





2022 Population and Housing Census Mortality and Orphanhood Preliminary Results

Presented by

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Introduction

- The 2022 Population and Housing Census (PHC) collected data on household deaths in the past 12 months preceding the census and parental survival status for children aged 0-17 years.
- Mortality is one of the key drivers of population change besides fertility and migration. Data on deaths provides the following mortality measures:
 - ✓ Crude Deaths Rates;
 - ✓ Neonatal mortality Rate;
 - ✓ Post-Neonatal mortality Rate;
 - ✓ Under-Five Mortality;
 - Child Mortality;
 - Infant Mortality Rate; and
 - Maternal Mortality Ratio.

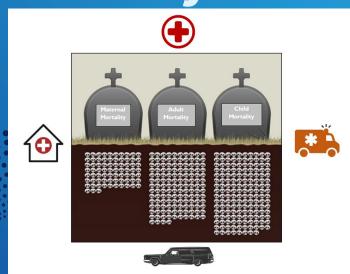
Importance of Mortality and Orphanhood Statistics

- The study of mortality is useful for analysing current demographic conditions as well as for determining the prospects of potential changes in mortality conditions in the future;
- The public health administration depends heavily on the study of mortality;
- Statistics on death in the population cross-classified by age, sex and the cause of death are of great value for the formulation, implementation and evaluation of public health programmes;
- Insurance companies use statistics on deaths to craft insurance policies;
- Monitoring of regional and international obligations such as Agenda
 2063 and the Sustainable Development Goals (SDGs).

Definitions of Key Indicators

- Child Mortality Rate is the probability of dying between age one and five.
- Crude Death Rate is the number of deaths per 1,000 population in a given year.
- Infant Mortality Rate 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 remain constant
- Lifetime risk of maternal death is the probability that a 15-year-old woman will eventually die from a maternal cause each time the woman becomes pregnant.
- Maternal Mortality Ratio 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 mortality in infants older than 28 days but less than 1 year old.
- Under-five Mortality Rate is the probability of dying between birth and exact age five.

Mortality and Orphanhood Preliminary Results



Crude Death Rates (CDRs) by Province

A total of **121,078 deaths** were reported in the last 12 months preceding the census.

Crude death rate was 8 deaths per 1,000 population.

Mat South: **9.7/1,000** Bulawayo: **9.3/1,000**

Mat North: 8.9/1,000

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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
Total	15,178,979	121,078	8.0

Neonatal and Post Neonatal Mortality Rates by Province

Neonatal rate stood at **9.5 deaths** per **1,000 live births** at national level.

Mashonaland East: 11.1

Mashonaland Central: 10.4

Midlands: 10.2

Post neonatal rate was 14.7 deaths per 1,000 live births at national level

Mashonaland East: 19.1

Manicaland: 18.1

Province	ţ	A
	NeoNatal	Post
National	9.5	Neonatal
Bulawayo	8.I	9.3
Manicaland	9.2	7.5 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 Mortality Rates by Province

Under 5 Mortality Rate stood at **39.8 deaths per 1,000 live births** in the country.

Manicaland: 50.9 Mash East: 47.6.

Child Mortality Rate stood at 15.6 deaths per 1,000 live births population in the country.

Manicaland: 23.6 Mash East: 17.4

Infant Mortality Rate stood at 24.2 deaths per 1,000 live births population in the country.

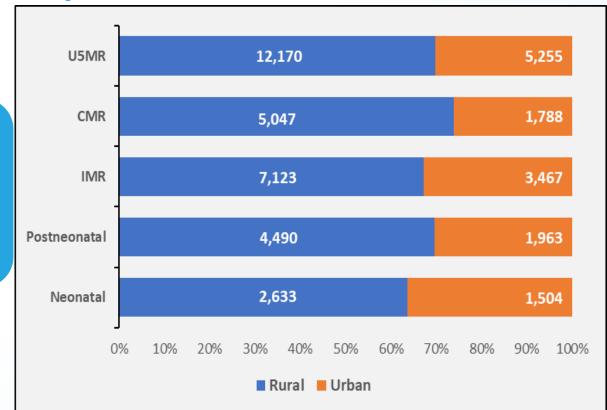
Mash East: **30.2** Manicaland: **27.3**

Province	Infant Mortality Rate	Child Mortality Rate	Under 5 Mortality
National	24.2	15.6	39.8
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

