WORLD POPULATION DAY IN THE CONTEXT OF 30 YEARS OF DEMOCRACY FROM A STATISTICAL PERSPECTIVE

Population and Social Statistics Branch

Statistics South Africa

October 2024

Embargoed until:
[Insert date and year]
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EXECUTIVE SUMMARY

The 30 years of democracy in 2024 coincides with the 30 years of the plan of Action of the International Conference on Population and Development (ICPD) which was signed in Cairo, Egypt in 1994. Further to this, the theme of the World Population Day for 2024 speaks to embracing the power of inclusive data towards a resilient and equitable future for all. In this light Statistics SA is happy to reflect on 30 years of statistical production in a democratic society and how the production of data related to demographic, population and social statistics speaks to the occasion of World Population Day of 2024 but also to the objectives of the Plan of Action of the ICPD. This volume attempts to paint a picture of some of the highlights of statistical production over the past 30 years but also to reflect on the changing statistical infrastructure that exists in South Africa over this period and to highlight some potential opportunities that we can take advantage of in future.

This report looks to reflect on the above on a thematic basis focusing on *general demographics* to be able to paint a broad picture as to how the demography of South Africa has evolved over time. These indicators go a long way to describing the story of South Africa over this time from a health and population dynamics perspective and to a greater extent give us a good indication of what a future South Africa can look like. The chapter on *population and health* follows which focusses on issues related to fertility, mortality and reproductive health bases on thematic reports that have been published in the past. The cover topic such as adolescent births, unwanted fertility, maternal mortality, neo-natal deaths as well as completeness of birth and death registration. The chapter on *migration and mobility* covers a quickly evolving subject matter in South Africa. This includes indicators related to migrant stock, country of origin of international migrants, indicators related to labour migration, remittances and internal migration. The next thematic chapter covers a variety of *socio-economic trends* which relate to employment, education, nuptiality, language and disability. The final chapter deals with the matter of the demographic dividend which encapsulates all of the themes covered in the report as well as an overview of how the data infra structure in South Africa has changed and evolved to what it is today.

I encourage readers to read this report and to appreciate the gains made over the past thirty years but also to acknowledge some of the challenges that lie ahead. I also want to underscore the relevance of the data collected, analysed and disseminated to global frameworks and in particular to the theme of the World Population Day of 2024 and the ICPD. Statistics SA will continue to pursue the production of quality population statistics that enable us to understand our population better and to inform processes that contribute to their governance from an evidence based perspective, so that no one is left behind.

Risenga Maluleke
Statistician-General

CHAPTER 1: BACKGROUND

World Population Day is an event that aims to highlight the importance and urgency of population issues. The day was established by the former governing council of the United Nations (UN) Development Program in 1989 because of the commemoration and the interest shown with the world population at 5 billion people in 1987. The first World Population Day was observed on 11 July 1990 and in December of the same year, the UN General Assembly resolved to continue observing this day in order to enhance awareness of population issues, particular as they relate to the environment and development. In South Africa, World Population Day is co-ordinated by the National Population Unit at the Department of Social Development very often in partnership with Statistics South Africa (Stats SA), who provides the statistical context to the theme of a given year.

Related to World Population Day in 2024 is the 30th anniversary of the International Conference on Population and Development (ICPD), which was held in Cairo in 1994 and which developed a Global Plan of Action to advance population development, particularly with regard to gender empowerment, sexual and reproductive health and rights as well as highlighting the importance of demographic trends in terms of planning and policymaking. Chapter 12 of the Plan of Action speaks about data collection, research and analysis. In this part it speaks of the need of governments to: (a) establish a factual basis for understanding socio-economic and population indicators in order to improve development of programmes, implementation, monitoring and evaluation; (b) strengthen capacity to seek new information in order to conduct research disaggregated by age, sex, ethnicity and location in order to not only implement programmes but to foster regional and global co-operation; and (c) to ensure political commitment to understand the need for data collection on a regular basis along with analysis, dissemination and full use of such data.

The World Population Day theme for 2024 is ***"Embracing the Power of Inclusive Data Towards a Resilient and Equitable Future for All"***. This theme speaks to various issues that are of importance to the objectives of this report. The first is that of the "power" of data, which refers to the ability of data to inform us of the dynamics of the population and of how there have been changes to it over time, and how this knowledge has the ability to transform communities if the data are used appropriately by decision-makers. Inclusivity of data speaks to the notion that when we collect data nationally and report on it as such, it is easy for vulnerable sub-groups to be lost in the background of such analysis. Intentional and deliberate highlighting of all groups in society is thus imperative as we collect data to inform policy and programmes to address developmental challenges across the board, but also with regard to such vulnerable groups. Equity speaks to the notion of gender equity in terms of aspiring towards a world of equal opportunities and empowerment of and for women in all facets of social life. Resilience not only refers to groups who had persevered and succeeded despite various challenges, but also to demographic resilience. These are countries who despite having an age structure that presented some challenges, such as having a population that was too young or too old, acknowledged the dynamics of their population and planned around it, taking advantage of the demographic structure to find solutions that would drive the country forward. All of these issues are hence combined into the celebration of World Population Day in 2024. Above all else, the message this year is to collect, share and make use of data that enable the country to make decisions and develop interventions that are based on sound evidence.

In the case of South Africa, we have a population that is typical of one in the latter stages of demographic transition, which is what many developing countries are going through. Population growth is mainly driven by fertility; South Africa has a total fertility rate of about 2,41. This means that on average a woman in the reproductive years of 15–49 has 2,41 children in her reproductive lifetime, provided that current patterns prevail until the end of their reproductive age. This has been declining over the years both in South Africa and the region as a rate, but has been quite stable in terms of numbers (about 1,1 million births per year).

In terms of deaths South Africa has been exposed to two pandemics in the past 25 years, those being that of HIV and COVID-19. Both have had significant impacts on the population, with life expectancy declining during the peaks of these pandemics but recovering very well in the periods prior and subsequent to these. South Africa experienced about 500 000 deaths per year in the period between 2011 and 2019, with an average of about 100 000 more in the COVID-19 years of 2020 and 2021 (550 000 and 700 000 respectively). South Africa is in a moment of recovery from the latest pandemic. With regard to migration, this has a negligible impact on population size but it certainly impacts age structure since most migrants are between the ages of 20 and 40. Migration can take on many forms, ranging with people changing country of residence over the long term as well as those who come for short periods for specific purposes. Internal migration has a far greater impact on population size and distribution, with Gauteng and Western Cape attracting the bulk of internal movements due to economic and educational opportunities.

In terms of growth, South Africa was growing at about 1,4% to 1,5% before the COVID-19 pandemic. This dropped to about 1% during the COVID-19 pandemic and is in the process of recovering towards its previous levels. These growth levels are in line with what is expected from developing countries.

Stats SA will continue to track and monitor population dynamics going forward and to ensure that the nation is informed of changing population dynamics so that any interventions impacting the people of South Africa are people-centred and reflect changes in the make-up of our population.

This report aims to bring together a reflection of the past 30 years of democracy from a statistical perspective along with the theme of the World Population Day for 2024. Further to this is the 30th anniversary as well of the ICPD which has to a greater extent resulted in the development of population policies at national level which looks to implement the plan of action which highlights the population development agenda. In addition to this, this report also highlights the first post-censal Mid-year Population Estimates, which provides various demographic indicators.

This report will look to provide an overview of progress made in terms of indicators but also reflect on the development of the statistical infrastructure in South Africa with regard to various population themes. A particular focus will be on how statistical systems have evolved over the past 25–30 years, but will also focus on the opportunities that lie ahead with relation to statistical production.

Chapter 2 deals with the population dynamics emanating from the mid-year population estimates – Stats SA's own demographic model which estimates population figures, but also provides demographic indicators at national and provincial level. Chapter 3 deals with issues of population and health as well as reproductive health, Chapter 4 will cover migration and mobility and related indicators and finally, Chapter 5 will deal with other population related indicators such as labour, income, nuptiality, education, language and disability. The report will conclude with a chapter on the demographic dividend and how social investments in the population will result in such a dividend. It will also reflect on current data infrastructure and the opportunities that lie ahead with respect to the future production of population statistics.

CHAPTER 2: DEMOGRAPHIC TRENDS

2.1 Introduction

This chapter describes population distribution, structure and profile over the past 30 years. In reviewing how South Africa has changed over the period of democracy 1994–2024, from a statistical standpoint, changes in key demographic indicators of growth, health, and dependency are discussed in detail. The evolution of population estimation and count are acknowledged, whilst challenges and opportunities for future developments in population estimation and assumption development are also discussed. Comparisons to the world, sub-Saharan Africa (SSA) and the rest of Africa are made to contextualise the South African experience over the last 30 years.

2.1.1 World population and South Africa over time (1994–2024)

World population estimates are derived using a cohort-component method as suggested by the United Nations (United Nations, 1992). The cohort-component method for projecting population (CCMPP) relies on incorporating the effect of changes in births, deaths and migration on different cohorts of a population over time (UNDESA, 2022). The World population has grown over time. However, the rate of natural increase, i.e. the difference between births and deaths over time, has declined over time. Over the past 30 years, the world population has grown from 5,7 billion in 1994 to 8,2 billion in 2024. According to the Mid-year Population Estimates (MYPE) 2024 release, South Africa's population has grown from 41,9 million to 63,0 million over 3 decades (see Figure 2.1). Between 1994 and 2024 the population grew at an annual average growth rate of 1,4%. As shown in Figure 2.2, approximately 51% (32,1 million) of the population is female.

Figure 2.1: Population over time, 1994–2024
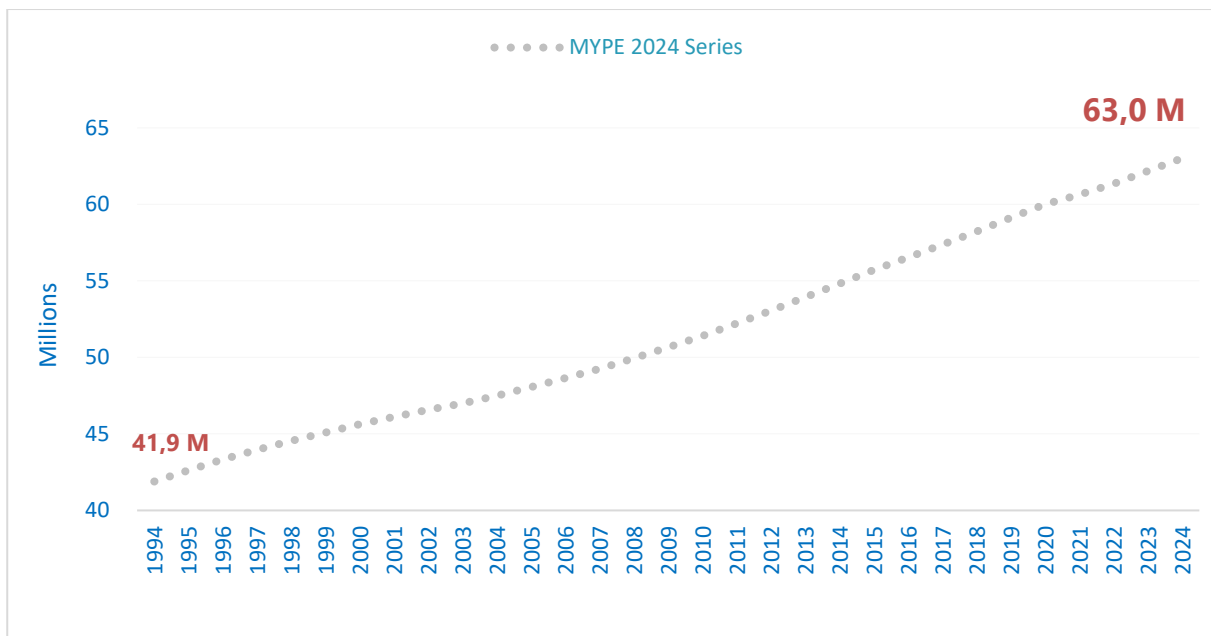
Source: Mid-year population estimates, 2024 series

Figure 2.2: South Africa's population by sex, 2024
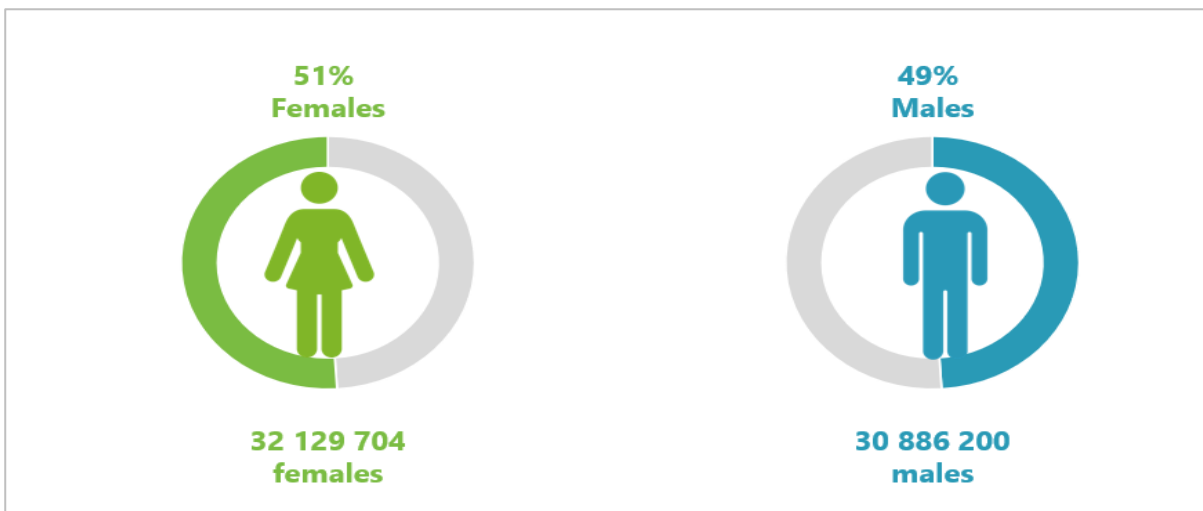
Source: Mid-year population estimates, 2024

2.2   Births, the main driver of population growth

The South African population is determined by 3 pillars of demography, i.e. fertility (births), life expectancy (deaths) and international migration. The cohort component method uses components of demographic change to project population growth. Using the cohort component method, 1,22 million births were added to the 2023 population, 550 000 deaths were deducted and 160 000 international migrants at net (in-out) were added to the South African population. The primary driver of population growth in South Africa is births. The South African population grew from 62,17 million in 2023 to 63,02 million in 2024. The estimates cover all the residents of South Africa at the 2024 mid-year and are based on the latest available information. Using the cohort component method, current and past population estimates as well as population projections can be developed.

Figure 2.3: Cohort component method of population estimation, 2023–2024
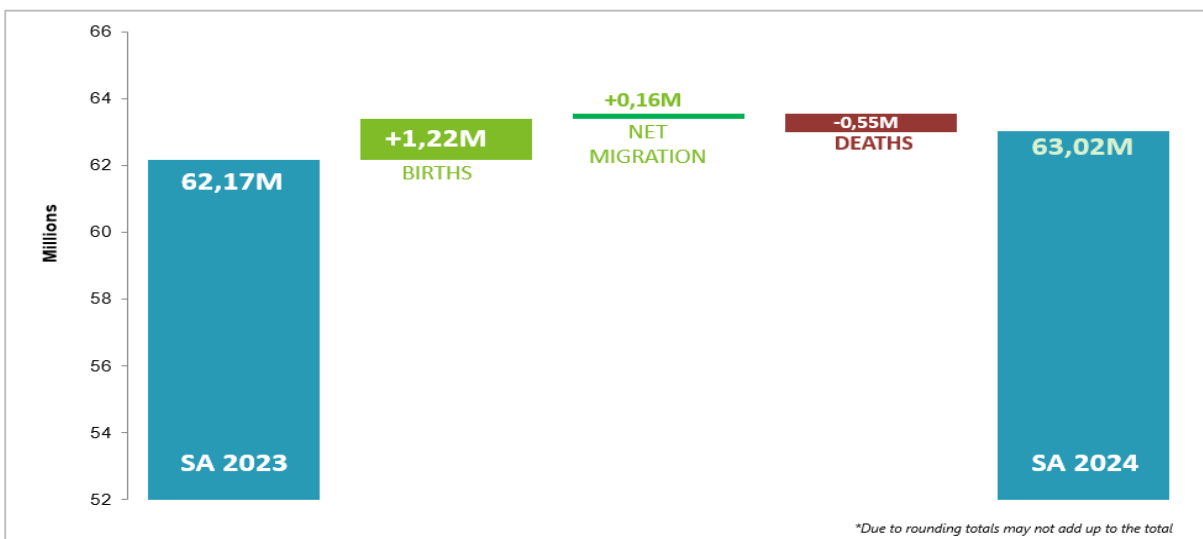
Source: Mid-year population estimates, 2024

Figure 2.4 describes the natural increase experienced over the last 30 years in South Africa. Given that births are the main contributor of population growth in South Africa, it is not surprising that the rate of natural increase (RNI), i.e. the difference between births and deaths, drives overall population growth on an annual basis.

Crude birth rate (CBR) declined between 1994 and 2003, due to the decline in fertility rate post-democracy. Post-2002 CBR increased annually, peaking in 2008. Between 2009 and 2024 there was a general decline in CBR, with a dip experienced in 2017. It is not uncommon for fertility and subsequently, CBR to fluctuate. Fluctuation can occur due to upturns and downturns of economic conditions, or as a reaction to experiences of mortality (Lee, 1997; Sobotka et al., 2011; Haknett et al., 2011).

The crude death rate (CDR), a measure of deaths per 1 000 population, increased from 8,9 (1994) to 14,4 deaths per 1 000 population in 2006. This is due largely to the devastating impact of the HIV pandemic experienced in South Africa over decades without lifesaving treatment. With access to HIV treatment and care, deaths due to HIV/AIDS declined dramatically over time, reducing CDR from 14,4 deaths in 2006 to 8,8 deaths per 1 000 people in 2020. However, within a span of a year, such gains in life were regressed due to the global phenomenon of COVID-19. Dramatically influenced by COVID-19 in the country, within just one year CDR increased to 11,1 deaths per 1 000 people in 2021. However, with access to COVID-19 treatment and vaccination uptake, CDR in the population declined to 8,7 deaths per 1 000 persons in 2023 and remained at 8,7 deaths per 1 000 persons in 2024 as further reduction in COVID-19-related deaths reached saturation levels.

The RNI indicates the great influence of births relative to deaths over the 30-year period. However, in the recent period 2020–2024, declining fertility and a dramatic increase (27,8%) in deaths in 2021 has seen the rate of natural increase in South Africa dropping drastically from 1,2% in 2020 to 0,9% in 2021. With a stable birth rate and a declining death rate between 2022 and 2024, RNI climbed to 1,1% in 2024. Whilst RNI often experiences gradual changes over time, the recent COVID-19 pandemic disrupted the RNI and several other indicators of mortality and growth over a very short space of time. It is evident that the overall growth rate (inclusive of migration) mirrors the rate of natural increase. Annual migration in South Africa contributes just a fraction of the overall growth rate that is driven by the RNI (see Figure 2.5). Net migration in South Africa has grown annually since 1994. Whilst there was an exit of many who did not believe in the vision of a democratic South Africa, migration into South Africa has remained positive, increasing annually between 1994 and 2020. The global lockdown measures as well as that of South Africa brought international migration to a halt, resulting in a significant decline in migration in 2021. The MYPE 2024 series has assumed a resumption in migratory patterns, almost reaching pre-pandemic levels by 2024 with an upward trajectory going forward. As more migration data come to the fore over time, migration assumptions will be revised accordingly. For more details regarding the assumptions on international migration, please see
https://www.statssa.gov.za/?page_id=1854&PPN=P0302&SCH=73952.

Figure 2.4: Crude birth rate, crude death rate, and rate of natural increase over time, 1994–2024
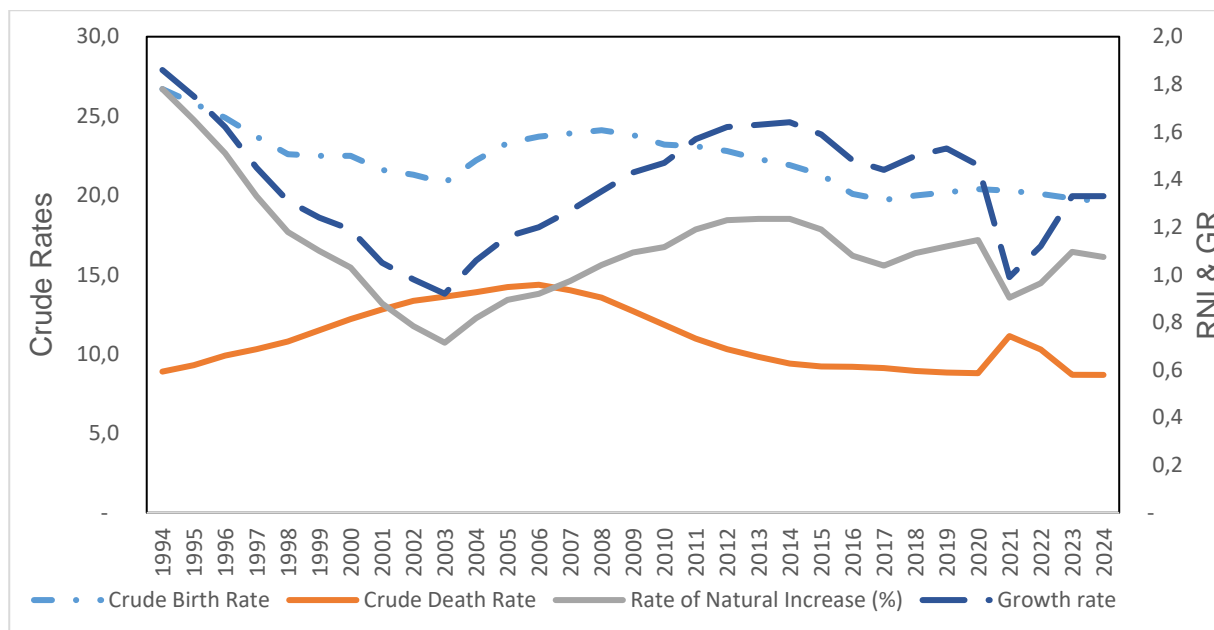
Source: Mid-year population estimates, 2024

Figure 2.5: Natural increase compared with overall growth over time, 1994–2024
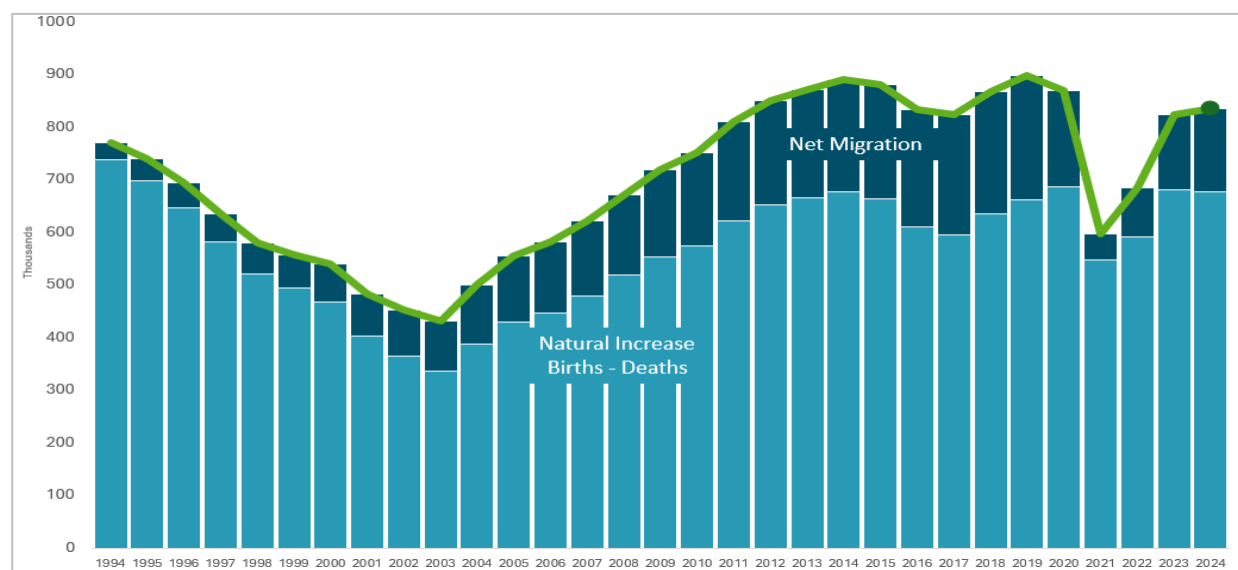
Source: Mid-year population estimates, 2024

2.3   Population resilience in the face of a pandemic

Whilst life expectancy at birth indicator is an important health indicator it should not be interpreted as a projection of an individual's lifespan but rather should be used to shed light on the cumulative burden of a crisis such as COVID-19 compared with recent trends. Over the last 30 years, the world as a whole experienced only one pandemic, which resulted in a significant decline in world life expectancy from 72,6 in 2019 and to 71,9 in 2020. The world LE at birth dropped further to 70,7 in 2021 before rising in 2022 to 73,3 years. For SSA, the LE at birth declined from 60,6 in 2020 to 60,1 in 2021 (Figure 2.6). The mortality impact of the COVID-19 pandemic on any region or country was dependent on several issues, including population age and sex

profile, the burden of disease, access to prevention and treatment, development, health care systems and government response strategies among others (Jones, 2023; Tai et al., 2021; Mbunge, 2020).

Since 1994 South Africa has experienced two pandemics. The decline in the LE at birth between 1994 and 2006 can be attributed to the impact of HIV and AIDS in South Africa. The expansion of health programmes to prevent mother-to-child transmission as well as access to antiretroviral treatment has contributed significantly to the increase in LE at birth since 2006. The impact of HIV and AIDS lasted decades in South Africa. In contrast, the second pandemic, both the first and second waves of mortality due to COVID-19, occurred in the year 2021 as well as the beginnings of the third wave in June 2021 (i.e. 1 July 2020 to 30 June 2021). This resulted in a significant decline in life expectancy within a year from 65,6 in 2020 to 62,7 years in 2021. Post-2021 deaths declined with the introduction and uptake of vaccination and improvements in health services. By 2023 life expectancy began to incrementally increase as deaths declined by 6,4% in 2022 and a further 14,4% by 2023. By 2024 life expectancy improved to 66,5 years. LE at birth in South Africa improved by 0,8 years for males (63,6 years) and 0,9 years for females (69,2 years) between 2023 and 2024.

Figure 2.6: Life expectancy at birth, world, SSA and South Africa, 1994–2024
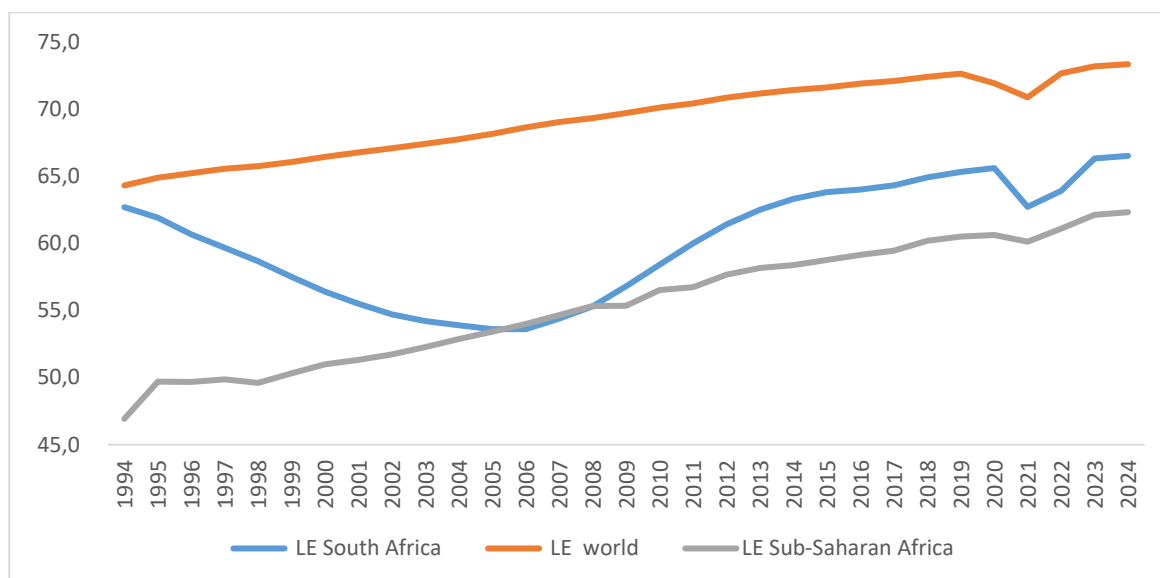
Source: Mid-year population estimates, 2024 and WPP, 2024

Infant mortality rate (IMR) is often used as an indicator of development in a country (Gonzalez & Gilleskie, 2017; Reidpath & Allotey, 2003; Sharifzadeh et al., 2008). Figure 2.7 shows the devastating impact on child mortality in the era of HIV and AIDS as well as the strides made in saving lives of infants and children in the past 3 decades. Between 1994 and 2006, the lack of treatment and care led to increased infant and under-5 mortality rate peaking in 2006 at 55,1 infant deaths per 1 000 live births and 78,2 under-5 deaths per 1 000 live births. With access to HIV prevention and treatment as well as other strides in health and living conditions, the infant mortality rate (IMR) has declined from an estimated 47,2 infant deaths per 1 000 live births in 1994 to 22,9 infant deaths per 1 000 live births in 2024. Similarly, the under-five mortality rate (U5MR) declined from 58,4 child deaths per 1 000 live births to 28,6 child deaths per 1 000 live births between 1998 and 2024. The IMR and U5MR shown in Figure 2.7 are based on the selected model life table and may differ to similar indices published elsewhere. Infants admitted to hospitals for COVID-19-related illness experienced a case fatality rate of 6,6% whilst those aged one to four admitted, experienced a case fatality rate of 3,0%. (NICD, 2021). The children sparing pattern of COVID-19, has thus far made no impact on child mortality levels in the country (NICD, 2021; Kang & Jung, 2020).

Figure 2.7: IMR and U5MR over time, 1994–2024
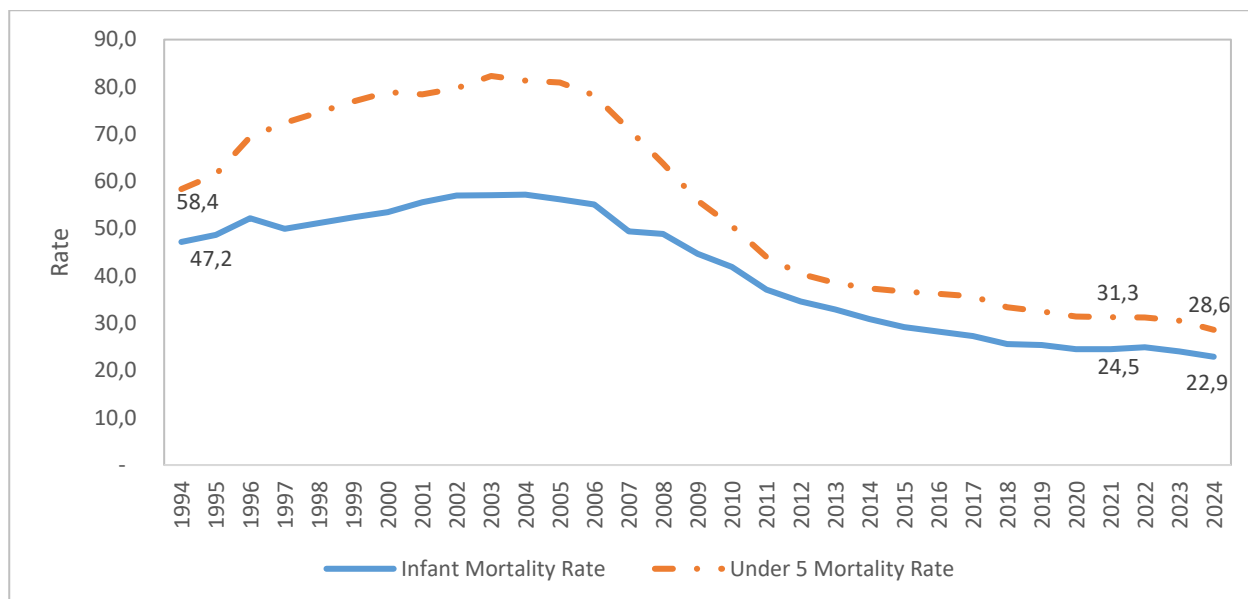
Source: Mid-year population estimates, 2024

2.4 Population age and sex structure over time (1994–2024)

Changes in births, deaths and migration impact the population age and sex structure over time. The population pyramid tells the historical story of fertility, mortality and migration on the population. The base of the 2024 population reflects the fluctuation in births seen in the last 3 decades in the ages 0–4, 5–9 and 10–14. The structure of the age group 15+ is not only a result of births occurring 30 years prior but also by the recent trends in mortality including the impact of the AIDS pandemic as well as the COVID-19 pandemic. It is well known that South Africa attracts migrants particularly from within the African continent and more especially from the sub-Saharan region. Migration is sex and age-selective with a higher number of males migrating internationally than females and those within the adult age 20–64. Migration over time is reflected in the change in the population pyramid's age and sex profile. Declining fertility and increased life expectancy will result in a shift in South Africa's population structure, moving from a youthful country to one with a far higher proportion of adults and older persons.

