

SADHS

South Africa

Demographic and Health Survey 2016

Key Findings



Statistics South Africa (Stats SA) in partnership with the South African Medical Research Council (SAMRC) conducted the South Africa Demographic and Health Survey 2016 (SADHS 2016) at the request of the National Department of Health (NDoH). Data collection took place from 27 June 2016 to 4 November 2016.

Financial support for the SADHS 2016 was provided by the government of South Africa through the NDoH and SAMRC, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the European Union (EU), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA). ICF provided technical assistance through The DHS Program, which is funded by the United States Agency for International Development (USAID), and offers support and technical assistance for the implementation of population and health surveys in countries worldwide.

Additional information about the SADHS 2016 may be obtained from the Cluster Manager: Health Information, Research, Monitoring & Evaluation, National Department of Health, Civitas Building, Pretoria, South Africa; +27 (012) 3958411; e-mail: thulile.zondi@health.gov.za

Information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; telephone: +1-301-407-6500; fax: +1-301-407-6501; e-mail: info@DHSprogram.com; Internet: www.DHSprogram.com.

Suggested citation: National Department of Health (NDoH), Statistics South Africa (Stats SA), South African Medical Research Council (SAMRC), and ICF. 2018. *South Africa Demographic and Health Survey 2016 Key Findings*. Pretoria, South Africa, and Rockville, Maryland, USA: NDoH, Stats SA, SAMRC, and ICF.

Photo credits: Cover pictures obtained from NDoH photo library.

ABOUT THE SADHS 2016

The South Africa DHS (SADHS) 2016 is designed to provide data for monitoring the population and health situation in South Africa. The objective of the survey was to provide reliable estimates of fertility levels, marriage, sexual activity, fertility preferences, contraception, breastfeeding practices, nutrition, childhood and maternal mortality, maternal and child health, HIV/AIDS and other sexually transmitted infections (STIs), and adult health issues, such as use of tobacco and alcohol, high blood pressure, diet, and diabetes that can be used by program managers and policymakers to evaluate and improve existing programs.

Who participated in the survey?

A nationally representative sample of 8,514 women age 15-49 in all selected households and 3,618 men age 15-59 in half of the selected households were interviewed. This represents a response rate of 86% of women and 73% of men. The sample design for the SADHS 2016 provides estimates at the national and provincial levels, and for urban and non-urban areas.

SOUTH AFRICA



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

Households in South Africa have an average of 3.4 members. More than 4 in 10 South African households (43%) are headed by women. Thirty percent of the household population is under age 15.

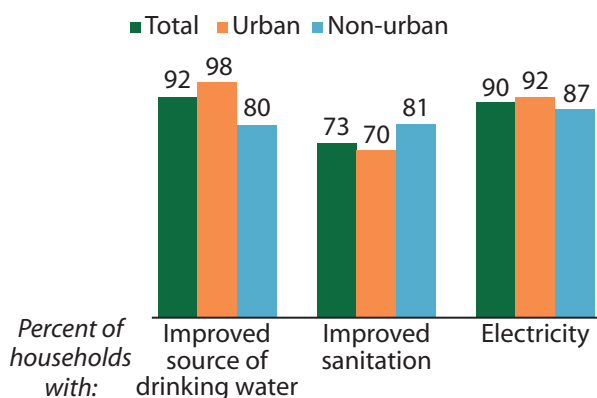
Water, Sanitation, and Electricity

More than 90% of households in South Africa have an improved source of drinking water. Almost all households in urban areas have an improved source of drinking water (98%), compared with 80% of households in non-urban areas. However, among households using piped water or water from a borehole, 31% experienced a water interruption for at least one day in the 2 weeks before the survey.

About three quarters (73%) of households use an improved sanitation facility. Another 22% have a shared facility. Two percent have an unimproved facility, and 2% have no facility. Non-urban households are more likely than urban households to have an improved sanitation facility, primarily because so many urban households have a shared facility.

Nine in ten households in South Africa have electricity and a majority use electricity for cooking (77%). Overall, 81% of households use clean fuel (electricity or gas) for cooking.

Water, Sanitation, and Electricity by Residence



© 2010 Sarit Saliman, Courtesy of Photoshare

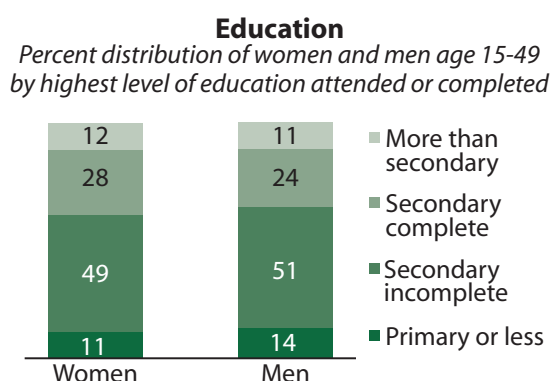
Ownership of Goods

Almost all households (96%) in South Africa own a cellphone. Three quarters (77%) have a television, 61% have a radio, and 22% have a computer. About 30% of households have a car, bakkie, van, or truck; 15% have farm animals. Computer, television, and car ownership are more common in urban areas, while non-urban households are more likely to have farm animals.

Education

Eighty-nine percent of women and 86% of men age 15-49 have at least some secondary education. Twelve percent of women and 11% of men have gone beyond secondary school. Only 2% of women and men have not attended school at all.

Almost all women and men age 15-49 (96% and 95% respectively) in South Africa are literate.



FERTILITY AND ITS DETERMINANTS

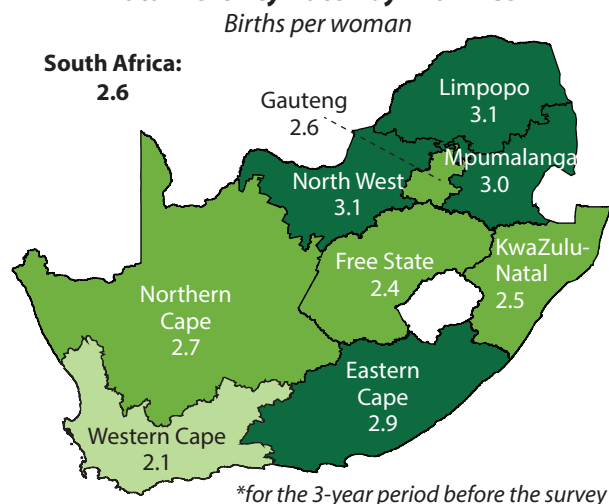
Total Fertility Rate

Currently, women in South Africa have an average of 2.6 children. This represents a decline in fertility from 2.9 reported in the SADHS 1998.

Fertility varies by residence and province. Women in urban areas have an average of 2.4 children, compared with 3.1 children among women in non-urban areas. Fertility ranges from a low of 2.1 children per woman in Western Cape to a high of 3.1 children per woman in North West and Limpopo.

