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Mid-year population estimates

2025

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Contents

List of tables

List of figures

Acronyms and abbreviations

AIDS	Acquired Immunodeficiency Syndrome
AIM	AIDS Impact Model
ANC	Antenatal Care
ART	Antiretroviral Therapy
ASFR	Age-specific Fertility Rate
ASDR	Age Specific Death Rate
CBR	Crude Birth Rate
CDR	Crude Death Rate
COVID-19	Coronavirus Disease 2019
CSIR	Council for Scientific and Industrial Research
DATCOV	Daily Hospital Surveillance for COVID-19
DemProj	Demographic Projections
DHA	Department of Home Affairs
DHIS	District Health Information System
DHS	Demographic and Health Survey
HIV	Human Immunodeficiency Virus
IMF	International Monetary Fund
IMR	Infant Mortality Rate
IOM	International Organisation for Migration
LE	Life Expectancy
MACOD	Mortality and Causes of Death
NDoH	National Department of Health
NICD	National Institute for Communicable Diseases of South Africa
NPR	National Population Register
NSO	National Statistical Organisation
OECD	The Organisation for Economic Co-operation and Development
PMTCT	Prevention of Mother-to-Child Transmission
PLWHIV	People living with HIV
RAPID	Rapid Mortality Surveillance
RLB	Recorded Live Births
RNI	Rate of Natural Increase
SABSSM	South African National HIV Prevalence, Incidence, Behaviour and Communication Survey
SDDS	Special Data Dissemination Standards
Stats SA	Statistics South Africa
TFR	Total Fertility Rate
U5MR	Under-five Mortality Rate
UNDESA	United Nations Department of Economic and Social affairs

Definition of concepts

Age-specific fertility rate (ASFR) – The fertility rate obtained for specific age groups during a given year or reference period per 1 000 women.

Annual growth rate (GR) – The rate at which the population is increasing or decreasing in a given year due to natural increase and net migration, expressed as a percentage of the base population.

Cohort component projection – A projection made by subjecting all cohorts, on an annual or five-year basis, to mortality and migration assumptions, and applying fertility assumptions to women of reproductive age.

Crude birth rate (CBR) – The number of births in a year per 1 000 mid-year population of a specific year.

Crude death rate (CDR) – The number of deaths in a year per 1 000 mid-year population of a specific year.

Epidemic – A disease that affects a large number of people within a community, population, or region.

Excess deaths – The number of deaths observed during the pandemic above a baseline of recent trends.

Incidence - The number of new cases during a specified time.

Life expectancy at birth (e(0)) – The average number of additional years a person could expect to live if the age-specific death rates for a given year prevailed for the rest of his/her life.

Life table – A tabular display of life expectancy and the probability of dying at each age (or age group) for a given population, according to the age-specific death rates prevailing at that time.

Pandemic – An epidemic that has spread over multiple countries or continents.

Population estimates – A calculation of the size or distribution of a population or another characteristic of the population for the present or past.

Population projection – Computations depicting the future course of a population's size, its structure, and its interaction with dynamics such as fertility, mortality, and migration. The projection is constructed based on assumptions about the future course of those population dynamics.

Prevalence – The total number of individuals in a population who have a disease or health condition at a specific period of time, usually expressed as a percentage of the population.

Rate of natural increase (RNI) – The rate at which the population is increasing or decreasing in a given year due to the surplus or deficit of births over deaths, expressed as a percentage of the base population.

Sex ratio – The number of males per 100 females in a population.

Total fertility rate (TFR) – The average number of children born alive to a woman during her lifetime if she were to bear children at each age in accordance with the prevailing age-specific fertility rates.

Under five-mortality rate (U5MR) – The number of deaths to children under the age of five per 1 000 live births.

Summary

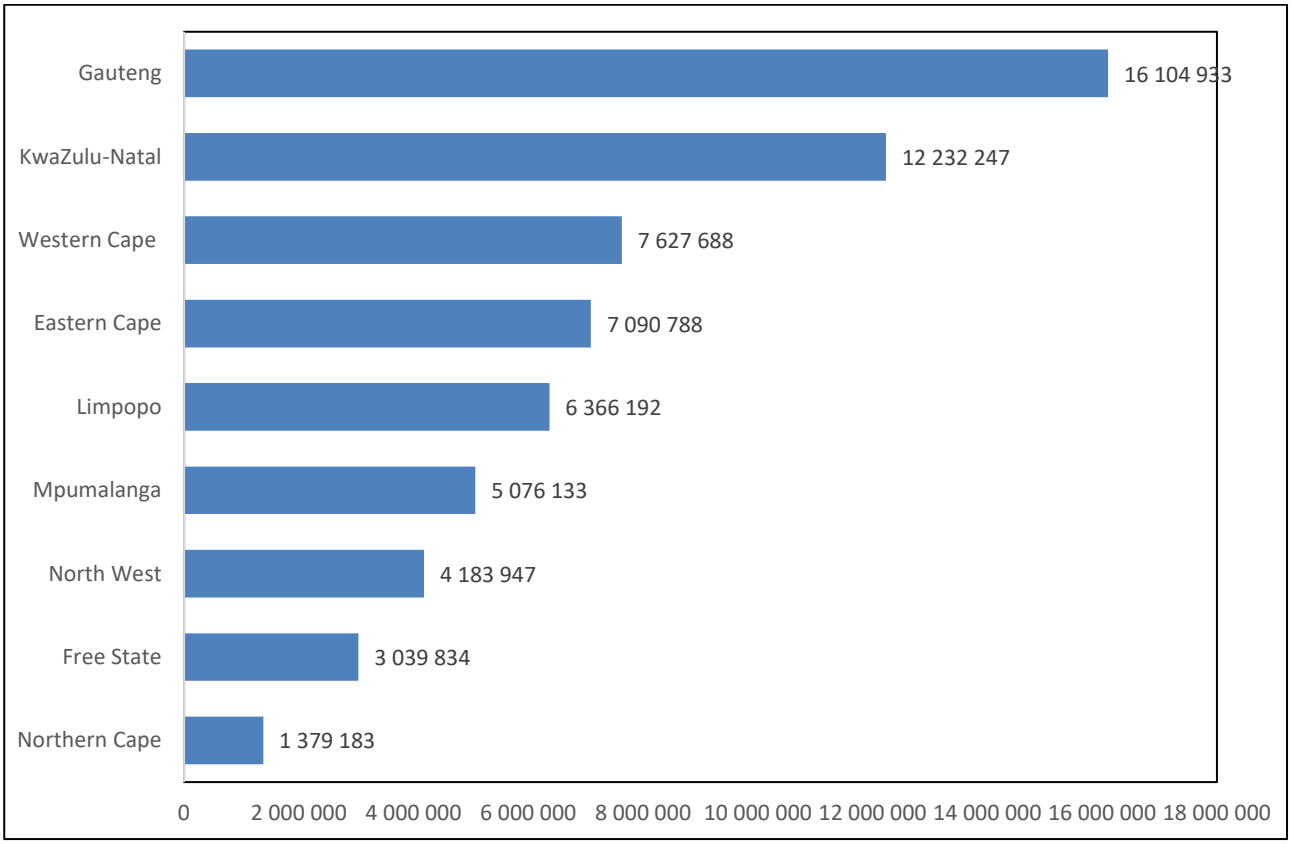
- The cohort-component methodology is used to estimate the 2025 mid-year population of South Africa.
- The estimates cover all the residents of South Africa at the 2025 mid-year point and are based on the latest available information. Estimates may change as new data becomes available. The updated estimates are accompanied by an entire series of revised estimates for the period 2002–2025. On this basis, comparisons between this model and previous series should not be made.
- For 2025, Statistics South Africa (Stats SA) estimates the mid-year population at 63,10 million people. The female population accounts for 51,1% (approximately 32,23 million) of the population.
- Life expectancy at birth for 2025 is estimated at 64,0 years for males and 69,6 years for females.
- The infant mortality rate for 2025 is estimated at 23,1 per 1 000 live births.
- The estimated overall HIV prevalence rate is approximately 12,9% among the South African population. The total number of people living with HIV (PLWHIV) is estimated at approximately 8,15 million in 2025. For adults aged 15–49 years, an estimated 18,13% of the population is HIV positive.
- COVID-19 travel restrictions had been lifted by April 2022, and subsequently, international and internal migration began to rebound. Migration is an important demographic process, as it shapes the age structure and distribution of not only the country as a whole, but also the provincial populations. For the period 2021–2026, Gauteng and Western Cape are estimated to experience the largest inflow of migrants of approximately, 1 416 204 and 500 347 respectively.
- Gauteng still comprises the largest share of the South African population, with approximately 16,10 million people (25,5%) living in this province. KwaZulu-Natal is the province with the second largest population, with an estimated 12,23 million people (19,4%) living in this province. With a population of approximately 1,38 million people (2,2%), Northern Cape remains the province with the smallest share of the South African population.
- About 26,2% of the population is aged younger than 15 years (16,52 million) and approximately 10,5% (6,61 million) is 60 years or older. The provinces reflecting the highest percentage of children younger than 15 within their structures are Limpopo (31,75%) and Eastern Cape (30,23%). The proportion of elderly persons aged 60 years and older in South Africa is increasing over time and as such, policies and programmes to care for the needs of this growing population should be prioritised.

Table 1 – Mid-year population estimates for South Africa by population group and sex, 2025

Population group	Male		Female		Total	
	Number	% distribution of males	Number	% distribution of females	Number	% distribution of total
Black African	25 241 810	81,8	26 362 566	81,8	**51 604 376**	**81,8**
Coloured	2 612 840	8,5	2 731 273	8,5	**5 344 113**	**8,5**
Indian/Asian	846 674	2,7	808 297	2,5	**1 654 971**	**2,6**
White	2 170 782	7,0	2 326 703	7,2	**4 497 485**	**7,1**
Total	**30 872 106**	**100,0**	**32 228 839**	**100,0**	**63 100 945**	**100,0**

*Due to rounding, totals may not add up to 100%

Figure 1 – Mid-year population estimates for South Africa by province, 2025



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1. Introduction

In a population projection, the size and composition of the future population are estimated. The mid-year population estimates produced by Statistics South Africa (Stats SA) use the cohort-component method for population estimation. In the cohort-component method, a base population is estimated that is consistent with the known demographic characteristics of the country. The cohort base population is projected into the future according to the projected components of change. Selected levels of fertility, mortality, and migration are used as inputs to the cohort-component method. For the 2025 mid-year estimates, the cohort-component method is utilised within the Spectrum Policy Modelling system. Spectrum (version 6,42) is a Windows-based system of integrated policy models. The DemProj (Demographic Projection) module within Spectrum is used to develop the demographic projection, whilst the AIDS Impact Model (AIM) is used to incorporate the impact of HIV and AIDS on fertility and mortality, and ultimately, the population estimates. Within the DemProj, a COVID-19 editor allows for the inclusion of COVID-19 related deaths by age and sex to be incorporated into the model. Spectrum requires annual estimates regarding births, deaths, and migration, among other indicators. The population estimates produced aim to take into account the impact of COVID-19 on births, deaths and migration.

Stats SA subscribes to the specifications of the Special Data Dissemination Standards (SDDS) of the International Monetary Fund (IMF). These standards dictate that the MYPE release should be disseminated within one month of the mid-year. The mid-year estimates are an estimate of the population as of 30 June in a given year. The estimates of stock, such as population size, number infected with HIV, etc., pertain to the middle of the year, i.e. 30 June, whilst the estimates of flow, e.g. births, deaths, Total Fertility Rates (TFRs), Infant Mortality Rates (IMRs), etc., are for a 12-month period, e.g. 1st July 2024 to 30th June 2025. A *stock variable* is measured at a given time and represents a quantity at each moment in time – e.g. the number of people within the *population* at a certain moment, whilst an estimate of flow is typically measured over a specific interval of time. The mid-year population estimates are published annually. It would be misleading to compare values and rankings with those of previously published reports, due to revisions and updates of the underlying data and adjustments. Thus, users are strongly advised to use the complete series, published along with this report on the Stats SA website.

2. Demographic and other assumptions

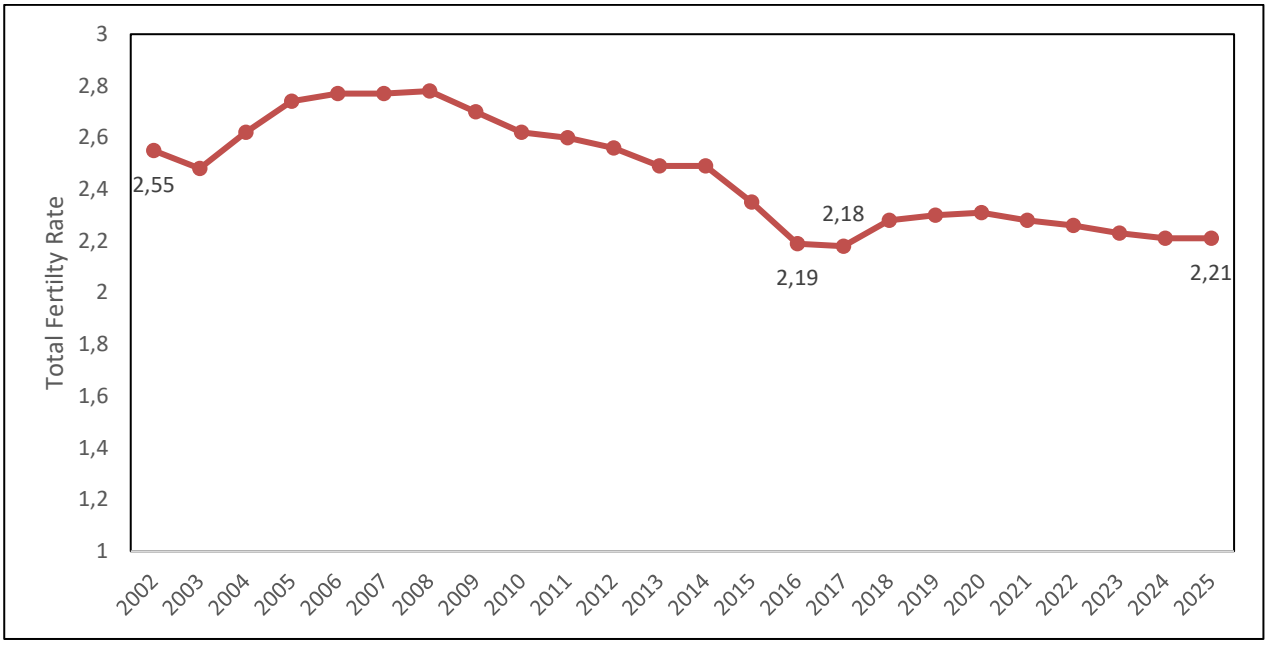
Mid-year population estimates and projections are tasked with determining the demographic profile of the country to better assist with planning as it relates to health, economics, and welfare. A cohort-component projection requires a base population distributed by age and sex. Levels of mortality, fertility, and migration are estimated for the base year and projected for future years. The cohort-base population is projected into the future according to the projected components of population change.