Figure 2.8: South African age structure by 5-year age groups, 1994 vs 2024
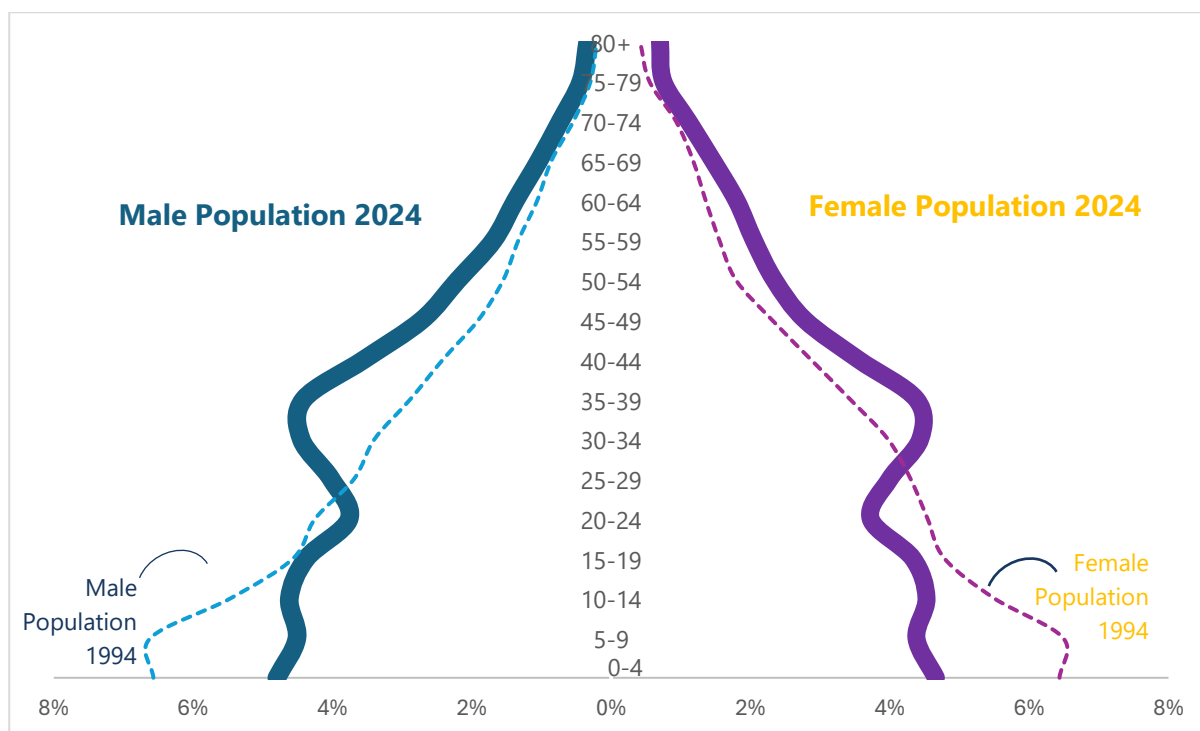
Source: Mid-year population estimates, 2024

Population pyramids are far more than mere graphic representations of the population by age and sex. Population pyramids tell us of our past demographic patterns of fertility, mortality and migration. It is also used to tell us of our likely future trajectory of births, deaths and subsequently our future needs and demands, i.e. social security, schools, frail care, job opportunities, etc. Comparing the population of South Africa by age and sex over the 30 years of democracy allows us to reflect on the successes and costs experienced as well as future opportunities.

The population in 1994 had a typical pyramid shape with a large base relative to other ages, indicative of higher fertility rates over time. When compared with the 2024 population pyramid, we can reflect on a fluctuation in fertility over time, with dips and rises in age groups over time. The top of the 2024 population pyramid is far larger than that of the 1994 population, pointing to the rise in life expectancy with a larger proportion of older persons aged 60+ when compared with 1994. This is more so the case among women in older ages who are far more than their male counterparts by 2024.

Past demographic patterns of mortality, fertilty and migration in South Africa have led to a working age bulge (25–44) in the population pyramid, which if harnessed can result in a demographic dividend. The demographic dividend is further elaborated upon in Chapter 6.

2.5   Median age

Median ages are used to scrutinise the age composition of a population. The median age of the population is defined as that age of the population that divides the total population in 2 equal groups (1 half being younger and the other being older). A population may be described as young if the median age is below 20 years, intermediate if the median age lies between 20 and 29 years, and old if the median is over or equal to 30 years (Swanson et al., 2004). According to WPP (2024), the world median age is 31 years. Africa is the world's youngest continent with a median age of 19 years. The median age in sub-Saharan Africa is 18 years. South Africa has a youthful population with a median age of 28 years. This is far lower than the median age of other continents.

Figure 2.9: Median age of world, continent, region vs South Africa (2024)
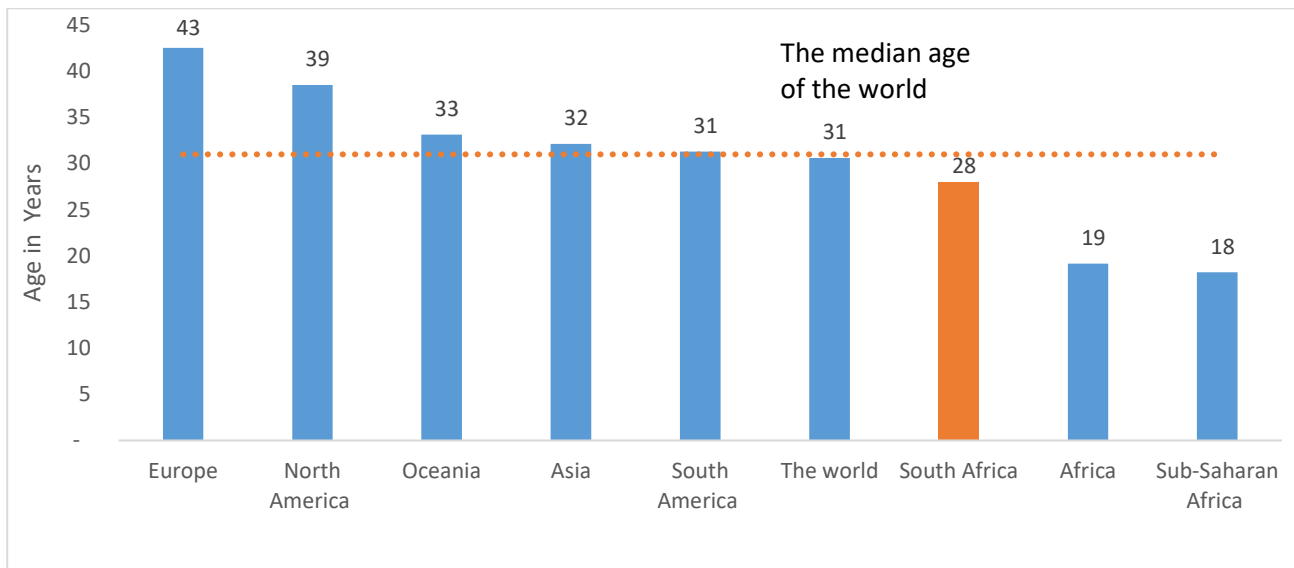
Source: Mid-year population estimates, 2024 and WPP, 2024

Since 1994, the world's median age has increased by 7 years, whilst Africa increased by only 2 years. The South African median age increased from 22 in 1994 to 28 (6 years) in 2024. SSA and Africa have the lowest median age, with median age increasing at a far slower pace over the last 30 years. This is due to high fertility rates as well as high mortality rates in these regions that keep these population structures youthful over time.

Figure 2.10: Median age over time (1994–2024)
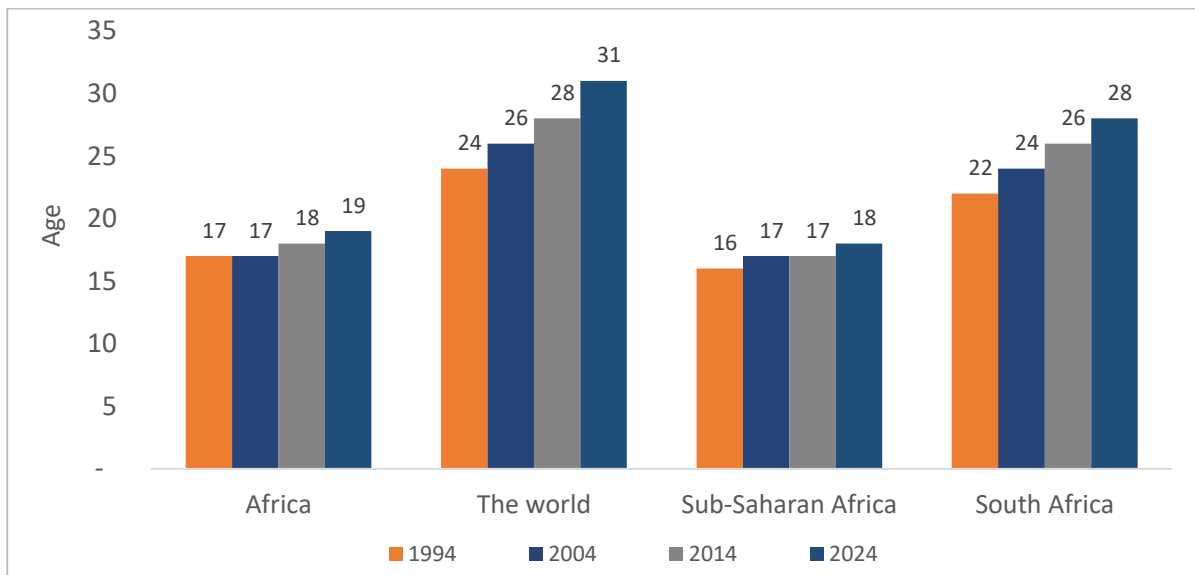
Source: Mid-year population estimates, 2024; World Population Projections, 2024

2.6   Population group over time (1994–2024)

The mid-year population is estimated at 63,02 million. The black African population is in the majority (51,51 million) and constitutes approximately 82% of the total South African population. By 2024, the white population is estimated at 4,54 million, the coloured population at 5,34 million and the Indian/Asian population at 1,63 million (see Figure 2.11).

Figure 2.11: South Africa by population group, 2024
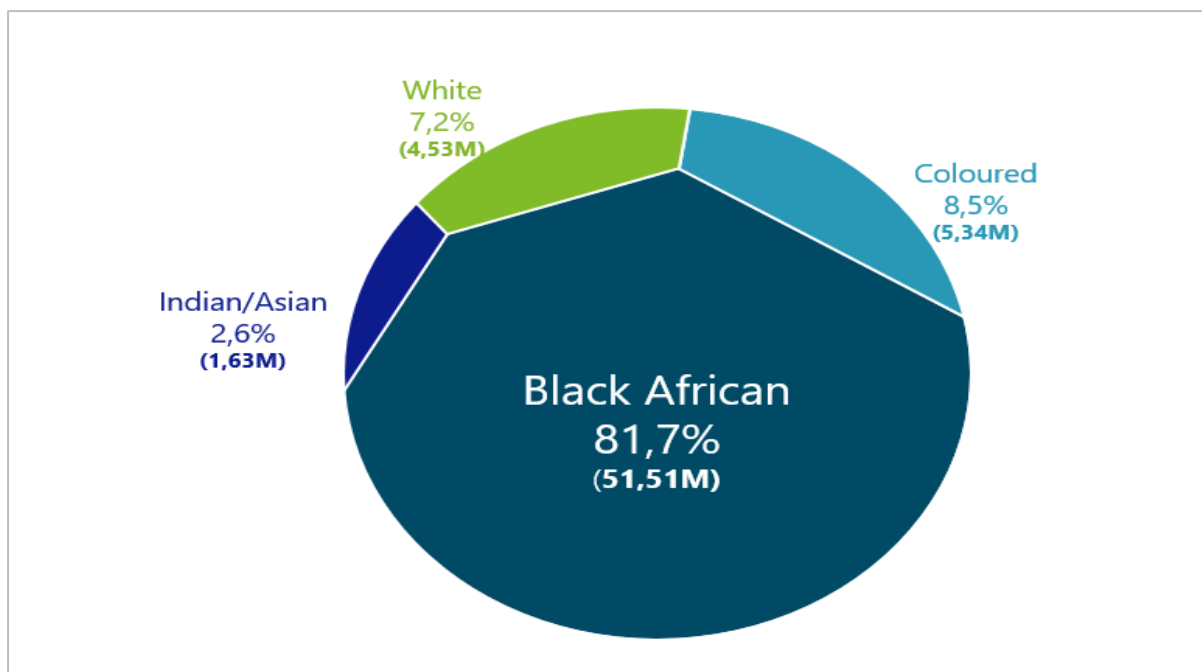
Source: Mid-year population estimates, 2024

Figure 2.12 represents the percentage distribution of the various population groups by age between 1994 and 2024. There are pronounced differences between population groups in South Africa as well as over the 30-year period. Although births have declined across all population groups over the period, the black African population structure has remained more youthful compared with that of the Indian/Asian and white population. Having a wider base aged 0–14 relative to the rest of the population ages is indicative of a group with a higher fertility rate, as noted for the black African population.

In the 1994 period, both the black African and coloured population pyramids can be described as expansive (for the 2024 period, only the black African population can still be described as such). Expansive pyramids are seen more often in the global south with higher fertility and mortality levels. In contrast a population pyramid that is wider at the top ages 60+ is indicative of an aging population. This is particularly the case for the white population which demonstrates a more constrictive population pyramid, with a smaller percentage of people in younger ages. Constrictive pyramids are often reflective of the global north with much lower fertility levels and access to higher levels of education and health services.

The Indian/Asian population has a larger proportion of adults aged 30–50 years of age when compared with all other population groups. Declining fertility and higher levels of migration have led to higher proportion of adults relative to youth in the Indian/Asian population group. Reflecting upon this 30-year period, one can see how the structure of the population has changed across all population groups that show increased life expectancy, i.e. surviving to older ages in the population age structure and an overall decline in fertility over the 30-year period with a decreased proportion aged 0–14 years by 2024. Also noted, is the evident role of migration, driving the bulge for the black African and Indian/Asian population groups.

Figure 2.12: Percentage distribution of population groups by age groups, 1994 and 2024
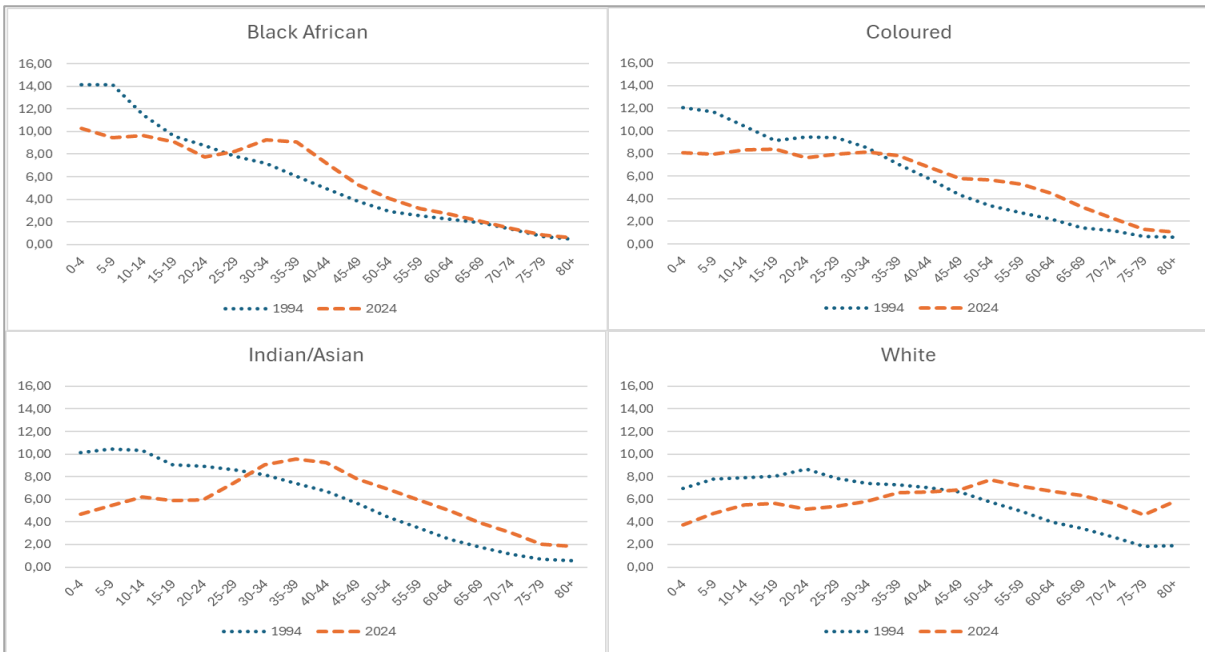
Source: Mid-year population estimates, 2024

2.7   Selected age categories over time (older persons, children, youth, adults)

Older persons have seen the largest growth over the period 1994 to 2024 (2,28%) in South Africa. In the same period, the average annual growth rate of children aged 0–14 is the lowest (0,37%) followed by the youth's growth (1,32%). Adults have a growth of 2,35%, increasing from 9,2 million in 1994 to 18,7 million in 2024.

Figure 2.13: Population and population growth rate by selected age groups, 1994 and 2024
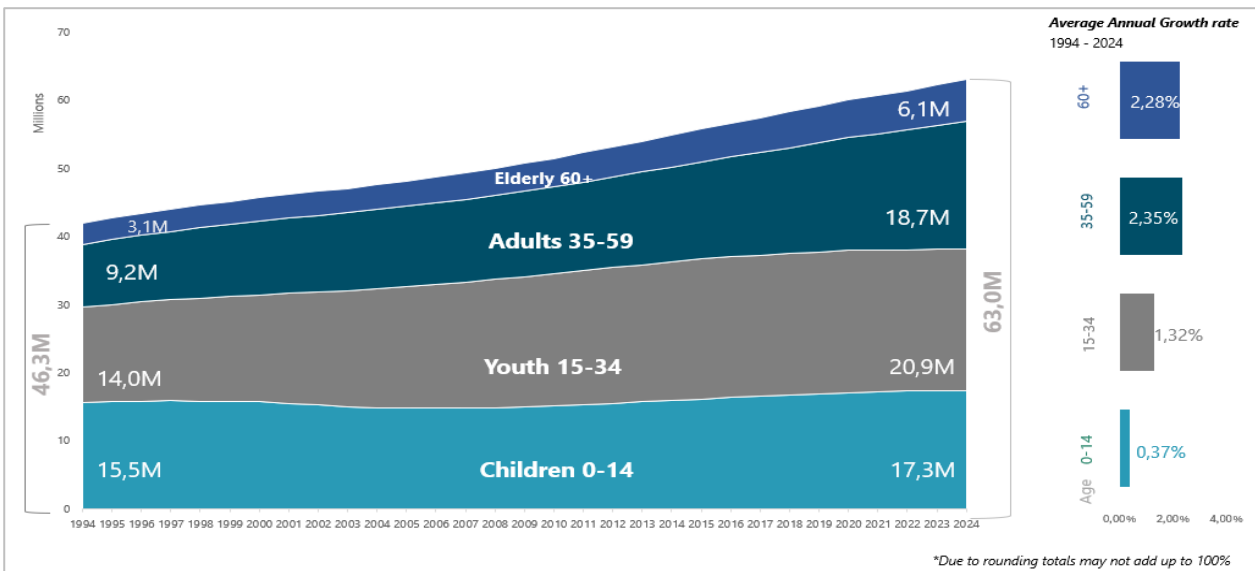
Source: Mid-year population estimates, 2024

South Africa is considered a youthful population. According to Figure 2.14, when compared with the world, the proportion of children in South Africa is much higher but lower than that of SSA. In contrast, compared with the world proportion of older persons age 60+, South Africa is significantly smaller. However, when compared with the SSA region the proportion of older persons is higher and growing.

Figure 2.14: Percentage distribution by selected age groups, 1994 and 2024
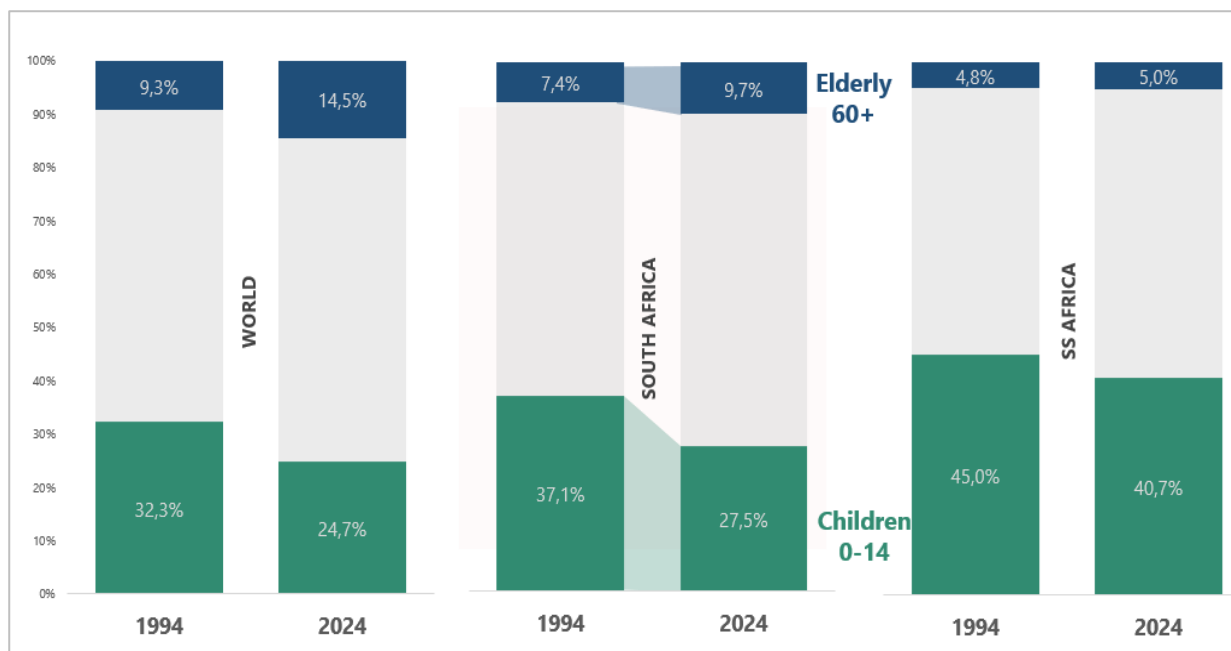
Source: MYPE 2024 series and WPP 2024

2.8   Ageing and dependency

The dependency ratio is an indicator of the potential dependency burden of children (0–14) and older persons (65+) on those who are of economically productive ages (15–64) (UNDESA, 2019). The dependency ratios are based primarily on age. The indicator assumes that men and women in the age group 15–64 are economically active, and those age 65+ are in fact not economically active. This may not be the case, as South Africa experiences high unemployment levels and a number of older persons continue to engage in the workforce after age 65. Despite these limitations, the indicator is useful in depicting general dependency over time. Figure 16 indicates that child dependency declined from 63,9 to 41,7 children per 100 working age persons. This decline can be attributed to the overall decline in fertility rate between 1994 and 2024, as well as the growing proportion of working age 15–64 attributed to overall rise in life expectancy between 1994 and 2024 as well as migration. Old age dependency ratio has increased from 8,6 to 9,9 older persons per 100 working-age persons.

Figure 2.15: Dependency ratios in South Africa over time (children and older persons), 1994–2024
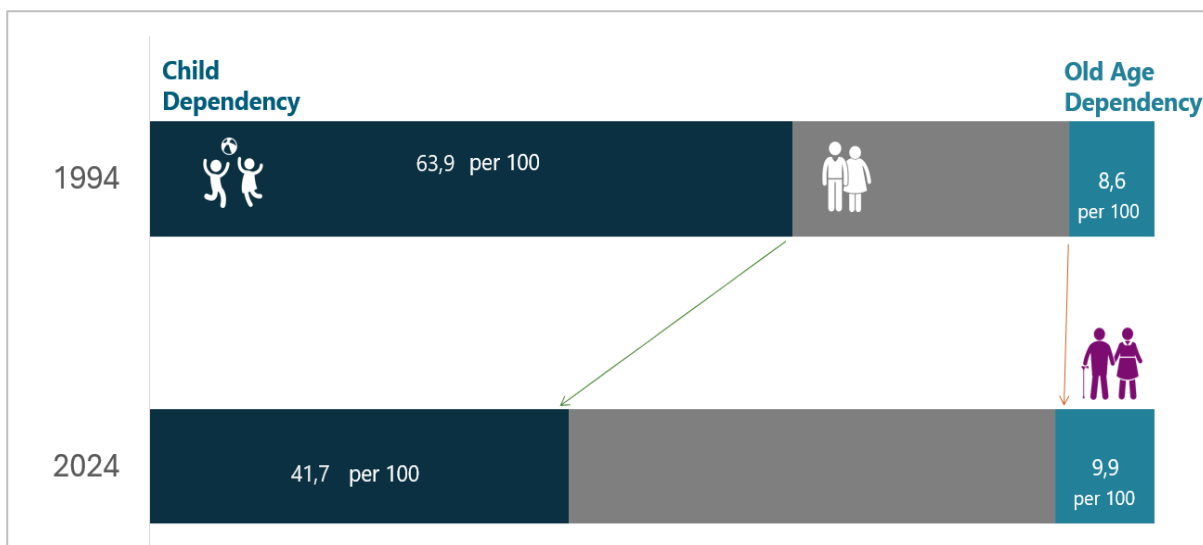
Source: Mid-year population estimates, 2024

As shown in Figure 2.16, there is a general upward trend in the proportion of older persons aged 60 years and older between 1994 and 2024. It is evident that compared with the world, proportions of older persons are impacted greatly by other continents with higher life expectancy such as North America, Australia, Asia and Europe, as SSA and Africa have far lower levels of older persons aged 60 and older. The increase in the proportion of older persons is particularly pronounced at the world level, increasing from 9,3% to 14,5% in just 3 decades, whilst SSA increased marginally from 4,8% in 1994 to 5,0% in 2024 and Africa slightly increasing from 5,0% in 1994 to 5,72% in 2024. In South Africa, the proportion of older persons aged 60 and older rose from 7,4% in 1994 to 9,7% in 2024, a growth significantly more than what is seen in SSA and the rest of Africa.

There is an even greater increase for female proportion amongst this population (4,4% in 1994 to 5,8% in 2024). As shown in Figure 2.17, the proportion of males aged 60 and older only grew by almost 1% during the same period (from 3,0% to 3,9%). The implications of an aging population are multifaceted and require comprehensive and proactive measures from governments, communities, and families. By addressing these challenges through effective policies, social support systems, and infrastructure investments, societies can better manage the burden and enhance the quality of life for the aging population.

Figure 2.16: Percentage distribution of the older population for South Africa, SSA, Africa, and the world, 1994–2024
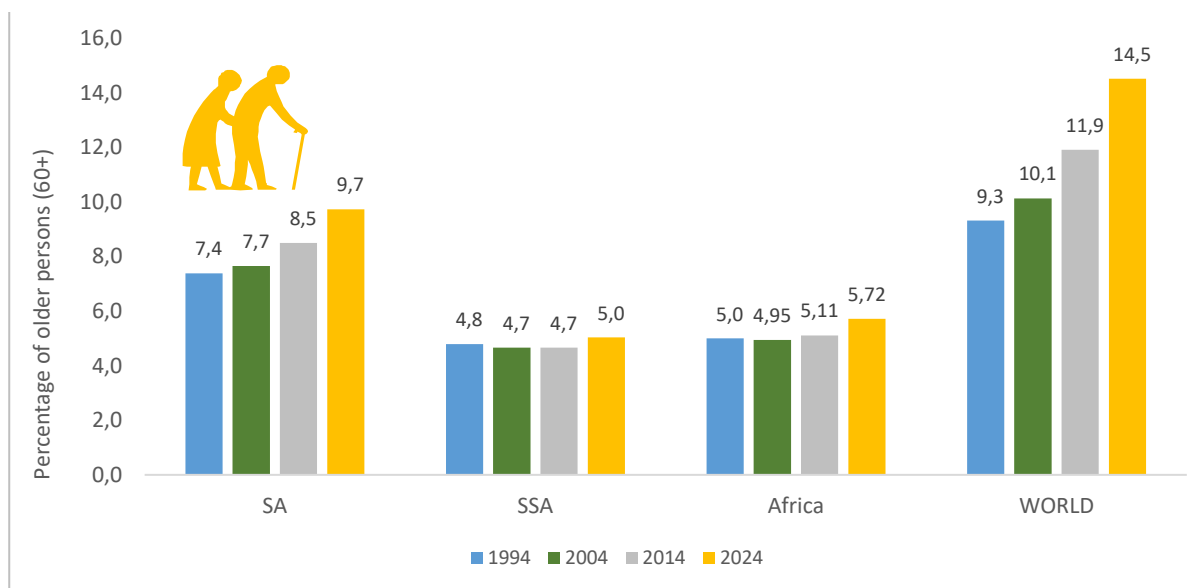
Source: Mid-year population estimates, 2024; World Population Projections, 2024

Figure 2.17: Percentage distribution of the older population in South Africa, 1994 and 2024
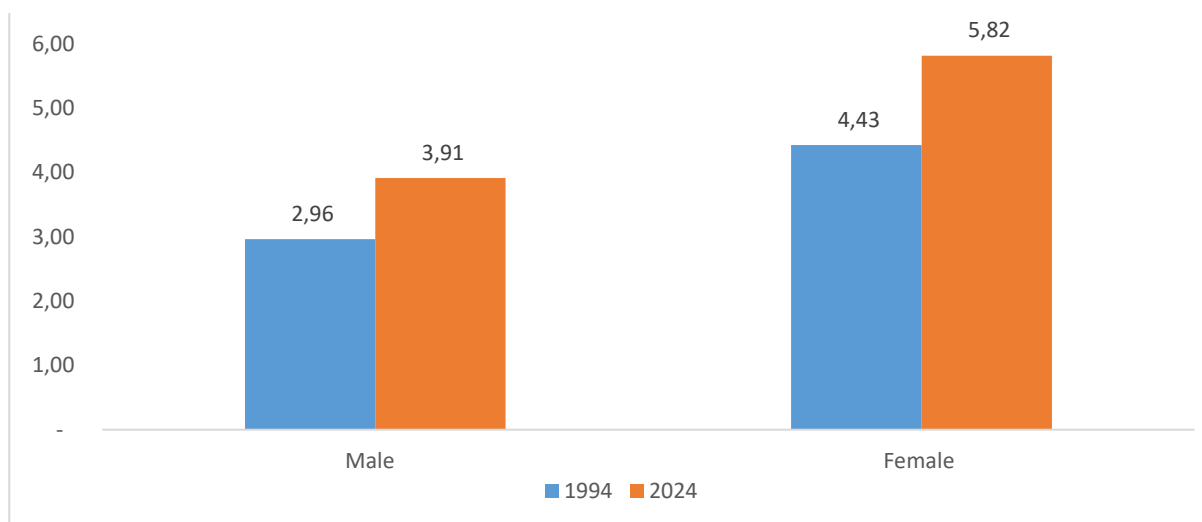
Source: Mid-year population estimates, 2024

2.9   Challenges and opportunities

The MYPE began as early as 1966, the format and content has drastically changed and improved over decades. By 1995 the MYPE extended beyond national estimates but began to publish provincial estimates as well. Whilst this only covered a 5-year period of estimates, the 1998 release extended this to an 8-year period of estimation and included an explanation of the methodology used to develop the estimates. In 2004, a detailed methodological approach which extended to provincial level disaggregated by 5-year age groups at national and provincial level, was made available as part of the MYPE report. By 2011 national and provincial estimates were available from the year 2001 to 2011, extending itself by another year with the update of the new series. The report was published with a separate methodology document as part of the 2011 suite of products. The MYPE evolved increasing in depth, coverage and disaggregation over time. A detailed

methodological approach which extended to district level disaggregated by 5-year age groups was published with the release report for 2013 which was the first report published after Census 2011. The 2013 release also published a beta version of the district municipalities and metro estimates. In 2019, local municipal level population estimates were developed and released. The expansion of the MYPE suite of products and level of disaggregation over the last 3 decades is a demonstration of the exploration of methods and techniques made available to pursue such innovation. However, the estimates are only as good as the methods applied as well as the source of data being used.

