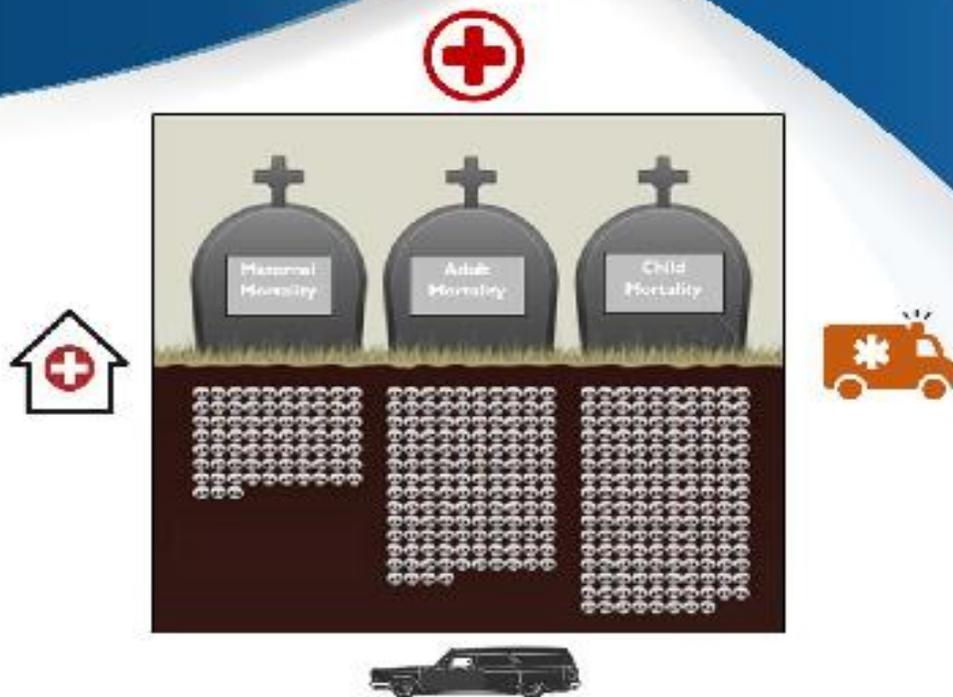


# 2022 POPULATION AND HOUSING CENSUS

## PRELIMINARY REPORT ON MORTALITY AND ORPHANHOOD



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## **Introduction**

This report provides an overview of information on mortality from the 2022 Population and Housing Census (PHC). Mortality plays an important role in changing the rate of population growth although the level of fertility is expected to be a more decisive factor in the growth of a population. Mortality level is one of the main health indicators, which also contributes to the assessment of the quality of life. The 2022 PHC collected information on deaths which occurred in the household within the last 12 months with reference to the census night.

In this report, indicators on neonates, infant, child, adult and maternal mortality are presented. These were estimated using the direct approach. Direct methods were used to calculate Crude Death Rates (CDR) and Maternal Mortality Ratio (MMR). Indicators showing differentials by province, sex and urban and rural areas are also included.

## **Definitions of Key Concepts and Terms**

*Age-Specific Death Rate* is the number of deaths of people in a specified age group per 1,000 population of that age group.

*Child Mortality* is the probability of dying between age one and five.

*Crude Death Rate (CDR)* is the number of deaths per 1,000 population in a given year.

*Infant Mortality Rate (IMR)* is the probability of dying between birth and age one.

*Life expectancy* at birth is the average number of years a person is expected to live if current mortality conditions at each age remains constant

*Lifetime risk of* maternal death is the probability that a 15-year-old woman will eventually die from a maternal cause. This indicator considers the probability of a death due to maternal causes each time a woman becomes pregnant.

*Maternal Mortality Rate (MMRate)* is the number of maternal deaths divided by the number of women aged 15-49 years, expressed per 1,000 women.

*Maternal Mortality Ratio (MMR)* is the number of maternal deaths per live birth, multiplied by a conventional factor of 100,000.

*Neonatal Mortality Rate* is the probability of dying within the first month of life.

*Post-neonatal Mortality Rate* is the probability of dying between one month and 11 months, ideally the difference between infant and neonatal mortality.