Infant, Child and Under 5 Mortality Rates by Rural/Urban Areas

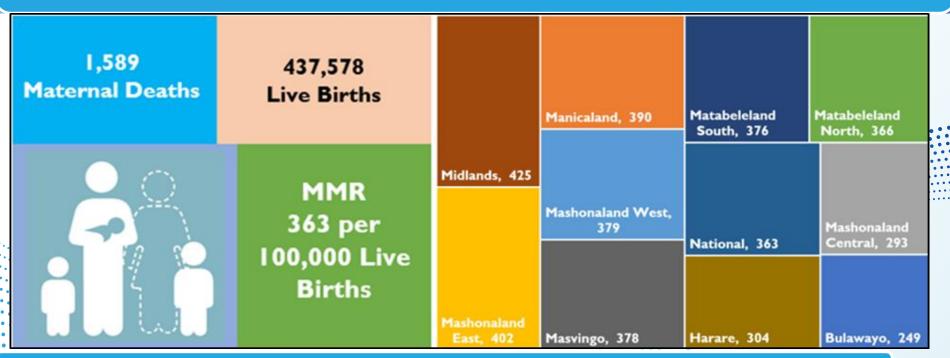
Rural areas had higher rates of Neonatal, Post-neonatal, IMR, CMR, and U5MR than urban areas.

All the rates were above 60%



Maternal Mortality Ratio by Province

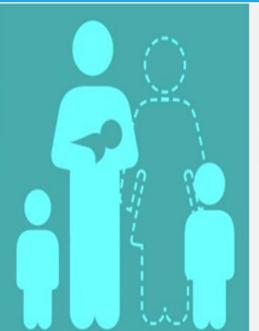
A total of 1,589 maternal deaths were reported against 437,478 live births giving a national Maternal Mortality Ratio (MMR) of **363 deaths per 100,000 live births**. MMR was **425** for Midlands, **293** for Mashonaland Central and **249** for Bulawayo.



Maternal Mortality Ratio by Rural/Urban Areas

MMR was higher in rural areas (402 deaths per 100,000 live births) than in urban areas (298 per 100,000 live births).









Rural

1,103 Maternal Deaths 274,371 Live Births

MMR: 402 per 100,000 Live Births

Urban

486 Maternal Deaths
163,207 Live Births

MMR: 298 per 100,000 Live Births

Lifetime Risk of Maternal Mortality by Province

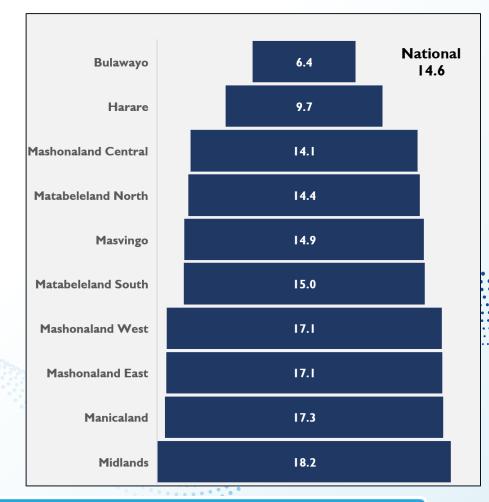
At the national level, Life Time Risk (LTR) of maternal mortality was **14.6** deaths per **1,000** women of childbearing age.

Midlands: 18.2

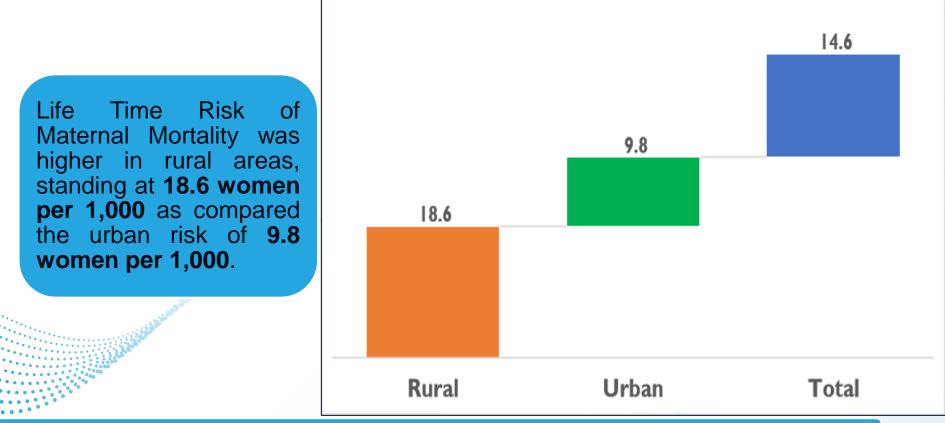
Manicaland: 17.3

Harare: **9.7**

Bulawayo: 6.4



Lifetime Risk of Maternal Mortality by Rural/Urban Areas



Death Registration Status by Province

At the national level, **41.4%** of the 121,078 deaths were registered.