The cohort component method relies on births, deaths and migration often sourced from available administrative systems in a country. South Africa has strong administrative systems, improving over time. However, there will always be a level of late registration and completeness for birth and deaths in a registration system. There are demographic techniques to assess the rate of completeness of a registration system in a country. Adjustments are made to accommodate for the lack of completeness and late registration. Over time as administrative data improve, i.e. lag in data is addressed and systems improve, adjustments are also revised accordingly. MYPE attempts to continually update the input data on an annual basis whilst simultaneously confirming such input with other sources of empirical data, i.e. census, surveys, admin data on education, services delivery, immunisation, etc. It is imperative to acknowledge that each source of data, be it administrative, surveys and even census counts have within each a set of strengths and limitations that have to be considered when used. Triangulation of data requires this understanding to most effectively develop and evaluate population estimates and indicators over time.

Most countries develop an annual mid-year population estimate publication to assist countries in planning as censuses are often only available after every 5 or 10 years. Whilst surveys are helpful in providing a description of a particular theme or provide indicators at aggregated levels, they are unable to provide us with full counts. Administrative data are often created to serve a particular purpose other than providing counts and measures (e.g. border statistics developed to ensure safety and security, not to measure the number of migrants in the country). However, such administrative data prove imperative in understanding fertility, mortality and migration patterns over time. Using these empirical data sources, MYPE develops assumptions about fertility, mortality and migration patterns over time, to derive population estimates of the past and current as well as projections of the future.

CHAPTER 3: POPULATION AND HEALTH

3.1   Introduction

In South Africa, thematic review of data collection suggests an evolving experience, especially in the past 30 years. Demographic data on fertility and mortality were flawed in many respects and the focus of the population policy among others was to reduce the country's rate of population growth through the provision of contraceptive services and decrease in migration (Brown, 1987; Shlemmer, 1991). Although South Africa has basic census and survey data, which go further back in history compared with many African countries, only the non-black populations have comprehensive and fairly accurate records on population size and structure, births and deaths (Van der Merwe et al., 1991). In particular, there was an acute shortage of data on mortality rates for black Africans compared with other population groups. In recent time, examples of useful sources of population data include the Civil Registration and Vital Statistics (CRVS), South Africa Demographic and Health Survey (SADHS), Department of Health and Information System (DHIS), and other data collected from relevant stakeholders.

A much more comprehensive source of fertility and mortality data and patterns is the SADHS. It provides summary birth history of women 15–49 years, child mortality and morbidity, adult mortality of men and women including pregnancy related mortality. Studies using the SADHS data in South Africa are well documented (e.g. Stats SA, 2020, Stats SA, 2022, Stats SA, 2023, etc.). This review will highlight the evolution, achievements, and some limitation of these demographic data. It will also unveil the trends and patterns of some indicators produced for population health in South Africa in recent times, using different datasets.

The CRVS is an administrative data collected and updated in an ongoing base. Various vital and civil events occurrences such as birth, death and marriages are captured through the CRVS system. As a source of real live data, the system is appropriate in the estimation and monitoring of indicators, central to the achievement of the Sustainable Development Goals (SDGs) and as stipulated in the United Nations Conventions (Stats SA, 2022; Stats SA, 2024; UN, 2015). Specifically, the system provides for the registration of child's births, which is regarded as a fundamental human right that ensures identity and safeguarding of children from harm and exploitation (Nannan et al., 2019; UNECEF, 2013). The Mortality and causes of death and Recorded live births reports are examples of reports compiled using the CRVS system.

3.2   Evolution of data collection on fertility, mortality and sexual reproductive health (SRH) in South Africa

South African demography has been hampered for most of the last century by inadequate census and vital registration data, especially as it relates to the African population. Firstly, Moultrie and Timaeus (2002) in reference to Mostert et al., (1987) observed that "the census coverage of the African population in the 1904, 1911 and 1921 censuses is viewed as being poor in all respects, the 1936 and 1970 censuses as reasonably good, and those of 1946, 1951, 1960 and 1980 again as less good" (Mostert et al., 1987). Secondly, the provision of independency for Transkei, Bophuthatswana, Venda and Ciskei (TBVC) states between 1976 and 1981 worsened the difficulties of census collection in the country (Moultrie & Timaeus, 2002).

Questions that estimate fertility and infant mortality were introduced in the 1960 census and included in the 1970 census. A further question on children ever born was introduced in the 1980 census. While usable age-specific fertility rates were derived from the 1960 data, the results from the 1970 census "could not have given a true representation of reality" (Mostert et al., 1987), and those from the 1980 census were so bad as to be completely and utterly unusable. Thus, since 1960, the calculation of age-specific fertility rates directly from census data has been impossible (ibid).

Similarly, life tables were produced initially only for the white population, then later for the coloured and Indian population, but never for the African population. Deaths of Africans were only fully included as part of the vital

registration system from 1979, and then only for deaths within the boundaries of the Republic of South Africa (excluding deaths which occurred in the 'homeland' areas designated as Transkei, Bophutathatswana, Venda and Ciskei). The assumption was that there was low level of reporting of deaths, therefore no attempt was made to produce official life tables for the African population. The first attempts to make use of reported death data were those by Dorrington (1989;1998) and Timæus (1993). Prior to that, mortality of the African population was generally estimated as a by-product of attempts to model and reconcile population projections with census counts. For example, Sadie (1970) and Mostert et al., (1987).

In the post-1994 era, the 1996 South Africa census provided the first widely available, comprehensive and nationally representative demographic data since 1970. The data permit the analysis of aspects of South African demography that have not been investigated before. This was followed by Censuses 2001, 2011, Community Survey 2007 and 2016 and Census 2022. In South Africa, the demand for data at lower geographic levels continues to increase and community surveys were initiated to bridge the gap between censuses and to address these demands. These data sets provide robust estimates of current levels of fertility and mortality trends in South Africa over time.

In terms of SADHS, introduction of the data in South Africa dates back to 1995 when the Department of National Health Information System of South Africa (NHIS/SA) committee recognized an important gap in information required for health service planning and monitoring (NDoH et al., 2019). The SADHS were then introduced with the objective of gathering data on population, health and nutrition that will inform the policy and programme decisions. Also, in the last 30 years, South Africa has conducted only three surveys (1998, 2003 and 2016). However, due to limitations concerning sample size, fertility and mortality estimates, the 2003 SADHS has rarely been used in fertility and mortality research.

In 1998 only households, women aged 15–49 and men aged 15 and older were surveyed. Questions and variables collected using the three questionnaires were adopted from the SADHS model at the time to cater for the national and provincial needs of the national department of health. Furthermore, it allowed the collection of data useful for deriving indicators needed for reporting the Millennium Development Goals conceived in 2000 (NDoH et al., 2002). The collection of demographic and health surveys has seen a slight drop in response rates over time. Response rates were highest in 1998 and slightly dropped in 2003 and 2016. For example, response rate for the women questionnaire was 95% in 1998 and this dropped to 86% in 2016 (NDoH et al., 2002; NDoH et al., 2019). The primary reason for decreasing response rates is non-contact, despite repeated visits to the sampled households (ibid).

In South Africa, advances have also been observed in population data from CRVS. With the Births and Deaths Registration, 1992 (Act No. 51 of 1992), the registration of all births (current and late) and deaths to South African citizens and permanent residents became unified and compulsory in all part of South Africa (Stats SA, 2022). The legislation has made it compulsory for deaths to be registered before burial, while the birth of a child must be registered especially within one month of birth. These are so, with a provision of late registration and certificates issued as proof of registration for all (ibid). The issuing of birth certificate has progressed from being issued only at the Home Affairs offices to also being issued at designated hospitals with maternity units, through the provision of on-site registration facilities (Stats SA, 2022). Vital events of migrants with permanent residents are now included in the population register, leading to the improvement in estimations (ibid).

3.3   Limitation

There are common errors that are inherent in demographic data (Moultrie et al., 2013). Amongst others are the issue of limited coverage and recall biases, resulting from household deaths not reported at all, or misclassified as being in/out of the reference period (Stats SA, 2015; Timaeus, 1991). Similarly, in fertility the reporting of inaccurate date of birth of last child born alive is a common practice. In addition, omitting children from the total number of children ever born who should be included, for example children who have died, who are no longer living with their mother and those from previous marriages are other common errors (ibid).

Empirical evidence also suggests challenges and shortcomings surrounding the CRVS data sets. These include the issue of lagged data, high administrative requirements, respondent non-compliance and apathy. Incomplete content results from a lack of prioritization of demographic questions in the forms. There is also the challenge of continuous collection and late registrations, leading to constant change in the distribution numbers and values, and hence the constant need for indicator re-estimation. Challenges also include incomplete filling of forms and errors in age declaration for both births and deaths (population) counts (UN, 1997; UN, 2002). Shortcomings also include the limitation of appropriate variables to enable downstream disaggregation.

3.4. Trends and patterns of selected demographic and health indicators

In South Africa, the evolvement of data collection over time has enabled the availability of more broad and comprehensive real live birth and death data, including indicators values over the years. Comparative studies in all aspect of demographic components and phenomenon can be produced, revealing transparent and reliable trends and patterns, using these data sets. Specifically, the SDG and other global goals indicators and targets such as completeness levels of registration (birth and death), maternal mortality ratio (MMR), neonatal mortality rate (NMR), infant mortality rate (IMR), under-5 mortality rate, adolescent birth rate (ABR), TFR, etc. are now easily obtained with precision (Stats SA, 2023). Overall, these achievements can be associated to the improvement of data collection and processes in South Africa, achieved as a result of improved organization and legislation (Stats SA, 2022; Stats SA, 2024). This section provides the trends and patterns of selected population health indicators, in terms of fertility, mortality and sexual reproductive health in South Africa in the last 30 years.

3.4.1 Total fertility rates (TFR) by province

Figure 3.1 shows the trends and levels of total fertility rates (TFR) by province and South Africa, 1996–2016. The result revealed a consistent decrease in TFR by province and South Africa. This are so, with a slightly apparent geographically diversity in provinces such as Northern Cape and North West. The TFRs in 2011 suggest that fertility levels were highest in Limpopo (3,25), Mpumalanga (2,90), Eastern Cape (2,87) and KwaZulu-Natal (2,73), and lowest in Western Cape (2,28) and Gauteng (2,27) provinces. The TFR in Northern Cape increased from 2,43 in 2001 to 2,75 in 2011.

Figure 3.1: Trends and levels of total fertility rates by province and South Africa, 1996–2016

	WC	EC	NC	FS	KZN	NW	GP	MP	LP	S.A
■ 1996	2,60	3,93	2,80	2,97	3,48	3,05	2,55	3,50	3,94	3,26
■ 2001	2,39	3,28	2,43	2,53	3,04	2,77	2,43	3,13	3,62	2,84
■ 2011	2,28	2,87	2,75	2,54	2,73	2,83	2,27	2,90	3,25	2,67
■ 2016	2,10	2,51	2,68	2,41	2,14	2,58	2,17	2,47	2,92	2,33
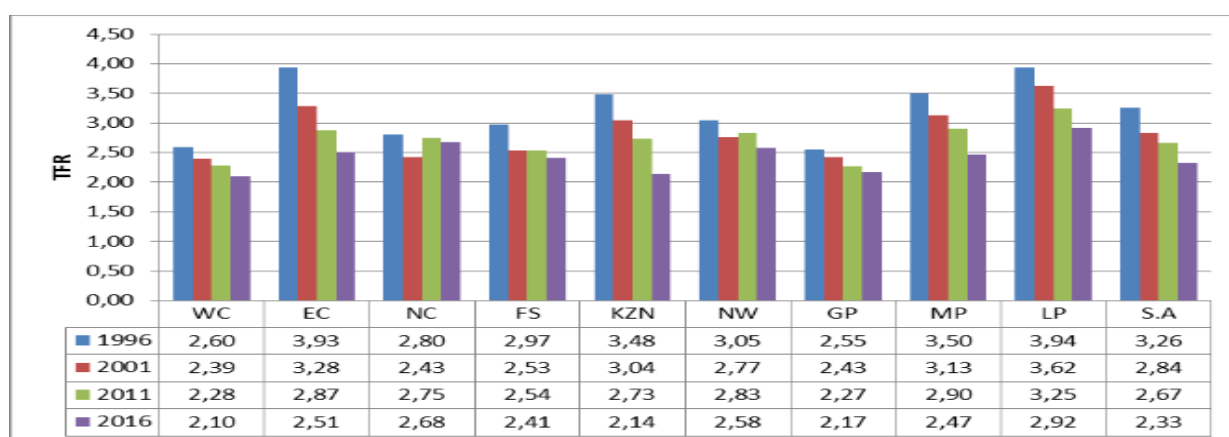
Stats SA, 2015, own computation (2016)

3.4.2 Adolescent birth rate (ABR)

Figure 3.2 presents the patterns of adolescent birth rates (ABR) in South Africa derived from CRVS data 2010–2022. Overall, the results show that birth rates have been decreasing in South Africa. Birth rates among adolescents aged 15–19 years were significantly higher compared with adolescents aged 10–14 years. Birth rates among adolescents aged 15–19 years decreased from 64,6 in 2010 to 59,2 in 2016 and was 44,3 (per 1 000 women) in 2022 in South Africa. The rate was highest in 2013 (74,3 births per 1 000 women) and lowest in 2018 (48,2 births per 1 000 women) among this age cohort in the study period in South Africa.

Figure 3.2: Adolescent birth rates (ABR) per 1 000 women in South Africa, CRVS 2010–2022

ABR	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
10 - 14	1,3	1,4	1,6	1,9	1,6	1,8	1,2	1,0	0,9	1,5	1,2	1,3	1,4
15 - 19	64,6	65,2	65,6	74,3	73,2	67,2	59,2	53,7	48,2	55,9	54,1	53,3	44,3
10-19	34,6	35,0	34,6	39,4	38,2	34,6	29,6	26,2	22,9	26,4	25,5	25,3	21,6
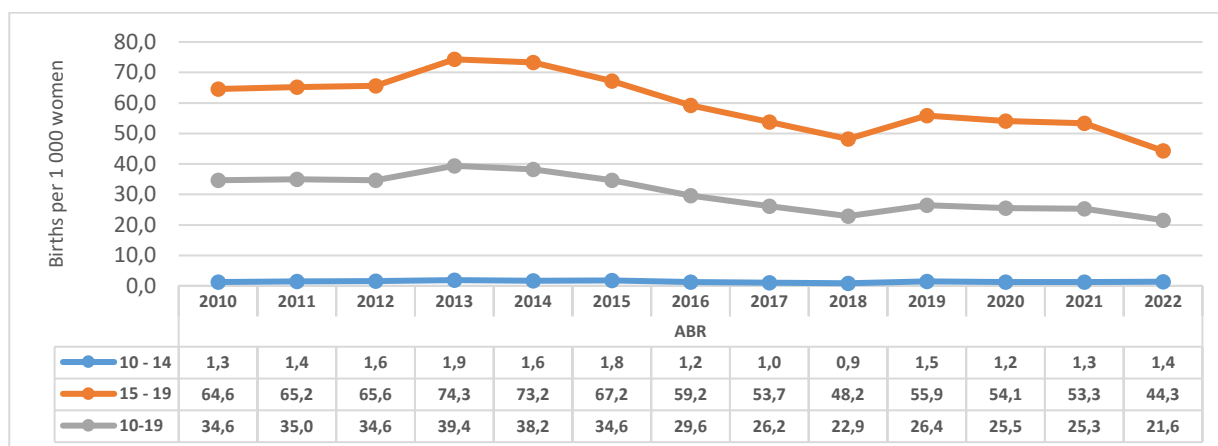
3.4.3 Unwanted fertility

SADHS allows analysis of fertility planning of women in reproductive ages, specifically for unwanted births. Unwanted birth means the birth, as recalled by the women, where no additional birth was planned or wanted at the time of conception. Thus, if the stated preference had prevailed the birth would have never occurred (Bongaarts & Casterline, 2013; Demeny, 2003). Results show that unwanted births increased from 17,3% in 1998 to 20,4% in 2016. Less than half (50%) of births are recalled as wanted at the time they are conceived in both surveys. Results in Figure 3.3b suggest that unwanted births increase with age of the mother, especially from age 30 to 34. A proportion of 24,9% of births to women aged 30–34 were unwanted, and this increases to 45,5% in the age group 40–44.

Figure 3.3a and b: Percentage distribution of births in the last 5 years preceding the surveys (including current pregnancies) by planning status of births and age, 1998 and 2016

a. Percentage distribution of births in the last 5 yrs preceding the survey (including current pregnancies) by planning status of births, 1998 and 2016	Wanted then	Wanted later	Not wanted
1998	45,7	35,5	17,3
2016	46,0	33,6	20,4

b. Percentage distribution of births in the last 5 yrs preceding the survey (including current pregnancies) by age, 1998 and 2016	<20	20-24	25-29	30-34	35-39	40-44
1998	12,5	11,7	12,9	20,2	35,2	35,3
2016	14,8	16,3	18,6	24,9	28,5	45,5

Stats SA, 2020

3.4.4 Termination of pregnancy 0–12 and 13–20 weeks

Figures 3.4 a and b show the provincial and national percentages for termination of pregnancy at 0–12 and 13–20 for the period 2018–2020. Termination of pregnancy at 0–12 weeks refers to pregnancies terminated at health facilities in the first 12 weeks of pregnancy as a proportion of total termination of pregnancies (NDoH, 2021). Most of the provinces presented rates above 90% in 2020, with the exception of Western Cape (74,6%), North West (85,9%) and Gauteng (83,6%). The proportion increased from 91,6% to 93,0% in Eastern Cape and from 73,4% to 74,6% in the Western Cape between 2018 and 2020. It increased from 89,3% to 90,4% nationally in the same period. These rates suggest an average of 89,5% over the three years in the country. Termination of pregnancy at 13–20 weeks refers to pregnancies terminated at health facilities at 13–20 weeks of pregnancy as a proportion of total termination of pregnancies (NDoH, 2021). The result suggests that Western Cape and Gauteng reported the highest termination rate across the years, while the Northern Cape, Limpopo and Mpumalanga had the lowest rates in the study period. Gauteng shows a significant decrease from 22,3% in 2018 to 16,4% in 2020. The rates dropped slightly from 11,1% in 2019 to 9,6% in 2020 in South Africa.

Figure 3.4a and b: Termination of pregnancy 0–12 and 13–20 weeks, provinces and national, 2018–2020

a. Termination of pregnancy 0–12 weeks

	WC	EC	NC	FS	KZN	NW	GP	MP	LP	SA
2018	73,4	91,6	96,7	90,3	89,3	90,8	77,7	96,1	97,8	89,3
2019	73,9	92,2	94,9	93,6	90,4	85,6	77,8	95,9	96,2	88,9
2020	74,6	93	98,3	93	90,9	85,9	83,6	98,1	96,4	90,4

b. Termination of pregnancy 13–20 weeks

	WC	EC	NC	FS	KZN	NW	GP	MP	LP	SA
2018	26,6	8,4	3,3	9,7	10,7	9,2	22,3	3,9	2,2	10,7
2019	26,1	7,9	5,1	6,4	9,6	14,4	22,2	4,1	3,8	11,1
2020	25,4	7,0	1,7	7,0	9,1	14,1	16,4	1,9	3,6	9,6
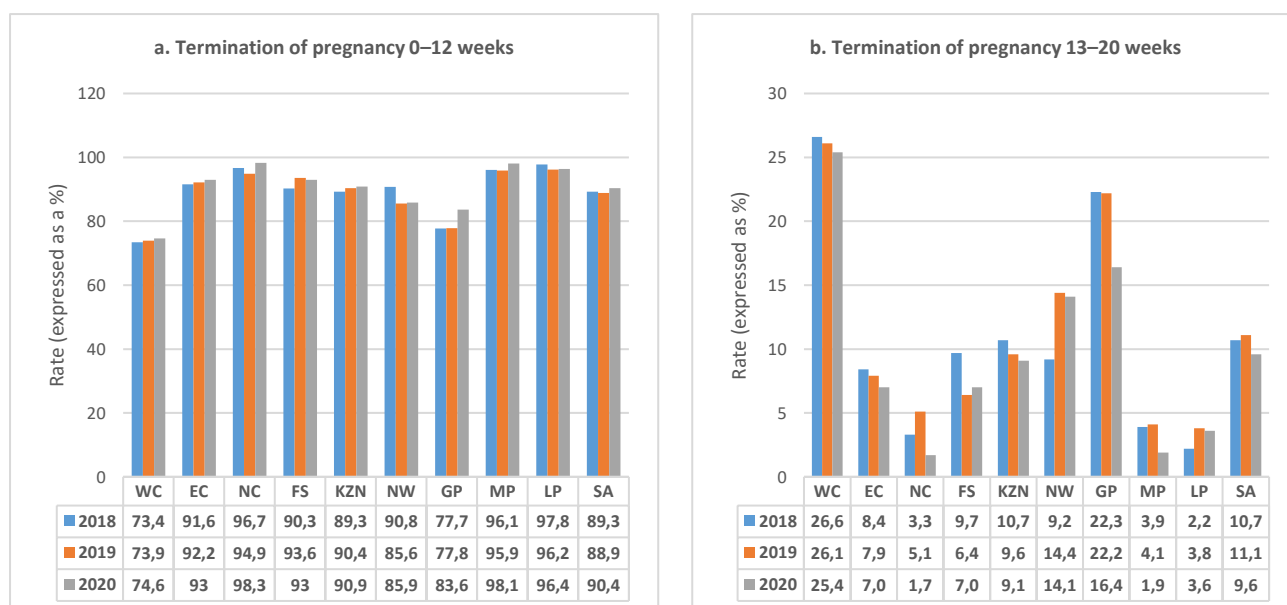
Stats SA, 2022

3.4.5 Maternal mortality ratio

Maternal mortality ratio (MMR) depicts the number of maternal deaths during a given period per 100,000 live births during the same period. In this case, a maternal death is 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 (from direct or indirect obstetric death), but not from unintentional or incidental causes (UN, 2024)

Figure 3.5 indicates that the country observed an increase and downward trend in maternal mortality ratio (MMR), 2002–2019. The results showed that the MMR increased from 147 deaths per 100 000 live births in 2002 to a high of 286 deaths per 100 000 live births in 2009. With the exception of an increase in 2014

(159 deaths per 100 000 live births) and 2019 (90 deaths per 100 000 live births), the country observed a downward trend in MMR that reached 89 deaths per 100 000 live births in 2020. The ratio of 186 deaths per 100 000 live births estimated in 2011 is slightly over twice the ratio of 89% deaths per 100 000 live births observed in 2020.

Figure 3.5: Maternal mortality ratio (MMR) in South Africa, CRVS 2002–2019
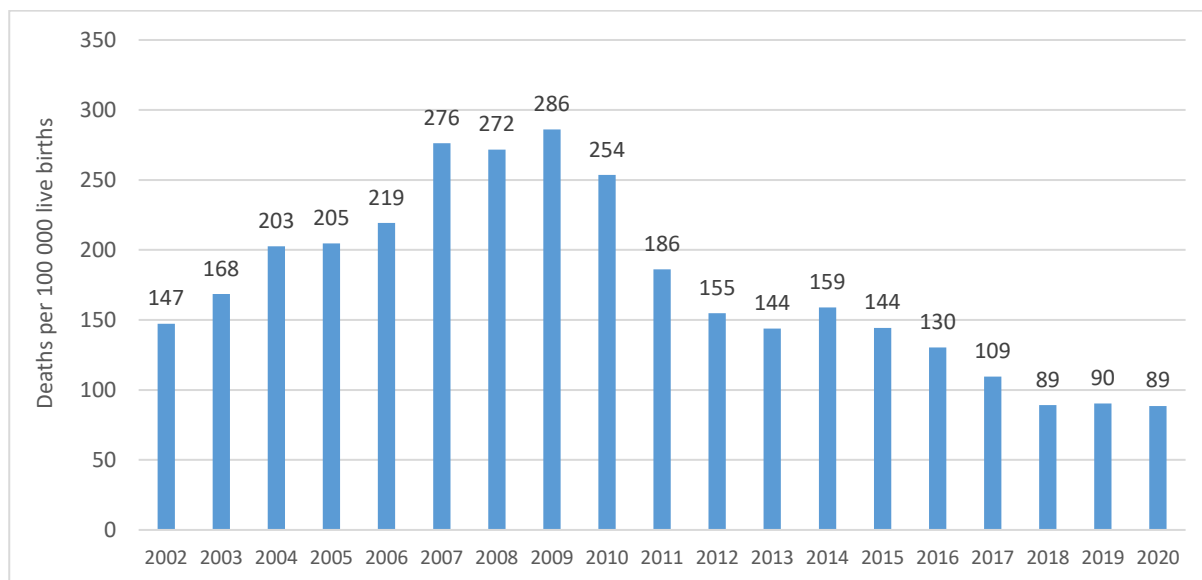
Source: Own computations

3.4.6   Infant and under-5 mortality rates

The World Health Organisation (WHO) (2024) refers to infant mortality rate as the probability of a child born in a specific period dying before reaching the age of one, if subject to age-specific mortality rates of that period. The probability of death is derived from a life table and expressed as a rate per 1000 live births. On the other hand, under-5 mortality rate is defined as the probability of a child born in a specific period dying before reaching the age of 5 years, if subject to age-specific mortality rates of that period. The indicator is expressed as deaths per 1000 live births (UN, 2024). Infant and under-5 mortality rates presented in this section are derived using Civil Registration and Vital Statistics (CRVS) data and mid-year population estimates as inputs to a life table.

Findings in Figure 3.6 reveal that the rate of under-5 mortality is higher than that of infant mortality. However, both rates declined across the years. These patterns of decline are consistent with expectations. The decline in under-5 mortality is much noticeable between 2010 and 2011. Further, results show that under-5 mortality declined from 51,3 deaths per 1 000 live births in 2010 to 21,2 deaths per 1 000 live births in 2020. Similarly, IMR dropped from a high of 37,1 deaths per 1 000 live births in 2010 to a low of 16,8 deaths per 1 000 live births in 2020.

Figure 3.6: Infant (IMR) and under-5 mortality rate in South Africa, CRVS 2010–2019
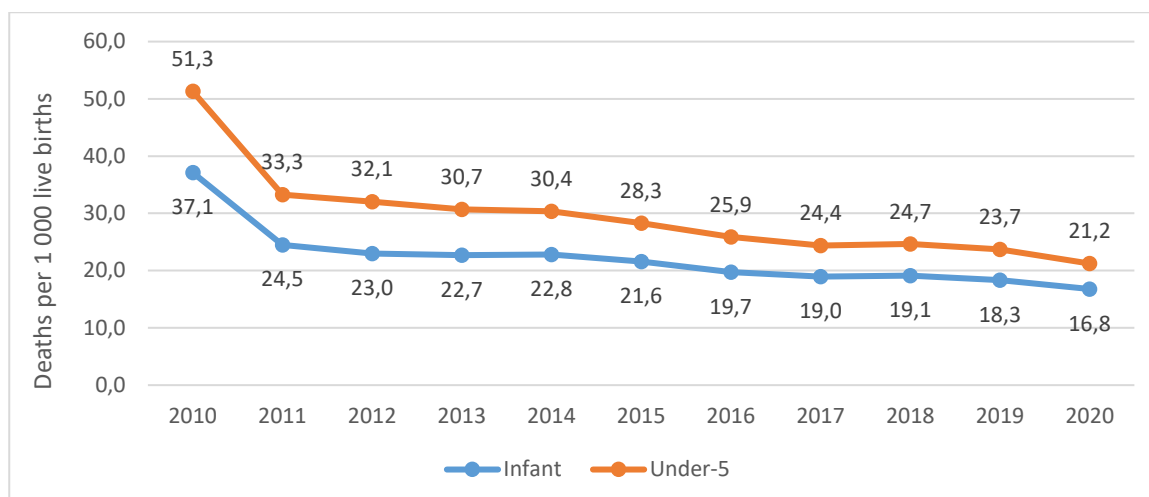
Source: Own computations

3.4.7   Neonatal death in facility rate and early neonatal deaths in facility rate

Early neonatal death in facility rate refers to deaths of infants in a facility within 0–6 days of life, whilst neonatal reflects all deaths in a facility within 0–28 days of life (NDoH, 2021). The results showed that neonatal death in facility rate in 2020 was highest at 14,7 in Northern Cape, followed by 14,1 deaths per 1 000 live births in Free State, whilst it was lowest in Western Cape at 8,5 deaths per 1 000 live births. North West showed a noticeable increase between 2019 and 2020. The rate has been decreasing slightly in Mpumalanga and has maintained a steady rate in South Africa in the study period. Northern Cape still observed the highest early neonatal death in facility rate at 13,0 deaths per 1 000 live births in 2020 (Figure 3.7b). Northern Cape and North West reported an increasing pattern in early neonatal death in facility rate between 2018 and 2020. Western Cape had the lowest early neonatal death in facility rate over time. The rate has also been decreasing in the Eastern Cape and South Africa. The rate decreased from 9,8 in 2018 to 9,5 deaths per 1 000 live births in 2020 in South Africa.

Figure 3.7a and b: Neonatal and early neonatal death in facility rate, province and national, 2018–2020

a. Neonatal death in facility rate, province and South Africa, 2018–2020

	WC	EC	NC	FS	KZN	NW	GP	MP	LP	SA
2018	8,7	10,6	10,6	16,3	11,2	10,2	13,1	12,1	13,0	12,0
2019	8,3	12,6	14,3	17,0	11,4	11,3	12,4	11,3	14,2	12,1
2020	8,5	12,4	14,7	14,1	11,5	13,2	12,8	11,1	13,2	12,1

b. Early neonatal death in facility rate, province and South Africa, 2018–2020

	WC	EC	NC	FS	KZN	NW	GP	MP	LP	SA
2018	7,0	10,8	9,2	13,4	8,9	8,5	9,8	10,6	11,6	9,8
2019	6,5	10,1	11,7	13,2	9,0	9,5	9,3	9,8	12,4	9,7
2020	6,8	9,8	13	10,7	9,0	10,5	9,3	9,3	11,0	9,5

Stats SA, 2022

3.4.8   Leading underlying natural causes of death by sex

The proportion of deaths and their underlying causes is a concern to the government and other stakeholders in South Africa. Table 3.1 shows the ten leading underlying causes of death for males and females, 2020. With only two sharing the same rank, the results revealed that all ten leading causes of death were the same for both sexes. COVID-19 was the leading cause of death among males at 6,4%, while at a proportion of 7,0%, it ranked second for females. However, more females (16 793) died from COVID-19 than males (15 913). Among females, diabetes mellitus was the leading cause of death accounting for 8,2% of deaths, while hypertensive diseases at 6,5%, ranked third. Diabetes mellitus was the second leading cause of death accounting for 5,0% of deaths, followed by tuberculosis accounting for 4,9% of male deaths. Cerebrovascular diseases ranked fourth and other viral diseases ranked tenth for both males and females.

Table 3.1 - The ten leading underlying causes of death for males and females, 2020

		Male			Female	
Causes of death (based on ICD-10)	Rank	Number	%	Rank	Number	%
COVID-19 (U071-U072)	1	15 913	6,4	2	16 793	7,0
Diabetes mellitus (E10-E14)	2	12 518	5,0	1	19 545	8,2
Tuberculosis (A15-A19)	3	12 305	4,9	8	7 357	3,1
Cerebrovascular diseases (I60-I69)	4	11 697	4,7	4	15 315	6,4
Influenza and pneumonia (J09-J18)	5	10 148	4,1	6	9 578	4,0
Human immunodeficiency virus [HIV] disease (B20-B24)	6	9 606	3,9	5	9 697	4,1
Hypertensive diseases (I10-I15)	7	9 210	3,7	3	15 606	6,5
Ischaemic heart diseases (I20-I25)	8	8 703	3,5	9	7 033	3,0
Other forms of heart disease (I30-I52)	9	6 919	2,8	7	8 112	3,4
Other viral diseases (B25-B34)	10	109588	2,5	10	6 257	2,6
Other natural		36 606	44,0		113 075	47,4
Non-natural		249 332	14,7		9 982	4,2
Total		**249 332**	**100,0**		**238 350**	**100,0**

Stats SA, 2024. * Excluding deaths with unspecified sex. **Including deaths due to MDR-TB and XDR-TB.

3.4.9 Cancers diagnosed by year of occurrence, site of cancer and age group

The source of the data for this analysis is the National Cancer Registry (NCR) of the National Department of Health (NDoH) (2008–2019). Figure 3.8 shows number of cancers diagnosed by year and sex, 2008–2019. The results showed that the number of cancer cases diagnosed has been increasing for both sexes. A total of 85 302 cases of cancer were diagnosed in 2009, of whom 43 811 were female and 41 491 were male. Sex was not specified for 71 cases. This suggests that cancer cases diagnosed for female were slightly higher than those diagnosed for male. The highest cases of diagnoses were recorded in 2015 for male (42 278) and 2019 for female (43 811) in the study period.

