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Testing the Mortality Schedule for Census 2011: Report on Focus Groups - November 2007

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PREFACE

The research activities of the Research and Methodology component within the Population Census Inputs and Outputs Division at Statistics South Africa are directed at Census 2011 and focus on the following four areas:

- Content research (the topics to be covered in the census and the effective formulation of questions);
- Research on the effects of layout and format of the census questionnaire;
- Measurement of respondents' perceptions and attitudes as well as level of satisfaction of stakeholders; and
- Business process redesign, the piloting of operations and performance measurement.

The strategic plan of the component, which is available at this site, lists the schedule of census research projects for the 2004/05 to 2010/11 financial years.

This research report relates to the Census Content Research Project that was conducted during November 2007. The project comprised a series of focus groups that investigated the schedule of questions that pertain to mortality.

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1. Background, objectives and literature review

1.1 Background and objectives

Since 2005, Statistics South Africa has been testing various schedules of questions in preparation for Census 2011. Among the census schedules tested thus far are the employment status and disability schedules. The testing of the census mortality schedule was initiated in November 2007.

In general, the process of testing begins with the literature review on the topic, followed by focus group discussions on the schedule. This constitutes the qualitative phase. The results of focus group discussions may be used to derive a revised schedule of questions, to be tested in a household survey (which constitutes the quantitative phase of testing).

The main objectives of this focus group study on the mortality schedule were to gain insight into how different population groups react to the mortality questions used in Census 2001, to assess the set of questions and to gather information relevant to the measurement of mortality.

1.2 Literature review

This section consists of a literature review which focuses on the issues that pertain to the measurement of mortality, with specific reference to the role of censuses.

1.2.1 Measurement of mortality in censuses

The United Nations[1] recommends that mortality topics in population censuses include infant and child mortality (which is obtained from data on children ever born and children living) and adult mortality (which is obtained from household deaths in the past 12 months and maternal or paternal orphanhood). It is, however, critiqued that the extent to which adult mortality can be adequately measured from Census data using demographic techniques such as the orphanhood methods is still uncertain. Diverse factors affect the quality of data collected.

[1] United Nations, (2006). “Principles and Recommendations for Population and Housing Censuses: Revision 2”. pp 117.

1.2.1.1 Household deaths in the past 12 months

The data for adult mortality is derived from asking about deaths in the household during the last 12 months. Corresponding information on age and sex are also asked. This data is used to estimate the level and pattern of mortality. However, the data may not always be accurate. Possible reasons for this include:

- Households may disintegrate after the death of an individual therefore leading to no reporting of that particular death.
- Those people who lived alone will not have anyone to report their death.

1.2.1.2 Maternal or paternal orphanhood

Countries may collect data on maternal or paternal orphanhood to indicate the level of adult mortality. Indirect demographic techniques such as *Maternal or Paternal Orphanhood Method* are used to derive estimates by using the proportion of persons classified by age whose natural mothers or fathers are still alive at the time of the census. For the collection of the data necessary to perform the orphanhood method, two questions must be asked[2]:

1. Is the respondent's biological mother still alive at the time of the census?
2. Is the respondent's biological father still alive at the time of the census?

Instructions that accompany both these questions must reiterate that only the biological parent is included and not adoptive or foster parents. It should be noted that this method is not without fault and could possibly lead to over-counting, as parents with more than one surviving child may answer, "Yes" to the above questions. However, people with no children will not be counted in this method, as they will have no children to account for them. The same applies to parents whose children have migrated out of the population.

1.2.1.3 Child mortality

There are two measures for child mortality:

a. Infant mortality rate (IMR)

The IMR refers to the number of children who die before their first birthday in a given year. This indicator is expressed as the number of deaths per 1 000 live births in the same year.

[2] United Nations, (2006). "Principles and Recommendations for the Population and Housing Censuses: Revision 2". pp 122.

b. Under-five mortality rate (U5MR)

The U5MR refers to the number of children aged below five years who die in a year. This indicator is calculated per 1 000 live births in the year. The U5MR is generally used as an index of social and economic well-being[3]. It is a sensitive indicator of the general welfare of any population. It is also an indicator of the health status and the level of socio-economic development of any population[4].

1.2.1.4 Maternal mortality

The Tenth Revision of the International Classification of Diseases (ICD-10) defines a maternal death as the "*… death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.*"[5] Maternal mortality ratios are said to be at least 100 times greater in developing countries than in developed ones[6]. This makes maternal mortality the health indicator with the greatest disparity between the rich and poor countries.

There are three measures of maternal mortality[7]:

a. The maternal mortality ratio

This is the most commonly used indicator. It is calculated by using the number of maternal deaths during a given time period per 100 000 live births during the same time.

b. The maternal mortality rate

This is the number of maternal deaths in a given period per 100 000 women of reproductive age.

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[3] Diamond, I., and McDonald, P., (1994) "Mortality" in *Beginning Population Studies.* Lucas, D., and Meyer, P., (eds.) Second Edition. Australian National University: NCDS Asia Pacific Press

[4] Udjo, E.O., (2005). "An Examination of Recent Census and Survey Data on Mortality Within the Context of HIV/AIDS" in *The Demography of South Africa*. Zuberi, T., Sibanda, A., and Udjo, E.O., (eds.) New York: ME Sharpe Inc.

[5] World Health Organization, (1992). "International Statistical Classification of Diseases and Related Health Problems". Tenth Revision. Geneva: WHO.

[6] Stanton et al. (2001) "Every Death Counts: Measurement of Maternal Mortality via a Census" in *Bulletin of the World Health Organization.* Vol 79 (7), pp. 657

[7] World Health Organization, (2004). "Maternal Mortality in 2000: Estimates Developed by WHO, UNICEF, UNFPA"

Downloaded from: http://www.who.int/reproductive-ealth/publications/maternal_mortality_2000/mme.pdf

c. **The lifetime risk of maternal death**

This measure takes into account the probability of becoming pregnant and the probability of dying as a result of that pregnancy cumulated across a woman's reproductive years.

1.2.2 Demographic methods to derive estimates of mortality

The main estimation techniques available for the measurement of mortality are listed here. Some of these techniques are listed in the United Nations draft release[8] on population and housing censuses. These methods are used in censuses as well as household surveys.

1.2.2.1 Adult mortality

a. Distribution of deaths by age

A number of the methods that have been developed seek to measure the completeness of recorded deaths by either vital registration systems or retrospective questions asked in a census or a survey about household deaths relative to population counts. The earliest methods involved techniques that rested on the strong assumption that the underlying population was demographically stable. Later techniques played down this assumption by requiring "only that the population is closed to migration or that age specific migration rates are known"[9].

These methods use mathematical models of population age distributions to relate the age patterns of death to the age pattern of the population in such a manner that the completeness of death registration can be estimated. The underlying assumption of the methods is that the recording of deaths (after childhood) does not vary with that of age. They include the methods adopted by Brass (1975), Hill (1987), Preston et al (1980) and Bennet and Horiuchi (1984)[10]. While there are variances between these methods, with some being more flexible than others, and some differences in assumptions (i.e. whether the population is stable or not), all these methods serve to investigate deaths in a population)[11].

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[8] United Nations, (2006). "Principles and Recommendations for Population and Housing Censuses' Version 2". pp. 117

[9] Hill, K.,(2003). "Adult Mortality in the Developing World: What We Know and How We Know It" United Nations: New York. pp. 2

[10] Hill, K.,(2003). "Adult Mortality in the Developing World: What We Know and How We Know It" United Nations: New York. pp. 3

[11] Hill, K.,(2003). "Adult Mortality in the Developing World: What We Know and How We Know It" United

b. Sibling survival

Birth histories are commonly used to measure infant and child mortality. Similarly, sibling histories may be used to measure adult mortality.

Although the use of sibling histories was originally adopted with the intention of measuring maternal mortality, this method has been employed in a significant number of surveys such as the Demographic and Health Surveys (DHS), especially in regions of sub-Saharan Africa. In the method, the respondent is asked about “every sibling born of the same mother; the age of surviving siblings and the year of birth and date of death of siblings who have died”[12]. The data obtained provides death and exposure time by age, sex and time period. Age specific mortality rates may be calculated from this information.

Underlying assumptions of such methods are that surviving siblings and those that have died are highly likely to be equally reported. In addition, the substantial selection bias does not have an effect on the process of retrospective reporting. However, reports from some sources reveal that the technique underestimates mortality.

c. Survival of parents (maternal or paternal orphanhood)

The proportion of respondents of a given age with a surviving parent is a clear indication of adult mortality. In other words, the higher the proportion, the lower the mortality with ‘other things’ being equal. Here the ‘other things’ makes reference to the major factors “… *affecting the relationship between the proportion with a surviving mother (or father) and a standard indicator of mortality is the age distribution of the parents at the time of the births of the respondents: the younger the parents, the lower the proportion dead for a given level of mortality*”[13]

These methods have been subjected to scrutiny and consequent refinement. A general problem is the incompleteness of parental death records. However, the main setback of these methods relates to the period for which the estimate is made. Estimates tend to refer to the time period that is somewhat more recent than the mid-point of the respondent’s age (because the mortality risk of a parent increases with age). This is valid if trends are regular. If trends are irregular there is no way to determine the reference

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Nations: New York. pp. 3

[12] Hill, K.,(2003). “Adult Mortality in the Developing World: What We Know and How We Know It” United Nations: New York. pp. 3

[13] Hill, K.,(2003). “Adult Mortality in the Developing World: What We Know and How We Know It” United Nations: New York. pp. 3

period. A case where this method is thus limited is in countries affected by the scourge of HIV/AIDS. A second drawback of the method is that an assumption is made that the experience of parents (weighted by their number of surviving children) is considered representative of the population.

d. Intercensal survival methods

Data from two consecutive censuses separated by a time period of either five or ten years provides valuable information about the intercensal population cohort.

To illustrate this, assuming a census is conducted in a time interval of ten years: the population aged 50-54 in the second census represents the survivors of the population aged 40–44 in the first census. This is made on the premise that we are dealing with a closed population (i.e. no migration has taken place).

The ratio of the second population to the first can be interpreted as a life table survivorship ratio. To attain a summary measure of adult mortality these survivorship ratios can be combined across the age groups[14].

This process of deriving adult mortality estimates and analysis thereof presents no difficulties if censuses are conducted five or ten years apart. Where censuses are conducted during other time intervals, generalised equations for non-stable populations that are assumed as closed are used to reach a summary measure of adult mortality. The implementation of such equations aimed at estimating mortality is deemed sensitive to changes in census coverage[15]. For example, an improvement in coverage from one census to another would result in a calculation of fewer intercensal deaths, thus providing an indication of lower mortality and well as the possibility of age exaggeration.

1.2.2.2 Child and infant mortality

Child mortality rates analogous to adult mortality in developing countries are derived from retrospective reporting by women who form part of censuses or surveys. The two major surveys that investigate child mortality are the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS)[16]. The DHS collects birth histories from women and estimates child mortality through direct techniques. In developing countries where comprehensive surveys of this calibre have not been conducted, indirect estimation techniques are used to calculate child mortality. In such an instance, governments rather

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[14] Hill, K.,(2003). “Adult Mortality in the Developing World: What We Know and How We Know It” United Nations: New York. pp. 4

[15] Hill, K.,(2003). “Adult Mortality in the Developing World: What We Know and How We Know It” United Nations: New York. pp. 3

[16] Mahy., M.(n.d). “Measuring Child Mortality in AIDS-Affected Countries” United Nations: New York

rely on census data or the MICS surveys for figures on child mortality. Both methods are based on the assumption that maternal and child mortality are independent.

a. Indirect estimation of child mortality

The indirect technique for estimating child mortality requires fewer and simpler questions to be asked of the respondent. As a result there is a substantial saving in cost to the survey or census.

The indirect method is based on approximately six questions per female respondent. A number of censuses and surveys, including the MICS use an indirect method of asking women about the number of live births they have had, by stating those children who are still alive and those who have died. Due to the limited number of questions asked, training implications for enumerators in a survey or census that employs indirect methods of estimation is considerably less[17].

b. Direct estimation of child mortality

For the direct estimation technique, women are asked in detail about each of their live births and whether or not the child is currently alive or not. In addition, full birth histories are required, which include about six questions per child[18]. This allows for fairly accurate estimates of child mortality by time period and the age of the child. Child mortality is then estimated directly from the women's retrospective reporting. Birth histories include dates of birth and deaths (where applicable), which at the time of completing the census or survey form can be tedious and difficult to recall.

Enumerators in surveys or censuses that use direct methods of estimation require more training as they are required to calculate dates from ages or vice versa[19].

1.2.3 Quality-issues in Census 2001

Dorrington, Moultrie and Timaeus[20] argued that the overall quality of mortality data collected in the 2001 Census was disappointing with regard to estimating child mortality. On a more positive note, the adult

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[17] Mahy, M., (n.d) "Measuring Child Mortality in AIDS-Affected Countries" United Nations: New York

[18] Mahy, M., (n.d) "Measuring Child Mortality in AIDS-Affected Countries" United Nations: New York

[19] Mahy, M., (n.d) "Measuring Child Mortality in AIDS-Affected Countries" United Nations: New York

[20] Dorrington, R., Moultrie, T, A., and Timaeus, I, M., (2004) "Estimation of Mortality Using the South African Census 2001 Data" CARe Monograph 11: University of Cape Town. pp. 64

mortality data based on the survival of parents and those produced using the vital registration data at the national level was evaluated as more promising.

1.2.3.1 Adult mortality

The discrepancies in the data were largely attributed to the formulation of the questions and misinterpretation thereof. Questions on the survival of an enumerated person's parents (mothers and fathers) have been a routine practice in censuses in developing countries since it was first suggested by William Brass. The basis for his suggestion was that "the proportions of mothers and fathers surviving by age of enumerated (together with additional information on the mean age at childbearing) could be used to derive life table measures of adult mortality"[21]. The questions for the survival of parents were asked for this very reason in the 2001 Census.

Dorrington and Moultrie questioned Statistics South Africa's processing of the response categories for these questions. As they pointed out, respondents were offered a "Don't know" option. They indicated that these "Don't know" responses were edited, using logical imputation, and was not regarded as a valid response[22]. This would have been wrong as it was quite possible for some respondents to be unaware of the survival status of their parent(s). A check on the editing procedures used during the census showed that "Don't know" responses were indeed edited, but only in the special circumstance where the respondent indicated a person number for the relevant parent on the census form – i.e. where the respondent implied that the parent was alive and enumerated.

It was found that across all population groups there were almost twice as many respondents who did not know the survival status of their father as those who did not know the survival status of their mother[23]. This could have been due to paternal non-involvement, which is prevalent in many developing countries.

