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**THE LINKS BETWEEN MIGRATION,
POVERTY AND HEALTH: EVIDENCE
FROM KHAYELITSHA AND
MITCHELL'S PLAIN**

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CSSR Working Paper No. 73



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The Links Between Migration, Poverty and Health: Evidence From Khayelitsha and Mitchell's Plain

Abstract

In the mid-1950s, the City of Cape Town was part of a wider area demarcated as a Coloured Labour Preference Area. The free movement of African people into the city was strictly controlled and the residential areas were segregated along racial lines. In terms of Apartheid's grand design, an area designated Mitchell's Plain was demarcated for occupation by Coloured people in 1973 while another designated Khayelitsha was allocated for African people. The two areas were incorporated in one magisterial district, Mitchell's Plain, in the mid-1980s. A sample survey of the area was conducted in late November and early December 2000 with a focus on labour market issues. Its aim was to capture occupants of households aged 18 or older. The survey data has been interrogated to describe the connections between migration, poverty and health in a city where recent rapid urbanisation is changing the demographic profile significantly. As a consequence, the need to provide adequate infrastructure, decent housing and employment poses a daunting challenge ten years after the new democracy has been ushered in.

1. Introduction

This paper illustrates how households and individuals are driven by poverty to leave their historical areas by migrating and adopting livelihood strategies in their urban and peri-urban destinations in Cape Town. It also looks at the ensuing settlement, educational, and occupational and health outcomes. The paper seeks to reveal a historical thread that ties migration to poverty and inequality, and the resultant spread of epidemics such as HIV/AIDS in both the Eastern Cape and Khayelitsha in the Cape Peninsula.

As a case study, the paper relies on results from the Khayelitsha/Mitchell's Plain Survey (KMPS) 2000 conducted by the Southern Africa Labour and

Development Research Unit (SALDRU), at the University of Cape Town in collaboration with the Population Studies Centre, University of Michigan. The KMPS 2000 is used in the migration-poverty analysis whereas other sources of data are used for the health-HIV/AIDS analysis.

According to a descriptive report of the KMPS 2000 survey, the Khayelitsha/Mitchell's Plain magisterial district was home to almost 30% of the population in the Cape Metropolitan Council area in 1996. It also housed nearly 74% of the African and over 20% of the "coloured" cape metropolitan population. The major focus of the survey was to explore how labour market behaviour as a livelihood strategy led individuals to get involved in multiple activities. The data from the survey therefore contain rich information on migration and poverty as well as some information on health in the areas covered.

This paper is part of an effort to stimulate research on migration and urbanisation, poverty and inequality, and HIV/AIDS in Southern Africa where trends in these three areas are shaped by several important factors related to industrial production, political exigencies, and recent social transitions. In particular, the impact of circular male dominated labour migration driven by the unholy convergence of mining and industrial workforce needs and apartheid legislation has indelibly marked the regional economies, family configurations and health (Migration and Urbanisation Node, 2000).

The relationship between migration, poverty and health must therefore be understood within the specific socio-economic context that regulated labour and human movement and settlement in Southern Africa. Indeed, it may be argued that by looking at the relationship between the three, evidence may emerge that the rapid spread of epidemics including HIV/AIDS can be partly attributed to the fertile grounds prepared by the way the three factors have historically 'intersected' in Southern Africa.

This convergence was compounded by the predominance of a mainly paternal family and social environment in the different communities in rural and urban areas. This context that was characterised by male domination in labour force participation, contributed to the spread of epidemics such as tuberculosis. Hence the highly mobile male labour population acted as the primary carriers of the disease. Meanwhile, underlying demographic transitions of mortality, fertility and nuptiality were also underway at varying rates in the four main population groups of Asians, blacks, coloureds, and whites.

The labour practices in Southern Africa were enabled through the implementation of various Acts aimed at regulating the movement of the black

populations. In the Western Cape, one of the most influential instruments was the *Coloured Labour Preference Policy* (CLPP) adopted and enforced from the 1950s (Goldin, 1984, Horner, 1983, Seekings, *et al*, 1990). The policy curtailed the movement of the so called ‘native’ population into the current Cape Metropolitan area and gave preference to the ‘coloured’ population in the labour market.

It was not until after the repeal of the CLPP (Goldin, 1984) that black populations began to increase again at a rapid rate in what is today the Cape Metropolitan area as shown in Table 1. Before then, the conditions under which blacks were allowed to stay in the areas covered by the CLPP were mainly in the strictly demarcated African townships for those born in Cape Town or in single sex hostels for those oscillating between their places of origin mainly in the Transkei and the Western Cape with temporary permits as contract workers (Goldin, 1984).

A study that looked at migration into Khayelitsha after the repeal of the influx control laws (Seekings, *et al*, 1990) reported that only 11% of their respondents had been born in the Western Cape and that most of the other respondents (89%) had moved to the Western Cape prior to the abolition of the pass laws. These findings led them to conclude that the bulk of the migration into the Western Cape had already occurred. As the results from the analysis of the migration data in the KMPS 2000 survey shows, this conclusion was premature as subsequent streams of migrants continued to grow until the late 1990s. As their results show, the new wave of immigration to Khayelitsha in response to the repeal of the pass laws had just begun as 41% of their respondents had arrived in 1985 possibly in responses to an already relaxed implementation of the pass laws. Their study, was conducted in 1988, two years after the repeal of the laws which would conceivably have not been sufficient time to arrive at the definitive conclusion that they did.

Table 1. Year of migration by gender

<i>Period of Arrival</i>	<i>Male</i>		<i>Female</i>		<i>Total</i>	
	<i>Frequency</i>	<i>Percentage</i>	<i>Frequency</i>	<i>Percentage</i>	<i>Frequency</i>	<i>Percentage</i>
Before 1980	134	20.5	139	16.1	273	18.0
Between 1980-1990	225	34.4	292	33.9	517	34.1
After 1990-2000	296	45.2	431	50.0	727	47.9
Total	655	100	862	100	1517	100

Note: ***Missing observations = 62.

Source: Nhate, 2003: 13.

The implementation of the CLPP was formally made legal when Verwoed, the then minister of Native Affairs, announced in 1954 that migrant labour was to be the preferred form of 'Native' labour in the Western Cape region and that 'Native' families would be discouraged from settling in the region. As Table 1 shows, and as Goldin (1984:11-16) points out, "...by 1957 Chief Magistrates in the Peninsula could report a decline in the native population over the previous two years. Women bore the brunt of the new regulations and between 1954 and 1956, 4 928 women had been endorsed out of the Peninsula and a further 26 213 had been issued with permits to remain in the area of which 10 299 were conditional upon employment in the area." As can be seen in Table 1, the CLPP had the effect of reducing contract Africans in the Cape peninsula whose reduction is "particularly marked over the period 1975 to 1977". According to Goldin (1984), the results of this attack on African women was that only a negligible proportion of the contract labour force were female and an extreme sexual imbalance existed in the townships.

'The number of registered female workers as a percentage of the total workforce reflects the absence of female contract workers as well as the scarcity of employment for women with permanent residence rights. Legally employed African women constitute less than fourteen percent of the registered African workforce of the peninsula. Single women as well as the bulk of the married population that cannot survive on the income of the male earner suffer severely from this restriction of female employment' (*ibid*:16).

The repeal of these laws therefore resulted in high rates of migration into the Cape Metropolitan area from 1986. Indeed, initial analysis of the KMPS 2000 data (Nhate, 2003) revealed a continuing trend where female migration into the Khayelitsha/Mitchell's Plain area has increased steadily since the late 1980s as indicated in Table 1 and Figure 1. As Horner (1983), and Goldin (1984) illustrate clearly, from the early 1970s, a combination of labour market dynamics and legislative developments such as the famous "Rikhoto judgement"¹ (Simkins, 1983), coupled with the sheer weight of demographic

¹ On 30th May 1983, the Appeal Court handed down a landmark decision in the case Rikhoto v. East Rand Administration Board (ERAB) granting him the right to permanent urban status. This ruling was expected to affect about 150,000 black contract workers in urban areas, who could then apply to have their families living with them. Although Mehlolo Rikhoto, a machine operative successfully brought this about through his case, the Minister of Co-operation and Development blocked the loophole by insisting that the estimated 150,000 black workers who stood to benefit and their families be housed in "approved housing".

trends had begun to erode the influx control laws. Consequently, squatter settlements had sprung up in many places hitherto regarded as out of bounds to the African population. Khayelitsha was however announced by parliament in 1983 as a development by the state to house Africans (Seekings, *et al*, 1990) in response to a severe housing shortage for Africans in the Western Cape. Khayelitsha was therefore intended to ease this shortage and accommodate squatters in the Crossroads area. The history of the establishment of Khayelitsha mainly through the re-settlement of both legal and illegal squatters in Crossroads is well documented by Seekings, *et al*, (1990).

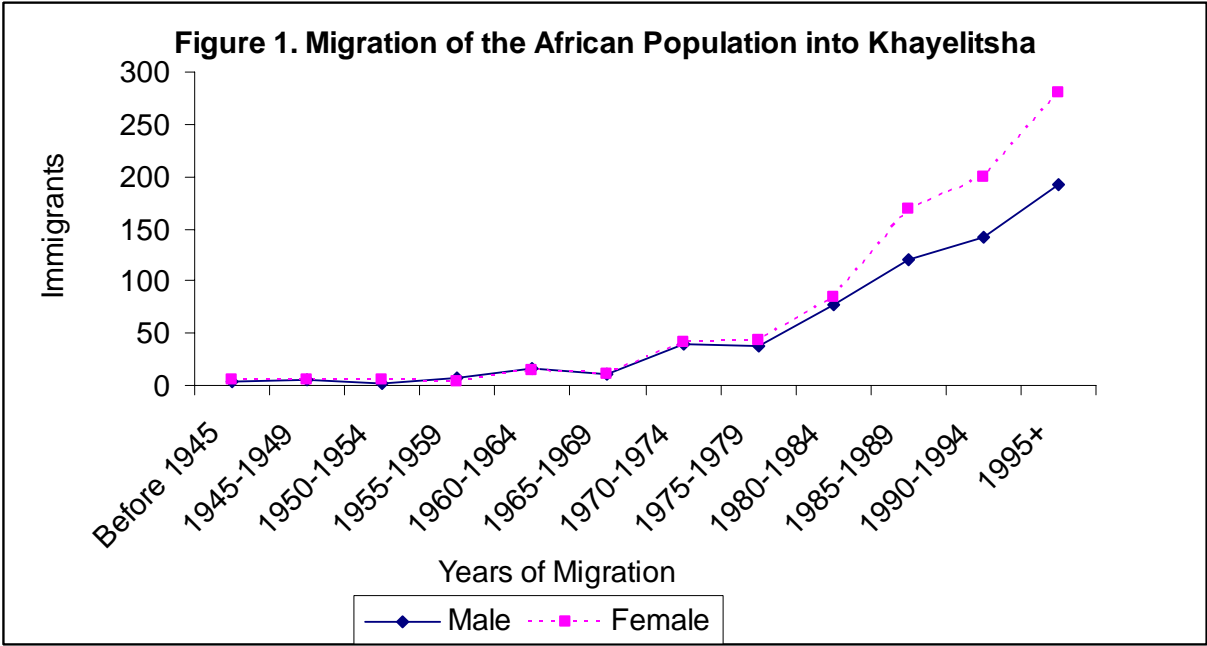


Figure 1. Migration of the African Population into Khayelitsha

2. Rationale

The review in this paper uses the KMPS 2000 data to look at recent trends and some of their consequences. It will also provide useful insights into the effects of the repeal of influx control laws on migration and urban settlement in Cape Town and how such changes bear on poverty and inequality as well as health.

Preliminary results of the *South African Population Census* of 2001 have been issued by Statistics South Africa. Rates of urbanisation differ around the country. The percentage population increases per annum recorded between the

Because there was a housing shortage, this provided a deterrent to those who wished to emulate Mr. Rikhoto.