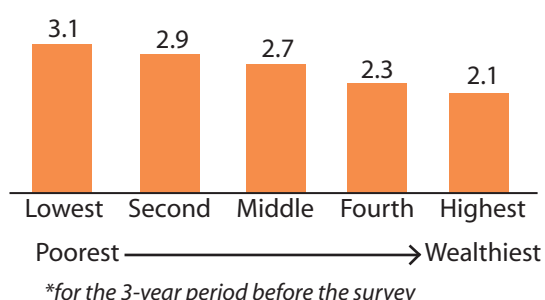
In general, fertility decreases with both education and household wealth**. Women with more than secondary school have an average of 2.2 children, while women who have completed only primary school have 3.5 children. Fertility declines with household wealth, from 3.1 children per woman in the poorest households to 2.1 children per woman in the wealthiest households.

Total Fertility Rate* by Province



Total Fertility Rate* by Household Wealth

Births per woman



**Wealth of households is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

Age at First Union, Sexual Intercourse and Birth

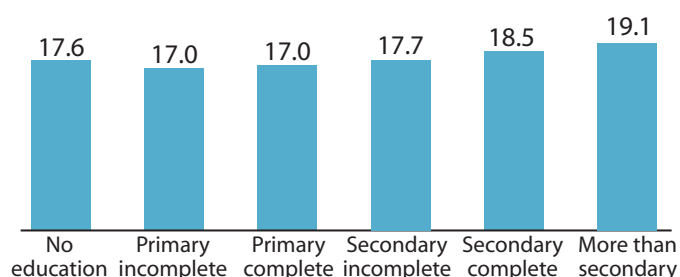
Thirty-six percent of women and 31% of men age 15-49 in South Africa are in a union (currently married or living together with a partner). Only 7% of women and 3% of men age 25-49 were married or living together with a partner by age 18.

Almost half of women (48%) and more than half of men (55%) were sexually active by age 18. Women age 25-49 began sexual activity at a median age of 18.1 years, and men at a median age of 17.6 years. Among women, age at first sex increases with education; there is less variation by education among men.

The median age at first birth for women age 25-49 is 21.3 years. Women in wealthier households have their first birth nearly 4 years later than women in poorer households (median age at first birth of 24.2 and 20.5, respectively).

Median Age at First Sex by Education

Age at which half of women age 25-49 had first sexual intercourse



© 2008 Marilyn Keegan, Courtesy of Photoshare

Teenage fertility

Sixteen percent of adolescent women age 15-19 are already mothers or are pregnant with their first child. Teenage childbearing varies widely by province, from a low of 8% in Western Cape to a high of 20% in Northern Cape and North West.

Polygyny

Two percent of in-union women report that their husband/partner has more than one wife. This represents a decline from 7% in 1998.

Polygyny is most common in Limpopo (6%) and among women with no education (6%).

CONTRACEPTION

Current Use of Contraception

Sixty percent of sexually active women age 15-49 in South Africa are currently using contraception, and almost all of them are using a modern method. The most commonly used methods among sexually active women are injectables (3-month, 18% and 2-month, 7%) and male condoms (16%). Contraceptive prevalence is slightly lower (55%) among women in a union.

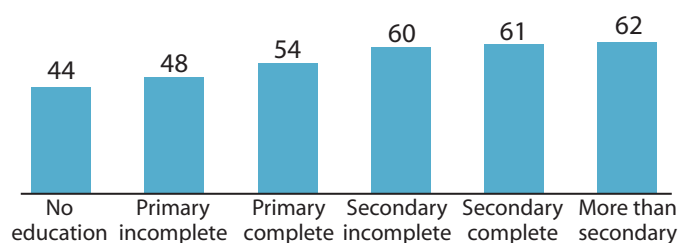
Contraceptive prevalence has remained stable since 1998, when 61% of sexually active women age 15-49 were using a modern method of contraception. However, the method mix has changed. Use of female sterilisation, pills, and injectables has dropped between 1998 and 2016, while use of male condoms has increased dramatically. In addition, implants – not available in 1998 – are now used by 4% of sexually active women.

Use of modern methods of contraception by sexually active women is high throughout South Africa, ranging from 51% in Free State to 65% in KwaZulu-Natal.

Use of modern methods increases with education, from 44% among sexually active women with no education to 62% among sexually active women with more than secondary education.

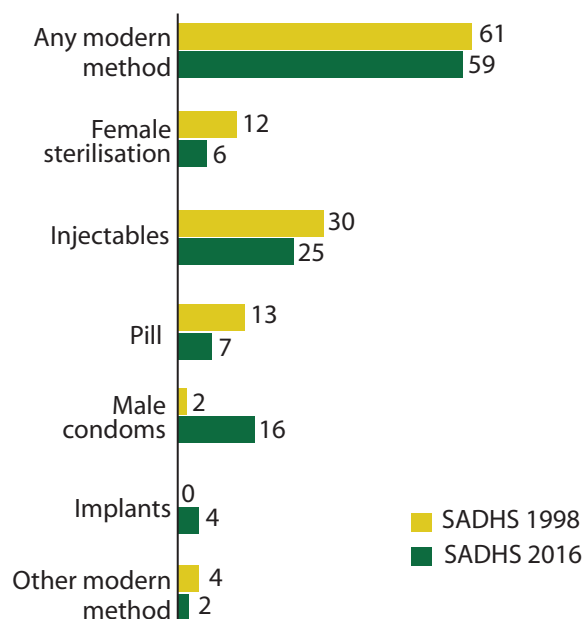
Use of Modern Contraception by Education

Percent of sexually active women age 15-49 currently using a modern method of contraception



Contraceptive Use and Method Mix: 1998 and 2016

Percent of sexually active women age 15-49 using modern methods



Source of Contraceptive Methods

Eighty percent of modern contraceptive users get their method from a public source. More than 90% of injectable and implant users get these methods from public sources, such as government health clinics and community health centres. Pill users rely on public sources (77%) as well as private sector sources (21%). Users of male condoms access this method from public sources (56%), private sector sources (13%) and other sources, such as shops (26%).

Demand for Contraception

More than one-third (35%) of sexually active women age 15-49 want to delay childbearing (delay a first birth or space another birth) for at least 2 years, while 43% do not want any more children. Women who want to delay or stop childbearing are said to have a demand for contraception. Total demand for contraception among sexually active women in South Africa is 78%*

The total demand for contraception includes both met need and unmet need. Met need is the percentage of sexually active women who are currently using contraception. Sixty percent of sexually active women in South Africa are currently using contraception.

Unmet Need for Contraception

Unmet need for contraception is defined as the proportion of sexually active women who want to delay or stop childbearing but are not using contraception. Nineteen percent of sexually active women age 15-49 have an unmet need for contraception—9% for spacing and 9% for limiting births.

Demand for Contraception Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern contraceptive methods. Among sexually active women in South Africa, 76% of demand for contraception is satisfied by modern methods. Young women age 15-19 and those with no education are least likely to have their demand for contraception satisfied (66% each). Demand for contraception satisfied by modern methods ranges from 68% in Limpopo to 84% in Western Cape.

Exposure to Family Planning Messages

Among women, community health workers and television are the most common sources of family planning messages. Men most commonly hear family planning messages from television and radio. Still, 35% of women and 46% of men have not heard a family planning message from radio, television, newspapers/magazine or a community health worker in the past 6 months.

Among young women and men age 15-19 who are currently attending school, 70% and 56%, respectively, report that they have heard about family planning at school.

