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Statistics South Africa
REPUBLIC OF SOUTH AFRICA

Private Bag X44, Pretoria, 0001, South Africa, ISIbalo House, Koch Street, Salvokop, Pretoria, 0002
www.statssa.gov.za, info@statssa.gov.za, Tel +27 12 310 8911

Gender Series XIII:
Gender Disparities in Care Work in South Africa

2015-2026

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Risenga Maluleke

Statistician-General

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For technical enquiries please contact:

Neo Nghenavo
Tel: 012 310 8047
Email: neon@statssa.gov.za

Thabang Galane
Tel.: 012 310 3442
Email: ThabangMak@statssa.gov.za

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Acronyms and abbreviations

AU	African Union
CDG	Care Dependency Grant
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CHW	Community Health Worker
DG	Disability Grant
DSD	Department of social Development
DWYPD	Department of Women, Youth and Persons with Disabilities
EAP	Economically Active Population
ECD	Early Childhood Development
EPWP	Expanded Public Works Programme
GDP	Gross Domestic Product
GHS	General Household Survey
GPR	Gender Parity Ratio
IES	Income and Expenditure Survey
ILO	International Labour Organization
LFPR	Labour Force Participation Rate
NEET	Not in Employment, Education or Training
NDP	National Development Plan
NPC	National Planning Commission
OECD	Organisation for Economic C-operation and Development
OPG	Older Persons Grant
PWDs	Persons with Disabilities
QLFS	Quarterly Labour Force Survey
RSA	Republic of South Africa
SAHRC	South African Human Rights Commission
SDG	Sustainable Development Goals
Stats SA	Statistics South Africa
TUS	Time Use Survey
UN	United Nations
UN Women	United Nations Entity for Gender and Equality and the Empowerment of Women
UNECA	United Nations Economic Commission for Africa
WHO	World Health Organisation

WC	Western Cape	KZN	KwaZulu-Natal
EC	Eastern Cape	NW	North West
NC	Northern Cape	GP	Gauteng
FS	Free State	MP	Mpumalanga
LP	Limpopo	RSA	Republic of South Africa

Concepts and definitions

Care economy Refers to the range of activities and relationships involved in providing care and support to individuals, households, and communities. It includes both paid and unpaid care work provided through households, markets, public institutions, and community organisations.

Care work Care work involves activities and relationships that sustain quality of life, nurture human capabilities, foster agency, autonomy and dignity, and develop the opportunities and resilience of both caregivers and care recipients. It meets a range of physical, psychological, cognitive, mental health and developmental needs across all life stages, including for children. Care work encompasses child care, elder care, education, healthcare, and personal social and domestic services that are provided in both paid and unpaid forms and within formal and informal sectors.

Unpaid care work Non-market activities performed without direct financial compensation, including childcare, caring for family members, household maintenance, food preparation, cleaning, and other domestic responsibilities.

Paid care work Care activities performed in exchange for income or wages, including work undertaken by healthcare workers, educators, social service providers, domestic workers, caregivers, and early childhood development practitioners.

Caregiver An individual who provides care or support to another person who requires assistance due to age, disability, illness, dependency, or other circumstances. Caregiving may be paid or unpaid.

Care recipient A person who receives care or support due to age, disability, illness, dependency, or other care needs.

Time-use data Statistical information collected on how individuals allocate their time across different activities, including paid work, unpaid care work, domestic activities, leisure, and personal activities.

Care services Formal or informal services provided to meet care needs, including childcare, healthcare, social support, home-based care, and services for older persons and persons with disabilities.

Social protection Public policies and programmes designed to reduce poverty, vulnerability, and inequality through measures such as social grants, income support, and access to essential services.

Formal care Care provided through organised and regulated systems, including government services, private sector providers, community organisations, and paid caregivers.

Outside the Labour Force: Persons aged 15–64 years who are neither employed nor unemployed in the reference period (previously Not economically Active)

Foreword

The care economy is fundamental to South Africa's social and economic development. It sustains households and communities, supports the development of human capital, and enables participation in education, employment, and society. Despite its central role, much of care work, particularly unpaid care undertaken within households remains insufficiently recognised and inadequately reflected in conventional measures of economic activity.

The findings presented in this report highlight how demographic and socioeconomic changes are reshaping the demand for care in South Africa. Between 2015 and 2025, the old age dependency ratio increased from 7,9 to 9,1 older persons per 100 working-age people, signalling growing demand for long-term care and support services for older persons. At the same time, child dependency ratio remains high although it declined from 45,4 to 41,1, indicating continued demand for childcare.

This report further shows that women remain the primary providers of unpaid care. The percentage of children living with their mothers only increased from 41,4% in 2015 to 45,9% in 2025. Female-headed households were more likely to care for larger numbers of children and to live in extended and multigenerational households, reflecting their greater caregiving responsibilities across generations.

The analysis also shows that gender inequalities in the labour market. Women's labour force participation remained lower than the men's and continued to dominate paid care occupations. In 2026, women accounted for 93,6% of domestic workers, 94,0% of pre-primary teachers, 87,2% of nursing and midwives, and 91,9% of social work associate professionals. Despite improvements in earnings, women's median monthly earnings in 2024 remained about 82% of those of men.

This report further highlights the important role of social protection in supporting households with caregiving responsibilities. Between 2015 and 2025, the proportion of households relying primarily on social grants increased from 21,1% to 23,4%, with female-headed households consistently more dependent on grants and remittances than their male-headed counterparts.

Evidence from this report provides a comprehensive overview of both paid and unpaid care work in South Africa. In the absence of recent time-use data, it also demonstrates how existing official statistics can be used to strengthen understanding of the care economy and its contribution to society. It is envisaged that this report will serve as an important resource for policymakers, researchers, development partners, and other stakeholders by informing evidence-based policies that recognise, reduce, and redistribute unpaid care work, improve conditions for paid care workers, and strengthen investment in quality care services. Thus, the report contributes to advancing gender equality, strengthening the national statistical system, and supporting South Africa's broader goals of inclusive and sustainable development.

Risenga Maluleke
Statistician-General

Chapter 1

1.1 Introduction

The care economy has emerged as a critical area of social and economic policy globally because of its contribution to human well-being, labour market participation, and economic development. It encompasses both paid and unpaid activities that provide care to children, older persons, persons with disabilities, individuals living with illnesses, and others requiring support throughout the life course (Razavi, 2017). Care activities include direct services such as childcare, nursing, eldercare, teaching, and social work, as well as indirect activities such as cooking, cleaning, household management, and other domestic tasks that sustain individuals, families, and communities. Despite its fundamental contribution to social reproduction and economic functioning, much of care work remains undervalued, under-recognised, and unequally distributed.

Globally, there is growing recognition that investment in the care economy can simultaneously address multiple development challenges, including unemployment, poverty, gender inequality, and inadequate social protection. Expanding access to quality care services has the potential to generate decent employment, increase labour force participation, improve health and education outcomes, reduce poverty, and stimulate inclusive economic growth. Consequently, the care economy is increasingly recognised as a cornerstone of inclusive and sustainable development (ILO, 2018; ILO, 2022; UN Women, 2023).

In South Africa, the care economy is shaped by the country's historical inequalities, high levels of unemployment, persistent poverty, and a hybrid welfare system that combines state provision, market-based services, community organisations, and household-based care. While government provides care through public health, education, social development services, and an extensive social grant system, households remain the primary providers of care. Much of this responsibility falls on women, supported in many instances by non-governmental and community-based organisations. This distribution of care responsibilities reinforces existing gender, racial, class, and spatial inequalities that continue to characterise South African society.

Women are disproportionately concentrated in paid care occupations such as nursing, teaching, community health work, social work, domestic work, childcare, and early childhood development (ECD) services, while simultaneously undertaking the majority of unpaid care responsibilities within households. This dual burden limits women's labour market participation, constrains access to decent work, reduces opportunities for career progression, and contributes to persistent gender wage inequalities (ILO, 2018; ILO, 2022; UN Women, 2023). Deeply entrenched social norms that associate caregiving with women's traditional roles reinforce occupational segregation and contribute to the concentration of women in relatively low-paid, insecure, and undervalued care occupations (Harambee, 2022).

Unpaid care work constitutes an essential but largely invisible component of the economy. Although this work underpins the functioning of households, labour markets, and society, it remains largely excluded from conventional measures of economic production such as Gross Domestic Product (GDP). As a result, its substantial economic and social value is often overlooked in economic planning and public policy (ILO, 2018; UN Women, 2023).

Evidence consistently shows that women perform substantially more unpaid care work than men. In South Africa, the 2010 Time Use Survey (Statistics South Africa) found that women spend considerably more time on unpaid household and care activities than men, frequently combining these responsibilities with paid employment. The burden is particularly pronounced among low-income women, rural women, and female-headed households, where limited access to affordable childcare, healthcare, transport, water, electricity, and other basic services increases the time devoted to unpaid domestic work. These responsibilities interrupt employment trajectories, reduce working hours and lifetime earnings, limit opportunities for education and skills development, and contribute to lower labour force participation, occupational segregation, reduced retirement savings, and increased vulnerability to poverty over the life course (ILO, 2018; UN Women, 2023).

The unequal distribution of unpaid care work also represents a significant structural barrier to women's economic empowerment. Women with extensive caregiving responsibilities are less able to seek employment, accept full-time work, participate in training, or engage in entrepreneurial activities. Young women often interrupt their education or employment to provide care, reinforcing cycles of economic exclusion and intergenerational disadvantage. These constraints disproportionately affect Black African women and women living in historically disadvantaged communities, highlighting the intersection of gender, race, class, and geography in shaping labour market outcomes (Harambee, 2022).

At the same time, the care economy represents a significant source of employment and an important driver of human development in South Africa. Harambee (2022) estimates that care-related occupations accounted for approximately 15.9 per cent of total employment in 2021. Formal paid care workers include nurses, doctors, teachers, social workers, community health workers, early childhood development practitioners, childcare providers, and domestic workers who deliver essential services across households, schools, healthcare facilities, and community settings (Kasan, 2024).

Against this backdrop, strengthening the care economy has become an increasingly important policy priority in South Africa. Emerging policy and research evidence highlights that greater recognition, reduction and redistribution of unpaid care work, together with improved remuneration and working conditions for paid care workers, are essential for advancing gender equality, expanding decent employment, improving care outcomes, and strengthening social protection systems. Strategic investment in quality care services has the potential to stimulate inclusive economic growth, increase women's labour force participation, and address the structural inequalities that continue to shape patterns of care provision and labour market participation in South Africa (Harambee, 2022; Shai, 2021; South Africa Beijing+30 Report, 2024).

This report examines care work in South Africa within the broader context of gender equality The study seeks to contribute to the evidence based reports by using available statistical data sources to examine care work in South Africa. The findings will enhance understanding of caregiving responsibilities and their distribution across the households, while identifying opportunities to strengthen the measurement and reporting of care-related statistics within the national statistical system

1.2 Problem statement

The care economy is an important component of social and economic life in South Africa, with both paid and unpaid care activities contributing to household well-being, human development, and labour market functioning. However, significant aspects of care work, particularly unpaid care activities such as childcare, household management, and care for vulnerable groups remains insufficiently captured in official statistics.

Although South Africa produces extensive information through household surveys and administrative data systems, evidence on the care economy remains fragmented, limiting comprehensive analysis of the scale, distribution, and socioeconomic characteristics of care work. The absence of recent time-use data further constrains the measurement of unpaid care responsibilities and their relationship with demographic and economic outcomes.

This creates a need to strengthen the evidence base on care work to support statistical reporting, policy development, and monitoring of national priorities related to gender equality, social protection, employment, and inclusive development.

1.3 Objectives of this report

The main objective of this study is to examine selected dimensions of the care work in South Africa using available statistical data sources.

The specific objectives are to:

- Describe the characteristics and patterns of care work and caregiving responsibilities in South Africa.
- Examine the demographic and household characteristics of individuals involved in care activities.
- Examine gender differences in the distribution of care work and their implications for labour force participation, employment, and earnings.
- Contribute to strengthening the measurement and reporting of care economy statistics within the national statistical system.

1.4 Conceptual framework

This study is guided by a conceptual framework that recognises care responsibilities as being shaped by demographic and socio-economic characteristics, including sex, age, household composition, employment status, income, and geographic location.

These factors influence the distribution of caregiving responsibilities within households and communities, including childcare, care for older persons, care for persons with disabilities or chronic illnesses, and domestic work. The framework further recognises that caregiving responsibilities are associated with broader social and economic outcomes, such as labour market participation, gender equality, household well-being, and social protection needs.

In the absence of recent time-use data, the study uses available household and labour-related datasets to examine selected dimensions of the care economy and generate evidence on the characteristics and distribution of care work in South Africa. The framework is adapted from international care economy literature and previous South African work on time use and unpaid care work (Statistics South Africa, 2013; ILO, 2018; UN Women, 2021).

Definition of care work

The UN Women Toolkit on paid and unpaid care work explains the definitions as follows:

a) Paid care work:

Direct care for persons performed within a household or institution for pay or profit. Paid care work spans both public and private spheres and is provided in a variety of settings, in both formal and informal economies. Care work is a significant source of work for women globally.

b) Unpaid care work:

All unpaid services provided by individuals within a household or community for the benefit of its members, including care of persons and domestic work. Common examples include cooking, cleaning, collecting water and fuel, and looking after children, older persons, and persons with illness or disabilities. Voluntary community work that supports personal or household care, such as community kitchens or childcare, are also forms of unpaid care work.

1.5 Care work regulations

1.5.1 International regulations

The care economy is guided by international human rights, labour, gender equality, and development frameworks that establish governments' responsibilities to support care work, social protection, decent work, and gender equality (ILO, 2018; UN Women, 2023).

The International Labour Organization (ILO) promotes these objectives through key labour standards. Convention No. 156 (1981) supports workers with family responsibilities by encouraging family-friendly policies (ILO, 1981).

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) requires states to eliminate discrimination against women, promote equal employment opportunities, expand childcare, and recognise unpaid care work. Its General Recommendations also highlight the economic value of unpaid domestic work and the care burden on rural women. South Africa ratified CEDAW in 1995 (United Nations, 1979; CEDAW Committee, 1991; CEDAW Committee, 2016). The **Beijing Declaration Platform for Action (1995**) further emphasise recognising, reducing, and redistributing unpaid care work (United Nations, 1995).

The 2030 Agenda for Sustainable Development. SDG 5.4 specifically calls for investment in public services, infrastructure, social protection, and shared caregiving responsibilities, while the care economy also contributes to achieving goals on poverty, health, education, decent work, and inequality (United Nations, 2015).

1.5.2 Regional Regulations

The Protocol to the African Charter on Human and Peoples' Rights on The Rights Of Women in Africa (Maputo Protocol), urges State parities to take the necessary measures to recognise the economic value of the work of women in the home and recognise that both parents bear the primary responsibility for the upbringing and development of children and that this is a social function for which the State and the private sector have secondary responsibility.

The African Union's Agenda 2063 emphasises women's economic empowerment and equal participation in development and calls for policies that **recognise**, **value, reduce, and redistribute unpaid care and domestic work**, including affordable childcare services, support for the care of older persons, people with disabilities, and those living with illness, as well as family–friendly measures such as maternity and paternity leave. These commitments position the care economy as an important enabler of inclusive growth, decent work, and gender equality across the continent.

1.5.3 Policy Framework and Interventions in South Africa

South Africa has developed a broad policy and legislative framework that supports the care economy through social welfare, healthcare, education, gender equality, and social protection.

Constitutional and policy framework

The Constitution of the Republic of South Africa, 1996, guarantees rights to equality, healthcare, social security, education, and human dignity, providing the basis for state support for care provision.

The National Development Plan (NDP) 2030 promotes quality public services, social protection, and gender equality while recognising the need to reduce women's unpaid care burden (National Planning Commission, 2012).

The White Paper for Social Welfare (1997) introduced a developmental approach that recognises the shared roles of families, communities, civil society, and the state in providing care.

The National Policy Framework for Women's Empowerment and Gender Equality (2000) further addresses the unequal distribution of unpaid care work and promotes women's economic participation.

Legislative framework for care services

The Children's Act 38 of 2005 provides for early childhood development, childcare, child protection, and family support services. The Older Persons Act 13 of 2006 promotes community and residential-based care for older persons.

The White Paper on the Rights of Persons with Disabilities (2015), support independent living, community participation, and access to care services while recognising the role of caregivers.

The National Integrated Early Childhood Development Policy (2015) strengthens the care economy by integrating childcare, early learning, parental support, and employment creation, expanding access to quality ECD services.

Social protection and employment interventions

South Africa interventions also include a combination of social protection and public employment initiatives that benefit both caregivers and care recipients. Social grants, including the Child Support Grant, Older Persons Grant, Disability Grant, and Care Dependency Grant, provide essential income support to vulnerable households, while public programmes such as the Expanded Public Works Programme (EPWP) and the Community Health Worker Programme create paid employment in home-based care, early childhood development (ECD), and community health services.

Legislations regulating Paid care work includes:

Employment Equity Act 55 of 2008 prohibit unfair discrimination and promote equal opportunity and affirmative action in workplaces employing paid care workers.

National Minimum Wage Act 09 of 2018 provides the minimum wage for most of the care workers covering domestic workers, care givers and those employed in home-based care and private households.

The **Basic Condition of Employment Act 75 of 1997** governs employment conditions for paid care workers. These include working hours, leave (maternity, annual, paternity, family responsibility) as well as over time and contract related issues.

Labour Relations Act 66 of 1995 protects the labour rights of care workers including trade union rights, collective bargaining, unfair labour practices and dispute resolutions.

1.6 Data sources

The main data sources for the report are the surveys conducted by Statistics South Africa, which include:

- General Household Survey (GHS) is an annual household survey which measures the living circumstances of South African households. The GHS collects data on education, health, and social development, housing, households' access to services and facilities, food security, and agriculture.
- Income and Expenditure Survey (IES) is a household-based sample survey which focuses on households' expenditure on care services.
- Quarterly Labour Force Survey (QLFS), provides information on employment in care sectors and labour market outcomes
- Mid-year Population Estimates provides population estimates

1.7 Layout of the report

The main purpose of the report is to examine the contribution of the care economy in South Africa, with particular emphasis on the relationship between paid and unpaid care work, employment, gender equality, and inclusive socioeconomic development The report is organised into seven chapters.

Chapter 1 introduces the concept of the care economy and care work and provides an overview of the legal, policy, and institutional frameworks that shape care provision in South Africa.

Chapter 2 presents the demographic and socioeconomic profile of South Africa's population and households, providing the contextual foundation for understanding care needs and care provision.

Chapter 3 examines educational participation, educational attainment, and early childhood development between 2015 and 2025 through a care economy lens, highlighting the interrelationships between education, caregiving responsibilities, and human capital development.

Chapter 4 analyses the characteristics of both paid and unpaid care work in South Africa, with particular attention to the gendered distribution of care responsibilities, labour market participation, and employment within the care sector.

Chapter 5 explores household income sources and expenditure patterns, focusing on spending related to care services and the economic implications of care responsibilities for households.

Chapter 6 assesses access to essential public and private services—including healthcare, childcare, education, transport, water, sanitation, electricity, and social protection—and examines how service availability and accessibility influence the provision and distribution of care work.

Chapter 7 synthesises the key findings of the report, draws policy implications, and presents recommendations for strengthening South Africa's care economy to promote gender equality, decent work, inclusive economic growth, and improved care outcomes.

1.8 Limitations of the report

This report is subject to several limitations related to the availability and measurement of care economy data in South Africa. A key limitation is the absence of recent time-use data, which restricts the direct measurement of the amount of time individuals spend on unpaid care and domestic activities. As a result, the study relies on available household surveys and administrative data sources that capture selected aspects of caregiving but may not fully reflect the extent and intensity of care work.

The use of multiple data sources may also present challenges related to differences in concepts, definitions, reference periods, and data collection methods. In addition, some forms of informal and unpaid care work, particularly activities performed within households, may remain underreported or difficult to quantify using conventional statistical approaches.

The report focuses on selected dimensions of the care economy based on available indicators and does not provide a complete valuation of the economic contribution of unpaid care work. Despite these limitations, the analysis provides important insights into caregiving patterns and contributes to strengthening the evidence base for care work statistics in South Africa.

Chapter 2- Demographic analysis

2.1 Introduction

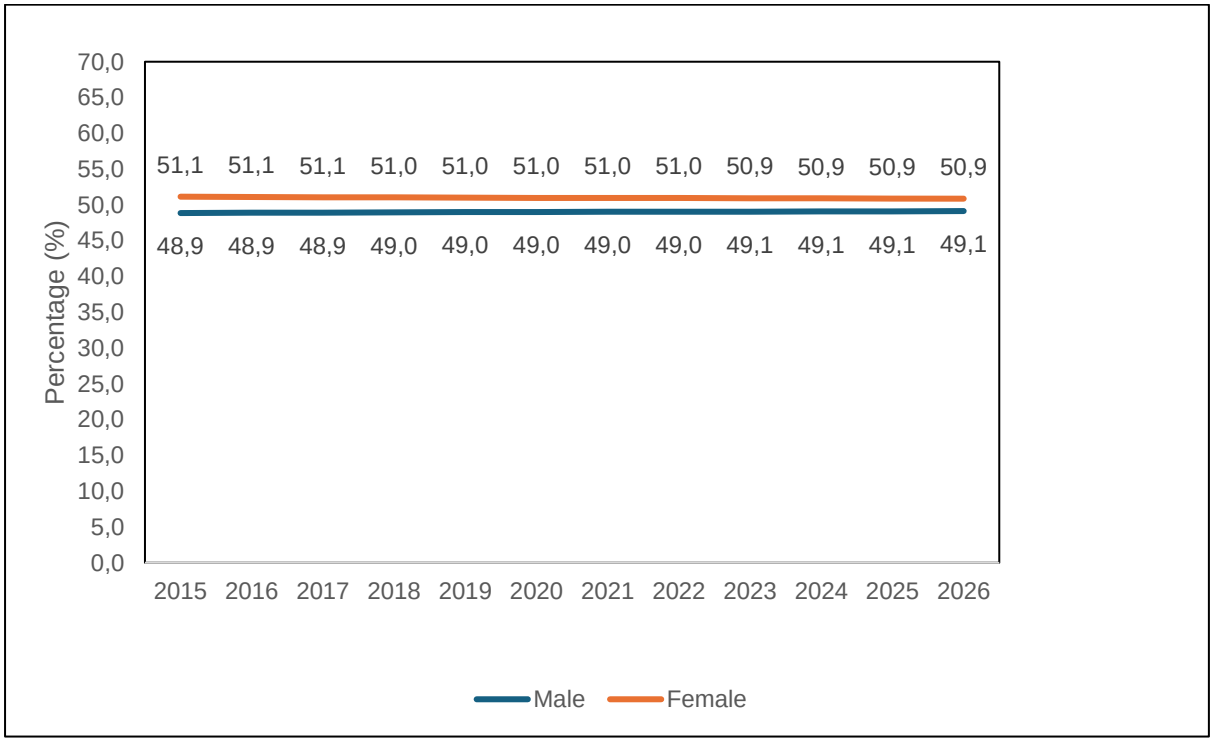
Care work is shaped by demographic, social, and economic factors that influence both the demand for care and the distribution of caregiving responsibilities within households. Household characteristics such as size, composition, employment status, and the presence of children, older persons, and persons with disabilities determine who provides care, who receives it, and the intensity of unpaid care work (ILO, 2018; UN Women, 2021). Households with limited employment opportunities often face the dual challenge of financial hardship and high unpaid care responsibilities, highlighting the importance of recognising, reducing, redistributing, and rewarding unpaid care work (Elson, 2017).

The presence of young children, older persons, and individuals requiring long-term support increases the demand for care, with responsibilities often shared among extended family members and community networks. In South Africa, grandparents and other relatives frequently provide care for children, particularly in vulnerable households, reflecting the important role of intergenerational care (Hall & Sambu, 2018; von Saenger et al., 2023).

This chapter examines the demographic characteristics that shape the care economy in South Africa, focusing on household composition, living arrangements, employment status, and the presence of care-dependent household members to better understand the distribution of unpaid care work.

2.2 Basic demographics

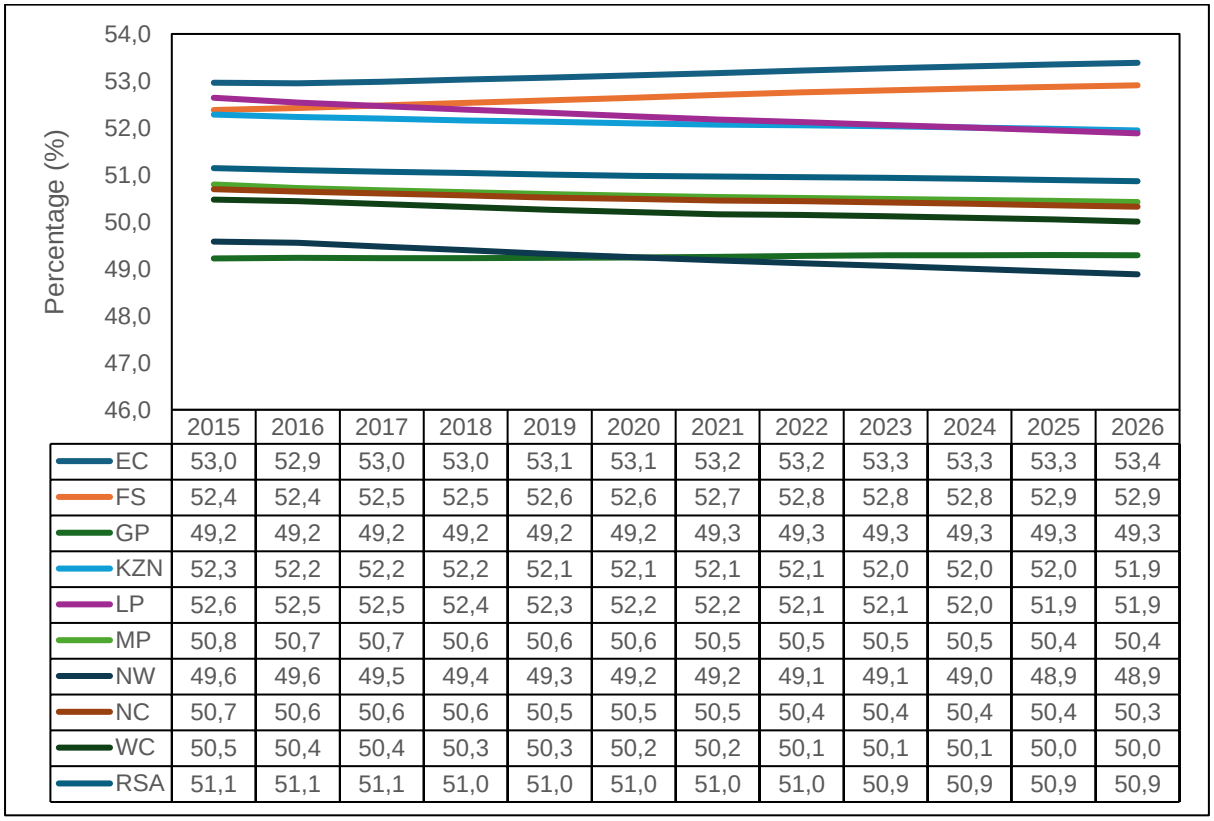
Figure 2.1 – The percentage share of the total population by sex, 2015-2026



Source: Mid-year Population Estimates, 2026

Figure 2.1 shows the percentage share of females in the overall population by sex over twelve years. Females reported the highest percentage share of the general population compared to their male counterparts for all the years. In addition, both the males and females share remained stable over the reporting period. In 2026, the percentage share of males and females was 49,1% and 50,9%, respectively.

Figure 2.2 – Percentage of females as a share of the total population by province, 2015-2026

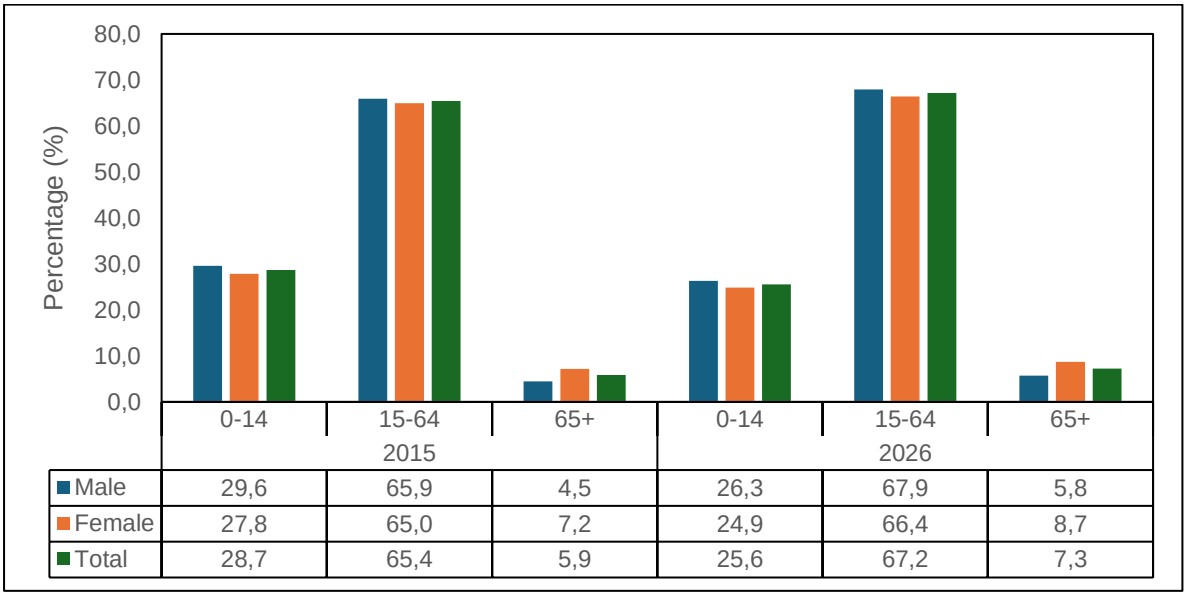


	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
EC	53,0	52,9	53,0	53,0	53,1	53,1	53,2	53,2	53,3	53,3	53,3	53,4
FS	52,4	52,4	52,5	52,5	52,6	52,6	52,7	52,8	52,8	52,8	52,9	52,9
GP	49,2	49,2	49,2	49,2	49,2	49,2	49,3	49,3	49,3	49,3	49,3	49,3
KZN	52,3	52,2	52,2	52,2	52,1	52,1	52,1	52,1	52,0	52,0	52,0	51,9
LP	52,6	52,5	52,5	52,4	52,3	52,2	52,2	52,1	52,1	52,0	51,9	51,9
MP	50,8	50,7	50,7	50,6	50,6	50,6	50,5	50,5	50,5	50,5	50,4	50,4
NW	49,6	49,6	49,5	49,4	49,3	49,2	49,2	49,1	49,1	49,0	48,9	48,9
NC	50,7	50,6	50,6	50,6	50,5	50,5	50,5	50,4	50,4	50,4	50,4	50,3
WC	50,5	50,4	50,4	50,3	50,3	50,2	50,2	50,1	50,1	50,1	50,0	50,0
RSA	51,1	51,1	51,1	51,0	51,0	51,0	51,0	51,0	50,9	50,9	50,9	50,9

Source: Mid-year Population Estimates, 2026

Figure 2.2 shows the percentage of females as a share of the total population within each province between 2015 and 2026. North West had the lowest share of the female population at 48,9% in 2026. The analysis also reveals that Limpopo, Eastern Cape, KwaZulu-Natal and Free State had higher proportions of females in all years of reporting.

Figure 2.3 – Distribution of population by age group and sex, 2015 and 2026



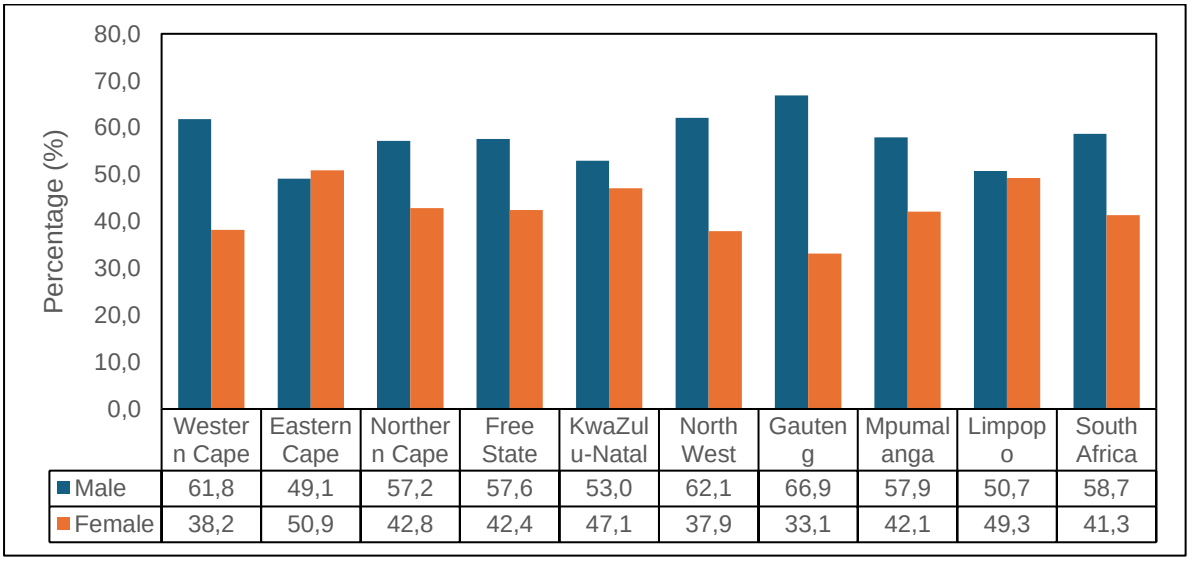
	2015			2026		
	0-14	15-64	65+	0-14	15-64	65+
Male	29,6	65,9	4,5	26,3	67,9	5,8
Female	27,8	65,0	7,2	24,9	66,4	8,7
Total	28,7	65,4	5,9	25,6	67,2	7,3

Source: Mid-year Population Estimates, 2026

Figure 2.3 show the population distribution by sex and broad age group in 2015 and 2026. In both years, the working-age population (15–64 years) constituted the largest share of the population, increasing from 65,4% in 2015 to 67,2% in 2026. The proportion of older persons (65 years and above), although the smallest age group, also increased from 5,9% to 7,3% over the same period, reflecting a gradual ageing of the population. The sex distribution was broadly balanced across the working-age population, with males slightly more than females among those aged 0-14. However, females consistently represented a higher proportion of the older population than males in both years. Overall, the age-sex structure indicates that South Africa remains a relatively youthful population with a large potential labour force, while the growing proportion of older persons points to increasing demand for healthcare and social support services.

