Healthy Ageing in South Africa

2002 - 2024

Marginalised group Series VIII

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Marginalised Groups Series VIII

HEALTHY AGEING IN SOUTH AFRICA

2024

Statistics South Africa

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Statistician-General

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Acronyms and abbreviations

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

ACHPR	African Charter of Human and Peoples' Rights
AU	African Union
GHS	General Household Survey
GPSJS	Governance, Public Safety and Justice Survey
ICESR	International Covenant of Economic, Social and Cultural Rights
ICF	International Classification of Functioning, Disability and Health
MIPAA	The Madrid International Plan of Action on Ageing
MYPE	Mid-Year Population Estimates
NDP	National Development Plan
NEA	Not Economically Active
NSO	National Statistical Office
QLFS	Quarterly Labour Force Survey
SAPS	South African Police Service
SDGs	Sustainable Development Goals
Stats SA	Statistics South Africa
TCGA	Titchfield City Group on Ageing and Age-disaggregated Data
UN	United Nations
UNCROP	United Nations Convention on the Rights of Older Persons
UNSC	United Nations Statistical Commission
WG	Washington Group
WHO	World Health Organisation

Concepts and definitions

Adults	Persons aged 35–64.
Ageing index	The number of older persons (aged 60+) per hundred persons under age 15.
Child	A person under the age of 18 years.
Dependency ratio	Dependency ratio is the ratio of the economically inactive to the Economically active population.
Double generation household	Consists of family members from two generations i.e. parents and their children under the age of 25.
Employed persons	Those aged 15–64 years who, during the reference week, did any work for at Least an hour or had a job or business but were not at work (temporarily absent).
Food poverty line	The food poverty line is a monetary threshold that represents the minimum amount of money an individual needs per month to afford enough food to meet basic nutritional requirements—specifically the minimum daily energy intake for healthy living.
Grant	Financial assistance provided by the government.
Healthy Ageing	Healthy ageing is defined as the process of developing and maintaining the functional ability that enables wellbeing in older age. Functional ability is about having the capabilities that enable all persons to be and do what they have reason to value. This includes a person's ability to meet their basic needs; learn, grow and make decisions; be mobile; build and maintain relationships; and contribute to society.
Household	A person, or a group of persons who occupy a common dwelling unit (or part of it) and stayed for an average of four nights a week for the past four weeks.
Household head	Person recognised as such by the household. Usually the main decision-maker, or the person who owns or rents the dwelling, or the person who is the main breadwinner. The head can be either male or female.
Labour force	Comprises all persons who are employed plus all persons who are unemployed.
Life expectancy	How long, on average, a newborn can expect to live if current death rates do not change.
Lower-bound poverty line	Austere threshold of deprivation below which an individual has to choose between food and important non-food items Calculation: food poverty line plus the average amount derived from non-food items of households whose total expenditure is equal to the food poverty line.
Marital status	Refers to the personal status of each individual in relation to the marriage laws or customs of a country.
Morbidity	Refers to the prevalence of a certain disease within a certain geographical location

Old-age grant	Refers to financial assistance provided by the government to older persons who comply with the means test.
Old person	Persons 60 years and older.
Poverty line	Is a monetary cut-off point below which a person is deemed to be poor. A person falling below the poverty line is said to be living in poverty.
Sex	A biological distinction between males and females.
Sex ratio	Ratio of males to females in a given population, usually expressed as the number of males for every 100 females.
Single generation household	Consist of persons of the same age group, a married or cohabiting couple, single persons, siblings or roommates.
Skip generation household	Formed when grandparents care for their grandchildren whose parents maybe dead or unable to care for them.
Social grant	Financial assistance provided to individuals who satisfy the eligibility criteria, serving as income support for specific households and offering relief to the at-risk older population.
Tenure	An arrangement under which a household occupies its dwelling.
Triple generation household	Consists of at least three generations ranging from infancy ages to extreme old ages.
Unemployment rate	The percentage of the labour force that is unemployed.
Upper-bound poverty line	Threshold of deprivation below which an individual cannot afford the minimum food and non-food requirements Calculation: food poverty line plus the average amount derived from non-food items of households whose food expenditure is equal to the food poverty line.
Urban areas	One that was proclaimed as such (i.e. in an urban municipality under the old demarcation) or classified as such during Census demarcation by the Geography Division of Stats SA, based on their observation of the aerial photographs or on other information.
Working age population	Persons aged 15 or above.
Youth	Persons aged 15–34.

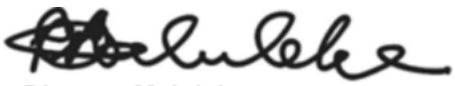
Foreword

South Africa is experiencing significant demographic changes, with the population of older persons rising from 3,6 million in 2002 to 6,6 million in 2025, an increase of three million persons in just over two decades. Life expectancy has improved to 64,0 years for males and 69,6 years for females, reflecting gains in healthcare and living conditions.

The older population is predominantly female, 60,7% in 2025 with many of whom are widowed and head extended or multi-generational households, often caring for grandchildren. Black Africans comprise 65,0% of older persons, followed by whites (20,5%), coloureds (10,5%), and Indian/Asian persons under 5%. The national sex ratio has declined from 67 to 65 males per 100 females, reflecting higher female longevity.

Older South Africans face ongoing challenges, including disparities in access to healthcare, limited social grants, high dependency ratios, and safety concerns. At the same time, improvements in housing, sanitation, electricity, internet access, and clinic availability demonstrate progress toward supporting healthy ageing.

This report provides a clear, evidence-based overview of demographic trends, socioeconomic conditions, and health access among older persons. It offers policymakers, researchers, and stakeholder's actionable insights to promote inclusive, supportive, and age-friendly policies, ensuring that South Africa's older population can live healthy, dignified, and socially engaged lives.



Risenga Maluleke
Statistician-General of South Africa

1 Introduction

1.1 Background

South Africa is undergoing a significant demographic shift. According to Statistics South Africa's (Stats SA) long-term mid-year population estimates based on the 2025 MYPE series, the percentage share of the older persons to the total population increased from 7,7% in 2002 to 10,5% in 2025 and is projected to rise sharply to 16,2% by 2050. This rapid ageing presents unique and complex challenges that differ markedly from those faced in many other countries.

The World Health Organization (WHO) defines healthy ageing as "the process of developing and maintaining the functional ability that enables well-being in older age" (WHO, 2024). This concept goes beyond the mere absence of disease to include physical, mental, and social well-being, highlighting the need for supportive environments that enable older persons to live fulfilling lives. In South Africa, achieving healthy ageing is particularly challenging due to widespread poverty, inequality, and uneven access to healthcare, requiring a multifaceted and holistic approach.

Research on ageing in South Africa increasingly recognises the multidimensional nature of healthy ageing, which encompasses physical health, functional ability, psychosocial well-being, and socioeconomic determinants. Population-based studies have applied multidimensional definitions that move beyond purely biomedical criteria. For example, analysis of the South African National Health and Nutrition Examination Survey (SANHANES-1) found that approximately 37% of adults 50 years and older met criteria for healthy ageing, including the absence of major illness and disability, good mental health, active social engagement, and subjective well-being (Pengpid & Peltzer, 2021).

The literature indicates that healthy ageing in South Africa is shaped by a complex interplay of health status, disease burden, functional ability, psychosocial factors, and socioeconomic conditions. Older South Africans face multiple socioeconomic and health challenges, including limited access to healthcare, a dual burden of communicable diseases such as HIV/AIDS and non-communicable diseases like diabetes and hypertension, and functional limitations associated with ageing (Peltzer & Phaswana-Mafuya, 2018; Pengpid & Peltzer, 2021). Many also bear financial and emotional responsibilities for extended family members, including grandchildren, often with inadequate social welfare support and overstretched healthcare services. These intersecting challenges highlight the need for integrated policies and interventions that promote equitable, supportive, and age-friendly environments for the country's growing elderly population (HelpAge International, 2020; South Africa, 2006).

1.2 Theoretical framework

The theoretical framework guiding this report is anchored in the World Health Organization's (WHO) concept of healthy ageing that is defined as the process of developing and maintaining the functional ability that enables well-being in older age (WHO, 2015; WHO, 2024). Healthy ageing is understood as a dynamic interaction between an individual's intrinsic capacity (physical and mental health), their environment, and broader social, economic, and policy determinants.

The framework adopts a life-course and rights-based approach, recognising that outcomes in older age are shaped by cumulative advantages and disadvantages across the lifespan (WHO, 2015). It draws on principles from the UN Decade of Healthy Ageing (2021–2030), the Madrid International Plan of Action on Ageing (MIPAA), and the Sustainable Development Goals (SDGs), emphasizing equity, social inclusion, the reduction of ageism, and access to integrated, person-centred health and social care services (United Nations, 2002; United Nations, 2020).

Within the South African context, the framework acknowledges structural challenges such as poverty, inequality, and the dual burden of communicable and non-communicable diseases.

Healthy ageing is therefore examined across interconnected domains—health status and healthcare access, income security, education, social participation, safety, and enabling environments—which collectively

influence older persons' capacity to live independently, participate meaningfully in society, and maintain dignity and well-being.

This integrated framework provides the analytical foundation for assessing progress, identifying gaps, and informing policies aimed at promoting inclusive, equitable, and sustainable healthy ageing in South Africa.

1.3 Objectives of this report

The overall objective of this report is to assess the state of healthy ageing in South Africa by examining trends, challenges, and progress affecting persons 60 years and older within the period 2002 to 2024. The report aims to provide a comprehensive overview and actionable insights for stakeholders, including policymakers, to foster a more supportive and equitable environment for South Africa's growing elderly population.

The specific objectives of the report are to:

1. Describe demographic trends among older persons in South Africa, including changes in population size, composition, and distribution over time.
2. Assess the health status of older persons, including the prevalence of communicable and non-communicable diseases, and access to healthcare services.
3. Examine socioeconomic conditions affecting older persons, with a focus on income security, employment, and reliance on social assistance.
4. Analyse household and living arrangements, including household composition, intergenerational households, and caregiving responsibilities involving older persons.
5. Evaluate access to enabling environments, such as housing, basic services, technology, transport, safety and security and community support systems that influence independence and participation.
6. Identify key barriers and inequalities that limit healthy and dignified ageing, including disparities by sex, location, and socioeconomic status.

1.4 Policy Frameworks

1.4.1 International Frameworks

Healthy ageing is a central focus of the World Health Organization's agenda on ageing between 2015 and 2030. The WHO emphasizes the need for coordinated action to enable older persons to remain valuable contributors to society and the economy across multiple sectors (WHO, 2024). In 2021, the United Nations General Assembly declared 2021–2030 the *UN Decade of Healthy Ageing*, with WHO leading global implementation. This initiative fosters collaboration among governments, civil society, international agencies, academia, the media, and the private sector to promote longer and healthier lives.

According to WHO projections, by 2050, 80% of older persons will be living in low- and middle-income countries (WHO, 2024). While increased longevity presents opportunities for individuals, families, and societies, it also poses substantial challenges to health and social systems, which must adapt to this demographic shift.

Older persons contribute significantly to their families and communities, but these contributions depend heavily on their health status. South Africa is experiencing a surge in younger populations who will eventually transition to older age groups, increasing the demand for elder care and support.

The WHO stresses that everyone should have an opportunity to live a long and healthy life. While ageing is often accompanied by multiple health conditions, these ailments have limited impact on well-being when properly managed (WHO, 2024). Hence, it is crucial for older persons to have access to health services that control chronic illnesses.

Additional years lived in good health, within supportive environments, offer opportunities for older persons to engage in valued activities. Even as capacities decline with age, supportive physical and social environments enable older adults to continue doing what matters most to them. Fostering social connections is particularly vital for mental and emotional well-being.

Safety is a fundamental concern for older persons. Creating safe, comfortable home environments with access to quality healthcare, financial support, respect for independence, and emotional care is essential.

Older persons remain among marginalised groups facing persistent inequalities. The *UN Decade of Healthy Ageing (2021–2030)* seeks to reduce health inequities and improve the lives of older persons and their communities through collective action focused on four strategic areas:

1. Changing societal attitudes and behaviours towards age and ageism;
2. Developing communities that foster older persons' abilities;
3. Delivering person-centered, integrated care and primary health services responsive to older persons;
4. Providing access to quality long-term care for those in need.

Functional ability, central to healthy ageing, is shaped by an individual's intrinsic capacity, environmental characteristics, and their interaction (WHO, 2024). Environments include built infrastructure, social relationships, cultural attitudes, policies, and supporting systems and services. Ensuring environments support and maintain functional ability is key to healthy ageing and social inclusion, helping to prevent older persons from being left behind.

The Madrid International Plan of Action on Ageing (MIPAA)

The Madrid International Plan of Action on Ageing (MIPAA) recognises that concerns relating to an ageing population are no longer limited to developed countries only, but are becoming increasingly relevant in developing countries, including South Africa. It is a resource for policymaking – suggesting ways for government, non-governmental organisations, and other actors to re-orient how their societies perceive, interact with and care for their older populations (United Nations, 2002).

The three Priority Directions of the Madrid International Plan of Action on Ageing

Older Persons and Development

Focusses on Integrating ageing into all development policy and ensuring older persons can fully participate in society. The key points of the priority were:

- Include ageing issues in national development and poverty-reduction strategies.
- Promote employment opportunities and lifelong learning for older persons who want to work.
- Strengthen social protection and income security in old-age.
- Foster intergenerational solidarity and protect older persons in emergencies or conflict situations.

Advancing Health and Well-Being into Old Age

Focusses are improving health outcomes and ensuring access to appropriate health and long-term care. The key points are:

- Promote healthy ageing through disease prevention and healthy lifestyle programs.
- Strengthen primary health care, long-term care, rehabilitation, and palliative care.
- Reduce health inequalities based on age, gender, and socioeconomic status.
- Support mental health services and address challenges such as disability and chronic illness.

Ensuring Enabling and Supportive Environments

Focusses on creating surroundings that allow older persons to live independently, safely, and with dignity. The key areas

- Improve housing, transportation, and accessibility in public spaces.
- Combat ageism and promote positive images of ageing.
- Prevent elder abuse and support family and professional caregivers.
- Strengthen community support systems to help older persons remain active and included.

Sustainable Development Goals (SDGs)

Goal 3 of the Sustainable Development Goals (SDGs) states the aim to "ensure healthy lives and promote well-being for all at all ages" **(United Nations, 2015)**. The SDGs further commit to ensuring that "all indicators should be disaggregated by age" in order to improve data quality, consistency, and use. This approach enables governments and development agencies to better understand the challenges older persons face in accessing healthcare, social protection, employment, and education **(United Nations, 2015)**.

Furthermore, the SDGs include a commitment to implementing national social protection systems that benefit the poor and vulnerable, potentially improving income security for older persons. As older age groups constitute the fastest-growing segment of the global population, population ageing is increasingly recognised within global development agendas, prompting national statistical offices (NSOs) to improve the availability, accessibility, and comparability of ageing-related data **(United Nations, 2015)**.

The Titchfield City Group on Ageing and Age-disaggregated Data (TCGA) was formally established in March 2018, following approval by the United Nations Statistical Commission (UNSC) to develop international norms and standards for improving age-disaggregated data and ageing-related statistics **(United Nations Statistical Commission, 2018)**.

United Nations Convention on the Rights of Older Persons (UNCROP)

United Nations Convention on the Rights of Older Persons (UNCROP) seeks to remedy the fragmented human rights instruments or practices for older persons and focus on reaffirming critical human rights which are of concern specifically to older persons. This convention was therefore necessitated by the following factors as adapted from a UN Convention resource on the rights of older persons:

- Ageism and age discrimination are unacceptable: As the world experiences rapid population ageing, the pressures that result from age discrimination are likely to intensify; so does the imperative to address such discrimination.
- Human rights change persons' lives: Protecting older persons' rights helps older persons lead dignified, secure lives as equal members of society. Exercising these rights enables older persons to be treated with respect on an equal basis to younger persons.
- Existing international and regional human rights laws do not sufficiently protect older persons' rights: The Universal Declaration of Human Rights and the international rights conventions apply to all persons regardless of age. However, age is not listed explicitly.

Human rights and development go hand-in-hand: Respecting persons' rights results in better development where respect, dignity and having a say are recognised alongside material security as important to persons' well-being. Increased protection of the rights of older men and women creates the conditions that enable them to participate in and contribute to their development and those around them. In so doing, respecting and protecting all persons' rights results in more inclusive, equitable and sustainable societies.

1.4.2 Regional agenda

Regional agenda African Charter of Human and Peoples' Rights (ACHPR)

The African Charter on Human and Peoples' Rights (ACHPR), also known as the Banjul Charter, is an international human rights instrument intended to promote and protect human rights and fundamental freedoms on the African continent. Article 18(4) of the Charter states that "the aged and the disabled shall also have the right to special measures of protection in keeping with their physical or moral needs" **(Organization of African Unity [OAU], 1981)**.

Similarly, the International Covenant on Economic, Social and Cultural Rights (ICESCR) recognises older persons as one of the most vulnerable groups, particularly in situations of forced removal or eviction. In relation to healthcare, the Covenant defines essential elements of the right to health as availability, accessibility, acceptability, and quality. Member States, including South Africa, are therefore expected to ensure equitable

access to health facilities and services for all population groups, including older persons **(United Nations, 1966)**.

The African Union (AU) Policy Framework and Plan of Action on Ageing, developed with support from HelpAge International, provides guidance to Member States on the formulation and implementation of policies addressing the needs of older persons. The framework highlights the economic and social challenges faced by older persons and emphasises the importance of access to healthcare and social protection **(African Union, 2003)**.

1.4.3 National Context

The Older Persons Act 13 of 2006

The Older Persons Act established a progressive legal framework to safeguard the rights and dignity of older persons in South Africa. It prioritises community and home-based care over institutionalisation, encouraging ageing in place. The Act outlines responsibilities for protecting older persons from abuse, neglect, and discrimination and promotes their participation in society (Department of Social Development, 2006).

Social Assistance Programs

The old-age pension administered by South African Social Security Agency (SASSA) remains a cornerstone of social protection for older South Africans.

It significantly reduces poverty and improves health outcomes by providing financial security which enables access to food, healthcare, and housing (Natrass, 2017).

National Development Plan (NDP) 2030

The National Development Plan (NDP) articulates a vision for extending life expectancy and enhancing quality of life through improved basic services and preventative healthcare. It emphasizes active ageing, social support, and the importance of social grants, aligning with WHO's Decade of Healthy Ageing framework (National Planning Commission, 2012).

Older Persons Amendment Bill (2022)

Recognising gaps in the enforcement of the Older Persons Act, the Amendment Bill aims to strengthen protection, particularly against elder abuse, and improve coordination among government departments and service providers. It seeks to enhance accountability and service delivery at national and local levels (South African Parliament, 2022).

1.5 Methodology

Analysis will primarily rely on bi-variate analysis to examine the relationship between key demographic variables and relevant social indicators. In addition, the spatial distribution of older persons in different provinces will be visualised using different mapping techniques.

1.6 Data Sources

This report utilises a variety of data sources to assess the state of healthy ageing in South Africa mainly national surveys and administrative data from Statistics South Africa (Stats SA) and relevant academic and policy literature spanning from 2002 to 2024. The following nationally representative datasets provide measures for key variables aligned to the conceptual framework, such as income, education, health access, participation, and well-being among older persons:

- Mid-Year Population Estimates (MYPE) 2025
- Mortality and Causes of Death, 2002 and 2022
- Stats SA's long term population projections 2025
- General Household Survey (GHS) 2002 and 2024

- Governance Public Safety and Justice Survey (GPSJS) 2018/19 and 2024/25
- Quarterly Labour Force Survey (QLFS) Quarter 3 2008 and Quarter 3, 2025
- Income and Expenditure Survey (IES) IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23
- Census 2011 and 2022

1.7 Limitations

While the available data offers valuable insights, certain limitations constrain the analysis:

- Indicators directly measuring quality of health services or long-term care are limited or unavailable. Thus, this report focuses primarily on access to services rather than their quality.
- Some survey data lack sufficient sample sizes to allow detailed disaggregation by age, gender, geographic location, or socioeconomic status for all indicators.

1.8 Report Layout

The report is organised as follows:

Chapter 1, covers the introduction, the rationale of the report, and describes the data sources used.

Chapter 2, looks at the demographic profile of persons 60 years and older and changes that have occurred over the period 2002 to 2022.

Chapter 3, provides information about household characteristics, which include households headed by older persons; household composition as well as generational household types.

Chapter 4, focuses on access to health care of older persons.

Chapter 5, focuses on access to financial resources for persons 60 years and older.

Chapter 6, focusses on safety and comfortable home environment for persons 60 years and older.

Chapter 7, looks at access to basic services for households headed by the older.

Chapter 8, provides the summary of the findings of the report.

2 Demographic analysis

2.1 Introduction

Population ageing refers to an increase in the proportion of older persons in a population. As an indicator of social change, ageing impacts on almost all facets of society, including labour and financial markets, the demand for goods and services like housing, transportation, and social protection, as well as family structures and ties between generations (United Nations, World Population Ageing). Living longer provide the chance to pursue new activities such as further education, a new career or a long-neglected passion. Ageing in South Africa is driven by multiple factors, including increased longevity, declining fertility, and increased emigration. The country's older population is steadily growing, with life expectancy rising among those who survive into later years. While life expectancy at birth remains relatively low, individuals who reach older ages tend to live significantly longer.

Recent declines in overall life expectancy are largely attributed to the growing burden of non-communicable diseases such as hypertension, diabetes, and cardiovascular conditions, which disproportionately affect older persons. Fertility decline remains the primary driver of population ageing, as fewer births coincide with a rising share of older adults.

Migration also contributes to ageing dynamics, though its impact is more evident at lower levels of disaggregation. Young adults are the main participants in out-migration, often moving for economic opportunities. By contrast, older persons who migrated during their working years frequently return to their home provinces upon retirement, creating distinctive demographic shifts. In-migration among older persons is less common and is typically shaped by factors such as access to pension benefits, social networks, and the pursuit of improved quality of life in later years. (WHO,2024). It is paramount that policies and legislation are implemented to enable everyone in the country to age well. Agenda 2030 calls for no one to be left behind, including marginalised groups such as older persons. Comparing data over the years will help assess progress during the decade of Healthy Ageing. This chapter will focus on the population dynamics of older persons between 2002 and 2025. Further analysis was done to provide the projections from 2026 to 2050.

2.2 Basic demographics of older persons

Population ageing has significant implications for the nation's health, social, and economic institutions. It is necessary to understand the past demographic and socioeconomic trends to better estimate the future size and characteristics of the older population (National Research Council, 1988). This will enable the prediction of their demand for services and the extent to which those demands can be met.

Table 2.1– Distribution of older persons in relation to the total population, 2002 and 2025

Province	2002		2025	
	RSA	60+	RSA	60+
	N ('000)			
Eastern Cape	6 870	662	7 091	918
Free State	2 754	211	3 040	339
Gauteng	9 314	604	16 105	1 640
KwaZulu-Natal	9 900	719	12 232	1 128
Limpopo	5 205	417	6 366	615
Mpumalanga	3 612	237	5 076	465
Northern Cape	1 066	90	1 379	153
North West	2 960	233	4 184	409
Western Cape	4 952	404	7 628	938
South Africa	**46 634**	**3 577**	**63 101**	**6 605**

Source: Mid-year Population Estimates, 2025 series.

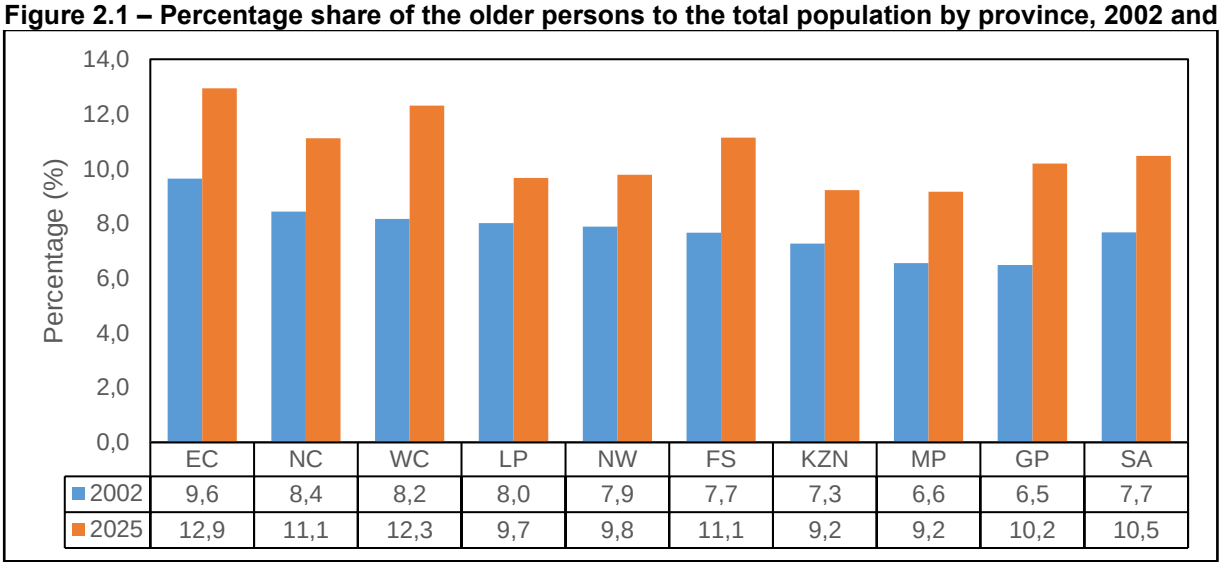
Table 2.1 shows the distribution of older persons to the total population between 2002 and 2025. The table shows that the number of older persons has increased by three million between 2002 and 2025.

Approximately 3,6 million of the South African population was reported to be 60 years or older in 2002, accounting to 7,7% of the overall population. This figure increased to 6,6 million in 2025 representing 10,5%

of the overall population. This increase highlights the need to expand healthcare, social services and infrastructure for older persons to maintain and develop the functional ability that enables wellbeing in older age.

Between 2002 and 2025, the largest population growth of older persons was observed in Gauteng (1 million) and Western Cape (534 thousand). Although the older population grew across all provinces during this period, the Northern Cape and Free State recorded the least growth, estimated at around 63 thousand and 128 thousand, respectively. In 2002, KwaZulu-Natal was the most populous province followed by Gauteng and the same pattern was observed for older persons. In 2025, however Gauteng surpassed KwaZulu-Natal and was the most populous province. Nationally, the linear growth has been observed for a period of reference and reaffirmed by the provincial variations.

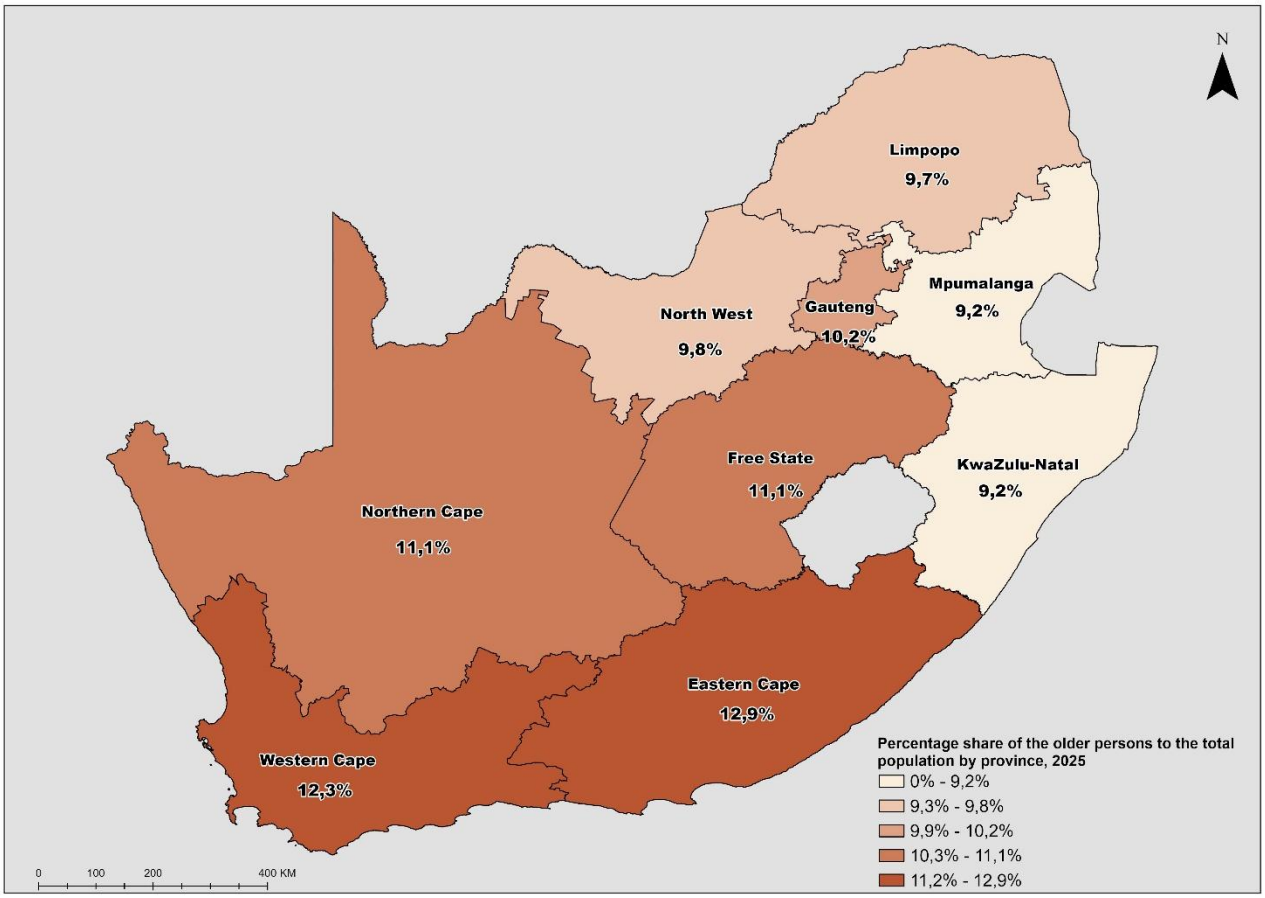
Figure 2.1 – Percentage share of the older persons to the total population by province, 2002 and 2025



	EC	NC	WC	LP	NW	FS	KZN	MP	GP	SA
2002	9,6	8,4	8,2	8,0	7,9	7,7	7,3	6,6	6,5	7,7
2025	12,9	11,1	12,3	9,7	9,8	11,1	9,2	9,2	10,2	10,5

Source: Mid-year Population Estimates, 2025 series.

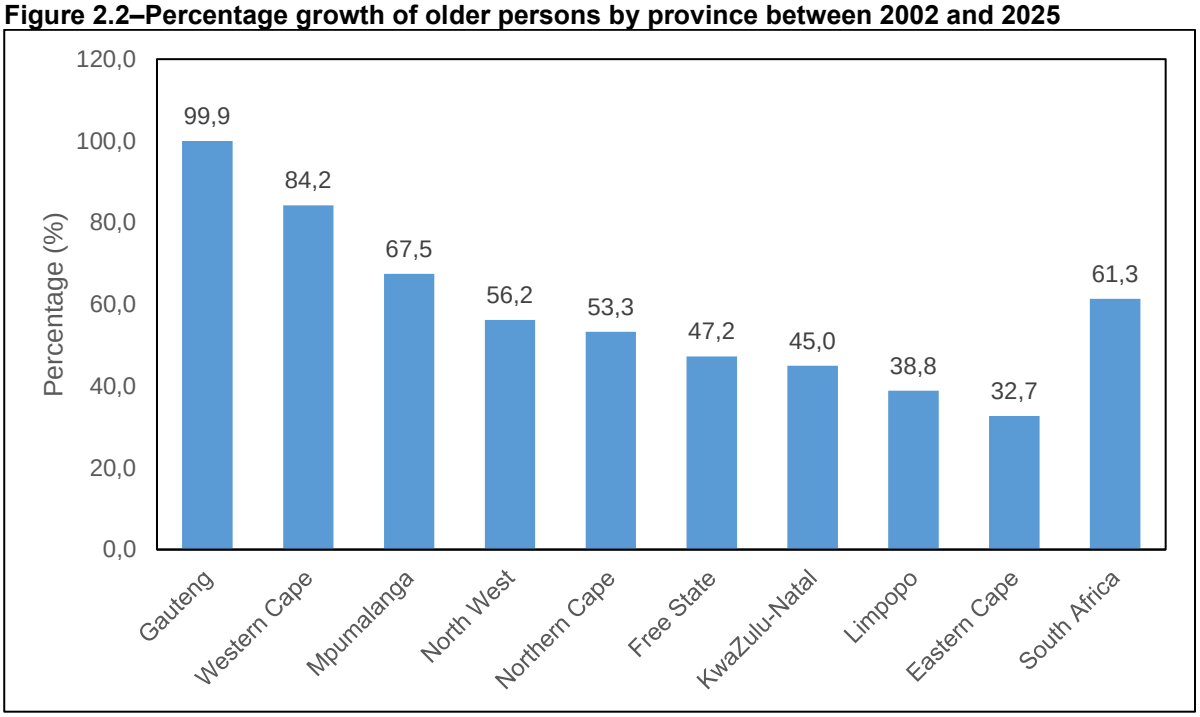
Map 2.1–Percentage share of older persons by province, 2025



Source: Mid-year Population Estimates, 2025 series.

Figure 2.1 show that the percentage share of older persons in South Africa increased from 7,7% in 2002 to 10,5% in 2025. Map 2.1 shows that in 2025, the share of older persons was highest in the Eastern Cape (12,9%) followed by Western Cape at 12,3% and Western Cape (12,3%). In contrast, the lowest shares of older persons were observed in KwaZulu-Natal and Mpumalanga, both 9,2%. The figure also shows that the percentage of older persons increased across all provinces between 2002 and 2025. The largest percentage point increases were observed in the Western Cape (4,1 percentage points), Gauteng (3,7 percentage points) and Free State (3,5 percentage points).

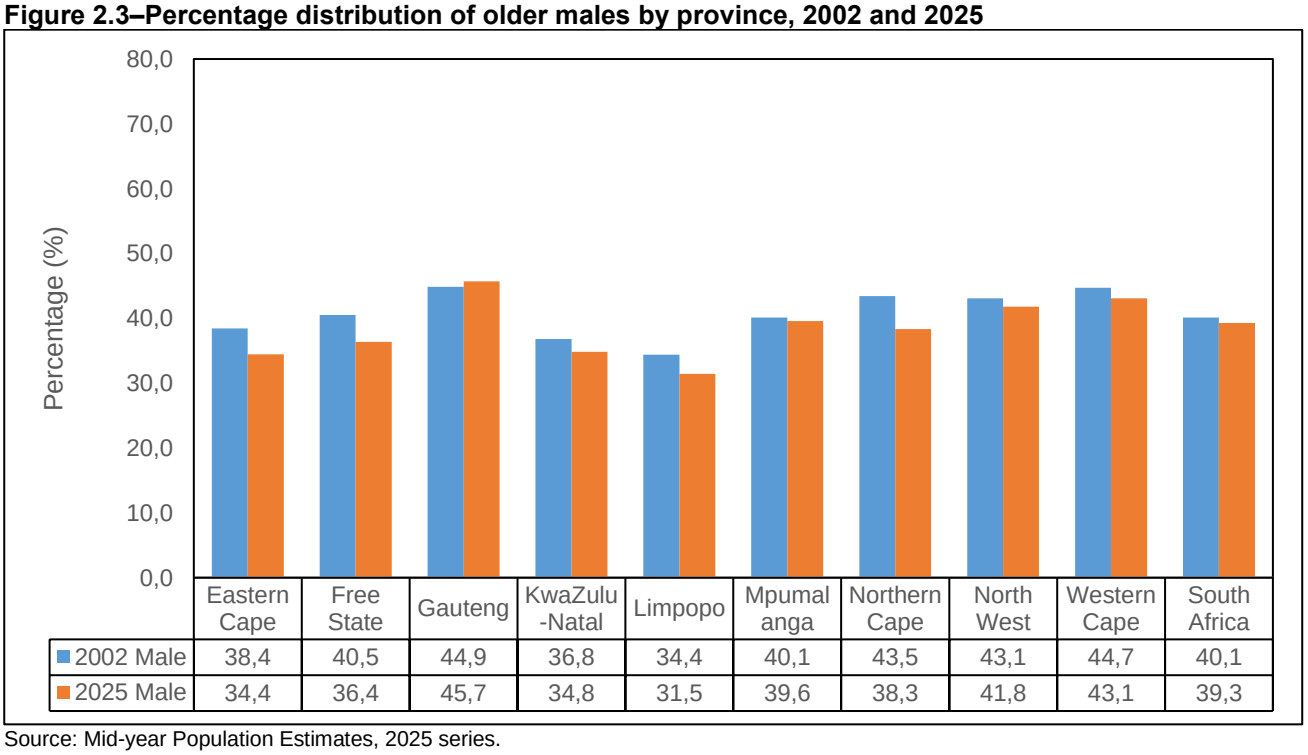
Figure 2.2–Percentage growth of older persons by province between 2002 and 2025



Source: Mid-year Population Estimates, 2025 series.

Figure 2.2 shows that percentage of older persons in the population grew by 61,3% between 2002 and 2025. The largest growth was observed in Gauteng (99,9%), followed by Western Cape (84,2%) and Mpumalanga (67,5%). The lowest growth is shown for the Eastern Cape at 32,7 %.

Figure 2.3–Percentage distribution of older males by province, 2002 and 2025

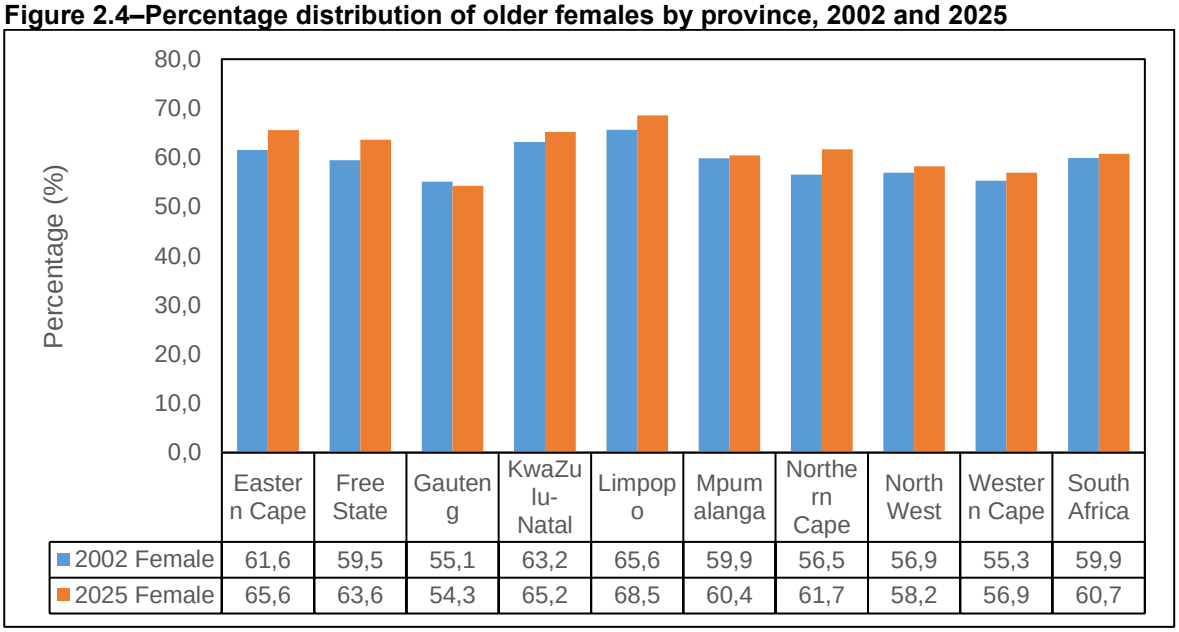


	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	Northern Cape	North West	Western Cape	South Africa
2002 Male	38,4	40,5	44,9	36,8	34,4	40,1	43,5	43,1	44,7	40,1
2025 Male	34,4	36,4	45,7	34,8	31,5	39,6	38,3	41,8	43,1	39,3

Source: Mid-year Population Estimates, 2025 series.

Figure 2.3 shows that the share of males comprised approximately four-tenths of the total older population in both 2002 (40,1%) and 2025 (39,3%). The share of males in 2025 was highest in Gauteng (45,7%) and Western Cape (43,1%), and lowest in Eastern Cape (34,4%) and Limpopo (31,5%). It is notable that the percentage of older persons dropped across all provinces except for Gauteng between 2002 and 2025.

Figure 2.4–Percentage distribution of older females by province, 2002 and 2025

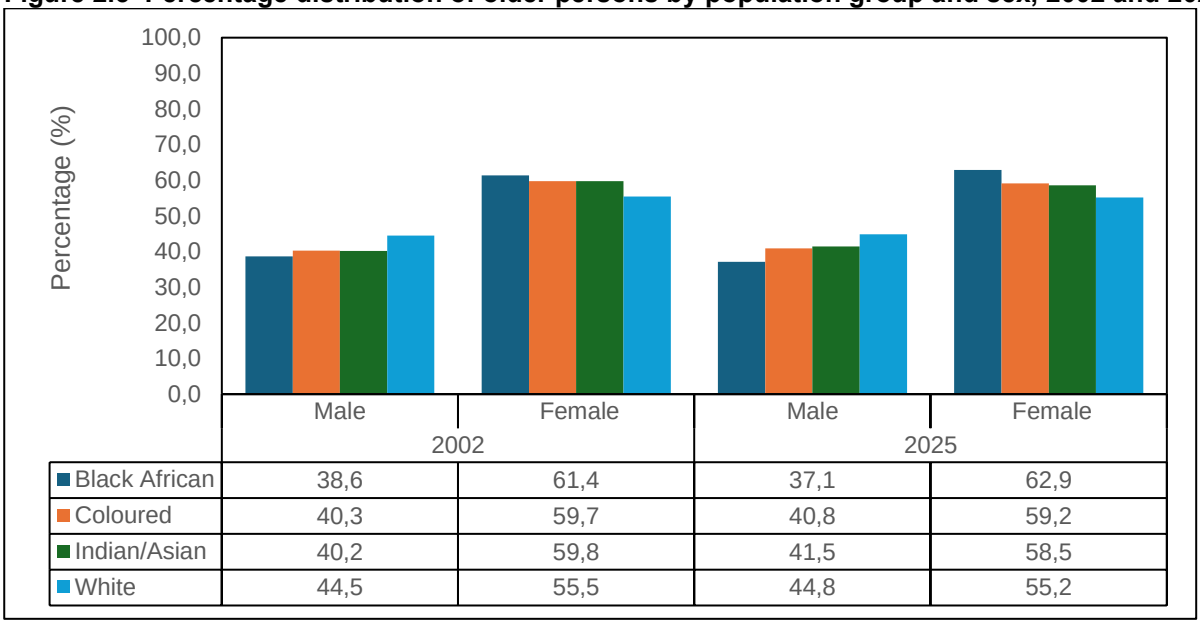


	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	Northern Cape	North West	Western Cape	South Africa
2002 Female	61,6	59,5	55,1	63,2	65,6	59,9	56,5	56,9	55,3	59,9
2025 Female	65,6	63,6	54,3	65,2	68,5	60,4	61,7	58,2	56,9	60,7

Source: Mid-year Population Estimates, 2025 series.

Figure 2.4 shows that older females comprised approximately two-thirds of all older persons both in 2002 (59,9%) and 2025 (60,7%). In 2025, older females were most dominant in Limpopo (68,5%), Eastern Cape (65,6%) and KwaZulu-Natal (65,2%), while the smallest share was observed in Gauteng (54,3%) and Western Cape (56,9%).

Figure 2.5–Percentage distribution of older persons by population group and sex, 2002 and 2025



	2002		2025	
	Male	Female	Male	Female
Black African	38,6	61,4	37,1	62,9
Coloured	40,3	59,7	40,8	59,2
Indian/Asian	40,2	59,8	41,5	58,5
White	44,5	55,5	44,8	55,2

Source: Mid-year Population Estimates, 2025 series.

Figure 2.5 above, depicts the percentage distribution of older persons by population group and sex in 2002 and 2025. The figure shows that females comprised a larger share of the older persons across all population groups. In 2025, the highest percentage of females was observed among black Africans (62,9%), followed by coloureds (59,2%), Indian/Asians (58,5%) and whites (55,2%). Although more males are born than females, women tend to have higher survival rates than men, and thus, the older population is usually disproportionately female (Knodel and Chayovan,2008).

Table 2.2–Population projections for the older persons by province, 2026 and 2050

Province	2026	2050	Percentage Change
	N		
Eastern Cape	929 177	1 190 925	28,2
Free State	344 870	472 857	37,1
Gauteng	1 703 176	4 287 558	151,7
KwaZulu-Natal	1 146 371	1 969 784	71,8
Limpopo	630 504	1 138 799	80,6
Mpumalanga	480 664	1 086 190	126,0
Northern Cape	156 506	245 326	56,8
North West	420 829	834 390	98,3
Western Cape	975 041	2 130 185	118,5
South Africa	**6 787 138**	**13 356 015**	**96,8**

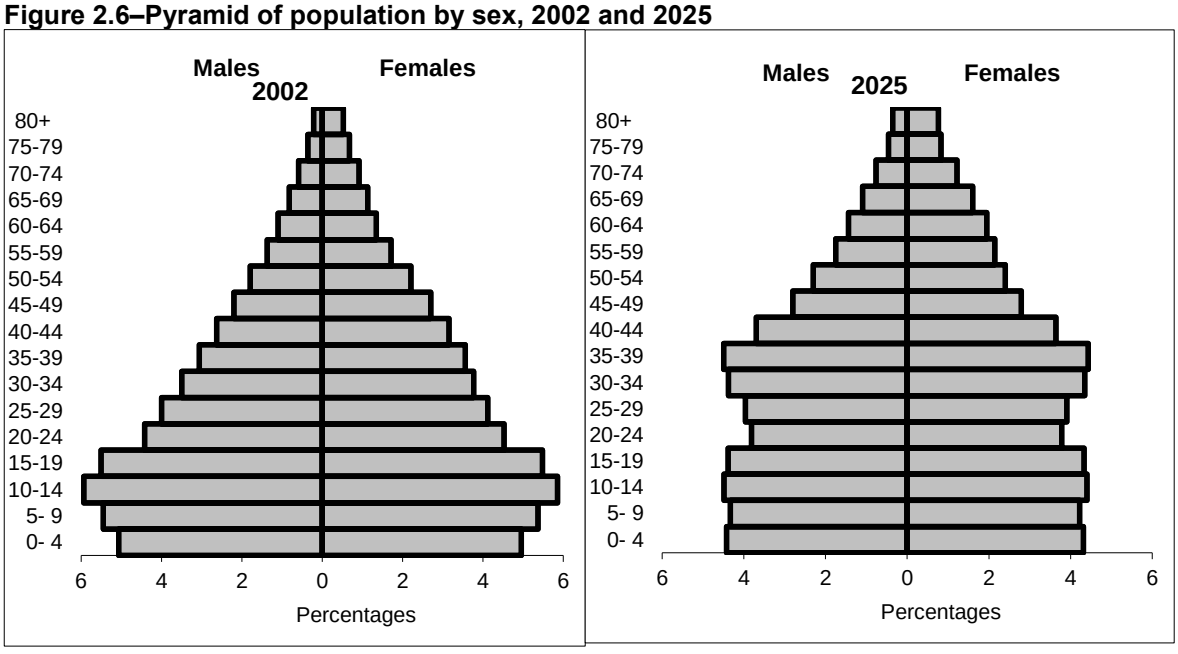
Source: Mid-year Population Estimates, 2025 series.

Table 2.2 presents population projections for older persons by province for the period 2026 to 2050. Nationally, the population of older persons is projected to increase significantly from about 6,8 million in 2026 to approximately 13,4 million by 2050. The older population is projected to increase in all provinces, with the largest increase projected for Gauteng (151,7% by 2050), followed by Mpumalanga (126,0% in 2050) and Western Cape (118,5% by 2050).

2.3 Age-sex structure of older persons

The age-sex structure of a population is the cumulative result of previous trends in fertility, mortality, and migration. The information on this composition is essential for the description and analysis of many other types of demographic data (Stats SA,2025).

Figure 2.6–Pyramid of population by sex, 2002 and 2025



Source: Mid-year Population Estimates, 2025 series.

