






-  Royal Bafokeng Administration
-  Roads
-  Regional Boundaries
-  Rivers
-  Villages

Map of the Royal Bafokeng Nation

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Self-perceptions of health

To measure people's general opinion about their personal health



How would you describe your health?



Nearly 90% of participants who were non-Bafokeng reported that they perceived their health to be excellent or good. Just over three quarters (78%) of Bafokeng reported their health to be excellent or good, and a further 20% reported their health to be fair. In general, people appear to be very positive about the state of their personal health.

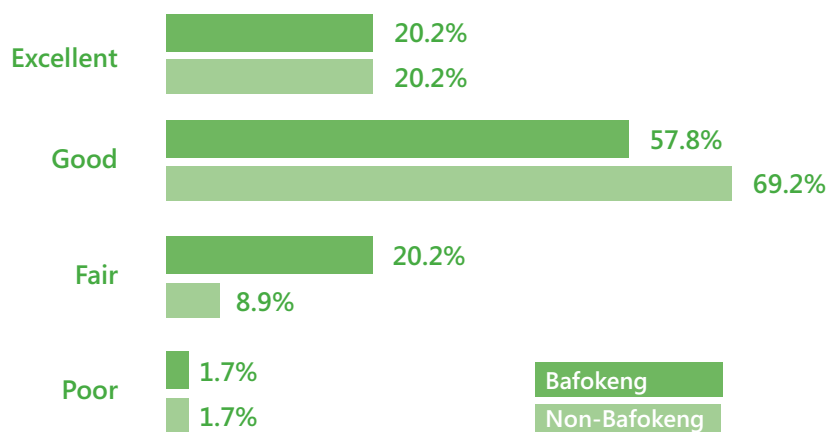


Figure 1: Self-perceptions of health by Bafokeng/Non-Bafokeng

There are no significant differences by gender.

Body Mass Index

To establish the Body Mass Index of a weighted sample of the population

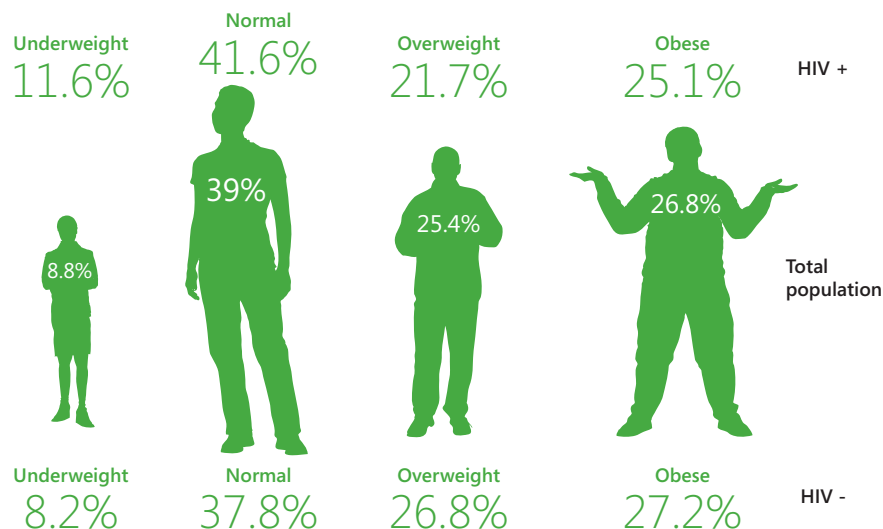


Figure 2: BMI

Of the respondents who tested HIV positive, nearly half (46.8%) were participants who are considered overweight or obese. Similarly, of those who are HIV negative, over half (54%) are considered overweight or obese.



The World Health Organisation classifies BMI in units of measure of kg/m², calculated by the Centre for Disease Control's sex-specific index-for-age percentile charts. The bodyweight of respondents was measured using the BS06 (Beurer Medical) personal weight scale. Weights were rounded to the nearest 0.5 kg.

Reported and measured medical conditions

To see whether people's perception of their health – specifically regarding diseases – align with the reality of certain common diseases



Do you suffer from... (Various diseases listed)



	Weighted Frequency	Weighted Percent
Heart Disease	2 449	2.7
Stroke	1 372	1.5
Arthritis	2 138	2.3
Obesity	2 828	3.1
Hypertension/high blood pressure	14 818	16.2
Diabetes	4 130	4.5
Tuberculosis	3 473	3.8
Pneumonia	195	0.2
Cancer	185	0.2
Depression	1 514	1.7
Asthma	1 142	1.2

Table 1: Self-reported illnesses

The most common self-reported disease among adults in the Bafokeng area is hypertension (16%) followed by diabetes at 5%. TB was next at 3.7% and is probably linked to the prevalence of HIV in the area.

Reported and measured medical conditions (Continued)

Table 1 (pg 2), shows the different self-reported illnesses by gender and ethnicity. During the study, participants' blood pressure was tested, as well as, cholesterol and blood glucose level. Results showed that nearly a quarter (22%) of participants had borderline high (13%) or high (9%) cholesterol. With regards to blood glucose level, 6% would be classified as pre-diabetes and 2% as having diabetes.

28% of the participants have hypertension and 21% severe hypertension, from a total of 50% suffering from some degree of dangerously high blood pressure.

Condition	Number self-reported	Percent	Number diagnosed	Percent
Obesity	20	3.1	191	26.8
Hyper tension/ high blood pressure	137	16.2	345	49.3
Diabetes	37	4.5	18 (+36 Pre-Diabetic)	1.7 (+5.8 Pre-Diabetic)

Table 2: Comparison of perceived illness with diagnosed illness

The table above is a comparison of the percent of participants who self-reported an illness and the percent diagnosed with the illness during the study.



There is a very high burden of disease due to hypertension in this community. This disease is known as the "silent killer" for good reason – it is often symptomless but greatly increases risk of cardiovascular disease including heart attack and stroke.



Not much can be made of the diabetes test, which was not done under fasting conditions, and was also a single blood-test.

This section was based on respondents aged 18+



For the diabetic and pre-diabetic diagnosis we used the ADA guidelines of 7.8=11.1mmol/l and >11.1mmol/l respectively.

Who is consulted, when ill

To establish whether people in the RBN make use of traditional or Western-trained medical practitioners

Q Who do you consult when ill? (Options given)

