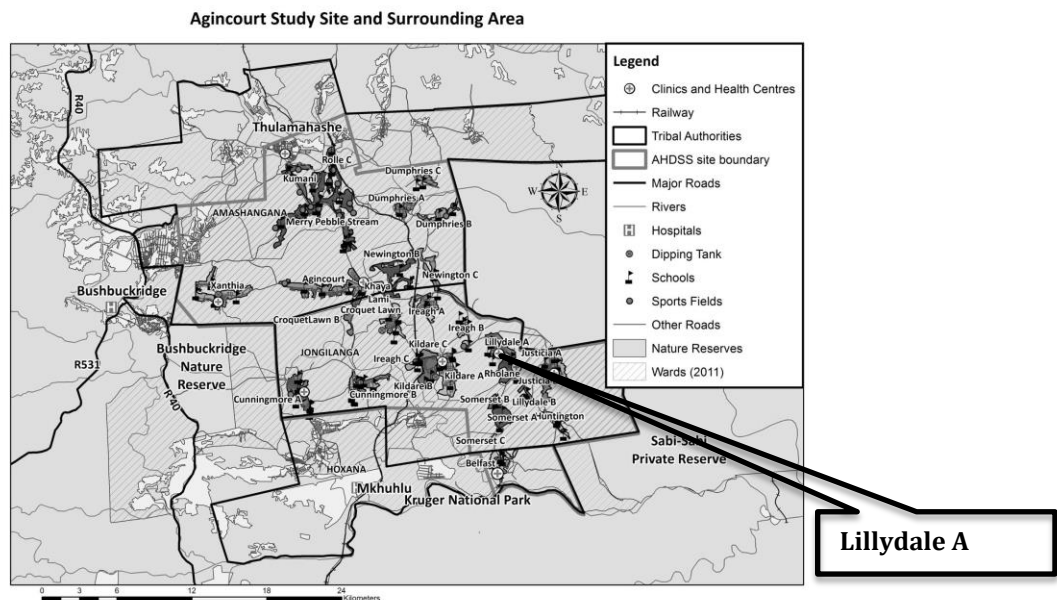


LILLYDALE A VILLAGE FACT SHEET 2014

This “Fact Sheet” provides basic information on population changes and demographics for Lillydale A village. All statistics have been produced from household data collected by fieldworkers from the MRC/Wits Rural Public Health and Health Transitions Research Unit (Agincourt) and collaborating researchers. Ask the Agincourt LINC (learning, Information dissemination and Networking with the Community) team for more information if needed. There is a fact sheet for each village that is a part of the Agincourt Health and Socio-Demographic Surveillance System (AHDSS) site. The CDF (Community Development Forum) members of each village will each have the fact sheet, the fact sheet is on the website <http://www.agincourt.co.za/index.php/activities/linc/> and you can get it from the LINC office in Agincourt village. The figures provided indicate the trends that are taking place in your village. They can be used to motivate for community development projects and to predict future growth and needs. Whenever you use this information, please reference it as being obtained from MRC/Wits Rural Public Health and Health Transitions Research Unit (Agincourt).

Villages in the Agincourt Health and Socio-Demographic Surveillance (HDSS) System Research Site in 2014 include:

Agincourt, Belfast, Croquet Lawn, Croquet Lawn B, Cunningmore A, Cunningmore B, Dumphries A, Dumphries B, Dumphries C, Huntington, Ireagh A, Ireagh B, Ireagh C, Justicia , Khaya Lami, Kildare A, Kildare B, Kumani, Lillydale A, Lillydale B, Makaringe, MP Stream, Newington B, Newington C, Rolle C, Somerset, Lillydale A C, and Xanthia.



1. DEMOGRAPHIC DATA

Demography is the study of human settlements and populations and how they change. Populations change because people are born, they die, they move in and out. This fact sheet will look at births, deaths and migrations of people in and out of Lillydale A village. It will also do some comparisons between what is happening in Lillydale A and what is happening in the rest of the Agincourt Health and Demographic Surveillance System (HDSS) research site. Smaller places (like villages) show trends that do not always show large change, especially in short time periods. Changes from year to year may be just random fluctuations.