2.3 Characteristics of households

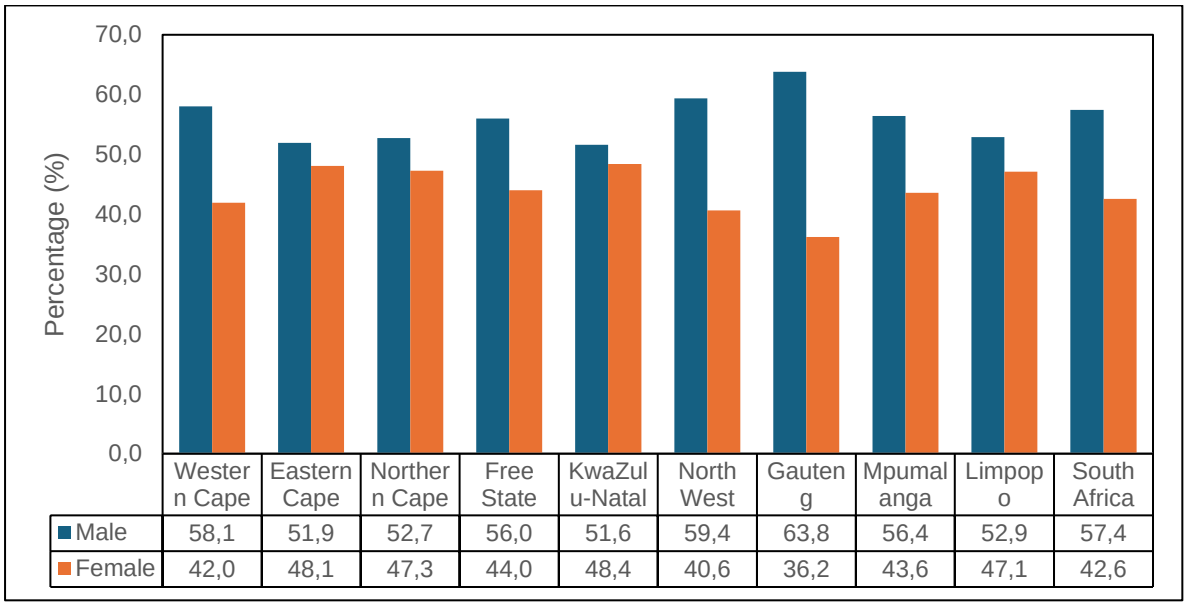
Figure 2.4a – Proportion of households by province and sex of the household head, 2015



	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu-Natal	North West	Gauteng	Mpumalanga	Limpopo	South Africa
Male	61,8	49,1	57,2	57,6	53,0	62,1	66,9	57,9	50,7	58,7
Female	38,2	50,9	42,8	42,4	47,1	37,9	33,1	42,1	49,3	41,3

Source: GHS, 2015

Figure 2.4b – Percentage distribution of households by province and sex of the household head, 2025

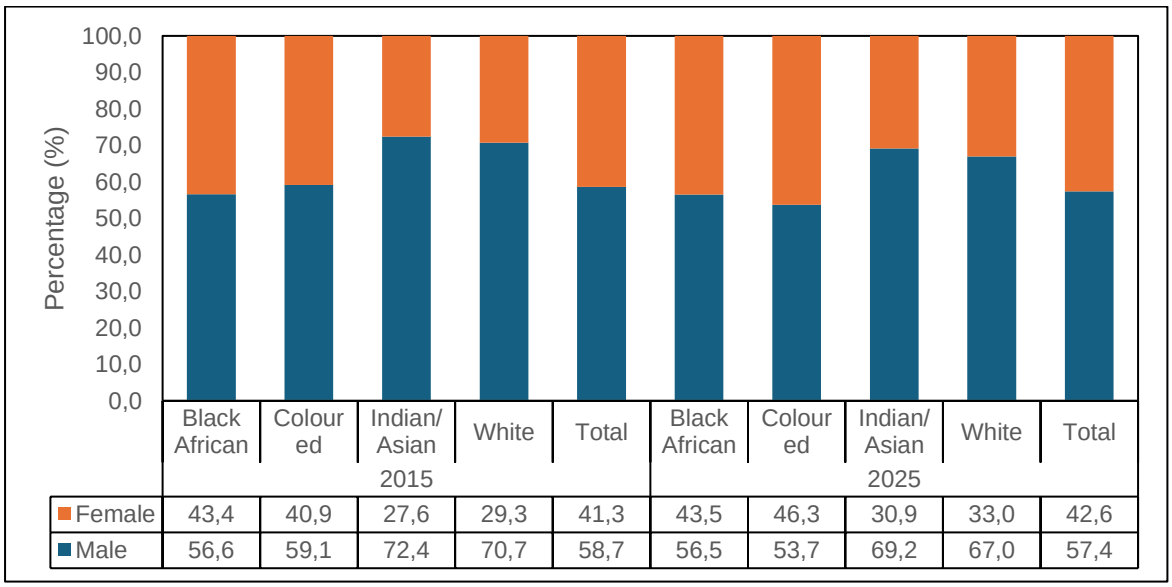


	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu-Natal	North West	Gauteng	Mpumalanga	Limpopo	South Africa
Male	58,1	51,9	52,7	56,0	51,6	59,4	63,8	56,4	52,9	57,4
Female	42,0	48,1	47,3	44,0	48,4	40,6	36,2	43,6	47,1	42,6

Source: GHS, 2025

Figure 2.4a and 2.4b above shows the percentage distribution of households by province and sex of the household head in 2015 and 2025. Nationally, 41,3% of the households in South Africa were headed by females in 2015, which increased by 1,3 percentage point to 42,6% in 2025. Most of the provinces recorded an increase in the in female-headed households for the reporting period except Eastern Cape and Limpopo where the opposite was observed. In 2025, female-headed households were most common in provinces with large rural areas such as KwaZulu-Natal (48,4%), Eastern Cape (48,1%), Northern Cape (47,3%) and Limpopo (47,1%).

Figure 2.5 – Proportion of households by population group and sex of the household head, 2015 and 2025

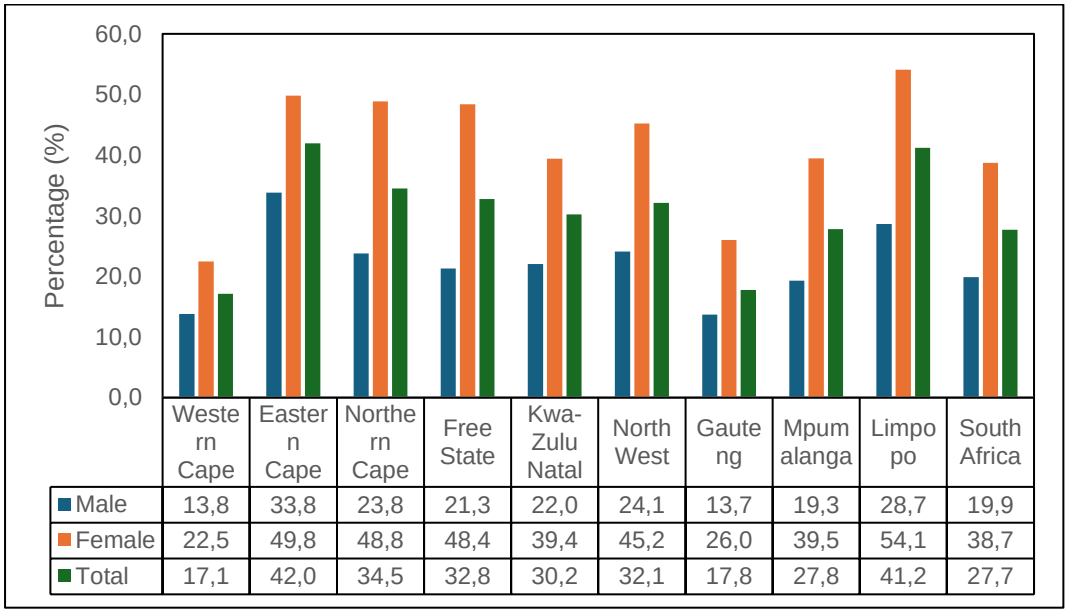


	Black African	Coloured	Indian/ Asian	White	Total	Black African	Coloured	Indian/ Asian	White	Total
	2015					2025				
Female	43,4	40,9	27,6	29,3	41,3	43,5	46,3	30,9	33,0	42,6
Male	56,6	59,1	72,4	70,7	58,7	56,5	53,7	69,2	67,0	57,4

Source: GHS, 2015 & 2025

Figure 2.5 depicts the proportion of households by sex and population group of the household head in 2015 and 2025. For the reference period, the largest percentage of the households were headed by males across all population groups. The Indian/Asian and whites reported the highest proportion of male-headed households for both years. The male-headed households recorded a decline across all four population groups while the contrary was recorded for their female counterparts. The coloured population group recorded the highest increase of the proportion of female-headed households, increasing by 5,4 percentage points (from 40,9% in 2015 to 46,3% in 2025).

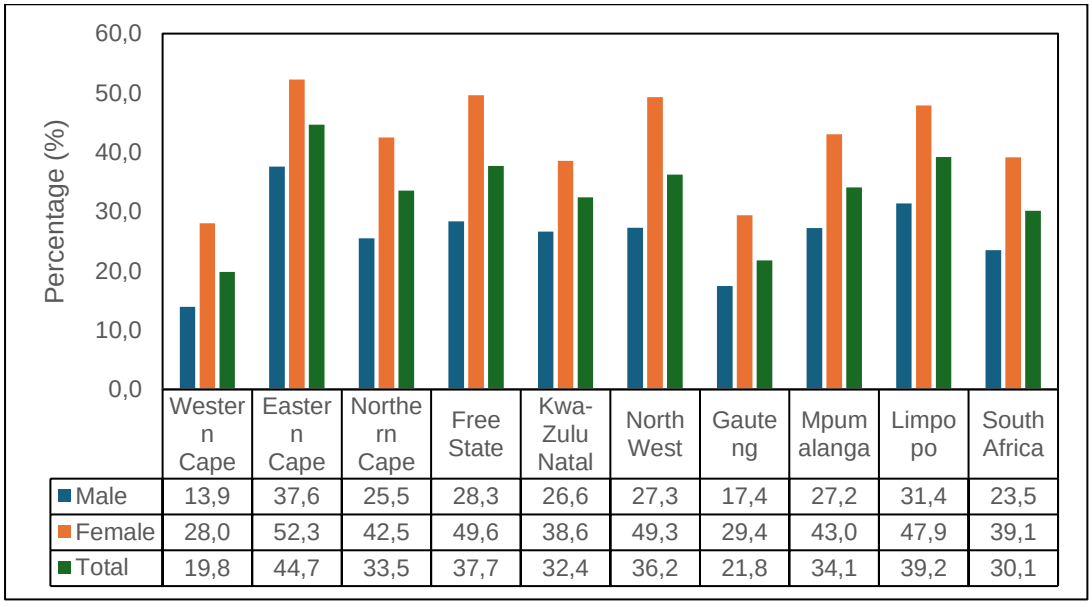
Figure 2.6a – Proportion of households without an employed household member by sex of the household head and province, 2015



	Western Cape	Eastern Cape	Northern Cape	Free State	Kwa-Zulu Natal	North West	Gauteng	Mpumalanga	Limpopo	South Africa
Male	13,8	33,8	23,8	21,3	22,0	24,1	13,7	19,3	28,7	19,9
Female	22,5	49,8	48,8	48,4	39,4	45,2	26,0	39,5	54,1	38,7
Total	17,1	42,0	34,5	32,8	30,2	32,1	17,8	27,8	41,2	27,7

Source: GHS, 2015

Figure 2.6b – Proportion of households without an employed household member by sex of the household head and province, 2025



	Western Cape	Eastern Cape	Northern Cape	Free State	Kwa-Zulu Natal	North West	Gauteng	Mpumalanga	Limpopo	South Africa
Male	13,9	37,6	25,5	28,3	26,6	27,3	17,4	27,2	31,4	23,5
Female	28,0	52,3	42,5	49,6	38,6	49,3	29,4	43,0	47,9	39,1
Total	19,8	44,7	33,5	37,7	32,4	36,2	21,8	34,1	39,2	30,1

Source: GHS 2025

Figure 2.6a and 2.6b shows the proportion of households without an employed household member by sex of the household head and province in 2015 and 2025. For the reference period, the percentage of

female-headed households without an employed member were higher than that of their male counterparts. The percentage of female-headed households without an employed member slightly increased by 0,4 percentage points (from 38,7% in 2015 to 39,1% in 2025). The percentage of male-headed households without an employed member increased by 3,6 percentage points (from 19,9% in 2015 to 23,5% in 2025). Provincial variations revealed that the proportion of female-headed households without an employed household member was higher than their male counterparts in all the provinces for both years. Western Cape and Gauteng reported the lowest proportion of households without an employed member in the reference period.

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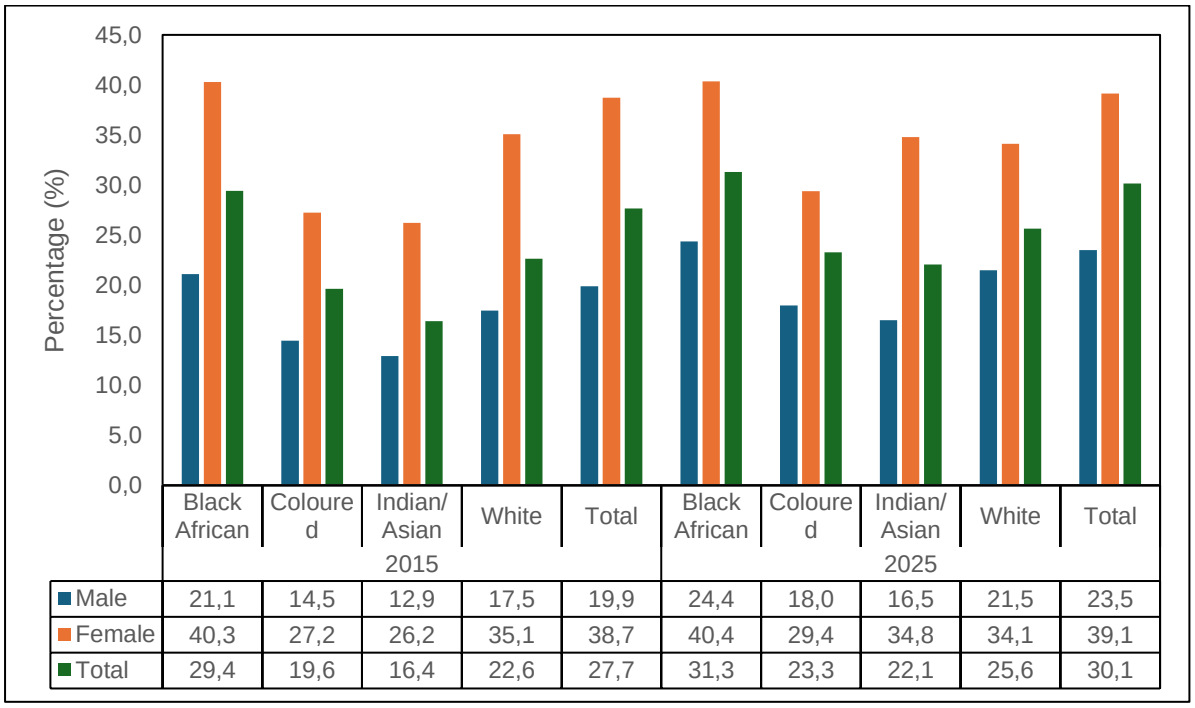
Figure 2.7 – Proportion households without an employed household member by population group and sex, 2015 and 2025

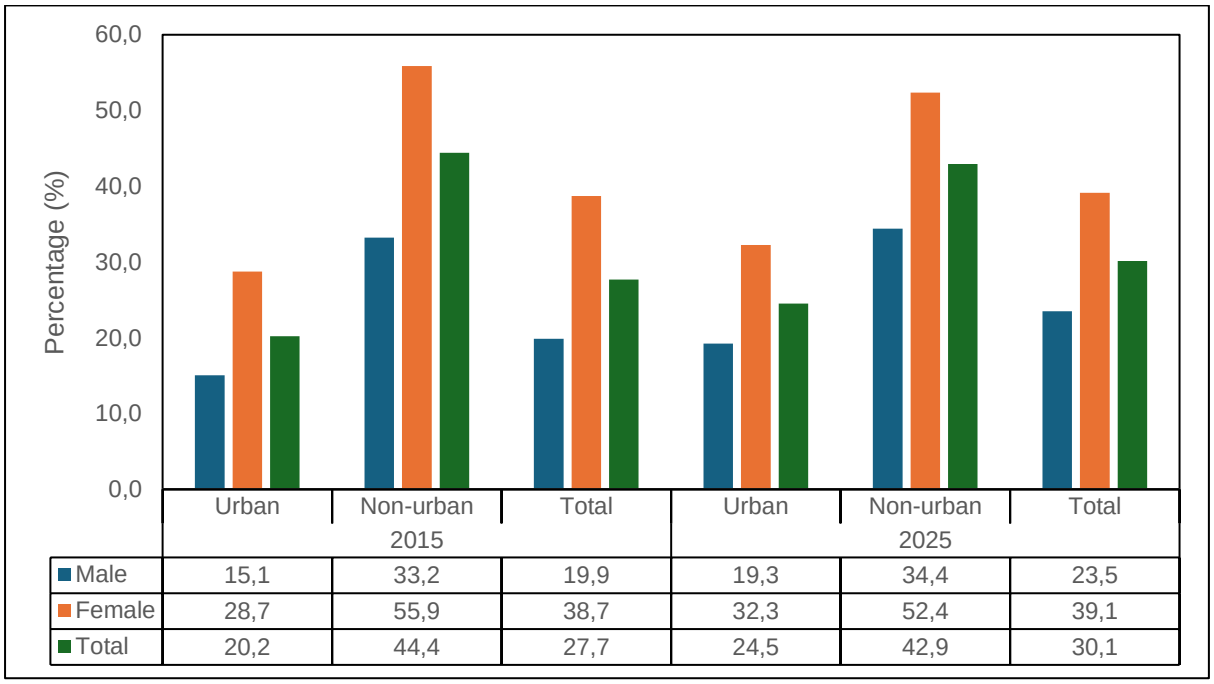


	Black African	Coloured	Indian/ Asian	White	Total	Black African	Coloured	Indian/ Asian	White	Total
	2015					2025				
Male	21,1	14,5	12,9	17,5	19,9	24,4	18,0	16,5	21,5	23,5
Female	40,3	27,2	26,2	35,1	38,7	40,4	29,4	34,8	34,1	39,1
Total	29,4	19,6	16,4	22,6	27,7	31,3	23,3	22,1	25,6	30,1

Source: GHS, 2015 & 2025

Figure 2.7 depicts the proportion of households without an employed household member by population group and sex in 2015 and 2025. For the reference period, the female-headed households were more likely to have no employed household member than their male counterparts across all population groups. In 2015, the black African and whites reported the highest proportion of female-headed households without an employed household member. The female-headed households without an employed household member increased across all population groups except for the white population group. The Indian/Asian population group recorded the highest increase of the proportion of female-headed households without an employed household member, increasing by 8,6 percentage points (from 26,2% in 2015 to 34,8% in 2025).

Figure 2.8 – Proportion of households without an employed household member by geographic location and sex of the household head, 2015 and 2025

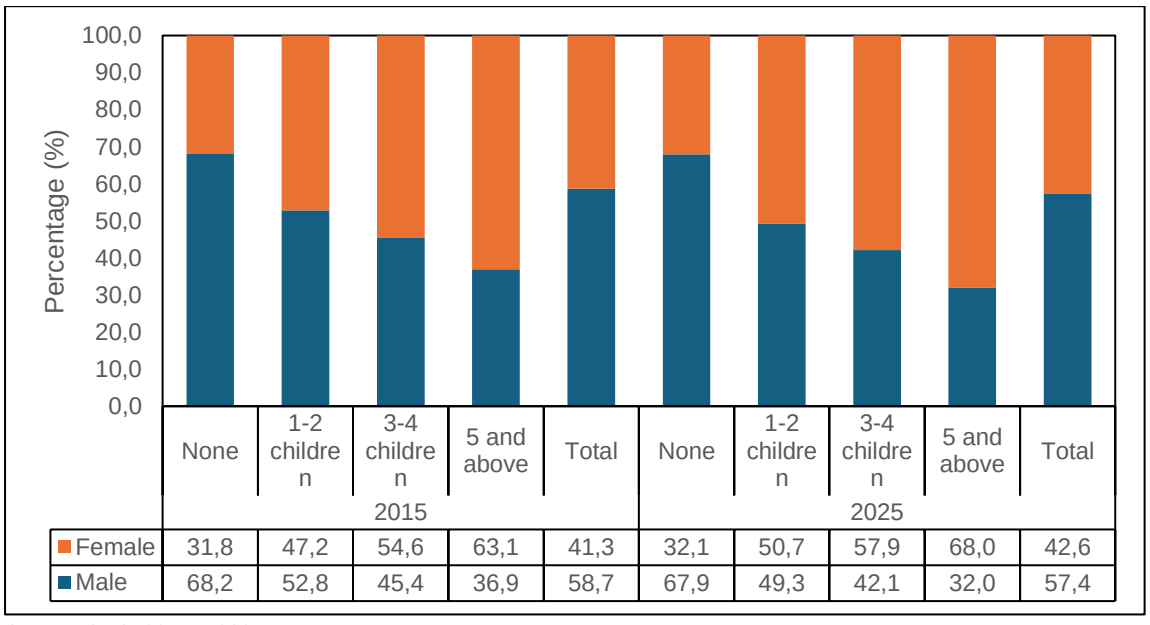


	2015			2025		
	Urban	Non-urban	Total	Urban	Non-urban	Total
Male	15,1	33,2	19,9	19,3	34,4	23,5
Female	28,7	55,9	38,7	32,3	52,4	39,1
Total	20,2	44,4	27,7	24,5	42,9	30,1

Source: GHS, 2015 & 2025

Figure 2.8 depicts the proportion of households without an employed household member by geographic location and sex of the household head in 2015 and 2025. For the reference period, the female-headed households were more likely to have no employed household member than their male counterparts irrespective of the geographic location. Most of the female-headed households without an employed household member were more likely to be found in non-urban areas than urban areas between 2015 and 2025.

Figure 2.9 – Proportion of households with minor children by sex of the household head, 2015 and 2025



	2015					2025				
	None	1-2 children	3-4 children	5 and above	Total	None	1-2 children	3-4 children	5 and above	Total
Female	31,8	47,2	54,6	63,1	41,3	32,1	50,7	57,9	68,0	42,6
Male	68,2	52,8	45,4	36,9	58,7	67,9	49,3	42,1	32,0	57,4

Source: GHS, 2015 & 2025

Figure 2.9 shows the proportion of households by presence of children and sex of the household head in 2015 and 2025. Female-headed households were more likely to have more children, with the highest share among those who had five or more children (63,1% in 2015 and 68,0% in 2025). The proportion

of male-headed households with no children was higher than their female counterparts for households for both years, even though there was a slight decline of 0,3 percentage points (from 68,2% in 2015 to 67,9% in 2025). In 2015, the proportion of male-headed households was higher for households with one or two children than their female counterparts, however their female counterparts surpassed them in 2025.

Table 2.1 – Proportion of households with minor children by sex of the household head and geographic location, 2015 and 2025

Geographic location		Male	Female	Both sexes	Male	Female	Both sexes
		2015			2025		
Urban	None	68,4	31,6	**100,0**	66,4	33,6	**100,0**
	1-2 children	57,6	42,4	**100,0**	53,3	46,7	**100,0**
	3-4 children	51,2	48,8	**100,0**	47,9	52,1	**100,0**
	5 and above	40,3	59,7	**100,0**	38,2	61,8	**100,0**
	Total	**62,3**	**37,7**	**100,0**	**59,6**	**40,4**	**100,0**
Non-urban	None	67,8	32,2	**100,0**	72,1	27,9	**100,0**
	1-2 children	41,8	58,2	**100,0**	39,9	60,1	**100,0**
	3-4 children	38,7	61,3	**100,0**	35,0	65,0	**100,0**
	5 and above	35,1	64,9	**100,0**	27,9	72,1	**100,0**
	Total	**50,6**	**49,4**	**100,0**	**52,4**	**47,6**	**100,0**
RSA	**None**	68,2	31,8	**100,0**	67,9	32,1	**100,0**
	1-2 children	52,8	47,2	**100,0**	49,3	50,7	**100,0**
	3-4 children	45,4	54,6	**100,0**	42,1	57,9	**100,0**
	5 and above	36,9	63,1	**100,0**	32,0	68,0	**100,0**
	Total	**58,7**	**41,3**	**100,0**	**57,4**	**42,6**	**100,0**

Source: GHS, 2015 & 2025

Table 2.1 shows the proportion of households with minor children by sex of the household head and geographic location in 2015 and 2025. For the reference period, the proportion of male-headed households with no minor children was higher than their female counterparts for both urban and non-urban areas. The female-headed households in non-urban areas had the highest percentage of minor children irrespective of the number of children compared to their male counterparts in both years. The opposite was observed for the urban areas in both years.

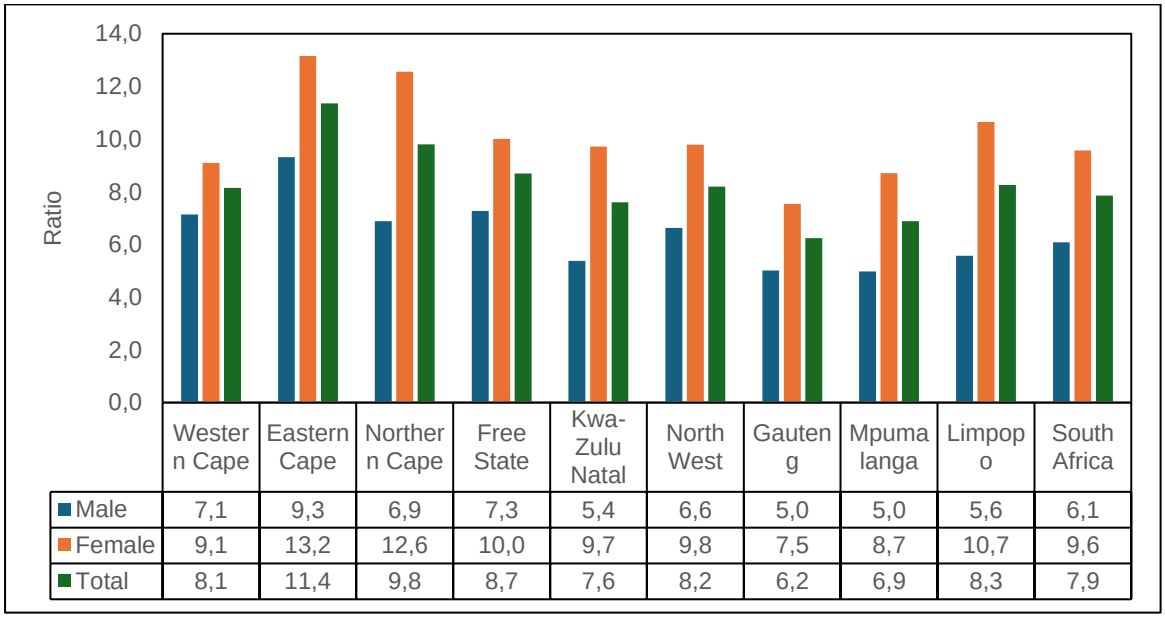
Table 2.2 – Proportion of households with minor children by sex and marital status of the household head, 2015 and 2025

Marital status		Male	Female	Both sexes	Male	Female	Both sexes
		Per cent			Per cent		
		2015			2025		
Legally married	None	89,5	10,5	**100,0**	87,2	12,8	**100,0**
	1-2 children	83,7	16,3	**100,0**	81,9	18,1	**100,0**
	3-4 children	75,5	24,5	**100,0**	77	23	**100,0**
	5 and above	73,7	26,3	**100,0**	77,1	22,9	**100,0**
	Total	84,3	15,7	**100,0**	83,2	16,8	**100,0**
Living like husband and wife	None	84,7	15,3	**100,0**	85,9	14,1	**100,0**
	1-2 children	83,7	16,3	**100,0**	80,5	19,5	**100,0**
	3-4 children	71,7	28,3	**100,0**	75,3	24,7	**100,0**
	5 and above	70,6	29,4	**100,0**	68,1	31,9	**100,0**
	Total	82,1	17,9	**100,0**	81,9	18,1	**100,0**
Separated or divorced	None	48,3	51,7	**100,0**	48,3	51,7	**100,0**
	1-2 children	11,6	88,4	**100,0**	14,5	85,5	**100,0**
	3-4 children	7,5	92,5	**100,0**	5,5	94,5	**100,0**
	5 and above	6,2	93,8	**100,0**	3,6	96,4	**100,0**
	Total	31,7	68,3	**100,0**	32,9	67,1	**100,0**
Widowed	None	23,2	76,8	**100,0**	27,1	72,9	**100,0**
	1-2 children	10,3	89,7	**100,0**	12,3	87,7	**100,0**
	3-4 children	8,2	91,8	**100,0**	10,5	89,5	**100,0**
	5 and above	5,4	94,6	**100,0**	6,6	93,4	**100,0**
	Total	14,6	85,4	**100,0**	18,3	81,7	**100,0**
Single	None	64,7	35,3	**100,0**	65,9	34,1	**100,0**
	1-2 children	16,5	83,5	**100,0**	17,1	82,9	**100,0**
	3-4 children	12,7	87,3	**100,0**	6,9	93,1	**100,0**
	5 and above	9,2	90,8	**100,0**	13,6	86,4	**100,0**
	Total	45,9	54,1	**100,0**	46,3	53,7	**100,0**
RSA	**None**	**68,2**	**31,8**	100,0	**67,9**	**32,1**	100,0
	1-2 children	**52,9**	**47,1**	100,0	**49,3**	**50,7**	100,0
	3-4 children	**45,4**	**54,6**	100,0	**42,1**	**57,9**	100,0
	5 and above	**36,9**	**63,1**	100,0	**32**	**68**	100,0
	Total	**58,7**	**41,3**	100,0	**57,4**	**42,6**	100,0

Source: GHS, 2015 &2025

Table 2.2 shows the proportion of female-headed households with minor children by sex and marital status in 2015 and 2025. The female-headed households whose households head were separated or divorced and those widowed were more likely to stay with minor children compared to their male counterparts while the male-headed households whose heads were legally married or living like husband and wife were likely to stay with minor children. For the heads of household who were single, the female-headed households were more likely to stay with minor children while their male counterparts stayed with no children. This shows the burden of taking care of children upon single, separated or divorced and those widowed female heads while male heads have presence of minor children for those married or living like husband and wife which are more likely to be taken by their partners.

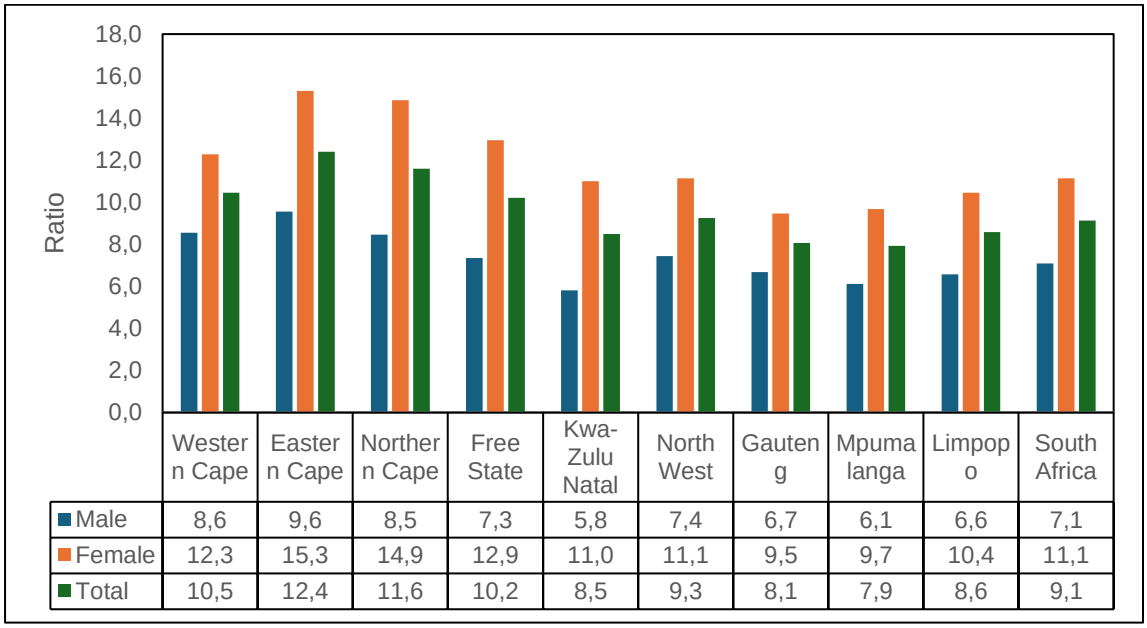
Figure 2.10a – Old age dependency ratio by province and sex, 2015



	Western Cape	Eastern Cape	Northern Cape	Free State	Kwa-Zulu Natal	North West	Gauteng	Mpumalanga	Limpopo	South Africa
Male	7,1	9,3	6,9	7,3	5,4	6,6	5,0	5,0	5,6	6,1
Female	9,1	13,2	12,6	10,0	9,7	9,8	7,5	8,7	10,7	9,6
Total	8,1	11,4	9,8	8,7	7,6	8,2	6,2	6,9	8,3	7,9

Source: GHS, 2015

Figure 2.10b – Old age dependency ratio by province and sex, 2025



	Western Cape	Eastern Cape	Northern Cape	Free State	Kwa-Zulu Natal	North West	Gauteng	Mpumalanga	Limpopo	South Africa
Male	8,6	9,6	8,5	7,3	5,8	7,4	6,7	6,1	6,6	7,1
Female	12,3	15,3	14,9	12,9	11,0	11,1	9,5	9,7	10,4	11,1
Total	10,5	12,4	11,6	10,2	8,5	9,3	8,1	7,9	8,6	9,1

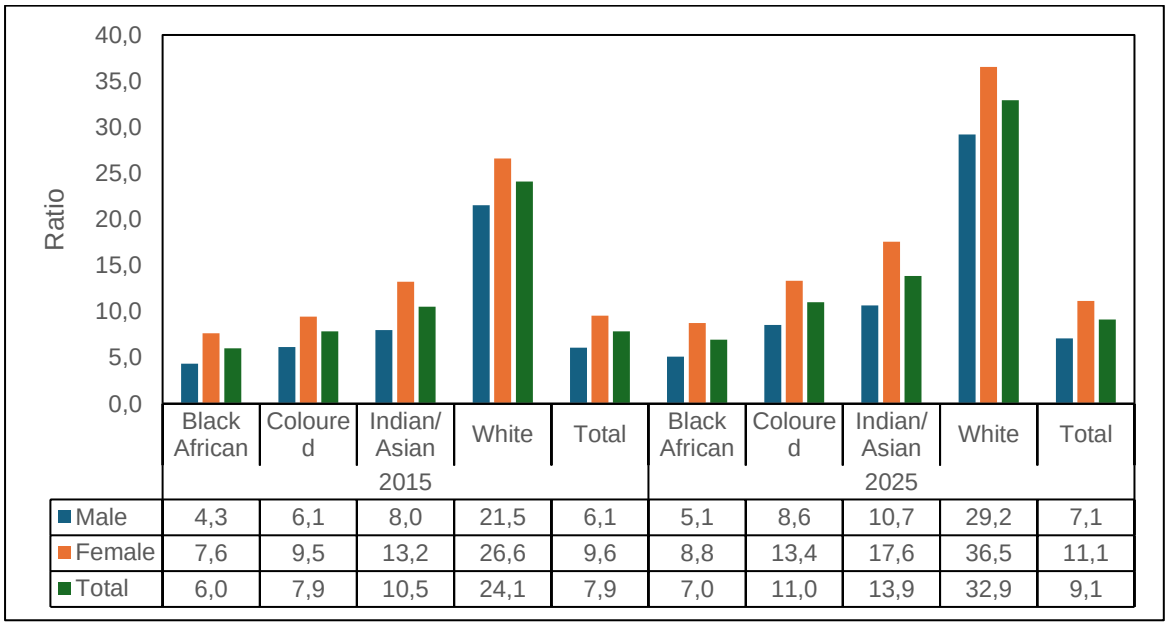
Source: GHS, 2025

The age dependency ratio is a demographic metric that measures the number of dependents (the young and the elderly) compared to the working-age population. It indicates the economic burden placed on the workforce to support non-working population. Old age dependency ratio is the number of individuals aged 65 or older per 100 people of working-age, defined as those aged between 15 to 64 years old. High dependency ratios contribute to significant economic pressure and financial strain on the working-age population. Because fewer workers are available to support a larger number of non-working dependents (primarily children and the elderly), this demographic imbalance leads to several cascading effects.

Figure 2.10a and 2.10b shows the old age dependency ratio by province and sex in 2015 and 2025. The analysis revealed that there were 7,9 old age dependents for every 100 working-age people in 2015 increasing to 9,1 old age dependents for every 100 working-age persons in 2025. Although this is a low dependency ratio indicating that there are enough people in the workforce that can support the dependent population, the increasing ratio over period shows that in future there might be significant economic pressure and financial strain on working-age population. Lower dependency ratios typically signify better healthcare for aging adults as well as higher pensions.

Gender variations show that females had the highest old age dependency ratio compared to males for both years. In 2025, there were 11,1 female old age dependents for every 100 working-age female compared to 7,1 male old age dependents for 100 working-age males. Provincial disparities shows that Eastern Cape had the highest old age dependency ratio (at 11,4 older dependents for every 100 working-age people in 2015 and 12,4 older dependents for every 100 working-age people in 2025), followed by Northern Cape (at 9,8 older dependents for every 100 working-age people in 2015 and 11,6 older dependents for every 100 working-age people in 2025) and the least was Gauteng and Mpumalanga.

Figure 2.11 – Old age dependency ratio by population group and sex, 2015 and 2025

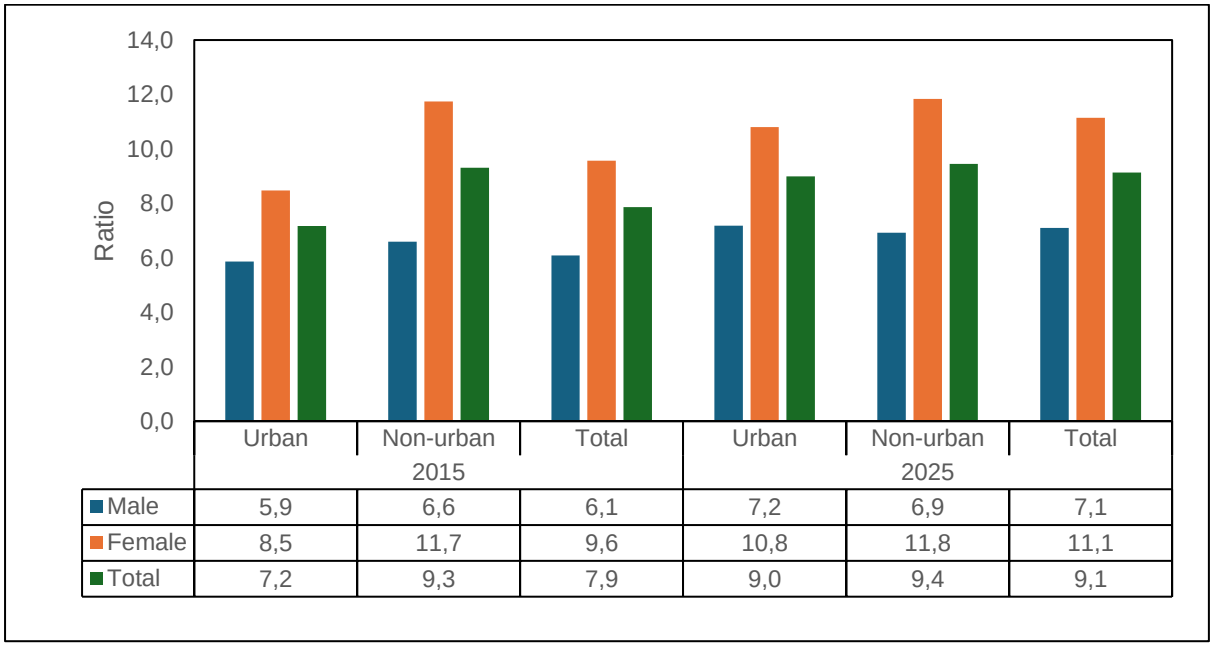


	Black African	Coloured	Indian/ Asian	White	Total	Black African	Coloured	Indian/ Asian	White	Total
	2015					2025				
Male	4,3	6,1	8,0	21,5	6,1	5,1	8,6	10,7	29,2	7,1
Female	7,6	9,5	13,2	26,6	9,6	8,8	13,4	17,6	36,5	11,1
Total	6,0	7,9	10,5	24,1	7,9	7,0	11,0	13,9	32,9	9,1

Source: GHS, 2015 & 2025

Figure 2.11 shows the old age dependency ratio by population group and sex in 2015 and 2025. The analysis revealed that the white and Indian/Asian population groups have the highest old age dependency ratios compared to other population groups irrespective of the sex for both years. In 2015, there were 24,1 older white dependents for every 100 working-age people increasing to 32,9 older white dependents for every 100 working-age persons in 2025. Gender disparities show that females had a higher old age dependency ratio than their male counterparts across all population groups.