Informed Choice

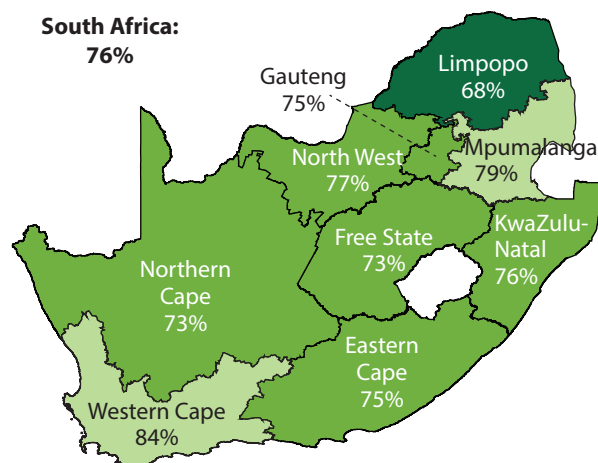
Contraceptive users should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available methods.

Fifty-six percent of women age 15-49 using modern methods were informed about side effects of the method used, 49% were told what to do if they experienced side effects, and 64% were informed of other methods that could be used.

Demand for Contraception Satisfied by Modern Methods by Province

Percent among sexually active women age 15-49

South Africa:
76%



* Demand and unmet need are usually presented for currently married women. In South Africa, because so many births occur outside of marriage, it is more inclusive to present these indicators for sexually active women.

CHILDHOOD MORTALITY

Rates and Trends

The infant and under-5 mortality rates for the 5-year period before the survey are 35 and 42 deaths per 1,000 live births, respectively. This means that about 1 in every 24 children does not survive to his or her fifth birthday.

Childhood mortality has decreased since 1998, when there were 45 infant deaths and 59 under-5 deaths for every 1,000 live births.

Mortality Rates by Background Characteristics

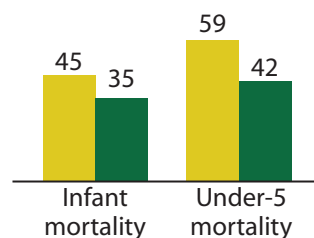
Childhood mortality differs by residence and province. Under-5 mortality is higher in non-urban than urban areas (49 deaths per 1,000 live births versus 38 deaths for the 5 years before the survey). Under-5 mortality for the 10-year period before the survey is lowest in Limpopo (34) and highest in Mpumalanga (70).

Under-5 mortality generally decreases with increasing household wealth.

Childhood Mortality: 1998 and 2016

Deaths per 1,000 live births for the 5-year period before the survey

■ SADHS 1998 ■ SADHS 2016

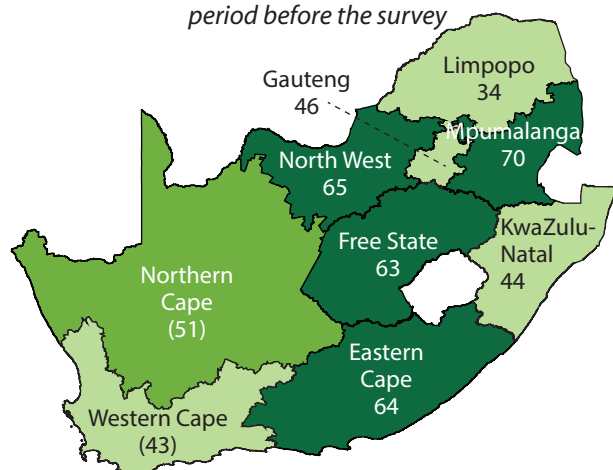


Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in South Africa is quite long – 55.3 months. Children born 2 years after a previous birth have an under-5 mortality rate of 75 deaths per 1,000 live births, compared with 43 deaths among those born 3 or more years after a previous birth. Overall, 11% of children are born less than 2 years after a previous birth.

Under-5 Mortality by Province

Deaths per 1,000 live births for the 10 year period before the survey



Note: figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death



© 2007 Aniela Batschari, Courtesy of Photoshare

MATERNAL HEALTH CARE

Antenatal Care

Almost all (94%) women age 15-49 who had a live birth in the 5 years before the survey received antenatal care (ANC) from a skilled provider (doctor, nurse, or midwife). Six percent of women received no ANC.

The timing and quality of antenatal care are also important. Three-quarters (76%) of women made 4 or more ANC visits, but only 47% had an ANC visit in the first trimester, as recommended. Still, this marks a substantial improvement since 1998, when only 28% of women received ANC in the first trimester.

Ninety percent of women age 15-49 took iron tablets during their pregnancy; however, only 51% took tablets for at least 90 days, as recommended.

Among women who received ANC for their most recent birth, virtually all (99%) had their blood pressure measured, had a urine sample taken, and had a blood sample taken. Just over 90% were asked about use of alcohol or smoking tobacco.

Delivery and Postnatal Care

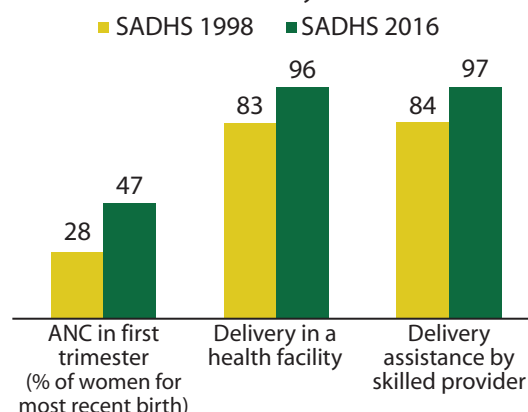
Almost all (96%) births in South Africa are delivered in a health facility – 87% are delivered in a public facility and 9% in a private facility. Four percent of births are delivered at home. Almost all births (97%) are assisted by a skilled provider.

Private sector facility births are most common among women with more than secondary education (40%) and those from the wealthiest households (42%).

Health facility births have increased substantially, from 83% in 1998 to 96% in 2016; home births have decreased from 14% in 1998 to 4% in 2016.

Maternal Health Care: 1998 and 2016

Percent of live births in the 5 years before the survey



One-quarter of births in South Africa are delivered by caesarean section. For 16% of births, the decision to deliver by C-section was taken before the onset of labour pains. C-section births are most common among women with more than secondary education (40%) and among those in the wealthiest households (39%).

Postnatal care helps prevent complications after childbirth. Eighty-four percent of women received a postnatal check within 2 days of delivery, while 7% of women received no postnatal check.

Similarly, 86% of newborns received a postnatal check within 2 days of birth. Six percent of last births received no postnatal check.

Pregnancy-Related Mortality

The SADHS 2016 asked women about deaths of their sisters to determine pregnancy-related mortality. Pregnancy-related mortality includes deaths of women during pregnancy, delivery, and 2 months after delivery, irrespective of the cause of death. According to the SADHS 2016, the pregnancy-related mortality ratio is 536 deaths per 100,000 live births (confidence interval of 270-802). This represents a statistically significant increase from the pregnancy-related mortality ratio reported in the SADHS 1998 (150 deaths per 100,000 live births; confidence interval of 77-223).

