Demography of South Africa's children

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The United Nations (UN) General Guidelines for Periodic Reports on the Convention on the Rights of the Child, paragraph 7, says that reports made by states should be accompanied by "detailed statistical information ... Quantitative information should indicate variations between various areas of the country ... and between groups of children ...".1

The child population in South Africa

In 2022, South Africa's total population was estimated at 62 million people.² The 2024 General Household Survey (GHS), when weighted, produced an estimate of 63 million, of whom 21 million were children under 18 years. Children make up 33% of the total population.

The distribution of children across provinces is slightly different to that of adults, with a greater share of children living in provinces with large rural populations. Together, KwaZulu-Natal, the Eastern Cape and Limpopo accommodate 45% of all children in South Africa, compared with 37% of adults. Gauteng, the smallest province in terms of physical size, has overtaken KwaZulu-Natal to become the province with the largest child population: 23% of all children in the country live in Gauteng. Gauteng also has the largest share of the adult population (29%) and the largest share of households. The child population of Gauteng has grown by 63% since 2002, making it the fastest growing province.

There have also been striking changes in other provincial child populations since 2002. The number of children living in the Eastern Cape has decreased substantially (by 14%) while the number of children living in the Western Cape has risen by 33%. North West has also seen a substantial increase of 24% in the child population since 2002. A rise in the child population is partly the result of population movement (for example, when children are part of migrant households or move to join existing urban households), and partly the result of natural population growth (new births within the province).

We can look at inequality by dividing all households into five equal groups or income quintiles, based on total income to the household (including earnings and social grants) and dividing that by the number of household members, with quintile 1 being the poorest 20% of households, quintile 2 being the next poorest and so on. Quintile 5 consists of the richest 20%, although there is substantial inequality even within this upper quintile group. Children are concentrated in poorer households, with 64% of children living in the poorest 40% of households (the poorest two quintiles), compared with 45% of adults.

The gender split is equal for children: 50% male and 50% female. In terms of the apartheid-era racial categories, 86% of children are African, 8% are Coloured, 4% White and 2% Indian.

These population estimates are based on the GHS, which is conducted annually by Statistics South Africa (Stats SA). The GHS usually collects data on about 20,000 households and over 70,000 individuals, though in 2020 and 2021 the survey was

Table 1a: Distribution of households, adults and children in South Africa, by province, 2024

PROVINCE	HOUSEHOLDS		ADULTS		CHILDREN		
	N	%	N	%	N	%	% change 2002 - 2024
Eastern Cape	1,780,000	9%	4,028,000	10%	2,505,000	12%	-14%
Free State	1,024,000	5%	2,012,000	5%	1,041,000	5%	4%
Gauteng	5,981,000	31%	12,246,000	29%	4,777,000	23%	63%
KwaZulu-Natal	3,387,000	17%	7,751,000	18%	4,346,000	21%	5%
Limpopo	1,822,000	9%	3,769,000	9%	2,529,000	12%	4%
Mpumalanga	1,542,000	8%	3,225,000	8%	1,794,000	9%	18%
North West	1,432,000	7%	2,888,000	7%	1,439,000	7%	24%
Northern Cape	388,000	2%	878,000	2%	444,000	2%	12%
Western Cape	2,195,000	11%	5,373,000	13%	2,136,000	10%	33%
South Africa	19,551,000	100%	42,170,000	100%	21,009,000	100%	16%

Source: Statistics South Africa (2025) General Household Survey 2024. Pretoria: Stats SA. Analysis by Katharine Hall and Sumaiyah Hendricks, Children's Institute, UCT.

conducted telephonically with a smaller sample of just under 30.000 individuals in 9.000 households. The GHS returned to its full face-to-face sample from 2022. The population numbers derived from the survey are weighted to the mid-year population estimates using weights provided by Stats SA. Using previously weighted data (the 2013 population model), it appeared that the child population had remained fairly stable, with a marginal reduction of 0.2% in the population size between 2002 and 2015. However, there was considerable uncertainty around the official population estimates, particularly in the younger age groups.3 In 2017, Stats SA updated the model and recalibrated the mid-year population estimates all the way back to 2002,4 and subsequently released the data with new weights. The

same population model was used to weight the data from 2018 onwards. Based on the revised weights it appears that the child population has grown by 16%, increasing from 18.1 million in 2002 to 21 million in 2024.