Bulawayo: **65.2%**

Harare: **54.2%**

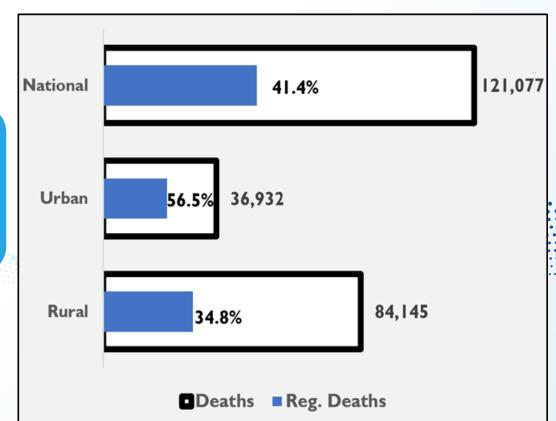
Mat North: **53.4**%

Mat South: **53.3**%



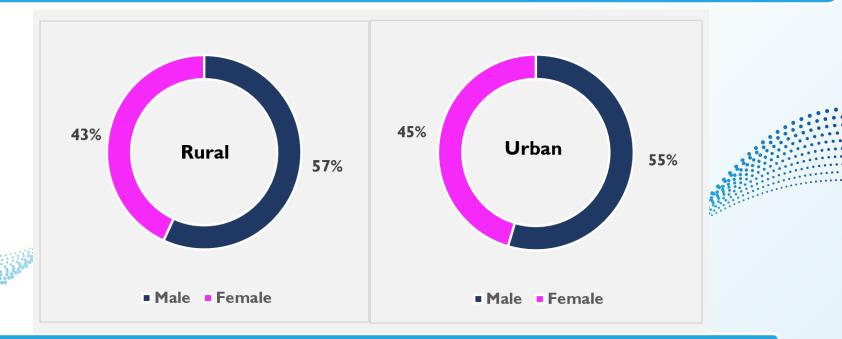
Death Registration Status by Rural/Urban Areas

Of the total deaths in rural areas, 34.8% (29,286) were registered while of the total in urban areas, 56.5% (20,854) were registered.



Death Registration by Urban/Rural Areas and Sex

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

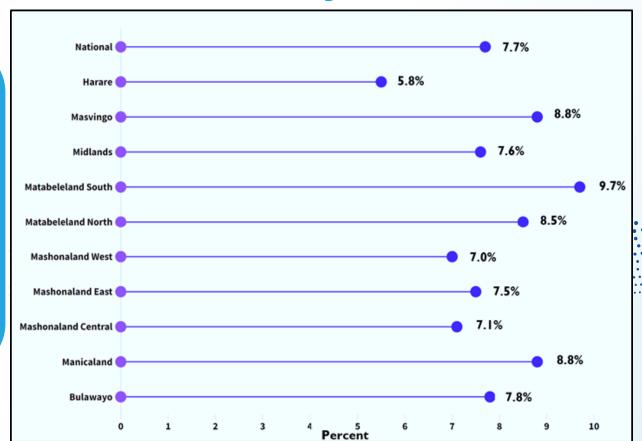


Orphanhood Prevalence by Province

At the national level, 7.7% of children aged below 17 years were orphans.

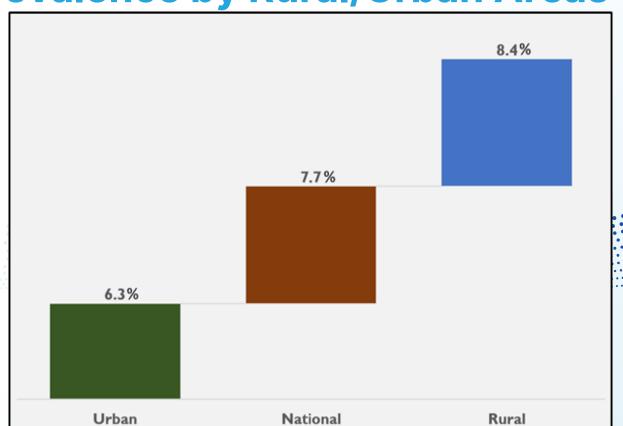
In Matabeleland South **9.7%** of the children were orphans.