1996 and 2001 Censuses are: African 2,4; Coloured 1,9; Indian 1,6 and White 0,9. For the same period in the Cape Town metropole, for example, the growth rates are: African 8,4; Coloured 2,4; Indian 1,9 and White 0,1. (There was almost certainly an undercount of the white population in Cape Town in 2001). In a generation between the 1970 and 2001 Censuses, the overall population of Cape Town more than doubled from 1,2 million to 2,8 million but the African component increased eightfold from 111 600 to 911 138 increasing its share from 9,6% to 32,3%. Approximately 80% of the African inhabitants in Khayelitsha/Mitchell's Plain (the most populous magisterial district in the Metropole) originated in the Eastern Cape (56,6% Transkei; 11,8% Ciskei; 10,8% other Eastern Cape areas) and most had arrived in the short 15 year period between 1985, when the Apartheid controls on African mobility were relaxed, and 2000. The relaxation of influx control allowed wives and children to join husbands and fathers in the city. It also permitted people with entitlements to welfare benefits to move from areas of poor service delivery to areas where the service was better. Young job seekers were also freed to leave areas with very high unemployment to areas where access to work was easier. Given the legacy of Apartheid's racial determination of space use, what this means in the City of Cape Town is that people from poor areas in the Eastern Cape are migrating to less poor areas in the Western Cape but their end destination is already the poorest district in the city with informal settlements, low incomes and high unemployment rates.

The analysis of the KMPS 2000 survey will serve as an exploratory foray into a set of data that has the potential to reveal interesting links between migration and urbanisation, poverty and inequality, as well as some health variables in view of these urbanisation trends confirmed by the 2001 census. Whereas analysis of poverty and inequality trends and patterns often examines household and individual livelihood strategies, needs, sanitation/health, and related poverty measures associated with rapid urban sprawls, it rarely looks at migration variables in relation to poverty and inequality. Therefore, such analysis rarely exposes the hidden linkages between such factors as legislative and socio-economic contexts at the sending and receiving places that result in migration on the one hand, and the overall "poverty" and labour market picture that define settlement patterns and resultant urban sprawl as well as health outcomes in the congested urban slums.

The approach used in this paper is to explore the legislative factors that may account for the occurrence of certain "sending" towns and villages to have strong links to urban centres such as Khayelitsha/Mitchell's plain. It will then relate that evidence to the resultant labour market, livelihood strategies, and health outcomes in the destination areas. It is hoped that this exercise will help reveal how migrants from specific areas of origin tend to move to specific

destinations and how once they have settled in their new homes; they embark on a search for employment and other livelihood strategies. According to an initial analysis of the data by Nhate (2003), the migrants into Khayelitsha constituted 86% of the African population with most of them having originated from the Eastern Cape as we have noted. The results also showed that most of the African population living in Khayelitsha moved there after 1990 (48%) while those who had settled before then made up the difference and those who did so between 1980 and 1990 made up 34% of the population. These results suggest clear migration “periods” that will be useful for comparative analysis. As Nhate (2003) shows, and as can be seen in Table 1, migration increased steadily in the 1990s.

The trends observed in Table 1 suggest that, in recent years, fewer males than females are moving to the KMP area. The overall picture however is that of increasing movement into the area by both sexes. Due to the legislative restrictions that existed in the past and particularly with regard to the so called “native” women, the observed trends lead to specific questions and areas of interest. They include:

- Literature as indicated in Horner (1983), Simkins (1983), Oosthuizen (1997) and Goldin (1984) supports the evidence that the influx control laws did indeed create interrupted “mobility transition” in South Africa and perhaps the Southern African region. The mobility transition hypothesis apropos Zelinsky (1976) and later revisions by Todaro (1986) and others failed to predict the patterns that would be peculiar to developing countries where lags in fertility implied continued higher rural population growth amidst declining labour absorption rates within existing employment sectors. It also completely assumed homogeneity in the transition path followed in developed countries and therefore failed to account for the prevalence of circular migration resulting from previous restrictions on movement in countries under colonial rule. The evidence emerging from Khayelitsha and Mitchell’s Plain in the Cape Peninsula lends strong support for the voices (Oosthuizen, 1997) that called for further revisions in the mobility transition hypothesis to account for these “aberrations” found in developing countries.
- The trend where mainly women who tend to be younger work-seekers or joining their spouses dominate in the rural-urban and intra-urban migration flows raises questions about whether there are peculiar labour market and demographic factors that account for their increasing dominance in migration. It also motivates further for panel studies that would allow for comparative analysis of what is happening in other South African metropolitan areas such Johannesburg and Durban which have

strong historical links to migrant labour that came from the larger southern African region.

- Closer examination of the historical ties between Khayelitsha/Mitchell's Plain, the places of origin in the Eastern Cape and the labour implications of migration patterns resulting from the creation of independent homelands by the apartheid regime. Questions arising but which fall outside the purview of this paper include whether the stranglehold on resources by chiefs installed by the apartheid regime could have been a "push" factor for migrants and their households. If the 1913 *Native Land Act* and subsequent apartheid legislative impositions had a cumulative effect on land alienation, labour migration patterns and poverty and inequality among the rising populations in rural areas of the Eastern Cape, the rising informal settlements and congestion in "African" townships would be an expected response to adverse rural livelihood conditions.
- These trends and patterns have also impacted on health and have a particular bearing on the spread of HIV/AIDS and TB. There is enough evidence that links migration to the South African mines with the TB epidemic in South Africa and Lesotho. The emergence of Multi-drug resistant TB strains has also been partially attributed to patients' failure to adhere to DOTS regimes and as well as the rise of the HIV/AIDS epidemic where co-morbidity with TB is common. Indeed, because recording causes of death is entrusted to physicians, where they fail to report HIV/AIDS as the secondary cause of death, it is often TB, Pneumonia and other leading complications associated with the syndrome that are reported. Studies (Bah 1998) have shown that the high rate of under-reporting and misreporting of causes of death renders vital statistics unusable by direct demographic techniques. Detailed cause of death analysis is limited to using models that have certain assumptions about age and cause specific death structure (Preston, 1976)

These questions highlight what this work hopes to shed light on, which is to describe the labour market, livelihood strategies, and health status of the migrants who have migrated to Khayelitsha/Mitchell's Plain since 1940. From Table 1, it can be seen that almost half (45.2%) of the African male and exactly half of the female migrants moved into the area after 1990 soon after the repeal of influx control laws in 1986 (Oosthuizen, 1997) and other political developments.

When the data is broken down into 5-year intervals as shown in Figure 1, it supports the evidence in the literature that progressive enforcement of influx control laws in the 1950s resulted in low migration rates into the Cape

Metropolitan area especially of African women. Figure 1 shows that there was a decline of African female migrants from around 1954 until 1974 when migration flows began a steady rise with very high levels in the 1990s.

The trends highlighted by the preliminary analysis as shown in Figure 1 confirm findings by Horner (1983), and Goldin (1983), that earlier migrants would tend to have been driven by labour market conditions rather than demographic forces, themselves related to legislation that restricted movement of labour. However, the repeal of influx control laws would be expected to have led to migration of persons joining their spouses or other family members as migration became increasingly attributable to demographic forces due to the removal of legal barriers to movement. This would account for the rise in the number of women migrating to the area that would be joining their spouses, or looking for work. These trends would be expected to result in changing trends in leading disease profiles over the decades. Larger settlement areas characterised by poor housing and higher room density would account for rising respiratory illness and other infectious diseases. Although the earlier migrants would still suffer from respiratory diseases consistent with broad national trends, they would also tend to be characterised by more chronic illnesses than the more recent arrivals. Overall, rising dependency ratios due to recent migration would lead to households seeking to diversify their sources of income and it would lead to increasing expenditure on health care and corresponding rising expenditure on food and education.

3. Data and Methods

The data used in this paper are derived from two main sources.

1. The Khayelitsha/Mitchell's Plain Survey 2000.
2. Health data from various sources, including the Cape Town City Health Department and Medecins Sans Frontieres.

3.1. The Khayelitsha/Mitchell's Plain Data

Data on poverty and migration will be derived from the KMPS 2000. The survey had aimed to administer 2, 875 questionnaires from a targeted number of 1081 households. Table 2 shows the realised sample size. Two questionnaires were administered. One was a household questionnaire and the other was an adult questionnaire targeted at those who were 18 years and older. The latter was for the purpose of an assessment of the labour force in the survey area.

Although section A in the adult questionnaire which covers education and other characteristics will be useful in providing basic demographic variables, the analysis will be largely focused on sections B, to L which looks at migration, savings and grants and other sources of income.

Table 2. Realised Sample

<i>Survey Yield</i>	<i>Frequency</i>	<i>Percentage</i>
Households recorded	1176	
Persons recorded on household roster	4984	100.00
Persons aged 0-17	1874	37.7
Persons aged 18+	3110	62.4
Adult Questionnaires returned	2644	85.0
Adults not captured	466	15.0

Source: KMPS 2000 Survey Report and Baseline Information. SALDRU, UCT.

The survey captured 1836 African adult respondents of whom 1069 (58,2%) were female, 792 were Coloured respondents of whom 442 (55,8%) were female. There were a negligible number of 16 ‘other’ respondents.

The analysis will focus on examining the migration of respondents and relating that to their labour force participation. Interesting comparisons will be drawn along places of origin and year of arrival in Cape Town by gender and age. The significance of place of origin in migration to Khayelitsha will also be investigated. The data was captured and cleaned by staff at SALDRU and the Data First Resource Unit at UCT.

Because the study is exploratory, it is limited to presentation and discussion of descriptive statistics. As discussed above, the questions that are implicitly raised when looking for links between migration and urbanisation, poverty and inequality and health variables are basically whether such a relationship indeed exists. While the results may not yield clear causal relationships, they may point to the existence of such relationships and motivate further research.

A review of literature on migration and poverty looks at the relationship between migration and urbanisation, poverty and inequality and health. It relies heavily on SALDRU working papers and other sources.

4. Literature Review: Migration and Urbanisation, Poverty, and Health

4.1. Theoretical Perspectives on Migration, Poverty, and Health

Conventional approaches to the relationship between migration, poverty and health rarely look into the historical and prevailing legislative environment and how this affects labour trends in the sending and receiving communities. Few studies have delved into the evolution of legislation aimed at controlling human population movement, and their implications for development patterns and trends. Even fewer have extended their interest to how this context relates to the often racially, socially and gendered truncated contours that define poverty patterns and the spread of epidemics such as HIV/AIDS. These gaps tend to make the research less relevant to policy especially when policy is aimed at effecting changes within the social and economic ‘context’ to realise desired development goals.

The Southern African region has been characterised by heavy state involvement in the regulation of labour, its movement and its access to health and other social and economic services and goods. Therefore, although the process of demographic transition has some role to play in trends and patterns of migration, poverty and HIV/AIDS spread, the South African context is uniquely influenced by state regulation of migration and settlement patterns through influx control and apartheid laws.

In order to appreciate the historical background and the role of state involvement, the influence of which is still evident in Khayelitsha and Mitchell’s plain, it helps to highlight how Cohen’s (1987) use of ‘regional political economy’ (which he refers to as a “superior unit of analysis”) offers a point of departure in understanding the role of past state practices that regulated human movement. He points out that,

‘...the state plays a central and directing role in the structuring of a division of labour, in legitimating an involuntary labour regime through legal and ideological means, in defining the relationship between free and unfree workers, in the recruitment and regulation of coerced labourers and, finally, in the policing of the frontiers of the metropolitan area of the regional political economy’ (*ibid*: 26).

Viewed from this perspective, the historical conditions that have led to the observed migration, poverty and health patterns was the challenge faced by the 'regional political economy' to supply and *replace*² (emphasis added) cheap labour to the mining, industrial and agricultural centres of Southern Africa. There is extensive debate about exactly when the Southern African region's peasants and their households were drawn into the international division of labour. We shall not delve into that debate here but will note that both men and women in the peasant communities were involved in the production and reproduction of labour power and their different roles have shaped migration, health and poverty in the region. It is the 'context' in which they played their role and the manner in which they played that role that is important to our discussion.

According to Cohen (1987: 79), it is the state's role that defines the way in which relations of production are reproduced which are then further legitimated through the construction of an ideology supporting labour migration. According to him, "the myths of social mobility, equal opportunity, and independent proprietorship all act to support and mentally alleviate the general extraction of surplus value from those who give credence to such myths". Regarding the effects it has on the household as a unit of production and reproduction, Cohen (1987: 80), notes that "those who have been ground down by the system of labour migration for a longer period both recognise their intolerable dependence and the strains it puts on both husband and wife" and concludes in a remarkable revelation (Cohen 1987:81) that "At the level of ideology, capitalist social relations are not reproduced solely through patriarchy, nor are men invariably less oppressed than women. It does nothing to diminish the extraordinary difficulties women face in reproducing the labour force biologically, economically and ideologically to say that men too are victims. In so far as they continue to believe and act on the belief that they can reconstitute the material basis of the peasant household in the face of increasingly heavy odds, men and women have a common and not a contradictory relationship to the capitalist mode of production."

