgekeur is, sal 'n omvattende Nasionale Aksieplan in oorleg en in samewerking met alle tersaaklike belanghebbendes op nasionale en provinsiale vlak opgestel word vir die implementering daarvan. Die Nasionale Aksieplan sal besonderhede en spesifikasies bevat van die verantwoordelikhede van die belanghebbendes vir die uitvoering van programme en projekte op die grondslag van die strategieë van die bevolkingsbeleid op die verskillende vlakke van regering en binne die bestek van die tersaaklike lynfunksies.

Bykomende strategieë sal ontwikkel word namate nuwe inligting oor die onderlinge verhoudings tussen bevolking en ontwikkeling in die land beskikbaar word, en namate programme vir die implementering van die beleid ontwikkel word. Deurlopende monitering en die evaluering van beleidsimplementering sal ook materiaal verskaf vir die ontwikkeling van bykomende strategieë.

Beleidsdoelwitte sal verwesenlik word deur die belangrike strategieë wat hieronder gelys word. Daar dien daarop gelet te word dat, ofskoon die strategieë saamgegroepeer is onder opskrifte vir maklike verwysing, die groepe strategieë onderling gekoppel is vanweë hulle onderlinge impakte. Byvoorbeeld, verbeterde onderwys sal 'n uitwerking hê op gesondheid, mortaliteit, fertiliteit en geslagsgelykheid; groter werkverskaffing sal 'n uitwerking hê op armoede en gesondheid, ens.

Koördinasie en vermoëskepping vir die integrering van bevolkings- en ontwikkelingsbeplanning

- 3.5.1 Verbetering van die tegniese vermoë van tegniese beplanningspersoneel in toepaslike owerheidsinstellings op alle vlakke en in alle sektore met betrekking tot die metodologieë vir geïntegreerde bevolkings-, ontwikkelings- en geslagsensitiewe beplanning en programmering.

- 3.5.2 Die uitbreiding van geleentheid vir opleiding in demografie en bevolkingstudies.
- 3.5.3 Die deel van tegniese inligting, advies en dienste rakende bevolkings- en ontwikkelingskwessies tussen verskillende staatsinstellings, die private sektor met inbegrip van tersiêre instellings, en die burgerlike samelewing, vir die doeltreffender ontwerp en implementering van beleide en programme wat 'n uitwerking op die belangrikste bevolkingsvraagstukke het.
- 3.5.4 Die bevordering van die deelname van die burgerlike samelewing aan alle aspekte van die implementering van die bevolkingsbeleid.
- 3.5.5 Die vestiging en/of versterking van meganismes vir intersektorale oorlegpleging, samewerking en koördinasie.
- 3.5.6 Die ontwikkeling en bevordering van die gebruik van saamgestelde aanwysers, doelstellings en teikens vir -
- (a) die monitering van veranderinge in die dinamika van die bevolking en in die vlakke van mensontwikkeling;
 - (b) die hersiening van die kern van programingrepe waar nodig; en
 - (c) die beoordeling van vordering met die verwesenliking van die doelwitte van hierdie beleid.

Voorspraak en inligting, opvoeding en kommunikasie (IOK) oor bevolkingsake

- 3.5.7 Die voortsetting van voorspraak vir bevolkings- en ontwikkelingskwessies gemik op die leierskap op alle vlakke.
- 3.5.8 Die integrering van strategieë vir inligting, opvoeding en kommunikasie in alle tersaaklike programme.
- 3.5.9 Die insluiting van bevolkingsopvoeding (oor die verhoudings tussen bevolkingsdinamika en ontwikkeling) in skoolkurrikulums op tersaaklike leerterreine op alle vlakke.

Vermindering van armoede

- 3.5.10 Die vermindering van armoede en sosio-ekonomiese ongelykhede deur te voorsien in mense se basiese behoeftes aan bestaansbeveiliging, werkverskaffing, onderwys, opleiding en behuising, asook die verskaffing van infrastruktuur en maatskaplike fasiliteite en dienste.

Omgewingsvolhoubaarheid

- 3.5.11 Die versekering van omgewingsvolhoubaarheid deur omvattende en geïntegreerde strategieë gemik op bevolking, produksie- en verbruikspatrone afsonderlik en ook in hulle onderlinge wisselwerking.

Gesondheid, mortaliteit en fertiliteit

- 3.5.12 Die verbetering van die gehalte, toeganklikheid, beskikbaarheid en bekostigbaarheid van primêre gesondheidsorgdienste, met inbegrip van reprodktiewe gesondheid en gesondheidsbevorderingsdienste (soos gesinsbeplanning), vir die hele bevolking ten einde mortaliteit en ongewenste swangerskappe te verminder, met 'n spesiale fokus op benadeelde groepe, gebiede wat tans ontoereikende dienste het, en adolessente; en die uitskakeling van ongelykhede in die verskaffing van sulke dienste.

Geslag, vroue, jeugdiges en kinders

- 3.5.13 Die vermindering van die hoë voorkoms van misdaad en geweld, veral geweld teen vroue en kinders.
- 3.5.14 Die bevordering van verantwoordelike en gesonde reprodktiewe en seksuele gedrag onder adolessente en jeugdiges ten einde die voorkoms van hoërisikotienerswangerskappe, aborsie en seksueel oorgedraagde siektes, met inbegrip van MIV/VIGS, te verminder deur die verskaffing van lewensvaardighede, seksualiteits- en geslagsensitiwiteitsopvoeding, gebruikervriendelike gesondheidsdienste en geleenthede om by die maatskaplike en gemeenskapslewe betrokke te raak.
- 3.5.15 Die doen van voorspraak en die fasilitering van maatreëls wat getref word ten einde vroue en meisies in staat te stel om hulle volle potensiaal te verwesenlik deur -
- (a) die uitskakeling van alle vorme van diskriminasie en ongelykhede gegrond op geslag;
 - (b) die doeltreffender implementering van wette wat vroue se regte en voorregte beskerm; en
 - (c) die verhoging van vroue se verteenwoordiging in besluitnemingsliggame deur regstellende aksie.
- 3.5.16 Die bevordering van die gelyke deelname van mans en vroue op alle terreine van gesins- en huishoudelike verantwoordelikhede, met inbegrip van verantwoordelike ouerskap, reprodktiewe gesondheid, die grootmaak van kinders en huiswerk.

Onderwys

- 3.5.17 Die verbetering van die gehalte, toeganklikheid, beskikbaarheid en bekostigbaarheid van onderwys van die vroeë kinderjare dwarsdeur tot volwassene-opvoeding, met

die klem op geslagsensitiewe en beroepsopleiding en die bevordering van vroue se onderwysgeleenthede op tersiêre vlak.

Werkverskaffing

- 3.5.18 Die skepping van werkgenererende groei met 'n fokus op ekonomiese geleenthede vir jongmense en vroue.

