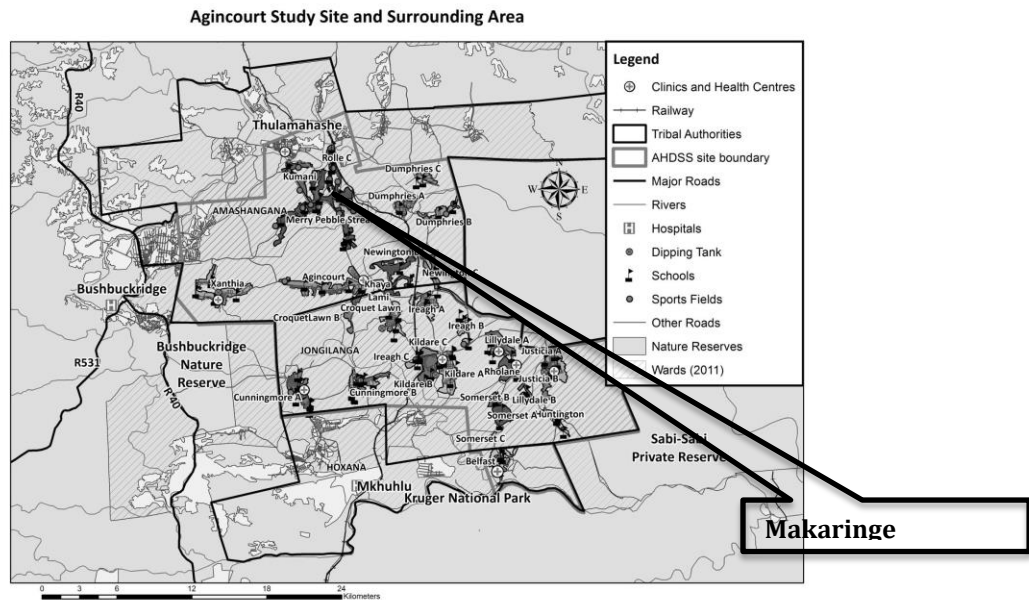


MAKARINGE VILLAGE FACT SHEET 2014

This “Fact Sheet” provides basic information on population changes and demographics for Makaringe 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, Somerset C, and Xanthia.



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 Makaringe village. It will also do some comparisons between what is happening in Makaringe village 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 2013- 2014

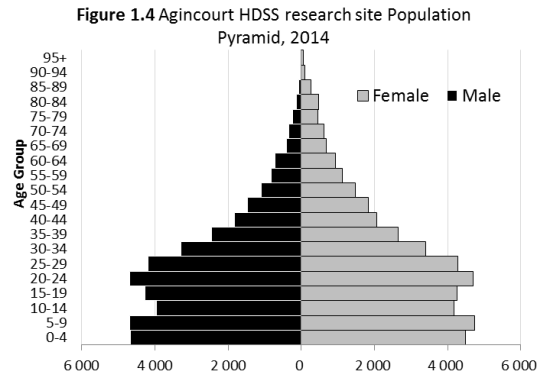
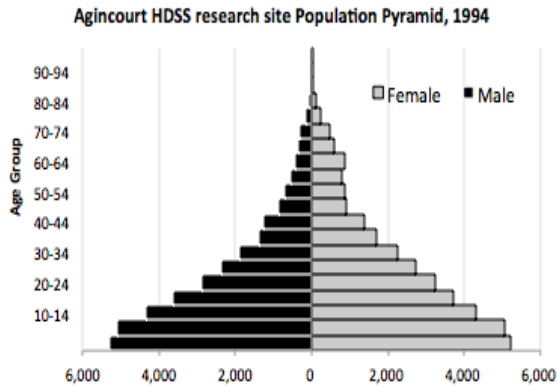
The numbers shown in **Table 1.1** are calculated according to numbers for the end of June 2014. The numbers are known as mid-year population figures.