CHILD HEALTH

Vaccination Coverage

Three in five (61%) children age 12-23 months have received all basic vaccinations – one dose each of BCG and measles and three doses of DTaP-IPV-Hib. Five percent of children age 12-23 months have received no vaccines.

Basic vaccination coverage ranges from 52% in Gauteng to 80% in Free State.

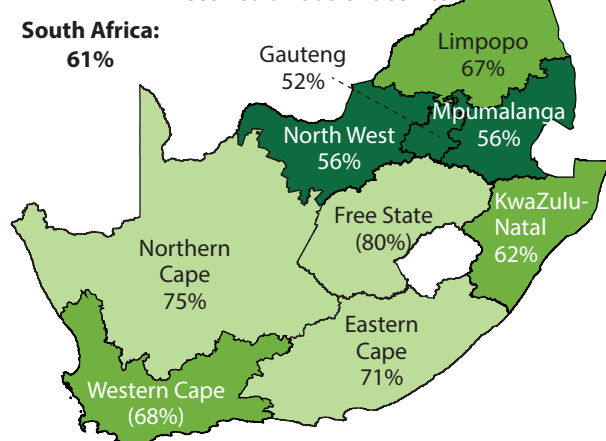
Over half (53%) of children age 12-23 months have received all age-appropriate vaccinations – BCG, two doses of oral polio vaccine, three doses of DTaP-IPV-Hib, three doses of HepB, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and one dose of measles vaccine.

In addition to the vaccinations given to children age 12-23 months, children age 24-35 months should also receive a second dose of measles vaccine and a fourth dose of DTaP-IPV-Hib. Only 42% of children age 24-35 months have received all age-appropriate vaccines.

Among children age 12-35 months whose vaccination information was collected, 23% had ever missed a vaccination, received a vaccination late, or did not receive any vaccinations at all. The most common reason for a child not receiving a vaccination was that vaccines were out of stock at clinics (49%).

Basic Vaccination Coverage by Province

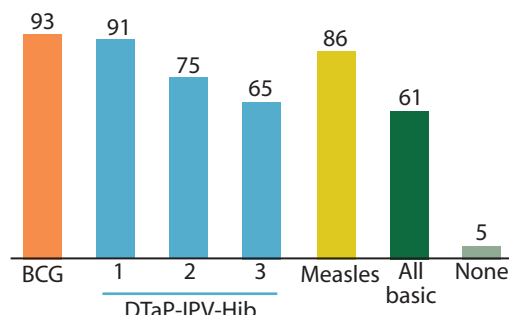
Percent of children age 12-23 months who received all basic vaccines



Note: figures in parentheses are based 25-49 unweighted cases

Basic Vaccination Coverage

Percent of children age 12-23 months vaccinated at any time before the survey



Childhood Illnesses

In the 2 weeks before the survey, 3% of children under 5 were ill with short, rapid breathing, or difficult breathing that was chest-related, symptoms of acute respiratory infection (ARI). Of these children, treatment or advice was sought for 88%.

Twenty percent of children under 5 had fever in the 2 weeks before the survey. Treatment was sought for 68% of these children, and 30% received antibiotics.

One in ten children under 5 had diarrhoea in the 2 weeks before the survey. Diarrhoea was most common among children age 6-23 months (16-17%). Treatment was sought for 63% of children with diarrhoea.

Children with diarrhoea should receive oral rehydration therapy (ORT) which includes oral rehydration solution, clinic-recommended homemade fluids, and increased fluids. In addition, children with diarrhoea should receive zinc. The large majority (83%) of children under 5 with diarrhoea received ORT and 37% received zinc. However, more than 1 in 10 children (12%) with diarrhoea received no treatment.

FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and the Introduction of Complementary Foods

In South Africa, 84% of children born in the 2 years before the survey were ever breastfed. Only two-thirds of children (67%) were breastfed in the first hour of life. Sixteen percent of children received a prelacteal feed, though this is not recommended.

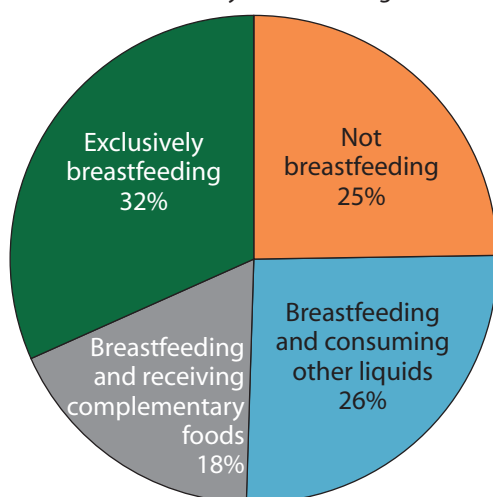
WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first 6 months of life. One-third (32%) of children under 6 months are exclusively breastfed. Twenty-five percent are not breastfeeding.

Children age 0-35 months in South Africa were breastfed for an average of 12 months, but exclusively breastfed for an average of about 3 months.

Complementary foods should be introduced when a child is 6 months old to reduce the risk of malnutrition. Over 80% of children age 6-8 months in South Africa receive complementary foods.

Breastfeeding Status of Children Under 6 Months

Percent distribution of last born children under 6 months by breastfeeding status



© 2003 Paul Wood, Courtesy of Photoshare

Use of Iodised Salt

Iodine is an important micronutrient for physical and mental development. Fortification of salt with iodine is the most common method of preventing iodine deficiency. Almost all households with salt tested during the SADHS had iodised salt (98%); 30% had optimally iodised salt, while 28% of households had highly or excessively iodised salt.

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. In the 24 hours before the survey, 73% of children age 6-23 months ate foods rich in vitamin A; 72% of children age 6-59 months received a vitamin A supplement in last 6 months.

Iron is essential for cognitive development in children and low iron intake can contribute to anaemia. In the 24 hours before the survey, 61% of children age 6-23 months ate foods rich in iron.

NUTRITIONAL STATUS OF CHILDREN

Children's Nutritional Status

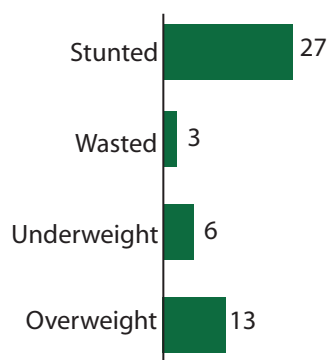
The SADHS 2016 measures children's nutritional status by comparing height and weight measurements against an international reference standard. Just over one-quarter (27%) of children under 5 are stunted, or too short for their age. Stunting is an indication of chronic undernutrition.

Stunting is most common among children whose mothers have lower levels of education and among those from the poorest households.

Three percent of children under 5 are wasted, or too thin for their height. Wasting is an indication of acute malnutrition. Six percent of children under 5 are underweight (low weight for their age).

Many children in South Africa also suffer from overnutrition. Thirteen percent of children under 5 are overweight (heavy for their height).

Children's Nutritional Status
*Percent of children under 5,
based on 2006 WHO Child Growth Standards*



Anaemia in Children

The SADHS 2016 tested children age 6-59 months for anaemia. Three in five (61%) children age 6-59 months are anaemic. One-third of children are moderately anaemic.

Anaemia in children is relatively high in all provinces, ranging from 42% in KwaZulu-Natal to 74% in Gauteng. Childhood anaemia is common in even the wealthiest households (58%).



