SECOND CARNEGIE INQUIRY INTO POVERTY
AND DEVELOPMENT IN SOUTHERN AFRICA

An exploratory study of overcrowding and health issues at Old Crossroads
by
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AN EXPLORATORY STUDY OF OVERCROWDING AND HEALTH ISSUES AT OLD CROSSROADS


Contents

1. Introduction
2. Survey methodology
3. Assessing overcrowding
4. Health issues
5. Discussion
6. Conclusion
7. Appendices
   a. The functions of housing
   b. Background to Crossroads
   c. Attitudes towards Khayelitsha
   d. Demographic data and density figures
   e. Questionnaire
1. INTRODUCTION

This survey developed as a response to the overcrowding crisis in the black townships of the Western Cape. Crossroads was selected because:

1. overcrowding at Crossroads is experienced as a major problem by some residents;

2. crowding at Crossroads has not been adequately assessed by the other metropolitan studies in this inquiry;

3. it is readily accessible to survey methods.

The survey was carried out during September, October and November 1983, preceded by a few trial studies during July and August. The data presented here is in four sections:

(1) demographic data, including age and sex distribution, economic activity, legal status;

(2) indices used to assess crowding;

(3) self-perceived health problems;

(4) attitudes of Crossroads' residents towards Khayelitsha.

The data presented here is primarily descriptive in nature. The survey did not aim to establish statistically significant correlations between health and crowding variables, as this has been done quite adequately in numerous other surveys (see discussion). We did however run some tests on our data; as expected, the number of recorded diseases (and hence the sample size) was too small, and the shacks at Crossroads are so uniformly overcrowded, that significant statements could not be made.
2. **SURVEY METHODOLOGY**

Data was collected by means of a questionnaire (see appendix 6e) which was administered by two members of the survey team who are resident in Crossroads. Initially the whole team worked together on the interviews, and the questionnaire was repeatedly modified. The following data was obtained from each individual in the houses selected for survey:

- **Age**
- **Sex**
- **Marital status**
- **Duration of stay**
- **Previous accommodation**
- **Status as lodger and/or family of the household head**
- **Nature of economic activity (formal/informal)**
- **Income**
- **Legal status**
- **Health problems**
- **Attitude towards Khayelitsha**

The following data was obtained for each room in the house:

- **Area**
- **Height**
- **Whether it had a separate exit**
- **Whether it served as a cooking facility**
- **Number of beds**
- **Number of people sleeping on the floor**
- **Available toilets**

Houses were selected by generating random numbers between 0 and 3 000. (The highest shack number we found was 2 806). Repeatedly a shack number could not be found and was presumed to have been moved to New Crossroads. We would then select the shack number immediately following that number. Our final sample consisted of 59 dwelling units, which comprises 2.7% of the existing 2 200 numbered shacks.
The total sample population was 767. This comprises 1.6% of Koornhof's estimate of 47,572 residents. (see appendix 6b)

In certain instances data was not obtained. Either an individual was absent on a return visit, or else refused to furnish data, or occasionally a room would be locked with its occupants unavailable. The most problematic question was income; we recorded incomes for 60.3% of economically active adults. Where data is lacking it has been indicated by a smaller sample size.
3. **ASSESSING OVERCROWDING**

The concept of crowding is complex. It is necessary to distinguish between objective measures of density and subjective experiences of 'being crowded'.* Studies have also indicated that the distinction between internal household crowding and neighbourhood density is important.*

**A) Internal Household Crowding**

The commonest measure of household crowding used to date is number of people per room. Although easy to obtain, this index does not necessarily provide an accurate assessment of crowding. We have attempted to build up a composite picture of crowding with a number of measures, which fall into three basic categories:

i) density

ii) measures of shared facilities

iii) measures of multi-occupancy

The measures used are:

**Figures** (see appendix 6c.)

11) persons per room - household averages
12) persons per sleeping room
13) adults per sleeping room
14) persons per household
15) adults per household
16) rooms per household
17) room size (m²)
18) persons per 10m²
19) room size (m³)
20) persons per 10m³
21) persons per external exit
22) persons per toilet
23) persons per bed
24) household composition - lodgers
25) household composition - family of the household head
<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Mean value</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>11)</td>
<td>persons per room - house av</td>
<td>3.67</td>
<td>1 - 7</td>
</tr>
<tr>
<td>12)</td>
<td>persons per sleeping room</td>
<td>3.3</td>
<td>1 - 13</td>
</tr>
<tr>
<td>13)</td>
<td>adults per sleeping room</td>
<td>2.0</td>
<td>0 - 7</td>
</tr>
<tr>
<td>14)</td>
<td>persons per household</td>
<td>13.0</td>
<td>3 - 37</td>
</tr>
<tr>
<td>15)</td>
<td>adults per household</td>
<td>8.1</td>
<td>2 - 22</td>
</tr>
<tr>
<td>16)</td>
<td>rooms per household</td>
<td>5.2</td>
<td>1 - 11</td>
</tr>
<tr>
<td>17)</td>
<td>room size (m²)</td>
<td>8.46</td>
<td>1 - 19</td>
</tr>
<tr>
<td>18)</td>
<td>persons per 10m²</td>
<td>3.1</td>
<td>0.5 - 6.5</td>
</tr>
<tr>
<td>19)</td>
<td>room size (m³)</td>
<td>20.7</td>
<td>2 - 88</td>
</tr>
<tr>
<td>20)</td>
<td>persons per 10m³</td>
<td>2.2</td>
<td>0.5 - 11.5</td>
</tr>
<tr>
<td>21)</td>
<td>persons per external exit</td>
<td>9.6</td>
<td>3 - 20</td>
</tr>
<tr>
<td>22)</td>
<td>persons per toilet</td>
<td>12.0</td>
<td>3 - 37</td>
</tr>
<tr>
<td>23)</td>
<td>persons per bed</td>
<td>6.5</td>
<td>0 - 31</td>
</tr>
<tr>
<td>24)</td>
<td>lodgers per household</td>
<td>2.4</td>
<td>1 - 8</td>
</tr>
</tbody>
</table>
Using mean values derived from the above data we can describe the 'average' household in Crossroads. It will consist of 13 inhabitants spread over 5 rooms, each room measuring approximately 8 to 9 square metres with a ceiling height of 2,1 metres. The six immediate family members of the household head will probably have a separate kitchen and two sleeping rooms. Seven lodgers will occupy the remaining two rooms. The whole household will probably all share a single 'front door', although one of the lodger's rooms may have its own exit. Most of the lodgers will be related to the household head's family, and they may either share the family kitchen, or cook in their bedrooms. There will be one outside toilet for the entire household, and no running water or electricity.