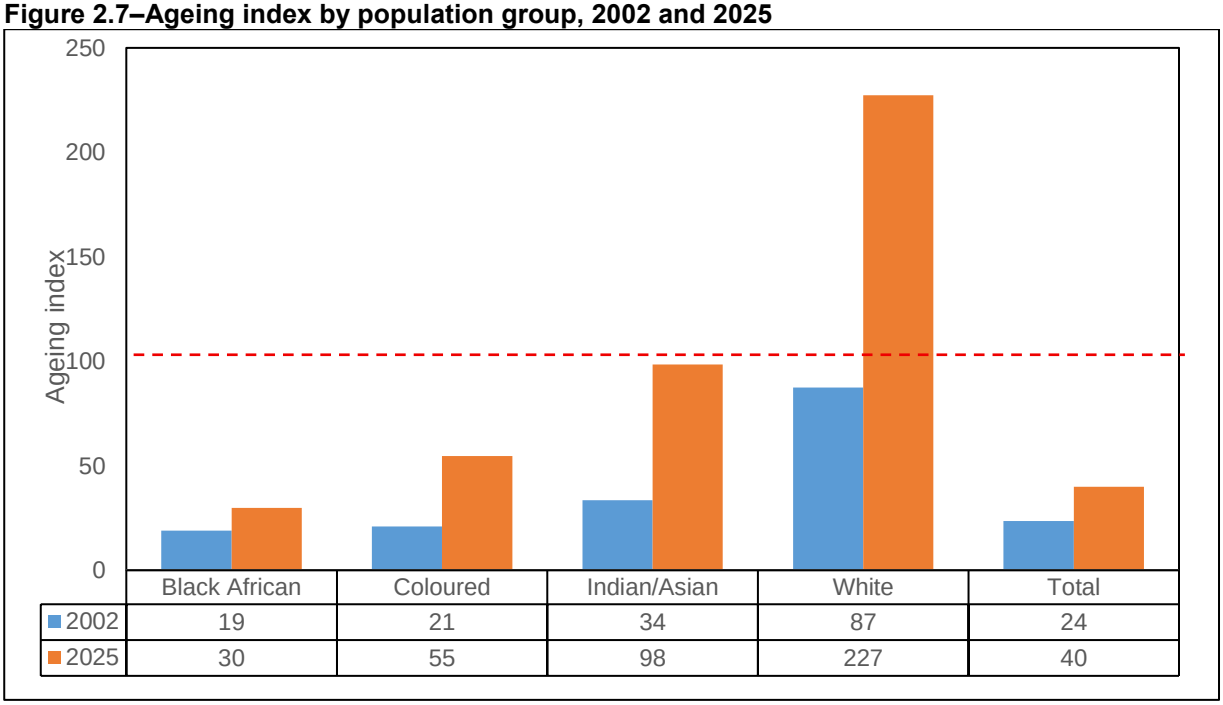
Figure 2.6 above, presents the age-sex structure of the population for 2002 and 2025 and highlights that in 2002, South Africa's population 60 years and above was relatively small, reflected by a narrow upper section of the age–sex pyramid. By 2025, the proportion of older persons have increased, resulting in a wider top of the population pyramid This reflects improvements in life expectancy that have enabled more persons to survive into older ages, with women forming a larger share of the oldest age groups.

Although, the youth population in South Africa remains substantial, but its relative share has declined over time. In 2002, children and young persons made up a large proportion of the population, reflected by a wide base of the age–sex pyramid. By 2025, the base of the pyramid narrowed, indicating a reduction in the proportion of youth. Despite this shift, youth continues to represent a significant segment of the population, highlighting the ongoing need for investment in education, skills development, and employment creation.

2.4 Ageing index

The ageing index measures the ratio of older people (aged 60+) to 100 children (under 15) in a population, acting as a key indicator of demographic aging. An ageing index of 50 means there are 50 older persons for every 100 children, while a value of 100 indicates that the number of older persons and children is equal. An index over 100 means older people outnumber children aged 15 and younger. It is used to monitor demographic shifts, with higher figures indicating faster population aging.

Figure 2.7–Ageing index by population group, 2002 and 2025

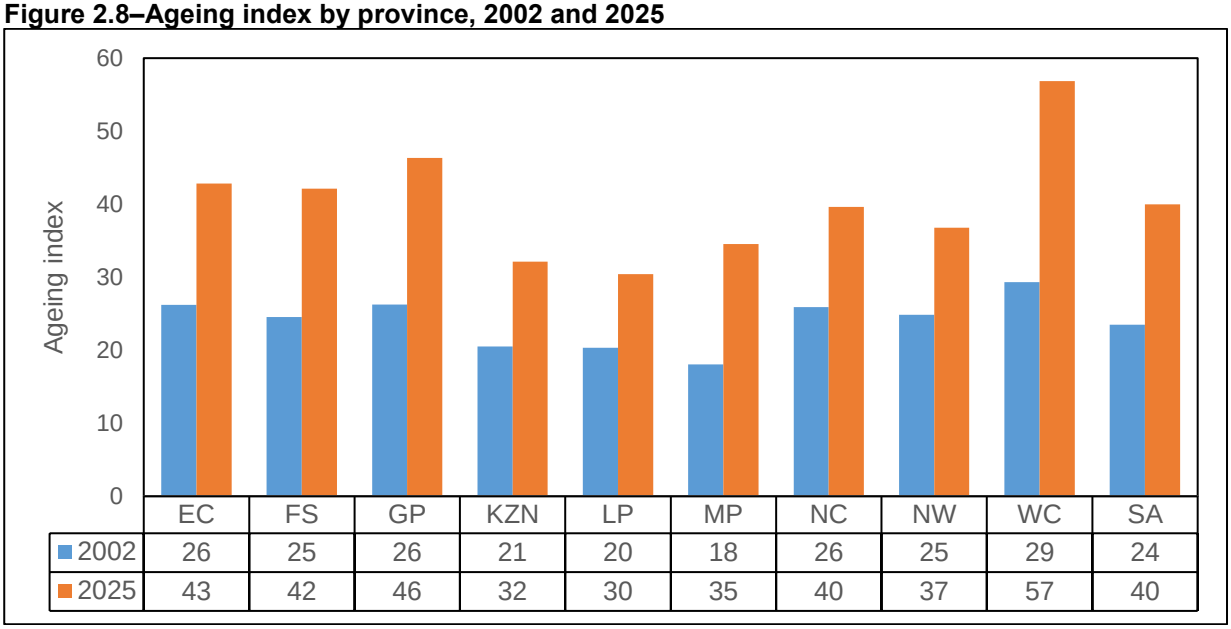


	Black African	Coloured	Indian/Asian	White	Total
2002	19	21	34	87	24
2025	30	55	98	227	40

Source: Mid-year Population Estimates, 2025 series.

Figure 2.7 illustrates the ageing index by population group in 2002 and 2025. The ageing index increased across all population groups between 2002 and 2025, reflecting ongoing population ageing in South Africa. However, substantial differences in age structure remain evident between population groups. The White population recorded the highest ageing index in both years, increasing sharply from 87 in 2002 to 227 in 2025, indicating that there are now more than twice as many older persons as children in this group. This rapid ageing may be attributed to sustained low fertility, higher life expectancy, lower mortality, and the emigration of younger cohorts. The Indian/Asian population also experienced significant ageing, with the index sharply rising from 34 to 98, approaching parity between older persons and children. A significantly higher percentage of older persons relative to children suggests an increased future burden of care, as well as a decline in future family support (Knodel and Chayovan,2008). In contrast, the Black African population maintained the lowest ageing index, increasing modestly from 19 in 2002 to 30 in 2025, reaffirming the youthfulness of the black African population in the country. The Coloured population showed moderate ageing, with the index rising from 21 to 55.

Figure 2.8–Ageing index by province, 2002 and 2025



	EC	FS	GP	KZN	LP	MP	NC	NW	WC	SA
2002	26	25	26	21	20	18	26	25	29	24
2025	43	42	46	32	30	35	40	37	57	40

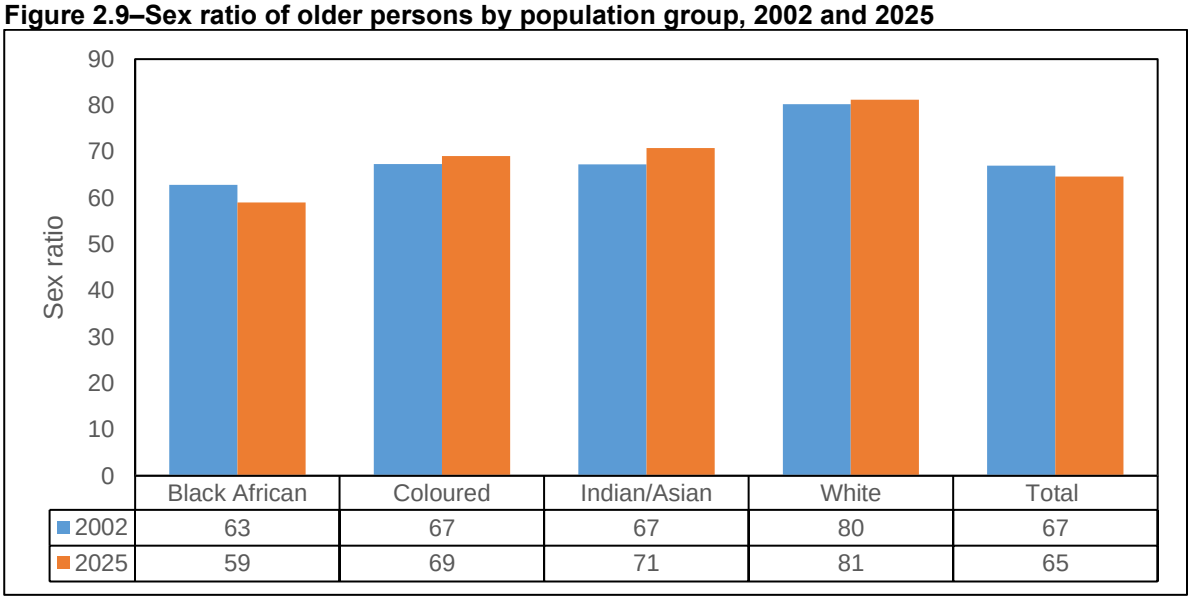
Source: Mid-year Population Estimates, 2025 series.

Figure 2.8 shows the ageing index by province. Nationally, the ageing index increased from 24 to 40 between 2002 and 2025. This indicates that the population of children aged 0–14 outnumbers that of the older persons. However, the index grew by sixteen points over this period showing that the population is progressively ageing. This increase in the ageing index suggests a need for healthcare resources, social support and accessible infrastructure to ensure a good quality of life in this age group. The provincial variations show that the ageing index varied across all provinces for the year of reference. For the reference period, Western Cape recorded the highest ageing index (29 in 2002 and 57 in 2025). In 2025, provinces with the highest ageing index include Western Cape (57), Gauteng (46), Eastern Cape (43), Free State (42) and Northern Cape (40). The high indexes in these provinces are indicative of the higher proportions of older persons to children aged 0–14 relative to other provinces. KwaZulu-Natal, Mpumalanga and Limpopo recorded the lowest ageing indexes for both years.

2.5 Sex ratios among older persons

The sex ratio describes the ratio of males to females in a population, and it is expressed as the number of males per 100 females. One hundred is the point of balance of the sexes according to this measure. A sex ratio above 100 denotes an excess of males, and a sex ratio below 100 denotes an excess of females.

Figure 2.9–Sex ratio of older persons by population group, 2002 and 2025

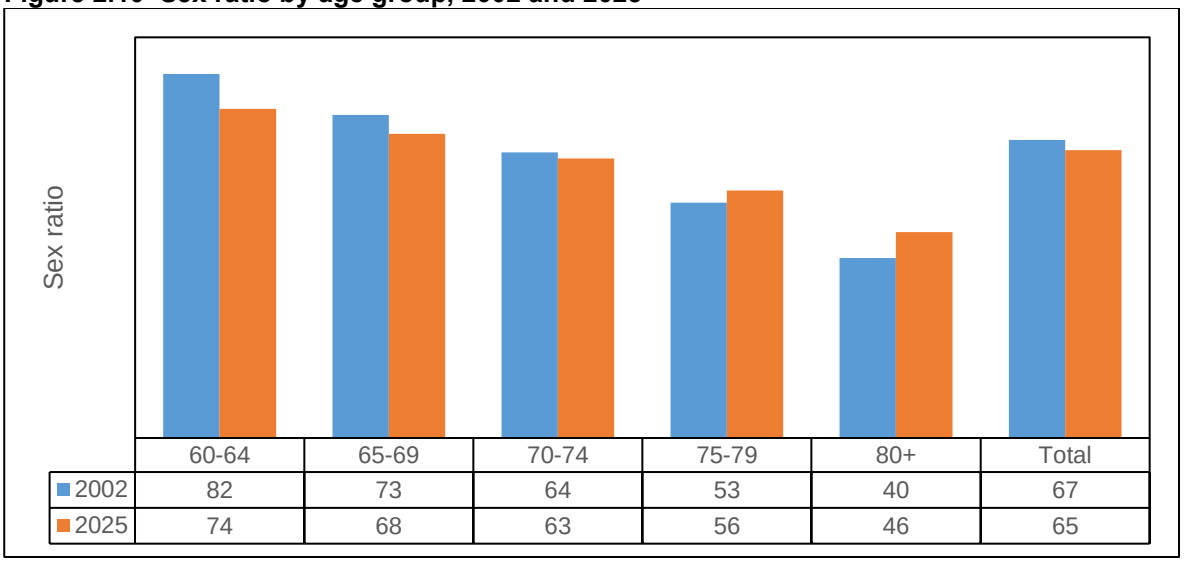


	Black African	Coloured	Indian/Asian	White	Total
2002	63	67	67	80	67
2025	59	69	71	81	65

Source: Mid-year Population Estimates, 2025 series.

Figure 2.9 above, confirms the excess of females amongst older persons across all population groups in 2002 and 2025. Nationally, the sex ratio in 2025 was 65 (down from 67 in 2002). The highest sex ratios are observed for whites (81) and Indian/Asians (71), while there were only 59 men for every 100 women amongst black African older persons. Notably, the sex ratio increased between 2002 and 2025 for all population groups except for black Africans.

Figure 2.10–Sex ratio by age group, 2002 and 2025

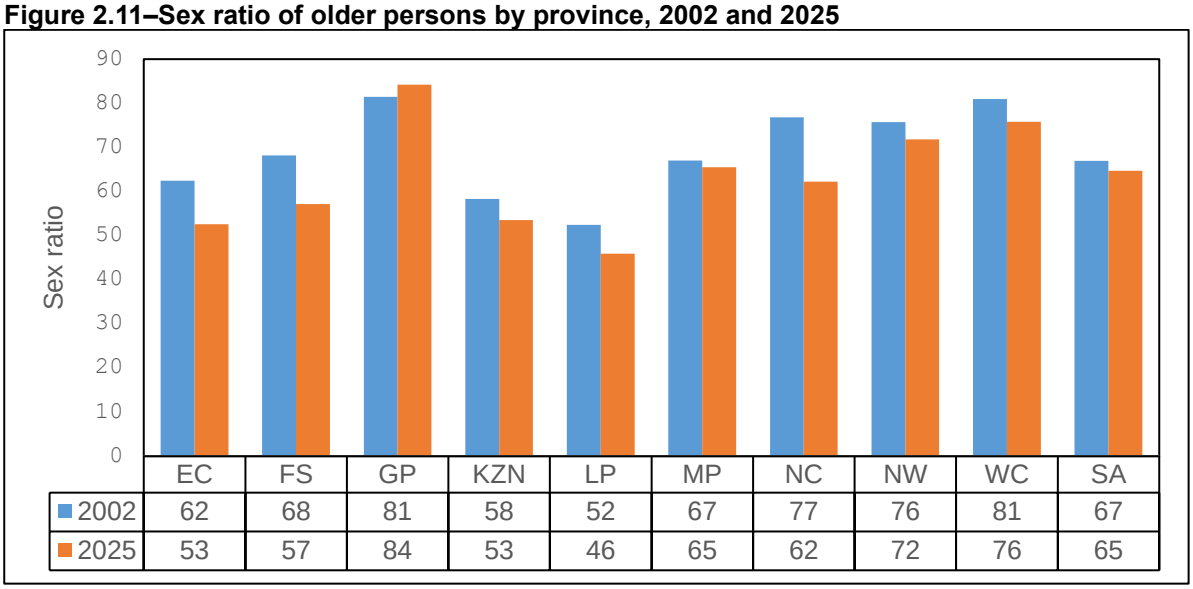


	60-64	65-69	70-74	75-79	80+	Total
2002	82	73	64	53	40	67
2025	74	68	63	56	46	65

Source: Mid-year Population Estimates, 2025 series.

Figure 2.10 above illustrates the sex ratios among the older persons by age group in 2002 and 2025. The analysis showed that most older persons were women, and their predominance tends to increase with age. For the reference period, the sex ratio of older persons declined among those aged 60-64, (from 82 to 74), 65–69 (from 73 to 68), and 70–74 (from 64 to 63), indicating a growing female majority in these groups. The 70–74 age group shows only a slight decline of one point. In contrast, the sex ratio increased in the 75–79 age group (from 53 to 56) and among those aged 80 years and above (from 40 to 46), suggesting a slight improvement in male survival at the oldest ages.

Figure 2.11–Sex ratio of older persons by province, 2002 and 2025



	EC	FS	GP	KZN	LP	MP	NC	NW	WC	SA
2002	62	68	81	58	52	67	77	76	81	67
2025	53	57	84	53	46	65	62	72	76	65

Source: Mid-year Population Estimates, 2025 series.

Figure 2.11 above, shows the sex ratio of older persons by province for 2002 and 2025. Nationally, between 2002 and 2025, the sex ratio declined by two percentage points (from 67 men per 100 women in 2002 to 65 men per 100 women in 2025), which shows a proportional increase in the female older population over the reference period.

Provincial variations showed all the provinces had more older females than older males between 2002 and 2025. Gauteng and Western Cape had the highest sex ratios among older persons relative to other provinces. For the reference period, all the provinces had more older females than males, but gaps between older males and females were smaller in Gauteng and Mpumalanga. Eastern Cape, Free State and Northern Cape showed a wider gap between older males and females as the older population in these provinces was predominantly female.

2.6 Marital status of older persons

Marital status in later life is increasingly diverse, characterised by high rates of marriage but rising divorce and cohabitation, alongside declining widowhood

Table 2.3–Marital status of older persons by sex, 2002 and 2024

Marital Status	Male		Female		Total	
	2002	2024	2002	2024	2002	2024
	N ('000)					
Legally married	992	1 416	593	975	**1 584**	**2 391**
Separated or divorced	51	117	85	71	**136**	**188**
Widowed	164	125	1 165	211	**1 330**	**337**
Single	62	376	136	1 580	**198**	**1 956**
Total	**1 269**	**252**	**1 979**	558	**3 248**	**810**
	Percentage					
Legally married	78,1	62,0	30,0	28,7	**48,8**	**42,1**
Living like husband and wife	0,0	5,1	0,0	2,1	**0,0**	**3,3**
Separated or divorced	4,0	5,5	4,3	6,2	**4,2**	**5,9**
Widowed	13,0	16,4	58,9	46,5	**40,9**	**34,4**
Single	4,9	11,0	6,9	16,4	**6,1**	**14,3**
Total	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**

Source: GHS 2002 & 2024

Table 2.3 above, shows the marital status of older persons in 2002 and 2024 (the most recent year available from the GHS). Nationally, two-fifths (42,1%) of older persons were married in 2024, down from 48,8% in 2002. About one-third (34,4%) were widowed compared to 40,9% in 2002. The table shows that compared to their female counterparts, a larger share of older males were married. The percentage of legally married older males decreased by 16,1 percentage points (from 78,1% in 2002 to 62,0% in 2024) while their female counterparts increased by 1,3 percentage points (from 30,0% in 2002 to 28,7% in 2024). A higher share of older females were widowed. The percentage of widowed older females decreased by 12,4 percentage points (from 58,9 % in 2002 to 46,5 % in 2024).

2.7 Conclusion

The population of older persons in South Africa has increased from 3,6 million (7,7%) in 2002 to 6,6 million (10,5%) in 2025; an increase of 3,0 million persons in 23 years. This demographic shift reflects declining fertility rates alongside sustained improvements in overall quality of life and life expectancy. This is further affirmed by increased ageing indexes across all population groups, with the white older population recording the highest indexes compared to other population groups. The older population is also disproportionately female across all provinces. Nationally, the sex ratio among older persons declined from 67 in 2002 to 65 in 2025, indicating a growing imbalance in favour of females. This has important social and economic implications, as older women are more likely to be widowed and potentially more vulnerable to poverty, social isolation, and health-related challenges, while older men are more likely to remain married.

3 Household Characteristics

3.1 Introduction

An ageing population is associated with a higher likelihood of experiencing functional limitations. Households are a critical context for healthy ageing in South Africa, as most older persons live in multigenerational or extended family arrangements (Stats SA, 2019; Stats SA, 2023). These living arrangements can provide important social, emotional, and practical support, but often also reflect reliance on family members for care and financial security (DSD, 2015). Evidence indicates that household composition and living arrangements influence older persons' quality of life and wellbeing, with certain household types offering greater levels of support and social engagement than others (HAALSI, 2018; Schatz et al., 2017). Older persons, particularly women, frequently play a key economic and social role within households through the sharing of pension income, which supports younger generations and contributes to household survival (Case & Deaton, 1998; Stats SA, 2019). It is therefore important to understand the household formation and living arrangements of South Africans. This chapter provides information about the households headed by older persons, the characteristics of the household head, the household's composition as well as inter-generational household types.

Table 3.1–Distribution of households headed by older persons in South Africa, 2002 and 2024

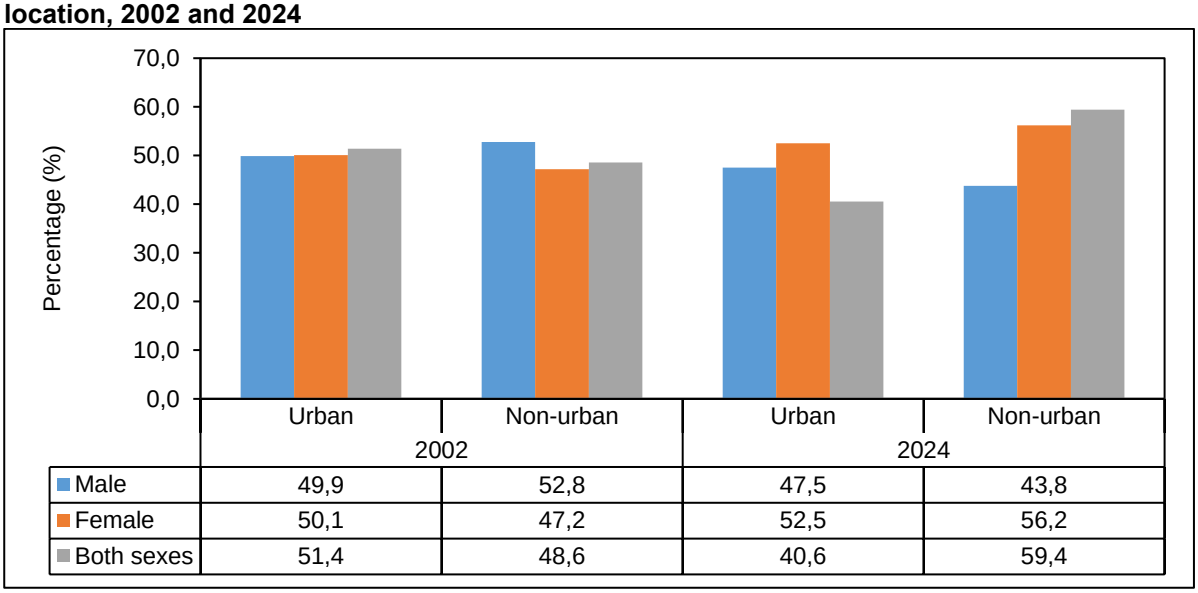
Province	SA households (excluding older persons-headed households)		Older persons-headed households					
			Male		Female		Both sexes	
	N'(000)	Percent (%)	N'(000)	Percent (%)	N'(000)	Percent (%)	N'(000)	Percent (%)
	2002							
Western Cape	1 005	82,6	129	60,9	83	39,1	212	17,4
Eastern Cape	1 093	72,6	180	43,6	233	56,4	413	27,4
Northern Cape	194	78,5	30	56,6	23	43,5	53	21,5
Free State	556	81,8	65	52,7	58	47,3	124	18,2
KwaZulu-Natal	1 637	79,1	175	40,5	258	59,5	433	20,9
North West	618	80,6	68	45,5	81	54,5	149	19,4
Gauteng	2 404	86,3	209	54,7	173	45,3	381	13,7
Mpumalanga	652	81,4	76	50,7	74	49,3	149	18,6
Limpopo	876	78,1	101	41,2	144	58,8	245	21,9
South Africa	**9 035**	**81,7**	**1 032**	**47,8**	**1 127**	**52,2**	**2 159**	**19,3**
	2024							
Western Cape	1 736	79,1	221	48,1	239	51,9	460	20,9
Eastern Cape	1 233	69,3	240	43,9	307	56,1	547	30,7
Northern Cape	290	74,6	51	51,2	48	48,8	99	25,4
Free State	795	77,6	91	39,6	138	60,4	229	22,4
KwaZulu-Natal	2 651	78,3	315	42,8	421	57,2	736	21,7
North West	1 137	79,4	141	48,0	153	52,0	294	20,6
Gauteng	5 021	84,0	471	49,1	488	50,9	960	16,0
Mpumalanga	1 233	79,9	129	41,7	180	58,3	309	20,1
Limpopo	1 418	77,9	169	41,9	234	58,1	403	22,1
South Africa	**15 514**	**79,4**	**1 828**	**45,3**	**2 209**	**54,7**	**4 037**	**20,6**

Source: GHS 2003 & 2024

Table 3.1 above, shows the share of households headed by older persons in 2002 and 2024 in relation to all households in South Africa (excluding older persons). Between 2002 and 2024, the percentage of households headed by older persons for both sexes increased by 1,3 percentage points (from 19,3% in 2002 to 20,6% in 2024). All provinces saw an increase in the percentage of households headed by older persons. Free State and Northern Cape reported the highest rates of 4,2 percentage points and 3,9 percentage points, respectively.

Despite the national increase of households headed by older persons, households headed by older males dropped by 2,5 percentage points (from 47,8% in 2002 to 45,3% in 2024), while their female counterparts increased by the same percentage points. A decrease in households headed by older males was due to a significant drop of 12,8% in Western Cape.

Figure 3.1–Percentage distribution of households headed by older persons by sex and geographical location, 2002 and 2024



	2002 Urban	2002 Non-urban	2024 Urban	2024 Non-urban
Male	49,9	52,8	47,5	43,8
Female	50,1	47,2	52,5	56,2
Both sexes	51,4	48,6	40,6	59,4

Source: GHS 2002 & 2024

Figure 3.1 above, shows the percentage distribution of households headed by older persons by sex and geographical location over the period 2002 and 2024. Nationally, households headed by older persons were more likely to be found in urban areas in 2002, and the opposite was observed in 2024. Between 2002 and 2024, households headed by older persons in urban areas saw a drop of 10,8 percentage points (from 51,4% in 2002 to 40,6% in 2024), whereas non-urban areas experienced a rise of the same percentage points of 10,8.

In 2002, households headed by older females were higher in urban areas (50,1%) compared to their male counterparts (49,9%), while households headed by older males recorded the highest percentage (52,8%) in non-urban, compared to their female counterparts (47,2%). Households headed by older males decreased by (2,4 and 9,0 percentage points, respectively), whereas households headed by older females experienced a rise of the same percentage points in both urban and non-urban areas.

Table 3.2– Average household size of households headed by older persons by province, 2024

Province	Average household size
Western Cape	3,3
Eastern Cape	3,8
Northern Cape	3,5
Free State	3,3
KwaZulu-Natal	4,4
North West	3,6
Gauteng	3,3
Mpumalanga	4,0
Limpopo	3,9
South Africa	3,7

Source: GHS 2024

Table 3.2 shows the average household size of households headed by older persons by province in 2024. The South African households headed by older persons consist of around 4 members of households in average. Provincial variations shows that KwaZulu-Natal has the highest average household size compared to other provinces.

3.2 Living arrangements

The living arrangements of older persons are influenced by cultural, social, economic, and demographic factors. Cultural norms regarding family responsibility and intergenerational support often determine whether older persons live alone, with a spouse or partner, or with extended family members. In many societies, multigenerational households have traditionally been common, reflecting shared caregiving and mutual support across age groups. However, these arrangements are changing as societies modernise and family structures evolve.

Demographic changes, particularly population ageing, also affect household composition. Lower fertility rates mean that older persons today generally have fewer children and grandchildren than previous generations. At the same time, increased life expectancy, urbanisation, and labour migration have contributed to smaller households and greater geographic separation of family members. As a result, fewer older persons have immediate family available for co-residence

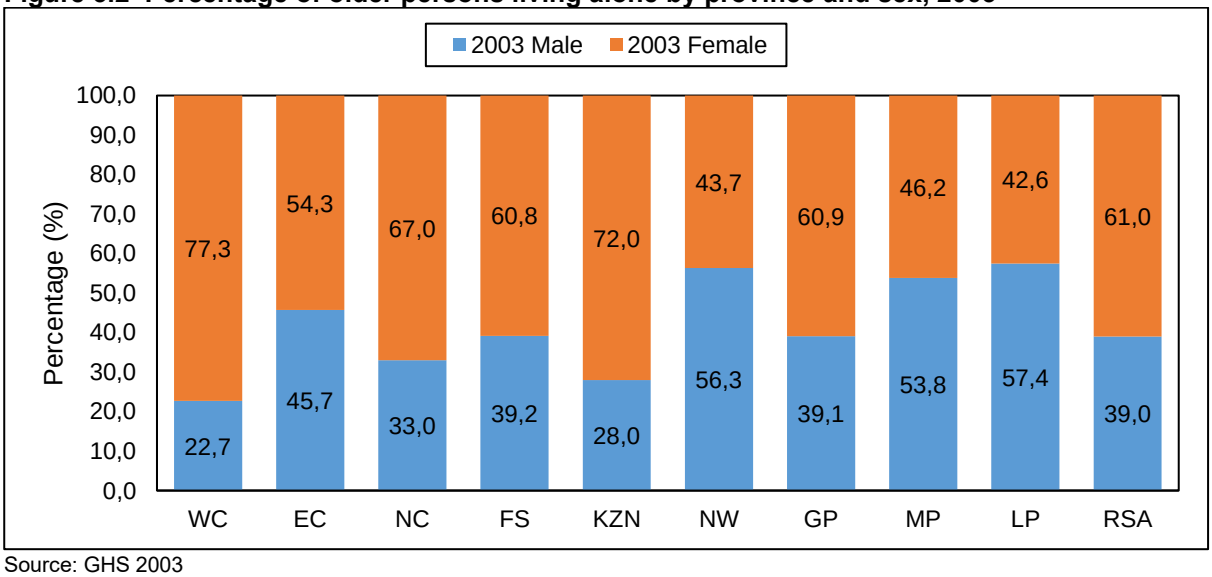
Table 3.3–Proportion of older persons living alone in South Africa, 2003 and 2024

Province	2003			2024		
	Living alone		Older persons	Living alone		Older persons
	N'(000)	Percent (%)	N'(000)	N'(000)	Percent (%)	N'(000)
Western Cape	46	14,1	375	76	12,0	828
Eastern Cape	52	15,9	585	92	14,5	724
Northern Cape	8	2,6	81	18	2,8	146
Free State	15	4,6	180	50	7,8	287
KwaZulu-Natal	51	15,8	674	78	12,2	990
North West	21	6,4	219	51	8,0	397
Gauteng	95	29,2	598	181	28,4	1 415
Mpumalanga	17	5,2	217	43	6,8	400
Limpopo	21	6,4	362	48	7,5	494
South Africa	326	9,9	3 292	638	11,1	5 681

Source: GHS 2003 & 2024

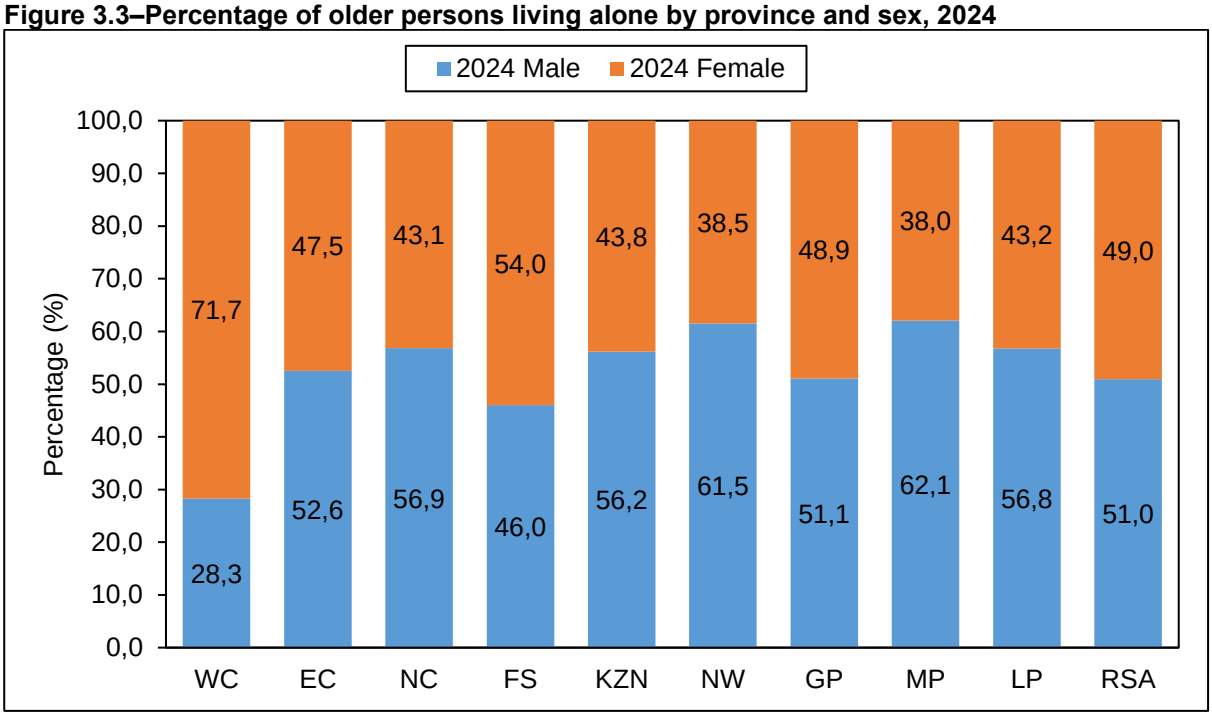
Table 3.3 above, displays the proportion of older persons living alone in relation to the total older population in 2003 and 2024. Nationally, 9,9% of older persons lived alone in 2003, an increase of 1,2 percentage points to 11,1% in 2024. Provincial variations showed that the highest percentage of older persons living alone were in Gauteng (29,2% in 2003 and 28,4 in 2024) followed by Eastern Cape (15,9% in 2003 and 14,5 in 2024) and the least was Northern Cape (2,6% in 2003 and 2,8 in 2024). The most significant rise was noted in Free State at 3,2 percentage points, followed by Mpumalanga and North West at 1,6 percentage points.

Figure 3.2–Percentage of older persons living alone by province and sex, 2003



Source: GHS 2003

Figure 3.3–Percentage of older persons living alone by province and sex, 2024



Source: GHS 2024

Figures 3.2 and 3.3 demonstrate the percentage distribution of older persons living alone by province and sex in 2003 and 2024. Generally, females comprised a larger percentage in 2003, but that drops to 49,0% in 2024. Western Cape continued to have the largest percentage of females living alone (77,3% in 2003 and 71,7% in 2024). The largest drop of older females living alone was recorded in KwaZulu-Natal at 28,2 percentage points (from 72,0% in 2003 to 43,8% in 2024). The data analysis revealed gender disparities for older persons living alone, with older females recording the highest percentage in 2003, while older males living alone was slightly higher than their female counterparts in 2024.

Figure 3.4–Percentage of older persons living alone by geographical location, 2003

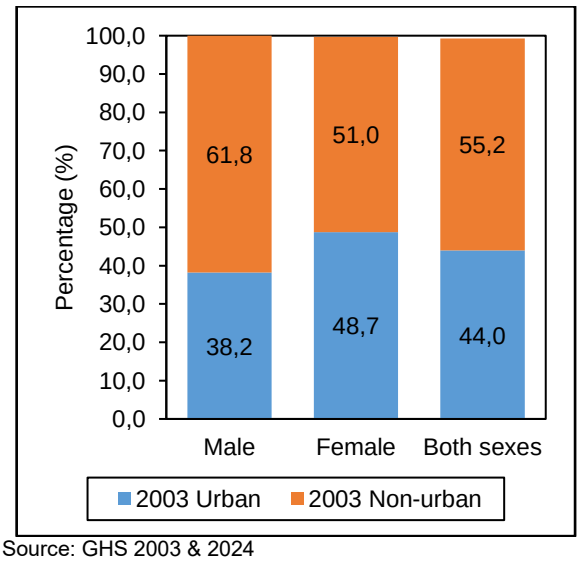
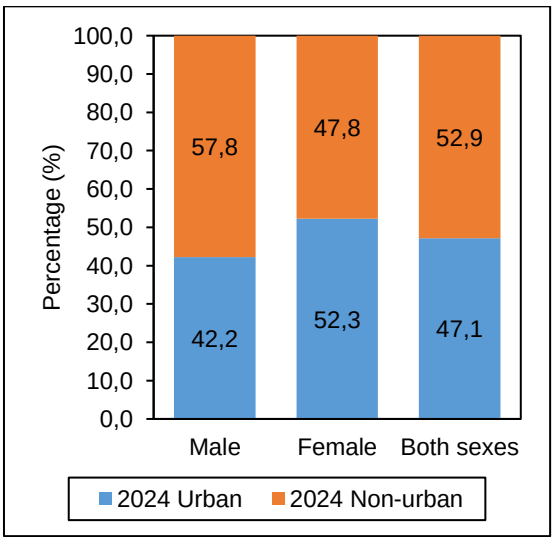


Figure 3.5–Percentage of older persons living alone by geographical location, 2024



Source: GHS 2003 & 2024

Figures 3.4 and 3.5 illustrates the percentage of older persons living alone by geographical location in 2003 and 2024. Amongst older persons who lived alone, 38,2% of males and 48,7% of females lived in urban areas in 2003. This changed to 42,2% and 52,3% of males and females respectively in 2024. On contrary, the percentage of older persons who lived alone in non-urban declined between the years regardless of sex. For the period of 2003 and 2024, the percentage of older males who lived alone in urban areas decreased by

4,0%. During the same reference period, there was a 3,6-percentage points increase of older females who resided alone in urban areas (from 48,7% in 2003 to 52,3% in 2024).

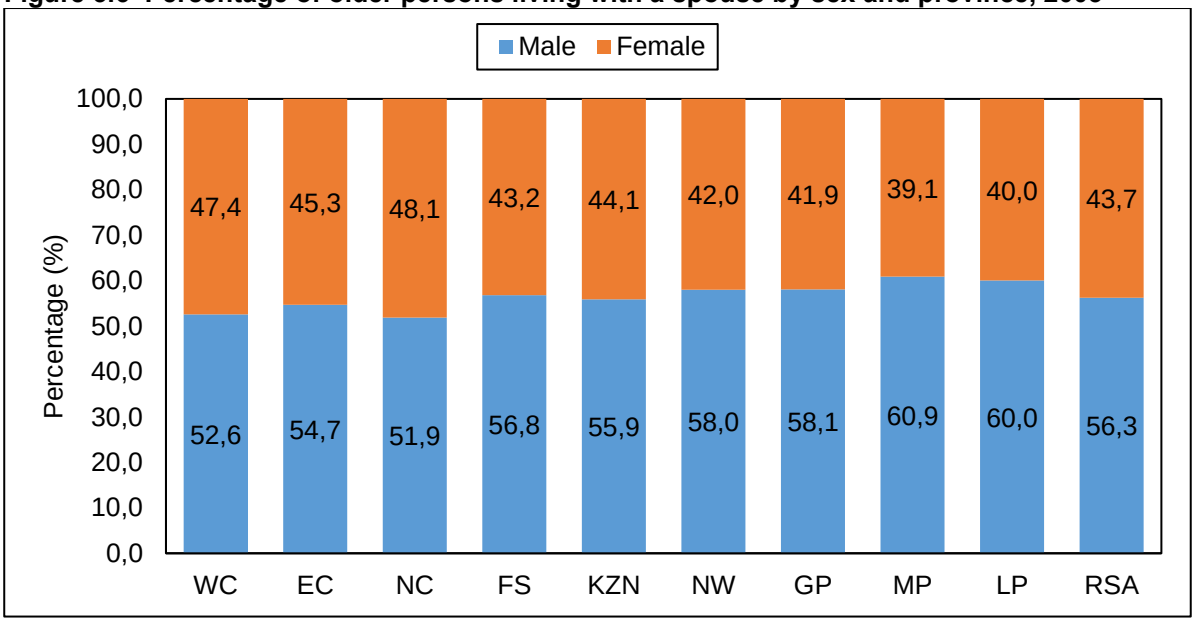
Table 3.4–Distribution of older persons living with a spouse by province, 2003 and 2024

Province	2003			2024		
	Living with a spouse		Older persons	Living with a spouse		Older persons
	N'(000)	Per cent (%)	N'(000)	N'(000)	Per cent (%)	N'(000)
Western Cape	168	44,8	375	332	40,1	828
Eastern Cape	125	21,4	585	160	22,1	724
Northern Cape	22	27,2	81	50	34,2	146
Free State	45	25,0	180	61	21,3	287
KwaZulu-Natal	143	21,2	674	222	22,4	990
North West	45	20,5	219	89	22,4	397
Gauteng	237	39,6	598	501	35,4	1 415
Mpumalanga	42	19,4	217	98	24,5	400
Limpopo	61	16,9	362	99	20,0	494
South Africa	**888**	**27,0**	**3 292**	**1 613**	**28,4**	**5 681**

Source: GHS 2003 & 2024

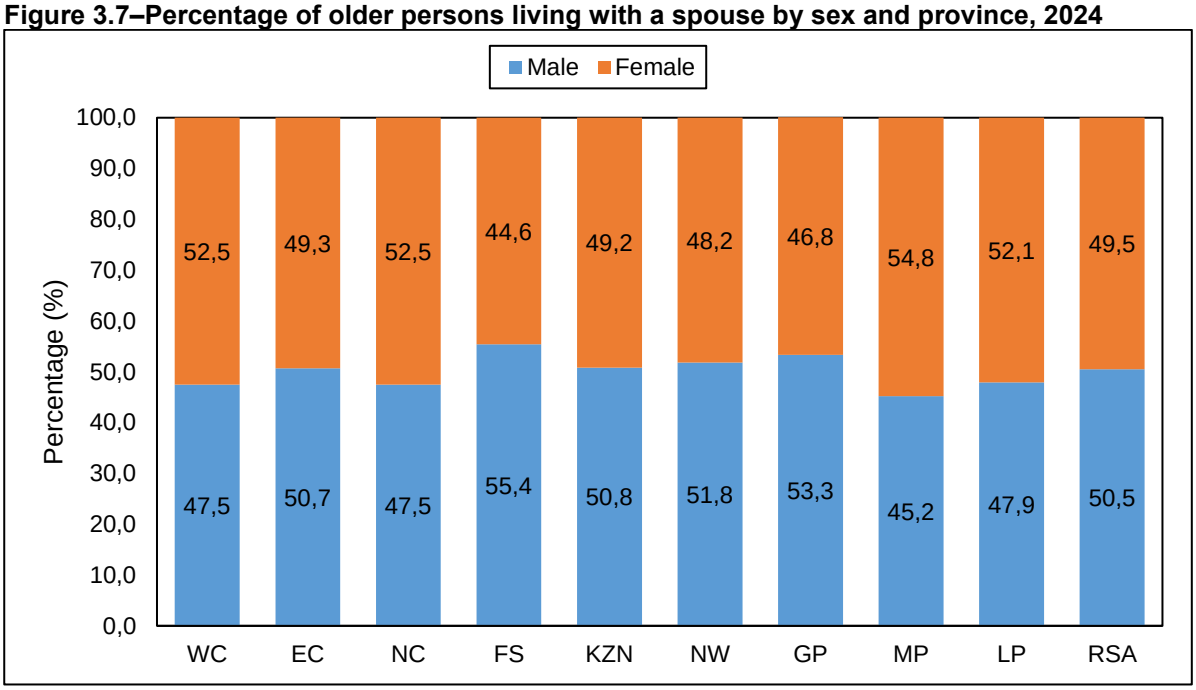
Table 3.4 above, shows the percentage of older persons living with their spouses in 2003 and 2024. Between 2003 and 2024, the number of older persons living with their spouse increased by 1,4 percentage points from 27,0% in 2003 to 28,4% in 2024. Provincial differences showed that Western Cape (44,8% in 2003 and 40,1% in 2024) and Gauteng (39,6% in 2003 and 35,4% in 2024) recorded the highest percentage of older persons living with their spouse. Limpopo, Mpumalanga and North West recorded the least percentage of older persons living with spouse in 2003, while in 2024 Limpopo, Free State and Eastern Cape remained low for older persons living with spouse.

Figure 3.6–Percentage of older persons living with a spouse by sex and province, 2003



Source: GHS 2003

Figure 3.7–Percentage of older persons living with a spouse by sex and province, 2024



Source: GHS 2024

Figures 3.6 and 3.7 display the percentage of older persons living with their spouses in 2003 and 2024. The results showed that older males were more likely to live with a spouse, than their female counterparts, accounting for (56,3% in 2003 and 50,5% in 2024). Generally older females who lived with spouse increased by 5,8 percentage points whilst their male counterparts saw a decline of 5,8 percentage points for the reference period. Older females were more likely to live with spouses in four provinces namely, Western Cape and Northern Cape at (52,5%), Mpumalanga (54,8%) and Limpopo (52,1%).