© 2009 RuLIV/SOUTH AFRICA, Courtesy of Photoshare

HIV KNOWLEDGE AND BEHAVIOUR

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

Just over two-thirds (69%) of women and almost half (49%) of men age 15-49 know that HIV can be transmitted during pregnancy, delivery, and by breastfeeding. Eighty-two percent of women and 62% of men know that HIV transmission from mother to child can be reduced by the mother taking special medication.

Multiple Sexual Partners

Five percent of women and 17% of men age 15-49 had two or more sexual partners in the last 12 months. Among them, 58% of women and 65% of men used a condom during last sex.

Women have an average of 3.9 sexual partners over their lifetimes, compared with 14.7 partners among men.

HIV Testing

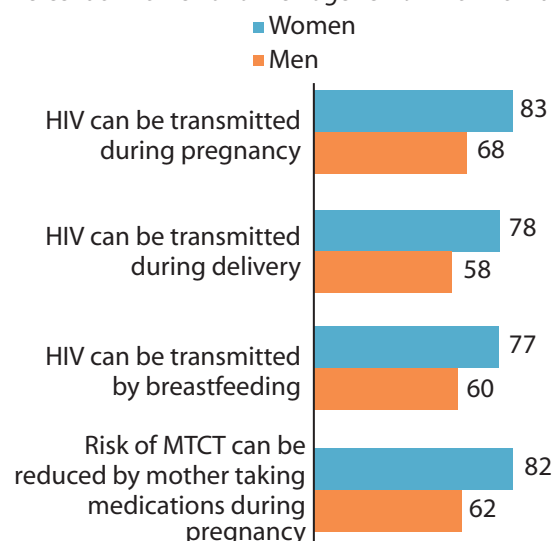
More than 9 in 10 women and men know where to get an HIV test. Eighty-two percent of women and 69% of men age 15-49 have ever been tested for HIV and received the result; 59% of women and 45% of men were tested for HIV and received the result of their last test in the 12 months before the survey.

Recent HIV testing is relatively high among all women regardless of background characteristics. More than half of women in all provinces, all educational categories, and across all wealth quintiles were tested for HIV in the 12 months before the survey.

More than three-quarters of women who gave birth in the 2 years before the survey received counselling on HIV, had an HIV test during antenatal care, and received their test results.

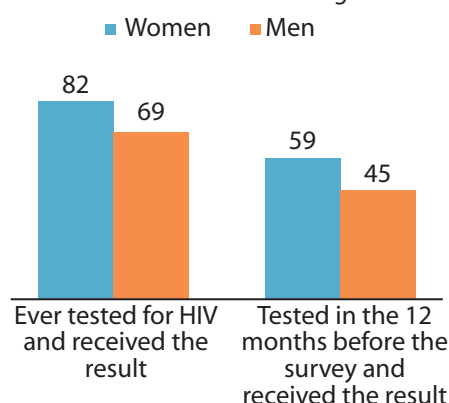
Knowledge of Mother-to-Child Transmission

Percent of women and men age 15-49 who know that:



HIV Testing

Percent of women and men age 15-49



Male Circumcision

More than half (57%) of men age 15-49 are circumcised. Thirty percent were circumcised by a health worker, while 27% were circumcised by a traditional practitioner, family member, or friend.

Male circumcision is more common among educated men: 66% of men with more than secondary education are circumcised, compared with 38% of men with no education. Circumcision also varies by province. Only 35% of men in Northern Cape are circumcised compared with 86% in Limpopo.

HIV PREVALENCE

HIV Prevalence

HIV prevalence data were obtained from blood samples voluntarily provided by women and men in the SADHS 2016. Of the 12,717 women and men age 15+ eligible for testing, 58% of women and 44% of men were interviewed and provided specimens for HIV testing. These response rates are low and the test results should be interpreted with caution.

Among both women and men tested in the SADHS 2016, HIV prevalence increases with age, reaching a peak at age 35-44, at which age 40% of women and 27% of men are HIV positive. HIV prevalence then drops; only 5% of women and 2% of men age 65+ are HIV positive.

Twenty-one percent of adults age 15-49 are HIV positive. Among this age group, HIV prevalence is higher among women (27%) than men (14%). Combined HIV prevalence among those age 15-49 is lowest in Limpopo (10%) and highest in KwaZulu-Natal (30%).

Among women age 15-49, HIV prevalence generally decreases with education and household wealth. These patterns are not as clear among men.

Overall, 30% of couples have at least one partner infected with HIV. In 15% of couples, both partners are HIV positive. Sixteen percent of couples are discordant (that is, one partner is HIV positive and the other partner is HIV negative).

HIV Prevalence among Youth

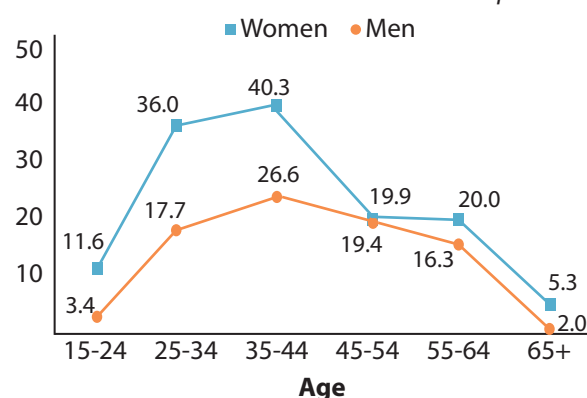
Twelve percent of young women and 3% of young men age 15-24 are HIV positive. More than 15% of young women in KwaZulu-Natal, Mpumalanga, and Eastern Cape are HIV positive.



© 2013 Max Bastard / African Eyes Photography, Courtesy of Photoshare

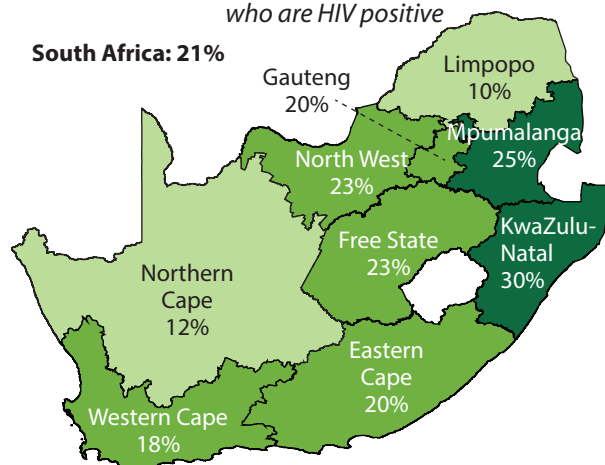
HIV Prevalence by Age

Percent of women and men who are HIV positive



HIV Prevalence by Province

Percent of women and men age 15-49 who are HIV positive



WOMEN'S EMPOWERMENT

Employment

Almost half (47%) of in-union women and 79% of in-union men age 15-49 were employed in the 12 months before the survey. Almost all employed women and men (95% and 98%, respectively) were paid in cash only.