	2013	2014
Households	495	493
Population	2 801	2 777
Male	1 342	1 332
Female	1 495	1 445
Children under 5	265	279
Children of school-going age (5-19)	840	831

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

Age Group	2014		
	Male	Female	Total
0-4	125	140	265
5-9	136	172	308
10-14	152	120	272
15-19	119	141	260
20-24	148	142	290
25-29	148	136	284
30-34	138	135	273
35-39	108	90	198
40-44	67	87	154
45-49	40	57	97
50-54	53	53	106
55-59	36	49	85
60-64	26	41	67
65-69	13	20	33
70-74	15	22	37
75-79	4	18	22
80-84	5	16	21
85-89	6	13	19
Total	1 375	1 452	2 791

You can compare the population structure between Makaringe 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 Makaringe village has decreased since 2013. The population has grown, but only by a few people.

1.2 Births

1.2.1 Number of Births by Gender

The number of births recorded in Makaringe village is shown in **Table 1.3** below. We can only provide data for the year 2013. We also show the change in rate of births for the Agincourt HDSS site in **figure 1.6**.

Table 1.3: Births in Makaringe Village, 2013	
	2013
Male Births	18
Female Births	11
Total Births	29

In 2013 there were 29 births.

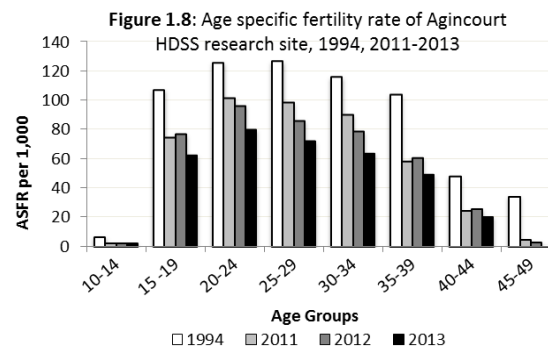
1.2.3 Births by Mother's Age and Age Specific Fertility Rates

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 Makaringe village.

Table 1.4: Births by Age group in Makaringe village, 2013	
Age Groups	2013
15 -19	6
20-24	7
25-29	9
30-34	4
Total Births	26

We can also look at fertility trends across the whole site by looking at **Figures 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 1.8**, we find that for the age group of 15-19, out of 1000 women, about 60 gave birth.

Take home message: 2013 had more births for the 30-34 age group than any other age group in Makaringe village.

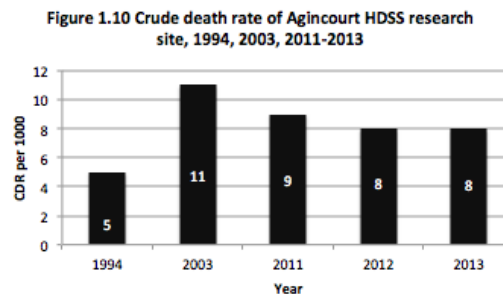
1.2 Deaths

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 Makaringe village in 2013.

Table 1.5: Deaths by Gender in Makaringe village in 2013	
	2013
Male Deaths	11
Female Deaths	13
Total Deaths	24

Figures 1.10 show crude death rates across the Agincourt HDSS research site for the years 1994, 2011-2013.



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 the Agincourt HDSS research site, 8 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