**Under-five Mortality Rate (U5MR)** is a combination of infant and child mortality and is defined as the probability of dying between birth and exact age five.

**Orphanhood** is a condition of being a child under 18 years of age who has lost one or both parents to any cause of death.

## Crude Death Rate

Crude Death Rate is one of the most commonly used indices of mortality, however it is affected by the age-sex structure of the population and is therefore not useful for comparative purposes. The CDRs presented were obtained using the direct method of dividing the number of deaths in the last 12 months (as reported) by the total population. Table 1 shows that a total of 121,078 deaths occurred during the 12 months prior to the census which gives a CDR of 8.0 deaths per 1,000 persons. At provincial level, CDR in Matabeleland South province was 9.7 deaths per 1,000 persons, in Bulawayo province was 9.3 deaths per 1,000 persons and in Harare was 5.8 deaths per 1,000 persons.

*Table 1: Crude Death Rates by Province*

Province	Population	Deaths	CDR
Bulawayo	665,940	6,207	9.3
Manicaland	2,037,762	17,617	8.6
Mashonaland Central	1,384,891	10,799	7.8
Mashonaland East	1,731,181	14,425	8.3
Mashonaland West	1,893,578	14,433	7.6
Matabeleland North	827,626	7,338	8.9
Matabeleland South	760,345	7,352	9.7
Midlands	1,811,908	15,302	8.4
Masvingo	1,638,539	13,571	8.3
Harare	2,427,209	14,034	5.8
<b>Total</b>	<b>15,178,979</b>	<b>121,078</b>	<b>8.0</b>

## Neonatal and Post-neonatal Mortality Rates by Province

The national Neonatal Mortality Rate (NMR) and Post-neonatal Mortality Rate (PNMR) was 9.5 and 14.7 per 1,000 live births respectively. Neonatal Mortality Rate for Mashonaland Central province was 10.4 and 5.4 for Matabeleland South province. Post-neonatal Mortality Rate for Mashonaland Central province was 15.9 and 8.7 for Matabeleland South province (*Table 2*).

Table 2: Neonatal and Post-Neonatal Mortality Rates by Province

Province		
	NeoNatal	Post Neonatal
<b>National</b>	<b>9.5</b>	<b>14.7</b>
Bulawayo	8.1	9.3
Manicaland	9.2	18.1
Mashonaland Central	10.4	15.9
Mashonaland East	11.1	19.1
Mashonaland West	9.8	13.1
Matabeleland North	6.0	10.0
Matabeleland South	5.4	8.7
Midlands	10.2	15.6
Masvingo	9.9	15.3
Harare	9.2	12.4

### Infant, Child and Under 5 Rates by Province

The Infant Mortality Rate (IMR), Child Mortality Rate (CMR) and Under 5 Mortality Rate (U5MR) was 24.2 deaths, 15.6 deaths, and 39.8 deaths per 1,000 live births respectively. The IMR for Mashonaland East province was 30.2 and 27.3 for Manicaland province. Child Mortality Rate for Manicaland province was 23.6 and 11.1 for Harare province. Under 5 Mortality Rate for Manicaland province was 50.9 and 41.6 for Masvingo province (Table 3).

Table 3: Infant, Child and Under 5 Mortality Rates by Province

Province	Infant Mortality Rate	Child Mortality Rate	Under 5 Mortality
<b>National</b>	<b>24.2</b>	<b>15.6</b>	<b>39.8</b>
Bulawayo	17.4	10.4	27.8
Manicaland	27.3	23.6	50.9
Mashonaland Central	26.3	14.9	41.3
Mashonaland East	30.2	17.4	47.6
Mashonaland West	22.9	13.5	36.4
Matabeleland North	16.0	14.3	30.3
Matabeleland South	14.1	12.4	26.6
Midlands	25.8	16.1	41.9
Masvingo	25.2	16.4	41.6
Harare	21.6	11.1	32.7

## Childhood Mortality Rates by Rural/Urban

Rural areas had higher rates of Neonatal, Post-Neonatal, IMR, CMR, and U5MR than urban areas (Figure 1).