Ninety-five percent of in-union women age 15-49 who were employed in the last 12 months and earned cash made decisions on how to spend their earnings, either alone or jointly with their husband. More than half (53%) of in-union women who were employed in the last 12 months and earned cash say they earn less than their husband.

Ownership of Assets

Twenty-eight percent of women and 19% of men age 15-49 own a home alone or jointly.

More than half of women age 15-49 have and use a bank account. Over 90% of women own a cellphone, and 33% of women use a cellphone for financial transactions. Similarly, 57% of men use a bank account, 89% own a cellphone, and 37% use a cellphone for financial transactions.

Participation in Household Decisions

The SADHS 2016 asked in-union women about their participation in three types of household decisions: their own health care, making major household purchases, and visits to family or relatives.

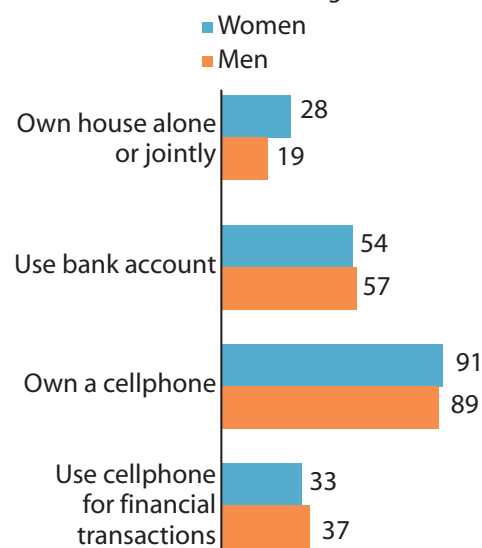
More than 90% of in-union women age 15-49 have sole or joint decision making power in each area, and 87% participate in all three decisions. Participation in the three decisions is least common among women with primary incomplete education (78%) and among women living in Limpopo (72%).



© 2006 Hesterki Range, Courtesy of Photoshare

Ownership of Assets and Finances

Percent of women and men age 15-49



DOMESTIC VIOLENCE

Attitudes towards Wife Beating

Six percent of women and 9% of men age 15-49 agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him.

Physical Violence by Partner

One in five (21%) ever-partnered women age 18+ has ever experienced physical violence by a partner. Eight percent of ever-partnered women report that they experienced physical violence in the 12 months before the survey.

Women in Eastern Cape (31%) and North West (30%) are most likely to have experienced physical violence by a partner. Forty percent of divorced/separated women have ever experienced physical partner violence.

Sexual Violence by Partner

Six percent of ever-partnered women age 18+ have experienced sexual violence by a partner; 2% had experienced sexual violence in the 12 months before the survey.

Women in North West are most likely to have ever experienced sexual partner violence (12%).

Emotional Violence by Partner

One in six (17%) ever-partnered women has experienced emotional violence by a partner. Nine percent experienced emotional violence by a partner in the 12 months before the survey.

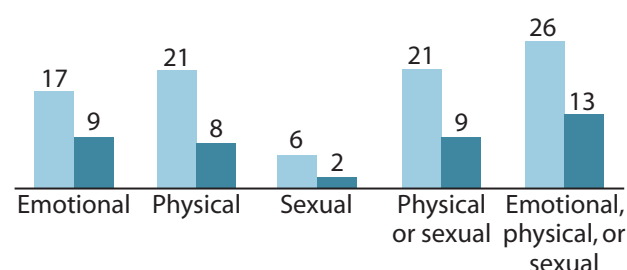
Overall, women's experience of any type of partner violence (emotional, physical, or sexual) decreases with household wealth.

Women's experience of partner violence is also associated with their partner's alcohol and drug consumption. Two-thirds of ever in-union women whose partners are often drunk and 76% of women whose partners often use drugs have ever experienced partner violence.

Partner Violence

Percent of ever-partnered women age 18+ who have ever experienced violence committed by any partner

■ Ever ■ Past 12 months



© 2007 Jennifer Orkis, Courtesy of Photoshare

Violence by Women Against Their Partner

Four percent of ever-partnered women age 18+ report that they have committed physical violence against their current or most recent partner when he was not already physically hurting them. Women who had ever experienced partner physical violence were much more likely (20%) to have committed physical violence against their partner than those who had never experienced physical partner violence (2%).

USE OF HEALTH CARE SERVICES AND PRESCRIBED MEDICATIONS

Health Insurance

About one in six (16% of women and 17% of men) South Africans age 15+ is covered by medical aid or another medical benefit scheme or hospital plan. White South Africans are far more likely to be covered by health insurance than other population groups (74% of White women and 77% of White men, compared with less than half among all other groups). Health insurance coverage is also most common among those with more than secondary education (53% of women and 50% of men) and those from the wealthiest households (47% of women and 50% of men).

Outpatient Health Care

Twelve percent of women and 11% of men age 15+ received health, medical, or dental care without staying overnight in the month before the survey. Among those who received outpatient health care, government clinics and community health centres were the most common source (55%), followed by private hospitals, clinics, or doctors (26%).

Pap Smear

Over one-third (37%) of women age 15+ have ever had a Pap smear. Among those who have had a Pap smear, 64% had it within the last 3 years. By province, women age 30-59 in Western Cape are most likely to have ever had a Pap smear (83%); only 43% of women in Limpopo have had a Pap smear. The large majority (86%) of women who have had a Pap smear received the results of the test.

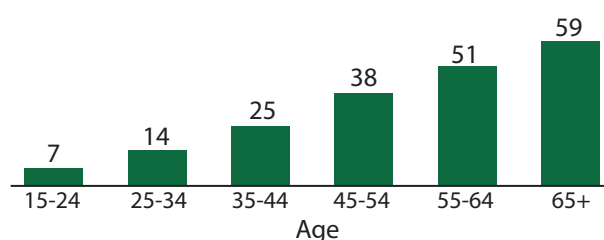
Problems Accessing Health Care

Overall, 38% of women age 15+ report having at least one problem accessing health care. Almost half of women in Eastern Cape, North West, and Limpopo have at least one problem accessing health care, compared with only about one-quarter of women in Western Cape. Getting money for health care treatment (29%) and distance to the health facility (25%) are the most commonly reported problems accessing health care.

Prescribed Medications

About one-quarter (26%) of women and men age 15+ report taking at least one prescribed medication. Among those who take a prescribed medication, 44% take one, 39% take 2-3, and 17% take 4 or more. Use of prescription medications increases with age, and is higher among women (31%) than men (19%).

Prescribed Medication Use by Age
Percent of women and men taking prescribed medication daily or regularly



Public clinics and hospitals are the primary source of prescribed medications (71% of women and men). Among respondents whose medications were paid by the public sector, 20% report that they were sent away from a clinic in the 12 months before the survey because the medication was not in stock.

Overall, 18% of women and men age 15+ reported taking a prescribed medication for at least one chronic condition. The most frequently treated condition is hypertension (13%), followed by HIV (5%), heart and stroke-related conditions (2%), diabetes (2%), and high cholesterol or triglycerides (2%).