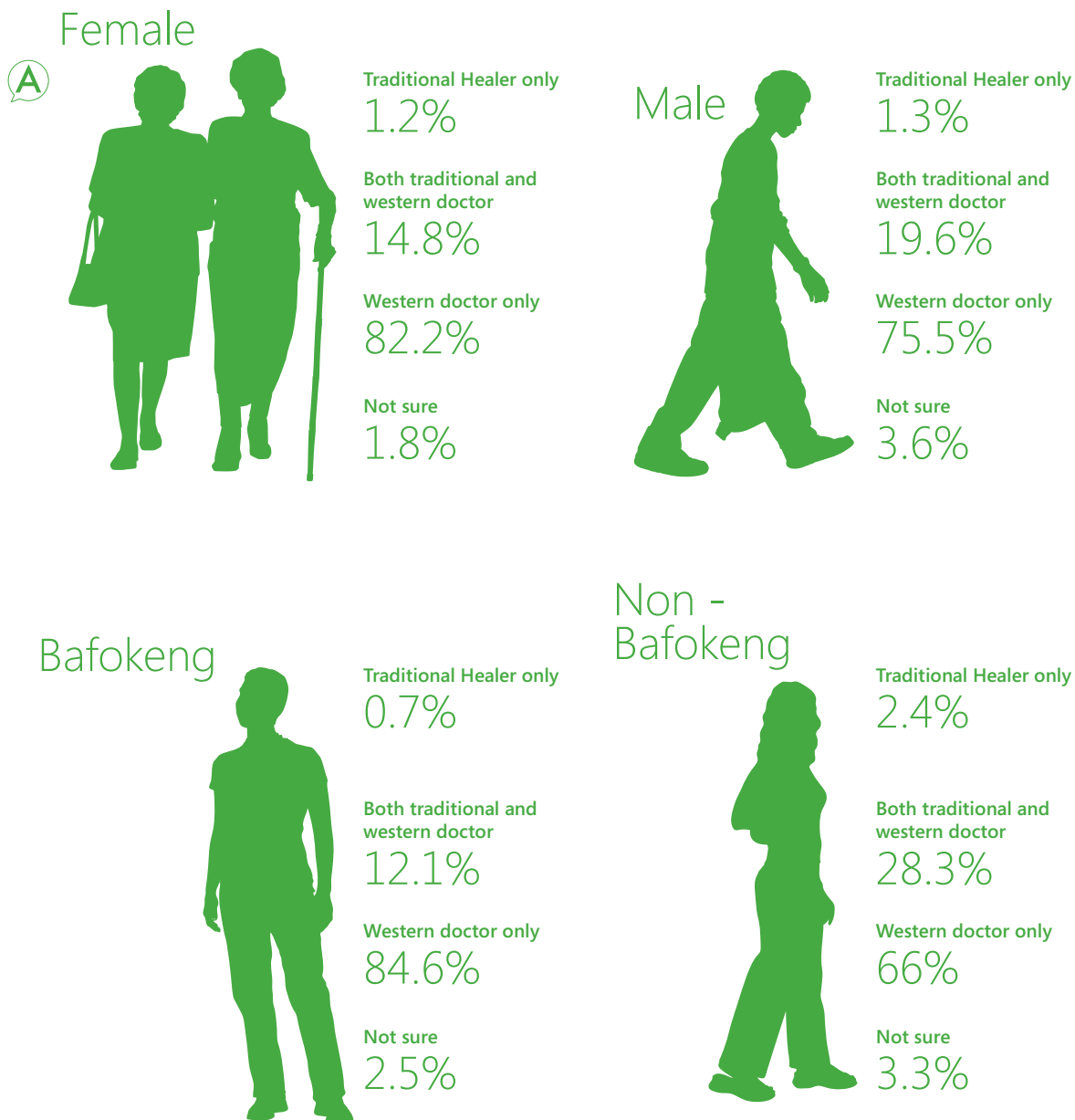


Figure 3: Consult when ill

Almost three quarters of participants claim that they only consult Western doctors, but 1 in 5 will consult both a traditional healer and a western doctor. This finding shows the important role of traditional healers in this area.

Participants who are Bafokeng are more likely to consult a western doctor only whereas a higher percentage of non-Bafokeng consult both a western and traditional doctor.

Consult when ill (Continued)



Where do you go most often for healthcare?



	Weighted Percent
Public hospital	40.8
Private hospital	6.6
Public clinic or doctor	51.1
Private clinic or doctor	10.3
Mine hospital	6.0
Traditional healer	0.7
Other	1.0

Table 3: Places where respondents regularly obtain health care

The great majority of adults (almost 92%) depend on state services for their health care. Almost 1 in 5 will also occasionally use private health services.



This question was asked to respondents by a nurse, dressed in their nursing uniform. Shame or uncomfortability with admitting to visiting traditional healers introduces a bias into this question. People may therefore have under-reported visiting traditional healers.

Reliance on regular medication

To establish the proportion of adults taking regular medication, and to see where residents of the RBN go to get their medication.



Are you taking regular medication?

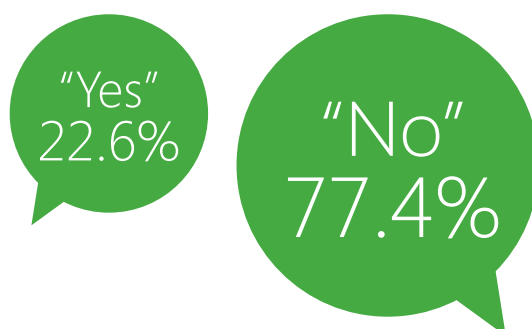


Figure 4: Percentage of people taking medicine on a regular basis

	Weighted Frequency	Weighted Percent
Government Clinic or hospital	74 865	81.7
Private clinic or hospital	13 879	15.1
Pharmacy/chemist	12 511	13.7
Shop/Supermarket/cafe	913	1.0
Garage/filling station	122	0.1
Spaza shop	539	0.6
Shebeen/tavern/hotel	0	0
Other	1 396	1.5

Table 4: Places where respondents regularly obtain medicine

Just less than a quarter of the adult population is taking medicine on a regular basis. When respondents do require medicine, 4 out of 5 adults obtain their medication from state health facilities. The fact that 80% of respondents obtain their medicines from state health facilities may indicate a functioning state health service where people do not anticipate stock-outs or the unavailability of medications.



Respondents were not asked what medication they use. This may be anything from ARVs or blood-pressure medication to the regular use of painkillers.

Regularity of visits to health professionals

To see whether people generally take time to visit health professionals, and to get an indication of how often this happens.



When was the last time you went to see a health care professional?

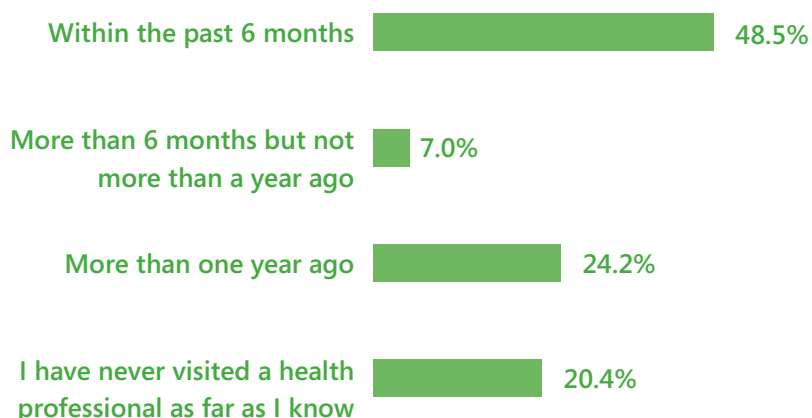


Figure 5: Time since respondent last went to see a health professional

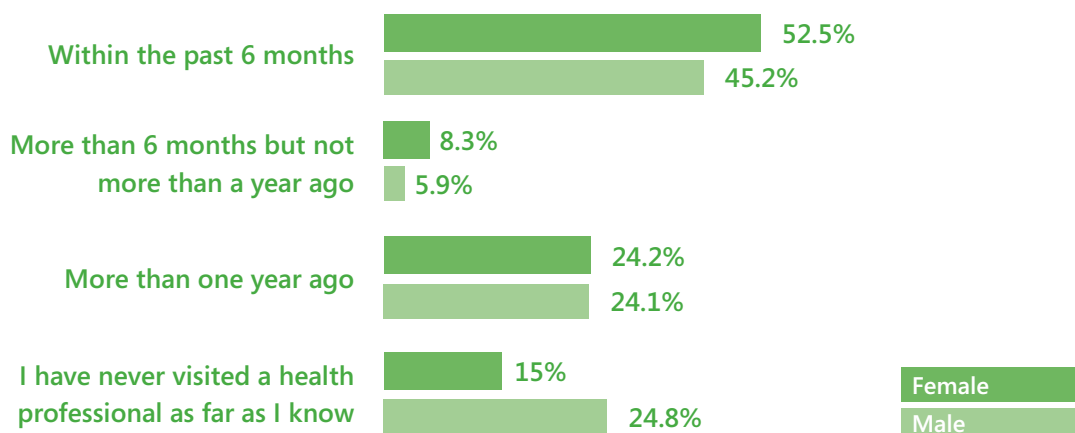


Figure 6: Time since respondent visited health professional, illustrated by gender

About half of adults have consulted a health professional in the past 6 months but one quarter of men claim never to have visited a health professional. Typically, women use health services more than men, but the gender differences are not very pronounced in the RBN.