2.1 Fertility

The DemProj module of Spectrum is used to produce a single-year projection; thus, the Total Fertility Rate (TFR) and the life expectancy at birth must be provided in the same format, i.e. annually. The time series of TFR estimates for all population groups in South Africa are derived following a detailed review of TFR estimates (1985–2025) (both published and unpublished) from various authors, methods, and data sources.

Empirical data indicating the trend in births for the period 2002–2023, including the impact of the COVID-19 pandemic on fertility in South Africa, is reflected in the Recorded Live Births Report (latest data 2023). Current assumptions of national and provincial fertility are based on trends seen in published births data currently available at national and provincial levels in the vital registration system and the District Health Information System (DHIS) (Stats SA, 2015; Stats SA, 2024; NDoH, 2025). The latest recorded live births report was published by Stats SA in September 2024. The report acknowledges that births' data suffers from a level of incompleteness for the most recent year of release. The estimates of fertility show a fluctuation over the period 2002–2025. Since 2008, overall fertility has declined from an average of 2,78 children per woman in 2008 to 2,21 children in 2025. A dip in fertility seen in 2016 is reflective of empirical birth registration data in the DHIS and the recorded live births data (Stats SA, 2024; NDOH, 2025). Empirical data shows that there has been a decline in births since 2020. The Fertility rate has been revised downwards to reflect what is evident in administrative data sources, i.e. immunisation, births in facilities, birth registration, access to grants and education data. Other inputs required in DemProj include the age-specific fertility rate (ASFR) trend and sex ratios at birth.

Figure 2 – Total fertility rate over time, 2002–2025



2.2 Mortality

The ultimate purpose of the mid-year population estimates is to assist with policy making and planning based on the population structure and profile. This cannot be addressed without taking into account the COVID-19 pandemic which had greatly affected the nation and the world for over three years (Bradshaw et al., 2023). The MRC estimated that the mortality impact of COVID-19 was threefold of what was reported by NDoH (Dorrington et al., 2021; NDoH, 2020; Moultrie, 2021). On 31 March 2025, the 2021 Mortality and Causes of Death (MACOD) report was published by Stats SA. The report covers the height of the COVID-19 pandemic in the year 2021.

The excess deaths published by the South African Medical Research Council (SAMRC) have been adjusted for non-permanent residents, late registration, and completion in their estimation. Internationally, measures of excess deaths indicated that the COVID-19 pandemic substantially increased mortality in 2020 and 2021 in many countries (Karlinsky and Kobak, 2021; Aburto et al., 2021). The age mortality profile of the disease indicated that older people and those with co-morbidities, specifically diabetes and hypertension, faced a higher risk of mortality (Biswas et al., 2021; Booth et al., 2021; Sanyaolu et al., 2020; Pillay et al., 2020; Goldstein and Lee, 2020). However, broader categories of respiratory diseases, circulatory diseases, and cancer also faced a higher risk of mortality (Sanyaolu et al., 2020; Stokes et al., 2020; Biswas et al., 2021; Booth et al., 2021; Pillay et al., 2020).

To estimate the population in the DemProj model in Spectrum, age and sex specific death rates are required. Stats SA applies the country-specific UN Model Life table for South Africa in Spectrum. The age pattern of mortality is based on various sources, data and methods – these include death data from the Rapid Mortality Surveillance (RAPID) report, the MACOD report, and the Demographic and Health Survey (DHS) report, among others. Survival rates from the selected life tables were then used to project the population forward. AIM calculates the number of AIDS deaths and determines a new set of life expectancies that incorporate the impact of Acquired Immunodeficiency Syndrome (AIDS). Additionally, excess deaths at the time of the COVID-19 pandemic have been incorporated into the estimation process in the COVID-Editor module in Spectrum.

The Spectrum Policy Modelling System (Futures Group) consists of a number of components that result in the estimation of population size to assist in costing and planning of future healthcare services. For the purpose of the production of the MYPE, Stats SA uses two of the available components in this projection model, namely (a) **Demproj** for population projections and (b) **AIM** in which the consequences of the AIDS epidemic were projected. In the AIM projection, several programmatic and epidemiological data inputs specific to South Africa are required. These include programme coverage of adults and children on antiretroviral treatment (ART) and Prevention of mother-to-child-transmission (PMTCT) treatment (NDoH, 2025). In addition to eligibility for treatment as per national guidelines, the epidemiological inputs include antenatal clinic (ANC) data. The assumptions regarding the HIV epidemic in South Africa are based primarily on the prevalence data collected annually from pregnant women attending public service antenatal clinics since 1990 to the most recent estimates of 2022 (Woldesenbet et al., 2021; NDoH, 2023; NDoH, 2025). However, antenatal surveillance data produce biased prevalence estimates for the general population because only a select group of people (i.e. only pregnant women attending antenatal public health services) are included in the sample. The South

African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM) data that produces national estimates for the country are used in the model to correct for this bias (Shisana et al., 2014; Simbayi et al., 2019). Other inputs in the AIM model include the median time from HIV infection to death and the ratio of new infections. Indicators of HIV prevalence, incidence, and HIV population numbers over time show the impact of HIV on the population. HIV indicators shown in Figures 5 and 6 are based on the aforementioned assumptions.

2.3 International migration

To estimate the population, annual net migration over time is also required. Estimating and further projecting international migration over time is not without difficulties. Whilst there is a reliable registration of births and deaths in the country that assists in the fertility and mortality estimation, international migration surveillance systems have failed to accurately account for the number of international migrants entering the country's borders either through land, sea, or air. Irregular migration is a common problem contributing to migration data accuracy. By triangulating a number of data sources, i.e. the census, population age and sex structures seen in other surveillance systems (such as education, health, and employment), as well as censuses of other countries capturing South African migrants and tourists' patterns, migration assumptions can be informed. Using this array of sources as well as literature, the MYPE assumes a growing proportion of annual net migration over time.

Table 2 shows international migration by population group for selected periods. Given the impact of COVID-19 on international movement across the globe, estimates of international migration during the COVID-19 period were disrupted. Overall, the assumption is that international migration drastically reduced during the COVID-19 period, and there has been a recovery since the end of the pandemic and corresponding lockdown measures. According to the tourism and migration statistics from Stats SA, there has been an improvement with regard to international tourism in South Africa in recent years. Whilst movements have resumed, by December 2024 the numbers had not yet reached pre-COVID-19 levels (Stats SA, 2025(a)). For the purpose of this report, tourism data is used as an indicator of mobility.

Table 2 – International net-migration assumptions for the period by population group, 2001–2026

Period	Black African	Indian/Asian	White	Net international migration
2001–2006	619 509	35 562	-99 574	555 497
2006–2011	878 851	53 047	-106 787	825 111
2011–2016	1 100 815	65 431	-111 346	1 054 900
2016–2021	956 984	60 700	-90 957	926 727
2021–2026	903 697	56 547	-94 898	865 346

Note: The estimate refers the flow figure from 1st July of the first year in the period to 30th June of the last year of the period

If the net flow of migrants is outward, then net migration is reflected as a negative number, whilst if the net flow is inward, then it is reflected as a positive number (see Table 2). Net international migration estimates are derived using not only Census migration data, but also migration numbers and proportions from various other authors, methods and data sources such as the Organisation for Economic Co-operation and Development (OECD) and UNDESA. These estimates are informed by the number of new immigration permits issued, which only partly represents the migration flow (OECD, 2023). Furthermore, irregular migration constitutes a significant proportion of migration, often missed in official estimates, and this varies from country to country. Census data from National Statistics Offices (NSOs) of various countries, as well as migration data, are also sourced**.** Compared to other components of change, the net migration rate can be volatile, as encountered during the outbreak of COVID-19.

The MYPE 2025 series has assumed a resumption in migratory patterns, almost reaching pre-pandemic levels by 2025 with an upward trajectory going forward. As more migration data comes to the fore over time, migration assumptions will be revised accordingly.

3. Demographic and other indicators

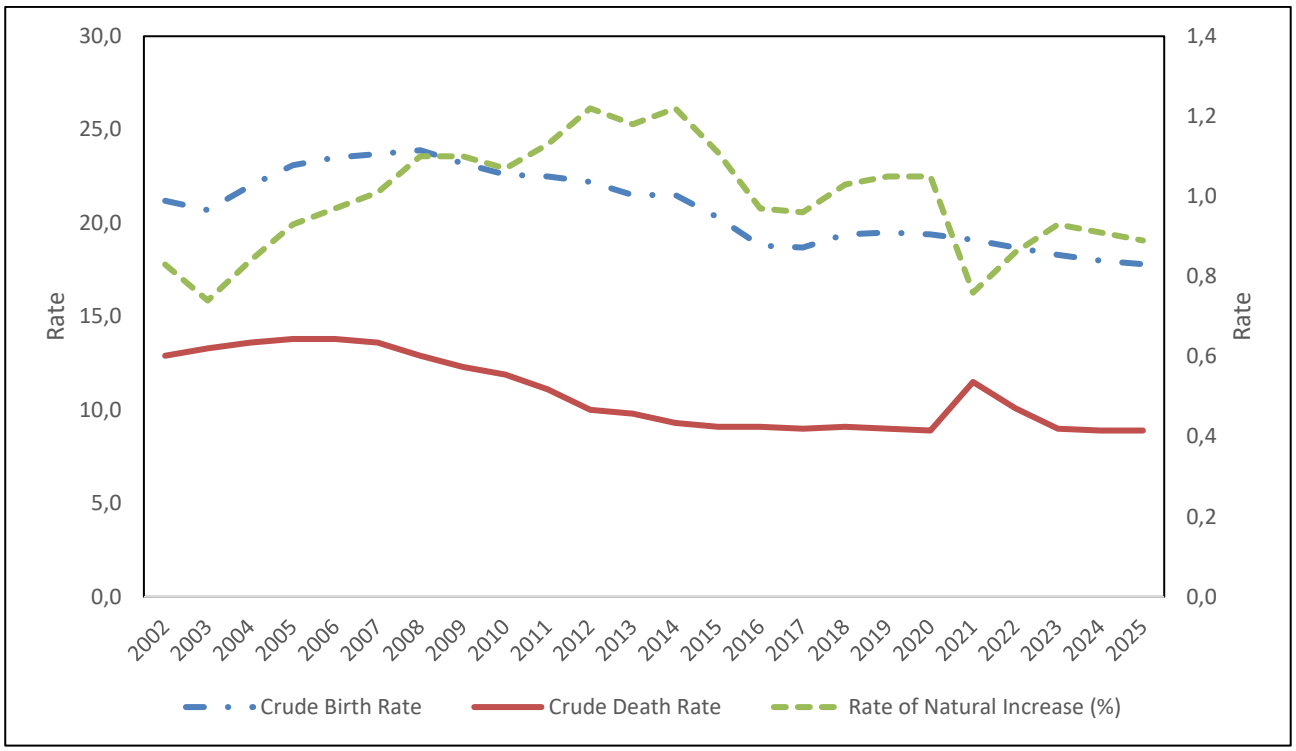
Figure 3 indicates that the Crude Birth Rate (CBR) increased between 2003 and 2008; thereafter, it follows a general pattern of decline between 2009 and 2016, after which the CBR increases from 2017–2020. Between 2020 and 2025, the CBR declines incrementally to 17,8 births per 1000 persons in 2025. The CBR is directly related to the rise and fall of TFR assumptions over time (see Figure 2). Whilst CBR is a crude measure of the number of live births per 1000 persons in the population, indicators such as TFR and ASFR (Age-Specific Fertility Rate) offer insight into fertility in the country over time. TFR assumptions indicate a rise in the period 2004–2008. In the period 2009–2016 though, there is a general decline in TFR, with a significant dip in 2016. In the period 2017–2020, TFR increases and thereafter incrementally declines between 2020–2025. The TFR results in a birth trend over time that aligns to the trend seen in administrative data on births over time.