1.1 Village Growth and Population over the Period 1994 - 2014

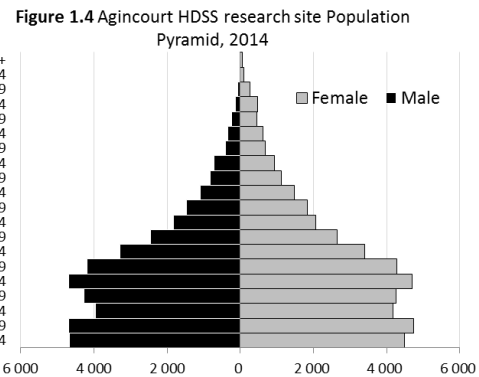
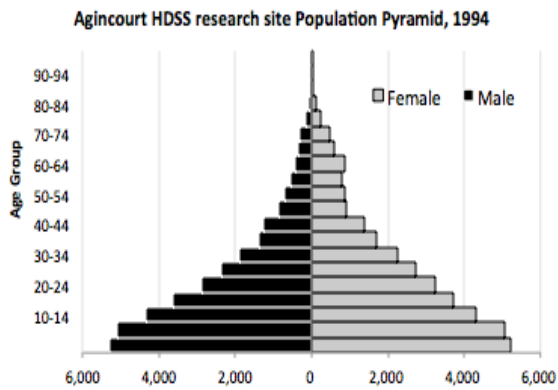
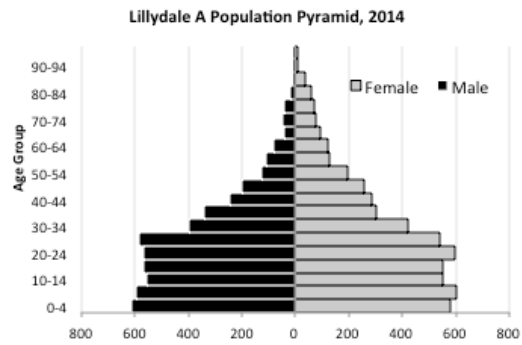
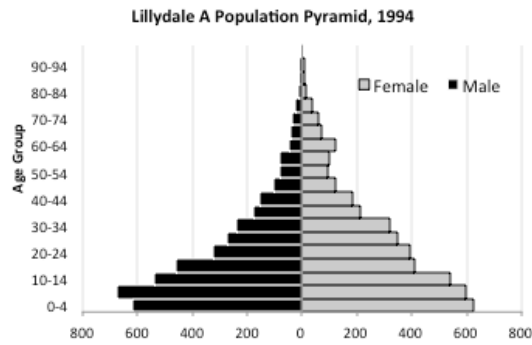
The numbers shown in **Table 1.1** are calculated according to numbers for the end of June 2014. The numbers are known as mid-year population figures.

	1994	2012	2013	2014
Households	1 292	1 915	1 979	2 013
Population	8 145	10 326	10 440	10 600
Male	3 904	5 000	5 055	5 137
Female	4 241	5 326	5 385	5 463
Children under 5	1 237	1 211	1 226	1 190
Children of school-going age (5-19)	3 214	3 377	3 371	3 416

Table 1.2 shows how many people were living in Lillydale A village of different ages in June 2014.

Age Group	2014		
	Male	Female	Total
0-4	611	579	1190
5-9	597	598	1195
10-14	555	552	1107
15-19	565	549	1114
20-24	568	592	1160
25-29	582	538	1120
30-34	400	421	821
35-39	339	302	641
40-44	244	286	530
45-49	199	256	455
50-54	129	194	323
55-59	108	126	234
60-64	79	120	199
65-69	42	91	133
70-74	48	76	124
75-79	40	69	109
80-84	17	62	79
85-89	9	34	43
90-94	3	10	13
95+	2	8	10
Total	5 137	5 463	10 600

You can compare the population structure between Lillydale A village and the Agincourt HDSS research site (1994 and 2014) by looking at the population pyramids. These pyramids are in **Figures 1.1, 1.2, 1.3 and 1.4** (page 3).



Take home message: The number of households in Lillydale A village has increased since 1994. The population has increased since 1994. The population structure of Lillydale A village is similar to Agincourt HDSS research site.