Figure 3.8–Percentage distribution of older persons living with a spouse by geographic location, 2003

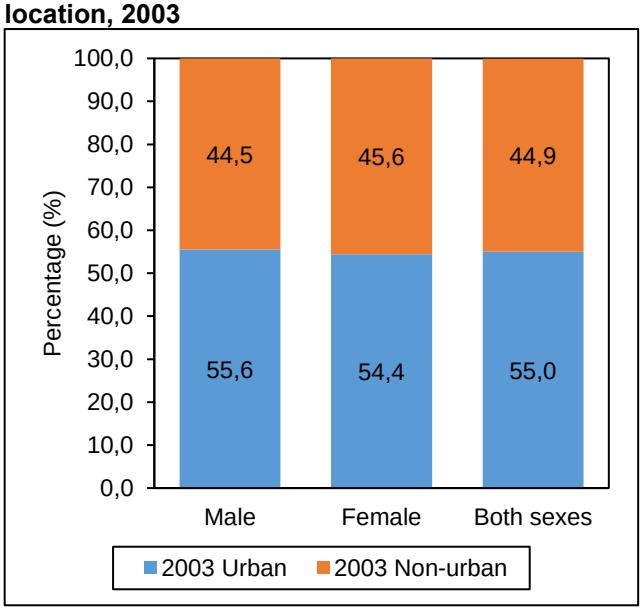
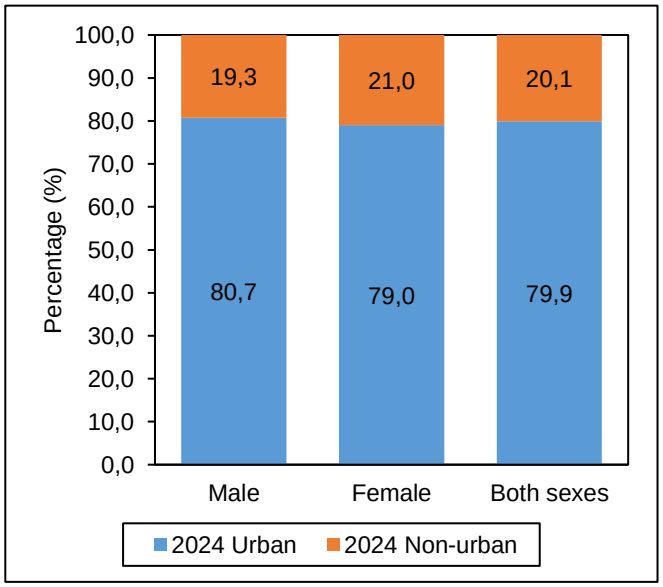


Figure 3.9–Percentage distribution of older persons living with a spouse by geographic location, 2024



Source: GHS 2003 & 2024

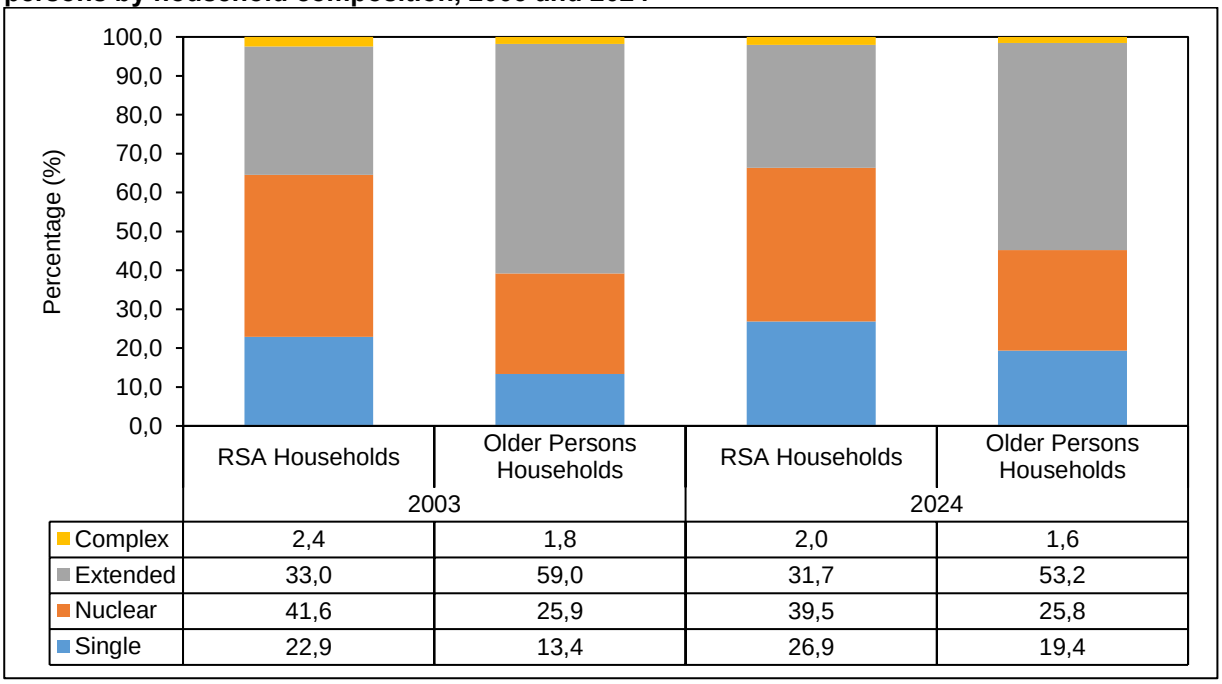
Figures 3.8 and 3.9 illustrate the percentage of older persons living with spouses by geographical location in 2003 and 2024. Overall, the findings show that a larger proportion of older male and females staying with their spouses lived in urban areas.

Results revealed that 80,7% of males who lived with spouses in 2024 lived in urban areas, and 19,3% in non-urban areas. In 2003, 55,6% of males who lived with spouses lived in urban areas and 44,5% in non-urban areas. The proportion of older males who lived with a spouse in urban areas increased by 25,1 percentage points from (55,6% in 2003 to 80,7% in 2024), whereas the percentage for older females increased by 24,6 percentage points from (54,4% in 2003 to 79,0% in 2024).

3.3 Household composition

Household composition is derived from information about the relationship of each household member to the household head. Households have been categorised into four broad household types: single, nuclear, extended and complex. A single household is a one-person household. Nuclear households are defined as 'households consisting of household heads, their spouses and offspring', while the extended household would include other relatives in addition to the nucleus. Complex households are households with members who are not related to the household head.

Figure 3.10–Percentage distribution of South African households and households headed by older persons by household composition, 2003 and 2024

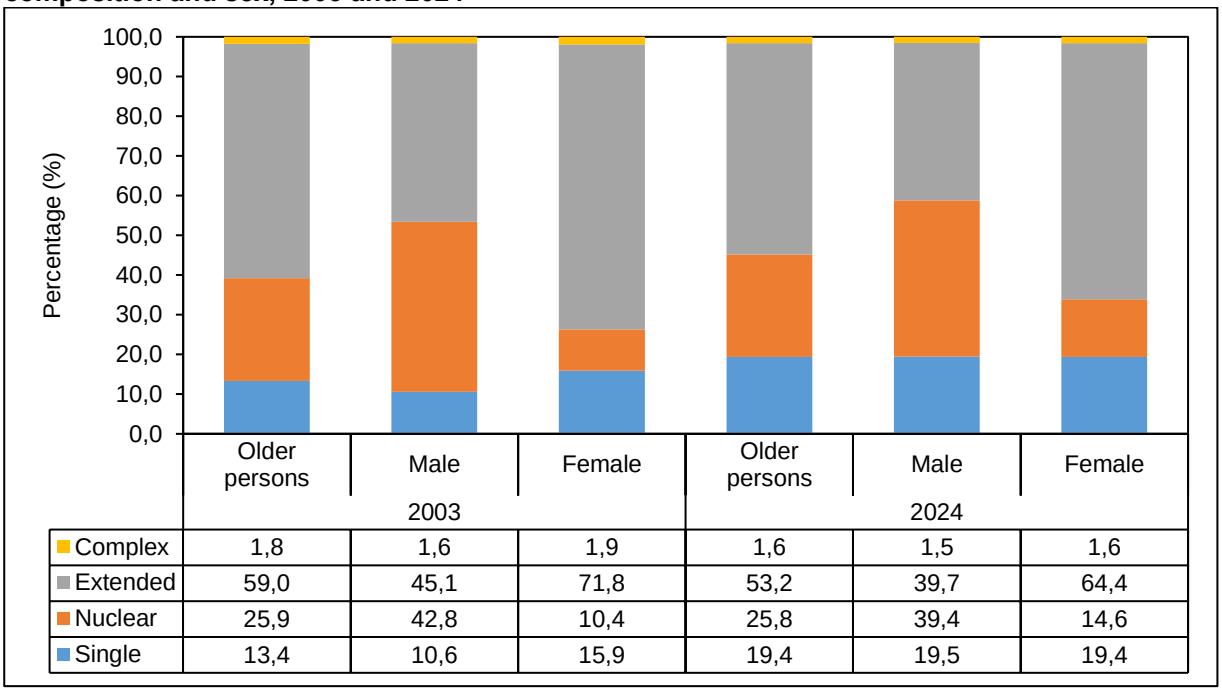


	2003 RSA Households	2003 Older Persons Households	2024 RSA Households	2024 Older Persons Households
Complex	2,4	1,8	2,0	1,6
Extended	33,0	59,0	31,7	53,2
Nuclear	41,6	25,9	39,5	25,8
Single	22,9	13,4	26,9	19,4

Source: GHS 2003 & 2024

Figure 3.10 above, presents the living arrangements of households in general, and of those headed by older persons in 2003 and 2024. Extended households were more common (over 50,0%) among older persons compared to South African households in general; however, the percentage of households headed by older persons decreased by 5,8 percentage points (from 59,0% in 2003 to 53,2% in 2024). Nuclear households, which ranked as the second most prevalent type among households headed by older persons decreased for both the older persons and overall South African households. In contrast, nuclear households were more prevalent in South African households.

Figure 3.11–Percentage distribution of households headed by older persons by household composition and sex, 2003 and 2024

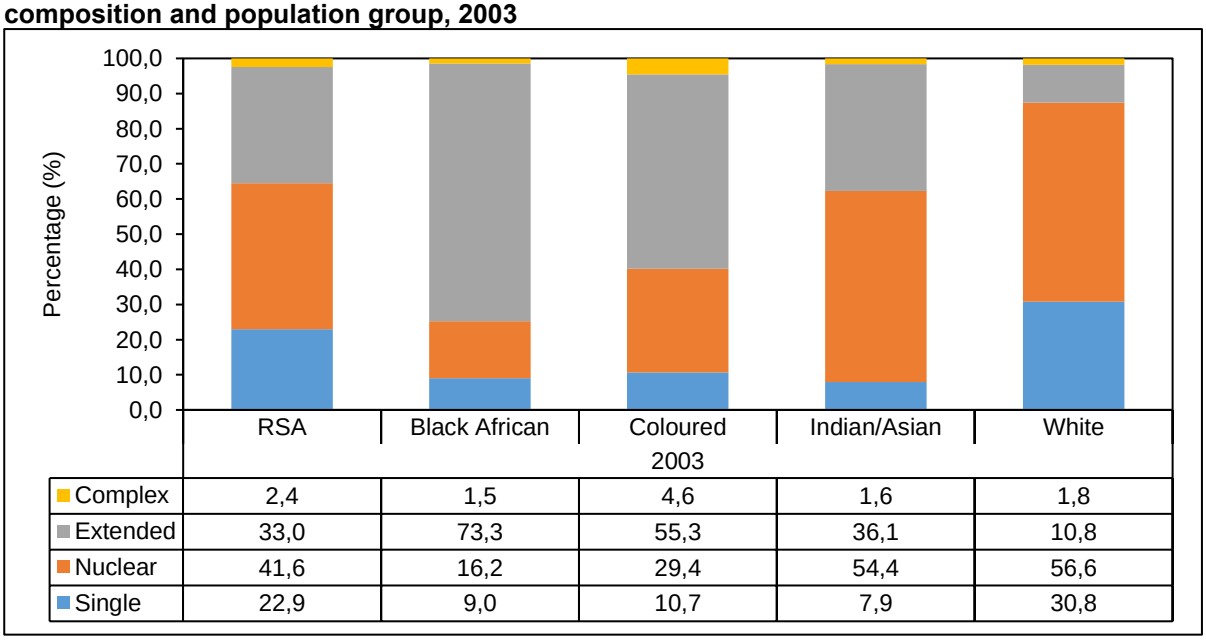


	Older persons	Male	Female	Older persons	Male	Female
	2003			2024		
Complex	1,8	1,6	1,9	1,6	1,5	1,6
Extended	59,0	45,1	71,8	53,2	39,7	64,4
Nuclear	25,9	42,8	10,4	25,8	39,4	14,6
Single	13,4	10,6	15,9	19,4	19,5	19,4

Source: GHS 2003 & 2024

Figure 3.11 depicts the percentage distribution of households headed by older persons by household composition and sex in 2003 and 2024. Extended households were the most common among older persons when compared to other types of households. For the reference period, complex households were the least common for both sexes. The analysis revealed that the percentage of older persons living alone increased by 6,0 percentage points (from 13,4% in 2003 to 19,4% in 2024). Additionally, a greater percentage of older females were likely to reside in extended households, though a decreasing by7,4 percentage points (from 71,8% in 2003 to 64,4% in 2024).

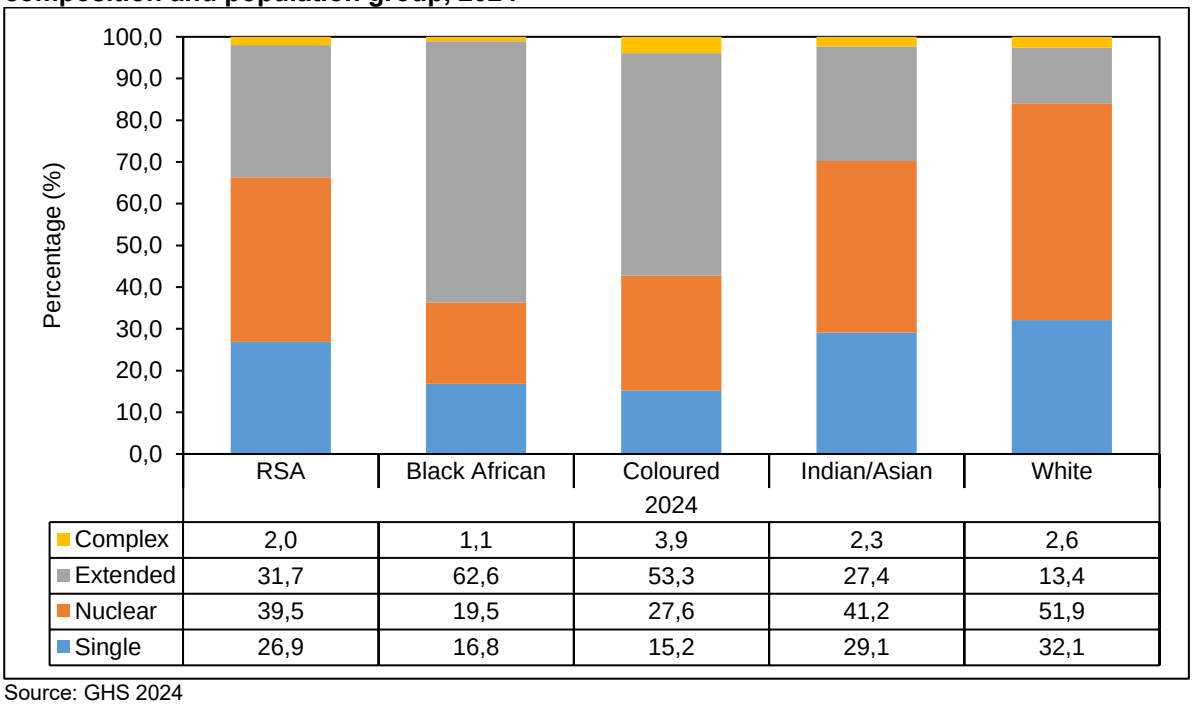
Figure 3.12–Percentage distribution of households headed by older persons by household composition and population group, 2003



	RSA	Black African	Coloured	Indian/Asian	White
	2003				
Complex	2,4	1,5	4,6	1,6	1,8
Extended	33,0	73,3	55,3	36,1	10,8
Nuclear	41,6	16,2	29,4	54,4	56,6
Single	22,9	9,0	10,7	7,9	30,8

Source: GHS 2003

Figure 3.13–Percentage distribution of households headed by older persons by household composition and population group, 2024

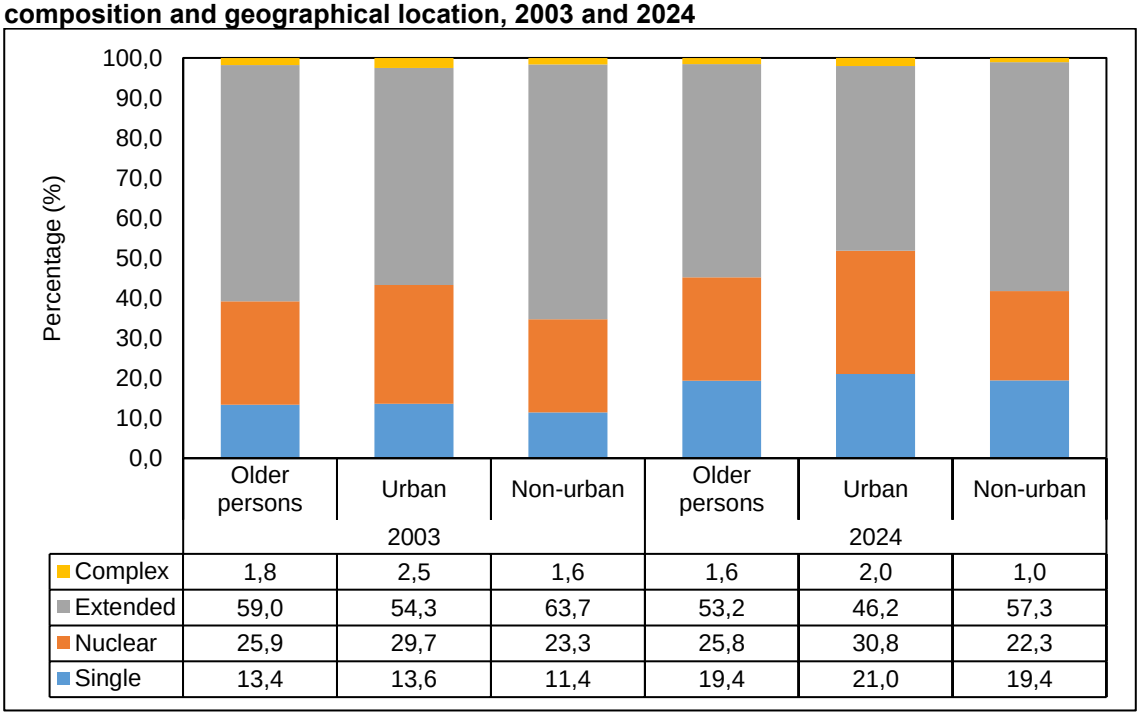


	RSA	Black African	Coloured	Indian/Asian	White
	2024				
Complex	2,0	1,1	3,9	2,3	2,6
Extended	31,7	62,6	53,3	27,4	13,4
Nuclear	39,5	19,5	27,6	41,2	51,9
Single	26,9	16,8	15,2	29,1	32,1

Source: GHS 2024

Figures 3.12 and 3.13 shows the distribution of households headed by older persons by household composition and population group in 2003 and 2024. In both 2003 and 2024, older persons in the black African and coloured populations were most likely to live in extended households. Older white population group was the least likely to live in extended households (at 10,8% in 2003 and 13,4% in 2024). For the reference period, white and Indian/Asian older population were predominantly found in nuclear households; however, the proportion of Indian/Asian older persons residing in this household type decreased by 13,2 percentage points (from 54,4% in 2003 to 41,2% in 2024).

Figure 3.14–Percentage distribution of households headed by older persons by household composition and geographical location, 2003 and 2024



	Older persons	Urban	Non-urban	Older persons	Urban	Non-urban
	2003			2024		
Complex	1,8	2,5	1,6	1,6	2,0	1,0
Extended	59,0	54,3	63,7	53,2	46,2	57,3
Nuclear	25,9	29,7	23,3	25,8	30,8	22,3
Single	13,4	13,6	11,4	19,4	21,0	19,4

Source: GHS 2003 & 2024

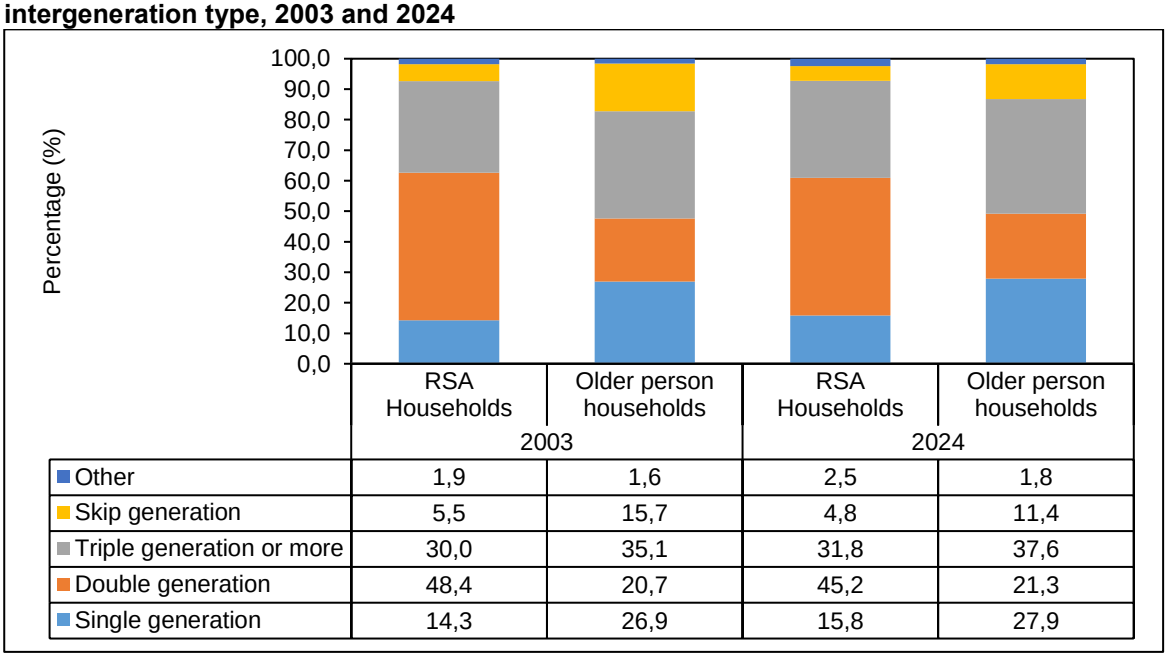
Figure 3.14 represents the percentage distribution of households headed by older persons by household composition and geographical location. The analysis shows significant variations in the geographical

distribution of various household types among households headed by older persons. The households headed by older persons were dominant in extended households in both urban and non-urban for both years. In non-urban areas, most of the households headed by older persons resided in extended households headed (at 63,7% in 2003 and 57,3% in 2024). Nuclear households headed by older persons were most common in in urban rather than in non-urban. In 2024, 25,8% of households headed by older persons in urban were nuclear households, and 19,4% were single-person households.

3.4 Intergenerational household type

The prevalence of intergenerational households differs amongst population groups; as household income and cultural preference may impact how the households are structured. Population groups with high incomes tend to have lower proportions of intergenerational households when compared to low- and middle-income groups. Intergenerational households in this report are classified into four main groups, namely: one (single) generation; two generations; two or more generations; and skip-generations. A single generation household consists of persons of the same age group: a married or cohabiting couple, a single person, siblings, or roommates. A double-generation household includes a parent or parents and their child or children under the age of 25. In households consisting of more than three generations, the ages in the household can range from infancy to extreme old-age. Lastly, when a generation is skipped or not present in a household, this is defined as a skipped-generation household. For example, a skipped-generation household is formed when grandparents care for their grandchildren whose parents may be deceased or unable to care for them.

Figure 3.15–Percentage distribution of older persons and RSA population by household intergeneration type, 2003 and 2024



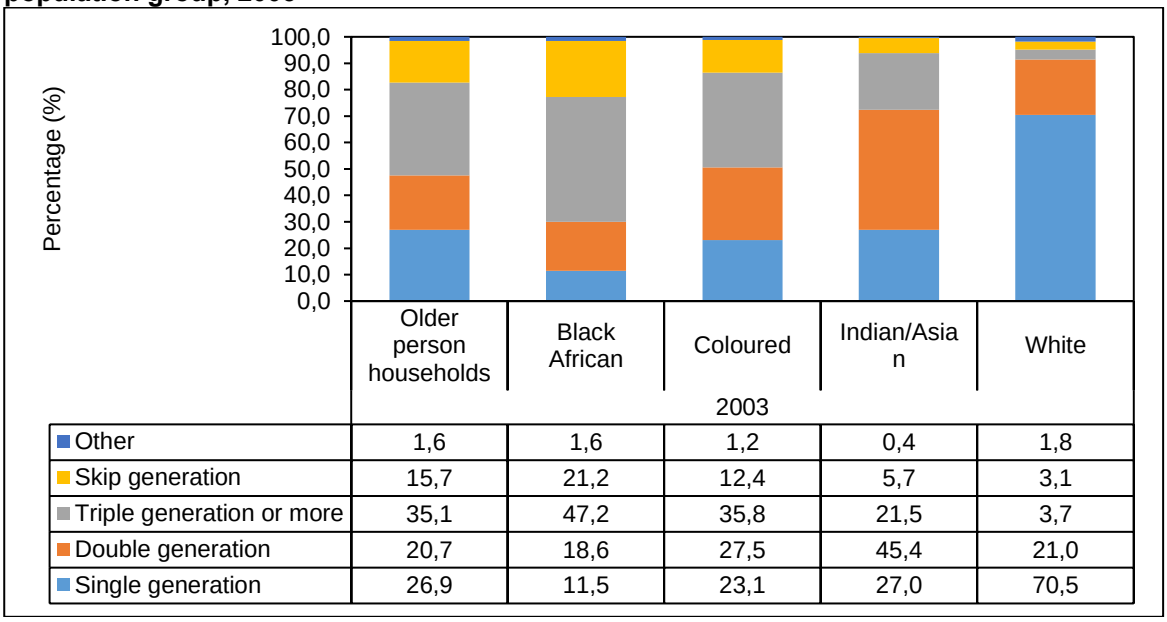
	2003		2024	
	RSA Households	Older person households	RSA Households	Older person households
Other	1,9	1,6	2,5	1,8
Skip generation	5,5	15,7	4,8	11,4
Triple generation or more	30,0	35,1	31,8	37,6
Double generation	48,4	20,7	45,2	21,3
Single generation	14,3	26,9	15,8	27,9

Source: GHS 2003 & 2024

Figure 3.15 illustrates the percentage distribution of older persons across intergenerational households in 2003 and 2024. Analysis indicated that from 2003 to 2024, significant disparities existed between the South African population and older persons concerning intergenerational household distribution. Triple-generation or more households were more common amongst older persons relative to other types of intergenerational households (at 35,1% in 2003 and 37,6% in 2024).

Single-generation households were the second most common intergeneration type for older persons, followed by double-generation households. Older persons were less likely to live in the skip generation; however, the percentage of older persons staying in skip-generation households were higher (over 11,0%) compared to overall South African households (less than 6,0%).

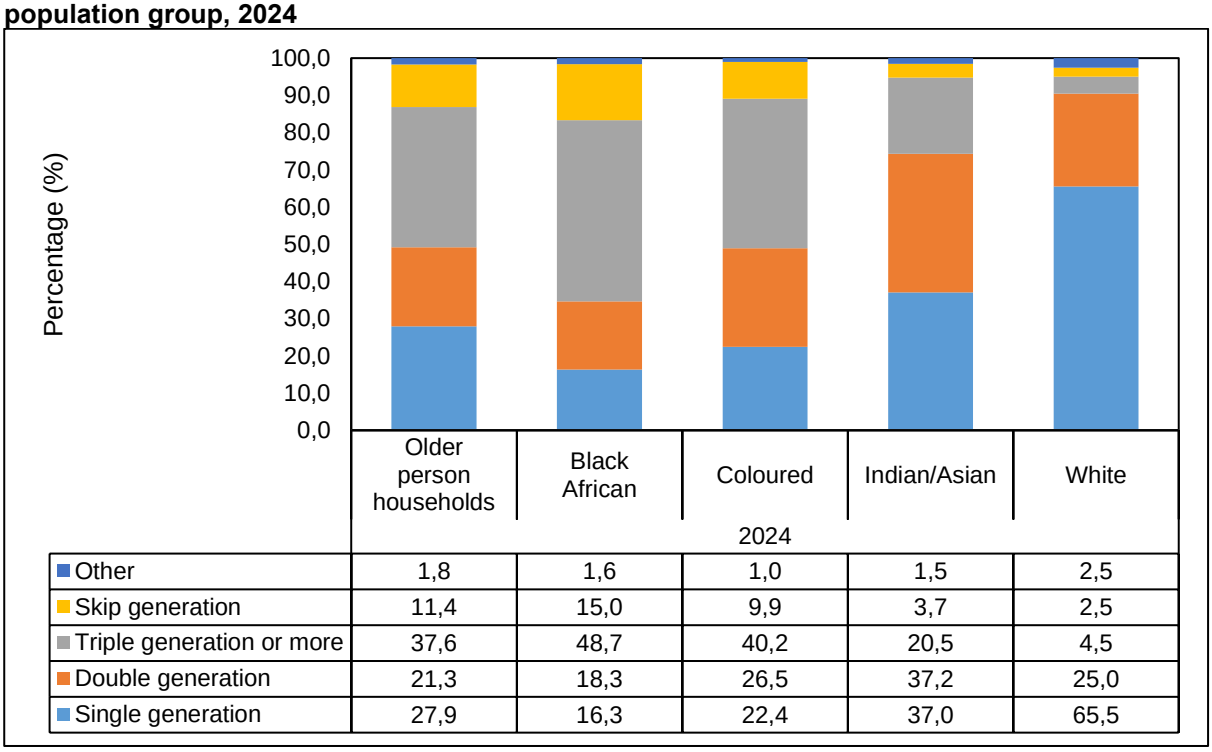
Figure 3.16–Percentage distribution of older persons by household intergeneration type and population group, 2003



	Older person households	Black African	Coloured	Indian/Asian	White
	2003				
Other	1,6	1,6	1,2	0,4	1,8
Skip generation	15,7	21,2	12,4	5,7	3,1
Triple generation or more	35,1	47,2	35,8	21,5	3,7
Double generation	20,7	18,6	27,5	45,4	21,0
Single generation	26,9	11,5	23,1	27,0	70,5

Source: GHS 2003

Figure 3.17–Percentage distribution of older persons by household intergeneration type and population group, 2024



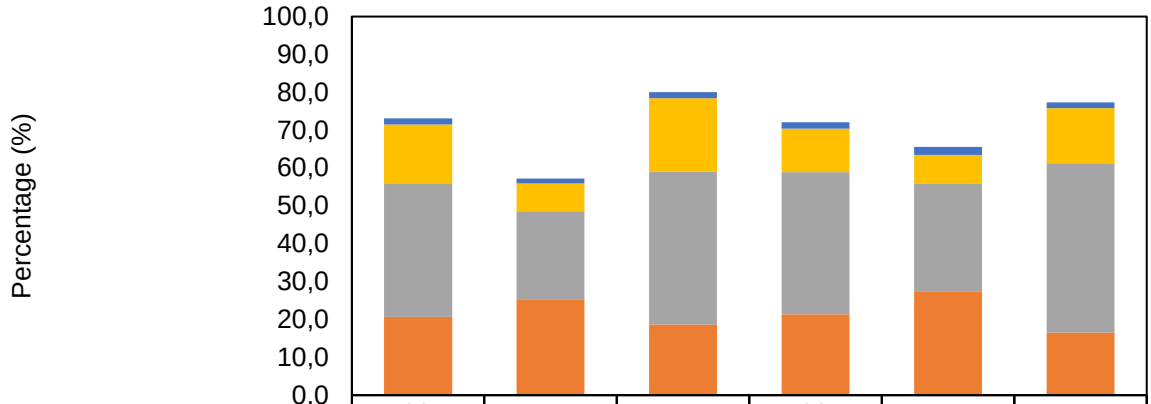
	Older person households	Black African	Coloured	Indian/Asian	White
	2024				
Other	1,8	1,6	1,0	1,5	2,5
Skip generation	11,4	15,0	9,9	3,7	2,5
Triple generation or more	37,6	48,7	40,2	20,5	4,5
Double generation	21,3	18,3	26,5	37,2	25,0
Single generation	27,9	16,3	22,4	37,0	65,5

Source: GHS 2003 & 2024

Figures 3.16 and 3.17 illustrate the percentage distribution of older persons across intergenerational household types by population group in 2003 and 2024. The analysis shows that between 2003 and 2024; there were fairly large variations among older persons between population groups with regard to intergenerational households. Older persons from the white population were more likely to reside in single-generation households, whereas older persons from the Indian/Asian demographic were more likely to live in double-generation households.

Triple or more generation households were the most prevalent among the older black African (at 47,2 in 2003 and 48,7% in 2024) and older coloured population groups (at 35,8% in 2003 and 40,2% in 2024) compared to older persons from other population group. In 2024, a larger percentage of older persons among black Africans (15,0%) resided in skipped-generation households compared to other population groups. This indicated that a higher proportion of older persons in the black African population resided with their grandchildren in comparison to other population group.

Figure 3.18–Percentage distribution of older persons by household intergeneration type and geographical location, 2003 and 2024



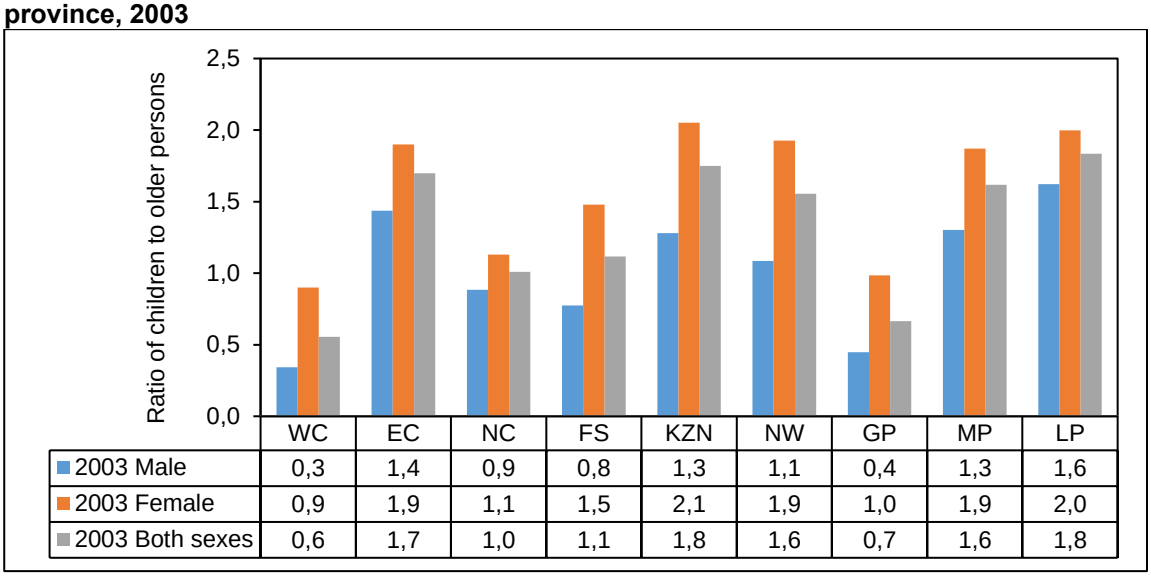
	Older persons	Urban	Non-urban	Older persons	Urban	Non-urban
	2003			2024		
Other	1,6	1,3	1,7	1,8	2,1	1,5
Skip generation	15,7	7,3	19,4	11,4	7,6	14,5
Triple generation or more	35,1	23,3	40,4	37,6	28,5	44,8
Double generation	20,7	25,4	18,7	21,3	27,4	16,5

Source: GHS 2003 & 2024

Figure 3.18 above, depicts the percentage distribution of older persons across intergenerational type by geographical location in 2003 and 2024. Between 2003 and 2024, there was a fairly steady spread of older persons living in single, double, and triple-generation households in urban areas. In contrast, a higher percentage of older persons from triple or more generation households were residing in non-urban areas (40,4% in 2003 and 44,8% in 2024) compared to other types of households. The older persons in the skip-generation households were also more common in non-urban than urban and decreased by 4,9 percentage points (from 19,4% in 2003 to 14,5% in 2024).

3.5 Ratio of children to older persons

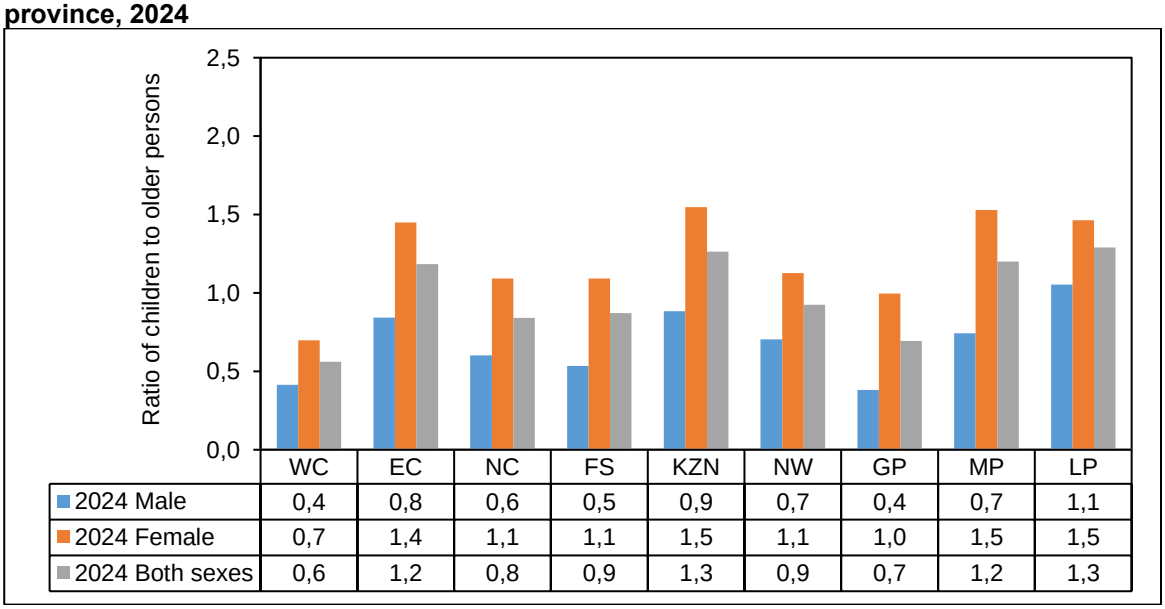
Figure 3.19–Ratio of children to older persons in households headed by older persons by sex and province, 2003



	WC	EC	NC	FS	KZN	NW	GP	MP	LP
2003 Male	0,3	1,4	0,9	0,8	1,3	1,1	0,4	1,3	1,6
2003 Female	0,9	1,9	1,1	1,5	2,1	1,9	1,0	1,9	2,0
2003 Both sexes	0,6	1,7	1,0	1,1	1,8	1,6	0,7	1,6	1,8

Source: GHS 2003

Figure 3.20–Ratio of children to older persons in households headed by older persons by sex and province, 2024



	WC	EC	NC	FS	KZN	NW	GP	MP	LP
2024 Male	0,4	0,8	0,6	0,5	0,9	0,7	0,4	0,7	1,1
2024 Female	0,7	1,4	1,1	1,1	1,5	1,1	1,0	1,5	1,5
2024 Both sexes	0,6	1,2	0,8	0,9	1,3	0,9	0,7	1,2	1,3

Source: GHS 2024

Figure 3.19 and 3.20 depicts the ratio of children to older persons in households headed by older persons by sex in 2003 and 2024. The measure expresses the ratio of children under 18 years to persons 60 years and older. Provincial variations showed that the highest proportions of children to older persons were found in households headed by older female in KwaZulu-Natal (2,1), followed by Eastern Cape (1,9) , North West (1,9), and Mpumalanga at (1,9) in 2003. During this period, Western Cape exhibited the lowest child-to-older persons ratios for both males and females.

3.6 Conclusion

Between 2002 and 2024, the percentage of households headed by older persons increased from 19,3% to 20,6%. In urban areas, there was a decrease in the proportion of households headed by older persons for both sexes, while non-urban areas recorded an increase for the reference period. Older females were mostly living alone, whilst older males were more likely to live with a spouse. In 2024, more than 50,0% of older persons resided in extended families, surpassing the overall percentage for South African households. Older females were more likely to reside in extended households, while older males were more likely to live in both extended and nuclear households. Older persons were mostly living in triple generation or more households, and these were mostly found in non-urban areas. A greater proportion of households headed by older females were looking after children compared to those headed by older males, as evidenced by the increased ratio of children to older persons in women-led households.

4 Access to Quality Health Care

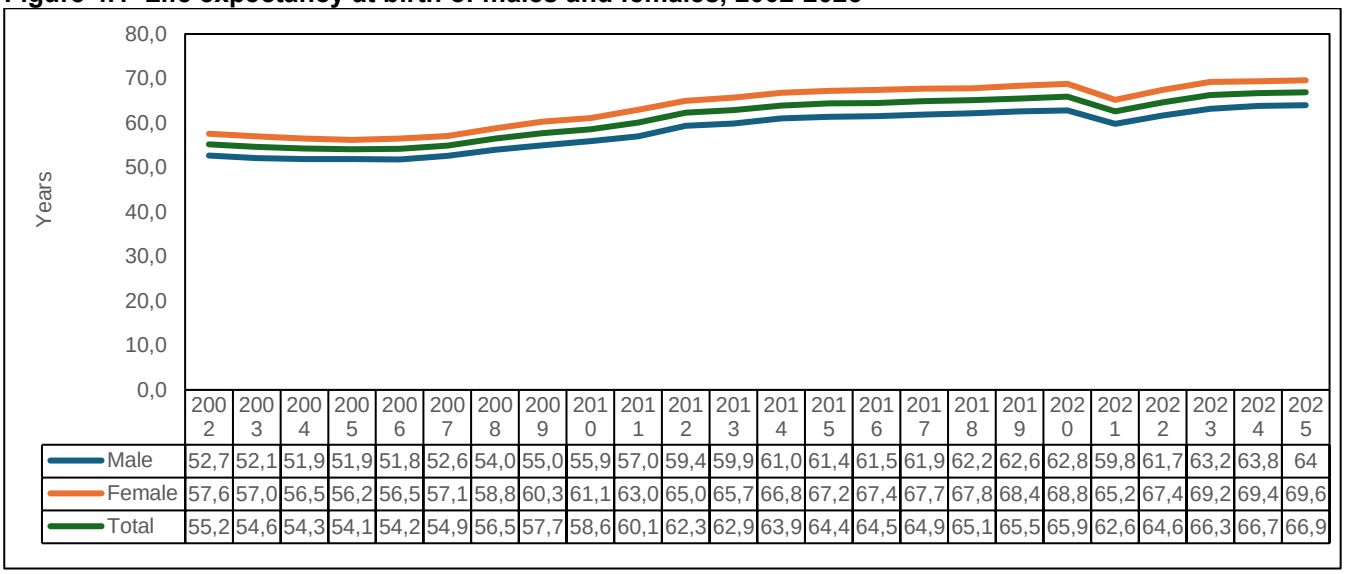
4.1 Introduction

According to (WHO, 2024), quality of care refers to the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. Active and healthy ageing is among the main social challenges that current economies are faced with (Suchecka, Jadwiga; Urbaniak, Bogusława, 2016). The life expectancy and quality of life of older persons is closely linked with their health status and is influenced by social and economic characteristics accessibility to quality health services. As persons age, they are more likely to experience some form of health challenge and at times several conditions at the same time (WHO, 2024). Common conditions in older persons include among others diabetes, depression and dementia. To address this challenge, the primary and public health services responsive to older persons or ageing is an important need to be developed. Although one of the characteristics of healthy ageing is having access to quality healthcare, the element of quality cannot be quantified and therefore it is not addressed. In this section, the focus will be on life expectancy, disability status of the older persons, medical aid coverage, the kind of health services they access, their general health status as well as chronic illnesses suffered by older persons.

4.2 Life expectancy

Life expectancy at birth is one of the most frequently used health status indicators. Gains in life expectancy at birth can be attributed to a number of factors, including rising living standards, improved lifestyle and better education, as well as greater access to quality health services (OECD ,2023).

Figure 4.1–Life expectancy at birth of males and females, 2002-2025

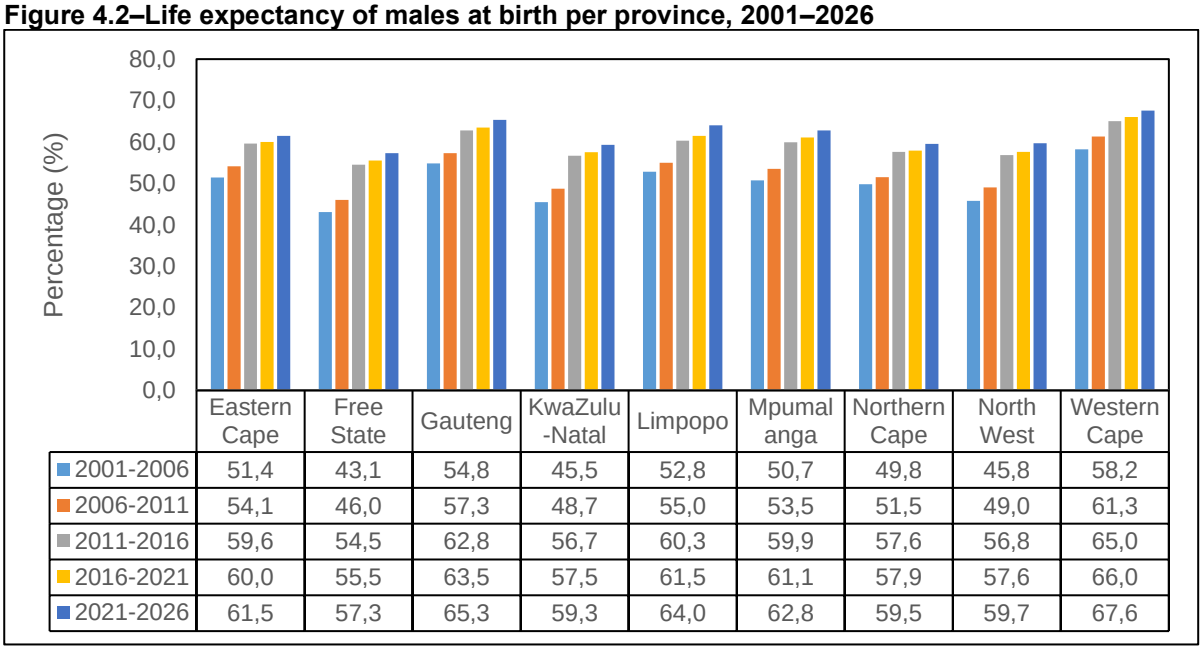


	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Male	52,7	52,1	51,9	51,9	51,8	52,6	54,0	55,0	55,9	57,0	59,4	59,9	61,0	61,4	61,5	61,9	62,2	62,6	62,8	59,8	61,7	63,2	63,8	64
Female	57,6	57,0	56,5	56,2	56,5	57,1	58,8	60,3	61,1	63,0	65,0	65,7	66,8	67,2	67,4	67,7	67,8	68,4	68,8	65,2	67,4	69,2	69,4	69,6
Total	55,2	54,6	54,3	54,1	54,2	54,9	56,5	57,7	58,6	60,1	62,3	62,9	63,9	64,4	64,5	64,9	65,1	65,5	65,9	62,6	64,6	66,3	66,7	66,9

Source: Mid-year Population Estimates, 2025 series

Figure 4.1 above, shows that between 2002 and 2025, there has been a rise in life expectancy estimated at 64,0 years for males and 69,6 years for females. Between 2002 and 2025, the life expectancy of males increased by 11,3 years (from 52,7 years to 64,0 years), and for females by 12,0 years (from 57,6 to 69,6 years). This indicates that the general conditions that contribute towards a longer life are improving, underpinning the general trend that South Africa has and will continue to have a growing older population.