In Masvingo and Manicaland, prevalence of orphanhood was at **8.8%** apiece.



Orphanhood Prevalence by Rural/Urban Areas

Orphanhood prevalence was higher in rural areas (8.4%) than urban areas (6.3%)



Distribution of Orphans by Type of Orphanhood and Rural/Urban Areas

Of the 396,010 orphans in rural areas, 274,183 (69.2%) were paternal orphans;

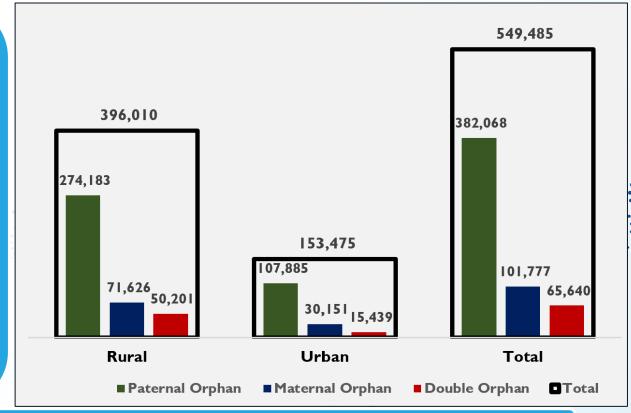
71,626 **(18.1%)** were maternal orphans; and 50,201 **(12.7%)** were double

In urban areas, out of the 153,475 orphans, 107,885 (70.3%) were paternal orphans;

orphans.

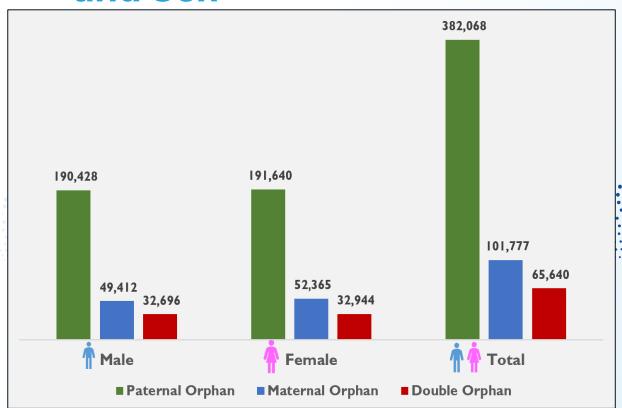
30,151 **(19.6%)** were maternal orphans; and

15,439 **(10.1%)** were double orphans



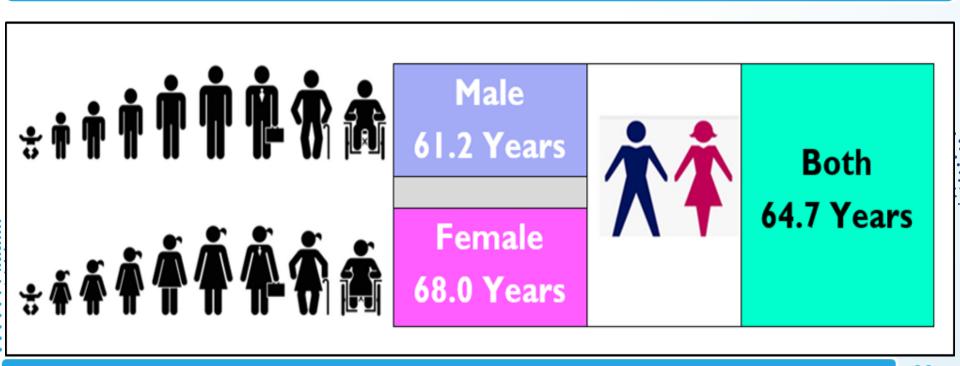
Distribution of Orphans by Type of Orphanhood and Sex

Paternal orphanhood was much higher than maternal and double orphanhood for both male and female children aged 17 years and below.



Life Expectancy at Birth

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



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)



Conclusion

The final report will also include information on:

- Age-specific Death Rates
- Life Tables
- Childhood Mortality Rates

Hence Forth

- This report is the fifth in a series of 8 reports to be disseminated by ZIMSTAT
- Dissemination of results in respect of the remaining modules will be staggered as follows:
 - ✓ Fertility: 4 October 2022
 - ✓ Education: 18 October 2022
 - ✓ Labour Force: 1 November 2022

I THANK YOU