1.2 Births

1.2.1 Number of Births by Gender

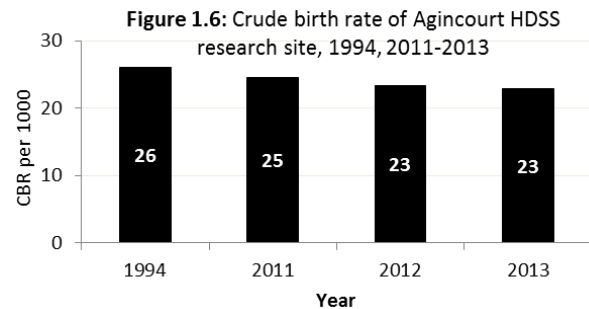
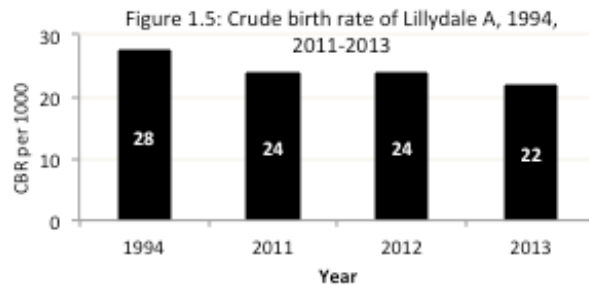
The number of births recorded in Lillydale A village is shown in **Table 1.3** below. We can only provide data to the end of 2013. We compared the birth trends in Lillydale A village with the rest of the Agincourt HDSS research site in **Figures 1.5** and **1.6**.

	1994	2011	2012	2013
Male Births	98	121	125	113
Female Births	127	122	122	115
Total Births	225	243	247	228

The numbers of births show an upward trend in Lillydale A village.

1.2.2 Crude Birth Rate

Figure 1.5 shows the crude birth rate in Lillydale A village from 1994 to 2013. **Figure 1.6** shows the crude birth rates in the Agincourt HDSS research site from 1994 to 2013.



The crude birth rate is found by comparing the number of babies born to the total population. For example, in **Figure 1.5** above, for every 1000 people living in Lillydale A village in the year 2013, 22 babies were born.

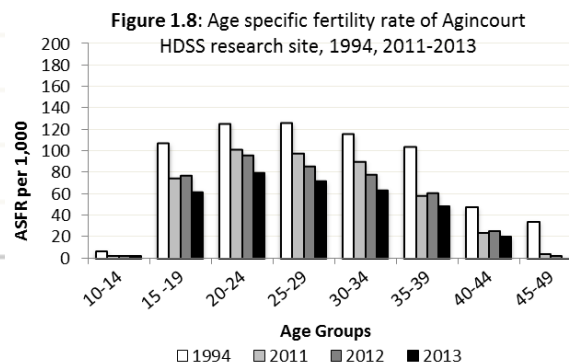
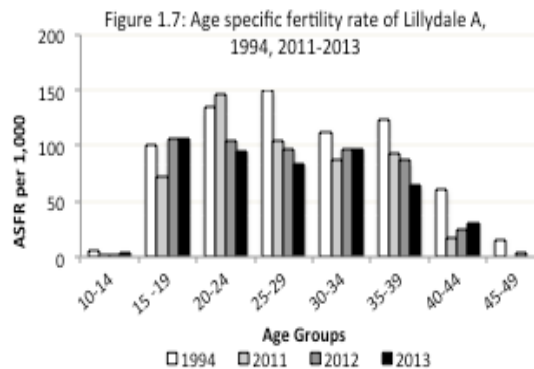
When you compare the crude birth rates in Lillydale A village with the crude birth rate for the whole of the Agincourt HDSS research site, they are relatively that similar. One difference is in 2013 Lillydale A had an decrease in births and Agincourt HDSS did not.

1.2.3 Births by Mother's Age and Age Specific Fertility Rates

Research within the Agincourt HDSS research site continues to look closely at fertility. **Table 1.4** shows you the number of babies born to mothers of different ages in Lillydale A village.