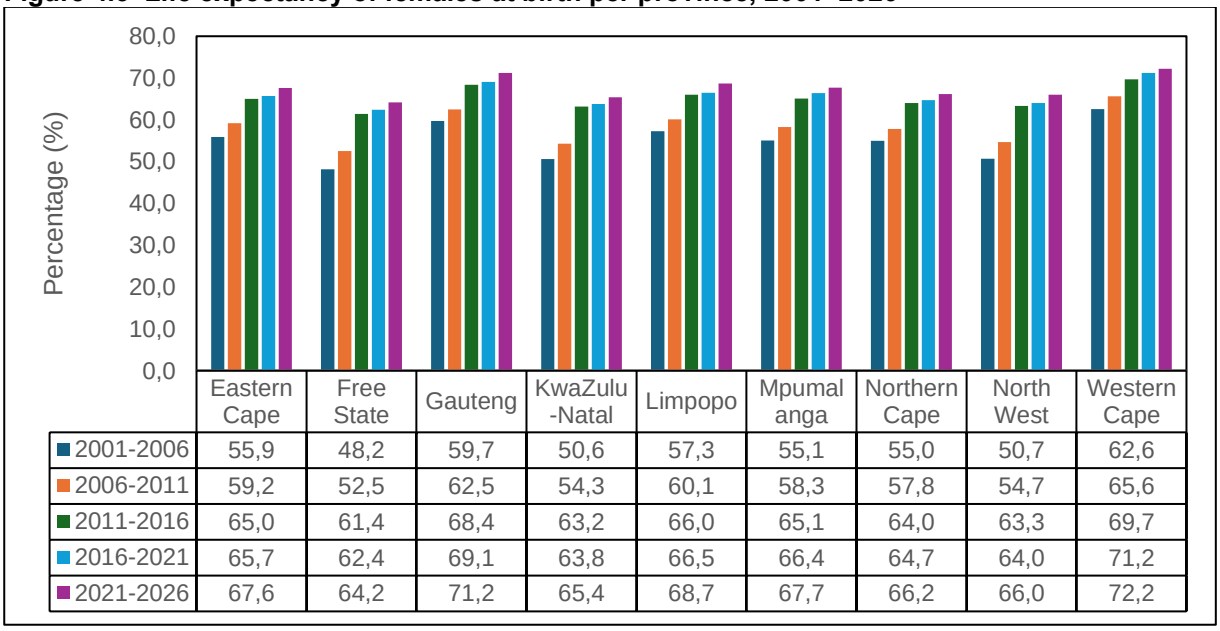
Figure 4.2–Life expectancy of males at birth per province, 2001–2026



	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	Northern Cape	North West	Western Cape
2001-2006	51,4	43,1	54,8	45,5	52,8	50,7	49,8	45,8	58,2
2006-2011	54,1	46,0	57,3	48,7	55,0	53,5	51,5	49,0	61,3
2011-2016	59,6	54,5	62,8	56,7	60,3	59,9	57,6	56,8	65,0
2016-2021	60,0	55,5	63,5	57,5	61,5	61,1	57,9	57,6	66,0
2021-2026	61,5	57,3	65,3	59,3	64,0	62,8	59,5	59,7	67,6

Source: Mid-year Population Estimates, 2025 series

Figure 4.3–Life expectancy of females at birth per province, 2001–2026



	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	Northern Cape	North West	Western Cape
2001-2006	55,9	48,2	59,7	50,6	57,3	55,1	55,0	50,7	62,6
2006-2011	59,2	52,5	62,5	54,3	60,1	58,3	57,8	54,7	65,6
2011-2016	65,0	61,4	68,4	63,2	66,0	65,1	64,0	63,3	69,7
2016-2021	65,7	62,4	69,1	63,8	66,5	66,4	64,7	64,0	71,2
2021-2026	67,6	64,2	71,2	65,4	68,7	67,7	66,2	66,0	72,2

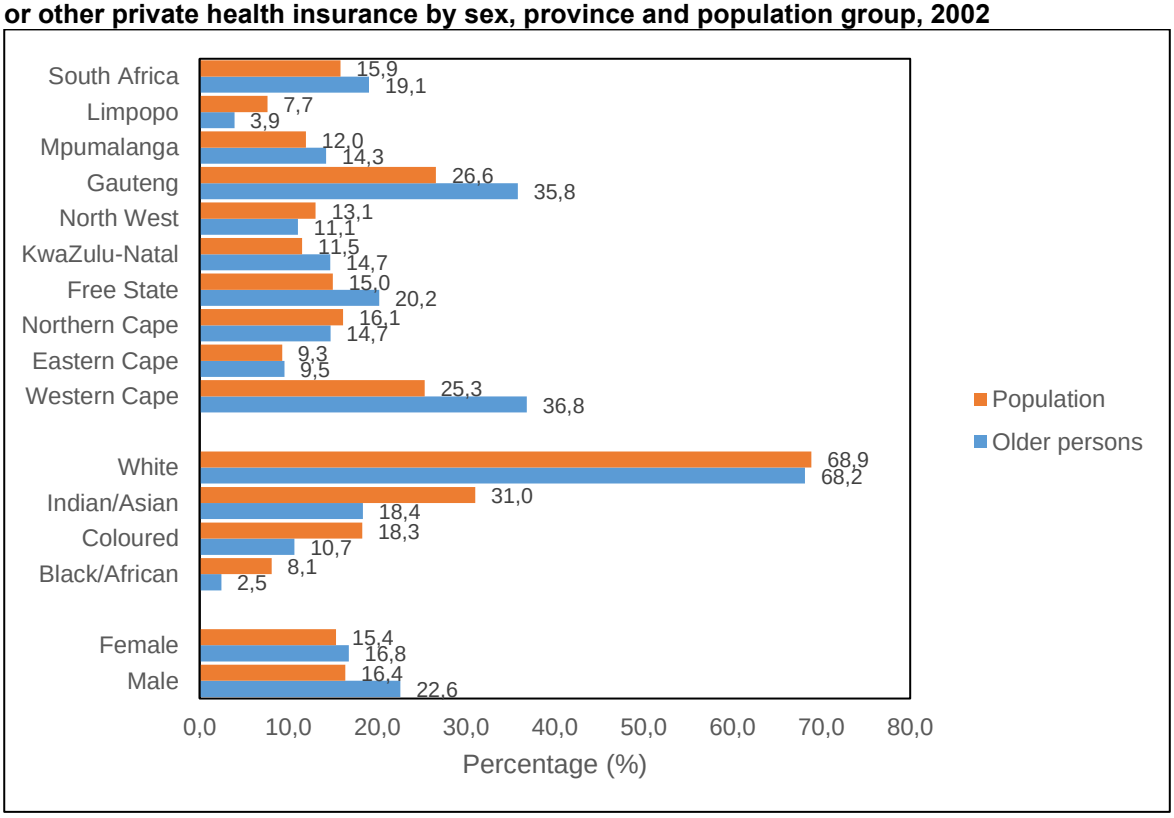
Source: Mid-year Population Estimates, 2025 series

Figures 4.2 and 4.3 shows the life expectancy between different provinces during 2001 and 2026. In all the years, Western Cape and Gauteng recorded the highest life expectancy compared to other provinces. In 2026, life expectancy was highest in Western Cape (67,6 years for males and 72,2 years for females) and Gauteng (65,3 years for males and 71,2 years for females). The shortest life expectancies at birth in 2026 were found in Free State (57,3 years for males and 64,2 years for females) and KwaZulu-Natal (59,3 years for males and 65,4 years for females).

4.3 General health status and health-seeking behaviour

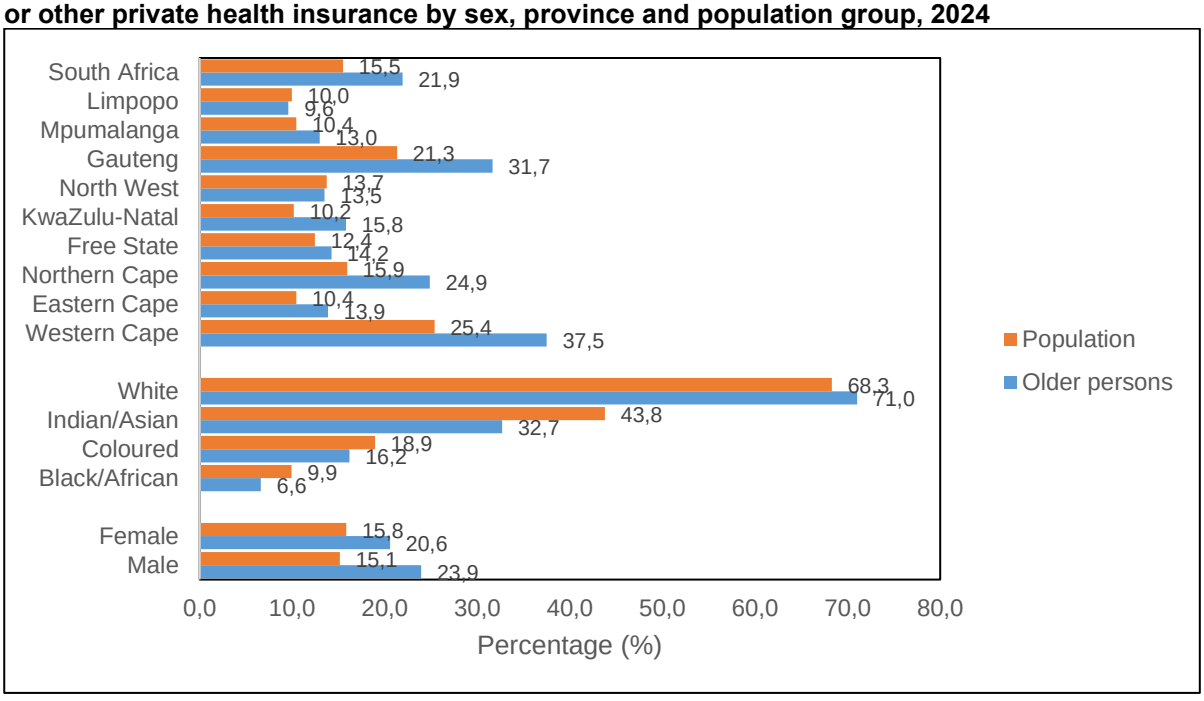
Health is an important factor irrespective of the stage of life that one is in, to ensure a better quality of life throughout the whole life course (WHO,2024). Older persons are more likely to report poorer health status and therefore require more medical services than other age groups, resulting in most of their finances being spent on healthcare services.

Figure 4.4–Percentage of older persons who are covered by a medical aid or medical benefit scheme or other private health insurance by sex, province and population group, 2002



Source: GHS 2002

Figure 4.5–Percentage of older persons who are covered by a medical aid or medical benefit scheme or other private health insurance by sex, province and population group, 2024



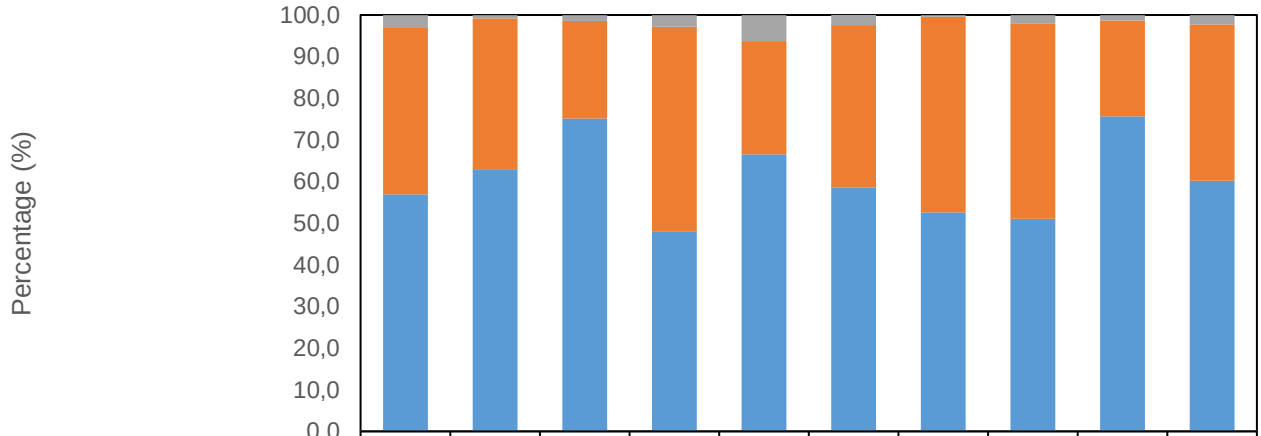
Source: GHS 2024

Figure 4.4 and 4.5 illustrates the percentage of older persons who were covered by a medical aid or medical benefit scheme or other private health insurance in relation to the total population by sex and population group in 2002 and 2024. The analysis revealed the inequalities in access to medical aid, whether by sex, population group or province among older persons. Medical aid coverage for older persons was higher than that of the overall population for both years. For the reference period, access to medical aid by older persons increased by 2,8 percentage points (from 19,1% in 2002 to 21,9% in 2024) while a decrease of 0,4 percentage points (from 15,9% in 2002 to 15,5% in 2024) was reported for the overall population.

Gender disparities revealed that for the reference period, the males were more likely to have access to medical aid schemes or private health insurance compared to their female counterparts for both older persons and the overall population except in 2024 where the females for the overall population surpassed the males. Results showed that among the total population, the medical aid decreased among the males while the contrary was observed for the females.

Compared to other population groups, white older persons were more likely to have access to medical aid schemes or private health insurance (68,2% in 2002 and 71,0% in 2024) followed by Indian/Asian (18,4% in 2002 and 32,7% in 2024). This largely reflects the disproportional representation of white older persons amongst older persons. The analysis revealed an increase in the medical aid coverage for older persons in all population groups for the reference period. Noticeably, the Indian/Asian older persons recorded the highest increase of 14,3 percentage points of the medical aid coverage while the whites' older persons reported the lowest increase of 2,9 percentage points for the reference period. The black Africans and coloureds had the lowest percentage of older persons covered by medical aid, medical benefit scheme, or other private health insurance for the reference period.

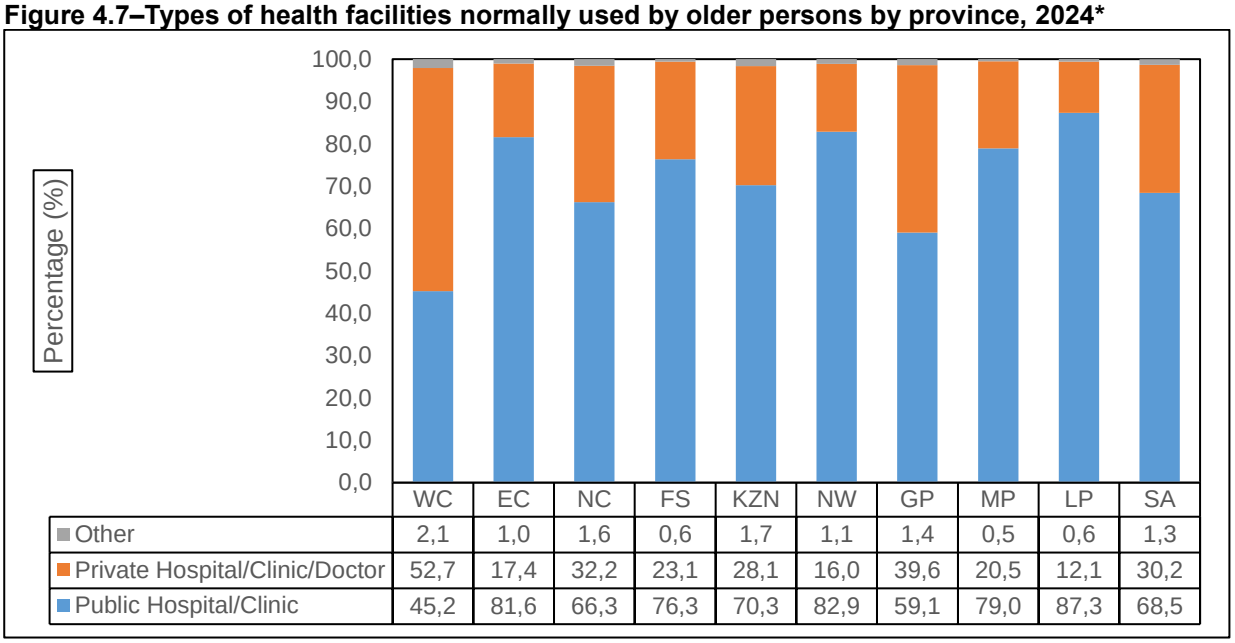
Figure 4.6–Types of health facilities normally used by older persons by province, 2002



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	SA
Other	3,1	0,8	1,4	2,8	6,2	2,5	0,4	2,1	1,4	2,3
Private Hospital/Clinic/Doctor	40,0	36,2	23,4	49,2	27,3	38,9	47,0	46,9	23,0	37,5
Public Hospital/Clinic	56,9	63,0	75,2	48,0	66,5	58,6	52,6	51,0	75,6	60,2

Source: GHS 2002

Figure 4.7–Types of health facilities normally used by older persons by province, 2024*



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	SA
Other	2,1	1,0	1,6	0,6	1,7	1,1	1,4	0,5	0,6	1,3
Private Hospital/Clinic/Doctor	52,7	17,4	32,2	23,1	28,1	16,0	39,6	20,5	12,1	30,2
Public Hospital/Clinic	45,2	81,6	66,3	76,3	70,3	82,9	59,1	79,0	87,3	68,5

Source: GHS 2024
*Change in the way the question was asked in 2024

Figure 4.6 and 4.7 depicts the types of health facilities normally used by older persons in 2002 and 2024. At the national level, public hospitals and clinics were the primary source of healthcare in both years, with utilisation increasing from 60,2% in 2002 to 68,5% in 2024—an increase of 8,3 percentage points. In contrast, the proportion of older persons using private hospital/clinic/doctor and other health facilities by older persons declined over the same period. Nevertheless, over 30,0% of older persons used private hospitals/clinic/doctor for their healthcare needs between 2002 and 2024.

Provincial disparities revealed that the use of public hospital/clinic increased in all the provinces except in Western Cape and Northern Cape where the contrary was observed for the reference period. Older persons in Western Cape were more likely to utilise private hospital/clinic/doctor than any other type of healthcare facility in 2024 increasing by 12,7 percentage points (from 40,0% in 2002 to 52,7% in 2024). In 2024, the percentage of older persons using public hospital/clinic in Limpopo, Eastern Cape and North West was above 80,0%.

Table 4.1–Distribution of older persons diagnosed with chronic illnesses by sex, 2009 and 2024

Chronic illnesses	Male	Female	Total
	2009		
Asthma	6,1	5,0	**5,4**
Diabetes	12,4	15,1	**14,0**
Cancer	1,5	1,7	**1,6**
High blood pressure	28,9	42,9	**37,4**
Arthritis	7,4	16,7	**13,0**
Other	6,7	5,2	**5,8**
	2024		
Asthma	3,1	3,7	3,5
Diabetes	14,7	18,3	**16,9**
Cancer	2,2	1,3	**1,7**
High blood pressure	41,3	54,0	**48,9**
Arthritis	6,9	16,4	**12,5**
Stroke	1,7	1,4	**1,5**
Tuberculosis	1,0	0,4	**0,6**
Pneumonia	0,5	0,5	**0,5**

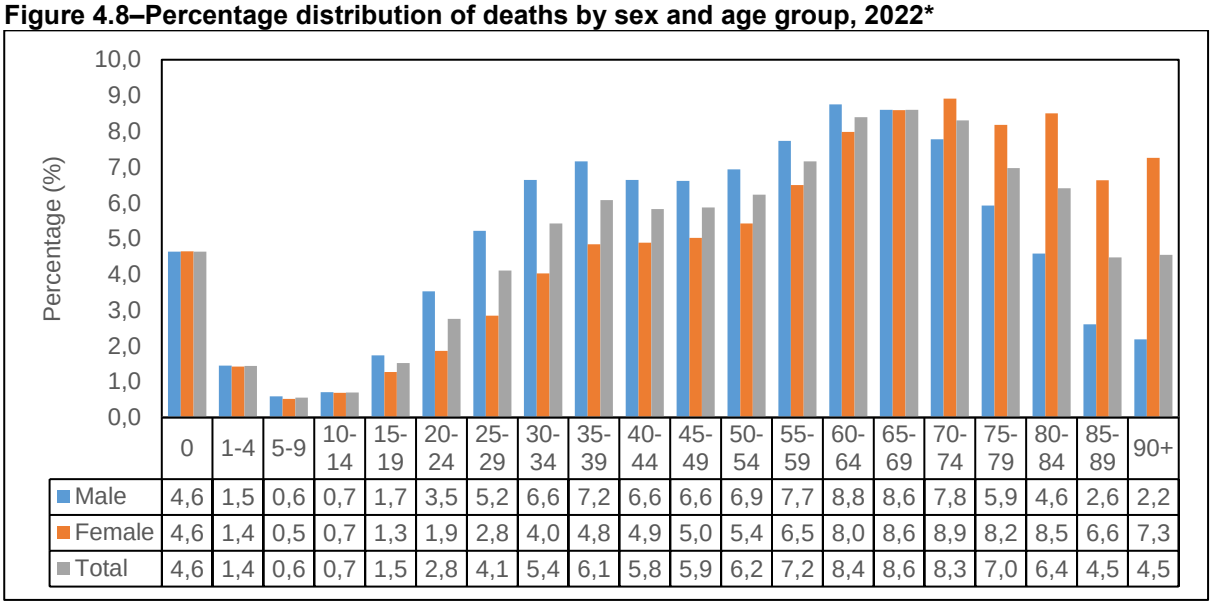
Source: GHS 2009 & 2024

Table 4.1 above, presents the distribution of older persons diagnosed with chronic illnesses by sex, 2009 and 2024. Results showed that the three most common health conditions among older persons were high blood pressure, diabetes and arthritis. Between 2009 and 2024, older persons who suffered from high blood pressure and diabetes increased by 11,5 percentage points (from 37,4% in 2009 and 48,9% in 2024) and 2,9 percentage points (from 14,0% in 2009 to 16,9% in 2024), respectively, while those who suffered from arthritis decreased by 0,5 percentage points (from 13,0% in 2002 to 12,5% in 2024). Analysis revealed that 1,5% of older persons suffered from stroke. Gender disparities shows that the older females were more likely to suffer from diabetes, high blood pressure and arthritis than their male counterparts. In 2009, older males were less likely to suffer from cancer compared to the older female, however they surpassed the females in 2024.

4.4 Causes of death among older persons

Figure 4.8 shows the percentage distribution of deaths by age groups for deaths that occurred in 2022. Nationally, the highest proportion of deaths were amongst those aged 65–69 years (8,6%), followed by those 60–64 years (8,4%) and 70–74 years (8,3%). The age groups which contributed the least number of deaths were age groups 5–9 years (0,6%) and 10–14 years (0,7%). Gender variations revealed that among males, the highest proportion of deaths were recorded among those 60-64 years (8,8%) followed by those 65-69 years (8,6%) while for females the highest proportion was among those 70-74 years (8,9%), followed by those 65-69 years (8,6%).

Figure 4.8–Percentage distribution of deaths by sex and age group, 2022*



	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
Male	4,6	1,5	0,6	0,7	1,7	3,5	5,2	6,6	7,2	6,6	6,6	6,9	7,7	8,8	8,6	7,8	5,9	4,6	2,6	2,2
Female	4,6	1,4	0,5	0,7	1,3	1,9	2,8	4,0	4,8	4,9	5,0	5,4	6,5	8,0	8,6	8,9	8,2	8,5	6,6	7,3
Total	4,6	1,4	0,6	0,7	1,5	2,8	4,1	5,4	6,1	5,8	5,9	6,2	7,2	8,4	8,6	8,3	7,0	6,4	4,5	4,5

Source: Mortality and Causes of Death, 2022
*Excluding deaths with unspecified sex

Table 4.2–The ten underlying natural causes of death for older persons, 2002 and 2022

	2002		2022	
Underlying causes of death	N	Per cent	N	Per cent
Hypertensive diseases (I10-I15)	7 547	4,8	23 921	10,3
Diabetes mellitus (E10-E14)	10 470	6,7	23 364	10,1
Cerebrovascular diseases (I60-I69)	16 752	10,7	20 870	9
Other forms of heart disease (I30-I52)	13 506	8,6	13 078	5,6
Influenza and pneumonia (J09-J18)	8 155	5,2	9 967	4,3
Ischaemic heart diseases (I20-I25)	8 396	5,3	9 295	4
Chronic lower respiratory diseases (J40-J47)	8 690	5,5	8 332	3,6
Malignant neoplasms of digestive organs (C15-C26)	5 668	3,6	6 338	2,7
Renal failure (N17-N19)	.	,	5 178	2,2
Tuberculosis (A15-A19)	6 001	3,8	5 088	2,2
Intestinal infectious diseases (A00-A09)	3 533	2,2	.	,
*Other Natural	62 979	40,1	98 697	42,6
Non-natural	5 433	3,5	7 562	3,3

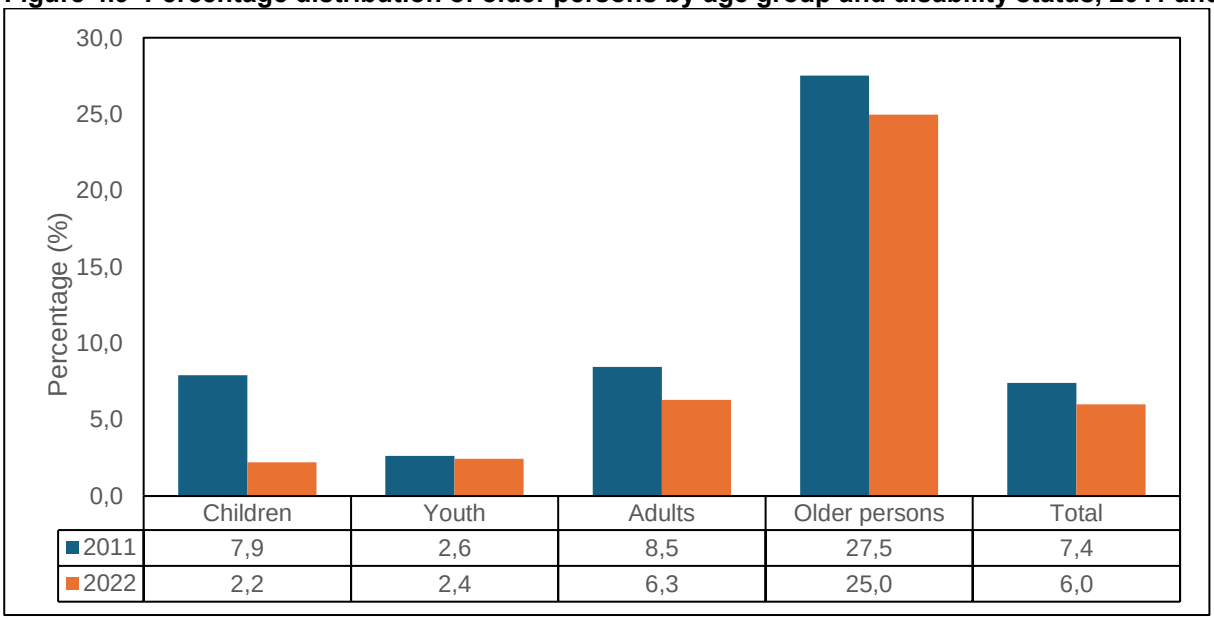
Source: Mortality and Causes of Death, 2002 & 2022
*Other natural refers to combination of other diseases not listed above

Table 4.2 shows the ten underlying natural causes of death for older persons in 2002 and 2022. Other natural cause of death was the top leading cause of death among older persons for the reference period. Cerebrovascular diseases were the leading underlying cause of death among older persons in 2002 accounting for 10,7% of deaths. In 2022, hypertensive diseases were the leading underlying cause of death among older persons accounting for 10,3% of deaths followed by diabetes mellitus (10,1%).

4.5 Disability status of older persons

The disability prevalence is compiled based on the Washington Group (WG) short set of functional questions. Six domains are used, namely: seeing, hearing, communicating, walking or climbing stairs, remembering or concentrating, and selfcare. These short set of questions were recommended by WG on disability statistics to be used in both censuses and surveys, particularly on measuring disability status of populations across countries. The computation of disability status using these questions provides good disability estimates as they are based on the World Health Organisation's (WHO) International Classification of Functioning, Disability and Health (ICF) as the conceptual framework focusing on the component of activity limitations. Therefore, a person is considered to have a disability as and when he/she reported to have some difficulty in at least two of the domains. In addition, he/she must have reported to be having "a lot of difficulty" or "cannot do at all" in any of the six domains. These questions were asked on the persons five years and over. For this action the children refer to persons between 5 and 13 years.

Figure 4.9–Percentage distribution of older persons by age group and disability status, 2011 and 2022

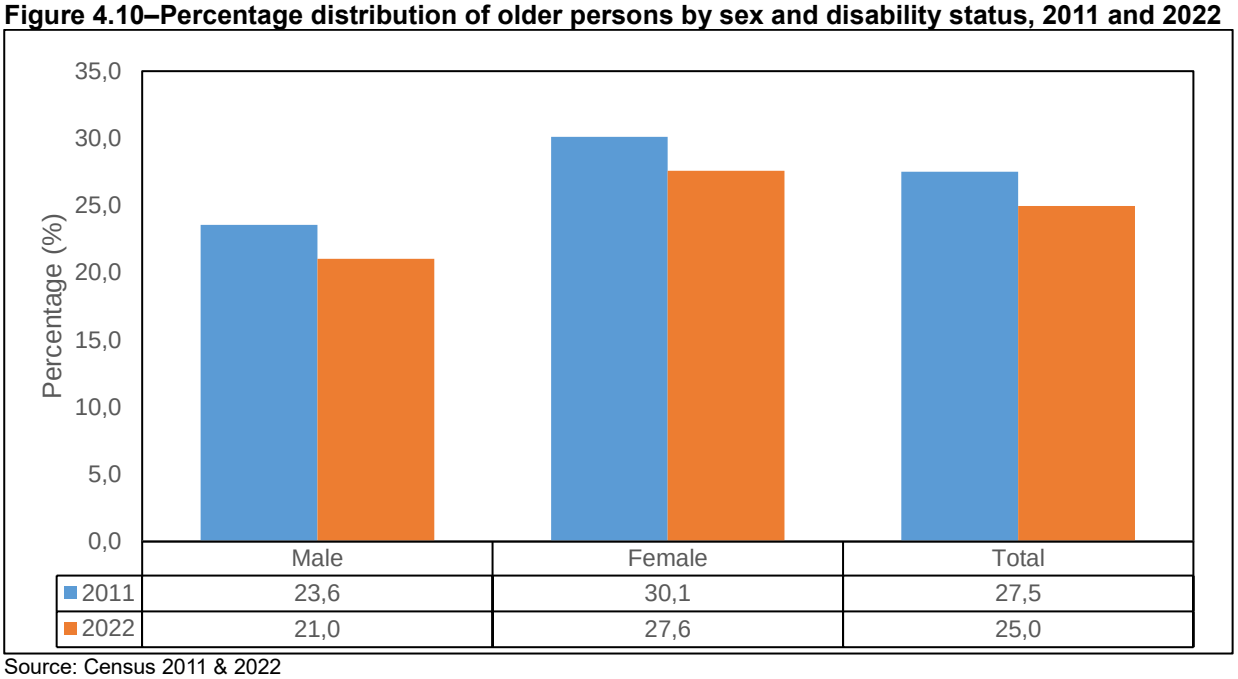


	Children	Youth	Adults	Older persons	Total
2011	7,9	2,6	8,5	27,5	7,4
2022	2,2	2,4	6,3	25,0	6,0

Source: Census 2011 & 2022
*Children in this case refer to those 5 to 13 years

Figure 4.9 shows the percentage distribution of older persons by age group and disability status in 2011 and 2022. The pattern depicts that there is a positive correlation between age and disability. That is, as persons become older, they tend to have some degree of difficulty. The disability prevalence among persons aged 5 years and older was 6,0% in 2022, a slight decrease of 1,4% when compared with 2011. The proportion of persons with the highest prevalence of disability was reported among older persons, as they are more likely to experience difficulty in functioning. The highest decrease was recorded among the children (those aged 5 to 13 years) by 5,7 percentage points (from 7,9% in 2011 to 2,2% in 2022), followed by older persons decreasing by 2,5 percentage points (from 27,5% in 2011 to 25,0% in 2022).

Figure 4.10–Percentage distribution of older persons by sex and disability status, 2011 and 2022

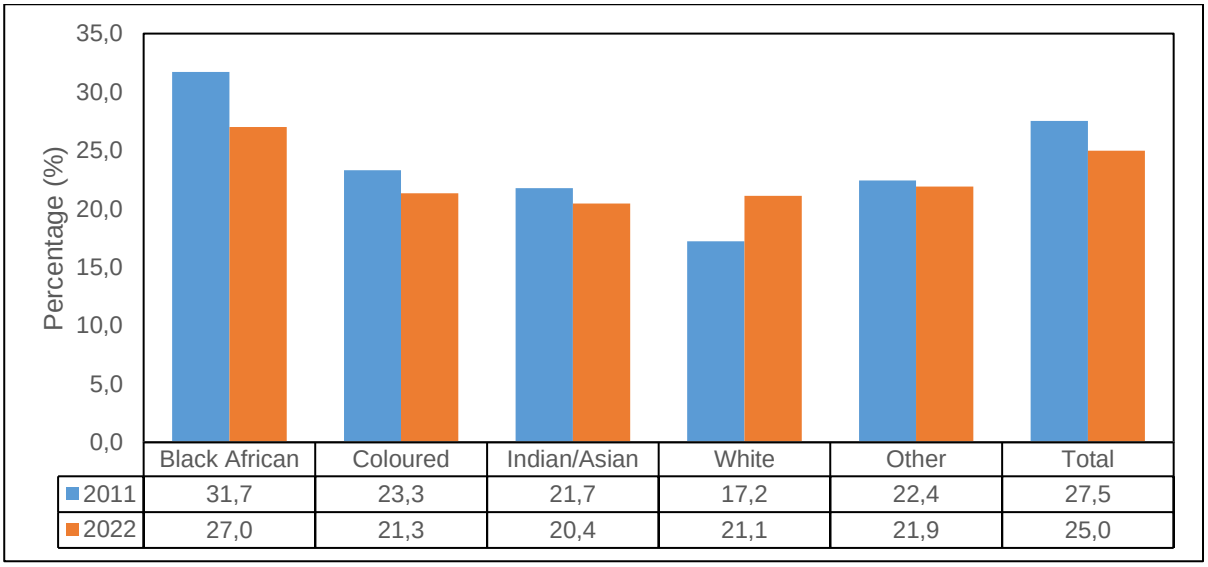


	Male	Female	Total
2011	23,6	30,1	27,5
2022	21,0	27,6	25,0

Source: Census 2011 & 2022

Figure 4.10 shows the percentage distribution of older persons by sex and disability status in 2011 and 2022. Disability prevalence among older persons was 25,0% in 2022, a slight decrease of 2,5% compared to 2011. Disability prevalence was higher for older females compared to older males for both years. The analysis revealed that both older males and older females recorded lower prevalence in 2022 compared to 2011. Older males showed a 2,6 percentage points decrease (from 23,6% in 2011 to 21,0% in 2022) while older females with disability decreased by 2,5 percentage points (from 30,1% in 2011 to 27,6%).

Figure 4.11–Percentage distribution of older persons by population group and disability status, 2011 and 2022

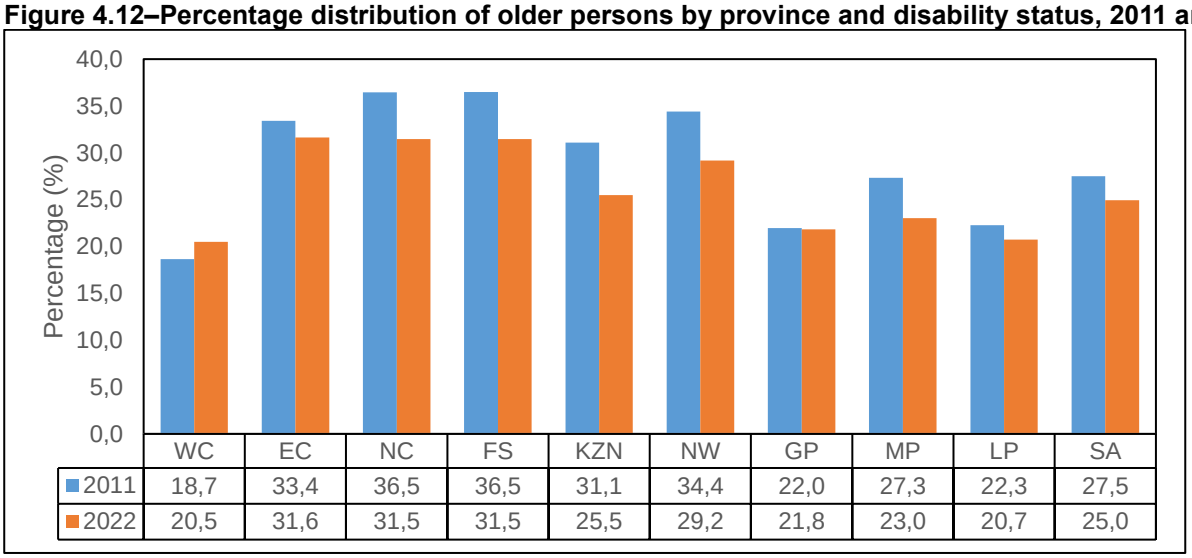


	Black African	Coloured	Indian/Asian	White	Other	Total
2011	31,7	23,3	21,7	17,2	22,4	27,5
2022	27,0	21,3	20,4	21,1	21,9	25,0

Source: Census 2011 & 2022

Figure 4.11 shows the percentage distribution of older persons by population group and disability status in 2011 and 2022. For the reference period, the disability was more prevalent among older black Africans (at 31,7% in 2011 and 27,0% in 2022); these figures were above the national average (27,5% in 2011 and 25,0% in 2022). Between 2011 and 2022, the prevalence of disability decreased among the older persons in all the population groups except the whites where the contrary was observed.

Figure 4.12–Percentage distribution of older persons by province and disability status, 2011 and 2022

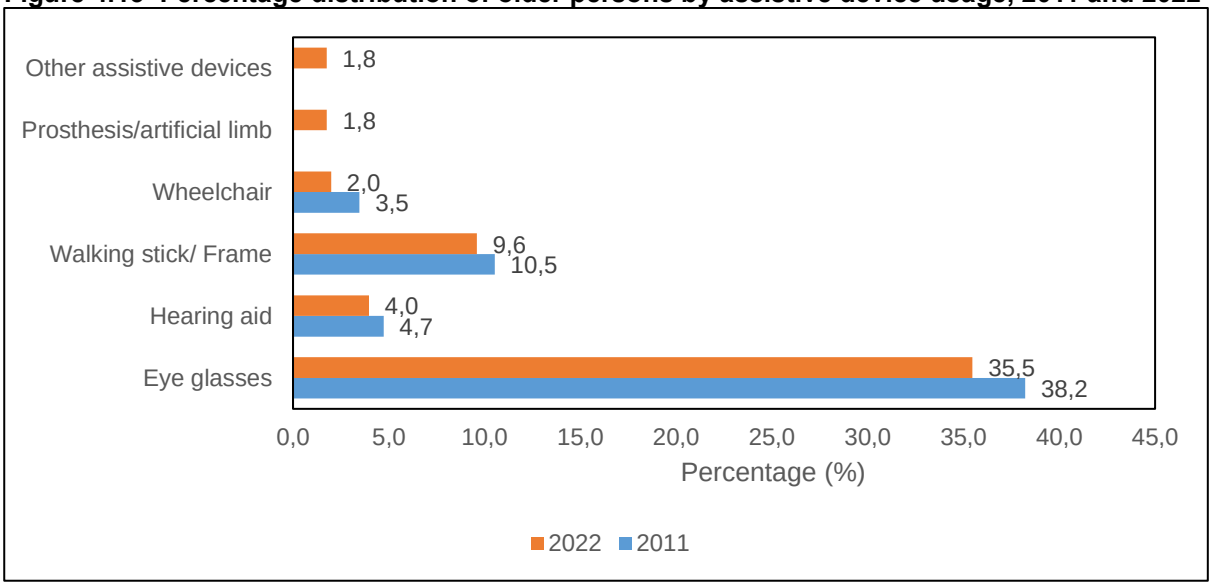


	WC	EC	NC	FS	KZN	NW	GP	MP	LP	SA
2011	18,7	33,4	36,5	36,5	31,1	34,4	22,0	27,3	22,3	27,5
2022	20,5	31,6	31,5	31,5	25,5	29,2	21,8	23,0	20,7	25,0

Source: Census 2011 & 2022

Figure 4.12 above depicts the percentage distribution of older persons by province and disability status in 2011 and 2022. Provincial variations revealed that disability prevalence among older persons decreased in all provinces except in Western Cape where an increase of 1,8 percentage points (from 18,7% in 2011 to 20,5% in 2022) was recorded. In 2011, Northern Cape, Free State and North West recorded the highest disability prevalence of older persons. In 2022, Eastern Cape, Northern Cape and Free State recorded the highest prevalence. Results showed that KwaZulu-Natal recorded the highest decrease of 5,6 percentage points (from 31,1% in 2011 to 25,5% in 2022) followed by North West with a decrease of 5,2 percentage points from 34,4% in 2011 to 29,2% in 2022) and the lowest decrease was in Gauteng at 0,2 percentage point (from 22,0% in 2011 to 21,8% in 2022). Western Cape recorded the lowest percentages of disability prevalence among older persons in both 2011 and 2022.

Figure 4.13–Percentage distribution of older persons by assistive device usage, 2011 and 2022



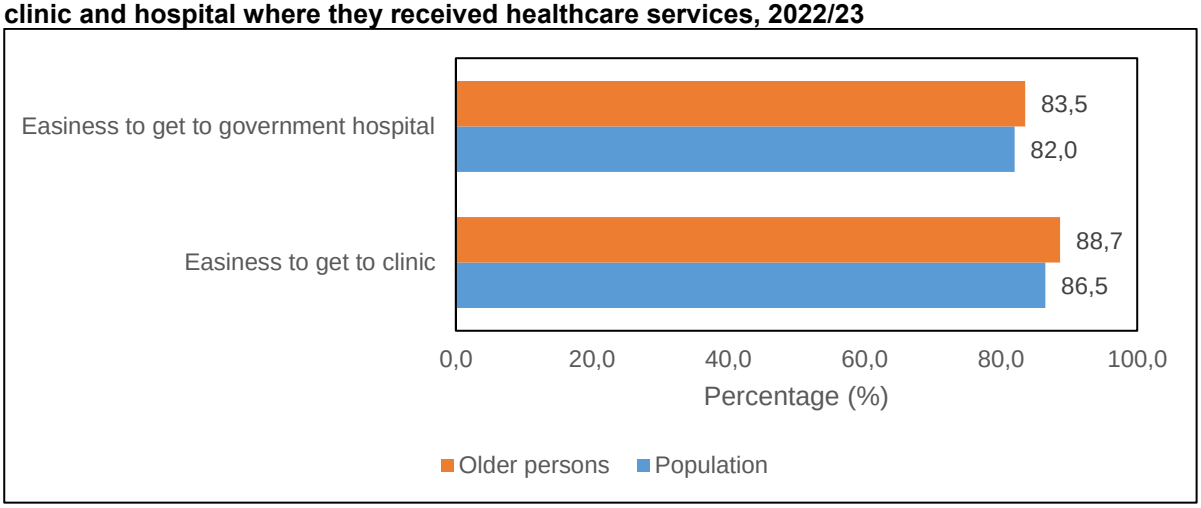
Source: Census 2011 & 2022

Figure 4.13 depicts the percentage distribution of older persons by assistive device usage in 2011 and 2022. Generally, there was a decline in the usage of assistive devices by older persons between 2011 and 2022. The analysis revealed that most older persons used eyeglasses, followed by walking stick/frame, hearing aid and wheelchair. In 2022, 35,5% of older persons used eyeglasses/spectacles/contact lenses, walking stick/frame (9,6%), hearing aid (4,0%) and wheelchair (2,0%) and other assistive devices and prosthesis/artificial limb were at 1,8%.

4.6 Household experience on health services rendered

The 2022/23 Governance, Public Safety and Justice Survey (GPSJS) show that there is generally a high level of satisfaction with the health services that they received by older persons.

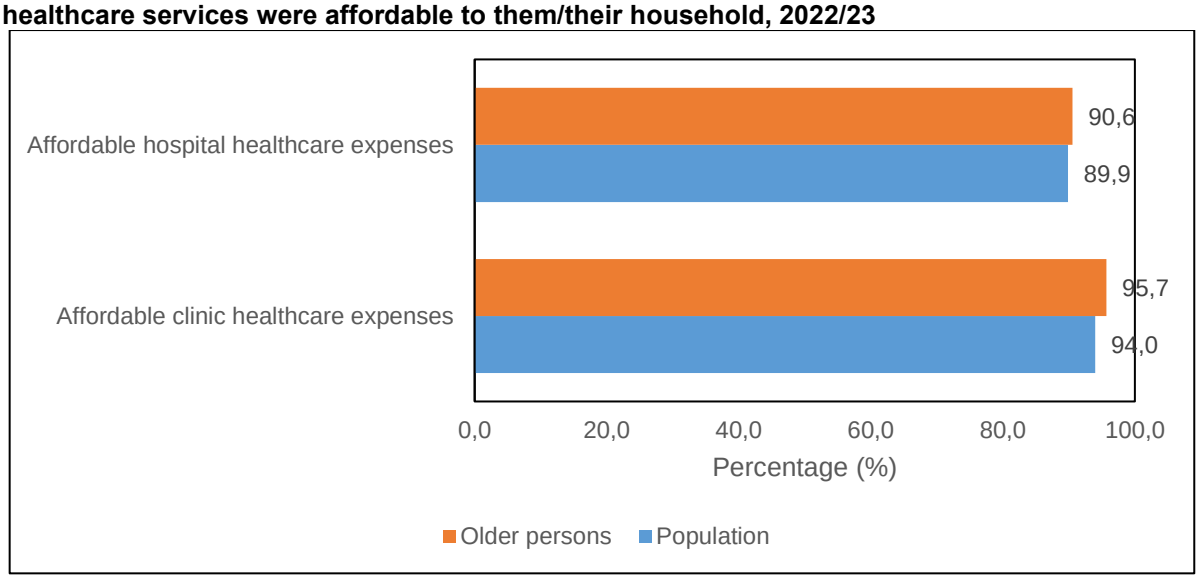
Figure 4.14–Percentage of overall population and older persons who indicated easiness to get to the clinic and hospital where they received healthcare services, 2022/23



Source: GPSJS 2022/23
Excluded do not know and not applicable

Figure 4.14 above, shows the percentage of overall population and older persons who indicated easiness to get to the clinic and hospital where they received healthcare services in 2022/23. Generally, clinics were more accessible to both general population and older persons as compared to hospitals in 2022/23. The analysis revealed that 86,5% of the general population indicated easiness to get to the clinic, while 88,7% of older persons reported easiness to get to the same facility. For the government hospital, 82,0% of the general population indicated easiness to get to the facility, while 83,5% of older persons reported easiness to get to the same facility.

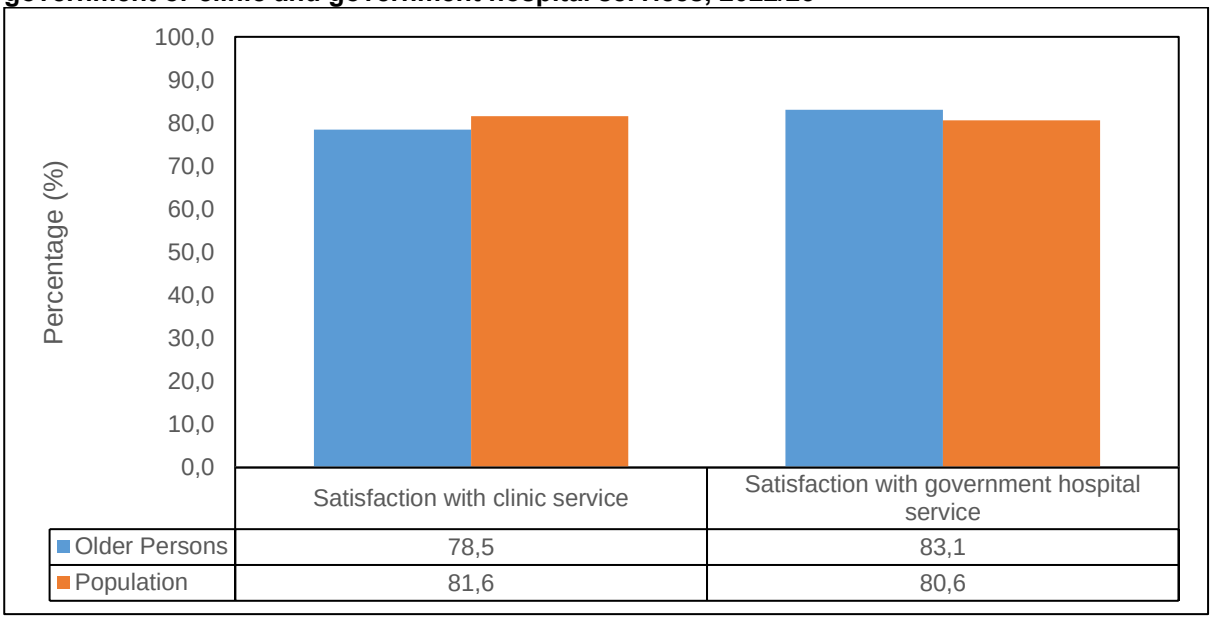
Figure 4.15–Percentage of overall population and older persons who indicated that the expenses for healthcare services were affordable to them/their household, 2022/23



Source: GPSJS 2022/23
Excluded do not know and not applicable

Figure 4.15 shows the percentage of overall population and older persons who indicated that the expenses for healthcare services were affordable to them/their household in 2022/23. The analysis revealed that clinics were more affordable to both general population and older persons as compared to hospitals in 2022/23. 94,0% of the general population indicated that the clinic healthcare services expenses were affordable to them/their household in 2022/23, while 95,7% of older persons reported the same for the same facility.