Migrasie en verstedeliking

- 3.5.19 Die uitbreiding van alternatiewe keuses vir migrasie van landelike na stedelike gebiede deur die verskaffing van maatskaplike dienste, infrastruktuur en beter werkgeleenthede in die landelike gebiede binne die konteks van landelike ontwikkelingsprogramme en -strategieë.
- 3.5.20 Die vermindering van agterstande in stedelike infrastruktuur en maatskaplike dienste, en voldoende voorsiening vir toekomstige toenames in die bevolking wat in stedelike gebiede woon.
- 3.5.21 Die hersiening van die aard en impak van alle vorme van internasionale migrasie op volhoubare ontwikkeling ten einde 'n geskikte beleid te formuleer en te implementeer.

Data-insameling en navorsing

- 3.5.22 Die versterking van die verbintenis tot, en die verbetering van nasionale vermoëns en meganismes vir, die insameling, ontleding, vertolking en verspreiding van bevolkingsdata en -inligting, met inbegrip van data en inligting oor alle aspekte van mensontwikkeling, en die gebruik van sodanige data en inligting om beleidbepaling en ontwikkelingsbeplanning te ondersteun.
- 3.5.23 Die vestiging en deurlopende bywerking van 'n nasionale statistiese databasis en inligtingstelsel wat ontwerp is om tersaaklike data en inligting uit verskillende staatsdepartemente en ander tersaaklike instellings saam te voeg, en die toeganklik maak van sodanige data en inligting vir die verskillende beplanningseenhede en die breë publiek ten einde die deel en uitruil van sodanige data en inligting te bevorder.
- 3.5.24 Die versekering dat alle data wat ingesamel word, die ontledings van sodanige data en die bevindings van tersaaklike navorsingstudies, in soverre dit moontlik is -
- (a) volgens geslag ingedeel word om die toepassing van geslagsensitiewe beplanningstegnieke en die konstruksie van geslagsaanwysers moontlik te maak;
 - (b) volgens geografiese gebied, ouderdom en ander eienskappe ingedeel word ten einde beleidbepaling en beplanning op plaaslike vlak te ondersteun; en
 - (c) beskikbaar gestel word in formate wat aan die behoeftes van gebruikers voldoen.

DEEL VIER

INSTITUSIONELE RAAMWERK VIR DIE IMPLEMENTERING, MONITERING EN EVALUERING VAN DIE BELEID

4.1 IMPLEMENTERING VAN DIE BELEID

Die implementering van hierdie beleid hang af van 'n gesonde institusionele raamwerk en daadwerklike politieke, administratiewe en tegniese steun vir die omskakeling van die doelstellings, doelwitte en strategieë wat in die beleid uiteengesit is, in werklike programme op alle vlakke van die samelewing. Die gesamentlike verantwoordelikheid van sowel die owerheid as die private sektor, asook die burgerlike samelewing, is nodig om die beleid doelgerig te operasionaliseer binne die Suid-Afrikaanse situasie.

Die funksionele gebied van "bevolkingsontwikkeling" is vervat in Deel A van Bylae 4 van die Grondwet van die Republiek van Suid-Afrika van 1996¹, wat handel oor "Funksionele gebiede van konkurrente nasionale en provinsiale wetgewende bevoegdheid". Hoofstuk 3 van die Grondwet, wat handel oor "Regering van Samewerking", bevat 'n afdeling oor "Beginsels van regering van samewerking en interregeringsbetrekkings", wat verklaar dat "(a)lle regeringsfere en alle staatsorgane binne elke sfeer ... die welsyn van die mense van die Republiek (moet) verseker" en "in wedersydse vertroue en goeie trou met mekaar (moet) saamwerk deur ... mekaar van inligting te voorsien, en met mekaar oorleg te pleeg, oor sake van gemeenskaplike belang; hul optrede en wetgewing met mekaar te koördineer; by ooreengekome prosedures te hou ...".

Hierdie beginsels impliseer dat die bevolkingsfunksie op die nasionale, provinsiale en plaaslike vlak van regering uitgevoer moet word ooreenkomstig die riglyne, norme en standaarde wat in hierdie bevolkingsbeleid uiteengesit word. Bestaande strukture en instellings sal gebruik word en nuwes sal ingestel word waar nodig ten einde interregeringsbetrekkings te bevorder en te fasiliteer vir doeltreffende beleidsimplementering.

Vanweë die veelfasettige aard van bevolkingskwessies en die faktore wat daarop 'n invloed uitoefen, sal die implementering van hierdie beleid, en die verwesenliking van die doelstelling en doelwitte daarvan, die verantwoordelikheid wees van die hele regering op alle vlakke en in alle sektore, die private sektor, die burgerlike samelewing en trouens alle Suid-Afrikaners. Daar bestaan dus 'n behoefte aan die daadwerklike deelname en betrokkenheid van alle individue en nasionale instellings; aan 'n sterk verbintenis van die kant van die politieke

¹

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leierskap van alle tipes en op alle vlakke; aan doeltreffende koördinasie van die tersaaklike pogings en bedrywighede wat deur talle instellings op verskillende plekke onderneem moet word. Insgelyks is daar 'n groot behoefte aan samewerking tussen hierdie instellings.

Nuwe programme of aksieplanne kan ontwerp word vir die implementering van hierdie beleid. Wat egter nog belangriker is, is dat alle bestaande en toekomstige programme georiënteer of heroriënteer moet word om sy doelwitte te verwesenlik. Doelbewuste pogings sal aangewend word om bestaande strukture van die owerheid en die burgerlike samelewing te benut om die beleid te implementeer ten einde te voorkom dat daar bykomende institusionele raamwerke geskep word, tensy dit absoluut noodsaaklik is. 'n Mate van heroriëntering van funksies en die instelling en/of versterking van operasionele skakels sal egter nodig wees.

Hierdie bevolkingsbeleid sal op twee maniere geïmplementeer word: eerstens deur die nodige demografiese en vertolkende vermoë in alle tersaaklike departemente te ontwikkel ten einde te verseker dat toereikende demografiese ontleding en verwante beleidsvertolking gedoen word om die beleidmakende en beplanningsbehoefes van elke sektorale departement te ondersteun, en tweedens deur sektorale en intersektorale programme wat 'n invloed uitoefen op sleutelbevolkingsvraagstukke.

4.2 KABINET

Die President as Staatshoof sal toesig hou oor die implementering van die bevolkingsbeleid en sal verslag doen oor vordering met die implementering daarvan as deel van 'n jaarlikse nasionale ontwikkelingsverslag.

Die Kabinetskomitee vir Maatskaplike en Administratiewe Aangeleenthede sal koördinasie en politieke verbintenis op die hoogste politieke vlak tot die integrering van bevolkings- en ontwikkelingsvraagstukke verseker as deel van die nasionale ontwikkelingstrategie. Dit is 'n voorvereiste vir die doeltreffende implementering, monitering en evaluering van die beleid.