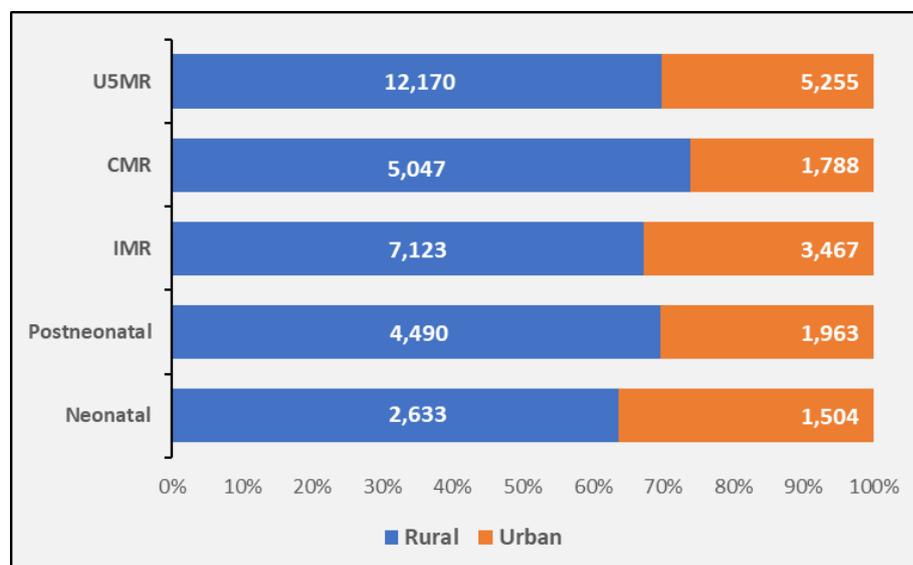


Figure 1: Childhood Mortality Rates by Rural/Urban

## Maternal Mortality Ratio by Province

Information on maternal mortality was collected if a death of a female aged 15 – 49 years had occurred in the household within the last 12 months whilst pregnant, during child birth or within six weeks after child birth. It should be noted that maternal deaths were reported by households and not by place of occurrence. A total of 1,589 maternal deaths were reported against 437,478 live births giving a national Maternal Mortality Ratio (MMR) of 363 per 100,000 live births. Maternal Mortality Ratio was 425 for Midlands province and 293 for Mashonaland Central province (Figure 2).



Figure 2: Maternal Mortality Ratio by Province

### Maternal Mortality Ratio by Rural/Urban Areas

Maternal Mortality Ratio was higher in rural areas (402 per 100,000 live births) than in urban areas (298 per 100,000 live births) (Figure 3).



Figure 3: Maternal Mortality Ratio by Rural/Urban

### Life Time Risk of Maternal Mortality by Province

The Life Time Risk (LTR) of maternal mortality reflects the chances of a woman dying from maternal causes over the course of her 35-year reproductive life span. The indicator considers the probability of a death due to maternal causes each time a woman becomes pregnant. The national LTR of maternal mortality was 14.6 deaths per 1,000 women. It was 18.2 deaths per 1000 women for Midlands province and 17.3 deaths per 1,000 women for Manicaland province (Figure 4).