The finding that almost 50% of people have seen a health professional in the last 6 months indicates a reasonably high use and easy access to services.

Frequency of hospitalisation

To establish the percentage of people recently admitted to hospital

Q Have you been hospitalised in the last 12 months?

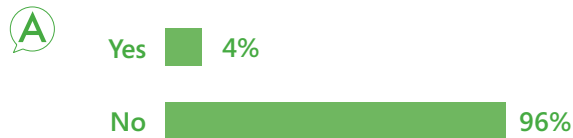


Figure 7: Percentage of respondents hospitalised in the past 12 months

Less than 5% of adults have been hospitalised within the past 12 months. Women (5.3%) were more likely than men (3.0%) to be hospitalised. Similarly, participants who were Bafokeng (4.3%) were slightly more likely than non-Bafokeng participants (3.6%) to have been hospitalised in the last 12 months.

! The differences between men and women or Bafokeng and non-Bafokeng are too small to be statistically significant.

Tuberculosis

To establish a self-reported figure of TB infection

Q Have you ever been diagnosed with TB?

A The table below shows the percentage of participants who have ever been diagnosed with TB. Less than one in ten reported “ever being diagnosed”. Here there were not significant differences between men and women. Participants who were Bafokeng were slightly more likely to report being diagnosed with TB (7% vs. 4.9%) but this was not significant.



Figure 8: Participants diagnosed with TB, self reported

Of the 35 participants who were diagnosed with TB, 28 underwent treatment and 5 of those are currently on treatment.

⚖ The World Health Organisation estimates that the rate of TB infection in South Africa is about 1%, which is significantly lower than in the RBN.

! These results were self-reported, and depended on the honesty and comprehension of the respondents.

Sexual risk behaviours

To establish sexual risk behaviours among the adult population in the RBN.



	Weighted Percent	Weighted Percent
Number of Male Partners ever had	Females	Males
0	3.3	91.8
1	26.6	2.2
2	16.4	1.1
>2	53.6	3.9
Number of Female Partners ever had		
0	92.6	4.8
1	4.3	24.4
2	0.0	8.4
>2	3.1	62.4
Number of Sexual Partners in the last 3 months*		
0	9.9	8.8
1	85.3	78.3
2	3.8	9.3
>2	1.0	3.6
Number of Sexual Partners in the last 12 months		
0	5.4	6.9
1	85.1	71.3
2	6.8	10.9
>2	2.7	10.9
Paid for Sex (Males only)*		
Yes	-	11.7
No	-	88.3
Received Cash/Goods for Sex (Females only)*		
Yes	3.3	-
No	96.7	-

Table 28 (continued)

	Weighted Percent	Weighted Percent
Condom Use at last sex	Females	Males
Yes	56.0	59.0
No	44.0	41.0
Ever had sex while under the influence of alcohol		
Always	0.5	0.0
Sometimes	14.1	33.6
Never	85.4	66.4

Table 5: Sexual behaviour of those who have ever had sex (filtered by sex in the last 12 months)

In the RBN, reported condom use at “last sexual encounter” was low, with a quarter of participants reporting having used a condom. Of those who used a condom at last sex, 86% were participants who reported they were single. The main reasons given for condom use were concern about HIV infection (94%) and wanting to prevent STI’s (87%). Condom use at last sex with non-regular partners was 66% which indicates that condom use is inconsistent even in high risk situations. Condoms are a highly effective and reliable means of minimising the transmission of HIV/AIDS in sexually active populations.



Over a fifth of males and one in ten females reported having more than one sexual partner in the past 12 months. This finding is consistent with similar studies (e.g. Shisana et al., 2008) that have shown that young males, in particular, tend to have more sexual partners than young females. This may be due to a higher level of social acceptability among males to have multiple partners and hence they are more comfortable reporting this.



About 5% of females and 13% of males admit to more than one sexual partner within the last three months, which indicates that they are probably having “concurrent” or overlapping sexual relationships. It is believed that sexual concurrency is a key factor driving the HIV epidemic in this region and individuals need to be made aware of the risks of this behaviour and how to manage it.

Certain groups are considered most-at-risk populations and include “men who have sex with men” and sex workers. These groups are often highly stigmatised and marginalised. In this study, around 7% of females admit to engaging in “transactional sex” (sex in exchange for money or gifts) in the last year. Around 4% of males and females reported ever having had a same sex partner.

Sexual risk behaviours (continued)

The following is an analysis of HIV Prevalence by various sexual risk behaviours, as reported by respondents.

	Total	HIV +	HIV+ weighted Percentage	CI
No. of Sex Partners in the last 12 months	259	77	24.1	17.8-31.7
None	26	5	14.8	4.9-37.0
One	202	61	22.3	16.7-29.1
Two or more	31	11	38.3	19.8-60.3
No. of Sex Partners in the last 3 months*	233	72	24.7	18.3-32.4
None	8	1	9.0	1.1-47.7
One	208	66	24.6	18.2-32.2
Two or more	17	5	32.4	12.0-62.7
Condom Use at last sex	216	67	25.1	18.5-33.2
Yes	110	34	22.4	14.2-33.6
No	106	33	28.7	18.8-41.2
Condom Use with non-regular sex partner	314	93	23.9	19.1-29.6
Yes	172	47	21.3	15.4-28.8
No	142	46	27.7	19.7-34.7

Table 6: HIV Prevalence by Sexual Risk Behaviour

Of those who have ever had sex, participants who had two or more partners in the past year were more likely to be HIV positive compared to those who had one or none (38.3% [two or more partners], 22.3% [one partner], 14.8% [none]). Those participants with multiple partners in the past 3 months were also more likely to be HIV+ (32.4%) than those who had one (24.6%) or no partners (9.0%). HIV prevalence among participants who used condoms during their last sexual encounter and last high risk sexual encounter was lower than those who did not use a condom.

Of the 8 males who reported having ever had a male sex partner, 25.6% were HIV positive, compared to 19.7% who reported never having had a male sex partner. Of the 6 females who reported receiving cash or goods for sex in the last year, 93.4% were HIV positive compared to 26.9% who had reported not receiving cash or goods for sex in the last year.



Table (previous page), is filtered on sexual activity in last 12 months

It should be noted that due to the sensitive nature of these types of questions a large proportion of respondents did not answer the following questions about their sexual behaviour, and these were therefore not included in the analysis.

Male circumcision

To establish the percentage of circumcised males living in the RBN, and attitudes around circumcision.



To male respondents: "are you circumcised?"
If "no", would you consider it if it is was free and safe?
To mothers of male children: is your son(s) circumcised?