The 2017 mid-year population model, used for weighting the GHS data, is known to be out of date. Any population numbers derived from the GHS (including those in the table below and throughout this publication) should therefore be regarded with some caution. Indeed, there is general uncertainty about population numbers in South Africa, following a substantial under-count in the 2022 Census (especially among young children) and concerns about adjustments to correct for this.5

Children living with their biological parents

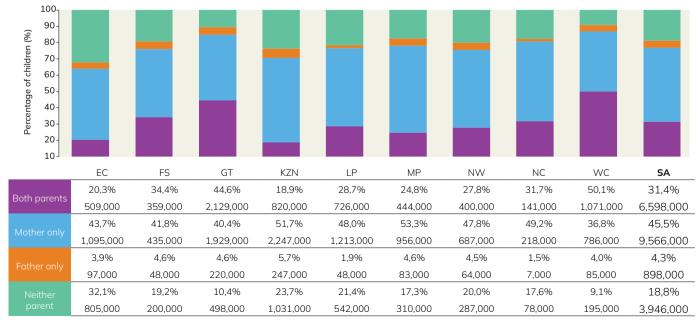
Many children in South Africa do not live consistently in the same household as their biological parents. This is an established feature of childhoods in South Africa, and international studies have shown that the country is unique in the extent that parents are absent from children's daily lives.^{6, 7} Parental absence is related to many factors, including apartheid-era controls on population movement, labour migration, poverty, housing and educational opportunities, low marriage and cohabitation rates, as well as customary care arrangements.8-12 It is common for relatives to play a substantial role in child-rearing. Many children experience a sequence of different caregivers, are raised without fathers, or live in different households to their biological siblings.

Parental absence does not necessarily mean parental abandonment. Many parents continue to support and see their children regularly even if they have to live elsewhere. 13-15 Virtually all children live with at least one adult, and 89% of

children live in households where there are two or more coresident adults. This indicator tracks co-residence between children and their biological parents specifically. Although many children live with just one of their biological parents (usually the mother), this does not mean that the mother is a 'single parent' as she is not necessarily the only adult caregiver in the household. In most cases, there are other adult household members such as aunts, uncles and grandparents who may contribute to the care of children.

The share of children living with both parents decreased gradually from 39% in 2002 to 34% in 2010, and remained stable at around 34% for the next 10 years. In 2024, 31% of children had both their biological parents living in the same household. Forty-six percent of all children (9.6 million children) live with their mothers but not with their fathers. Only 4% of children live in households where their fathers are present and their mothers absent

Figure 1a: Children living with their biological parents, by province, 2024



Source: Statistics South Africa (2025) General Household Survey 2024. Pretoria: Stats SA. Analysis by Katharine Hall and Sumaiyah Hendricks, Children's Institute, UCT.

One in five children (19%) do not have either of their biological parents living with them. This does not necessarily mean that they are orphaned: 81% of children who do not have any coresident parent do have a living mother, and 90% of children without any co-resident parents have at least one parent who is alive but living elsewhere.

There is substantial provincial variation within these patterns. In the Western Cape and Gautena, the share of children living with both parents is significantly higher than the national average, with around half of children resident with both parents (50% and 45%, respectively). Similarly, the number of children living with neither parent is relatively low in these two provinces (10% of children in Gauteng and 9% in the Western Cape). In contrast, a third of children (32%) in the Eastern Cape and a guarter (24%) in KwaZulu-Natal live with neither parent. These patterns have been fairly consistent over the years and are probably influenced by the dynamics of labour migration.

Children in the poorest 20% of households are least likely to live with both parents: only 14% of the poorest children have both parents living with them, compared with 72% of children in the wealthiest 20% of households.

Less than 30% of African children live with both their parents, 48% live with their mothers but not their fathers, and 20% live with neither parent. In contrast, around 80% of Indian and White children reside with both biological parents. These figures are striking for the way in which they suggest the limited presence of biological fathers in the home lives of large numbers of children.

Younger children are more likely than older children to have co-resident mothers, while older children are more likely to be living with neither parent. While 13% of children aged 0-5years (878,000) live with neither parent, this increases to 24% (1.7 million) of children aged 12 - 17 years.