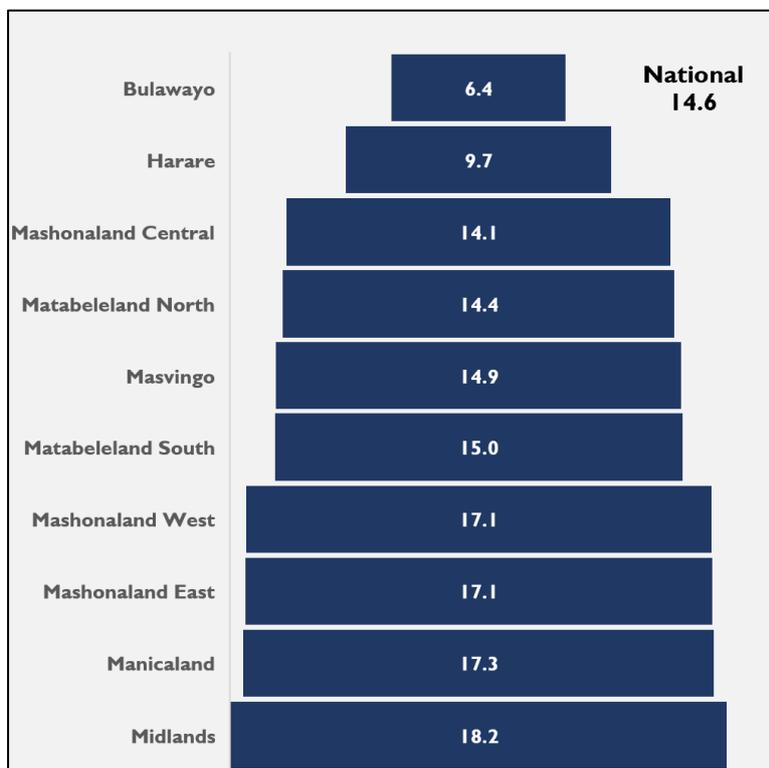


Figure 4: Life Time Risk of Maternal Mortality by Province

### Life Time Risk of Maternal Mortality by Rural/Urban

LTR of maternal mortality was higher by almost double in rural (18.6) than urban (9.8) (Figure 5).

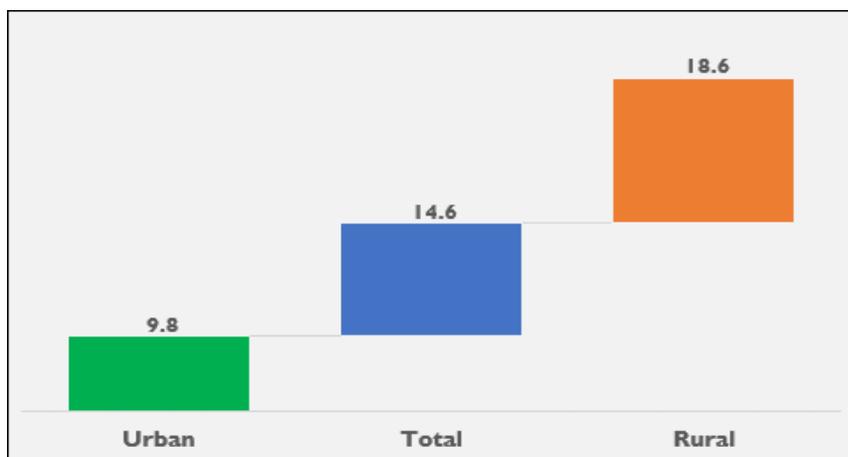


Figure 5: LTR of Maternal Mortality per 1,000 women (15-49 years) by Rural/Urban

### Death Registration by Province

A death is considered registered when the death is notified and a death certificate is issued by the Registrar General in the Civil Registry Department. The 2022 PHC collected information on the status of registration of deaths which occurred in the household within the last 12 months with reference to the census night. A total of 121,078 deaths were reported and of these, 41.4% percent (50,141) were registered. Harare and Bulawayo provinces recorded 54.2 percent and 65.2 percent of death registrations respectively (Figure 6).

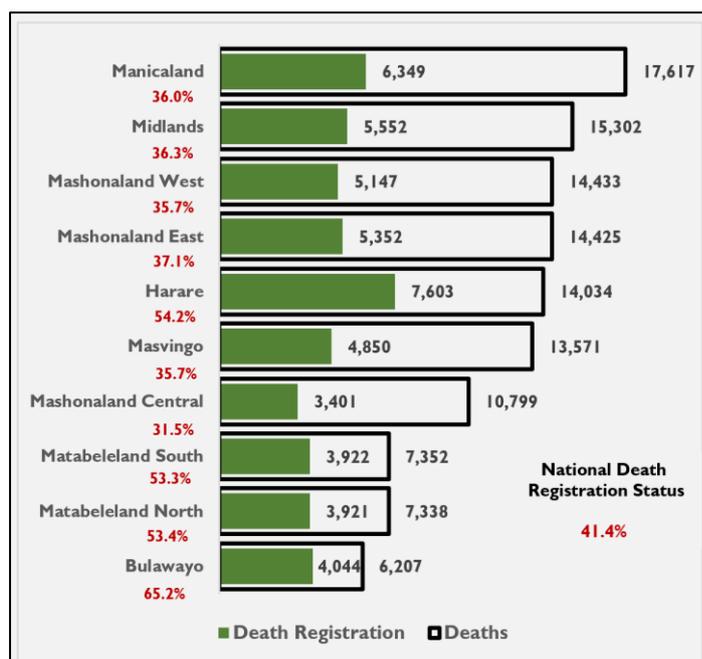


Figure 6: Death Registration by Province

## Death Registration by Urban/Rural

Of the total deaths that were reported in rural areas, 34.8 percent (29,286) were registered while of the total reported in urban areas, 56.5 percent (20,854) were registered (*Figure 7*).