Figure 3.8: Number of cancers diagnosed by year and sex, 2008–2019

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Male	26 538	27 102	27 078	32 131	36 887	35 935	36 790	42 278	39 060	39 954	39 500	41 491
Female	28 748	29 843	29 707	31 910	37 632	36 595	37 787	43 290	42 288	41 653	41 057	43 811
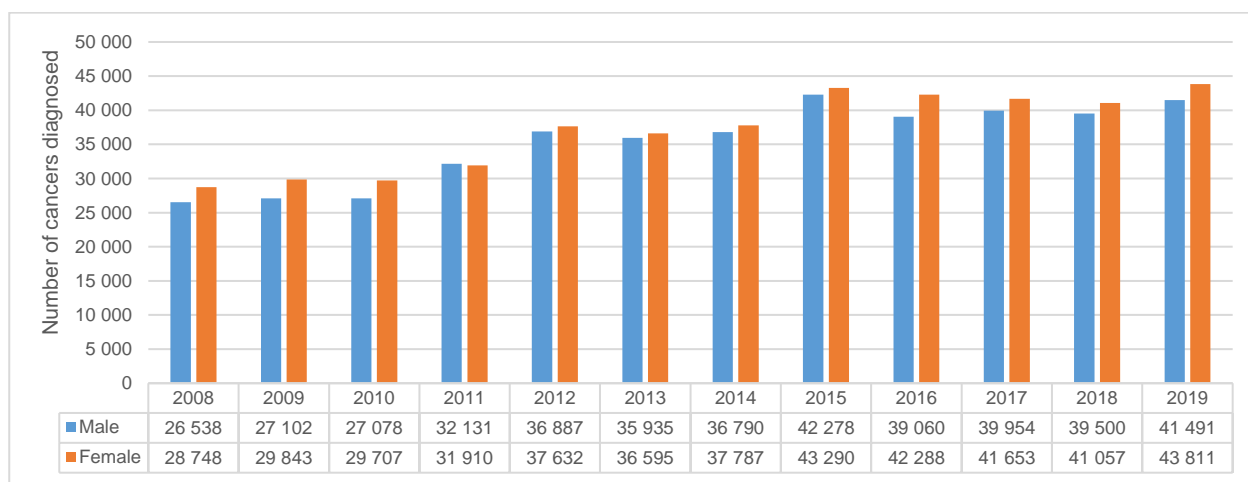
Stats SA, 2023

3.4.10 Cancer occurrence by age

Figure 3.9 shows a distribution of cancer occurrence by age group and sex, 2019. The result shows that the prevalence of cancer occurrence has been increasing by age and sex in 2019. The number increased significantly after the age group 20–24 for both sexes. Cancer occurrence below this age group (cohort) were under 200 for both sexes. The results also showed that cancers occurrence among females were almost twice as high as those among males, especially between age groups 25–29 and 45–49 years, with insignificant differences observed at age group 55–59 years. Cancers occurrence among males were higher than occurrence among female, especially from the age group 55–59 years and older.

Figure 3.9: Number of cancer occurrences by age group and sex, 2019

	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
Male	146	112	102	145	202	372	716	1 074	1 462	2 181	3 173	4 684	5 729	6 112	5 686	4 303	3 891
Female	135	98	110	149	295	750	1 661	2 660	3 364	3 865	3 930	4 531	4 942	4 662	4 078	3 233	3 774
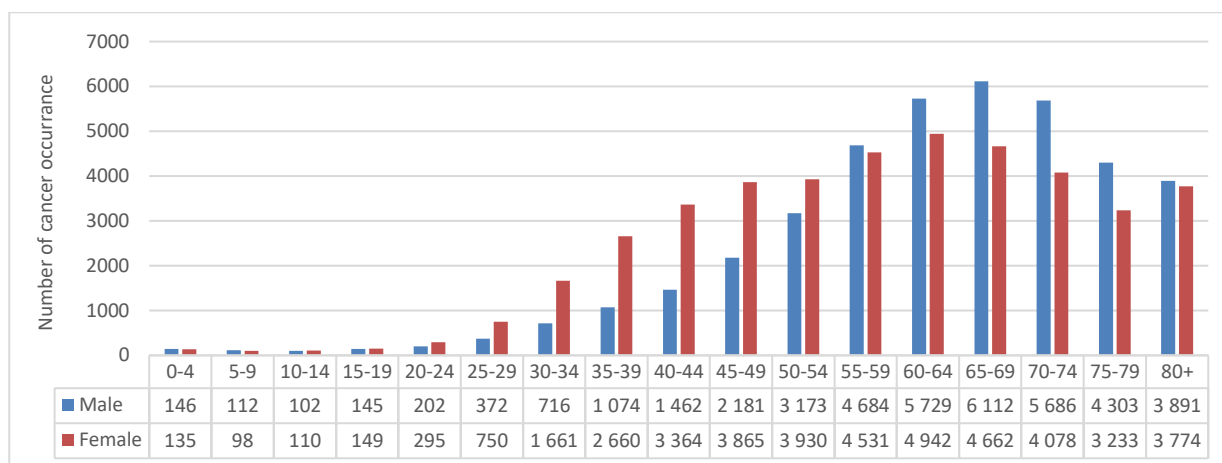
Stats SA, 2023

3.4.11 Antenatal start on ART

Department of Health considers Antenatal start on ART as antenatal clients who started on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously on ART. On the other hand, Antenatal clients already on ART at first visit is measured as a proportion of antenatal clients who are HIV positive (NDoH, 2021).

Figure 3.10a and b shows the provincial and national proportions of antenatal clients already on ART at first visit and antenatal start on ART rates for 2018–2020. The results of Figure 3.10a show that there was an increase in antenatal clients on ART at first visit across all the provinces and nationally. The highest rate of clients already on ART at first visit was reported in Western Cape (77,6%), followed by Free State (77,4%) and KwaZulu-Natal (76,6%) in 2020. With a proportion of 53,8%, Gauteng had the lowest rate of antenatal clients already on ART at first visit in 2018.

Results of Figure 3.10b show that the rate of antenatal start on ART increased in Free State from 84,4% to 98,8% in the study period. In addition, Western Cape had the lowest antenatal start on ART rate relative to other provinces in the study period. The proportion decreased considerably from 81,2% in 2019 to 70,4% in 2020. Limpopo, KwaZulu-Natal, Mpumalanga and Gauteng had a rate of over 95,0% over the period. The proportion decreased slightly between 2019 and 2020 in South Africa.

Figure 3.10a and b: Antenatal client already on ART at first visit and antenatal start on ART rates, province and national, 2018–2020

a. Antenatal client already on ART at first visit by province and national, 2018–2020

	WC	EC	NC	FS	KZN	NW	GP	MP	LP	SA
2018	70,2	66,1	67,9	67,9	60	60	53,8	57,6	56,2	61,7
2019	73,7	71,4	59,5	77,4	72,7	63,4	53,8	62,5	56,2	67
2020	77,6	75,4	63	77,4	76,6	69,6	65,7	69,4	63,5	71,5

b. Antenatal start on ART by province and national, 2018–2020

	WC	EC	NC	FS	KZN	NW	GP	MP	LP	SA
2018	80,5	93,6	94,8	84,4	98,7	97,5	95,9	99	97,4	96,4
2019	81,2	94,3	93,2	96,6	98,2	98	97,5	99,6	97,3	96,4
2020	70,4	92,5	89,7	98,8	99	94	98,6	96,7	96,2	95,1

3.4.12 Distribution of deaths by sex

Figure 3.11 presents the percentage distribution of deaths by sex and year of death in South Africa, CRVS 1999–2020. As expected, the results show that the overall proportion of male death is higher than female death in the study period. The results also show that the proportion of male deaths maintained a decreasing pattern, while that of females maintained an increasing pattern up to 2006. A reverse pattern was observed for both sexes 2006–2019. The proportion of male deaths declined consistently from a high of 54,2% in 1990 to a low of 50,4% in 2005, while the female deaths increased from 45,8% to 49,6% in the same period. Also, the proportion of female deaths decreased yearly from 49,4% in 2006 to 47,3% in 2019, while the proportion of male deaths increased from 50,6% to 52,7% in the same period. The proportion remained consistent at 52,8% (male) and 47,2% (female) between 2016 and 2018. The proportion decreased from 57,7% to 51,1% for males and increased from 47,3% to 48,9 for females, suggesting a decrease and increase pattern.

Figure 3.11: Percentage distribution of deaths by sex and year of deaths in South Africa, CRVS 1999–2020

	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Male	54,2	52,8	52,2	51,4	51,1	50,6	50,4	50,6	51	51,2	51,5	51,5	51,7	52,2	52,4	52,4	52,7	52,8	52,8	52,8	52,7	51,1
Female	45,8	47,2	47,8	48,6	48,9	49,4	49,6	49,4	49	48,8	48,6	48,5	48,3	47,8	47,6	47,6	47,3	47,2	47,2	47,2	47,3	48,9
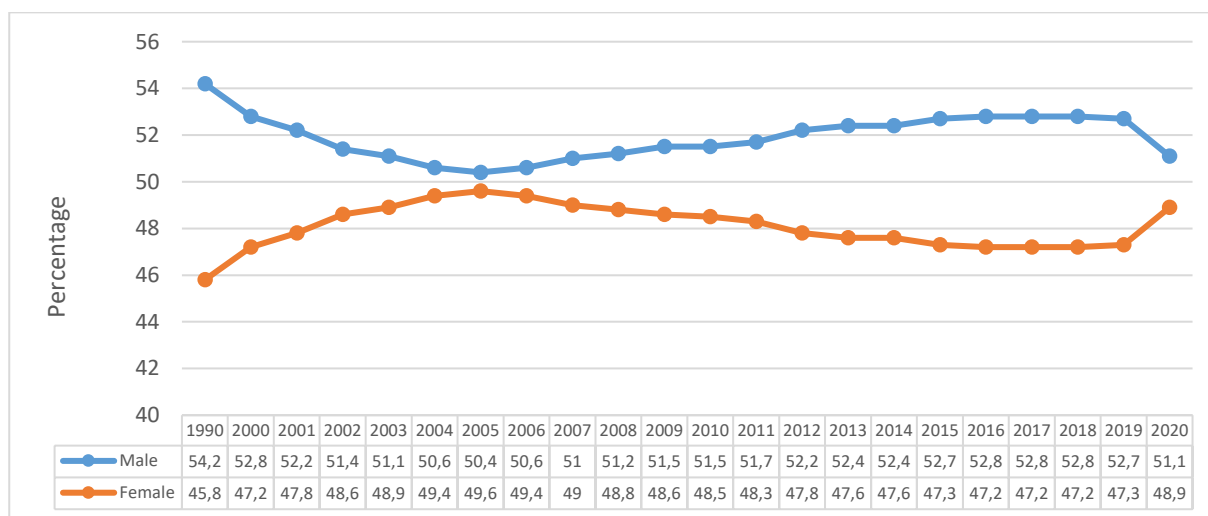
Stats SA, 2024

3.4.13 Estimated completeness of birth and death registration

In South Africa, the assessment of the completeness of CRVS data on births and deaths has revealed results suggesting high and increasing completeness levels of registration in South Africa, compared with the past. According to Stats SA, "Completeness of birth registration is a key measure of the quality of vital statistics data and an assessment of effectiveness and efficiency of processes at the DHA" (Stats SA 2022:3). Results from Figure 3.12 show the estimated completeness of births registered within one year registration period, 2002–2016. With a birth completeness level of 72,4% (average), the results show that a completeness level increase from 55% in 2002 to 77,4% in 2016 in the first year of registration in the period 2002–2016. This suggests high and increasing completeness levels of birth registration in the first year of registration in the study period (Stats SA, 2022; Stats SA, 2024). The highest level of completeness occurred in 2008 (78,8%) in the period. According to Stats SA (2023), the overall completeness of birth registration has increased to 90% for the intercensal period 2011–2022 (Stats SA, 2023).

Figure 3.12: Estimated completeness of births registered within one year registration period, 2002–2016

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Completeness	55,0	60,4	69,1	69,4	72,1	73,9	78,8	74,1	76,8	77,6	74,4	75,6	76,0	74,7	74,4
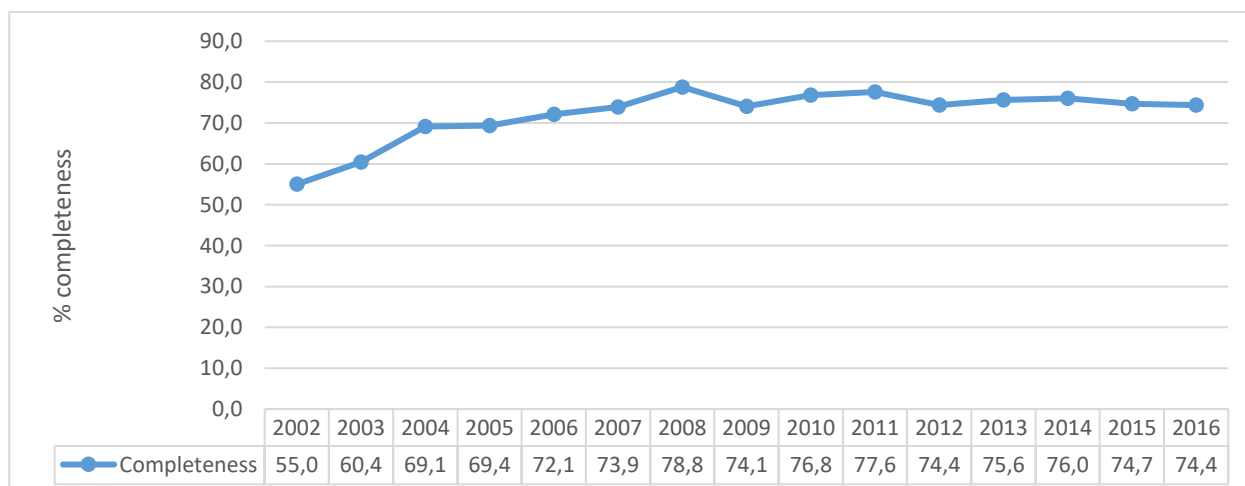
Stats SA, 2024

Table 3.2 shows the estimates of completeness levels of adult death registration by province and South Africa, CRVS 2011–2016. With the male adult death completeness level (97%) slightly higher than the female adult completeness level (95%), the estimated adult death completeness level currently stood at an average of 96% in the study period 2011–2016. Female adult death completeness levels were highest in the North West (100%) and Mpumalanga (99,9%), and lowest in Gauteng (87,4%) among males in this period. Variations in the completeness level exists nationally and by province. This is due to the unique characteristics of each province. Overall, the results show that adult death completeness levels are increasingly high and near universal level in South Africa over time.

Table 3.2 - Estimates of completeness levels of adult death registration by province and South Africa, CRVS 2011–2016

Province	Completeness	
	Male	Female
Western Cape	98,8	99,0
Eastern Cape	94,7	94,7
Northern Cape	97,4	98,6
Free State	92,9	99,3
KwaZulu-Natal	99,5	94,4
North West	96,2	100,0
Gauteng	87,4	94,3
Mpumalanga	95,4	99,9
Limpopo	96,0	99,2
South Africa	**97,0**	**95,0**

Stats SA, 2023

3.5   Conclusion

The analysis presented in this section suggests improvement in population health indicators. Amongst others, MMR TFR and child mortality indicators have been decreasing over time. In additions, some sexual and reproductive health indicators have presented patterns consistent with expectations. Completeness of birth and death registration also reflected higher and increasing levels suggesting a near universal completeness. Stats SA and the National Statistics System embrace the data ecosystem which is an interconnected system that aims to connect people, systems and technology. This encourages the production of usable data by stakeholders across board. Demographic research conducted by Stats SA has complimented traditional and administrative data sources from government and other stakeholders. Despite diversification in research and indicators, the use of emerging data sources allows for timely reporting and monitoring of national and international development frameworks. This is encouraged until national frameworks and SDGs are realised.

CHAPTER 4: MIGRATION AND MOBILITY

4.1 Background

Migration can be defined as a change in a person's permanent or usual place of residence. Along with fertility and mortality, migration is one of the components of population change (Moultrie et al., 2013). However, analysing migration poses more conceptual and methodological challenges than the other two components of population change (Hinde, 1998). Unlike fertility and mortality where single populations are involved (a person is only born once and as a result dies once), migration on the other hand involves two populations, place of birth and place of usual residence (Rogers et al., 2010).

As South Africa celebrates 30 years of democracy, numerous efforts have been put in place to strengthen and improve migration data collection. This is in the form of official statistics and other administrative data from the government. For instance, the government of South Africa through the National Statistics Office has digitalised data collection and continues to more stakeholders in the data ecosystem through the National Statistics System. World Population Day in 2024 is, as previously indicated, celebrated under the theme of "*Embracing the power of inclusive data towards a resilient and equitable future for all",* this *"theme is a reminder of the importance of understanding and addressing the needs of our growing and diverse population"* (DSD, 2024). The theme of inclusive data also highlights the crucial role that data plays to ensure that no one is left behind and that every individual has the opportunity to thrive, irrespective of their nationality or migration status.

The current global estimate by the UN Population Division indicates that there were approximately 281 million international migrants in the world in 2020. This equates to 3,6% of the global population. While the estimated number of international migrants has increased over the past 50 years, it is important to note that the vast majority of people globally live in the region in which they were born (UNDESA, 2021; IOM, 2024).

Within the context of the SADC region, South Africa has shown to be a receiver of mixed migration flows (Stats SA, 2015). Reasons for international migration to South Africa ranges from economic to social and political. Globally, the world has also witnessed an increasing number of people being displaced within and out of their country of origin because of conflict, violence, political or economic instability as well as climate change and other disasters. While those who have been displaced, such as refugees and internally displaced persons (IDPs), comprise a relatively small proportion of people, they are often the most vulnerable and require assistance and support (IOM, 2024).

Beyond the African continent, South Africa is also known as a sending country, experiencing the emigration of its citizens to more developed counties such as United Kingdom, United States of America and Australia, amongst others (Phillips, 2006; Stats SA, 2024). Migration can be considered an instrument of development, which has the potential to facilitate economic, social and political freedom; however, if not better managed, it may also, in its process, hinder economies, and create social instability and anarchy (Stats SA, 2015).

The linkages between migration and development, including the opportunities and challenges that migration brings, are acknowledged in a series of global agreements adopted by the UN member states. This includes the 2030 Agenda for Sustainable Development and, most recently, the Global Compact for Safe, Orderly and Regular Migration (GCM) adopted in 2018. The SDGs recognizes that migration is a powerful driver of sustainable development, for migrants and their communities.

The GCM is the first negotiated global agreement covering all dimensions of migration in a holistic and comprehensive manner, in which countries have placed emphasis on data. Objective 1 "*Collection and utilization of accurate and disaggregated [migration] data as a basis for evidence-based policies*" is one of the 23 objectives of the GCM (UN, 2018). As outlined in the GCM, "*migration is a multi-dimensional reality that cannot be addressed by one government sector alone*", it therefore needs a whole of government approach. This chapter presents an overview of migration data collection in South Africa over the 30 years and showcase some high-level indicators overs, some challenges on data and opportunities for the future.

4.2   Defining migration, migrant and other key terms

It is imperative that concepts and definitions of migration be understood, as the derived estimates of migration stocks and flows are determined by the parameters of the definitions.

Table 4.1: Concepts and definitions

Term	Definition
Internal migration	Defined as a change in province (or administrative region) of usual residence.
Immigrant	A person who enters a country with the intention of changing their country of usual residence for a period of most of the year or a full year, whichever is the statistical definition for usual residence in a given country.
Emigrant	A person who leaves a country with the intention of changing the place of usual residence
Migrant stock	The stock is the size of the migrant population at a specific point in time.
Migrant flows	A flow is a measure of the change in the migrant population over a defined period in either direction, usually a year
Lifetime migration	Measures movement of people according to where they were born (province/country) in relation to where they resided at a later point in time
Period migration	Measures movements according to where the person was residing during a previous point in time (a previous data collection period or otherwise) compared to the current place of usual residence.
Refugees	A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion is outside the country of his/her nationality and is unable, or owing to such fear, is unable to avail him/herself to the protection of that country (1951 Convention and the 1967 Protocol.)
Internally displaced persons (IDPs)	Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights, or natural or human-made disasters, and who have not crossed an internationally recognized state border" (UN guiding principles on internal displacement)
Remittances	Remittances are financial or in-kind transfers made by migrants directly to families or communities in their countries of origin.

4.3   Migration data sources

Sources of migration data can be broadly grouped into four categories, namely (a) administrative; (b) big data; (c) census/household surveys; and (d) demographic and health surveillance sites. These data sources have been discussed in detailed through a study on "*alternative sources of demographic data*" published by Stats SA in 2021.

Due to the need to address health and environmental data gap. There is a rise in the collection of common operational datasets (CODs). These datasets are mainly collected by humanitarian actors in the event of disasters and crises such as the UNFPA, WHO, OCHA, IOM and UNHCR. Common operational datasets (CODs) are authoritative reference datasets which are needed to support operations and decision-making for all actors in a humanitarian response. Furthermore, these datasets can play a crucial part in the data ecosystem and to inform policy.

Table 4.2 - Sources of migration data

Type of source	Example of source
1. Existing data sources	
Administrative	Permits data, National Population Register (NPR), other administrative records from government.
Population census	Census 1996, 2001, 2011, 2022.
Household surveys	Community Surveys 2007, 2016, Quarterly Labour Force Survey 2012, 2017 and 2022, and Income and Expenditure Survey 2022/2023.
Demographic (and health) surveillance sites (HDSS)	Collects longitudinal data on surveillance sites e.g. SAPRIN data.
2. Innovative: Emerging sources in the data ecosystem	
3. Big data	Private sector data, e.g. from banks and cellphone companies.
4. Humanitarian data (common operational datasets on population statistics [COD-PS])	Assist during emergency settings or humanitarian contexts, e.g. forced displacement statistics.

4.4   Key indicators on general cross-border mobility

General cross border mobility data are data mainly collected by the Department of Home Affairs (DHA). These are administrative records regulating the flow of people across boundaries, specifically border statistics, which are an important source of statistical data on temporary population movements (Stats SA, 2023). Data routinely collected by immigration officers at all ports of entry/exit (land, air and sea ports) on all travellers (South African residents and foreign travellers) arriving into or departing from South Africa are captured into the Department of Home Affairs (DHA) population movement control system (MCS). The data provide the best national coverage (in terms of both space and time) on the population movements of South African residents and foreign travellers.

4.4.1   Number of travellers

Figure 4.1 provides a comprehensive overview of arrivals, departures and transients from 2014 to 2023. The data reveal distinct patterns and fluctuations in travel activities over the specified period. Notably, there is a general upward trend in arrivals and departures from 2014 to 2018. This surge could be attributed to increased global connectivity facilitating greater travel and migration. However, the subsequent years (2019–2021) show a decline in both arrivals and departures (turnover mobility), suggesting a potential plateau or slowdown in movement trends. This is likely a consequence of the COVID-19 pandemic's profound impact on global mobility, leading to travel restrictions, border closures, and decreased international travel. Post-COVID-19 recovery, there has been improvements in mobility.

Figure 4.1: Number of arrivals, departures and travellers in transit by year of travel, 2014–2023

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Arrivals	20 404	20 454	21 663	21 704	21 877	21 829	6 414	4 675	11 540	16 073
Departure	19 196	19 199	20 182	20 339	20 280	20 120	6 414	4 675	10 570	14 587
Transit	782	824	834	763	761	821	147	115	299	407
Total	40 382	40 477	42 679	42 806	42 918	42 770	12 975	9 465	22 409	31 067
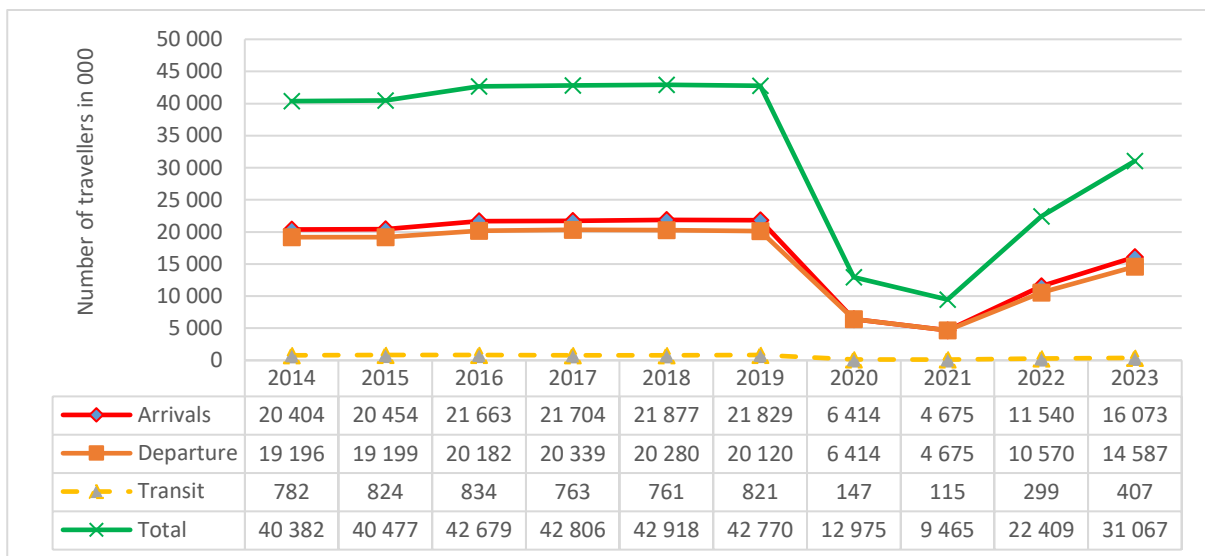
Source: Stats SA, International Tourism, 2023

4.5   Key trends in international migration statistics

4.5.1   Distribution of the immigrant population over time

Figure 4.2 illustrates the distribution of immigrants and the proportion to the population of South Africa for Censuses 1996 to 2022. Over time, the results show an increase in the population of immigrants from 835 215 in 1996 to 2 418 197 in 2022. However, by 2022 this trend shows a slight decline which could be linked to the impact of COVID-19 on international migration and general mobility of people.

Figure 4.2: Distribution of immigrants and the proportion to the total population of South Africa, Census 1996–2022

	1996	2001	2011	2022
Immigrants	835 216	1 025 076	2 184 408	2 418 197
Proportion to the total population	2,1	2,3	4,2	3,9
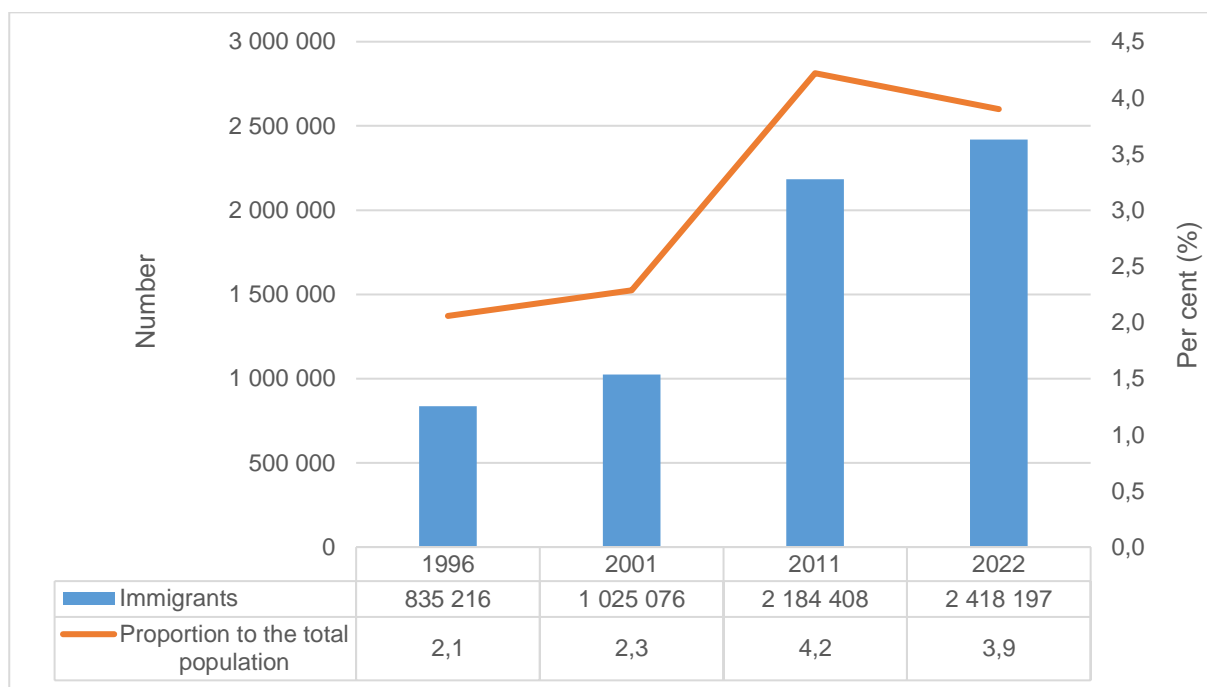
Source: Stats SA, 2024

4.5.2   Distribution of immigrants by age and sex

Research has shown that certain age groups are more likely to migrate than others. Young adults are more likely to migrate than children and older persons. In the past years, males were more likely to migrate than females in most countries/regions (Newell, 1988).

Figure 4.3 presents data on the distribution of immigrants by age and sex for the years 2001, 2011, and 2022. The figure shows that in each year, the largest age group for both males and females was in the 25–29 age range, which suggests that young adults are more likely to migrate internationally. Over the years, the percentage distribution in each age group generally increased, reflecting the overall growth in the immigrant population. This growth was more pronounced in males compared with females, as the male-female gap widened.

Figure 4.3: Age and sex distribution of immigrants, 2001–2022
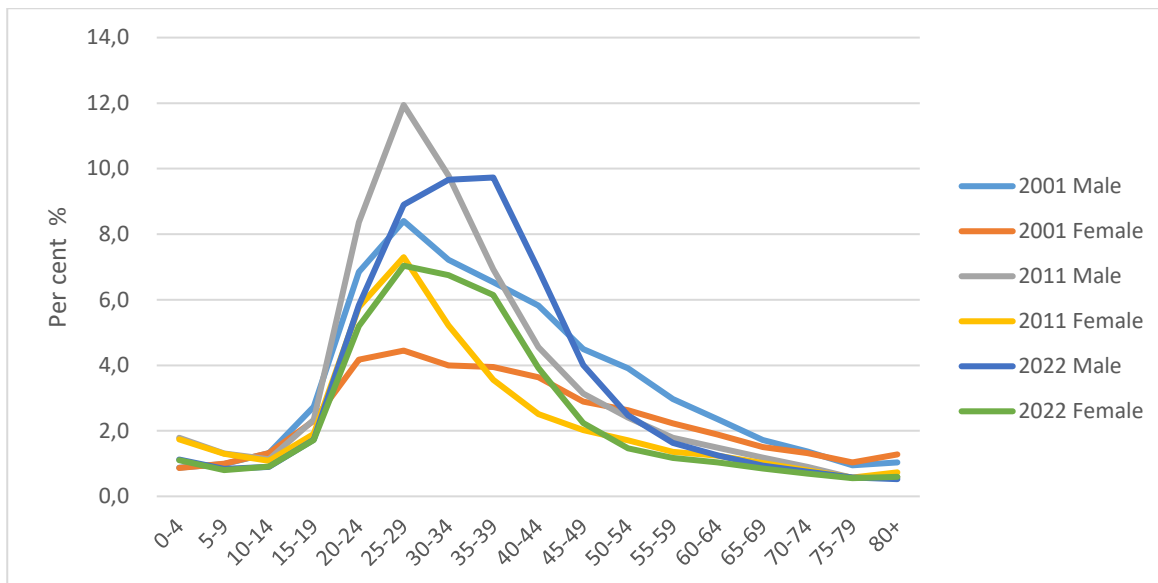
Source: Stats SA, 2024

4.5.3 Distribution of immigrants by population groups

Figure 4.4 provides data on the distribution of immigrants by population group for the years 2001 to 2022. Over time, the highest proportion of immigrants belonged to the black African population group, constituting 56,3% of the total number of migrants in 2001, and 82,1% in 2022 respectively. The white population group saw a significant decrease in 2022. The Indian/Asian and coloured population groups also showed changes in percentage distributions.