© 2010 JHHESA/CCP, Courtesy of Photoshare

TOBACCO, ALCOHOL, AND DRUG USE

Tobacco Use

Seven percent of women and 36% of men age 15+ smoke cigarettes. The majority of women and men who smoke are daily smokers. Among women who smoke cigarettes daily, about half smoke less than 5 cigarettes per day; 12% smoke 15 or more cigarettes per day. Men smoke more cigarettes per day, on average, than women. Only about 30% smoke less than 5 cigarettes per day, and 18% smoke 15 or more cigarettes per day.

One percent of women and 5% of men use some other type of smoked tobacco product. Six percent of women use a smokeless tobacco product, such as snuff. In total, 13% of women and 38% of men use any type of tobacco.

Two percent of women and 3% of men use e-cigarettes.

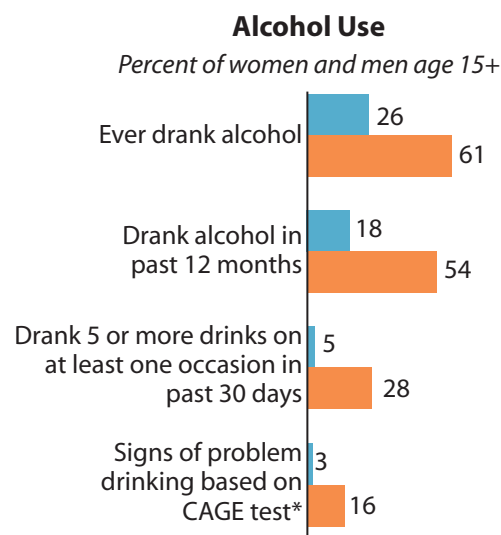
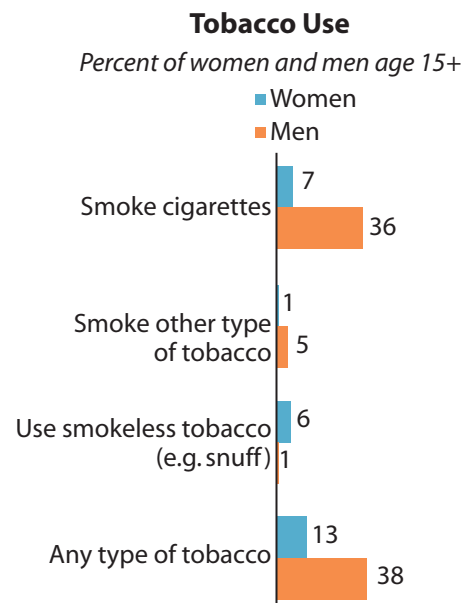
Alcohol Use

One-quarter (26%) of South African women age 15+ have ever drunk alcohol, and 18% drank alcohol in the 12 months before the survey. Five percent of women report that they drank 5 or more drinks on at least one occasion in the month before the survey. Three percent of women show signs of problem drinking based on the CAGE test*.

Alcohol use is higher among men: 61% have ever drunk alcohol, and 54% drank alcohol in the 12 months before the survey. More than one-quarter (28%) of men report that they drank 5 or more drinks on at least one occasion in the month before the survey, and 16% show signs of problem drinking based on the CAGE test*.

Codeine-containing Medications

About 1 in 7 South Africans age 15+ used codeine containing medications in the 12 months before the survey. Two percent of women and men reported that they used codeine-containing medications for the experience or feeling rather than the medicinal effect. Among those misusing codeine-containing medications, 19% of women and 16% of men received treatment for drug misuse.



* The CAGE (Concern/Cutdown, Anger, Guilt, and Eye-Opener) test is used to screen for problem drinking and alcoholism

ADULT MORBIDITY

Self-reported Health Status

Over half of women (55%) and 65% of men age 15+ report that they are in good or excellent health, while 12% of women and 8% of men report that they are in poor health. Women and men with no education are the most likely to report that they have poor health.

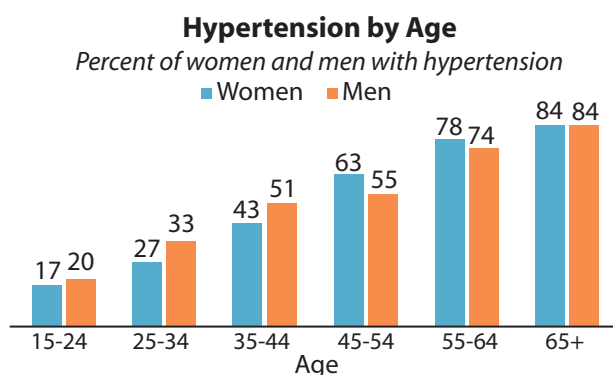
Experience with Pain

More than one-quarter of South Africans age 15+ report that they experience pain or discomfort all of the time or on and off. Pain is most frequently reported by older respondents (more than 40% among those age 55+). Among those who experienced pain for more than 3 months, 44% report that they feel pain in their arms, hands, hips, legs, or feet; 31% report back pain.

More than 1 in 10 South Africans reported experiencing tooth or mouth pain in the year before the survey. Among them, 57% received treatment, most commonly from a public sector source.

Blood Pressure

About 4 in 5 eligible, interviewed women and men age 15+ had their blood pressure measured as part of the SADHS 2016. Results indicate that 46% of women and 44% of men have hypertension. Hypertension increases steadily with age; 84% of women age 65+ have hypertension, compared with 17% of women age 15-24. Similar results are observed for men.



Some women and men are already aware of their hypertensive status and are taking medication to control their blood pressure. Among those with hypertension, 20% of women and 13% of men have controlled hypertension. This means that 80% of women and 87% of men with hypertension have uncontrolled hypertension.

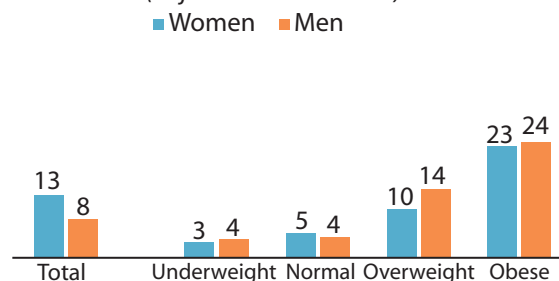
Prevalence of hypertension is associated with nutritional status. Women and men who are obese are almost twice as likely to be hypertensive as those who are normal or underweight.

Diabetes

Glycated haemoglobin (HbA1c) is an indicator of diabetes. An HbA1c value $\geq 6.5\%$ classifies an individual as diabetic. Sixty-six percent of women and 59% of men age 15+ who were interviewed provided blood samples for HbA1c testing. According to the SADHS 2016, 13% of women and 8% of men are diabetic*. Diabetes prevalence increases with age and is most common among women and men who are obese.

Diabetes by Nutritional Status

Percent of women and men 15+ with diabetes (adjusted HbA1c $\geq 6.5\%$)



Asthma and Pulmonary Disease

Three percent of women report symptoms of asthma, and 2% report symptoms of COPD (chronic obstructive pulmonary disease). Four percent of men have symptoms of asthma and 2% have symptoms of COPD.

*A calibration factor was applied to test results. The calibration factor has not been validated.