	Weighted Frequency	Weighted Percent
Yes	15 378	30.4
No	32 906	65.1
Did not answer	2 253	4.5
Total	50 537	100

Table 7: Percentage of males who have been circumcised

	Weighted Frequency	Weighted Percent
Yes	14 328	43.5
No	14 785	44.9
Uncertain	3 793	11.5
Total	32 906	100

Table 8: Males who have not been circumcised who would consider it if it were safe and free

Male circumcision (continued)

Nearly a third of the respondents have been circumcised. A higher percentage of non-Bafokeng (52%) were circumcised, compared to Bafokeng (18%). Of those who have not been circumcised, 45% would consider it if it was offered for free and done under safe conditions. This is useful information in light of the national policy to make circumcision widely available.

	Weighted Frequency	Weighted Percent
Yes	4 057	9.9
No	27 965	68.0
No Male children in household	9 095	22.1

Table 9: Households with male children who have been circumcised



There is increasing evidence that male circumcision reduces the risk of men contracting HIV (Siegfried et al., 2005). Three randomised controlled clinical trials were recently conducted in different African countries, and results showed that incidence of HIV infection in men assigned to the circumcision arm were respectively 51% (Uganda), 53% (Kenya) and 60% (South Africa) lower compared to men not circumcised.

After the Kenyan trial, a 42 month follow-up showed even greater protective efficacy resulting in a 68% reduction in risk of HIV acquisition (Bailey et al., 2008).

Nevertheless, when comparing HIV rates by men circumcised and uncircumcised, these findings are not statistically significant, and thus inconclusive.



Demographics of the sexually active population

To establish the characteristics of the sexually active population in the RBN.



Have you ever had sex?
Have you had sex in the past 12 months?



The below tables show that nearly 90% of men and women in the RBN have ever had sex. Of those who have had sex, nearly 85% have had sex in the last 12 months. Adults aged 55 years or older were less likely to have had sex in the last 12 months with less than half reporting that they had had sex (43%).

	Weighted Percent
Gender	88.8
Male	89.1
Female	88.4
Age Group	88.8
18-24	79.8
25-34	88.0
35-44	94.0
45-54	94.2
Equal to or older than 55	97.7
Bafokeng/Non-Bafokeng	88.8
Bafokeng	87.2
Non-Bafokeng	92.1

Table 10: Percentage of respondents who have ever had sex

Demographics of the sexually active population (continued)

	Weighted Percent
Gender	84.4
Male	85.6
Female	83.0
Age Group	84.4
Less than 25	93.8
25-34	97.7
35-44	88.3
45-54	83.4
Equal to or older than 55	42.5
Bafokeng/Non-Bafokeng	84.4
Bafokeng	79.7
Non-Bafokeng	93.5

Table 10: Percentage of respondents who have had sex in the last 12 months

Participants who are non-Bafokeng were more likely to have had sex in the past 12 months (94%) compared to those who are Bafokeng (80%). Whilst the reasons for not having sex in the past 12 months may vary, it does show that so-called "secondary abstinence" does occur.



The second tables results were filtered by respondents who have ever had sex.

HIV prevalence

To establish the prevalence of HIV among people living in the RBN



HIV Status	Weighted Frequency	Weighted Percent	95% Confidence interval
Negative	69 411	75.7	71.1-79.9
Positive	22 243	24.3	20.1-28.9
Total	91 654	100	

Table 11: HIV Prevalence for RBN

The table suggests that HIV prevalence is high among adults living in the RBN with almost one quarter of adults being infected with HIV. This means that about 22 000 adults in this area are living with HIV.

	RBN	HSRC (North West Province)	ASSA (North West Province)	DHIS (2008/2009)		Antenatal clinic survey	
				(NW Province)	Bojanala District	(NW Province)	Bojanala District
Antenatal clinic Data			29.9%	22.6%	27.0%	30.0%	34.9%
Adults (15-49)	26.5%	17.3%	18.8%				
Adults (25+)	26.6%	17.3%					
Adults (20-64)	27.2%		19.9%				

Table 12: Comparison of HIV Prevalence Rates - age group (15-64 years)

HIV prevalence (continued)

HIV prevalence is higher in the RBN area than in the North West Province, according to a 2008 survey (Shisana et al., 2008). The survey showed that 17.7% of adults aged 25 years and older were HIV positive in the province compared to 26.6% of adults aged 25 years and older in the RBN. The 2008 ASSA model estimates the 2011 HIV prevalence in the North West Province for adults aged 20-64 years at 19.9% compared to 27.2% for the same age group in RBN. The National Antenatal Sentinel HIV & Syphilis Prevalence Survey showed HIV prevalence amongst 15-49 antenatal women was 30.0% in 2009 in the North West Province and 34.9% for the Bojanala District (DoH, 2010). Data from the 2008/2009 District Health Barometer reports ANC prevalence from the DHIS data at 22.6% for the North West Province and 27.0% for Bojanala District (Day et al., 2010).



Candidates selected by the Kirsch-grid, and a statistical weighting process, were asked whether they were willing to undergo an HIV test, under rules stipulated by Wits Medical Ethics Committee.

It has to be remembered that this study had a small sample size and so the 95% confidence intervals are fairly wide. This means that, whilst our best estimate of the overall HIV prevalence is 24.3%, it may lie anywhere between 20.1% -28.9%. This lower estimate is not too different from the HSRC study. Indeed, the HSRC estimate is 17.3% but the confidence interval is 13.0% to 22.3%. This means, because the confidence interval overlaps, there is no statistically significant difference between the HSRC and the RBN HIV prevalence estimates.

The HIV prevalence in Bojanala is significantly higher than for NW as a whole, and as RBN falls within this district, it is not surprising that the HIV prevalence in RBN is higher than that for the NW.

Substantial proportions (27%) of the participants in this study were from informal settlements where the HIV prevalence was 48%. It is well established that prevalence is higher in these areas than in formal areas. It is possible that there was some overrepresentation of those living in informal settlements and that skewed the results upwards. HIV prevalence in those living in formal areas is 18% which is much more similar to what the HSRC estimated. It is also possible that the HSRC study undersampled people in informal settlements because these are much more difficult to sample when doing large national surveys.

HIV prevalence is highly heterogeneous which means that it varies considerably depending on geographic area, population groups, and the existence of HIV transmission "hot spots" such as mines and transport hubs. For a variety of reasons, the HIV prevalence may be higher in this localized area in comparison to the district or the province.

The analysis was conducted on 626 adult (18+ year old) participants (from our sample of 662) as 36 participants did not take an HIV test and were, therefore, dropped from the analysis.



Confidence interval: In statistics, a confidence interval is a particular kind of interval of a population parameter and is used to indicate the reliability of an estimate.