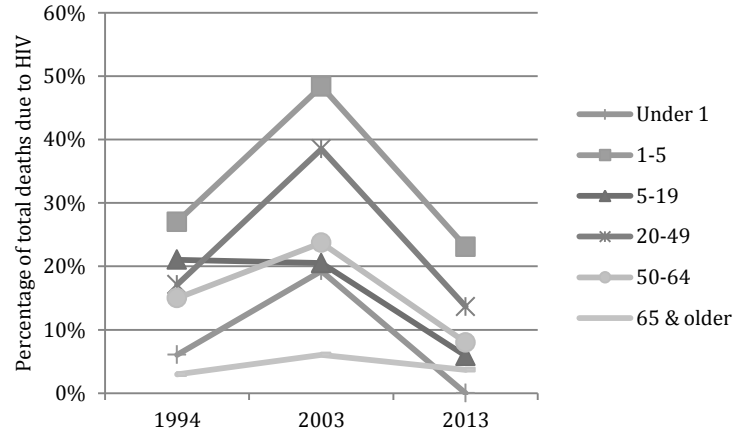
Age group	1994			2003			2013		
	Total	Top causes of death	#	Total	Top causes of death	#	Total	Top causes of death	#
Under 1	33	Acute respiratory infection including pneumonia	8	83	Acute respiratory infection including pneumonia	25	41	Unknown	6
		Diarrhoeal diseases	6		HIV/AIDS related	15		Acute respiratory 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

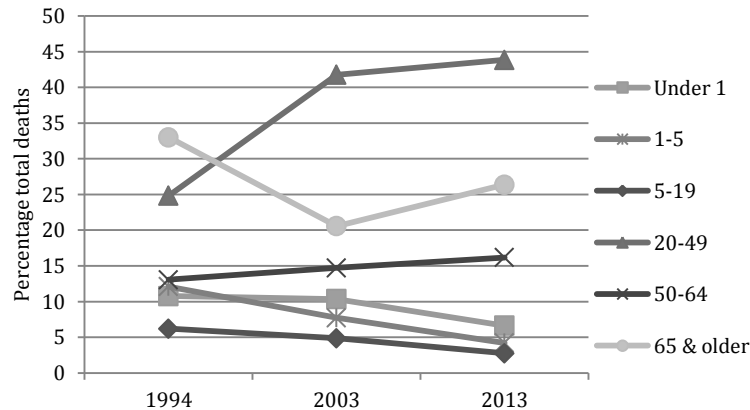
Figure A shows what percentage of deaths were caused by HIV in various age groups.

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 Makaringe village permanently and out of Makaringe village permanently.

Table 1.7: In-Migrants by Gender in Makaringe village, 2013

	2013
Male In-Migrants	20
Female In-Migrants	51
Total	71

Table 1.8: Out-Migrants by Gender in Makaringe village, 2013

	2013
Male Out-Migrants	28
Female Out-Migrants	48
Total	76

Take home message: More immigrants moved out of Makaringe village in 2013 than immigrants that moved in. It is important to understand how many people are moving in and out of the village.

2. SOCIO-ECONOMIC DATA

2.1 Toilets

2.1.1 Location of Toilets

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

Table 2.1: Change in where household toilets are situated in Makaringe village, 2013-2014						
Year	Total households	In House	In Yard	Other House	Bush	Unknown
2013	396	4	367	18	4	3
2014	439	7	417	13	2	0

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

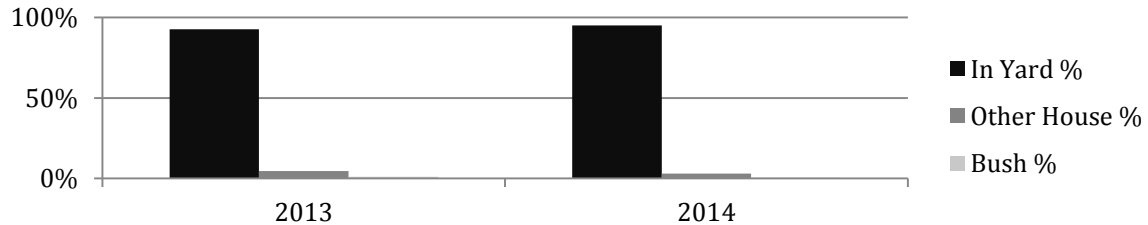
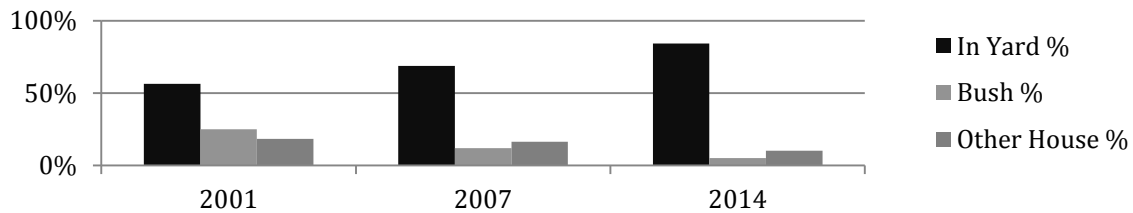