Figure 2.12 – Old age dependency ratio by geographic location and sex, 2015 and 2025



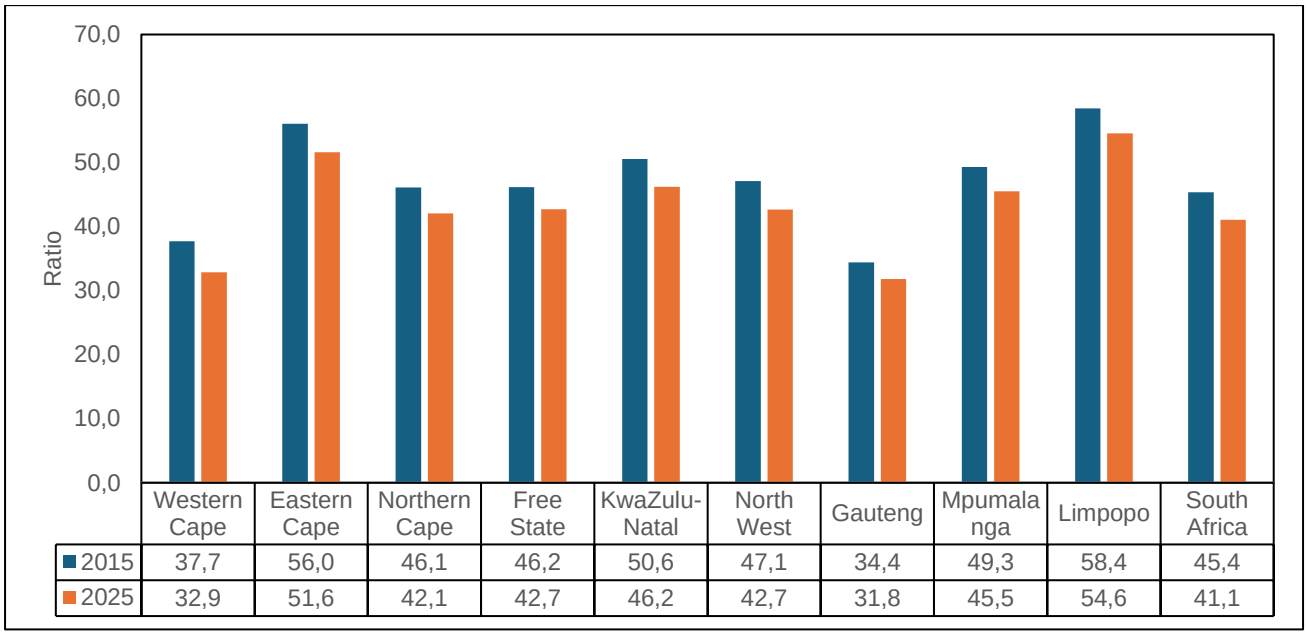
	Urban	Non-urban	Total	Urban	Non-urban	Total
	2015			2025		
Male	5,9	6,6	6,1	7,2	6,9	7,1
Female	8,5	11,7	9,6	10,8	11,8	11,1
Total	7,2	9,3	7,9	9,0	9,4	9,1

Source: GHS, 2015 & 2025

Figure 2.12 shows the old age dependency ratio by geographic location and sex in 2015 and 2025. Spatial variations revealed that the old age dependency ratio was highest in non-urban areas than urban areas for the reference period. Females had the highest old age dependency ratio than males

irrespective of the geographic location. The old age dependency ratio increased in the reported period, irrespective of sex or geographic location.

Figure 2.13 – Child dependency ratio by province, 2015 and 2025

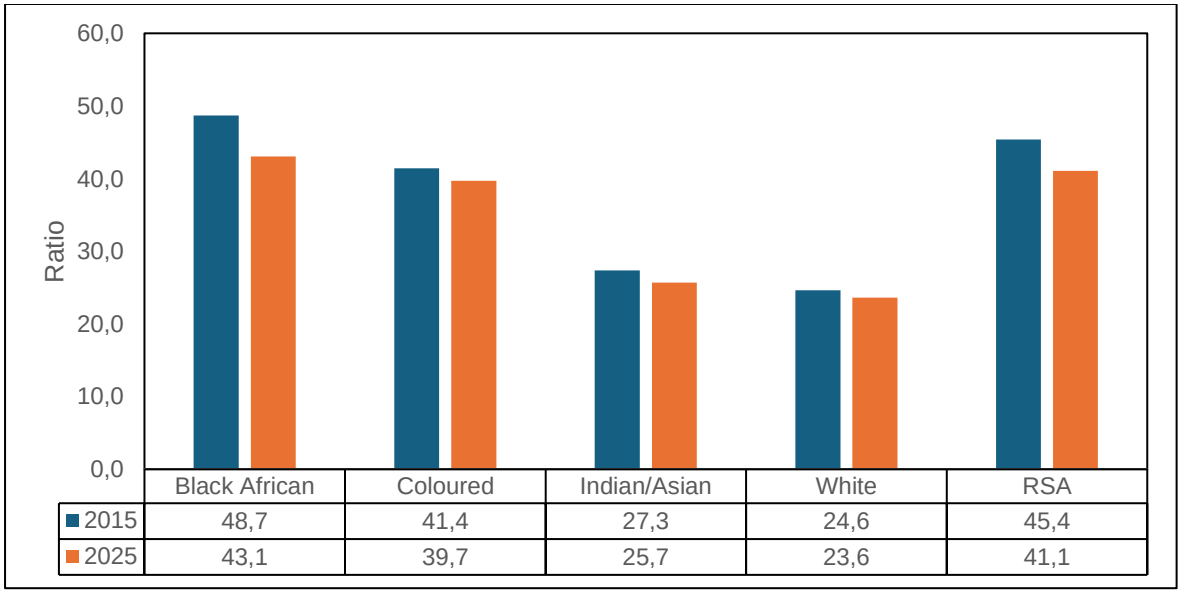


	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu-Natal	North West	Gauteng	Mpumalanga	Limpopo	South Africa
2015	37,7	56,0	46,1	46,2	50,6	47,1	34,4	49,3	58,4	45,4
2025	32,9	51,6	42,1	42,7	46,2	42,7	31,8	45,5	54,6	41,1

Source: GHS, 2015 & 2025

Figure 2.13 shows the child dependency ratio by province in 2015 and 2025. The analysis revealed that there were 45,4 child dependents for every 100 working-age people in 2015 decreasing to 41,1 child dependents for every working-age person in 2025. Provincial disparities shows that Limpopo had the highest child dependency ratio (at 58,4 child dependents for every 100 working-age people in 2015 and 54,6 child dependents for every 100 working-age people in 2025), followed by Eastern Cape (at 56,0 child dependents for every 100 working-age people in 2015 and 51,6 child dependents for every 100 working-age people in 2025). The lowest child dependency ratio was seen in Gauteng and Western Cape, lower than the national average in both 2015 and 2025.

Figure 2.14 – Child dependency ratio by population group 2015 and 2025



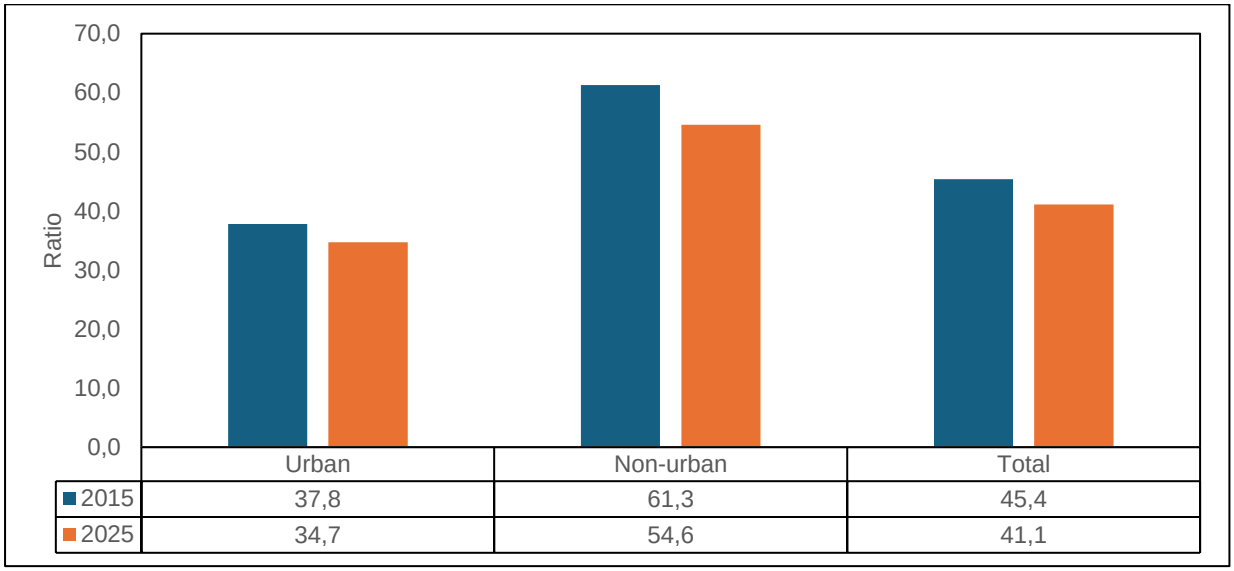
	Black African	Coloured	Indian/Asian	White	RSA
2015	48,7	41,4	27,3	24,6	45,4
2025	43,1	39,7	25,7	23,6	41,1

Source: GHS, 2015 & 2025

Figure 2.14 shows the child dependency ratio by population group in 2015 and 2025. Results indicated that the black African and coloured population groups had the highest child dependency ratios

compared to other population groups for both years, showing this signifies the burden carried by the working-age population to support the children. In 2015, there were 48,7 child dependents for every 100 working-age people among black Africans decreasing to 43,1 child dependents for every 100 working-age persons in 2025.

Figure 2.15 – Child dependency ratio by geographic location, 2015 and 2025



Source: GHS, 2015 & 2025

Figure 2.15 shows the child dependency ratio by geographic location in 2015 and 2025. Spatial variations revealed that the child dependency ratio was highest in non-urban areas than urban areas for both years. Child dependency ratio in urban areas declined from 37,8 in 2015 to 34,7 in 2025 while it declined from 61,3 in 2015 to 54,6 in 2025 for non-urban areas.

Table 2.3 – Distribution of households by household size and sex of the household head, 2015 and 2025

Sex	One	Two	Three to Four	Five or more	Total
	2015				
	Per cent				
Male	28,0	21,1	29,9	21,1	**100,0**
Female	19,2	19,0	32,5	29,2	**100,0**
Total	**24,4**	**20,2**	**31,0**	**24,4**	**100,0**
	2025				
Male	31,7	21,5	27,9	18,8	**100,0**
Female	19,5	18,4	34,4	27,7	**100,0**
Total	**26,6**	**20,2**	**30,7**	**22,6**	**100,0**

Source: GHS, 2015 & 2025

Table 2.3 shows the South African households by household size and sex of household head in 2015 and 2025. The analysis revealed that more than 24,0% (24,4% in 2015 and 26,6% in 2025) of South African households consisted of a single person. Gender disparities show that three or four members and five or more members were common among female-headed households, while single person and two members were more common among male-headed households for both years. For the reference period, there was an increase in the single person and three-to-four-member household among females

and a decline in two and five or more member households. As household sizes shrink and populations age, the demand for formal frail care and assistance for older persons continues to rise.

Table 2.4a – Distribution of households by household composition, sex and population group, 2015

Population group	Sex	N ('000)	Per cent				
		Total	Single	Nuclear	Extended	Complex	Total
Black African	Male	**6 884**	33,2	39,4	25,3	2,0	**100,0**
	Female	**5 273**	17,9	29,6	50,5	2,0	**100,0**
	Total	**12 157**	**26,6**	**35,1**	**36,3**	**2,0**	**100,0**
Coloured	Male	**671**	9,9	59,0	27,1	4,0	**100,0**
	Female	**464**	10,1	34,6	51,0	4,3	**100,0**
	Total	**1 135**	**10,0**	**49,0**	**36,9**	**4,1**	**100,0**
Indian/Asian	Male	**271**	10,4	68,3	20,0	1,4	**100,0**
	Female	**105**	24,7	41,1	32,9	1,3	**100,0**
	Total	**376**	**14,4**	**60,7**	**23,6**	**1,4**	**100,0**
White	Male	**1 126**	11,5	74,4	10,9	3,3	**100,0**
	Female	**466**	42,9	36,2	15,8	5,1	**100,0**
	Total	**1 593**	**20,7**	**63,2**	**12,3**	**3,8**	**100,0**
RSA	**Male**	**8 952**	**28,1**	**46,1**	**23,5**	**2,3**	**100,0**
	Female	**6 308**	**19,3**	**30,6**	**47,7**	**2,4**	**100,0**
	Total	**15 260**	**24,4**	**39,7**	**33,5**	**2,3**	**100,0**

Source: GHS, 2015

Table 2.4b – Distribution of households by household composition, sex and population group, 2025

Population group	Sex	N ('000)	Per cent				
		Total	Single	Nuclear	Extended	Complex	Total
Black African	Male	**9 506**	36,2	38,6	23,3	1,9	**100,0**
	Female	**7 307**	18,5	31,4	48,5	1,6	**100,0**
	Total	**16 812**	**28,5**	**35,4**	**34,3**	**1,8**	**100,0**
Coloured	Male	**706**	9,8	58,6	28,1	3,5	**100,0**
	Female	**609**	10,2	38,4	45,8	5,6	**100,0**
	Total	**1 315**	**10,0**	**49,3**	**36,3**	**4,4**	**100,0**
Indian/Asian	Male	**318**	15,6	59,9	20,9	3,7	**100,0**
	Female	**142**	36,0	37,4	21,5	5,0	**100,0**
	Total	**459**	**21,9**	**53,0**	**21,1**	**4,1**	**100,0**
White	Male	**1 022**	10,4	76,1	11,0	2,5	**100,0**
	Female	**504**	41,4	37,2	17,3	4,1	**100,0**
	Total	**1 526**	**20,7**	**63,2**	**13,1**	**3,0**	**100,0**
RSA	**Male**	**11 552**	**31,8**	**43,7**	**22,4**	**2,1**	**100,0**
	Female	**8 561**	**19,6**	**32,3**	**46,0**	**2,1**	**100,0**
	Total	**20 113**	**26,6**	**38,9**	**32,5**	**2,1**	**100,0**

Source: GHS, 2025

Table 2.4a and 2.4b presents distribution of households by household composition, sex and population group in 2015 and 2025. The percentage of households classified as nuclear households, which are couples or one or more parent(s) living with children, increased from 39,7% in 2015 to 38,9% in 2025. For the reference period, a small proportion of households were classified as complex households (2,3% in 2015 and 2,1% in 2025).

For the reference period, the black African and coloured females were more likely to be classified as extended households, comprising of a nuclear core together with additional related family members, such as parents or siblings while white females were more likely to be classified as single households. The Indian/Asian were more likely to be classified as nuclear households irrespective of the sex of

household for both years. For the white population group, males were more likely to be in nuclear households, while females were more likely to be in single households.

Table 2.5a – Distribution of households by household composition, sex and geographic location, 2015

Geographic location	Sex	N ('000)	Per cent				
		Total	Single	Nuclear	Extended	Complex	Total
Urban	Male	**6 572**	26,6	50,6	20,4	2,4	**100,0**
	Female	**3 987**	22,7	33,1	41,4	2,8	**100,0**
	Total	**10 559**	**25,2**	**44,0**	**28,3**	**2,6**	**100,0**
Non-urban	Male	**2 380**	32,0	34,0	32,0	2,1	**100,0**
	Female	**2 321**	13,5	26,3	58,6	1,7	**100,0**
	Total	**4 701**	**22,8**	**30,2**	**45,1**	**1,9**	**100,0**
RSA	**Male**	**8 952**	**28,1**	**46,1**	**23,5**	**2,3**	**100,0**
	Female	**6 308**	**19,3**	**30,6**	**47,7**	**2,4**	**100,0**
	Total	**15 260**	**24,4**	**39,7**	**33,5**	**2,3**	**100,0**

Source: GHS, 2015

Table 2.5b – Distribution of households by household composition, sex and geographic location, 2025

Geographic location	Sex	N ('000)	Per cent				
		Total	Single	Nuclear	Extended	Complex	Total
Urban	Male	**8 325**	29,5	48,4	20,0	2,2	**100,0**
	Female	**5 635**	22,8	34,5	40,2	2,4	**100,0**
	Total	**13 960**	**26,8**	**42,8**	**28,2**	**2,3**	**100,0**
Non-urban	Male	**3 226**	37,6	31,7	28,7	2,0	**100,0**
	Female	**2 926**	13,3	28,1	57,2	1,4	**100,0**
	Total	**6 153**	**26,1**	**30,0**	**42,3**	**1,7**	**100,0**
RSA	**Male**	**11 552**	**31,8**	**43,7**	**22,4**	**2,1**	**100,0**
	Female	**8 561**	**19,6**	**32,3**	**46,0**	**2,1**	**100,0**
	Total	**20 113**	**26,6**	**38,9**	**32,5**	**2,1**	**100,0**

Source: GHS, 2025

Table 2.5a and 2.5b shows distribution of households by household composition, sex and geographic location in 2015 and 2025. Extended households were more prevalent in non-urban areas (45,1% in 2015 and 42,3% in 2025) than urban areas (28,3% in 2015 and 28,2% in 2025), whereas nuclear households were more common in urban areas (44,0% in 2015 and 42,8% in 2025) than non-urban areas (30,2% in 2015 and 30,0% in 2025). Gender disparities show that extended households were more common among females irrespective of the geographic location while nuclear households were more common among males in urban areas for the reference period.

Table 2.6a – Distribution of households by intergenerational household type, sex and population group, 2015

Population group	Sex	N ('000)	Per cent						
		Total	Single person	Single generation	Double generation	Triple generation	Skip generation	Unclear	Total
Black African	Male	**6 892**	33,2	17,8	32,6	9,4	3,1	3,9	**100,0**
	Female	**5 282**	17,9	5,4	39,3	24,7	9,2	3,5	**100,0**
	Total	**12 174**	**26,5**	**12,5**	**35,5**	**16,1**	**5,7**	**3,7**	**100,0**
Coloured	Male	**671**	9,8	15,7	56,3	14,3	2,7	1,3	**100,0**
	Female	**464**	10,1	6,2	44,8	29,1	6,6	3,3	**100,0**
	Total	**1 135**	**9,9**	**11,8**	**51,6**	**20,3**	**4,3**	**2,1**	**100,0**
Indian/Asian	Male	**273**	10,3	24,8	54,5	6,2	1,0	3,4	**100,0**
	Female	**105**	24,7	11,2	53,2	7,0	1,4	2,5	**100,0**
	Total	**378**	**14,3**	**21,0**	**54,1**	**6,4**	**1,1**	**3,1**	**100,0**
White	Male	**1 130**	11,4	39,0	44,7	2,1	1,0	1,8	**100,0**
	Female	**469**	42,7	13,2	33,3	4,0	2,1	4,8	**100,0**
	Total	**1 599**	**20,6**	**31,4**	**41,4**	**2,7**	**1,3**	**2,6**	**100,0**
Total	**Male**	**8 967**	**28,0**	**20,6**	**36,5**	**8,8**	**2,7**	**3,4**	**100,0**
	Female	**6 319**	**19,3**	**6,2**	**39,5**	**23,2**	**8,4**	**3,6**	**100,0**
	Total	**15 286**	**24,4**	**14,6**	**37,8**	**14,7**	**5,1**	**3,5**	**100,0**

Source: GHS, 2015

Table 2.6b – Distribution of households by intergenerational household type, sex and population group, 2025

Population group	Sex	N ('000)	Per cent						
		Total	Single person	Single generation	Double generation	Triple generation	Skip generation	Unclear	Total
Black African	Male	9 506	36,2	18,0	32,2	7,4	2,3	3,9	**100,0**
	Female	7 308	18,5	4,5	43,0	24,4	6,9	2,8	**100,0**
	Total	**16 814**	**28,5**	**12,1**	**36,9**	**14,8**	**4,3**	**3,4**	**100,0**
Coloured	Male	706	9,8	15,8	56,8	14,0	2,3	1,3	**100,0**
	Female	609	10,2	5,7	49,3	27,4	4,7	2,7	**100,0**
	Total	**1 315**	**10,0**	**11,2**	**53,3**	**20,2**	**3,4**	**1,9**	**100,0**
Indian/Asian	Male	318	15,6	22,5	52,2	3,9	1,4	4,4	**100,0**
	Female	142	36,0	10,3	38,7	8,7	0,5	5,8	**100,0**
	Total	**459**	**21,9**	**18,7**	**48,0**	**5,4**	**1,1**	**4,8**	**100,0**
White	Male	1 022	10,4	42,3	43,2	2,0	0,7	1,4	**100,0**
	Female	504	41,4	13,7	35,7	3,6	1,8	3,8	**100,0**
	Total	**1 526**	**20,7**	**32,9**	**40,7**	**2,5**	**1,0**	**2,2**	**100,0**
Total	Male	**11 552**	**31,7**	**20,1**	**35,2**	**7,2**	**2,1**	**3,5**	**100,0**
	Female	**8 563**	**19,5**	**5,2**	**42,9**	**23,1**	**6,3**	**2,9**	**100,0**
	Total	**20 114**	**26,6**	**13,8**	**38,5**	**14,0**	**3,9**	**3,3**	**100,0**

Source: GHS, 2025

Table 2.6a and 2.6b presents the distribution of households by intergenerational household type, sex and population group in 2015 and 2025. Nationally, most households were classified as double-generational households (at 37,8% in 2015 and 38,5% in 2025), consisting primarily of parents and their children, followed by single person households (at 24,4% in 2015 and 26,6% in 2025). For the reference period, a small proportion of households were classified as skip generation (5,1% in 2015

and 3,9% in 2025). Households classified as skip generation are those where in which grandparents reside with their grandchildren in the absence of the parental generation decreased by 1,2 percentage points (from 5,1% in 2015 to 3,9% in 2025) while triple-generation households decreased by 0,7 percentage points (from 14,7% in 2015 to 14,0% in 2025).

For the reference period, the black African and coloured female-headed households were more likely to be classified as double generation and triple generation while white female-headed households were more likely to be classified as single person. This shows the rising societal demand on black African and coloured females' families to provide care, resources, and support across three distinct generations simultaneously: children, aging parents or grandparents, and the carers themselves. The Indian/Asian females were more likely to be classified as double generation for both 2015 and 2025.

Table 2.7a – Distribution of households by intergenerational household type, sex and geographic location, 2015

Geographic location	Sex	N ('000)	Per cent						
		Total	Single person	Single generation	Double generation	Triple generation	Skip generation	Unclear	Total
Urban	Male	**6 585**	26,6	22,0	39,1	6,9	2,0	3,5	**100,0**
	Female	**3 994**	22,6	7,7	41,1	19,1	5,8	3,7	**100,0**
	Total	**10 579**	**25,1**	**16,6**	**39,8**	**11,5**	**3,4**	**3,6**	**100,0**
Non-urban	Male	**2 382**	31,9	16,6	29,5	14,0	4,9	3,2	**100,0**
	Female	**2 325**	13,4	3,6	36,7	30,2	12,8	3,3	**100,0**
	Total	**4 707**	**22,8**	**10,2**	**33,1**	**22,0**	**8,8**	**3,2**	**100,0**
RSA	**Male**	**8 967**	**28,0**	**20,6**	**36,5**	**8,8**	**2,7**	**3,4**	**100,0**
	Female	**6 319**	**19,3**	**6,2**	**39,5**	**23,2**	**8,4**	**3,6**	**100,0**
	Total	**15 286**	**24,4**	**14,6**	**37,8**	**14,7**	**5,1**	**3,5**	**100,0**

Source: GHS, 2015

Table 2.7b – Distribution of households by intergenerational household type, sex and geographic location, 2025

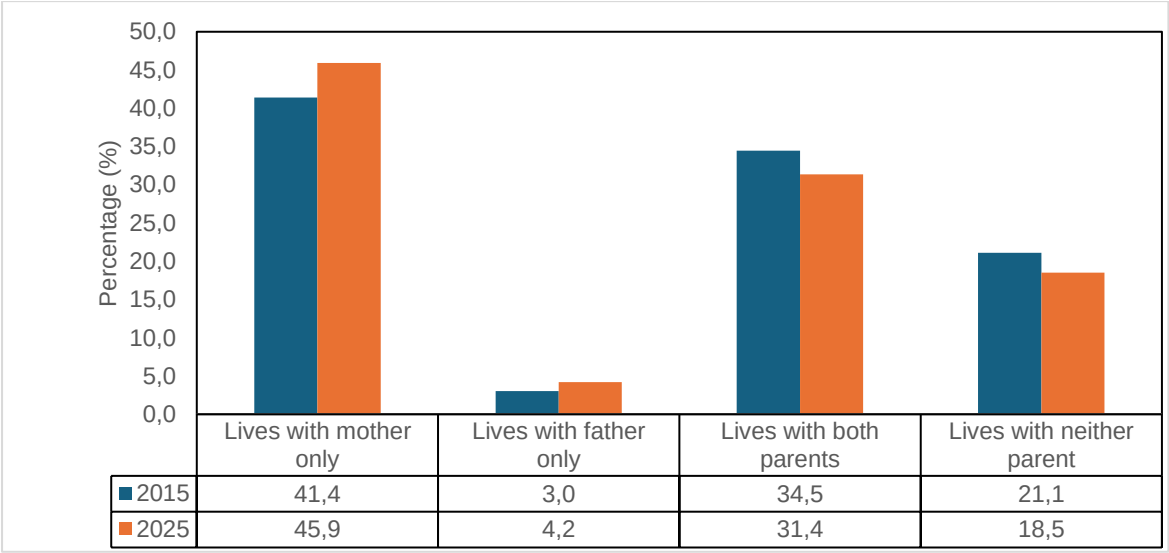
Geotype	Sex	N ('000)	Per cent						
		Total	Single person	Single generation	Double generation	Triple generation	Skip generation	Unclear	Total
Urban	**Male**	**8 325**	29,5	21,4	38,5	5,7	1,6	3,4	**100,0**
	Female	**5 636**	22,8	6,4	44,1	19,1	4,5	3,2	**100,0**
	Total	**13 962**	**26,8**	**15,3**	**40,7**	**11,1**	**2,7**	**3,4**	**100,0**
Non-urban	**Male**	**3 226**	37,6	17,0	26,9	11,2	3,5	3,8	**100,0**
	Female	**2 926**	13,3	2,9	40,8	30,9	9,9	2,2	**100,0**
	Total	**6 153**	**26,1**	**10,3**	**33,5**	**20,6**	**6,5**	**3,1**	**100,0**
RSA	**Male**	**11 552**	**31,7**	**20,1**	**35,2**	**7,2**	**2,1**	**3,5**	**100,0**
	Female	**8 563**	**19,5**	**5,2**	**42,9**	**23,1**	**6,3**	**2,9**	**100,0**
	Total	**20 114**	**26,6**	**13,8**	**38,5**	**14,0**	**3,9**	**3,3**	**100,0**

Source: GHS, 2025

Table 2.7a and 2.7b shows distribution of household's inter-generational classification by sex and geographic location in 2015 and 2025. For the reference period, both skip-generation and three-generation households were more common in non-urban areas while single person, single generation and double generation were more common in urban areas. Gender disparities show that single person

and single generation households were more common among male-headed households while double, triple and skip generation were more common in female-headed households irrespective of the geographic location.
For the reference period, the female-headed households in urban areas were more likely to be classified as double generation while those in non-urban areas were more likely to be classified as triple and skip generation.

Figure 2.16 – Living arrangements of children aged 0-17, 2015 and 2025



	Lives with mother only	Lives with father only	Lives with both parents	Lives with neither parent
2015	41,4	3,0	34,5	21,1
2025	45,9	4,2	31,4	18,5

Source: GHS, 2015 & 2025

Figure 2.16 shows the living arrangements of children aged 0-17 in 2015 and 2025. The analysis revealed that children that were not living with either of their biological parents decreased by 2,6 percentage points (from 21,1% in 2015 to 18,5% in 2025), while those staying with both parents decreased by 3,1 percentage points (from 34,5% in 2015 to 31,4% in 2025). For the reference period, a substantially higher proportion of children lived only with their mothers increasing by 4,5 percentage points (from 41,4% in 2015 to 45,9% in 2025) compared with those living only with their fathers (3,0% in 2015 and 4,2% in 2025).

2.5 Conclusion

According to the 2026 Mid-year Population Estimates (MYPE), the female population in South Africa was estimated at 32,3 million (50,9 %). Females reported the highest percentage share of the overall population compared to their male counterparts for all the years. The white population is the only population group that showed a positive increase in the female population, while the other population groups recorded a decline in their female populations for the reporting period. In 2025, there were 20,1 million households in South Africa and 8,6 million (42,6%) were headed by females.

Nationally, child dependency ratio decreased from 45,4 in 2015 to 41,1 in 2025, while the opposite was observed for the old age dependency ratio (increasing from 7,9 in 2015 to 9,1 in 2025). Spatial variations revealed that both the child dependency ratio and old age dependency ratios were highest in non-urban areas than urban areas for both years.

For the reference period, there were more female-headed households without an employed household member compared to male counterparts, with female-headed increasing from 38,7% in 2015 to 39,1% in 2025 and male-headed households increasing from 19,9% in 2015 to 23,5% in 2025.

The female-headed households whose households head were separated or divorced and those widowed were more likely to stay with minor children compared to their male counterparts while the male-headed households whose heads were legally married or living like husband and wife were likely to stay with minor children. For the heads of household who were single, the female-headed households were more likely to stay with minor children, while their male counterparts stayed with no children.

Chapter 3 - Education

3.1 Introduction

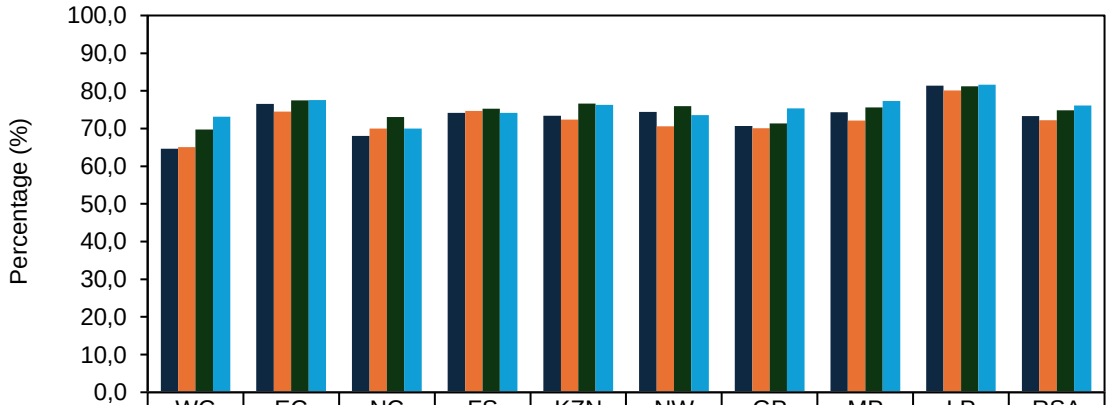
Education is both an important outcome and a key component of the care economy. Access to education and early childhood development (ECD) services supports children's development, builds human capital, and enables parents and caregivers, particularly women, to participate in the labour market. Conversely, unpaid caregiving responsibilities and other household constraints can limit educational participation, especially among children and young people in disadvantaged households.

In South Africa, educational participation remains high at primary school level; however, attendance declines during late adolescence and early adulthood. Young people especially those in rural and low-income households may leave school or attend irregularly due to family responsibilities such as caregiving, household chores, or income-generating work that takes precedence. These contribute to absenteeism, high dropout rates and lower educational attainment. Some reasons for absenteeism associated with personal factors, such as illness, age, gender and learning difficulties. Secondly, absenteeism may be caused by socioeconomic factors relating to food insecurity, problems with transport to school, illness, teenage pregnancy and situations of child labour.

This chapter examines educational participation, educational attainment and early childhood development between 2015 and 2025 through a care work lens. It explores gender, geographic, provincial and population group disparities in educational outcomes and examines the reasons for non-attendance, with particular attention to the role of unpaid care responsibilities. The findings contribute to monitoring progress towards Sustainable Development Goal (SDG) 4 (Quality Education) by assessing equitable access to education and lifelong learning opportunities, while also supporting SDG 5 (Gender Equality), particularly Target 5.4, which calls for the recognition, reduction and redistribution of unpaid care and domestic work through the provision of public services, infrastructure and social protection policies.

3.2 Education attendance

Figure 3.1 – Percentage distribution of persons aged 7-24 attending an educational institution by sex and province, 2015 and 2025



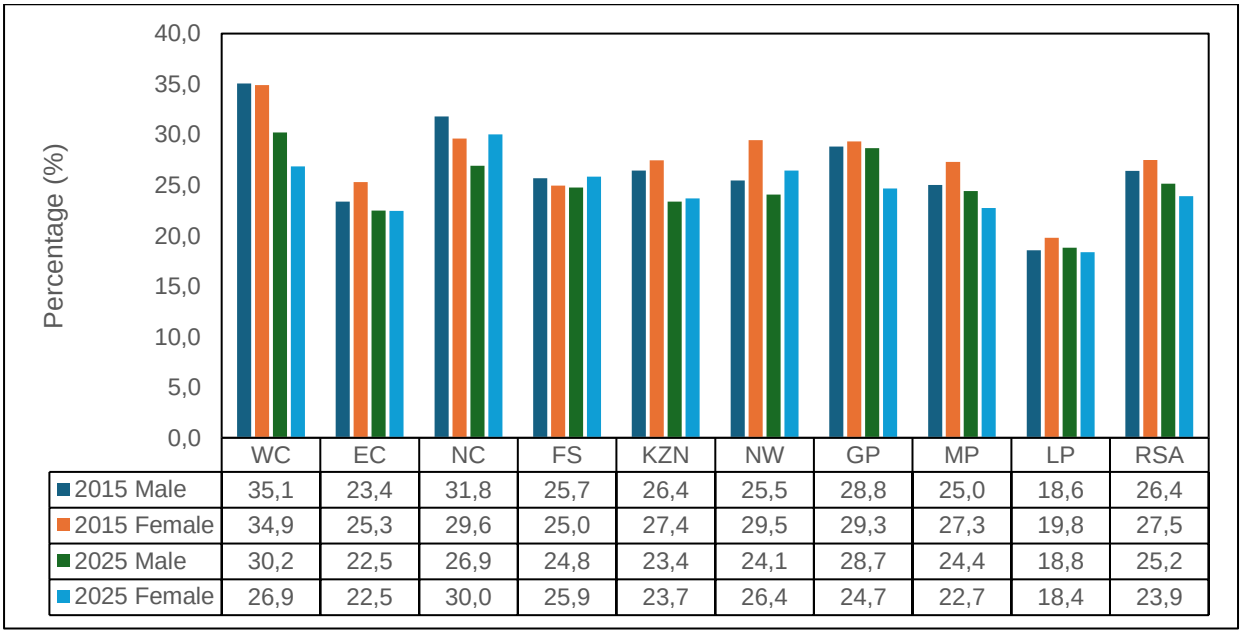
	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2015 Male	64,6	76,6	68,1	74,2	73,4	74,4	70,6	74,3	81,4	73,3
2015 Female	65,0	74,5	70,0	74,7	72,4	70,5	70,1	72,1	80,1	72,2
2025 Male	69,8	77,5	73,1	75,2	76,6	75,9	71,3	75,6	81,2	74,8
2025 Female	73,1	77,5	70,0	74,1	76,3	73,6	75,3	77,3	81,6	76,1

Source: GHS, 2015 & 2025

Figure 3.1 above, shows above the percentage distribution of persons aged 7-24 attending an educational institution by province and sex in 2015 and 2025. Approximately, 73,3% of males were attending educational institution in 2015, increasing to 74,8% in 2025, whilst the percentage of females

attending an educational institution increased from 72,2% in 2015 to 76,1% in 2025. Limpopo had more than 80,0% of persons attending educational institution regardless of sex above national average for both years. Western Cape was the least in percentage with persons attending educational institutions for the reporting period.