Table 1.4: Births by Age group in Lillydale A village, 1994, 2011-2013				
Age Groups	1994	2011	2012	2013
10-14	3	1	1	2
15-19	41	43	61	61
20-24	53	82	61	55
25-29	52	53	50	45
30-34	36	31	38	38
35-39	26	28	26	18
40-44	11	5	7	9
45-49	2	0	1	0
Total Births	224	243	245	228

We can also look at trends across the whole site and compare them with Lillydale A village by looking at **Figures 1.7** and **1.8**.



We find the age specific fertility rate by looking at how many women in a certain age group have had babies in a certain year. For example, if we look at **Figure 1.7**, we can see that in the year 2013 in Lillydale A village, for every 1000 women ages 15-19, about 100 of them gave birth.

Take home message: 2013 saw significant decreases in fertility in the 20-24, 25-29, and 35-39 age groups. However, in the other age groups there was an increase in fertility in 2013.

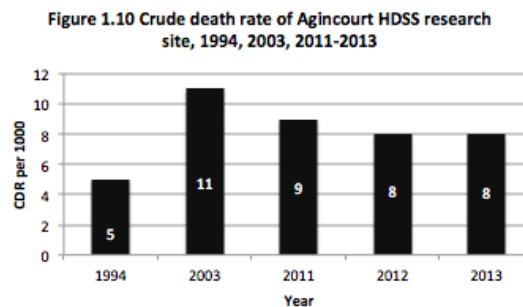
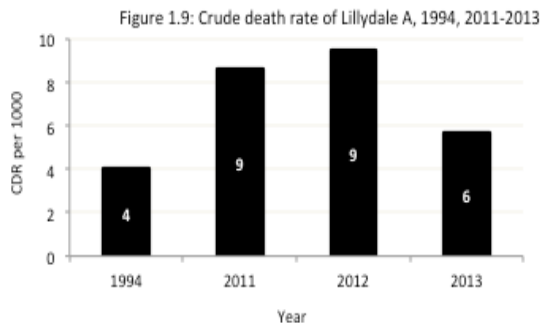
1.2 Deaths

1.3.1 Deaths

The MRC/Wits Agincourt Unit only gives *numbers* of deaths for each age group in each village, not the *cause* of death. The number of deaths occurring is low and if the cause of death is given, then a person's confidentiality may be broken. **Table 1.5** shows the total number of deaths that occurred in Lillydale A village in 1994 and from 2011 through to 2013.

	1994	2011	2012	2013
Male Deaths	17	41	40	29
Female Deaths	16	46	58	30
Total Deaths	33	87	98	59

Figures 1.9 and **1.10** show crude death rates over the same period in Lillydale A village and across the Agincourt HDSS research site.



The crude death rate is found by looking at how many people died for every 1000 people living in the population. For example, in 2012 for every 1000 people in the population of Lillydale A village, 9 died.

The data shows that the crude death rate has increased greatly from the levels seen in 1994, across the whole population of the Agincourt HDSS research site. However, there is a suggestion that the death rate may be falling. We need to carry on watching these figures to see if this is really a trend. We are beginning to think that there really is a downward trend in death rates, probably because of the increase in ARVs for people with HIV.

1.3.2. Main Causes of Death in the Agincourt HDSS Site in different Age Groups

Table 1.6 shows the top causes of death for different age groups. HIV/AIDS remains the most common causes of death but it is no longer the top cause of death for people who are over 65.

Table 1.6: Top Causes of Death in Age Bands, Agincourt HDSS research site, 1994, 2003 and 2014