Figure 2.2: Change in where households toilets are situated in whole Agincourt HDSS, 2001-2014



2.1.2 Type of Toilets.

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

Table 2.2 Change in type of toilets in Makaringe village, 2013-2014						
Year	Total households	Pit Toilet	None	VIP	Modern	Unknown
2013	396	193	20	179	2	2
2014	439	213	13	206	7	0

Figures 2.3 and 2.4 show the percentage of each type of toilet in Makaringe village and the Agincourt HDSS research site. Data is given for 2001, 2007, 2013 and 2014.

Figure 2.3: Change in type of toilets in Makaringe village, 2013-2014

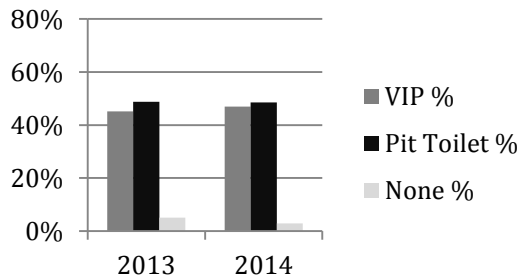
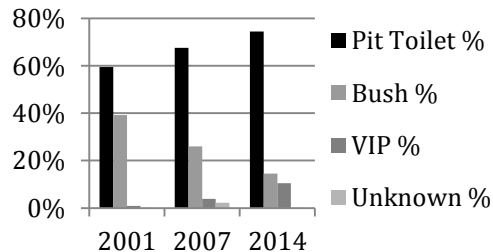


Figure 2.4: Change in type of toilets in whole Agincourt HDSS, 2001-2014



Take home message: The percentage of households with a toilet in Makaringe village reflects that of the Agincourt HDSS research site. The percentage of households with at least one toilet has been going up. The number of toilets in households in Makaringe village and in Agincourt HDSS research site has been increasing. The percent of pit toilets in Makaringe villages is stable and the percent of no toilets is decreasing. 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 Makaringe village.

Table 2.3: Change in source of water in Makaringe village 2013-2014								
Year	Total households	Tap in Street	Cement well	Tap in Yard	Tap in House	Truck	Traditional well	Other
2013	396	128	0	250	1	11	2	3
2014	439	158	0	276	4	1	0	0