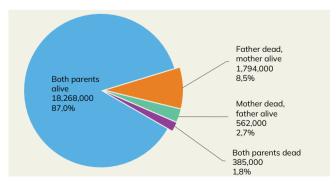
Orphaned children

An orphan is defined as a child under the age of 18 years whose mother, father or both biological parents have died (including those whose living status is reported as unknown, but excluding those whose living status is unspecified). For the purpose of this indicator, orphans are defined in three mutually exclusive categories:

- A maternal orphan is a child whose mother has died but whose father is alive.
- A paternal orphan is a child whose father has died but whose mother is alive.
- A double orphan is a child whose mother and father have both died.

The total number of orphans is the sum of maternal, paternal and double orphans. In 2024, there were 2.7 million orphaned children in South Africa. This includes children without a living biological mother, or father or both parents, and is equivalent to 13% of all children in South Africa. The majority (65%) of all orphans in South Africa are paternal orphans (with deceased fathers and living mothers).

Figure 1b: Children living in South Africa, by orphanhood status, 2024



Source: Statistics South Africa (2025) General Household Survey 2024. Pretoria: Stats SA

Analysis by Katharine Hall and Sumaiyah Hendricks, Children's Institute, UCT

The total number of orphans increased by over a million between 2002 and 2009, after which the trend was reversed. By 2017, orphan numbers had fallen to below 2002 levels. This was largely the result of improved access to antiretrovirals. Contrary to expectations, the number of orphaned children did not increase significantly during the COVID-19 pandemic in 2020 and 2021, and in 2022 the orphaning rates in all categories (maternal, paternal and double orphans) were lower than they were in 2019. This may be because COVID-19 related deaths were most prevalent among older people, while prime-age adults with children were less vulnerable.

Orphan status is not necessarily an indicator of the quality of care that children receive. It is important to disaggregate the total orphan figures because the death of one parent may have different implications for children than the death of both parents. In particular, it seems that children who are maternally orphaned are at risk of poorer outcomes than paternal orphans - for example, in relation to education. 16

In 2024, 3% of all children in South Africa were maternal orphans with living fathers, 9% were paternal orphans with living mothers, and a further 2% were recorded as double orphans. In total, 5% of children in South Africa (950,000 children) did not have a living biological mother and 10% (2.2 million) did not have a living biological father. The numbers of paternal orphans are high because of the relatively high mortality rates among men in South Africa, as well as a greater probability that the vital status, and perhaps even the identity, of a child's father is unknown. Around 290,000 children have fathers whose vital status is reported to be "unknown", compared with fewer than 30.000 children whose mothers' status is unknown.

The number and share of children who are double orphans, more than doubled between 2002 and 2009, from 361,000 to 886,000 after which the rates fell again. In 2018, there were 471,000 children who had lost both their parents, but the numbers rose again to over 580,000 in 2019. Subsequently, the number of double orphans dropped back to around 540,000 in 2021, dropped below 500,000 in 2022 and dropped further to below 400.000 in 2024.

There is some variation across provinces. The Eastern Cape, for example, has historically reported relatively high rates of orphaning, reflecting a situation where rural households of origin carry a large burden of care for orphaned children. In terms of provincial shares, double orphans are concentrated mostly in three provinces: KwaZulu-Natal (accounts for 22% of double orphans), Gauteng (20%) and the Eastern Cape (13%). Together these three provinces are home to nearly 60% of all double orphans.

KwaZulu-Natal has the second largest child population and the highest orphan numbers, with 635,000 children (15% of children in that province) recorded as orphans who have lost a mother, a father or both parents. In the North West, 18% of children are reported to be orphaned, and 16% of children are orphaned in the Free State. The Eastern Cape, Mpumalanga and Northern Cape have the same orphaning rates (14%) but because their child populations are smaller, they have lower numbers of orphaned children. From 2020, Gauteng emerged as the province with the second highest orphaning numbers. In 2024, more than 520,000 children in Gauteng were single or double orphans. A rise in orphan numbers within the province does not necessarily mean that there has been an increase in parental deaths; it could equally mean that children who are orphaned in Gauteng are now more likely to remain there, rather than being sent to another province. In other words, provincial orphaning rates are a reflection both of parental deaths and of the dynamics of extended families, including migration, family ties across provinces, and childcare arrangements. The lowest orphaning rates are in the Western Cape, where 9% of children are maternal, paternal or double orphans.

The poorest households carry the greatest burden of care for orphaned children. Just over 40% of all double orphans are resident in the poorest 20% of households.