Figure 4.4: Percentage distribution of immigrants by population group, 2001, 2011 and 2022

	2001	2011	2022
Black/ African	56,3	71,5	82,1
Coloured	1,6	0,9	0,5
Indian/Asian	3,3	4,2	3,6
White	38,8	17,0	9,7
other	0,0	6,4	4,1
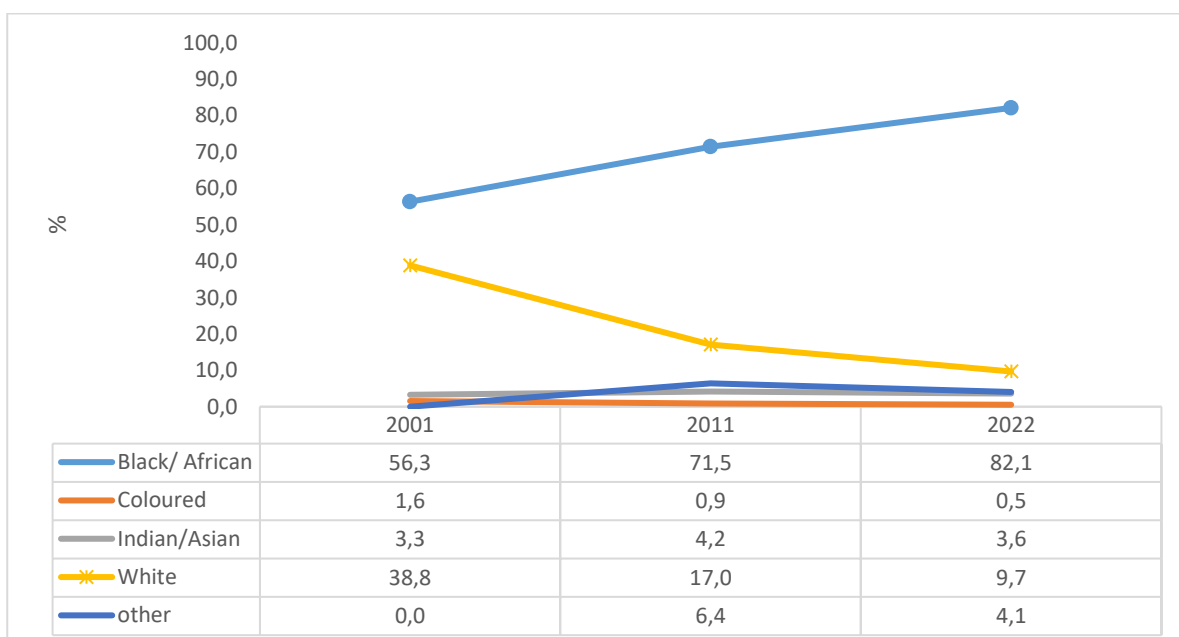
Source: Stats SA, Census 2001–2022

Figure 4.5 presents data on the distribution of immigrants in South Africa by the region of their birth for the years 2001–2022. This figure offers insights into the geographic origins of immigrants and how these origins have evolved over time. Across all the years, most immigrants came from the Southern African Development Community (SADC) region, accounting for 67,1% in 2001 to 83,7% in 2022 of the total migrant population. This reflects the significance of neighbouring countries in contributing to South Africa's immigrant population. The second-largest group was from the United Kingdom and Europe, making up 22,3% in 2001, with smaller contributions from the rest of Africa, Asia, North America, Latin America and the Caribbean, and Oceania. In 2022, the distribution further evolved. The SADC region remained the dominant source, contributing 83,7% of the total immigrant population. The United Kingdom and Europe saw a significant decrease, with only 4,9%. The rest of Africa and Asia also made up a smaller proportion.

Figure 4.5: Percentage distribution of immigrants by region of birth, 2001–2022

	SADC	Rest of Africa	United Kingdom and Europe	Asia	North America	Latin America and Caribbean/Central & South America	Oceania/ Australia and New Zealand
2001	67,1	4,1	22,3	4,0	0,9	1,2	0,4
2011	76,4	8,2	9,2	5,3	0,3	0,3	0,3
2022	83,7	6,9	4,9	3,6	0,4	0,2	0,3
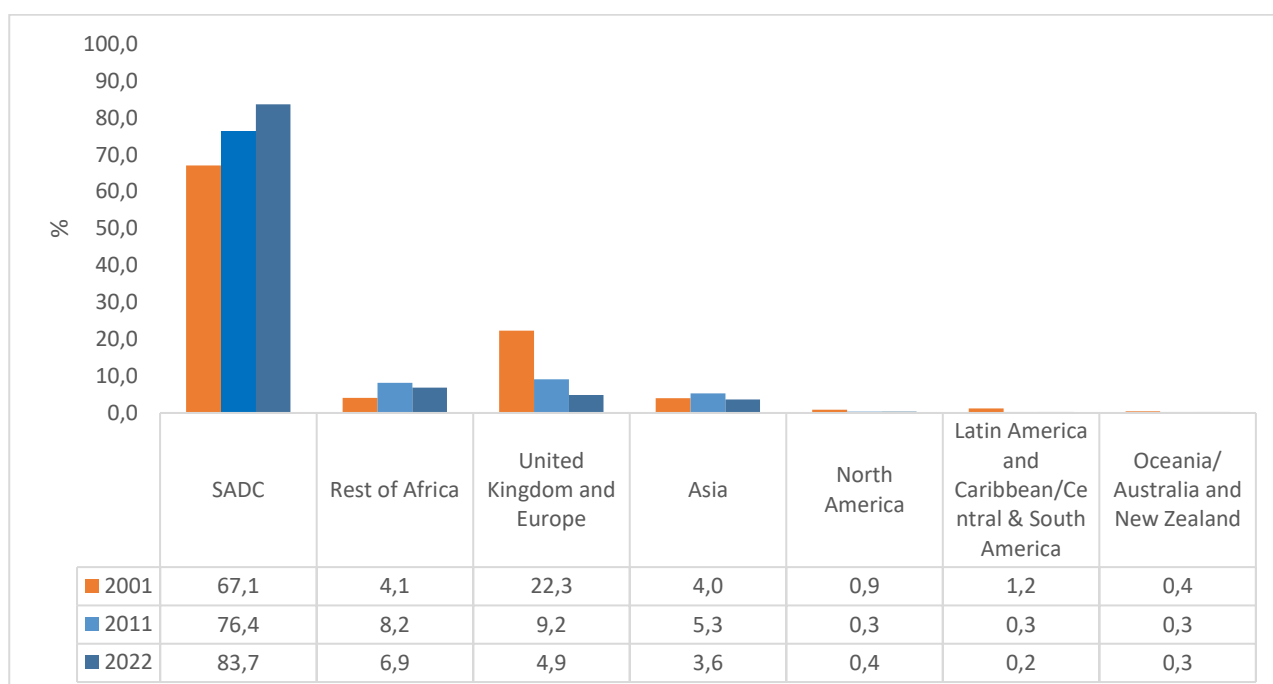
Source: Stats SA, Census 2001, 2011 and 2022

4.5.4   Distribution of top 10 sending countries

Figures 4.6 provides data on the distribution of immigrants to South Africa from the top 10 migration sending countries for the years 2001 to 2022. This figure highlights the significant countries of origin for migrants and how their representation has changed over time. In 2001, the largest group of migrants came from Mozambique, constituting 32,9% of the total immigrant population. Zimbabwe was the second-largest group, making up 16,1%. The United Kingdom/Great Britain and Lesotho were also significant contributors, with 15,9% and 14,0%, respectively. Other countries in the top 10 included Namibia, Eswatini, Malawi, Zambia, Germany, and Portugal. By 2011, distribution had evolved. Zimbabwe became the leading country of origin, contributing 43,1% of the total migrant population, while Mozambique remained important at 25,2%. Lesotho, Malawi, and the United Kingdom/Great Britain were also notable contributors. In 2022, Zimbabwe remained the leading country of origin, with 48,5% of the total migrant population. Mozambique was the second-largest contributor at 20,0%.

Figure 4.6: Percentage distribution of top 10 sending countries, 2001–2022

2001

Country	%
Portugal	2,4
Germany	2,8
Zambia	2,9
Malawi	3,1
Eswatini	4,2
Namibia	5,6
Lesotho	14,0
UK	15,9
Zimbabwe	16,1
Mozambique	32,9

2011

Country	%
Ethiopia	1,8
Zambia	1,9
India	2,0
Eswatini	2,3
Namibia	2,6
UK	5,2
Malawi	5,5
Lesotho	10,3
Mozambique	25,2
Zimbabwe	43,1

2022

Country	%
Zambia	1,2
Nigeria	1,2
India	1,3
Namibia	1,7
Ethiopia	2,8
UK	2,9
Malawi	9,5
Lesotho	10,9
Mozambique	20,0
Zimbabwe	48,5
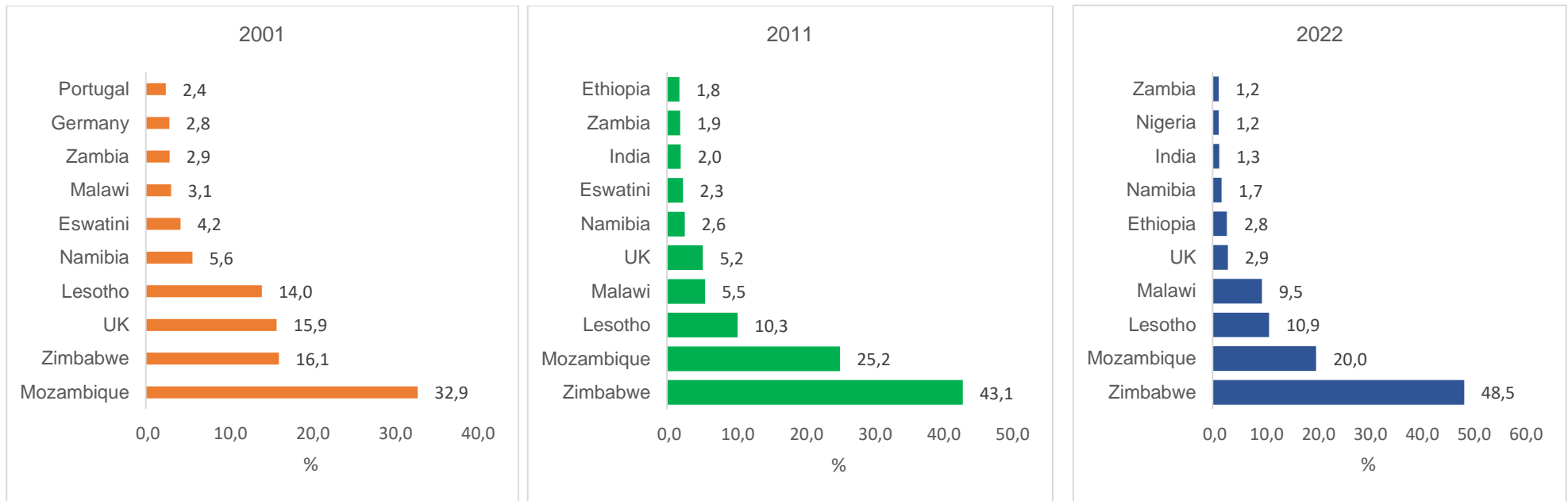
Source: Stats SA, Census 2001, 2011 and 2022.

4.5.5   Distribution of immigrants by usual place of residence in South Africa

Figure 4.7 provides data on the distribution of immigrants by the province of usual residence for the years 2001 to 2022. This figure offers insights into the geographic distribution of immigrants within the country. In 2001, the province with the highest number of immigrants was Gauteng, accounting for 46,5% of the total migrant population. The Western Cape also had a notable percentage of 10,5%. The other provinces had varying percentages, with KwaZulu-Natal and the Eastern Cape being among the significant contributors.

By 2011, the distribution shifted slightly. Gauteng remained the province with the highest number of immigrants, with a higher percentage of 51,5%. The Western Cape also saw an increase in both numbers and percentage. In 2022, the distribution continued to evolve. Gauteng remained the province with the highest number of immigrants, contributing 50,2% of the total migrant population. The Western Cape also continued to see growth in both numbers and percentage, making up 15,6%. Other provinces had varying percentages, with changes in the numbers of migrants.

Figure 4.7: Percentage distribution of immigrants by province of usual residence, 2001–2022

	Western Cape	Eastern Cape	Northern Cape	Free State	Kwazulu-Natal	North West	Gauteng	Mpumalanga	Limpopo
2001	10,5	3,5	1,2	4,7	9,4	8,5	46,5	8,2	7,7
2011	11,7	3,5	0,9	3,1	7,6	7,0	51,5	6,8	7,8
2022	15,6	4,7	0,9	2,7	6,9	5,7	50,2	6,0	7,2
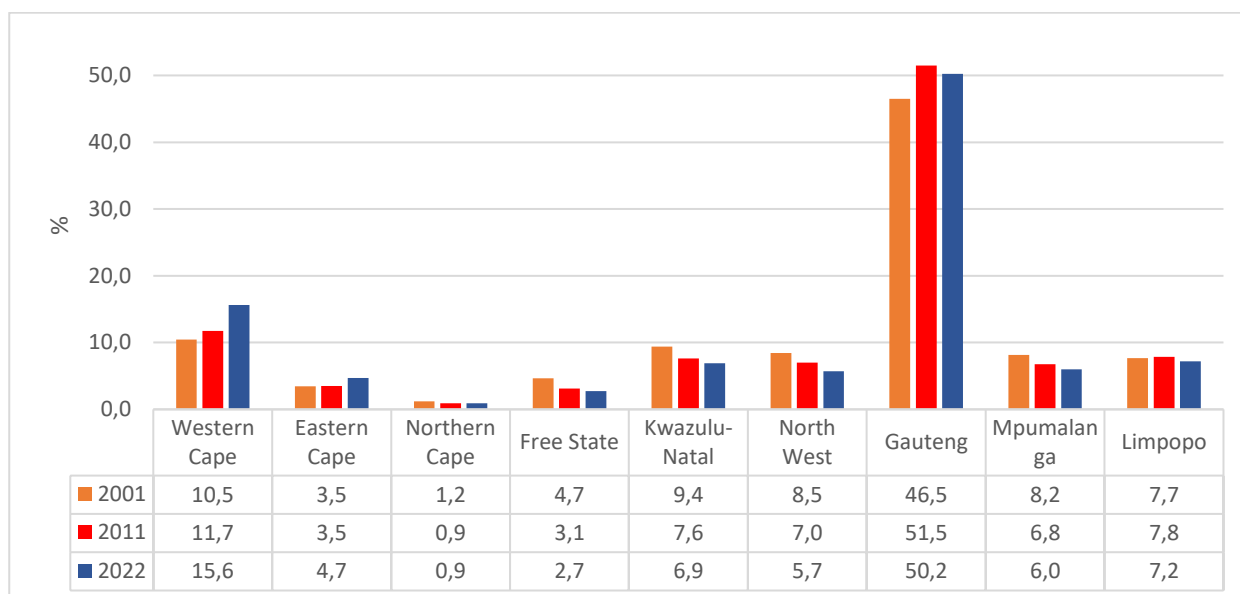
Source: Stats SA Census 2001, 2011 and 2022

Note: Excludes do not know and unspecified cases.

4.5.6   Labour migration

Stats SA incorporated the first migration questions in the Quarterly Labour Force Survey (QLFS) for the first time in the third quarter of 2012. The second module was conducted in the third quarter of 2017 and the latest module was collected in the third quarter of 2022. These migration questions were posed to all persons aged 15 years and older.

The migration module in the QLFS allows to measure migrant labour market outcome and the participation thereof. Furthermore, the module provides an opportunity to generate indicators relating to decent work agenda. Decent work is central to efforts to reduce poverty and is a means for achieving equitable, inclusive, and sustainable development. It involves productive work opportunities that deliver a fair income, provide security in the workplace and social protection for workers and their families, and give people the freedom to express their concerns, organize and participate in decisions that affect their lives. Decent work is the best route to reducing inequalities and combating poverty, leaving no one behind including migrants.

Table 3 shows that the working-age population increased from 34,2 million in 2012 to 40,3 million in 2022. In 2022 about 94,6% of the working-age population were born in South Africa and 5,4% were born outside of South Africa.

Table 4.3 - Distribution of the working-age population by place of birth, 2017–2022

Place of birth	2012	2017	2022
	Thousand		
Foreign	1 333	1 984	2 182
RSA-born	32 920	35 387	38 127
Unspecified	0	2	12
Total	**34 253**	**37 373**	**40 332**
	%		
Foreign	3,9	5,3	5,4
RSA-born	96,1	94,7	94,6
Unspecified		0,0	0,0
Total	**100,0**	**100,0**	**100,0**

Source: Stats SA, Labour Market Dynamics 2012, 2017 and 2022

4.5.7 International migrant workers

Table 4 provides data on the distribution of employed persons by migratory status in South Africa. The share of immigrants who are in employment increased over time from 6,0% in 2012 to 8,9% in 2022. South African-born persons made up most of the employed workforce, accounting for 94,0% of the total employed in 2012.

Table 4.4 - Distribution of the employed by migratory status, 2012, 2017 and 2022

Migratory status	2012		2017		2022	
	N	%	N	%	N	%
Born outside SA (immigrants)	871 165	6,0	1 251 477	7,7	1 396 826	8,9
SA-born persons	13 690 451	94,0	14 938 696	92,3	14 364 570	91,1
Total	**14 561 615**	**100,0**	**16 190 173**	**100,0**	**15 761 396**	**100,0**

Source: Stats SA, QLFS 2012, 2017 & 2022

Figure 4.8 shows the percentage distribution of the employed population by industry and migratory status using the QLFS 2022 Quarter 3 data. The results indicate that the highest percentage share of immigrants employed by industry worked in private households at 18,4%. The highest percentage share of South African-born persons is employed in the electricity, gas and water supply industry with 96,7%.

Figure 4.8: Percentage distribution of the employed by industry and migratory status, 2022

	Agriculture; hunting; forestry and fishing	Mining and quarrying	Manufacturing	Electricity; gas and water supply	Construction	Wholesale and retail trade	Transport; storage and communication	Financial intermediation; insurance; real estate and business services	Community; social and personal services	Private households	Other
■ SA Born	91,1	94,6	93,0	96,7	82,8	86,4	92,6	94,9	96,4	81,6	65,2
■ Immigrants	8,9	5,4	7,0	3,3	17,2	13,6	7,4	5,1	3,6	18,4	34,8

Source: Stats SA, QLFS 2022, Q3

Figure 4.9 shows the percentage distribution of the employed population by migratory status using the QLFS 2022 Quarter 3 data. The results indicate that the percentage share of immigrants employed as domestic workers is 16%. The percentage share of immigrants employed as craft-related trades workers is 15,8%.

Figure 4.9: Percentage distribution of the employed by occupation and migratory status, Q3: 2022

	Legislators; senior officials and managers	Professionals	Technical and associate professionals	Clerks	Service workers and shop and market sales workers	Skilled agricultural and fishery workers	Craft and related trades workers	Plant and machine operators and assemblers	Elementary Occupation	Domestic workers
■ SA Born	89,5	93,9	95,8	97,0	92,1	86,2	84,1	93,2	90,1	83,9
■ Immigrants	10,5	6,1	4,2	3,0	7,9	13,8	15,9	6,8	9,9	16,1

Source: Stats SA, QLFS Q3: 2022

Figure 4.9 provides data on immigrant employment rates for the years 2012, 2017, and 2022, presenting key indicators such as unemployment rate, absorption rate, and labour force participation rate (LFPR). In 2012, the unemployment rate among immigrants was 15,6%, indicating the percentage of individuals actively seeking employment but unable to find work. This rate slightly increased to 18,4% in 2017 and further rose to 18,2% by 2022, suggesting challenges in securing employment opportunities among immigrant populations over the analysed period.

The absorption rate, which represents the percentage of immigrants who successfully entered the labour market, stood at 65,3% in 2012, indicating a considerable portion of immigrants being absorbed into the workforce. This rate decreased to 63,1% and increased to 64,0% signalling a fluctuation in the proportion of immigrants finding employment opportunities.

The labour force participation rate (LFPR), which measures the percentage of the working-age population actively participating in the labour force, was 77,5% among immigrants in 2012. This rate slightly decreased to 77,3% by 2017 and increased to 78,3%, indicating a fluctuation in labour force participation. However, by 2022, the LFPR declined to 78,3%, suggesting a slight decrease in immigrant labour force participation over the analysed period.

Figure 4.10: Immigrant employment rates, 2012, 2017 and 2022

	Unemployment rate	Absorption rate	LFPR
2022	18,2	64,0	78,3
2017	18,4	63,1	77,3
2012	15,6	65,3	77,5
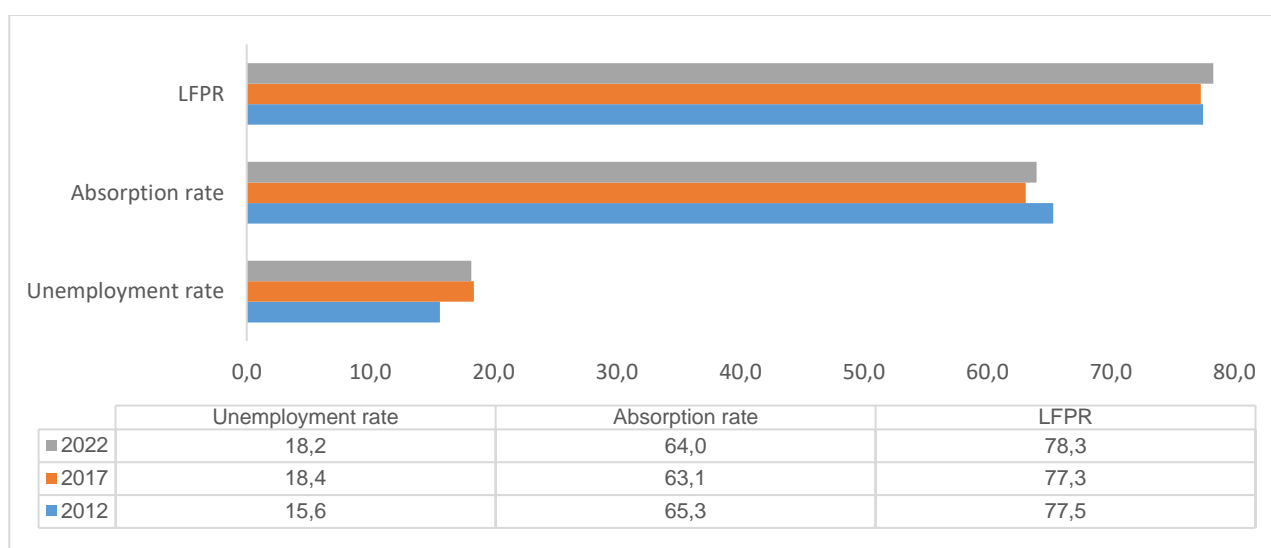
Source: Stats SA, QLFS 2012, 2017 & 2022, Q3

4.5.8   Migration and economic development: International remittances

The economic implications of migration in South Africa have been a subject of considerable debate. On one hand, there is evidence to suggest that immigrants have made significant contributions to the country's economy. This is because immigration has been found to have a positive impact on the labour market, particularly in terms of employment creation and skills enhancement (Biyase & Tregenna, 2016). This is further supported by a study conducted by the International Labour Organization (ILO), which found that migrant workers contribute significantly to the economy, both in terms of their direct contributions to GDP and their indirect contributions through the multiplier effect (OECD/ILO, 2018).

The World Bank compiles global data on international remittances, notwithstanding the data gaps, i.e. do not capture unrecorded flows through formal or informal channels, and the actual magnitudes of global remittances are therefore likely to be larger than available estimates. Despite these issues, available data reflect a long-term increasing trend in global international remittances in recent years, rising from around USD 128 billion in 2000 to USD 831 billion in 2022 (World Bank, 2022).

Migration has long been a significant factor in shaping the economic landscape of developing countries in Africa, including South Africa. Table 6 shows estimated amounts of remittances received by the country during the period 2016 to 2021. Although the amounts of remittances have been fluctuating over the years, there is a slight increase in the amount of remittances received by the country from 755 million dollars to 873 million dollars. Furthermore, the outbound remittances from South Africa by migrant nationals residing in the country increased from 897 million dollars in 2016 to 1 012 million dollars in 2022.

Table 4.5 - Remittance inflows and outflows to and from South Africans abroad in million (US$), 2016–2022

Remittances	2016	2017	2018	2019	2020	2021	2022
Remittance inflows (US$ million)	755	874	929	890	811	927	873
Remittance outflow (US$ million)	897	1 033	1 098	1 052	921	1 066	1 012

Sources: World Bank: https://data.worldbank.org/indicator/DT.ODA.ALLD.CD?locations=ZA;

Another notable effect of migration is the substantial contribution made by immigrants to the South African economy. It is evident that immigrants play a crucial role in the labour market. Occupational growth is mostly driven by new entrants, emphasising the significant role of immigrants in driving occupational growth (OECD/ILO, 2018). This is further supported by the breakdown of occupational growth, which reveals the contributions from different age groups, including "new immigrants (defined as those migrant-born who have entered the country in the past ten years)" (OECD/ILO, 2018). This indicates that immigrants, particularly recent arrivals, have been instrumental in driving economic growth and filling labour market gaps.

4.6   Inter-provincial migration

Figure 4.10 presents an analysis of inter-provincial migration dynamics based on usual residence and province of previous residence variables derived from the census. The results indicate that Gauteng and Western Cape are the two main provinces that attract a high number of in-migrants. Northern Cape is the province with the lowest share of period migrants (2,6%). Eastern Cape on the other hand shows an increase of 5 percentage points between Census 2011 (5,3%) and Census 2022 (10,3%) respectively.

Figure 4.11: Percentage distribution of period in-migration by province, 2011 and 2022
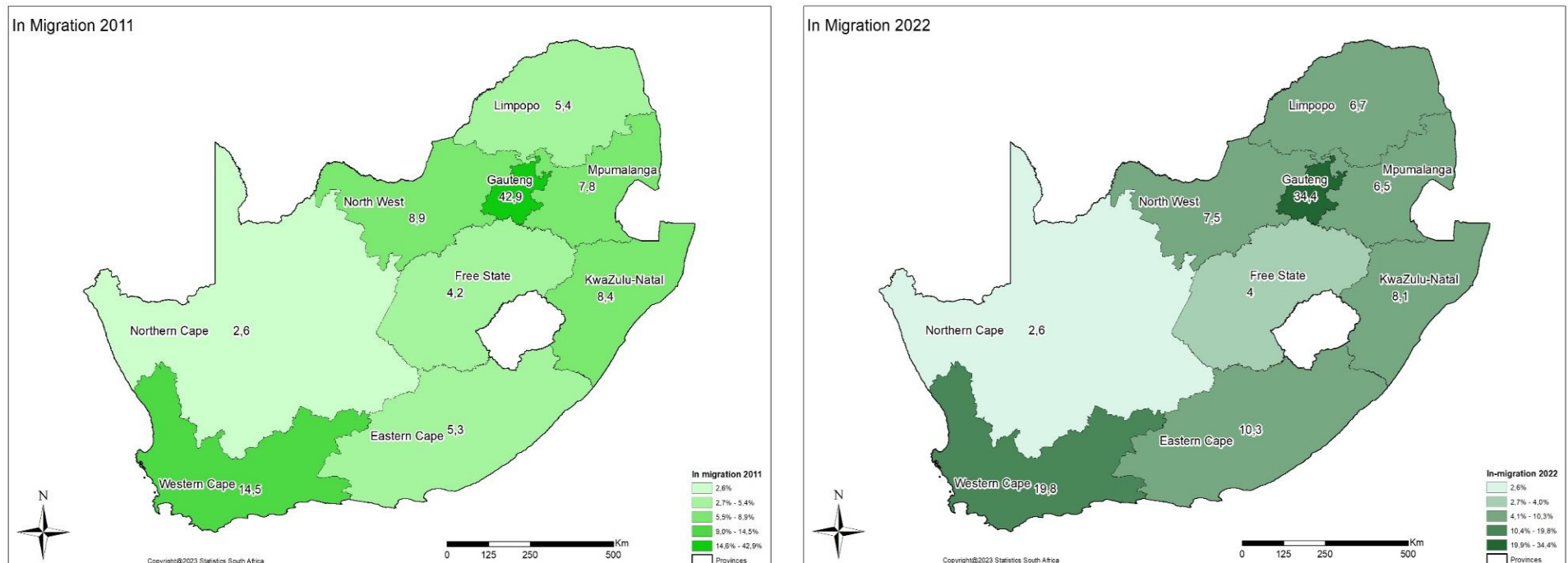
Source: Stats SA, Census 2011 and 2022

Figure 4.11 presents period out-migration by province between 2011 and 2022. In both censuses, Gauteng, Eastern Cape, Limpopo, and KwaZulu-Natal experienced a high share of out-migration. Notably, Gauteng had a share of 26,7% in Census 2022 and 17,8% in Census 2011. The province with the lowest share of out-migration is Northern Cape with 3,0% in Census 2011 and 2,2% in Census 2022.

Figure 4.12: Percentage distribution of period out-migration by province, 2011 and 2022
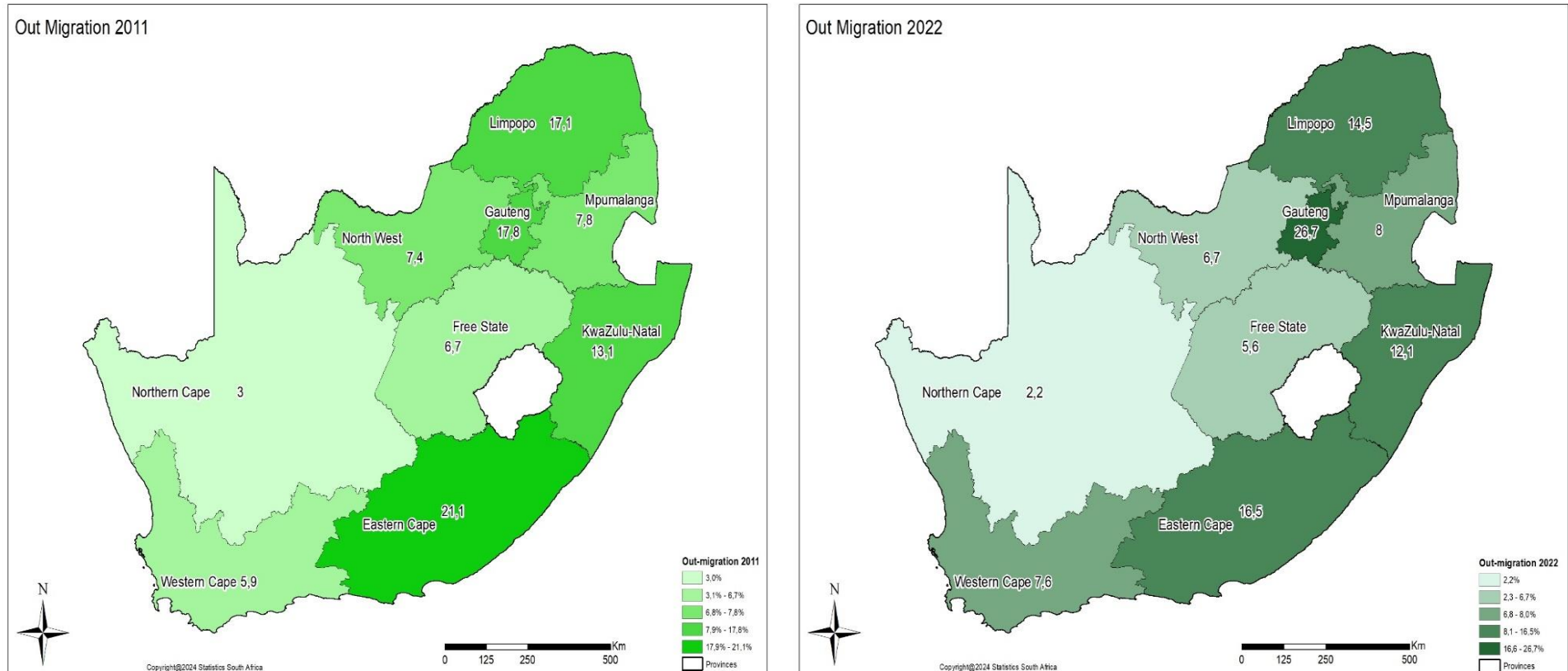
Source: Stats SA, Census 2011 and 2022

Figure 4.12 presents the main reasons for moving from previous place of residence in 2022. The results indicate that the main reason for migrating is to look for paid work at 22,9%, followed by moving to live with or be closer to spouse at 15,5%. It is also noteworthy to mention that education (12,9%) and job transfer (12,8%) are some of the top reasons for migrating.