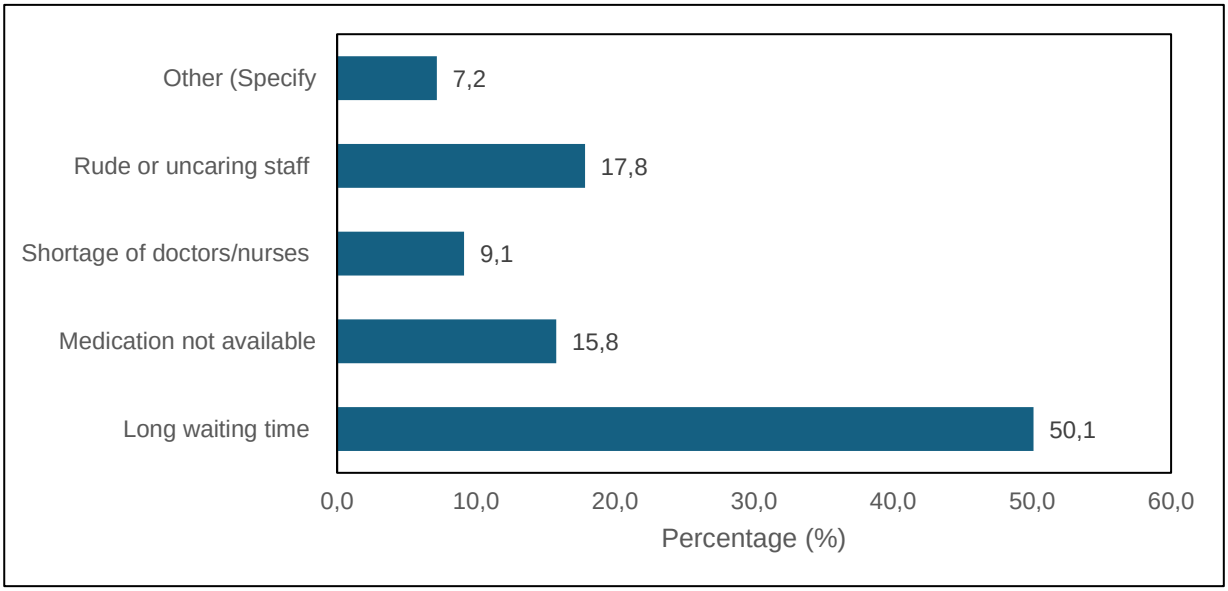
Figure 4.16–Percentage of the population and older persons who indicated general satisfaction with government or clinic and government hospital services, 2022/23



Source: GPSJS 2022/23
Excluded do not know and not applicable

Figure 4.16 depicts the percentage of the population and older persons who indicated general satisfaction with government or clinic services by province in 2022/23.Nationally, general population was more likely to be satisfied with government or clinic services compared to the older persons (at 81,6% and 78,5% respectively) while older persons were more likely to be satisfied with public/government hospital services compared to the overall population (at 83,1% and 80,6% respectively).

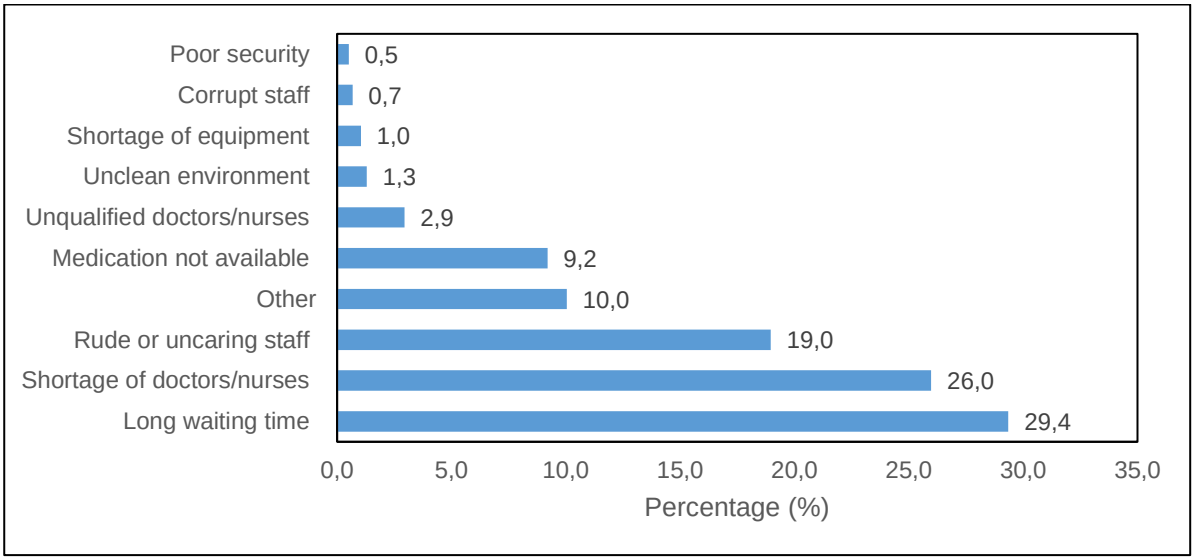
Figure 4.17–Main reason for the older person's dissatisfaction with government or clinic services, 2022/23



Source: GPSJS 2022/23

Figure 4.17 above, shows the main reasons for the older persons' dissatisfaction with government or clinic services in 2022/23. Long waiting time (50,1) was stated as the most common reason for the older person's dissatisfaction with government or clinic services, followed by rude or uncaring staff (17,8%), medication not available (15,8%) and shortage of doctors/nurses (9,1%). The least reported reasons were other (7,2%).

Figure 4.18–Main reason for the older person's dissatisfaction with public/government hospital, 2022/23



Source: GPSJS 2022/23

Figure 4.18 shows the main reasons for the older persons' dissatisfaction with public/government hospital in 2022/23. The most common reasons stated were, long waiting time (29,4), followed by those who indicated that there was shortage of doctors/nurses (26,0%), rude or uncaring staff (19,0%), other (10,0%) and medication not available (9,2%). The least reported reasons were poor security (0,5%).

4.7 Conclusion

There has been a rise in life expectancy estimated at 64,0 years for males and 69,6 years for females. The medical aid coverage for older persons was higher than that of the overall population for both years. For the reference period, access to medical aid by older persons increased. However, there were inequalities in access to medical aid, whether by sex, population group or province among older persons. Nationally, most older persons used public hospital/clinic for both years. The percentage of older persons who used public hospital/clinic increased while the usage of private hospital/clinic/ doctor and other health facilities dropped. Provincial disparities revealed that older persons showed an increase in the use of public hospital/clinics in most of the provinces except in Western Cape and Northern Cape. Generally, clinics were more accessible to both general population and older persons as compared to hospitals in 2022/23. Clinics were more affordable to both general population and older persons as compared to hospitals in 2022/23. Nationally, general population was more likely to be satisfied with government or clinic services compared to the older persons while older persons were more likely to be satisfied with public/government hospital services compared to the overall population. This shows the accessibility of health care services to the older persons enabling early exposure of diseases and treatment thereof, better chronic disease management, reduced disability, and overall improvement in the quality of life for older adults. Results showed that the three most common health conditions among older persons were high blood pressure, diabetes and arthritis. In 2022, hypertensive diseases were the leading underlying cause of death among older persons accounting for 10,3% of deaths followed by diabetes mellitus (10,1%).Disability prevalence among older persons was 25,0% in 2022, a slight decrease of 2,5% compared to 2011.For the reference period, the disability was more prevalent among older black Africans (at 31,7% in 2011 and 27,0% in 2022).

5 Access to financial resources

5.1 Introduction

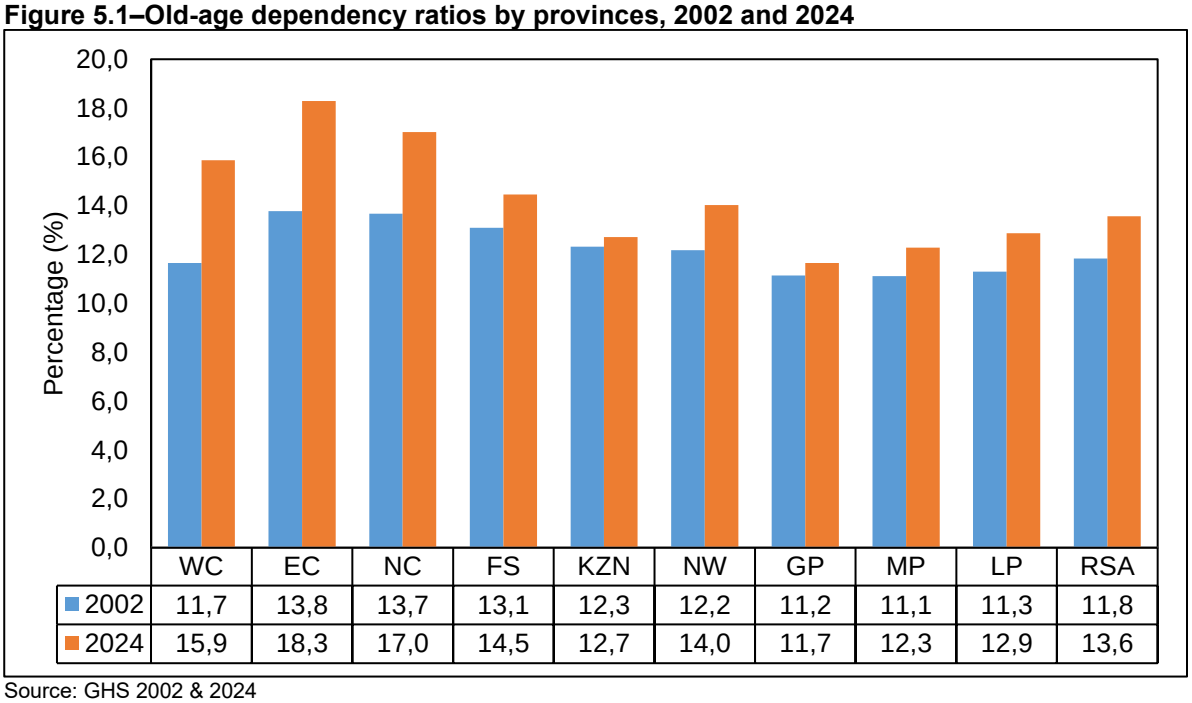
There is generally a positive association between money and healthy aging. Having access to income enables one to have access to healthy food, quality healthcare, and social opportunities, which are a future investment on well-being. According to (João Vasco Santos and Cylus, 2024), maintenance of good health as persons age enables older persons to contribute meaningfully to the economy and can lead to prolonged participation in the labour market and reduced health care costs that are often borne by the public sector.

In South Africa, most older persons are not in the labour market, and their primary financial support is the old-age grant as well as the support from their family members for sustenance. However, for one to receive this grant, they need to meet a means test criteria as determined by South African Social Security Agency (SASSA) . Eligibility requires one to be a South African resident in and not being supported by a state institution, with payouts made through cash, electronic transfers, or institutional payments. The increasing number of older persons getting out of the labour market creates a burden on the working population to fund pensions and provide care. This has negative impact on the economy as it reduces tax revenue and social security contributions. This chapter will provide information on the financial support and employment of older persons.

5.2 Dependency ratio

The old-age dependency ratio is a demographic metric measuring the ratio of persons aged 60+ to the working-age population (15–64 years). It indicates the economic burden on the working population to support older persons, with higher ratios suggesting increased pressure on social services and tax systems.

Figure 5.1–Old-age dependency ratios by provinces, 2002 and 2024



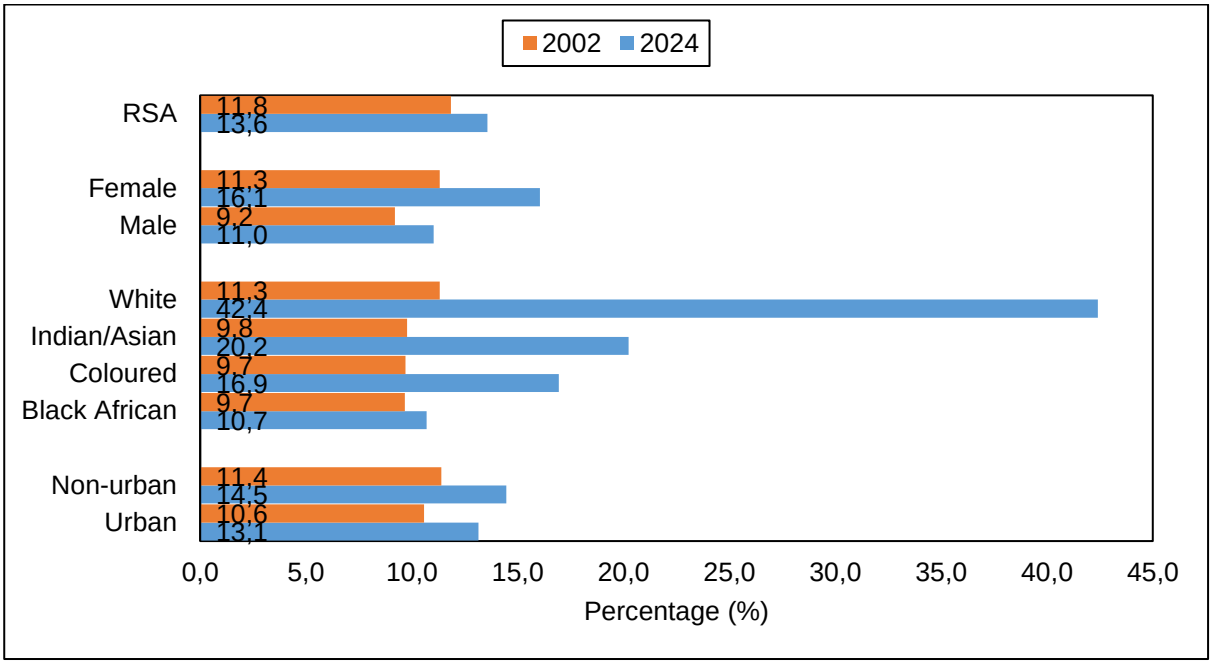
	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
2002	11,7	13,8	13,7	13,1	12,3	12,2	11,2	11,1	11,3	11,8
2024	15,9	18,3	17,0	14,5	12,7	14,0	11,7	12,3	12,9	13,6

Source: GHS 2002 & 2024

Figure 5.1 above, represents the old-age dependency ratio by province. From 2002 to 2024, Nationally, old-age dependency ratio increased by 1,8 percentage points from (11,8% in 2002 to 13,6% in 2024). The analysis showed that old-age dependency ratios increased across all provinces.

The highest increase was observed in Western Cape and Eastern Cape at 4,2 and 4,5 percentage points respectively, while KwaZulu-Natal and Gauteng saw least increase of 0,4% and 0,5% respectively between the years. In 2024, Eastern Cape had about 18 older persons requiring assistance for every 100 working-age population, an increase of nearly five older persons since 2002.

Figure 5.2–Old-age dependency ratios by sex, geographical location and population group, 2002 and 2024



Source: GHS 2002 & 2024

Fig 5.2 shows that the old-age dependency ratio was higher among females than males for both years of reporting. The higher old-age dependency ratios (11,3% in 2002 and 16,1% in 2024) among females compared to those among males (9,2% in 2002 and 11,0% in 2024) can be attributed to females having a longer life expectancy than males indicating more older women need support relative to the working-age population than elderly men. The old-age dependency ratio in non-urban areas (11,4% in 2002 and 14,5% in 2024) surpassed that in urban areas (10,6% in 2002 and 13,1% in 2024).

The dependency ratios vary significantly by population group, with white and Indian/Asian groups showing much higher ratios (indicating more older persons dependents per worker) than black African and coloured groups. The old-age dependency ratios indicated that around 42 older white persons need assistance for every 100 persons of working age in 2024. This represented a rise of 31 individuals per 100 in the working-age population since 2002. The old-age dependency ratio for Indian/Asian and coloured older persons highlighted the level of aging, whereas the black African population remains largely youthful. Consequently, this population group had fewer older persons needing assistance for every 100 employed persons compared to other population groups.

5.3 Household income sources

Figure 5.3–Sources of income for households headed by older persons, 2002 and 2024

Source: GHS 2002 & 2024

Figures 5.3 depicts the sources of income for households headed by older persons in 2002 and 2024. In 2002, remittances were the main income source for households headed by older persons followed by salaries/wages/commission. In 2024, grants was the main source of income for households headed by older persons followed by salaries/wages/commission.

Table 5.1–Sources of income for households headed by older persons by province, 2002

Province	Salaries/wages/commission	Income from business	Remittances	Pensions	Grants	Sales of farming products and services	Total
	Per cent						
Western Cape	29,1	0,8	47,8	1,0	21,1	0,2	**100,0**
Eastern Cape	12,3	4,7	77,1	0,6	3,8	1,5	**100,0**
Northern Cape	23,3	1,9	70,3	1,8	0,8	1,9	**100,0**
Free State	21,8	2,0	68,7	0,9	6,0	0,7	**100,0**
KwaZulu-Natal	23,3	5,5	67,7	0,3	1,4	1,7	**100,0**
North West	22,8	3,2	69,3	0,9	3,1	0,7	**100,0**
Gauteng	43,6	4,4	45,0	0,2	4,8	2,1	**100,0**
Mpumalanga	26,7	8,2	60,2	1,1	3,0	0,8	**100,0**
Limpopo	14,0	8,0	74,4	1,0	2,1	0,6	**100,0**
South Africa	**24,1**	**4,3**	**64,5**	**0,8**	**5,1**	**1,1**	**100,0**

Source: GHS 2002

Table 5.2–Sources of income for households headed by older persons by province, 2024

Province	Salaries/wages/commission	Income from a business	Remittances	Pensions	Grants	Sales of farm products and services	Other income sources	Total
	Per cent							
Western Cape	34,2	3,3	0,6	20,9	36,3	0,0	4,8	**100,0**
Eastern Cape	13,3	2,1	2,1	8,9	72,5	0,0	1,2	**100,0**
Northern Cape	18,9	4,2	2,2	13,9	59,3	0,9	0,7	**100,0**
Free State	17,0	2,0	2,5	13,6	64,6	0,3	0,0	**100,0**
KwaZulu-Natal	25,0	4,4	3,1	10,0	56,9	0,0	0,7	**100,0**
North West	17,3	1,8	3,2	7,3	69,8	0,7	0,0	**100,0**
Gauteng	30,1	5,6	3,0	13,8	45,2	0,2	2,3	**100,0**
Mpumalanga	18,9	5,0	3,1	7,8	64,0	0,0	1,2	**100,0**
Limpopo	14,7	3,2	2,1	6,9	72,4	0,4	0,3	**100,0**
South Africa	**21,0**	**3,5**	**2,4**	**11,4**	**60,1**	**0,3**	**1,2**	**100,0**

Source: GHS 2024

Table 5.1 and 5.2 presents the percentage distribution of sources of income for households headed by older persons by province. More than 70% of households with remittances as their source of income were found in Eastern Cape, Northern Cape and Limpopo in 2002. For the period of 2024, Eastern Capeand Limpopo had more than 70,0% of grants as sources of income for households headed by older persons. Salaries/wages/commission was the second leading source of income in all provinces for both years.

Table 5.3–Sources of income for households headed by older persons by sex and geographical location, 2002 and 2024

	Urban						Non-urban					
	Male		Female		Total		Male		Female		Total	
	N'(000)	Per cent	N'(000)	Per cent	N'(000)	Per cent	N'(000)	Per cent	N'(000)	Per cent	N'(000)	Per cent
Source of income	**2002**											
Salaries/wages/commission	212	39,0	136	21,7	348	30,4	110	32,7	61	19,5	171	26,1
Income from business	18	4,1	16	3,0	34	3,5	31	5,1	36	4,4	68	4,8
Remittances	273	48,2	340	69,4	613	58,8	284	55,2	476	74,0	760	64,6
Pensions	2	0,3	1	0,3	3	0,3	10	3,0	1	0,1	11	1,6
Grants	60	6,7	26	4,4	86	5,6	15	2,7	5	0,9	20	1,8
Sales of farming products and services	6	1,7	11	1,2	16	1,4	7	1,3	4	1,1	11	1,2
Total	570	**100,0**	**530**	**100,0**	**1 099**	**100,0**	**456**	**100,0**	**584**	**100,0**	**1 041**	**100,0**
	2024											
Salaries/wages/commission	343	29,3	374	28,6	717	29,0	49	20,3	54	16,7	103	18,5
Income from a business	84	7,2	22	1,7	107	4,5	15	8,8	9	3,6	24	6,2
Remittances	10	0,9	51	3,9	61	2,4	5	1,5	14	3,9	19	2,7
Pensions	217	18,6	171	13,1	388	15,8	22	6,3	17	4,7	39	5,5
Grants	483	41,3	660	50,5	1 143	45,9	231	61,4	351	69,9	582	65,7
Sales of farm products and services	1	0,1	2	0,2	3	0,1	1	1,5	1	0,6	2	1,1
Other income sources, e,g, rental income, interest	30	2,6	28	2,1	58	2,4	1	0,2	0	0,5	1	0,4
Total	**1 170**	**100,0**	**1 307**	**100,0**	**2 476**	**100,0**	**323**	**100,0**	**447**	**100,0**	**770**	**100,0**

Source: GHS 2002 & 2024

Table 5.3 illustrates the main sources of income for households headed by older persons by sex and geographical location in 2002 and 2024. In 2002, the main sources of income for older persons in both urban and non-urban areas was remittances followed by salaries/wages/commission. Grants and salaries/wages/commissions were the main sources of income for households headed by older persons, accounting for over half of the distribution share for both urban and non-urban areas in 2024. In 2024, households headed by older females were more likely to rely on grants compared to their male counterparts, in both urban and non-urban areas. In 2002, households headed by older females living in urban and non-urban areas were more likely to rely on remittances as their primary income source compared to their male counterparts.

Figure 5.4–Percentage of older persons who are accessing social grants by province, 2003

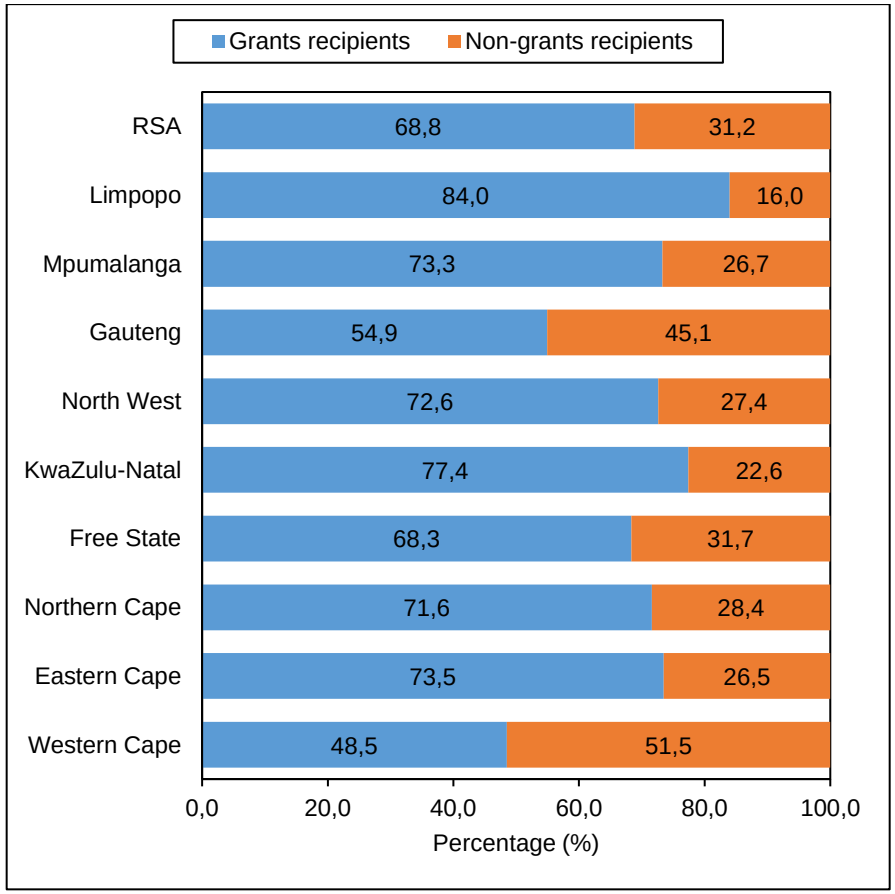
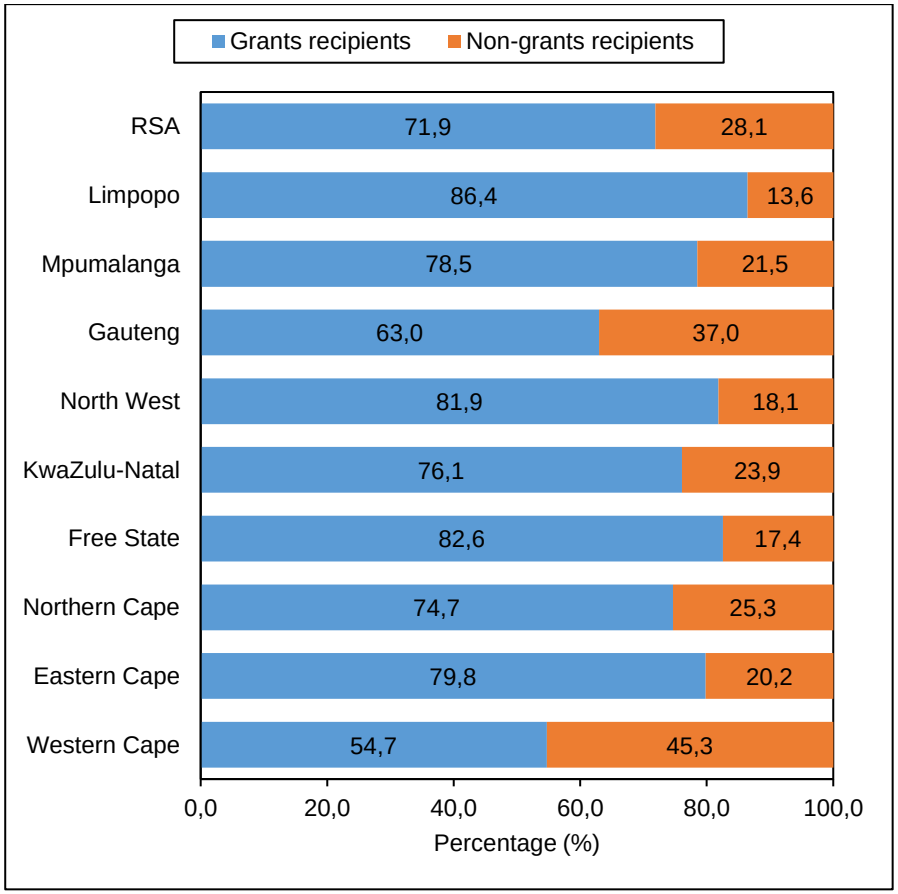


Figure 5.5–Percentage of older persons who are accessing social grants by province, 2024



Source: GHS 2002 & 2024

A social grant is a means-tested social relief, crucial in cushioning beneficiaries against poverty and inequalities. Figures 5.4 and 5.5 shows the distribution of social grants between 2003 and 2024. More than two-thirds of older persons in South Africa received social grants in both years. Provincial variations shows that the highest percentage of grant recipients in the country were found in Limpopo in both years (84,0% in 2003 and 86,4% in 2024). The percentage of older persons who received grants increased in all provinces except in KwaZulu-Natal where a decline of 1,3 percentage points (from 77,4% in 2003 to 76,1% in 2024) was recorded. Western Cape had the lowest percentage of grant recipients in South Africa for both years (48,5% in 2003 and 54,7% in 2024).

Table 5.4–Percentage of older persons who indicated general satisfaction/dissatisfaction with SASSA (social grants) by province, 2022/23.

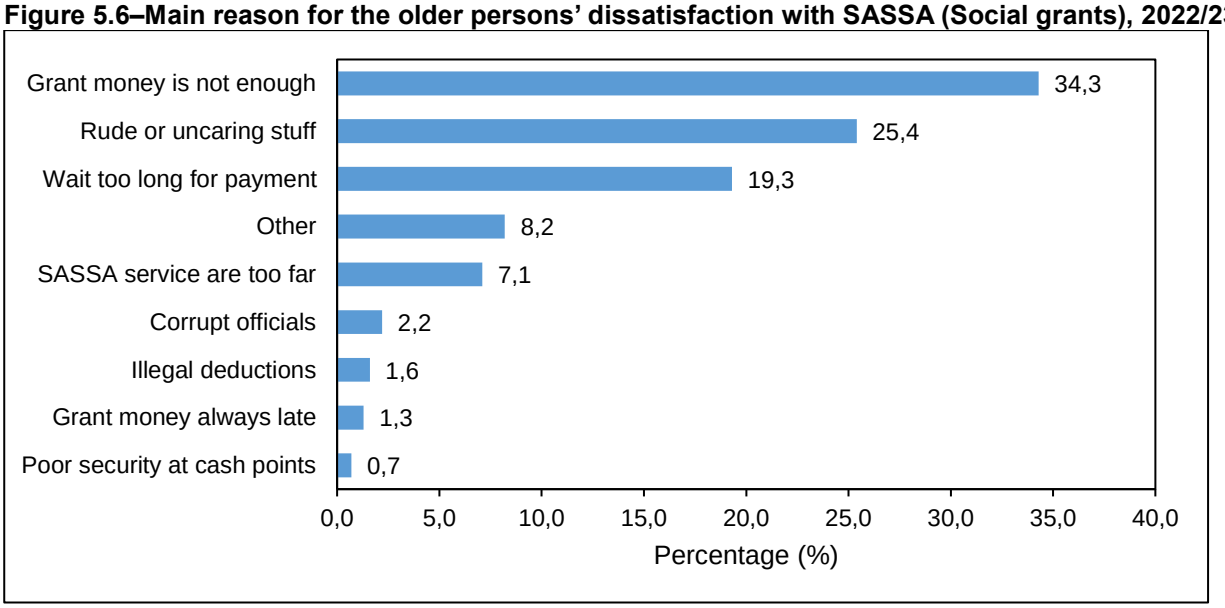
	Satisfied		Dissatisfied		Total
Province	**Number**	**Per cent (%)**	**Number**	**Per cent (%)**	**Number**
Western Cape	121 456	83,5	23 934	16,5	145 390
Eastern Cape	75 347	93,0	5 691	7,0	81 037
Northern Cape	31 442	98,5	486	1,5	31 927
Free State	46 946	97,1	1 394	2,9	48 340
KwaZulu-Natal	171 959	72,4	65 421	27,6	237 380
North West	88 166	94,3	5 329	5,7	93 495
Gauteng	241 246	91,2	23 149	8,8	264 395
Mpumalanga	50 689	87,5	7 261	12,5	57 950
Limpopo	100 687	97,0	3 067	3,0	103 753
South Africa	**927 937**	**87,2**	**135 731**	**12,8**	**1 063 667**

Source: GPSJS 2022/23

Table 5.4 above, illustrates the percentage of older persons who indicated general satisfaction/dissatisfaction with SASSA by province in 2022/23. Generally, 87,2% of older persons have indicated their satisfaction level with SASSA (social grants), while 12,8% have specified the dissatisfaction.

More than 90% of older persons indicated their level of satisfaction with SASSA in six of nine provinces, with highest being Northern Cape at 98,5%, followed by Free State and Limpopo at 97,1% and 97,0% respectively. The majority of older persons who showed dissatisfaction level on SASSA were found in Gauteng (27,6%), followed by Western Cape (16,5%).

Figure 5.6–Main reason for the older persons' dissatisfaction with SASSA (Social grants), 2022/23



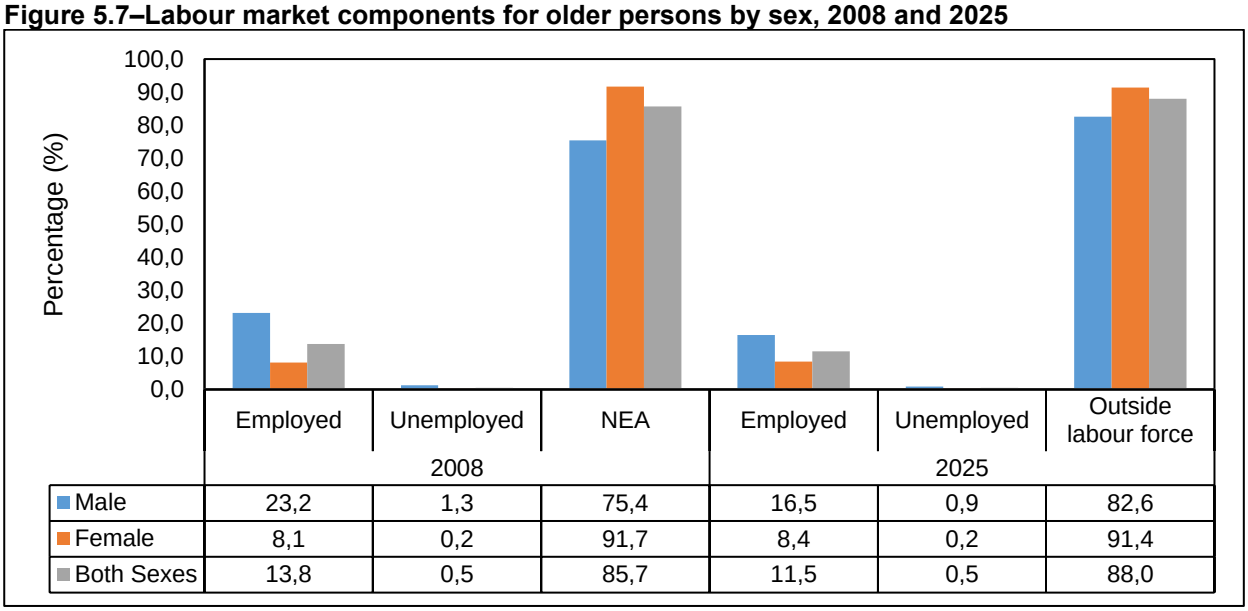
Source: GPSJS 2022/23

Figure 5.6 presents the percentage distribution of older person's indication of dissatisfaction with SASSA (social grants) by sex in 2022/23. The most common reasons cited by older persons for their dissatisfaction with SASSA (social grants) were, grant money was not enough (34,3%), followed by rude or uncaring staff (25,4%) and waiting for too long for payment (19,3%).The least reported reasons were, poor security at cash points (0,7%), grant money is always late (1,3%) and illegal deductions (1,6%).

5.4 Labour market components

The Quarterly Labour Force Survey (QLFS) measures the employment status of older persons aged 60 years and older.

Figure 5.7–Labour market components for older persons by sex, 2008 and 2025

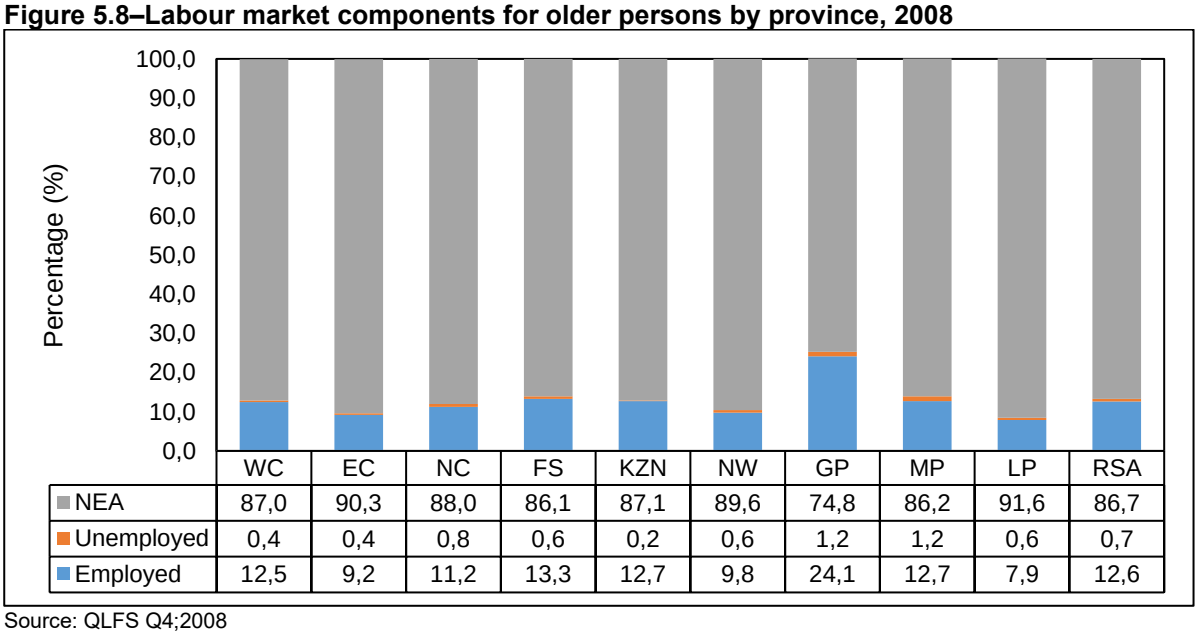


	2008			2025		
	Employed	Unemployed	NEA	Employed	Unemployed	Outside labour force
Male	23,2	1,3	75,4	16,5	0,9	82,6
Female	8,1	0,2	91,7	8,4	0,2	91,4
Both Sexes	13,8	0,5	85,7	11,5	0,5	88,0

Source: QLFS Q4;2008 & Q4:2025

Figure 5.7 shows the labour market status of older persons by sex in 2008 and 2025.The figure shows that a higher percentage of males than females were employed for both years, older males were more likely to be employed compared to their female counterparts. The percentage of males employed decreased by 6,7 percentage points (from 23,2% in 2008 to 16,5% in 2025), while females increased by 0,3 percentage points (from 8,1% in 2008 to 8,4% in 2025). Although the percentage of older females employed increased for the reference period, the older males' employees still surpassed the older females.

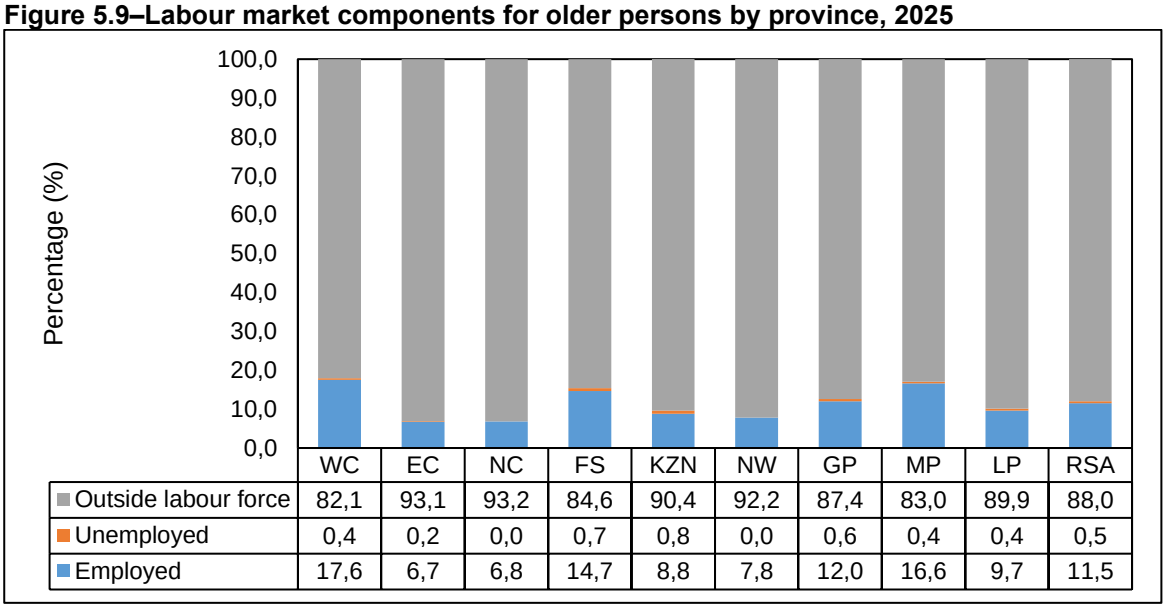
Figure 5.8–Labour market components for older persons by province, 2008



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
NEA	87,0	90,3	88,0	86,1	87,1	89,6	74,8	86,2	91,6	86,7
Unemployed	0,4	0,4	0,8	0,6	0,2	0,6	1,2	1,2	0,6	0,7
Employed	12,5	9,2	11,2	13,3	12,7	9,8	24,1	12,7	7,9	12,6

Source: QLFS Q4;2008

Figure 5.9–Labour market components for older persons by province, 2025

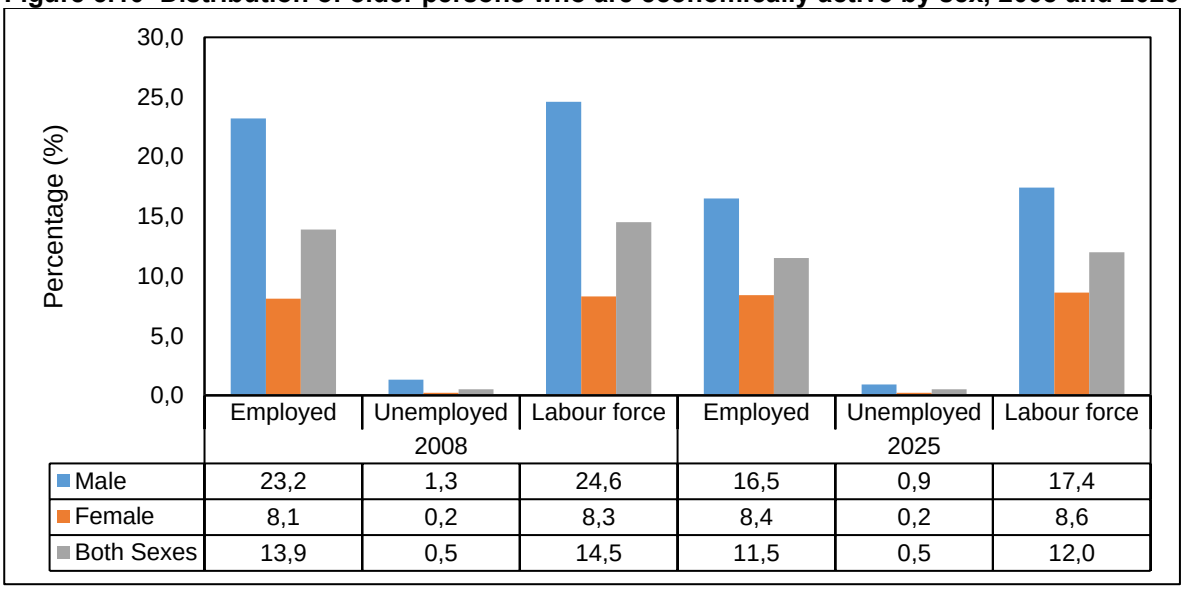


	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Outside labour force	82,1	93,1	93,2	84,6	90,4	92,2	87,4	83,0	89,9	88,0
Unemployed	0,4	0,2	0,0	0,7	0,8	0,0	0,6	0,4	0,4	0,5
Employed	17,6	6,7	6,8	14,7	8,8	7,8	12,0	16,6	9,7	11,5

Source: QLFS Q4;2025

Figure 5.8 and 5.9 depict the labour market components for older persons in 2008 and 2025. Provincial disparities show that the majority of older persons were not economically active in all provinces for both years. Generally, less than 15,0% of the older persons were part of both employed plus unemployed for both years. Provincial variations revealed that Gauteng (24,1%) and Mpumalanga (13,9%) had the largest percentage of older persons participating in the labour force market (either employed or actively looking for work) in 2008. For the period of 2025, provinces with the largest shares of older persons in the workforce were Western Cape (17,6%) and Mpumalanga (16,6%).

Figure 5.10–Distribution of older persons who are economically active by sex, 2008 and 2025

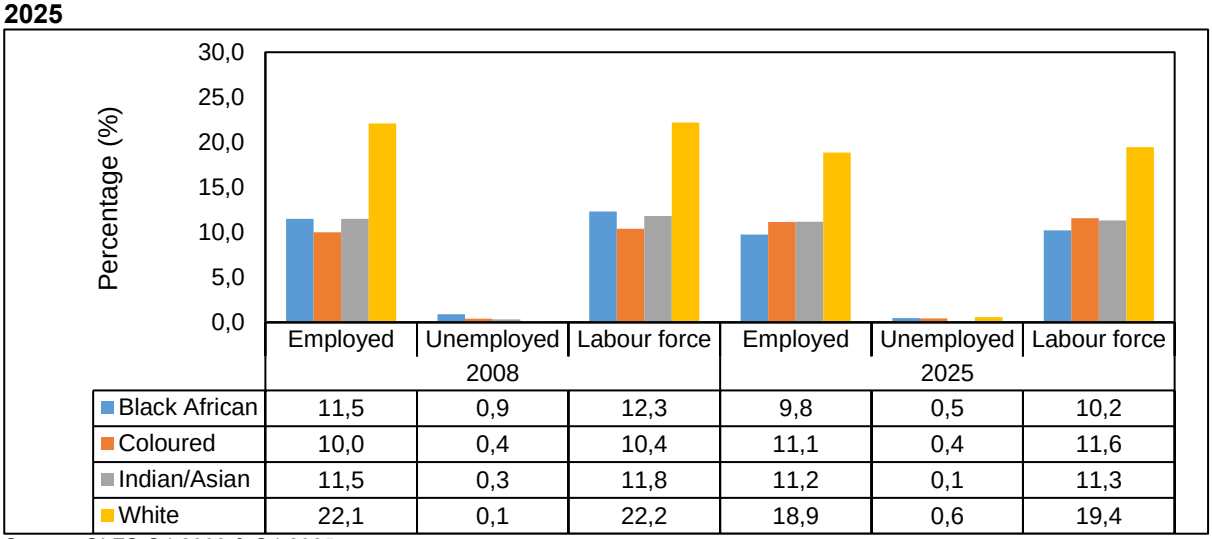


	Employed	Unemployed	Labour force	Employed	Unemployed	Labour force
	2008			2025		
Male	23,2	1,3	24,6	16,5	0,9	17,4
Female	8,1	0,2	8,3	8,4	0,2	8,6
Both Sexes	13,9	0,5	14,5	11,5	0,5	12,0

Source: QLFS Q4;2008 & Q4:2025

Figure 5.10 shows distribution of older persons who are economically active by sex in 2008 and 2025. The percentage of older persons who were employed was high for both years representing more than 10,0%. Although the percentage of older persons who were employed was high, it reduced by 2,4 percentage points for males (from 13,9% in 2008 to 11,5% in 2025). The labour force participation rate was high for older males compared to their female counterparts, although it reduced by 6,7 percentage points for older males and increased by 0,3 percentage points for older females.

Figure 5.11–Distribution of older persons who are economically active by population group, 2008 and 2025

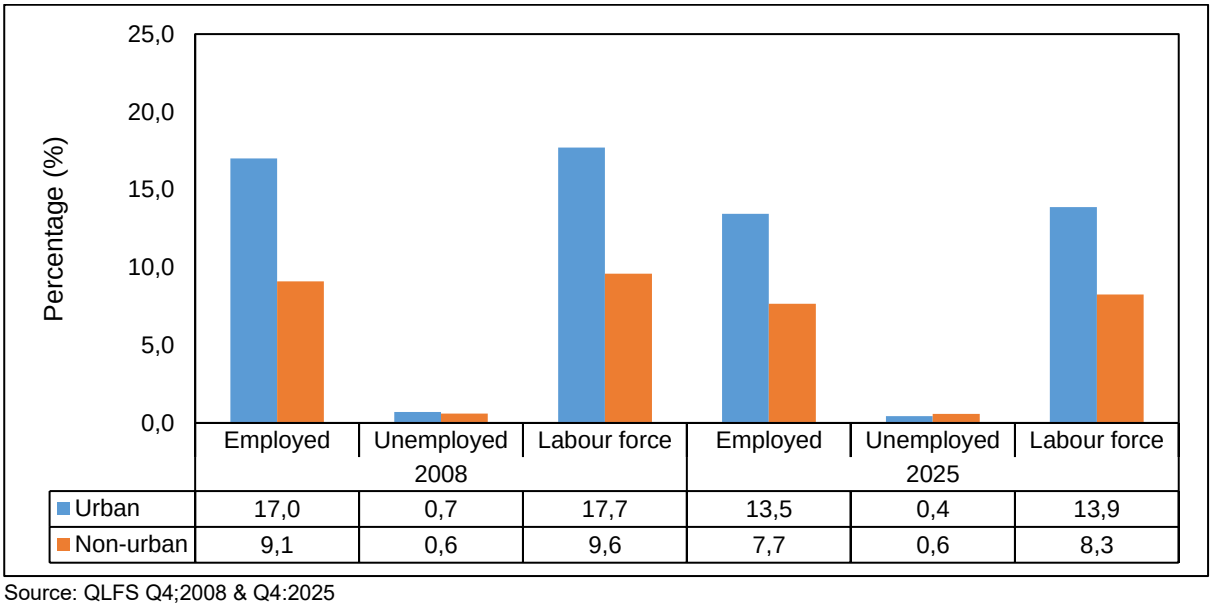


	Employed	Unemployed	Labour force	Employed	Unemployed	Labour force
	2008			2025		
Black African	11,5	0,9	12,3	9,8	0,5	10,2
Coloured	10,0	0,4	10,4	11,1	0,4	11,6
Indian/Asian	11,5	0,3	11,8	11,2	0,1	11,3
White	22,1	0,1	22,2	18,9	0,6	19,4

Source: QLFS Q4;2008 & Q4:2025

The distribution of older persons who are economically active by population group in 2008 and 2025 is presented in figure 5.11. White older persons were more likely to be employed compared to other population groups (at 22,1% in 2008 and 18,9% in 2025). In 2008, the coloured group had the lowest percentage of employed older persons, while in 2025, black African older persons recorded the lowest. The coloured group had the lowest percentage of older persons participating in the labour force, below 11,0% in 2008, while black African was sitting below 10,0% in 2025.