Figures 11- 20 and Tables 3 and 4 show the distribution of household density.

Figures 21 - 23 illustrate the degree of sharing of basic household facilities, namely exits, toilets and beds.

In addition, the following measures were established:

36% of houses are without separate kitchens
28% of rooms are used for both sleeping and cooking.

Figures 24 and 25 reflect the degree of multi-occupancy.

In addition the following measures were established:

86,7% of households have lodgers.
39% of households have at least one external room for lodgers
The average number of lodgers per household is 6,6% (including households without lodgers). Using only households which have lodgers, the average number of lodgers is 7,7% per household.
B) **Subjective Crowding**

Some tentative enquiries were made at the beginning of the survey to assess how people felt about their crowded conditions. Some complaints were registered about noise, sharing of facilities, etc. On the whole, however, overcrowding was not seen as an issue when faced with the alternative of living as separated families under the migrant labour system. One woman stated:

"Overcrowded, yes, but my children and I have come to live with my husband."

Other typical responses were:

"But what choice is there?"
"Of course it is overcrowded in Crossroads. But if we stayed in the Transkei we would starve."

It would seem therefore, that for people struggling under immense pressures of poverty, insecurity and shortage of accommodation, the amount of living space per person is not accorded a high priority.

C) **Neighbourhood Density**

The actual density of dwelling units at Crossroads was not quantified in this survey. However, the aerial photograph shows extremely high density of dwellings, with almost no open space in between. This contrasts dramatically with the unit density in the formal housing estates.
Fig. 2D: Number of persons per 10 m$^3$ (sleeping rooms only)

Aerial photograph of New Crossroads (left) and Nyanga (right)

March 1984
AERIAL PHOTOGRAPH OF OLD CROSSROADS - MARCH 1984
4. HEALTH PROBLEMS

Results were obtained from the following questions:

- Have you been ill in the last 3 months?
- Any chronic illness?
- Specify
- Treated?
- Where?

BREAKDOWN OF ILLNESS

171 people reported symptoms/diseases, of whom 25 had 2 symptoms/diseases and 3 had 3 symptoms/diseases. The total sample was 767, thus the percentage of persons reporting symptoms/diseases was 22.3%.

Respiratory complaints were by far the commonest problem reported by Crossroads residents, making up 32.0% of all diseases. Within this category the three major diseases and/or symptoms reported were persistent cough, asthma and tuberculosis.

Rashes and other skin diseases made up the second commonest category of complaints, comprising 11.2% of all diseases. This was followed by the categories rheumatology/orthopaedics and diarrhoea, comprising 9.6% and 9.1% respectively.

There were distinct differences between the incidences of these diseases amongst adults and children. These are evident in the following table.
<table>
<thead>
<tr>
<th>Disease / Condition</th>
<th>Number of cases</th>
<th>% of all diseases</th>
<th>% prevalence</th>
<th>Number of adults</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td>17</td>
<td>8.6</td>
<td>2.2</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Asthma</td>
<td>22</td>
<td>11.2</td>
<td>2.9</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Other respiratory</td>
<td>24</td>
<td>12.2</td>
<td>3.1</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>Rash / skin sores</td>
<td>22</td>
<td>11.2</td>
<td>2.9</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Rheumatology / orthopaedics</td>
<td>19</td>
<td>9.6</td>
<td>2.5</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>18</td>
<td>9.1</td>
<td>2.3</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Infections</td>
<td>10</td>
<td>5.1</td>
<td>1.3</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Neurological</td>
<td>10</td>
<td>5.1</td>
<td>1.3</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>8</td>
<td>4.1</td>
<td>1.1</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>6</td>
<td>3.0</td>
<td>0.8</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>41</td>
<td>20.8</td>
<td>5.3</td>
<td>34</td>
<td>7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>197</strong></td>
<td><strong>100.0</strong></td>
<td><strong>25.7</strong></td>
<td><strong>133</strong></td>
<td><strong>64</strong></td>
</tr>
</tbody>
</table>
Categories

- Other respiratory: included reports of persistent cough, expectoration, chest pain and dysnoea not associated with cardiovascular problems.
- Infections: included reports of measles, whooping cough, meningitis, ear, nose and throat infections.
- Neurological: included reports of fits, psychiatric problems, headaches and mental retardation.
- Cardiovascular: included reports of hypertension and 'heart attack'.
- Rheumatology and Orthopaedics: included reports of 'painful joints', 'sore back'.

Figure i.
Treatment Centres

The following table and figure show where treatment was obtained.

Table iii.

<table>
<thead>
<tr>
<th>Centre</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>SACLA*</td>
<td>66</td>
<td>38</td>
</tr>
<tr>
<td>Private doctor*</td>
<td>31</td>
<td>18</td>
</tr>
<tr>
<td>Groote Schuur</td>
<td>22</td>
<td>13</td>
</tr>
<tr>
<td>Red Cross*</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Somerset*</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Igqira (1)</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Guguletu*</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Woodstock*</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Nyanga</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

(1) traditional healer

* indicates centres at which primary contact with the health services occurs

In each case only the centre that provided the major body of treatment was noted. Thus if the SACLA clinic had referred a patient to Red Cross for treatment, only the latter was noted. The attendance at SACLA is therefore higher than the 38% recorded here.
Figure ii.
5. DISCUSSION

a) density

As expected, all measures revealed extremely high household density and crowding, coupled with very high neighbourhood density.