HSRC: Human Sciences Research Council
ASSA: Actuarial Society of South Africa

Demographics of HIV positive people

To determine the characteristics of HIV positive people living in the RBN

	% HIV Positive	Confidence Interval
Gender		
Male	19.3	14.7-25.0
Female	30.3	24.0-37.6
Age Group		
18-25	14.0	8.1-23.2
25-34	25.7	18.8-34.2
35-44	36.1	28.0-45.0
45-54	28.4	18.6-40.9
Equal to or older than 55	11.8	6.1-21.8
Marital Status		
Married	17.6	11.6-25.8
Living together but not married	53.6	36.3-70.0
Single	23.8	18.7-29.7
Widower/Widow	14.2	6.3-28.9
Separated	0.0	-
Divorced	20.8	4.5-59.3
Formal/Informal Areas		
Formal	18.3	14.6-22.7
Informal	48.3	38.1 - 58.7
Bafokeng/Non-Bafokeng		
Bafokeng	17.4	13.4-22.3
Non-Bafokeng	38.2	30.4-46.8

Table 13: HIV Prevalence by demographic factors

Demographics of HIV positive people

(continued)

The following thematic map illustrates the distribution of HIV prevalence:

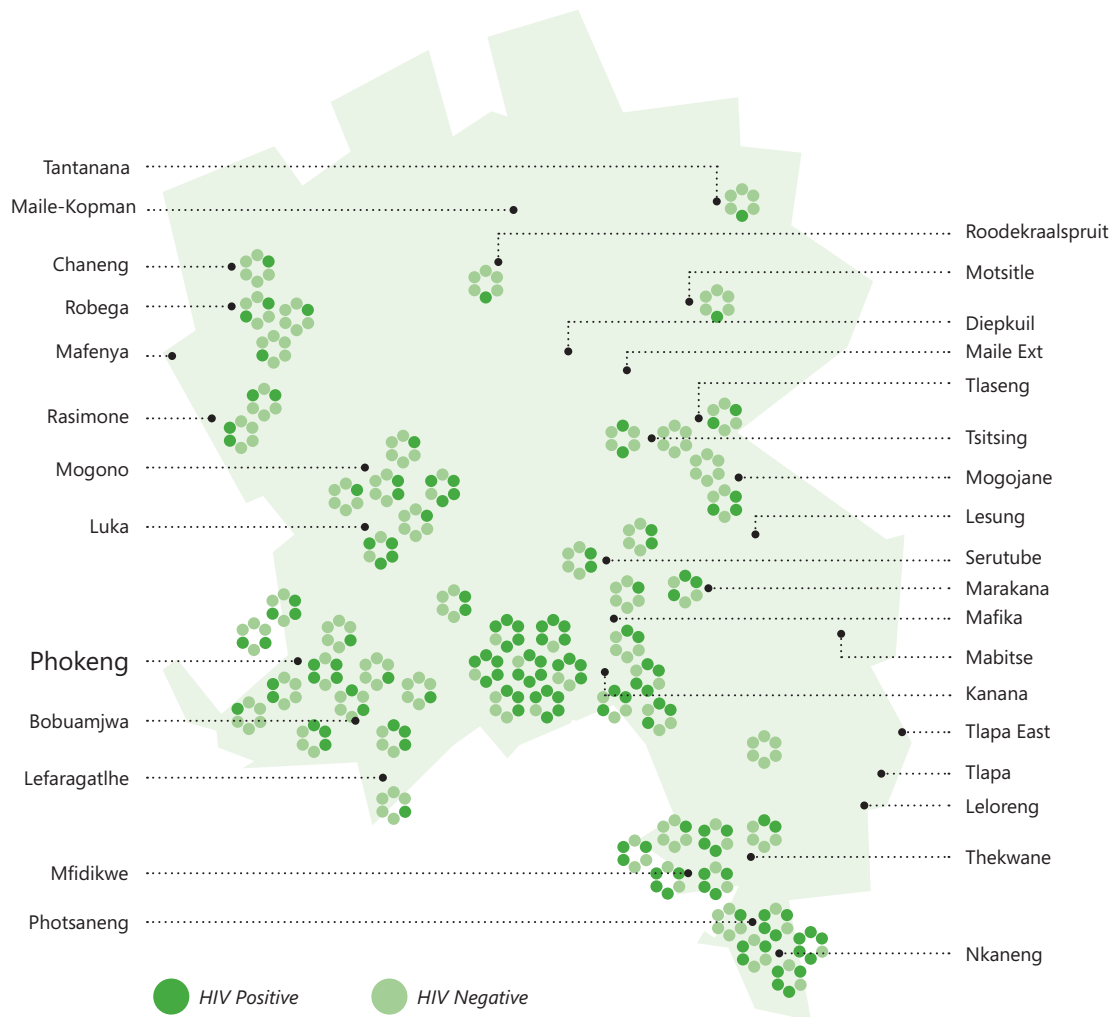


Figure 9: Distribution of HIV positive respondents

The informal settlement areas are those with the highest concentrations however the areas in and around Phokeng also indicate concentrations.



More women than men are HIV positive which is typical of the distribution of HIV in SA although the differences are not usually this big (Shisana et al., 2008; Fraser-Hurt et al., 2011; Kincaid et al., 2008). The age distribution is also typical of the region. Few studies test adults over the age of 49 years but in this case we see that 12% of people over the age of 55 are HIV+ which indicates that this epidemic is not found only in the youth. With the roll-out of ARVs and decreasing mortality from HIV, it can be expected that the prevalence of HIV in the elderly will increase.

Many studies have shown that marriage is protective against HIV infection (Fraser-Hurt et al., 2011; Kincaid et al., 2008) and this study shows the same with the prevalence being highest among those co-habiting. At the same time, the mean age of marriage is increasing (Bongaarts et al., 2007; DoH 2007) and fewer and fewer people are becoming married and rather choosing to live together.

Of the 20% of participants who live in informal areas, over 90% are non-Bafokeng. In this study, almost half of participants who live in informal areas are HIV positive. This finding is not new and studies across eastern and southern Africa, including the 3 national HSRC studies in South Africa (Shisana et al., 2002; Shisana et al., 2005; Shisana et al., 2008; Connolly et al., 2004) have shown that people living in informal areas are particularly vulnerable to HIV infection, owing to the transient nature of life in these areas, the relative anonymity, the lack of social cohesion and parental control among other factors.



As a result of the small sample size, particularly when disaggregated, all the confidence intervals are large and few statistically significant findings can be made. Nevertheless, there are some important discoveries, and our findings speak fairly directly to similar studies, and to the demography of the region, particularly as a male-dominated mining area.

Previous HIV testing and trends

To establish whether adults living in the RBN know their HIV status, and if not, why?



Have you ever had an HIV test before?

If "No", why not?



	Weighted Percent	Weighted Percent
	Females	Males
Yes	74.6	61.5
No	23.8	37.1
Refused to answer	1.6	1.4
Total	100	100

Table 14: Percentage of respondents who have had a previous HIV test, by gender

	Bafokeng	Non-Bafokeng
	Weighted Percent	Weighted Percent
Yes	64.7	72.8
No	33.5	26.3
Refused to answer	1.8	1.0
Total	100	100

Table 15: Percentage of respondents who have had an HIV test by Bafokeng/non-Bafokeng



The above figures show that women were more likely than males to have had a HIV test. There appears to be a higher rate of HIV testing in RBN area compared to the rest of South Africa. In a 2008 National Community Survey (Shisana et al. 2008), 43% of males aged 15+ had had an HIV test and 57% of females aged 15+ had had an HIV test in South Africa.



The national survey also reported that 24.1% of males and females aged 15-49 in the North West Province have had an HIV test and know their results. Unfortunately in the RBN study participants were not asked if they had received their results. It is not known how many of those who have had a test in RBN know their results.

	Weighted Frequency = 28 522	Weighted Percent
Did not know where to get tested	914	3.2
Did not think they had HIV	6 047	21.2
Not at risk for HIV	10 415	36.5
Trust their partner	3 741	13.1
Afraid to find out that they might be HIV positive	3 287	11.5
Not ready to have an HIV test	3 978	13.9
Concerned about confidentiality	510	1.8
Concerned about stigma, discrimination or rejection	1 549	5.4
Concerned about losing their job	167	0.6
Concerned about standard of service	128	0.5
Have not got around to it	4 510	15.8
Could not afford to have test	0	0
Other	1 248	4.4

Table 16: Reasons given by respondents who have not had an HIV test

The main reason given for not having an HIV test, is the respondents' belief that they are not at risk of HIV (36%), the belief that they do not have HIV (21%) and that they have not yet got round to having one (16%).