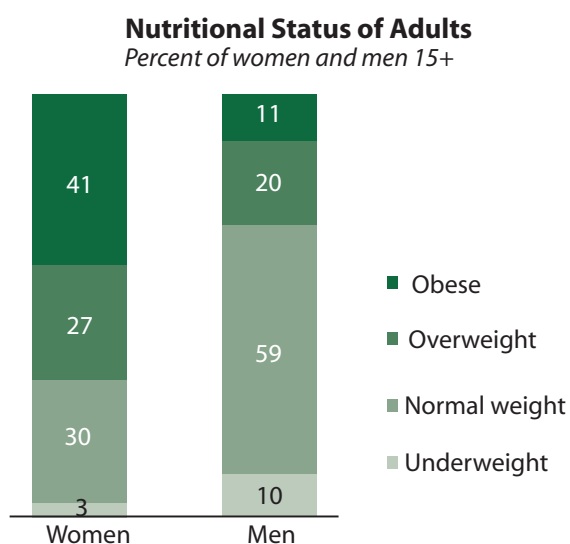
ADULT NUTRITIONAL STATUS AND DIET

Women and Men's Nutritional Status

The SADHS 2016 also took weight and height measurements of women and men age 15+. Only 3% of South African women are underweight. More than two-thirds of South African women (68%) are overweight or obese.

The prevalence of overweight or obesity is highest among older women, but even 40% of young women age 15-24 are overweight or obese. Among women who perceive themselves as underweight or normal, 44% and 65%, respectively, are overweight or obese.

South African men are more likely than women to be underweight (10%) and less likely to be overweight or obese (31%). Among men who perceive themselves as underweight or normal, 10% and 29%, respectively, are overweight or obese.



Anaemia in Women and Men

Three in ten women (31%) age 15+ are anaemic. The majority with anaemia are mildly anaemic. Anaemia is most common among pregnant women.

Seventeen percent of men are anaemic. Among men, anaemia prevalence is particularly high among those age 45 or older (22-30%).

Adult Diet

Thirty-six percent of adults indicated that they consumed sugar-sweetened beverages during the day or night before the survey; the average quantity consumed was 607 ml. Intake of sugar-sweetened beverages occurred across all wealth quintiles but was more common among men (40%) than women (33%).

On a daily basis, 10% of respondents eat fried foods, 2% eat fast food, 13% eat salty snacks, and 14% consume processed meats. Daily consumption of each of the specified foods decreases with age, is higher among respondents in urban than non-urban areas, and generally increases with increasing household wealth.

Forty-nine percent of adults reported that they consumed fruit during the day or night before the survey, and 59% reported that they consumed vegetables (excluding potatoes). Women were more likely than men to consume fruit (51% versus 45%) and vegetables (64% versus 52%).

The survey found that one in three adults (32%) is not interested in lowering their salt consumption, 9% are interested in lowering their salt consumption within the next 6 months, 6% are interested in lowering their salt consumption within the next month, and 48% indicate that they have started lowering their salt consumption.

INDICATORS

	South Africa	Western Cape	Eastern Cape
Fertility			
Total fertility rate (number of children per woman)	2.6	2.1	2.9
Median age at first birth for women age 25-49 (years)	21.3	22.1	21.4
Women age 15-19 who are mothers or currently pregnant (%)	16	8	18
Contraception (among sexually active women age 15-49)			
Current use of a modern method of contraception (%)	59	62	61
Unmet need for contraception ¹ (%)	19	12	21
Demand satisfied by modern methods (%)	76	84	75
Maternal and Child Health			
Births delivered in a health facility (%)	96	99	91
Births delivered by C-section (%)	24	30	23
Children age 12-23 months who received all basic vaccinations ² (%)	61	(68)	71
Children age 12-23 months who received all age-appropriate vaccinations ³ (%)	53	(49)	57
Nutrition of Children			
Children under 5 who are stunted (moderate or severe) (%)	27	23	25
Children under 5 who are overweight (%)	13	(14)	20
Childhood Mortality (deaths per 1,000 live births)⁴			
Infant mortality	35	(39)	50
Under-5 mortality	42	(43)	64
Adult Health Issues			
Women age 15+ who smoke cigarettes (%)	7	25	7
Men age 15+ who smoke cigarettes (%)	36	43	39
Women age 15+ who consumed 5 or more drinks on a single occasion in past 30 days (%)	5	9	5
Men age 15+ who consumed 5 or more drinks on a single occasion in past 30 days (%)	28	23	24
Women age 15+ who are overweight or obese (%)	68	73	69
Men age 15+ who are overweight or obese (%)	31	44	26
Women age 15+ with hypertension ⁵ (%)	46	52	50
Men age 15+ with hypertension ⁵ (%)	44	59	47
Women age 15+ with diabetes (% with adjusted HbA1c ≥6.5%)	13	12	18
Men age 15+ with diabetes (% with adjusted HbA1c ≥6.5%)	8	13	10
HIV/AIDS (women and men age 15-49)			
Women who have been tested for HIV and received the results in the past year (%)	59	62	59
Men who have been tested for HIV and received the results in the past year (%)	45	56	46
HIV prevalence among women age 15-49 (%)	27	18	30
HIV prevalence among men age 15-49 (%)	14	17	8
Partner Violence (among ever partnered women age 18+)			
Women who have experienced physical violence by any partner in past 12 months (%)	8	9	13
Women who have experienced sexual violence by any partner in past 12 months(%)	2	1	2

* Figures in parentheses are based on a limited number of cases.

1-Women who do not want any more children or want to wait at least 2 years before their next birth but are not currently using a method of contraception.2-

Basic vaccinations include BCG, three doses of DTaP-IPV-Hib, and one dose of measles vaccine. 3-Age-appropriate vaccinations include BCG, two doses of oral polio vaccine, three doses of DTaP-IPV-Hib, three doses of HepB, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and one

Province						
Northern Cape	Free State	KwaZulu- Natal	North West	Gauteng	Mpumalanga	Limpopo
2.7	2.4	2.5	3.1	2.6	3.0	3.1
21.5	21.9	21.3	21.0	21.4	20.1	20.7
20	12	19	20	14	18	12
55	51	65	59	58	62	53
20	19	21	17	19	16	25
73	73	76	77	75	79	68
97	96	95	95	97	95	98
24	27	29	23	23	25	17
75	(80)	62	56	52	56	67
65	(71)	60	44	46	51	55
21	34	29	27	34	22	22
5	17	18	8	11	9	8
43	53	40	55	42	53	24
(51)	63	44	65	46	70	34
18	6	2	4	5	5	1
44	40	35	32	38	36	25
11	6	1	9	5	5	2
23	25	24	27	35	29	21
62	69	71	68	66	62	64
32	28	35	30	34	24	25
53	54	48	40	42	46	34
52	48	48	37	40	46	29
12	14	17	9	9	12	15
7	8	9	4	7	7	10
52	58	58	61	54	62	63
38	52	45	44	41	50	35
14	28	37	30	25	34	15
10	17	19	16	15	16	5
5	9	6	7	8	8	4
2	2	2	5	3	3	2

dose of measles vaccine. 4-Figures are for the 10-year period before the survey except for the national rate, in italics, which represents the 5-year period before the survey. 5-An individual was classified as having hypertension if he/she had a systolic blood pressure level of 140 mmHg or above and/or a diastolic blood pressure level of 90 mmHg or above at the time of the survey or was currently taking antihypertensive medication to control his/her blood pressure.