4.3 PARLEMENT EN PROVINSIALE WETGEWERS

Daar moet verseker word dat wetgewing wat die verwesenliking van die doelwitte van die beleid steun, verorden word en dat wetgewing wat dit teenwerk, geïdentifiseer en herroep word. Dit beteken dat parlementêre en provinsiale portefeuljekomitees wie se verantwoordelikheidsterrein verband hou met bevolkings- en ontwikkelingskwessies, moet verseker dat alle huidige en toekomstige wetgewing in ooreenstemming is met die doelstelling en doelwitte van hierdie beleid. Portefeuljekomitees moet ook die implementering van die beleid moniteer waar dit op hulle sektore betrekking het. Die Nasionale Bevolkingseenheid sal tegniese bystand in dié verband verleen.

Interportefeuljekomiteevergaderings sal meganismes verskaf om koördinasie tussen sektore te fasiliteer en om enige oorkoepelende wetgewende kwessies te hanteer.

Hoofstuk 6 van die Grondwet² verklaar dat die wetgewende gesag van 'n provinsie by sy Provinsiale Wetgewer berus. Die Provinsiale Wetgewer het die bevoegdheid om wetgewing aan te neem vir sy provinsie met betrekking tot enige aangeleentheid binne 'n funksionele gebied wat in Bylae 4 van die Grondwet genoem word, soos die funksionele gebied "bevolkingontwikkeling". Voorts "Die Premier oefen die uitvoerende gesag gesamentlik met die ander Lede van die Uitvoerende Raad uit deur ... alle nasionale wetgewing binne die funksionele gebiede in Bylae 4 ... vermeld, uit te voer". Die Provinsiale Wetgewer kan ook enige van sy wetgewende bevoegdhede aan 'n munisipale raad in daardie provinsie opdra, wat impliseer dat die Provinsiale Wetgewer die bevoegdheid het om toesig te hou oor die uitvoering van 'n spesifieke funksie op plaaslike vlak. Dit is klaarblyklik ook van toepassing op die funksionele gebied "bevolkingontwikkeling".

Geskikte strukture en meganismes moet op provinsiale en plaaslike (gemeenskaps-) vlak ingestel word om die uitvoering van die bevolkingsfunksie te fasiliteer, indien daar tans nie sulke strukture of meganismes vir hierdie doel bestaan nie. Dit sluit in die instelling van bevolkingseenhede op provinsiale vlak.

Aangesien die meeste ontwikkelings- en bevolkingsverwante programme op die plaaslike vlak funksioneer, het plaaslike owerhede 'n kernrol om te speel in die implementering van die belangrike strategieë van hierdie beleid. Plaaslike regerings moet die voorsiening van dienste aan gemeenskappe verseker op 'n volhoubare manier, maatskaplike en ekonomiese ontwikkeling bevorder, 'n veilige en gesonde omgewing bevorder en die betrokkenheid van gemeenskappe en gemeenskapsorganisasies by aangeleenthede van plaaslike regering aanmoedig. By die lewering van hierdie dienste moet plaaslike regerings gemeenskappe en gemeenskapsorganisasies betrek by programme en projekte rakende die bevordering van volhoubare ontwikkeling en die verbetering van die lewensgehalte van mense op die plaaslike vlak, wat onvermydelik bevolkings- en ontwikkelingsverwante aangeleenthede sal insluit.

4.4. BEVOLKINGSEENHEDE

Bevolkingseenhede sal op die nasionale en provinsiale vlak herstruktureer word. Provinsiale Bevolkingseenhede sal 'n gesentraliseerde struktuur hê binne die departemente waar hulle geleë is. Dit beteken dat bevolkingstrukture nie op streek- of distriksvlak geskep sal word nie. Die bevolkingseenhede sal ondersteuning bied aan nasionale en provinsiale lynfunksiedepartemente en sal samewerking tussen agentskappe fasiliteer ten einde die implementering van die beleid op alle vlakke van regering te verseker. Bevolkingseenhede sal verantwoordelik wees vir die monitering en evaluering van die vordering met die bevolkingsbeleid as deel van die monitering van die nasionale ontwikkelingsstrategie.

Die funksies van die bevolkingseenhede sal wees om -

- 4.4.1 voorspraak vir bevolkings- en verwante ontwikkelingskwessies gemik op regeringsleiers en die burgerlike samelewing op alle vlakke te bevorder;
- 4.4.2 tersaaklike bevolkingsinligting in geskikte formate aan alle staatstrukture te versprei (as deel van die moniterings- en evalueringsrol) ten einde hulle oor bevolkingstendense in te lig en tegniese steun te verleen vir die implementering van die beleid;
- 4.4.3 die ontleding en vertolking van data te doen oor die land se bevolkingsdinamika en oor die onderlinge verhoudinge tussen bevolking en ontwikkeling om die ontwerp en programmering van beleid te steun;
- 4.4.4 staatsdepartemente by te staan om data te ontleed en om die doeltreffendheid van programme te monitor en te evalueer ten einde die algemene suksesse en mislukkings van die nasionale ontwikkelingstrategie te bepaal;
- 4.4.5 maniere te ontwikkel om staatsdepartemente by te staan om hulle vermoë en kundigheid uit te brei vir die ontleding van die verhoudings tussen demografiese veranderlikes en hulle beleide en programme (dit kan die opdraggewing vir geskikte opleiding en vermoëskepping deur instellings in die burgerlike samelewing insluit);
- 4.4.6 staatsdepartemente by te staan om die bevolkingsbeleid te vertolk met betrekking tot hulle terreine van verantwoordelikheid;
- 4.4.7 die implementering van die bevolkingsbeleid te monitor en te evalueer;
- 4.4.8 opdrag te gee vir tersaaklike navorsing in oorleg met die Sentrale Statistiekdiens en/of ander departemente ten einde die vergelykbaarheid en versoenbaarheid van data te verseker en duplisering te voorkom;
- 4.4.9 met instellings buite Suid-Afrika te skakel ten einde samewerking en die uitruil van kundigheid en ondervinding op die gebied van bevolking en ontwikkeling te bevorder; en
- 4.4.10 die owerheid se voorbereiding vir en verslagdoening oor internasionale bevolkingskonferensies te koördineer.

Ten einde bogemelde funksies doeltreffend te verrig, sal die tegniese vermoë van bevolkingseenhede se personeel verbeter moet word.

Die bevolkingseenhede kan intersektorale samewerking inisieer in die ontleding en vertolking van demografiese data om die strategieë en die monitering en evaluering van hierdie beleid te ondersteun, asook met betrekking tot die opdraggewing vir navorsing. Hulle kan versoek dat intersektorale tegniese vergaderings gehou word om die

wisselwerking van demografiese tendense en ontwikkeling uit te lig, en kan departemente aanmoedig om strategieë of veldtogte te ontwikkel, individueel of intersektoraal. Bestaande intersektorale meganismes vir koördinasie sal waar moontlik gebruik word om doeltreffende koördinasie van multisektorale programme te verseker.