Persons per room of greater than 1.5 is fairly well accepted internationally as being overcrowded.* The United Nations considers over 1 person per room to be crowded.*

Being a squatter camp, Crossroads is in many ways an exception to the 'norm' in urban black housing. It is unfortunate that the scope of this study could not extend to measurement of household density in the formal black townships. Interestingly, though, Dewar & Ellis, in an extensive review of low-income housing in the Western Cape, state that:

"Most work done on space standards in squatter areas ... indicates that the amount of space per person in the squatter areas is as good as or better than that found in most housing estates."* (9)

They also quote figures given by the Administration Board for the number of persons per 'habitable room' in the housing estates as follows:

Nyanga - 3.46
Guguletu - 2.33
Langa - 4.21

Since these included mainly 'legal' inhabitants, they felt that the true figures would be considerably higher. They further quote evidence given to the Cillie Commission in 1978 by the Associated Chamber of Commerce, that the average persons per household in the townships was 17.* While acknowledging that these figures are now out of date, it is felt to be extremely unlikely that crowding has significantly
reduced since that time and very likely that it has increased. Our finding of 3.3 persons per sleeping room compares favourably with the findings of Dewar & Ellis. Our average of 13 persons per household is considerably less than the 17 quoted by the Chamber of Commerce.

While the above data suggests that internal household crowding may be somewhat higher in the housing estates, a comparison of unit density reveals neighbourhood crowding at Crossroads to be dramatically higher. However, neighbourhood density has not been as clearly linked to negative effects as has internal household density.* In fact, low unit densities, such as found in the housing estates, are not necessarily commendable. Dewar & Ellis are extremely critical of the low-unit-density formula used in these estates:

"Unit densities in many cases are so low, relative to the design employed, that these areas desperately need higher unit densities to improve living conditions." *

Another interesting factor is that in our sample, 41% of households had 6 or more rooms and this in spite of the fact that the population has increased greatly without being allowed to add on or build new shacks. Estate houses generally offer a maximum of 5 rooms per house (kitchen, 'lounge', 3 bedrooms). Crossroads therefore, can afford more privacy to members of a given size of household than the housing estates offer.

"In many cases, squatting is a direct response to a lack of privacy in formal housing estates. The alternative to squatting in these circumstances is overcrowding in the housing estates, and many people deliberately squat IN ORDER TO GAIN GREATER PRIVACY AND LESS OVERCROWDING."* (Emphasis in original)
This fact seems to be borne out by the persistent erection of plastic shelters at Old Crossroads, in spite of tremendous harassment by Board officials. Reasons given by these inhabitants to our enquiries were -

- they can no longer bear the pressure of lodging;

- the household they have been lodging with has moved to New Crossroads, and the reduced number of rooms has now made lodging insufferable.
b) health problems

The spectrum of diseases in our study corresponds with the findings of other research. A thorough review of currently available literature by M. Lipschitz* reveals overwhelming support for the relationship between disease and conditions of crowding and poor housing environment. Where studies have failed to show this link, it is possibly due to inadequate indices of overcrowding.

Respiratory, gastro-intestinal and skin diseases in particular have been related to conditions in Crossroads and elsewhere in the townships. Lipschitz presents the following evidence:

**Respiratory diseases**

A longitudinal study has shown a definite correlation between crowding and bronchitis.* Correlations have also been established for croup, pneumonia* and asthma*. Asthma has been related to the house mite Dermatophagoides pteronyssinus which grows optimally in hot, humid and dusty conditions. Respiratory infections are mostly transmitted by miniscule droplets in the air we breathe. Enclosed environments and constant exposure to infected persons thus aggravate the spread of infection, including tuberculosis. TB constitutes 8.6% of the reported symptoms/diseases in our sample. It is South Africa's biggest public health problem amongst the communicable diseases, and makes up 83% of all notifiable diseases.* TB is without doubt the classic disease of impoverishment. Its incidence among the people of South Africa in 1980 was as follows:

<table>
<thead>
<tr>
<th></th>
<th>Whites</th>
<th>Coloureds</th>
<th>Asians</th>
<th>Blacks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate per 100 000</td>
<td>12.8</td>
<td>325.3</td>
<td>82.8</td>
<td>226.5</td>
</tr>
</tbody>
</table>

Source: SA Statistics '82, Central Statistical Services, Pretoria
Skin Diseases

An increased incidence of skin diseases has been associated with crowded conditions, poor water supply and structural inadequacies of houses.*

Gastro-intestinal Diseases

Studies have repeatedly documented relationships between gastro-intestinal diseases such as gastroenteritis, typhoid and cholera, and poor housing conditions, especially as regards water supply, waste removal, toilet facilities and sewage disposal.*

In Crossroads there are about 20 taps, which supply the whole community with water. All toilets are external structures, and waste is collected routinely by the administration boards.

General

Studies in Britain*, California* and Copenhagen* have demonstrated a general increase in morbidity associated with poor housing. Census data from Britain showed that mortality in the first five years of life increased with crowded living conditions. It appears that growth is also inhibited by crowding.*

Views on housing and health

H.M. Coovadia* has described three approaches to understanding housing and health. The first sees the sick as responsible for their illness; the individual is blamed in the same way as poverty is blamed on the poor. The second view accepts that poor housing inevitably leads to poor health, but fails to place this in an appropriate context. Coovadia then argues
for an integrationist approach, that ascribes ill health to a complex web of causes including housing, crowding, stress, employment, education and lack of political power.

Crowding, itself determined by a web of causation, not only produces a direct effect on health, but also mediates this effect through factors such as stress. The stress of crowding occurs amongst a vast range of pressures due to impoverishment. The direct consequences for an individual are:

(1) physical reactions, such as headaches, backache, muscle cramps, poor sleep, indigestion.

(2) psychological reactions, such as fatigue, anxiety, tension, irritability, depression, loss of concentration, etc.

(3) behavioural effects e.g. smoking, alcohol, aggression, social withdrawal, family breakdown.

The long term consequences of stress are:

- cardiovascular diseases
- hypertension
- gastrointestinal diseases
- general poor health
- deterioration in mental health, e.g. chronic anxiety, depression, apathy

Many of these diseases appeared in the miscellaneous category of diseases/symptoms in our sample.