The likelihood of orphaning increases as a child gets older. Across all age groups, the main form of orphaning is paternal orphaning (deceased father), which increases from 4% among children under six years of age, to 13% among children aged 12 – 17 years. While less than 1% of children under six years are maternal orphans, the maternal orphaning rate increases to 5% in children aged 12 – 17 years.



Figure 1c: Number and percentage of orphans, by province, 2024

Source: Statistics South Africa (2025) General Household Survey 2024. Pretoria: Stats SA. Analysis by Katharine Hall and Sumaiyah Hendricks, Children's Institute, UCT.

Child-only households

A child-only household is defined as a household in which all members are younger than 18 years. These households are also commonly referred to as 'child-headed households', although this definition differs from the one contained in the Children's Act. The Children's Act definition of a child-headed household includes households where there are adults who may be too sick or too old to effectively head the household and a child over 16 years bears this responsibility.

While orphaning undoubtedly places a large burden on families, there is little evidence to suggest that their capacity to care for orphans has been saturated, as commentators feared in the past. Rather than seeing increasing numbers of orphaned

children living on their own, the vast majority of orphans live with adult family members.

In 2024 there were an estimated 30,000 children living in child-only households. This equates to less than 0.2% of all children. Because this household form is rare and even a large population survey like the GHS encounters very few, the confidence intervals in the data are quite wide and the weighted number may lie within a margin of around 10,000 around either side of the mid-point estimate.

Importantly, there has been no increase in the share of children living in child-only households in the period 2002 – 2022, even at the height of the HIV pandemic. If anything, the number has dropped, and there has been a statistically significant drop in both Limpopo and the Eastern Cape, provinces with the highest baseline numbers. Predictions of rapidly increasing numbers of child-headed households as a result of HIV orphaning were unrealised, and similarly there seems to be no sign of a spike in child-headed households during the COVID-19 pandemic,

In line with previous studies¹⁷ the data suggest that most children in child-only households are not orphans: 85% of children in child-headed households have a living mother and 90% have at least one living parent. These findings suggest that social processes other than mortality influence the formation of these households. For example, a family may decide to leave teenage boys to look after a rural homestead while parents migrate to work because this is a necessary livelihood strategy: the family needs income but the family home also needs to be maintained, or there is no suitable space for co-resident children to join parents in the places where they seek work.

While it is not ideal for any child to live without any coresident adults, it is positive that most children living in child-only households are 15 or older. In the 2024 GHS, less than 20% of children in identified child-headed households were under 10 years of age, while 70% were 15 - 17 years old.

Previous research suggests that child-only households are often temporary arrangements, existing just for a short period, for example while adult migrant workers are away, or for easy access to school during term time, or after the death of an adult and prior to other arrangements being made to care for the children (such as other adults moving in or the children moving to live with other relatives).18 Also, Stats SA surveys use a narrow definition of the household, which requires that members stay in the household at least four nights a week to be counted as part of the household. Some children in the sampled child-only households might have adult family members who return on weekends.

Relative to children in mixed-generation households, childonly households are vulnerable in a number of ways. Childonly households identified in the GHS are overwhelmingly in the poorest households. In addition to the absence of adult members who may provide care and security, they are at risk of living in poorer conditions, with poor access to services, less (and less reliable) income, and low levels of access to social grants.

There has been very little robust data on child-headed households in South Africa to date. The figures should be treated with caution as the number of child-only households forms just a very small sub-sample of the GHS. In 2024, only 48 children (unweighted) were identified as being in child-headed households, out of a sample of 24,000 children.

Percentage of children (%) 4 3 2 FS EC LP SA GT K7N MP NW NC WC 0,7% 0,4% 0,5% 0,1% 1.6% 0.1% 1.5% 0.3% 0.0% 0.7% 47,000 4,000 18,000 35,000 8,000 4,000 0 7,000 0 125,000 0,2% 0,1% 0,1% 0,1% 0,3% 0,0% 0,3% 0,0% 0,0% 0,1% 5,000 1,000 6,000 5,000 9,000 0 4,000 0 30,000

Figure 1d: Children living in child-only households, 2002 & 2024

Source: Statistics South Africa (2003; 2025) General Household Survey 2002; General Household Survey 2024. Pretoria: Stats SA. Analysis by Katharine Hall and Sumaiyah Hendricks, Children's Institute, UCT.

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