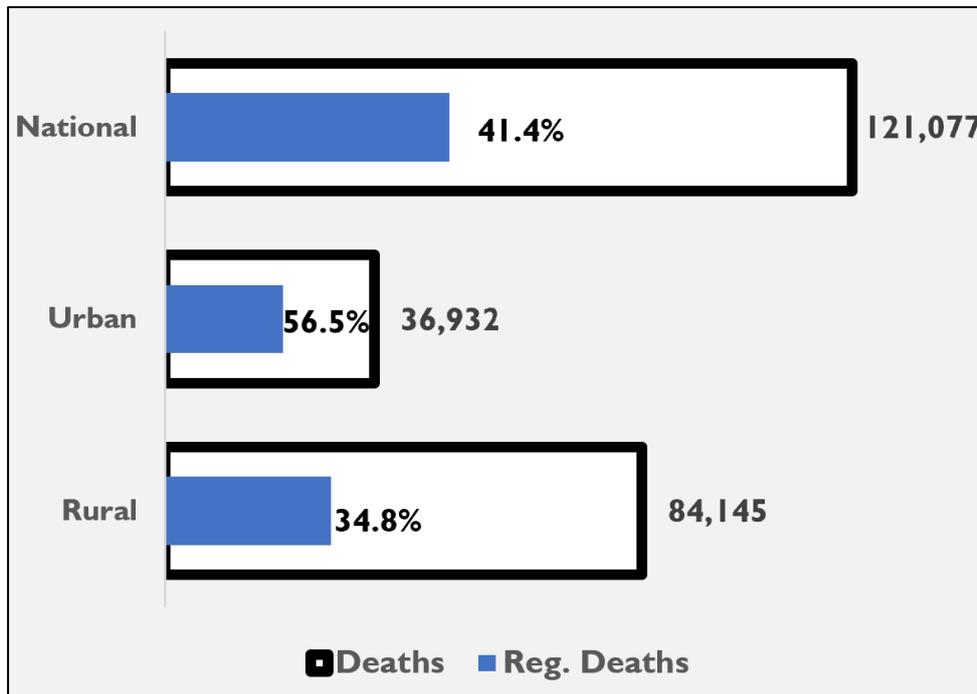


Figure 7: Death Registration by Urban/Rural

## Death Registration by Urban/Rural and Sex

The proportion of registered deaths was higher for males in both urban and rural areas. In rural areas, 57 percent of the registered deaths were for males while in urban areas, the proportion was 55 percent (*Figure 8*).