Seedat et al* have shown correlations between hypertension, and overcrowding, low income, number of dependants, unemployment.
low educational level, and lack of recreational facilities.

Cassel\textsuperscript{*} makes two further points that are relevant here: \textsuperscript{(28)}

(1) with increasing density the social environment becomes increasingly important as a determinant of physiological response to various stimuli, including potentially disease producing agents.

(2) within this social environment the quality of social interaction and position within the group are important factors. Newcomers to this situation will always be at higher risk than the rest of the population. (This is of particular relevance considering new arrivals from the Transkei).

c) health services

The extensive use of SACLA (S.A. Christian Leadership Assembly) clinic is apparent. For more details see paper by Dr. I. Toms.\textsuperscript{*} \textsuperscript{(14)}

It is significant that SACLA was set up by a church organisation and not the state - although there is such an obvious need for the clinic.

The private doctor was the second most frequently used. Explanations for this may be the long wait at the hospital, long distances to travel and inability to get to the hospital during its routine hours. Another factor may be cost. If the patient's income is R100 to R200 a month the hospital charges R8 per visit - if his/her income is R200 - R300 a month the cost is R15 per visit. The private doctor's charges of about R8 a visit thus becomes very competitive in comparison.
The asterisked places of treatment indicate where primary health care (i.e. first contact that patient makes with medical personnel) is given. It can be seen that these include not only SACLA and Guguletu clinics but the more specialist centres like Red Cross Hospital and Somerset. The absence of secondary level ('level' indicates the scope of medical expertise and facilities) centres indicate poor planning in the health sector as the cost of running tertiary level centres far exceeds that of the primary and secondary levels. There is also a lack of definition between these different levels so that some patients are travelling to tertiary centres for primary treatment.

A significant number of people still consult the iquira (these went mainly for fits, headache and stomach pain). For research on the use of the iquira, see paper by Dr. V. Burhmann.* (15)

Thirteen per cent of those who specified where they were treated went to Groote Schuur Hospital. This serves as some indicator of the severity of the diseases as patients only receive treatment at this hospital by referral.
5. **CONCLUSION**

a.) The indices of crowding used in our survey clearly indicate a severe problem of overcrowding at Old Crossroads.

b.) The disease profile as reported by the residents themselves demonstrates a spectrum that has typically been associated with overcrowding and impoverishment.

These problems are by no means an inherent feature of the Crossroads community; they are the result of the 'freeze' on developments in the settled townships, and restrictions on the erection of new shelters at Crossroads and elsewhere in the Peninsula, as well as on extensions to existing shelters, in the face of repeated demolitions and evictions of 'illegal squatters', a naturally increasing urban population, and an expanded influx of people due to the severe rural crisis.

These problems will not be solved by further demolitions, nor by relocation to Khayelitsha with its consequent breakup of family and social life.

Squatting provides a very cost-effective short term solution to the housing crisis. Provided an adequate infrastructure is provided, it is in many ways a preferable alternative to the formal housing estates.

These issues are raised in the following three appendices which are essentially a continuation of the preceding discussion. They are included separately because their content goes beyond the issues of crowding and health, and addresses itself to the problems and functions of housing in general. At the same time it places the preceding issues in their correct socio-political context.
6a. THE FUNCTIONS OF HOUSING

Water, food and shelter are the absolute essentials for healthy living - they are 'social' necessities. Yet for many South Africans they are not easily available. Housing has become a key political issue in the struggle of people for the right to live healthily, i.e. the right to live where they can find suitable means to support themselves, the right to build their houses how, when and where they want to, the right to administer, plan and control the communities within which they live, the right to pay rents and rates that they can afford, and the right to have housing of sufficient quality that they can live comfortably and constructively.

Housing protects us from the 'elements', providing safety, security and shelter. It serves to structure our home activities, give us space to work and live and sleep. It provides a medium for our interaction with family and friends. It is a means of expression, functioning as an essential unit within the community. On the other hand, housing serves specific functions for the South African state. Firstly, it is a commodity, distributed according to market laws. Secondly, housing is provided by the state so as to maintain the labour force. Thirdly, housing has become an essential mechanism of control of 'urban' populations by the state. It is a major facet of apartheid strategy, exercised through the Group Areas Act, and numerous other laws, that 'entitle' the government to evict and relocate whole communities of people. Housing is used to separate, confine and control urban black communities. The layout of the townships allows for efficient repressive action. Restrictions on housing, and the enormous backlog of planned houses, helps control the influx of work-seekers from the rural areas. Overcrowding thus plays a functional role for the state apparatus.

Current overcrowding in the Western Cape black townships must be seen in this context.
The rural areas are faced with a severe economic crisis, aggravated by drought, and perpetuated by migrant labour. Unemployment and starvation are harsh realities that drive families towards the urban areas. This crisis is taking place alongside a complete freeze on housing development in the settled townships, and repeated demolitions of squatter shanties. Overcrowding is the obvious result, and is serving as a counter-pressure to the constant influx from the rural areas. The implications for health and safety that this entails are enormous.

The government has recently stated its intention to resettle all Africans in the Western Cape in the newly constructed township of Khayelitsha ('our new home') : 5 000 dwelling units are planned for 1984. Khayelitsha lies some 10 km beyond Crossroads, situated amongst the dunes of the Cape Flats. It has been constructed for 'control' - the single entrance is dominated by Western Cape Administration Board (WCAB) offices; fences surround the perimeter. A bus service carries residents to and from Nyanga. Khayelitsha is the government's 'final solution' to the problem of urban blacks in the Western Cape. This strategy must be seen in the context of moves, on a national scale, to control urban blacks. These were formalised in two bills that have now become law:

(1) **The Orderly Movement and Settlement of Black Persons**  
Bill No. 113

(2) **Black Local Authorities Act No. 102**

6b. **BACKGROUND TO CROSSROADS**

In 1975 Divisional Council officials pointed out the Crossroads site to squatters. Fleeing from Divisional Council squatter camp demolitions elsewhere in the peninsula, an informal
community rapidly developed. In June 1976 Crossroads was proclaimed an emergency squatter camp under the Prevention of Illegal Squatting Act, and in September 1976 the total dwelling units numbered 2,871.