Thus, in the historical context, the peasant household was completely compelled to reproduce labour for both the agricultural, mining and industrial centres of the progressively wealthy "white" South African economy. The rural areas from which migrants come have, for decades, provided a rich source of labour to the diamond and gold mines. Following fears expressed by Lord Milner about the shortage of labour, the neighbouring countries were used as source of cheap

² Replacement here has two meanings: The manner in which labour power is reproduced within the household unit according to Marxist and Malthusian arguments, and also the manner in which labour is replaced using recruitment and policy measures in the regional context.

labour. The consequences of the massive migration of able-bodied males to the mining, industrial, and urban centres were to transform the economic standing of rural households. Through a series of legislative changes, the African rural households were increasingly unable to depend on the land but were forced into the cash economy.

It is this reproduction of the labour force, as it was extracted by coercive means through oppressive legislation, that was the subject of Sol Plaatjies' (Plaatjies, 1916) campaigns and invective against the 1913 *Native Land Act* which was designed to entrench white power and property rights in the countryside as well as to solve the "native problem" of African peasant farmers working for themselves and denying their labour power to white employers. Plaatjies' conclusions on the debate in parliament on the findings of the commission that led to the passing of the act were summed up thus:

‘Those, at any rate, who thought that we were entitled to some breathing space, were willing to concede certain little "reserves" in the centre of groups of white men's farms, into which black men and women could be herded like so many heads of cattle, rearing their offspring as best they could and preparing them for a life of serfdom on the surrounding farm properties. They held it to be the duty of the parent serfs to hand over their children, as soon as they were fit, to the farmers who would work them out; and when age and infirmity had rendered them unfit for further service, they could be hustled back to the reserved pens, there to spend the evening of their lives in raising more young serfs for the rising white generation. The Commission's findings seem to have been influenced largely by the latter type of white witness, for all that they award us, in our ancestral South Africa, might be called human incubators considering the amount of space. A contemplation of the circumstances attending these selfish recommendations leads one to wonder whether the Commissioners suffered from the lack of a sense of humour or an undue excess of it. In North and South America, for instance, we read that the slave-pens were erected and maintained by the farmers at their own cost. That "the interest of the master demanded that he should direct the general social and moral life of the slave, and should provide especially for his physical well-being;" but the pens proposed by the South African Land Commission, on the other hand, are to be maintained entirely by the slaves, at their own cost, the farmer's only trouble being to come to the gate and whistle for labourers' (Works by Plaatjie 1916, <http://www.anc.org.za/books/nlife.htm>).

Cohen (1987:85) also shows how medical research was closely linked to productive needs. The South African Institute of Medical Research which was set up in the 1920s and funded by the Witwatersrand Native Labour Association (WENELA) had developed the ‘litter anti-pneumococcal vaccine’ which led to the massive recruitment of the so-called “*tropicals*” (labourers who were recruited from North of latitude 22 degrees South).

4.2 Labour Market, Influx Control and the Rise of Urban Settlements in the Cape Peninsula

If the earlier appropriation of land from the “natives” had the effect of depriving them of means of subsistence in order to be driven to seek employment, subsequent labour regulation laws relegated the black population to the cheapest form of labour. The subsequent creation of “independent homelands” gave birth to huge internal labour reserves and “compounds for the unemployed and infirm natives” (Cohen: 1987: 92). The cumulative effects of labour migration in its various forms introduced by these and other developments, was the increasing social differentiation and class formation in the African communities. A new wage earning social class and women involved in rural production and urban wage economy alongside their men folk emerged. Although chiefs initially held sway as the ruling elite who controlled most of the resources because they had retained their autonomous ability to sustain their families from their land, other traders and businessmen had also acquired wealth and social status. Nowhere in South Africa was the strength of the chiefs more evident than in the former Transkei and Ciskei homelands which are also the two main areas that sent migrants to Khayelitsha and Mitchell’s Plain.

Labour migration into the formerly *Coloured Labour Preference Policy* area in the Cape Metropolitan area surged upon the repeal of the group areas act and influx control laws in 1986. As the data from the KMPS 2000 shows, most of the migrants come from the former Transkei and Ciskei and moved to the area in the early 1990s although a rise in the number of migrants was already evident from 1985. The Cape Peninsula was therefore arguably the part of the country with the most restrictive application of influx control laws.

Prior to the abolition of the influx control laws, a study (Simkins, 1983) that looked at the economic implications of the Appeal Court’s judgment in the Rikhoto case showed that very limited economic implications would result. The study pointed out that only the total abolition of influx control laws would have significant economic results.

Demographic factors were also at play over the period under study. The black population continued to have the highest fertility rates while the white minority population was experiencing rapid fertility declines. The theories that look at internal migration do so within the broad generalisations of the demographic transition theory. Hence a “mobility transition” is seen to be integral to the process of demographic transition (Zelinsky, 1971 cited in Oosthuizen, 1997). Under this mobility transition hypothesis, “as populations move through the different phases of the demographic transition, migration patterns change in predictable ways” (Oosthuizen, 1997: 1). Hence mortality declines during the phase of rapid population growth while migration increases because fertility remains relatively high. The consequences of these demographic trends are fierce competition for resources, land and jobs which leads to higher rates of migration. In later refinement by Todaro (1976 cited in Oosthuizen, 1997), and Kelly and Williamson (1984), the theory predicted that due to high levels of rural-urban migration, high levels of urbanisation would occur in the developing countries. The theory also predicted that urban saturation levels of 85% population urbanised would be reached by the year 2000. South African migration trends especially among the black population seem to have defied these predicted trends in several important ways.

- The “urban transition” in South Africa was delayed due to influx control laws and therefore demographic factors were muted leading to later transition.
- Circular migration has remained an important feature of migration patterns.
- There is evidence that one of the main factors in the rising levels of slum sprawl in South Africa is intra-urban migration (between informal settlements) although the case of Khayelitsha shows strong rural/urban migration.

5. Main Findings from KMPS 2000

5.1. Migration

Analysis of the age distribution of contract and permanent African workers in the Cape Peninsula by Goldin (1984), revealed that most were concentrated in the economically active age groups. At that time, comparison of the age profile of the contract versus the permanent workers also revealed that the former were mainly younger than the latter. Part of the reason for this age difference was that

permanent workers had longer residence periods in the Peninsula and were drawn into positions that required some skills and training.

The place of origin of the KMPS 2000 respondents is given in Table 3 below. We have excluded the insignificant number (16) of respondents other than black or coloured.

Table 3. Birthplace

<i>Place</i>	<i>African</i>		<i>Coloured</i>	
	<i>No</i>	<i>%</i>	<i>No</i>	<i>%</i>
Cape Town	264	14,8	558	76,6
Coloured or White Group Areas (for African respondents)	88	5,0		
Designated African townships	121	6,8	1	0,1
Informal settlement & Khayelitsha	55	3,1	8	1,1
Cape Flats (Klipfontein area)			109	15,0
Cape Flats (Modderdam Area)			43	6,0
Southern Suburbs (white group area)			197	26,9
Southern Suburbs (coloured group area)			79	10,8
Northern Suburbs			79	10,8
Mitchell's plain			42	5,8
Western Cape: Other areas	21	1,2	107	14,7
Eastern Cape:	1418	79,5	24	3,3
Transkei	1010	56,6	2	0,3
Ciskei	216	11,8	-	
Other areas	192	10,8	22	3,0
Other areas in South Africa	77	4,3	37	5,1
Foreign countries	4	0,2	2	0,3
TOTAL RESPONDENTS	1784	100,0	728	100,0
NO RESPONSE	52		64	
TOTAL	1836		792	

Under the apartheid dispensation where the Coloured Labour Preference Policy was enforced by very strict influx control in terms of the 'pass laws', the movement of Africans into Cape Town was tightly controlled. It was difficult for Africans not born in Cape Town to acquire residential rights. The pattern of settlement clearly reflects the legacy of these apartheid policies. Whereas over 91% of coloured respondents were born in the Western Cape with 76,6% born in Cape Town, only 16 percent of the Africans were born there with 14.4% born in Cape Town. Emigration from the Eastern Cape accounts for nearly 80 percent of the African respondents in the area with the lion's share of 56,6% coming from the Transkei. It is to these rapidly urbanising black migrants that we address our

attention but not without noting that over a quarter of the coloured sample were born in areas which were later designated white in terms of the *Group Areas Act* and who would thus have been forcibly relocated.

As Table 4 illustrates, some 1106 African respondents or 73% reported arrival in Cape Town in the period 1985 to 2000 arriving at an accelerated rate in each five year period and, of these, 59% were women and 53.4% (579) of both male and female arrivals group were in the younger cohort aged 18 to 29 years.

The question arising from this trend is what the implications are for the labour market of the rising numbers of migrants who are dominated by females coupled with declining average age. It also raises the question of how household and individual livelihood strategies and health in the areas of destination are impacted upon. Are the new migrants mainly joining their spouses or other relatives or is there a surge of migrants who moved to Cape Town after the breakdown of apartheid looking for employment? If so, is this related to resulting housing patterns, health trends and employment patterns?

Table 4. Male and Female Migrants to the Cape Peninsula by Age and Year of Arrival

Period of arrival	18-29		30-49		50+		Subtotal		Total
	Males	Females	Males	Females	Males	Females	Males Total	Females Total	
1930-1954	0	0	1	1	10	14	11	15	26
1955-1959	0	0	2	1	4	2	6	3	9
1960-1964	0	0	3	3	14	11	17	14	31
1965-1969	0	0	3	3	8	7	11	10	21
1970-1974	2	4	22	16	15	21	39	41	80
1975-1979	4	6	24	27	9	11	37	44	81
1980-1984	11	16	56	63	10	6	77	85	162
1985-1989	32	50	76	104	13	16	121	170	291
1990-1994	63	89	69	94	10	16	142	199	341
1995-2000	148	197	40	69	5	15	193	281	474
Total	260	362	296	381	98	119	654	862	1516

Note: Of the total sample, 1836 264 were born in Cape Town and there were 56 missing observations.

5.2 Migration and Housing

While the coloured respondents in Mitchell's Plain, which was declared a *Coloured Group Area* in 1973, were mostly accommodated in semi-detached houses (51,8%) and houses on separate stands (38,9%) with only 1,7% living in shacks, 56% of the African respondents in Khayelitsha, which was designated

for African occupation in 1984, were living in shacks in 2000 with some 35,2% living in houses on separate stands and 3,2% in semi-detached houses. Table 5 below illustrates the housing type of Africans living in Mitchell's Plain by place of origin.

While the people born in Cape Town conform more closely to the Coloured housing pattern with 71,7% living in houses on a separate stand or in semi-detached houses and 23% living in shacks, the conditions of the migrants are far less satisfactory. Of those originating in the Transkei, 63,6% are occupying shacks with similar proportions of 60,2% for those coming from elsewhere in the Eastern Cape and 56,9% for those from the Ciskei. The people from Transkei account for 63% of hostel dwellers.

Table 5. Type of Dwelling of Africans by Place of Birth

<i>Place of Birth</i>	<i>Shack Elsewhere</i>	<i>House on separate Stand</i>	<i>Hostel</i>	<i>Semi-detached House</i>	<i>Shack in Back-yard</i>	<i>Room in back-yard</i>	<i>Total</i>
Cape Town	55	140	7	35	1	6	244
Elsewhere in W.C	9	8		2		2	21
Transkei	614	292	50	7	8	7	978
Ciskei	118	75	11	3	2	2	211
Elsewhere in E.C	98	58	9	1	11	4	181
Elsewhere in S.A	34	28	3	6	1	1	73
Foreign	2	1	0	0	0	0	3
Total	930	602	80	54	23	22	1711

5.3 Migration and Work

Table 6 yields a labour-force participation rate of 88% for African and 79% for Coloured respondents. The African non-participants consist mostly of scholars and students (27%), people who gave a variety of reasons for not wanting work (20%), older people receiving a pension (19%) and the disabled or chronically ill (18%). Very few African women recorded themselves as 'housewives'. The Coloured non-participants consist mainly of older people receiving a pension (27%), the disabled or chronically ill (23%), those not wanting work for a variety of reasons (20%) and 'housewives' (13%).

The Coloured labour force in the sample consists of 626 people of whom 408, (65,2%) are employed and 34,8% are unemployed as broadly defined. In the African sample, on the other hand, the labour force consists of 1609 people of whom 49% are employed and 51% are unemployed as broadly defined. African women constitute the largest proportion, 49%, of all those wanting and seeking work. The weight of unemployment sits very heavily on Mitchell's Plain including Khayelitsha.

Of the working people in KMP, the greatest proportion for both African and Coloured are wage-employed: 73% and 88% respectively. A far higher proportion, 20%, of Africans are self-employed than are Coloured people, 9%. In each group, casual employment accounts for only 6% and 3% respectively.