The national survey was conducted among adults aged 15 years and older, whereas the RNB survey was conducted on adults 18 years and older and this needs to be kept in mind when comparing the results.

Kgotla membership

To determine the percentage of people who associate with a Kgotla, disaggregated by Bafokeng and Non-Bafokeng.

Q Are you a member of a Kgotla?

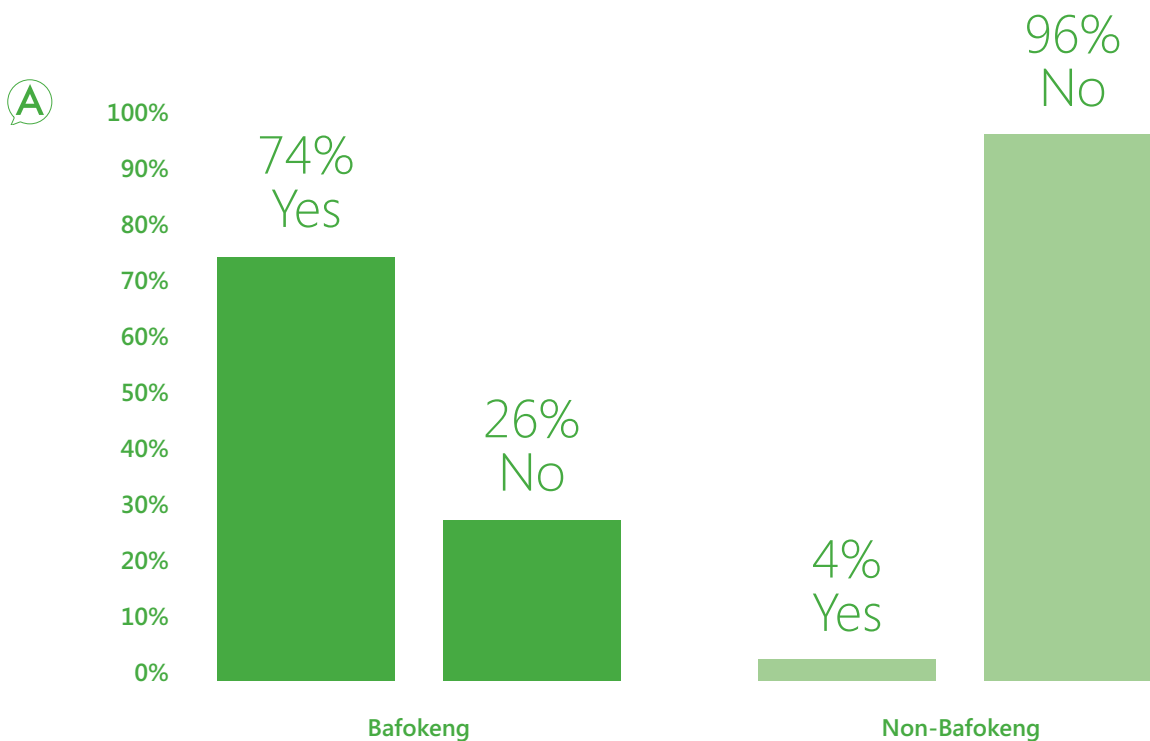


Figure 10: Are you a member of a Kgotla?

1 There are an estimated 47 000 adults (51% of the adult population) who say that they are a member of a Kgotla. Just fewer than 4% of non-Bafokeng adults claim to be members of a Kgotla, while 74% of adult Bafokeng say that they are members of a Kgotla.

2 Formally, a Kgotla is defined as “a Kgoro, Clan or a Ward, which is a traditional and customary structure, without locus standi (a distinct and independent legal personality), which consists of of a Kutle (a Sub-Clan) or more, and is headed by a Kgosana (who is often assisted by a Khuduthamaga) in a defined jurisdiction, such as a geographic area or village” (RBA legal department).

Kgotla usage

To determine the main function of the Kgotla and the types of “cases” they handle, as reported by Bafokeng



Do you use the Kgotla for gathering essential information about the community or the nation?

Do you bring disputes to the Kgotla?

Do you use the Kgotla for gathering essential information about the community or the nation?



Of those who are members of a Kgotla, 92% say that they use the Kgotla to gather information about the community or the Nation. The vast majority of members (85%) say that they take disputes to the Kgotla.

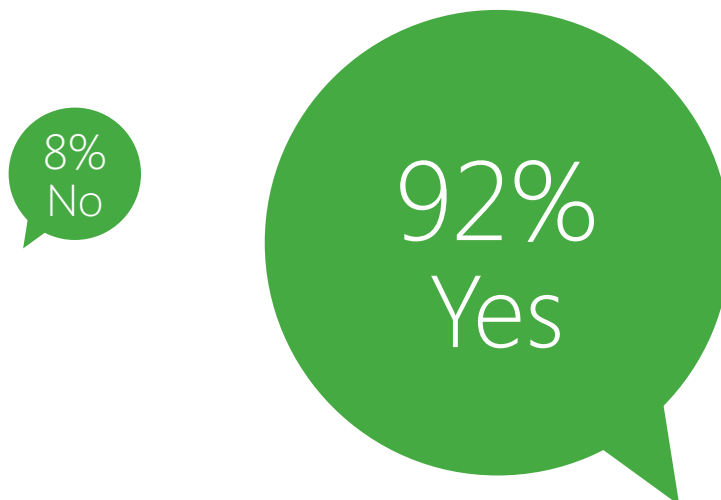


Figure 11: Use the Kgotla to gather community or Nation information*

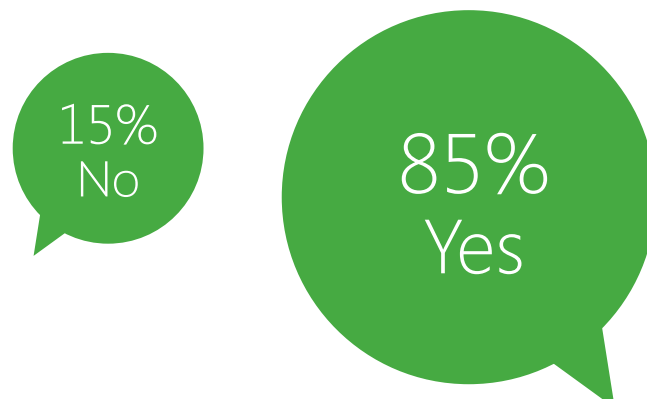


Figure 12: Do you bring disputes to the Kgotla?