From the start Crossroads exhibited certain unique features. It has attracted considerable attention from local and international supporters. During times of harassment the residents have shown a strong unity and spirit of defiance. Crime rates have always been low. Working in conjunction with outside organisations, the residents have established a number of facilities, including two schools, a development centre, a clinic that offers general, nutritional, dental, social and legal aid services, and a large number of 'informal' churches.

Dr. Koornhof's 'special dispensation' for the Crossroads people is well known. All persons resident on or before 31 December 1978 were to be rehoused in a 3 phase plan, intended to provide 2,575 houses. Phase one was the establishment of a formal township (New Crossroads), with 1,731 houses. Approximately 600 households have been moved to New Crossroads.

The population of New Crossroads, estimated at 12,000 residents has been drawn from other areas of the peninsula as well, especially legal residents from KTC. Approximately 65% of houses have 3 bedrooms (1980 rents = R34,71), 25% have 2 bedrooms (1980 rents = R33,00) and 10% have 1 bedroom (1980 rents = R24,61).

Phases two and three of Koornhof's plan have not materialised. They were to include a controlled self-help scheme to cater for those residents who could not afford the conventional housing of phase one.
In April 1980 administration of Crossroads was transferred from the Divisional Council to the WCAB. A survey in October 1982 indicated that there were 23 117 residents living in 2 199 dwelling units, an average household comprising 10.51 persons. The shacks are numbered and strictly controlled - all extensions are prohibited.

Current estimates of the population of Crossroads were provided by Dr. Koornhof in parliament (Cape Times, Wed. 21 March 1984)

Year ended 1982 - 40 218 residents of whom
25 000 were 'illegals'

Year ended 1983 - 47 572 residents
+30 000 'illegals'
17 572 legal residents
( 3 912 men
4 500 women
9 160 children)

A number of residents claim to have been missed by the official survey, conducted in July 1979, to establish residents who qualified in terms of Koornhof's dispensation. Two lists, comprising 6 088 names, were drawn up by Mr. Johnson Ngxobongwana (Chairman of the Crossroads Committee) and Mr. Oliver Memani (previously vice-chairman, later rival of the 'mayor'). A 'Crossroads appeals committee' has finally been appointed by the state to review these claims. It is feared that, following the decisions of this committee, a large scale removal of 'illegals' will take place.

Besides the approx. 2 200 shacks currently in existence, there are a large number of plastic shelters erected in between the shacks, and in the spaces left by the phase one removals. These are a response to extremely overcrowded conditions within Crossroads and New Crossroads - their occupants were previously
lodgers, paying 'rents' to the head of the household. It appears that the majority of the 'plastics' people are legally entitled to housing. The erection of their shelters, in violation of current restrictions, is a concerted effort to make their situation known to the Board officials. Throughout the duration of this survey repeated raids were conducted by WCAB officials to demolish these shelters. The 'plastics' thus constituted an extremely variable population, for which we could not control. Since the survey was completed, the raids have virtually ceased, and the number of plastic shelters has increased.
6c. ATTITUDES OF CROSSROADS RESIDENTS TOWARDS THE ANTICIPATED RELOCATION TO KHAYELITSHA

The increasing prominence of the Khayelitsha issue prompted us to gauge residents' attitudes towards this anticipated move. Having already started the survey, the remaining 53 houses were included in this question. This comprises 2.4% of the 2,200 numbered shacks. The total population of these houses was 682 (1.4% of the estimated 47,572 residents). There were 412 adults (16 years and older) in this sample. Of these, 373 (90.5%) were available to answer the question.

The residents were asked if they would be willing to be moved to Khayelitsha. The following responses were recorded:

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Said yes</td>
<td>2.4%</td>
</tr>
<tr>
<td>Said no</td>
<td>44.5%</td>
</tr>
<tr>
<td>Said they did not know about Khayelitsha</td>
<td>3.2%</td>
</tr>
<tr>
<td>Did not consider the question applicable</td>
<td>49.9%</td>
</tr>
<tr>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

Of these 186:
- 56 were under 21 years
- 54 were not legally entitled to houses
- 31 were not responsible for household decisions
- 45 were waiting to move elsewhere

Thus, of those who considered themselves eligible to reply to the question (No. = 175):

- 94.9% said no
- 5.1% said yes

The 'yes' answers came exclusively from lodgers, and were qualified with 'if the houses are good' and/or 'only if all the people go'.
The commonest reasons given for not wanting to go to Khayelitsha were:

1. the distance from shops, schools and work, and the cost of transport;
2. many residents earn their living through informal sector activities within Crossroads, and this would not be possible at Khayelitsha;
3. the rents at Khayelitsha are too high;
4. the move into two-roomed houses at Khayelitsha would completely disrupt the close-knit family structures at Old Crossroads, excluding many so-called 'illegals' and breaking up the extended family;
5. Old Crossroads enjoys a relative self-determination and sense of community that is completely lacking from the enclosed, carefully controlled sandy space of Khayelitsha
6. the people of Crossroads were originally promised a 3-phase plan to rehouse them in proper structures at New Crossroads (phase 1), KTC (phase 2) and Old Crossroads (phase 3). Only phase 1 has been carried out. In their characteristically high-handed manner the authorities have not consulted the residents about any change of plans, and residents are still waiting for 'Koomhof's deal' to materialise.

The following quotes were extracted from the interviews:

'No. It is too far. I want to build a proper house here. We are very worried we will be moved to New Crossroads and have to pay those high rents and water'. 52 yr old watchman in Bellville. 6 yrs. residence. H/H.

'We can't go to Khayelitsha. We have never been told about Khayelitsha. I want to stay in Crossroads because it will be too far to get to work and my children are schooling in New Crossroads'. 45 yr old Divisional Council labourer. 8 yrs residence. H/H.
'I don't believe we can go to Khayelitsha. We have even refused to be moved to New Crossroads because we can't afford the high rents. We have very little wages and there are ten children of our own'. 45 yr old dressmaker. 8 yrs. residence.

'No the houses look smaller than this one'. 57 yr old man and 49 yr old female. H/H.