Of those in wage employment, the African sample is congregated in the following occupations: Domestic workers, 124 (22%), of whom 111 are African women and 87 of them or 78.3% are from the Eastern Cape; cleaners other than domestic, 50 (9%); labourers in the construction industry, 38 (7%); drivers and plant operators, 36 (6%); and security guards, 30 (5%). It is true that 42 (over 7%) are in managerial, professional and associate professional occupations but these are, in the main, teachers and nurses. In the case of the coloured sample, more people are employed in the managerial, professional and associate professional occupations where 66 or 18% are so employed and the spread of occupations is more varied. The only other significant category is office clerk where some 40 (11%) are employed. Unfortunately sample size is too small for any more robust conclusions to be drawn.

What is striking if somewhat puzzling is that those in wage-employment reflect very precisely the population share of the place of origin as can be seen in appended Table 18. Birth in Cape Town does not seem to confer favourable access to the labour market.

Of the 64 people of both groups reporting themselves as casually employed, 21 or nearly a third record their occupation as domestic worker. While self-employment accounts for a mere 9% of the coloured sample, of the 159 Africans so recorded, 78 or 49% are shopkeepers, hawkers and vendors. A further 55 (35%) make items such as clothing, food or beer for sale and 108 (68%) originate in the Transkei.

Table 6 : Work Status

<i>Work Status</i>	<i>African</i>						<i>Coloured</i>					
	<i>Female</i>	<i>%</i>	<i>Male</i>	<i>%</i>	<i>Total</i>	<i>%</i>	<i>Female</i>	<i>%</i>	<i>Male</i>	<i>%</i>	<i>Total</i>	<i>%</i>
Working												
In wage employment	259		315		574		160		199		359	
As a casual	17		33		50		10		4		14	
On own account (self-employed)	121		38		159		17		18		35	
	397	37,1	386	50,4	783	42,6	187	42,3	221	63,0	408	51,5
Unemployed												
Actively searching in previous week	248		218		466		75		42		117	
Network searching in previous week	61		30		91		15		9		24	
Actively searching two weeks to six months ago	189		49		238		31		22		53	
Wanting some work, and unidentifiable ¹	17		14		31		6		18		24	
	515	48,2	311	40,5	826	45,0	127	28,7	91	26,0	218	27,5
Non-participants												
Disabled or chronically ill	20		19		39		24		16		40	
Retired on pension (state or employer)	29		12		41		37		7		44	
Of pensionable age and wanting work	13		0		13		3		3		6	
Adults receiving support payments (UIF, child support etc.)	9		6		15		14		2		16	
Scholars and students aged 18-22	31		29		60		1		4		5	
Household duties and caring for children	4		0		4		21		2		23	
Not seeking work for certain reasons ²	51		4		55		28		4		32	
	157	14,7	70	9,1	227	12,4	128	29,0	38	11,0	166	21,0
TOTAL	1069	100,0	767	100,0	1836	100,0	442	100,0	350	100,0	792	100,0

Notes:

¹ Some of these respondents were scholars or students wanting some work.

² Reasons cited include pregnancy, wanting to further studies, wanting to return to rural area, family problems, etc.

5.4 Poverty

The main focus of the KMPS 2000 was not on Poverty *per se* but the results lend themselves to some pertinent observations on the links between migration and poverty. We will confine ourselves here to the African sample of 1836 respondents because over 90 percent of the coloured respondents were born in Cape Town while nearly 80 percent of the African sample originate from the Province of the Eastern Cape.

5.4.1 Poverty in Place of Birth of Migrants Relative to Poverty in the KMP

Alderman *et al* (2000:11-35) have provided a useful exercise in mapping poverty in South Africa and we are drawing on their creation of head count indices based on imputed mean monthly household expenditure here. Table 7 ranks, by magisterial district from poorest to richest, the areas in the Transkei, the Ciskei and the rest of the Eastern Cape where people living in KMP in 2000 were born. The four north-eastern districts of Flagstaff, Mt. Ayliff, Maluti and Tabankulu in Pondoland exported no migrants and neither did the districts of Ntabathemba and Mpopu in the Ciskei (we have included King Williams Town here for our purposes). In the rest of the Eastern Cape, 23 districts were exporters while 17 were not.

Their destination of Mitchell's Plain with imputed household expenditure of R2254 per month is by far the poorest of the 9 districts which constitute the Cape Metropolitan area - one of the 42 districts in the Province of the Western Cape. It is also poorer than 10 districts in the Eastern Cape. It is nevertheless richer than every single district of the 28 in the Transkei and richer than all but 1 of the 10 districts in the Ciskei.

These streams of migration recorded in 2000 replicate those of the late 1970s and 1980s when the state attempted to check the flow of 'illegal' migrants to Cape Town by eradicating the mushrooming informal settlements. Hendrie (1983: 37-52) recorded the place of origin of people living in the Nyanga East informal settlement (now part of KMP) in 1981. The majority had come from 16 of the Transkei districts, four of the Ciskei districts and four of the other Eastern Cape districts listed in Table 7 and recorded in 2000. These districts are indicated by an asterisk in Table 7. This suggests strong networks in the sending districts and the final destination.

What is remarkable is that 78% of migrants to Khayelitsha originate in rural areas under the jurisdiction of a traditional leader and this is even more

noticeable among the Transkeians (94%), and Ciskeians (79%) – see Table 19. It is also clear as appended in Table 20 that the vast majority of migrants (78.5%) head straight for Cape Town from their rural origins without stopping at other destinations on the way. Only 7% try other urban areas in the Eastern Cape first while another 6% have tried Gauteng.

The exporting districts in the Eastern Cape are graphically illustrated in the appended Maps 2 – 4.

5.4.2 Poverty and Transfer Payments in the KMPS

Of the 80 African people of pensionable age, 21 are men and 59 are women. All the men who are Transkeian born are receiving a state pension. Of the women, 51 were receiving a state pension, 4 were not receiving but aged precisely 60 while 4 were self-employed. Of the female pensioners, 28 (55%) were Transkeians, 21 (41%) were other migrants and only 4 were Cape Town born. Of the 59 coloured people of pensionable age, only 14 were men and 45 were women. Seven men were receiving the pension, 2 were receiving an employer's pension, 2 were in wage employment, 1 was aged precisely 65, but 2 were actively seeking work. Of the coloured women 31 were receiving the pension, 2 receiving an employer's pension, 3 were in wage employment, 2 were aged precisely 60 but 7 were not receiving a pension. No Africans were in receipt of an employer's pension compared with the small number, 4, of coloured people who were. It would seem that entitlement and delivery of the state pension is effective in Cape Town.

Only 5 African respondents reported themselves as not working and not wanting work because they were receiving unemployment insurance payments. Five African and 5 coloured respondents too young to qualify for the state pension were receiving an employer's pension.

Of the 76 people receiving disability grants (43 African and 33 Coloured), 35 had earlier reported themselves as disabled, mentally, physically or in terms of sight, speech, and hearing or as having tuberculosis. Two had not identified their affliction while the other 39 had reported various afflictions including arthritis, heart conditions, diabetes, eczema, and respiratory complaints including asthma.

Fifty-seven Africans of whom 3 were male migrants and 20 coloured women reported that they were receiving the state child support grant. Of the 54 African women receiving this transfer, 28 (52%) were Transkeians, 17 (31%) were other migrants and 10 were Cape Town born.

TABLE 7: Poverty in Place of Birth of Migrants Relative to Poverty in the KMP

TRANSKEI				CISKEI				ELSEWHERE IN E. CAPE			
District No.	Place	HH Exp Rpm	Emigrant No	District No.	Place	HH Exp. Rpm	Emigrant No	District No.	Place	HH Exp. Rpm	Emigrants No
1	Elliotdale	746	4								
2	Willowvale *	792	50								
3	Kentani *	795	40								
4	Mount Fletcher *	809	39								
5	Mqanduli	817	7								
6	Engcobo *	832	89								
7	Ngqueleni	833	3								
8	Cofimvaba *	840	117								
9	Tsomo *	847	35								
10	Port St. Johns	853	6								
11	Lusikisiki	874	5								
12	Umzimkulu	877	11								
13	Libode	885	5								
14	Tsolo *	901	44								
15	Idutywa *	904	27								
16	Mt. Frere *	910	27								
17	Nqamakwe *	918	42								
18	Qumbu *	922	47								
19	Bizana	923	3								
20	Sterkspruit *	964	18								
21	Cala *	982	51	1	Keiskammahoek	977	11				
				2	Middledrift	995	12				
				3	Peddie	1062	22				
22	Lady Frere *	1116	162	4	Hewu *	1261	40				
				5	Victoria East *	1388	38				
23	Butterworth *	1438	66	6	Zwelitsha	1400	10				
24	Umtata *	1447	84					1	Barkly East	1554	2
								2	Stutterheim	1556	8

								3	Indwe *	1564	13
								4	Maclear *	1568	28
								5	Komga	1589	5
								6	Hofmeyr	1617	7
				7	Mdantsane *	1796	18	7	Sterkstroom	1671	5
								8	Adelaide	1766	2
								9	Wodehouse	1791	9
								10	Elliot *	1800	6
								11	Molteno	1803	10
								12	Cathcart	1856	4
								13	Tarka	1862	3
								14	Fort Beaufort	1944	8
								15	Somerset East	2037	2
								16	Albert	2115	8
								17	Cradock	2171	4
								18	Aliwal North	2281	2
								19	Graaff-Reinet	2660	4
								20	Queenstown *	2821	9
								21	Albany	2993	8
								22	East London	3223	15
				8	King Wim's Town*	3996	55	23	Port Elizabeth	3375	29
25	Unidentified		28	9	Unidentified		10	24	Unidentified		2
TOTAL			1010				216				193

Note: * Exporting districts in 1970-81.

Source: Alderman *et al*, 2000 and KMP 2000 Database.

5.4.3. Poverty and Poverty Relief Allocations

The Treasury currently uses poverty lines of R800 for a household and R250 *per capita* devised by Alderman *et al* (2000:11) to allocate funds for poverty relief allocations to local government. As appended Table 21 shows, of the 1077 African and Coloured households where a single respondent reported household income, 420 African households (52%) and 66 Coloured (24%) would meet the poverty (probably more properly indigency) criteria.

The mean reported monthly household income in the KMPS is R1680,19. Alderman *et al* (2000) have imputed mean monthly household expenditure for the 48 district councils, 354 magisterial districts and 9 provinces in South Africa. This ranks the Cape Metropolitan Council area at R4075 per month as second only to the Gauteng metropolitan areas in terms of wealth but the Mitchell's Plain magisterial district within the Cape metropole assigned a value of R2254 is much poorer and the household income reported in the KMPS would put the sampled area among areas of very high poverty and indigency.

This observation should be treated with some caution because as Skordis and Welch (2002:19-28) have shown, the mean monthly household income reported by a single respondent in the KMPS is considerably lower than the derived monthly net income from all sources of R1854,03 per month and derived gross income of R2465.35. If we reduce the number of households from 1176 to 873 to capture those with fairly full income information, the African indigency rate remains at 50% while the coloured rate rises to 29% as Table 8 shows.

5.4.4. Education, Jobs and Job Creation

Here we follow Nhate (2003) but use the latest recoding of the KMPS 2000 database. As Table 9 shows the modal educational level of respondents is Grades 8-11. The proportions of matriculants are much higher for those born in the Western Cape (30%) than the Ciskei and other provinces in South Africa (26% and 25% respectively) with the Transkei and other areas in the Eastern Cape yielding much lower rates at 16%. The Transkei at 40,5% has far more people with only some primary education than do other areas in the Eastern Cape (35%), the Ciskei (31%), other areas in the Western Cape (25%) and Cape Town (23,5%).

Table 8 KMPS Households by Size and Derived Gross Household Income from all sources (with full adult responses)

<i>Reported H.H Income p.m. R</i>	<i>Household Size</i>																<i>Total</i>	
	<i>1</i>		<i>2</i>		<i>3</i>		<i>4</i>		<i>5</i>		<i>6</i>		<i>7</i>		<i>8</i>			
	<i>Afr</i>	<i>Col</i>	<i>Afr</i>	<i>Col</i>	<i>Afr</i>	<i>Col</i>	<i>Afr</i>	<i>Col</i>	<i>Afr</i>	<i>Col</i>	<i>Afr</i>	<i>Col</i>	<i>Afr</i>	<i>Col</i>	<i>Afr</i>	<i>Col</i>		
0-250	38	4																42
0-500			51	6														57
0-750					66	10												76
0-800	26	0	14	0			57	15	40	10	25	9	19	2	12	6		235
800-1599	7	0	27	7	23	2	17	4	17	4	9	3	5	1	5	1		132
1600-3499	4	1	18	7	21	5	21	10	11	8	11	3	4	3	7	3		137
3500 +	8	2	18	10	19	20	13	29	16	18	14	11	3	4	7	2		194
TOTAL	83	7	128	30	129	37	108	58	84	40	59	26	31	10	31	12		873

Notes:

Households in poverty

1. We are grateful to Matthew Welch who provided the data for this table based on those households where income from all sources could be computed. There are 653 African and 220 coloured households in this set.
2. Of the African households, 327 (50%) would qualify for poverty relief compared with 67 (30%) Coloured households.

