

# The Demography of Zimbabwe: Some Research Findings



University of Zimbabwe Demographic Unit

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# Introduction

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This book is a compilation of research dissertations by Masters of Population Studies students. Most of the data used in the articles came from the 1982 Census (CSO, 1985), the 1984 Zimbabwe Reproductive Health Survey (Zimbabwe National Family Planning Council, 1985), the 1987 Intercensal Demographic Survey (CSO, 1991), the 1988 Zimbabwe Demographic and Health Survey (CSO, 1989) and the 1990 Chitungwiza Socio-Demographic Survey (University of Zimbabwe, 1990). The main purpose of this collection is to highlight population issues using statistical and demographic techniques.

The first paper, entitled **Status of women and fertility in Zimbabwe**, examines the relationship between the status of women and fertility. Fertility in Zimbabwe is relatively high. The government has expressed concern over a population growth rate which exceeds the growth in gross domestic product. Ways are being sought to reduce the fertility level. This prompted the author to look at the issues of female status and fertility. Fertility is hypothesized to be negatively related to the status of women. In this study, education and employment, which are used as indicators of the status of women, are tested, using data from the 1988 ZDHS (CSO, 1989), to determine whether this hypothesis is true. According to the analysis, women's education and work status are found to be important variables for effecting a change in reproductive behaviour. These operate through the proximate determinants, that is, age at first marriage and contraceptive use. The study found that education of women is positively related to age at first marriage and contraceptive use.

The second paper, **Perceptions of fertility: the case of University of Zimbabwe students**, utilizes primary data through questioning a sample of University of Zimbabwe students on their perceptions of fertility and family planning. The objectives of the study are to investigate students' contraception knowledge, attitudes and practices; to investigate the perceived availability and accessibility of birth control services and to identify the obstacles and sources of motivation towards contraceptive use. Current use of contraceptives is moderate, with 36% of female and 51% of male respondents currently contracepting. The major findings are that current users are generally satisfied with their contraceptive methods and that most non-users intend to adopt a method in future. In western societies, it has been pointed out, contraceptive use starts quite early with the majority contracepting by the age of 18 years. Legalization of abortion, an important proximate determinant, is strongly opposed by male respondents. This means that for any population policy to succeed, the male factor must be taken

seriously. Desire for marriage and reproduction is almost universal. A high value is placed on children, as evidenced by the respondents' reaction to the possibility of a marital partner's infertility: about 48% of male respondents said they would either divorce or remarry without divorcing the infertile partner, while 32% of female respondents would divorce the infertile partner. This has a positive bearing on fertility.

**Socio-economic and cultural differentials in fertility in Zimbabwe**, the third paper in the collection, examines socio-economic and cultural factors in fertility differentials among women in Chitungwiza. The study attempts to determine which groups of women exhibit high fertility and to offer reasons for the observed fertility patterns. This study gives empirical evidence on the existence of differentials in fertility in Chitungwiza using four socio-economic and cultural variables, namely mother's education, religion, ethnicity and primary activity. The relationships between these variables are rigorously examined by applying descriptive bivariate analysis and multiple regression analysis. Findings from the Chitungwiza survey indicate that female education is significantly inversely related to fertility. Only women who fall in the Ndebele and "others" categories exhibit a positive association between fertility and ethnicity at a statistically significant level of 5%.

The next paper, **Family planning prevalence, acceptance and use in Chitungwiza**, attempts to determine the extent of contraceptive awareness, knowledge and use among Chitungwiza women; to identify the distribution channels of family planning information and to gain an indication of the ideal number of children. The paper, additionally, seeks to discover whether couples normally discuss their desired number of children so as to determine the relationships that exist between family planning adopters and some socio-economic variables. The major findings of this paper are as follows:

- Knowledge and use of contraception is higher for modern than for traditional methods and among modern methods, the most widely known and used method is the pill.
- Not all people who know about contraception use it.
- There are minimal differentials in knowledge by background variables such as age and marital status.
- Some women discontinue contraceptive use for health reasons (side-effects) or because they desire more children.
- Health workers are the main providers of family planning information.
- Chitungwiza women have an ideal family number of four children, the main justification for this limitation being the expense of child-rearing.
- Younger and educated women tend to prefer smaller ideal family sizes

compared with older and non-educated women.

- Irrespective of their background, the majority of couples have discussed their ideal number of children.

**Mortality overview in Zimbabwe: a Chitungwiza case study** is the fifth paper. This study uses data from the Chitungwiza Socio-Demographic Survey or CSDS (University of Zimbabwe, 1990), a single-round retrospective survey to estimate mortality. The study used the CSDS to produce:

- estimates of infant and child mortality (A)
- estimates of female and male adult mortality using the orphanhood method (B)
- an estimate of maternal mortality using the sisterhood method
- relational life tables using survival probabilities generated from (A) and (B) above.

Indirect techniques are used to estimate infant, child, adult and maternal mortality levels. Results indicate very low mortality levels within the Chitungwiza area. Life expectancy at birth  $e(o)$  for females and males is observed to be higher than the national estimates indicated in the 1982 Census and other surveys carried out in this country.

The sixth paper is entitled **Birth intervals and their relationship with infant mortality in Zimbabwe**. This study analyzes birth intervals by selected background characteristics. The relationship between birth intervals and infant mortality is also examined using the Zimbabwe Demographic and Health Survey (CSO, 1989) as the data source. A total of 4 201 women aged 15–49 years are included in the survey. The study shows that most women in Zimbabwe prefer birth intervals of more than two years. The analysis of birth intervals by selected background characteristics indicates that younger women have more closely spaced births than older women and that the higher a woman's education, the shorter her birth interval. The study also shows a higher mortality rate for children born after short birth intervals. The findings of this study have important policy implications and indicate the need to convince Zimbabweans that birth spacing makes a critical contribution to the promotion of child health and welfare.

The final paper in this collection is **A current and capital budget for the Ministry of Health for the second Five-Year National Development Plan 1991–1995**. This study aims to provide an estimate of the current and capital expenditure in Zimbabwe's health sector for 1991–1995 with emphasis on primary health care provision. Using the 1982 Ten Percent Sample (CSO, 1985) and the 1987 Intercensal Demographic Survey (CSO, 1991) as basic data sources to determine mortality, fertility and migration rates for population projection purposes, this study estimates the cost of health care provision. The estimates

cover health facilities, including the provision of buildings and equipment, and personnel costs for training and salaries. By combining population projection data with current costs of building, equipment and personnel, estimates are derived for inflation rates of 17%, 21% and 25%, thus providing realistic costings for health care provision in Zimbabwe.

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## How should we respond to a population growth rate that exceeds the rate of economic growth?

This book, a collection of research dissertations, assembles data from numerous demographic surveys to assess the relationships between fertility and socio-economic factors such as education, employment, contraception perceptions and use, age at first marriage and the status of women.

It estimates the current and capital expenditure needed in Zimbabwe's health sector, provides an overview of child, adult and maternal mortality, examines how infant mortality is affected by birth interval and how this in turn is affected by women's places of residence, ages and education - with surprising conclusions.

Aimed at planners and policy makers, *The Demography of Zimbabwe* identifies the key measures that need to be adopted to escape runaway population growth and to assure health and welfare.







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