



ZIMBABWE DEMOGRAPHIC FACT SHEET

Source of data for this Fact Sheet is the 2012 Population Census unless stated otherwise.

1. FERTILITY

Total Fertility Rate (TFR) has generally been declining in Zimbabwe— an implied decline of about 1.8 births during the 30-year inter-census period of 1982-2012. The decline was however halted in 2012 where TFR has slightly increased from 3.6 in 2002 to 3.8 in 2012.

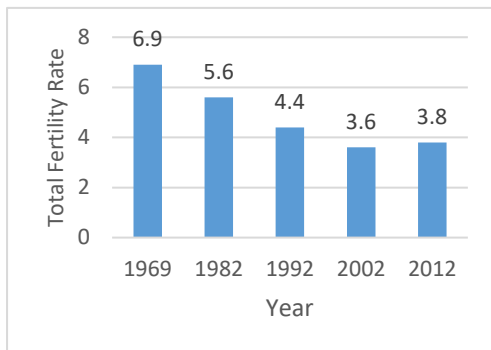


Figure 1 TFRs trend, Zimbabwe from various censuses
 The increase in fertility between 2002 and 2012 most likely occurred after 2008 when the economy dollarized and stabilised. It can therefore be considered temporary, and will correct itself to levels below the 2002 rates. Going forward we expect fertility in Zimbabwe to remain high because it still occurs to early and late in the lives of mothers, as shown by the high fertility among adolescent women, and significant fertility beyond age thirty five.

2. MORTALITY

In Zimbabwe trends and levels of mortality have been influenced by the HIV and AIDS condition. The period 1992 to 2002, when the prevalence of HIV accelerated and when Anti-retroviral therapy (ART) was not widespread, mortality increased among the population. For the intercensus period 2002 to 2012, after widespread adoption of ART, mortality indicators improved significantly.

2.1 Maternal Mortality

Maternal mortality is measured by the Maternal Mortality Ratio, which is the number of maternal deaths per 100,000 live births. The age-pattern of maternal mortality depicts high maternal mortality among teenagers (525 for those aged 15-19 years) and women above 40 years, 1108 among women aged 40-44 years and 2367 among those aged 45-49 years. This shows that it is very risky to give birth at very young ages and at older ages.

The overall MMR improved by 50% during the inter census period 2002 to 2012. Mashonaland East province registered the most improvement of 60%. Variations by province is also evident with Matabeleland South having the highest MMR of 694 and Harare with the lowest of 379. Just like the general mortality in the population, the decline in maternal mortality is linked to improvements in the HIV and AIDS condition and possibly to improved access to health services after the economy dollarised. However, the MMR remains high and falls short of the MDG target of 174.

2.2 Childhood Mortality

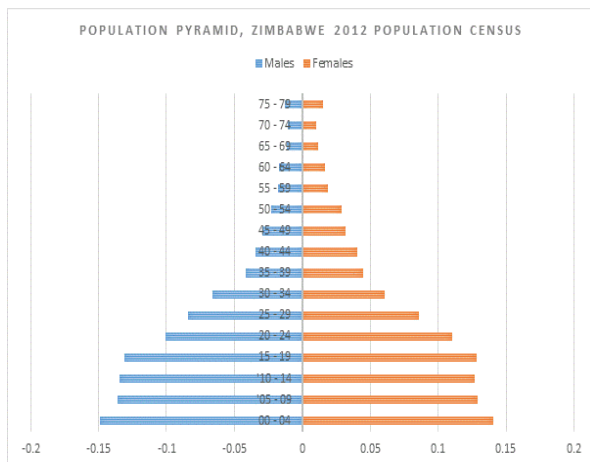
The 2012 Population census shows that from 1997 to 2008 childhood mortality increased albeit within a very narrow range. This trend mimics that of the death rates in the general population as explained by the impact of HIV and AIDS and the harsh economic conditions that prevailed during the latter half of the first decade of the millennium.

2.3 Life Expectancy at Birth

While life expectancy at birth was around 60 years during the first year of independence, it declined to 57 years in 1992 and 43 years in 2002. This trend is explained by the HIV and AIDS trend. After 2002 life expectancy started to gradually increase reaching 60 years in 2012 (57 years for males and 64 years for females). The increase in life expectancy can be attributed to better survival chances of HIV and AIDS victims because of the general availability of ART and the general improvement in the availability of medicines after dollarisation in 2009.

3. POPULATION STRUCTURE

3.1 Age Structure



Population pyramids for Zimbabwe for the years 1992, 2002 and 2012 are wider at the base showing that there are more people in the younger age groups than in the older age groups for both sexes. This is explained by the high fertility levels among the population. Figures from the 2012 Population Census show that 41 percent of Zimbabwe's population is aged below 15 years. This proportion has changed slightly since 1992. It was the same as in 2002 but lower than the 1992 proportion of 45%. Zimbabwe's population still remains young with half of it aged below 20 years.