Figures 3-5 and Table 3 offer a glimpse into the mortality experience of South Africa, which incorporates the impact of HIV and AIDS (using the AIM model). The crude death rate (CDR) has increased from 12,9 in 2002 to 13,8 deaths per 1000 in 2005 and 2006, thereafter declining to 8,9 deaths per 1 000 people in 2020. Due to the AIDS epidemic, CDR in South Africa increased between 2002 and 2006, thereafter declining as access to HIV treatment and care became available. Dramatically influenced by COVID-19 in the country, within just one year CDR increased to 11,5 deaths per 1 000 people in 2021. With access to COVID-19 treatment and vaccination uptake, CDR in the population declined to 8,9 deaths per 1000 persons by 2023 and further declined to 8,8 deaths per 1 000 persons in 2025.

Demographic measures that describe the population growth in a country include the rate of natural increase (RNI) and annual overall growth (GR). The rate of natural increase indicates the rate of growth resulting from births (CBR) and deaths (CRD) (excluding the influence of migration). The rate of natural increase fluctuated over time, peaking around 2012. RNI indicates the greater influence of births relative to deaths over the 12-year period. However, with declining fertility and a dramatic increase (30,5%) in deaths in just one year (2021) due to the COVID-19 pandemic, the rate of natural increase in South Africa dropped notably from 1,0%

in 2020 to 0,8% in 2021. With access to vaccinations and treatment protocol related to COVID-19, the deaths declined significantly between 2021 and 2022, resulting in an increase in the RNI over this period. RNI remained stable at around 0,9% in 2025, but was still lower than pre-COVID levels, and this can be attributed to the declining birth and stable death rate between 2022 and 2025.

Figure 3 – Crude birth rate, crude death rate, and rate of natural increase over time, 2002–2025



Life expectancy at birth declined between 2002 and 2006, largely due to the impact of the HIV and AIDS epidemic; however, expansion of health programmes to prevent mother-to-child transmission, as well as access to antiretroviral treatment has partly led to the increase in life expectancy since 2006. Life expectancy at birth for males declined from 62,8 in 2020 to 59,8 in 2021 (3-year drop) and from 68,8 in 2020 to 65,2 for females (3,6-year drop). Whilst the life expectancy at birth indicator is an important health indicator, it should not be interpreted as a projection of an individual's lifespan, but rather, should be used to shed light on the cumulative burden of a crisis such as COVID-19 compared to recent trends. With greater vaccination coverage, continued prevention practices, i.e. mask wearing, social distancing and sanitising of hands and surfaces, further innovation in drug and treatment protocols, and the avoidance of a more severe or infectious strain of the virus, life expectancy at birth in South Africa improved by 1,9 years for males (61,7 years) and 2,2 years for females (67,4 years) in 2022. In 2025, life expectancy at birth for males is estimated at 64,0 years while for females the estimate is 69,6 years. With access to HIV prevention and treatment, as well as other strides in health and living conditions, the infant mortality rate (IMR) has declined from an estimated 61,9 infant deaths per 1 000 live births in 2002 to 23,1 infant deaths per 1 000 live births in 2025. Similarly, the under-five mortality rate (U5MR) declined from 79,9 child deaths per 1 000 live births to 26,1 child deaths per 1 000 live births between 2002 and 2025. The IMR and U5MR shown in Figure 5 are based on the selected model life table and may differ from similar indices published elsewhere.

Figure 4 – Life expectancy by sex over time, 2002–2025

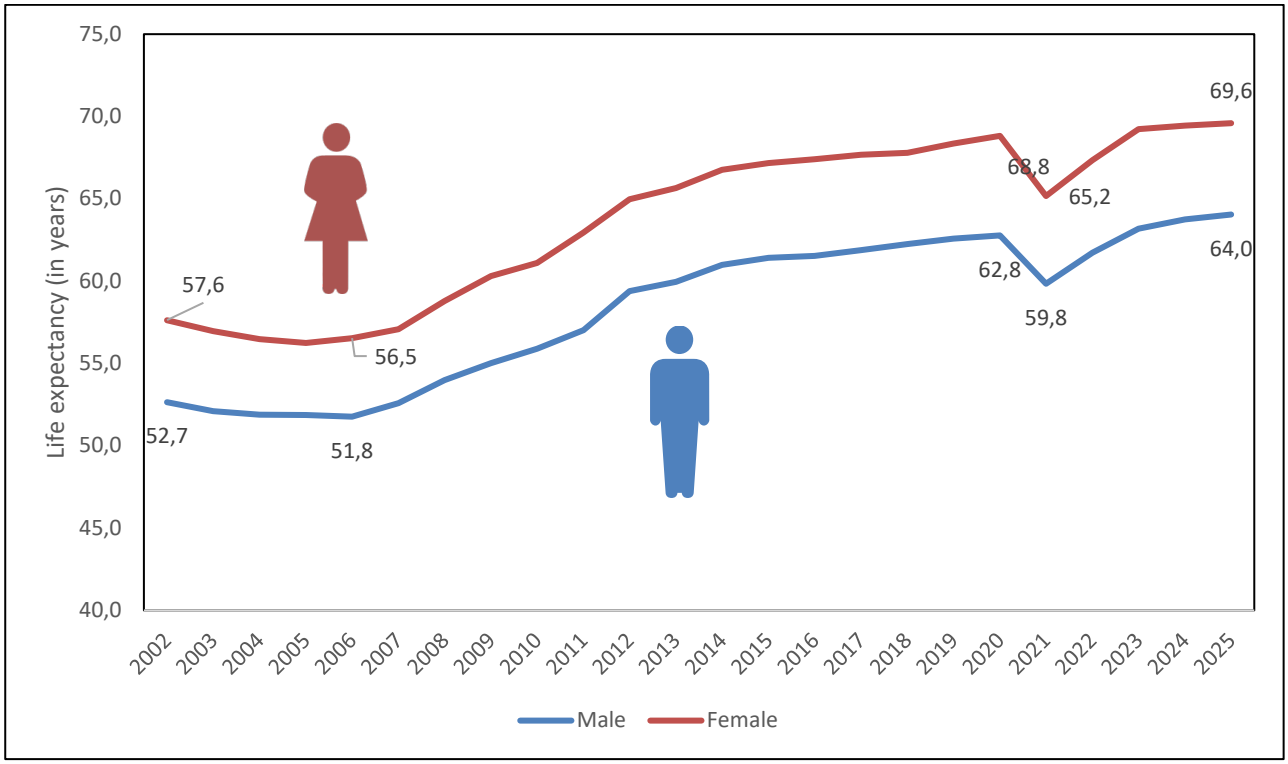


Figure 5 – IMR, U5MR and Total Life Expectancy over time, 2002–2025

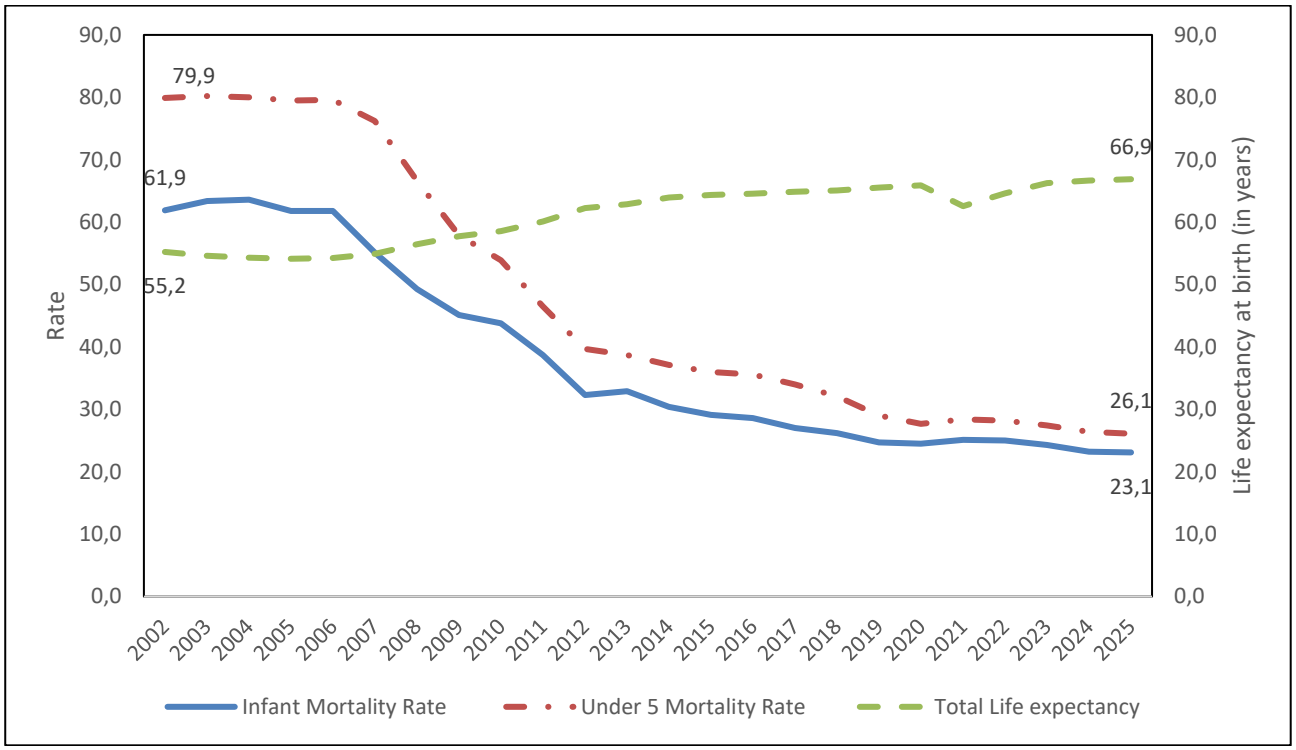


Table 3 indicates estimates for selected indicators. Deaths peaked for the period 1st July 2005 to 30th June 2006, due to the AIDS pandemic. The decline in the percentage of AIDS-related deaths since 2006 can be attributed to the increase in the roll-out of Antiretroviral Therapy (ART) over time. The national roll-out of ART began in 2005 with a target of one service point in each of the 53 districts of South Africa at the time (later reduced to 52 districts). The estimated number of AIDS-related deaths has generally declined since 2006, from 275 348 to 77 639 AIDS related deaths in 2025. Access to antiretroviral treatment has changed significantly, altering the pattern of mortality over time. Access to ART has extended the lifespan of many in South Africa, who would have otherwise died at an earlier age, as evidenced in the decline of AIDS deaths post-2006. The presence of the COVID-19 pandemic has hampered the ability of the health sector to extend life expectancy in South Africa in the year 2021. The proportion of AIDS related deaths relative to all deaths declined in 2021 (11,6%) as COVID-19 related deaths started to take their significant share. However, since 2022 there has been an increase in AIDS related deaths from 12,9% to 13,9% in 2025 as COVID-19 related deaths reduced to negligible levels. Estimated deaths in 2021 surpasses levels last seen during the AIDS pandemic at its peak. This pattern of death is evident in the published MACOD 2021 report.

Table 3 – Births and deaths for the period 2002–2025

Year	Number of births	Number of deaths	Number of AIDS related deaths	Percentage of AIDS related deaths
2002	982 627	600 819	216 649	36,1
2003	969 589	627 928	242 358	38,6
2004	1 042 137	649 085	253 597	39,1
2005	1 105 210	665 558	272 508	40,9
2006	1 137 244	673 516	275 348	40,9
2007	1 160 263	669 914	252 392	37,7
2008	1 185 987	642 486	215 337	33,5
2009	1 171 502	621 064	186 697	30,1
2010	1 156 746	608 810	169 076	27,8
2011	1 167 060	579 091	140 809	24,3
2012	1 171 207	528 193	114 252	21,6
2013	1 153 570	523 445	104 330	19,9
2014	1 169 536	506 120	84 283	16,7
2015	1 120 064	505 168	83 672	16,6
2016	1 055 340	511 007	84 622	16,6
2017	1 062 148	514 426	82 835	16,1
2018	1 118 566	522 182	81 158	15,5
2019	1 138 289	523 898	79 929	15,3
2020	1 150 914	529 444	81 186	15,3
2021	1 144 526	690 939	80 300	11,6
2022	1 131 070	610 193	78 642	12,9
2023	1 119 345	550 549	79 627	14,5
2024	1 115 478	550 474	79 703	14,5
2025	1 117 840	557 164	77 639	13,9

Note: The flow data as shown above are for a 12-month period, e.g. 1st July to 30th June

3.1 HIV prevalence

Figures 6 and 7 show the HIV prevalence estimated for the period 2002–2025. For 2025, an estimated 12,9% of the total population is HIV positive. Almost a quarter of South African women in their reproductive ages (15–49 years) are HIV positive. Accessibility of treatment post 2006 and changing eligibility criteria in accessing treatment have allowed for HIV positive children and adults to live to older ages, thereby increasing prevalence. Congruently, the protective effect of an HIV positive population on ART and changing protocols in Prevention of Mother-to-Child transmission (PMTCT) lowers the levels of HIV incidence. HIV prevalence among the youth aged 15–24 has remained stable over time, declining marginally in the most recent decade. The South African government has committed to achieving the UNAIDS 90-90-90 target. This entails that 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained treatment, and 90% of all people receiving treatment will have viral load suppression. South Africa has the largest number of people enrolled on the ART programme in the world. The total number of PLWHIV in South Africa is estimated to have increased from 4,10 million in 2002 to 8,15 million by 2025. Overall, HIV prevalence continually increased between 2002 and 2025, rising from 8,79% to 12,92%, respectively.