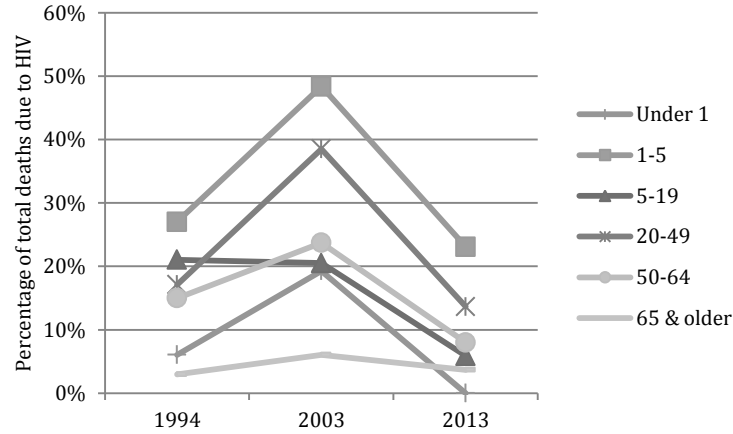
Age group	1994			2003			2013		
	Total	Top causes of death	#	Total	Top causes of death	#	Total	Top causes of death	#
Under 1	33	Acute respiratory infection including pneumonia	8	83	Acute respiratory infection including pneumonia	25	41	Unknown	6
		Diarrhoeal diseases	6		HIV/AIDS related	15		Acute respiratory infection including pneumonia	4
		Unknown	6		Unknown	11		Neonatal pneumonia	4
		Prematurity	3		Diarrhoeal diseases	10		Diarrhoeal diseases	3
		Birth asphyxia	2		Neonatal pneumonia	5		Malaria	2
1-4	37	Unknown	12	62	HIV/AIDS related	29	26	HIV/AIDS related	6
		HIV/AIDS related	10		Diarrhoeal diseases	9		Acute respiratory infection including pneumonia	4
		Diarrhoeal diseases	6		Acute respiratory infection including pneumonia	6		Malaria	2
		Acute respiratory infection including pneumonia	4		Unknown	6		Diarrhoeal diseases	1
		Road traffic accident	2		Malaria	3		Pulmonary tuberculosis	1
5-19	19	Unknown	4	39	HIV/AIDS related	8	17	Unknown	4
		Assault	3		Unknown	7		Intentional self-harm	2
		HIV/AIDS related	3		Road traffic accident	4		Asthma	2
		Acute respiratory infection including pneumonia	1		Pulmonary tuberculosis	4		Reproductive cancers	1
		Haemorrhagic fever	1		Assault	3		Other infectious diseases	1
20-49	76	Pulmonary tuberculosis	13	335	HIV/AIDS related	128	271	HIV/AIDS related	37
		HIV/AIDS related	12		Pulmonary tuberculosis	102		Pulmonary tuberculosis	34
		Assault	12		Unknown	23		Acute respiratory infection including pneumonia	29
		Road traffic accident	9		Road traffic accident	10		Unknown	17
		Unknown	8		Intentional self-harm	9		Asthma	11
50-64	40	Unknown	8	118	HIV/AIDS related	25	100	Asthma	8
		HIV/AIDS related	5		Pulmonary tuberculosis	25		Cardiac disease	8
		Pulmonary tuberculosis	5		Unknown	20		HIV/AIDS related	6
		Digestive cancers	4		Digestive cancers	7		Acute respiratory infection including pneumonia	6
		Road traffic accident	3		Acute respiratory infection including pneumonia	7		Pulmonary tuberculosis	6
65 & older	101	Unknown	25	165	Unknown	33	163	Cardiac disease	22
		Pulmonary tuberculosis	21		Pulmonary tuberculosis	24		Stroke	20
		Digestive cancers	11		Cardiac disease	15		Pulmonary tuberculosis	12
		Cardiac disease	8		Chronic obstructive pulmonary disease	13		Acute respiratory infection including pneumonia	10
		Stroke	6		Stroke	9		Asthma	8
Total	306			802			618		

- **Other infectious diseases:** Sepsis, malaria, measles, meningitis and encephalitis, tetanus, pulmonary tuberculosis, pertussis and haemorrhagic fever

1.3.3 A story of HIV

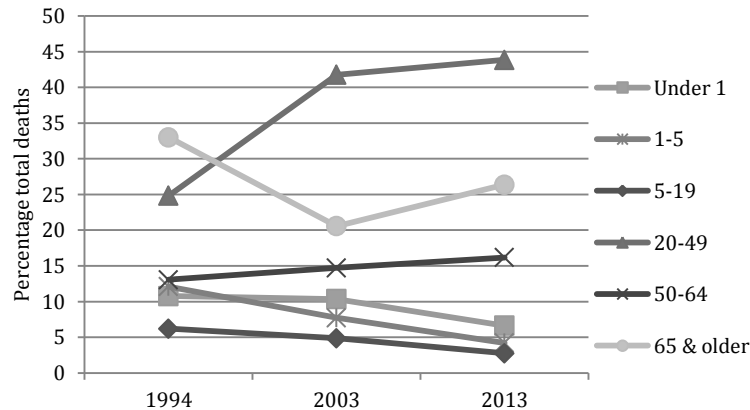
Figure A shows what percentage of deaths were caused by HIV in various age groups.