1.2.3.2 Child mortality

[21] Dorrington, R., Moultrie, T, A., and Timaeus, I, M., (2004) "Estimation of Mortality Using the South African Census 2001 Data" CARe Monograph 11: University of Cape Town. pp. 16

[22] Dorrington, R., Moultrie, T, A., and Timaeus, I, M., (2004) "Estimation of Mortality Using the South African Census 2001 Data" CARe Monograph 11: University of Cape Town. pp. 17

[23] Dorrington, R., Moultrie, T, A., and Timaeus, I, M., (2004) "Estimation of Mortality Using the South African Census 2001 Data" CARe Monograph 11: University of Cape Town. pp. 17

The data on children was not of a high standard. There was no manner in which to use consistently derived and plausible estimates of the women's average numbers of children ever born and surviving to arrive at estimates of child mortality with any credibility. Dorrington et al[24] expressed great despondency at this and mentioned that "a failure to derive estimates of child mortality leaves a gaping hole in our understanding of current population dynamics in the country, and will severely hamper efforts aimed at improving the quality of life for all South Africans".

1.2.4 Guidelines for the measurement of mortality

In the collection of mortality data for all household members who have died within a specific period, it is necessary to record the age in completed years and sex of the deceased. The following guidelines are applicable to the measurement of mortality through censuses or surveys.

- The census or a survey should cater for the derivation of estimates at the national level, as well as producing levels by region, place of residence and other variables that are of interest specifically to that type of mortality.

- Multiple indicators of mortality should be produced. For example, if the focus is on the measurement of maternal mortality, the maternal mortality ratio along with the proportion of adult female deaths due to maternal causes and lifetime risk to maternal causes should be measured apart from measuring the maternal mortality rate. The same principle would be applicable for child mortality. The reason for this guideline is that reliance on a sole indicator of a type of mortality does not make for informed decisions at the policy making level, hence resulting in a misinformed or rather misleading knowledge base for programme and policy making purposes.

- Results should be published on as many of indicators of the different types of mortality as possible. For example, for child mortality, results for the infant mortality rate as well as the perinatal and neonatal rates should be published. In addition, if these are released with differentials such as spatial location, place of residence and selected socio-economic characteristics of the household, it would only provide a stronger base to these results.

- The UN [25] recommends that child mortality data should be obtained as far as possible from the mother involved, as she is more likely to recall the mortality of her offspring than any other members of the

[24] Dorrington, R., Moultrie, T, A., and Timaeus, I, M., (2004) "Estimation of Mortality Using the South African Census 2001 Data" CARe Monograph 11: University of Cape Town. pp. 51

[25] United Nations, (2006). "Principles and Recommendations for the Population and Housing Censuses:

household. However, this is often problematic as it is often the head of the household who answers the questions, and commonly this is not one of the women of the household.

- The UN[26] indicates that countries may restrict mortality questions in the Census to a sample of the population. The rationale behind this is the specialist training of fieldworkers in asking these questions and in probing skills to therefore enlist more accurate information.

- Increasingly, countries are turning to surveys as a means to measure maternal mortality[27]. However, surveys to identify recent maternal deaths in households require a large sample, as maternal deaths are relatively rare. The Indirect Sisterhood estimates which is used, is also not considered to be precise. In censuses, a question following on maternal mortality may follow the one on the deaths in the household in the last year. Mortality data must be collected by age and sex, so that deaths of women of reproductive age can be determined. It must also be indicated if the death was due to a maternal condition.

- The UN[28] recommends that if there is no serious major age mis-reporting, the demographic technique of indirect estimation can be used to determine adequate mortality levels. It is further suggested that the mortality schedule should include questions on those who have died in the last twelve months, giving details on:
    a) Name
    b) Age
    c) Sex
    d) Date of death
    e) Was the death due to an accident, violence, homicide or suicide?, and
    f) Whether the deceased was a woman (aged 15–49) who died whilst she was pregnant or during childbirth, or during the first 6 weeks of the child being born.

  Data from these questions serve to provide trends and levels in the causes of adult mortality.

The following must also be taken into account during the design of the census mortality schedule:

Revision 2". pp. 117

[26] United Nations, (2006). "Principles and Recommendations for the Population and Housing Censuses: Revision 2". pp. 117

[27] Stanton et al. (2001) "Every Death Counts: Measurement of Maternal Mortality via a Census" in *Bulletin of the World Health Organization*. Vol 79(7), pp. 657-664. pp. 658

[28] United Nations, (2006). "Principles and Recommendations for the Population and Housing Censuses: Revision 2". pp.121

- During the collection of data in a census or a survey it is often the case that ambiguity and confusion - mainly on the part of the respondent - may arise with regard to time references during the completion of the form. It is recommended that questions on deaths in each household should be asked within a clearly defined reference period. The majority of literature indicates that 12 months is an acceptable period.

- For small populations the time period can be extended to 24 months to allow for more events to be recorded. A possible drawback of this strategy is that an extension in the reference period may result in the omission of events or confusion of dates by the respondent. The reference period can also be defined by associating it with a well known day, for example: since Christmas Day, as opposed to months. Whatever the reference period adopted, it must be ensured that it is reasonable and is acclimatised to the purposes of the census or survey.

- If the reference period is a multiple of 12 months, the question should not be phrased in terms of years, for example "in the last year". This could be interpreted by the respondent as "in this calendar year".

- In order to distinguish from maternal and non-maternal causes of death, questions should be asked to determine the timing of adult female deaths relative to pregnancy, childbirth, abortion or the postpartum period.

2. Research design

A total of eighteen focus groups discussions were conducted in all the provinces, covering different permutations of race and, gender between them. The group discussions lasted between one and a half hours to two and a half hours.

The participants were recruited using specified criteria. All groups were homogenous in terms of population group, gender, age group, language and living standard measure[29]. A moderator of the same population group as the participants was used to facilitate the groups. During the discussion, the participants' home language was also used.

The distribution of the focus groups by province, group composition, location, age, gender, population group and language is shown in Table 2.1

Table 2.1: Composition of focus groups

Age group	Sex	Population group	Language	Living Standard Measure[29]	Location
18 – 34	Male	Black African	Venda	1 – 3	Limpopo (Thohoyando)
18 – 34	Male	Black African	Xhosa	4 – 6	Eastern Cape (East London)
18 – 34	Male	White	Afrikaans	7 – 10	Gauteng (Johannesburg)
18 – 34	Female	Indian	English	7 – 10	KwaZulu-Natal (Durban)
18 – 34	Female	Black African	Pedi	4 – 6	Limpopo (Sekhukhuneland)
18 – 34	Female	Coloured	English	4 – 6	Western Cape (Mitchells Plain)
35 – 54	Male	Indian	English	4 – 6	KwaZulu-Natal (Durban)
35 – 54	Male	Black African	Pedi	1 – 3	Limpopo (Polokwane)
35 – 54	Male	Coloured	Afrikaans	4 – 6	Western Cape (Mitchells Plain)
35 – 54	Female	Black African	Tsonga	1 – 3	Limpopo (Giyani-Malamulele)
35 – 54	Female	Black African	Zulu	4 – 6	KwaZulu-Natal (Durban)
35 – 54	Female	White	English	7 – 10	Gauteng (Pretoria)
55+	Male	Indian	English	7 – 10	Gauteng (Johannesburg)
55+	Male	White	English	7 – 10	Gauteng (Johannesburg)
55+	Male	Black African	Xhosa	1 – 3	Eastern Cape (Umtata)
55+	Female	Black African	Venda	4 – 6	Limpopo (Thohoyando)
55+	Female	Black African	Tswana	1 – 3	North West (Rustenburg)
55+	Female	Coloured	English	4 – 6	Gauteng (Eersterus)

[29] An index measured according to a methodology developed by the South Africa Advertising Research Foundation and used in the regular All Media and Products Survey (AMPS) commissioned by this foundation. In this study broad categories were used and a participant's membership of a particular category was estimated from descriptions of typical members provided in AMPS literature.

During the introductory phase of the group discussions, the participants were informed that the discussions had to be tape-recorded. All the taped discussions were then transcribed by professional transcribers and translated into English. In addition to the tape recordings, the moderators took notes on the key points that arose from the discussions. The moderators used a standard set of questions to guide the discussions. The flow of these questions will be apparent from the presentation of the research findings.

3. Research findings

3.1 Background questions on census

Prior to the focus group discussions, the participants were briefed on what a population census is. The participants were then asked questions with regard to their views on the importance of censuses. They were asked if they had been interviewed in a census before and if so, if they remembered any topics that were covered in the census questionnaire.

3.1.1 Importance of censuses

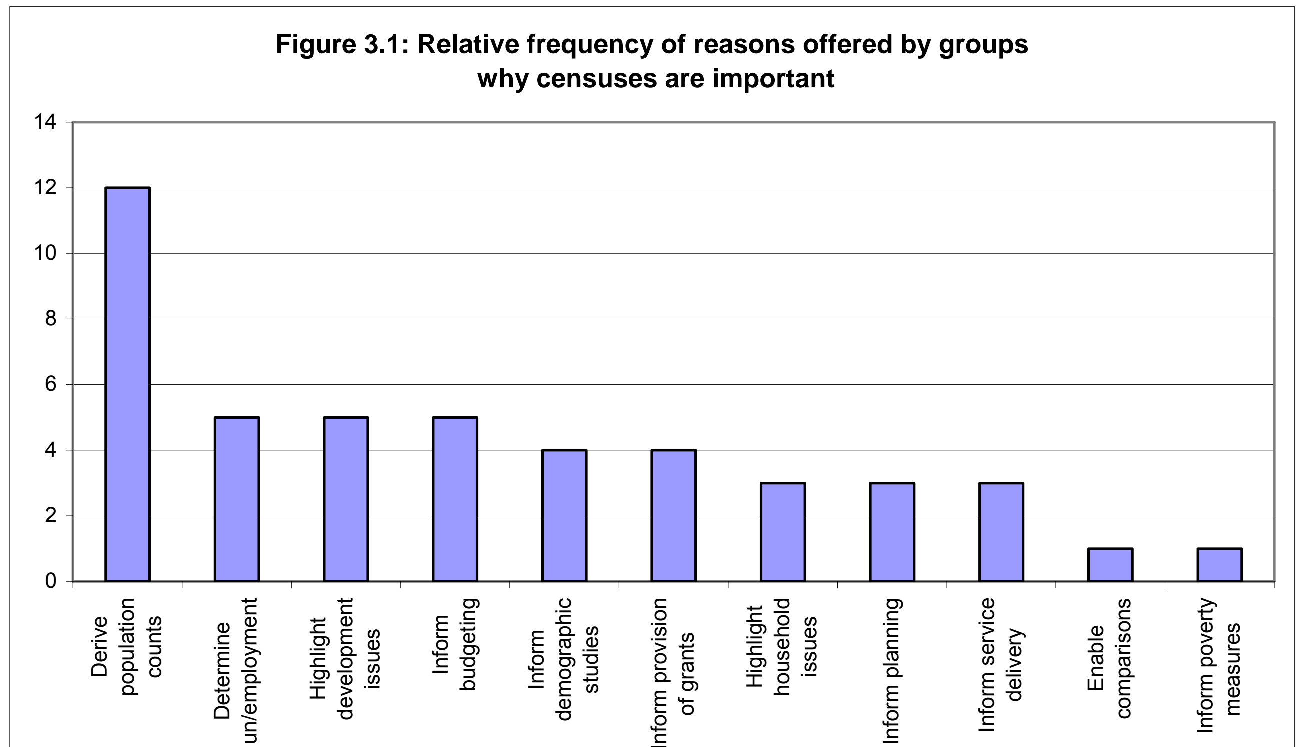
The participants were asked if they felt that the censuses are important and the reasons why they felt that way. The majority of participants did feel that it is important to conduct censuses. In only two of the groups did some participants state differently. One of these groups was the high-income, middle-aged, White, male group. The reasons they provided for believing a census is not important was that people had reservations about the validity of census results. They believed that published census data do not reflect the current situation in the country. The other group where it was also stated that censuses are not important was the middle income, middle-aged, Indian male group. Participants stated that censuses never had any benefits for them. Some of the comments coming from this group were,

> "*I feel they came and they interviewed us and they never did anything good for us."*

> *"At the end of the day you're coming to each person's house, what good are you doing for them? You're just taking information from them; you're not doing anything good for them."*

The group believed that the censuses are only important to the government, not to the population in general. The fact that some of the participants had filled in census questionnaires before but never received any feedback also added to their negativity.

Reasons why participants thought that censuses are important varied greatly. **Figure 3.1** shows the relative frequency of responses offered by the groups in this regard.



Twelve of the groups indicated that it is important to know the number of people living in South Africa as well as other demographic statistics of the country. The participants said that this knowledge would assist the government in planning for the country. Other important demographic statistics identified were the number of children born and the number of people dying. It was stated that this would enable the calculation of birth and death rates. The participants also thought that knowing the population distribution with regards to population group, gender and age is important as it is integral to tracking changes within the population structure of population groups.

With regard to development and service delivery, some participants noted that censuses identify children in school-going ages and enable the projection of the numbers of future school-goers, so that adequate funds may be allocated for schools to be built. Similar reasoning with regard to the building of hospitals and other medical facilities was also mentioned. Three of the groups noted that knowing the number of people dying was essential for the provision of adequate burial facilities (graveyards and crematoriums).