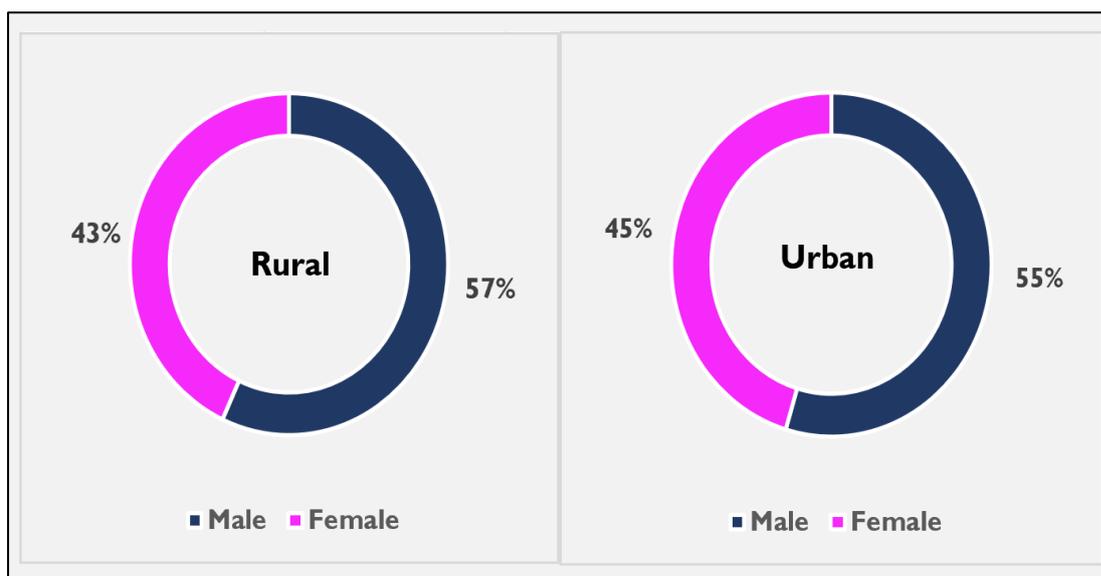
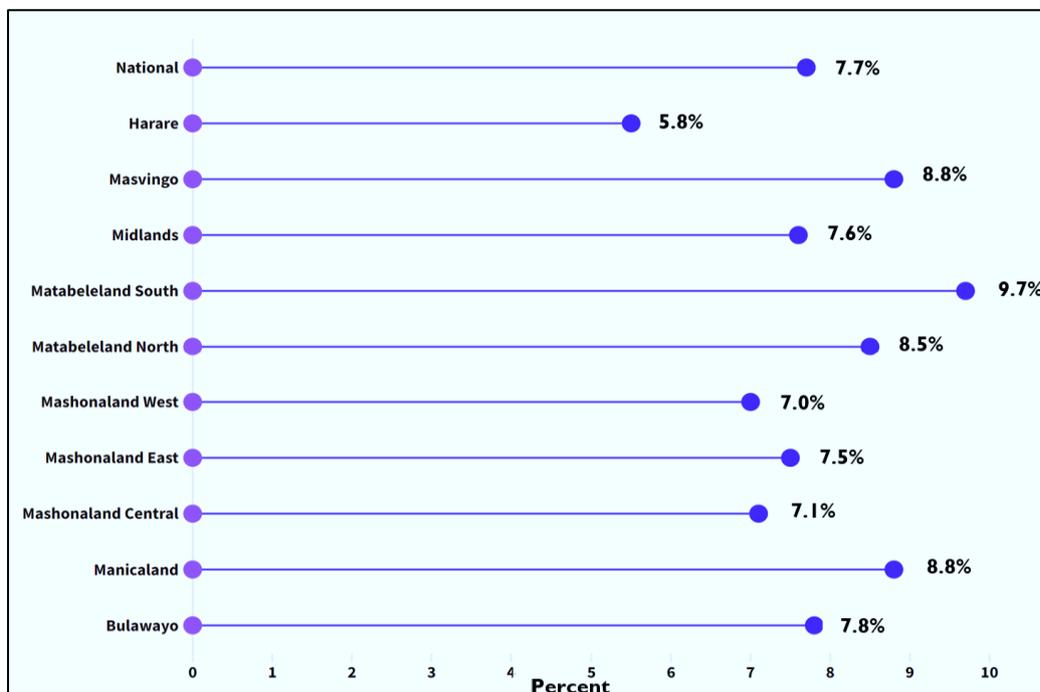