Figure 3.2 – Percentage distribution of persons aged 7-24 not attending an educational institution by sex and province, 2015 and 2025

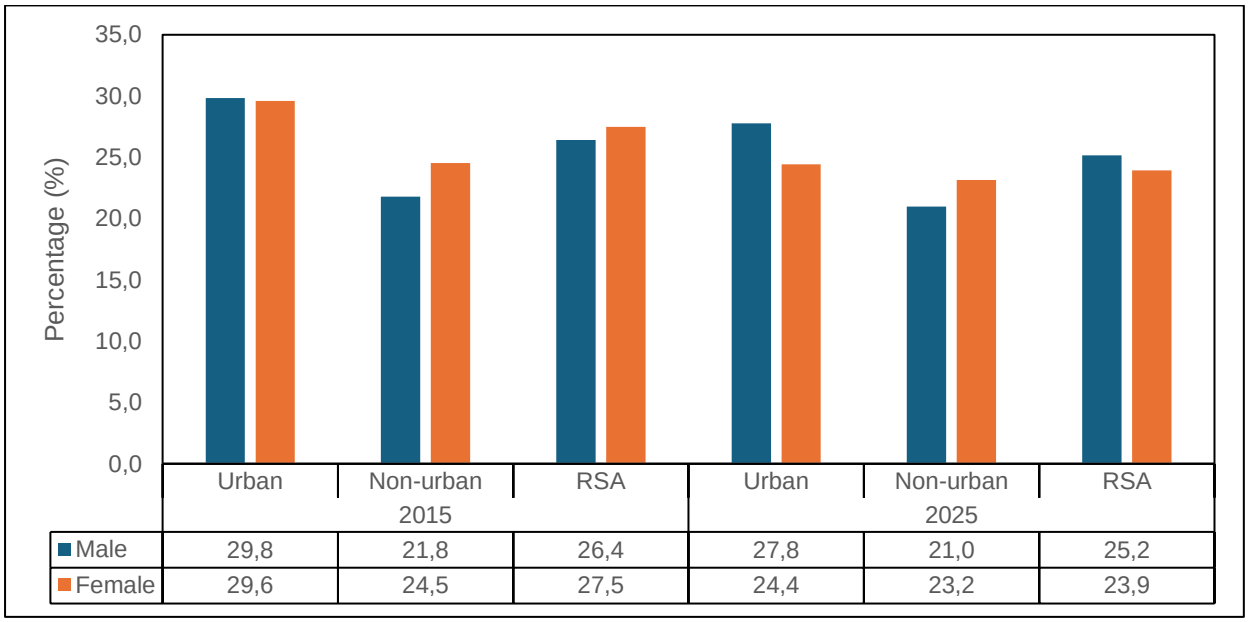


	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2015 Male	35,1	23,4	31,8	25,7	26,4	25,5	28,8	25,0	18,6	26,4
2015 Female	34,9	25,3	29,6	25,0	27,4	29,5	29,3	27,3	19,8	27,5
2025 Male	30,2	22,5	26,9	24,8	23,4	24,1	28,7	24,4	18,8	25,2
2025 Female	26,9	22,5	30,0	25,9	23,7	26,4	24,7	22,7	18,4	23,9

Source: GHS, 2015 & 2025

Figure 3.2 shows the percentage distribution of persons aged 7-24 not attending an educational institution by province and sex in 2015 and 2025. Nationally, 27,5% of females were not attending educational institution in 2015, decreasing to 23,9% in 2025. The percentage of males not attending an educational institution decreased from 26,4% in 2015 to 25,2% in 2025. Limpopo reported the lowest percentage of persons not attending an educational institution in the reported period.

Figure 3.3 – Proportion of persons aged 7-24 not attending an educational institution by sex and geographic location, 2015 and 2025



Source: GHS, 2015 & 2025

Figure 3.3 shows the percentage of persons aged 7-24 not attending an educational institution by geographic location in 2015 and 2025. The percentage of males not attending education in urban areas decreased by 2 percentage points (from 29,8% in 2015 to 27,8% in 2025), whilst the females declined by 5,2 percentage points (from 29,6% in 2015 to 24,4% in 2025). For non-urban areas, males not attending an educational institution decreased from 21,8% in 2015 to 21,0% in 2025, whereas females decreased from 24,5% in 2015 to 23,2% in 2025.

Table 3.1 – Percentage (%) distribution of main reasons given by individuals aged 7–18 for not attending an educational institution by sex, 2015 and 2025

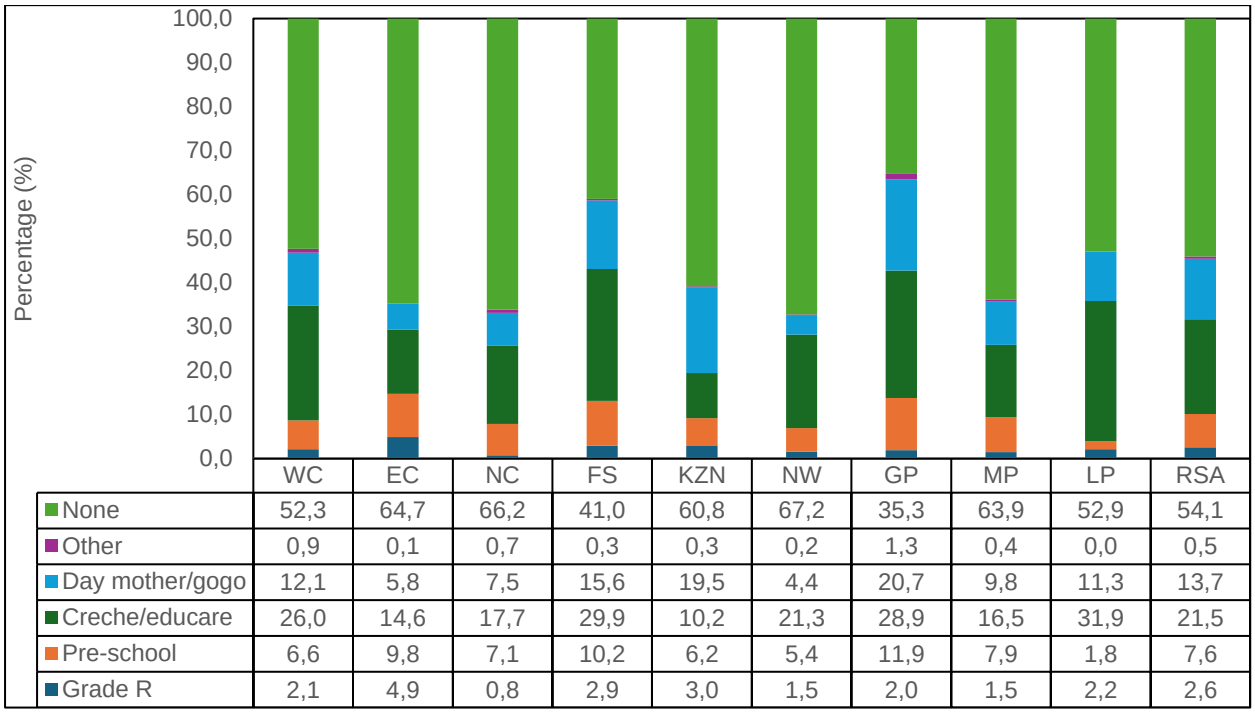
	2015			2025		
	Male	Female	RSA	Male	Female	RSA
Reasons for not attending	Per cent					
No money for fees	20,4	25,5	23,0	19,4	23,8	21,5
Family commitment	0,4	19,0	10,0	0,0	8,4	3,9
Disability and illness	10,0	8,1	9,0	13,3	7,2	10,4
Poor Performance	21,7	18,8	20,2	28,5	25,5	27,1
Education is useless	13,9	4,6	9,1	6,4	2,9	4,8
Working at home	8,6	3,3	5,8	5,4	1,3	3,4
Completed school	9,6	8,4	9,0	12,9	15,0	13,9
Difficulty getting to school	0,7	1,4	1,0	0,4	2,0	1,1
Other	14,9	11,1	12,9	13,6	14,0	13,8

Source: GHS, 2015 & 2025
*Please note that “Other” refers to combination of other reasons not stated above

Table 3.1 shows the percentage distribution of main reasons for not attending an educational institution by sex in 2015 and 2025. Between 2015 and 2025, having no money fees was cited as the main reason for not attending an educational institution; however, the percentage dropped from 23,0% in 2015 to 21,5% in 2025. The second main reason was poor performance, increasing from 20,2% in 2015 to 27,1% in 2025. The largest gender disparity was observed for family commitments. In 2015, 19,0% of females cited family commitments as the main reason for not attending an educational institution, compared with only 0,4% of males. By 2025, no males reported family commitments as a reason for non-attendance, while the proportion among females was 8,4%.

3.3 Early Childhood Development

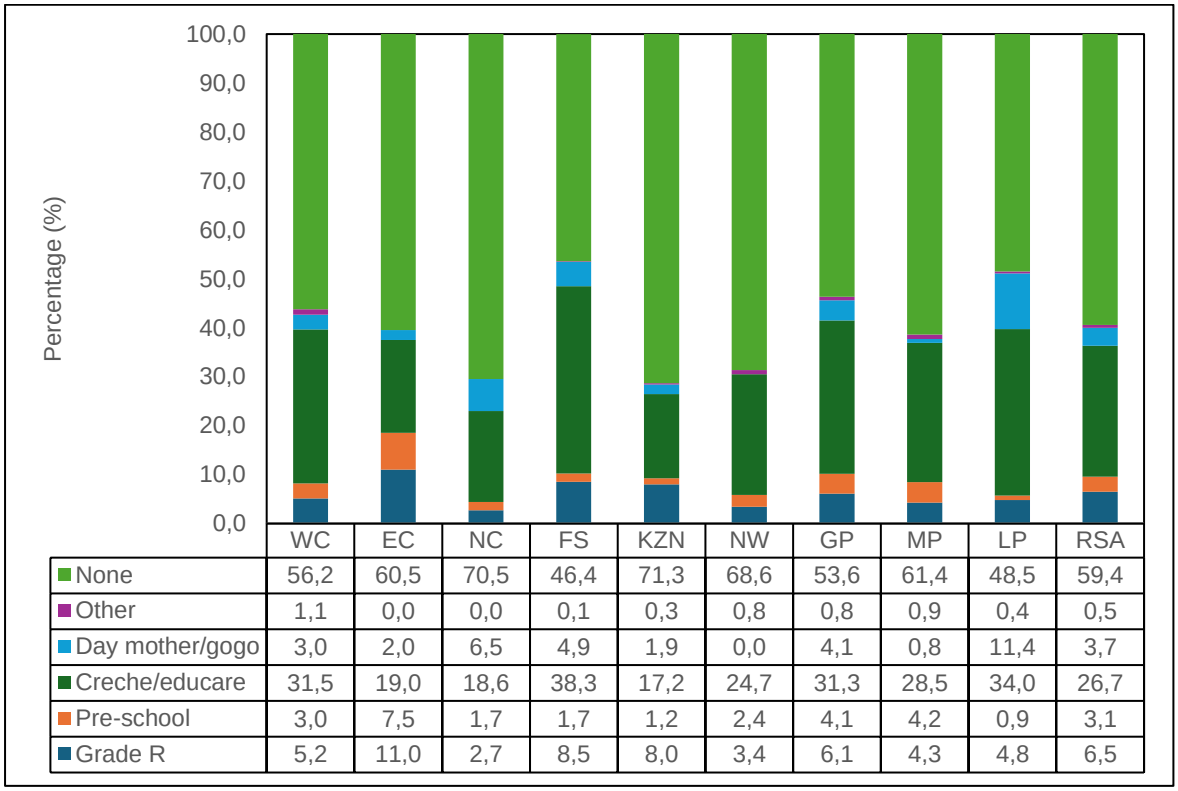
Figure 3.4a – Percentage of children aged 0-4 attending an ECD by province, 2015



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
None	52,3	64,7	66,2	41,0	60,8	67,2	35,3	63,9	52,9	54,1
Other	0,9	0,1	0,7	0,3	0,3	0,2	1,3	0,4	0,0	0,5
Day mother/gogo	12,1	5,8	7,5	15,6	19,5	4,4	20,7	9,8	11,3	13,7
Creche/educare	26,0	14,6	17,7	29,9	10,2	21,3	28,9	16,5	31,9	21,5
Pre-school	6,6	9,8	7,1	10,2	6,2	5,4	11,9	7,9	1,8	7,6
Grade R	2,1	4,9	0,8	2,9	3,0	1,5	2,0	1,5	2,2	2,6

Source: GHS, 2015

Figure 3.4b – Percentage of children aged 0-4 attending ECD by province, 2025

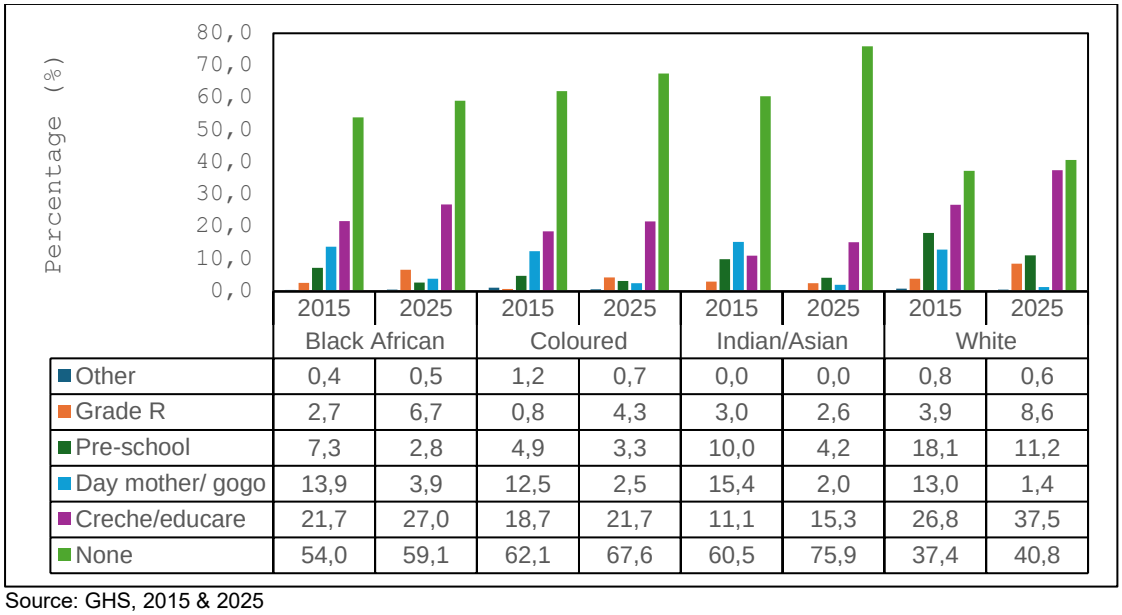


	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
None	56,2	60,5	70,5	46,4	71,3	68,6	53,6	61,4	48,5	59,4
Other	1,1	0,0	0,0	0,1	0,3	0,8	0,8	0,9	0,4	0,5
Day mother/gogo	3,0	2,0	6,5	4,9	1,9	0,0	4,1	0,8	11,4	3,7
Creche/educare	31,5	19,0	18,6	38,3	17,2	24,7	31,3	28,5	34,0	26,7
Pre-school	3,0	7,5	1,7	1,7	1,2	2,4	4,1	4,2	0,9	3,1
Grade R	5,2	11,0	2,7	8,5	8,0	3,4	6,1	4,3	4,8	6,5

Source: GHS, 2025

Figure 3.4a and 3.4b show the provincial disaggregation of children attending the ECD between 2015 and 2025. The percentage of children attending creche increased from 21,5% in 2015 to 26,7% in 2025. In 2025, Free State recorded the highest percentage of children aged 0-4 attending creche at 38,3%. The percentage of children attending grade R increased between the reported years. Limpopo and Northern Cape reported the highest percentage of kids staying at home with day mother or gogo at 11,4% and 6,5% respectively in 2025.

Figure 3.5 – Percentage of children aged 0-4 attending ECD by population group, 2015 and 2025

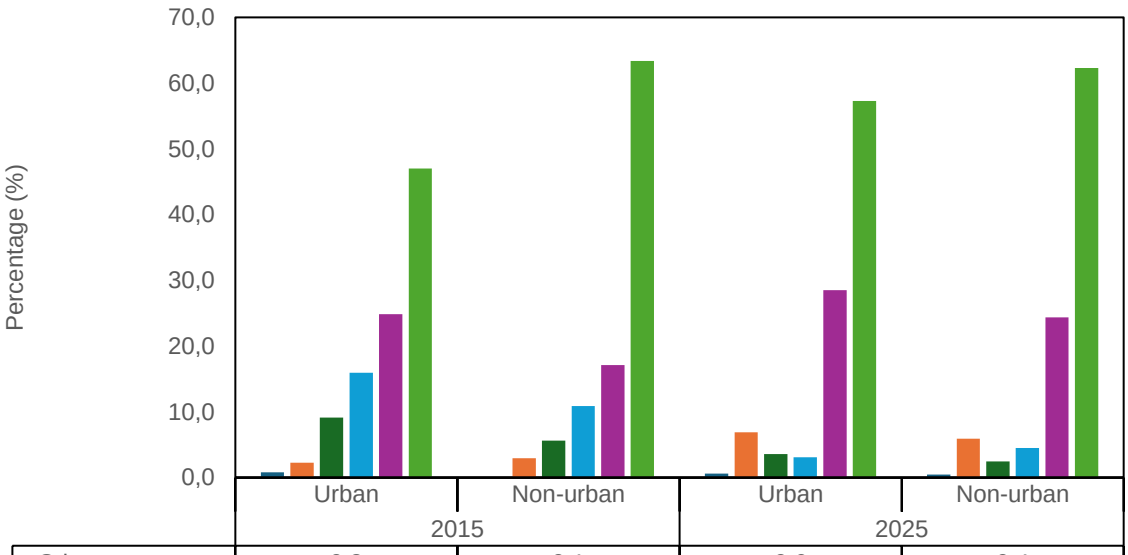


	2015	2025	2015	2025	2015	2025	2015	2025
	Black African		Coloured		Indian/Asian		White	
Other	0,4	0,5	1,2	0,7	0,0	0,0	0,8	0,6
Grade R	2,7	6,7	0,8	4,3	3,0	2,6	3,9	8,6
Pre-school	7,3	2,8	4,9	3,3	10,0	4,2	18,1	11,2
Day mother/ gogo	13,9	3,9	12,5	2,5	15,4	2,0	13,0	1,4
Creche/educare	21,7	27,0	18,7	21,7	11,1	15,3	26,8	37,5
None	54,0	59,1	62,1	67,6	60,5	75,9	37,4	40,8

Source: GHS, 2015 & 2025

The percentage of children aged 0-4 attending ECD by population group between 2015 and 2025 is showed in figure 3.5. Majority of children did not attend any type of ECD in the reported period, irrespective of the population group. For the period of 2015, about 26,8% of white children attended creche followed by 21,7% of black Africans. The percentage of Indian/Asian children attending creche/edu care increased from 11,1% in 2015 to 15,3% in 2025. The percentage of the children staying with day mother or gogo declined between the years across all population groups.

Figure 3.6 – Percentage of children aged 0-4 attending an ECD by geographic location, 2015 and 2025

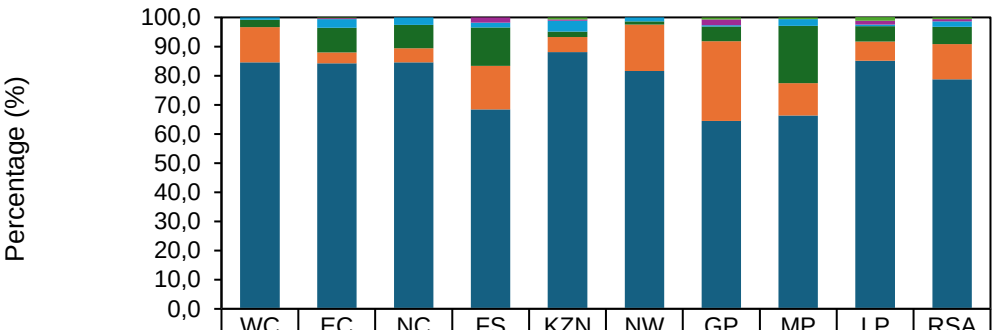


	2015 Urban	2015 Non-urban	2025 Urban	2025 Non-urban
Other	0,8	0,1	0,6	0,4
Grade R	2,2	3,0	6,9	5,9
Pre-school	9,1	5,6	3,6	2,5
Day mother/ gogo	15,9	10,9	3,1	4,5
Creche/educare	24,9	17,1	28,5	24,4
None	47,0	63,4	57,3	62,3

Source: GHS, 2015 & 2025

Figure 3.6 above illustrates the percentage of children aged 0-4 attending early childhood development by geographic location in 2015 and 2025. The percentage of children attending creche was more prevalent in urban areas than non-urban areas for both years. The percentage of the children in grade R increased from 2,2% in 2015 to 6,9% in 2025 in urban areas and those in non-urban areas increased from 3,0% in 2015 to 5,9% in 2025.

Figure 3.7 – Main reasons children aged 0-4 not attending ECD by province, 2025

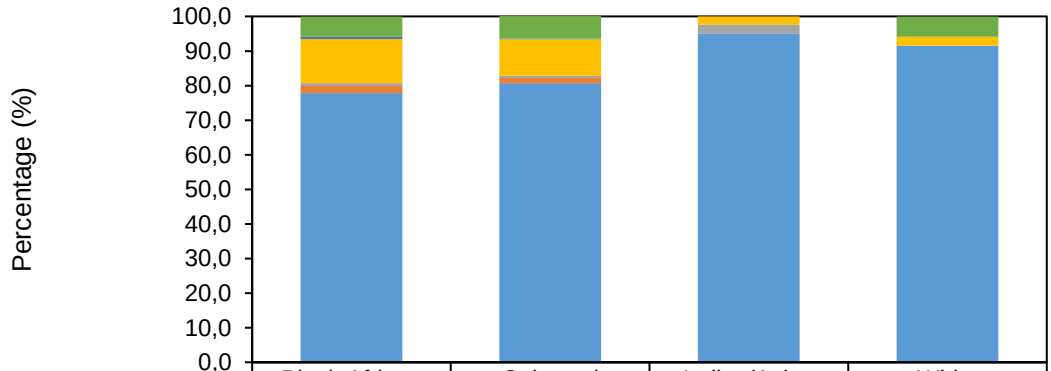


	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Do not have adequate transport	0,0	0,3	0,0	0,0	0,7	0,0	0,7	0,6	1,2	0,6
Do not want to risk the health of other household members	0,0	0,3	0,0	1,8	0,4	0,0	2,0	0,0	1,3	0,8
These facilities do not exist in our area	0,9	3,0	2,6	1,6	3,8	1,4	0,4	2,3	0,6	1,9
Other	2,5	8,4	8,0	13,2	1,8	1,1	5,1	19,6	5,3	5,9
Too expensive	12,1	3,7	4,8	15,0	5,2	15,9	27,3	11,2	6,6	12,1
Prefer that the child stay at home/with someone else	84,5	84,3	84,6	68,4	88,1	81,6	64,5	66,3	85,1	78,8

Source: GHS, 2025

Figure 3.7 demonstrates the reasons for children not attending an ECD by province in 2025. Nationally, more than 78,0% of children were not attending ECD because of preference for them to stay at home with someone else. KwaZulu-Natal had most children staying at home with someone else by 88,1%, with least being Gauteng by 64,5% for those kids not attending an ECD.

Figure 3.8 – Main reasons for children aged 0-4 not attending an ECD by population group, 2025



	Black African	Coloured	Indian/Asian	White
Other	5,9	6,5	0,0	5,9
Do not have adequate transport	0,6	0,2	0,0	0,0
Too expensive	12,8	10,6	2,4	2,6
Do not want to risk the health of other household members	0,8	0,6	2,6	0,0
These facilities do not exist in our area	2,1	1,5	0,0	0,0
Prefer that the child stay at home/with someone else	77,8	80,7	95,0	91,5

Source: GHS, 2025

Figure 3.8 shows the reasons for children aged 0-4 not attending an ECD by population group in 2025. The analysis revealed that the primary reason stated for children not attending ECD was preference for children to stay at home with someone else, at more than 90% for both Indian/Asian and white population, followed by coloureds at 80,7%, with the least being black Africans at 77,8%. The second

main reason cited for children not attending ECD was that facilities were too expensive for both black African and coloured with more than 10%, whilst for Indian/Asian it was due to health reasons at 2,6%.

3.4 Conclusion

Between 2015 and 2025, financial constraints remained the main barrier to educational participation among persons aged 7–24 who were not attending an educational institution. Gender differences were evident, with males more likely to cite running a business or working at home as reasons for non-attendance, while females were more likely to report family commitments. This highlights the continued influence of unpaid care and household responsibilities on educational opportunities, particularly for young women.

Access to early childhood development (ECD) services also remains limited, with the majority of children aged 0–4 not attending any form of ECD programme. Among children not attending ECD, more than 70% across all population groups stayed at home with another caregiver. While this reflects the important role of families in providing care, it also indicates that childcare responsibilities continue to be largely absorbed within households rather than through formal care services.

Chapter 4 - Economic participation

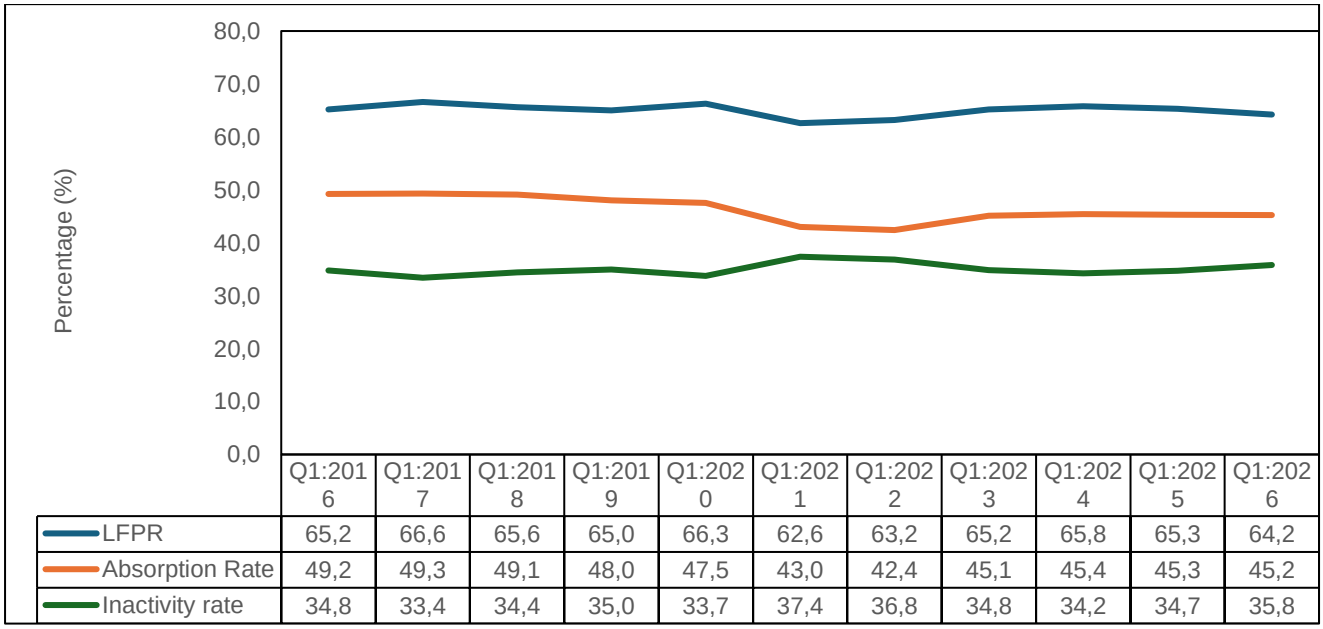
4.1 Introduction

The labour market is a key component of the care economy, providing insight into the scale, characteristics and conditions of paid care work in South Africa. Paid care occupations, including healthcare, education, social services, childcare and domestic work, provide essential services that support individuals, households and communities while contributing to employment creation and economic development. At the same time, unpaid care responsibilities influence who can participate in paid employment and the types of work available to women and men.

Understanding the barriers to labour force participation for women requires a closer look at how various sociodemographic factors come into play, such as age, education level and geographic location. Care is not just a private household issue; it is a constraint on labour market participation and inclusive growth. A strong care economy not only supports individuals and households but also advances a healthier workforce, generates employment, boosts productivity, and drives progress toward gender equality (ILO, 2025). The unequal sharing of care responsibilities between women and men in the household leads to unequal availability of time, limiting women's ability to participate on equal terms in paid employment (OECD,2014). At both global and national levels, women consistently devote more time to care work than men, a dynamic that entrenches structural inequalities and constrains their participation in the labour market.

This chapter will analyse women's participation in the labour market and access to opportunities. Examining labour market indicators alongside care-related variables provides important insights into how unpaid care responsibilities shape economic participation and highlights the need for policies that recognise, reduce, and redistribute unpaid care work while promoting decent work and gender equality (ILO, 2018; UN Women, 2023; Razavi, 2007).

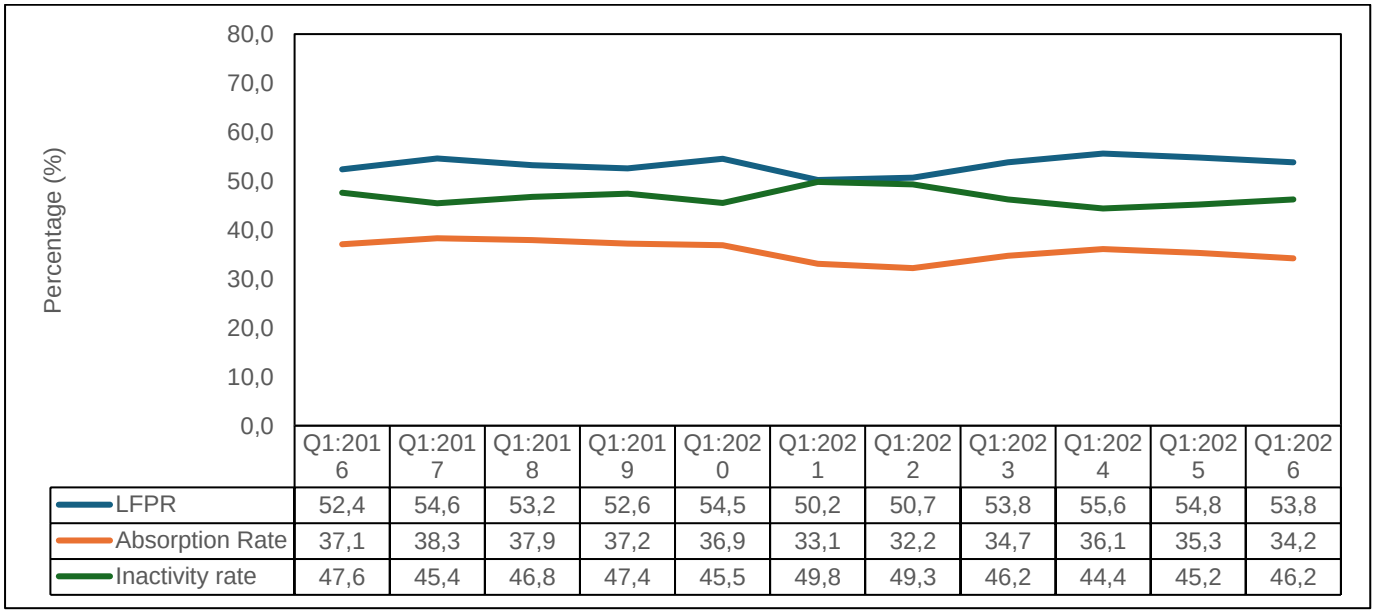
Figure 4.1 – Male labour market indicators, Q1: 2016-2026



	Q1:2016	Q1:2017	Q1:2018	Q1:2019	Q1:2020	Q1:2021	Q1:2022	Q1:2023	Q1:2024	Q1:2025	Q1:2026
LFPR	65,2	66,6	65,6	65,0	66,3	62,6	63,2	65,2	65,8	65,3	64,2
Absorption Rate	49,2	49,3	49,1	48,0	47,5	43,0	42,4	45,1	45,4	45,3	45,2
Inactivity rate	34,8	33,4	34,4	35,0	33,7	37,4	36,8	34,8	34,2	34,7	35,8

Source: QLFS, Q1:2016-2026

Figure 4.2 – Female labour market indicators, Q1: 2016-2026



	Q1:2016	Q1:2017	Q1:2018	Q1:2019	Q1:2020	Q1:2021	Q1:2022	Q1:2023	Q1:2024	Q1:2025	Q1:2026
LFPR	52,4	54,6	53,2	52,6	54,5	50,2	50,7	53,8	55,6	54,8	53,8
Absorption Rate	37,1	38,3	37,9	37,2	36,9	33,1	32,2	34,7	36,1	35,3	34,2
Inactivity rate	47,6	45,4	46,8	47,4	45,5	49,8	49,3	46,2	44,4	45,2	46,2

Source: QLFS, Q1:2016-2026

Figures 4.1 and 4.2 compare the labour force participation rate (LFPR), absorption rate (AR), and inactivity rate for males and females from 2016 to 2026. Throughout the period, males consistently recorded higher labour force participation and absorption rates, while females had substantially higher inactivity rates.

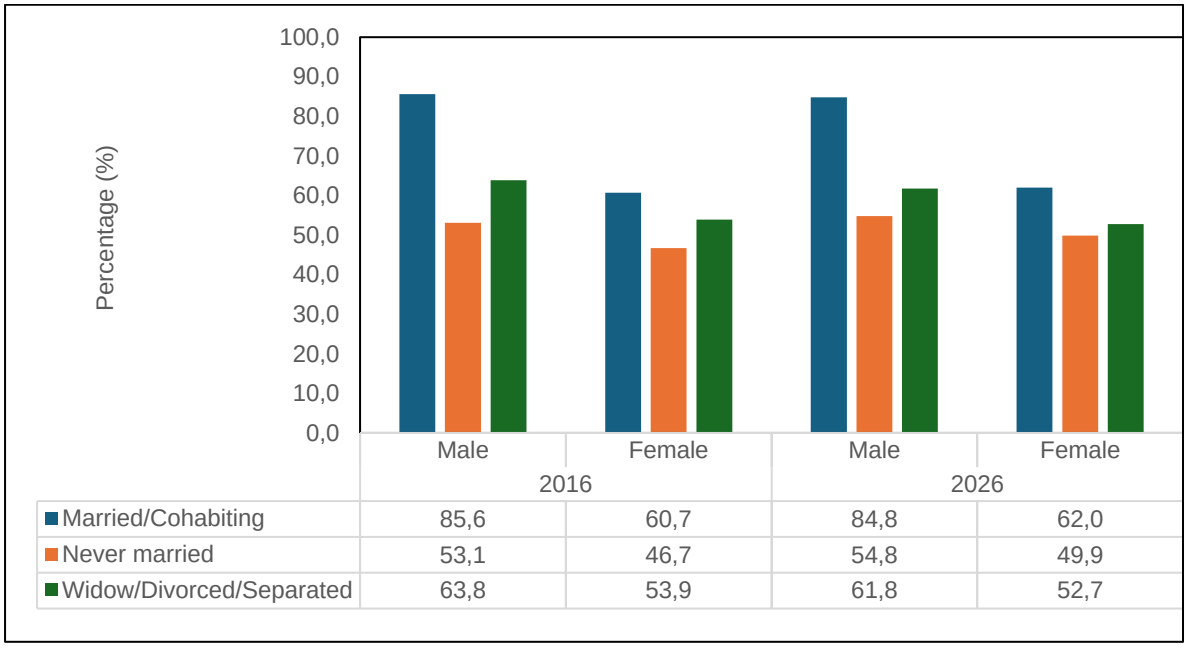
The male LFPR declined slightly from 65,2% in 2016 to 64,2% in 2026, whereas the female LFPR increased from 52,4% to 53,8%. Both sexes reached their highest participation rates in 2017 and experienced declines during the COVID-19 period, with recovery thereafter before easing again by 2026.

The absorption rate declined for both sexes, falling from 49,2% to 45,2% for males and from 37,1% to 34,2% for females. Although employment improved between 2023 and 2025, particularly among females, absorption rates remained below pre-pandemic levels, indicating that employment growth did not keep pace with labour force participation.

Inactivity increased slightly among males (34,8% to 35,8%) but declined among females (47,6% to 46,2%). Despite this improvement, women remained considerably more likely than men to be outside the labour force. Inactivity peaked during the COVID-19 period for both sexes before improving in subsequent years.

Overall, the results highlight persistent gender disparities in the labour market. Men remained more likely to participate in and secure employment, while women continued to experience higher levels of economic inactivity, reflecting ongoing barriers to labour market participation.