Five of the groups mentioned that censuses are important for budgeting. A participant from the low-income, young, Venda, male group stated, "*It's of great importance, so that when the government does its budget it will know the number of people that there are*." The idea of budgeting was also mentioned by a participant of the middle-income, middle-age Coloured male group who said, "*The country is almost like a company*

that must work out a budget for financial things, how many people." This issue was also discussed by participants from the high-income, older, Indian male group. Participants from this group stated,

> *"It is also important for the government to set apart budgets, purely for medical purposes, for hospitals etc. I mean, if you have illegal immigrants in the country which totals, let's say for example four million Zimbabweans, which is not on your census, I mean, it is going to drain the whole economy and infrastructure of the country. And it is happening at the moment, because the country says 44 million, but I think we are approaching close to fifty million at the moment. But you know we have to look after these people, so we definitely have to have a census, it is imperative."*
>
> *"If you look at the moment, you know, Eskom, you don't know how many people you supply - if it's 44 thousand or do you supply for fifty thousand. Do you have the capacity to supply? That is why we are having all these black-outs."*
>
> *"It is power, load-sharing. So the answer is you do need to know the people that we are servicing."*

A participant from the low-income, middle-age, Tsonga, female group shared her thoughts on why she thought the Census is important in the following manner: *"It is important because once people want to know information about things; they might want to help you somehow. Even when people from the census came to my place I already realised that they are people who were sent to my place to ask something about my household. Initially, I thought that they were people sent by the indunas of the community to check something at my place; I never thought they were interviewing the whole community. So I explained everything to them according to what they wanted me to explain."*

That census data may be used to calculate employment and unemployment rates was mentioned by five of the groups. It was stated that censuses are important to calculate unemployment rates so that jobs could be, accordingly, provided. A participant from the middle-income, young, Xhosa, male group stated, "*It's important because it's a necessity in South Africa; it helps to determine the level of unemployment so that they could develop programmes to address this.*"

Participants also believed that censuses enable South Africa to compare itself with other countries. A participant from the high-income, older, Indian, male group groups stated, "*I say that it is very, very important. I mean we need to know the population in this country; we need to know the different ethnic groups. It's something that we should know no matter where we come from. I know of a lot of countries,*

where there are lots of people who have not been registered, and the population of the country is really not the realistic figure that they publish. I won't name names but…"

Issues such as the measurement of poverty also came up. A participant from the high-income, young, Indian, female group stated, "*Yes, it is important, as the aim of a census is to like, to have figures and the demographics of the entire population. So it is important as it brings to people's attention, like when you say, a specific number of the public are unemployed or employed, or you know what, it is helpful for governing things and it's helpful in keeping in touch with such things as well."*

Provision of grants and service delivery were mentioned by many groups. Participants mentioned that the government needs to know groups that need grants, such as AIDS orphans and disabled people, but at the same time should also monitor the people who have died, as many families are still receiving grants for people who are deceased. A participant from the middle-income, young, Xhosa, male group stated, "*They ask how many people get social grants or pensions and they want to know how many people are sick in your household so that they can provide services for them."*

3.1.2 Previously enumerated in censuses

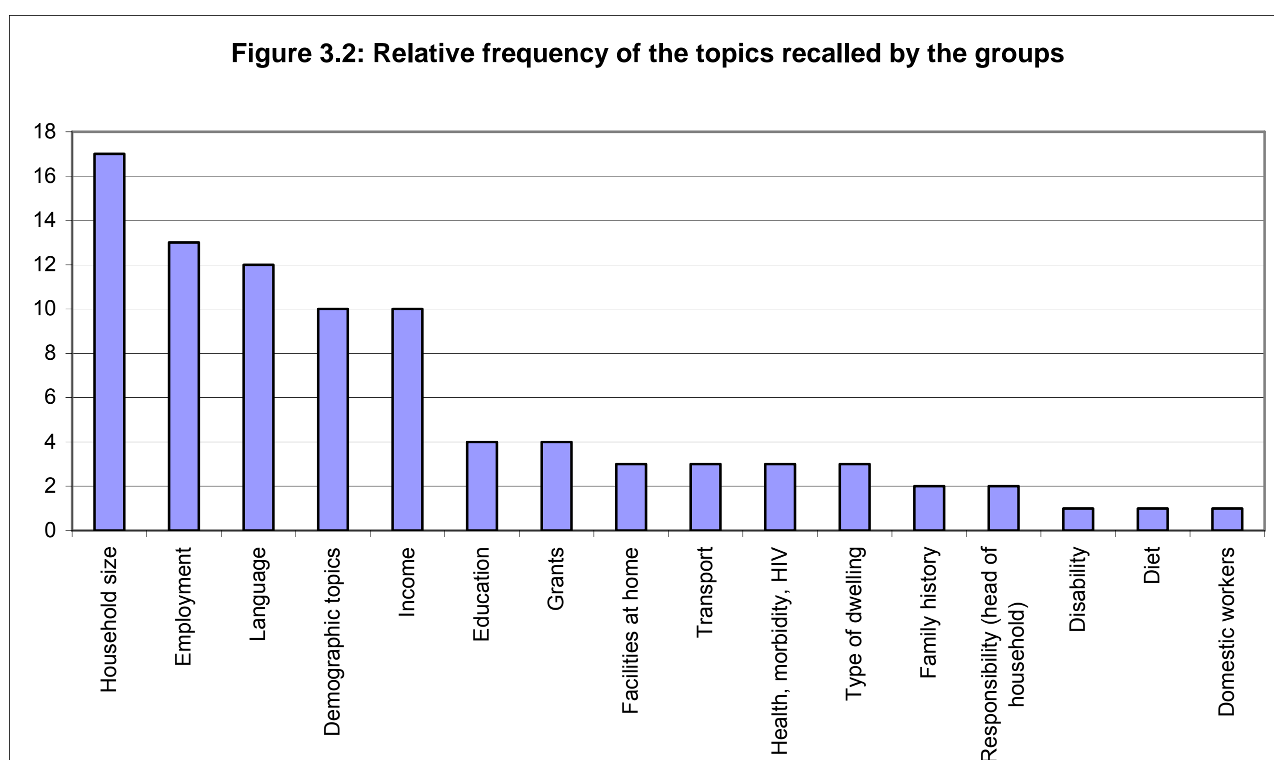
The discussions on whether the participants had previously been enumerated in a census varied greatly, but generally the number of participants who had previously been enumerated were low. In some groups, no one at all had previously been enumerated (high-income, young, White, males; and low-income, older, Tswana, female group). Half of the participants in the middle-income, middle-aged, Indian, male group had been enumerated previously, and more than half in the low-income, middle-aged, Tsonga, female group. Almost all participants in the high-income, older, Indian, male group; and low-income, middle-aged, Pedi, male group had previously been enumerated. All participants in the middle-income, middle-aged, Zulu, female group had previously been enumerated. Participants from the low-income, middle-aged, Tsonga, female group shared their experiences about being approached by the census enumerators as follows:

> *"I was afraid to answer questions before. I thought that if you give information you could be killed."*
>
> *"I was also afraid because we thought that they want to chase us out of the houses because we don't pay rates. Then I saw their car and they were wearing uniforms and then we ask them questions and they explained to us that it's important that they meet people in the households and I understood.*
>
> *"*
>
> *"I was also afraid because we did not know what they want."*

“They told us lies - that we will get work. That is why I was also afraid to answer their questions.”

3.1.3 Topics recalled from previous censuses

The topics recalled by those participants who were enumerated in previous censuses were quite extensive. Some participants even mentioned topics that weren’t included in the questionnaires of previous censuses, such as the HIV-status of household members. **Figure 3.2** shows the relative frequencies of the topics recalled by the groups.



Household size, employment, demographic topics (which included age and sex, births, deaths and population group), income and language were amongst the topics most commonly recalled.

A participant from the low-income, young, Venda, male group said that he remembered the question, “*How many are you in the family*?” With regard to facilities at home, a participant from the high-income, young, White, male group said “*They asked your race, funny questions like how many televisions are in your house, how many rooms you have in your house … and things like that.*” Participants also mentioned that a question on grants was included in the questionnaire. A participant from middle-income, young, Xhosa, male group stated, “*They ask how many are you in the household, how many are working, do children get*

grants?" Another participant from the high-income, young, Indian, female group said, "*I did not actually fill it in myself, but I remember going through the form, and I know lots of questions: like you said, … mortality, average household income earnings, approximately how many members are there in your family, … those types of things; so I suppose each question stood to achieve some demographic figure or something.*" Participants from other groups recalled different topics. A participant from the middle-income, young, Pedi, female group mentioned the following list: *"Is there anyone who is ill in this household? Are you all in a good state of health? What kind of food do you normally eat? Do you buy or grow vegetables? How many children are still at pre-school, high school etc.? What type of toilets, if any, do you have? Do you have running water?"*

3.2 The importance of measuring mortality and sensitivities with regard to this

To start off discussions with regard to the measurement of mortality, the participants were asked if the measurement of mortality is important and if it is a sensitive census topic. Ascertaining that respondents think that the measurement of mortality is an integral ingredient of uncovering reasons for non-cooperation. If respondents think that it is not important, they may feel that they are wasting their time answering these questions in a census. This would obviously impact on the quality of the data collected. With regard to sensitivity, it was hoped that participants would share reasons for the topic being or not being sensitive. It is crucial to take such sensitivities into consideration during questionnaire design, as people, if offended by questions, may refuse to participate in a census or may provide untruthful responses.

3.2.1 The importance of measuring mortality in censuses

All groups but two concurred that measuring mortality in censuses is important. One group that did not believe so was the high-income, older, White, male group. They believed that measuring births and deaths was the responsibility of the Department of Home Affairs. The other group was the low-income, middle-aged, Tsonga female group. A participant from this group said,

> "*It is not important to talk about the people who are dead, because they will not come back to this world so we must talk or discuss people who are alive.*"

Participants in the other groups believed that measuring mortality is important for the following reasons:

- In twelve of the groups it was stated that not only is it important to know how many people are in South Africa, and how many children are born, but it is also important to know how many die. This will allow for comparisons between birth and death rates and will assist in the estimation of the

growth rate of the country. A participant from the low-income, young, Venda, male group said it was important to "*… be able to indicate the difference between the previous and present census*." The middle-income, middle-aged, Coloured, male group stated that knowing the mortality rate assists in projecting population growth, whilst the high-income, older, Indian, male group stated that measuring mortality is essential to calculate life expectancy. The-low income, young, Venda, male group and the middle-income, older, Coloured, female group stated that measuring mortality is essential to track patterns and trends of mortality. This assists in determining which age, gender or population groups are at greatest risk of dying. This knowledge is essential for the development of health policies.

- Five groups stated that it is important to know the cause of death so that the health care system can cope with what illnesses are killing South Africans. The middle-income, young, Xhosa, male group said that there needs to be an improvement in health services and measuring mortality is the key to this. The issue of HIV came up in the middle-income, older, Coloured, female group. They said that measuring the cause of death is important so that we may know how many people are dying from AIDS-related illnesses. A participant from the middle-income, young, Xhosa, male group said, "*There are lot of kids who die because of HIV or because of lack of incubators so if the Department of Health takes notice of such things they will be able to buy enough incubators to prevent those unnecessary deaths, or maybe if there is cholera in a particular place they should be aware of it so that they can implement preventative measures."*

- Six groups (African, Coloured and White of differing demographic characteristics), stated that measuring mortality is important for determining the demand for burial space (cemeteries and crematoriums). It was stated that if we don't know how many people die, a shortage of space may result. A participant from the middle income, young, Xhosa male group stated, "*As they say we no longer have enough space for graveyards, at least they could come with ideas on how to create space in terms of manufacturing coffins*." A participant from the high income, young, White male group was also concerned about burial space in South Africa. He stated, "*People must also be buried. People do get cremated but it takes space to bury someone and if you look at West Park which is the big burial site here in Johannesburg, you will see it is a "flippen" big place and it is full. Where are you going to bury the people in a big city like Johannesburg if the burial sites become full? So they can use this information to allocate more land to build more burial sites."*

  This view was also voiced by participants from the high income, older, Indian male group. They said that it's important to note where people are buried.

"Another important question you should ask on the form is: "place of burial/cremation". This is very important as people are moving to urban areas but they are not being buried there. You will find if you go on the rural roads…. I am going to the other platteland areas, you find there are hundreds of hearses taking the deceased to different parts, Brits and Zeerust, but they are all coming from Gauteng."

"You should, because you will find that they are all from out of town, the man has might have passed away in Gauteng, but he is being buried in Zeerust or Potchefstroom. The state will know exactly what allocation for cemeteries, or so because we are running out of space. You can see this if you go to Avalon Cemetery on a Saturday."

- The low-income, middle-aged, Pedi, male group; the middle-income, middle-aged, Zulu, female group; and the high-income, older, White, male groups all mentioned the abuse of social grants. All three of these groups said that measuring mortality is essential as the government must know how many people are dying. Many households still collect social grants for people who have passed away. Measuring mortality can prevent this. The low income, middle-aged, Tsonga, female group stated, on the other hand, that the government can identify households where the household head has passed away and can then assist the household by availing grants to them.

3.2.2 Sensitivities with regard to measuring mortality

The census questionnaire asks questions about people in the household who have died in the last twelve months. Death, in general, is a sensitive matter. This is due to the fact that people find it emotionally difficult and hurtful to speak about those who have passed away. It brings back memories which they do not want to re-live. Participants in the focus groups were asked if people would have difficulty speaking to the census enumerator about deaths in their household.

All but four groups indicated that speaking about death is a sensitive issue. The middle-income, young, Xhosa, male group indicated that it is important to speak about death. A participant from this group stated, "*There is no problem about talking about mortality because maybe that person has been sick for a long time and it's better to talk about it so that you can free your sadness."* The high-income, older, White, male group indicated that for people in their age group, death is a fact of life and that you should be able to speak about it. Participants from this particular group shared the following on why they did not find speaking about death sensitive,

"I would say it shouldn't be difficult at all to talk about mortality, it is a fact of life. But then people say I don't have a heart, so…"

"[ ] this is about all we talk about."

"I don't see a problem, because at our age, we can only die. Enjoy the days that you get before and hope you have a long life"

The low-income, older, Tswana, female group indicated that in their culture, when a person dies, a whistle is blown to inform people of the death. Therefore they do not have a problem speaking about death as it is public knowledge. A participant from this group said, "*We do share information on mortality, it is not a secret."*

The high-income, young, Indian, female group indicated that younger people are not as emotional as older people and would not find it to be such a sensitive topic, "*I think it is. It depends on the age group. I think younger people are less likely to become emotional. My father-in-law died recently, my mother becomes emotional, it is a bit harder for her as an older person who is alone, who has kids who are grown up, and younger people would talk more freely about it."*

Six groups (of varied race, age, gender and income level) indicated that speaking about death to a census enumerator is problematic. The enumerator is a stranger and it is difficult to speak to a stranger on a sensitive topic. This is especially true since the census form asks about deaths in the last twelve months. The death (within such a period) is recent and still fresh on people's minds. People are still mourning. A participant from the high income, young, white male group stated, *"… it might also still be very hurtful to talk about it because you still miss the person who is dead or away. Maybe in general it is just very uncomfortable for people to talk about it. I don't say it is right not to talk about it, but you know."*

The enumerator is often not sensitive and participants feel that they are just a statistic and people are not really interested in them. Enumerators need to take a more sensitive approach if participants are to comply with completing the survey. People find it difficult to speak to a stranger as the person is not interested in their pain, but just the statistics. A participant from the middle-income, young, Xhosa male group said, *"It's important to talk about mortality though it's hard, especially when you talk to a stranger and in today's time it is rare for people to die naturally.* This view was also shared by the high-income, young, white male group. A participant from this group stated, "*Maybe it is not nice to talk about death to someone that the person does not know. You don't always want to divulge this type of information to strangers because it is very personal because you lived with that person so it is as if you are telling a secret to him because you don't know him. And you don't want to get emotional in front of a person that you don't know - it won't work."* Referring to this, a participant from the high income, older, Indian male group said that he would prefer to fill in the form on his own and hand it in. He explained this by saying, "*Yes, I would accept the form but not sit with enumerator. He can pick it up later. I would not sit with him and discuss it on a one-to-one discussion,*

a) it is a waste of time and b) we do not know what we are inviting home. So, from that point, this is what we did last time, we accepted the form and two days later, he can come and pick up the form, but there is no one-to-one discussion. I don't see a need for sitting with the enumerator. The thing that is required is for the form to be filled."