Samewerking tussen Provinsiale Bevolkingseenhede, en tussen Provinsiale Bevolkingseenhede en die Nasionale Bevolkingseenheid, sal aangemoedig word ten einde die deel van kundigheid en hulpbronne te fasiliteer.

Die Nasionale en Provinsiale Bevolkingseenhede is tans geleë in die departemente verantwoordelik vir die welsynfunksie. Dit is toe te skryf aan historiese besluite en weerspieël nie die dwarsliggende en dienslewerende aard van hulle funksies nie. Ofskoon die aard van die dienste wat hulle lewer vereis dat bevolkingseenhede, op nasionale sowel as provinsiale vlak, buite die lynfunksiestrukture van die owerheid geleë moet wees, sal 'n geskikte alternatiewe plasing in die toekoms deur die Kabinet bepaal word binne die konteks van nasionale en provinsiale hersienings betreffende die plasing van instellings wat verantwoordelik is vir intersektorale ontwikkelingsbeplanning en monitering. Die rol van die Sentrale Beplanningseenheid in die Kantoor van die Adjunkpresident, wat uiteindelik na verwagting 'n koördinerende rol op hierdie vlak sal speel, is van besondere belang in dié verband.

Intussen is daar besluit dat die Nasionale en Provinsiale Bevolkingseenhede verbonde sal bly aan die departemente wat vir die welsynfunksie verantwoordelik is. Aangesien hulle funksies verskil van dié van welsyn, en dienslewering aan talle sektorale departemente behels, sal hulle dus as afsonderlike entiteite funksioneer met 'n unieke mandaat en funksies. Hulle begrotings en prioriteite sal afsonderlik van dié van die welsynkomponente goedgekeur en gemoniteer word.

Die Nasionale Bevolkingseenheid sal ten nouste saamwerk met die Sentrale Beplanningseenheid in die Kantoor van die Adjunkpresident ten einde die insluiting van die bevolkingsbeleid as deel van die nasionale ontwikkelingstrategie te fasiliteer. Net so sal Provinsiale Bevolkingseenhede ten nouste saamwerk met die eenhede wat vir provinsiale ontwikkelingsbeplanning verantwoordelik is.

Die Kabinetskomitee vir Maatskaplike en Administratiewe Aangeleenthede sal dit aan alle tersaaklike departemente duidelik maak dat die bevolkingseenhede 'n diens aan hulle almal lewer.

4.5 SEKTORALE DEPARTEMENTE

Die ontwerp en implementering van ingrepe wat sal lei tot die verwesenliking van die doelwitte van die beleid, sal sektoraal gedoen word, op nasionale en provinsiale vlak. Die verskillende ministeries en departemente, veral dié in die maatskaplike en ekonomiese sektore, sal dus die grootste verantwoordelikheid dra vir die implementering van die beleid.

Alle bestaande en toekomstige sektorale en intersektorale beleide en programme moet ten opsigte van die bereiking van die doelwitte van die beleid georiënteer word. Dit impliseer dat die tegniese vermoë van vakkundige personeel op hierdie terrein verbeter moet word.

Sektorale departemente op nasionale en provinsiale vlak sal gesensiteer en tegnies bygestaan word deur personeel van die bevolkingseenhede om die tersaaklikheid van hierdie beleid vir hulle onderskeie lynfunksies te verstaan en te vertolk. Bevolkingseenhede sal voorspraakstrategieë ontwerp en onderneem om sektorale departemente op nasionale en provinsiale vlak te ondersteun om hierdie verantwoordelikheid op hulle te neem. Hulle sal strategieë ontwikkel om opleiding beskikbaar te stel aan sektorale personeel ten einde hulle vermoë te verbeter om die tersaaklikheid van die beleid vir hulle onderskeie lynfunksies te verstaan en te vertolk en om te begin om bevolkingskwessies stelselmatig in te sluit in hulle beleids- en beplanningsprosesse. Bevolkingseenhede sal ook tegniese ondersteuning bied aan sektorale funksies waar nodig.

Ten einde die doeltreffende implementering van die bevolkingsbeleid te verseker, met inbegrip van die ontwikkeling van gedeelde doelstellings, teikens en aanwysers rakende die strategieë van hierdie beleid, is interdepartementele skakeling en koördinasie nodig. Meganismes en strukture wat reeds ingestel is, soos verskillende interdepartementele en interregeringstaakspanne, die Kantoor vir die Status van Vroue of die Interministeriële Komitee vir die Jeug in Risiko-omstandighede, moet so ver moontlik gebruik word sonder om onnodige bykomende strukture te skep, ten einde die duplisering van aksies te voorkom en die gebruik van hulpbronne te maksimeer.

'n Lynfunksiedepartement kan intersektorale programme inisieer in samewerking met ander tersaaklike departemente. Sulke samewerking, gefasiliteer deur intersektorale komitees, sal nodig wees ten einde 'n gedeelde begrip van die sleutelbevolkingsvraagstukke waarvoor elke sektor verantwoordelikheid dra, te verseker.

Die befondsing van beleidsimplementering moet geskied deur die uitskakeling van duplisering en die versekering van kostedoeltreffende maniere om bevolkingsprogramingrepe in die ontwikkeling van die programme en projekte van departemente te integreer. Dit beteken dat grootskaalse bykomende befondsing vir die implementering van die bevolkingsbeleid nie nodig moet wees nie aangesien lynfunksiedepartemente bevolkingsvraagstukke in hulle lynfunksieprogramme en -projekte sal akkommodeer.

4.6 BURGERLIKE SAMELEWING

Die daadwerklike betrokkenheid by en deelname van die private sektor en die burgerlike samelewing aan die beplanning, implementering, monitering en evaluering van bevolkingsbedrywighede is van die grootste belang vir die verwesenliking van die doelwitte van hierdie beleid. Baie staatsdepartemente het reeds doeltreffende instrumente om gemeenskapstrukture te betrek by besluitneming en die werklike implementering van

programme. Bestaande strukture vir oorlegpleging, van gemeenskapsontwikkelingsforums tot die Nasionale Ekonomiese, Ontwikkelings- en Arbeidsraad (beter bekend onder sy Engelse akroniem, NEDLAC) sal voorts die kwessies wat in hierdie bevolkingsbeleid aangeraak is, insluit in hulle beraadslagings op nasionale, provinsiale en plaaslike vlak.

Baie nie-regeringsorganisasies wat die burgerlike samelewing verteenwoordig, worstel reeds met sommige van die kwessies wat in hierdie bevolkingsbeleid geïdentifiseer is in 'n rol aanvullend tot dié van die regering. Verder sal hulle voortgaan om hierdie beleid en die implementering daarvan te monitor en kritiek daarop te lewer ten einde die oopheid en deelnemendheid te verseker wat noodsaaklik is vir die demokrasie.