As Nhate shows in terms of language skills, over 40% of the locals are proficient in English while only 25% of the migrants are. Fewer than 19% of the locals are proficient in Afrikaans and even fewer of the migrants (8%). As is to be expected, over 90% of both groups are fluent in Xhosa. While 78,8% of locals were educated in urban areas 76,6% of migrants were educated in rural areas.

Education has a marked effect on the sort of work available in an inhospitable labour market. As Table 10 shows, matriculants, 57%, are clustered in those jobs classified as better skilled by the Standard Occupational Classification while the reverse is true for the 74% of non-matriculants clustered in the less-skilled occupations. While the heads of households in which respondents grew up claim only 17% of the more skilled jobs in wage employment, our respondents claim 27% whether they have matriculated or not. Matriculation does not necessarily ensure easy access to a job as the 46% broad unemployment rate shows. Interestingly, unemployment rates were lower in the previous generation (see appended Table 22)

Searching for work takes place mostly through relatives and friends. Some 53% of those in wage employment found work in this way while a further 24% physically visited potential employers' premises and 8% found their jobs through newspaper advertisements. A mere 4% found work through employment agencies.

Among the government policy measures and programmes aimed at creating jobs and improving human capital are the extended public works programme (EPWP) and the training scheme for unemployed persons (TUP). More recently, a universal basic income grant (BIG) has engaged strong advocacy but has not yet been accepted as feasible by government. The KMPS 2000 sought responses on these issues. The results should be interpreted with caution. A question posed three options requiring a single answer from respondents. They were asked, if they were or were to become unemployed, whether they would prefer to accept a government grant of R100 per month or a job paying R715 per month or if they would prefer to remain in their current job. The response to this question yielded 1644 observations, a high return rate of nearly 90% of the total adult African sample.

Table 9: Educational attainment by Grade and Place of Birth

<i>Place</i>	<i>0</i>	<i>%</i>	<i>1-4 yrs</i>	<i>%</i>	<i>5-7 yrs</i>	<i>%</i>	<i>8-11 yrs</i>	<i>%</i>	<i>12 yrs</i>	<i>%</i>	<i>Total</i>	<i>%</i>
Cape Town	2	0,75	15	5,7	45	17,05	119	45,7	83	31,43	264	100,0
Other W. Cape			2	10,0	3	15,0	9	35,0	6	30,0	20	100,0
Transkei	2	0,23	90	10,57	252	29,58	369	43,31	137	16,08	850	100,0
Ciskei			15	7,77	45	23,32	82	42,49	51	26,42	193	100,0
Other E.C	1	0,61	17	10,37	40	24,39	79	48,17	27	16,46	164	100,0
Other S.A	1	1,45	7	10,14	16	23,19	28	40,58	17	24,64	69	100,0
Outside S.A					1	25,0	3	75,0			4	100,0
Total	6	0,4	146	9,3	402	25,7	689	44,1	321	20,5	1564	100,0

Table 10: Employment and Education Status

<i>Employment Status</i>	<i>Education Status</i>			
	<i>MATRIC</i>		<i>NON-MATRIC</i>	
	<i>NO</i>	<i>%</i>	<i>NO</i>	<i>%</i>
Wage employment ¹	111	34,6	397	31,9
Better skilled	63	57,0	72	18,0
Less skilled	41	37,0	292	74,0
Unidentifiable	7	6,0	33	8,0
Casually employed	10	3,1	40	3,2
Self-employed	28	8,7	131	10,5
Broadly unemployed	147	45,8	572	46,0
Non-participants	25	7,8	103	8,3
Disabled or chronically ill	2		33	
Retired on pension	0		41	
Various reasons ²	6		17	
Scholars and students	15		11	
Household duties	2		1	
Total	321	100,0	1243	100,0

Notes:

¹ Better skilled = those occupations classified at SOC one digit 1 – 6; Less skilled = those occupations classified at SOC one digit 7 – 9.

² Reasons include ‘do not like available jobs’, ‘it costs too much to look for work’, ‘the wages are too low’.

Table 11 gives responses to this question on what would be preferable as a subvention if the respondent were to be unemployed. Findings revealed that 121 (7,4%) would accept a BIG of R100 per month, while 1019 (62%) would take a job paying R715 per month (the monthly equivalent of a PWP daily wage rate) and 30,6% would prefer to remain in their current jobs. Place of origin does not alter these preferences as Table 12 shows.

Table 11: Basic Income Grant and PWP

<i>Gender</i>	<i>BIG R100</i>	<i>Row %</i>	<i>PWP R715</i>	<i>Row %</i>	<i>Same Job</i>	<i>Row %</i>	<i>Total</i>
Male	38	5,8	365	55,9	250	38,3	653
Female	83	8,4	654	66,0	254	25,6	991
Total	121	7,4	1019	62,0	504	30,6	1644

Table 12: The Basic Income Grant by Place of Birth

PLACE OF BIRTH	BIG = R100		R715 = PWP		Same Job		Total	
	No	%	No	%	No	%	No	%
Cape Town	17	6,9	157	63,3	74	29,8	248	100,0
Other W.C			11	64,7	6	35,3	17	100,0
Transkei	79	8,6	567	61,6	275	29,8	921	100,0
Ciskei	12	5,7	125	59,8	72	34,5	209	100,0
Other E. C	8	4,7	118	68,6	46	26,7	172	100,0
Other S. A	5	6,8	39	53,5	29	39,7	73	100,0
Total	121	7,4	1017	62,0	502	30,6	1640	100,0

Some 936 respondents answered positively to a more direct question on whether they would accept a PWP job at a wage rate of R33 per day, of which 732 (78,2%) were willing to work at such a job for as long as possible (see Table 13). Questions on the reservation wage were posed on six occasions in the KMPS with the sixth attempting to refine a variety of possible responses. Walker (2003: 55/6) has explored the reservation wage in the KMPS 2000 with rates prevailing in the Western Cape's PWP between 1994 and 1998 comparing a mean reservation wage in rands per month ranging from R944 for the marginalised unemployed to R1355 for those in wage employment with the monthly wage on offer in public works programmes which range from R600 to R2306 per month. Unfathomably, Walker ignored the primary direct question relating the reservation wage to BIG and PWP. From the point of view of targeting, Adato *et al* (1999: 168-172) in their study of the 101 PWPs in the Western Cape between 1994 and 1998, concluded that although Mitchell's Plain had been the site of 8 projects in terms of the volume of provincial poverty and unemployment in the area, it had received less than its fair share of the job creation and poverty alleviation funding during the period.

Table 13: Public Works Programmes and the Reservation Wage

PLACE OF BIRTH	PWP	EPWP ¹	
	No	No	Row %
Cape Town	142	109	76,8
Other W.C	13	11	84,6
Transkei	535	428	80,0
Ciskei	111	88	79,3
Other E. C	93	65	69,9
Other S. A	42	31	73,8
Total	936	732	78,2

Note: EPWP = Extended public works programme.

What is interesting is that of the 365 men prepared to work for R715 per month (the equivalent of a public works daily wage), 242 or 66,3% were prepared to take work on a PWP as were 440 (67,3%) of the women. A high proportion (78,2%) would continue to work for as long as possible.

For many decades, the Department of Labour has subsidised training for the unemployed. The programme has now been drawn into the general overhaul of the national training system. While these schemes have been fairly widely advertised, only 47% of the potential KMPS African respondents answered the question on whether they were aware of such programmes. As Table 14 shows, over 70% of the respondents were unaware. Just over half the men and two-fifths of the women who were aware of these training courses attended them, with few subsequently acquiring jobs.

Table 14. Training of Unemployed Persons

	Male	Col %	Female	Col %
Unaware of schemes	215	70,0	395	72,0
Aware of schemes	93	30,0	155	28,0
Total	308	100,0	550	100,0
Attended training courses	49	52,7 ¹	64	41,3 ¹
Acquired a job subsequently	21	43,0 ²	14	22,0 ²
	70		78	

Notes:

¹ % of those aware.

² % of those attending courses.

The training policy certainly seems to have missed its target in the years preceding December 2000. From January 2000 until February 2004, the Department of Labour has spent R689 614 000 on training of unemployed people of which R40 669 000 (6% of the funding) was allocated to the Western Cape where 26 719 people received training (see appended Table 23). Whether this funding is reaching Khayelitsha in sufficient volume is a moot point.

6. Migration, Health and HIV/AIDS in the KMP

The KMPS 2000 posed only two questions on health: the first asked what the respondent's most serious health problem was and the second asked whether

health problems or disabilities impaired their ability to function adequately. Table 15 records responses to health problems.

Table 15: Most Serious Health Problem

<i>Health Problem</i>	<i>No</i>	<i>%</i>
Blood pressure	176	7,1
Respiratory problems (asthma, etc.)	89	3,6
Diabetes	72	2,9
Sight or hearing	39	1,6
Physically handicapped	35	1,4
Heart problems	36	1,5
Mental Health	21	0,9
T.B	19	0,8
Eczema	12	0,5
Cancer	5	0,2
HIV	1	0,0
Other health problems ¹	221	8,9
No problems	1745	70,6
Total	2471	100,00

Note: ¹ Other problems include arthritis, stress, depression, ulcers, headaches and nerves.

Most of the respondents, 71%, recorded no health problems but 95 (3,8%) reported physical, mental, sight and hearing problems which could possibly entitle them to a disability grant if the condition were chronic. There are a further 19 affected with T.B.

A question on how often physical disabilities or illness affect the capacity to function normally yielded 2447 responses. Of these, 1670 (68%) were never affected most of the time and 38 (2%) said they were permanently disabled or chronically ill.

On the issue of whether hunger interfered with their ability to work, seek work or study, 16,2% of those originating elsewhere in South Africa responded that it did 'most of the time' or always' compared with 12,6% from the Transkei, 10,4% from elsewhere in the Eastern Cape, 9,3% for the Cape Town born, and 7% from the Ciskei.

The specific questions in KMPS 2000 relating to health in the adult questionnaire (18 years and older) asked what the most serious health or disability problem they experienced was and how often the problems interfered with the ability to work. In the younger persons questionnaire (17 and younger),

the health questions were more direct. They asked if the person had any disability or illness and if the answer was yes, it probed for what illness that was. The options given were heart related illnesses, chronic respiratory illness, TB, STDs, HIV, AIDS, sight impairment, hearing impairment, mental problems, physical disabilities and the residual, "other". Preliminary tabulations using STATA revealed that the health questions did not yield useful data because there were few responses to them. Other sources of data on HIV/AIDS were therefore sought. Data from Cape Town City's health department showing leading causes of death for 2002 and HIV/AIDS prevalence for 2003 from VCT attendance was secured and is discussed below. Additional data is from Medecins Sans Frontieres (MSF) which runs HIV surveillance clinics in Khayelitsha. Although these data may not be directly linked to the KMPS 2000, they allow broad generalisations about residents of the Khayelitsha area. With the information obtained from the KMPS 2000, it is possible to draw cautious and non-generalisable conclusions about their corresponding health.

The Nelson Mandela/Human Sciences Research Council study of HIV/AIDS (Nelson Mandela/HSRC study), released in December 2002 showed that urban informal areas in South Africa have the highest HIV-prevalence rate, at 21.3%, while urban formal areas have a rate of 12.1%, tribal areas a rate of 8.7%, and farms a rate of 7.9% (South Africa Survey 2002/2003). The survey also found that approximately 12.9% of Africans, 6.1% of coloured people, 1.6% of Indians, and 6.2% of whites are HIV positive. Also females had higher levels of HIV infection with 12.8% of them being positive, while males were approximately 9.5% positive. The Free State had the highest HIV/AIDS prevalence in the country at 14.9%, followed by Gauteng at 14.7%, Mpumalanga at 14.1%, and KwaZulu Natal at 11.7%. The Eastern Cape had the lowest prevalence with 6.6% while the prevalence in the Western Cape stood at 10.7% below the reported national average of 11.4%.