Fourteen groups indicated that willingness to talk about death depends a lot on the cause of death. A member of the middle-income, older, Coloured, female group related the personal experience of losing her husband recently. For her it was a natural death and she has accepted it and will talk about it. However, in her family there has also been a traumatic death and that is not so easy to talk about. She then said that talking about death depends on how you lose the person. If it is a natural death, it is easier talking about it, but if it's a traumatic death then it is sensitive and it is harder to talk about it. The same sentiment was shared by participants from the middle-income, young, Pedi, female group who said, "*Another thing is the cause of death. If the cause of death is somehow family-related, perhaps maybe the uncle has raped and killed a family member; this will put the family under pressure about disclosing this kind of information. People conducting the census should be cautious when asking questions of this nature."* A participant from the high-income, middle-aged, White, female group agreed with these sentiments, saying, "*If [the death] was domestic violence you are going to have problems."*

A member from the low-income, middle-aged, Pedi, male group said*, "I can't think of anything specific, besides the reason that families are time and again struck by death. I believe you will agree with me that it is possible for one household to be confronted with a burial twice in three months. In many instances death robs us of people who are our close relatives which in itself comes with its own difficulties, unlike when it's the death of other people who are not relatives."* With regard to death being sensitive, a participant from the middle-income, middle-aged Coloured, male group said, "*It might have been an unnatural death. It might be very difficult and sad to speak about it, because maybe the person stumbled upon it or saw what happened. So it is very difficult to tell someone, to convey it, understand it is personal. It is difficult to talk about it."*

A participant from the low-income, older, Xhosa, male group said that death in itself is not difficult to speak about, but it is the timing of the death that affects people from talking about it, "*As blacks we accept if there's a death in the family when we are already old, because God created us to die, but it might be a problem if the census people interview you about death and find that it's only two weeks since you buried the deceased. She will re-open the wounds and it might be difficult to answer such questions."*

A participant from the middle-income, young, Coloured, female group said that she would find these questions sensitive *"… if my husband is using drugs and he dies from using drugs, I might be ashamed to talk about it."* The high-income, older, Indian male group stated that if the death was caused by a heart attack it would be easy to speak about. However, if the death was caused by HIV/AIDS there would be

embarrassment surrounding the death, people would rather say the person died of TB than saying the death was a result of HIV/Aids. A participant from this group said, "*if people die of HIV/AIDS people want that to be hidden, they don't want to bring disgrace to the family as such."* Participants from the middle-income, middle-aged, Indian, male group responded:

> *"And also if somebody dies of AIDS in the family. Some people are ashamed, scared, embarrassed."*
> *"Due to stigma"*
> *"Due to sickness."*
> *"Or cancer."*
> *"If you say you know that my son or my daughter or my wife or somebody died of AIDS, because in the Indian community, if you say somebody died of AIDS they assume that everybody in the house got it. Even the person, the children don't have it but automatically people say, I mean all of us say - that is Indians that are here today - because if something happens to that person in that person's house then that person's died of AIDS then they all have AIDS."*
> *"Stigma."*

The cause of death has an important impact on respondents' openness. A participant of the high-income, young, White, male group stated, "*I think many people do not want to be stigmatised, say someone has died because of AIDS or some of those types of things - in many communities this is seen as bad and they do not want to tell anyone and they just say he is still there or he is away or something like this."* This quote indicates the stigmatisation of HIV-related deaths for households. People may not want to reveal and speak about this. If the cause of death was natural or not traumatic, people would speak about it, but if it was due to HIV or violence, people will not want to speak about it. This point was raised several times.

The low-income, middle-aged, Pedi, male, indicated that that people believe that death is degrading in the family, especially if it was due to HIV/AIDS.

> *"Many people still think that certain kinds of deaths are degrading. If you take note that nowadays we have pandemics like HIV/AIDS, death can strike the family at any time, perhaps twice or thrice in a month. They think it is degrading in a family if someone is suffering from HIV/AIDS. People must learn to accept and feel free to talk about these issues. One of the most challenging tasks is to bring lots of awareness that diseases are the same - they differ only in their impact. There is no degrading death. I don't think that when you talk about the dead you insult the family. People should get rid of those perceptions that certain types of deaths are degrading. There is a tendency to classify certain deaths as high profile ones, for*

example when someone dies in a BMW car accident it will be a topic for the day unlike if it's an ordinary car."

"What I'm going to narrate is a real story. There was this man staying with his old blind mother in one household. There were days when the old lady was locked in the house without food or washing facilities. Owing to improper care, she died. A quick funeral was arranged to cover-up the unlawful act. Not even the neighbours or members of the community were informed. This is one reason why certain deaths are not reported."

A participant from this group also stated that "… a*ccording to my understanding, most of the time, it is very rare that people decline to give you information. My advice to you is: Please, do not go too deep into details. Most of the deaths nowadays are AIDS-related and this is still viewed as a taboo here in Sekhukhune."*

The high-income, middle-aged, White, female group indicated that they didn't think that people in their community would hide death, nor the cause of death, as it is not a secret:

"Also if it is AIDS it could be stigmatisation against the family."
"Do you mean they would rather lie?"
"I think so, depending on what the cause of death was, I mean if it was something sinister or something like AIDS, you might lie.'
"Ja"
"I personally don't think that people should have an issue about saying this - it is a reality. Where they might have an issue is how they died if it is for instance AIDS-related. Despite the fact that it is an emotional issue, why would you say that nobody in your family has died if they have? It is not something that you have to keep a secret as far as I can see."
"Depending on what the person died from."
"Yes, that's what I said apart from the fact that it is AIDS"
"It could be a sensitive issue but not necessarily"
"I mean it is sensitive but it is not something that you would want to hide."
"People in our community, maybe not, but in Black cultures they do. They don't like to divulge."

Another cause of death that was identified as one that would make people not want to reveal the information to the enumerator was that of suicide. The middle-income, middle-aged, Indian, male group said that in the case of suicide people hide the truth from those around them. Child deaths was also said to be a type of death that will be more sensitive to speak about than other types of death. The high-income, older, White, male group said that women, especially, would not want to bring this up, as they might find it a traumatic experience to recall.

Culture was also identified as an important aspect that impacted on sensitivities with regard to speaking about mortality. This is an important aspect to note, as the South African society is highly diverse culturally. Participants from the low-income, young, Venda, male group had the following to say on the impact of culture:

> "*In our tradition (Venda) it is not easy to talk about the cause of death, because to us we see it as a hurting matter"*
>
> *"Sometimes there might be a sequence of deaths in a family. It would be unacceptable for this to be highlighted because it would imply witchcraft."*
>
> *"In our tradition (Venda) we think that if one talks about death, it means he/she is next."*
>
> *"We are afraid to talk about death; this is so because we think that it may happen to us too."*
>
> *"Death is not something that one is used to. This is so, because even children are not allowed to go to the graveyard."*

A participant from the middle-income, older, Venda, female, group said that she would also not speak about death. *"I am afraid because it may result in me being the next to die."* This belief of witchcraft was also shared by the middle-income, young, Xhosa, male group, which indicated that cultural influences and witchcraft prevent them from speaking about death. Participants from this group stated:

> *"The way we grew up makes it difficult for us to talk about death - especially given that it is generally older people who die. We are not even used to counselling. We don't normally talk to anyone. We don't know about death."*
>
> *"We blacks believe that the sadness will dissolve on its own - there is no need to talk about it, that is the way we grew up, we were taught to mourn death till you get healed inside, we respect death in that way - but the younger generation has a greater need to talk about it."*

The low-income, middle-aged, Tsonga, female group also indicated that due to their culture people do not talk about death as they fear it. This belief was also shared by a participant from the middle-income, young, Pedi, female group who stated, "*Sometimes you tell your family about your health status and then you die later. They'll suspect you've been bewitched*." A participant from the low-income, middle-aged, Pedi male group stated, *"I'd like to state a case where one man was afraid to tell his wife that his other child who was born out of the current wedlock had passed away. Many households hide people who are disabled, even if*

they die, few people will know about it. We black Africans have this belief that if something unexpected happens, it's because you've been bewitched. If you give birth to a disabled baby; everyone will start thinking of any wrong acts in which you have been involved."

3.3 Set of questions on the history of deaths in the household

The participants were shown the following set of questions from Census 2001. The discussions then focused on their opinions with regard to the wording and simplicity of the questions. The participants were also asked to define particular terms used in the set and to provide examples of these concepts. They were asked if people from their community would object to answering these questions from a privacy and confidentiality perspective and if, in responding to this set of questions, any deaths might not be reported.

INFORMATION REGARDING THE HOUSEHOLD						
ANYBODY DIED (H31)	**DECEASED (H-31a)**					
Has any member of the household died in the past 12 months, i.e. between 10 October 2000 and 9 October 2001? Y = Yes N = No Dot the appropriate box. Y N **If YES, how many?** ☐ **Go to H-31a.** **If NO,** the questionnaire is completed.	**(If YES to H-31)** **What was the first name of the deceased?**	**What was the month and year of death?** Write the month and year of death	**What is the sex of the deceased?** M = Male F = Female Dot the appropriate box M F	**What was the age in years at death?** For example, if 2 years of age write 0 0 2	**Did (the person) die from an accident or through violence?** Y = Yes N = No Dot the appropriate box Y N	**If the deceased was a woman under 50 years, did (the person) die while pregnant or within six weeks after delivery?** Y = Yes N = No Dot the appropriate box Y N

3.3.1 Interpretation of concepts

3.3.1.1 Household

The census questionnaire is filled in for members of a particular household. The instruction given on the Census 2001 Household Questionnaire was, **"This Questionnaire should be completed for all households living in housing units and collective living quarters including those located in institutions (for example, boarding schools, prisons, hospitals, etc.)"** It is very important in a census that the respondents understand what is meant by the term "household", so that the correct people are enumerated in the correct household. The focus group participants were asked what they thought was meant by the term "household".

The majority of participants (twelve groups) said that a household consists of a family, which could mean parents and children, but that other relatives who reside with the family are also included in the household. Example of such relatives could be grandparents or in-laws.

Participants from eleven groups said that a household included a group of people who live together in a house or under one roof. The high-income, middle-aged, White, female group; and the high-income, older, White, male group remarked that the question asks about a household and not a family. They would therefore include their domestic worker as part of the household. A participant from the high-income, older, White, male group said, *"I don't see it as a family thing at all. I see it as who was here at that particular time or not."* All White and Indian groups, all of high income, said that they would also include their domestic worker as part of the household. With regard to this, a participant from the high-income, older, White, male group asked, *"Because everyone must be a member of some household … so if they are living on my property where do they fit into the census? You know, where is their household?"* The low-income, middle-aged, Pedi, male group also agreed with this, saying that irrespective of "blood relation", all people living in the household should be included. Paralleling this, three groups indicated that they would include boarders or paying guests as part of their household.

Participants from the high-income, middle-aged, White, female group asked if family members living away from home should still be included in the household. Participants shared the following discussion on this.

> *"Sorry, can I just ask you about the people, for instance the male of the household is not living there and working on the mines and whatever and he died there, would they consider that as part of the household or would they consider this."*
> *"It depends on the registered address"*

“But you see, they don’t, the registered address is usually where they work – for some black communities now.”

The high-income, young, Indian, female group indicated that if a member of their family worked away from the residence, like a migrant worker, s/he will still be included as part of the household as they contribute to the household. A participant from the low-income, middle-aged, Tsonga female group stated the following. “*I have a family in my home and another family at Mbombotho but we are together. We are one family because if one of the family members dies we say our brother at the rural area has died because he is part of our family.”*

The high-income, young, White, male group; and middle-income, young, Pedi, female group suggested that a household should include people who permanently lived at the residence. The high-income, young, Indian, female group said that visitors should not be included. A cultural view was shared by the low-income, young, Venda, male group: “*In our culture (Venda) if one gets married we say that couple is now regarded as a family”.*

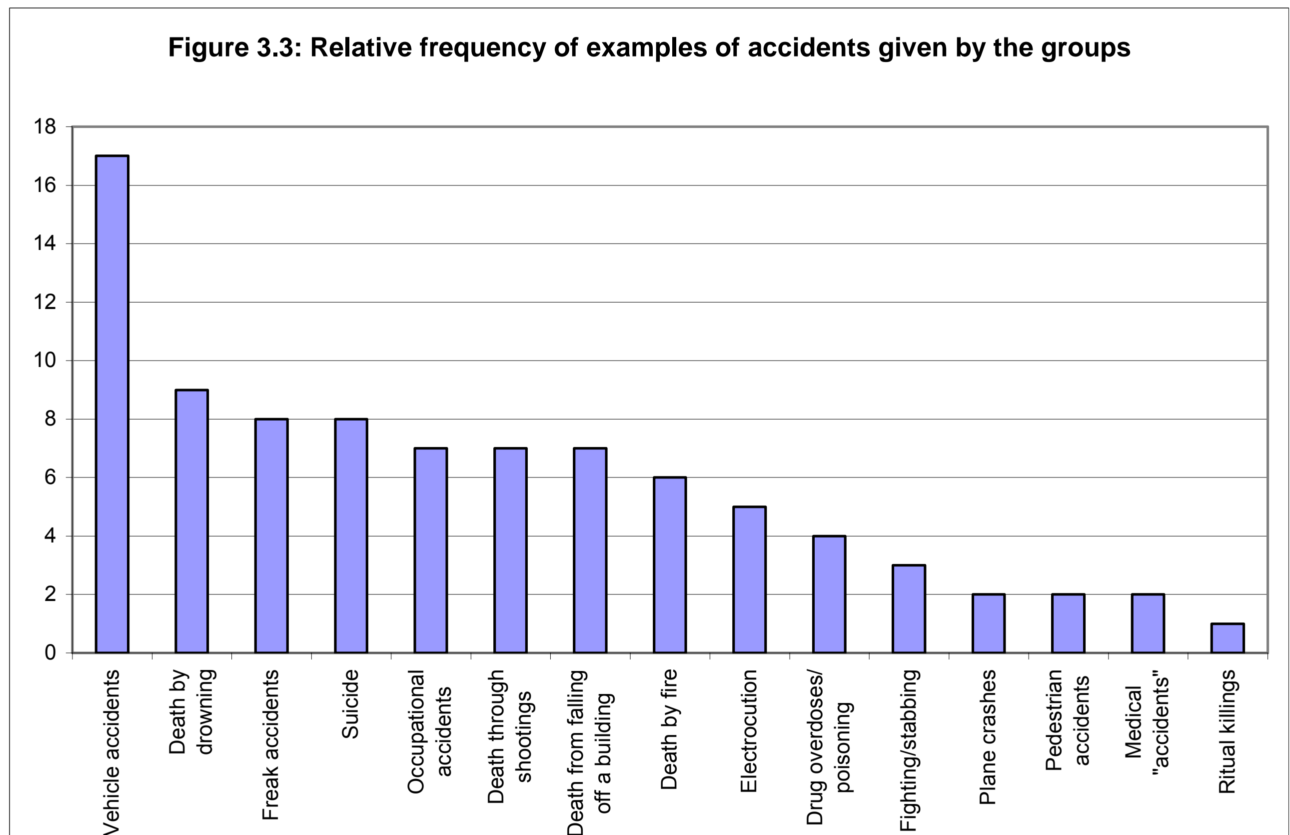
As can be seen by the above interpretations of the concept “household”, and as stated by the middle-income, middle-aged, Zulu female group, the concept can be complicated. It was suggested that Statistics South Africa should provide a definition of household during the census so that the correct household members can be enumerated in the correct household. A participant from the high-income, young, White, male group said that Statistics South Africa should rephrase the question and, instead of the household, ask about the house.