4.7 ADVIESLIGGAAM

'n Nie-burokratiese multisektorale adviesliggaam bestaande uit kundiges op die gebied van bevolking en ontwikkeling moet ingestel word om die tegniese werksaamhede van die bevolkingseenhede op nasionale vlak te fasiliteer. Die adviesliggaam vir bevolkingsbeleid moet die bydraes van die verskillende sektore tot die implementering van die bevolkingsbeleid evalueer en moet intersektorale samewerking op hierdie terrein op alle vlakke versterk. Die liggaam moet ook kundige advies oor bevolkings- en ontwikkelingskwessies verskaf aan die Minister verantwoordelik vir die bevolkingsfunksie.

4.8 WETGEWENDE RAAMWERK

Daar is tans geen wetgewing wat aangeleenthede rakende bevolking en ontwikkeling soos in hierdie beleid beoog, reguleer nie. Die owerheidstrukture waarbinne die bevolkingseenhede geleë is, in oorleg met ander tersaaklike belanghebbendes, sal ondersoek instel na die ontwikkeling van geskikte wetgewing om die doelwitte wat in hierdie beleid geskets is, te bevorder.

4.9 SLOT

Deur die gesamentlike pogings van al hierdie strukture sal bevolkingsvraagstukke geïntegreer word in die nasionale ontwikkelingsstrategie vanaf beleidsontwikkeling tot die implementering, monitering en evaluering van programme. Op hierdie wyse sal die bevolkingsbeleid bydra tot die daarstelling van 'n samelewing wat 'n hoë en gelykwaardige lewensgehalte vir alle Suid-Afrikaners sal bied.

GLOSSARIUM VAN BEGRIPPE WAT IN DIE WITSKRIF GEBRUIK WORD

Bevolkingsbeleid

Bevolkingsbeleid verwys na eksplisiete of implisiete maatreëls wat 'n regering onderneem om die prosesse van fertiliteit, mortaliteit en migrasie asook die gevolge daarvan soos die groei, verspreiding, samestelling, grootte en struktuur van die bevolking regstreeks of onregstreeks te beïnvloed. Bevolkingsbeleide word dikwels aangeneem en geïmplementeer as integrale komponente van die ontwikkelingstrategie van lande.

Bevolkingsgroei

Bevolkingsgroei is die algemene verandering in die grootte van die bevolking in 'n geografiese gebied as gevolg van fertiliteit, mortaliteit en migrasie.

Bevolkings- of demografiese tendense

Bevolkings- of demografiese tendense verwys na veranderinge oor tyd in die drie demografiese prosesse fertiliteit, mortaliteit en migrasie, asook ooreenstemmende veranderinge in die grootte, samestelling en verspreiding van die bevolking.

Bevolkingsgroeiakoers

Die bevolkingsgroeikoers is die koers waarteen 'n bevolking toeneem (of afneem) in 'n gegewe jaar as gevolg van natuurlike aanwas en netto migrasie, uitgedruk as 'n persentasie van die basisbevolking. Dit neem al die komponente van bevolkingsgroei, naamlik geboortes, sterftes en migrasie, in ag.

Ekonomies aktiewe bevolking

Die term "ekonomies aktief" verwys na al die mense wat beskikbaar is vir werk. Dit sluit werkendes en werkloses in. Mense wat nie vir werk beskikbaar is nie, byvoorbeeld dié wat jonger as 15 jaar is, studente, skoliere, huisvroue of tuisteskeppers, afgetrede mense, pensioenarisse, gestremdes en ander wat permanent nie in staat is om te werk nie, word uitgesluit van die omskrywing van die ekonomies aktiewe bevolking. Hulle word algemeen beskou as buite die arbeidsmark. Die ekonomies aktiewe bevolking bestaan uit werkers (werknemers en werkgewers) in die formele en die informele sektor.

Fertiliteit

Fertiliteit verwys na die getal lewende geboortes wat in 'n bevolking voorkom. Die gemiddelde getal kinders waaraan 'n vrou (of 'n groep vroue) gedurende haar lewensduur geboorte sal skenk, word die totale fertiliteitsyfer (TFS) genoem. Die fertiliteitsyfer (of gewone fertiliteitsyfer) is die getal lewende geboortes per 1 000 vroue van 15 tot 49 jaar in 'n gegewe jaar.

Geslag

Geslagsverskille verwys na verskille gegrond op biologiese werklikhede. In 'n meer beperkte sin dui die woord "geslag" ("sex") op die biologiese onderskeid tussen manlik en vroulik. Geslagsverskille het egter ook betrekking op verskille wat maatskaplik geskep of gekondisioneer word, en die woord "geslag" ("gender") in hierdie betekenis slaan op manlike en vroulike rolle soos in 'n kulturele konteks gesien. Waar geslag in die eersvermelde betekenis 'n gegewe is en grootliks onveranderlik is, word dit in laasvermelde betekenis binne bepaalde samelewings gekonstrueer en kan dit, teoreties altans, dekonstrueer word.

Geslagsverhouding

Die geslagsverhouding is die verhouding van mans tot vroue in 'n gegewe bevolking, gewoonlik uitgedruk as die getal mans vir elke 100 vroue.

Gewenste gesinsgrootte

Die gewenste gesinsgrootte word omskryf as 'n vrou se ideale of gewenste getal kinders.

Gewone geboortesyfer

Die gewone geboortesifer (GGS) is die aantal lewende geboortes per 1 000 van die bevolking in 'n gegewe jaar.

Gewone sterftesifer

Die gewone sterftesifer (GSS) is die aantal sterfgevälle per 1 000 van die bevolking in 'n gegewe jaar.

Infantiele sterftesifer

Die infantiele sterftesifer verwys na die getal sterftes van babas onder die ouderdom van een jaar per 1 000 lewende geboortes.

Kindersterftesifer

Die kindersterftesifer (sterftesifer vir kinders onder vyf jaar) verwys na die aantal kinders wat sterf voor hulle vyfde verjaarsdag, en word uitgedruk as 'n sifer per 1 000 lewende geboortes.

Kontraseptiewe gebruiksyfer

Die kontraseptiewe gebruiksyfer word omskryf as die persentasie vrugbare vroue wat aan die risiko van swangerskap blootgestel is, wat kontrasepsie gebruik.

Lewensverwagting by geboorte

Lewensverwagting by geboorte is 'n raming van die gemiddelde getal jare wat 'n persoon kan verwag om te lewe vanaf sy/haar geboorte. Dit is 'n goeie onregstreekse aanduiding van die mortaliteits- (en gesondheids-) toestand van 'n bevolking.

Migrasie

Migrasie is die beweging van mense oor spesifieke grense heen met die doel om 'n nuwe woonplek te vestig. Sulke bewegings kan toegeskryf word aan verskeie redes, byvoorbeeld op soek na werk of 'n beter lewe, om by familie te gaan woon, gedwonge verskuiwings, ens. Bewegings met die doel om 'n nuwe woonplek oor internasionale grense te vestig, of van een land na 'n ander, word internasionale migrasie genoem - emigrasie wanneer die beweging uit 'n land is, en immigrasie wanneer die beweging in 'n land in is.