The overall trends of prevalence in the Western Cape mask the huge differentials in prevalence across gender, age groups, social classes, population groups, and residential areas. HIV/AIDS has contributed to a dramatic increase in the number of deaths among young people (between 15 and 39 years) in South Africa (Nattrass 2002). These high rates have been likened to mortality levels that would result from warfare. In seeking answers to the question of why HIV/AIDS prevalence is so high in Africa, Nattrass, (2002: 4) points out that vulnerability to HIV/AIDS infection is higher among persons or populations suffering from poor nutrition as is the case in most African countries that reported 30% of their population being malnourished between 1988 and 1999 when the epidemic exploded. The other avenue through which poverty has been noted to increase vulnerability to infection in African communities is when girls

and women have to use sex as a “currency” to negotiate opportunities or simply to earn a living.

Nattrass, (2002: 5) summarises the impact that HIV/AIDS has on economic security succinctly thus: “AIDS undermines economic security by reducing the productivity of (and eventually killing) income-earners whilst simultaneously diverting scarce household resources towards medical expenditure. This double squeeze on household security is increasingly well documented in the growing body of research on the impact of AIDS on households in South and Southern Africa. Women are especially hard hit because they carry the burden of the disease and yet are expected to care for other members of the household who are HIV positive....”

On other levels of household economic security and well-being, AIDS is expected to have an impact on inequality as prevalence is higher among the unskilled and the unemployed than among those who are skilled and employed. Orphans are also left in the care of older persons other than their parents with significant psychological effects. This results from material deprivation and stigma and discrimination at school, in the community and even within their families. AIDS is also leading to higher infant mortality (Kuhn 2002) because babies who are infected through mother-to-child-transmission (MTCT) and through breastfeeding subsequently die before their first birthday.

Migration has also been noted as one way in which poor households and those affected by HIV/AIDS seek to employ coping strategies by seeking employment elsewhere, to access support from the extended family and to reallocate household labour (Booyesen, 2003a: 3). According to Booyesen (2003a), understanding post-diagnosis migration is important in allocating appropriate response and care facilities and services at the destination areas. Those infected are likely to move to urban areas and certain metropolitan areas in order to access better health services although there is also evidence that some move to rural areas to access better social support in the final years or months of their lives. An equally important subset of migrants related to the epidemic is that of affected children. They may move to care for the ill, due to the death of one or both of the parents in which case they may be adopted or placed in other care centres, due to the family not being able to care for them any longer as a result of increasing poverty, or as a result of the re-marriage of widowed parents (Booyesen, 2003a: 6). In a study in the Free State province, Booyesen (2003a) showed that mortality in a household increased the probability of out-migration and affected households had a higher probability of out-migration from them than those not affected. In that study, there were more female migrants than male migrants, which led the researchers to speculate that the traditional male-

dominated labour migration was being overtaken by female dominated migration mainly from rural to urban areas.

The study concluded that despite the importance of age and gender as individual level determinants of the probability to migrate, household factors, which tended to be proxies for socio-economic status were more important. These factors include residence in a rural area, and membership to an extended family which provided a source of support for HIV/AIDS affected households.

Booyesen (2003b) examined the role that social grants can play in alleviating the impact of HIV/AIDS on poverty stricken households. He showed that households that had been affected or had experienced a recent morbidity or mortality were more dependent on social grants than those that had not. Hence, such households were less dependent on employment income. The results from the study showed that the take-up of the social grants was very high with up to 80% of the affected households receiving grants.

Aids also has higher prevalence among those in the lowest skill levels than among the highly skilled according to projections using the ASSA³ model (Naidu, 2001:7).

6.2 Health and HIV/AIDS in the KMP

Recalling that the Khayelitsha/Mitchell's Plain area housed 74% of the black population in the Western Cape in 1996, and that it accounts for approximately 30% of the Cape Metropolitan area population, HIV/AIDS prevalence rates in the area are likely to account for a huge proportion of the HIV/AIDS positive population in the Cape Metropolitan area.

Preliminary analysis of data from the Cape Town City Health Department confirms this expected scenario. As can be seen in Table 16, 558 (27%) of recorded deaths from HIV/AIDS in Cape Town were in Khayelitsha as were 307 (23%) TB deaths in 2002. Mitchell's Plain accounted for only 95 (5%) HIV/AIDS deaths and 87 (7%) of TB deaths. For the larger Cape Town area, five leading causes of death were HIV/AIDS, Ischemic Heart Disease, TB, Hypertension, and Assault by Firearm. As confirmation of the high death toll from HIV/AIDS in Khayelitsha, of the five leading causes of death, it topped the list followed by Assault by firearm, TB, Assault by sharp object, and Pneumonia. Apart from the two categories of assault, the other three leading

³ Actuarial Society of South Africa.

causes of death in Khayelitsha are very likely co-morbid because pneumonia and TB are some of the leading primary causes of death in HIV/AIDS patients. HIV/AIDS and TB are also among the top five leading causes of death in Mitchell's plain. Deaths attributed to HIV/AIDS in Khayelitsha at 18,4% are more than twice as high as those for Cape Town as a whole (8,3%) and more than triple those of Mitchell's Plain (5%)

Table 16. Top 10 causes of death in Khayelitsha, Mitchell's Plain, and for the larger Cape Town area, 2002

<i>Cape Town All</i>		<i>Khayelitsha</i>		<i>Mitchell's Plain</i>		
	<i>Cause of Death</i>	<i>No.</i>	<i>Cause of Death</i>	<i>No.</i>	<i>Cause of Death</i>	<i>No.</i>
1	HIV/AIDS	2037	HIV/AIDS	558	Hypertension	162
2	Ischemic heart Disease	1424	Assault by Firearm	315	Diabetes	133
3	TB	1336	TB	307	Assault by Firearm	131
4	Hypertension	1293	Assault by Sharp object	240	HIV/AIDS	95
5	Assault by Firearm	1270	Pneumonia	120	TB	87
6	Diabetes	1215	Exposure to smoke, fire or flames	69	Ischemic Heart Disease	87
7	Cerebrovascular Diseases	1091	Cerebrovascular diseases	67	Cerebrovascular Diseases	82
8	Assault by Sharp object	1022	Diarrhoea and Gastroenteritis	66	Malignant neoplasm of Trachea bronchus and lung	71
9	Pneumonia	828	Hypertension	64	Assault by Sharp object	60
10	Malignant neoplasm of trachea, bronchus and lung	775	Motor vehicle accidents involving pedestrians	59	Chronic Obstructive airways disease	54
Total		24585	Total	3036	Total	1911
Symptoms and signs		1091		225		125

Source. The Cape Town City Health Department Records.

In spite of the fact that the HIV/AIDS issue, as Esau (1993) records, was identified in South Africa as early as 1982 and has received an increasing volume of publicity in all forms of the media since then, KMPS 2000 recorded only a single positive respondent on the HIV question and none at all on AIDS or STD's. Given the situation in which interviews take place in such surveys, it is probably unrealistic to expect respondents to be anything but reticent on issues as sensitive as these. Certainly as Bakilana and Esau (2003) have shown

in an admittedly small quantitative survey the youth in Cape Town tend not to confide in relatives or even nurses at their local clinic and certainly not in teachers on issues of sexual relations and substance abuse. To expect respondents to be more forthcoming to a strange interviewer is implausible. We have thus to turn to other sources unrelated to KMPS 2000 for HIV/AIDS information.

As discussed earlier, results from the Cape Town Health department show that leading causes of death in Cape Town were mainly HIV/AIDS and TB and that Khayelitsha contributed 27% and 23% to those causes respectively.

Table 17. Data from VCT attendance at city clinics in Cape Town: January – September 2003.

<i>Results</i>	<i>Total Jan-Sep 2003</i>	<i>Percentages (%)</i>	<i>Annualised Projections</i>
Males attending VCT	3353	24	4471
Females attending VCT	10720	76	14293
Medic Referral	9997	71	13329
Self Referral	4084	29	5445
Attended MTCT service	5793	41	7724
Attended TB service	1091	8	1455
Attended other service	7219	51	9625
Was Tested	12143	91	16191
Not Tested	1251	9	1668
Referred in Positive	727	-	969
Screening Test positive	4319	-	5759
Screening Test Negative	8374	-	11165
Confirmatory Test Positive	4048	-	5397
Confirmatory Test Negative	223	-	297
Elisa Test Positive	63	-	84
Elisa Test Negative	42	-	56
MTCT Positive	1398	32	1864
TB Positive	465	11	620
Other Service Positive	2450	57	3267
Total VCT	13008	-	18428

Note: *Data from selected City health clinics therefore not representative of Cape Town population.

Source: Cape Town City's Health Department. 2002.

Data from VCT clinics seems to support these findings. As can be seen in Table 17, those attending VCT at city clinics tended to be dominated by women and

were mainly referred by medical doctors. Most of them tended to be seeking services other than MTCT or TB and the majority of them were tested for HIV/AIDS. In line with the trends where most sought services other than MTCT and TB, those who were positive were also from the same group seeking other services.

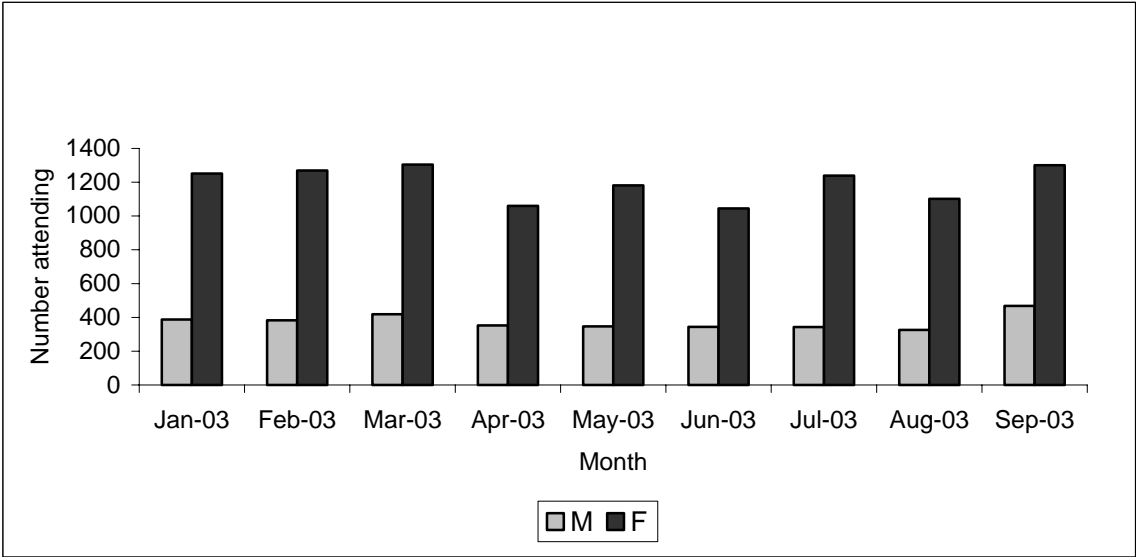


Figure 2. Males and Females Attending VCT at clinics in Khayelitsha January to September 2003

Figure 2 looks at the monthly attendance by gender and shows clearly that more females visit throughout the year than males. There are no surprising declines or increases in the numbers attending VCT throughout the year as Figure 2 shows.

When these figures are broken down by type of services attended, i.e., MTCT, TB, or Other types as shown in Figure 3, they also show no unexpected increases or decreases with the only notable increase from those attending other type of service being around February and March.

The same trend is observed in Figure 4 when the number testing positive is examined by type of service sought.