Figure 4.3 – Labour force participation rate by sex and marital status, Q1: 2016 and 2026

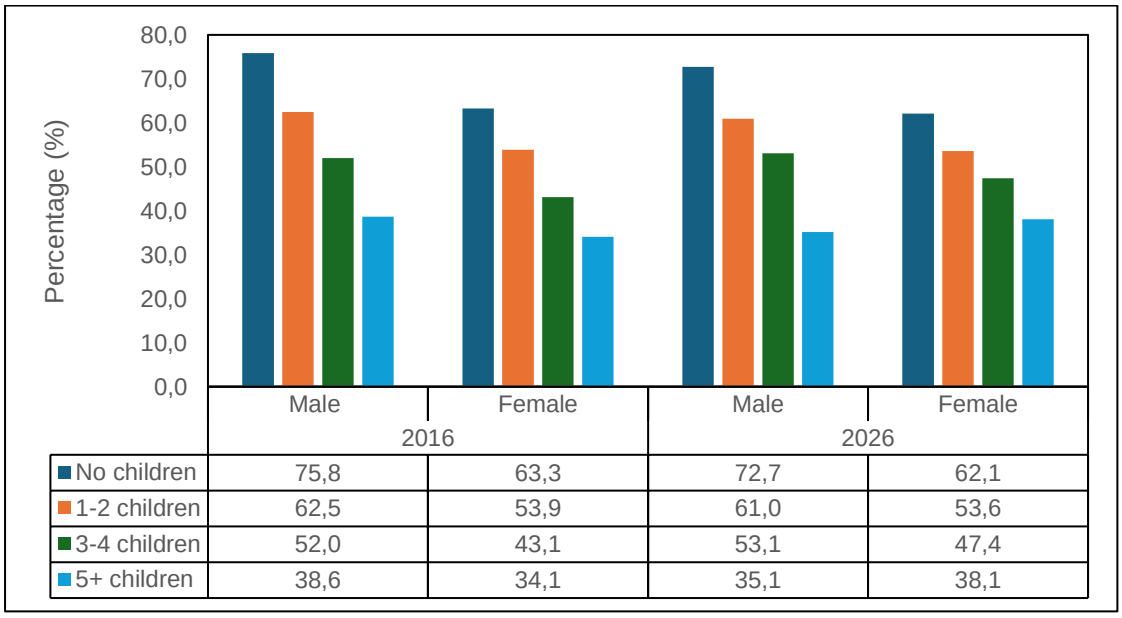


	2016 Male	2016 Female	2026 Male	2026 Female
Married/Cohabiting	85,6	60,7	84,8	62,0
Never married	53,1	46,7	54,8	49,9
Widow/Divorced/Separated	63,8	53,9	61,8	52,7

Source: QLFS, Q1:2016 & 2026

Figure 4.3 shows the labour force participation rate by sex and marital status. Findings indicate that males consistently reported higher labour force participation rates across all categories compared to females. The gender disparity in those married/cohabiting status is notable in the reporting period, although decreasing by 2,1 percentage points from 2016 (males 85,6% vs females 60,7%) to 2026 (males (84,8%) vs females (62,0%)). The never married was the only category to record increases in labour force participation for both sexes, from 53,1% in 2016 to 54,8% in 2026 among males and from 46,7% in 2016 to 49,9% in 2026 among females. However, the much larger gender gap among married or cohabiting adults indicates that unpaid care responsibilities continue to constrain women's participation in paid employment.

Figure 4.4 – Labour force participation rate by sex and presence of minor children in the household, Q1: 2016 and 2026



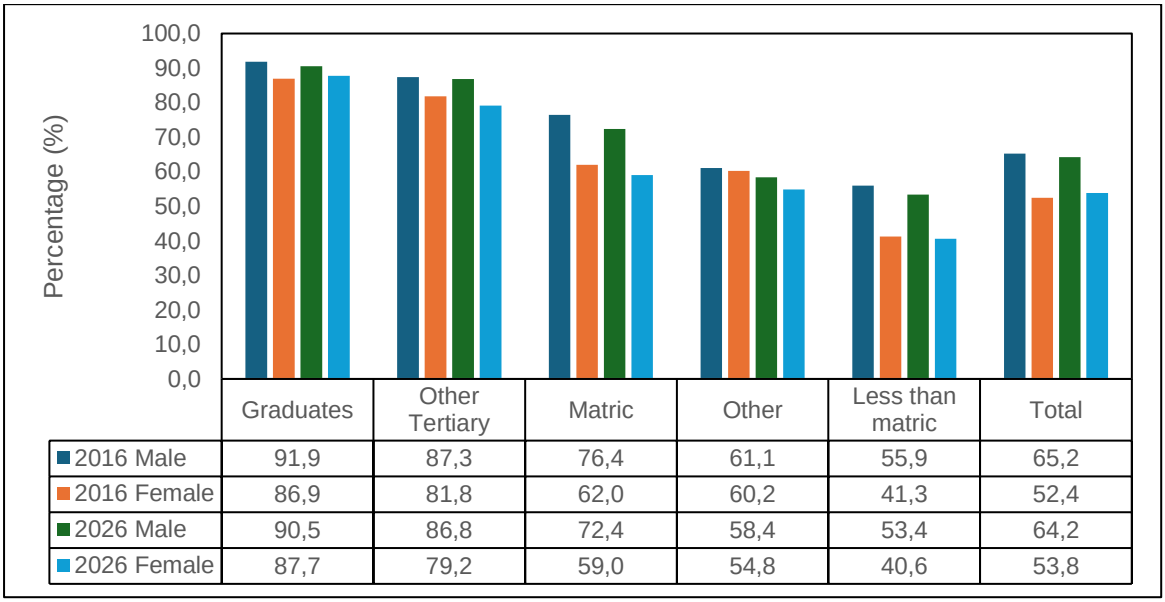
	2016 Male	2016 Female	2026 Male	2026 Female
No children	75,8	63,3	72,7	62,1
1-2 children	62,5	53,9	61,0	53,6
3-4 children	52,0	43,1	53,1	47,4
5+ children	38,6	34,1	35,1	38,1

Source: QLFS, Q1:2016 & 2026

Results show that the presence of children, decreases the likelihood of participating in the workforce. The labour force participation is higher in households with no minor children and decreases as the

number of children increases. This trend is evident for both sexes, however the rate of decline in participation is more pronounced for females than males. There was an increase in the LFPR of those with 3-4 children between 2016 and 2026, with females increasing by 4,3 percentage points (from 43,1% in 2016 to 47,4% in 2026) and 1,1 percentage point increase for males (from 52,0% in 2016 to 53,1% in 2026). For those with five (5) children and more, LFPR for females increased while males reported a decrease.

Figure 4.5 – Labour force participation rate by sex and level of education, Q1: 2016 & 2026



	Graduates	Other Tertiary	Matric	Other	Less than matric	Total
2016 Male	91,9	87,3	76,4	61,1	55,9	65,2
2016 Female	86,9	81,8	62,0	60,2	41,3	52,4
2026 Male	90,5	86,8	72,4	58,4	53,4	64,2
2026 Female	87,7	79,2	59,0	54,8	40,6	53,8

Source: QLFS, Q1:2016 & 2026

Figure 4.5 presents the labour force participation rate by sex and the highest level of education attained. Between 2016 and 2026, labour force participation decreased across most educational categories for both males and females, although participation remained consistently higher among males. The results show a positive relationship between educational attainment and labour force participation, individuals with higher levels of education reporting higher participation rates than those with lower educational level. This pattern suggests that education continued to play an important role in labour market engagement. While labour force participation decreased for both sexes across most education categories, the gender gap remained evident across all levels of educational attainment; especially for those with less than matric as the highest level of education.

4.2 Paid care work

The care economy encompasses both paid and unpaid work, as well as the relationships that sustain human life. It is therefore fundamental to economic decision-making, shaping the lives of those who provide and receive care. In doing so, it directly influences the economic, social, and political opportunities available to individuals and households. This sub-section focuses on the paid care work, highlighting gender disparities in various industries, occupations and average earnings. A well-functioning care economy has the potential to reduce inequalities, to expand opportunities for people to participate in work and other activities beyond the fulfilment of their basic needs (WEF, 2024). The care sector consists of those employed as educators, domestic work, personal care and health sectors.

Table 4.1 – Paid care work to total employment by sex, Q1: 2016 and 2026

Sex	Paid care work	Other employment	Total employment	Paid care work	Other employment	Total employment
	2016			2026		
	N ('000)					
Male	330	8 505	8 835	349	9 141	9 490
Female	1 899	4 941	6 840	1 742	5 522	7 264
Total	**2 229**	**13 446**	**15 675**	**2 092**	**14 662**	**16 754**
	Per cent					
Male	3,7	96,3	**100,0**	3,7	96,3	**100,0**
Female	27,8	72,2	**100,0**	24,0	76,0	**100,0**
Total	**14,2**	**85,8**	**100,0**	**12,5**	**87,5**	**100,0**

Source: QLFS, Q1: 2016 & 2026

Table 4.1 shows the paid care work to the total employment show that care work accounted for 14,2% of total employment in 2016 and reduced to 12,5% in 2026. Employment in the care sector declined from 2,2 million in 2016 to 2,1 million in 2026. Although employment in paid care is predominantly female, the number of males employed in the paid care increased from 330 000 in 2016 to 349 000 in 2026. The number of females employed in paid care declined from 1,9 million in 2016 to 1,7 million in 2026.

Table 4.2 – Paid care occupation by sex, Q1: 2016 and 2026

Occupation	2016			2026		
	Male	Female	GPR	Male	Female	GPR
Domestic workers	5,4	94,6	17,5	6,4	93,6	14,6
Higher education	45,2	54,8	1,2	44,5	55,5	1,2
Medical doctors	50,4	49,6	1,0	43,5	56,5	1,3
Nursing and midwives	12,4	87,6	7,1	12,8	87,2	6,8
Other teaching professionals	29,2	70,8	2,4	39,3	60,7	1,5
Personal care workers	13,4	86,6	6,5	16,5	83,5	5,1
Pre-primary education teachers	0,0	100	*	6,0	94,0	15,7
Primary education teachers	23,7	76,3	3,2	21,7	78,3	3,6
Secondary education teachers	46,6	53,4	1,1	43,8	56,3	1,3
Social work associates	5,4	94,6	17,5	8,1	91,9	11,3
Special education teachers	15,3	84,7	5,5	8,5	91,5	10,8

Source: QLFS, Q1: 2016 & 2026

Table 4.2 presents the sex distribution of selected paid care occupations in 2016 and 2026. The findings indicate that women continued to dominate most paid care occupations over the ten-year period highlighting the gendered nature of paid care work. Paid care work contributes to SDG 5 Target 5.4 as unpaid work is recognised by creating paid employment and better working conditions. SDG 3, 8 and 10 also contribute to the promoting of gender equality while improving the well-being of care recipients and care workers (SDG).

Domestic work remained one of the largest occupations employing women, with females accounting for 94,6% of workers in 2016 and 93,6% in 2026, while the share of men increased slightly from 5,4% to 6,4%. Despite this modest increase in male representation, domestic work continued to exhibit the largest gender disparity among the selected paid care occupations, remaining overwhelmingly female dominated. Majority of pre-primary education teachers were female; however, the proportion of males increased from no reported male teachers in 2016 to 6,0% in 2026, reducing the female share from 100,0% to 94,0%. Among the nursing and midwifery professionals, females accounted for 87,6% in 2016 and 87,2% in 2026. Personal care workers also continued to be predominantly female, although the female share declined slightly from 86,6% in 2016 to 83,5% in 2026, with a corresponding increase in the proportion of men. Female representation among medical doctors, increased from 49,6% in 2016 to 56,5% in 2026.

Social work associates continued to be female, although the female share decreased slightly from 94,6% in 2016 to 91,9% in 2026. Similarly, women remained the majority among special education teachers, increasing from 84,7% in 2016 to 91,5% in 2026, while the proportion of men declined. In 2026, the occupations with the highest Gender Parity Ratio (GPR) were pre-primary education teachers

(15,7), followed by domestic workers (14,6) and social work associate professionals (11,3). These figures highlight the continued concentration of women in paid care occupations, despite modest increases in male participation in some professions. The GPR measures the ratio of women to men in an occupation, with a value of 1 indicating equal representation of women and men. Values greater than 1 indicate that women outnumber men, while values below 1 indicate that men outnumber women. The high GPR values recorded for these occupations reflect substantial gender imbalances in favour of women.

Table 4.3 – Paid care occupation by sex and age group, 2016 & 2026

Sex	Age group	Domestic worker	Higher education teachers	Medical doctors	Nurses and midwives	Other teaching professionals	Personal careworkers	Pre-primary educators	Primary school teachers	Secondary school teachers	Social work associates	Special education teachers	Total
		2016											
		Per cent											
Male	Youth	8,7	42,6	30,3	23,4	21,7	16,1	0,0	21,5	43,9	8,9	0,0	**16,2**
Female		91,3	57,4	69,7	76,6	78,3	83,9	100,0	78,5	56,1	91,1	100,0	**83,8**
Male	Adults	4,5	46,2	61,0	8,7	30,6	11,7	0,0	24,3	47,2	4,0	16,9	**14,3**
Female		95,5	53,8	39,0	91,3	69,4	88,3	100,0	75,7	52,8	96,0	83,1	**85,7**
		2026											
Male	Youth	9,9	39,0	33,3	22,5	51,9	18,1	13,5	24,8	46,0	0,0	56,8	**22,8**
Female		90,1	61,0	66,7	77,5	48,1	81,9	86,5	75,2	54,0	100,0	43,2	**77,2**
Male	Adults	5,6	47,0	56,7	10,9	34,8	15,7	0,0	20,6	42,1	11,3	0,0	**14,6**
Female		94,4	53,0	43,3	89,1	65,2	84,3	100,0	79,4	57,9	88,7	100,0	**85,4**

Source: QLFS, Q1: 2016 & 2026

Table 4.3 above presents the percentage distribution of occupation by sex and age group for 2016 and 2026. Majority of care workers are female, regardless of age group in the reporting period.

For the reporting period, females dominated most of the occupations in both years, particularly in care-related, education and social service occupations. Female representation among the youth higher education teachers increased from 57,4% in 2016 to 61,0 % in 2026 and social work associates increased from 91,1% in 2016 to 100,0 % in 2026. Nurses and midwives also increased slightly for the recorded period among the youth age group.

Among adults, females also dominated across most occupations in both years. In 2026, women accounted for 94,4% of adult domestic workers, 89,1% of nurses and midwives, 84,3% of personal care workers and 100,0% of pre-primary and special education teachers. Female representation among adult primary school teachers increased from 75,7% in 2016 to 79,4% in 2026, while among secondary school teachers it increased from 52,8% in 2016 to 57,9% in 2026.

Table 4.4 – Percentage distribution of paid care employment by sector, 2026

Sector	Domestic worker	Higher education teachers	Medical doctors	Nurses & midwives	Other teaching professionals	Personal care workers	Pre-primary educators	Primary school teachers	Secondary school teachers	Social work associates	Special education teachers	Total
	Per cent											
Formal	1,8	93,6	96,5	100,0	96,3	82,9	83,4	100,0	96,4	100,0	100,0	55,6
Informal	0,3	6,4	3,5	0,0	3,7	11,5	16,6	0,0	3,6	0,0	0,0	3,0
Households	97,9	0,0	0,0	0,0	0,0	5,6	0,0	0,0	0,0	0,0	0,0	41,4

Source: QLFS, Q1: 2026

Table 4.4 illustrates the percentage distribution paid care employment by sector in 2026. Results show that 55,6% of the paid care employees were in the formal sector, 41,4% in the households and 3,0% were in the informal sector. Majority of domestic workers were employed in the household sector.

Table 4.5 – Employment by industry by sex, 2016 and 2026

Industry	2016		2026	
	Male	Female	Male	Female
	Per cent			
Agriculture, hunting, forestry, and fishing	68,8	31,2	71,2	28,8
Mining and quarrying	86,1	13,9	81	19
Manufacturing	65,9	34,1	66,6	33,4
Electricity, gas and water supply	68,3	31,7	80,9	19,1
Construction	88,5	11,5	89,6	10,4
Wholesale and retail trade	53,5	46,5	53,3	46,7
Transport, storage and communication	81,4	18,6	84,4	15,6
Financial intermediation, insurance, real estate and business services	57,9	42,1	56,6	43,4
Communication, social and personal services	39,7	60,3	37,6	62,4
Private households	23,5	76,5	25,7	74,3
Total	**56,4**	**43,6**	**56,6**	**43,4**

Source: QLFS, Q1: 2016 & 2026

Table 4.5 shows the percentage of employees, by industry and sex in 2016 and 2026. Majority of industries employed higher percentages of males than females. For the reference period, the results highlight gendered occupational segregation, with the private households and communication, social and personal services industries dominated by females, while others showed male-dominated participation (e.g., construction, transport, storage & communication). However, the percentage of males in the private households increased from 23,5% in 2016 to 25,7% in 2026, while the percentage of females in the mining industry increased from 13,9% to 19,0% in the same period.

Table 4.6 – Distribution of median monthly earnings for employees by industry and sex, 2018-2024

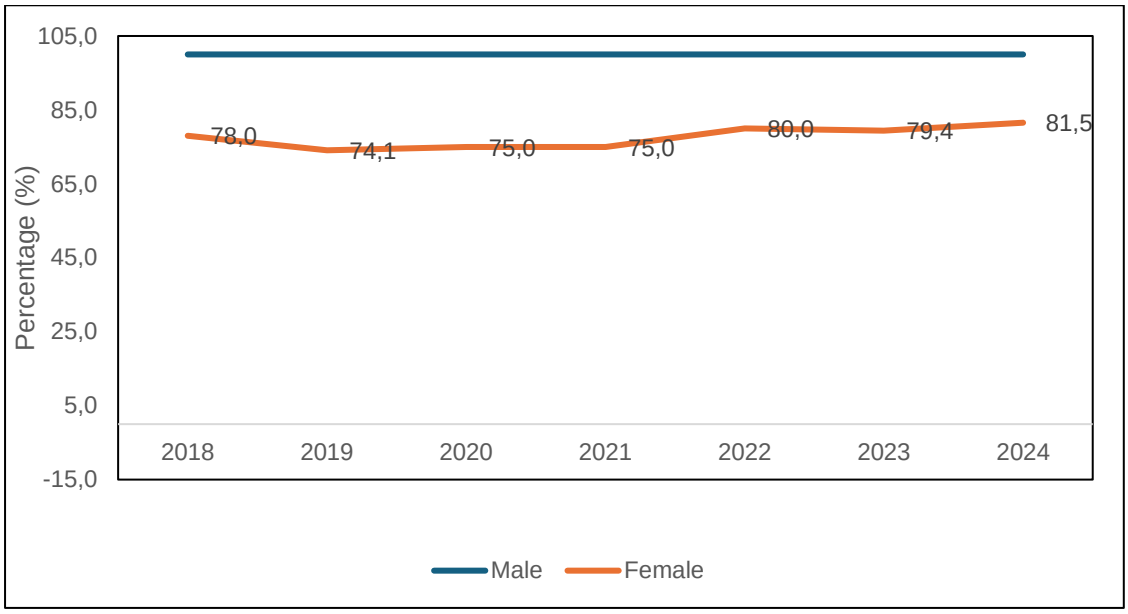
Industry	Sex	2018	2019	2020	2021	2022	2023	2024
Agriculture	Male	3 000	3 200	3 500	3 600	4 000	4 333	4 600
	Female	2 600	2 817	3 250	3 467	3 640	4 000	4 400
Mining and quarrying	Male	11 000	11 000	12 000	13 000	14 000	15 000	17 333
	Female	11 000	10 000	12 000	13 000	13 000	15 000	15 000
Manufacturing	Male	6 000	6 500	6 933	7 000	6 500	7 000	7 500
	Female	4 300	4 333	5 000	4 900	5 000	5 200	5 500
Electricity, gas and water supply	Male	17 500	16 000	15 000	18 000	16 000	19 500	15 900
	Female	13 800	15 000	16 000	15 000	16 000	22 000	16 000
Construction	Male	4 000	4 333	4 500	4 333	4 650	5 000	5 000
	Female	2 200	2 500	4 000	3 000	4 500	4 000	5 000
Wholesale and retail trade	Male	4 333	4 500	5 000	5 000	5 000	5 500	5 633
	Female	3 700	3 900	4 000	4 000	4 500	4 800	5 000
Transport, storage & communication	Male	5 200	5 500	6 000	5 500	5 961	5 961	6 067
	Female	8 000	8 900	9 000	10 500	8 000	10 000	10 000
Financial intermediation, insurance, real estate and business services	Male	5 500	6 100	6 500	6 500	7 000	7 500	8 000
	Female	6 381	6 379	6 067	6 000	7 500	7 000	7 500
Communication, social and personal services	Male	12 000	12 000	14 000	14 000	12 000	13 800	14 100
	Female	8 000	9 500	11 000	10 000	8 500	9 800	10 000
Private households	Male	1 800	1 950	2 000	2 000	2 000	2 167	2 500
	Female	2 000	2 000	2 200	2 167	2 400	2 500	2 600
RSA	**Male**	**5 000**	**5 400**	**6 000**	**6 000**	**6 000**	**6 300**	**6 500**
	Female	**3 900**	**4 000**	**4 500**	**4 500**	**4 800**	**5 000**	**5 300**

Source: QLFS, 2018- 2024

Table 4.6 shows the median monthly earning by industry and sex. Between 2018 and 2024, median monthly earnings for males increased by R1 500 from R5 000 to R6 500. The female median monthly earnings increased from R3 900 in 2018 to R5 300 in 2024. Nationally, the median monthly earnings for males have generally been higher, compared to females.

In 2018, the median monthly earnings in construction for males was higher than that of their female counterparts. However, in 2024, a parity was reached in construction industry in the median monthly earnings. In contrast, women earned higher median monthly earnings than men in only three industries in 2024: transport, storage and communication (R10 000 compared with R6 067), private households (R2 600 compared with R2 500), and electricity, gas and water supply (R16 000 compared with R15 900).

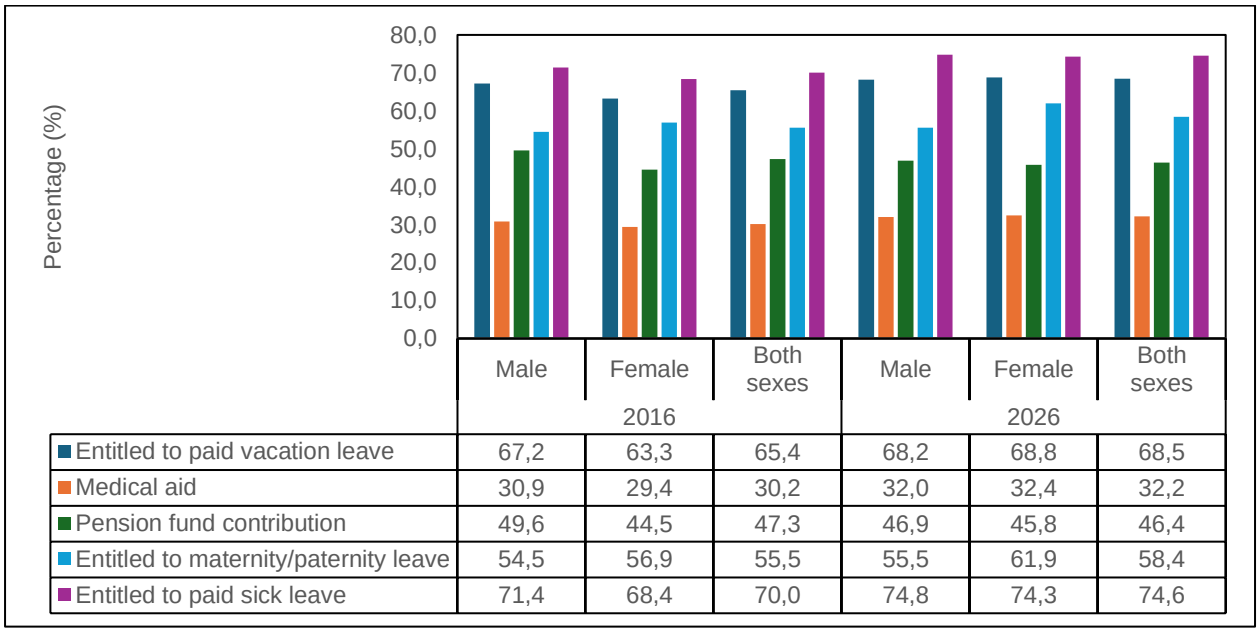
Figure 4.6 – Female median earnings as a percentage of male median earnings, 2018-2024



Source: QLFS, 2018- 2024

Figure 4.6 shows the female median earnings as a percentage of male median earnings between 2018 and 2024.The female median earnings increased from 78,0% in 2018 to 81,5% in 2024, with females consistently earn less than males, but the gap has narrowed slightly over time. In 2019 and 2022, a declining trend in median female earnings was observed. Between 2020 and 2021 there was no change in the female median earnings, at 75,0% of male median earnings. There was no gender parity in the reported period.

Figure 4.7 – Percentage of employees with access to various benefits by sex, Q1: 2016 and 2026



	2016			2026		
	Male	Female	Both sexes	Male	Female	Both sexes
Entitled to paid vacation leave	67,2	63,3	65,4	68,2	68,8	68,5
Medical aid	30,9	29,4	30,2	32,0	32,4	32,2
Pension fund contribution	49,6	44,5	47,3	46,9	45,8	46,4
Entitled to maternity/paternity leave	54,5	56,9	55,5	55,5	61,9	58,4
Entitled to paid sick leave	71,4	68,4	70,0	74,8	74,3	74,6

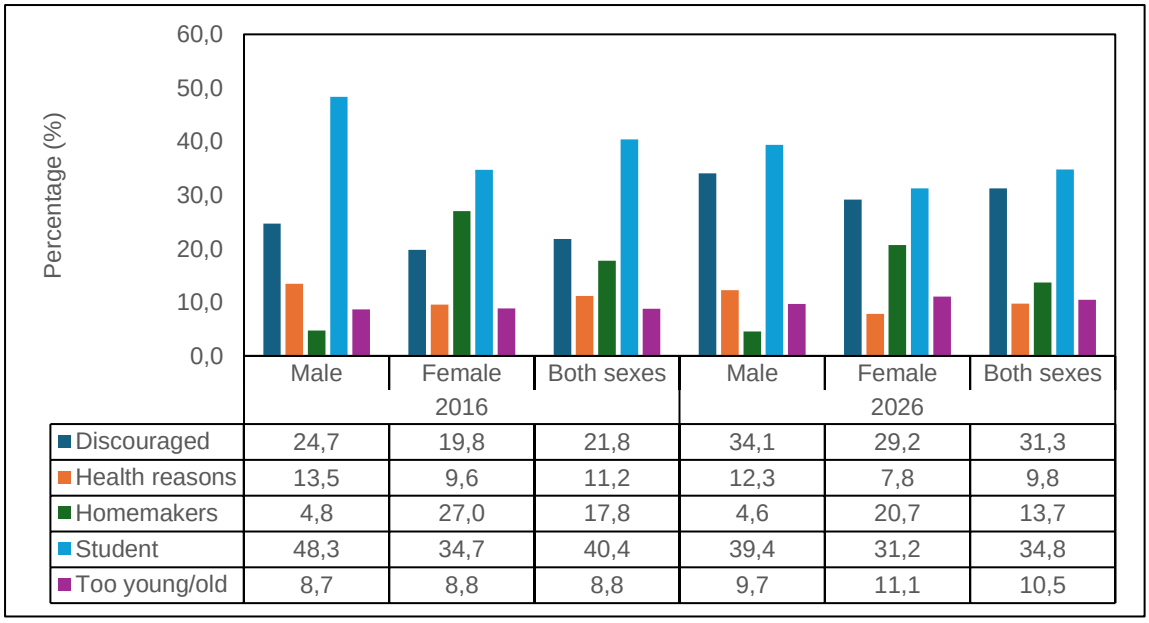
Source: QLFS, Q1: 2016 & 2026

Figure 4.7 show the percentage of employees with access to various benefits in the workplace in 2016 and 2026. Employee benefits are one of the most valuable components of an employment package and they play a significant role in helping employees achieve greater financial security. The percentage

of those who are entitled to paid vacation leave increased from 65,4% in 2016 to 68,5% in 2026; entitlement to paid sick leave increased from 70,0% in 2016 to 74,6% in 2026. In 2016, males generally had higher benefit coverage, especially in pension and vacation leave. Pension fund contribution decreased by 0,9 percentage points, male percentage dropped from 49,6% in 2016 to 46,9% in 2026. In contrast, females increased from 44,5% in 2016 to 45,8% in 2026.

4.3 Outside the labour force

Figure 4.8 – Percentage distribution of reasons for being outside the labour force by sex, Q1: 2016 and 2026



	Male	Female	Both sexes	Male	Female	Both sexes
	2016			2026		
Discouraged	24,7	19,8	21,8	34,1	29,2	31,3
Health reasons	13,5	9,6	11,2	12,3	7,8	9,8
Homemakers	4,8	27,0	17,8	4,6	20,7	13,7
Student	48,3	34,7	40,4	39,4	31,2	34,8
Too young/old	8,7	8,8	8,8	9,7	11,1	10,5

Source: QLFS, Q1: 2016 & 2026

Figure 4.8 shows the reasons for being outside the labour force by sex in 2016 and 2026. Among those not in the labour force in 2016, 17,8% cited being a homemaker as the reason for being outside the labour force, declining to 13,7% in 2026. There was an increase in the percentage of those that were discouraged to look for work, both sexes increasing by 9,5 percentage points (from 21,8% in 2016 to 31,3% in 2026. Those who reported being students as a reason declined in the reporting period, with males declining by 8,9 percentage points (from 48,3% in 2016 to 39,4% in 2026) and females by 3,5 percentage points (from 34,7% in 2016 to 31,2% in 2026).

Table 4.7 – Percentage distribution of reasons for persons outside the labour force by province and sex, Q1: 2016 and 2026

Province		2016					2026				
		Discouraged	Health reasons	Homemakers	Student	Too young/old	Discouraged	Health reasons	Homemakers	Student	Too young/old
		Per cent									
Western Cape	Male	12,4	24,6	2	48,3	12,8	23,2	20,4	1,6	40,9	13,9
	Female	8,7	12,2	34,9	34,6	9,7	16,5	11,6	30,3	31,4	10,2
Eastern Cape	Male	33,5	15,7	2,1	42,1	6,6	34,1	15	2,4	40,2	8,2
	Female	24	10,2	25,6	33,2	7,1	25,2	10,1	22,1	31,4	11,2
Northern Cape	Male	24	23,8	1,7	44,4	6,2	44,8	16,8	1	29,6	7,7
	Female	21,6	18,1	22,1	27,4	10,8	31,2	12,1	24,1	22,3	10,3
Free State	Male	14,7	18,4	0,6	55,3	11,1	27,7	17,4	0,4	44,6	9,9
	Female	17,1	17,5	15,4	38,7	11,4	21,2	12,1	16,7	41,6	8,4
KwaZulu Natal	Male	23,1	13,6	12,1	44,6	6,7	31,9	12,2	14,8	33,3	7,7
	Female	19,8	8,5	30,9	33	7,8	31,4	5,9	25	28,1	9,5
North West	Male	33,7	13,7	0,7	44,4	7,6	46,7	10	0,4	31,9	11
	Female	26,2	9,8	29	25,6	9,4	39,2	8,5	17,5	25	9,8
Gauteng	Male	18,6	9,6	1,7	56,5	13,6	32	8,7	2,3	46,4	10,5
	Female	14,8	8,5	23,5	41,8	11,4	26,9	4,5	16,2	38,4	13,9
Mpumalanga	Male	26,5	11,3	1	53,2	8,1	41,5	11,2	0	37,6	9,7
	Female	26,2	11,4	17,7	35	9,7	40,7	9,2	12,8	25	12,3
Limpopo	Male	29	7	7,4	50	6,6	35,7	10	1,2	43,1	10
	Female	24,1	4,9	29,8	34,9	6,3	32	8	19,3	30	10,7
Total	**Male**	**24,7**	**13,5**	**4,8**	**48,3**	**8,7**	**34,1**	**12,3**	**4,6**	**39,4**	**9,7**
	Female	**19,8**	**9,6**	**27**	**34,7**	**8,8**	**29,2**	**7,8**	**20,7**	**31,2**	**11,1**

Source: QLFS, Q1: 2016 & 2026

Table 4.7 presents the percentage distribution of reasons for persons outside the labour force by province and sex between 2016 and 2026. Studying remained the leading reason for being outside the labour force among both males and females, although its relative contribution decreased over the ten-year period in all provinces. Among females, studying was the main reason for being outside the labour force but decreased from 34,7% in 2016 to 31,2% in 2026. Discouragement increased in all provinces and overall, from 19,8% in 2016 to 29,2% in 2026 among females. The highest percentage of homemakers among females in Western Cape (30,3%), KwaZulu-Natal (25,0%) and Northern Cape (24,1%) in 2026. Nationally, homemakers declined from 27,0% in 2016 to 20,7% in 2026.

Table 4.8 – Percentage distribution of reasons for being outside the labour force by sex and age group, 2016 and 2026

	2016									
	Per cent									
	15-24 yrs		25-34 yrs		35-44 yrs		45-54 yrs		55-64 yrs	
Reason	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Discouraged	15,1	14,4	59,7	39,1	49,3	30,4	32,3	17,4	8,5	6,0
Health reasons	2,3	1,5	14,0	8,6	41,5	14,0	49,1	27,7	26,4	17,8
Homemakers	2,9	9,7	9,9	41,7	7,6	52,8	10,3	50,5	2,3	22,3
Student	78,7	73,3	16,1	10,6	1,4	2,6	0,4	0,2	0,0	0,1
Too young/old	1,0	1,2	0,4	0,0	0,2	0,3	7,9	4,2	62,7	53,8
	2026									
Discouraged	19,3	19,0	60,6	49,6	64,5	50,5	57,3	37,3	13,4	8,7
Health reasons	2,5	1,7	15,5	6,9	25,2	9,9	33,3	20,5	18,6	12,4
Homemakers	1,7	5,7	11,5	31,2	8,7	37,2	5,9	39,3	2,0	18,4
Student	75,0	71,6	12,0	11,8	1,2	2,1	0,1	0,5	0,1	0,1
Too young/old	1,5	2,0	0,4	0,4	0,4	0,3	3,4	2,4	65,8	60,4

Source: QLFS, Q1: 2016 & 2026

The percentage share of those aged 15-24 who were studying declined, for both sexes. Findings show that there was an increase in the percentage of discouraged job seekers, in all the age groups, the increase was more pronounced in the 35-44 age group. Percentage of males who were discouraged in that age group increased from 49,3% in 2016 to 64,5% in 2026, while their counterparts increased from 30,4% in 2016 to 50,5% in 2026. The percentage of those who were homemakers declined for females in age groups, contrary to males increasing for age group 25-34 and 35-44.

Table 4.9 – Percentage distribution of reasons for being outside the labour force by sex and geographic location, 2016 and 2026

	Non-urban		Urban		Non-urban		Urban	
	2016				2026			
Reason	Male	Female	Male	Female	Male	Female	Male	Female
Discouraged	29,5	24,3	21,9	16,2	35,8	34,0	32,7	25,9
Health reasons	12,3	8,7	15,7	13,0	11,7	8,2	12,7	7,6
Homemakers	6,5	28,6	3,4	32,6	7,0	21,0	2,7	20,5
Student	45,9	31,5	54,7	47,1	36,8	27,2	41,5	34,0
Too young/old	5,8	6,8	12,3	13,2	8,8	9,7	10,4	12,0

Source: QLFS, Q1: 2016 & 2026

The table presents the percentage distribution of reasons for being outside the labour force by sex and geographic location for 2016 and 2026. The percentage of persons who reported being discouraged work-seekers increased, regardless of sex and geographic location. In contrast, the percentage of student decreased. The largest increases of discouraged work seekers were observed among non-urban females from 24,3% in 2016 to 34,0% in 2026 and for urban males from 21,9% to 32,7% in the same period. The proportion of females citing homemaking as a reason declined during the reporting period, dropping from 28,6% to 21,0% in non-urban areas, and from 32,6% to 20,5% in urban areas.

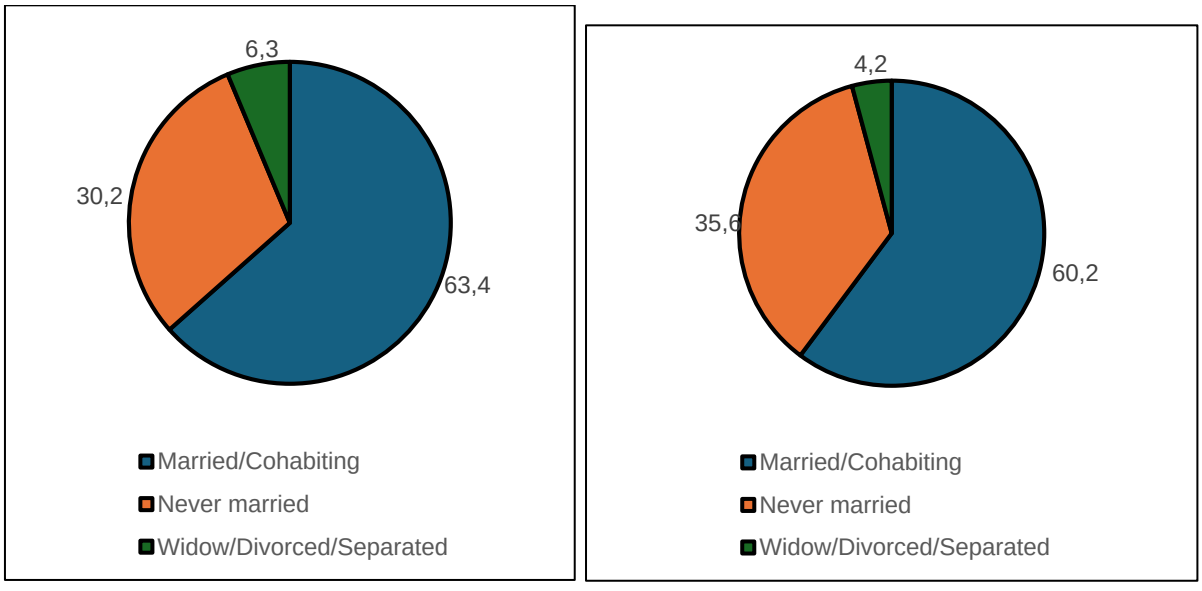
Table 4.10 – Percentage distribution of reasons for being outside the labour force by sex and marital status, 2016 and 2026

Reasons	Married/cohabiting		Never married		Divorced/widowed/separated	
	Male	Female	Male	Female	Male	Female
	Per cent					
	2016					
Discouraged	26,4	19,2	24,7	21,1	24,7	19,8
Health reasons	27,0	9,6	10,2	7,8	13,5	9,6
Homemakers	6,8	56,5	4,4	13,2	4,8	27,0
Student	1,4	2,9	58,8	54,5	48,3	34,7
Too young/old	38,4	11,8	1,8	3,4	8,7	8,8
	2026					
Discouraged	32,7	27,2	34,6	31,2	25,4	15,4
Health reasons	18,6	6,8	11,1	7,5	18,1	15,7
Homemakers	4,5	48,5	4,6	10,8	4,4	13,7
Student	1,6	2,7	46,6	44,9	0,6	0,6
Too young/old	42,5	14,8	3,2	5,6	51,5	54,6

Source: QLFS, Q1: 2016 & 2026

Majority of females who reported homemaking were married, although their percentage share decreased from 56,5% in 2016 to 48,5% in 2026. The share of female homemakers declined across all marital status, except for the males that never married increased by 0,2 percentage points. Those that were never married, being as student was the main reason for being outside the labour force for both sexes.