3.3.1.2 The last twelve months

Census questions use a time period of “*the last twelve months*” when measuring mortality. Even though the census occurs every ten years, twelve months is viewed as a time frame that is easy to recall, therefore leading to more accurate reporting. Participants were asked what they thought the time period “*the last twelve months*” referred to. All the groups indicated that this referred to the last year, in effect November 2006 to November 2007. Participants from the high-income, older, White, male group said that this term was obvious, unlike the term “household”. Most of the White groups said that only asking about deaths in the last year could warp results. It was stated that it seems wrong to ask the question only referring to the past year, and not for all ten years that elapsed since the previous census. The statistics will not be accurate. It was further said that it seems illogical to only ask about the last year and that people who died in the other nine years would be not be counted. The moderator stated that the time period of twelve months chosen to be short enough so that people could recall events accurately. However, all these groups indicated that even after ten years, you would not forget people who died in your household.

3.3.1.3 Accidents

The Census 2001 questionnaire asked the following question: "*Was the death due to accident or violence*?" This question required a "Yes" or "No" answer and respondents did not have to reveal the type of accident it was or the violent act. The participants in the focus groups were asked to give examples of accidents and violence. **Figure 3.3** shows the relative frequencies of the examples given by the groups.



A participant from the low-income, young, Venda, male group stated, "*An accidental death is when people die because they were fighting over a woman."*

Another participant from the middle-income, young, Xhosa, male group stated, "*People kill themselves*," as an example of an accident. Members of the high income, middle-aged, White, female group argued about which category suicide falls in, as it is neither really a violent act nor an accident. The high-income, older, White, male group stated that suicide is not an accident, it is planned. The participant who stated this told the group that his son had committed suicide, and that it was a planned event. According to him, it can only be seen as an accident if the person thought the gun was not loaded. A participant from this group suggested that suicide be added as a category. He stated, "*You will get bad answers to this question where people misinterpret it, some say it is, some say it isn't. So do you want suicides to come out in that, and if*

so how can you phrase it that you don't offend anybody but you still get that. Perhaps you need to be direct and say did anybody die by violence or accident or suicide?" As can be seen in **Figure 3.3**, participants from other groups classified suicide as an accident. Participants from the high income, young, White, male group also debated in which category suicide fits into. Below follows their discussion.

> *"Suicide, is this violence?*
> *"It falls in that category"*
> *"It was an accident"*
> *"I would put it there because it is not natural"*

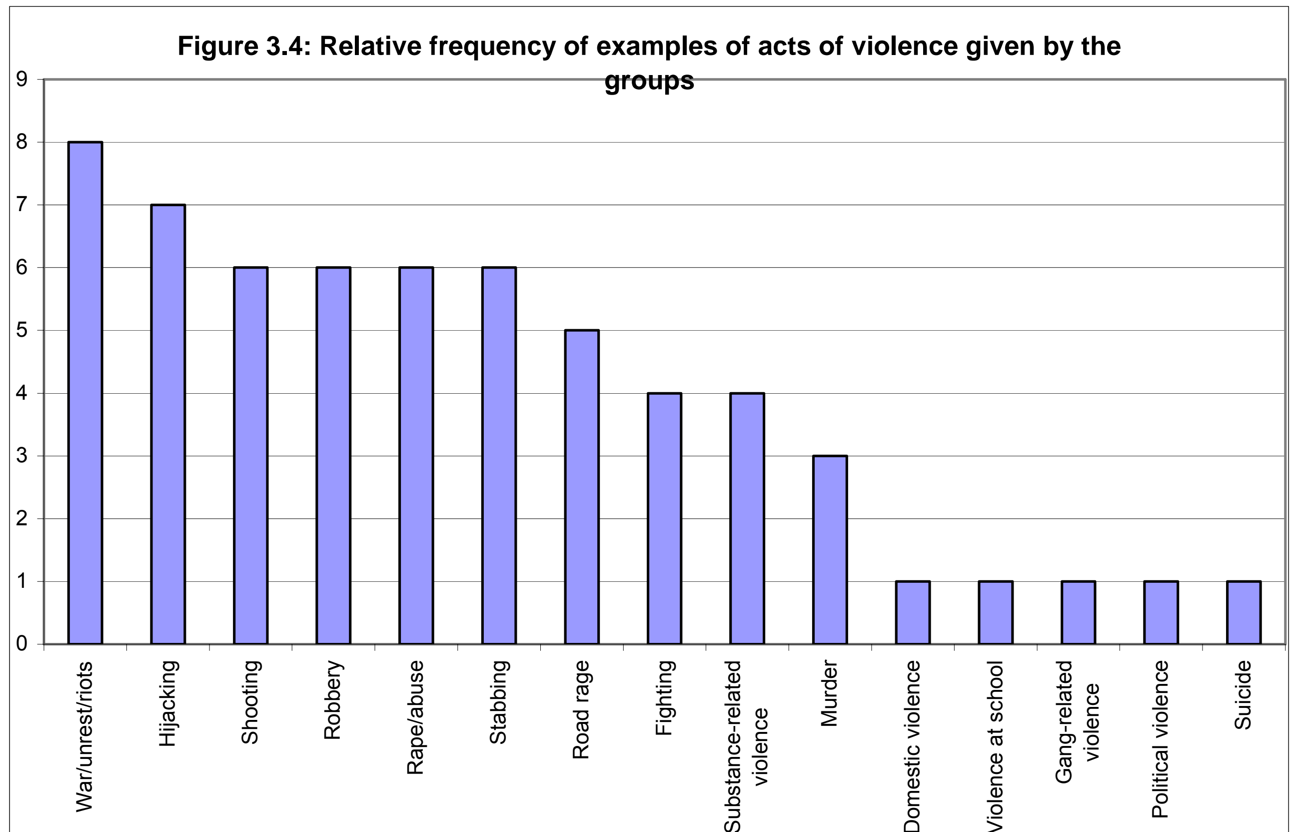
A participant from the high-income, older, Indian, male group related the following story to illustrate what kind of event he would classify as an accident. *"Did I tell you of the lift at Sun City, (or the Wild Coast?) - he pressed the lift to take the elevator down, the elevator came and took the floor above him, and he was talking to his wife not realising the elevator was not there so he stepped in and he fell."*

3.3.1.4 Acts of violence

Different participants labelled the same act as either an accident or an act of violence. This was the case for fighting, shooting and, as mentioned, suicides.

A participant from the low income, young, Venda, male group stated that an example of an act of violence is "… *Death that occurs because of taxi violence when people drive by and shoot at each other."* Murder, an extremely violent event, was only mentioned by the members of three groups. With regard to suicide, participants of the high-income, older, White, male group said that the method of suicide needs to be considered. If the person took an overdose of prescription drugs, that is not a violent act. When asked to give examples of violence, participants from the middle-income, older, Venda, female group stated:

> *"A drunken husband coming home to find that he has been served morogo (green vegetables), gets violent.*
> *"*
> *"If you serve a drunk husband (coughs) termites (a delicious food for Venda culture), not meat, he gets violent."*



3.3.2 Wording and simplicity

Participants were asked to evaluate the set of questions in terms of wording and whether the questions were easy to understand. It is extremely important that the words used in the questions are simple enough to ensure that people of all literacy and educational levels can understand what is meant and required of the questions. If people do not find questions easy to understand, they would rather not fill it in. The census questionnaire should be as user-friendly as possible to encourage participation.

The groups were split on opinions with regard to the wording and simplicity of the questions. The majority of the groups, fourteen in total, said that the words were easy to read, simple and understandable. The high-income, young, Indian, female group said that the questions were self explanatory. However, not all the other groups concurred with this.

The high income, young, White male group indicated that they felt the questions were phrased in a rather curt manner, which made them feel like a statistic. They suggested that the questions should be re-worked so that people would feel like filling them in.

> *"… What I also felt in the beginning, instead of saying anybody died rather say a next of kin - otherwise, like we said just now, you will just feel part of the statistics. Like is there anybody dead, is somebody dead here, maybe put it in a way that implies that it was somebody special. A more sensitive approach."*

> *"… It felt as if it is not enough time to write down all the dead people, I thought they could be more sensitive."*

The middle-income, middle-aged, Coloured male group said that questions which involved dates were problematic, as people might not remember these accurately. They referred specifically to the question, *"If the deceased was a woman under 50 years, did (the person) die while pregnant or within six weeks after delivery?"* They stated that these are dates that males would not remember. A participant in this group stated, "*What I think, perhaps, the males are not so good with dates. If it is a woman, she will know exactly, but not the men, they are not so specific about time and on dates, particularly dates concerning things about children."*

Two black African and one Coloured group, all three young and of middle-income status, stated that some people might have difficulty answering the questions. They stated that it depends on the literacy level and understanding of the respondent as well as the respondent's disability status. The high-income, young, Indian, female group indicated that older people might need assistance in answering these questions. Household heads are often older people and they would not be able to fill out these questions without help. A participant from the middle-income, young, Xhosa, male group said, "*These questions can be answered easily but it may be difficult for the elderly to answer all those questions because they might even forget the name of their children who died or forget some of the details."*

An issue that came up in many groups relates to the question *"Did (the person) die from an accident or through violence?"* It was stated that by asking this question, deaths due to natural causes and diseases would not be included. A participant from the low income, young, Venda male group said, "*We do not talk about war only. There are people who die owing to other causes or illnesses like TB related diseases or kidney failure. Why are those people not mentioned*? Both the Indian male groups, stated that a separate category should be added for "deaths due to sickness and natural causes." The same query was raised by the high income, young, White, male group:

> *"What about a person that died of natural causes? Like someone that is just old and just…in what category will he fall?"*
> *"He will fall in the 'no' category"*

A participant from the high-income, young, Indian, female group asked the same question: *"My dad passed away through natural death, so where do I put it?"*

This confusion was also voiced by the high-income, middle-aged, White, female group. Participants in the groups had the following discussion surrounding this:

> *"Is dying from old age seen as an accident?"*
> *"No, natural causes."*
> *"They don't ask about natural causes either?"*
> *"But they are assuming if you said 'no' then it was natural causes "*
> *And if it was suicide then it was self-caused."*

Both the high income, older, Indian, male group and the high income, young, White, male group suggested that with regard to the question *"Did (the person) die from an accident or through violence?" that* a list should be provided with categories so that people can tick them. Should such a list not be provided, respondents would confuse categories and report incorrectly. There could then be an over reporting of accidents, when actually the people had died from violent events, or vice versa. The suggestion in this regard by the high-income, middle-aged, White, female group, was that suicide should be included in a different category, with death due to natural causes.

Participants of two groups had queried the relevance of some of the questions included in the set. A member of the middle-income, middle-aged, Indian, male group questioned the relevance of "*If the deceased was a woman under 50 years, did (the person) die while pregnant or within six weeks after delivery*?" He said that the question does not make sense and should not be asked as is not an instance we hear about all the time. On the same question, the low-income, middle-aged, Pedi, male group commented that answering questions on pregnancy is difficult, as a lot of younger women often do not know that they are pregnant. Therefore, if they die, people around would not know and therefore answer incorrectly to this question. A participant from this group stated, "*The difficult one is that of women under 50 who die of pregnancy and related issues. In most cases women come to a late realisation about their state of pregnancy. If a pregnant woman passes away according to our culture, we do not disclose it. We still have room for confidentiality. You cannot ask these kinds of questions as we still view them as taboo, especially if the woman was not married."* A participant from the high-income, middle-aged, White, female group said, *"I just query a woman under 50 years. If you are taking the extremity of child bearing age to 50 it seems a*

bit late to me." Other participants in the same group indicated that the group targeted does not extend to a young enough age.

> *"I suppose this 12–50 is international years but there are, what are the chances, I mean there has been the unique chance of 11 year olds giving birth - with rape and that going on."*
> *"Puberty is also getting younger."*
> *"Yes, so one may want to make it perhaps 10–50."*

The middle-income, young, Xhosa, male group; and the middle-income, older, Venda female group both indicated that the enumerator plays an extremely important role. If they approach people sensitively and explain what is required as well as the questions, respondents would be able to answer them. Participants from the middle-income, young, Xhosa, male group said:

> *"The questions are fine but it will depend on the person who will be asking questions - will she make it easy for you to understand or not and will she make you feel comfortable about the sensitive questions that she will ask – such as how many people have died in this household?*
> *"People get bored answering these questions because they can see that there is no change."*

> *"And the other thing is that Xhosa and English differs a lot, they should send a person who knows how to play with words when it comes to Xhosa because some people are sensitive when it comes to wording, an interviewer should not ask a person while reading from the questionnaire and then fail to translate properly into Xhosa."*

> *"In the 2001 Census it was difficult for our interviewer she could not even pronounce one's surname and it was a disaster - so you should not send a Pretoria person to come and interview us here (in East London)."*

With regard to the attitude of the enumerator, participants from the middle-income, middle-aged, Zulu, female group stated:

> *"Maybe if it's a male and he finds a baby of three years, he will play with that child and that makes her feel comfortable even if the child is dirty but if it's a woman they have an attitude - they will not even play with a child."*
> *"Yes males are friendlier."*
> *"Or maybe they should give us some incentive like groceries so that we must be willing to answer freely and not make excuses when they ask questions."*

3.3.3 Privacy and confidentiality

Participants were asked if people in their community could object to answering these questions from a privacy and confidentiality perspective. Invasion of privacy is defined as when the respondent thinks that the enumerator does not have the right to ask the questions. Confidentiality concerns relate to respondents objecting to answering questions because they believe that their specific responses may be shared with a third party. Privacy and confidentiality issues impact to a great extent on both response rate and the honesty with which respondents respond.

3.3.3.1 Privacy

Eleven groups said that there will be issues of privacy in answering these questions. The low income, young, Venda, male group said that people do not feel free to speak about death, especially to a stranger. When an enumerator asks these questions, people are not willing to answer. This is due to the fact, as indicated by the older black African groups, that they do not know what the enumerator will do with the information. There is a fear that the enumerator will reveal their personal information to those in their community and fuel gossip about their households. This feeling was also shared by middle-income, young, Pedi, female group; and the low-income, young, Venda, male group who indicated that such information is personal as it involves members of their household. Participants of the low-income, young, Venda, male group said:

> *"If a person just comes and asks questions, one might be reluctant to just answer the questions."*
> *"We are afraid to talk about family issues to strangers"*
> *"We are not sure what the questions are all about. We also don't know what they will do with the information, what they will do with it or that one may hear this information repeated on the radio."*
> *"Sometimes we are unable to talk about sensitive issues because people might write the story, only using different names"*

Other participants said that they fear speaking to enumerators for different reasons. A participant from the middle-income, young, Pedi, female group stated, "… i*n my opinion, they normally think that if you ask them you're going to reveal the information. For instance someone in the family is earning a grant and passes away. If this death was not reported it won't be disclosed when asked during a census. Actually when it comes to deaths and income they don't want to be asked too many questions."*

Various groups said that the cause of death is often something a household does not want to share from a privacy perspective. A participant from middle-income, young, Xhosa, male group stated, *"… it will depend*

on the kind of death it was, for that person to be open or not open about it." Both the Afrikaans-speaking groups stated that if a woman has lost her baby, she will consider it a private matter and will not want to discuss it with others. This was similar to the sentiments of four of the black African groups. They indicated that, as the enumerator asks for deaths in the last twelve months when the death is recent and people are still mourning, respondents will think it is an invasion of privacy. They have not had time to heal.