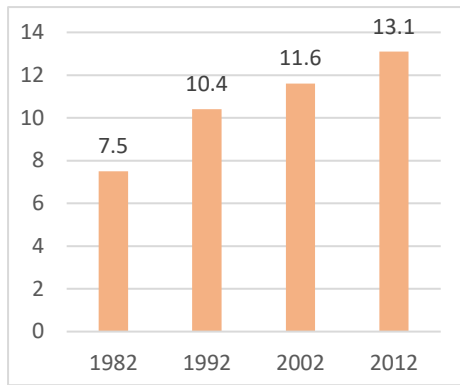
Figure 2 Population pyramid, Zimbabwe population 2012

3.2 Sex Structure

The overall sex ratio in 2012 was 92, that is, there were 92 males for every 100 females. Below the age of 15 years, there are almost equal numbers of males and females. This is the case for all the censuses. For the 1982 and 1992 censuses the sex ratio favours females up to age 40 and 50 respectively and males dominate thereafter up to age 69 years. For the latter censuses, that is, 2002 and 2012 censuses, the sex ratio generally favours women throughout all age

3.4 Population Growth

The youthful age structure of Zimbabwe's population presents a high potential for rapid population growth as well as high dependency burden. Zimbabwe's population has grown by 74% from 1982 to 2012, registering an average annual growth of 3.1%, 1.1% and 1.2% between



1982 and 1992, 1992 and 2002, and 2002 and 2012, respectively (Zimstat, 2013). At the 2002-2012 annual growth rate of 1.2% the population of Zimbabwe is expected to double in 58 years.

Figure 3 Population age composition comparisons
 Source: Zimbabwe 2012 Census and Population Reference Bureau 2012 Population Data Sheet

4.0 POPULATION PROJECTIONS

The 2012 population projections assumed three scenarios; the high, medium and low scenario. The high scenario assumed a slower decline in fertility, the low scenario – a faster decline in fertility and the medium scenario assumed that fertility will decline at a rate in-between the high and low scenarios. For all the scenarios life expectancy was assumed to increase to the same levels, the sex ratio was assumed to remain at the 2012 level and international migration was assumed to be zero. Only the low scenario assumed the impact of HIV and AIDS on the population. The population of Zimbabwe is projected to grow to between 19 million and 20 million in 2032.

5. ZIMBABWE’S DEMOGRAPHIC STRUCTURE & SCOPE FOR A DEMOGRAPHIC DIVIDEND

During a demographic transition, when both mortality and fertility are declining, the population’s age structure also changes. The proportion of children falls while that of older people remains low until the large group of working age people gradually grows older. During this period, there the proportion of people of working age will be increasing while the dependency ratio will be falling, which makes the society more productive because fewer investments are needed to meet the needs of the youngest and oldest age groups, which are largely consumptive. In a country’s demographic development, this window of time between falling birth rates and ageing is referred to as a *demographic bonus*. If people in the working age group are trained, find employment and have long productive careers before they are dependent themselves, the demographic bonus becomes a *demographic dividend*. To achieve this there must be deliberate investment in education and the labour market.

Population projections based on the 2012 Population Census show that 64 percent of the population of Zimbabwe will be aged 15-64 years in 2032 compared to 55 percent in 2012. The population aged 0-14 years is projected to decline to about 32 percent from the current 41 percent and the population 65 years and above is not expected to change. This is premised on the assumption of a decline in fertility and improved longevity. If this transition takes place, it will be similar to the one that brought about the demographic dividend in Eastern Asia. However such a monumental shift in a country’s demographic structure does not happen spontaneously hence Zimbabwe needs to deliberately adopt policies to achieve it.

Policies to create a demographic bonus and realise the demographic dividend

1. Family planning programmes need to be scaled up in order to reduce the number of children per woman:
2. There is need to put in place policies that delay the onset of childbearing among girls, as it has been shown that childbearing still occurs too soon in Zimbabwe:
3. Zimbabwe should strive to have the majority of its population attain secondary education:
4. Effective medical care should be afforded infants to improve their survival chances and take away the need to have many children as an insurance against child deaths:
5. The country should create jobs mainly in highly productive sectors with high demand for low skilled workers:
6. Zimbabwe should further strengthen its social security systems during the demographic transition phase:

For more information on the results of the 2012 Zimbabwe Population Census Thematic Analysis, please contact:

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This fact sheet is based on the results of the 2012 Zimbabwe Population Census Thematic Analysis which was conducted by the Zimbabwe National Statistics Agency (Zimstat) with technical assistance from the United Nations Population Fund (UNFPA). Funding for the analysis was provided by the Government of Zimbabwe through Treasury, Australian Agency for International Development, Royal Danish Embassy, United Kingdom Department for International Development, European Union, Swedish International Development Agency, United Nations Development Programme, United Nations Children’s Fund and the United Nations Population Fund.