Figure 8: Death Registration by Urban/Rural and Sex

## Orphanhood Prevalence by Province

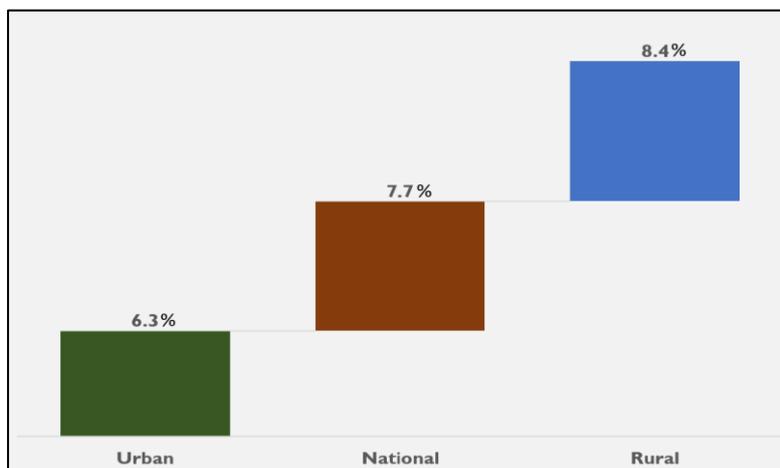
A total of 7 120 524 children were aged 0 - 17 years and of these children, 7.7 percent (549 485) were orphans. Prevalence of orphanhood ranged from 5.8% in Harare province to 9.7% in Matabeleland South province (*Figure 9*).



*Figure 9: Orphanhood Prevalence by Province*

## Orphanhood Prevalence by Rural/Urban

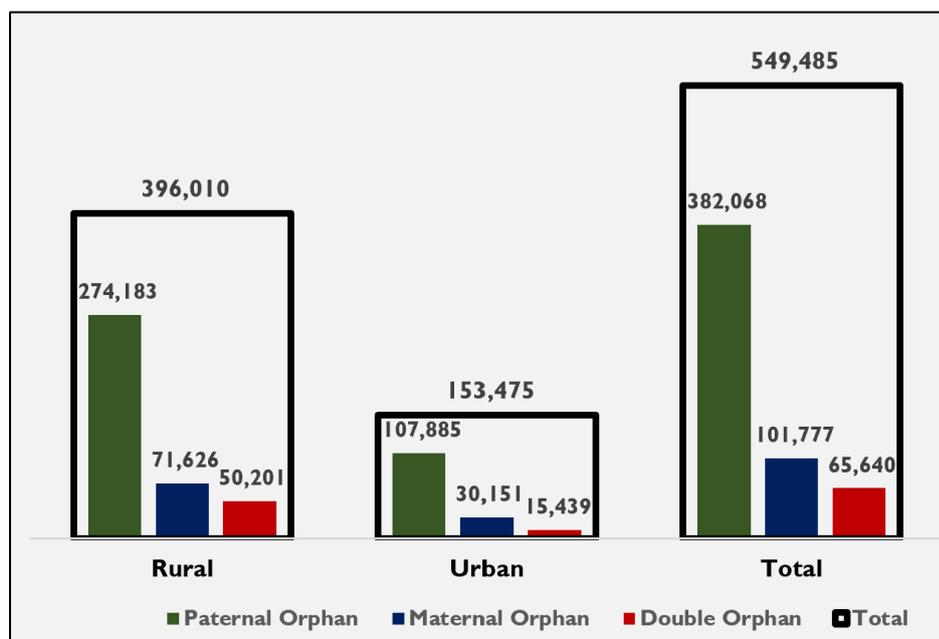
A total of 396,010 orphans against a population of 4,699,466 aged 0-17 years were in the rural areas and 153,475 orphans against a population of 2,421,058 aged 0-17 years were in the urban areas. Hence orphanhood prevalence was higher within rural areas (8.4%) than urban areas (6.3%) (*Figure 10*).