The low-income, middle-aged, Tsonga, female group said that for some people, the pain would still be too "fresh" and thus they would not want to relive the incident. A participant from the middle-income, young, Pedi, female group stated, "*Last time, when they did a community survey, I was with one the officials and we asked about mortality. The respondent said that no one is allowed to ask questions related to mortality, not even her husband. She was totally against it. She even told us that she had lost her teenage girl and not even her husband was allowed to ask her about it, so we should not ask her about it."*

With regard to this, participants from the middle-income, middle-aged, Coloured, male group stated the following:

> *"Maybe, as we said in the beginning, if this woman - no, the man perhaps - lost his wife and a child within the last year and he feels he doesn't want to talk about it, it is still too fresh to talk about perhaps, private."*
> *"You scratch old wounds."*

The middle-income, older, Venda, female group said that in their community they are not allowed to speak about death. Participants from this group shared the following:

> *"It is difficult to tell you about private matters. In our culture we do not speak about everything. We also grew up knowing that MuVenda does not reveal his private concerns."*
> *"I agree with the last speaker, having privacy means that we do not want everybody to know everything that is happening in my life. Our people need to be educated about what is happening. Only then will they understand."*

They stated that especially people with a lack of knowledge and education and will not answer to these questions. These matters are private to them and are not spoken about.

Other groups linked privacy to people's general attitudes. It was stated by the higher income groups that people are busy or just have unhelpful attitudes and that they will therefore not comply. The middle-income, middle-aged, Coloured, male group asked why, as the Government does nothing for them; they should help the Government out by answering these questions. This view was also shared by the middle-income,

young, Xhosa, male group where a participant said, *"People feel that the government is useless. So they are reluctant to give out any information that the government needs."*

Another issue raised in the context of privacy was crime, specifically fraud. This was raised by the middle-income, young, Xhosa, male group and the high-income, middle-aged, White, female group. It was said that the truth about the person's death might often not be shared for fear of insurance implications. People might have been dishonest in their reporting of deaths to the police and might fear that, if they told the enumerator the truth, they would get into trouble.

Seven of the groups stated that they see no issues with regard to privacy on the household set of questions. This minority included the low-income, young, Venda, male group that indicated that the questions are emotional, but not really an invasion of privacy. According to them, the enumerator is not asking for something that is a secret. Other groups also stated that these questions do not ask about issues that are either personal or sentimental, but rather ask about what is factual and therefore do not invade privacy. The middle-income, Indian, male group was amongst those that indicated that death is not a private matter as everyone knows about it when someone dies. A participant from the high-income, young, White, male group stated, *"… people might be emotionally a little reserved about these questions but I don't think they are piercing questions – but this is only my opinion, if someone asked me these questions."*

Several groups suggested that the enumerator is key to whether respondents would respond. The low-income, middle-aged, Pedi, male group said that the enumerator should not be young, as young people are disrespectful. The middle-income, middle-aged, Zulu, female group indicated that an enumerator should have a high level of literacy and understanding so that s/he would be able to help people to understand the questions. A participant from the middle-income, middle-aged, Indian, male group said that an enumerator should explain what he wants and that questions should not be too personal. This group had the following discussion:

> *"Some people just barge in there, they don't explain.*
> *"Certainly you come to a house, you have got your badge or whatever it is … your card. Statistics South Africa and we came and we want to know who is dead. I'm sure they will provide you, whatever it is. Maybe they will help you."*
> *"Not if they want bankcard numbers."*
> *"No personal stuff. Don't go to the bedroom then."*
> *"Oh, that is another one then."*

3.3.3.2 Confidentiality

Seven of the groups stated that people from their community would object to answering these questions from a confidentiality perspective. Three black African groups stated that they do not trust enumerators as they had previous experiences where enumerators from the community shared confidential information about them with others. They indicated that they do not want people in their community to know what happens in their household.

The same opinion was shared by middle-income, middle-aged, Coloured, male group that said that they would prefer the enumerator to be someone from another community, as they will not trust an enumerator from their own community for fear of him or her gossiping about them with other people. They would prefer it if the enumerator was not someone from their community but rather a complete stranger. One of the reasons provided was: *"If he or she is perhaps somebody from that community, I don't think people will volunteer to give information. The person that now comes to me; he just lives further down the road."* However, for some participants from the high-income, young, Indian, female group, other considerations were more important than the possibility of gossiping. A participant from this group stated: "*Can I say something? I don't want to sound racist or anything, but Indian people are more comfortable with their own race. So in my house, if I had to see two black guys coming I don't think they are going to allow them inside, you know. Especially if there are women at home, I don't think they will allow them in."*

The high-income, young, White, male group asked why it was necessary in a census to ask for the names of household members and stated that they did not feel comfortable with this. The middle-income, middle-aged, Indian, male group said that the potential effect of fraud would deter them from answering the questions under discussion. They said that an enumerator could take the name of the deceased to the Department of Home Affairs and get the deceased's identity number. A participant from this group said: *"If I were to divulge information of such nature, and there is fraud and all that type of thing … people are scared to divulge, this person died … you might get hold of the bank account, ID number."*

A participant of the middle-income, young, Xhosa, male group stated that a participant might object to answering these questions from a confidentiality perspective as "…*if you are involved in killing a person and no one knows about it and you come and ask me about it, I will make it as confidential as ever and not answer those questions."*

The issue of HIV/AIDS was also mentioned during the discussion of confidentiality. Participants from the middle-income, young, Pedi, female group stated:

> *"We once visited another family, only to find that the husband had recently passed away. The widowed wife said 'I can give you the time you want but if you start talking about the death or the cause of it I suggest you leave. You know very well that rumours are spreading all over that my husband died of HIV/AIDS. So if you are here to confirm it, so that you spread it all over the computers and media, you better leave'".*

> *"To tell the honest truth, people don't trust anyone anymore, no matter how much you promise to keep it a secret. Nowadays, we have different organisations that conduct their own surveys in their own time and this becomes a problem. If the information leaks no one will ever know who is responsible for that rumour owing to (the surveys of) countless organisations."*

Eleven of the groups stated that they could not see any reason why people in their community would object to answering the questions from a confidentiality perspective. Most of the participants in the older groups said that the questions are broad and that it would not be possible to pin-point individual people. Participants from the high-income, young, Indian, female group said,

> *"The thing is, it is a bit too broad for anyone to think that far. It is such a huge population I do not think anyone can think that."*
> *"There is nothing to trace back to your person."*

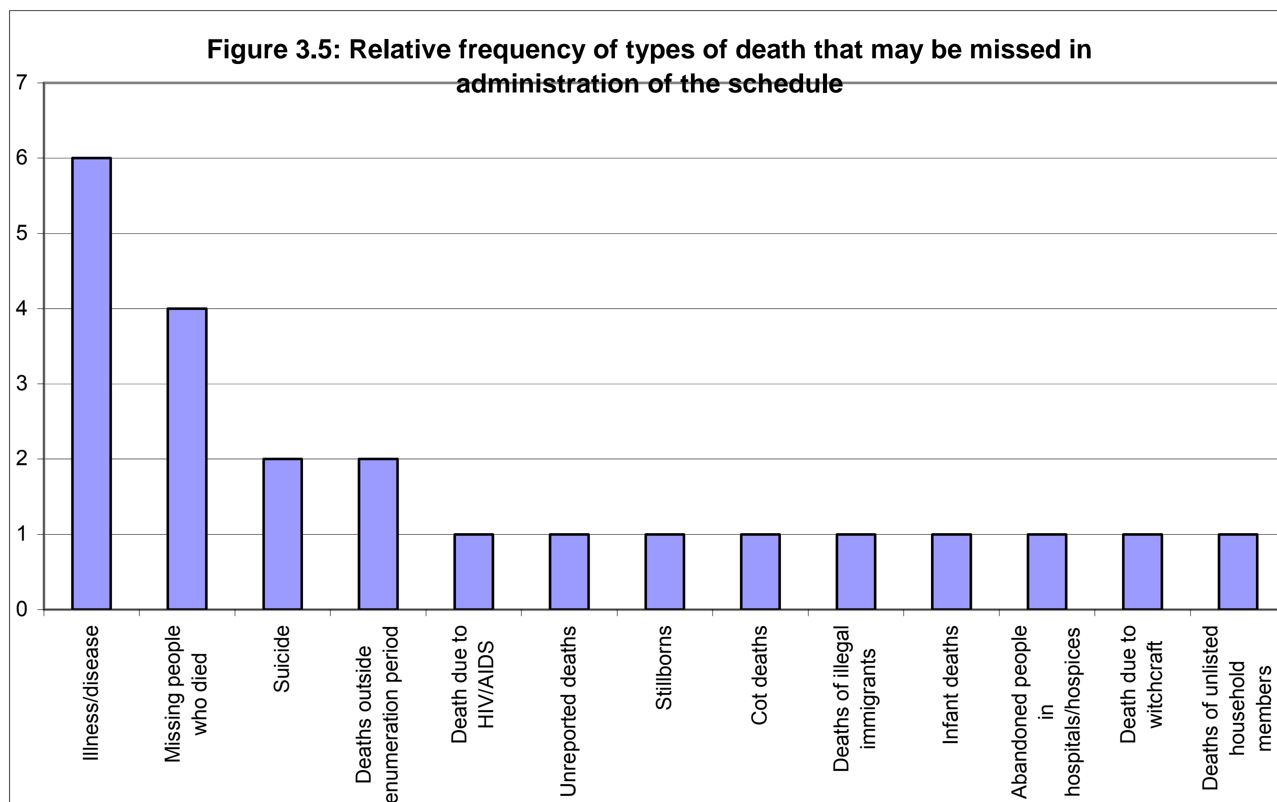
The high income, young, White, male group said that it is difficult for people to use the information from these questions for anything else than what it is intended for. The group was of the opinion that nothing illegal can be done with the data. The middle-income, young, Pedi, female group said that many people are aware of Statistics South Africa and what they do and therefore will be willing to cooperate. It was suggested by the middle-income, middle-aged, Zulu, female group that Statistics South Africa should embark on a more vigorous publicity drive prior to a census so that respondents who are not familiar with their intentions of the census may be better informed and then be more willing to participate.

The middle-income, young, Coloured, female group said that they do not think that the subject of death is confidential, as everyone must die in the end. They stated that in their community *"everybody knows everybody's business"*. The middle-income, middle-aged, Indian, male group stated that a common practice in their culture is that when someone dies, a funeral notice is put up in the neighbourhood or even the newspaper. They therefore did not believe that deaths were a confidential matter. A participant from this group related the following, *"I don't think so, because if you have somebody die in your family, the whole*

world is going to know. It is not something that you keep private and you don't want other people to know. Say that person's mother died, you don't want that to be confidential. In fact if somebody dies you put a notice up. You know Mr Hal Pillay died, and this is the date of his funeral, the cemetery, or whatever. People wouldn't have a problem of you carrying the name of that person (I know you would not do that), but with confidentially they won't have a problem - but what they will have a problem with is if you maybe tell them or say you know that person died of a certain disease or how he died."

3.3.4 Instances of death that may be missed in administration of the schedule

The participants were asked if any instances of death could be missed by asking these questions (refer to the questionnaire). Three of the black African; and one Coloured group stated that they think that all instances of death would be captured using these questions.



The majority of groups indicated that deaths due to illness, disease, natural causes and aging could be missed out as there is a shift in focus due to the specific question on violence and accidents. A participant from the middle-income, young, Xhosa, male group stated, "*This question about violence and accidents - why don't they mention other causes of death like illness - because some people die because they were sick?"*

The participants also noted that if respondents did not understand what is meant by the term "household", the head of the household might miss out someone who had died. S/he might think that the deceased would be counted elsewhere, which could lead to the person not being counted at all. Suicide was also mentioned by the participants, who felt that a category should be included for it to prevent these deaths from being missed.

A participant from the middle-income, middle-aged, Coloured, male group said, *"The question only asks about the last 12 months, what about the people that died two years, three years, seven years ago?"*

3.4 Set of questions on child mortality

The participants were then shown the following set of questions from Census 2001 that relate to child mortality. As with the household mortality questions (Section 3.3), the participants were asked their opinions on the wording and simplicity of the set of questions. Issues of privacy and confidentiality were also discussed. Lastly, the discussion of this set focused on uncovering any instances of child death that could be missed through its administration. It should be noted that in Census 2001, questions on child mortality were related to the women in the household aged 12–50 years old.

ASK OF WOMEN AGED BETWEEN 12 AND 50 YEARS (BORN BETWEEN 1951 AND 1989)		
TOTAL BITHS **(P-20)**	**STILL LIVING** **(P-20a)**	**LAST BORN CHILD** **(P-20b)**
How many children, if any, has (the person) ever had, that were born alive? If none, write 0 0 and **go to P-21.** **How many of these were boys?** ☐ ☐ **How many of these were girls?** ☐ ☐ Include ALL her children, i.e. those who are still living, whether or not they live in this household, and those who are dead. DO NOT COUNT STILLBIRTHS (children born dead).	If the person has ever given live birth: If boys: **How many boys are still alive?** ☐ ☐ If girls: **How many girls are still alive?** ☐ ☐	If (the person) has ever given live birth: **When was (the person's) last child born?** **Date of Birth:** DD/MM/YY ☐ ☐ ☐ ☐ ☐ ☐ **What is the sex of that child?** M= Male F= Female M F **Is that child alive or dead?** A= Alive D= Dead A D Write the day, month and year of the last live birth and dot the appropriate box of the sex. If multiple birth, indicate only the last child. DO NOT COUNT STILLBIRTHS (children born dead).

3.4.1 Wording and simplicity

Fourteen of the groups indicated that the questions on child mortality were straightforward and easy to understand, and that they understood what was required. However, three male groups (two high-income and one low-income) and one female group (high-income) indicated that the questions had no easy flow and were complicated and confusing. As we tend to assume that those respondents with higher income and educational levels will automatically have a better understanding of a given schedule, this result was quite interesting.

It was stated by the members of these groups that the questions had to be re-read a few times to understand what is required. The high-income, young, White, male group indicated that the "skipping" components of the question were confusing. This group, as well as the high-income, middle-aged, White, female group stated that the language used in the schedule was not "everyday language" and was too formal. One had to take a lot of time to think about what was required before answering.