Figure 4.13: Main reason for moving from the previous place of residence, 2022
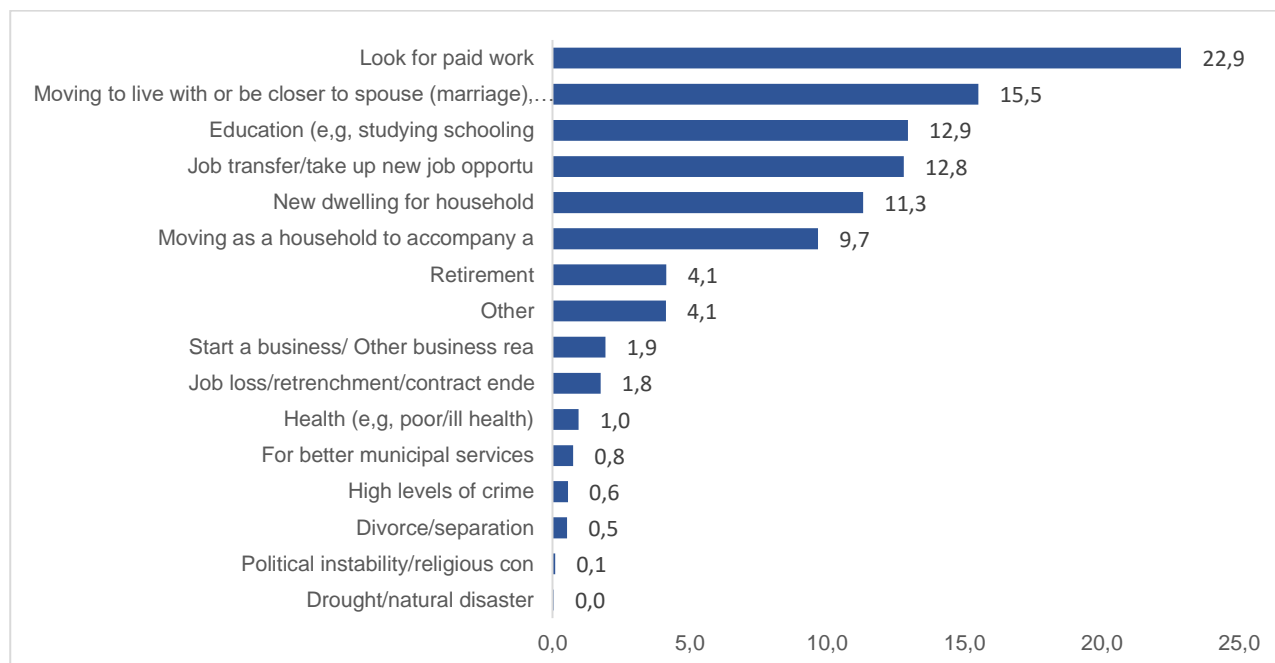
Source: Stats SA, Census 2022

4.6.1   Internally displaced persons statistics

South Africa is a member of the UN Expert Group on Refugee, Internally Displaced Persons, and Statelessness Statistics (EGRISS), which is a multi-stakeholder group mandated by the UN Statistical Commission to develop statistical standards on refugees, IDPS and stateless persons statistics. Since the endorsement of the International Recommendations on Refugee and Internally Displaced Persons Statistics (IRRS and IRIS), the EGRISS Secretariat has been monitoring their implementation at national, regional, and global levels. For Stats SA, plans are underway to incorporate these new emerging issues into the migration modules.

4.7   Challenges in migration data collection

- **Data gaps**: Issues with data availability, and comparability across surveys, particularly the Community surveys and the census.

- **Limited data sources to address certain migration data requests such as on environmental induced mobility, trafficking in persons, irregular migration, and the health of migrants**.

- **Political climate**: Political climate in RSA made it hard to enumerate immigrants in time such as the census 2022. Xenophobic attacks made it more challenging to enumerate immigrants.

- **No migration-specific survey in South Africa**

4.8   Solutions and innovations

- **Standardization efforts**: Efforts by international organizations to standardize data collection methodologies (e.g. UN's International Recommendations on Migration Statistics).

- **Technology and big data**: Leveraging mobile phones, social media, satellite imagery, and big data analytics.

- **Development of the Migration and Urbanisation Forum** was important to improve stakeholder engagement and to remain relevant in producing migration products that are responsive to data needs.

- **Collaborative initiatives**: Partnerships between governments, NGOs, and academia for comprehensive data gathering and addressing stakeholder needs. The inclusion of the migration module in the IES 2022, QLFS 2012, 2017 and 2022 highlights the desire to address indicators from developmental strategies such as the SDGs and IDP.

- **Partnership** with **international** organisations such as IOM, UNHCR, EGRISS, UNFPA, SADC and AU.

- **Capacity building**: Training and resources to enhance the ability of countries to collect and analyse migration data.

4.9   Key opportunities for the future

- **Migration Profile Report** allowed to enhance and tap into the use of admin data. Creating a platform where more migration related indicators can be addresses.

- **Data sharing and collaboration**: Creating more robust platforms for data sharing among international and local entities.

- **Focused research and analysis**: Identifying areas where more in-depth research is needed, such as the impact of climate change on migration.

- **Inclusive and comprehensive approaches**: Ensuring that data collection methods are inclusive of all migrant groups and capture the full spectrum of migration experiences.

4.10   Summary and conclusion

In the past 30 years, migration and mobility in South Africa have been on the rise. Travelers' data generally show an upward trend in arrivals and departures from 2014 to 2018. The proportion of international migrants to the entire population has increased from 2,1% in 1996 to 3,9% in 2022 with most migrants being young adult males aged between 25–45 years. Most international migrants in South Africa are from neighbouring countries such as Zimbabwe and Mozambique and they have indicated Gauteng as their province of usual residence. The proportion of employed migrants increased from 6,0% in 2012 to 8,9% in 2022. Gauteng and Western Cape are still attracting more internal migrants, and the majority indicate job seeking as the main reason for movement.

CHAPTER 5: SOCIO-ECONOMIC TRENDS

5.1   Employment

5.1.1   From Labour Force Survey (LFS) to Quarterly Labour Force Survey (QLFS)

Over the past 30 years, measurement of labour indicators changed from annual survey programme to quarterly, in order to provide indicators more frequently as required by users. The decision to redesign all aspects of the LFS had its origins in the dissatisfaction expressed by data users documented in the report written by International Monetary Fund (IMF) consultants in June 2005. Major changes implemented related to the scope, coverage, timeliness and frequency of the survey. In addressing these issues, Stats SA decided to embark on a quarterly cycle for the collection of labour market information. Increasing the frequency of the survey, coupled with the additional requirement to release results in a timely fashion required the following:

- Continuous data collection.

- Automated data processing system.

5.1.2   Indicators

- Employment declined from 14,6 million in 2008 to 13,8 million in 2010 (down by 797 000 or 5,5%), then began to rise in 2011 to a peak of 16,4 million in 2019. However, during the global COVID-19 pandemic in 2020, employment fell by 1,3 million (or 7,9%) to 15,1 million. With 15,5 million jobs in 2022, the employment level began to increase and reached its highest point since 2001 with 16,5 million jobs in 2023 (an increase of 6,2% of jobs between 2022 and 2023).

- Between 2001 and 2023, there was an approximate rise of 4,4 million (or 36,6%) jobs from 12,1 million to 16,5 million.

- In general, the level of unemployment has been increasing over the period 2001 to 2023. Over the same period, the level of unemployment declined six times with the largest of 450 000 (or 10,2%) unemployed recorded in 2004 followed by 296 000 (or 4,5%) in 2020 while the rest ranged from 17 000 (or 0,3%) to 75 000 (or 1,9%).

- Between 2020 and 2021, the level of unemployment increased by about 1,4 million (or 21,9%) from 6,3 million to 7,7 million while the same labour market status increased by 3,8 million (or 92,4%) in 2023 compared to 2001.

- From 2001 to 2020, the level of discouraged work-seekers remained below 300 000 and began to exceed this level in 2021 at 3,5 million. The highest level was reached in 2022 at approximately 3,5 million which increased by 20 000 (or 0,6%) compared to 2021 results.

- Over the period 2001 to 2023, the level of discouraged work-seekers increased by roughly 1,3 million (or 62,0%).

- The level of employment, unemployment, and discouraged work-seekers declined in favour of other not economically active persons in 2020. The other not economically active persons increased from 12,7 million in 2019 to 15,0 million in 2020 (down by 2,3 million or 17,8%). This resulted from the lockdown's restrictions on movement.

- The other not economically active level reached a peak of 15,0 million in 2020 from 11,8 million in 2008 and began to decline in 2019 to 13,2 million in 2023. This is still high compared with where it was in 2008.

- The formal sector has remained the main contributor to total employment since 2001. The share of employment in the formal sector increased from 59,6% in 2001 to reach a peak of 71,5% in 2014 and began to decline to 69,1% in 2023.

- Between 2001 and 2023, the share of employment in the formal sector increased by 9,5 percentage points from 59,6% to 69,1%.
- In terms of the informal sector, the largest share of 22,7% was recorded in 2001, which started to decline to 18,7% in 2023.
- Agriculture recorded the lowest shares of employment over the period 2001 to 2023. The share of employment in Agriculture declined from 7,6% in 2001 to 5,5% in 2023.
- The share of employment in Private households declined by 3,5 percentage points from 10,2% in 2001 to 6,7% in 2023.

Figure 5.1.1: Unemployment rate by sex, 2001–2023

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Women	27,9	31,3	31,1	28,7	28,2	27,1	26,4	25,9	25,7	27,2	27,3	27,2	26,7	27,2	27,7	29,1	29,6	29,3	30,7	31,2	36,6	35,6	34,9
Men	23,1	23,5	23,7	21,2	20,0	18,6	18,8	19,8	22,0	23,0	22,7	23,0	23,1	23,3	23,4	24,7	25,7	25,3	27,0	28,0	32,4	31,8	30,2
Both sexes	25,4	27,2	27,1	24,7	23,8	22,6	22,3	22,5	23,7	24,9	24,8	24,9	24,7	25,1	25,3	26,7	27,5	27,1	28,7	29,4	34,3	33,5	32,4

Source: Stats SA

- Women remain vulnerable in terms of unemployment with higher unemployment rate above the national average ever since 2001 until 2023 while the opposite was evident for men.
- In 2023, the unemployment rate for women (34,9%) was 4,7 percentage points higher than that of men (30,2%).
- The South African unemployment rate increased from 25,4% in 2001 to 32,4% in 2023 by 7,0 percentage points. The rate increased by 7,1 percentage points for men and by 7,0 percentage points for women over the same period.

Figure 5.1.2: Labour market rates, 2001–2023

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
UR	25,4	27,2	27,1	24,7	23,8	22,6	22,3	22,5	23,7	24,9	24,8	24,9	24,7	25,1	25,3	26,7	27,5	27,1	28,7	29,4	34,3	33,5	32,4
AR	44,1	42,8	41,5	41,6	43,4	44,9	44,4	45,9	43,9	41,8	41,9	42,2	42,7	42,8	43,7	43,0	43,4	43,2	42,5	38,5	37,0	38,6	40,4
LFPR	59,1	58,8	57,0	55,2	57,0	58,0	57,2	59,3	57,5	55,7	55,7	56,2	56,8	57,1	58,5	58,7	59,8	59,3	59,5	54,6	56,3	58,1	59,8

Source: Stats SA

- On an annual basis, the largest increase in the unemployment rate was in 2021 (34,3%) at 4,9 percentage points followed by 1,8 percentage points in 2022 (27,2%) and 1,6 percentage points in 2019 (28,7%).
- The absorption rate remained between 40,0% and 46,0% from 2001 and 2019, then began to drop below 40,0% in the year 2020 (38,5%), 2021 (37,0%) and 2022 (38,6%). In 2023, the rate increased by 1,8 percentage points to 40,4% when compared with 2022.
- Over the period 2001 to 2023, the absorption rate declined by 3,7 percentage points (44,1% in 2001 and 40,4% in 2023).
- As the gap between the labour force participation rate and absorption rate continues to become wider; this implies that more people participating in labour are unemployed.
- The labour force participation rate increased by 0,7 of a percentage point from 59,1% in 2001 to 59,8% in 2023.

Figure 5.1.3: NEET rate for youth aged 15–24 by sex, 2013–2023

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Men	29,3	28,8	27,9	28,6	28,6	29,0	30,7	31,0	31,2	33,7	32,5
Women	34,7	33,9	33,1	33,9	33,8	34,2	34,3	33,8	34,6	36,6	35,5
Both sexes	32,0	31,3	30,5	31,2	31,2	31,6	32,5	32,4	32,9	35,2	34,0
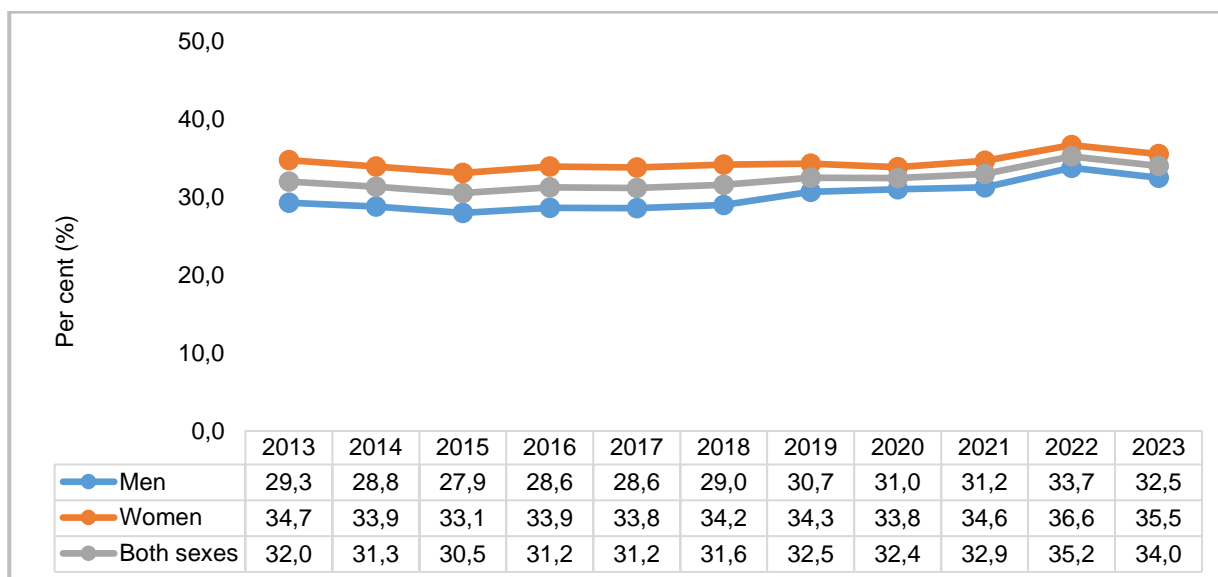
Source: Stats SA

- The NEET rate was consistently higher for young girls aged 15–24 compared with their male counterparts over the period 2001 to 2023. The rate for females, which remained higher than the national average, increased from 34,7% in 2001 to 35,5% in 2023.
- Even though the NEET rate for males was lower than that of females, males recorded the largest increase of 3,2 percentage points compared with 0,8 of a percentage point for females over the period 2001 to 2023.
- The national average NEET rate increased by about 2,0 percentage points from 32,0% in 2001 to 34,0% in 2023.

A new Master Sample and listing procedures have been developed, new fieldwork procedures have been implemented, and a shorter core questionnaire and an end-to-end data processing system has also been developed.

5.2   Education

5.2.1   Background

Access to education was enshrined in the Freedom Charter (1955) and on the Bill of Rights of the Constitution of the Republic of South Africa Act, 1996 (Act No. 108 of 1996) as one of the fundamental human rights in the country. In the post-apartheid era the country was presented with a key challenge of integrating the previously marginalised majority into a new inclusive education system. Subsequently, a number of policy initiatives were introduced through democratic processes to redress past discriminations and increase access and participation into the educational system. Some of the key policies introduced included the introduction of no-fee schools, school nutrition and scholar transport programmes (Stats SA, 2024).

Furthermore, in 2015 the National Integrated Early Childhood Development (ECD) Policy 2015 was approved and subsequently, the responsibility for the provision of ECD programmes was moved from the Department of Social Development to the Department of Education in 2022, emphasising the key role of ECD within the broader education framework. Likewise, to safeguard the right to access to [higher] education as enshrined in the Bill of Rights, the National Student Financial Aid Scheme Act, 1999 (Act No. 56 of 1999) which incorporated the Tertiary Education Fund of South Africa (TEFSA) from 1993 to 2000 was introduced.

5.2.2   Impact on measurement of education indicators

In the 1996 and 2011 censuses ECD data for children aged 0–4 years was not collected; education questions only applied to persons aged 5 years and older. Nevertheless, in the 2001 census the question on present school attendance, which included pre-school attendance, was asked of everyone in the household irrespective of age. The General Household Survey (GHS) has been collecting data on ECD attendance since 2013 and has published this indicator on an annual basis since then. In Census 2022 a stand-alone ECD question was introduce for children aged 0–4. Questions on educational institution attendance, highest level of education completed and field of education have remained relatively unchanged since the 1996 census. Below we unpack progress made on the following educational indicators in the past three decades in the country: ECD attendance, attendance at an educational institution, educational attainment, educational progression and field of education.

5.2.3   Early childhood development

Figure 5.2.1 presents the distribution of children aged 0–4 years by ECD attendance status and sex for 2001 and 2022. As mentioned above, in the 2001 census pre-school attendance was captured, while the 2022 census question was broad and comprised a list of a number of ECD institutions, including informal types such as "day mother/gogo/childminder" and "home/community playgroup". The results indicate that only 12,2% of children attended pre-school in 2001 while almost 40% of children attended an ECD institution in 2022. Overall, the data indicated that there was a 27,6 percentage points increase in the proportion of children attending an ECD institution in the country in the past two decades. Sex differentials showed that 12,4% of females attended preschool in 2001 compared with 12,0% of males, while in 2022 40,0% females attended an ECD institution compared with 39,6% males. This progress may be attributed to the introduction if the National Integrated Early Childhood Development Policy and the subsequent move of the responsibility of administration of this educational phase from the Department of Social Development to the Department of Basic Education.

Figure 5.2.1: Percentage distribution of persons aged 0–4 by ECD institution attendance status and sex, Census 2001–2022
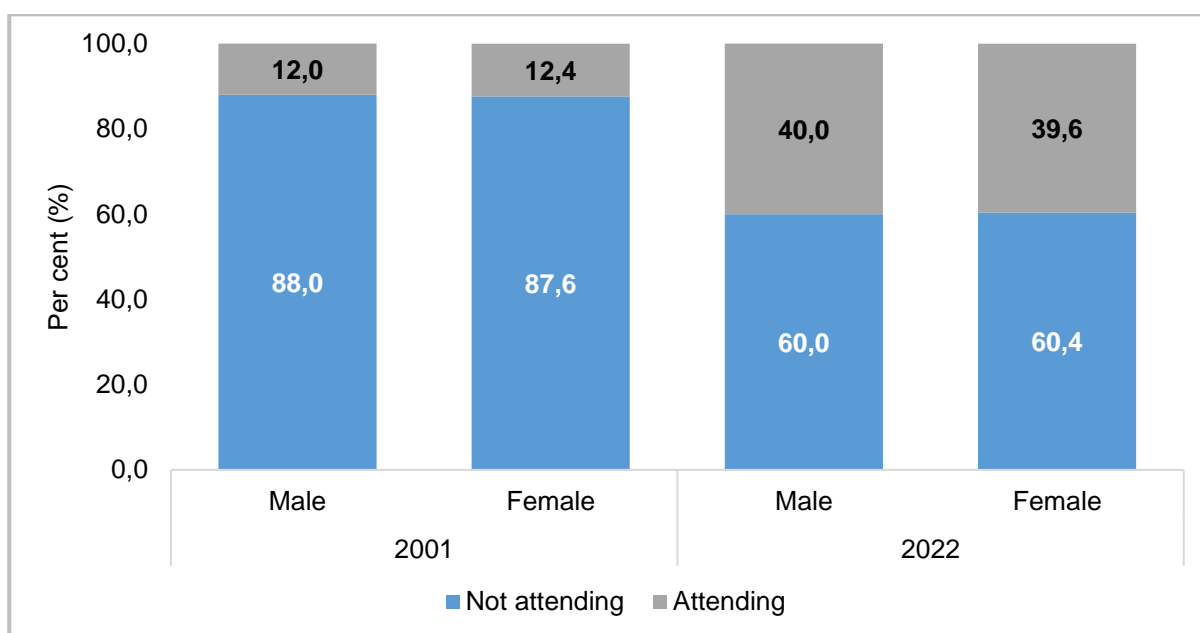
Source: Stats SA

Results in Figure 5.2.2 present the profile of population groups by ECD institution attendance. Overall, significant increases in the proportion of children attending ECD institutions were recorded for all population groups between 2001 and 2022. Data show that in 2011, 3 out of 10 white children attended preschool in 2001. Furthermore, the proportion of white children attending an ECD institution increased by more than 44 percentage points between 2001 and 2022 to 75%. Moreover, in 2001 11,5%, 8,3% and 8,9% of black African, coloured and Indian/Asian children attended pre-school. However, significant increases in the proportion of children attending ECD institutions for these groups were recorded in 2022. The proportion of black African children attending an ECD institution increased by 48,4% points between 2001 and 2022, while the proportion of coloured and Indian/Asian children increased by 45,7% and 49,5% points, respectively, in the same period; on average 6 out of 10 children from these three population groups attended an ECD institution in 2022.

Figure 5.2.2: Percentage distribution of persons aged 0–4 by ECD institution attendance status and population group, Census 2001–2022
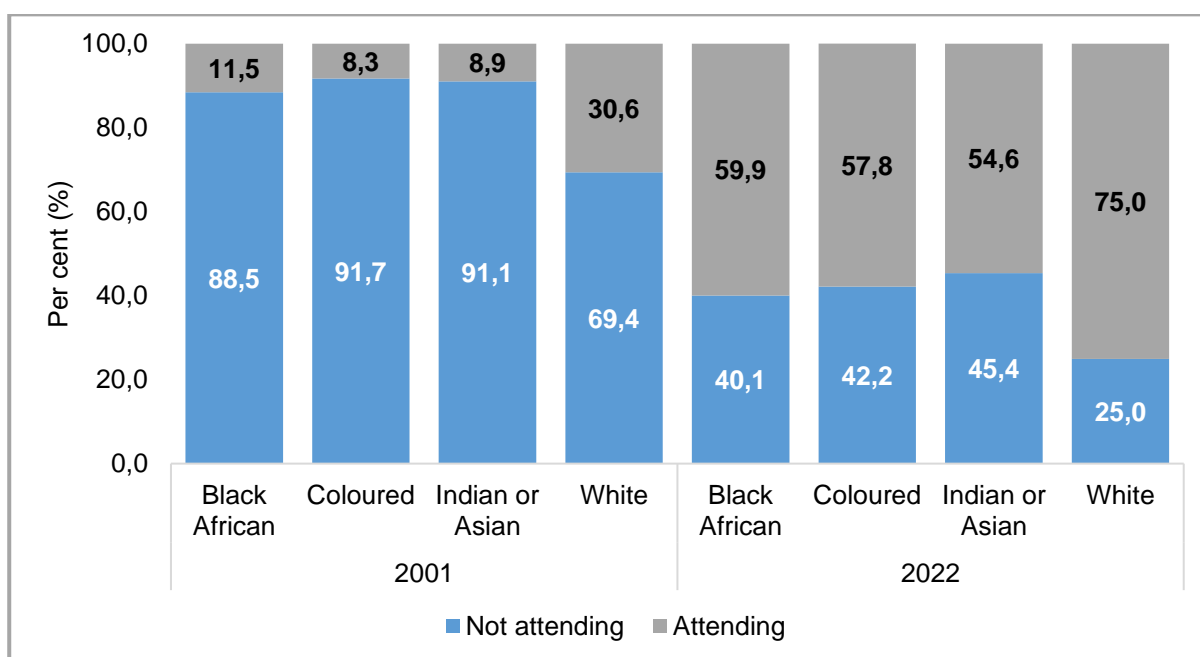
Source: Stats SA

5.2.4   Enrolment

Figure 5.2.3 shows the proportion of persons aged 5–24 years attending and educational institution by sex and single ages for 1996 and 2022. The data indicate a significant increase in the proportion of children aged between 5 and 11 years attending an educational institution in the past three decades. One in five children aged five and almost half of those aged six years attended a type of an educational institution in 1996 as depicted in Figure 5.2.3. Nevertheless, the results indicate that the gap has been closed and universalisation was achieved in 2022 when it comes to attendance for children aged between 5 and 16 years. The South African School Act of 1996 compels all children aged between 7 and 15 to attend school.

Figure 5.2.3: Percentage of persons aged 5–24 by attendance at an educational institution, single years and sex, Census 1996–2022

	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Male (1996)	22,4	48,6	72,4	81,0	86,8	90,4	92,8	93,7	94,3	94,0	92,7	90,0	85,7	78,2	68,1	56,9	47,4	38,0	29,0	22,8
Female (1996)	22,7	49,7	73,8	82,7	89,0	92,2	94,3	95,0	95,3	94,7	92,7	88,7	82,6	73,4	62,7	52,4	44,4	36,1	28,7	23,4
Male (2022)	92,1	94,8	95,6	95,8	95,8	95,6	95,5	95,2	94,8	94,3	93,0	90,2	82,2	63,7	48,2	36,9	28,7	21,4	17,1	14,4
Female (2022)	92,6	95,1	95,8	96,0	96,1	95,9	95,8	95,6	95,2	94,7	93,6	90,9	78,9	55,8	44,2	37,2	31,6	25,0	20,1	17,0

Source: Stats SA

5.2.5 Educational attainment

Figure 5.2.4 shows how educational attainment of males and females aged 20 years and older has improved over the past 26 years. The percentage of those with no formal schooling has more than halved for both sexes. In 1996, 17% of males had no schooling. That figure decreased by almost two-thirds in 2022 to 6%, while females who had no schooling decreased by more than 13 percentage points, from 20,9% in 1996 t0 7,7% in 2022. Furthermore, the proportion of males who completed some primary school education decreased from 17,1% in 1996 to 7,3% in 2022, while the proportion of females decreased from 16,1% to 7,6% in the same period. The results further indicate that those who have completed primary education decreased by almost half between 1996 and 2022 for both sexes, from 7,2% and 7,5% for males and females, respectively, in 1996, to an average of 3,5%. These decreases should be viewed, as will be shown below, in line with the proportion of those advancing to and completing secondary education.

Figure 5.2.4 indicates that the proportion of persons aged 20 years and older who had completed some secondary education remained relatively unchanged between 1996 and 2022, where 3 out o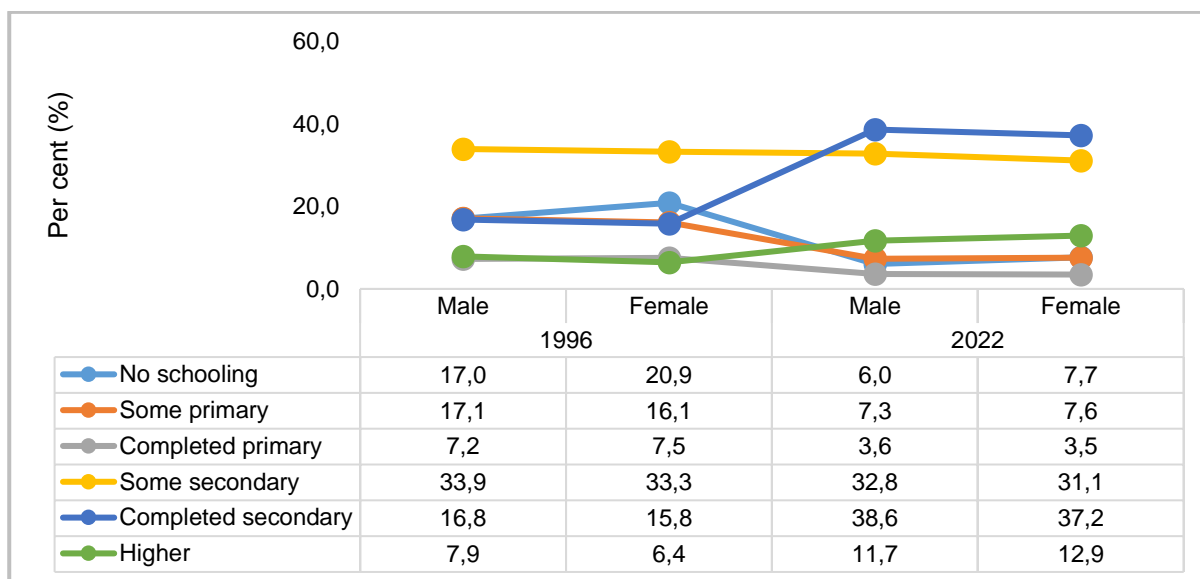f 10 had some secondary education irrespective of sex. However, the proportion of those who completed secondary education more than doubled in the same period; the proportion of males increased from 16,8% to 38,6% while females increased from 15,8% to 37,2%. Since more and more people are staying longer in the school system, the drop in the percentage of those with only primary school education and the subsequent increase in those with secondary education in the past three decades is justified and points to improved access to education for the majority of the school-going age population.

Figure 5.2.4: Percentage distribution of persons aged 20 years and older by highest level of education completed and sex, Census 1996–2022

	Male	Female	Male	Female
		1996		2022
No schooling	17,0	20,9	6,0	7,7
Some primary	17,1	16,1	7,3	7,6
Completed primary	7,2	7,5	3,6	3,5
Some secondary	33,9	33,3	32,8	31,1
Completed secondary	16,8	15,8	38,6	37,2
Higher	7,9	6,4	11,7	12,9

The results in Figure 5.2.4 further indicate that 7,9% of males and 6,4% of females had a post-secondary education qualification in 1996. Some noticeable progress has been observed in the past 26 years in the proportion of those who have completed higher education qualifications, more so for females (12,9%) than their male counterparts (11,7%) in 2022. These improvements underscore the significant impact that the NSFAS has had in providing access to higher education to the previously disadvantaged majority.

5.2.6 Educational progression

Figure 5.2.5 shows a 30-year time plot of the proportion of those completing matric/Grade 12 after completing Grade 9. These plots shed some light on the retention rates within the education system in the country; higher retention rates may indicate a stronger commitment to education and suggest improved access to the necessary resources and support to remain in the system.

Figure 5.2.5: Time plot for proportion of persons completing matric/Grade 12 after completing Grade 9 by sex, Census 2022
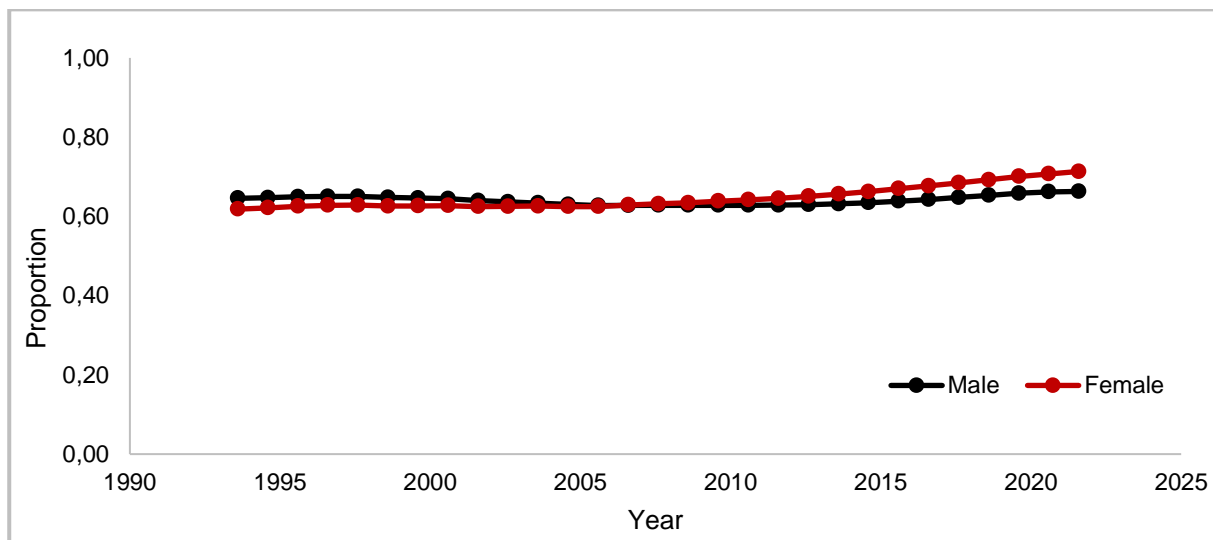
Source: Stats SA

The results indicate that between 1994 and the year 2000 a higher proportion of males were progressing to complete Grade 12 after completing Grade 9 than females. Furthermore, in the 10 years between 2000 and 2010 gender parity was reached in the progression ratios for completing Grade 12 after completing Grade 9. Interestingly, while the progression ratios for males began to decline gradually after reaching parity, the ratios for females continued to increase. Eventually, in the late 2010s up to 2022, the progression ratios for females surpassed those of males. This trend suggests a significant shift in educational attainment patterns over time, with females increasingly outpacing males in terms of completing Grade 12 after completing Grade 9. It may indicate changes in societal norms, educational policies, or other factors that have led to improved educational opportunities and outcomes for females.