Kgotla usage (continued)

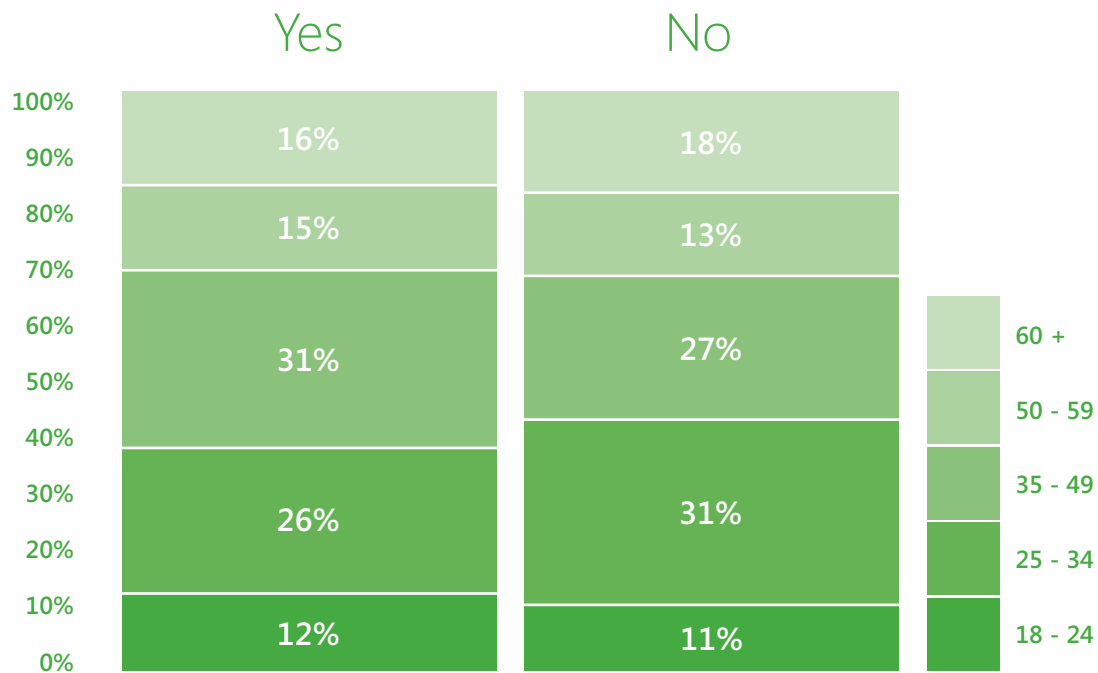


Figure 13: Gather information about the community or nation by age group



The above findings were only considering answers from respondents who indicated that they were actually members of a Bafokeng Kgotla, and thus, filtered-out responses by non-Bafokeng.

Knowledge and trust of leadership

To establish the extent to which community members know and trust their leaders.



Awareness and trust in leadership	Bafokeng	Non-Bafokeng
Know the name of your local Bafokeng Councillor		
Know the name	25%	4%
Don't know the name	75%	96%
Trust your local Bafokeng Councilor to represent your interests		
Yes	91%	100%
No	9%	0%
Know the name of your Kgosana		
Know the name	87%	7%
Don't know the name	13%	93%
Trust your Kgosana to represent your interests		
Yes	92%	93%
No	8%	7%
Know the name of your Kgosi		
Yes	98%	23%
No	2%	77%
Trust your Kgosi to represent your interests		
Yes	91%	89%
No	9%	3%
Know the name of your local Rustenburg Councilor		
Know the name	9%	4%
Don't know the name	91%	96%
Trust your local Rustenburg Councilor to represent your interests		
Yes	73%	60%
No	27%	40%

Table 18: Awareness and trust in leadership

Overall, only 18% of adults know the name of their Bafokeng councilor; however when viewed from a Bafokeng/non-Bafokeng perspective, 25% of adult Bafokeng know the name whereas only 4% of non-Bafokeng know the name of the Bafokeng councilor. There is high trust among those who know the name of their Bafokeng councilor with 92% of those adults who know the name, saying that they trust the person to represent their interests.

Knowledge and trust of leadership

(continued)



Only 8% of adults know the name of the Rustenburg councilor and of these people, 30% say that they do not trust the councilor.



91% of Bafokeng and 89% of non-Bafokeng trust Kgosi to represent their interests. Base numbers for non-Bafokeng are extremely small, as with numbers knowing the Bafokeng councilor of the area in which they live.

Political participation

To determine what percentage of the adult community voted in the last election.



Did you vote in the last general election?

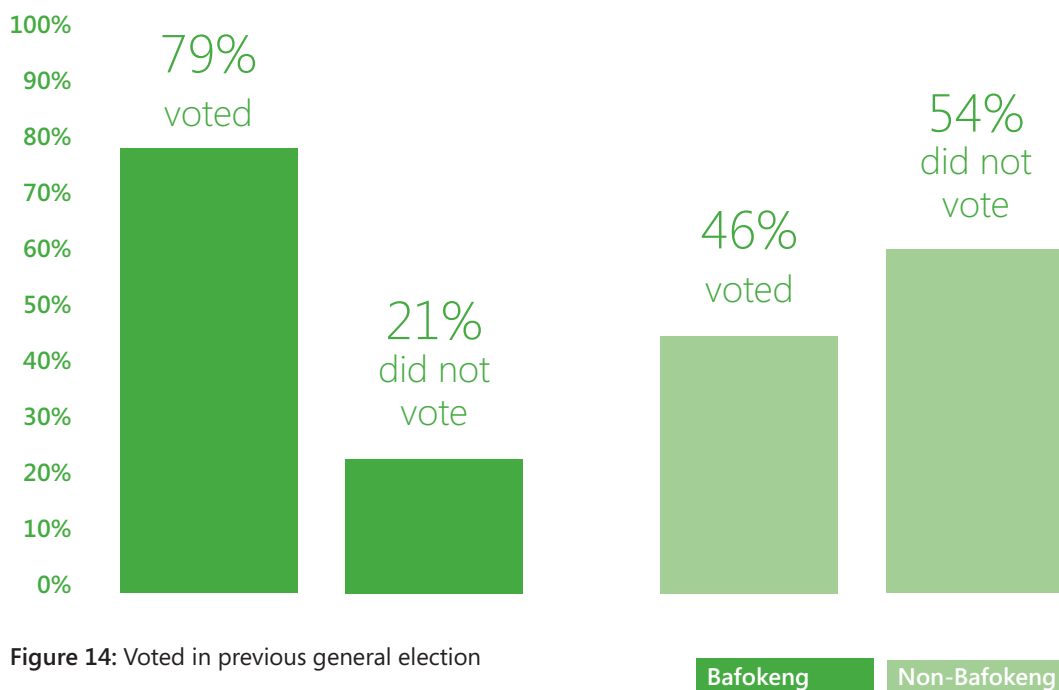


Figure 14: Voted in previous general election

There appears to be significant political awareness and involvement in the territory with around 68% of adults claiming that they voted in the last general election.

When broken down by Bafokeng and non-Bafokeng the percentage of Bafokeng that voted in the general election stands at 79% and the percentage of non-Bafokeng at 46%.

I According to the Independent Electoral Commission, the national turnout for the 2011 Local Municipal elections was 57.64%, about ten percent lower than the reported RBN turnout (although this does not necessarily reflect the RBN turnout in the same elections).

Access to mass media

To establish how people living in the RBN obtain their news.

Q How often do you do the following to obtain news? (Options given)

A From our sample, 70% of adults say that they obtain their news by watching television every day of the week, while 19% say that they never watch television.