Figure A: Changes in percentage of total deaths attributable to HIV 1994-2013



The percentage of deaths due to HIV/AIDS is decreasing in all age groups. However, in **Figure B**, you can see that in 1994, most deaths were in the 65 and older age group, as can be expected. But in 2003, most of the deaths were in the 20-49 year age group. Despite the decrease in rates of HIV and the decrease in numbers of people dying overall, we still have a lot more work to do to reduce the death rates in the 20-49 year olds.

Figure B: Change in percentage of total deaths attributable to age group 1994-2013 whole Agincourt HDSS



Take home message: The total number of deaths in all age groups is decreasing. HIV/AIDS related illnesses continue to be a large cause of death throughout the population. Although, since 1994 the number of deaths due to HIV/AIDS related illnesses has decreased. Other top causes of death in 2013 include pulmonary tuberculosis and different kinds of pneumonia.

1.2 MIGRATION

1.4.1 Permanent migration patterns

Tables 1.7 and 1.8 describe how many people have moved in to Lillydale A village permanently and out of Lillydale A village permanently.

	1994	2012	2013	2014
Male In-Migrants	251	217	199	84
Female In-Migrants	359	334	307	136
Total	610	551	506	220

	1994	2012	2013	2014
Male Out-Migrants	433	243	202	99
Female Out-Migrants	637	348	319	145
Total Out-Migrants	1070	591	521	244

Take home message: The number of people permanently moving in and out of Lillydale A village is decreasing. There were more than half as many migrations out of Lillydale A in 2013 as there were in 2012. It is important to understand how many people are moving in and out of the village.

2. SOCIOECONOMIC DATA

2.1 Toilets

2.1.1 Location of Toilets

Table 2.1 shows the location of toilets within households in Lillydale A Village between 2001, 2007 and 2014.

Table 2.1: Change in where household toilets are situated in Lillydale A village, 2001-2014

Year	Total households	In House	In Yard	Other House	Bush	Unknown
2001	1285	2	759	359	165	0
2007	1396	12	981	245	123	35
2014	1713	10	1429	172	101	1

Figure 2.1: Change in where households toilets are situated in Lillydale A village, 2001-2014

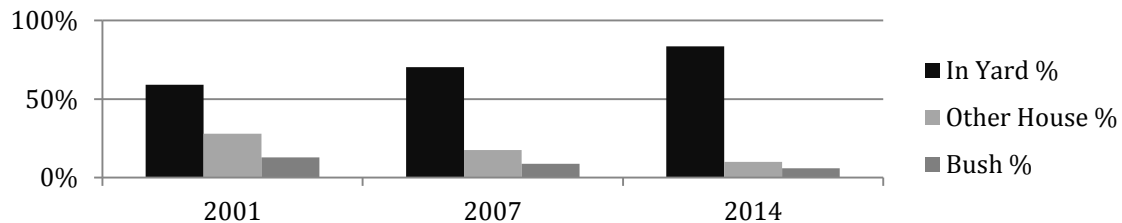
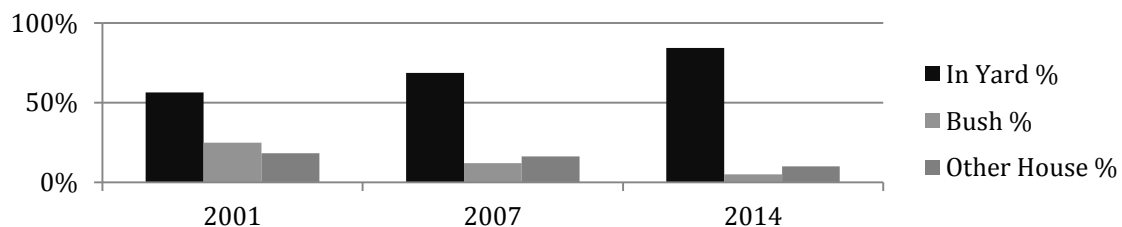


Figure 2.2: Change in where households toilets are situated in whole Agincourt HDSS, 2001-2014



2.1.2 Type of Toilets.

Table 2.2 shows the change in the types of toilets being used in Lillydale A village.