Figure 4.9 – Percentage distribution of female homemakers by marital status, 2016 and 2026



Source: QLFS, Q1: 2016 & 2026

Figure 4.9 shows that the majority of female not in the labour force due to being a homemaker were married/cohabiting, although the percentage has decreased by 3,2 percentage points (from 63,4% in 2016 to 60,2% in 2026). The homemakers that were divorced/widowed/separated increased by 2,1 percentage points (from 6,3% in 2016 to 4,2% in 2026). Those that were never married increased by 5,4 percentage points (from 30,2% in 2016 to 35,6% in 2026).

4.4 Conclusion

Males consistently reported higher labour force participation rate; gap narrowed slightly in the reported period. The presence of minor children reduces participation, more sharply for females, LFPR decreased as number of children increases. Higher level of education strongly correlates with participation. Gender gap persists, especially for those with less than matric. Females dominate most care-related occupations (domestic work, nursing, teaching, social work). Female share among medical doctors rose from 49,6% (2016) to 56,5% (2026). The percentage of males increased slightly in domestic work and pre-primary teaching, but females remain the majority. Employment disaggregation by industries showed that construction, mining, transport, manufacturing is male dominated while the females dominated in the private households, communication, social & personal services. Female employment share in mining rose from 13,9% in 2016 to 19,0% in 2026. Overall, employment remains gender segregated. The median monthly earnings increased from 2018 to 2024, males rising by R1 500 and females by R1 400. Earnings inequality remains entrenched, with females earning less across most industries. The gap between earnings was more pronounced in the mining and quarrying, transport and communication industries. One of the main reasons for being outside the labour force was discouragement, males reporting an increase from 24,7% in 2016 to 34,1% in 2026 and females increasing from 19,8% in 2016 to 29,2% in 2026. The percentage of homemakers declined nationally, with females decreasing from 27,0% in 2016 to 20,7% in 2026, but remained high in Western Cape, KwaZulu-Natal, and Northern Cape.

Chapter 5 - Expenditure and income patterns

5.1 Introduction

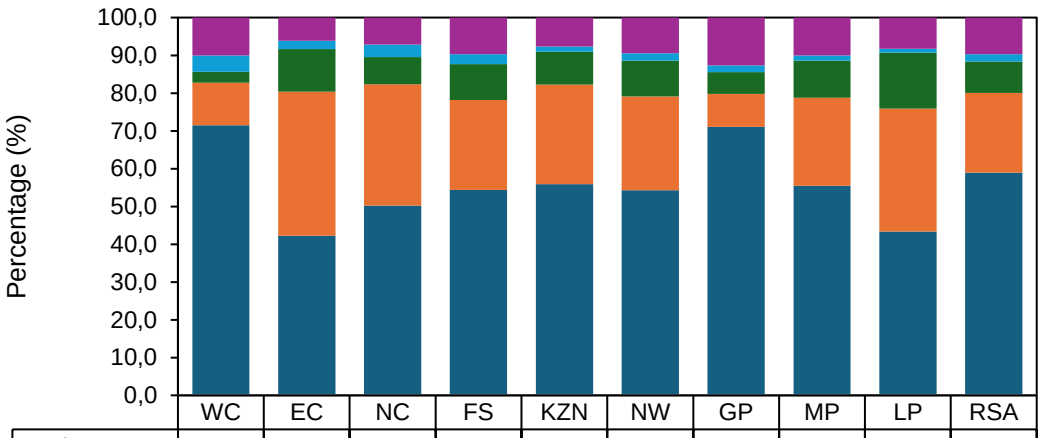
Care work is closely linked to gender equality, socioeconomic equality, poverty reduction, inclusive growth and sustainable development (UN, 2018). In South Africa, households rely on a range of income sources, including salaries, social grants, remittances and other forms of support, which influence their ability to access and provide care. These resources shape households' capacity to pay for care-related services, such as early childhood development, healthcare and domestic services, while also affecting their reliance on unpaid care provided by family members.

Household income is an important indicator of socioeconomic well-being, reflecting access to resources, opportunities and social mobility. However, income sources vary considerably across households, with many relying on social protection and remittances to meet basic needs and support caregiving responsibilities. These differences influence household expenditure patterns, including spending on education, health and other care services, and can reinforce existing inequalities in access to quality care.

This chapter examines household sources of income and expenditure on selected care-related services to understand how economic resources shape the care economy in South Africa. It considers differences by household characteristics, including the sex of the household head, to highlight inequalities in access to care and the distribution of caregiving responsibilities.

5.2 Household income

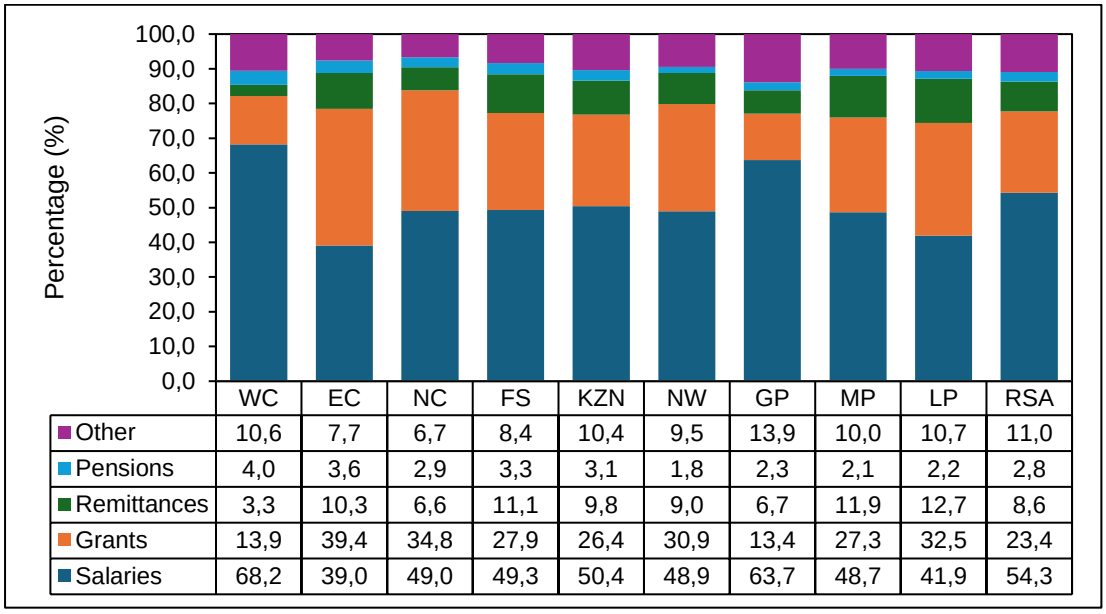
Figure 5.1a – Percentage distribution of main source of income of households by province, 2015



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Other	10,1	6,2	7,2	9,7	7,6	9,4	12,7	10,1	8,3	9,7
Pensions	4,2	2,2	3,2	2,7	1,4	2,0	1,8	1,3	1,0	2,0
Remittances	2,9	11,3	7,2	9,5	8,8	9,5	5,8	9,9	14,8	8,3
Grants	11,3	38,1	32,1	23,8	26,3	24,8	8,7	23,3	32,6	21,1
Salaries	71,5	42,3	50,2	54,4	55,9	54,3	71,1	55,5	43,3	58,9

Source: GHS, 2015

Figure 5.1b – Percentage distribution of main source of income of households by province, 2025

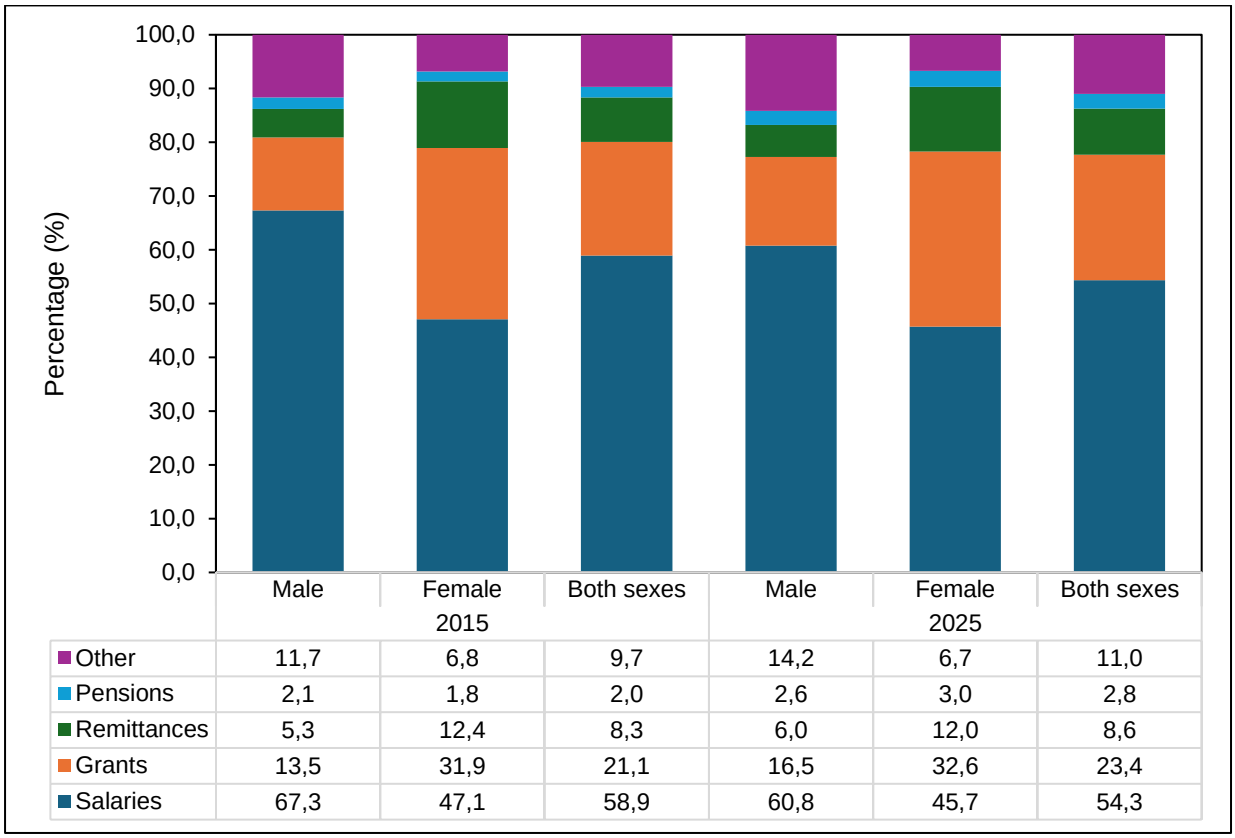


	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Other	10,6	7,7	6,7	8,4	10,4	9,5	13,9	10,0	10,7	11,0
Pensions	4,0	3,6	2,9	3,3	3,1	1,8	2,3	2,1	2,2	2,8
Remittances	3,3	10,3	6,6	11,1	9,8	9,0	6,7	11,9	12,7	8,6
Grants	13,9	39,4	34,8	27,9	26,4	30,9	13,4	27,3	32,5	23,4
Salaries	68,2	39,0	49,0	49,3	50,4	48,9	63,7	48,7	41,9	54,3

Source: GHS, 2025

Figures 5.1a and b above show the main source of income of households by province. More than 70% of households in Western Cape and Gauteng reported salary as main source of income, higher than the nation average of 58,9% in 2015. There was a decline in the percentage of households citing salaries as the main source of income across all provinces. Eastern Cape, Northern Cape and Limpopo were the leading provinces with household receiving grant as the highest source of income for both years. Limpopo reported the highest share of households receiving remittances, with 14,8% in 2015 and 12,7% in 2025.

Figure 5.2 – Percentage distribution of main source of income of households by sex of the household head, 2015 and 2025

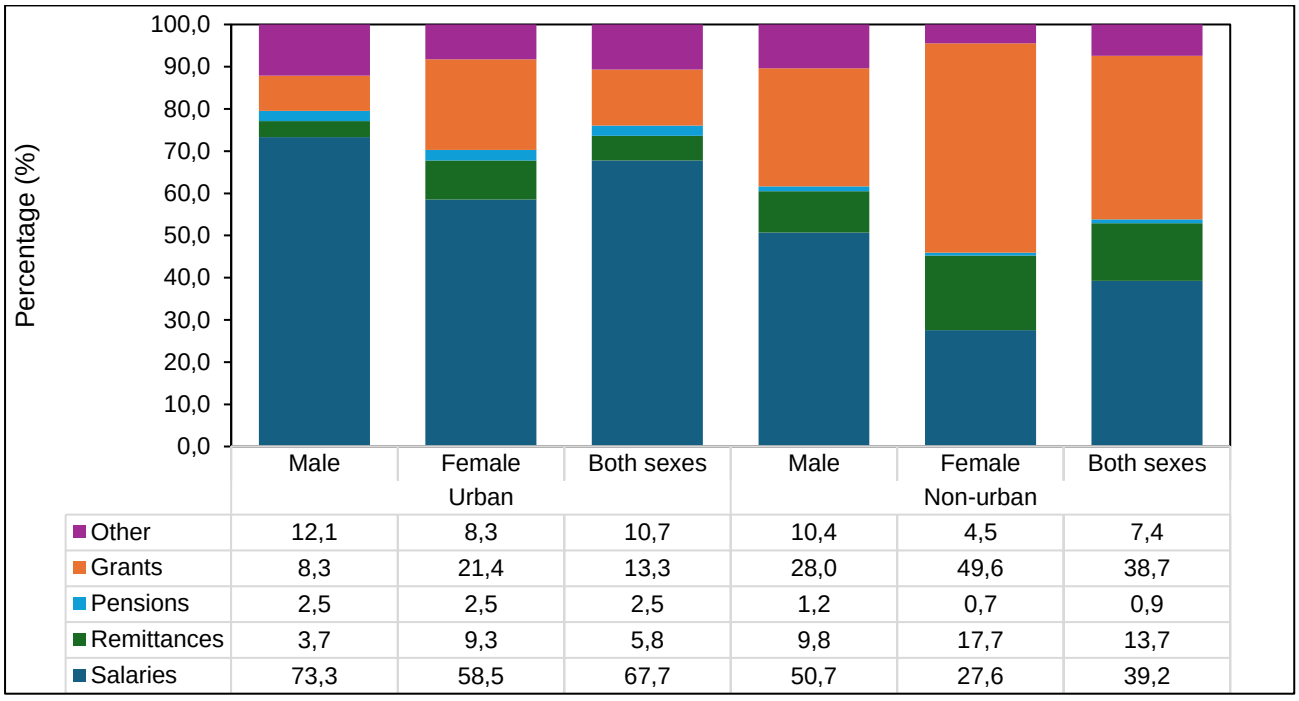


	Male	Female	Both sexes	Male	Female	Both sexes
	2015			2025		
Other	11,7	6,8	9,7	14,2	6,7	11,0
Pensions	2,1	1,8	2,0	2,6	3,0	2,8
Remittances	5,3	12,4	8,3	6,0	12,0	8,6
Grants	13,5	31,9	21,1	16,5	32,6	23,4
Salaries	67,3	47,1	58,9	60,8	45,7	54,3

Source: GHS, 2015 & 2025

Figure 5.2 presents the main source of income by sex of household head in 2015 and 2025. Generally, salaries remained the main source of income for households, however it declined from 58,9% in 2015 to 54,3% in 2025. Grant was the second main source of income for households, and it increased by 2,3 percentage points for the reference period. Grants and remittances were more common in female-headed households compared to male-headed households.

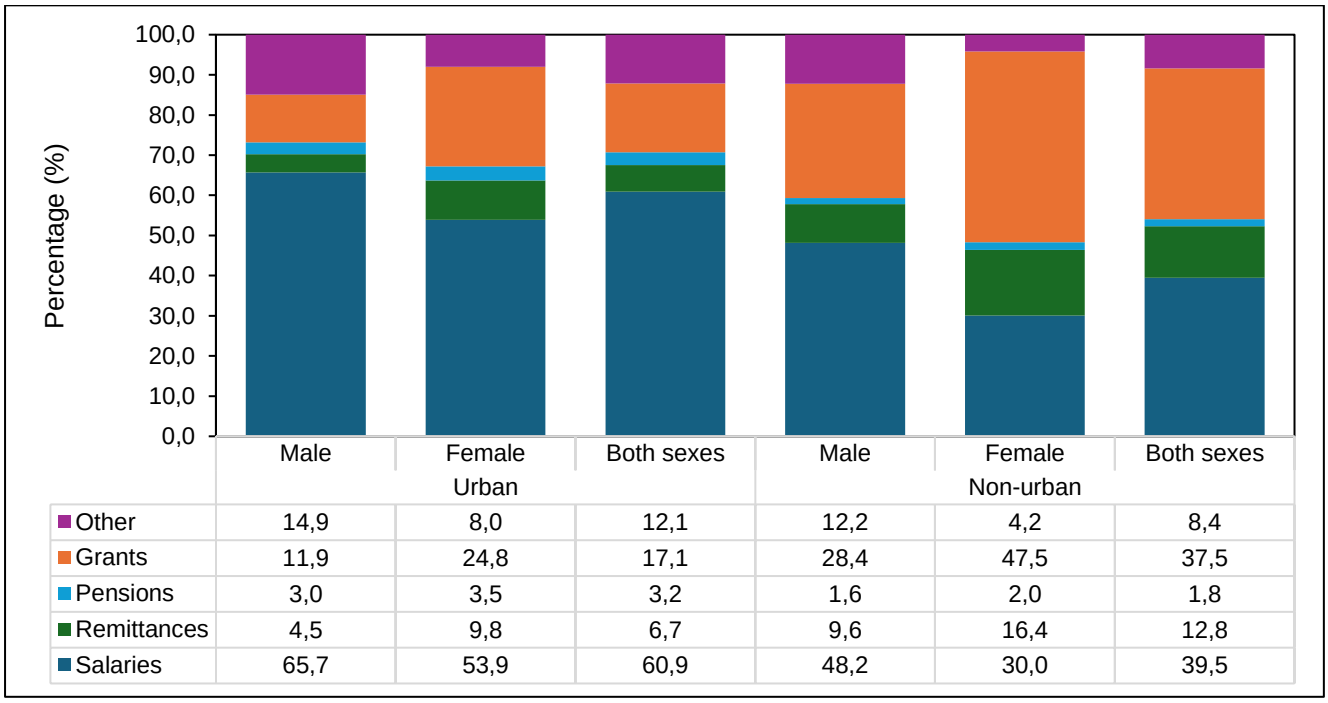
Figure 5.3a – Percentage distribution of main source of income of households by geographic location, 2015



	Urban			Non-urban		
	Male	Female	Both sexes	Male	Female	Both sexes
Other	12,1	8,3	10,7	10,4	4,5	7,4
Grants	8,3	21,4	13,3	28,0	49,6	38,7
Pensions	2,5	2,5	2,5	1,2	0,7	0,9
Remittances	3,7	9,3	5,8	9,8	17,7	13,7
Salaries	73,3	58,5	67,7	50,7	27,6	39,2

Source: GHS, 2025

Figure 5.3b – Percentage distribution of main source of income of households by geographic location, 2025



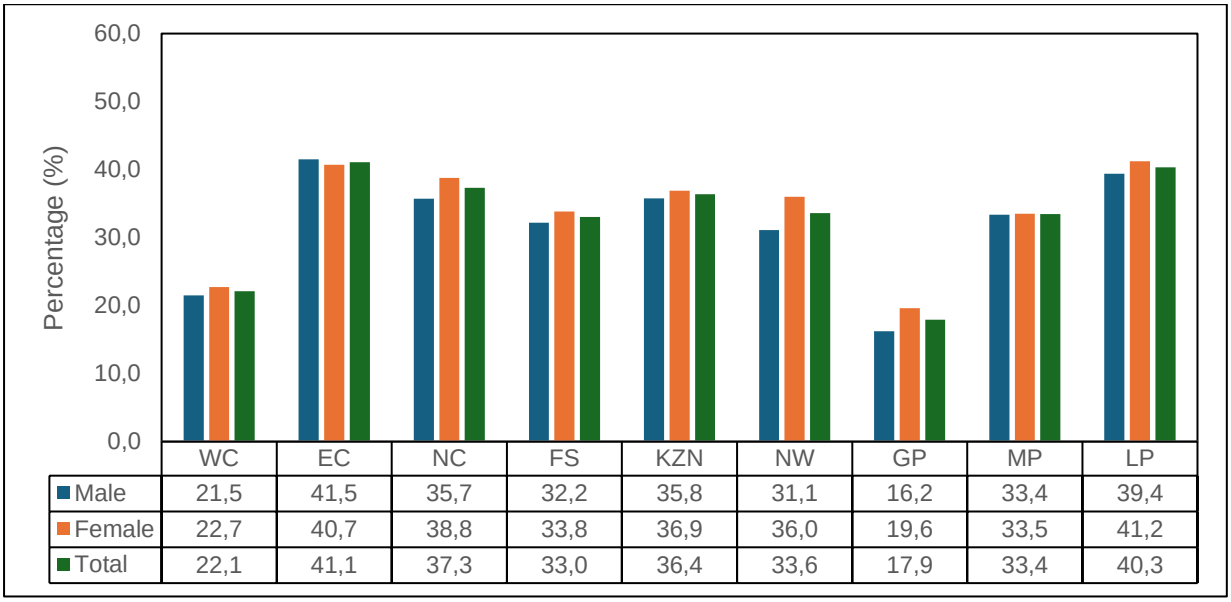
	Urban			Non-urban		
	Male	Female	Both sexes	Male	Female	Both sexes
Other	14,9	8,0	12,1	12,2	4,2	8,4
Grants	11,9	24,8	17,1	28,4	47,5	37,5
Pensions	3,0	3,5	3,2	1,6	2,0	1,8
Remittances	4,5	9,8	6,7	9,6	16,4	12,8
Salaries	65,7	53,9	60,9	48,2	30,0	39,5

Source: GHS, 2025

Figures 5.3a and 5.3b shows the percentage distribution of household main source of income by geographic location in 2015 and 2025. More than 60% of households in urban areas reported salaries as their main source of income for both years, irrespective of sex. The percentage of male-headed households in urban areas that reported salaries as main source of income decreased from 73,3% in 2015 to 65,7% in 2025, while female-headed households decreased from 58,5% in 2015 to 53,9% in 2025. In non-urban areas, male-headed households receiving salaries decreased from 50,7% in 2015

to 48,2% in 2025 while female-headed households increased from 27,6% in 2015 to 30,0% in 2025. Grants were the main source of income for households in non-urban areas for both years, with female-headed households reporting higher percentage compared to their counterparts. Pension was more common amongst households in urban areas at 3,2% compared to 1,8% of non-urban areas in 2025.

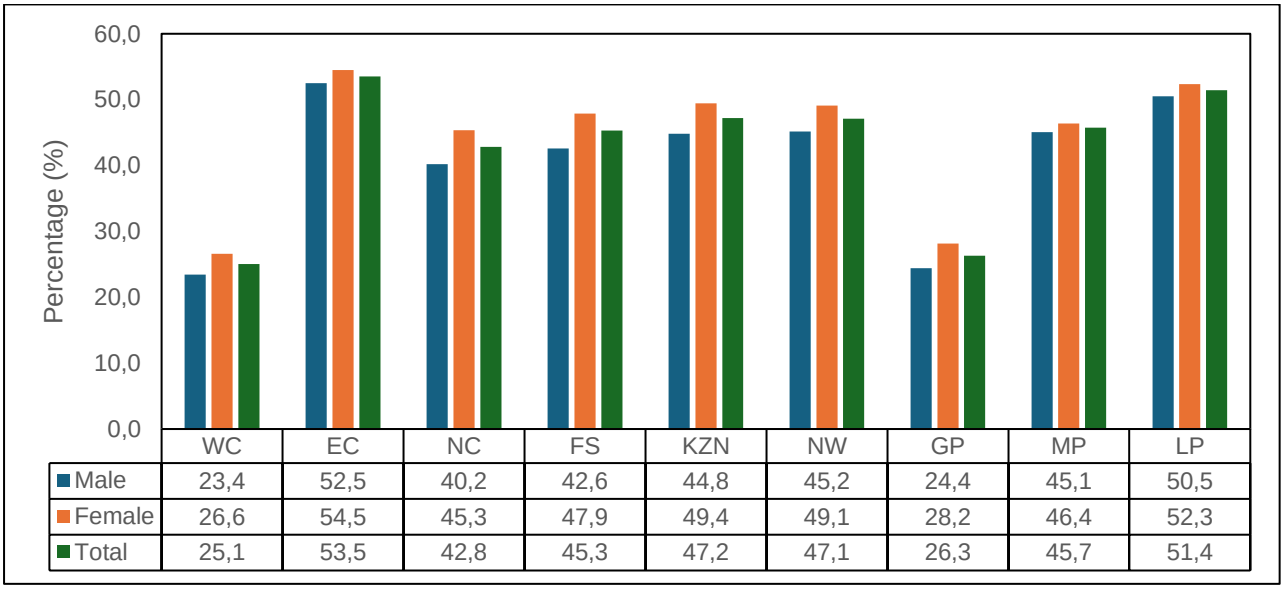
Figure 5.4a – Percentage of persons receiving social grants by sex and province, 2015



	WC	EC	NC	FS	KZN	NW	GP	MP	LP
Male	21,5	41,5	35,7	32,2	35,8	31,1	16,2	33,4	39,4
Female	22,7	40,7	38,8	33,8	36,9	36,0	19,6	33,5	41,2
Total	22,1	41,1	37,3	33,0	36,4	33,6	17,9	33,4	40,3

Source: GHS, 2015

Figure 5.4b – Percentage of persons receiving social grants by sex and province, 2025



	WC	EC	NC	FS	KZN	NW	GP	MP	LP
Male	23,4	52,5	40,2	42,6	44,8	45,2	24,4	45,1	50,5
Female	26,6	54,5	45,3	47,9	49,4	49,1	28,2	46,4	52,3
Total	25,1	53,5	42,8	45,3	47,2	47,1	26,3	45,7	51,4

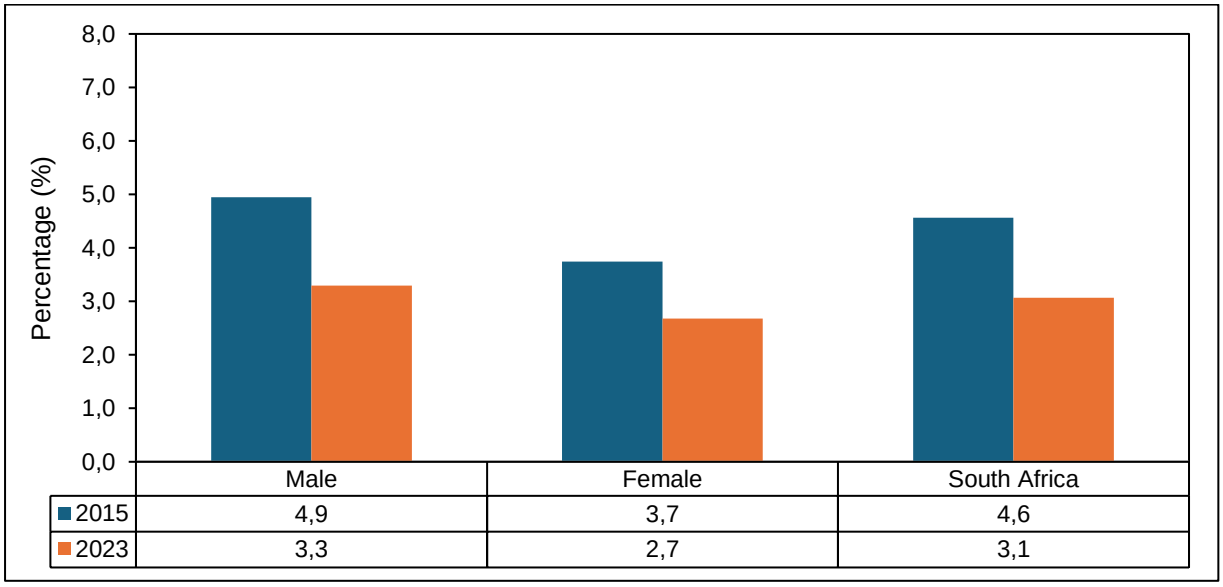
Source: GHS, 2025

The figures above show the percentage distribution of persons receiving social grants by sex and province in between 2015 and 2025. The proportion of persons receiving social grants increased from 40,3% in 2015 to 51,4% in 2025.The percentage of males receiving social grants increased from 39,4% in 2015 to 50,5% in 2025, while percentage of females increased from 41,2% in 2015 to 52,3% in 2025. North West reported the highest increase of social grant recipients, from 33,6% in 2015 to 47,1% in 2025.The percentage of females receiving social grants was higher compared to males in 2025.

5.3 Household expenditure

Household expenditure on care services provides important insights into how families meet their care needs and the extent to which they rely on formal, market-based services. Spending on care services reflects households' investment in the care of children, older persons, people with disabilities, and other dependants. At the same time, patterns of expenditure provide an indication of the affordability and accessibility of care services and the extent to which unpaid care work substitutes for paid care. This section examines household expenditure on selected care services, namely healthcare, pre-primary education, childcare, and domestic services.

Figure 5.5 – Share of care expenditure to total household expenditure, 2015 and 2023.



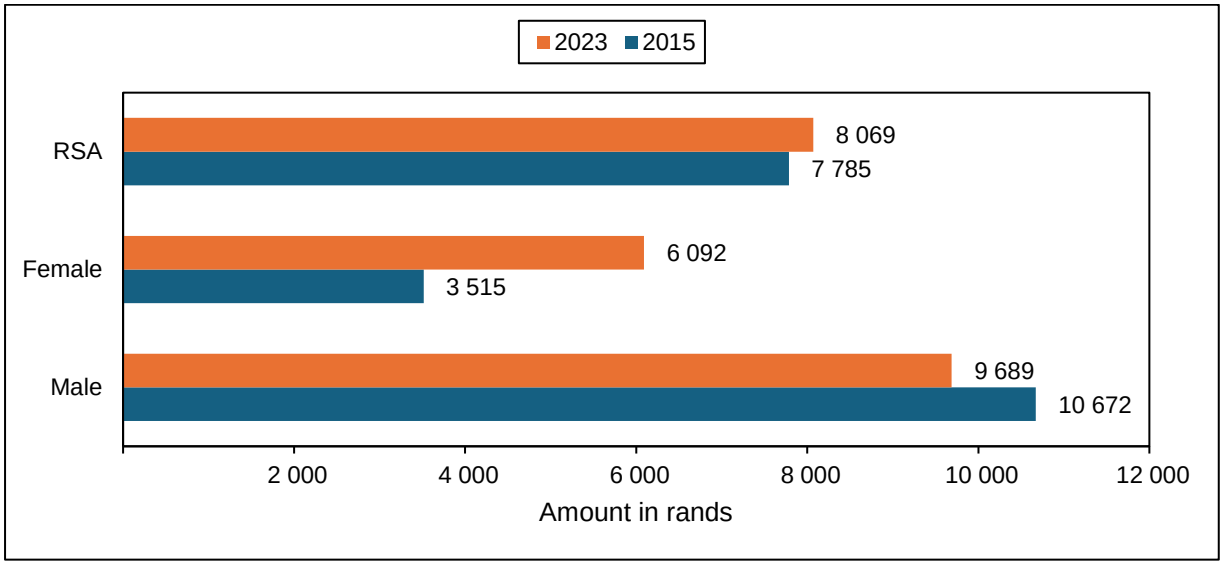
	Male	Female	South Africa
2015	4,9	3,7	4,6
2023	3,3	2,7	3,1

Source: IES, 2015 and 2023

According to the Income and Expenditure Survey 2022/2023 (Stats SA, 2025), South African households spent an estimated R3.058 trillion on consumption between November 2022 and November 2023, with an average annual household consumption expenditure of R143,691. Within this overall expenditure, spending on care-related services represents an important component of household investment in well-being and human development.

Figure 5.5 demonstrates the share of care expenditure to the total household expenditure between 2015 and 2023. For the period of 2015, the average household expenditure on care services was 4,6% of the total household expenditure, which declined to 3,1% in 2023. The male-headed households spent more on care expenditure compared to female-headed households for both years. In 2023, male-headed households spent 3,3% on care expenditure compared to 2,7% of female-headed households.

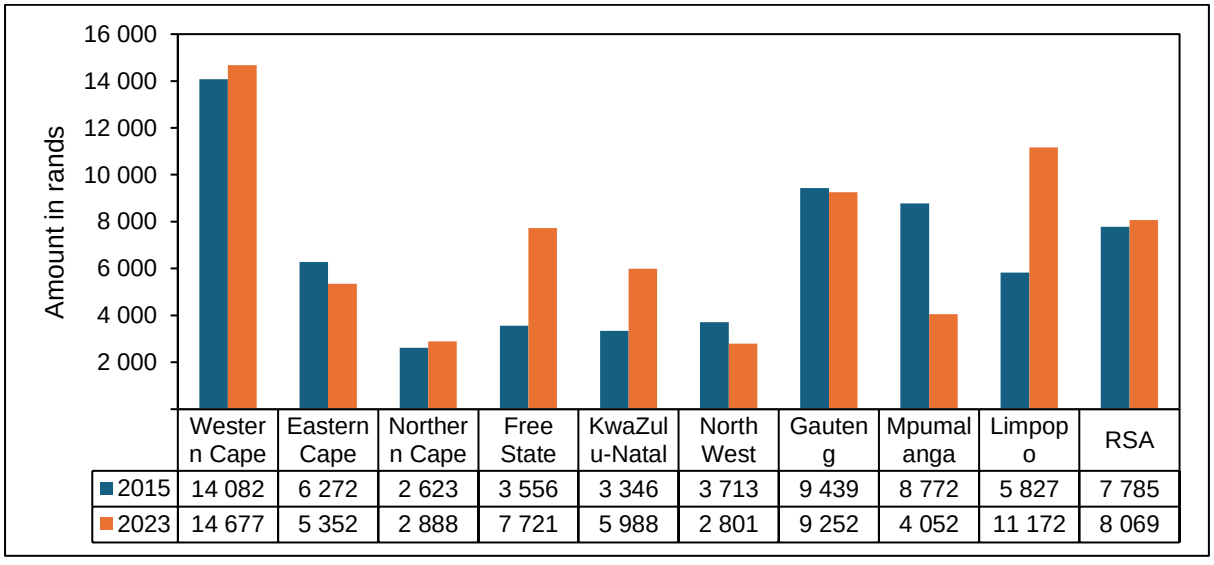
Figure 5.6 – Household average expenditure on pre-primary school by sex, 2015 and 2023



Source: IES, 2015 & 2023

Household average expenditure on pre-primary school by sex is illustrated in figure 5.6. On average, R7 785 was spent on pre-primary schooling by household in 2015, which increased to R8 069 in 2023. Male-headed household spent more on pre-primary schooling amounting to R9 689 in 2023, whilst female-headed household spent R6 092 in the same period. There was a decrease of R983 for male-headed household on pre-primary school expenditure, whereas female-headed household pre-primary school expenditure increased by R2 577 between 2015 and 2023.