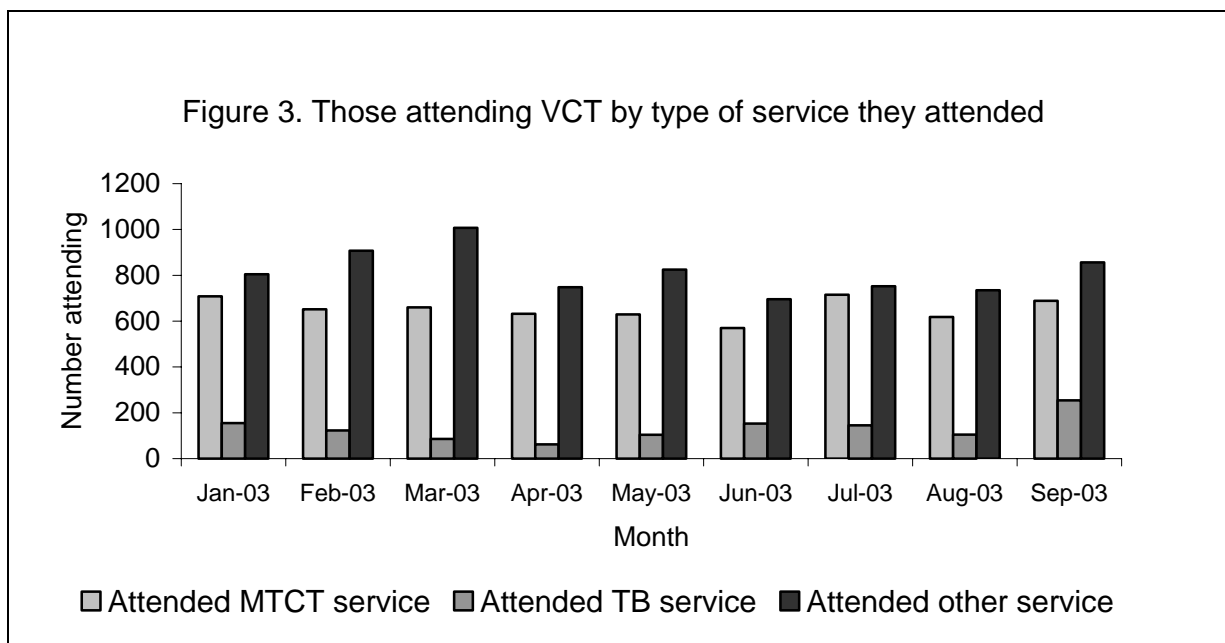


Figure 3. Those attending VCT by type of service they attended

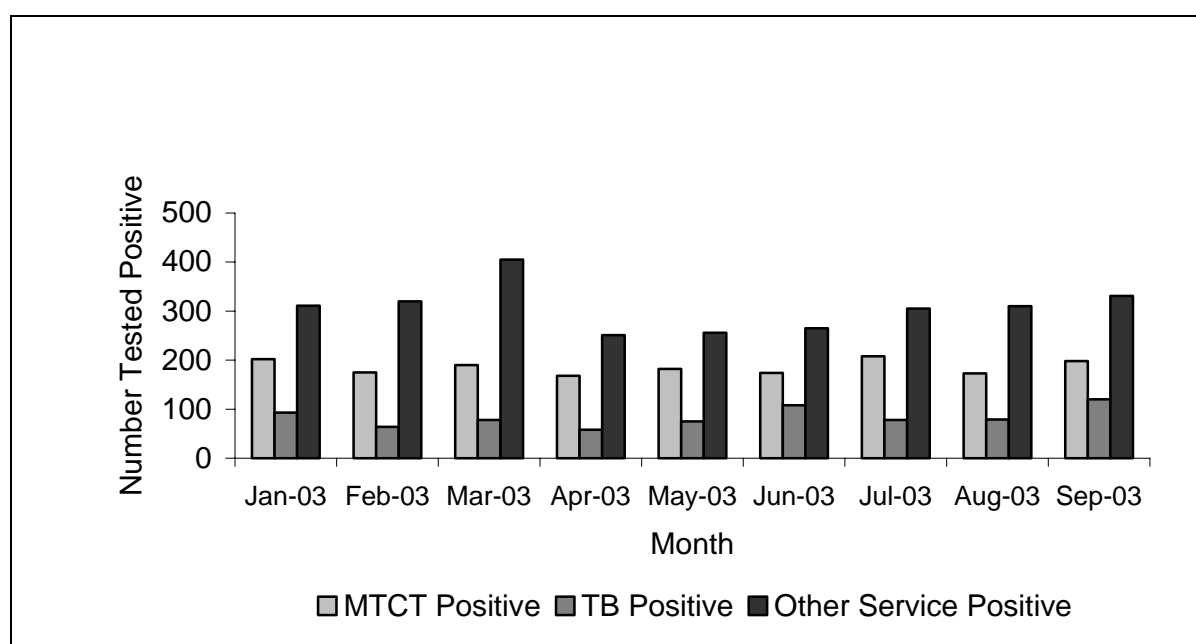


Figure 4. Number testing Positive by type of service attended

Data from Medecins Sans Frontieres showed HIV/AIDS prevalence in the Western Cape to have increased from 8.6% in 2001 to 12.4% in 2002. Nineteen districts out of 25 in the Western Cape were reported to have shown an increase. Khayelitsha had a prevalence rate of 24.9%, second to Gugulethu and Nyanga with estimated 27.8% prevalence rates.

Conclusions

The foregoing discussion and presentation of data from KMPS 2000 shows that the Western Cape Province has experienced rapid growth of the African urban population since the repeal of influx control laws. These new migrants have come mainly from the Eastern Cape regions of Ciskei, Transkei and other areas. They seem to be migrants with a family history of labour migration and therefore have responded to the relaxation of restrictions on movement by moving in search of employment or other forms of livelihood and to join their families. Unfortunately most of the recent migrants have settled in shack slums in Khayelitsha and are therefore living in very poor conditions. These trends confirm observations by scholars (Oosthuizen, 1997, Horner, 1983) that mobility transition in South Africa and particularly in the Cape Peninsula was delayed by the restrictions on movement imposed by influx control laws. Hence the theory of mobility transition, even in its various revisions failed to account for developments such as those observed in the Cape Peninsula for various reasons. In the first instance, it did not anticipate that pernicious government legislation could have a “damming” effect on migration flows and therefore overpower strong demographic pressures. The populations who were pre-disposed to move to the Cape Peninsula were prohibited by apartheid laws expressed most strongly through the ‘pass laws’ and the CLPP. In the second instance, there appears to be a strong rural-urban migration particularly from the former Bantustans/ Homelands. These two trends in the case of South Africa diminish the role of natural increase relative to migration in population growth in localised urban areas such as Khayelitsha/Mitchell’s Plain in the first post-apartheid decade.

The data further shows how such migrants are forced to erect poor housing structures as local housing supply is outstripped by the demand and unemployment levels rise. The resultant health effects are predominance of respiratory and infectious diseases such as TB and HIV/AIDS. While the province of the Western Cape has a housing backlog of 320 000 dwellings, the provincial housing department underspent some R144 million on delivering housing in the 2003/4 financial year (Cape Argus 31/05/04, 2). Such poor performance is open to severe criticism.

In conclusion, although no sophisticated statistical analysis was attempted here, the data suggests the challenges to future policy and development initiatives in relation to such settlements as Khayelitsha. The bedfellows of unemployment, poor educational background, poor health and squalid housing conditions are poised to confront decision makers for the first half of the 21st century and could very well engender, in what they portend, the most serious political and social justice challenges.

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Appendix

Table 18 Khayelitsha Residents in Wage Employment by Area of Origin

AREA	NO	%
CAPE TOWN	70	12,2
OTHER W.C	10	1,7
TRANSKEI	319	55,6
CISKEI	66	11,5
OTHER E.C	65	11,3
OTHER S.A	23	4,0
OTHER	1	0,2
UNRECORDED	20	3,5
TOTAL	574	100,0

Table 19 Khayelitsha Migrants by Place of Birth and Type of Area

Place	Urban Area		Commercial Farm		Rural Area Under Traditional Leader		Total	
	No	Row %	No	Row %	No	Row %	No	Row %
TRANSKEI	49	5,0	10	1,0	936	94,0	995	100,0
CISKEI	43	20,0	2	1,0	170	79,0	215	100,0
OTHER E.C	104	57,0	34	18,0	45	25,0	183	100,0
OTHER S.A	61	80,0	2	3,0	13	17,0	76	100,0
OTHER W.C	19	95,0	1	5,0	0	0,0	20	100,0
OTHER AFRICAN	2	67,0	1	33,0	0	0,0	3	100,0
TOTAL	278	18,6	50	3,4	1164	78,0	1492	100,0

Table 20 Khayelitsha Migrants by First Provincial Urban Destination

PROVINCE	No	%	No	%
Western Cape			1002	81,1
Cape Town	970	78,5		
Other	32	2,6		
Eastern Cape			86	7,0
Transkei	23	1,9		
Ciskei	12	1,0		
Other	51	4,1		
KwaZulu-Natal			15	1,2
Free State			14	1,1
Northern Cape			2	0,2
Gauteng			75	6,1
Other Provinces			42	3,3
Total			1236	100,0

Table 21 KMPS Households by Size and Reported Household Income

Reported H.H Income p.m. R	Household Size																Total
	1		2		3		4		5		6		7		8		
	Afr	Col	Afr	Col	Afr	Col	Afr	Col	Afr	Col	Afr	Col	Afr	Col	Afr	Col	
0-250	27	0															27
0-500			39	4													43
0-750					65	6											71
0-800	24	1	13	4			54	4	38	7	17	7	17	1	15	5	207
800-1000							39	2									41
800-1250									36	8							44
800-1500											29	11					40
800-1599	23	1	59	8	68	7	25	8	9	1			17	3	20	6	255
1600-1750													1	0			1
1600-2000													9	8	6	2	25
1600-3499	2	1	22	10	22	9	24	20	24	20	20	12			10	8	204
3500 +	2	2	4	6	6	16	5	24	6	18	7	12	1	3	2	5	119
TOTAL	78	5	137	32	161	38	147	58	113	54	73	42	45	15	53	26	1077


Notes  Household eligible for poverty relief
Households responding to the relevant questions numbered 807 African and 270 Coloured.

Table 22: Employment Status of Household Head during childhood

Employment Status	Individual SOC		Aggregated SOC		Employment Status	
	No	%	No	%	No	%
Wage Employment						
Managers, professional & technicians						
Teachers and nurses	32	64,0				
Other	18	36,0				
	50	100,0	50	4,0		
Clerical occupations	18		18	1,0		
Service and sales workers						
Hotel and Restaurant workers	22	27,0				
Security guards	23	28,0				
Other	37	45,0				
	82	100,0	82	7,0		
Skilled agricultural and fishery	29		29	2,0		
Craft and related workers						
Miners	88	58,0				
Skilled building trades	32	21,0				
Other	31	21,0				
	151	100,0	151	12,0		
Plant and machine operators						
Truck drivers	48	55,0				
Other	40	45,0				
	88	100,0	88	7,0		
Elementary Occupations						
Domestic workers	118	32,0				
Cleaners (other than domestic)	44	12,0				
Farmhands	44	12,0				
General workers	50	14,0				
General construction workers	77	21,0				
Other	31	9,0				
	364	100,0	364	30,0		
Not adequately defined	290		290	24,0		
			1072	87,0	1072	61,0
Casual Employment	35		35	3,0	35	2,0
Self-employed						
Shopkeeper/vendor	39	32,0				
Farmer	18	15,0				
S/E artisan	21	17,0				
Other	43	36,0				
	121	100,0	121	10,0	121	7,0
Total Employed			1228	100,0		70,0
Unemployed						
Seeking work					60	3,0
Non-participants						
Wanting, not seeking work					60	3,0
Not working and not looking					278	16,0
Retired					121	7,0
Don't know					19	1,0
Total					1766	100,0