Minimum Bestaansvlak

Die Minimum Bestaansvlakke (MBV's) word bereken deur die Buro vir Marknavorsing aan die Universiteit van Suid-Afrika in Februarie en Augustus elke jaar vir 26 gebiede. Daar is tot 12 verskillende MBV's vir elke gebied, bereken volgens grootte van huishouding en woonplek. Die MBV is 'n aanduiding van die minimum finansiële behoeftes van lede van 'n gesin ten einde hulle gesondheid te handhaaf en aanvaarbare standaarde van higiëne en voldoende klere vir hulle behoeftes te hê. Die MBV is die laagste moontlike bedrag waarmee 'n gesin van 'n bepaalde grootte in die bestaande maatskaplike opset kan lewe. Die MBV word bereken volgens die werklike grootte van gesinne, hulle ouderdomstruktuur en geslagsamestelling in elke gebied.

Mortaliteit

Mortaliteit verwys na sterfgevälle wat binne 'n bevolking voorkom. Die infantiele sterftesyfer (ISS) is die getal sterftes van babas onder die ouderdom van een jaar per 1 000 lewende geboortes in 'n gegewe jaar. Net so is die kindersterftesyfer (vir kinders onder vyf jaar) die getal sterftes van kinders onder die ouderdom van vyf jaar per 1 000 bevolking onder vyf jaar oud in 'n gegewe jaar. Die moedersterftesyfer is die getal vroue wat sterf as gevolg van komplikasies wat verband hou met swangerskap en geboorte in 'n gegewe jaar per 100 000 geboortes in daardie jaar.

Natuurlike aanwas

Natuurlike aanwas is die surplus (of tekort) van geboortes bo sterftes in 'n bevolking oor 'n gegewe tydperk. Die koers van natuurlike aanwas is die koers waarteen 'n bevolking toeneem (of afneem) in 'n gegewe jaar as gevolg van die surplus (of tekort) van geboortes bo sterftes, uitgedruk as 'n persentasie van die bevolking. Die koers van natuurlike aanwas sluit nie die gevolge van emigrasie of immigrasie in nie.

Omgewing

Die omgewing dek 'n wye verskeidenheid kwessies - die grond, water en lug, alle plante, diere en mikroskopiese vorme van lewe op aarde, die beboude omgewing asook die maatskaplike, ekonomiese, politieke en kulturele bedrywighede wat deel van die alledaagse lewe uitmaak.

Ontwikkeling/Mensontwikkeling

Ontwikkeling impliseer meer as bloot ekonomiese ontwikkeling, dit wil sê 'n toename in menslike produktiwiteit en langtermyn toenames in reële uitset *per capita*. Ontwikkeling behels ekonomiese en maatskaplike ontwikkeling. Hierdie perspektief het aanleiding gegee tot die ontstaan van die konsep mensontwikkeling.

Mensontwikkeling aanvaar die sentrale rol van mensekapitaal in die verbetering van menslike produktiwiteit. Maar dit het net so veel te doen met die skep van die ekonomiese en politieke omgewing waarin mense hulle menslike vermoëns kan uitbrei en op geskikte wyse kan gebruik. Dit het ook te doen met menslike keuses wat veel verder gaan as ekonomiese welsyn.

In wese is mensontwikkeling 'n proses van die verbreding van mense se keuses. Hierdie keuses sluit drie elemente in, naamlik keuses vir mense om 'n lang en gesonde lewe te lei, om kennis te vergaar, en om toegang te hê tot die hulpbronne wat nodig is vir 'n ordentlike lewenstandaard. Bykomende keuses sluit in politieke, ekonomiese en maatskaplike vryheid om gebruik te maak van geleenthede om kreatief en produktief te wees, en om persoonlike selfrespek en gewaarborgde menseregte te geniet. Mensontwikkeling het dus twee kante: die vorming van menslike vermoëns, soos beter gesondheid, kennis en vaardighede, en die gebruik wat mense maak van hulle verkreeë vermoëns vir produktiewe doeleindes, vir ontspanning of om aktief te wees in kulturele, maatskaplike en politieke aangeleenthede. Die doel van ontwikkeling is om alle menslike keuses te verbreed ten einde menslike welsyn te bevorder. Daar is gevolglik vier belangrike elemente in die begrip mensontwikkeling: produktiwiteit, gelykwaardigheid, volhoubaarheid en bemagtiging.

Ouderdomsafhanklikheidsverhouding

Die ouderdomsafhanklikheidsverhouding is die verhouding van die gekombineerde kinderbevolking (0 tot 14 jaar) en bejaarde bevolking (65+ jaar) tot die bevolking in die middelste oudermsgroep (15 tot 64 jaar).

Perinatale mortaliteit

Perinatale mortaliteit word omskryf as die dood van 'n fetus of 'n baba wat plaasvind in die tydperk vanaf 28 weke swangerskap tot die eerste 28 dae na geboorte. Hoë perinatale sterftesyfers gee 'n aanduiding van die gehalte en beskikbaarheid van voorgeboortelike sorg, asook van nadelige gesondheids-, voedings- en maatskaplike toestande van swanger vroue.

Rasseklassifikasies

Die terminologie met betrekking tot rasseklassifikasies wat in hierdie Witskrif gebruik word, weerspieël stelsels van rasseklassifikasie onder apartheid, waarvolgens data gehou is. Die gebruik van hierdie klassifikasies is nodig ten einde 'n aanduiding te gee van die uitdagings waarvoor Suid-Afrika te staan kom in sy strewe na gelykheid. Die terme swartmense, Asiërs, kleurlinge en blankes word algemeen gebruik, behalwe wanneer swartmense, Asiërs en kleurlinge gesamentlik bedoel word, in welke geval die term swartes gebruik word.

Reproduktiewe gesondheidsdienste

Reproduktiewe gesondheidsdienste verwys na die stel dienste wat daarop gemik is om seksuele en reprodktiewe gesondheid te bevorder. Dit sluit in voorkomende en bevorderende dienste, soos inligting, opvoeding, kommunikasie en berading, asook behandeling met betrekking tot infeksies van die reprodktiewe kanaal, seksueel oorgedraagde siektes, met inbegrip van MIV/VIGS, en ander reprodktiewe gesondheidstoestande; kontrasepsie; voorgeboortelike sorg; veilige geboorte en nageboortelike sorg; onvrugbaarheid; aborsie; en kankers van die reprodktiewe stelsel.

Stedelik/nie-stedelik

"Stedelik" sluit in gebiede met die een of ander vorm van plaaslike owerheid asook gebiede van 'n stedelike aard maar sonder enige vorm van plaaslike bestuur. Alle ander gebiede word as nie-stedelik geklassifiseer. Inwoners van 'n informele nedersetting onmiddellik aanliggend aan die grense van 'n dorp word as "nie-stedelik" geklassifiseer.