Figure 5.2.6 illustrates the progression ratios by population group for individuals who completed Grade 12 after completing Grade 9. The data indicates that the throughput for achieving Grade 12 after completing Grade 9 was consistently the highest for the white population group, followed by Indians/Asian in the past three decades. In contrast, the throughput for achieving Grade 12 after completing Grade 9 was lower for both black Africans and coloureds. Nevertheless, in the late 2000s the proportion of black Africans completing Grade 12 after completing Grade 9 surpassed the proportion of coloureds progressing in the same grades. This suggests a gradual improvement in educational attainment among black Africans over time, although they still lag behind whites and Indians/Asians in terms of completing Grade 12 after completing Grade 9.

Figure 5.2.6: Time plot for proportions of persons completing matric/Grade 12 after completing Grade 9 by sex, Census 2022

Source: Stats SA
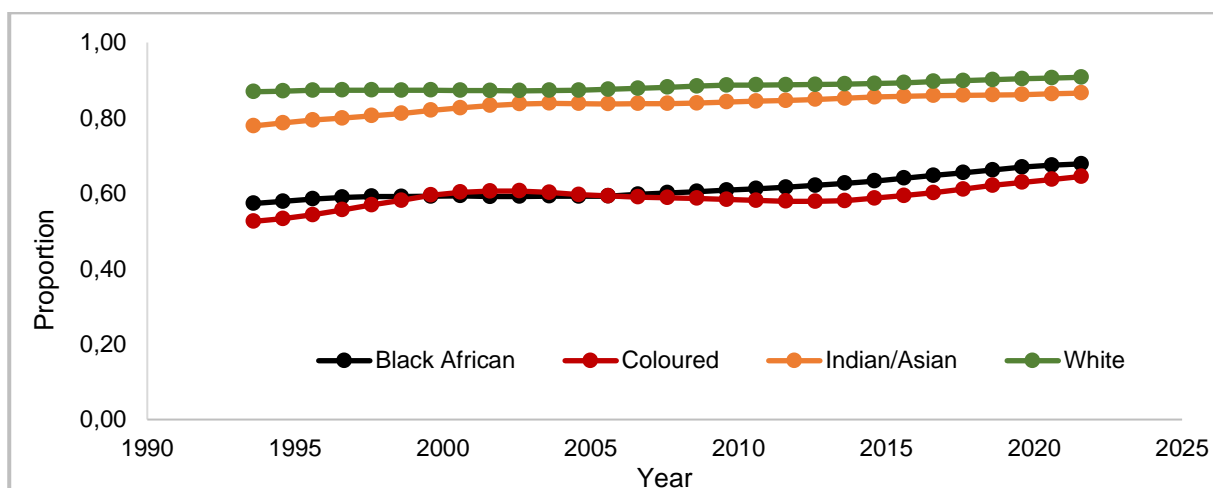
5.2.7   Field of education

Higher education plays a crucial role in preparing individuals for a transition into the working environment. Providing access to education and ensuring equity, quality, and relevance in educational and training programmes, countries can empower individuals with the necessary skills and knowledge to thrive in the workforce. Efforts to align educational curricula with the needs of the economy are essential to address skill gaps and ensure that graduates are equipped with relevant competencies sought by employers. This involves fostering partnerships between educational institutions, industry stakeholders, and policymakers to identify emerging skills demand and adapt educational programmes accordingly (Stats SA, 2024). Thus, in this subsection we unpack the distribution and change in field of education choices between males and females between 2011 and 2022.

Figure 5.2.7: Percentage distribution of persons aged 20 years and older by field of education and sex, Census 2011
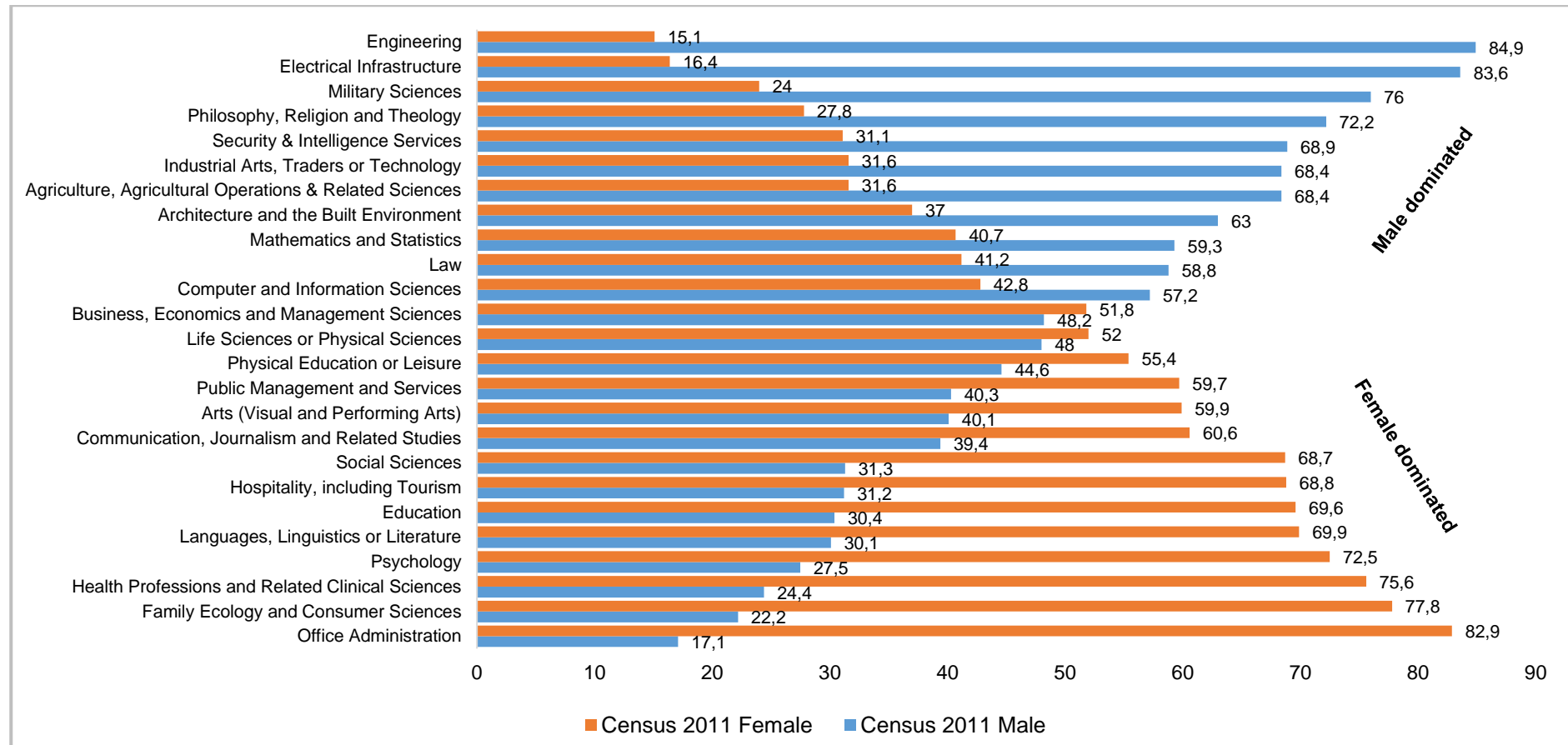
Source: Stats SA

Figure 5.2.7 and 5.2.8 present the distribution of persons aged 20 years and older who have completed a post-secondary qualification by field of education and sex for Census 2011 and 2022, respectively. Data confirmed that some fields were male-dominated while some were female-dominated. The 2011 results show that over 6 to 8 out of 10 persons in the fields of architecture and built environment, agriculture, agricultural operations and related sciences, Industrial arts, traders or technology, security and intelligence services, religion and theology, military sciences, electrical infrastructure and engineering. On the contrary, fields of education that require human interaction, including office administration, family ecology and consumer sciences, health professions and related clinical sciences, psychology, education, hospitality and social sciences, were female dominated in 2011.

Figure 5.2.8: Percentage distribution of persons aged 20 years and older by field of education and sex, Census 2022
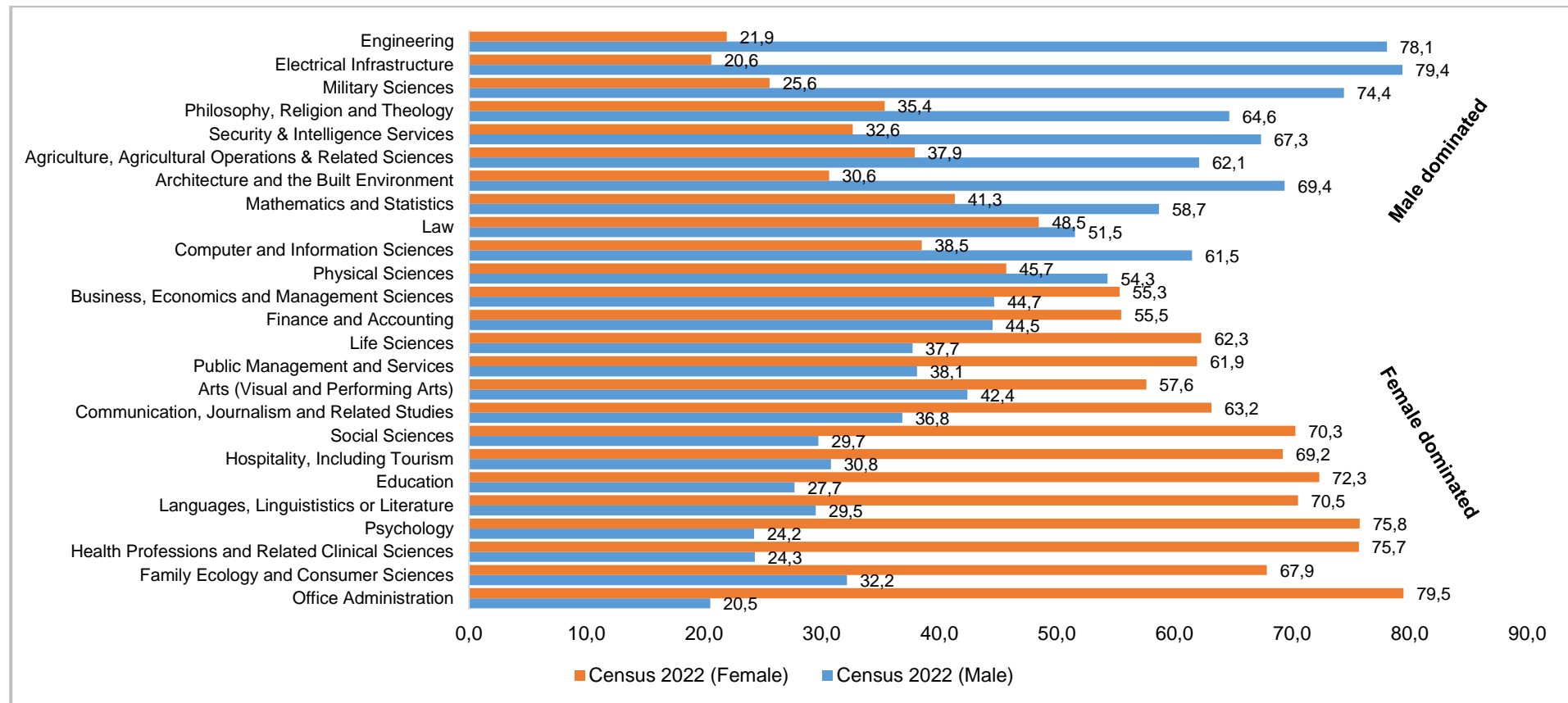
Source: Stats SA

Results in Figure 5.2.8 show that there has been a shift for both sexes in term of dominance in most fields of education between 2011 and 2022. Although males remain dominant in the same fields in 2022 as they did in 2011, females have gained some grounds in these fields; while only 15,1% of females were in the engineering field in 2011, 21,9% were in this field in 2022. Furthermore, there was a notable increase in the proportion of females in electrical infrastructure (2011: 16,4%; 2022: 20,6%) and philosophy, religion and theology (2011: 27,8%, 2022: 35,4%). On the contrary, a decrease in the proportion of females in the architecture and the built environment was recorded between 2011 and 2022, from 37,0% to 30,6%. Furthermore, the proportion of males in the fields of office administration and family ecology and consumer service increased from 17,1% and 22,2% in 2011, respectively, to 20,5% and 32,2% in 2022. Nevertheless, males in the field of psychology decreased from 27,5% in 2011 to 24,2% in 2022.

5.3 Nuptiality

The nuptiality trend from 1996 to 2022 shows a clear decrease in the percentage of the legally married population from 35,6% in 1996 to 31,5% in 2001, 29,9% in 2011 and just less than one-quarter (23,8%) in 2022. Conversely, those who never married increased, with the biggest increase from 54,0% in 2001 to 61,7% in 2022. Those that reported living together as a married couple or cohabiting increased from 4,2% in 1996, 7,2% in 2001, and its highest of 9,2% in 2011. There was a decrease to 7,7% in 2022.

Figure 5.3.1: Percentage distribution of population aged 12 years and older by marital status, Census 1996–2022
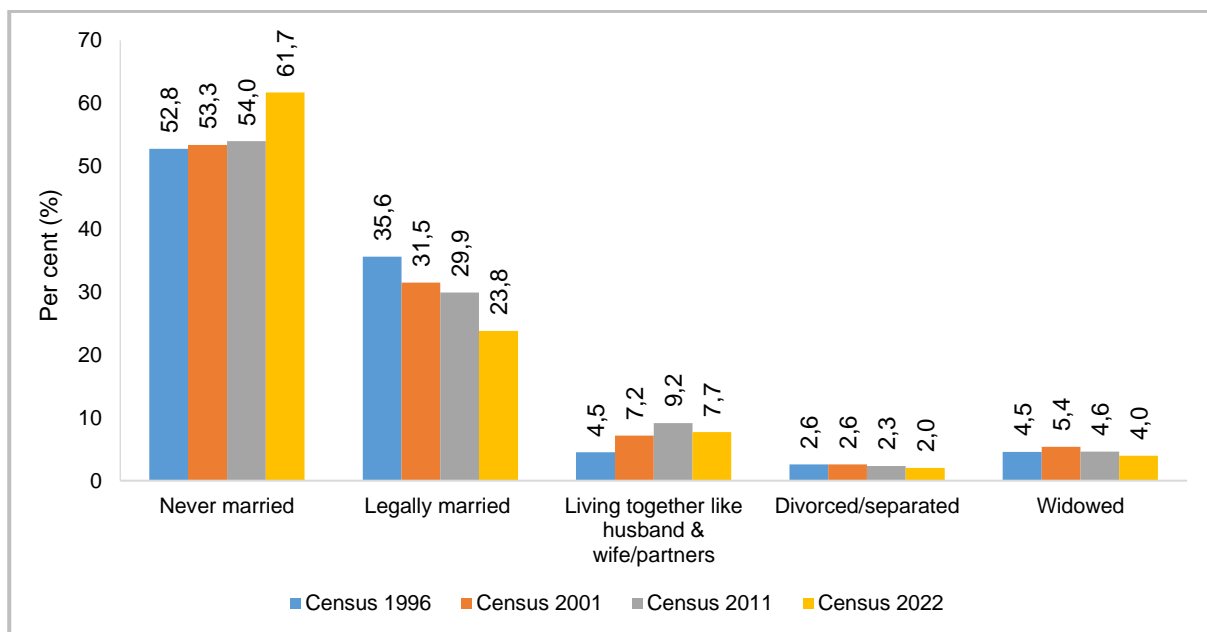
Source: Stats SA

Figure 5.3.2 shows the proportion of those legally married according to Census 2022 data by age groups from 12 to 80+ and sex. The most prominent observation is that legally married are concentrated in the age group 30–44 years. Males aged 40–44 years are more likely to be legally married than females in the same age group and the highest proportion of legally married females could be found in the 30–34-year age group. The biggest differences in legally married males and females can be found in the 30–34-year age group where 7,8% of males were legally married compared with 10,3% of females.

Figure 5.3.2: Percentage of legally married population aged 12 years and older by sex, Census 2022

	12-19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80+
■ Male	0,6	1,0	3,6	7,8	12,2	13,3	12,2	11,4	10,8	9,6	7,5	5,0	2,8	2,2
■ Female	0,7	1,9	5,9	10,3	13,2	12,6	11,2	10,6	10,1	8,4	6,3	4,1	2,4	2,3
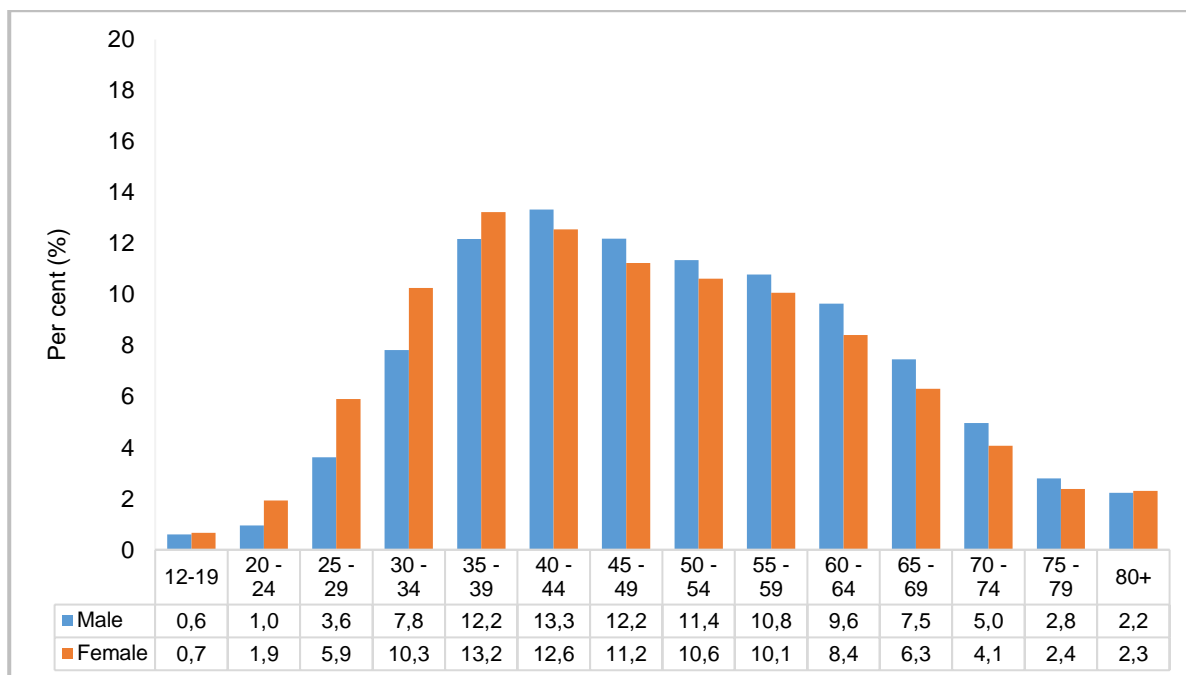
Source: Stats SA

Looking at the age group 35–44 years where the highest proportions of legally married are found we see some variations of those legally married by population group from 1996 to 2022. In all population groups, the proportion of legally married 35–44-year-olds declined from 1996 to 2022; however, Indians/Asians were more likely to be legally married compared with black Africans and coloureds in this age group. The proportion of legally married Indians/Asians in 2011 was almost double the proportion of black Africans of the same age that were legally married (77,1% compared with 40,4%). The black African population legally married declined most rapidly compared with other population groups from 56,7% in 1996 to almost half, 26,3% in 2022. Whilst the married population aged 35–44 years declined in all other population groups, over three-fifths of the white (65,9%) and Indian/Asian (62%) populations were legally married compared with the 43,1% amongst coloureds and 26,3% amongst black Africans.

Figure 5.3.3: Percentage of legally married population aged 12 years and older by population group, Census 2022
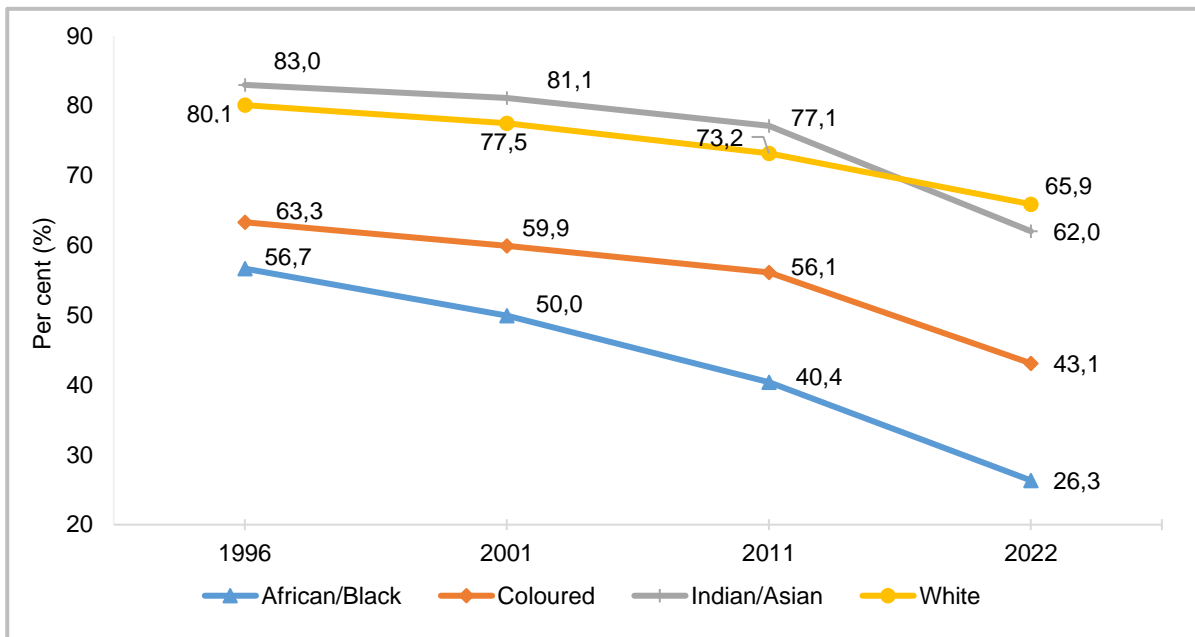
Source: Stats SA

5.3.1 Divorces

Figures 5.3.4 and 5.3.5 show the total number of divorces recorded from DHA from 1996 to 2022. We see the number declining from 2009 and 2011 and then increasing in 2012, stable from 2014–2018, a steep decline from 2018 to 2020 and increasing in 2021 and 2022. Amongst the black African population, the total number of divorces reached its highest (11 721) in 2018. The number of divorces in 2022 amongst the white population was almost four times the number in 1996 (15 831 as compared with 3 912). The number of divorces amongst the coloured population stayed relatively stable from 4 190 in 1996 to 3 888 in 2013 and increased to 4 994 in 2014 and to its lowest of 2 499 in 2020. The Indian/Asian population's number of divorces decreased from 1 489 in 1996 to 867 in 2022.

Figure 5.3.4: Number of divorces, 1996–2022
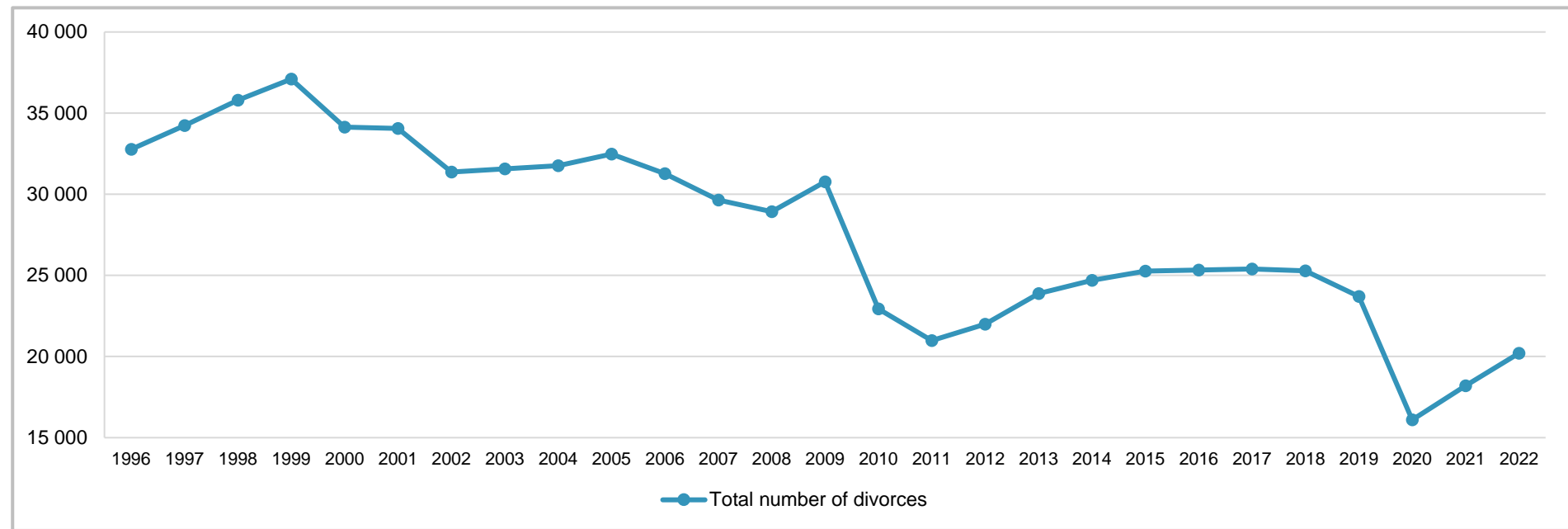
Source: Stats SA, 2023

Figure 5.3.5: Number of divorces by population group, 1996–2022
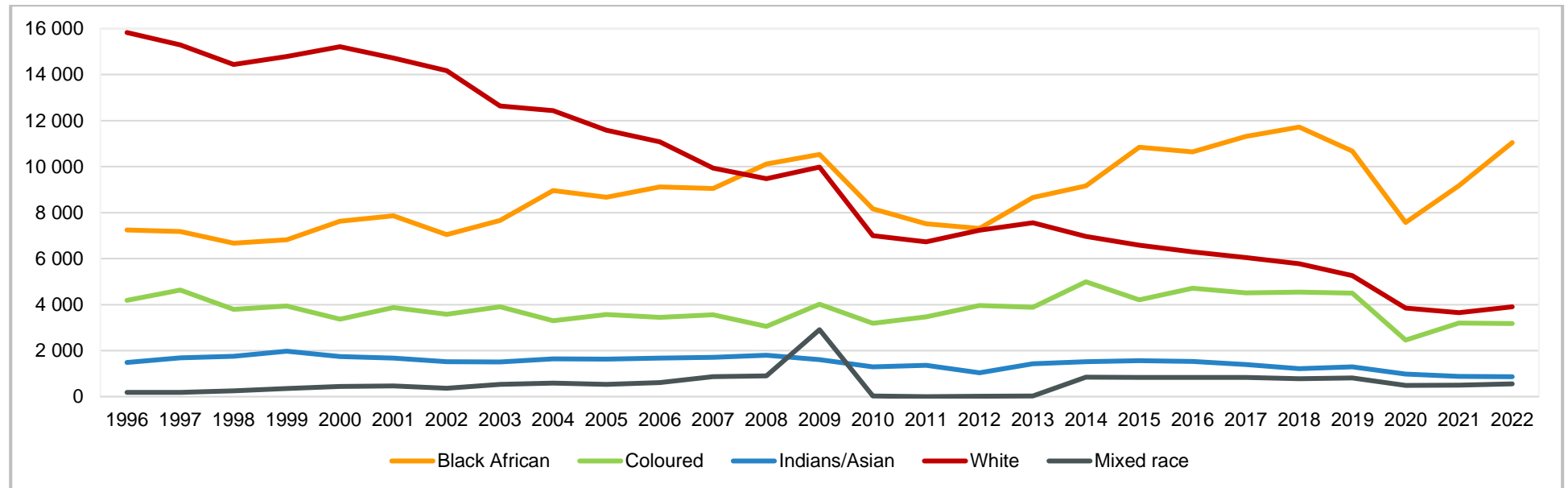
Source: Stats SA, 2023

Note: Mixed race population group refers to couples with different population groups, i.e. interracial couples.

5.4   Language

The official status of languages in South Africa, as well as their role and the policies surrounding the use of language, have undergone drastic changes since the advent of democracy. From only two languages recognised during apartheid to the current 12 official languages, the most recent is Sign language, which was added in July 2023. Language in South Africa is legislated in Section 6 of the South African Constitution (1996) which gives official language status to Sepedi, Sesotho, Setswana, siSwati, Tshivenda, Xitsonga, Afrikaans, English, isiNdebele, isiXhosa, isiZulu and Sign language. The Constitution also states that steps must be taken to elevate the status of indigenous languages in the country and legislate the formation of the Pan South African Language Board (PANSALB) to encourage the development, use and respect for all languages used in South Africa (*Constitution of the Republic of South Africa, 1996.* Chapter 1(6)). The country's diversity is an asset and coming from a history of discrimination and marginalisation, the importance of promoting, multilingualism, equality, inclusiveness and respect for all languages is of paramount importance (UNICEF, 2017).

Data on spoken language has been collected by Stats SA in the annual General Household Survey (GHS) and the four censuses. Looking at the language data from Census 1996, 2001, 2011 and 2022 and GHS 2022, we can get an idea of the language statistics of South Africa's people over the last 30 years. It is important to note that the four censuses do not ask about the respondent's home language, first language or the language they are most competent in, but rather the language spoken most often in their household.

For Census 1996 and 2011, data on second language (if applicable) was also asked. Given the diversity of languages that could be found in one household, one's home language is not necessarily the language spoken most often in the household. Sign language was added to the list of languages for 2011 and 2022, with both years recording proportions below 1%, however, coverage issues, changes in training methodology (in person to virtual) as well as the measurement of rare events cannot be guaranteed to accurately represent the number of sign language speakers. The category "Other" included any other languages spoken and in the Census 2022 this included Khoi Nama and San languages, Shona, Chichewa and Portuguese, which were added to the list of language options in the questionnaire. Whilst not shown in the table (Shona is grouped with other language categories for comparison purposes), the number and proportion of Shona speakers in the country increased from 13 971 (0,04%) in 1996 to 716 967 (1,2%) in 2022. This matches with the statistics on in-migration from Shona-speaking Zimbabwe to South Africa.

Table 5.4.1 shows that isiZulu remained the most widely spoken language in the country from 1996 to 2022 followed by isiXhosa, Afrikaans and Sepedi. In 2022, almost one quarter (24,4%) of the country reported speaking isiZulu in their households, followed by isiXhosa (16,3%), Afrikaans (10,6%) and Sepedi (10%). Of note is the decline in Afrikaans speakers from 14,5% in 1996 to 10,6% in 2022.

Table 5.4.1 - Distribution of population aged 1 year and older by language most often spoken in the household, Census 1996–2022

Language	N					%				
	Census 1996	Census 2001	Census 2011	Census 2022	GHS 2022	Census 1996	Census 2001	Census 2011	Census 2022	GHS 2022
Afrikaans	5 653 414	5 885 444	6 737 517	6 365 488	6 656 427	14,5	13,4	13,5	10,6	11,0
English	3 370 741	3 624 075	4 812 215	5 228 301	5 212 442	8,7	8,3	9,7	8,7	8,6
IsiNdebele	566 837	697 501	1 063 341	1 044 377	949 402	1,5	1,6	2,1	1,7	1,6
IsiXhosa	6 974 162	7 742 302	7 960 803	9 786 928	8 864 966	17,9	17,6	16,0	16,3	14,7
IsiZulu	8 869 530	10 439 848	11 309 046	14 613 202	15 545 880	22,8	23,8	22,7	24,4	25,8
Sepedi	3 564 909	4 117 995	4 502 655	5 972 255	6 226 242	9,2	9,4	9,0	10,0	10,3
Sesotho	3 011 266	3 482 456	3 763 992	4 678 964	4 512 397	7,7	7,9	7,6	7,8	7,5
Setswana	3 201 180	3 597 598	3 972 390	4 972 787	5 710 562	8,2	8,2	8,0	8,3	9,5
Sign language			227 914	9 308	6 770			0,5	0,0	0,0
SiSwati	970 135	1 165 607	1 265 153	1 692 719	1 622 957	2,5	2,7	2,5	2,8	2,7
Tshivenda	842 025	998 440	1 178 525	1 480 565	1 446 373	2,2	2,3	2,4	2,5	2,4
Xitsonga	1 695 246	1 946 306	2 217 821	2 784 279	2 452 228	4,4	4,4	4,5	4,7	4,1
Other	216 455	213 799	798 097	1 247 275	1 076 924	0,6	0,5	1,6	2,1	1,8
Total	**38 935 902**	**43 911 371**	**49 809 470**	**59 876 448**	**60 283 569**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**

Source: Stats SA

Data on language disaggregated by the nine provinces is important for the government to enact appropriate language policy, as well as ensure that information and educational material are provided in languages which are most common in that province. Section 6 of the South African Constitution includes a clause which states that provincial governments should use at least two official languages, taking into account the usage, practicality, expense and regional circumstances (Constitution of the Republic of South Africa, 1996). Table 5.4.2 shows the vast differences in the three dominant languages between the provinces. In the Western Cape and Northern Cape, the proportions of Afrikaans speakers were the highest in comparison to other languages. IsiZulu was spoken by four-fifths (80%) of the population in KwaZulu-Natal and the overwhelming majority of the population in the Eastern Cape (81,8%) spoke isiXhosa. In the Free State, 72,3% spoke Sesotho and Setswana was spoken by 72,8% of the population in the North West. In Mpumalanga, 30,5% spoke SiSwati and in Limpopo just over half (55,5%) spoke Sepedi. Gauteng, the country's economic hub consists of concentrations of isiZulu (21,1%), Sesotho (13,1%) and Sepedi (12,6%).