*Figure 10: Orphanhood Prevalence by Rural/Urban*

## Orphanhood by Type and Rural/Urban

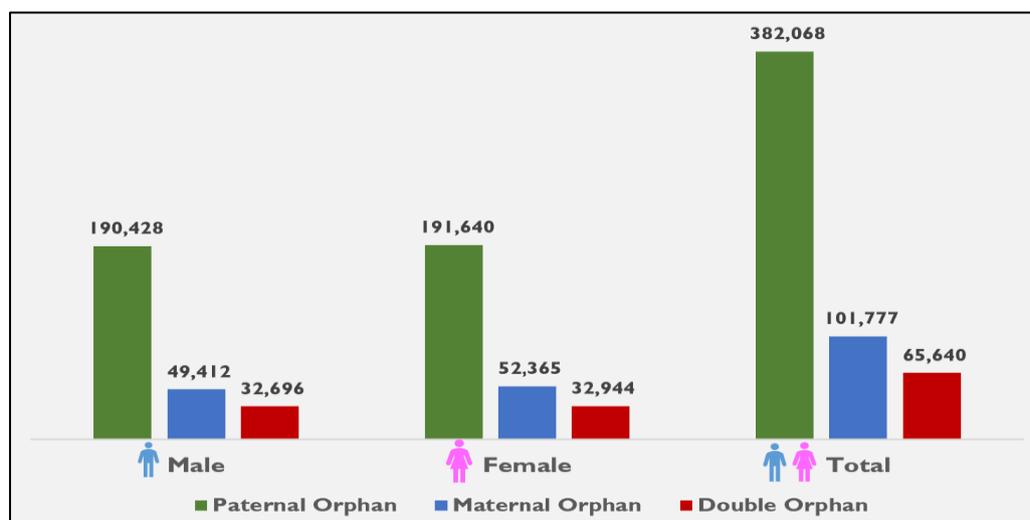
Of the 396,010 orphans in rural areas, 274,183 (69.2%) were paternal orphans, 71,626 (18.1%) were maternal orphans and 65,640 (12.7%) were double orphans. In urban areas, out of the 153,475 orphans, 107,885 (70.3%) were paternal orphans, 30,151 (19.6%) were maternal orphans and 15,439 (10.1%) were double orphans (*Figure 11*).



*Figure 11: Orphanhood by Type and Rural/Urban*

## Orphanhood Prevalence by Type and Sex

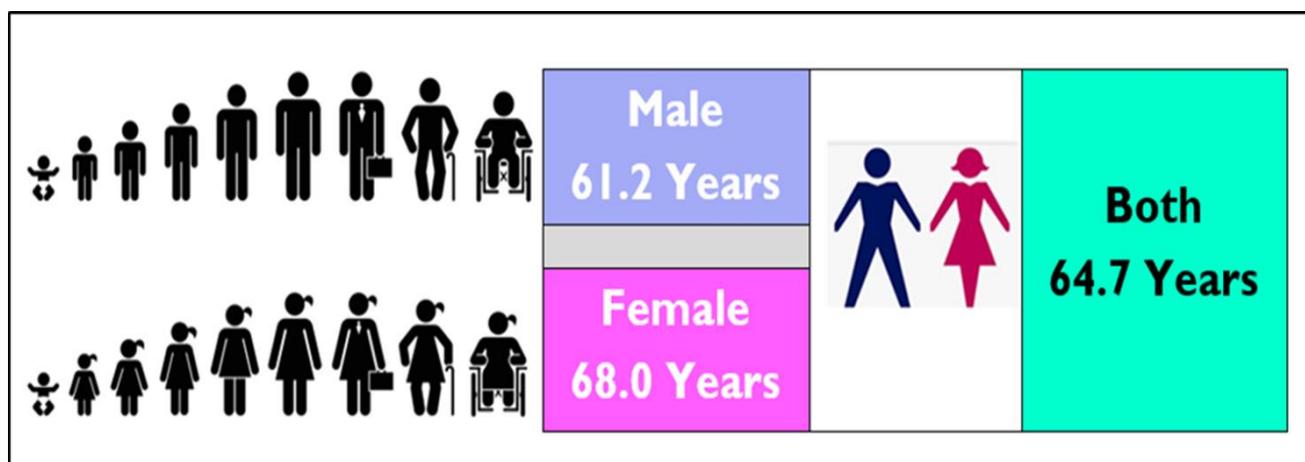
Paternal orphanhood was higher in both males 190,428 (69.9%) and females 191,640 (69.2%). This was followed by maternal orphanhood, 49,412 (18.1%) for males and 52,365 (18.9%) for females (18.9%) for females (*Figure 12*).



*Figure 12: Orphanhood by Type and Sex*

## Life Expectancy at Birth by Sex

Life expectancy at birth was 64.7 years for both sexes combined. Females had a higher life expectancy (68.0 years) than males (61.2 years) (*Figure 13*).



*Figure 13: Life Expectancy at Birth by Sex*

## Life Expectancy at Birth by Rural/Urban Areas

Life expectancy at birth was higher in urban areas (65.5 years) than in rural areas (63.3 years) (*Figure 14*).



*Figure 14: Life Expectancy at Birth by Rural/Urban Areas*