Figure 6 – HIV prevalence by selected age groups, 2002–2025

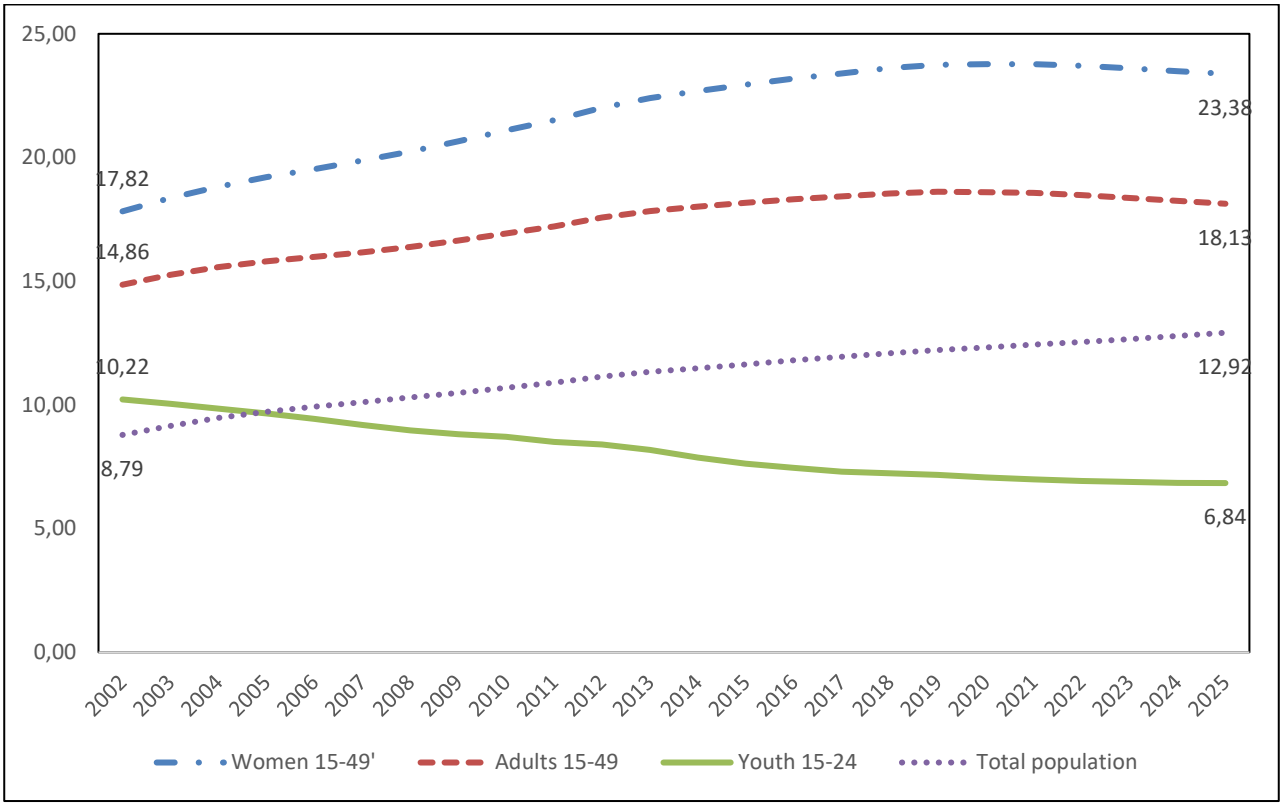
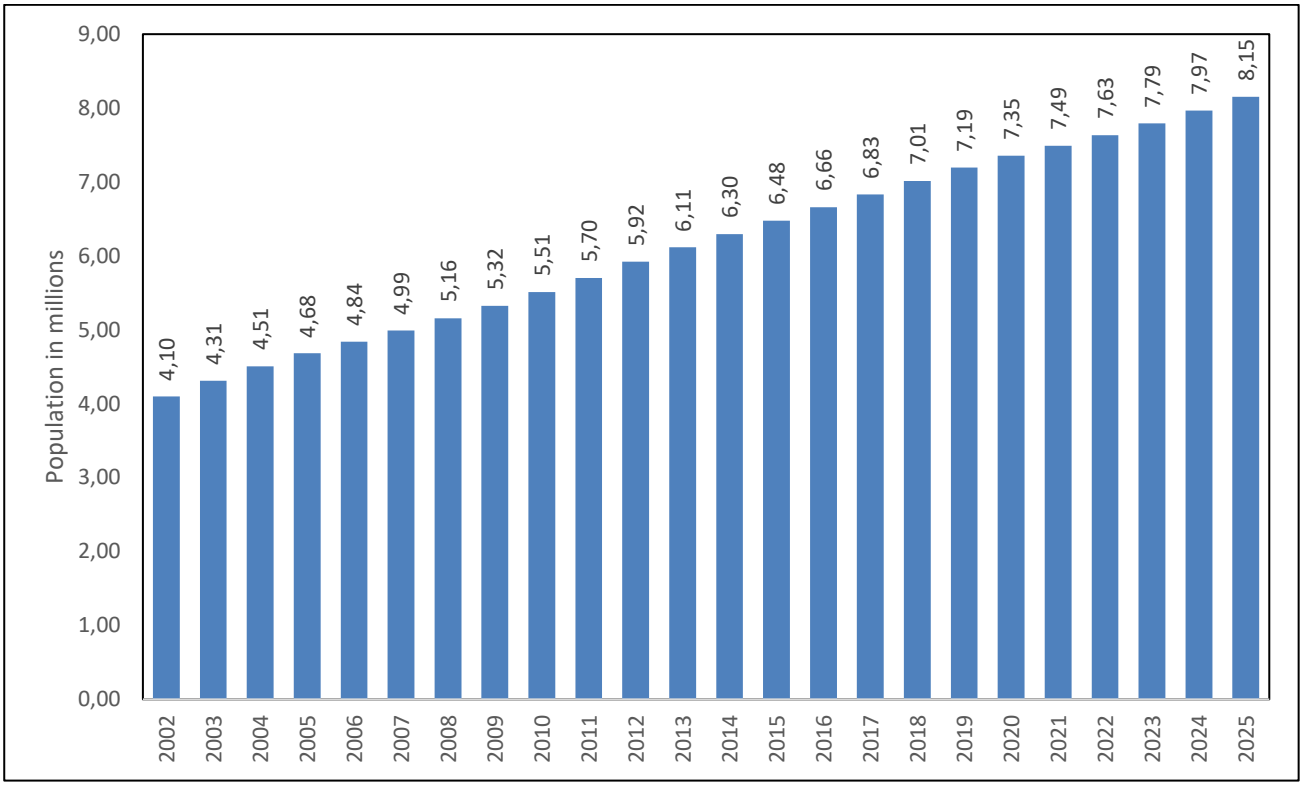


Figure 7 – Persons living with HIV over time, 2002–2025



4. National population estimates

Table 4 shows the mid-year population estimates by population group and sex. The 2025 mid-year population is estimated at 63,10 million. The black African population is in the majority (51,60 million) and constitutes approximately 82% of the total South African population. The white population is estimated at 4,50 million, the coloured population at 5,34 million, and the Indian/Asian population at 1,65 million. Fifty-one per cent (32,23 million) of the population is female.

Table 4 – Mid-year population estimates by population group and sex, 2025

Population group	Male		Female		Total	
	Number	% of total male population	Number	% of total female population	Number	% of total population
Black African	25 241 810	**81,8**	26 362 566	**81,8**	**51 604 376**	**81,8**
Coloured	2 612 840	**8,5**	2 731 273	**8,5**	**5 344 113**	**8,5**
Indian/Asian	846 674	**2,7**	808 297	**2,5**	**1 654 971**	**2,6**
White	2 170 782	**7,0**	2 326 703	**7,2**	**4 497 485**	**7,1**
Total	**30 872 106**	**100,0**	**32 228 839**	**100,0**	**63 100 945**	**100,0**

* Due to rounding, totals may not add up to 100%

The impact of COVID-19 deaths is evident in the change in the population structure over the years 2020–2023, more especially among the elderly aged 60 years and older. Figure 8 shows the rate of growth in various age categories. With the exception of children and the youth (those aged 0–24), all population age categories reflected a decline in the rate of growth between 2020 and 2021. The lack of decline among those aged 0-24, can be attributed to the “child-sparing effect” of COVID-19, as well as the age mortality profile of the disease which impacted older people and those with co-morbidities, specifically diabetes and hypertension, as they faced a higher risk of mortality (Biswas et al., 2021; Booth et al., 2021; Sanyaolu et al., 2020; Pillay et al., 2020; Goldstein and Lee, 2020). However, people suffering from broader categories of respiratory diseases, circulatory diseases and cancer also faced a higher risk of mortality (Sanyaolu et al., 2020; Stokes et al., 2020; Biswas et al., 2021; Booth et al., 2021; Pillay et al., 2020). The overall growth rate declined from 1,36% to 0,90% between 2020 and 2021. The proportion of the elderly in South Africa rose from 1,65% for the period 2002–2003 to 3,09% for the period 2019–2020, due primarily to rising life expectancy. Given the high mortality levels among the elderly during the COVID-19 pandemic, the growth rate among the elderly (aged 60 years and older) drastically declined from 3,09% for the period 2019–2020 to 1,87% in the period 2020–2021. With access to vaccinations and treatment protocols, a decline in deaths among the elderly was evident post 2021, resulting in elderly population growth for the period 2022–2023 peaking at 3,02%. For the period 2024 to 2025, we see stability in elderly population growth (2,83%) as no further gains to the reduction in COVID-19 related deaths are observed. Similarly, the overall growth rate increased post 2021 (post COVID-19) to an average 1,2% in the period 2022–2025.

The increase in the total population growth rate between 2021 and 2023 is due to a decline in deaths over time and a revival of positive net migration since the COVID-19 pandemic subsided. The stability in the total growth rate for the period 2023 to 2025 can be tied to declining births in this period, resulting in an annual growth rate of 1,23% by 2025, which is below pre-pandemic levels.

The increase in the growth rate among children aged 0–14 can be tied more closely to changes in fertility. The rise in growth rate of children between 2002 and 2013 is indicative of the rise in fertility between 2004 and 2008, progression of children into successive age categories, as well as the decline in infant and child mortality post-2006 (see Appendix 4). The declining rate of growth among children post-2018, reflects the overall decline in fertility since 2018. By 2025, the growth rate among children is negative.

The growth rate of adults aged 25–59, is a broad group encompassing about 60 years of fertility, mortality and migration changes. The rate of growth of this adult group has declined incrementally since 2011. This age group was also impacted by COVID-19 (dip in growth between 2020 and 2021), due to COVID-19 deaths and lockdown measures limiting international migration. Between 2021 and 2023, the annual growth rate of adults aged 25–29 has remained stable. By 2025, a slight increase in an annual growth rate is evident 2025 (1,37%), likely brought about by increased life expectancy and improved migration.

Figure 8 – Population growth rates by selected age groups over time, 2002–2025

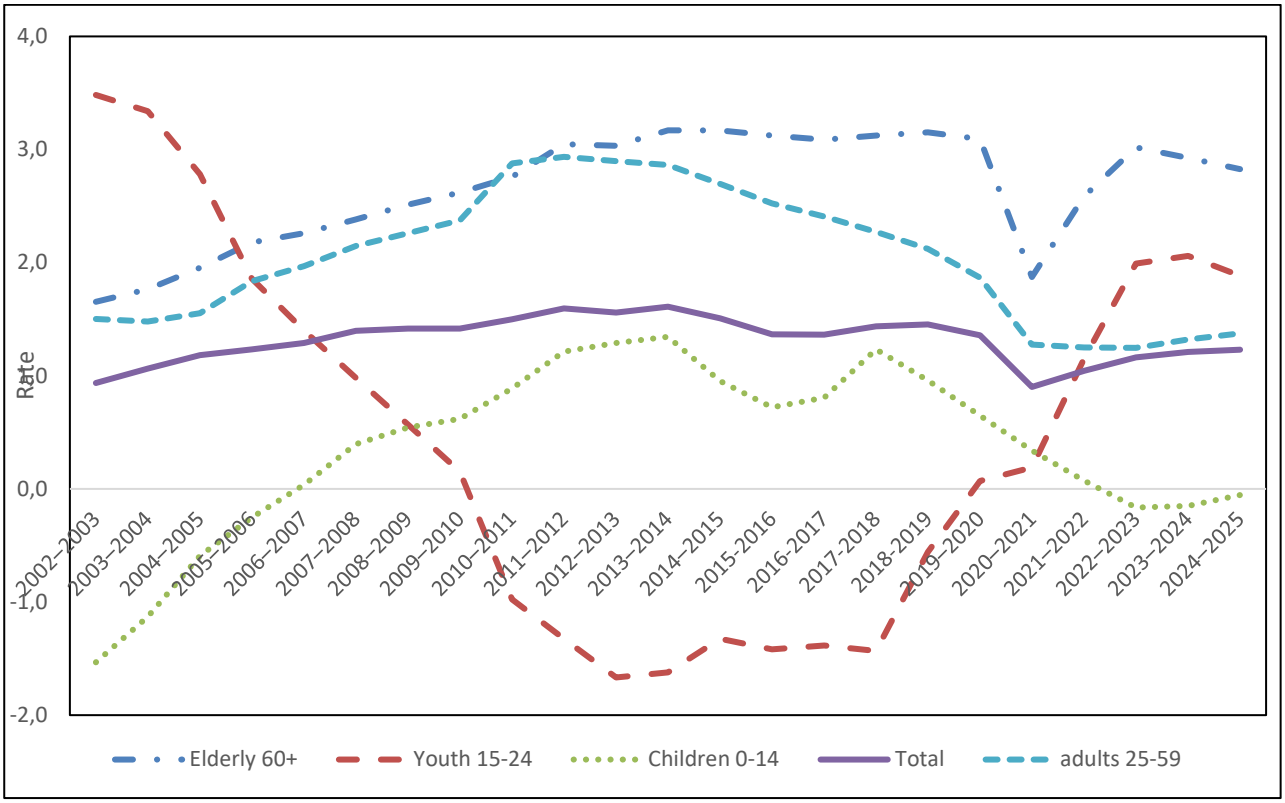


Table 5 shows the 2025 mid-year population estimates by age, sex and population group. About 26,17% of the population is aged 0–14 years, and approximately 10,47% is 60 years and older.