Table 5.4.2 - Ranking by language most often spoken in the nine provinces, Census 2022

Province	Ranking		
	1	2	3
Western Cape	Afrikaans 41,2%	IsiXhosa 31,4%	English 22,0%
Eastern Cape	IsiXhosa 81,8%	Afrikaans 9,6%	English 4,8%
Northern Cape	Afrikaans 54,6%	Setswana 35,7%	IsiXhosa 4,5%
Free State	Sesotho 72,3%	Afrikaans 10,3%	IsiXhosa 5,5%
KwaZulu-Natal	IsiZulu 80,0%	English 14,4%	IsiXhosa 3,1%
North West	Setswana 72,8%	Sesotho 5,9%	Afrikaans 5,2%
Gauteng	IsiZulu 21,1%	Sesotho 13,1%	Sepedi 12,6%
Mpumalanga	SiSwati 30,5%	IsiZulu 27,8%	Xitsonga 10,6%
Limpopo	Sepedi 55,5%	Tshivenda 17,4%	Xitsonga 17,3%
South Africa	**IsiZulu 24,4%**	**IsiXhosa 16,3%**	**Afrikaans 10,6%**

Source: Stats SA

Figure 5.4.1 shows that whilst English is the *lingua franca* of South Africa, a mere 8,7% of the country reported English as the main language used in their households. Western Cape had the highest proportion of English-speaking households at just over one-fifth (22%), followed by KwaZulu-Natal (14,4%) and Gauteng (9,2%). Limpopo and North West had the lowest proportion of English-speaking households, both at 1%.

Figure 5.4.1: Provincial distribution of English-speaking households
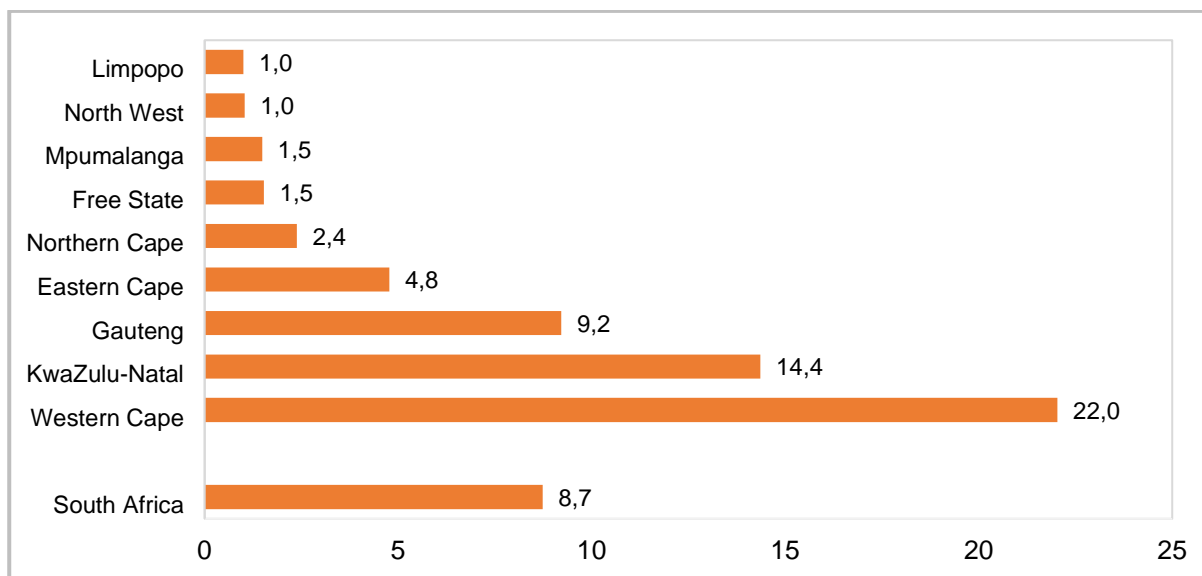
Source: Stats SA

5.4.1   Languages by population group

The main language spoken varies considerably by population group. The overwhelming majority of the Indian/Asian population in the country reported speaking English in their households. The coloured population spoke Afrikaans most often (72,6%) with just over one-quarter (25,1%) speaking English. The majority of the white population (58%) spoke Afrikaans and just over two-fifths (41,1%) spoke English. Three in ten (29,9%) of the black African population spoke mostly isiZulu in their households, followed by isiXhosa (20%), Sepedi (12,2%), Setswana (10,2%) and Sesotho (9,6%).

Figure 5.4.2: Dominant language spoken by population group
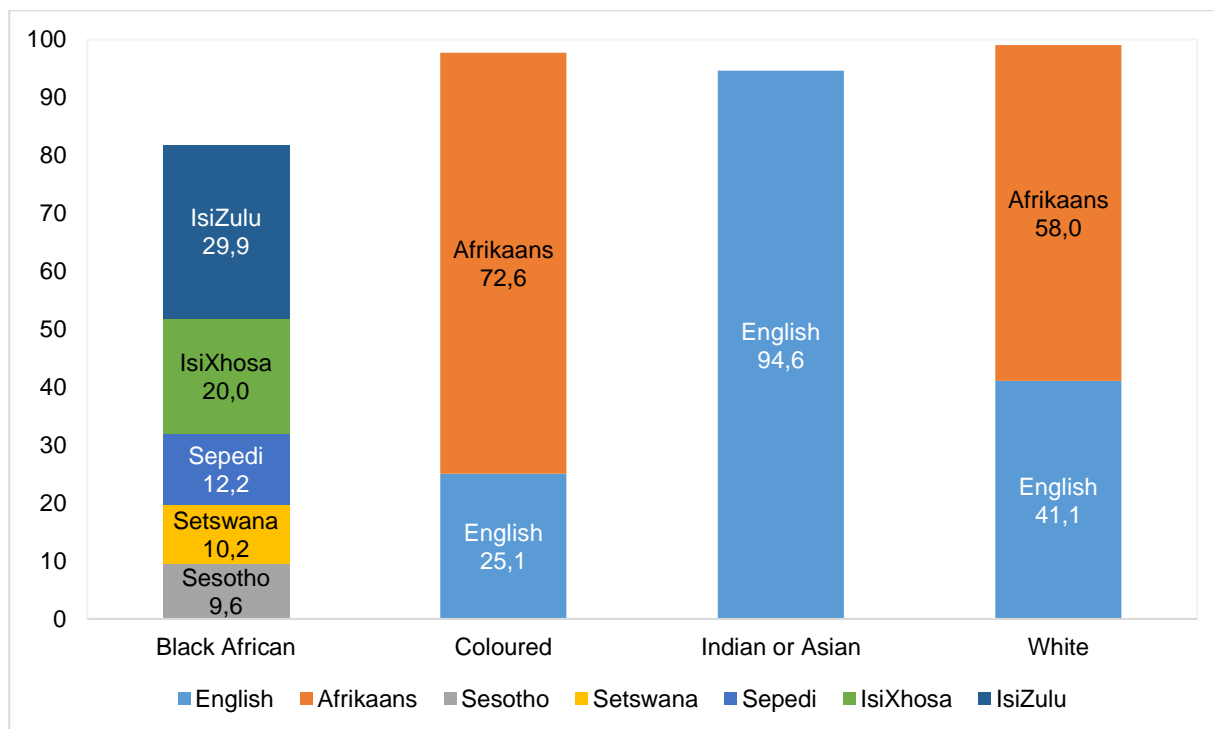
Source: Stats SA

5.5 Poverty

5.5.1 Subjective poverty

Subjective poverty is an individual's assessment of his or her own welfare, utility or happiness. It challenges the mainstream view that poverty is an objective, money-metric and uniformly applicable concept. By asking respondents themselves whether they are poor provides a direct lens on well-being that could not otherwise be obtained from other poverty measures. Measuring subjective poverty is also important in order to ensure that all forms of poverty are monitored to capture the true reality of poverty in the country.

Figure 5.5.1: Incidence of subjective poverty in South Africa by self-perceived wealth question indicator and sex of household-head, 2009–2022

	2009	2015	2019	2022
Male	33,8	30,9	24,8	24,8
Female	43,7	37,9	28,5	28,8
South Africa	37,7	33,8	26,3	26,5
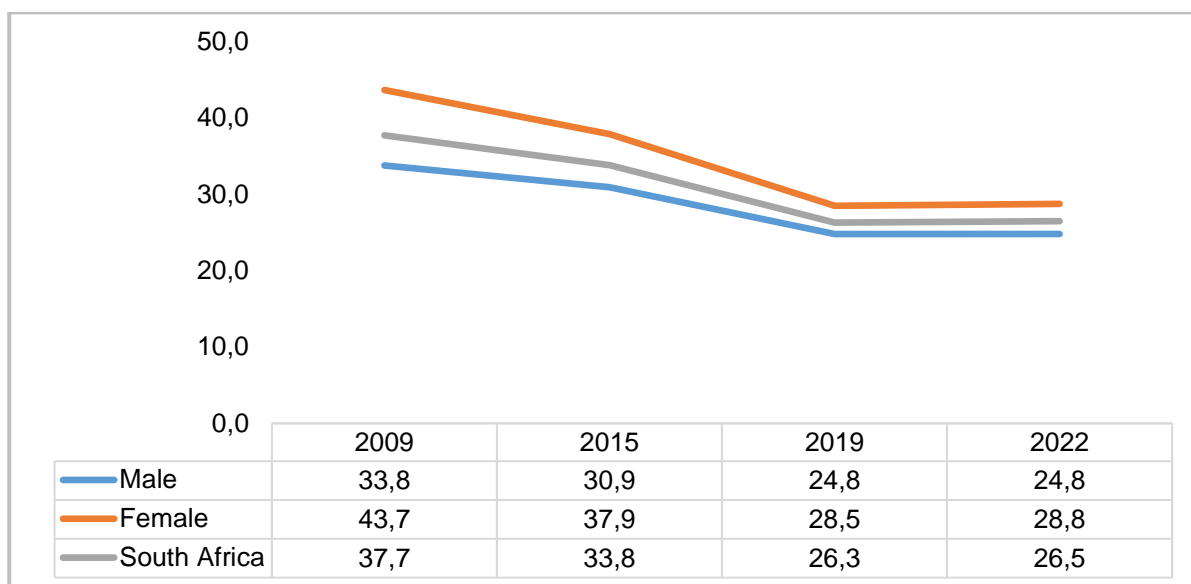
Sources: LCS 2008/09 & 2014/15; GHS 2019 & 2022

The incidence of subjective poverty in South Africa using the self-perceived wealth question (SPWQ) and sex of household-head between 2009 and 2022 is depicted in the figure. The SPWQ indicator asked respondents to identify the category which they considered to best describe their household. Response categories ranged from 'very poor' to 'wealthy'. Those who responded 'poor' or 'very poor' were classified as 'poor' and all other categories were classified as 'non-poor'. The incidence of subjective poverty in South Africa has been declining during the period under review from a high of 37,7% in 2009 to 26,5% in 2022. However, during the review period, female-headed households consistently reported the highest incidence of poverty compared with their male counterparts. Notably, the reported incidence of female-headed households was also above the national averages during the review period whereas those of their male counterparts were consistently below the national averages. Since Stats SA started collecting data on subjective poverty indicators in 2009 there has not been any changes in either the questions asked or data collection methodology where the data is collected at household level.

5.6 Disability

5.6.1 Background

Globally, disability is a complex and evolving concept, undergoing transformation in its measurement as concepts, definitions, standards, and method get refined. In many countries, South Africa included, there has been a number of reforms aimed at harmonising and improving statistics on disability. For this reason, many countries have adopted the WG set of short questions, an approach believed to provide reliable estimates compared with the traditional approach where only severe disabilities were measured, leading to the underestimation of persons with disabilities (Mont, 2007).

The Washington-Group (WG) short set of questions were for the first time used in South Africa during census 2011 and they have since been used to collect data on general health and functioning of the population. These questions are based on six functional domains namely seeing, hearing, communication, remembering, walking and self-care. The questions require that all household members aged five years and older be asked as to whether they experience difficulties in any of the domains. The WG questions are mostly recommended and they have been used by numerous countries as they proved to provide better disability estimates than traditional way of asking individuals as to whether they have disabilities or not.

Since 1994, the South African government developed and reviewed different policies to address the injustices of the past. Some of the groups affected by the past injustices are the marginalized groups such as women, older persons and persons with disability. The strengthening of the implementation of policies impacting on disability was enhanced with the ratification, by South Africa, of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol without reservation in 2007. Both the SDGs and the Convention acknowledge that achieving equality, ending poverty, and guaranteeing sustainable development for all depend on the socioeconomic inclusion of persons with disabilities

5.6.2   Measures of disability

Thematic reports on disability prevalence in South Africa have been compiled based on the statistics generated from the Washington-Group (WG) short set of questions using indicators on degree of difficulty in functioning and disability status. Disability status has been derived using three measures; broad measure, UN disability index measure and severe measure. This report profiles all the outlined measures to enable researchers and planners use indicator of choice in understanding disability prevalence and differentials.

5.6.3   Degree of difficulty in functioning

Figures 5.6.1 to 5.6.6 present proportions in degree of difficulty in functioning in the six functional domains namely seeing, hearing, communication, remembering, walking and self-care.

Figures 5.6.1–5.6.6: Degree of difficulty in functioning in the six domains, 2011 and 2022

Figure 5.6.1: Seeing

Figure 5.6.2: Walking

Figure 5.6.3: Hearing

Figure 5.6.4: Communicating

Figure 5.6.5: Remembering

No difficulty	96,8 / 95,7
Some difficulty	2,5 / 3,2
A lot of difficulty	0,6 / 0,8
Cannot do at all	0,1 / 0,2
Do not know	0,1 / 0,1

■ Remembering/concentrating 2022
■ Remembering/concentrating 2011

Figure 5.6.6: Self-care

No difficulty	98,1 / 96,5
Some difficulty	1,2 / 2,0
A lot of difficulty	0,3 / 0,6
Cannot do at all	0,2 / 0,8
Do not know	0,1 / 0,1

■ Self-care 2022 ■ Self-care 2011

Source: Stats SA

The results presented in Figures 5.6.1–5.6.6 showed that the majority (over 90%) of persons had no difficulty in functioning in any of the six domains measured. Although patterns and levels in degree of difficulty remained almost the same in the two census years, there was slight decrease in the percentage of persons that experienced some difficulty in seeing and hearing.

5.6.4 Disability status measures

Profiling disability using derived measures gives more insights on differentials in disability prevalence. The following measures are used to profile persons with disabilities over the period 2011–2022.

- Broad disability measure described as persons with 'some difficulty', 'a lot of difficulty' and 'unable to do' in any of the six domains of functioning. Persons with "no difficulties" were classified as not having disability while those with response categories "unspecified" and "do not know" were excluded from computation.
- United Nations (UN) disability index measure described as a person is regarded as having a disability if they reported some difficulty, a lot of difficulty or unable to do in at least any two of the six functional domains of seeing, hearing, communicating, walking/climbing stairs, remembering or concentrating and self-care.
- Severe disability measure described as all persons aged 5 years and older that reported "a lot of difficulty" and "unable to do at all" in any of the six domains of functioning.

Figure 5.6.7: Disability prevalence by sex, Census 2011 and 2022

	Census 2011	Census 2022	Census 2011	Census 2022	Census 2011	Census 2022
	Broad disability measure		UN index disability measure		Severe disability measure	
Male	15,1	13,4	6,4	4,9	3,9	2,9
Female	19,1	17,8	8,3	7	4,7	3,9
Both sexes	17,2	15,7	7,4	6	4,3	3,4
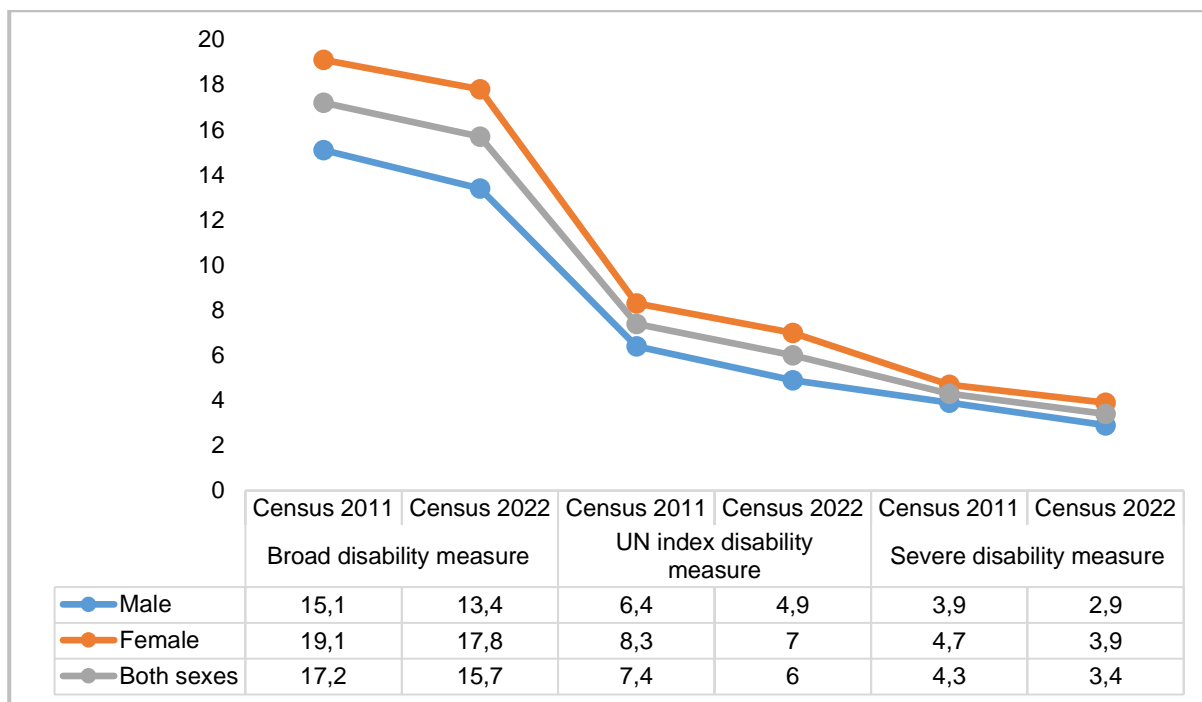
Source: Stats SA

Figure 5.6.7 shows disability prevalence based on broad, UN and severe disability measure disaggregated by sex over the period 2011 and 2022. As expected, the broad measure depicts higher disability prevalence of 17,2% in 2011 and 15,7% in 2022. The UN disability measure showed moderate disability prevalence of 7,4% in 2011 and 6% in 2022. Severe measure of disability on the other hand depicts lower disability prevalence (4,3% in 2011 and 3,4% in 2022).

Disability prevalence by sex showed noticeable differences between males and females. Despite differences in disability measure, disability was more prevalent in females in both census years. Interesting to note is that the broader measure of disability depicts a bigger gap between the two sexes whilst the severe measure depicts a narrow gap.

Figure 5.6.8: Disability prevalence by age, Census 2011 and 2022

	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+
Broad measure Census 2011	18,9	9,9	7,4	7,4	8,2	9,8	11,9	16,5	25,1	32,4	37,1	40,5	44,6	51,1	56,9	63,2	67,7
Broad measure Census 2022	6,9	8,3	8,8	8,7	9	9,8	11,1	13,7	19,6	25,9	31	35,6	40,9	49,3	56,1	64	70,8
UN measure Census 2011	10,6	4,1	2,6	2,4	2,5	3	3,8	5,4	8,7	12,1	15,6	18,7	22,8	29,3	36,3	44,3	53,1
UN measure Census 2022	2,1	2,3	2,3	2,3	2,4	2,7	3,1	4,1	6,2	9	12,2	15,5	20,2	27,9	35,4	45,5	56,6
Severe disability measure Census 2011	8,1	2,8	1,7	1,5	1,6	1,9	2,3	3,1	4,6	6,2	7,7	9,1	11	14,4	18,3	23,3	31,2
Severe disability measure Census 2022	1,5	1,6	1,6	1,5	1,6	1,7	2	2,6	3,7	5	6,5	7,8	10	13,6	17,4	23,8	33,5

Source: Stats SA

Figure 5.6.8 presents results on disability prevalence by age profiled using three disability measures. All the three measures showed that disability increases with age. Both census years consistently recorded higher disability prevalence in older ages. The profile of disability prevalence by age depicts expected pattern given the nature of questions currently recommended to measure disability. It is widely known that functioning in a number of health aspects becomes difficult due to frailty in old age.

Figure 5.6.9: Disability prevalence by population group, Census 2011 and 2022

	Census 2011	Census 2022	Census 2011	Census 2022	Census 2011	Census 2022
	Broad disability measure		UN index disability measure		Severe disability measure	
■Black African	17,4	14,7	7,7	5,7	4,6	3,4
■Coloured	15,1	16,2	6,2	5,6	4	3,2
■Indian/Asian	17,7	18,7	6,2	6,5	3,1	3,2
■White	17	24,3	6,5	9,5	3	4,1
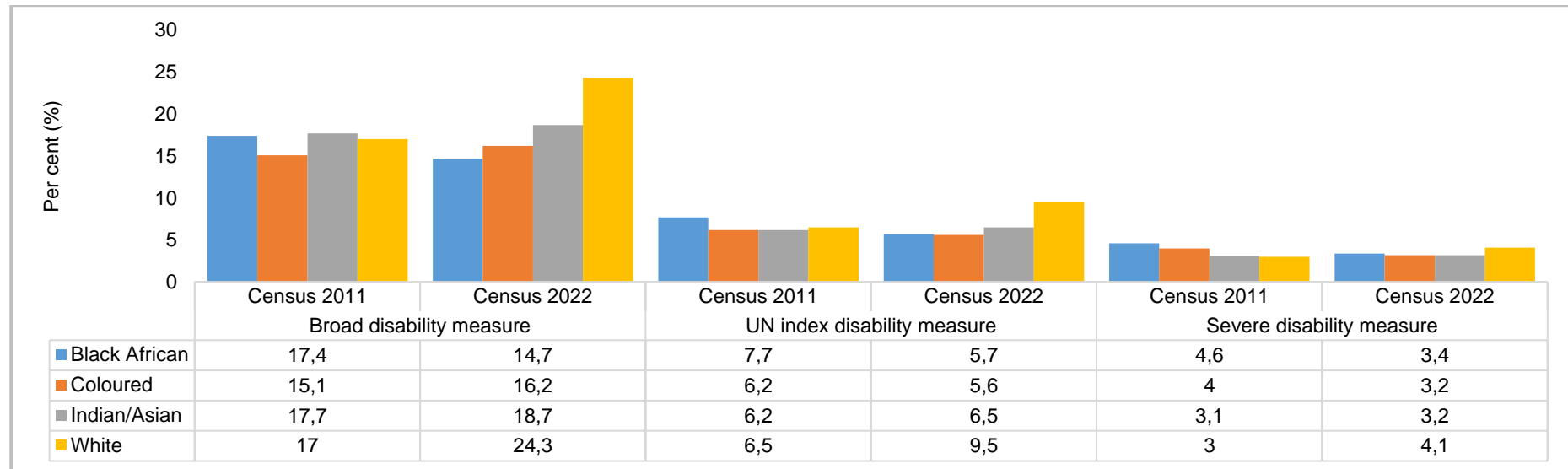
Source: Stats SA

The analysis in Figure 5.6.9 shows noticeable population group variations in disability prevalence for both Census 2011 and Census 2022. In 2022, the white population group recorded the highest proportion of persons with disabilities for all three disability measures. This can be attributed to the higher proportion of the older persons associated with this population group. Furthermore, disability prevalence increased among the white population group which recorded the highest percentage increase of three percentage points (from 6,5% in 2011 to 9,5% in 2022) for the UN disability measure and seven percentage points when using the broad measure (from 17% in 2011 to 24,3% in 2022).

In the past three decades the organisation has moved from collecting measurement of labour indicators on an annual interval to collecting and disseminating it quarterly in line with data user needs. Furthermore, a continuous data collection and automated data processing methodology was adopted to ensure timely dissemination of labour force indicators. When it comes to the collection of education indicators, ECD questions for children aged 0–4 years were officially introduced and disseminated annually in the GHS in 2013 while similar questions were included in Census 2022. This was in line with the adoption of the National Integrated Early Childhood Development Policy 2015 and the subsequent move of the responsibility of the provision of ECD programmes from the Department of Social Services to the Department of Basic Education. Sign language was promulgated as one of the official languages in the country in 2023, which took the number of official languages to 12. Spoken language data has been collected in all four post-1994 censuses and annually in the GHS. In Census 2022, in addition to the 12 official languages and Khoi, Nama and San languages, four non-official languages (Shona, Chichewa/Chewa, Nyanja/Chinyanja and Portuguese) that are mostly spoken in our immediate neighbouring countries, were included in the list of languages spoken in the households. Census 2022 data showed that almost 2% of the population spoke these four languages, combined.

In 2011, South Africa adopted the Washington-Group (WG) short set of questions to collect data on general health and functioning and to measure disability in the population. This has proved pivotal in the harmonisation and improvement of providing quality disability data to users in the country. In conclusion, the past 30 years has provided both opportunities and challenges but the organisation has continued in delivering in its mandate of providing quality statistics. The organisation is in the process of reengineering and consolidating some of the household sample surveys into a single harmonised unit known as the Continuous Population Survey (CPS) which aims to streamline and revolutionise data collection processes in the country.

CHAPTER 6

6.1 Demographic dividend

The demographic dividend is a concept developed by Bloom (1998) to describe the rapid economic acceleration and growth experienced by countries who have a favourable age structure characterised by reduced fertility rates resulting in declining youth dependency ratio. This can be defined as the number of children aged 0–14 that are dependent on the working aged 15–64 even though not all people in this age group might be gainfully employed. Once such an age structure is attained Bloom indicates the need for social investments is required. These social investments include investments in health to ensure that infant and child mortality is as low as possible, that children evolve into healthy adults and that manageable diseases do not claim adult lives. Secondly there needs to be an investment in job creating economic policies so as to create an environment that is conducive to job creation. Thirdly, there needs to be an investment in education and training that is responsive to the needs of an ever- evolving labour market. Finally, there needs to be adherence to corporate governance principles. Corporate governance is defined as framework of policies and guidelines that define our conduct, decision-making and principles. It is based on 4 key principles. These are accountability, transparency, fairness and responsibility. In essence these are about how we deal with people, lead organisations that engage with the public and how such entities ought to conduct themselves in a way that inspires public confidence in them. As much as these principles were initially designed for the corporate sector, they are just as relevant for the public sector and in terms of attaining the demographic dividend they represent an investment in society which is often undervalued.

Whereas some countries across Africa maybe in a situation whereby fertility has not dropped sufficiently to create a youth bulge, there is still a high proportion of young people under the age of 15 and hence still high dependency rates. In South Africa however, fertility has been dropping since the 1960s and has a TFR of below 2.5 which enables it to have the required youth bulge. Over time, as this youth bulge graduates into older ages the dependency will shift from youth dependency to older dependency. When the burden of dependency makes a full transition from the youth to older persons, the window of opportunity will close in terms of being to take advantage of this dividend. Currently in South Africa, older persons (60+) is the fastest-growing age group in the country and so this is evidence of this transition taking place. In order to benefit from the demographic dividend, South Africa will need to capitalise on the four elements mentioned above through the investments it makes in those regards. World Population Day in 2024 highlights the issue of demographic resilience and this makes reference to the ability of nations to react to changing demographics and to capitalise on these demographics. Whether it is a youth bulge or an excess of older persons, a country that plans whilst taking changing demographics into account is one able to ensure long term sustainability and able to take advantage of the demographic dividend.

6.2 Data infrastructure

The type of data and availability of data has changed significantly since 1994 and even since South Africa's Census project has taken shape in the 1996–2001 period. South Africa has come from a fragmented past where data was collected for parts of the population only. Since the 1970 Census which aimed to count everyone, the 1980, 1985 and 1991 Census only counted white, coloured and Indian populations as well as a sample of the black African population groups. Added to this was that the TBVC states conducted their own censuses, which were kept separate from those of South Africa. Starting in 1994, when South Africa transitioned into a democratic dispensation, a unified statistical office was established that placed as its first priority the need to conduct a population and housing census that covers all areas of South Africa and serves as an information base for the new democratic government. This census took place in 1996, which signified the start of South Africa's census programme. Subsequently, censuses took place in 2001, 2011 and 2022 in

line with the United Nations' Principles and Recommendations for Population and Housing Censuses. Censuses are important not only as a data source but also as a basis for population estimates, to draw samples for the household survey programme and to allocate funding to provincial and local governments. In terms of the survey programme, South Africa has evolved from establishing a service delivery survey (October Household Survey which has become the General Household Survey) and a Labour Force Survey which transitioned from a bi-annual survey to a quarterly one in the shape of the Quarterly Labour Force Survey. Since this time additional population surveys have been implemented such as the Income and Expenditure Survey which measures such dynamics and is used to update the poverty profile and to inform the CPI on the basket of goods. Another survey is the Governance, Public Safety and Justice Survey (GPSJS), which measures perceptions of governance and interaction with the justice system as well as exposure to crime from a victim perspective. Another source of data are user paid surveys whereby users can request particular surveys to be run and Stats SA will execute them so that they can be released as official statistics but paid for by the client department. An example of these are the National Household Travel Survey (Department of Transport) and the South Africa Demographic and Health Survey (Department of Health).

Central to all these household surveys is the provision of population and household estimates which in themselves are core to planning but also internally relevant in terms of weighting and benchmarking processes. Population estimates in South Africa have been produced since the 1990s but only since 2002 on a continuous basis disaggregated by age and sex. Internally, these population and household estimates are used for the purpose of weighting and benchmarking which are a key part of the survey process.

Another key part of the data infrastructure in South Africa are the various administrative data sources that exist. Two of the key sources which Stats SA has been reporting on since its' inception are the birth and death registration databases. However, with the strengthening of democracy there have been the emergence of other administrative series that have been partially used or are in the process of being accessed and used. As we reflect on the gains of the past 30 years it is important to acknowledge the necessary investment which is still required to develop, improve, share and make use of all administrative databases which indicate the engagement of our people with the state. These databases should be disaggregated to identify the existence and experience of various groups within our communities such as age, sex, population group, location and country of birth. The need for having administrative databases that speak to each other is also important so that we can follow the life course of any individual across various interactions with the state and that these can be used for the purpose of generating statistics and for the development of policies and programmatic interventions.

Recently Stats SA had the amendment to the Statistics Act passed and this gives more legislative momentum to the work of Stats SA and towards establishing a data ecosystem that contributes to the improvement of lives in South Africa. In addition to this, looking forward South Africa needs to consolidate on its gains of a first digital census even if it occurred under challenging circumstances. Many countries are moving towards register based Census and although the investments in administrative data mentioned above still need to bear fruit it is becoming evident that this is the type of data ecosystem that we need to aspire towards. The emergence of big data is also something that is driving statistical systems currently and in future and this is an area of focus that the statistical community needs to take advantage of since it offers a real time solution to statistical production which complements the traditional forms of producing statistics very well.

It is evident that South Africa has come very far as a country in its 30 years of democracy and this is reflected in developments related to population statistics as well. As a country we certainly are in in a position to know more about our country than what we did 30 years ago but the demands to know more and to drive an evidence-based narrative around the development of the country are becoming more and more. More detailed data is needed more often at a more granular level and initiatives at Stats SA to deliver on that are well under way with initiatives around Continuous Population Survey (CPS) which intends to be a rolling census with modules inserted at quarterly intervals. It is only by capitalising on the opportunities offered by data that has

been collected through various sources but characterised by sound methodologies that our responses to social challenges can be met through an informed and evidence-driven approach. The power of data is such that it enables us to take informed decisions but also to hold ourselves accountable for the decisions we have taken with more data that is comparable over time and between regions or countries who share these social challenges that we are trying to overcome. The ICPD plan of action referred to in Chapter 1 of this report has made specific reference to the use of data and of additional research to improve and implement the resolutions of an agreement such as the ICPD and as a country and government committed to the development and empowerment of our population we have made good progress on this journey, but we have many more challenges to overcome as we look ahead to the road that lies before us.

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