Figure 5.7– Household average expenditure on pre-primary school by province, 2015 and 2023

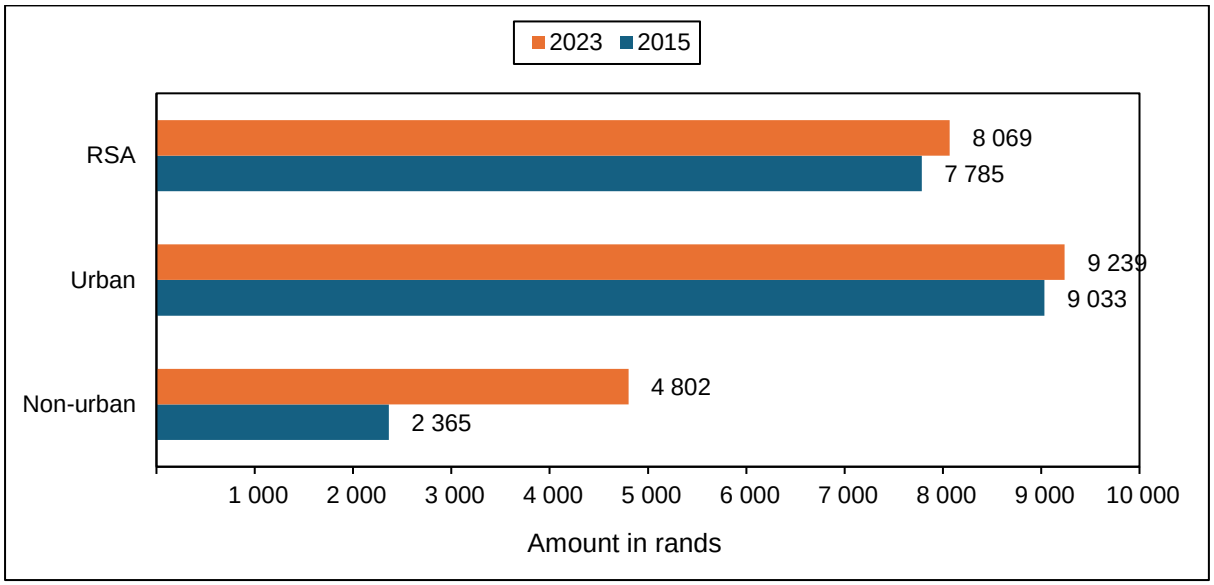


	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu-Natal	North West	Gauteng	Mpumalanga	Limpopo	RSA
2015	14 082	6 272	2 623	3 556	3 346	3 713	9 439	8 772	5 827	7 785
2023	14 677	5 352	2 888	7 721	5 988	2 801	9 252	4 052	11 172	8 069

Source: IES, 2015 & 2023

Figure 5.7 illustrates household average expenditure on pre-primary schooling by province. Nationally, average expenditure on pre-primary schooling increased. However, Mpumalanga, North West, Eastern Cape and Gauteng reported a decrease. A notable increase was reported in Limpopo and Free State. The disparities amongst provinces showed that Western Cape and Limpopo were leading on household pre-primary expenditure in 2023 at R14 677 and R11 172 respectively. The least household expenditure on pre-primary school was found in Northern Cape with less that R3000 for both years.

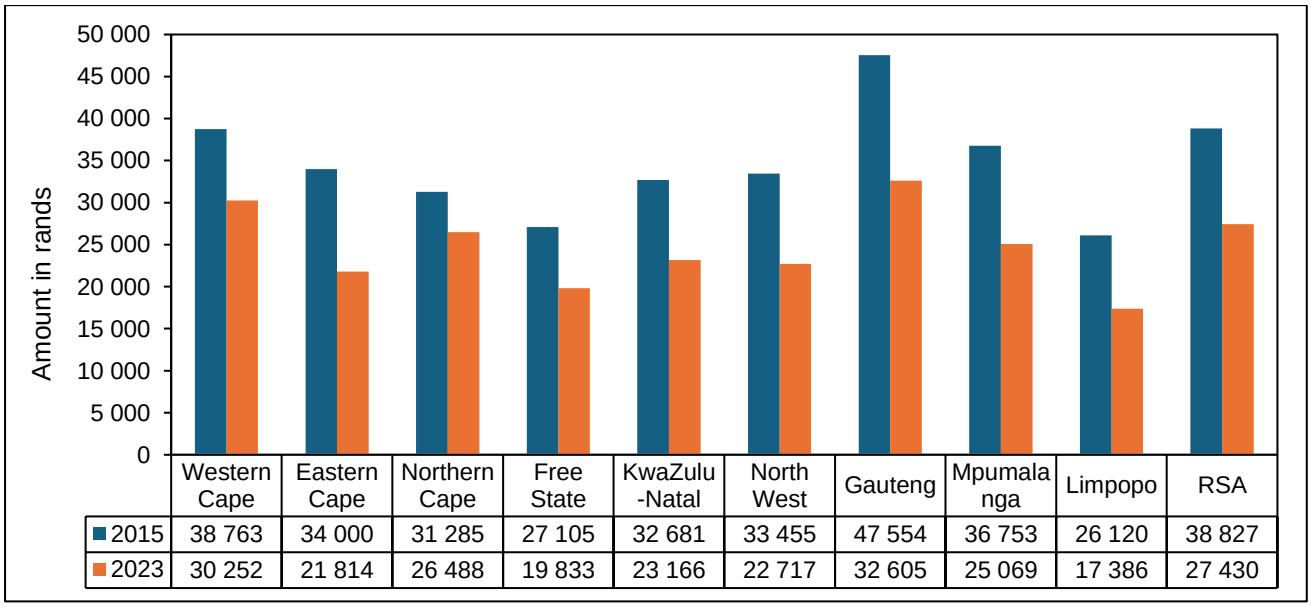
Figure 5.8 – Household average expenditure on pre-primary school by geographic location, 2015 and 2023



Source: IES, 2015 & 2023

Figure 5.8 above shows the household average expenditure on pre-primary school by geographic location. Households in urban areas spent more on pre-primary schooling than both non-urban and national average in the reported period. For the period of 2023, on average, R9 239 was spent by household in urban areas compared to R4 802 of household in non-urban areas. The household expenditure on pre-primary schooling in non-urban areas more than doubled in 2023, from R2 365 in 2015 to R4 802 in 2023. Average expenditure in urban areas increased by R206.

Figure 5.9 – Household average expenditure on domestic services by province, 2015 and 2023

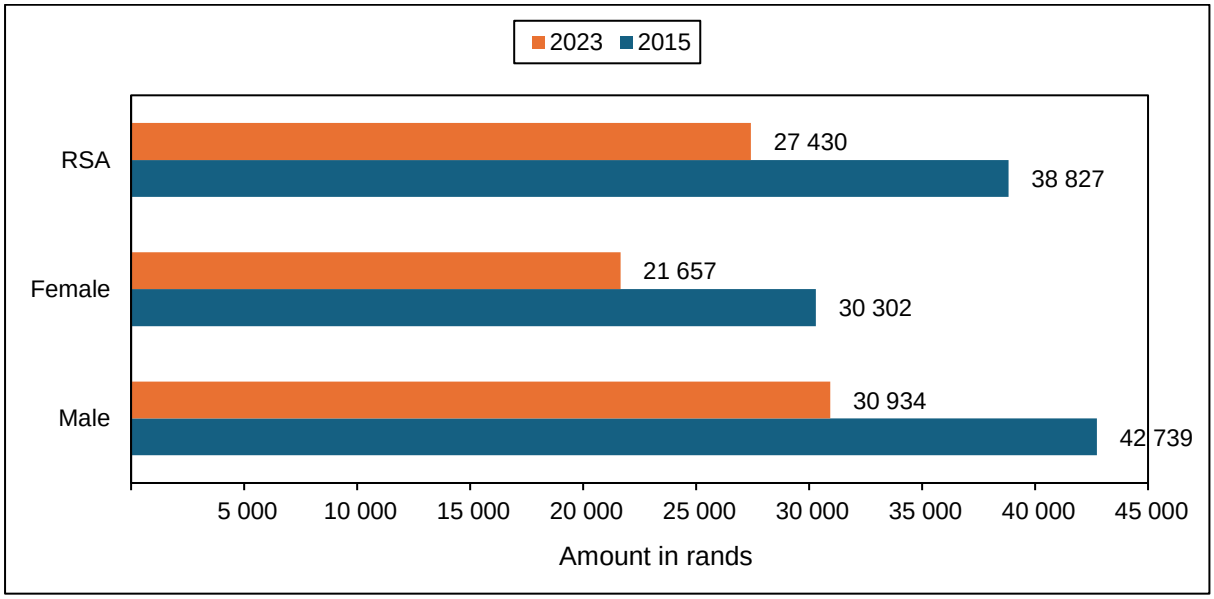


	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu-Natal	North West	Gauteng	Mpumalanga	Limpopo	RSA
2015	38 763	34 000	31 285	27 105	32 681	33 455	47 554	36 753	26 120	38 827
2023	30 252	21 814	26 488	19 833	23 166	22 717	32 605	25 069	17 386	27 430

Source: IES, 2015 & 2023

Provincial average household expenditure on domestic services is presented in figure 5.9. In 2015, Western Cape and Gauteng were the leading provinces in household average expenditure on domestic services at R38 763 and R47 554 respectively. There was a decrease in household average expenditure on domestic services across all provinces.

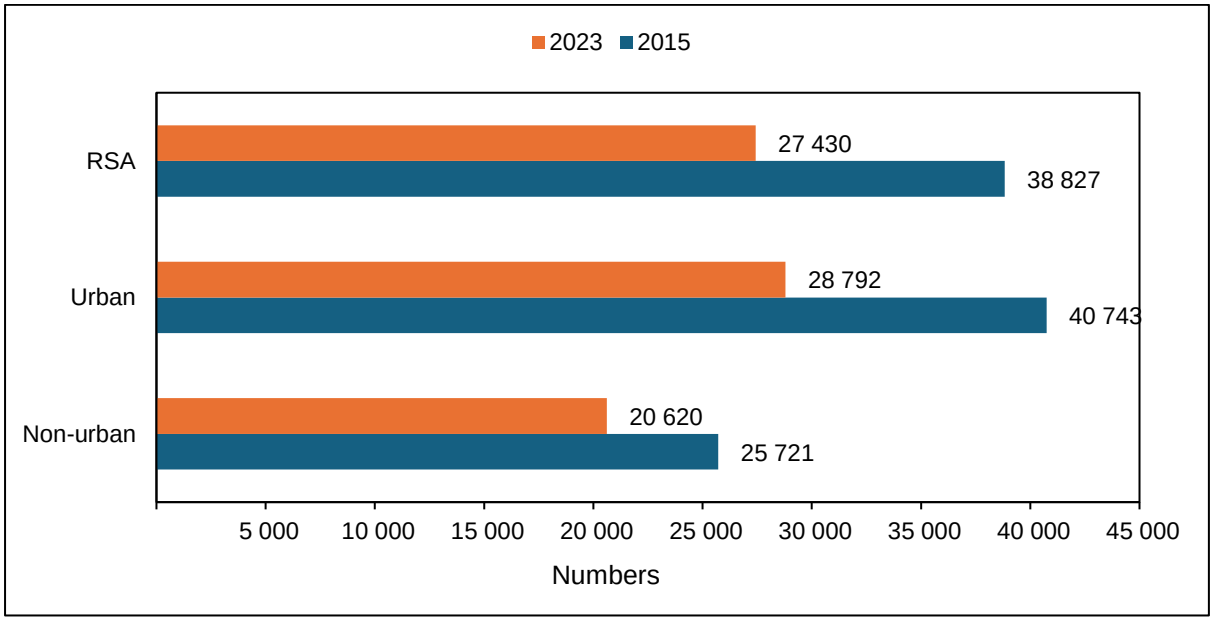
Figure 5.10 – Household average expenditure on domestic services by sex, 2015 and 2023.



Source: IES, 2015 & 2023

Household average expenditure on domestic services is presented in the above figure 5.10. Nationally, on average, household spent R38 827 in 2015 on domestic services, which declined to R27 430 in 2023. There was decline in domestic services expenditure by household in both male and female-headed household for the reporting period. Male-headed households spent R30 934 annually on domestic services compared to R21 657 of female-headed households in 2023.

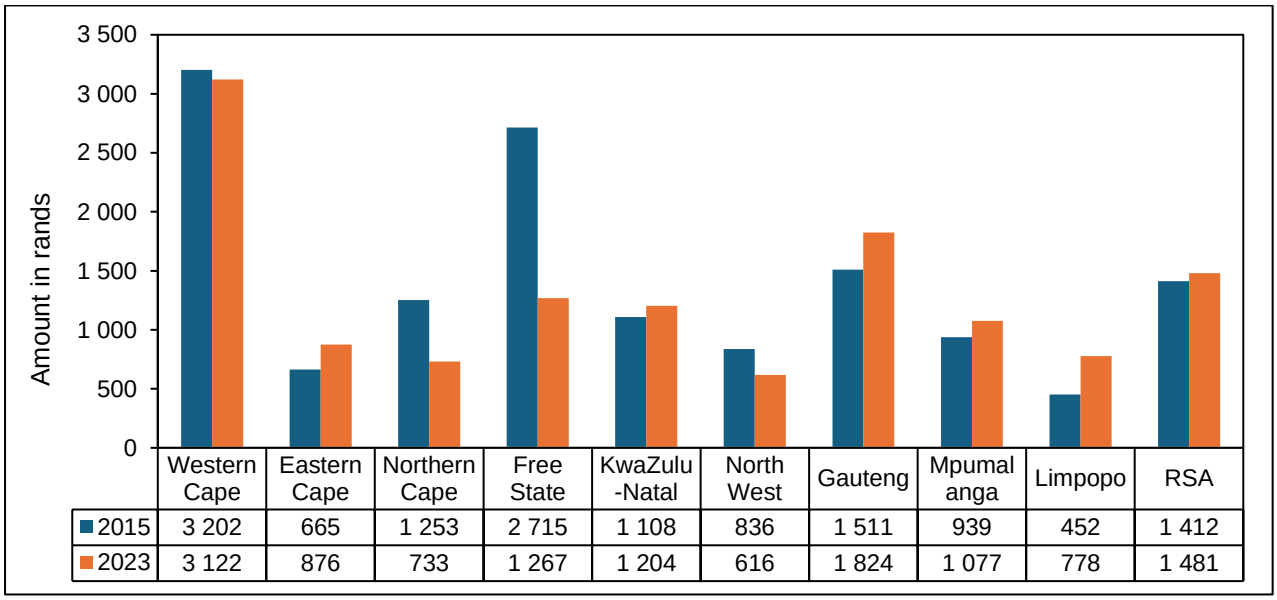
Figure 5.11 – Household average expenditure on domestic services by geographic location, 2015 and 2023



Source: IES, 2015 & 2023

Figure 5.11 above demonstrates the average household expenditure on domestic services by geographic location. In 2015, household in urban areas spent R40 743 on average for domestic services compared to national average expenditure of R38 827. For the period of 2023, households in non-urban areas spent R20 620 on average for domestic services compared to R28 792 on those in urban areas, indicating the less usage of domestic services in non-urban areas.

Figure 5.12 – Household average expenditure on health care services by province, 2015 and 2023

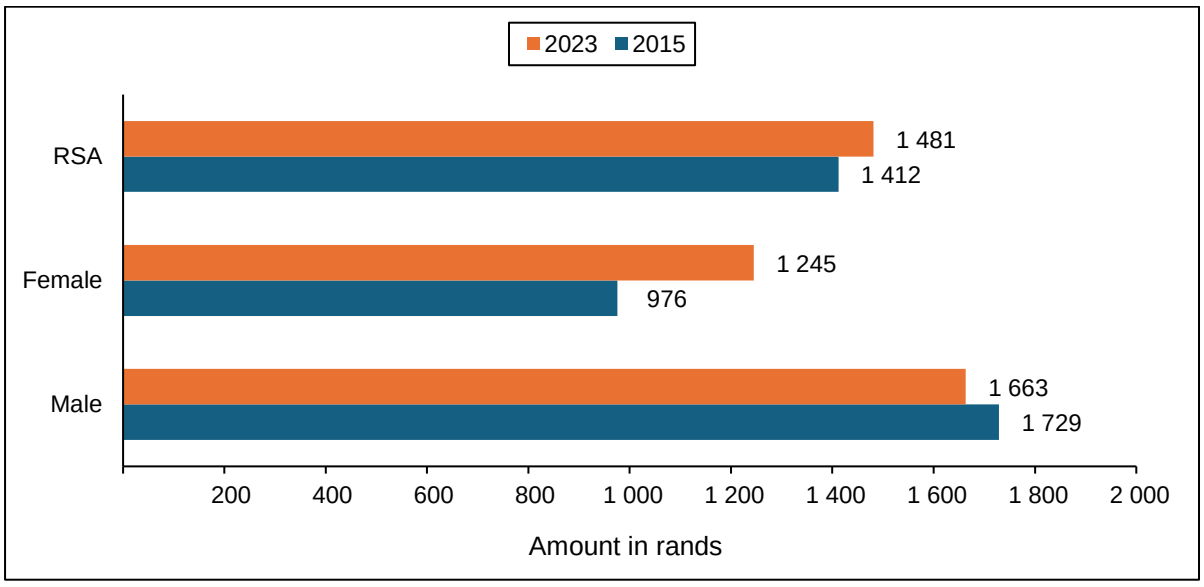


	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu -Natal	North West	Gauteng	Mpumal anga	Limpopo	RSA
2015	3 202	665	1 253	2 715	1 108	836	1 511	939	452	1 412
2023	3 122	876	733	1 267	1 204	616	1 824	1 077	778	1 481

Source: IES, 2015 & 2023

Provincial household average expenditure on health-care services is illustrated in the above figure 5.12. Western Cape remained top province with household average expenditure of more than R3 100 on health-care services for both years. Free State was the second top leading province on household with health-care services expenditure of R2 715 in 2015. The household average expenditure on health-care services increased in five provinces; Eastern Cape, KwaZulu-Natal, Gauteng, Mpumalanga and Limpopo.

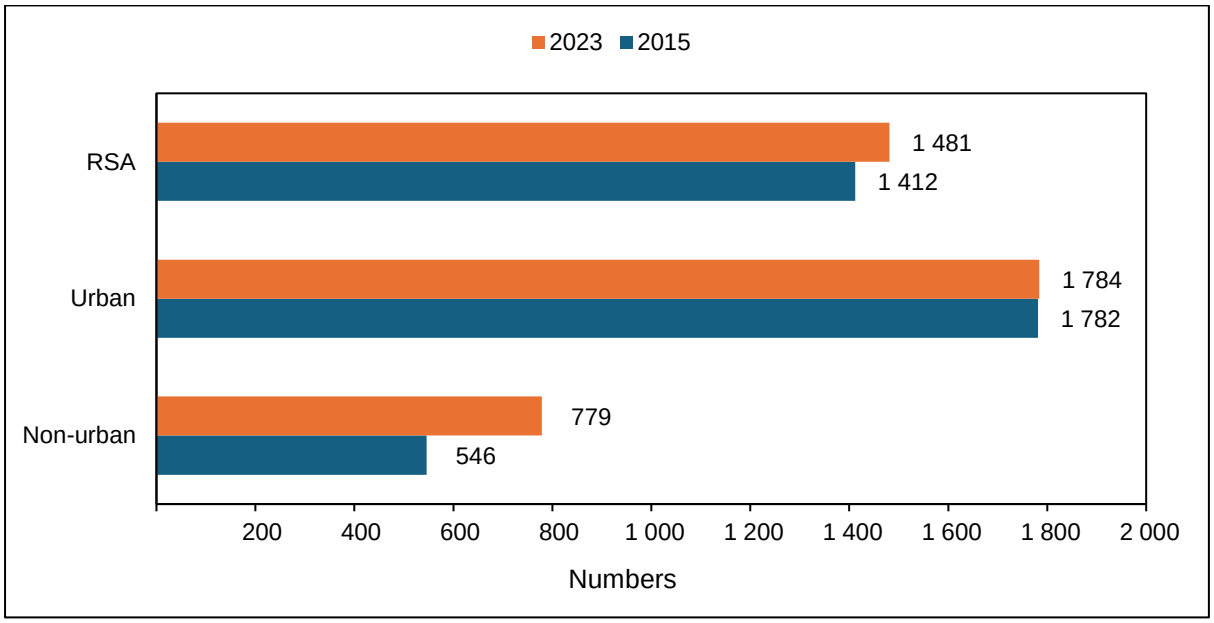
Figure 5.13 – Household average expenditure on health care services by sex, 2015 and 2023



Source: IES, 2015 & 2023

Figure 5.13 shows the household average expenditure on health-care services by sex. Nationally, the average expenditure on health-care services by household increased from R1 412 in 2015 to R1 481 in 2023. The female-headed household expenditure on health-care services increased by R269 on average from R976 in 2015 to R1 245 in 2023, while male-headed household expenditure on health services decreased by R66 between 2015 and 2025.

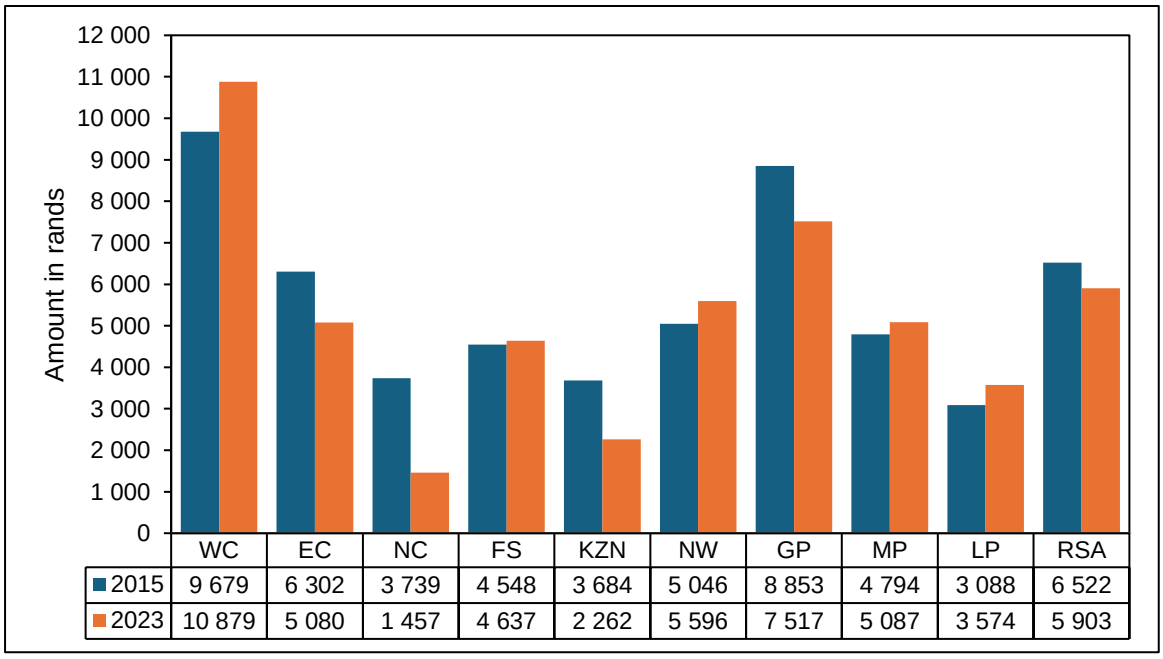
Figure 5.14 – Household average expenditure on health care services by geographic location, 2015 and 2023



Source: IES, 2015 & 2023

The above figure demonstrates household expenditure on health-care services by geographic location. The analysis shows that household expenditure on health-care services in urban areas remained stable for the reporting period. The average expenditure on household in non-urban areas increased from R546 in 2015 to R779 in 2023. On average, the household expenditure on health-care services in urban area was more than twice compared to those in non-urban areas for both years.

Figure 5.15 – Household average expenditure on childcare services by province, 2015 and 2023



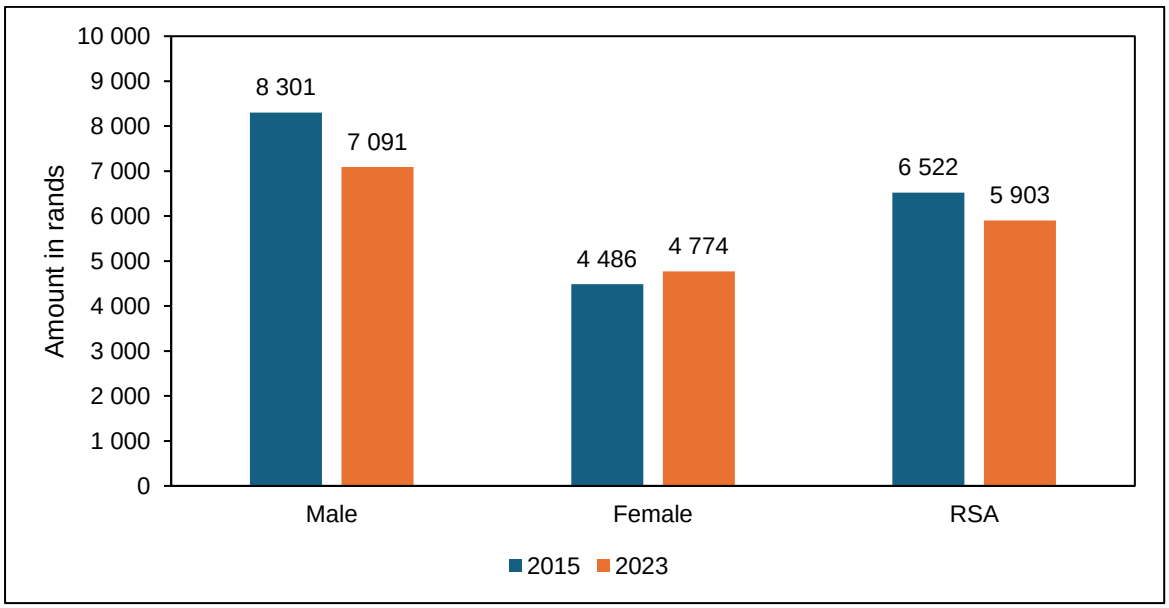
	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2015	9 679	6 302	3 739	4 548	3 684	5 046	8 853	4 794	3 088	6 522
2023	10 879	5 080	1 457	4 637	2 262	5 596	7 517	5 087	3 574	5 903

Source: IES, 2015 & 2023

Provincial disproportion on the household average expenditure on childcare services is illustrated in the above figure. Nationally, on average, household expenditure on childcare services decreased from R6 522 in 2015 to R5 903 in 2023. Households in Western Cape and Gauteng spent on childcare services. About R10 879 was spent by households in Western Cape in 2023, whilst households in

Gauteng spent R7 517 on childcare services. Northern Cape and KwaZulu-Natal households spent the least on childcare services averagely in 2023.

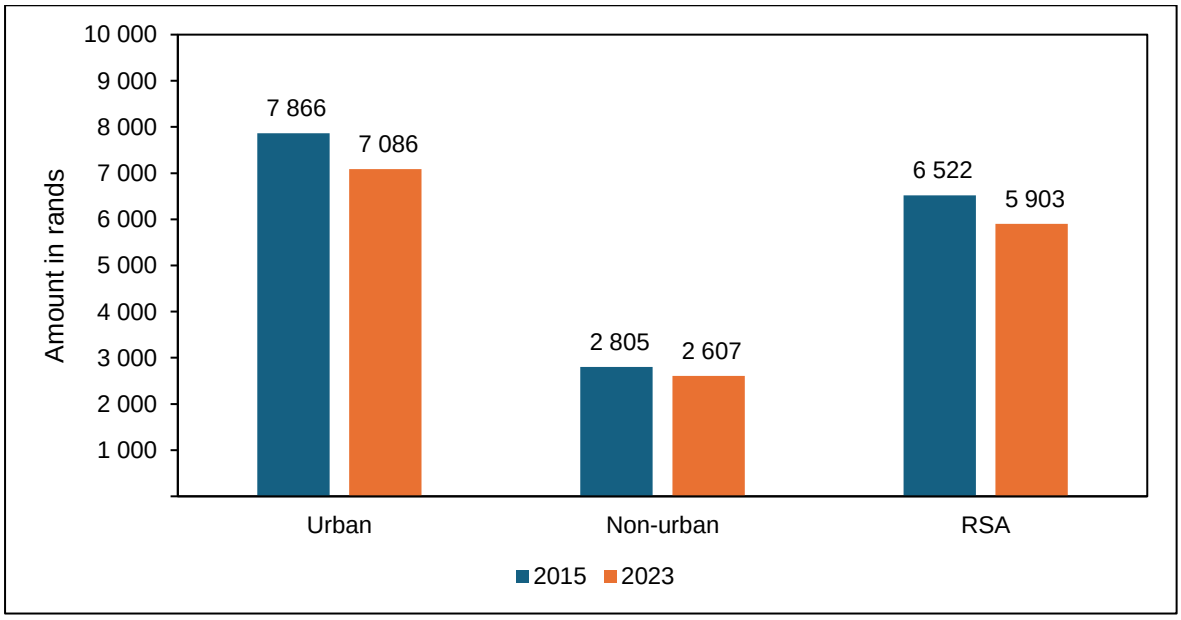
Figure 5.16 – Household average expenditure on childcare services by sex of the household head, 2015 and 2023



Source: IES, 2015 & 2023

Childcare includes the active supervision, basic physical care, and early childhood education of children and it ranges from infancy up to early adolescence. The figure above demonstrates household average expenditure on childcare services by sex. An average of R6 522 per household was spent on childcare in 2015, which declined to R5 903 in 2023. The male-headed households spent approximately R8 301 on childcare services above female-headed household in 2015. For the period of 2023, female-headed households superseded male-headed household on average expenditure on childcare at R4 774.

Figure 5.17 – Household average expenditure on childcare services by geographic location, 2015 and 2023



Source: IES, 2015 & 2023

The household average expenditure on childcare by geographic location is shown in the above figure. Households in urban areas spent more on childcare than both non-urban and national average in the reported period. In 2015, on average, more than R7 000 was spent by households regardless of the geographic location. Male-headed households decreased to spending R2 805 on average on childcare while female-headed households declined to spending R2 607 in 2023.

5.4 Conclusion

Salaries remained the primary source of household income in South Africa across household types, provinces and geographic areas, with social grants representing the second most common source of income. Social grants continue to provide an important source of support for households with caregiving responsibilities, particularly in Eastern Cape and Limpopo, where a higher proportion of households relied on grants as their main source of income. Remittances were more prevalent among households in non-urban areas compared with urban areas, highlighting the continued role of extended family networks in supporting household livelihoods and meeting care needs.

Household expenditure on care-related services varied across households and provinces. Average household spending on pre-primary education increased from R7 785 in 2015 to R8 069 in 2023, although substantial provincial differences remained. In 2023, Western Cape and Limpopo recorded the highest average expenditure on pre-primary education at R14 677 and R11 172, respectively. These differences highlight inequalities in access to and investment in early childhood development services, which are an important component of the care economy.

Expenditure on domestic services also reflected differences in household resources and access to paid care support. In 2023, male-headed households spent an average of R30 934 annually on domestic services compared with R21 657 among female-headed households. Urban households generally reported higher expenditure on domestic services, with an average spending reaching R40 743 in 2015, compared with the national average of R38 827. Average household expenditure on healthcare services increased in five provinces over the reporting period, demonstrating continued demand for health-related care.

Overall, the findings show that income sources and household expenditure patterns influence the ability of households to access formal care services and shape the distribution of unpaid care responsibilities. Households with limited income and greater reliance on grants or remittances may face greater dependence on unpaid family care, highlighting the importance of strengthening affordable, accessible and quality care services as part of the broader care economy.

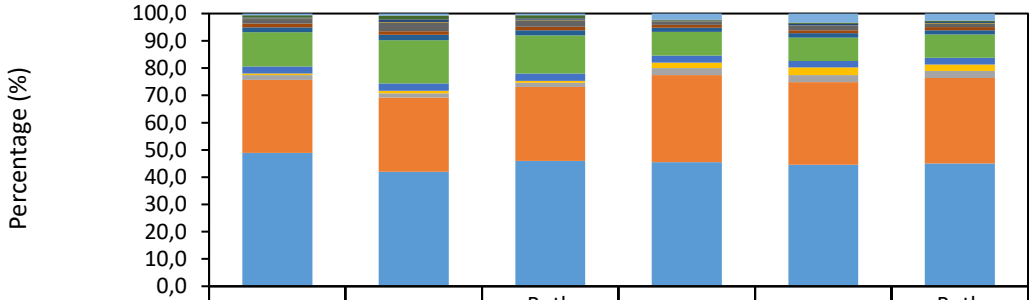
Chapter 6 – Access to services

6.1 Introduction

Another critical dimension of care work is the unpaid domestic work which is dominated by cooking, cleaning, and water collection; activities that, make a vital contribution to societal well-being. Although these tasks are essential for sustaining households, supporting human well-being, and enabling the broader economy to function, they remain largely invisible and undervalued in economic statistics (OECD, 2011). The significance of this work is shaped by gender, with women often bearing a disproportionate share. Limited access to basic services increases the burden of care work on households. The ILO (2018) notes that inadequate infrastructure is a key driver of unpaid care burdens globally, while Budlender (2020) highlights that in South Africa, poor service delivery in water, transport, and energy sectors compounds women's exclusion from decent work and economic opportunities whilst also increasing women's unpaid care responsibilities. 'Water security' is defined as 'the availability of an acceptable quantity and quality of water for health, livelihoods, ecosystems and production, coupled with an acceptable or tolerable level of water-related risks to people, environments and economies'. Water fetching therefore remains a significant barrier to household water security and sustainable development, particularly for rural women in middle- and low-income regions. Improving access to safe drinking water was a key target for Millennium Development Goal 7 (MDG 7).

6.2 Access to basic services

Figure 6.1 – Percentage distribution of households with access to water by sex, 2015 and 2025



	Male	Female	Both sexes	Male	Female	Both sexes
	2015			2025		
Other	0,6	0,7	0,6	2,2	3,3	2,7
Spring	0,9	1,5	1,1	0,4	0,5	0,5
Well	0,3	0,8	0,6	0,2	0,6	0,4
Stagnant water/dam/pool	0,2	0,3	0,2	0,1	0,1	0,1
Flowing water/stream/river	1,7	3,1	2,3	1,2	1,7	1,4
Borehole outside yard	1,4	1,3	1,4	1,1	1,0	1,1
Municipal water-carrier/tanke	1,8	2,0	1,9	1,5	1,6	1,5
Public/communal tap	12,5	15,9	13,9	8,7	8,5	8,6
Neighbours tap	2,6	2,8	2,7	2,6	2,3	2,5
Rain-water tank in yard	0,6	0,9	0,7	2,0	2,8	2,4
Borehole in yard	1,7	1,5	1,6	2,6	2,6	2,6
Piped (tap) water in yard	26,9	27,2	27,0	31,9	30,4	31,2
Piped (tap) water in dwelling/house	48,9	42,0	46,0	45,5	44,5	45,1

Source: GHS, 2015 & 2025

Figure 6.1 shows the comparison of the main source of water used by households by sex of the household head. The estimate shows that 45,1% of the households had access to piped water inside

their dwelling. Public/communal tap was the commonly used source of water for households outside their dwelling with 13,9% in 2015 and 8,6% in 2025. Male-headed household collecting water from public/communal tape decreased by 3,8 percentage points, whilst female-headed household declined by 7,3 percentage points for the reference period. More than 3,0% of female-headed households collected water from river in 2015, compared to 1,7% of male-headed households.

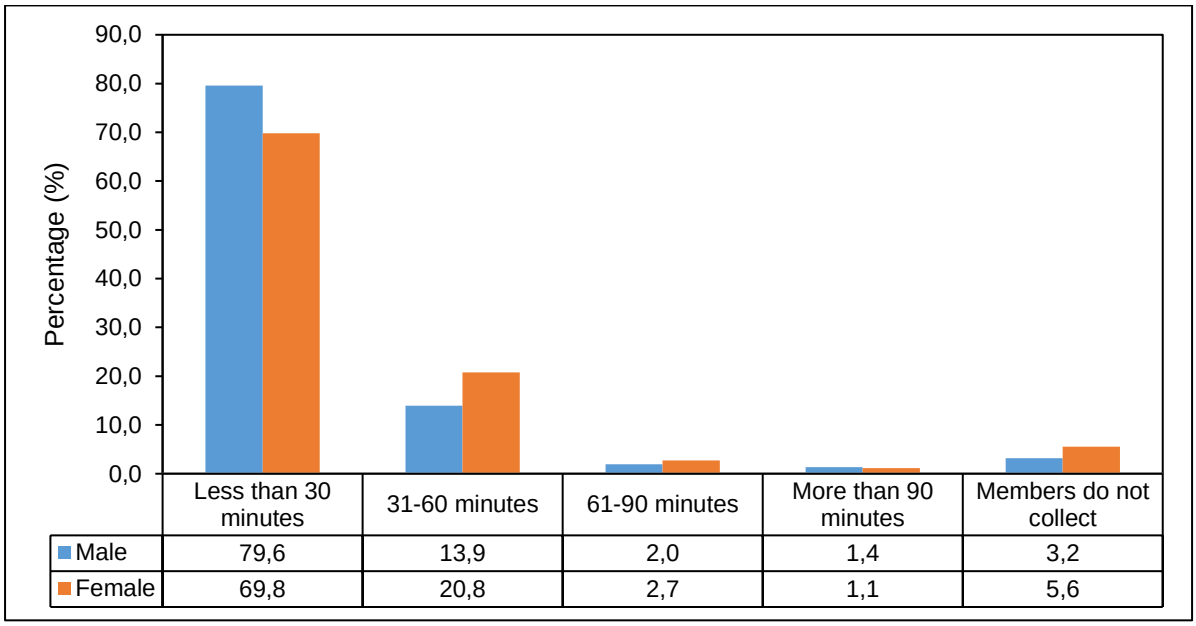
Table 6.1 – Percentage distribution of households with access to water by geographic location and sex of the household head, 2015 and 2025

	2015				2025			
	Urban		Non-urban		Urban		Non-urban	
Access to drinking water	Male	Female	Male	Female	Male	Female	Male	Female
Piped (tap) water in dwelling/house	62,3	63,0	11,6	5,9	58,5	63,5	12,0	8,0
Piped (tap) water in yard	25,8	25,7	29,7	29,9	31,7	29,0	32,5	33,1
Borehole in yard	0,3	0,2	5,5	3,6	0,6	0,5	7,7	6,6
Rain-water tank in yard	0,2	0,2	1,6	2,2	0,2	0,3	6,8	7,8
Neighbours tap	1,3	1,1	6,2	5,8	1,4	1,1	5,5	4,7
Public/communal tap	8,5	8,3	23,8	28,9	6,1	4,3	15,4	16,6
Municipal water-carrier/tanker	0,9	1,0	4,2	3,7	0,7	0,7	3,5	3,4
Borehole outside yard	0,2	0,1	5,0	3,4	0,2	0,0	3,5	2,9
Flowing water/stream/river	0,1	0,1	6,1	8,4	0,1	0,0	3,9	4,9
Stagnant water/dam/pool	0,0	0,0	0,6	0,7	0,0	0,0	0,5	0,4
Well	0,1	0,2	1,1	2,0	0,0	0,0	0,8	1,7
Spring	0,1	0,0	3,1	3,9	0,0	0,0	1,4	1,6
Other	0,3	0,3	1,5	1,5	0,5	0,6	6,5	8,3

Source: GHS, 2015 and 2025

Table 6.1 above shows the percentage of households with access to water by geographic location. In 2015, more than 20,0% of households in non-urban areas accessed water from public/communal tap compared to less than 9,0% of the households in urban areas, regardless of sex of the household head. 3,9% of female-headed households in non-urban areas accessed water at spring in 2015, which declined to 1,6% in 2025. Neighbours tap was also more common among household in non-urban areas with male-headed households by 5,5% and female-headed households by 4,7% in 2025.