'I don't want to go to Khayelitsha because my children are working here and they can't afford to pay bus fare from Khayelitsha, and I have never been told about Khayelitsha in their promises'. 48 yr old self-employed dressmaker. 8 yrs residence.

'I do not like Khayelitsha. There are no chances of this kind of living. I must sell anything I can in order to educate my children. My children have no background in Kayelitsha. And it is very health here in Crossroads'. 53 yr old man. Residence 8 yrs. H/H.

'I do not want to go to Khayelitsha. I cannot live there because the small things which I make money out of, the apples, fish ... they are not allowed there'. 62 yr old man. H/H. 6 yrs residence.
'No. We are here to stay'. 44 yr old factory worker and his 42 yr old wife. 8 yrs resident.
6d. DEMOGRAPHIC DATA

The following data is presented:

Age distribution of sample population, and male:female ratios for adults and minors. (Fig. 1)

Duration of stay at Crossroads, separate graphs given for those who were adults (16 years and older) and minors (less than 16 years) at the time of their arrival at Crossroads. (Figs. 2 and 3)

Duration of stay for all children born at Crossroads. (Fig. 4)

Previous accommodation. (Fig. 5)

Duration of stay for all those whose previous accommodation was in the Transkei or Ciskei. (Fig. 6)

Legal status. (Table 1)

Economic activity. (Figs. 7 - 10, Table 2)
AGE DISTRIBUTION
OF SAMPLE POPULATION

TOTAL SAMPLE = 1767
TOTAL ADULTS (< 16 yrs) = 477 (62.2%)
  (ADULT MALES 67%  ADULT FEMALES 53%)
TOTAL MINORS (< 16 yrs) = 290 (37.8%)
  (MALE MINORS 69.8%  FEMALE MINORS 51.2%)

FIG. 1
of the sample population of adults

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1975</td>
<td>37.0%</td>
</tr>
<tr>
<td>1976</td>
<td>8.0%</td>
</tr>
<tr>
<td>1977</td>
<td>5.2%</td>
</tr>
<tr>
<td>1978</td>
<td>6.6%</td>
</tr>
<tr>
<td>1979</td>
<td>8.6%</td>
</tr>
<tr>
<td>1980</td>
<td>6.9%</td>
</tr>
<tr>
<td>1981</td>
<td>7.7%</td>
</tr>
<tr>
<td>1982</td>
<td>7.5%</td>
</tr>
<tr>
<td>1983</td>
<td>12.4%</td>
</tr>
</tbody>
</table>

Fig. 2: Duration of stay (in years) of those who were adults (≥ 16 years) on arrival.
OF THE SAMPLE POPULATION OF MINORS

11.9 % ARRIVED DURING 1983
6.4 % " " 1982
5.0 % " " 1981
6.9 % " " 1980
3.4 % " " 1979
2.5 % " " 1978
4.0 % " " 1977
8.4 % " " 1976
46.5 % " " 1975.

Fig. 3: Duration of Stay (in years) for those who were
minors (<16 years) on arrival.
Fig. 4: Number of children sampled born at crossroads.

From sample population = 14.9

- Minor girls of 16 yrs. = 17.2%
- Minor girls of all yrs. = 51.4%
- Minor boys of all yrs. = 2.7%
**Figure 5:** Previous accommodation - All persons not born at Crossroads.

**Figure 6:** Duration of stay (in years) for all persons whose previous accommodation was in the Transkei or Ciskei.
2.1.7 **Legal Status**

Data was obtained for 765 persons, out of a sample 767

Notes on the categories used:

1. 'MINOR' refers to everyone under the age of 21 years, (by legal definition)

2. 'RESIDENCE PERMIT' refers to people who have the required stamp in their pass book (as opposed to the 'residence permits' issued by the mayor and his deputy). These people have, in addition, been resident at Crossroads for at least 5 years (prior to 31 December 1978).

3. '?RESIDENCE PERMIT' refers to people who claim to have residence permits, but whose status is uncertain.

4. 10(1)(a) refers to persons born in the Peninsula and entitled to permanent urban residence.

5. 10(1)(b) refers to persons who qualify for permanent urban residence by virtue of having worked for one employer longer than 10 years, or a number of employers for longer than 15 years.

6. 10(1)(c)

7. 10(1)(d)

8. 72 hours

9. 3 months

10. 6 months

11. 'CONTRACT' refers to persons currently employed by legal contract in the Peninsula who are officially migrants in that they are 'citizens' of an 'independent' homeland.
(12) **WAITING LIST**

(13) 'UNCLAIMED' refers to persons who qualify for permanent urban residence in terms of the above categories but have not obtained the required documentation.

Of our sample of 767 persons,

360 were minors (less than 21 years) (46.9%)
407 were adults (21 years and over) (53.1%)

**Table 1:**
Legal status of adults in sample:

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence permit</td>
<td>184</td>
<td>(45.3%)</td>
</tr>
<tr>
<td>? Residence permit</td>
<td>21</td>
<td>(5.2%)</td>
</tr>
<tr>
<td>10(1)(a)</td>
<td>1</td>
<td>(0.2%)</td>
</tr>
<tr>
<td>10(1)(b)</td>
<td>15</td>
<td>(3.7%)</td>
</tr>
<tr>
<td>10(1)(c)</td>
<td>1</td>
<td>(0.2%)</td>
</tr>
<tr>
<td>10(1)(d)</td>
<td>5</td>
<td>(1.2%)</td>
</tr>
<tr>
<td>72 hours</td>
<td>13</td>
<td>(3.2%)</td>
</tr>
<tr>
<td>3 months</td>
<td>2</td>
<td>(0.5%)</td>
</tr>
<tr>
<td>6 months</td>
<td>20</td>
<td>(4.9%)</td>
</tr>
<tr>
<td>'Contract'</td>
<td>26</td>
<td>(6.4%)</td>
</tr>
<tr>
<td>Waiting list</td>
<td>4</td>
<td>(1.0%)</td>
</tr>
<tr>
<td>Unclaimed</td>
<td>22</td>
<td>(5.4%)</td>
</tr>
<tr>
<td>'Illegal'</td>
<td>93</td>
<td>(22.9%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>407</strong></td>
<td></td>
</tr>
</tbody>
</table>
2.1.8 Economic Activity

Four categories were used:

i) formally employed, i.e. working full-time for an employer somewhere in the Peninsula, or working part-time for a number of employers

ii) self-employed, i.e. participating in the informal sector within Crossroads; alternatively being in charge of their own enterprise

iii) casual, i.e. irregular employment

iv) pensions.