Table 5 – Mid-year population estimates by population group, age and sex, 2025

Age Group	Black African			Coloured			Indian/Asian			White			RSA		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0–4	2 451 896	2 395 247	**4 847 143**	215 792	208 908	**424 700**	41 091	39 644	**80 735**	81 349	79 074	**160 423**	**2 790 128**	**2 722 873**	**5 513 001**
5–9	2 379 725	2 325 352	**4 705 077**	206 033	199 905	**405 938**	46 136	44 286	**90 422**	98 392	95 710	**194 102**	**2 730 286**	**2 665 253**	**5 395 539**
10–14	2 438 375	2 394 177	**4 832 552**	219 299	213 442	**432 741**	51 221	48 833	**100 054**	122 383	119 236	**241 619**	**2 831 278**	**2 775 688**	**5 606 966**
15–19	2 360 190	2 335 785	**4 695 975**	227 906	222 649	**450 555**	49 882	47 203	**97 085**	129 454	127 166	**256 620**	**2 767 432**	**2 732 803**	**5 500 235**
20–24	2 037 310	2 026 556	**4 063 866**	204 384	200 308	**404 692**	52 484	45 386	**97 870**	113 236	113 377	**226 613**	**2 407 414**	**2 385 627**	**4 793 041**
25–29	2 106 592	2 087 136	**4 193 728**	210 971	206 907	**417 878**	66 310	53 457	**119 767**	117 028	117 826	**234 854**	**2 500 901**	**2 465 326**	**4 966 227**
30–34	2 336 934	2 335 985	**4 672 919**	216 605	212 737	**429 342**	80 870	65 051	**145 921**	127 621	128 470	**256 091**	**2 762 030**	**2 742 243**	**5 504 273**
35–39	2 393 085	2 374 346	**4 767 431**	212 531	208 566	**421 097**	85 476	70 803	**156 279**	144 904	143 910	**288 814**	**2 835 996**	**2 797 625**	**5 633 621**
40–44	1 910 347	1 885 024	**3 795 371**	184 610	187 848	**372 458**	83 993	70 997	**154 990**	151 539	151 734	**303 273**	**2 330 489**	**2 295 603**	**4 626 092**
45–49	1 397 540	1 395 928	**2 793 468**	153 007	152 138	**305 145**	69 428	60 433	**129 861**	147 616	153 536	**301 152**	**1 767 591**	**1 762 035**	**3 529 626**
50–54	1 073 536	1 131 956	**2 205 492**	146 799	152 900	**299 699**	60 002	55 757	**115 759**	169 504	177 564	**347 068**	**1 449 841**	**1 518 177**	**2 968 018**
55–59	762 443	976 786	**1 739 229**	132 715	156 328	**289 043**	49 055	50 044	**99 099**	160 486	171 363	**331 849**	**1 104 699**	**1 354 521**	**2 459 220**
60–64	611 361	885 828	**1 497 189**	111 816	135 938	**247 754**	39 216	44 866	**84 082**	145 212	160 642	**305 854**	**907 605**	**1 227 274**	**2 134 879**
65–69	444 224	710 087	**1 154 311**	79 043	106 043	**185 086**	29 296	37 234	**66 530**	136 942	156 028	**292 970**	**689 505**	**1 009 392**	**1 698 897**
70–74	295 348	522 267	**817 615**	49 055	76 518	**125 573**	20 832	30 106	**50 938**	118 147	141 125	**259 272**	**483 382**	**770 016**	**1 253 398**
75–79	155 584	331 932	**487 516**	25 788	47 985	**73 773**	12 529	21 952	**34 481**	96 594	120 500	**217 094**	**290 495**	**522 369**	**812 864**
80+	87 320	248 174	**335 494**	16 486	42 153	**58 639**	8 853	22 245	**31 098**	110 375	169 442	**279 817**	**223 034**	**482 014**	**705 048**
Total	**25 241 810**	**26 362 566**	**51 604 376**	**2 612 840**	**2 731 273**	**5 344 113**	**846 674**	**808 297**	**1 654 971**	**2 170 782**	**2 326 703**	**4 497 485**	**30 872 106**	**32 228 839**	**63 100 945**

5. Provincial population estimates

Provincial estimates are derived using a cohort-component method as recommended by the United Nations (United Nations, 1992), incorporating changes in births and deaths, as well as migration over time. The provincial population estimates are developed using a five-year cohort-component method. The indicators of fertility, mortality, and migration are derived for an average five-year period, i.e. 2021–2026.

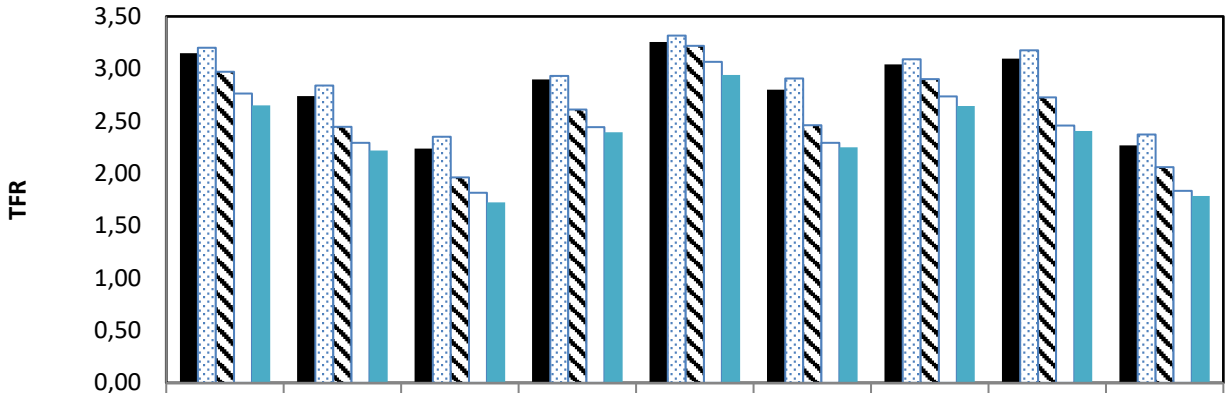
When provincial population estimates are desired and the appropriate data are available, a multi-regional approach should be considered, as this is the only way to guarantee that the total migration flows between regions will sum to zero (United Nations, 1992). Multi-regional methods require the estimation of separate age-specific migration rates between every region of the country and every other region, and such detailed data are rarely available. Although it is possible to estimate some of the missing data (see Willekens et al., 1978), the task of preparing data can become overwhelming if there are too many regions. If there are only a few streams, however, the multi-regional method is the best method to use. In South Africa, 2 448 (9x8x17x2) migration streams are derived if the multi-regional model is applied in calculating migration streams by age group (17 in total) and sex for each of the nine provinces.

The population structure as per Census 2001, 2011, and 2022, as well as the distribution of births and deaths from vital registrations (adjusted for late registration and completeness), are examined to determine provincial estimates. The distribution of births and deaths at the provincial level is guided by the use of administrative data from the Department of Home Affairs, i.e. birth and death registration system. Additional estimates of TFR, ASFR and ASDR at a provincial level from other sources, including censuses, health surveys, and hospital data, are considered regarding births and deaths at the provincial level. The most recently published RLB 2023 and MACOD 2021 data at the provincial level are incorporated into the model, at a provincial level. Other available administrative data at the provincial level, i.e. immunisation data, births and deaths in public health facilities, independent electoral commission (IEC) data, education data, and grant data are also used to guide assumptions at a provincial level.

5.1 Demographic assumptions

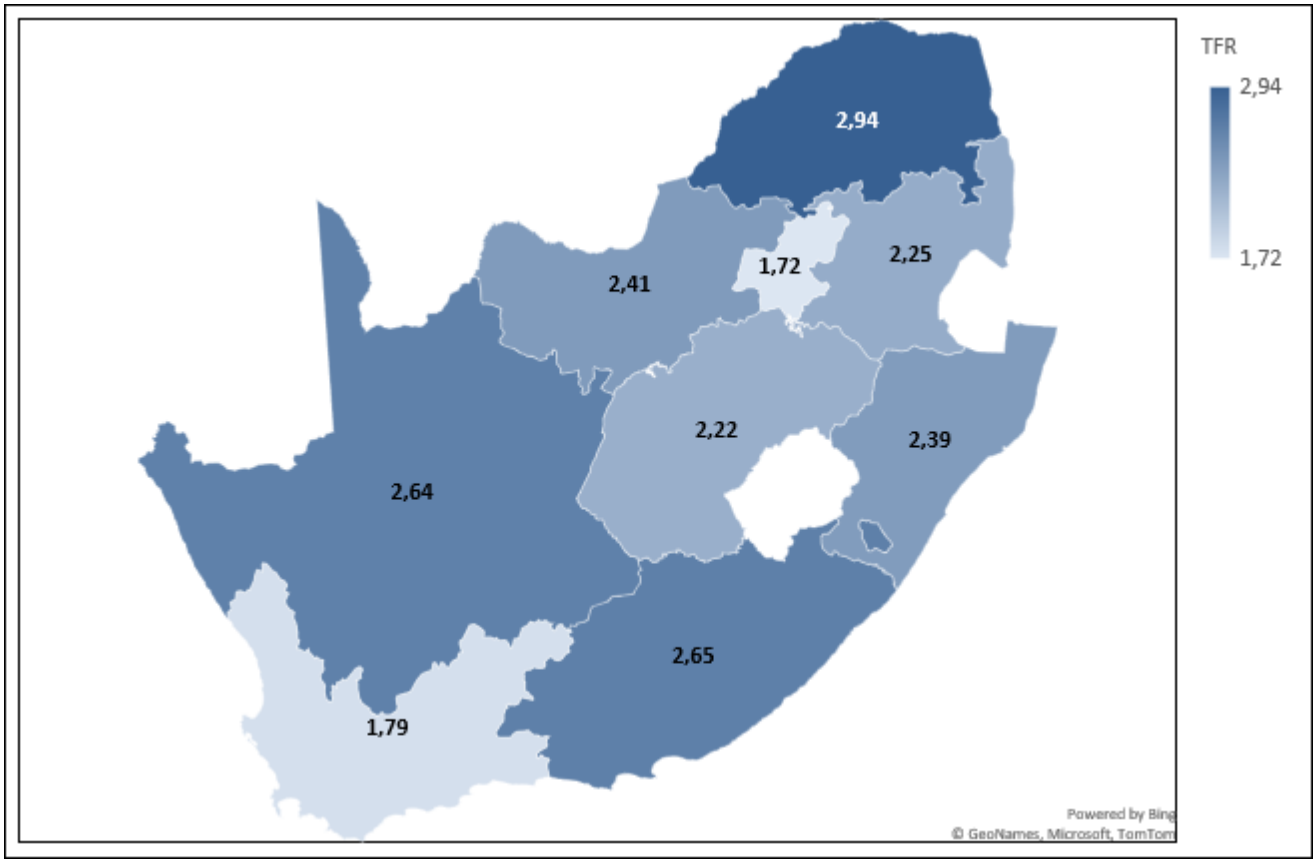
Figure 9 shows the provincial fertility estimates for the periods 2001–2006, 2006–2011, 2011–2016, 2016–2021, and 2021–2026. In the period 2006–2011, there was a general rise in TFR, giving shape to the Census 2011 provincial population structure. In the subsequent period (2011–2021), there is an overall decline in TFR. In the period 2021–2026, there is a further decline in the TFR across all provinces. Fertility rates vary from province to province as is depicted in Figure 9. The more rural provinces of Limpopo and Eastern Cape indicate higher total fertility rates, whilst more urbanised provinces such as Gauteng and the Western Cape indicate lower rates of fertility. This results in birth outcomes that differ across provinces over time. Current assumptions of provincial fertility are based on trends seen in published birth data currently available at a provincial level.