Figure 5.12–Distribution of older persons who are economically active by geographic location, 2008 and 2025

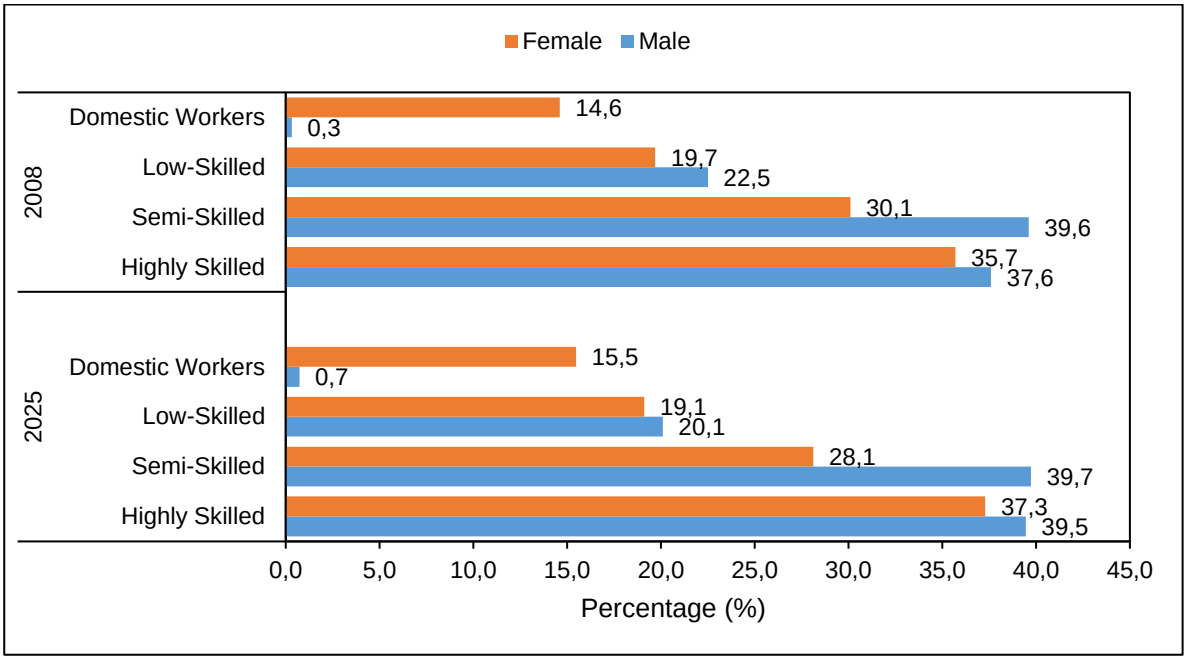


	Employed	Unemployed	Labour force	Employed	Unemployed	Labour force
	2008			2025		
Urban	17,0	0,7	17,7	13,5	0,4	13,9
Non-urban	9,1	0,6	9,6	7,7	0,6	8,3

Source: QLFS Q4;2008 & Q4:2025

Figure 5.12 above, shows the distribution of older persons who are economically active by geographic location in 2008 and 2025. For the reference period, the older persons in the urban areas were more likely to be employed than those in the non-urban areas. In 2025, 13,9% of the older persons in non-urban areas were employed while 8,3% of those in non-urban areas were employed. The percentage of employed and unemployed older persons declined except for unemployment in non-urban where it remained constant at 0,6%.

Figure 5.13–Percentage distribution of occupation groups for older persons who are employed by sex, 2008 and 2025



Source: QLFS Q4;2008 & Q4:2025

Figure 5.13 above, depicts the percentage distribution of occupation groups for older persons who are employed by sex in 2008 and 2025. Results indicate that the older females were more likely to work as domestic workers while older males were more likely to work as skilled workers. The percentage of the older females employed as domestic workers increased by 0,9 percentage points (from 14,6% in 2008 to 15,5% in 2025) while the percentage of older males employed as domestic workers increased by 0,4 percentage points (from 0,3% in 2008 to 0,7% in 2025). In both years, older males had higher percentage of those employed in all skilled professions compared to older females. There was a decline of 0,6 and 2,5 percentage points for older females in low-skilled and semi-skilled respectively.

5.5 Poverty among older persons

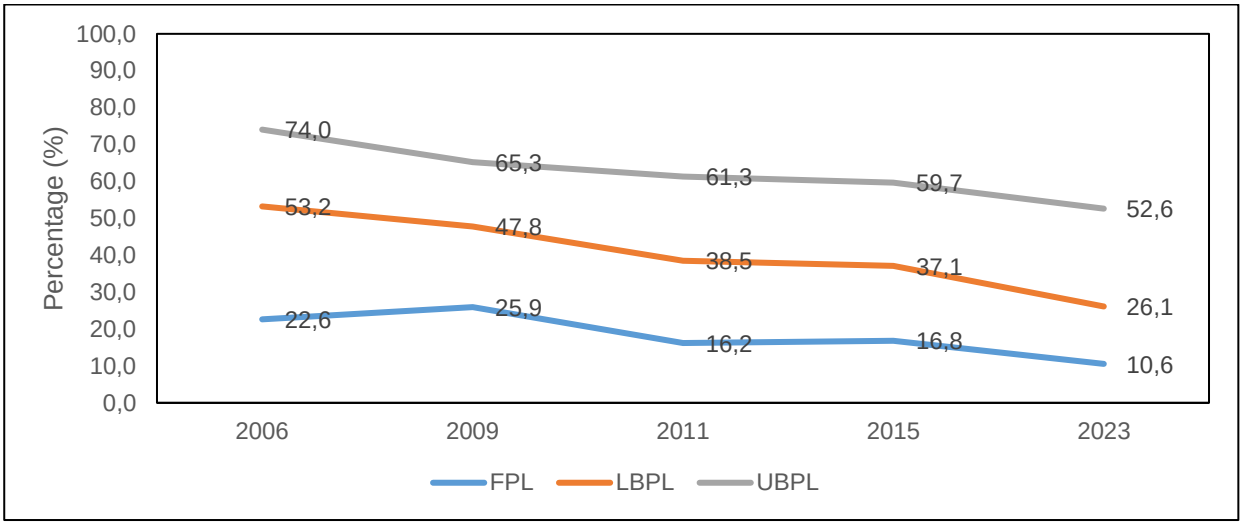
Poverty hinders healthy aging by limiting access to nutrition, housing, and healthcare, leading to higher rates of chronic disease, disability, and mental health issues creating a cycle where poor health further entraps individuals in poverty, with lifelong effects from childhood poverty and increased vulnerability in older age.

Table 5.5–Older persons poverty headcounts based on the FPL, LBPL and UBPL, 2006, 2009, 2011, 2015 and 2023

Poverty lines	2006		2009		2011		2015		2023	
	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent
UBPL	2 701 348	74,0	2 546 076	65,3	2 517 001	61,3	2 766 173	59,7	3 014 247	52,6
LBPL	1 942 081	53,2	1 865 148	47,8	1 582 371	38,5	1 720 192	37,1	1 495 469	26,1
FPL	825 432	22,6	1 011 745	25,9	664 703	16,2	780 405	16,8	604 690	10,6

Source: IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23

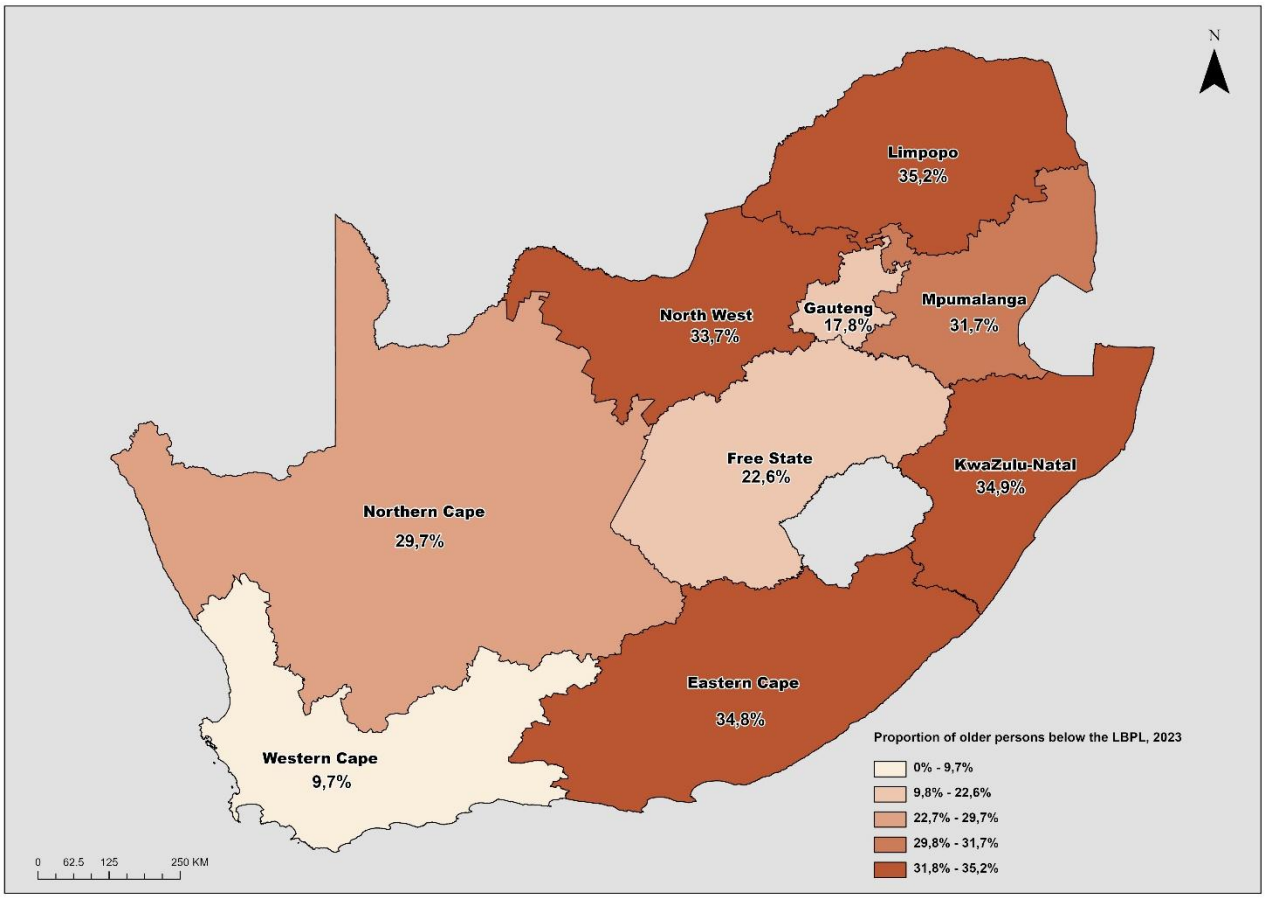
Figure 5.14–Older persons poverty headcounts based on the FPL, LBPL and UBPL, 2006, 2009, 2011, 2015 and 2023



Source: IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23

Table 5.5 and Figure 5.14 show the older persons poverty headcounts based on the food poverty line (FPL), lower-bound poverty line (LBPL), upper-bound poverty line (UBPL) in 2006, 2009, 2011, 2015 and 2023.During the reference period, the poverty levels for older persons decreased for all the three poverty measures. The percentage of older persons who lived below the upper-bound poverty line decreased from 74,0%in 2006 to 52,6% in 2023. Persons below the LBPL do not have enough money to purchase both adequate food items and non-food items, occasionally forfeiting one to pay for the other. The older persons who lived below the lower-bound poverty line decreased from 1,9 million (53,2%) in 2006 to 1,5 million (26,1%) in 2023 during the reference period. The poverty headcount using the food poverty line for older persons stood at 22,6% in 2006 and declined by 6,4 percentage points to 16,2% in 2011 with a slight increase of 0,6 percentage points in 2015 and further declined to 10,6% in 2023.

Map 5.1–Proportion of older persons below the Lower Bound Poverty Line, 2023



Source: IES 2022/23

Map 5.1 above shows the proportion of older persons below the lower bound poverty line (LBPL) in 2023. Results shows that Limpopo had the highest proportion of poor older persons in 2023 with a headcount of 35,2%, followed by KwaZulu-Natal (34,9%), Eastern Cape (34,8%), and North West (33,7%). Western Cape and Gauteng had the lowest headcounts in 2023 at 9,7% and 17,8%, respectively.

Table 5.6–Poverty (LBPL) shares by province for older persons, (2006, 2009, 2011, 2015 and 2023)

	Poverty Shares				
Province	**2006**	**2009**	**2011**	**2015**	**2023**
Western Cape	4,4	4,5	4,1	5,6	5,4
Eastern Cape	21,6	21,2	22,0	20,8	18,1
Northern Cape	2,5	2,7	2,6	2,9	2,8
Free State	5,4	6,5	5,1	4,3	4,2
KwaZulu-Natal	23,2	23,4	21,6	22,1	22,6
North West	7,2	7,6	8,2	8,6	9,2
Gauteng	9,5	8,9	8,8	9,4	16,4
Mpumalanga	8,2	8,2	10,3	9,6	8,6
Limpopo	18,0	17,0	17,4	16,8	12,7

Source: IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23

Table 5.6 show the share of poverty of older persons by province between 2006 and 2023. In 2023, KwaZulu-Natal had the highest poverty share of older persons at 22,6%, followed by Eastern Cape (18,1%) and Gauteng (16,4%). The Northern Cape accounted for the smallest poverty share of older persons which was less than 3,0% across all the data points, which aligns with its relatively small population size compared to other

provinces. The biggest change in poverty share between 2006 and 2023 was recorded in Gauteng, which rose by 6,9 percentage points (from 9,5% in 2006 to 16,4% in 2023).

Table 5.7–Total and Average household consumption expenditure by division expenditure group and household head, 2022/23

Division expenditure group	Household heads aged 60 and above			Household heads below age of 60		
	Total (in millions)	Average	Percentage contribution	Total (in millions)	Average	Percentage contribution
	Rand per household per year			Rand per household per year		
Food and non-alcoholic beverages	127 971	27 425	18,4	371 001	22 327	16,4
Alcoholic beverages, tobacco and narcotics	6 556	1 405	0,9	36 425	2 192	1,6
Clothing and footwear	26 958	5 777	3,9	126 188	7 594	5,6
Housing, water, electricity, gas and other fuels	248 681	53 293	35,8	708 554	42 641	31,4
Furnishings, household equipment and routine household maintenance	33 267	7 129	4,8	92 860	5 588	4,1
Health	10 389	2 226	1,5	21 139	1 272	0,9
Transport	86 309	18 496	12,4	380 417	22 894	16,8
Information and communication	28 613	6 132	4,1	108 840	6 550	4,8
Recreation, sport and culture	8 597	1 842	1,2	31 051	1 869	1,4
Education services	4 954	1 062	0,7	38 091	2 292	1,7
Restaurants and accommodation services	17 981	3 853	2,6	64 794	3 899	2,9
Insurance and financial services	73 817	15 819	10,6	211 947	12 755	9,4
Personal care, social protection and miscellaneous goods	21 142	4 531	3,0	68 621	4 130	3,0
Total	**695 236**	**148 991**	**100,0**	**2 259 929**	**136 005**	**100,0**

Source: IES 2022/23

Table 5.7 above show the household consumption expenditure by division expenditure. Results show that housing, water, electricity, gas and other fuels is the largest contributor to household consumption expenditure for households, irrespective of age. This expenditure division contributed 35,8% for households headed by those aged 60 and above, followed by household consumption expenditure on food and non-alcoholic beverages expenditure division estimated to have contributed 18,4% of household consumption expenditure. Transport is the third largest contributor to household consumption expenditure with a contribution of 12,4% for household heads aged 60 and above. For households headed by those aged below 60, housing, water, electricity, gas and other fuels was the largest contributor to household consumption expenditure, followed by transport (16,8%) and food and non-alcoholic beverages (16,4%).

Table 5.8–Average household income by income group and household head, 2022/23

Source of income	Household-heads aged 60 and above		Household-heads below age of 60	
	Average (R)	Per cent	Average (R)	Per cent
Income from work	89 130	41,8	155 106	76,9
Income from capital	7 094	3,3	2 052	1,0
Pensions, social insurance, family allowances	64 702	30,3	9 084	4,5
Income from individuals	2 731	1,3	2 587	1,3
Other income	10 085	4,7	8 877	4,4
Imputed rent on owned dwelling	37 837	17,7	22 070	10,9
Imputed rent (rent free)	1 800	0,8	2 049	1,0
Total	**213 378**	**100,0**	**201 826**	**100,0**

Source: IES 2022/23

Table 5.8 above shows the average household income by income group of the household head. Majority of income for household heads aged 60 and above was earned from work (41,8%), this source of income includes income from salaries and wages as well as income from business. This was followed by income from pensions, social insurances and family allowances (30,3%). For household heads aged below 60, majority of income was income from work (76,9%), followed by income from imputed rent on owned dwelling (10,9%).

5.6 Conclusion

Nationally, old-age dependency ratio increased by 1,8 percentage points (from 11,8% in 2002 to 13,6% in 2024). The dependency ratio for the older persons in non-urban areas exceeded that in urban areas. The dependency ratio across different population groups suggested that approximately 42 old white persons require support for every 100 working-age persons in 2024.In 2002, remittances were the main income source for households headed by older persons followed by salaries/wages/commission. In 2024, grants were the main source of income for households headed by older persons followed by salaries/wages/commission. Most grant recipients were found in Limpopo, Free State, North West and Eastern Cape. During the reference period, the poverty levels for older persons decreased for all the three poverty measures.

Older persons have indicated that the reason for their dissatisfaction with grant is that the money is not enough, and that the staff that assisted them was either rude or uncaring towards them. Older males were more likely to be employed than their female counterparts, though they experienced a decline of 6,8%, while older female employment increased by the same percentage. However, most older persons were not economically active and outside labour force in all provinces for both years. Older females were more likely to be employed as domestic workers, accounting for over 14,0%, whereas older males were more likely to be employed as skilled workers.

6 Safe and comfortable home environment

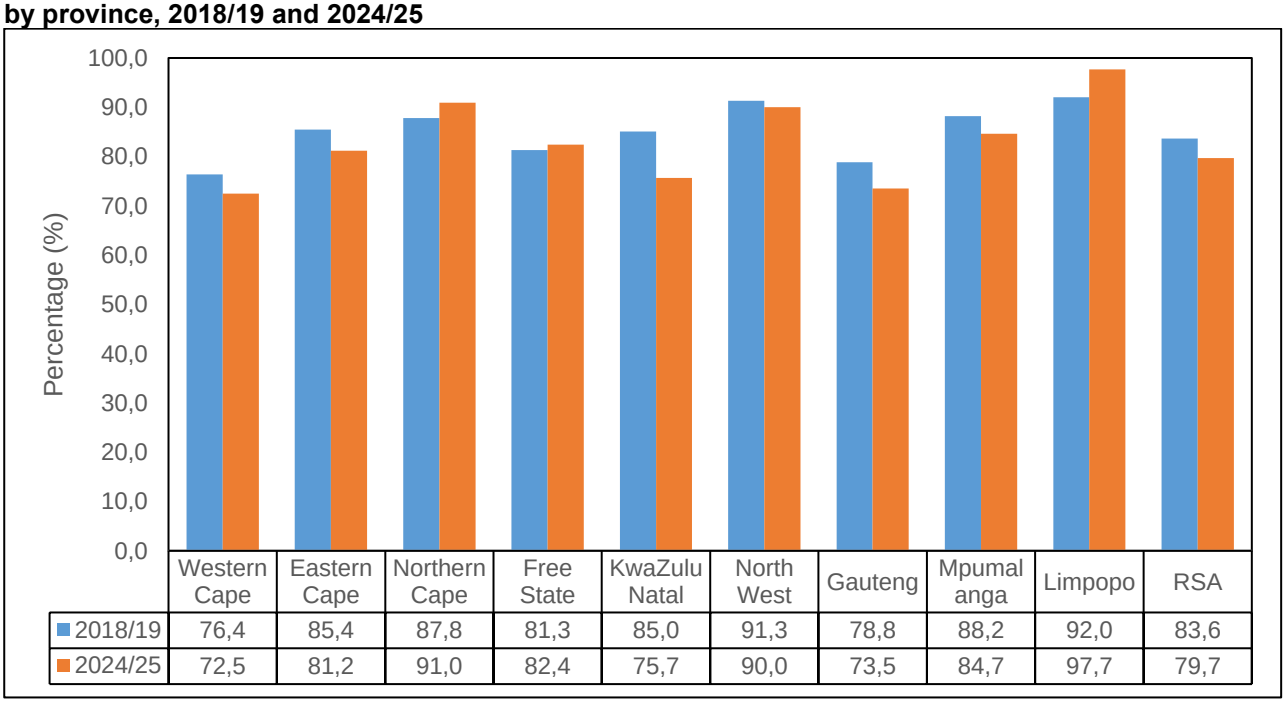
6.1 Introduction

Feelings of insecurity and fear increase with age and consequently the older persons are more vulnerable to safety. Older adults who do not feel safe in their environment may not feel comfortable walking around their neighbourhood, which is problematic as they may already be socially isolated, increasing the risk of poor health outcomes. Households of older persons in South Africa face growing risks from crime, poverty, and health challenges. To address this, the Older Persons Amendment Bill of 2022 strengthens protections by allowing the immediate removal of endangered seniors to safe care without a court order. The Bill also emphasizes preventing elder abuse, improving community-based care, and enhancing home-based safety measures.

6.2 Feelings of safety

Feeling safe at home and in one's neighbourhood is one of the National Development Plan (NDP) Goals. Perceptions of safety is considered a subjective well-being indicator, under the Sustainable Development Goals (SDGs) indicator 16.1.4. Respondents were asked how safe they felt walking in their neighbourhoods alone during the day and when it was dark. The safety categories "Very safe" and "Fairly safe" were combined into a new category "Safe", while "A bit unsafe" and "Very unsafe" were combined into a new category "Unsafe". This chapter examines the extent to which households and individuals feel that they are safe and whether they have been subjected to victimisation. Data from this chapter is obtained from the Governance, Public Safety and Justice Survey (GPSJS).

Figure 6.1–Percentage of older persons who felt safe walking in their area of residence during the day by province, 2018/19 and 2024/25



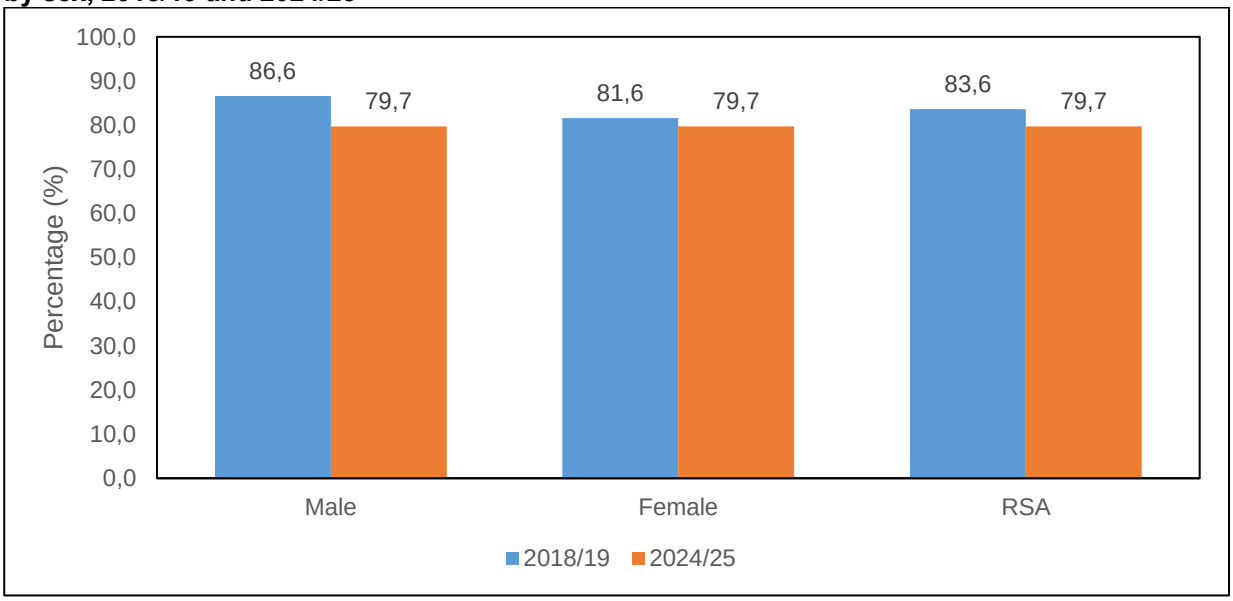
	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu Natal	North West	Gauteng	Mpumalanga	Limpopo	RSA
2018/19	76,4	85,4	87,8	81,3	85,0	91,3	78,8	88,2	92,0	83,6
2024/25	72,5	81,2	91,0	82,4	75,7	90,0	73,5	84,7	97,7	79,7

Source: GPSJS, 2018/19 & 2024/25

Figure 6.1 above, shows the percentage of older persons who felt safe walking alone in their area of residence by province in 2018/19 and 2024/25. Analysis reveals that the percentage of older persons who felt safe walking in their area of residence during the day decreased from 83,6% in 2018/19 to 79,7% in 2024/25.

Provincial disaggregation showed that in 2024/25, Limpopo (97,7%) recorded the highest proportion of older persons who felt safe walking alone during the day, followed by Northern Cape (91,0%) and North West (90,0%). Between the reported period, an increase in the proportion of older persons who felt safe walking alone during the day were observed in Limpopo, Northern Cape and Free State.

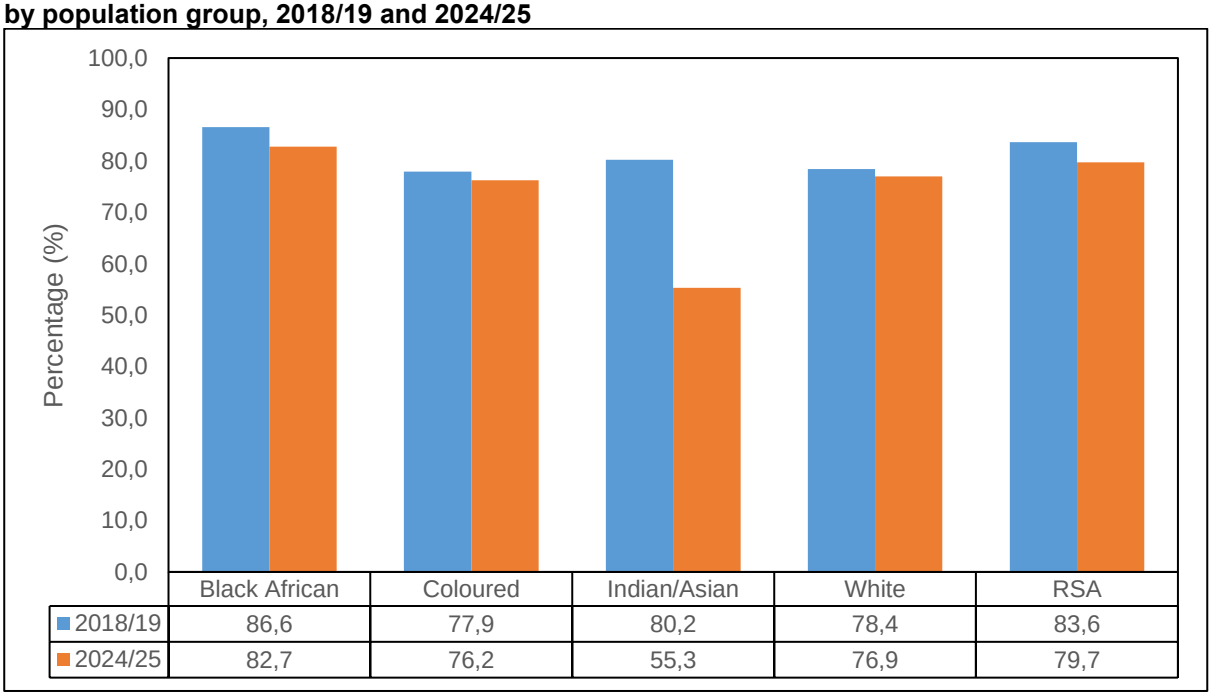
Figure 6.2–Percentage of older persons who felt safe walking in their area of residence during the day by sex, 2018/19 and 2024/25



Source: GPSJS, 2018/19 & 2024/25

Figure 6.2 above, shows the percentage of older persons who felt safe walking alone in their area of residence during the day by sex in 2018/19 and 2024/25. Results show that there was a decline in the percentage of older persons who felt safe walking alone in their area of residence during the day between 2018/19 and 2024/25, irrespective of sex. In 2024/25, the was no difference in the percentage of male and female older persons who felt safe walking alone during the day.

Figure 6.3–Percentage of older persons who felt safe walking in their area of residence during the day by population group, 2018/19 and 2024/25

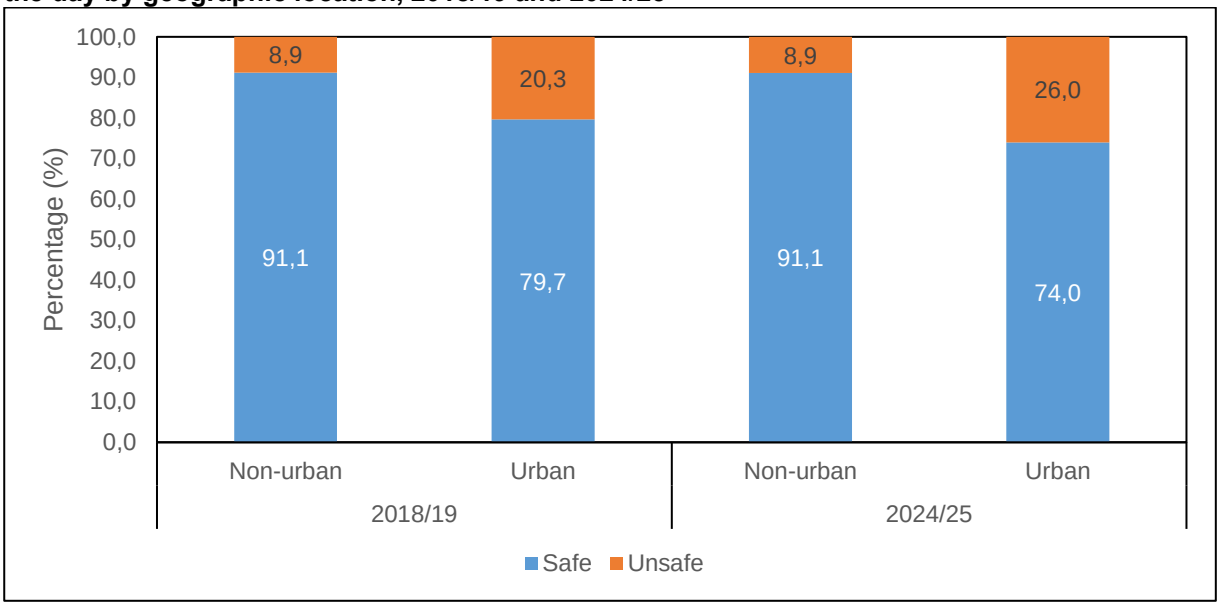


	Black African	Coloured	Indian/Asian	White	RSA
2018/19	86,6	77,9	80,2	78,4	83,6
2024/25	82,7	76,2	55,3	76,9	79,7

Source: GPSJS, 2018/19 & 2024/25

Figure 6.3 above, shows the percentage of older persons who felt safe walking alone in their area of residence during the day by population group in 2018/19 and 2024/25. Results show that there was a decline in the percentage of older persons who felt safe walking alone in their area of residence during the day between 2018/19 and 2024/25, among all the population groups. The Indian/Asian older persons who felt safe walking alone during the day reported a 24,9 percentage points decrease (from 80,2% in 2018/19 to 55,3% in 2024/25) while black African older persons decreased by 3,9 percentage points (from 86,6 %in 2018/19 to 82,7% in 2024/25).

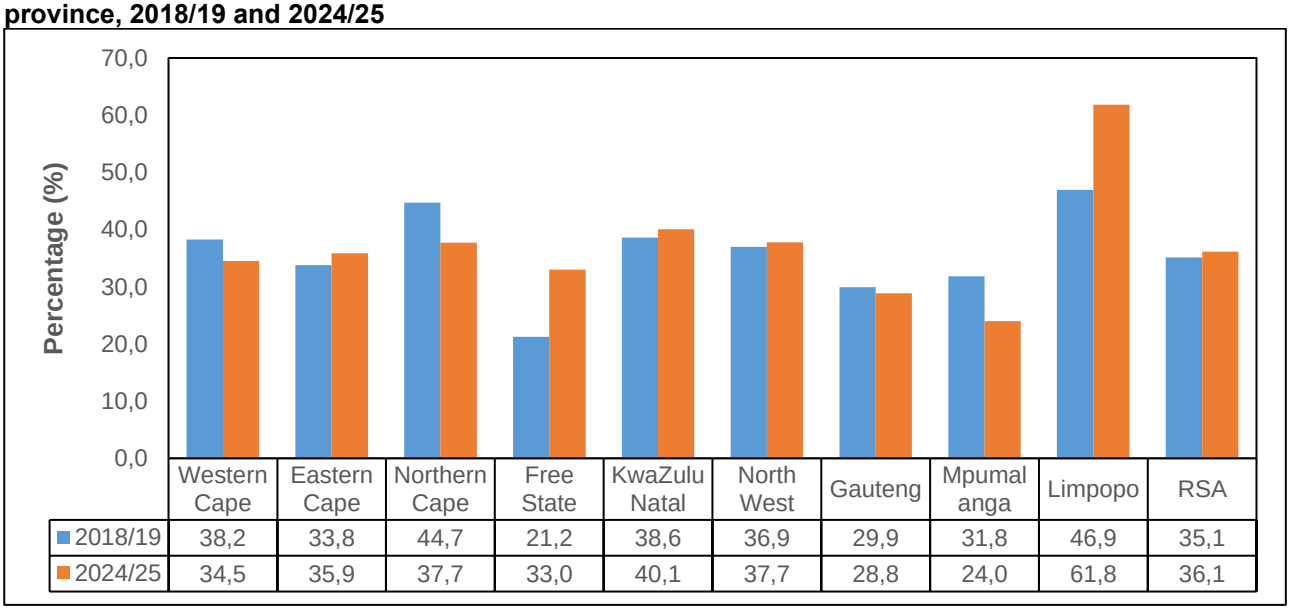
Figure 6.4–Percentage of older persons who felt safe/ unsafe walking in their area of residence during the day by geographic location, 2018/19 and 2024/25



Source: GPSJS, 2018/19 & 2024/25

Figure 6.4 shows the percentage of older persons who felt safe/unsafe walking in their area of residence during the day by geographic location in 2018/19 and 2024/25. Results show that older persons residing in non-urban areas had a greater feeling of safety walking alone in their areas during the day compared to those residing in urban areas for the reference period. There was a 5,7 percentage points increase in the proportion of older persons who felt unsafe walking alone during the day in urban areas, (from 20,3% in 2018/19 to 26,0% in 2024/25), while those in non-urban areas remained at 8,9% in the reported period.

Figure 6.5–Percentage of older persons who felt safe walking in their area of residence at night by province, 2018/19 and 2024/25

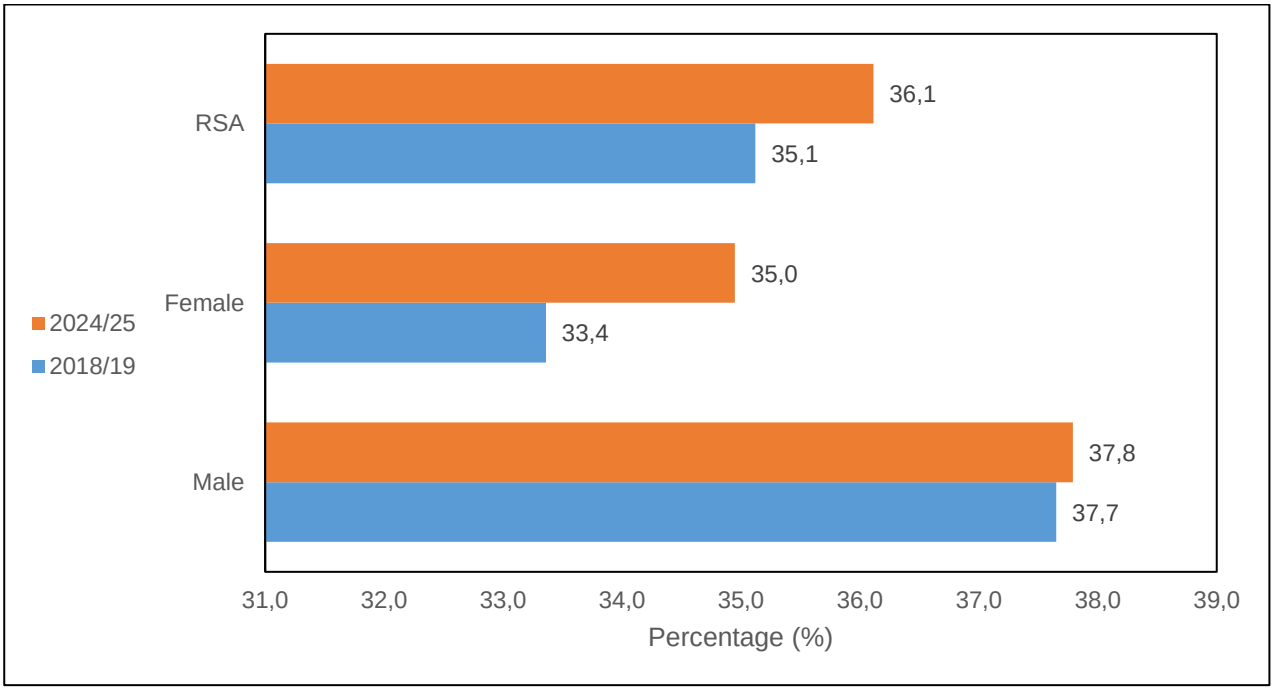


	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu Natal	North West	Gauteng	Mpumalanga	Limpopo	RSA
2018/19	38,2	33,8	44,7	21,2	38,6	36,9	29,9	31,8	46,9	35,1
2024/25	34,5	35,9	37,7	33,0	40,1	37,7	28,8	24,0	61,8	36,1

Source: GPSJS, 2018/19 & 2024/25

Figure 6.5 shows the percentage of older persons who felt safe walking in their area of residence at night by province in 2018/19 and 2024/25. Nationally, the percentage of older persons who felt safe walking in their area of residence at night increased from 35,1% in 2018/19 to 36,1% in 2024/25. Limpopo (61,8%) and KwaZulu Natal (40,1%) reported the highest proportion of older persons who felt safe walking at night, while Mpumalanga (24,0%) and Gauteng (28,8%) reported the lowest proportions in 2024/25. Between the reported period, an increase in the proportion of older persons who felt safe were observed in Limpopo, Free State, Eastern Cape, KwaZulu-Natal and North West.

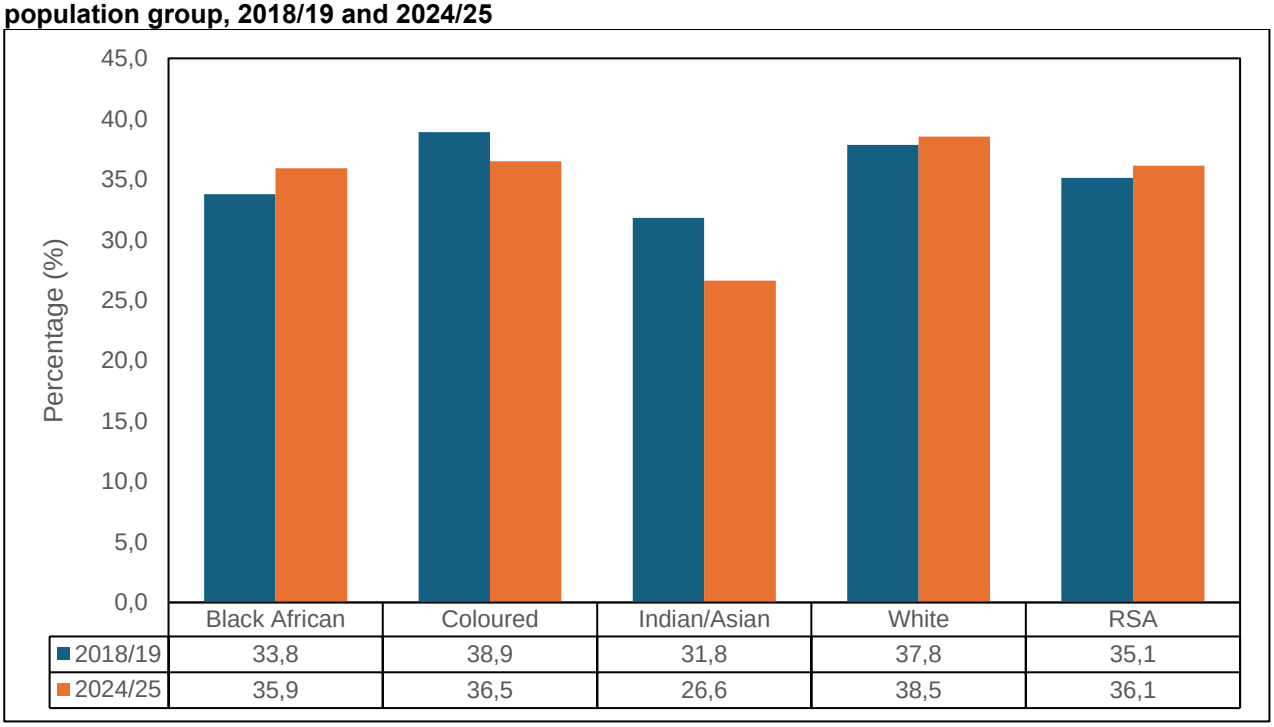
Figure 6.6–Percentage of older persons who felt safe walking in their area of residence at night by sex, 2018/19 and 2024/25



Source: GPSJS, 2018/19 & 2024/25

Figure 6.6 shows that a higher proportion of males felt safe walking alone in their areas at night than females in the reported period. The proportion of female older persons who felt safe walking at night increased from 33,4% in 2018/19 to 35,0% in 2024/25 while male older persons who felt safe increased by 0,1 percentage points (37,7% in 2018/19 to 37,8% in 2024/25).

Figure 6.7–Percentage of older persons who felt safe walking in their area of residence at night by population group, 2018/19 and 2024/25

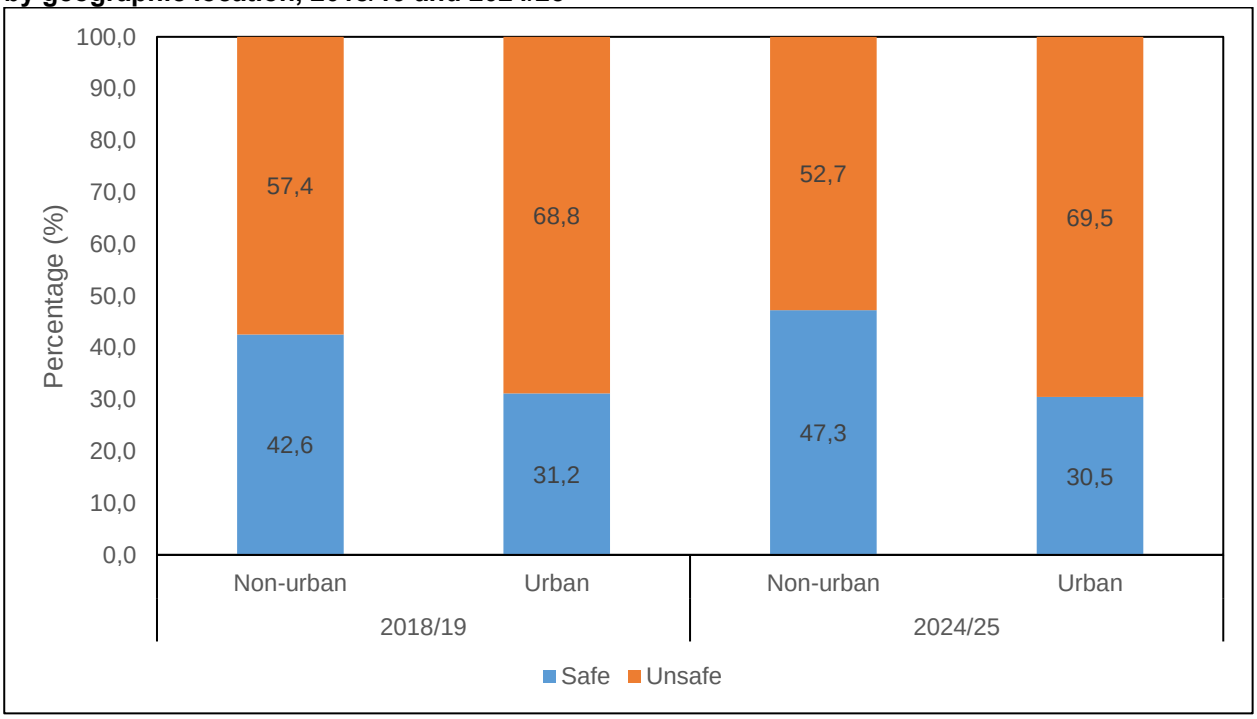


	Black African	Coloured	Indian/Asian	White	RSA
2018/19	33,8	38,9	31,8	37,8	35,1
2024/25	35,9	36,5	26,6	38,5	36,1

Source: GPSJS, 2018/19 & 2024/25

Figure 6.7 shows the percentage of older persons who felt safe walking in their area of residence at night by population group in 2018/19 and 2024/25. Results show that there was an increase in the percentage of black African and white older persons who felt safe between 2018/19 and 2024/25, while the opposite was observed for the Indian/Asian and coloured population groups.

Figure 6.8–Percentage of older persons who felt safe/unsafe walking in their area of residence at night by geographic location, 2018/19 and 2024/25

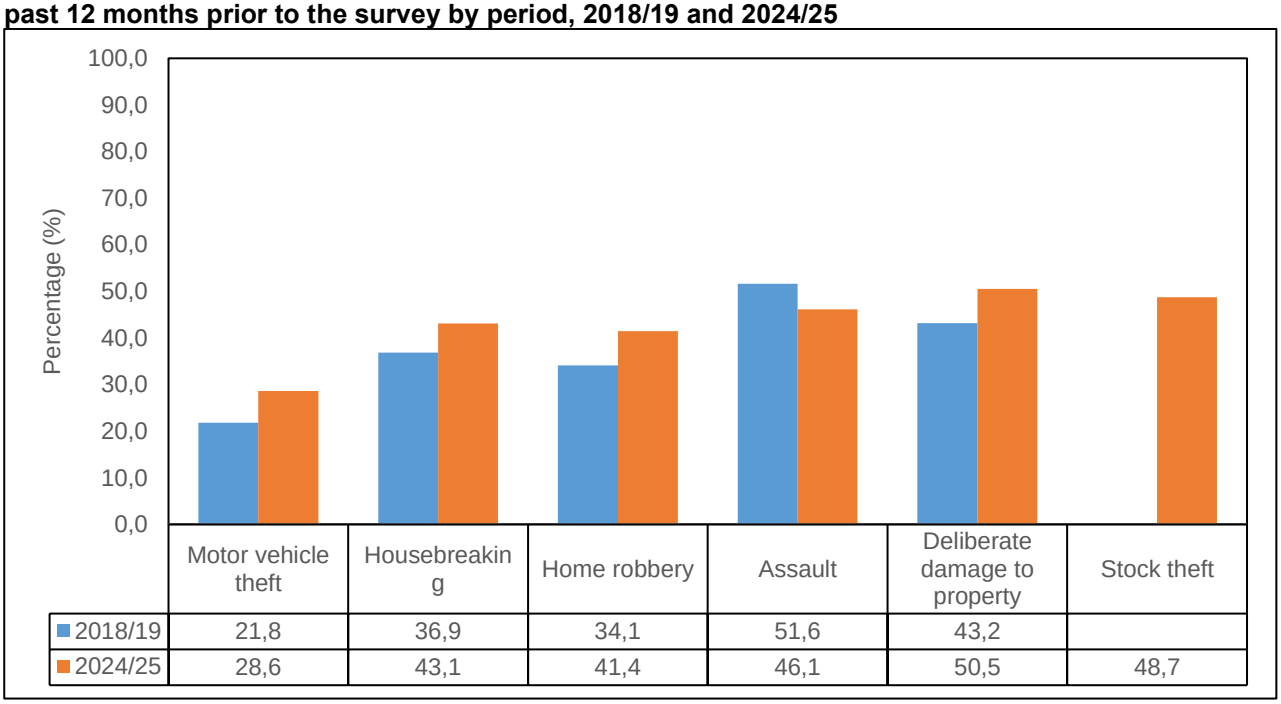


Source: GPSJS, 2018/19 & 2024/25

Figure 6.8 above, shows the percentage of older persons who felt safe/unsafe walking in their area of residence at night by geographic location in 2018/19 and 2024/25. The analysis revealed that the percentage of older persons who resided in non-urban areas reportedly felt safer walking in their area of residence at night compared to those residing in urban areas. The percentage of older persons who felt safe walking at night in non-urban areas increased by 4,7 percentage points (from 42,6% in 2018/19 to 47,3% in 2024/25), while those in urban areas decreased by 0,7 percentage point (from 31,2% in 2018/19 to 30,5% in 2024/25).