Incomes were hard to obtain; they were recorded for 144 adults (60.3% of total economically active persons). Those that were recorded are probably an underestimate. For lack of an alternative, they are presented here. We calculated an average income for all economically active persons, and inserted this average into the spaces where no data was obtained. In this way we managed to obtain a very rough estimate of per capita income for each household.

The 'minimum living level' has been calculated at R238,70 for an average family of 4.91 people. This amounts to R48,60 per person.

Of the per capita incomes calculated for each household, 59.6% fall below R48,60.

Using the minimum living level, one could expect the 'average' economically active person at Crossroads to support 2.7 people.

\[
\frac{4.91 \times R130.70}{R238.70}
\]

Of the household ratios of people per economically active person, 66.6% are above 2.7.

Obviously the above calculations are extremely rough, and the results questionable.
Table 2:

**EMPLOYMENT:**

<table>
<thead>
<tr>
<th>Employment Type</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formally Employed Adults</td>
<td>188</td>
<td>(78.7%)</td>
</tr>
<tr>
<td>Self Employed Adults</td>
<td>33</td>
<td>(13.8%)</td>
</tr>
<tr>
<td>'Casual'</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Pensions</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td><strong>Total Economically Active Adults</strong></td>
<td><strong>239</strong></td>
<td><strong>(100%)</strong></td>
</tr>
</tbody>
</table>

**Total Adults of 16 Years and Older = 451**

**Total Persons = 727* (see footnote)**

Therefore Economically Active Adults constitute 53.0% of all adults and 32.9% of all persons.

Incomes were recorded for 144 adults.

**Total Recorded Income = R18,820**

**Average Income per Economically Active Person = R130.7**

Hence projected total income for sample population = R31236.0

- Rands per person (Projected average) = R 42.97
- Rands per family of 4.91 persons = R210.96
- Minimum living level for an average family of 4.91 persons = R238.70
- Supplemented living level = R307.92

* Two households have been omitted due to inadequate data.
DISTRIBUTION OF
RECORDED INCOMES

NO. = 144

= 60.3% of Total Economically Active Persons.

- TOTAL RECORDED INCOME
  = R 18,820

- PROJECTED TOTAL INCOME FOR
  Total Sample = R 31,211

- AVERAGE RECORDED INCOME
  = R 130.7

FIG. 7: INCOMES ~ TAKEN TO THE NEAREST R10.
AV. INCOME RECORDED = R 130.7

MINIMUM LIVING LEVEL = R 238.7 PER 4.91 PEOPLE

:. FOR 2.7 PERSONS. MLL IS R 130.7

FIG. 8: ECONOMICALLY ACTIVE ADULTS PER HOUSEHOLD
Density Figures:

Table: 3) persons per sleeping room
       4) adults per sleeping room

Figure: 11) persons per room - household averages
         12) persons per sleeping room
         13) adults per sleeping room
         14) persons per household
         15) adults per household
         16) rooms per household
         17) room size (m$^2$)
         18) persons per 10m$^2$
         19) room size (m$^3$)
         20) persons per 10m$^3$
         21) persons per external exit
         22) persons per toilet
         23) persons per bed
         24) household composition - lodgers
         25) household composition - family of the household head
TABLE 3:
DENSITY: TOTAL PERSONS PER BEDROOM

TOTAL PERSONS = 767  TOTAL ROOMS = 232  AVERAGE PERSONS PER ROOM = 3.3

<table>
<thead>
<tr>
<th>% ROOMS WITH 1 PERSON</th>
<th>% ROOMS WITH MORE THAN 1 PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td></td>
</tr>
<tr>
<td>14,2</td>
<td>85,8</td>
</tr>
<tr>
<td>2 PERSONS =</td>
<td>2 PERSONS = 59,9</td>
</tr>
<tr>
<td>25,9</td>
<td></td>
</tr>
<tr>
<td>3 PERSONS =</td>
<td>3 PERSONS = 39,7</td>
</tr>
<tr>
<td>20,3</td>
<td></td>
</tr>
<tr>
<td>4 PERSONS =</td>
<td>4 PERSONS = 22,0</td>
</tr>
<tr>
<td>17,7</td>
<td></td>
</tr>
<tr>
<td>5 PERSONS =</td>
<td>5 PERSONS = 10,8</td>
</tr>
<tr>
<td>11,2</td>
<td></td>
</tr>
<tr>
<td>6 PERSONS =</td>
<td>6 PERSONS = 5,6</td>
</tr>
<tr>
<td>5,2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% PEOPLE LIVING IN A '1 PERSON' ROOM</th>
<th>% PEOPLE LIVING IN A ROOM WITH MORE THAN 1 PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1 PERSON</td>
<td>1 PERSON</td>
</tr>
<tr>
<td>4,3</td>
<td></td>
</tr>
<tr>
<td>2 PERSONS =</td>
<td>2 PERSONS = 80,1</td>
</tr>
<tr>
<td>15,6</td>
<td></td>
</tr>
<tr>
<td>3 PERSONS =</td>
<td>3 PERSONS = 61,7</td>
</tr>
<tr>
<td>18,4</td>
<td></td>
</tr>
<tr>
<td>4 PERSONS =</td>
<td>4 PERSONS = 40,3</td>
</tr>
<tr>
<td>21,4</td>
<td></td>
</tr>
<tr>
<td>5 PERSONS =</td>
<td>5 PERSONS = 23,4</td>
</tr>
<tr>
<td>16,9</td>
<td></td>
</tr>
<tr>
<td>6 PERSONS =</td>
<td>6 PERSONS = 14,0</td>
</tr>
<tr>
<td>9,4</td>
<td></td>
</tr>
<tr>
<td>7 PERSONS =</td>
<td>7 PERSONS = 8,5</td>
</tr>
<tr>
<td>5,5</td>
<td></td>
</tr>
<tr>
<td>8 PERSONS =</td>
<td>8 PERSONS = 3,3</td>
</tr>
<tr>
<td>5,2</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 4:
**Density: Adults (16 yrs and over) per bedroom**