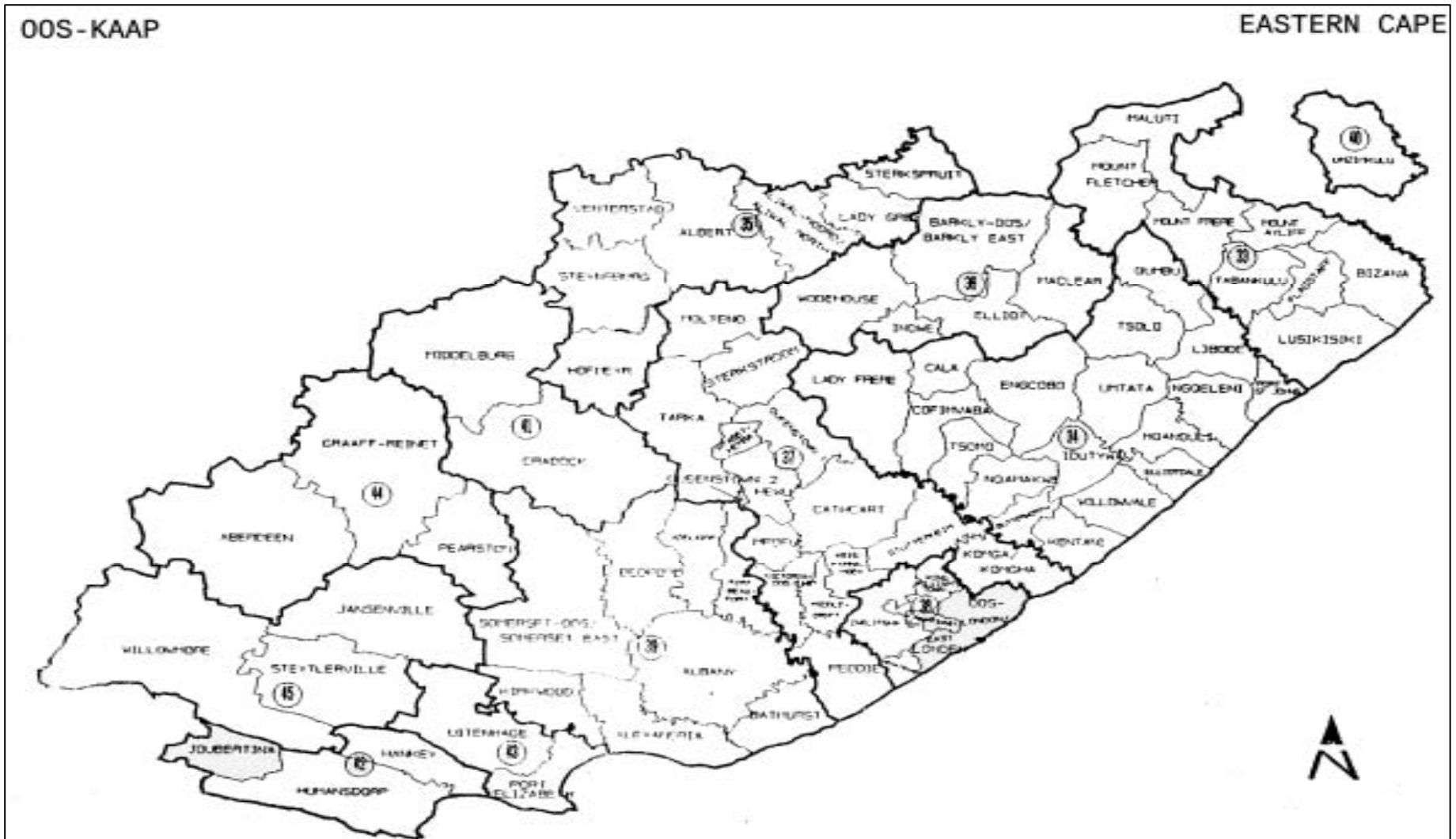
Note 1: People born in 20 districts in the Transkei claim 72 (82%) of the 88 miners. People born in Transkei claim 50 (65%) of the 77 labourers in construction. People born in Transkei claim 25% of the domestic workers with the others distributed among Cape Town, 32%, Other E. Cape, 18%, and Ciskei 14%.

Table 23: Training of Unemployed Persons in the Western Cape: 1 Jan 2000 to 29 February 2004

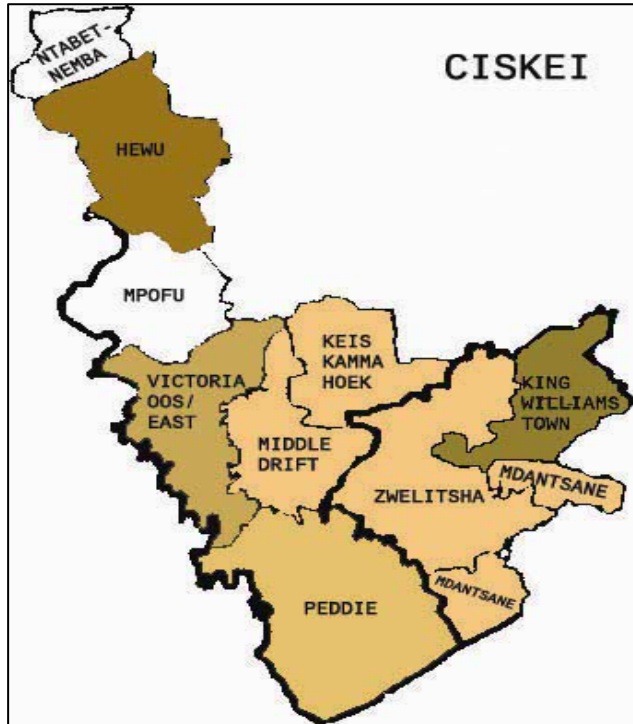
<i>Programme</i>	<i>Funding</i>		<i>Number Trained</i>		<i>Average Cost</i>
	R	%	No	%	R
Provincial Social Development Projects	33 413	82,1	16 757	62,7	1 994
People with disabilities	205	0,5	310	1,2	661
Prisoners	4 847	11,9	5 512	20,6	879
Service corps: defence	66	0,2	22	0,1	3 000
Working for water	2 072	5,1	4 096	15,3	505
Minor programmes	66	0,2	22	0,1	3 000
Total	40 669	100	26719	100	1 522

Source: Department of Labour brochure 2004.

Map 1

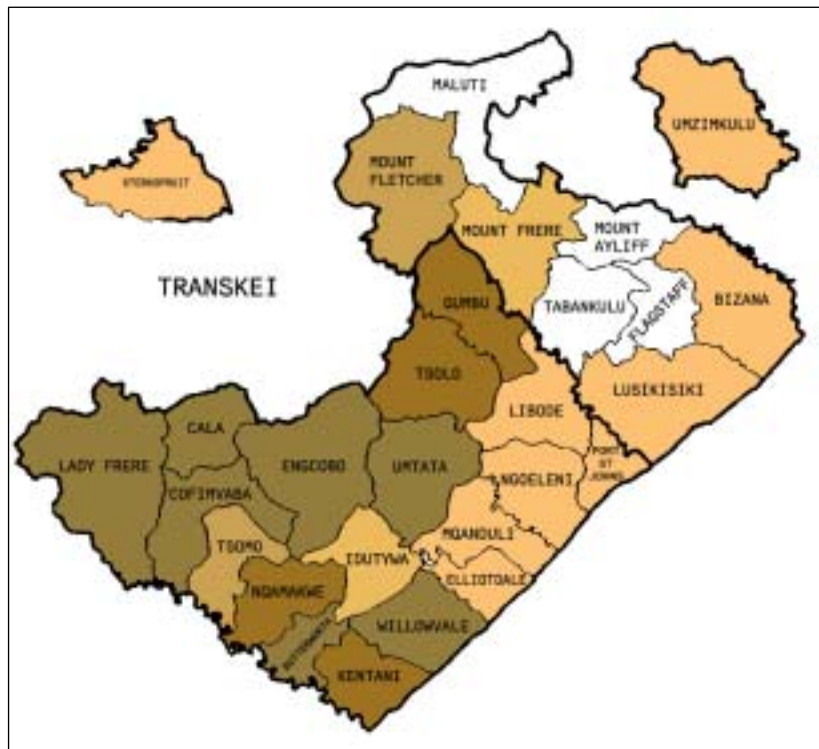


Map 2



Map 3

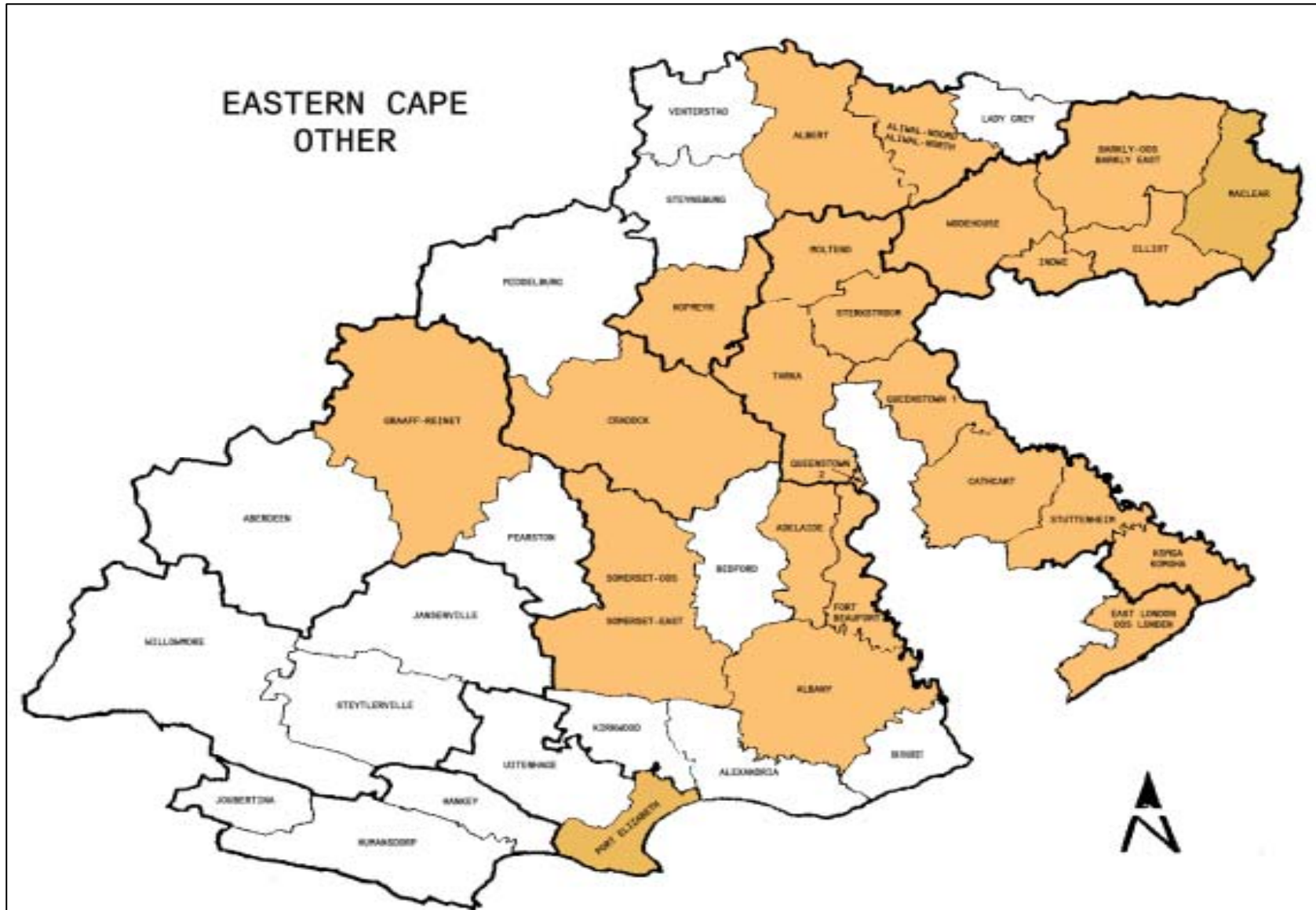
LEGEND	
None	
1-19	
20-29	
30-39	
40-49	
50+	



Source: Central Statistical Service, Standard Codelist of Areas, pxxxii, Pretoria, 1994.

Map 4

LEGEND	
None	
1-19	
20-29	
30-39	
40-49	
50+	



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The CSSR is an umbrella organisation comprising five units:

The Aids and Society Research Unit (ASRU) supports quantitative and qualitative research into the social and economic impact of the HIV pandemic in Southern Africa. Focus areas include: the economics of reducing mother to child transmission of HIV, the impact of HIV on firms and households; and psychological aspects of HIV infection and prevention. ASRU operates an outreach programme in Khayelitsha (the Memory Box Project) which provides training and counselling for HIV positive people

The Data First Resource Unit ('Data First') provides training and resources for research. Its main functions are: 1) to provide access to digital data resources and specialised published material; 2) to facilitate the collection, exchange and use of data sets on a collaborative basis; 3) to provide basic and advanced training in data analysis; 4) the ongoing development of a web site to disseminate data and research output.

The Democracy in Africa Research Unit (DARU) supports students and scholars who conduct systematic research in the following three areas: 1) public opinion and political culture in Africa and its role in democratisation and consolidation; 2) elections and voting in Africa; and 3) the impact of the HIV/AIDS pandemic on democratisation in Southern Africa. DARU has developed close working relationships with projects such as the Afrobarometer (a cross national survey of public opinion in fifteen African countries), the Comparative National Elections Project, and the Health Economics and AIDS Research Unit at the University of Natal.

The Social Surveys Unit (SSU) promotes critical analysis of the methodology, ethics and results of South African social science research. One core activity is the Cape Area Panel Study of young adults in Cape Town. This study follows 4800 young people as they move from school into the labour market and adulthood. The SSU is also planning a survey for 2004 on aspects of social capital, crime, and attitudes toward inequality.

The Southern Africa Labour and Development Research Unit (SALDRU) was established in 1975 as part of the School of Economics and joined the CSSR in 2002. SALDRU conducted the first national household survey in 1993 (the Project for Statistics on Living Standards and Development). More recently, SALDRU ran the Langeberg Integrated Family survey (1999) and the Khayelitsha/Mitchell's Plain Survey (2000). Current projects include research on public works programmes, poverty and inequality.