Figure 6.2 – Percentage distribution of households by time taken to fetch drinking water by sex of the household head, 2025

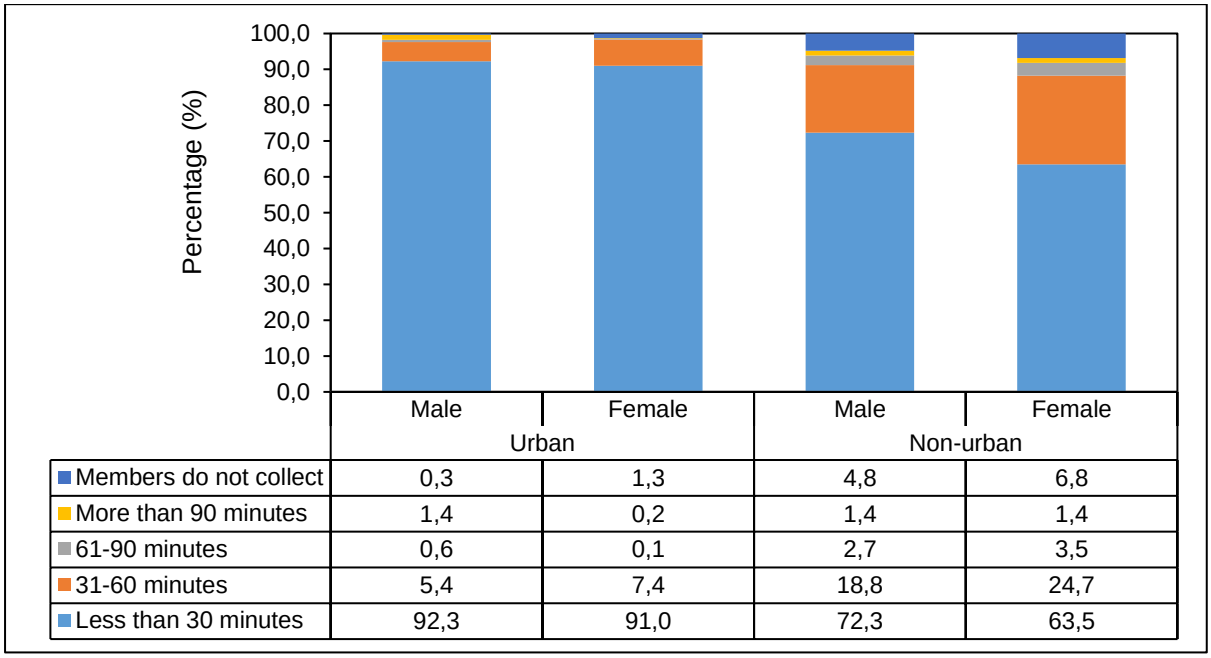


	Less than 30 minutes	31-60 minutes	61-90 minutes	More than 90 minutes	Members do not collect
Male	79,6	13,9	2,0	1,4	3,2
Female	69,8	20,8	2,7	1,1	5,6

Source: GHS, 2025

Figure 6.2 demonstrates the distribution of household time spend to fetch drinking water by sex of the household head. About 79,6% of the male-headed households spent less than 30 minutes to fetch water, while 69,8% of female-headed household spent the same amount of time in 2025. The second most time spent to fetch water was between 31-60 minutes, with household headed by males at 13,9% and 20,8% for female-headed households. Less than 2% of household spent more than 90 minutes to collect water.

Figure 6.3 – Percentage distribution of households by time taken to fetch drinking water by sex of the household head and geographic location, 2025



	Urban		Non-urban	
	Male	Female	Male	Female
Members do not collect	0,3	1,3	4,8	6,8
More than 90 minutes	1,4	0,2	1,4	1,4
61-90 minutes	0,6	0,1	2,7	3,5
31-60 minutes	5,4	7,4	18,8	24,7
Less than 30 minutes	92,3	91,0	72,3	63,5

Source: GHS, 2025

Figure 6.3 shows the time spent by household members to fetch drinking water by geographic location in 2025. More than 90% of household members in urban areas spent less than 30 minutes to fetch water, regardless of sex. In non-urban areas, 72,3% of males in the household spent less than 30

minutes to collect water, while 63,5% of females spent the same amount of time. 6,7% of females in non-urban areas do not collect water, whilst for urban areas about 1,3% of females do not fetch water.

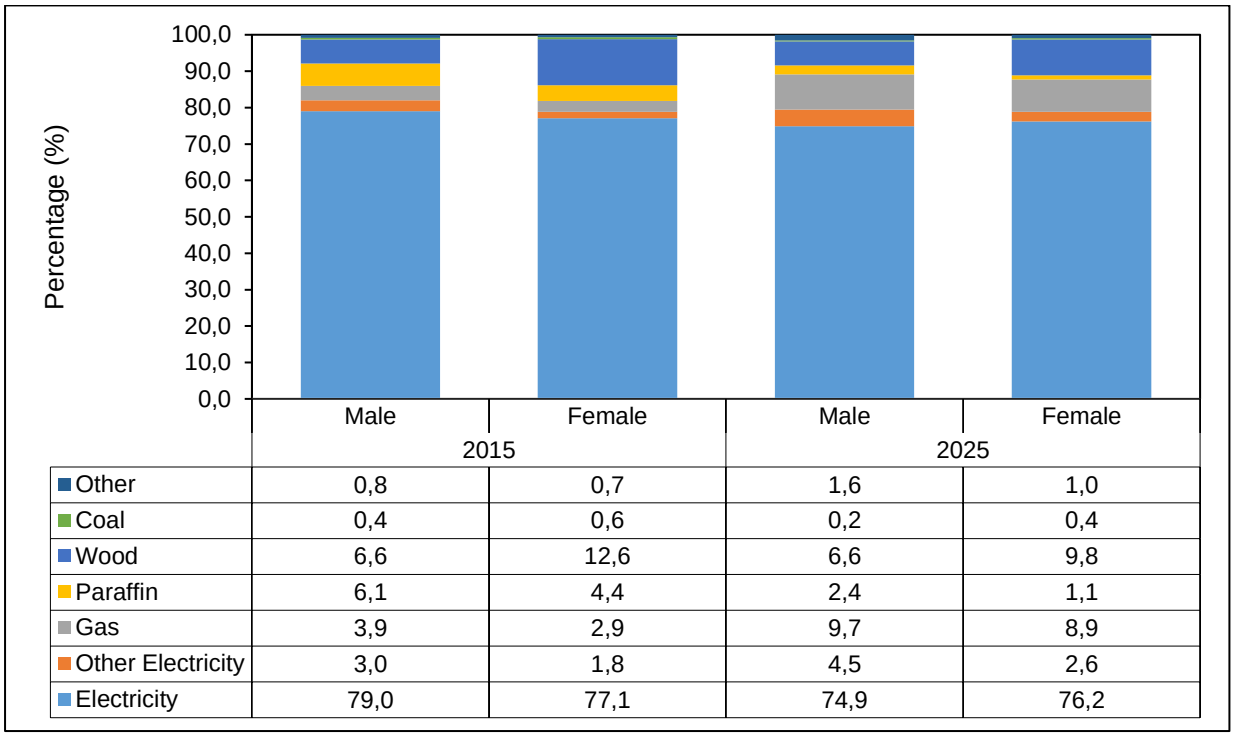
Table 6.2 – Percentage distribution of households by time taken to fetch drinking water by sex of the household head and province, 2025

Province	Less than 30 minutes		31-60 minutes		61-90 minutes		More than 90 minutes		Members do not collect	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Western Cape	62,9	35,2	0,9	1,0	0,0	0,0	0,0	0,0	0,0	0,0
Eastern Cape	40,3	30,1	9,2	11,2	2,2	2,3	2,6	1,5	0,5	0,0
Northern Cape	48,9	46,9	0,8	1,2	1,1	0,0	0,0	0,0	1,1	0,0
Free State	54,8	33,5	6,7	2,1	1,6	0,0	0,0	0,0	0,0	1,2
Kwa-Zulu Natal	35,6	31,8	12,0	16,1	1,6	1,8	0,6	0,5	0,0	0,0
North West	47,7	35,3	6,6	8,7	0,3	0,2	0,2	0,0	0,3	0,8
Gauteng	75,7	22,2	1,7	0,2	0,0	0,0	0,2	0,0	0,0	0,0
Mpumalanga	40,4	37,2	4,6	6,8	1,4	1,0	0,9	0,8	3,3	3,7
Limpopo	33,3	28,2	9,2	9,7	0,8	1,7	0,7	0,5	6,2	9,7

Source: GHS, 2025

Table 6.2 above shows the percentage distribution of time spent by household members to fetch drinking water by sex of the household head and province for the period of 2025. Western Cape and Gauteng were the provinces with highest percentages of males who spent less than 30 minutes to fetch water at 62,9% and 75,7% respectively. 16,0% of females in KwaZulu-Natal spent 31-60 minutes to fetch water, followed by those in Limpopo at 9,2%, with the least being Gauteng at 0,2%. Eastern Cape reported highest percentage of household members who spent more than 90 minutes to collect water, with 2,6% for males and 1,5% for females.

Figure 6.4 – Percentage distribution of main source of energy used for cooking by sex of the household head, 2015 and 2025



	2015 Male	2015 Female	2025 Male	2025 Female
Other	0,8	0,7	1,6	1,0
Coal	0,4	0,6	0,2	0,4
Wood	6,6	12,6	6,6	9,8
Paraffin	6,1	4,4	2,4	1,1
Gas	3,9	2,9	9,7	8,9
Other Electricity	3,0	1,8	4,5	2,6
Electricity	79,0	77,1	74,9	76,2

Source: GHS, 2015 & 2025

Figure 6.4 above illustrates the percentage distribution of main source of energy used for cooking by sex of the household head in 2015 and 2025. Electricity was the main source of energy for cooking regardless of sex of household for both years with more than 74% reporting usage. However, the use of electricity for cooking has declined. Wood was the second primary energy for cooking in 2015, with male-headed household a 6,6% and female-headed household at 12,6%. For the period of 2025, gas was second used energy for cooking for male-headed at 9,7%, whilst wood remained second for female-headed household. Coal was the least source of energy for cooking with less than 1,0% for both years irrespective of sex.

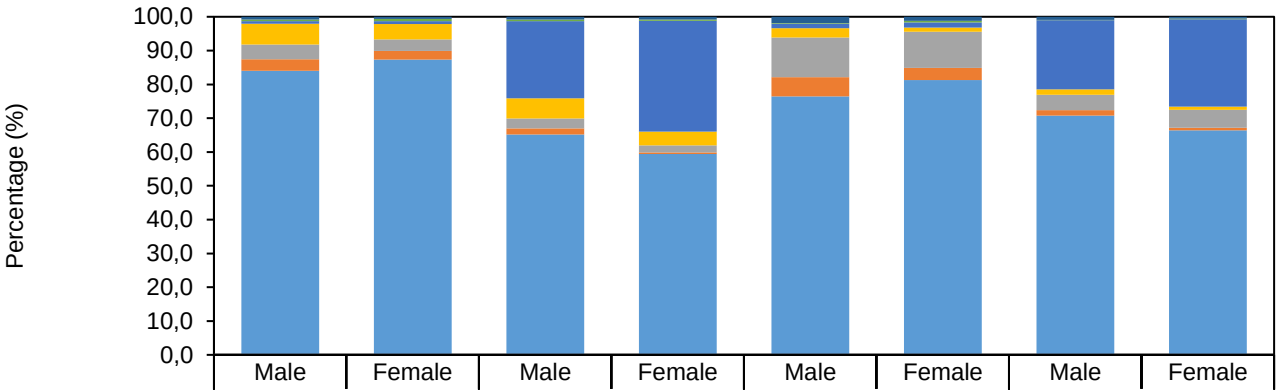
Table 6.3 – Percentage distribution of household of households by main sources of energy used for cooking by sex of household head and province, 2015 and 2025.

Province	Electricity		Other electricity		Gas		Paraffin		Wood		Coal		Other	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	2015													
Western Cape	52,0	33,2	1,2	0,7	6,7	3,5	1,1	0,4	0,4	0,4	0,0	0,0	0,5	0,1
Eastern Cape	37,3	36,3	0,4	0,3	2,2	2,1	5,1	4,7	3,9	7,0	0,0	0,0	0,2	0,5
Northern Cape	47,8	38,3	0,3	0,0	3,2	2,1	1,9	1,2	3,2	1,2	0,2	0,0	0,6	0,1
Free State	49,1	38,0	0,1	0,1	2,5	1,3	3,5	1,4	1,7	1,0	0,4	0,4	0,4	0,2
KwaZulu-Natal	42,6	35,0	1,1	0,4	1,3	0,9	1,9	1,9	5,7	8,4	0,1	0,3	0,2	0,3
North West	48,4	32,0	3,4	0,7	1,5	0,3	4,2	1,7	4,2	3,1	0,0	0,0	0,3	0,1
Gauteng	53,7	28,0	3,9	1,7	2,1	0,8	5,9	2,1	0,3	0,2	0,1	0,1	0,9	0,3
Mpumalanga	43,9	30,6	0,2	0,0	1,1	0,2	3,1	0,8	7,1	8,7	2,2	1,6	0,3	0,2
Limpopo	33,5	27,1	0,2	0,3	1,0	0,4	1,4	0,6	14,1	20,3	0,3	0,1	0,3	0,3
	2025													
Western Cape	42,1	32,8	1,2	0,3	13,9	8,3	0,2	0,1	0,3	0,2	0,0	0,0	0,4	0,3
Eastern Cape	40,0	37,2	0,7	0,3	4,4	4,4	1,2	1,0	3,8	4,0	0,1	0,1	1,8	1,2
Northern Cape	40,8	36,3	0,1	0,1	7,8	8,5	0,4	0,2	3,0	2,0	0,0	0,0	0,6	0,1
Free State	45,9	36,5	0,2	0,1	5,6	4,4	1,4	0,5	2,4	2,4	0,0	0,1	0,5	0,1
KwaZulu-Natal	41,7	39,3	2,9	1,8	2,7	3,0	0,4	0,2	3,6	3,7	0,0	0,0	0,4	0,3
North West	48,0	33,6	1,5	0,5	4,0	1,9	1,4	0,4	4,0	4,1	0,0	0,0	0,5	0,2
Gauteng	46,8	28,9	5,4	2,1	6,2	3,4	2,9	0,8	0,6	0,2	0,1	0,1	1,7	0,6
Mpumalanga	41,4	30,4	1,0	0,3	4,1	2,3	0,8	0,3	7,5	8,8	1,1	1,3	0,4	0,2
Limpopo	33,1	24,1	0,4	0,1	2,2	1,8	0,4	0,0	16,6	20,9	0,0	0,0	0,2	0,1

Source: GHS, 2015 & 2025

Table 6.3 above demonstrates the percentage of households by main source of energy used for cooking by sex of the household head and province in 2015 and 2025. Limpopo reported the highest percentage of households using wood as source of energy for cooking following electricity for both years regardless of sex of the household head. 20,3% of female-headed household in Limpopo used wood as energy for cooking in 2015, increasing by 0,6% to 20,9% in 2025. More than 5,0% of male-headed household in Eastern Cape and Limpopo used paraffin as energy for cooking in 2015.

Figure 6.5 – Percentage (%) distribution of main sources of energy used for cooking by sex of household head and geographic location, 2015 and 2025.

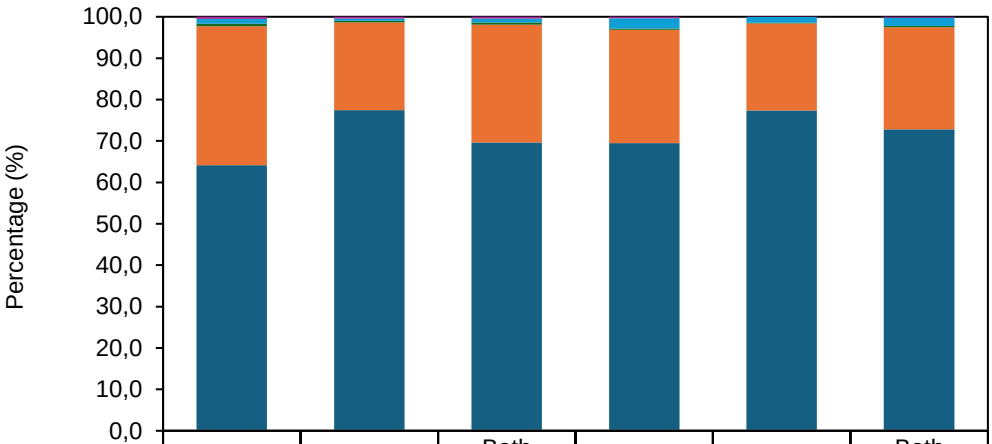


	2015				2025			
	Urban		Non-urban		Urban		Non-urban	
	Male	Female	Male	Female	Male	Female	Male	Female
Other	0,8	0,6	0,8	0,8	1,9	1,2	0,9	0,6
Coal	0,5	0,7	0,4	0,4	0,2	0,5	0,2	0,2
Wood	0,8	0,9	22,9	32,8	1,3	1,5	20,4	25,9
Paraffin	6,2	4,5	6,0	4,1	2,7	1,2	1,6	0,9
Gas	4,3	3,4	2,9	2,1	11,7	10,7	4,5	5,3
Other Electricity	3,4	2,6	1,8	0,4	5,7	3,6	1,6	0,8
Electricity	84,0	87,4	65,2	59,5	76,5	81,3	70,8	66,4

Source: GHS, 2015 and 2025

The percentage distribution of households by main sources of energy used for cooking by sex and geographic location is presented in figure 6.5. Electricity remained the primary source of energy for cooking for both urban and non-urban areas. More than 20% of households in non-urban areas used wood for cooking, compared to less than 2% of the households in urban areas. In 2025, the use of gas for cooking in urban areas was two times more compared to those in non-urban areas. Less than 1% of the household use coal for cooking for both urban and non-urban areas regardless of sex.

Figure 6.6 – Percentage distribution of households by type of health facility and sex of household head, 2015 and 2025.

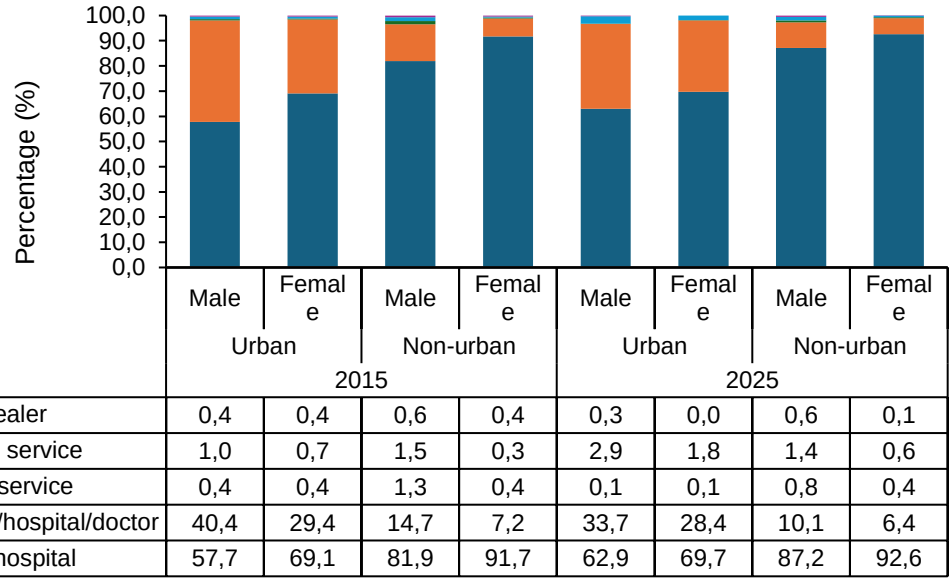


	2015			2025		
	Male	Female	Both sexes	Male	Female	Both sexes
Traditional healer	0,5	0,4	0,5	0,4	0,0	0,2
Other private service	1,2	0,5	0,9	2,5	1,4	2,0
Other public service	0,6	0,4	0,5	0,3	0,2	0,3
Private clinic/hospital/doctor	33,5	21,2	28,4	27,3	21,0	24,7
Public clinic/hospital	64,2	77,4	69,7	69,5	77,3	72,8

Source: GHS, 2015 & 2025

Figure 6.6 represents the percentage distribution of households by type of medical facility and sex of the household head in 2015 and 2025. Generally, 69,7% of persons within household used public clinic/hospital as the preferred health facility in 2015, and it increased to 72,8% in 2025. The percentage of males using public clinic increased by 5,3%, while females declined by 0,1% between 2015 and 2025. Private doctor was the second most preferred health facility, with 27,3% for males and 21,0% for females in 2025.

Figure 6.7 – Percentage of households by type of health facility, sex of household head and geographic location, 2015 and 2025.

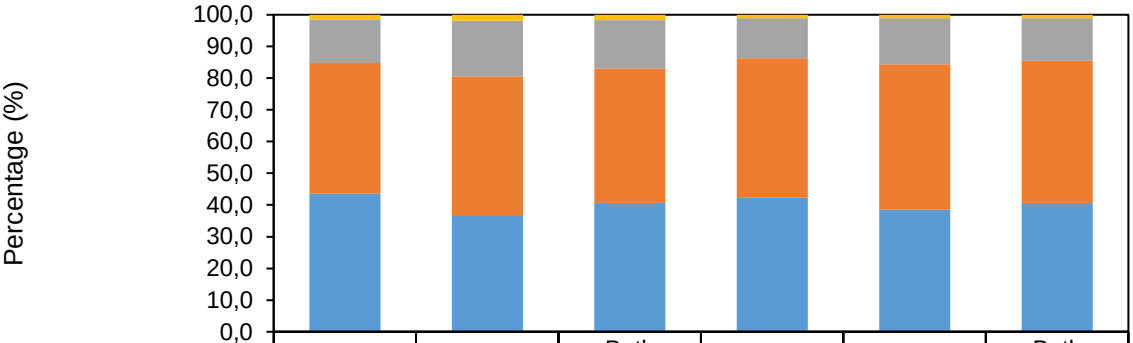


	2015				2025			
	Urban		Non-urban		Urban		Non-urban	
	Male	Female	Male	Female	Male	Female	Male	Female
Traditional healer	0,4	0,4	0,6	0,4	0,3	0,0	0,6	0,1
Other private service	1,0	0,7	1,5	0,3	2,9	1,8	1,4	0,6
Other public service	0,4	0,4	1,3	0,4	0,1	0,1	0,8	0,4
Private clinic/hospital/doctor	40,4	29,4	14,7	7,2	33,7	28,4	10,1	6,4
Public clinic/hospital	57,7	69,1	81,9	91,7	62,9	69,7	87,2	92,6

Source: GHS, 2015 & 2025

Figure 6.7 demonstrates percentage of households by type of health facility, geographic location and sex of the household head in 2015 and 2025. Public clinic/hospital was the mostly commonly used health facilities regardless of sex and geographic location. Results show that 92,6% of females in non-urban areas used public clinic/hospital as their primary health facility, compared to 69,7% of females in urban areas in 2025. Private clinic/hospital/doctor was more prevalent in urban areas for both years. About 40,4% of males in urban areas used private health facilities in 2015, which declined to 33,7% in 2025. Less than 1,0% of persons preferred traditional healers for both urban and non-urban areas.

Figure 6.8 – Percentage distribution of households by time taken to health facilities by sex of household head, 2015 and 2025

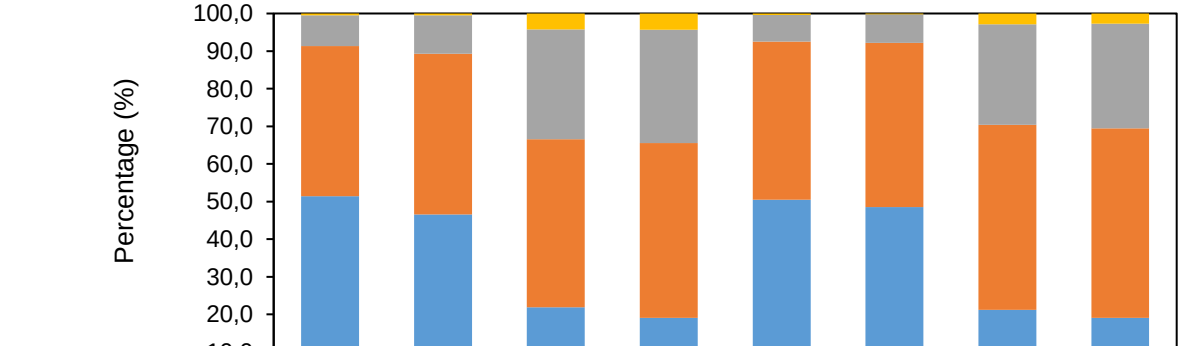


	2015			2025		
	Male	Female	Both sexes	Male	Female	Both sexes
90 minutes and more	1,5	1,9	1,6	1,1	1,1	1,1
30–89 minutes	13,8	17,5	15,3	12,6	14,5	13,4
15–29 minutes	41,2	44,1	42,4	44,0	45,9	44,8
Less than 15 minutes	43,6	36,5	40,6	42,3	38,5	40,7

Source: GHS, 2015 & 2025

Figure 6.8 demonstrates the time spent by household members to health facilities by sex of the household head in 2015 and 2025. More than 41% of household members spent between 15-29 minutes to access health facilities for both years. Over 42% of male-headed household members were spending less than 15 minutes to health facilities, with females-headed household at just above 36% for the reporting period. Less than 2,0% of household members spent 90 minutes or more to access health facilities.

Figure 6.9 – Percentage distribution household by time taken to health facilities by sex of household head and geographic location, 2015 and 2025



	2015				2025			
	Urban		Non-urban		Urban		Non-urban	
	Male	Female	Male	Female	Male	Female	Male	Female
90 minutes and more	0,5	0,5	4,2	4,3	0,4	0,3	2,9	2,7
30–89 minutes	8,2	10,2	29,2	30,1	7,1	7,6	26,7	27,9
15–29 minutes	39,9	42,7	44,7	46,5	42,0	43,6	49,2	50,3
Less than 15 minutes	51,4	46,6	21,9	19,1	50,5	48,5	21,2	19,1

Source: GHS, 2015 & 2025

Percentage distribution of time spent by household members to access health facilities by geographic location is demonstrated in figure 6.9. 51,4% of males in urban areas spent less than 15 minutes to access health facilities, whilst 46,6% of females spent same amount of time in 2015. Percentage of

males in urban areas spending less than 15 minutes to access health facilities declined by 0,9% whilst females increased by 1,9% for reference period. The maximum time spent by household members in non-urban areas was between 15-29 and 30-89 minutes. More than 4,0% of household members in non-urban areas spent 90 minutes or more to access health facilities in 2015.

6.3 Conclusion

SDG 6 talks to ensuring the availability and sustainable management of water and sanitation for all by 2030. While safe drinking water and sanitation are human rights, these are essential to improving nutrition, preventing diseases and enabling healthy environment. More than 45,0% of households had access to pipped water inside the dwelling. Those households which did not have access to water in dwelling, about 13,9% of household collected water from public/communal tap in 2015, and it declined to 8,6% in 2025. Approximately 3,1% of female-headed households fetched water from the stream/river in 2015 compared to 1,7% of male-headed households. About 79,6% of the male-headed households spent less than 30 minutes to fetch water, while 69,8% of female-headed household spent the same amount of time.

Electricity was the main source of energy for cooking regardless of sex of household, province and geographic location. Mpumalanga was the leading province with households using coal for cooking for both years. More than 5,0% of male-headed household in Eastern Cape and Limpopo used paraffin as energy for cooking in 2015. Public clinic/hospital was the primary health care facility preferred by most households regardless of sex, province and geographic location. 72,8% of households used public clinic/hospital as their primary health facility, whilst about 24,7% of households used private clinic/hospital/doctor in 2025

CHAPTER 7

7.1 Summary

This report focussed on care work in South Africa by looking at both paid and unpaid care work using demographic, household, labour market, education, income, expenditure, and service delivery data. In the absence of recent time-use data, proxy indicators were used to provide evidence on the distribution of unpaid care work and its relationship with household characteristics on a gender lens.

South Africa is experiencing an increasing old age dependency ratio (from 7,9 in 2015 to 9,1 in 2025) and a declining child dependency ratio (from 45,4 in 2015 to 41,1 in 2025). In 2025, the old age dependency ratio was higher for females than males (9,6 older dependants per 100 working-age females compared with 6,1 per 100 working-age males). While the demand for childcare remains substantial, these trends indicate a growing need for elder care. Consequently, the care economy will need to adapt by expanding long-term care, home-based care, rehabilitation, palliative care and other support services for older persons alongside existing childcare services.

The analysis also showed that the white population group recorded the highest old age dependency ratio, increasing from 24,1 older persons per 100 working-age people in 2015 to 32,9 in 2025, followed by the Indian/Asian population group, while both groups consistently reported higher old-age dependency ratios than the black African and coloured population groups. In contrast, the black African and coloured population groups recorded the highest child dependency ratios. Among black Africans, the child dependency ratio declined from 48,7 child dependants per 100 working-age people in 2015 to 43,1 in 2025 but remained substantially higher than that of the other population groups. These higher child dependency ratios indicate continued demand for childcare, early childhood development services and support for households with children.

The findings show that women remain the primary providers of unpaid care in South Africa. In 2025, 39,1 % of the female-headed households in the country had no employed household members as compared to 23,5% of the male-headed households. Female-headed households were more likely to care for three to four children, as well as five or more children. In addition, the proportion of children living with their mothers only increased from 41,4% in 2015 to 45,9% in 2025, while those living with both parents declined from 34,5% to 31,4%. These patterns suggest that women continue to shoulder a disproportionate share of unpaid care for both children and older persons. With regards to the living arrangements, female-headed households were also more likely to live in extended households, double generation, three-generation or skip-generation households compared to male-headed households, reflecting greater responsibility for caring across multiple generations.

Analysis of education and early childhood development (ECD) indicates that educational participation increased. Between 2015 and 2025, the proportion of young people aged 7–24 not attending an educational institution declined from 27,5% to 23,9% among females and from 26,4% to 25,2% among males. Despite these improvements, financial constraints and poor academic performance remained the leading reasons for non-attendance.

Access to formal ECD remained limited, with the majority of children aged 0–4 across all population groups not attending any ECD programme, and the proportion of children outside ECD increasing over the reference period. Grade R enrolment increased across most provinces and in both urban and non-urban areas, indicating progress in expanding access to early learning opportunities. The main reason for children not attending ECD was parental preference for children to remain at home with family members or caregivers, accounting for 77,8% of black African, 80,7% of coloured, and more than 90% of Indian/Asian and white children not enrolled in ECD.

The analysis of the labour market shows that between 2016 and 2026, the labour force participation rate (LFPR) for males remained consistently higher than for females, despite a slight decline from 65,2% to 64,2% among males and an increase from 52,4% to 53,8% among females. Similarly, the absorption rate declined for both sexes, from 49.2% to 45,2% among males and from 37,1% to 34,2% among

females, indicating that employment growth did not keep pace with labour force participation. Although female inactivity rate declined marginally from 47,6% to 46,2%, it remained substantially higher than that of males (35,8% in 2026).

The labour force participation rates for married or cohabiting men consistently recorded much higher rates (84,8% in 2026) than married or cohabiting women (62,0%). Participation also declined as the number of minor children increased, with the decline considerably steeper among women.

In 2026, women accounted for 93,6% of domestic workers, 94,0% of pre-primary teachers, 87,2% of nursing and midwifery professionals, 83,5% of personal care workers, 91,9% of social work associates, and 91,5% of special education teachers. Female representation also increased among medical doctors, rising from 49,6% in 2016 to 56,5% in 2026. Across age groups, women continued to dominate in education, health and social service occupations.

Gender segregation remained evident across industries. While men continued to dominate sectors such as construction, transport and mining, women were concentrated in private households and community, social and personal services. Female representation in mining increased from 13,9% to 19,0% between 2016 and 2026.

Despite improvements in earnings, gender pay disparities persisted. Median monthly earnings increased from R5 000 to R6 500 for men between 2018 and 2024 and from R3 900 to R5 300 for women. By 2024, women's median earnings represented approximately 82% of men's earnings.

Among persons outside the labour force, homemaking as a reason for being outside the labour force declined from 17,8% to 13,7%, although it remained overwhelmingly concentrated among women, particularly those who were married or cohabiting. Among female homemakers, the share who were married/cohabiting declined slightly from 63,4% to 60,2%, while the proportion who had never married increased from 30,2% to 35,6%.

Nationally, the proportion of households reporting salaries as their main source of income declined from 58,9% in 2015 to 54,3% in 2025, while the share relying on social grants increased by 2,3 percentage points from 21,1 % to 23,4 %. Western Cape and Gauteng remained most dependent on salaries, with more than 70% of households reporting salaries as their main income source in 2015. In contrast, Eastern Cape, Northern Cape and Limpopo had the highest proportions of households relying on grants. Limpopo also recorded the highest reliance on remittances, although this declined from 14,8% in 2015 to 12,7% in 2025. Female-headed households were consistently more likely than male-headed households to depend on grants and remittances.

Average household expenditure on pre-primary education increased from R7 785 in 2015 to R8 069 in 2023. Male-headed households continued to spend substantially more (R9 689) than female-headed households (R6 092) in 2023. Expenditure declined by R983 among male-headed households but increased by R284 among female-headed households. Provincial disparities were noticeable, with Western Cape (R14 677) and Limpopo (R11 172) recording the highest average expenditure, while Northern Cape spent R2888.

Household expenditure on domestic services declined substantially over the period from R38 827 in 2015 to R27 430 in 2023. Male-headed households continued to spend more on domestic services (R30 934) than female-headed households (R21 657) in 2023. Urban households also spent considerably more (R28 792) than non-urban households (R20 620).

Average household expenditure on health-care services increased slightly from R1 412 in 2015 to R1 481 in 2023. Female-headed households recorded the largest increase, with expenditure rising from R976 to R1 245, while expenditure among male-headed households declined by R66 over the same period. Provincially, Western Cape recorded the highest average household expenditure on health-care over the period

Electricity was the dominant source of energy for cooking, used by more than 74% of households regardless of the sex of the household head, although its use declined over the period. Wood remained the second most common cooking fuel among female-headed households (12,6% in 2015).

For households that relied on fetching water from outside their dwellings in 2025, 79,6% of male-headed households spent less than 30 minutes collecting water compared with 69,8% of female-headed households. Conversely, 20,8% of female-headed households spent 31–60 minutes collecting water compared with 13,9% of male-headed households, while fewer than 2% of households spent more than 90 minutes. Spatial disparities were pronounced, with over 90% of urban households collecting water within 30 minutes, compared with 72,3% of males and 63,5% of females in non-urban areas.

Public health facilities remained the primary source of healthcare. Travel times indicated that more than 41% of household members reached health facilities within 15–29 minutes, while over 42% of males and about 36% of females in male- and female-headed households, respectively, travelled less than 15 minutes. Fewer than 2% of household members travelled 90 minutes or more to access health services, although long travel times remained more common in non-urban areas.

7.2 Conclusion

The findings of this report show that care work remains central to the wellbeing of South African households and continues to be shaped by demographic, social and economic changes. While educational participation has improved and women's labour force participation has increased, women continue to bear the greatest responsibility for unpaid care work alongside paid employment. Female-headed households remain more likely to rely on social grants and provide care across multiple generations. At the same time, persistent gender disparities in employment, earnings, industry and occupation highlight the continued unequal distribution of care responsibilities.

The report also demonstrates that South Africa's changing population structure, characterised by an ageing population alongside continued childcare needs, will require a more responsive and inclusive care economy. Strengthening investment in care services, improving access to education, healthcare and basic services, and implementing policies that recognise, reduce and redistribute unpaid care work will be essential to promoting gender equality, supporting household wellbeing and contributing to inclusive and sustainable economic development.

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