<table>
<thead>
<tr>
<th>% Rooms with 1 Adult</th>
<th>% Rooms with more than 1 Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.6</td>
<td>73.7</td>
</tr>
<tr>
<td>2 Adults</td>
<td>54.7</td>
</tr>
<tr>
<td>3 Adults</td>
<td>9.5</td>
</tr>
<tr>
<td>4 Adults</td>
<td>6.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Adults living in a '1 Adult' room</th>
<th>% Adults living in a room with more than 1 adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.9</td>
<td>87.9</td>
</tr>
<tr>
<td>2 Adults</td>
<td>34.7</td>
</tr>
<tr>
<td>3 Adults</td>
<td>20.9</td>
</tr>
<tr>
<td>4 Adults</td>
<td>7.5</td>
</tr>
<tr>
<td>5 Adults</td>
<td>5.4</td>
</tr>
<tr>
<td>6 Adults</td>
<td>2.9</td>
</tr>
</tbody>
</table>
FIG. 11: PERSONS PER ROOM (HOUSEHOLD AVERAGES)

[59 HOUSEHOLDS]
MEDIAN = 2.5
MEAN = 2.67
[NO. OF ROOMS = 237]

MODE = 2
MEDIAN = 3
MEAN = 3.3

FIG. 12: PERSONS PER SLEEPING ROOM
[Rooms with data = 215]

Mode = 2
Median = 2
Mean = 2.0

Fig B: No. of adults ≥ 16 yrs per sleeping room.
TOTAL PERSONS PER HOUSEHOLD:  
TOTAL PERSONS = 767  
TOTAL HOUSEHOLDS = 59  
AVERAGE PERSONS/HOUSEHOLD = 13.0.

FIG. 14: TOTAL PERSONS PER HOUSEHOLD

TOTAL ADULTS = 477  
AVERAGE NO. OF ADULTS/HOUSEHOLD = 8.1

FIG. 15: NUMBER OF ADULTS PER HOUSEHOLD  
(6/16 YEARS)
Fig. 18: Persons per 10 m²
(Using household averages, i.e. including rooms not used for sleeping)

[50 Households]
Mode = 2.75
Median = 2.75
Mean = 3.1
[No. of Measured Rooms = 272]

Mode = 19 m³
Median = 17 m³
Mean = 20.7 m³

Fig. 19: Room Size (m³)
[49 HOUSEHOLDS]
MODE = 6
MEAN = 9.6
MEDIAN = 9

FIG. 21:  PERSONS PER EXTERNAL EXIT
FIG. 22: NUMBER OF HOUSEHOLDS

PERSONS PER TOILET

52 HOUSEHOLDS

MODE = 17

MEDIAN = 11

MEAN = 12.0
[No. of sleeping rooms = 204]

Mode = 2
Median = 2
Mean = 2.4

Fig. 23: Number of persons per bed.
Fig. 24: Number of Lodgers per Household

[59 Households]
Median = 6
Mean = 6.5

Fig. 25: Average Household Composition (Multi-Occupancy)
HOUSE NUMBER ___________________ DATE _____________

HEAD OF HOUSEHOLD

M F AGE _______ LENGTH OF STAY IN CROSSROADS ________________

PREVIOUS ACCOMODATION ________________________________

OCCUPATION : ________________________________

LEGAL STATUS ________________________________

NOTES

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

NUMBER OF TOILETS _______________

ALL ROOMS NOT USED AS SLEEPING QUARTERS

<table>
<thead>
<tr>
<th>SIZE</th>
<th>CEILING HEIGHT</th>
<th>FUNCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOR ALL ROOMS USED AS SLEEPING QUARTERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOUSE NUMBER _____ ROOM NUMBER ________ DATE ________ NUMBER OF FAMILIES ________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIZE ________ CEILING HEIGHT ________ OWN EXIT? YES / NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COOKING UNIT? YES / NO NUMBER SLEEPING ON THE FLOOR ________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BED OCCUPANCY</th>
<th></th>
<th></th>
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<tr>
<th>AGE</th>
<th>SEX</th>
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<tr>
<th>MARRIED?</th>
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<thead>
<tr>
<th>H/H FAMILY?</th>
<th>LODGER?</th>
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<tr>
<th>EMPLOYED (FORMAL)?</th>
<th>SELF EMPLOYED?</th>
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<tr>
<th>MONTHLY INCOME</th>
<th>DURATION OF STAY</th>
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<tr>
<th>PREVIOUS ACCOMODATION?</th>
<th>WOULD YOU LIKE TO STAY IN KAYALITSHA?</th>
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<tr>
<th>POS. PERMIT</th>
<th>6 MONTHS</th>
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<td>10 1 A</td>
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<td></td>
<td>10 1 B</td>
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<tr>
<th>STATUS</th>
<th>CONTRACT</th>
<th>UNCLAIMED</th>
<th>ILLEGAL</th>
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<tr>
<td>Minor</td>
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<td>Other</td>
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<tr>
<th>HAVE YOU BEEN ILL IN LAST 3 MONTHS?</th>
<th>ANY CHRONIC ILLNESS</th>
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<tr>
<th>SPECIFY</th>
<th>DURATION OF ILLNESS</th>
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<th>DAYS OFF WORK / HOME</th>
<th>WHERE ACQUIRED</th>
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<tr>
<th>TREATED?</th>
<th>WHERE TREATED?</th>
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<th>VISITED CLINIC?</th>
<th>HOSPITALISED?</th>
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(12) DEWAR, D. & G. Ellis (above) p. 81

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These papers constitute the preliminary findings of the Second Carnegie Inquiry into Poverty and Development in Southern Africa, and were prepared for presentation at a Conference at the University of Cape Town from 13-19 April, 1984.

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