Figure 9 – Provincial average total fertility rate over time, 2001–2026



	EC	FS	GP	KZN	LP	MP	NC	NW	WC
2001-2006	3,15	2,74	2,24	2,90	3,26	2,80	3,04	3,10	2,27
2006-2011	3,20	2,84	2,35	2,93	3,32	2,91	3,09	3,18	2,37
2011-2016	2,97	2,45	1,96	2,61	3,22	2,46	2,90	2,73	2,06
2016-2021	2,76	2,29	1,82	2,44	3,07	2,29	2,74	2,46	1,83
2021-2026	2,65	2,22	1,72	2,39	2,94	2,25	2,64	2,41	1,79

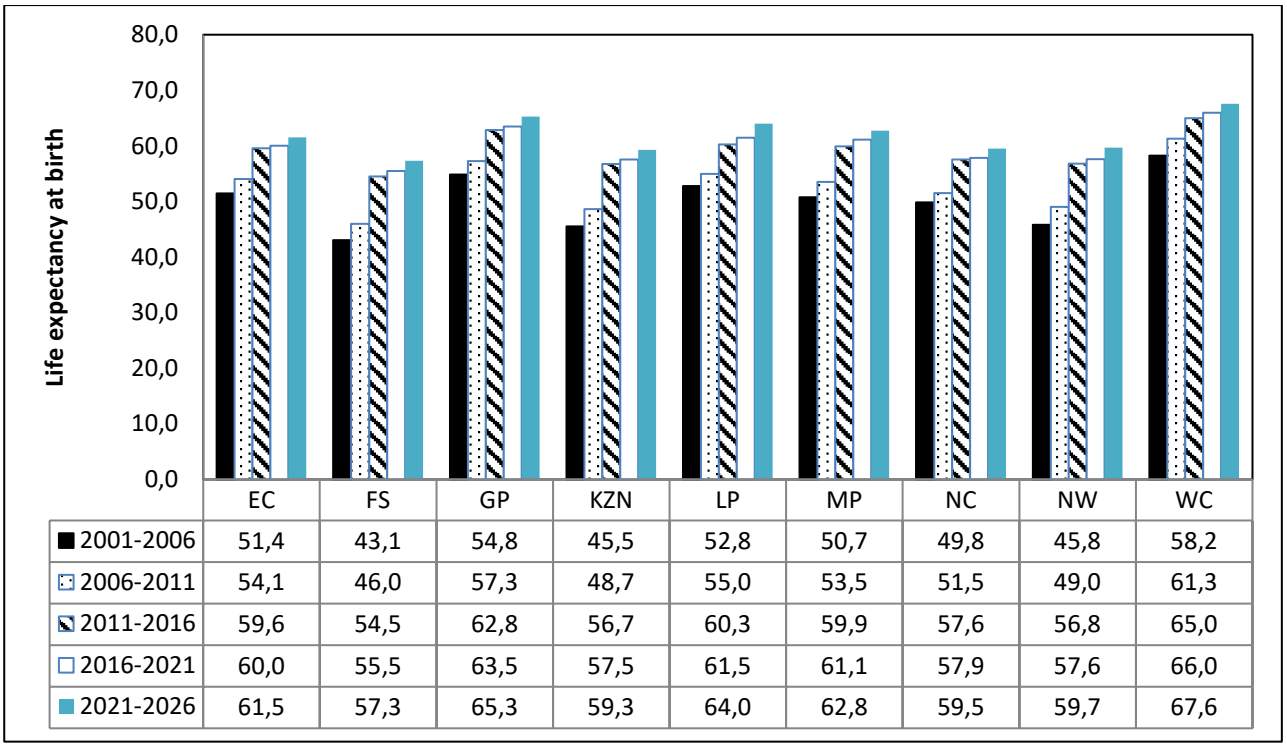
Figure 10 – Provincial average total fertility rate, 2021–2026



Life expectancy at birth reflects the overall mortality level of a population. Figures 11 and 12 show the average provincial life expectancies at birth for males and females for the five-year periods 2001–2006, 2006–2011, 2011–2016, 2016–2021, and 2021–2026. As indicated previously, the distribution of deaths by province is guided by the deaths registration system published by Stats SA, as well as other admin and survey sources. The impact of COVID-19 deaths has been incorporated into the provincial estimation and slowed down the improvement in life expectancy (LE) over the five-year period 2016–2021.

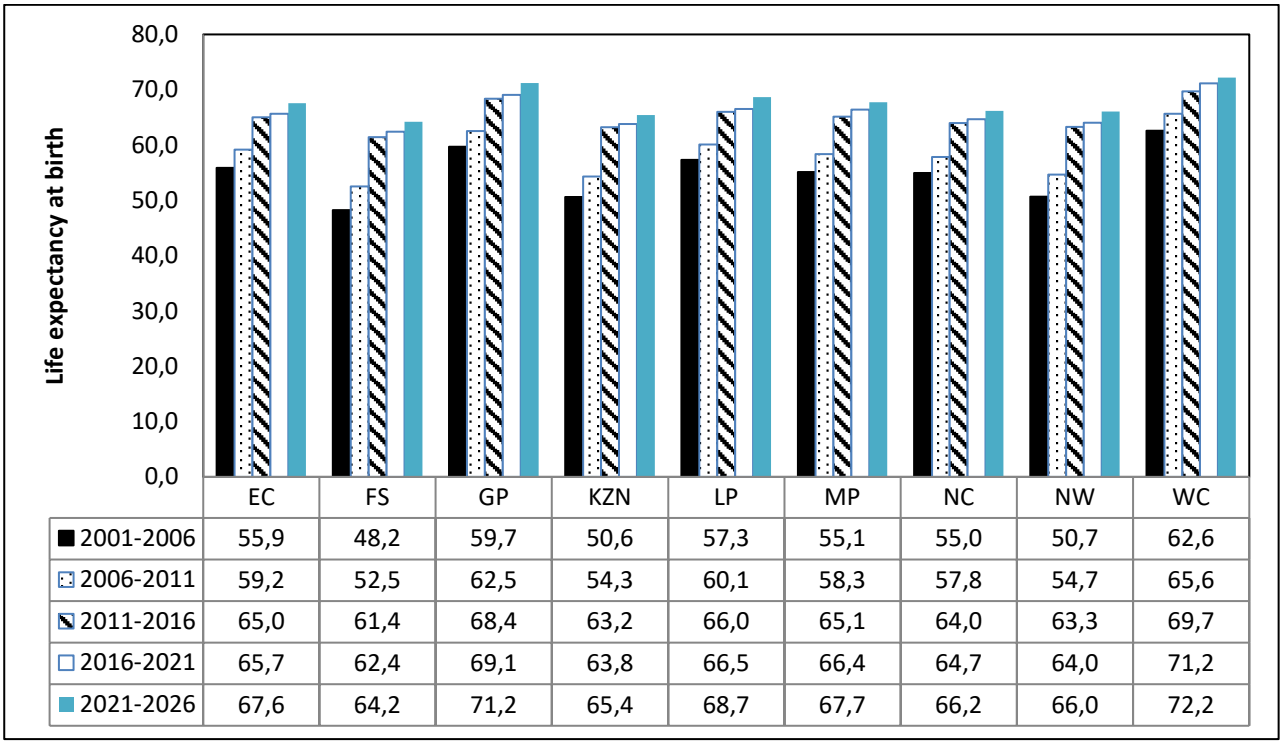
According to Figures 11 and 12, life expectancy at birth increased incrementally for each period across all provinces, but more significantly in the period 2011–2016 due to the uptake of antiretroviral therapy over time in South Africa. Though life expectancy in the periods 2001–2006 and 2006–2011 depicts marginal improvement, this masks the interaction between the highest number of deaths in 2006 in combination with declining numbers of deaths between 2007 and 2010. In the period 2021–2026, there was an average six-year gap between male and female life expectancy in SA. The marginal improvement in LE across all provinces for the period 2016–2021 is indicative of the dramatic increase in deaths occurring between the 1st July 2020 and 30th June 2021. With a decline in COVID-19 deaths, there is further improvement in LE at birth. For all provinces, females have higher life expectancy at birth than their male counterparts. Western Cape consistently has the highest life expectancy at birth for both males and females over time, followed by Gauteng, whilst the Free State has the lowest life expectancy at birth.

Figure 11 – Provincial average life expectancy at birth (males), 2001–2026



	EC	FS	GP	KZN	LP	MP	NC	NW	WC
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

Figure 12 – Provincial average life expectancy at birth (females), 2001–2026



	EC	FS	GP	KZN	LP	MP	NC	NW	WC
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

5.2 Migration patterns

From Census data, it is possible to determine out-migration rates for each province. Census 2011 migration rates have been adjusted for changing trends observed in Census 2022. By applying these rates to the age structures of the provinces over time, it is possible to establish migration streams between the provinces for the various periods, i.e. 2001–2006, 2006–2011, 2011–2016, 2016–2021, and 2021–2026, and these are shown in Tables 6, 7, and 8. Assumptions on international migration to provinces in the 2016–2021 and 2021–2026 periods reflect the impact of COVID-19 on travel restrictions and movements, and the slow recovery towards pre-COVID-19 levels of migration. Provincial estimates are developed based on a five-year cohort-component method, and as such, interprovincial movement assumptions are required for a five-year period (2021–2026). The level of internal migration emanating from Census 2022 is considered to be low. As such, migration estimates are guided by provincial age and sex structure from censuses and admin data, i.e. education, health, and voter registration (Stats SA, 2023; IEC, 2024; NDOH, 2025). The assumptions indicate that Gauteng and Western Cape received the highest number of in-migrants for all the periods. Meanwhile, Eastern Cape, Limpopo, and Gauteng experienced the largest number of outflow of migrants for all the periods. The number of international migrants entering the provinces was highest in Gauteng, with Western Cape ranking second for all the periods.

Table 6 – Estimated provincial migration streams, 2011–2016

Province in 2011	Province in 2016									Out-migrants	In-migrants	Net migration
	EC	FS	GP	KZN	LP	MP	NC	NW	WC			
EC	0	14 006	136 484	104 121	14 759	17 473	8 570	30 742	168 054	494 208	187 618	-306 590
FS	8 400	0	74 316	7 844	6 626	10 738	9 100	23 791	12 170	152 985	140 444	-12 541
GP	45 497	40 261	0	91 058	91 790	82 500	11 116	80 331	99 659	542 213	1 530 244	988 031
KZN	25 885	13 016	209 802	0	9 287	37 023	8 581	11 931	34 225	349 750	330 660	-19 090
LP	4 519	5 867	314 821	8 274	0	47 276	2 582	32 219	11 297	426 855	290 771	-136 084
MP	5 050	5 222	136 099	12 649	23 448	0	2 322	13 419	9 800	208 009	295 632	87 623
NC	4 421	9 083	17 202	5 798	2 679	4 592	0	12 982	18 200	74 957	84 053	9 096
NW	4 794	10 872	97 849	5 644	18 402	10 992	21 768	0	8 421	178 742	293 710	114 968
WC	47 945	7 578	58 566	12 262	5 423	6 827	11 968	7 870	0	158 439	487 927	329 488
Outside SA (net migration)	**41 107**	**34 539**	**485 104**	**83 010**	**118 357**	**78 210**	**8 046**	**80 425**	**126 101**			

Table 7 – Estimated provincial migration streams, 2016–2021

Province in 2016	Province in 2021									Out-migrants	In-migrants	Net migration
	EC	FS	GP	KZN	LP	MP	NC	NW	WC			
EC	0	14 207	138 562	105 807	14 967	17 721	8 682	20 700	171 202	491 848	196 301	-295 548
FS	8 662	0	76 739	9 263	6 830	11 082	9 393	20 925	13 046	155 940	145 326	-10 614
GP	52 528	44 709	0	103 007	84 479	84 672	11 605	99 596	104 471	585 066	1 445 260	860 194
KZN	27 357	13 775	183 386	0	9 824	39 211	9 071	12 635	36 214	331 473	337 076	5 603
LP	4 790	6 217	311 682	8 778	0	50 115	2 741	34 139	12 434	430 894	272 739	-158 155
MP	5 465	5 648	126 427	13 678	25 360	0	2 517	14 526	10 597	204 219	294 411	90 192
NC	4 691	9 665	18 301	6 155	2 848	4 876	0	13 793	19 357	79 687	87 688	8 001
NW	5 198	13 047	93 888	5 483	20 611	11 905	23 647	0	9 137	182 918	294 256	111 338
WC	52 252	8 313	64 346	13 496	5 959	7 514	13 134	8 672	0	173 685	489 402	315 717
Outside SA (net migration)	**35 358**	**29 745**	**431 929**	**71 409**	**101 861**	**67 315**	**6 898**	**69 269**	**112 943**			

Table 8 – Estimated provincial migration streams, 2021–2026

Province in 2021	Province in 2026									Out-migrants	In-migrants	Net migration
	EC	FS	GP	KZN	LP	MP	NC	NW	WC			
EC	0	14 344	139 956	108 635	15 112	17 894	8 769	20 478	172 960	498 149	198 686	-299 462
FS	8 913	0	79 032	9 537	7 027	11 410	9 672	21 505	13 440	160 536	147 558	-12 978
GP	52 043	45 282	0	113 922	89 760	90 334	12 298	110 166	115 496	629 301	1 416 204	786 903
KZN	28 864	14 531	161 388	0	10 369	41 414	9 570	13 346	38 224	317 706	349 182	31 476
LP	5 040	6 535	308 356	9 242	0	52 718	2 888	35 901	13 069	433 748	276 056	-157 692
MP	5 883	6 077	136 235	14 715	27 295	0	2 711	15 639	11 403	219 958	302 450	82 492
NC	4 957	10 223	19 375	6 506	3 014	5 156	0	14 584	20 480	84 295	91 526	7 232
NW	5 601	14 058	101 049	5 908	22 208	12 833	25 486	0	9 846	196 988	305 410	108 422
WC	54 403	8 743	67 210	14 100	6 224	7 877	13 708	9 129	0	181 393	500 347	318 953
Outside SA (net migration)	**32 983**	**27 765**	**403 603**	**66 617**	**95 048**	**62 815**	**6 424**	**64 662**	**105 430**			

5.3 Provincial distributions

Table 9 shows the estimated percentage of the total population residing in each of the provinces from 2002 to 2025. The provincial estimates indicate that Gauteng has the largest share of the population, followed by KwaZulu-Natal, Western Cape, and Eastern Cape. Inter-provincial as well as international migration patterns significantly influence the provincial population numbers and structures in South Africa. By 2025, approximately 12% of South Africa's population live in Western Cape. Northern Cape has the smallest share of the South African population (2,2%), while Free State has the second smallest share, constituting 4,8% of the population. Population distribution (in numbers) by age and sex for all the provinces is provided in Tables 10(a) and 10(b). Figure 13 indicates that Limpopo and Eastern Cape (31,7% and 30,2%, respectively) have the highest proportions of persons younger than 15 years. The highest proportions of elderly persons aged 60 years and above are found in Eastern Cape (12,9%) and Western Cape (12,3%), as shown in Figure 14. Figure 15 indicates the proportion of youth aged 25–34 within each province. The highest proportion of youth are found in Gauteng (17,8%) and Mpumalanga (17,3%), whilst the lowest proportion of youth are found in Eastern Cape (14,3%) and Limpopo (15,1%). These proportions are reflective of provincial fertility patterns, but more importantly, migratory patterns between provinces.