The groups suggested that the schedule needs to be changed to simpler sentences. One of the participants from the high-income, young, White, male group stated, "… *if they write these forms in everyday spoken language then more people would be able to understand it, but they write it so formally that many of the things are confusing. They must write the way people speak."* Another participant in the same group also commented on the structure of the questions. He stated, *"… it is not necessarily perhaps the words, but it is the construction of the sentences. For an illiterate person (remember there are many people in South Africa, who are Afrikaans but who are not literate, specifically in the Western Cape) … that might not necessarily have the insight to understand what is being asked. Short sentences and theme for theme - then it might be better understood and comprehended and people might find it easier to complete."*

Participants from the low-income, middle-aged, Tsonga, female group said that the dates in this question confused them. They shared a personal experience:

> *"It is difficult because, like us, we don't know the year when the person died because we are not educated, so we are unable to count back the years."*
> *"I support the views of the first participant that if you are not educated you can't even know when your child was born and when was he or she died. You just know: my child died."*
> *"Myself, I had seven children. Then the seventh one was a girl and she died and I am left with six. But I don't know when she died."*

The low-income, young, Venda, male group also stated that some people would be wary of answering these questions honestly as this might cause conflict in households where partners may have lied to each other about the number of children they have had in the past. Participants from this group stated:

> *"When this question is asked, the mother might not answer this question clearly. The husband may think that the child is his first but he may be in for a surprise when he finds that it's the third or second child. This will create problems."*
> *"It may lead to conflict in the family, particularly when a man thinks that his wife was faithful, but only to find out that there are problems and damages in the past."*

Direct evidence that the wording of the questions were not clear came from the participants in the middle-income, young, Pedi, female group:

> *"Even though relevant and simple, it's still a problem when someone has a miscarriage. Those particular individuals - most of them don't know the gender of the expected children. This is kept a secret."*
> *"If someone performs a backyard abortion, one will never know the gender of that baby."*

Participants from low-income, middle-aged, Pedi, male group also shared responses along similar lines. A participant from this group stated: "*Let me highlight something. Let us say parents are not around and kids hide some information from you; e.g. a girl was pregnant four times and had three miscarriages and is hiding this, we will end up with wrong statistics."*

The middle-income, middle-aged, Indian, male group – on referring to multiple births – stated that the questions might be confusing with regard to which child was born last. Sometimes respondents would simply not know this information. This was illustrated by a response from a participant in the high-income, old, White, male group: *"What about the woman that gives birth to four children and they are taken out by caesarean. Which one is the last-born?"*

This point pertaining to multiple births was also mentioned by the middle-income, older, Coloured, female group. A participant from this group shared the following: "*I think it will be confusing to people, especially people that don't know about the birth of twins or triplets. It is the first one that comes that is born at five to twelve, then the second one is born at half past twelve and the third one is born at quarter to one. So the third one is the last one, she has to wait for all. Because, now they don't - but is it in one placenta, then it just, when the placenta … when the membrane breaks, the one comes, you catch, the one comes you catch, the one comes you catch … You just do that - the next person must catch."*

The middle-income, middle-aged, Indian male group suggested that the question "*How many children, if any, has (the person) ever had, that were born alive?*" with its instruction, "*DO NOT COUNT STILLBIRTHS (children born dead*)" was ambiguous. They said it was unnecessary to use the word "*alive",* as the instruction specified that stillbirths were not to be included.

The high-income, middle-aged, White, female group said that the concept “child” needed to be explained, as different people might have different interpretations of this. A participant from this group stated: “*What is considered a child? At what age …?”*

The high-income, older, Indian, male group suggested that Statistics South Africa should use the term “gender” instead of “sex” in the questions, as this seemed more appropriate.

Two of the groups suggested that enumerators be especially well trained in explaining the child mortality questions as they are difficult. The high-income, middle-aged, White, female group said that the concepts “deceased’ and “household” needed to be either clearly explained or simplified, as respondents might not understand what was meant.

Two high-income groups (of different gender, age and population group) asked why stillbirths were not included and what the relevance was of the “*last child born”.* A participant from the high-income, middle-aged, White, female group indicated that to her asking specifically about the last born child was confusing. She said: “*I also thought, sort of, when you went over it … I thought, jeez, hang on, what have I missed here? You know there is too much - this was simple, the first bit I understand but this last bit…... But this, the relevance of the last born child, I just don’t get.”*

3.4.2 Privacy and confidentiality

Participants were asked to think if people in their community could object to answering these questions from a privacy and confidentiality perspective. It was noted in the focus group discussions that questions on child mortality seem to be more sensitive than questions on other types of mortality.

3.4.2.1 Privacy

Only four of the groups indicated that they did not think that respondents in their community would object to answering these questions from a privacy perspective. The majority of the groups indicated that respondents would object.

Three female groups and one male group (of middle-income and different population group and age group) indicated that people should not view these questions as an invasion of privacy. The middle-income, young, Coloured, female group pointed out that when a baby is born in a hospital or clinic, the mother is given a card and that is not private. It gets passed around to nurses who are strangers to the mother, so why should it be a problem when an enumerator, who is also a stranger, asks the mother these questions?

The middle-income, older, Coloured, female group stated that it should be law that all census questions should be answered. A participant from the low-income, middle-aged, Tsonga female group said, *"… when you don't share your feelings with others, it kills you at the end but when you share your feelings with others you have discussions and it ends up easing the pain with someone's views. So it is good to share your feelings."*

The reasons why the other groups thought that respondents in their communities would object to answering these questions from a privacy point of view revolved around a few similarities. The Indian, male groups and the middle-income, older, Venda, female group stated that child deaths affected people more than any other type of death. Answering these questions would bring back sad memories which people would want to avoid. The low-income, young, Venda, male group also said that this was an extremely personal topic which you would not want to discuss with a stranger. A participant from the high-income, young, Indian, female group said, "… y*ou see, when it comes to children, the death of a child is so much more sensitive than any other death. So I suppose if someone goes to a household where a parent has just lost a child, they are going to find it very difficult to answer the question, and they might not be very accommodating to it."*

The middle-income, young, Xhosa, male group stated that the rate of objections to answering this question would depend on how the child had died and also if the mother had lost more than one baby. This was also the opinion of a participant of the high-income, young, White, male group who said, "*The fieldworkers will now ask if someone was stillborn and then you ask how many; and say there was more than one, then she will feel very bad about the fact that there was more than one baby that was born dead. It makes it a very uncomfortable situation."*

Both Xhosa groups indicated that if the woman had an abortion, she would not want to answer these questions. A participant from the low-income, older, Xhosa, male group said, "*If you have aborted your child intentionally, it will be very difficult to answer that question. A more suitable way of asking such questions should be found in order to get truthful responses.*" A participant from middle-income, young, Xhosa, male group said "… *Yes, to a question about abortion, a person may not be truthful in answering, although some may have had abortions for valid reasons."*

It was also stated that if a child had a sex change, the respondent would also not want to answer these questions. This was mentioned by a participant in the high-income, young, White male group: "*I am now going to say a very funny thing, but what about those … he was born as a boy but from nine years old he had a sex change and now he is a girl. Now, I just want to know*?" How sex changes (in this case that of the respondent) would affect responses, was also discussed in the high-income, middle-aged, White, female group:

“The whole issue is confusing from the beginning especially if you have had a sex change.”
“It is however going to be minimal though of the population.”
“Yes, but it is still relevant.””

The middle-income, middle-aged, Coloured, male group suggested that the only way to deal with this issue is training the enumerator to be very sensitive when asking these questions. The high-income, young, White, male group and the high-income, middle-aged, White, female group also suggested that the enumerator should ask these questions of the relevant woman only, and that this should not be done in the presence of the other members of the household. This may facilitate more honest responses.

3.4.2.2 Confidentiality

Six groups, mainly of higher income said that respondents in their communities would not object to the questions from a confidentiality perspective. It was stated that if the respondents knew the purpose of the questions, they would not have a problem responding to them. The enumerator should, however, stress that responses are confidential.

The high-income, old, White, male group said that communities should realise that Statistics South Africa needs to collect relevant statistics of the country: *“People asking the questions are not interested in him, instead they just want the stats.”* This group also said that respondents would not buy into the matter if they do not understand it. It is important for respondents to understand that their responses are confidential and are used for the common good.

Those groups that did indicate that people in their community would object to answering these questions from a privacy perspective gave a variety of reasons. As with privacy, the middle-income, middle-aged, Coloured, male group stated that people do not trust enumerators and fear that they might fuel gossip in their communities. They also indicated that these questions are too personal for them to be shared with a third party. The middle-income, young, Xhosa, male group said that in the case of abortion, the respondent would not answer these questions. The high-income, middle-aged, White, female group indicated that if people have not registered the child’s birth, they would also not comply. The low-income, older, Xhosa, male group said that females are known for their secrecy and confidentiality on issues relating to children and abortion. A participant from the middle-income, middle-aged, Coloured, male group said, *“… I think if my wife had a stillborn, I will easily create havoc if this stranger asks me questions. I will take out my frustrations on him. This person has pain and he is hurting and now someone asks these questions. I will stand up to this guy and give him a hiding.”*

3.4.3 Instances of death that may be missed in administration of the schedule

Participants from seven groups said that all relevant deaths would be accounted for by these questions. The high-income, old, White, male group said that there would be more accurate coverage of deaths if the enumerator communicates with the mothers themselves and not with the household head.

Two groups pointed out that any children that are missing and dead would not be accounted for. Participants from the high-income, older, Indian, male group provided examples to illustrate the extent of this:

> *"Kids missing that are kidnapped, and we are not sure…like there were six schoolgirls who went missing twenty years ago. The Haarhoff guy that was involved, a paedophile and nobody knows if they are still living. They recently found bones in Pretoria, and they are not sure if these are from the same girls that went missing. Kidnapping…"*
> *"Yah, but you don't know whether they are dead or alive, you cannot say for sure…like Madeline who went missing…the young girl."*

Another comment referred to the fact that these questions were only asked of women who were in the age category of 12–50. It could have been possible for a slightly older woman to have a baby. Her child would then not be captured.

Two female groups indicated that stillbirths should be included. The high-income, middle-aged, White, female group said that abortions should also be included. The middle-income, middle-aged, Coloured, male group said that in the case of divorced parents, if only one parent was asked, a death of a child might have been missed. The example used to explain this was that if the woman had a new partner, and he did not know that she had a child before, the child would not have been recorded in the form. Participants from this group also stated,

> *"It will be accurate if all people are honest even if there are loose (illegitimate) children."*
> *"It happens."*
> *"Loose children, divorced parents, men that don't remember their children anymore."*

The low-income, middle-aged, Tsonga, female group felt that if children were born at home and not in the hospital, mothers would not report them. The high-income, old, Indian, male group suggested that the deaths of many AIDS orphans might have gone unaccounted for as they had no parents to answer for them. A participant from this group stated, "*Now in South Africa we are having a problem at the moment. I have been in Botswana for the last fifteen years and we have had that problem there where you find the child is an AIDS-orphan, but the child also dies, but without any parents. So how does the Census deal with*

that particular child? There is no head of the family. It is an AIDS-orphan." The low-income, older, Xhosa, male group said that in the case of adultery, illegitimate children were sometimes killed and this would not be reported.

3.4.4 Specific comments on the measurement of maternal mortality

The middle-income, middle-aged, Coloured, male group indicated that the data requested in the question on the last child born would be hard for the head or the household to recall. The middle-income, middle-aged, Indian, male group was of the opinion that that question did not make sense as one hardly ever hear of a woman dying this way and that the question should actually be removed. These remarks indicated that respondents might not have realised the importance of the question and might refuse to answer it due to their lack of understanding.

The low-income, middle-aged, Pedi, male group pointed out that answering questions on pregnancy is difficult as a lot of younger women often do not know when they are pregnant. Should they therefore die, household members would not respond correctly to the question. A participant from this group added "… *the difficult one is that of women under 50 who die of pregnancy and related issues. In most cases women come to a late realisation about their state of pregnancy. If a pregnant woman passes away according to our culture, we do not disclose it. We still have room for confidentiality. You cannot ask these kinds of questions as we still view them as a taboo, especially if the woman was not married."*

(Also note further remarks in this regard under **Section 3.4.1**.)

3.5 Set of questions on parent mortality

Participants were then shown the set of questions on parental mortality used in Census 2001. They were asked to provide the definitions of "*biological father*" and "*biological mother*". Responses to the questions on the "*biological father*" and "*biological mother*" are used in indirect estimation of adult mortality, using the Paternal/Maternal Orphanhood Method. As with the Household and Child Mortality sets of questions, the participants were asked their opinion on the wording and the simplicity of the set of questions, issues of privacy and confidentiality and if any relevant instances of death could be missed in the administration of the set of questions. It should be noted that these census questions on parental mortality were answered for all people in the household, despite their age.

ASK OF EVERYONE	
MOTHER ALIVE **(P-14) (P-14a)**	**FATHER ALIVE** **(P-15) (P-15a)**
Is (the person's) own biological mother still alive? Y= Yes N= No D= Do not know Dot the appropriate box. Y N D **If YES:** **(P-14a) Who in this household is (the person's) mother?**	**Is (the person's) own biological father still alive?**Y= Yes N= No D= Do not know Dot the appropriate box. Y N D **If YES:** **(P-14a) Who in this household is (the person's) father?**

3.5.1 Interpretation of concepts

3.5.1.1 Biological father

The participants in the majority of the groups knew what a "biological father" was. In only three of the groups did the participants struggle with this concept. Participants in eight of the groups said that the biological father was the person whose sperm created the relevant child. Five groups indicated that the biological father is the person who *"made"* the relevant mother pregnant. Six groups expressed the same idea by saying that it was the person that the child shared DNA with. A participant from the middle-income, older, Venda, female group stated, "*The real father is the blood father … blood related. This is so because a woman may be married to another man and that man may be the stepfather and not the real father.*" Terms used by the various groups to describe the biological father included "own father" and "blood father".

One of the groups that had misconceptions about who a biological father was, was the low-income, young, Venda, male group. One of the participants in this group stated that "… a *man who has responsibilities in his family, particularly where he stays*. The middle-income, young, Pedi, female group described a biological father as the one who married the child's mother and who the child was told is his/her father. Participants from this group also said:

> *"According to an African perspective, we don't distinguish between the two (biological and stepfather). Western law brings in a thin line that distinguishes the two."*
> *"What if the man who is married to my mother was not fertile at the time I was born and my father or mother's cousin was asked to impregnate my mother, how do you then deal with this one?"*

Both the middle-income, middle-aged, Zulu, female group and the low-income, older, Xhosa, male group indicated that the biological father was the head of the family or household. A participant from the low-income, young, Venda, male group also stated "… t*he real father is only known by the mother."*

In the low income, older, Xhosa male group the participants explained further as follows.

> *"According to our African tradition the child will call that father the real dad, but with whites they will call him stepfather."*
> *"If I have fathered these children with my wife I am their biological father but if my wife came into the marriage with children of her own I will still be the child's father traditionally."*

3.5.1.2 Biological mother

The term "biological mother" was better understood than "biological father". Most groups stated that this was the person who gave birth to the child. Three black African and one Indian group said that this was the person who carried the child in her womb for nine months.