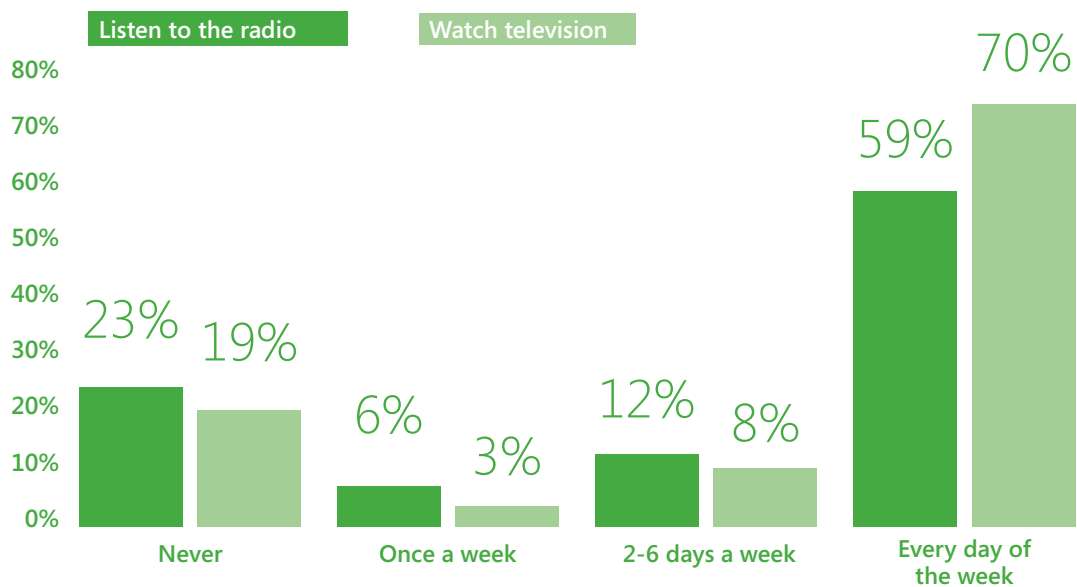


Figure15: Obtain news from Radio or Television

I Newspapers lag a long way behind television and radio as a news channels with 20% of adults saying that they read newspapers every day of the week.

Historical documents in household

To establish the extent to which there are records of the history of the Nation kept within households.

- Q In this household, are there any old photographs, documents or maps documenting the history of the Bafokeng Nation?
- A About one third of Bafokeng adults claim that there are old photographs or documents recording the history of the Bafokeng Nation within their homes.

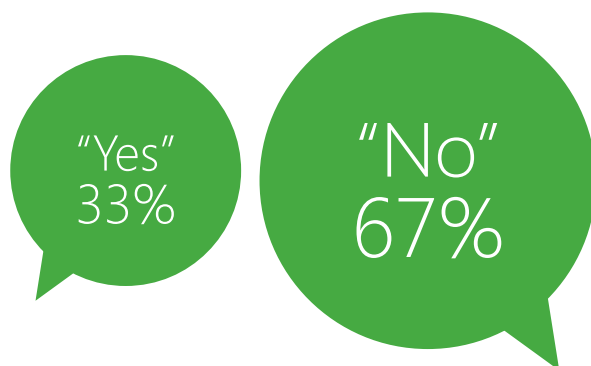


Figure 16: Household has historical documents of Bafokeng Nation.

- ! This question was filtered by Bafokeng respondents only.

Religious adherence

To establish the importance of formal religion among people in the RBN.



How important is religion to you?

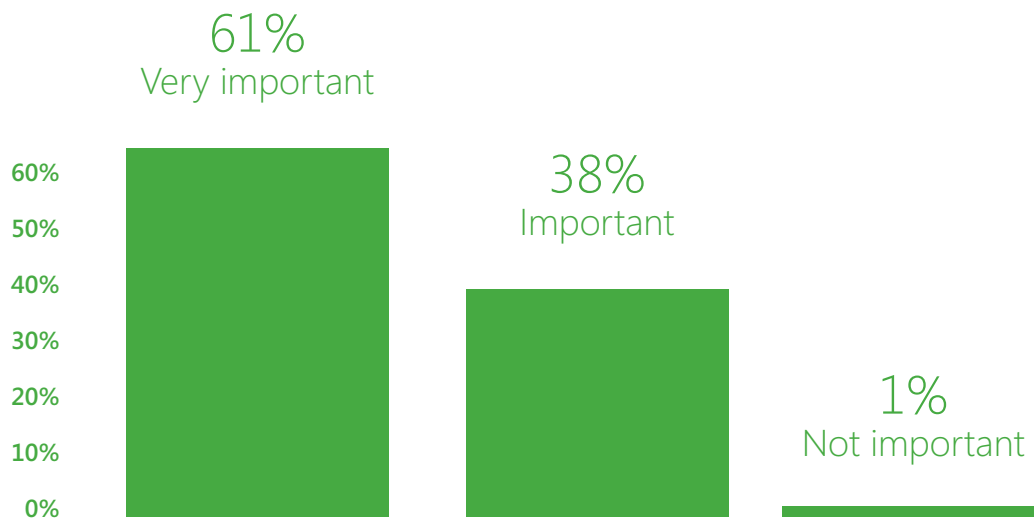


Figure 17: Beliefs in ancestors, Kgwenyape and plant protection

The high percentage of people who claim to be members of a faith or religion goes hand in hand with those who say that their religion is important to them. 99% of adults who say they are a member of a faith also say that their religion is “important” or “very important” to them.

Traditional beliefs

To establish adherence to selected traditional beliefs, as proxies for broader traditional belief systems



Do your ancestors have an influence on you when you make important decisions?

Do you believe in the existence of "Kgwenyape"?

Do you believe that the usage of certain plants, such as aloes, can help protect an infant?

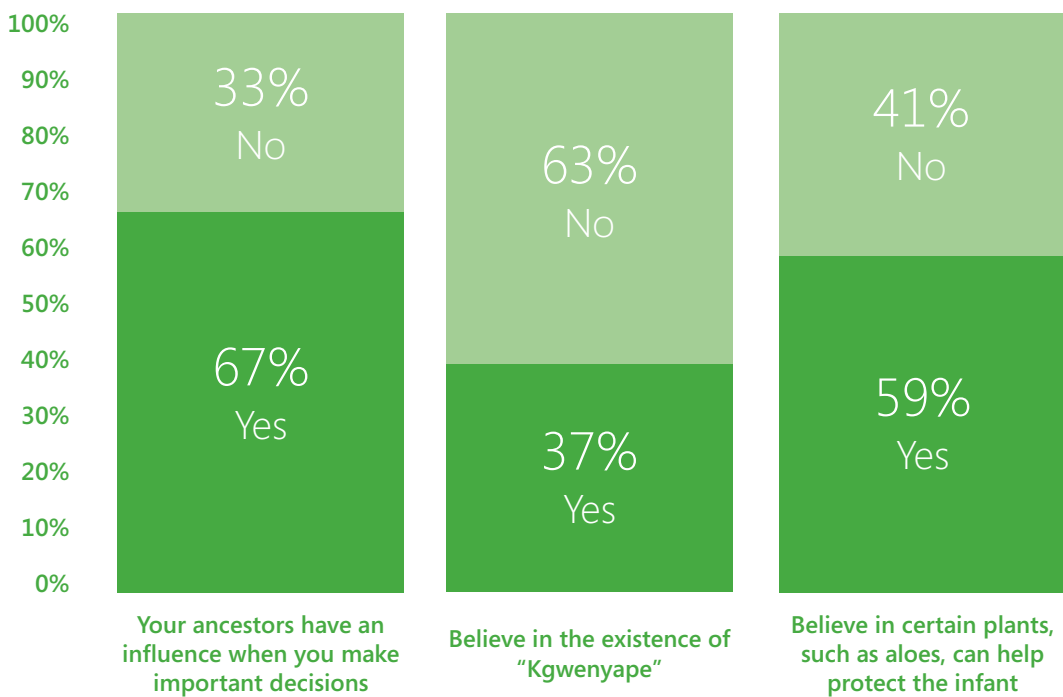


Figure 18: Beliefs in ancestors, Kgwenyape and plant protection

It appears that religion, ancestors and beliefs play an important part in life in the RBN.

Traditional and western belief systems coexist syncretically on RBN land. For example, 55% of adults who say that their religion is very important to them and also say that they consider their ancestors when taking important decisions.



Kgwenyape is a mythical snake reportedly inhabiting the Letamo la ko Kanana / Bospoort dam.