Table 9 – Percentage distribution of the projected provincial share of the total population, 2002–2025

Prov	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
EC	14,7	14,6	14,4	14,2	14,1	13,9	13,7	13,5	13,4	13,2	13,0	12,8	12,7	12,5	12,4	12,3	12,1	12,0	11,9	11,7	11,6	11,5	11,4	11,4
FS	5,9	5,8	5,8	5,7	5,6	5,6	5,5	5,5	5,4	5,4	5,3	5,3	5,2	5,2	5,1	5,1	5,1	5,0	5,0	4,9	4,9	4,9	4,8	4,8
GP	20,0	20,3	20,6	21,0	21,3	21,6	21,9	22,2	22,5	22,8	23,0	23,3	23,5	23,8	24,0	24,2	24,4	24,6	24,8	24,9	25,1	25,2	25,4	25,4
KZN	21,2	21,1	21,0	20,8	20,7	20,6	20,5	20,4	20,2	20,1	20,1	20,0	19,9	19,8	19,8	19,7	19,6	19,6	19,5	19,5	19,5	19,4	19,4	19,4
LP	11,2	11,1	11,0	10,9	10,9	10,8	10,8	10,7	10,6	10,6	10,5	10,5	10,4	10,4	10,4	10,3	10,3	10,3	10,2	10,2	10,2	10,1	10,1	10,1
MP	7,7	7,8	7,8	7,8	7,8	7,8	7,8	7,9	7,9	7,9	7,9	7,9	7,9	7,9	7,9	7,9	8,0	8,0	8,0	8,0	8,0	8,0	8,0	8,0
NC	2,3	2,3	2,3	2,3	2,3	2,3	2,3	2,3	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2	2,2
NW	6,3	6,4	6,4	6,4	6,4	6,4	6,4	6,5	6,5	6,5	6,5	6,5	6,5	6,5	6,5	6,5	6,6	6,6	6,6	6,6	6,6	6,6	6,6	6,6
WC	10,6	10,7	10,8	10,9	10,9	11,0	11,1	11,2	11,3	11,4	11,4	11,5	11,6	11,6	11,7	11,7	11,8	11,8	11,9	11,9	12,0	12,0	12,0	12,0
Total	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**	**100,0**

Table 10 (a) – Provincial mid-year population estimates by age and sex, 2025

	Eastern Cape			Free State			Gauteng			KwaZulu-Natal		
Age	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
0–4	353 344	347 608	**700 952**	134 896	133 750	**268 645**	597 120	581 654	**1 178 774**	601 187	585 290	**1 186 477**
5–9	353 590	349 708	**703 298**	130 025	130 124	**260 150**	590 445	573 174	**1 163 619**	580 138	564 768	**1 144 907**
10–14	371 215	367 777	**738 992**	136 378	138 338	**274 716**	606 347	590 766	**1 197 113**	597 072	584 171	**1 181 243**
15–19	344 512	346 393	**690 905**	138 465	144 094	**282 559**	613 634	602 693	**1 216 327**	573 566	568 576	**1 142 142**
20–24	250 964	270 523	**521 487**	116 679	124 544	**241 223**	607 225	581 979	**1 189 204**	481 166	488 768	**969 934**
25–29	228 276	252 547	**480 823**	112 827	120 558	**233 385**	681 881	646 514	**1 328 394**	493 452	508 793	**1 002 245**
30–34	252 043	283 608	**535 651**	120 006	128 855	**248 861**	783 517	756 404	**1 539 921**	530 399	549 630	**1 080 029**
35–39	241 879	269 823	**511 702**	122 777	132 272	**255 049**	849 953	823 533	**1 673 486**	520 679	531 072	**1 051 750**
40–44	194 587	211 287	**405 875**	99 214	107 650	**206 864**	711 909	696 562	**1 408 472**	400 198	422 251	**822 450**
45–49	154 448	172 625	**327 073**	75 868	86 004	**161 872**	552 894	499 342	**1 052 236**	284 267	318 524	**602 791**
50–54	129 990	164 761	**294 750**	64 407	78 328	**142 734**	453 471	391 280	**844 751**	230 295	278 227	**508 522**
55–59	102 641	159 117	**261 757**	52 193	72 939	**125 132**	338 006	334 189	**672 195**	166 092	245 857	**411 948**
60–64	89 811	157 523	**247 334**	44 122	65 521	**109 643**	273 499	290 290	**563 789**	138 356	231 017	**369 373**
65–69	75 108	142 988	**218 096**	34 100	53 910	**88 010**	207 617	236 015	**443 632**	103 804	187 507	**291 312**
70–74	56 566	110 257	**166 823**	23 841	42 838	**66 679**	142 013	174 003	**316 015**	74 777	142 664	**217 441**
75–79	37 940	78 630	**116 571**	13 183	28 191	**41 374**	83 075	112 839	**195 914**	45 461	100 616	**146 077**
80+	56 626	112 072	**168 699**	7 922	25 014	**32 936**	43 860	77 232	**121 091**	30 638	72 970	**103 608**
Total	**3 293 541**	**3 797 247**	**7 090 788**	**1 426 903**	**1 612 930**	**3 039 834**	**8 136 465**	**7 968 469**	**16 104 933**	**5 851 546**	**6 380 702**	**12 232 247**

Table 10 (b) – Provincial mid-year population estimates by age and sex, 2025 (concluded)

	Limpopo			Mpumalanga			Northern Cape			North West			Western Cape		
Age	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
0–4	343 745	334 984	**678 729**	231 066	226 456	**457 522**	66 728	65 528	**132 257**	190 047	185 456	**375 503**	271 995	262 147	**534 142**
5–9	338 812	330 157	**668 969**	219 453	216 180	**435 633**	63 777	63 078	**126 855**	182 203	176 595	**358 799**	271 843	261 468	**533 310**
10–14	341 170	332 353	**673 523**	227 683	225 517	**453 201**	63 882	63 539	**127 421**	191 394	186 904	**378 298**	296 137	286 324	**582 460**
15–19	312 773	301 784	**614 557**	228 407	227 295	**455 702**	60 896	60 072	**120 968**	189 615	185 982	**375 597**	305 565	295 914	**601 478**
20–24	245 984	241 065	**487 049**	194 909	194 051	**388 960**	54 018	52 047	**106 064**	167 827	159 391	**327 217**	288 644	273 260	**561 903**
25–29	229 002	228 771	**457 773**	213 076	209 622	**422 698**	54 238	51 274	**105 512**	173 221	154 422	**327 642**	314 930	292 824	**607 754**
30–34	252 364	252 811	**505 175**	231 566	222 173	**453 739**	57 859	54 237	**112 096**	191 929	168 844	**360 773**	342 348	325 679	**668 027**
35–39	244 388	241 721	**486 108**	240 024	223 255	**463 279**	58 398	54 539	**112 937**	196 639	172 612	**369 251**	361 259	348 798	**710 057**
40–44	197 186	192 372	**389 558**	200 571	180 221	**380 792**	49 323	43 760	**93 083**	163 250	138 434	**301 684**	314 250	303 064	**617 314**
45–49	145 254	166 031	**311 285**	143 865	138 649	**282 514**	38 109	34 180	**72 289**	127 191	109 470	**236 660**	245 695	237 211	**482 906**
50–54	114 283	148 963	**263 246**	110 653	120 249	**230 901**	31 402	31 122	**62 524**	101 944	96 587	**198 532**	213 396	208 662	**422 059**
55–59	86 065	129 047	**215 112**	81 985	104 359	**186 344**	24 735	29 196	**53 932**	80 513	84 356	**164 868**	172 470	195 462	**367 932**
60–64	67 739	121 125	**188 864**	66 566	90 426	**156 992**	19 694	26 185	**45 879**	67 668	73 621	**141 289**	140 152	171 565	**311 716**
65–69	49 810	99 709	**149 519**	48 334	68 393	**116 727**	15 576	22 363	**37 939**	50 132	59 488	**109 619**	105 023	139 019	**244 042**
70–74	36 084	82 884	**118 968**	34 263	53 593	**87 856**	11 349	18 206	**29 554**	30 044	44 908	**74 952**	74 445	100 664	**175 109**
75–79	21 087	55 298	**76 385**	18 829	32 973	**51 802**	6 790	12 858	**19 648**	16 282	29 583	**45 865**	47 848	71 380	**119 228**
80+	18 756	62 614	**81 370**	15 927	35 546	**51 472**	5 358	14 868	**20 225**	6 898	30 498	**37 396**	37 049	51 201	**88 250**
Total	**3 044 504**	**3 321 688**	**6 366 192**	**2 507 173**	**2 568 960**	**5 076 133**	**682 131**	**697 052**	**1 379 183**	**2 126 796**	**2 057 151**	**4 183 947**	**3 803 047**	**3 824 641**	**7 627 688**