Table 2.2 Change in type of toilets in Lillydale A village, 2001-2014						
Year	Total households	Pit Toilet	None	VIP	Modern	Unknown
2001	1285	758	524	2	1	0
2007	1396	1075	246	39	5	31
2014	1713	1373	267	66	7	0

Figures 2.5 and 2.6 show the percentage of each type of toilet in Lillydale A village and the Agincourt HDSS research site. Data is given for 2001, 2007 and 2014.

Figure 2.3: Change in type of toilets in Lillydale A village, 2001-2014

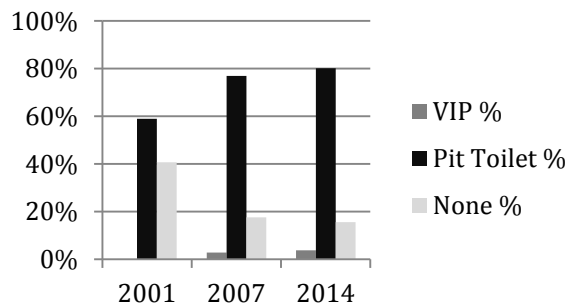
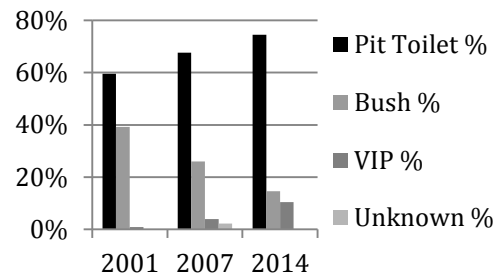


Figure 2.4: Change in type of toilets in whole Agincourt HDSS, 2001-2014



Take home message: The percentage of households with a toilet in Lillydale A village reflects that of the Agincourt HDSS research site. The percentage of households with toilets has been going up. More and more households have toilets within the yard of the household. The number of toilets in households in Lillydale A village and in Agincourt HDSS research site has been increasing. The percent of pit toilets in Lillydale A village is increasing and the percent of VIP toilets is increasing as well. The percent of pit toilets in the whole Agincourt HDSS is increasing and the percent of VIP toilets is increasing as well. Generally, more toilets are appearing in Agincourt HDSS of various types.

2.2 Water.

2.2.1 Source of Water

Table 2.3 shows the changes in the source of water within Lillydale A village.

Year	Total households	Tap in Street	Cement well	Tap in Yard	Tap in House	Truck	Traditional well	Other
2001	1285	949	3	323	7	2	1	0
2007	1396	1036	2	294	6	19	0	13
2014	1713	1355	0	335	5	14	1	3

Figure 2.5 and 2.6 shows this data in percentages, not numbers. Data is given for 2001-2014. Data is shown for Lillydale A village and Agincourt HDSS.

Figure 2.5: Change in source of water in Lillydale A village, 2001-2014

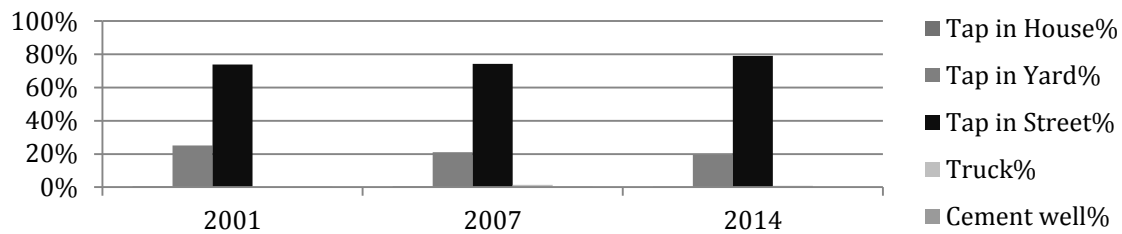
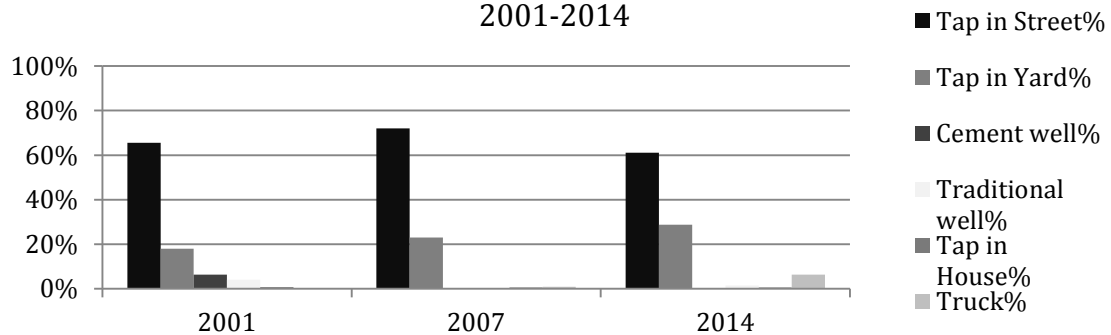