6.3 Household experience of crime

Figure 6.9–Percentage of households headed by older persons who experienced various crimes in the past 12 months prior to the survey by period, 2018/19 and 2024/25

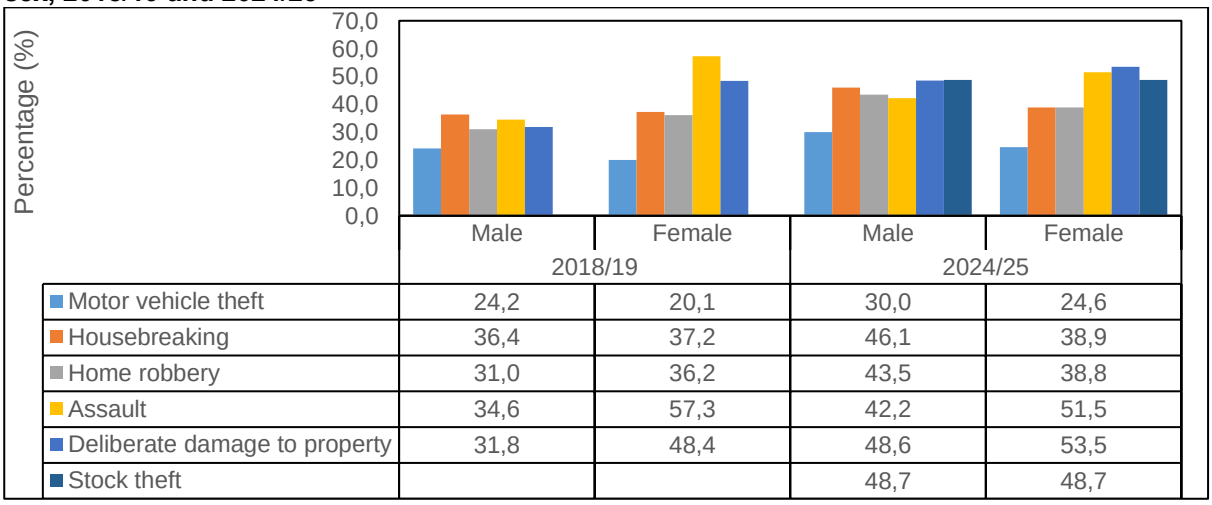


	Motor vehicle theft	Housebreaking	Home robbery	Assault	Deliberate damage to property	Stock theft
2018/19	21,8	36,9	34,1	51,6	43,2	
2024/25	28,6	43,1	41,4	46,1	50,5	48,7

Source: GPSJS, 2018/19 & 2024/25

Figure 6.9 shows the percentage of households headed by older persons who experienced crime in 2018/19 and 2024/25. Results show that the experience of theft of motor vehicle, housebreaking, home robbery and deliberate damage to property by households headed by older persons increased between 2018/19 and 2024/25. However, the inverse was reported for households that experienced assault. Older persons households experience theft of motor vehicle increased by 6,8 percentage points (from 21,8% in 2018/19 to 28,6% in 2024/25). Furthermore, 48,7% of households headed by older persons experienced theft of stock in 2024/25.

Figure 6.10–Percentage of households headed by older persons who experienced various crimes by sex, 2018/19 and 2024/25



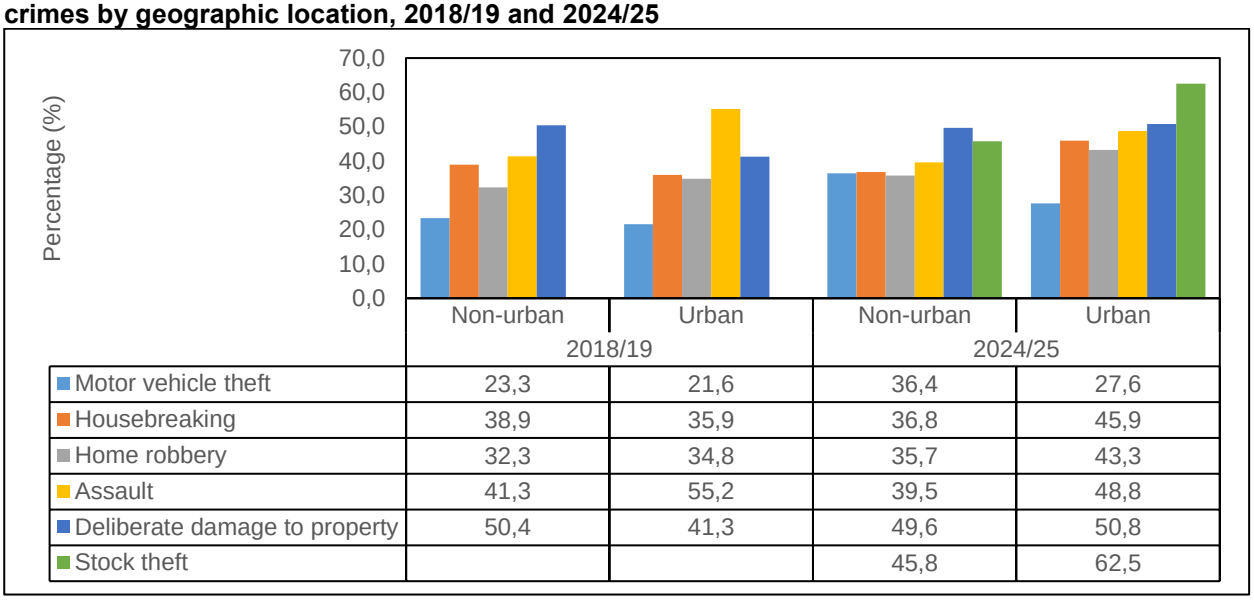
	2018/19 Male	2018/19 Female	2024/25 Male	2024/25 Female
Motor vehicle theft	24,2	20,1	30,0	24,6
Housebreaking	36,4	37,2	46,1	38,9
Home robbery	31,0	36,2	43,5	38,8
Assault	34,6	57,3	42,2	51,5
Deliberate damage to property	31,8	48,4	48,6	53,5
Stock theft			48,7	48,7

Source: GPSJS, 2018/19 & 2024/25

Figure 6.10 shows the percentage of households headed by older persons who experienced various crimes by sex, in 2018/19 and 2024/25. Female-headed households reported higher percentages of experiencing crimes such as deliberate damage to property and assault, compared to male-headed households in the reported period. The percentage of female-headed households that experienced assault decreased from

57,3% in 2018/19 to 51,5% in 2024/25, while their counterparts reported an increase from 34,6% to 42,2% in the same period.

Figure 6.11–Percentage distribution of households headed by older persons affected by various crimes by geographic location, 2018/19 and 2024/25



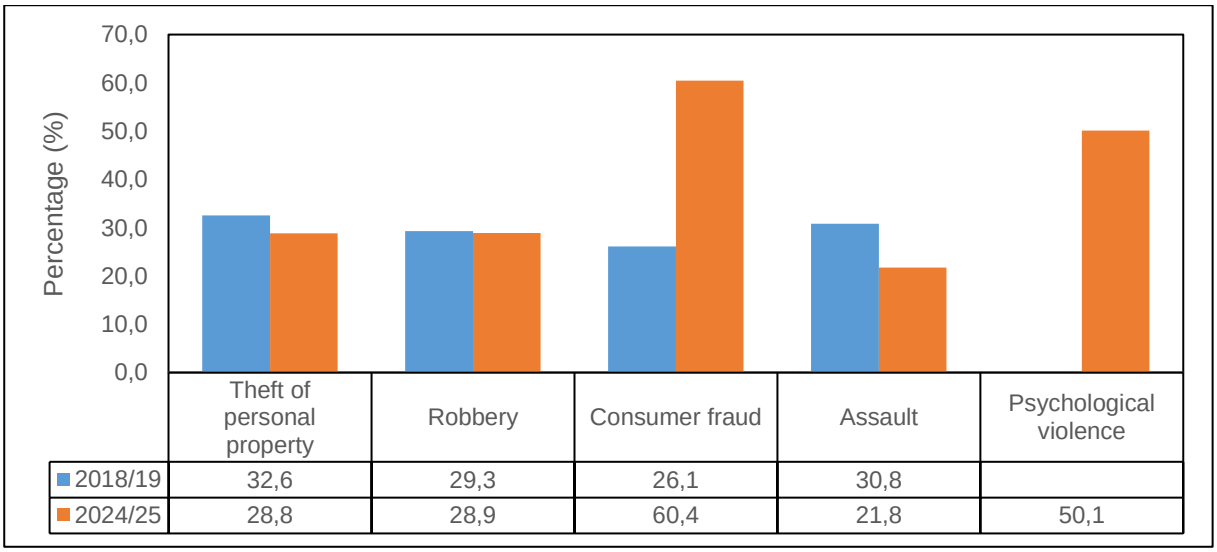
	Non-urban 2018/19	Urban 2018/19	Non-urban 2024/25	Urban 2024/25
Motor vehicle theft	23,3	21,6	36,4	27,6
Housebreaking	38,9	35,9	36,8	45,9
Home robbery	32,3	34,8	35,7	43,3
Assault	41,3	55,2	39,5	48,8
Deliberate damage to property	50,4	41,3	49,6	50,8
Stock theft			45,8	62,5

Source: GPSJS, 2018/19 & 2024/25

Figure 6.11 depicts the percentage distribution of households headed by older persons affected by various crimes by geographic location in 2018/19 and 2024/25.The percentage of older person households that experienced housebreaking increased by 10 percentage points (from 35,9% in 2018/19 to 45,9% in 2024/25) in urban areas, while households in non-urban areas reported a 2,1-percentage points decrease (from 38,9% in 2018/19 to 36,8% in 2024/25). Household experience of motor vehicle theft and home robbery increased in the reported period, irrespective of geographic location. Theft of stock was more prevalent in urban areas (62,5%) compared to non-urban areas (45,8%).

6.4 Experience of crime by older persons

Figure 6.12–Percentage of older persons who experienced crime in the 12 months prior to the survey, 2018/19 and 2024/25



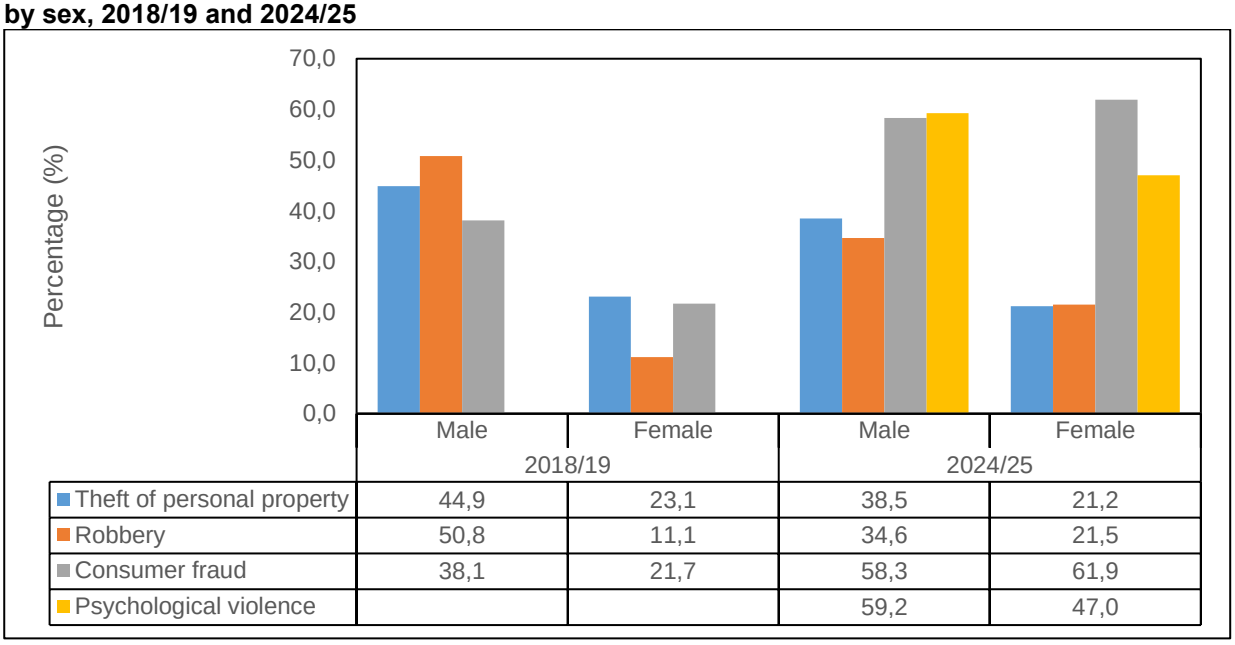
	Theft of personal property	Robbery	Consumer fraud	Assault	Psychological violence
2018/19	32,6	29,3	26,1	30,8	
2024/25	28,8	28,9	60,4	21,8	50,1

Source: GPSJS, 2018/19 & 2024/25

Figure 6.12 above, shows the percentage of older persons who experienced crime 12 months prior to the survey in 2018/19 and 2024/25. Results indicates that there was a decrease in the older persons who experienced theft of personal property, assault and robbery in the reported period. Older persons who

experienced assault declined by 9,0 percentage points (from 30,8% in 2018/19 to 21,8% in 2024/25), theft of personal property by 3,8 percentage points (from 32,6% in 2018/19 to 28,8% in 2024/25). Percentage of older persons who experienced consumer fraud increased from 26,1% in 2018/19 to 60,4% in 2024/25. One half of older persons experienced psychological violence in 2024/25.

Figure 6.13–Percentage of older persons who experienced crime in the 12 months prior to the survey by sex, 2018/19 and 2024/25



	2018/19 Male	2018/19 Female	2024/25 Male	2024/25 Female
Theft of personal property	44,9	23,1	38,5	21,2
Robbery	50,8	11,1	34,6	21,5
Consumer fraud	38,1	21,7	58,3	61,9
Psychological violence			59,2	47,0

Source: GPSJS, 2018/19 & 2024/25

Figure 6.13 above, shows the percentage of older person who experienced crime 12 months prior to the survey by sex, in 2018/19 and 2024/25. During 2024/25, male older persons reported a higher percentage in the experience of crimes compared to females except for consumer fraud. The percentage of older persons who experienced theft of personal property decreased for both sexes between 2018/19 and 2024/25, by 6,4 and 1,9 percentage points for males and females respectively. Male older persons who experienced consumer fraud increased from 38,1% in 2018/19 to 58,3% in 2024/25, while their counterparts increased from 21,7% in 2018/19 to 61,9% in 2024/25.

6.5 Household experience of services by SAPS

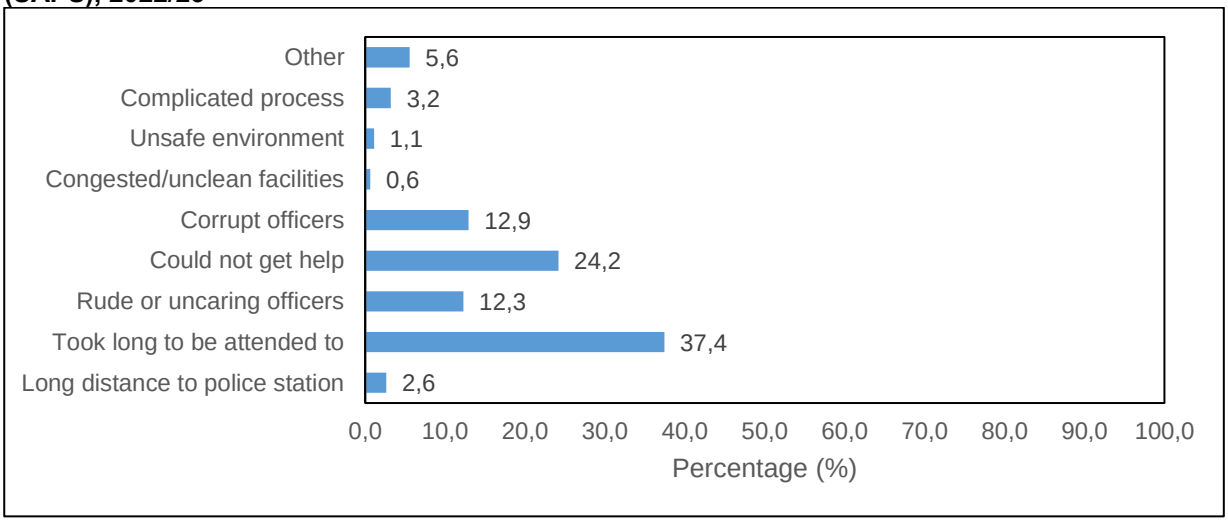
Table 6.1–Percentage of older persons who indicated general satisfaction/dissatisfaction with SAPS by province, 2022/23

Province	Satisfied		Dissatisfied		Total
	N	Per cent	N	Per cent	N
Western Cape	89 501	77,4	26 115	22,6	**115 615**
Eastern Cape	50 848	65,0	27 386	35,0	**78 234**
Northern Cape	12 934	60,5	8 438	39,5	**21 372**
Free State	22 679	74,3	7 831	25,7	**30 510**
KwaZulu-Natal	70 728	58,2	50 840	41,8	**121 567**
North West	57 528	65,8	29 861	34,2	**87 390**
Gauteng	131 109	60,1	87 036	39,9	**218 144**
Mpumalanga	37 944	73,7	13 564	26,3	**51 508**
Limpopo	30 993	78,6	8 438	21,4	**39 431**
South Africa	**504 264**	**66,0**	**259 508**	**34,0**	**763 772**

Source: GPSJS, 2022/23

Table 6.1 shows the percentage of older persons who indicated general satisfaction/dissatisfaction with SAPS by province in 2022/23. Results show that 66,0% of older persons were satisfied with SAPS and 34,0% were dissatisfied. Majority of older persons who were satisfied were in Limpopo (78,6%), Western Cape (77,4%), Free State (74,3%) and Mpumalanga (73,7%).

Figure 6.14–Main reason for the older persons' dissatisfaction with South African Police Service (SAPS), 2022/23



Source: GPSJS, 2022/23

Figure 6.14 shows the main reasons for the older persons' dissatisfaction with South African Police Service (SAPS) in 2022/23. Most common reasons were, took long to be attended to (37,4), could not get help (24,2), corrupt officers (12,9%) and rude or uncaring officers (12,3%). The least reported reasons were, congested/unclean facilities (0,6%), unsafe environment (1,1%) and long distance to police station (2,6%).

6.6 Conclusion

Feelings of safety have declined between 2018/19 and 2024/25. The percentage of older persons who felt safe walking alone in their neighbourhoods during the day decreased from 83,6% in 2018/19 to 79,7% in 2024/25. In 2024/25, Limpopo (97,7%) recorded the highest proportion of older persons who felt safe walking alone during the day, followed by Northern Cape (91,0%) and North West (90,0%), reporting higher percentages than the national average. The results show that most individuals felt safer walking alone in their area during the day than when it was dark. Nationally, the percentage of older persons who felt safe walking in their area of residence at night increased from 35,1% in 2018/19 to 36,1% in 2024/25. Limpopo (61,8%) and KwaZulu Natal (40,1%) reported the highest proportion of older persons who felt safe walking at night. Males felt more unsafe than females walking alone when it was dark in 2024/25. Older persons who resided in non-urban areas reportedly felt safer walking in their area of residence at night compared to those residing in urban areas. Female-headed households reported higher percentages of experiencing crimes such as deliberate damage to property and assault, compared to male-headed households in the reported period. During 2024/25, male older persons reported higher percentages in the experience of assault, theft of personal property crimes compared to females except for consumer fraud.

7 Access to Basic Services

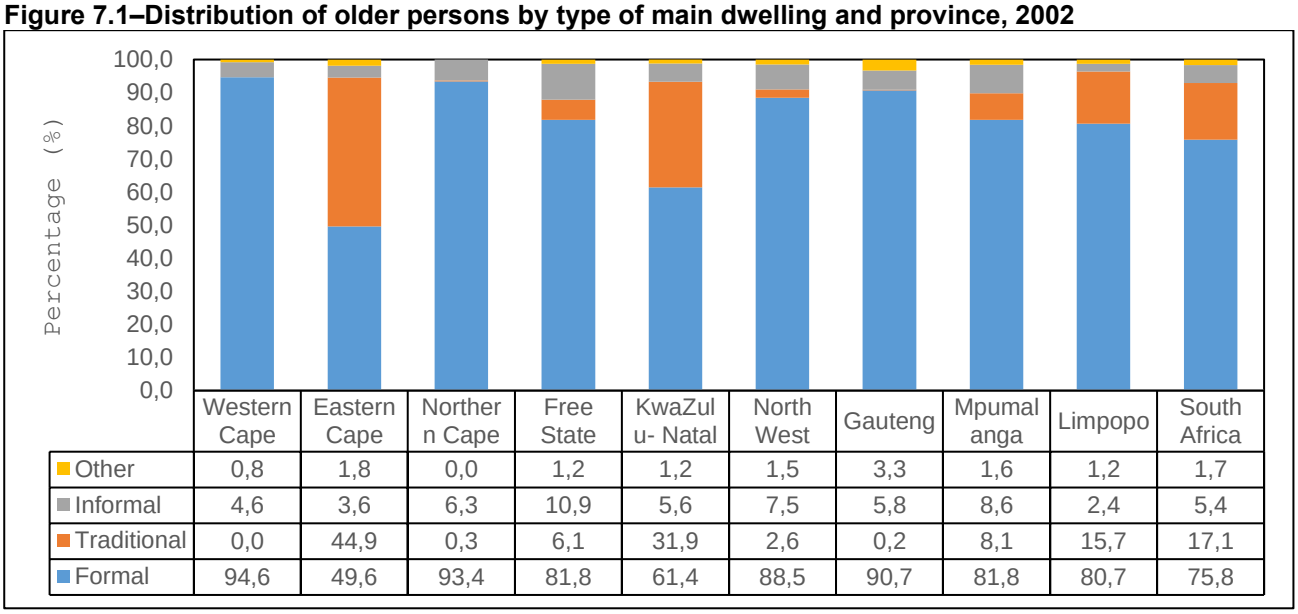
7.1 Introduction

When persons age, their functionality diminishes. To support them, physical and social environments enabling them to do what is important to them should be availed ensuring that they are socially included in society. Available and accessible basic services play an important role in the well-being of older persons.

The South African National Development Plan (NDP) calls for all persons in the country to have access to adequate housing, affordable and fiscally sustainable access to basic services such as water, sanitation, refuse removal and electricity, as well as access to social services and economic opportunities within a reasonable distance. Older persons should be prioritized in the provision of basic services. This section will provide information on the type of main dwelling, tenure status, access to basic services by older persons and older persons experience on public transport.

7.2 Housing

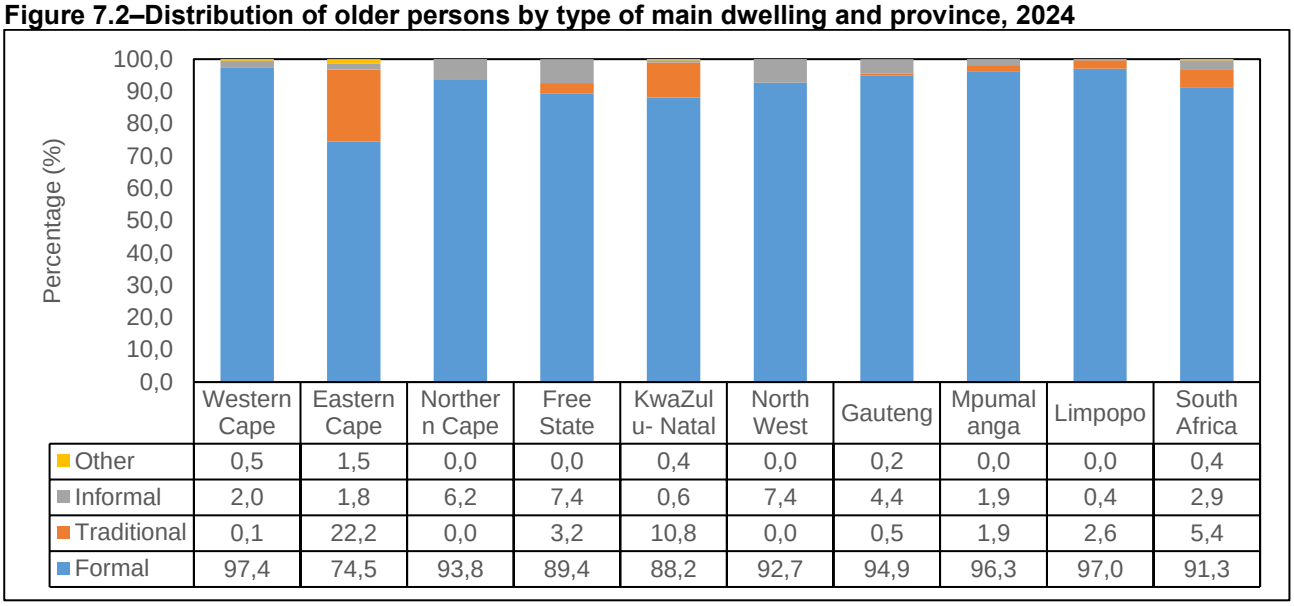
Figure 7.1–Distribution of older persons by type of main dwelling and province, 2002



	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu- Natal	North West	Gauteng	Mpumalanga	Limpopo	South Africa
Other	0,8	1,8	0,0	1,2	1,2	1,5	3,3	1,6	1,2	1,7
Informal	4,6	3,6	6,3	10,9	5,6	7,5	5,8	8,6	2,4	5,4
Traditional	0,0	44,9	0,3	6,1	31,9	2,6	0,2	8,1	15,7	17,1
Formal	94,6	49,6	93,4	81,8	61,4	88,5	90,7	81,8	80,7	75,8

Source: GHS 2002

Figure 7.2–Distribution of older persons by type of main dwelling and province, 2024



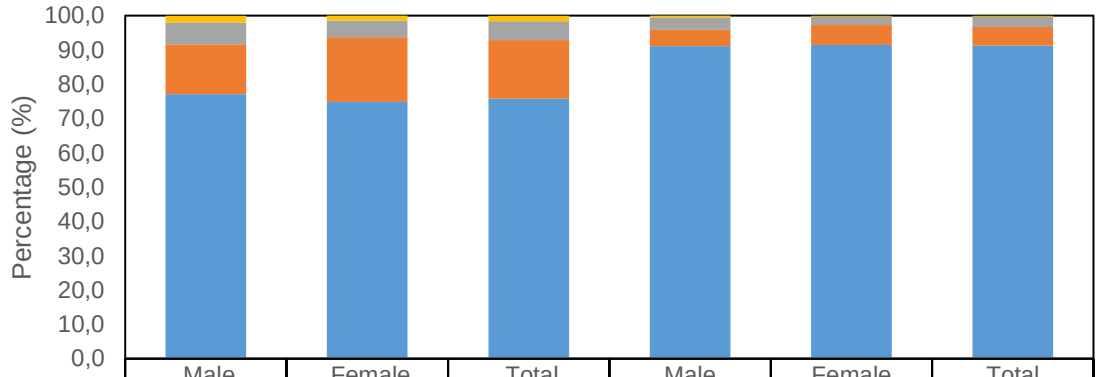
	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu- Natal	North West	Gauteng	Mpumalanga	Limpopo	South Africa
Other	0,5	1,5	0,0	0,0	0,4	0,0	0,2	0,0	0,0	0,4
Informal	2,0	1,8	6,2	7,4	0,6	7,4	4,4	1,9	0,4	2,9
Traditional	0,1	22,2	0,0	3,2	10,8	0,0	0,5	1,9	2,6	5,4
Formal	97,4	74,5	93,8	89,4	88,2	92,7	94,9	96,3	97,0	91,3

Source: GHS 2024

Figure 7.1 and 7.2 shows the percentage distribution of older persons by type of main dwelling and province in 2002 and 2024. Nationally, the older persons were more likely to reside in formal dwellings (75,8% in 2002 and 91,3% in 2024) followed by traditional dwellings (17,1% in 2002 and 5,4% in 2024) for both years. The percentage of older persons living in formal dwellings increased by 15,5 percentage points (75,8 in 2002 to 91,3% in 2024) for the reference period. Provincial variations shows that KwaZulu-Natal had the highest percentage difference increase of older persons residing in formal dwellings (26,7 percentage points), followed by Eastern Cape (24,9 percentage points) and the least was Northern Cape (0,4 percentage point).

Along with the rise in the number of older persons living in formal dwellings, there was a noticeable decline in the proportion of older persons living in traditional dwellings, with Eastern Cape recording the largest decline of by 22,7 percentage points (from 44,9% in 2002 to 22,2% in 2024) followed by KwaZulu-Natal by 21,1 percentage points (from 31,9% in 2002 to 10,8% in 2024). The two rural provinces remained accounted for the highest percentage of older persons residing in traditional dwellings. Nationally, there was a 2,5-percentage points decline of older persons living in informal dwellings (from 5,4% in 2002 to 2,9% in 2024). Provincial disparities showed a decline of older persons living in informal dwellings in all the provinces. Mpumalanga recorded the highest decrease of 6,7 percentage points (from 8,6% in 2002 to 1,9% in 2024) followed by KwaZulu-Natal by 5,0 percentage points (from 5,6% in 2002 to 0,6% 2024). In 2024, Limpopo and KwaZulu-Natal recorded the lowest percentage of older persons residing in informal settlement (0,4% and 0,6% respectively).

Figure 7.3–Distribution of older persons by type of main dwelling and sex, 2002 and 2024

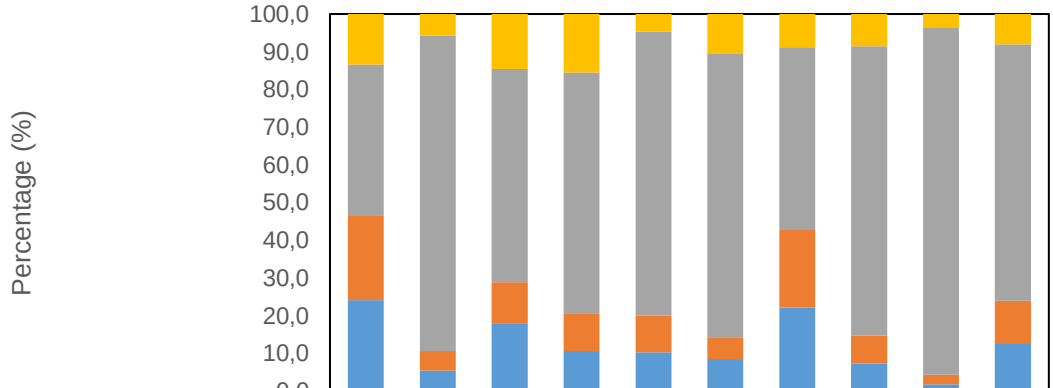


	Male	Female	Total	Male	Female	Total
	2002			2024		
Other	2,0	1,5	1,7	0,5	0,3	0,4
Informal	6,4	4,8	5,4	3,6	2,5	2,9
Traditional	14,5	18,8	17,1	4,8	5,8	5,4
Formal	77,1	74,9	75,8	91,1	91,5	91,3

Source: GHS 2002 & 2024

Figure 7.3 depicts the percentage distribution of older persons by type of main dwelling and sex in 2002 and 2024. For the reference period, the percentage of both older males and females who lived in formal dwellings increased by 14,0 percentage points (from 77,1% in 2002 to 91,1% in 2024 for males) and by 16,6 percentage points (from 74,9% in 2002 to 91,5% in 2024 for females). In 2002, older males were more likely to dominate in formal dwellings than older females. In 2024, the older females slightly surpassed the males by 0,4 percentage points difference. The analysis revealed that older females were more likely to live in traditional dwellings than their male counterparts in both years. For the reference period, the decrease was recorded for both older males and females residing in traditional dwellings. The same pattern was observed among both older males and females residing in informal dwellings.

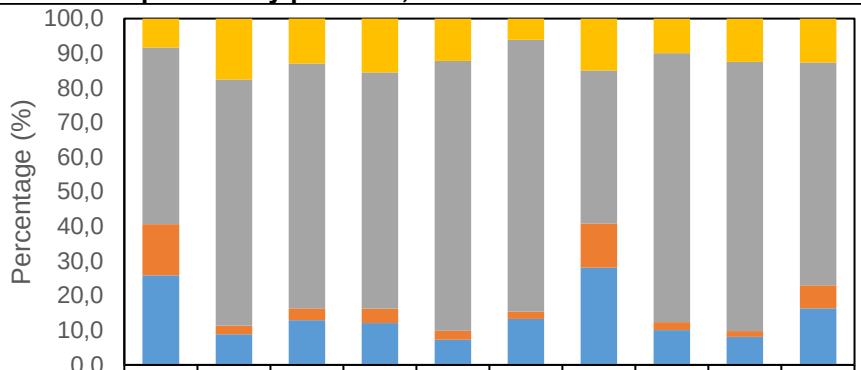
Figure 7.4–Tenure status of older persons by province, 2002



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	SA
Occupied rent-free	13,4	5,7	14,6	15,5	4,6	10,6	8,8	8,5	3,8	8,0
Owned and fully paid off	40,1	83,7	56,6	64,0	75,3	75,4	48,5	76,8	91,9	68,1
Owned but not yet paid off	22,3	5,2	10,9	9,8	9,8	5,6	20,5	7,4	2,6	11,5
Rented	24,2	5,4	18,0	10,7	10,2	8,5	22,2	7,3	1,8	12,4

Source: GHS 2002

Figure 7.5–Tenure status of older persons by province, 2024

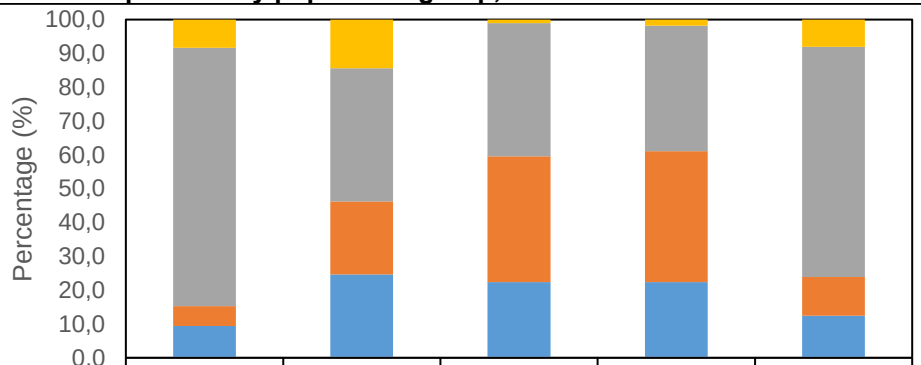


	WC	EC	NC	FS	KZN	NW	GP	MP	LP	SA
Occupied rent-free	8,4	17,6	13,0	15,6	12,3	6,1	15,0	10,0	12,5	12,7
Owned and fully paid off	51,0	71,1	70,8	68,2	77,9	78,5	44,1	77,6	77,8	64,3
Owned but not yet paid off	14,8	2,5	3,4	4,2	2,6	2,2	12,8	2,3	1,7	6,7
Rented	25,8	8,8	12,9	12,0	7,3	13,2	28,1	10,1	8,1	16,3

Source: GHS 2024

Figure 7.4 and 7.5 shows the tenure status of older persons by province in 2002 and 2024. Nationally, most older persons stayed in owned and fully paid-off houses for both years (68,1% in 2002 and 64,3% in 2024), followed by those renting (12,4% in 2002 and 16,3% in 2024). Provincial variations show that older persons who lived in rented dwellings were most common in Gauteng (22,2% in 2002 and 28,1% in 2024) and Western Cape (24,2% in 2002 and 25,8% in 2024). Between 2002 and 2024, Eastern Cape, Limpopo, KwaZulu-Natal and Gauteng recorded the highest increase of older persons who occupied rent free dwellings. On the contrary, Western Cape, North West and Northern Cape reported a decrease in the percentage of older persons who occupied rent free dwellings.

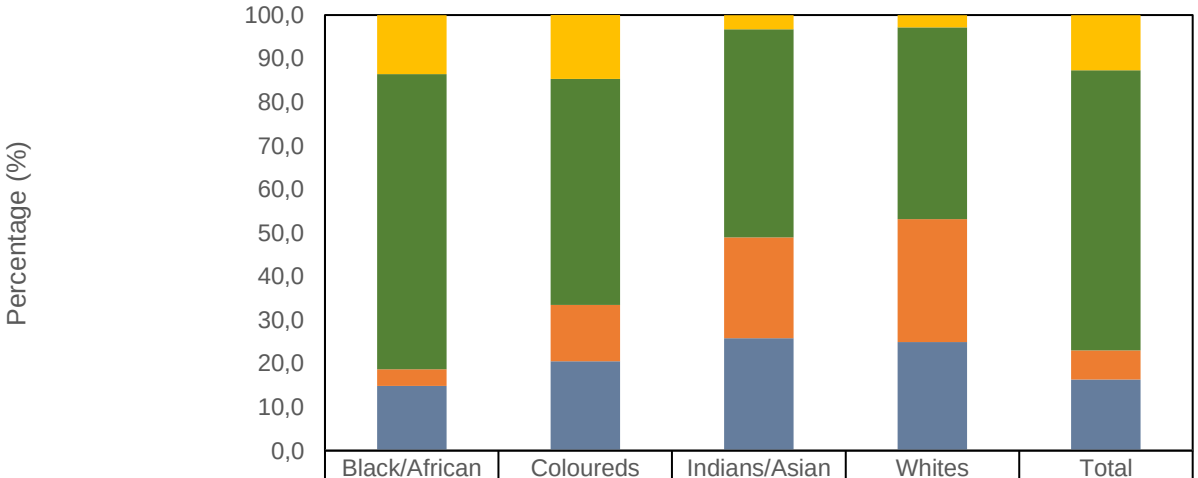
Figure 7.6–Tenure status of older persons by population group, 2002



	Black/African	Coloureds	Indian/Asian	Whites	Total
Occupied rent-free	8,3	14,4	1,1	1,8	8,0
Owned and fully paid off	76,4	39,4	39,3	37,1	68,1
Owned but not yet paid off	5,9	21,6	37,2	38,7	11,5
Rented	9,4	24,6	22,4	22,4	12,4

Source: GHS 2002

Figure 7.7–Tenure status of older persons by population group, 2024



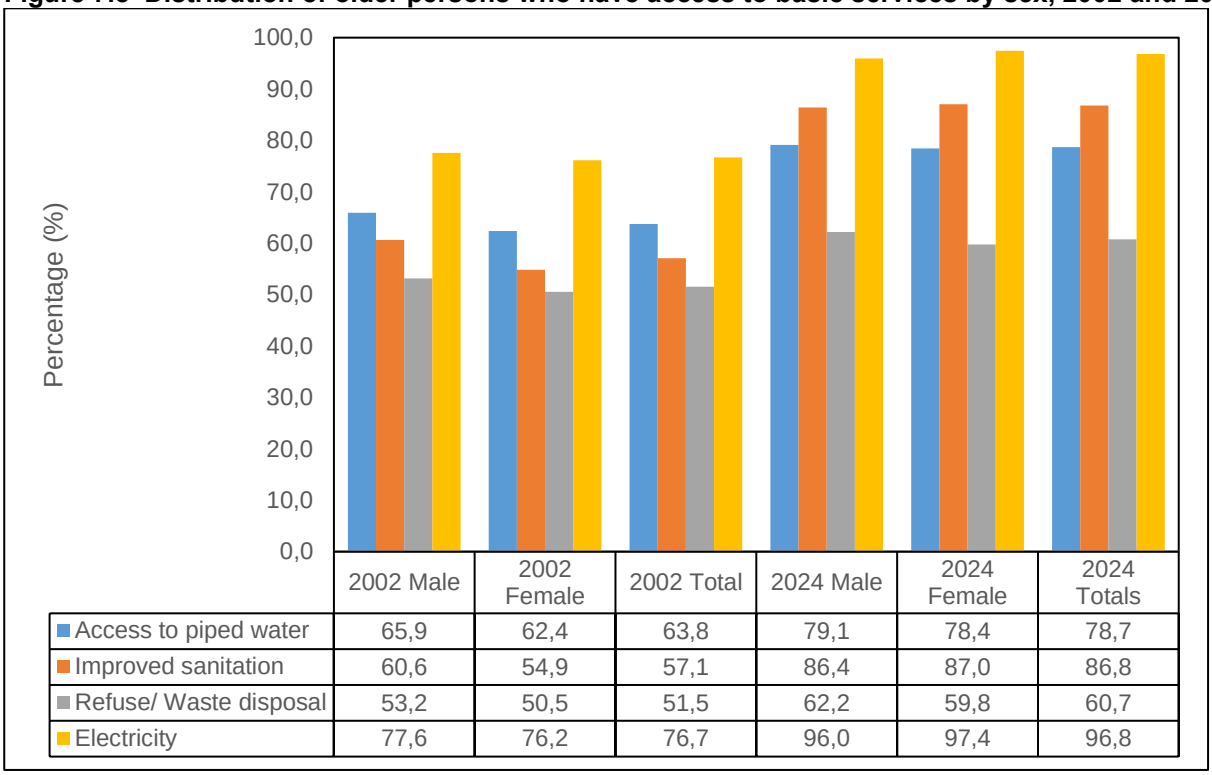
	Black/African	Coloureds	Indians/Asian	Whites	Total
Occupied rent-free	13,6	14,7	3,3	2,8	12,7
Owned and fully paid off	67,8	51,9	47,7	44,0	64,3
Owned but not yet paid off	3,8	12,9	23,2	28,2	6,7
Rented	14,9	20,6	25,8	25,0	16,3

Source: GHS 2024

Figure 7.6 and 7.7 shows the tenure status of older persons by population group in 2002 and 2024. The dwellings occupied rent-free were more common among black African and Coloureds older persons compared to other population groups in both years. For the reference period, the percentage of the older persons who lived in owned and fully paid off dwellings increased across all the population groups except among the black African.

7.3 Access to basic services

Figure 7.8–Distribution of older persons who have access to basic services by sex, 2002 and 2024



	2002 Male	2002 Female	2002 Total	2024 Male	2024 Female	2024 Totals
Access to piped water	65,9	62,4	63,8	79,1	78,4	78,7
Improved sanitation	60,6	54,9	57,1	86,4	87,0	86,8
Refuse/ Waste disposal	53,2	50,5	51,5	62,2	59,8	60,7
Electricity	77,6	76,2	76,7	96,0	97,4	96,8

Source: GHS 2002 & 2024

Figure 7.8 above, shows the distribution of older persons by access to basic services by sex in 2002 and 2024. For the reference period, access to basic services improved for both older males and females. The gender disparities show that older males were more likely to have access to piped water and refuse/waste removal than their female counterparts in both years. In 2024, female older persons were more likely to have access to improved sanitation and electricity than their male counterparts.

Table 7.1–Distribution of older persons who have access to basic services by population group, 2002 and 2024

Access to services		Black African	Coloured	Indians/ Asian	White	Total
		2002				
Access to piped water	N ('000)	982	243	95	750	**2 071**
	Total population ('000)	**2 122**	**266**	**95**	**765**	**3 248**
	Per cent	46,3	91,4	99,6	98,1	**63,8**
Improved sanitation	N ('000)	767	231	93	764	**1 855**
	Total population ('000)	**2 122**	**266**	**95**	**765**	**3 248**
	Per cent	36,2	86,6	97,4	99,9	**57,1**
Refuse/ waste disposal	N ('000)	676	224	92	680	**1 673**
	Total population ('000)	**2 119**	**266**	**95**	**764**	**3 245**
	Per cent	31,9	84,3	96,9	89	**51,5**
Electricity	N ('000)	1 411	231	93	754	**2 490**

	Total population ('000)	**2 121**	**266**	**95**	**763**	**3 246**
	Per cent	66,5	86,7	97,7	98,9	**76,7**
						2024
Access to piped water	N ('000)	2 481	589	224	1 117	**4 411**
	Total population ('000)	**3 610**	**601**	**225**	**1 168**	**5 605**
	Per cent	68,7	98,1	99,3	95,6	**78,7**
Improved sanitation	N ('000)	2 954	584	225	1 167	**4 930**
	Total population ('000)	**3 685**	**602**	**225**	**1 168**	**5 681**
	Per cent	80,2	97	100	99,9	**86,8**
Refuse/ waste disposal	N ('000)	1 681	569	199	1 001	**3 450**
	Total population ('000)	3 685	602	225	1 168	**5 681**
	Per cent	45,6	94,6	88,3	85,7	**60,7**
Electricity	N ('000)	3 546	584	225	1 145	**5 501**
	Total population ('000)	**3 685**	**602**	**225**	**1 168**	**5 680**
	Per cent	96,2	97,1	99,8	98,1	**96,8**

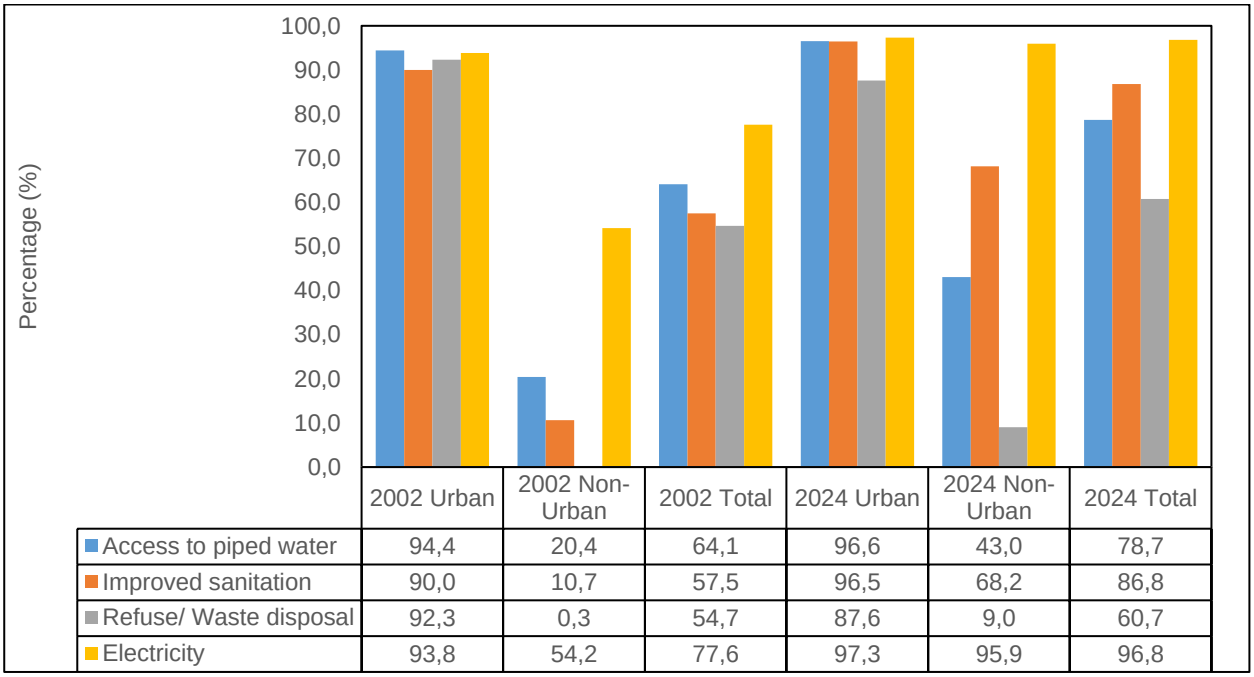
Source: GHS 2002 & 2024

Table 7.1 shows the percentage distribution of older persons by access to basic services and population group in 2002 and 2024. Nationally, there was an increase in the percentage of older persons with access to basic service. For the reference period, access to basic services improved for all population groups, with an increase of 14,9 percentage points regarding access to piped water (from 63,8% in 2002 to 78,7% in 2024); 29,7 percentage points in improved sanitation (from 57,1% in 2002 to 86,8% in 2024); 9,2 percentage point in refuse/waste removal from (51,5% in 2002 to 60,7% in 2024); and 20,1 percentage points in electricity (from 76,7% in 2002 to 96,8% in 2024).