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

Figure 2.5: Change in source of water in Makaringe village, 2013-2014

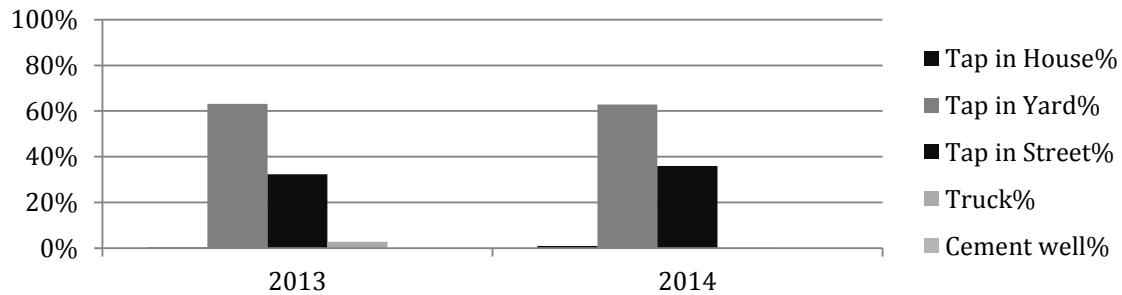
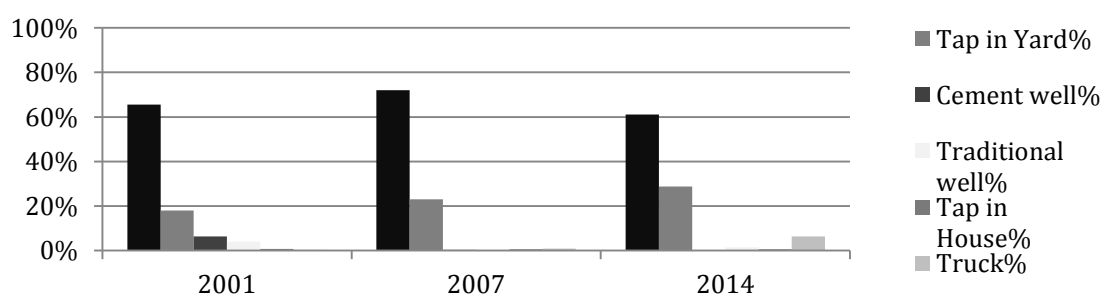


Figure 2.6: Change in source of water in whole Agincourt HDSS, 2001-2014



2.2.2 Availability of Water

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

Table 2.4: Change in water availability Makaringe village, 2013-2014

Year	Total households	Irregular, not every day	Most of the time	Always	Few Hours a Day	Very irregular	Unknown
2013	396	70	179	39	96	10	2
2014	439	46	70	282	38	3	0

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

Figure 2.7: Change in availability of water in Makaringe village, 2013-2014

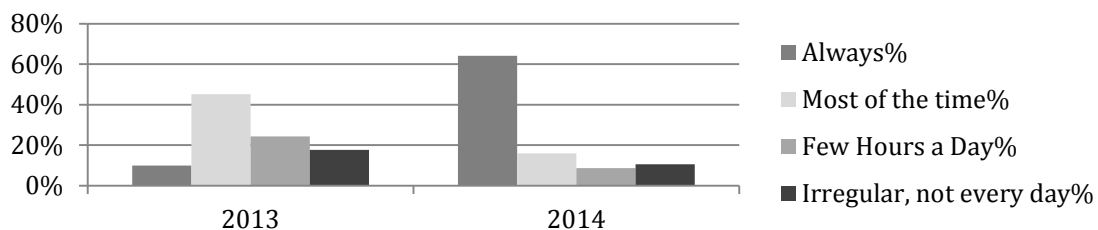
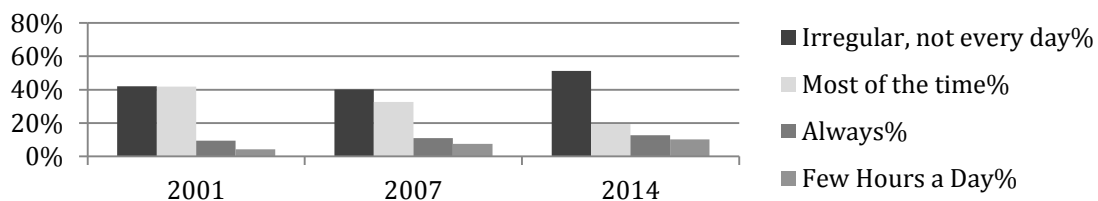


Figure 2.8: Change in availability of water in whole Agincourt HDSS, 2001-2014



Take home message: The source of water in Makaringe village has changed in the past 2 years. The percent of taps in yards has stayed the same but, the percent of taps in the street has gone up. The percent of taps in yards has increased in Agincourt HDSS, but the percent of taps in streets has decreased. The availability of water in 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.