Figure 13 – Percentage of children under 15 years of age, 2025

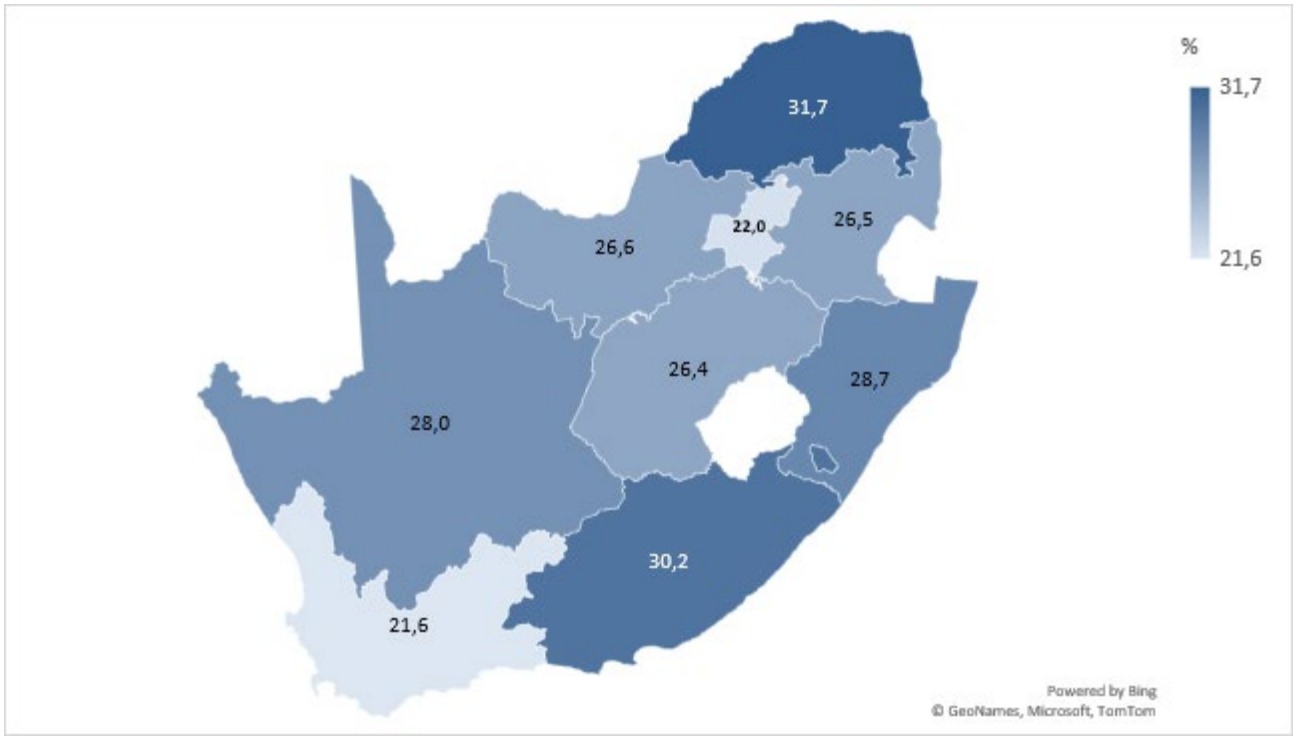


Figure 14 – Percentage of elderly aged 60+, 2025

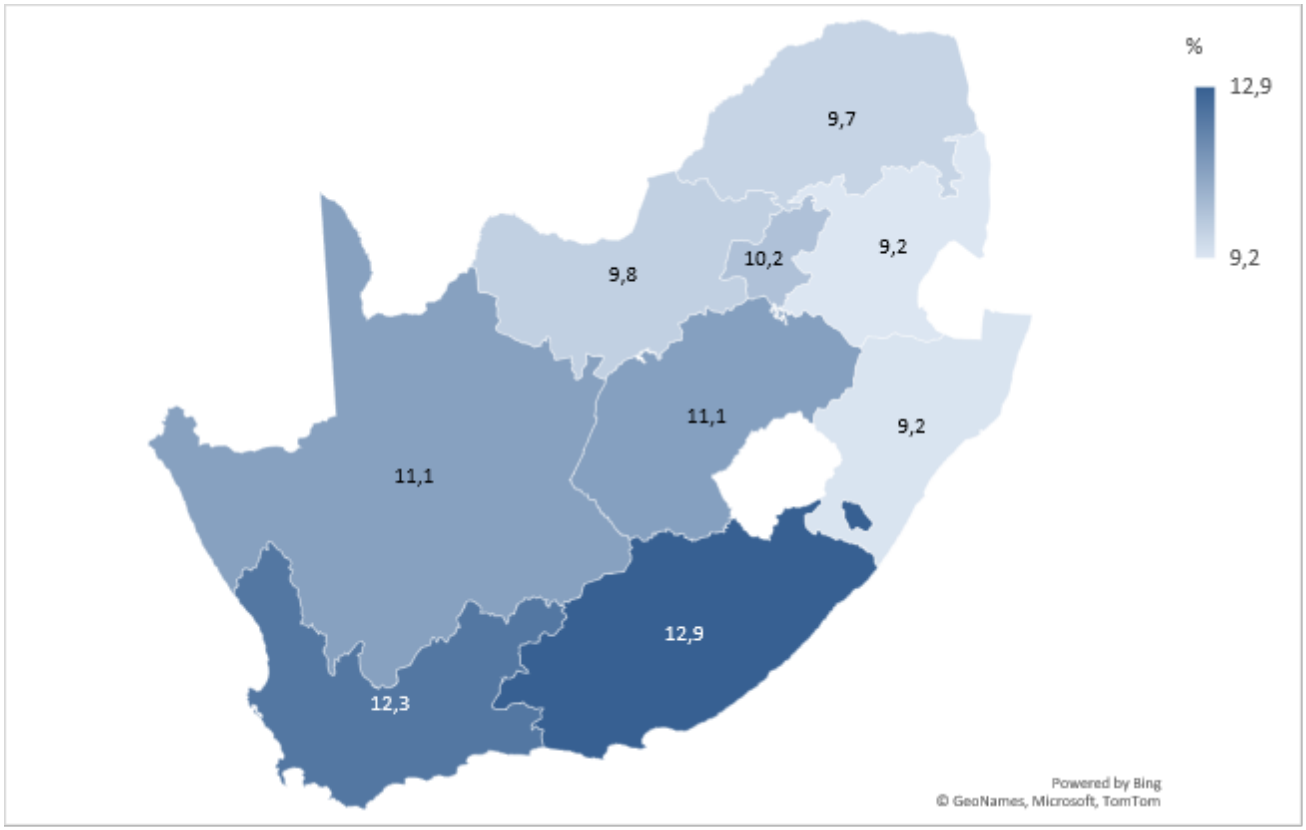
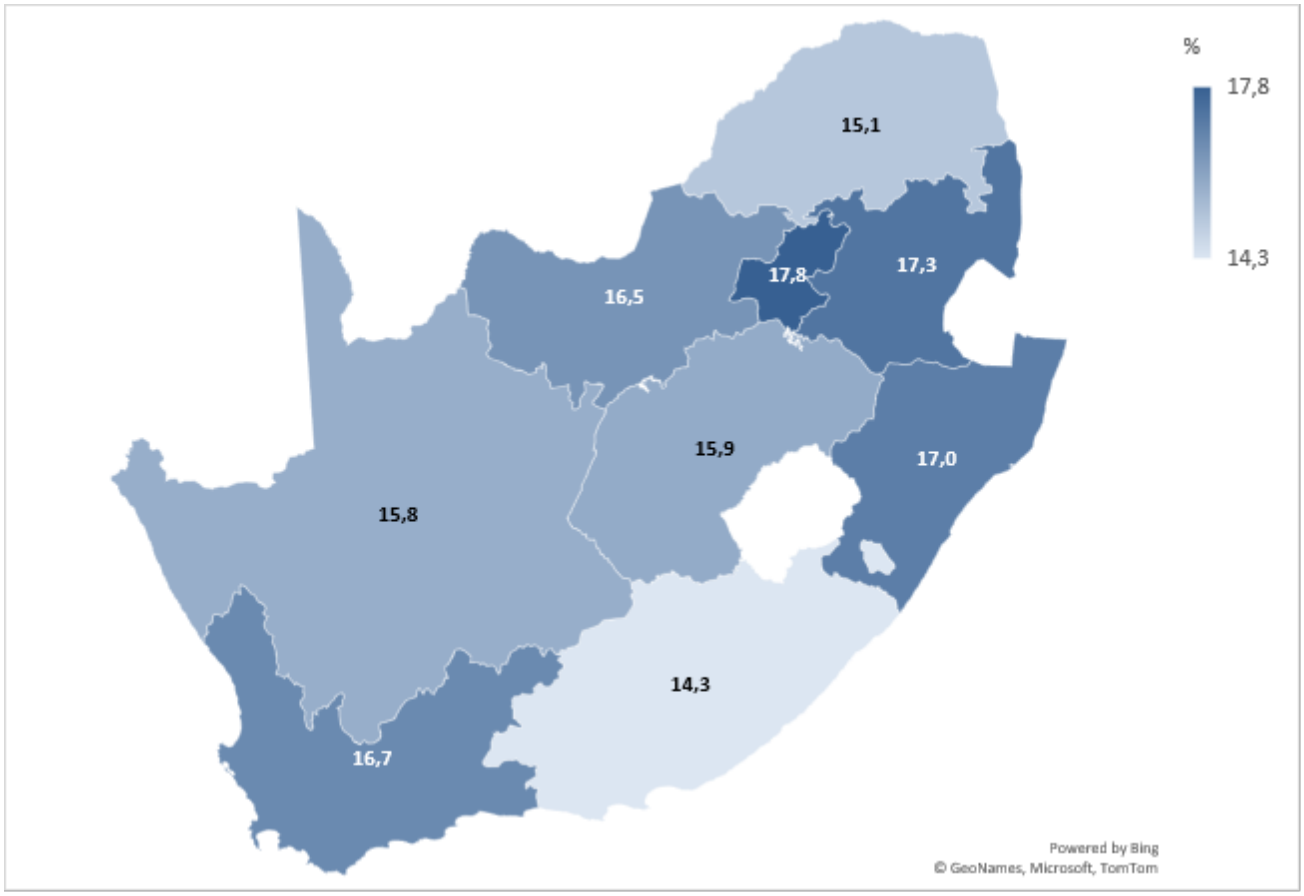


Figure 15 – Percentage of youth aged 25–34 years, 2025



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Appendices

Appendix 1: Mid-year population estimates by province, 2025

Province	Population estimates	% of total population
Eastern Cape	7 090 788	11,2
Free State	3 039 834	4,8
Gauteng	16 104 933	25,5
KwaZulu-Natal	12 232 247	19,4
Limpopo	6 366 192	10,1
Mpumalanga	5 076 133	8,0
Northern Cape	1 379 183	2,2
North West	4 183 947	6,6
Western Cape	7 627 688	12,1
Total	**63 100 945**	**100,0**

*Due to rounding totals may not add up to 100%

Appendix 2: Demographic indicators, 2002–2025

Year	Crude birth rate	Life expectancy			Infant mortality rate	Under-5 mortality rate	Crude death rate	Rate of natural increase (%)
		Male	Female	Total				
2002	21,2	52,7	57,6	**55,2**	61,9	79,9	12,9	0,82
2003	20,7	52,1	57,0	**54,6**	63,4	80,2	13,3	0,73
2004	22,0	51,9	56,5	**54,3**	63,6	80,0	13,6	0,83
2005	23,1	51,9	56,2	**54,1**	61,8	79,5	13,8	0,91
2006	23,5	51,8	56,5	**54,2**	61,8	79,6	13,8	0,95
2007	23,7	52,6	57,1	**54,9**	55,1	76,2	13,6	0,99
2008	23,9	54,0	58,8	**56,5**	49,3	66,6	12,8	1,09
2009	23,2	55,0	60,3	**57,7**	45,1	57,9	12,2	1,08
2010	22,6	55,9	61,1	**58,6**	43,8	53,9	11,8	1,06
2011	22,5	57,0	63,0	**60,1**	38,7	46,5	11,1	1,12
2012	22,2	59,4	65,0	**62,3**	32,3	39,7	9,9	1,21
2013	21,5	59,9	65,7	**62,9**	32,9	38,7	9,7	1,17
2014	21,5	61,0	66,8	**63,9**	30,4	37,1	9,2	1,21
2015	20,3	61,4	67,2	**64,4**	29,1	36,0	9,1	1,10
2016	18,8	61,5	67,4	**64,5**	28,6	35,6	9,1	0,96
2017	18,7	61,9	67,7	**64,9**	27,0	34,0	9,0	0,96
2018	19,4	62,2	67,8	**65,1**	26,2	32,1	9,0	1,03
2019	19,5	62,6	68,4	**65,5**	24,7	29,0	8,9	1,04
2020	19,4	62,8	68,8	**65,9**	24,5	27,7	8,9	1,04
2021	19,1	59,8	65,2	**62,6**	25,1	28,4	11,5	0,75
2022	18,7	61,7	67,4	**64,6**	25,0	28,2	10,0	0,86
2023	18,3	63,2	69,2	**66,3**	24,3	27,4	8,9	0,92
2024	18,0	63,8	69,4	**66,7**	23,2	26,4	8,8	0,91
2025	17,8	64,0	69,6	**66,9**	23,1	26,1	8,8	0,89

Appendix 3: HIV prevalence estimates and number of people living with HIV, 2002–2025

Year	Prevalence %				Incidence %	HIV population (in millions)
	Women 15–49	Adults 15–49	Youth 15–24	Total population	15–49	
2002	17,82	14,86	10,22	**8,79**	1,85	4,10
2003	18,37	15,26	10,05	**9,16**	1,77	4,31
2004	18,82	15,57	9,85	**9,47**	1,69	4,51
2005	19,20	15,80	9,66	**9,72**	1,62	4,68
2006	19,53	15,98	9,43	**9,93**	1,54	4,84
2007	19,87	16,17	9,19	**10,10**	1,46	4,99
2008	20,24	16,39	8,97	**10,30**	1,39	5,16
2009	20,66	16,64	8,81	**10,49**	1,35	5,32
2010	21,09	16,93	8,71	**10,70**	1,33	5,51
2011	21,51	17,22	8,51	**10,90**	1,25	5,70
2012	22,01	17,57	8,40	**11,14**	1,24	5,92
2013	22,40	17,83	8,18	**11,33**	1,10	6,11
2014	22,69	18,01	7,87	**11,48**	0,96	6,30
2015	22,95	18,16	7,62	**11,64**	0,96	6,48
2016	23,20	18,31	7,45	**11,80**	0,96	6,66
2017	23,40	18,43	7,30	**11,94**	0,93	6,83
2018	23,61	18,55	7,23	**12,09**	0,95	7,01
2019	23,75	18,62	7,17	**12,22**	0,94	7,19
2020	23,77	18,60	7,07	**12,32**	0,90	7,35
2021	23,77	18,57	6,99	**12,44**	0,90	7,49
2022	23,71	18,48	6,93	**12,54**	0,88	7,63
2023	23,60	18,37	6,89	**12,65**	0,91	7,79
2024	23,49	18,25	6,85	**12,78**	0,94	7,97
2025	23,38	18,13	6,84	**12,92**	0,94	8,15

Appendix 4: Estimates of annual growth rates, 2002–2025

Period	Children 0–14	Youth 15–24	Adults 25–59	Elderly 60+	Total
2002–2003	-1,53	3,48	1,50	1,65	**0,94**
2003–2004	-1,13	3,34	1,48	1,77	**1,06**
2004–2005	-0,59	2,78	1,55	1,95	**1,18**
2005–2006	-0,25	1,86	1,84	2,18	**1,23**
2006–2007	0,04	1,40	1,97	2,26	**1,29**
2007–2008	0,40	0,98	2,15	2,38	**1,40**
2008–2009	0,54	0,57	2,26	2,51	**1,42**
2009–2010	0,62	0,15	2,37	2,62	**1,42**
2010–2011	0,89	-0,98	2,88	2,76	**1,50**
2011–2012	1,21	-1,33	2,94	3,05	**1,59**
2012–2013	1,29	-1,67	2,90	3,03	**1,56**
2013–2014	1,34	-1,62	2,86	3,17	**1,61**
2014–2015	0,95	-1,33	2,70	3,17	**1,51**
2015–2016	0,72	-1,42	2,53	3,12	**1,37**
2016–2017	0,81	-1,38	2,41	3,09	**1,36**
2017–2018	1,23	-1,43	2,27	3,12	**1,44**
2018–2019	0,96	-0,56	2,12	3,15	**1,46**
2019–2020	0,65	0,07	1,87	3,09	**1,36**
2020–2021	0,34	0,19	1,28	1,87	**0,90**
2021–2022	0,07	1,15	1,25	2,59	**1,04**
2022–2023	-0,16	1,99	1,25	3,02	**1,16**
2023–2024	-0,15	2,06	1,32	2,93	**1,21**
2024–2025	-0,06	1,88	1,37	2,83	**1,23**

Appendix 5: Assumptions of TFR and LE at birth without HIV/AIDS & COVID-19, 2002–2025

Year	TFR	Life Expectancy without HIV/AIDS	
		Male	Female
2002	2,55	59,9	69,3
2003	2,48	59,8	69,8
2004	2,62	60,1	69,5
2005	2,74	60,7	69,8
2006	2,77	60,8	69,8
2007	2,77	60,8	69,4
2008	2,78	60,7	69,3
2009	2,70	60,8	69,3
2010	2,62	60,8	69,3
2011	2,60	60,8	69,6
2012	2,56	62,7	70,3
2013	2,49	62,9	70,4
2014	2,49	63,4	70,4
2015	2,35	63,7	70,7
2016	2,19	63,7	70,9
2017	2,18	64,0	71,0
2018	2,28	64,3	70,9
2019	2,30	64,5	71,3
2020	2,31	64,7	71,9
2021	2,28	64,8	71,9
2022	2,26	64,8	71,9
2023	2,23	64,8	71,9
2024	2,21	65,4	72,0
2025	2,21	65,5	72,0

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