Increases were mainly driven by increases in the percentage of older persons for the black African population, who experienced increases of 22,4 percentage points for access to piped water, 44,0 percentage points for improved sanitation, 13,7 percentage points for refuse/waste removal and 29,7 percentage points for access to electricity.

Although there was improvement in the access to basic services for older persons for black Africans, they still lagged with services compared to other population groups during the reporting years. In 2024, 68,7% of black African older persons had access to piped water compared to over 95,0% of older persons for other population groups. Similarly, 80,2% of black African older persons had access to improved sanitation compared to nearly universal access for the older population of other population groups. Access to refuse/waste removal for older black Africans was below 50,0% compared to other population groups which was above 85,0%. The older whites experienced a decline in basic services with improved sanitation being constant for the reference period.

Figure 7.9–Distribution of older persons who have access to basic services by geographical location, 2002 and 2024



	2002 Urban	2002 Non-Urban	2002 Total	2024 Urban	2024 Non-Urban	2024 Total
Access to piped water	94,4	20,4	64,1	96,6	43,0	78,7
Improved sanitation	90,0	10,7	57,5	96,5	68,2	86,8
Refuse/ Waste disposal	92,3	0,3	54,7	87,6	9,0	60,7
Electricity	93,8	54,2	77,6	97,3	95,9	96,8

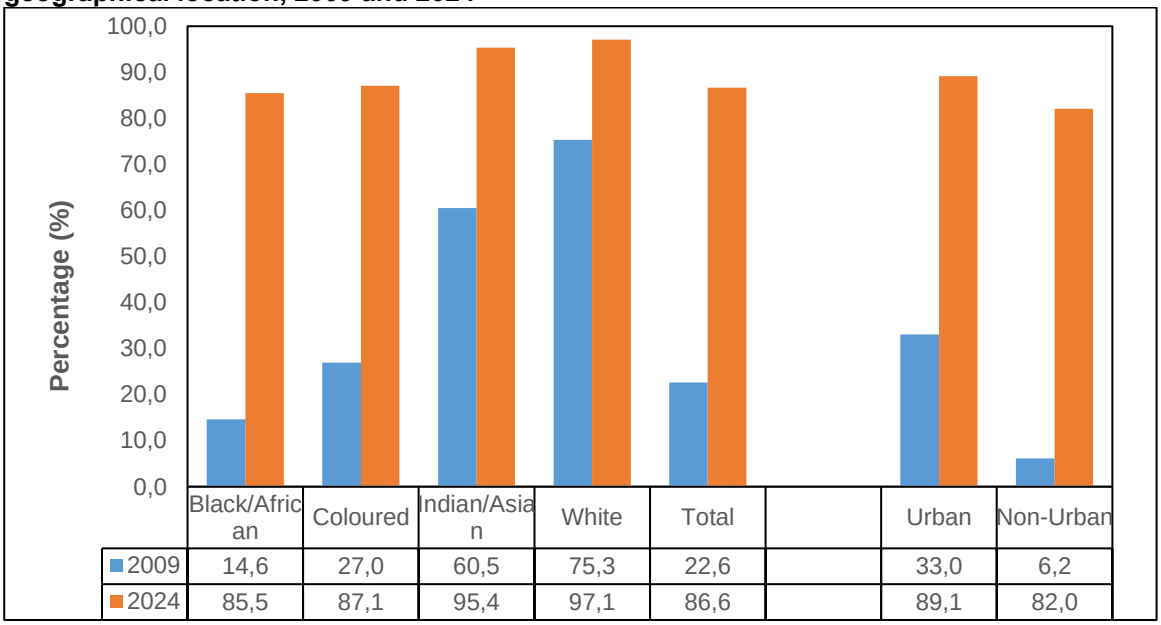
Source: GHS 2002 & 2024

Figure 7.9 depicts the percentage distribution of older persons who have access to basic services by geographical location in 2002 and 2024. The analysis revealed disparities between urban and non-urban areas, with access to basic services by older persons in non-urban areas lower than those in urban areas over the period of reporting. The biggest disparities were observed among older persons with access to refuse/waste disposal.

For the reporting period, there was an increase in the percentage of older persons with access to basic services in urban areas, except for refuse/waste removal, where a decrease of 4,7 percentage points (from 92,3% in 2002 to 87,6% in 2024) was recorded. For the non-urban areas, the percentage of older persons with access to basic services increased, with improved sanitation recording the highest increase of 57,5 percentage points (from 10,7% in 2002 to 68,2% in 2024), followed by electricity with 41,7 percentage points (from 54,2% in 2002 to 95,9% in 2024).

Access to piped water for older persons in urban areas increased by 2,2 percentage points (from 94,4% in 2002 to 96,6% in 2024) and 22,6 percentage points in non-urban areas (from 20,4% in 2002 to 43,0% in 2024). Improved sanitation increased by 6,5 percentage points in urban areas (from 90,0% in 2002 to 96,5% in 2024) while non-urban areas increased by the 57,5 percentage points (from 10,7% in 2002 to 68,2% in 2024). The disparities in the geographical location revealed that the older persons who reside in urban areas with access to electricity increased by 3,5 percentage points (from 93,8% in 2002 to 97,3% in 2024) and those in non-urban areas increased by 41,7 percentage points (from 54,2% in 2002 to 95,9% in 2024).

Figure 7.10–Distribution of older persons who have access to internet by population group and geographical location, 2009 and 2024



	Black/African	Coloured	Indian/Asian	White	Total		Urban	Non-Urban
2009	14,6	27,0	60,5	75,3	22,6		33,0	6,2
2024	85,5	87,1	95,4	97,1	86,6		89,1	82,0

Source: GHS 2009 & 2024

Figure 7.10 above, shows the percentage distribution of older persons who have access to internet by population group and geographical location in 2009 and 2024. For the reference period, the analysis showed that the percentage of older persons who could access internet increased significantly by 64,0 percentage points (from 22,6% in 2009 to 86,6% in 2024). The same pattern was observed across all population groups. The black African and coloured older persons recorded the largest increase of 70,9 percentage points (from 14,6% in 2009 to 85,5% in 2024) and 60,1 percentage points (from 27,0% in 2009 to 87,1% in 2024) respectively. The White and Indian/Asian had the highest percentage as compared to other population groups. Geographical location disparities show that there was a substantial increase in the access to internet in both urban and non-urban areas with non-urban areas recording the highest increase of 80,0 percentage points (from 6,2 % in 2009 to 82,0% in 2024).

7.4 Older persons experience on public transport services

Table 7.2–Percentage of older persons who indicated general satisfaction/dissatisfaction with public transport services (minibus taxis, bus, train) by province, 2022/23

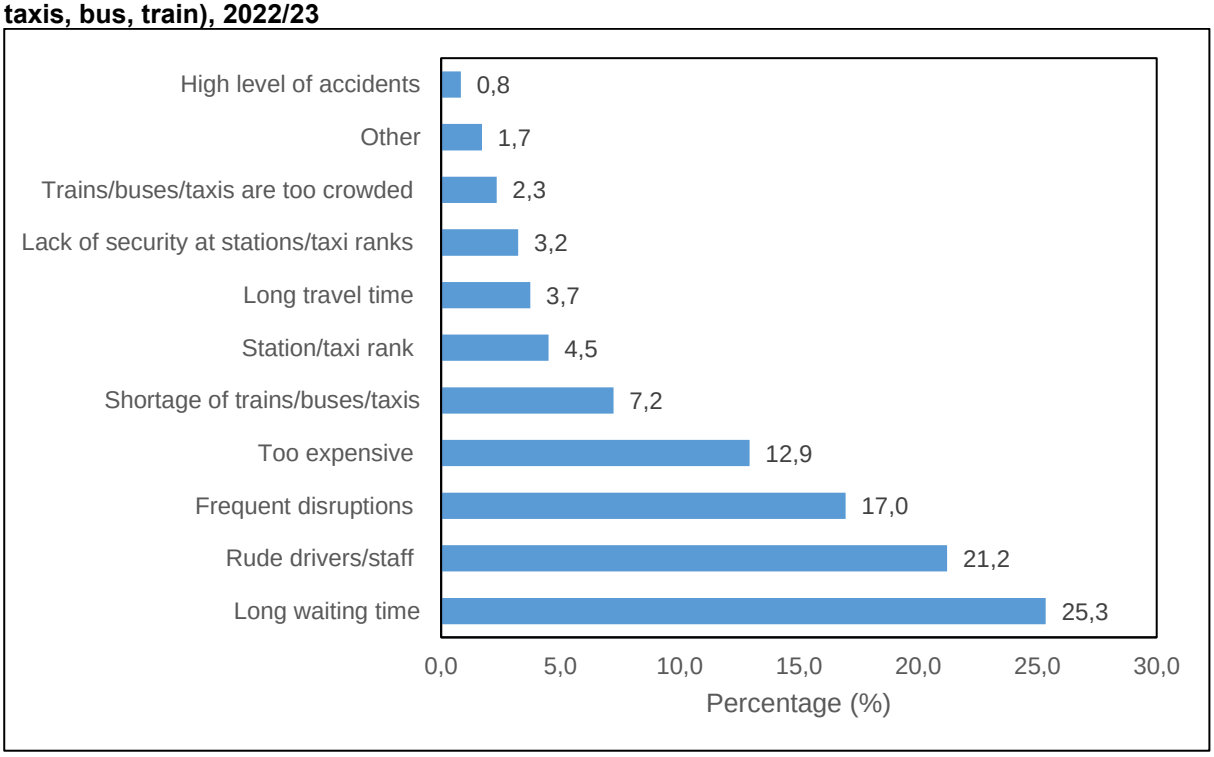
Province	Satisfied		Dissatisfied		*Total	
	N	Per cent	N	Per cent	N	Per cent
Western Cape	70 218	75,1	23 275	24,9	93 493	100,0
Eastern Cape	263 113	87,5	37 638	12,5	300 750	100,0
Northern Cape	37 494	93,7	2 530	6,3	40 024	100,0
Free State	45 588	87,3	6 613	12,7	52 201	100,0
KwaZulu-Natal	188 253	65,7	98 454	34,3	286 708	100,0
North West	110 299	87,7	15 447	12,3	125 746	100,0
Gauteng	326 529	84,9	57 885	15,1	384 414	100,0
Mpumalanga	131 596	97,8	3 012	2,2	134 608	100,0
Limpopo	154 484	87,5	22 002	12,5	176 486	100,0
South Africa	**1 327 573**	**83,3**	**266 857**	**16,7**	**1 594 430**	**100,0**

Source: GPSJS 2022/23
*Exclude not applicable

Table 7.2 above, shows the percentage of older persons who indicated general satisfaction/dissatisfaction with public transport services (minibus taxis, bus, train) by province in 2022/23. The analysis revealed that 83,3%

of older persons were satisfied with the public transport services and 16,7% were dissatisfied. Most older persons who were satisfied were in Mpumalanga (97,8%), Northern Cape (93,7%) and North West (87,7%) with the least in KwaZulu-Natal (65,7%).

Figure 7.11–Main reason for the older person's dissatisfaction with public transport services (minibus taxis, bus, train), 2022/23



Source: GPSJS 2022/23
*Exclude not applicable

Figure 7.11 depicts the main reasons for the older persons' dissatisfaction with public transport services (minibus taxis, bus, train) in 2022/23. The most common reasons were long waiting time (25,3%), rude drivers/staff (21,2%), frequent disruptions (17,0%) and too expensive (12,9%). The least reported reason was high level of accidents (0,8%).

7.5 Conclusion

Older persons were more likely to reside in formal dwellings followed by traditional dwellings for both years and less likely to stay in other and informal dwellings. This shows the betterment of life for older persons which may lead to healthy ageing as residing in formal dwellings signifies reduction in pollution, health and environmental risks and access to basic services. Provincial disparities showed a decline of older persons living in informal dwellings in all the provinces. Nationally, most older persons stayed in owned and fully paid off houses for both years followed by those renting in both years. Provincial variations show that older persons who lived in rented dwellings were most common in Gauteng and Western Cape. There were disparities between urban and non-urban areas regarding access to basic services by older persons. Although, the access to services in non-urban areas were lower than those in urban areas, there was an improvement in the access to basic services for the older persons in non-urban areas. The highest increase was on improved sanitation and electricity. Internet access for older persons increased significantly for the reference period. This contributes positively to healthy ageing as it promotes well-being of older persons by allowing communication, accessing health information and contributes to greater life satisfaction for older persons. Most older persons indicated that they were satisfied with public transport services. The most common reasons provided for older person dissatisfaction with public transport services were long waiting time and rude drivers/staff.

8 Summary and conclusions

8.1 Summary of the Findings

The analysis shows that South Africa's population 60 years and older has continued to increase over the reference period, reflecting sustained demographic ageing. The number of older persons increased from 3,6 million in 2002 to 6,6 million in 2025. This increase occurred alongside declining fertility and improvements in life expectancy. Ageing indices increased across all population groups, with the highest levels observed among the white population. Females constituted a larger share of the older population across all provinces. The national sex ratio among older persons declined from 67 in 2002 to 65 in 2025, indicating a continued skew towards females. Gauteng and Western Cape recorded higher sex ratios compared to other provinces. Widowhood was more prevalent among older females, while older males were more likely to be married.

Household-level indicators show an increasing presence of older persons as household heads. The proportion of households headed by older persons increased from 19,3% in 2002 to 20,6% in 2024. In 2024, more than 50,0% of older persons resided in extended households, compared to 31,7% of all households nationally. Older females were more likely to reside in extended households and to live alone, while older males were more likely to live with a spouse. Older persons predominantly resided in multigenerational households, particularly in non-urban areas. Households headed by older females recorded higher child-to-older-person ratios than those headed by older males, indicating a greater caregiving role among older women.

Health indicators reflect improvements in longevity and access to healthcare services, alongside persistent inequalities in 2025. Life expectancy was estimated at 64,0 years for males and 69,6 years for females. Medical aid coverage among older persons remained higher than that of the total population and increased over the reference period, although disparities by sex, population group and province persisted. Public hospital/ clinics were the most commonly utilised health facilities by older persons in both periods, with utilisation increasing nationally. The use of public hospital/clinic increased in all provinces except in Western Cape and Northern Cape, while use of private facilities remained highest in Western Cape and Gauteng. In 2022/23, more than 85,0% of older persons in seven provinces reported that clinics were easy to access. Clinics were also reported to be more affordable than hospitals. The most commonly reported health conditions among older persons were high blood pressure, diabetes and arthritis and diabetes was among the top leading causes of deaths among older persons. Disability prevalence among older persons declined from 27,5% in 2011 to 25,0% in 2022 but remained highest among older black Africans (27,0% in 2022).

Economic indicators point to continued reliance on social protection mechanisms. The old-age dependency ratio increased from 11,8% in 2002 to 13,6% in 2024, with higher ratios observed in non-urban areas. Grants remained the main source of income for households headed by older persons in 2024. Between 68,8% and 71,9% of older persons received grant between 2003 and 2024. Labour market participation among older persons remained low across all provinces. Older males were more likely to be employed than older females, although employment among older males declined over the reference period, while employment among older females increased. Older females were predominantly employed in domestic work, while older males were more commonly employed in skilled occupations.

Living conditions of older persons showed improvements over time. Most older persons resided in formal dwellings and in owned, fully paid-off housing. The proportion of older persons residing in informal dwellings declined across all provinces. Access to basic services for older persons improved, particularly in non-urban areas, with the largest gains observed in access to electricity and improved sanitation. Internet access among older persons increased substantially over the reference period. Most older persons reported satisfaction with public transport services, although long waiting times and negative attitudes of drivers or staff were identified as the main reasons for dissatisfaction.

Perceptions of safety among older persons declined over time. The proportion of older persons who reported feeling safe walking alone in their area during the day decreased from 83,6% in 2018/19 to 79,7% in 2024/25. The proportion of older persons who felt safe walking alone at night increased marginally from 35,1% to 36,1% over the same period.

Older persons residing in non-urban areas reported higher levels of perceived safety at night compared to those in urban areas. Female-headed households reported higher incidences of certain crimes, including deliberate property damage and assault, while older males reported higher incidences of assault and theft of personal property.

8.2 Conclusion

South Africa's ageing population is growing steadily, presenting both opportunities and challenges for achieving healthy ageing. The findings show improvements in longevity, access to basic services, housing conditions, and primary healthcare—key foundations for healthy ageing. Increased use and accessibility of clinics, alongside declining disability prevalence, suggests progress in enabling older persons to maintain functional ability and manage chronic conditions.

At the same time, significant barriers to healthy ageing remain. Persistent inequalities in healthcare access, limited medical aid coverage, high reliance on social grants, low labour market participation, and declining perceptions of safety undermine older persons' ability to age healthily and with dignity. Gendered patterns of ageing are particularly evident, with older women more likely to be widowed, live in extended households, and assume caregiving responsibilities, often under constrained socioeconomic conditions.

Findings underscore that healthy ageing in South Africa depends not only on health services, but also on supportive social, economic, and physical environments. Advancing healthy ageing will require integrated, age-responsive policies that strengthen primary healthcare, promote income security, improve safety and mobility, support caregiving roles, and reduce inequalities across population groups and geographic areas. Aligning these efforts with national development priorities and international healthy ageing frameworks will be essential to ensure that older South Africans can maintain functional ability, independence, and well-being throughout later life.

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10 APPENDICES

10.1 Poverty lines

Table 1- Poverty headcount by sex for those aged 60+ years (UBPL), (2006, 2009, 2011, 2015 and 2023)

Sex	2006		2009		2011		2015		2023	
	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent
Male	1 039 840	70,0	972 274	62,2	928 416	56,7	994 819	54,1	1 058 149	47,3
Female	1 661 509	76,8	1 573 802	67,3	1 588 585	64,4	1 771 354	63,3	1 956 098	56,1
Total	**2 701 348**	**74,0**	**2 546 076**	**65,3**	**2 517 001**	**61,3**	**2 766 173**	**59,7**	**3 014 247**	**52,6**

Source: IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23

Table 2 - Poverty headcount by sex for those aged 60+ years (LBPL), (2006, 2009, 2011, 2015 and 2023)

Sex	2006		2009		2011		2015		2023	
	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent
Male	722 138	48,6	698 624	44,7	572 550	34,9	590 270	32,1	495 640	22,1
Female	1 219 943	56,4	1 166 524	49,9	1 009 821	40,9	1 129 922	40,4	999 829	28,7
Total	**1 942 081**	**53,2**	**1 865 148**	**47,8**	**1 582 371**	**38,5**	**1 720 192**	**37,1**	**1 495 469**	**26,1**

Source: IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23

Table 3 -Poverty headcount by sex for those aged 60+ years (FPL), (2006, 2009, 2011, 2015 and 2023)

Sex	2006		2009		2011		2015		2023	
	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent
Male	299 910	20,2	383 142	24,5	235 634	14,4	258 507	14,1	191 724	8,6
Female	525 521	24,3	628 603	26,9	429 069	17,4	521 898	18,7	412 966	11,8
Total	**825 432**	**22,6**	**1 011 745**	**25,9**	**664 703**	**16,2**	**780 405**	**16,8**	**604 690**	**10,6**

Source: IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23

Table 4 - Poverty headcount by population group for those aged 60+ years (UBPL), (2006, 2009, 2011, 2015 and 2023)

Population group	2006		2009		2011		2015		2023	
	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent
Black African	2 425 271	93,0	2 256 408	91,6	2 234 670	86,8	2 462 093	85,1	2 648 964	74,4
Coloured	224 189	73,2	215 322	64,7	223 437	61,6	251 211	57,5	309 040	49,3
Indian/Asian	26 320	22,4	38 537	27,8	37 705	24,8	31 317	17,3	29 498	12,5
White	25 569	4,1	35 808	3,7	21 189	2,1	21 553	1,9	26 744	2,1
Total	**2 701 348**	**74,0**	**2 546 076**	**65,3**	**2 517 001**	**61,3**	**2 766 173**	**59,7**	**3 014 247**	**52,6**

Source: IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23

Table 5 - Poverty headcount by population group for those aged 60+ years (LBPL), (2006, 2009, 2011, 2015 and 2023)

Population group	2006		2009		2011		2015		2023	
	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent
Black African	1 832 313	70,3	1 746 049	70,9	1 477 166	57,4	1 602 199	55,3	1 384 024	38,9
Coloured	103 718	33,9	102 790	30,9	98 658	27,2	114 731	26,3	99 390	15,9
Indian/Asian	4 975	4,2	10 698	7,7	3 078	2,0	2 403	1,3	4 173	1,8
White	1 074	0,2	5 611	0,6	3 469	0,3	858	0,1	7 882	0,6
Total	**1 942 081**	**53,2**	**1 865 148**	**47,8**	**1 582 371**	**38,5**	**1 720 192**	**37,1**	**1 495 469**	**26,1**

Source: IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23

Table 6 - Poverty headcount by population group for those aged 60+ years (FPL), (2006, 2009, 2011, 2015 and 2023)

Population group	2006		2009		2011		2015		2023	
	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent
Black African	788 090	30,2	976 217	39,6	636 263	24,7	749 066	25,9	580 346	16,3
Coloured	37 082	12,1	33 298	10,0	28 105	7,8	30 713	7,0	24 344	3,9
Indian/Asian	259	0,2	1 316	0,9	335	0,2	625	0,3	0	0,0
White	0	0,0	913	0,1	0	0,0	0	0,0	0	0,0
Total	**825 432**	**22,6**	**1 011 745**	**25,9**	**664 703**	**16,2**	**780 405**	**16,8**	**604 690**	**10,6**

Source: IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23

Table 7- Poverty headcount by province for those aged 60+ years (UBPL), (2006, 2009, 2011, 2015 and 2023)

Province	2006		2009		2011		2015		2023	
	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent
Western Cape	186 832	49,6	168 984	36,4	161 579	32,8	209 322	34,0	255 701	30,6
Eastern Cape	536 118	84,9	499 232	78,3	496 192	76,6	508 083	73,9	489 885	62,9
Northern Cape	69 269	75,9	68 615	71,2	67 872	65,9	78 115	69,5	80 947	56,7
Free State	162 790	71,4	173 751	76,1	148 251	61,3	152 232	58,8	141 006	51,3
KwaZulu-Natal	583 761	79,1	558 389	73,5	527 659	67,7	538 486	65,4	584 793	60,4
North West	191 992	83,1	197 084	71,5	208 640	74,5	233 885	75,1	266 687	65,3
Gauteng	331 567	51,0	308 228	41,4	295 557	36,1	409 073	39,1	542 503	39,4
Mpumalanga	207 205	87,3	200 146	72,6	231 680	79,1	238 995	77,0	270 913	66,8
Limpopo	431 814	93,1	371 648	88,7	379 572	84,6	397 981	84,4	381 812	71,0
South Africa	**2 701 348**	**74,0**	**2 546 076**	**65,3**	**2 517 001**	**61,3**	**2 766 173**	**59,7**	**3 014 247**	**52,6**

Source: IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23

Table 8 - Poverty headcount by province for those aged 60+ years (LBPL), (2006, 2009, 2011, 2015 and 2023)

Province	2006		2009		2011		2015		2023	
	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent
Western Cape	85 349	22,7	84 290	18,2	65 036	13,2	96 110	15,6	80 885	9,7
Eastern Cape	419 076	66,3	394 898	62,0	348 871	53,9	357 437	52,0	271 049	34,8
Northern Cape	49 108	53,8	49 771	51,7	40 960	39,7	50 001	44,5	42 332	29,7
Free State	104 179	45,7	120 577	52,8	80 089	33,1	73 632	28,4	62 118	22,6
KwaZulu-Natal	450 518	61,0	436 766	57,5	341 159	43,8	380 500	46,2	337 918	34,9
North West	140 074	60,7	142 420	51,6	129 529	46,3	148 296	47,6	137 745	33,7
Gauteng	185 108	28,5	165 847	22,3	139 036	17,0	160 901	15,4	245 289	17,8
Mpumalanga	159 134	67,1	153 081	55,5	162 525	55,5	164 875	53,1	128 803	31,7
Limpopo	349 537	75,4	317 499	75,8	275 164	61,3	288 440	61,2	189 330	35,2
South Africa	**1 942 081**	**53,2**	**1 865 148**	**47,8**	**1 582 371**	**38,5**	**1 720 192**	**37,1**	**1 495 469**	**26,1**

Source: IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23

Table 9 - Poverty headcount by province for those aged 60+ years (FPL), (2006, 2009, 2011, 2015 and 2023)

Province	2006		2009		2011		2015		2023	
	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent	Levels	Per cent
Western Cape	21 553	5,7	29 143	6,3	16 367	3,3	19 794	3,2	22 094	2,6
Eastern Cape	179 415	28,4	237 912	37,3	155 668	24,0	179 620	26,1	122 876	15,8
Northern Cape	23 027	25,2	19 564	20,3	16 076	15,6	21 043	18,7	16 352	11,5
Free State	33 770	14,8	50 443	22,1	25 563	10,6	22 961	8,9	18 707	6,8
KwaZulu-Natal	247 482	33,5	264 443	34,8	166 415	21,4	196 099	23,8	151 962	15,7
North West	57 422	24,9	71 078	25,8	51 632	18,4	65 427	21,0	69 894	17,1
Gauteng	36 129	5,6	53 677	7,2	37 990	4,6	55 052	5,3	89 153	6,5
Mpumalanga	71 158	30,0	81 143	29,4	63 660	21,7	66 585	21,5	48 686	12,0
Limpopo	155 475	33,5	204 343	48,8	131 331	29,3	153 824	32,6	64 966	12,1
South Africa	**825 432**	**22,6**	**1 011 745**	**25,9**	**664 703**	**16,2**	**780 405**	**16,8**	**604 690**	**10,6**

Source: IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23

Table 10 - Poverty shares by sex of older persons (LBPL), (2006, 2009, 2011, 2015 and 2023)

	Poverty Shares				
Sex	**2006**	**2009**	**2011**	**2015**	**2023**
Male	36,3	37,9	35,4	33,1	31,7
Female	63,7	62,1	64,6	66,9	68,3

Source: IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23

Table 11 - Poverty shares by sex of head of household for older persons (LBPL), (2006, 2009, 2011, 2015 and 2023)

	Poverty Shares				
Sex	**2006**	**2009**	**2011**	**2015**	**2023**
Male	43	41,3	38,7	35,1	31,2
Female	57	58,7	61,3	64,9	68,8

Source: IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23

Table 12 - Poverty shares by province for head of household aged 60+ years (LBPL), (2006, 2009, 2011, 2015 and 2023)

	Poverty Shares				
Province	**2006**	**2009**	**2011**	**2015**	**2023**
Western Cape	4,0	3,7	3,4	3,7	4,4
Eastern Cape	22,6	21,8	22,6	21,2	18
Northern Cape	2,4	2,3	2,0	2,7	2,4
Free State	5,5	6,6	5,6	4,8	5,2
KwaZulu-Natal	24,1	24,1	22,1	23,4	24,5
North West	7,5	8,3	8,6	8,5	9,1
Gauteng	8,1	9,2	8,5	8,8	13,4
Mpumalanga	8,0	7,7	8,6	9,6	9,2
Limpopo	17,9	16,2	18,5	17,2	13,9

Source: IES 2005/06, LCS 2008/09, IES 2010/11, LCS 2014/15 and IES 2022/23

10.2 Access to social grants

Table 13 - Number of older persons who are accessing social grants by province, 2003 and 2024

Province	2003			2024		
	Grant recipients	Non-grant recipients	Total	Grant recipients	Non-grant recipients	Total
	N'(000)					
Western Cape	182	193	**375**	453	375	**828**
Eastern Cape	430	156	**585**	578	145	**724**
Northern Cape	58	23	**81**	109	37	**146**
Free State	123	56	**180**	237	51	**287**
KwaZulu-Natal	521	152	**673**	753	237	**990**
North West	159	60	**219**	325	73	**397**
Gauteng	329	269	**599**	891	523	**1 415**
Mpumalanga	159	59	**217**	314	86	**400**
Limpopo	304	58	**362**	427	67	**494**
RSA	**2 265**	**1 026**	**3 291**	**4 085**	**1 595**	**5 681**

Source: GHS 2003 & 2024

10.3 Access to medical aid

Table 14- Population with access to medical aid by province, 2002 and 2024

Province	2002					
	No	Yes	Total	No	Yes	Total
	N ('000)			Per cent		
Western Cape	3 551	1 205	**4 756**	74,7	25,3	**100,0**
Eastern Cape	5 910	605	**6 515**	90,7	9,3	**100,0**
Northern Cape	863	166	**1 030**	83,9	16,1	**100,0**
Free State	2 248	396	**2 645**	85,0	15,0	**100,0**
KwaZulu-Natal	8 546	1 114	**9 660**	88,5	11,5	**100,0**
North West	2 656	399	**3 054**	86,9	13,1	**100,0**
Gauteng	7 166	2 598	**9 764**	73,4	26,6	**100,0**
Mpumalanga	3 062	416	**3 478**	88,0	12,0	**100,0**
Limpopo	4 635	384	**5 019**	92,4	7,7	**100,0**
Total	**38 637**	**7 284**	**45 921**	**84,1**	**15,9**	**100,0**
	2024					
Western Cape	5 604	1 905	**7 508**	74,6	25,4	**100,0**
Eastern Cape	5 851	682	**6 533**	89,6	10,4	**100,0**
Northern Cape	1 111	210	**1 322**	84,1	15,9	**100,0**
Free State	2 673	380	**3 053**	87,6	12,5	**100,0**
KwaZulu-Natal	10 865	1 231	**12 097**	89,8	10,2	**100,0**
North West	3 733	593	**4 327**	86,3	13,7	**100,0**
Gauteng	13 393	3 630	**17 023**	78,7	21,3	**100,0**
Mpumalanga	4 495	523	**5 019**	89,6	10,4	**100,0**
Limpopo	5 670	628	**6 298**	90,0	10,0	**100,0**
Total	**53 396**	**9 783**	**63 179**	**84,5**	**15,5**	**100,0**

Source: GHS 2002 & 2024

Table 15- Older persons with access to medical aid by province, 2002 and 2024

Province	No	Yes	Total	No	Yes	Total
	N ('000)			Per cent		
Western Cape	235	137	**372**	63,2	36,8	**100,0**
Eastern Cape	523	55	**578**	90,5	9,5	**100,0**
Northern Cape	68	12	**80**	85,3	14,7	**100,0**
Free State	142	36	**178**	79,8	20,2	**100,0**
KwaZulu-Natal	547	94	**641**	85,3	14,7	**100,0**
North West	190	24	**214**	88,9	11,1	**100,0**
Gauteng	386	216	**602**	64,2	35,8	**100,0**
Mpumalanga	190	32	**222**	85,8	14,3	**100,0**
Limpopo	348	14	**362**	96,1	3,9	**100,0**
South Africa	**2 629**	**619**	**3 248**	**80,9**	**19,1**	**100,0**
	2024					
Western Cape	517	310	**828**	62,5	37,5	**100,0**
Eastern Cape	624	100	**724**	86,1	13,9	**100,0**
Northern Cape	110	36	**146**	75,1	24,9	**100,0**
Free State	246	41	**287**	85,8	14,2	**100,0**
KwaZulu-Natal	834	156	**990**	84,2	15,8	**100,0**
North West	344	54	**397**	86,5	13,5	**100,0**
Gauteng	967	448	**1 415**	68,4	31,7	**100,0**
Mpumalanga	348	52	**400**	87,0	13,0	**100,0**
Limpopo	446	47	**494**	90,4	9,6	**100,0**
South Africa	**4 436**	**1 245**	**5 681**	**78,1**	**21,9**	**100,0**

Source: GHS 2002 & 2024

Table 16- Population with access to medical aid by sex, 2002 and 2024

Sex	2002					
	No	Yes	Total	No	Yes	Total
	N ('000)			Per cent		
Male	18 470	3 621	**22 092**	83,6	16,4	**100,0**
Female	20 167	3 662	**23 829**	84,6	15,4	**100,0**
Total	**38 637**	**7 284**	**45 921**	**84,1**	**15,9**	**100,0**
	2024					
Male	26 285	4 687	**30 972**	84,9	15,1	**100,0**
Female	27 112	5 096	**32 208**	84,2	15,8	**100,0**
Total	**53 396**	**9 783**	**63 179**	**84,5**	**15,5**	**100,0**

Source: GHS 2002 & 2024

Table 17 - Older persons with access to medical aid by sex, 2002 and 2024

Sex	2022					
	No	Yes	Total	No	Yes	Total
	N ('000)			Per cent		
Male	982	287	**1 269**	77,4	22,6	**100,0**
Female	1 646	332	**1 979**	83,2	16,8	**100,0**
Total	**2 629**	**619**	**3 248**	**80,9**	**19,1**	**100,0**
	2024					
Male	1 739	547	**2 285**	76,1	23,9	**100,0**
Female	2 697	698	**3 395**	79,4	20,6	**100,0**
Total	**4 436**	**1 245**	**5 681**	**78,1**	**21,9**	**100,0**

Source: GHS 2002 & 2024

Table 18 - Population with access to medical aid by population group, 2002 and 2024

Population group	2002					
	No	Yes	Total	No	Yes	Total
	N ('000)			Per cent		
African/Black	32 970	2 910	**35 880**	91,9	8,1	**100,0**
Coloured	3 400	761	**4 161**	81,7	18,3	**100,0**
Indian/Asian	796	358	**1 154**	69,0	31,0	**100,0**
White	1 471	3 254	**4 725**	31,1	68,9	**100,0**
Total	**38 637**	**7 284**	**45 921**	**84,1**	**15,9**	**100,0**
	2 024					
African/Black	46 818	5 156	51 974	90,1	9,9	**100,0**
Coloured	4 343	1 014	5 358	81,1	18,9	**100,0**
Indian/Asian	873	680	1 553	56,2	43,8	**100,0**
White	1 362	2 933	4 295	31,7	68,3	**100,0**
Total	**53 396**	**9 783**	**63 179**	**84,5**	**15,5**	**100,0**

Source: GHS 2002 & 2024

Table 19 - Older persons with access to medical aid by population group, 2002 and 2024

Population group	2002					
	No	Yes	Total	No	Yes	Total
	N ('000)			Per cent		
African/Black	2 070	52	**2 122**	97,6	2,5	**100,0**
Coloured	238	28	**266**	89,3	10,7	**100,0**
Indian/Asian	78	18	**95**	81,6	18,4	**100,0**
White	244	521	**765**	31,8	68,2	**100,0**
Total	**2 629**	**619**	**3 248**	**80,9**	**19,1**	**100,0**
	2024					
African/Black	3 441	244	**3 685**	93,4	6,6	**100,0**
Coloured	504	97	**602**	83,8	16,2	**100,0**
Indian/Asian	152	74	**225**	67,3	32,7	**100,0**
White	338	830	**1 168**	29,0	71,0	**100,0**
Total	**4 436**	**1 245**	**5 681**	**78,1**	**21,9**	**100,0**

Source: GHS 2002 & 2024

Table 20- Health Facility commonly used by older persons, 2002 and 2024

Province	Public Hospital/Clinic	Private Hospital/Clinic/Doctor	Other	Total	Public Hospital/Clinic	Private Hospital/Clinic/Doctor	Other	Total
	2002							
	N ('000)				Per cent			
Western Cape	29	21	2	**52**	56,9	40,0	3,1	**100,0**
Eastern Cape	81	46	1	**128**	63,0	36,2	0,8	**100,0**
Northern Cape	13	4	0	**17**	75,2	23,4	1,4	**100,0**
Free State	18	18	1	**37**	48,0	49,2	2,8	**100,0**
KwaZulu-Natal	73	30	7	**109**	66,5	27,3	6,2	**100,0**
North West	31	21	1	**53**	58,6	38,9	2,5	**100,0**
Gauteng	69	61	1	**130**	52,6	47,0	0,4	**100,0**
Mpumalanga	22	20	1	**43**	51,0	46,9	2,1	**100,0**
Limpopo	38	11	1	**50**	75,6	23,0	1,4	**100,0**
South Africa	**372**	**232**	**14**	**619**	**60,2**	**37,5**	**2,3**	**100,0**
	2024							
Western Cape	374	436	17	**828**	45,2	52,7	2,1	**145,2**
Eastern Cape	591	126	7	**724**	81,6	17,4	1,0	**181,6**
Northern Cape	97	47	2	**146**	66,3	32,2	1,6	**166,3**
Free State	219	66	2	**287**	76,3	23,1	0,6	**176,3**
KwaZulu-Natal	695	278	17	**989**	70,3	28,1	1,7	**170,3**
North West	328	63	4	**396**	82,9	16,0	1,1	**182,9**
Gauteng	835	559	20	**1 414**	59,1	39,6	1,4	**159,1**
Mpumalanga	316	82	2	**400**	79,0	20,5	0,5	**179,0**
Limpopo	431	60	3	**494**	87,3	12,1	0,6	**187,3**
South Africa	**3 887**	**1 717**	**74**	**5 678**	**68,5**	**30,2**	**1,3**	**100,0**

Source: GHS 2002 & 2024

10.4 Housing

Table 22- Distribution of older persons by type of main dwelling and province, 2002 and 2024

Province	Formal		Traditional		Informal		Other		Total	
	2002									
	N ('000)	Per cent	N ('000)	Per cent	N ('000)	Per cent	N ('000)	Per cent	N ('000)	Per cent
Western Cape	352	94,6	0	0,0	17	4,6	3	0,8	**372**	**100,0**
Eastern Cape	287	49,6	260	44,9	21	3,6	11	1,8	**578**	**100,0**
Northern Cape	75	93,4	0	0,3	5	6,3	0	0,0	**80**	**100,0**
Free State	145	81,8	11	6,1	19	10,9	2	1,2	**178**	**100,0**
KwaZulu- Natal	393	61,4	204	31,9	36	5,6	7	1,2	**641**	**100,0**
North West	189	88,5	5	2,6	16	7,5	3	1,5	**214**	**100,0**
Gauteng	546	90,7	1	0,2	35	5,8	20	3,3	**602**	**100,0**
Mpumalanga	181	81,8	18	8,1	19	8,6	4	1,6	**222**	**100,0**
Limpopo	292	80,7	57	15,7	9	2,4	4	1,2	**362**	**100,0**
South Africa	**2 460**	**75,8**	**557**	**17,1**	**176**	**5,4**	**54**	**1,7**	**3 247**	**100,0**
										2024
Western Cape	807	97,4	1	0,1	17	2,0	4	0,5	**828**	**100,0**
Eastern Cape	539	74,5	161	22,2	13	1,8	11	1,5	**724**	**100,0**
Northern Cape	137	93,8	0	0,0	9	6,2	0	0,0	**146**	**100,0**
Free State	257	89,4	9	3,2	21	7,4	0	0,0	**287**	**100,0**
KwaZulu- Natal	873	88,2	107	10,8	6	0,6	4	0,4	**990**	**100,0**
North West	368	92,7	0	0,0	29	7,4	0	0,0	**397**	**100,0**
Gauteng	1 343	94,9	8	0,5	62	4,4	2	0,2	**1 415**	**100,0**
Mpumalanga	385	96,3	7	1,9	8	1,9	0	0,0	**400**	**100,0**
Limpopo	479	97,0	13	2,6	2	0,4	0	0,0	**494**	**100,0**
South Africa	**5 188**	**91,3**	**306**	**5,4**	**167**	**2,9**	**21**	**0,4**	**5 681**	**100,0**

Source: GHS 2002 & 2024

Table 23- Distribution of older persons by type of main dwelling and sex, 2002 and 2024

Sex	Formal		Traditional		Informal		Other		Total	
	2002									
	N ('000)	Per cent	N ('000)	Per cent	N ('000)	Per cent	N ('000)	Per cent	N ('000)	Per cent
Male	979	77,1	184	14,5	81	6,4	25	2,0	**1 269**	**100,0**
Female	1 481	74,9	372	18,8	95	4,8	29	1,5	**1 978**	**100,0**
Total	**2 460**	**75,8**	**557**	**17,1**	**176**	**5,4**	**54**	**1,7**	**3 247**	**100,0**
	2024									
Male	2 081	91,1	110	4,8	83	3,6	11	0,5	**2 285**	**100,0**
Female	3 106	91,5	196	5,8	84	2,5	9	0,3	**3 395**	**100,0**
Total	**5 188**	**91,3**	**306**	**5,4**	**167**	**2,9**	**21**	**0,4**	**5 681**	**100,0**

Source: GHS 2002 & 2024

Table 24- Tenure status of older persons by population group, 2002

Tenure status	Black/African	Coloureds	Indians/Asian	Whites	Total
	N ('000)				
Rented	3 356	1 020	258	1 052	5 686
Owned but not yet paid off	2 099	894	428	1 815	5 237
Owned and fully paid off	27 267	1 629	452	1 743	31 091
Occupied rent-free	2 964	597	12	86	3 659
Total	**35 687**	**4 139**	**1 151**	**4 696**	**45 673**
	Per cent				
Rented	9,4	24,6	22,4	22,4	**12,4**
Owned but not yet paid off	5,9	21,6	37,2	38,7	**11,5**
Owned and fully paid off	76,4	39,4	39,3	37,1	**68,1**
Occupied rent-free	8,3	14,4	1,1	1,8	**8,0**
Total	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**

Source: GHS 2002

Table 25- Tenure status of older persons by population group, 2024

Tenure status	Black/African	Coloureds	Indians/Asian	Whites	Total
	N ('000)				
Rented	7 685	1 099	399	1 066	**10 248**
Owned but not yet paid off	1 975	689	358	1 202	**4 224**
Owned and fully paid off	35 040	2 774	738	1 878	**40 430**
Occupied rent-free	7 010	783	51	121	**7 965**
Total	**51 710**	**5 345**	**1 546**	**4 267**	**62 868**
	Per cent				
Rented	14,9	20,6	25,8	25,0	**16,3**
Owned but not yet paid off	3,8	12,9	23,2	28,2	**6,7**
Owned and fully paid off	67,8	51,9	47,7	44,0	**64,3**
Occupied rent-free	13,6	14,7	3,3	2,8	**12,7**
Total	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**

Source: GHS 2024

Table 26- Tenure status of older persons by province, 2002

Province	Rented	Owned but not yet paid off	Owned and fully paid off	Occupied rent-free	Total
	N ('000)				
Western Cape	1 139	1 052	1 893	632	4 716
Eastern Cape	353	337	5 429	372	6 490
Northern Cape	184	111	578	149	1 022
Free State	280	257	1 684	408	2 630
KwaZulu-Natal	986	945	7 259	445	9 635
North West	259	169	2 293	322	3 043
Gauteng	2 143	1 979	4 684	848	9 654
Mpumalanga	254	256	2 666	296	3 472
Limpopo	88	130	4 606	188	5 012
Total	**5 686**	**5 237**	**31 091**	**3 659**	**45 673**
	Per cent				
Western Cape	24,2	22,3	40,1	13,4	**100,0**
Eastern Cape	5,4	5,2	83,7	5,7	**100,0**
Northern Cape	18,0	10,9	56,6	14,6	**100,0**
Free State	10,7	9,8	64,0	15,5	**100,0**
KwaZulu-Natal	10,2	9,8	75,3	4,6	**100,0**
North West	8,5	5,6	75,4	10,6	**100,0**
Gauteng	22,2	20,5	48,5	8,8	**100,0**
Mpumalanga	7,3	7,4	76,8	8,5	**100,0**
Limpopo	1,8	2,6	91,9	3,8	**100,0**
Total	**12,4**	**11,5**	**68,1**	**8,0**	**100,0**

Source: GHS 2002

Table 27- Tenure status of older persons by province, 2024

Province	Rented	Owned but not yet paid off	Owned and fully paid off	Occupied rent-free	Total
	N ('000)				
Western Cape	1 937	1 113	3 821	626	**7 497**
Eastern Cape	575	164	4 630	1 142	**6 511**
Northern Cape	170	44	929	170	**1 313**
Free State	367	127	2 076	475	**3 045**
KwaZulu Natal	878	309	9 362	1 474	**12 022**
North West	572	93	3 392	264	**4 321**
Gauteng	4 735	2 154	7 436	2 529	**16 853**
Mpumalanga	506	115	3 893	501	**5 014**
Limpopo	510	106	4 891	784	**6 291**
Total	**10 248**	**4 224**	**40 430**	**7 965**	**62 868**
Western Cape	25,8	14,8	51,0	8,4	**100,0**
Eastern Cape	8,8	2,5	71,1	17,6	**100,0**
Northern Cape	12,9	3,4	70,8	13,0	**100,0**
Free State	12,0	4,2	68,2	15,6	**100,0**
KwaZulu Natal	7,3	2,6	77,9	12,3	**100,0**
North West	13,2	2,2	78,5	6,1	**100,0**
Gauteng	28,1	12,8	44,1	15,0	**100,0**
Mpumalanga	10,1	2,3	77,6	10,0	**100,0**
Limpopo	8,1	1,7	77,8	12,5	**100,0**
Total	**16,3**	**6,7**	**64,3**	**12,7**	**100,0**

Source: GHS 2024

10.5 Access to basic services

Table 28- Distribution of older persons who have access to basic services by sex, 2002 and 2024

Access to basic services		2002		
		Male	Female	Total
		N ('000)		
Access to piped water	N ('000)	837	1 234	2 071
	Total population ('000)	**1 269**	**1 979**	**3 248**
	Per cent	65,9	62,4	**63,8**
Improved sanitation	N ('000)	769	1 086	**1 855**
	Total population ('000)	**1 269**	**1 979**	**3 248**
	Per cent	60,6	54,9	**57,1**
Refuse/ Waste disposal	N ('000)	674	999	**1 673**
	Total population ('000)	**1 267**	**1 977**	**3 245**
	Per cent	53,2	50,5	**51,5**
Electricity	N ('000)	984	1 506	**2 490**
	Total population ('000)	**1 269**	**1 977**	**3 246**
	Per cent	77,6	76,2	**76,7**
	2024			
Access to piped water	N ('000)	1 784	2 627	**4 411**
	Total population ('000)	2 256	3 349	**5 605**
	Per cent	79,1	78,4	**78,7**
Improved sanitation	N ('000)	1 975	2 955	**4 930**
	Total population ('000)	**2 285**	**3 395**	**5 681**
	Per cent	86,4	87,0	**86,8**
Refuse/ Waste disposal	N ('000)	1 421	2 029	**3 450**
	Total population ('000)	**2 285**	**3 395**	**5 681**
	Per cent	62,2	59,8	**60,7**
Electricity	N ('000)	2 192	3 308	**5 501**
	Total population ('000)	**2 285**	**3 395**	**5 680**
	Per cent	96,0	97,4	**96,8**

Source: GHS 2002 & 2024

Table 29- Distribution of older persons who have access to basic services by geographical location, 2002 and 2024

Access to basic services		2002		
		Urban	Non-Urban	Total
		N ('000)		
Access to piped water	N ('000)	1 651	248	**1 898**
	Total population ('000)	**1 748**	**1 212**	**2 960**
	Per cent	94,4	20,4	**64,1**
Improved sanitation	N ('000)	1 573	129	**1 702**
	Total population ('000)	**1 748**	**1 212**	**2 960**
	Per cent	90,0	10,7	**57,5**
Refuse/ Waste disposal	N ('000)	1 612	3	**1 616**
	Total population ('000)	**1 746**	**1 210**	**2 956**
	Per cent	92,3	0,3	**54,7**
Electricity	N ('000)	1 638	656	**2 294**
	Total population ('000)	**1 746**	**1 212**	**2 957**
	Per cent	93,8	54,2	**77,6**
	2024			
Access to piped water	N ('000)	3 607	804	**4 411**
	Total population ('000)	**3 736**	**1 869**	**5 605**
	Per cent	96,6	43,0	**78,7**
Improved sanitation	N ('000)	3 605	1 325	**4 930**
	Total population ('000)	**3 738**	**1 943**	**5 681**
	Per cent	96,5	68,2	**86,8**
Refuse/ Waste disposal	N ('000)	3 275	175	**3 450**
	Total population ('000)	**3 738**	**1 943**	**5 681**
	Per cent	87,6	9,0	**60,7**
Electricity	N ('000)	3 637	1 864	**5 501**
	Total population ('000)	**3 737**	**1 943**	**5 680**
	Per cent	97,3	95,9	**96,8**

Source: GHS 2002 & 2024

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