Figure 2.6: Change in source of water in whole Agincourt HDSS, 2001-2014



2.2.2 Availability of Water

Table 2.4 shows the change in availability of water in Lillydale A village. The table shows data for the years 2001, 2007 and 2014.

Table 2.4: Change in water availability Lillydale A village, 2001-2014

Year	Total households	Irregular, not every day	Most of the time	Always	Few Hours a Day	Very irregular	Unknown
2001	1285	1230	36	5	13	1	0
2007	1396	785	426	27	93	40	25
2014	1713	1332	240	19	121	1	0

Figures 2.7 and 2.8 show this data in percentages, not numbers. The availability of water in Lillydale A village can be compared to the availability of water in the entire Agincourt HDSS.

Figure 2.7: Change in availability of water in Lillydale A village, 2001-2014

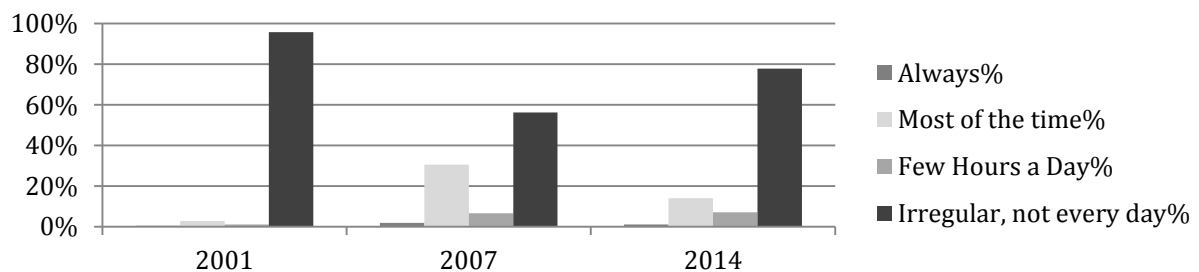
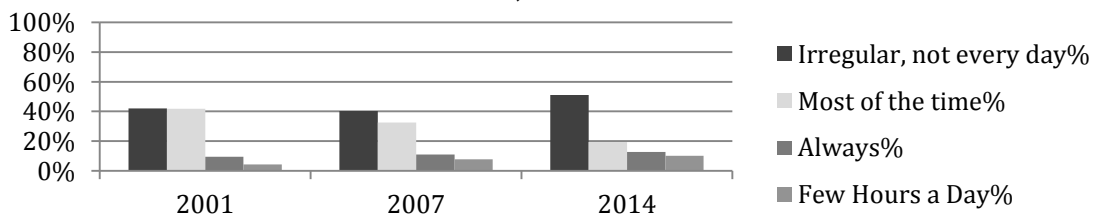


Figure 2.8: Change in availability of water in whole Agincourt HDSS, 2001-2014



Take home message: The source of water in Lillydale A village has changed since 2001. The percent of taps in yards has decreased. Since 2001, the percent of taps in the street has increased. The percent of taps in yards has increased in Agincourt HDSS and the percent of taps in streets has decreased. The availability of water in both Lillydale A village and Agincourt HDSS has become more irregular since the year of 2001. This means that there is no guarantee that there will be access to water on any given day.