There were, however, a few misconceptions. The low-income, young, Venda, male group and the low-income, older, Xhosa, male group said that the biological mother is the female who took care of the child. The middle-income, middle-aged, Indian, male group and middle-income, middle-age, Coloured, male group questioned the difference between a surrogate mother and a biological mother and said that this would cause confusion. Surrogacy was also mentioned by the high-income, old, Indian, male group and the middle-income, older, Coloured, female group. A participant from the middle-income, middle-aged, Coloured, male group responded in the following way with regard to surrogacy: "*Yes, she gave birth but it is not her egg that they used."*

3.5.2 Wording and simplicity

Nine of the groups indicated that the questions on parental mortality were clear and straightforward compared to the two other sets. These groups said that questions were simple and people would understand them.

Two concerns were voiced by the young groups. They stated that not everyone would have understood the word "biological", as this depended on people's literacy levels. It was suggested that another word should be used, or that a definition of the word "biological" should be provided. A participant in the high-income, young, White, male group said *"… if there is something that I would add, I would add a description of a*

biological mother and father, because I am not so sure if everybody would know this, but one could explain." Both the Coloured female groups suggested the use of "own mother" and "own father".

The middle-income, young, Xhosa, male group stated that the question should be changed to also include guardian parents. A participant said *"… your biological parents are not the only people who can care for you."* These sentiments were also shared by a member of the middle-income, middle-aged, Zulu, female group, who said "… a*t times your stepfather or mother took good care of you when you were still young and take you as her real child and you don't know anything about your biological mother or father*." A participant from the low-income, young, Venda, male group indicated *"… the one [question] on biological mother is OK, but the one for biological father is where you are going to get lies".* Participants from the low-income, middle-aged, Pedi, male group said that they found the question on the biological father problematic. One of the participants stated: "*May I suggest the following. You remove the term biological and just use the term father only. The way it is formulated will cause trouble between you and the affected families. We have instances were women are married with children outside the current wedlock; if you come and ask the kids about their biological father you will create problems. Please remove the term biological."*

3.5.3 Privacy and confidentiality

3.5.3.1 Privacy

Nine of the groups stated that they do not think that people in their community would object to answering these questions from a privacy perspective. The participants said that there could be no objection as the questions are straightforward. The middle-income, older, Coloured, female group indicated that they see these questions as natural questions as we all have to die one day.

The majority of the groups did, however, believe that even though the questions were simple to answer, there would still be respondents who would object to answering them. The middle-income, young, Xhosa, male group and the middle-income, young, Pedi, female group said that respondents would object if they had secrets. This view was also shared by the high-income, middle-aged, White, female group who said there would be issues with regards to privacy *"… if the milkman has been around and the father does not know that he is not the father*." The middle-income, middle-aged, Zulu, female group raised the concern that if a respondent was raised by someone besides his/her biological parents, s/he might choose not to answer. This could be for personal reasons or even due to the plain fact that s/he might not know if the parents were alive. Participants from the low-income, middle-aged, Tsonga, female group illustrated this as follows:

> *"The child might find it difficult to disclose that the one who raised him or her is not the real mother. She or he might feel she or he is betraying the relationship to strangers and if the one*

who takes care discovers it there will be a fight between them. So she or he better hide the real information. Even if his or her mother died she or he knows me as a mother (the one who took care of her or him after the real mother died).”
“I support what they are saying; it is not easy to disclose this information. To say ‘this not my real mother’ - it might betray the relationship.”

The middle-income, middle-aged, Coloured, male group also indicated that some respondents might object. An example which was used to illustrate this point was that it was possible for someone to have just found out that their mother was not their real biological mother and hence this person might have refused to answer the questions. Participants from this group shared the following responses:

“Just say the people that you thought were your mother and father, you just recently found out they aren’t your parents. They are not your father and mother.”
“It can become a scandal.”
“You don’t want the community to know you are an orphan”

Participants from the low-income, middle-aged, Tsonga, female group also said the following with regard to this issue.

“It might happen - to maintain privacy - because the mother is the one who knows the real father of her children and she may not want to disclose the real father - I can lie by saying he is the real father as he is taking care of me, but nevertheless the child finds out the truth when he/she grows up - that this is not a real father. So I can’t disclose this, because the man will run away.”
“We as a group who attended this session might find it easy to disclose, but those in the community might find it difficult to disclose private matters. For example, in our Shangaan tradition, a woman can give birth to a child and die, so the sister of that woman or the closest relative takes and raises that child, with the child growing up knowing and saying this one is my mother. So he will be afraid to disclose to people that she is not the mother. He grows up hiding the truth from people. Even if people might disclose it, he cannot say this one is not my real mother. So it is not easy to get the exact answer.”

The low-income, older, Xhosa, male group indicated that cooperation would have depended on the level of education of the respondent. If it was an educated respondent then he or she would give out information, but if the respondent is from *“a primitive home”* he or she might have a problem answering questions about fatherless children.

The middle-income, young, Pedi, female group linked unwillingness to respond to these questions to a lack of social services.

"Yes, we Africans don't have counselling whereas Whites have those services. We are not exposed to these kinds of things and pain lingers for a very long time, which ultimately causes a problem to us."
"We still don't trust certain services like counsellors, or people like social workers, especially social workers."

3.5.3.2 Confidentiality

Only four of the groups believed that respondents would not object to answering the questions on parental mortality from a confidentiality perspective. Two of the Indian groups said that the questions were fine and that there should be no problem. The middle-income, young, Xhosa, male group and the middle-income, middle-aged, Zulu, female group stated that the questions were not offensive and that respondents should cooperate as answering the questions would actually help them in the healing process.

Most of the reasons provided by participants for refusing to answer these questions due to confidentiality concerns related to trust of the enumerator. People do not want their neighbours to know what happens in their households.

A related reason identified by two White groups (middle-age and older) was that, if people are adopted, they might not know the status of their biological parents and thus would not be able to answer. The middle-income, young, Coloured, female group said that adoptive parents often raised their adopted children as their "own" and people in the neighbourhood would think that they are the biological parents. Respondents would not want to answer these questions for fear that the enumerator would divulge the information to others.

The low-income, young, Venda, male group said that culturally Venda people are very secretive and that they would not be wiling to give information such as that requested by the set of questions.

Participants from the high-income, young, White, male group referred to dynamics that relate to the relationship with the biological parent:

"Perhaps if you say you have something against your father. Say your father absconded."
"So you don't want anything to do with your father. You perhaps know that he is alive but you don't know anything else, then you might not want to talk about it, you are angry."

"So in your head you have written him off."

3.5.4 Instances of death that may be missed in administration of the schedule

Six of the groups felt that no relevant deaths would be missed out by this set of questions.

The middle-income, middle-aged, Indian, male group pointed out that not all individuals would know if their biological parents were alive. These respondents would have to revert to a "Don't know" response and these represent instances of death that may be missed.

Two of the White groups (young and middle-aged) indicated that if one was adopted and asked these questions, one would assume one's adopted parents to be one's biological parents and the responses would thus not relate to one's "real" biological parents. The high-income, old, White, male group pointed out further that some adoptive parents might not want their adopted children to know that they are adopted. Such children might therefore respond incorrectly to these questions.

The middle income, middle-aged Coloured male group illustrated another possibility with an example. The group noted that if you were ashamed of your mother or father, for example, "… if the parent died of drinking alcohol you may not say this and their deaths will be missed."

3.6 Accuracy of proxy responses by the head of the household

Census questionnaires are either completed by an enumerator through an interview, or by a member of the household. It is most often the head of the household who either fills in the questionnaire or provides responses to the enumerator. The participants in the focus group discussions were also asked what they assess the impact of this arrangement to be in terms of accuracy. Often this question resulted in a dialogue between the participants on whether only the head of the household should fill in the form or if s/he should also incorporate other household members to assist.

The young Venda, Xhosa and Indian groups felt that the head of the household (whom they declared to be male in their communities) might give incorrect information as he might not know all the correct responses as they relate to all the people enumerated. They suggested that the *"wife"* should respond to the mortality questions as she would know more of what is going on in the house. Alternatively each member of the household should answer for themselves, as people might have secrets which they keep from others in the household.

The low-income, middle-aged, Tsonga, female group indicated that the chances of the head of the household getting responses right about women and childbirth were slim, and they should at least consult with others in the household.

A participant from the middle-income, young, Xhosa, male group stated, however, that *"… you are not going to get all information, because if I am the head of the household and I have my own secrets I am not going to answer honestly."* Participants from the middle-income, middle-aged, Coloured, male group indicated that the enumerator should definitely consult with more people than the head of the household. However, power politics in the household may play a role.

> *"If the head answers?"*
> *"It diminishes the quality."*
> *"Many people say I am the head of the household and they don't regard the wives as equal and then they will answer all the questions and even if they don't know the answers they will not want to ask her. You should also ask her but they wouldn't want to."*

The middle-income, middle-aged, Indian, male group indicated that if only one person answers the questions, there will be more consistency. This view was also shared by the high-income, old, White, male group who said that when one person would fill in the form, there would be accuracy and uniformity in interpretation. A participant from the low-income, middle-aged, Tsonga, female group said *"… you get truth when you ask the head of the family he will discuss the right information*." This group also suggested that the head of the household differs between communities and these differences should be defined.

Contrary to the groups already mentioned, the high-income, young, White, male group and the middle-income, young, Coloured, female group said that the head of the household in their community (usually male) know all the information about the household. They did, however, acknowledge there could be exceptions.

4. Themes, strategies and recommendations

4.1 Themes

The following themes that relate to the measurement of mortality are evident from the results of the focus group discussions. Some strategies to address the issues discussed under these themes are suggested.

4.1.1 Sensitivity and stigmatisation

The openness of respondents to questions that relate to a case of mortality is to a great extent dependant on the cause of death of that particular incidence. When the cause is natural, people are more open to speak about it, as opposed to deaths through accidents, violence or other traumatic events, including suicide.

The census form asks about deaths in the last 12 months, i.e. it asks about deaths when the respondents are still recovering from their loss. This makes it difficult for them to speak about it. Deaths of children are thought to be the most sensitive.

Respondents do not seem to be sensitive about common, “respectable” illnesses, such as heart attacks. However, deaths due to HIV/AIDS are highly stigmatised and respondents may object answering or provide inaccurate information. These deaths are seen to “reflect on” the entire household.

4.1.2 Culture

Some participants indicated that they are prevented culturally from speaking about death. Specifically, two cultural obstacles in this regard were mentioned:

- Cultural codes of secrecy on matters relating to death;
- Belief systems in which witchcraft plays a dominant role, where speaking about death may invoke negative forces.

4.1.3 Concepts used in questions

Some participants indicated that specific concepts may confuse respondents. Examples of these were “household,” “deceased”, “child” and “biological father/mother”. In-depth discussions proved that these perceptions are indeed based on fact.

The risk of such confusion was linked by the participants to the respondent's literacy, level of education and disability status. It was, however, clear from the limited testing of the participants' understanding of concepts that such confusion manifests itself at all levels of society.

Also linked to this theme is the need to use simple and clear language throughout the census form.

4.1.4 Understanding of method and respondent cooperation

The focus group discussions showed that at least some respondents attempt to evaluate the census form based on their understanding of how data may or should be used. Some participants, for example, questioned the use of specific reference periods in the sets of questions that were discussed. It was clear in the discussions that their perception of the importance of a census and their need to cooperate was linked to their faith in Statistics South Africa's methods.

4.1.5 Privacy, confidentiality and respondent cooperation

The focus group discussions clearly showed the strong influence these considerations have on respondent cooperation.

4.1.6 Impact of the enumerator on respondent cooperation

Participants stated that enumerators are often impolite or disrespectful, especially when they are young. It was also stated that female enumerators are not as friendly as male enumerators.

The White and Indian groups said that they would feel more comfortable and safe with enumerators from their own community. Participants from the Coloured and Black African groups stated, however, that they would prefer enumerators from communities other than their own. This preference was related to issues of privacy. They felt that an enumerator from their own community would gossip with others in the community. Many participants also stressed that enumerators need to understand the census form well, including the concepts used and should be trained to assist respondents who need help.

4.2 Strategies

Sensitivities with regard to the mortality schedule of questions should be addressed through:

- publicity campaigns that stress the importance of measuring mortality in censuses;
- publicity campaigns that stress the confidentiality of responses;
- high awareness of confidentiality requirements under staff and strong enforcement of these;
- training of enumerators on the circumstances under which particular questions may be sensitive and equipping them to reassure respondents;

Solutions suggested by the participants to resolve issues that relate to specific concepts were:

- the use of effectively trained enumerators who are able to explain concepts;
- the provision of clear definitions; and
- the use of alternative, more easily understood words where possible.

The role of the enumerator in ensuring quality responses to questions on mortality is a critical factor. Careful consideration of the feedback of participants in this series of focus groups as well as the respondents of the Census Publicity Research Survey (2005) should inform the recruitment and training of our enumerators.

To accommodate the need on the part of some respondents for the validation of Statistics South Africa's methods and to ensure that Statistics South Africa obtain the full cooperation of such respondents, basic information should be available to them on how census data is processed, analysed and interpreted. Furthermore, simple changes in method might be fruitful in obtaining respondent cooperation, though inconsequential, but for its effect on respondent understanding. For example, the question "*Did (the person) die from an accident or violence?"* led to a lot of feedback from various participants. They insisted, even after attempts were made to explain that this was not necessary, that deaths from other circumstances would only be accounted for if other categories such as natural causes, old age and suicide were added to make the list comprehensive.

4.3 Recommendations

The strategies listed in **Section 4.2** will contribute to a higher level of compliance by respondents and will thus result in an improvement of the quality of the data.

Apart from specific concepts which should be explained to respondents during enumeration, the focus group discussions did not lead to an identification of an alternative schedule which has to be tested through

a quantitative process. It therefore seems that the problems in data quality that were identified in Census 2001 for the mortality schedule related to operational issues such as publicity and training.

Table 4.1 gives further evidence to support this conclusion. This comparison between the imputation rates of Census 2001 and Community Survey 2007 for the mortality schedules shows a marked improvement for Community Survey 2007.

Table 4.1: Percentage records with no imputation – Census 2001 and Community Survey 2007

	NO IMPUTATION	
Field	**Census 2001**	**Community Survey 2007**
Female Children Dead		100,00
Male Children Dead		100,00
Total Children Dead	98,09	100,00
Last Child Born Still Alive		99,40
Mother Living		99,06
Father Living		98,31
Was Pregnant When Died	81,85	84,23
Cause of Death	94,80	99,64
Month of Death	96,24	98,24
Year of Death	94,80	95,47
Age of Death	92,24	99,39

Based on these observations it is concluded that there is no need for a follow-up quantitative content research study on the mortality schedule. Furthermore, it is recommended that the schedule of mortality questions used in Community Survey 2007 should be adopted for Census 2011, leaving the possibility for some minor adjustment based on the recommendations of this report with regard to concepts, wording and simplicity.

Although the Community Survey 2007 included a question on maternal mortality, it is recommended that the maternal mortality schedule should be further investigated in the 2008/9 census research cycle, given the challenges posed by diverse cultural factors.

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