Volhoubare mensontwikkeling

Volhoubare mensontwikkeling kan omskryf word as die verbreding van mense se keuses en vermoëns deur die vorming van maatskaplike kapitaal ten einde so billik as moontlik te voorsien in die behoeftes van die huidige geslag sonder om die behoeftes van toekomstige geslagte in die gedrang te bring.

Werklose persone

Die Sentrale Statistiekdiens omskryf "werklose persone" as persone 15 jaar en ouer wat gedurende die opnameweek (die sewe dae voor die onderhoud) nie in besoldigde diens of selfgeëmplojeer is nie en beskikbaar is vir besoldigde diens of selfemplojering en die begeerte het om te werk en in diens te tree.

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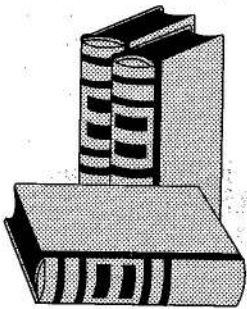
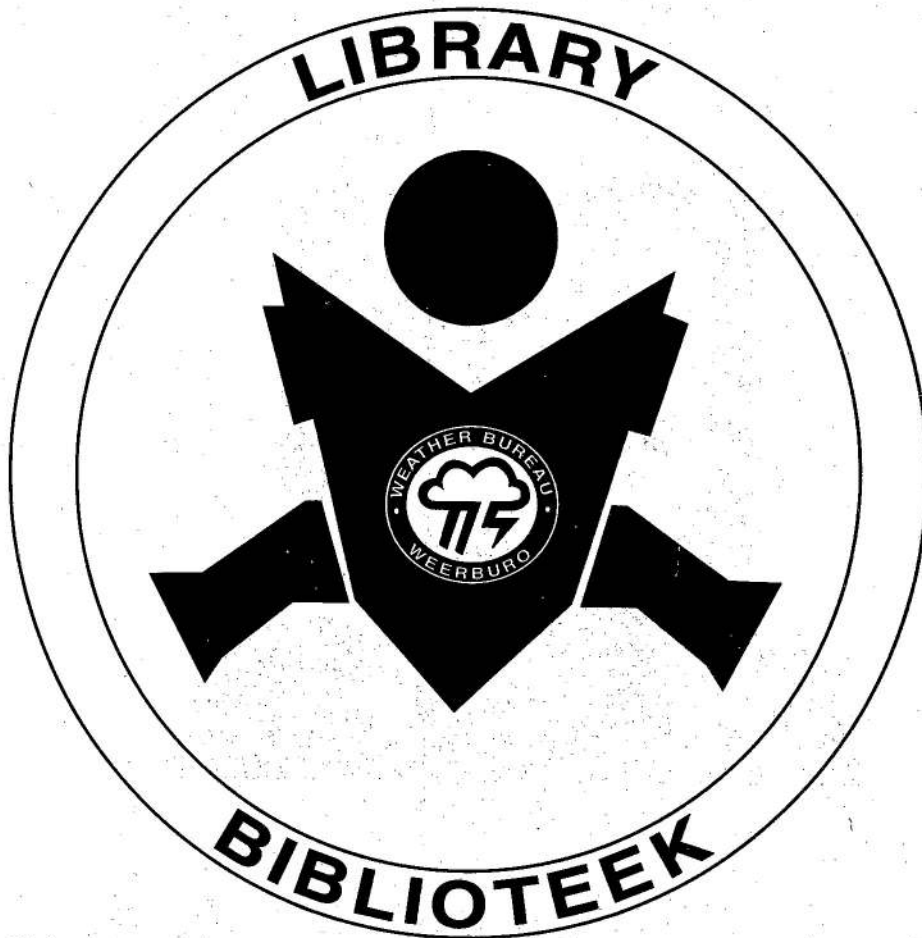
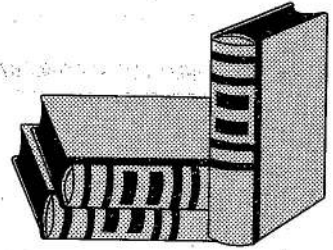
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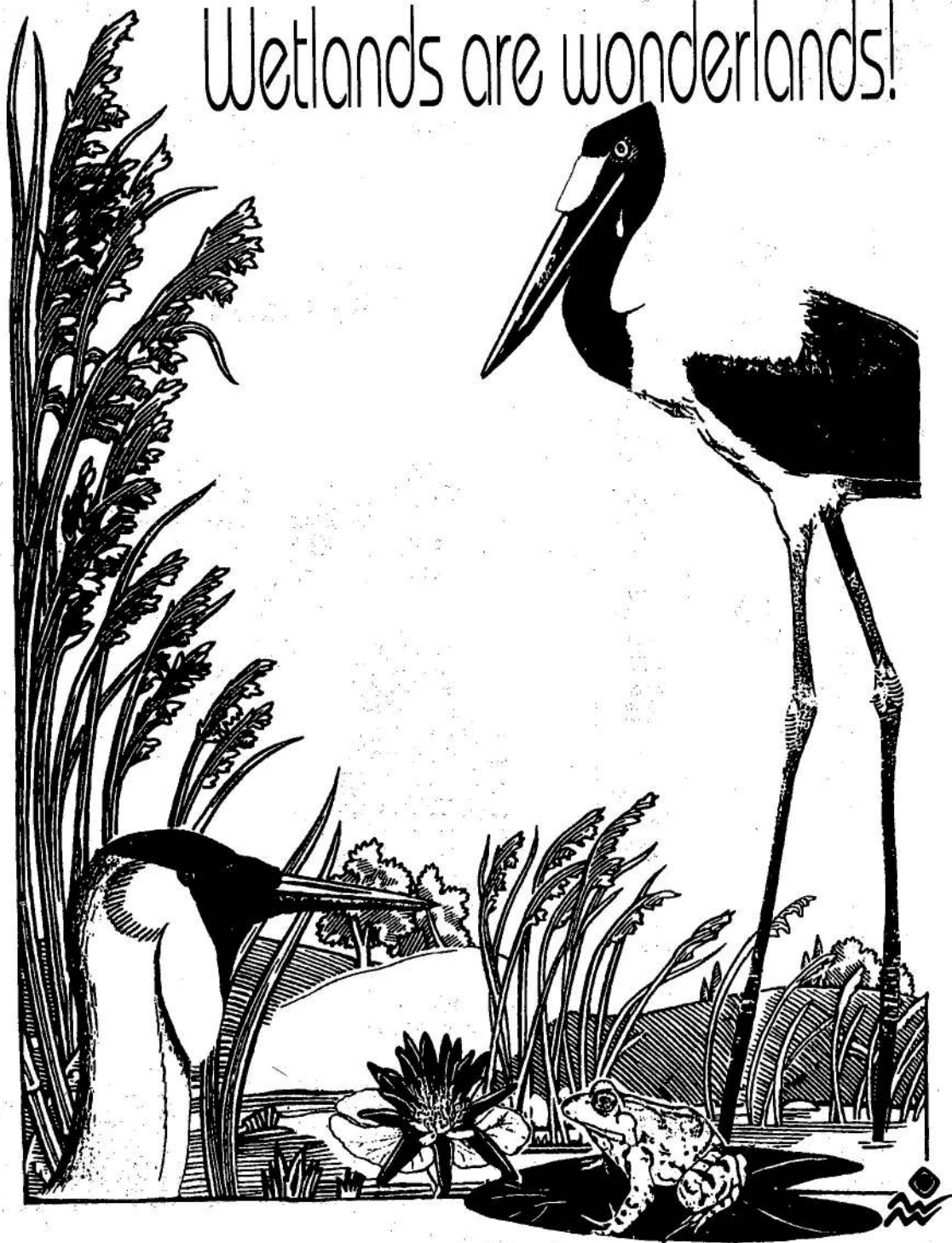
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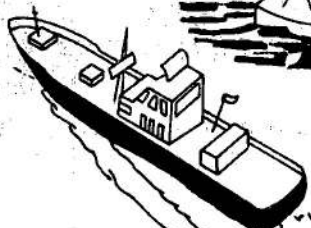
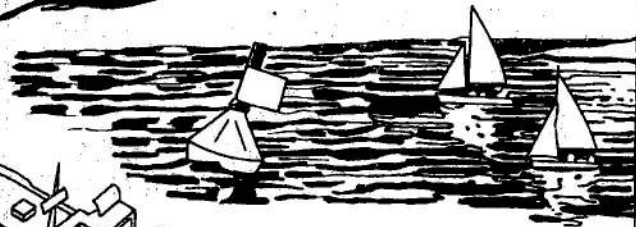
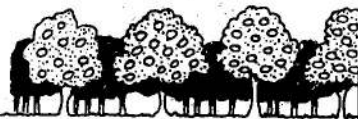
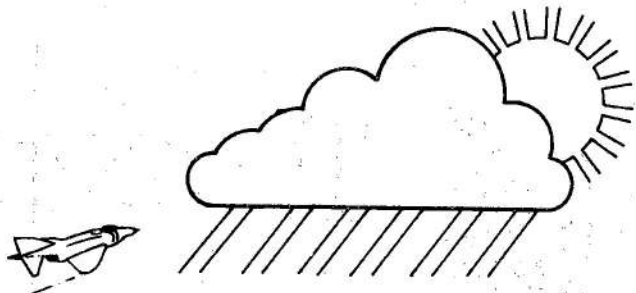
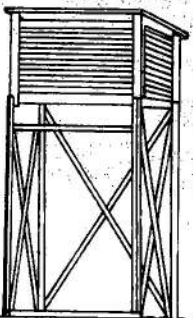
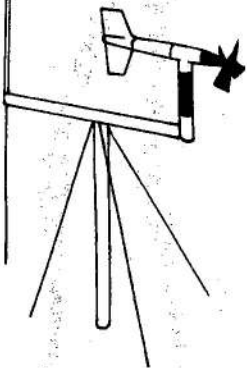
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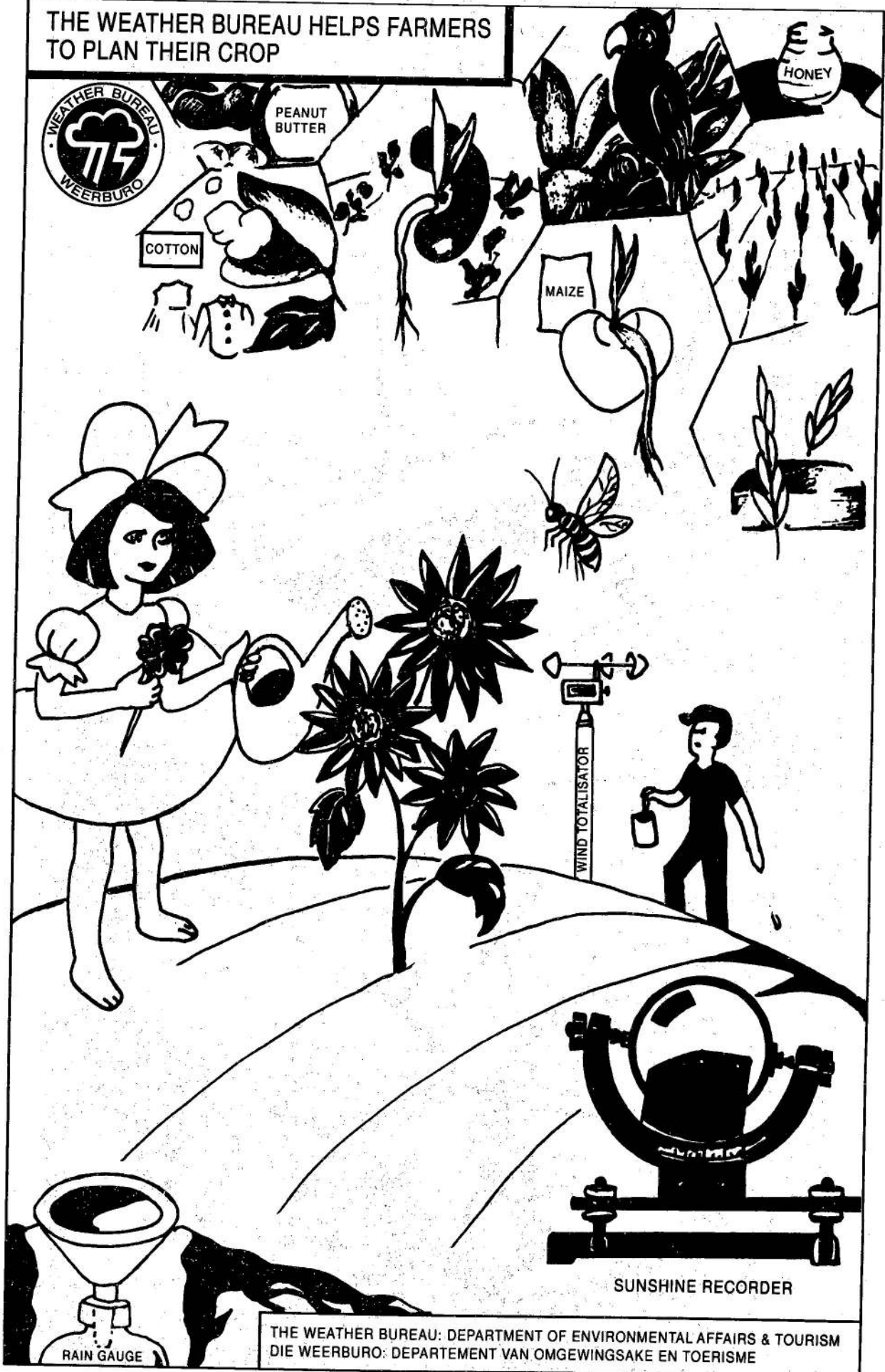
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