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Zimbabwe's Political and Economic Problems Hinder Effective Response to AIDS

by Thomas Goliber

(April 2004) The HIV/AIDS epidemic is the dominant reproductive health issue in Zimbabwe, a country of more than 12 million people who are facing extreme economic, social, and political turmoil. Roughly a quarter of the population ages 15 to 49 have the virus, according to 2003 official national estimates.

With one of the worst epidemics in the world, life expectancy at birth in the country has fallen dramatically from the level it likely would have reached without AIDS. Instead of 69 years, life expectancy in the country is now 40 years, according to U.S. Census Bureau estimates. Other estimates show an even lower life expectancy. The estimates are poised to plunge even further in less than 10 years, to levels not seen since the start of the previous century. By 2010, a baby born in Zimbabwe could expect to live to a mere 35 years. The expectation would have been 71 years without AIDS.

The impact of the AIDS epidemic is also evident in child mortality rates. More than half of all deaths among children under age 5 are due to AIDS, Census Bureau estimates show. Without AIDS, the under-5 mortality rate would have been roughly 47 deaths for every 1,000 births, compared with current estimates of just over 100 deaths per 1,000 births.

Rampant unemployment and social and political tensions simply provide an environment that fuels the epidemic, with the overall situation making it difficult to mobilize a consistent, effective response to spreading infection.

The government initiated an often-violent land resettlement program in 1999/2000, listing large-scale, commercial farms for mandatory and uncompensated acquisition and resettlement. The program aimed to take land from rich white commercial farmers for redistribution to poor and middle-income landless black Zimbabweans. However, under the program, militias of the ruling party have carried out violent acts against farm owners and farm workers, critics say much of the land is still not accessible to those most in need, and crop production has dropped to a level that sustains neither export nor domestic consumption.

Control of land has long been an issue in Zimbabwe, which became independent in 1980 and was one of the last sub-Saharan countries to do so. In 1965, the white minority issued a Universal Declaration of Independence (UDI) that severed what was then the former colony of Southern Rhodesia from Britain. The white-minority Government of Rhodesia then governed for the next 15 years, a time characterized by an intense armed conflict for control of the country. The Zimbabwe African National Union-Patriotic Front (ZANU-PF), led by Robert Mugabe, finally gained power in 1980 and has governed the country ever since.

During the UDI period, much of the world shunned Rhodesia because of its racial policies. In response, Rhodesia further developed a self-sufficient and

diversified industrial sector, an extensive infrastructure, and a functioning financial sector that Zimbabwe inherited at independence. Even after independence, a white minority continued to own most of the high-quality, productive land and to operate large-scale commercial farms.

Today, the land-reform process has combined with other factors, including drought, the AIDS epidemic, and ineffective economic policies, to erode household self-reliance, economic productivity, and the quality of public services. An estimated 5 million people are unable to obtain minimum daily food requirements and depend on food aid and other social safety programs, says the United Nations.

Other evidence of the faltering economy includes high unemployment. A report by the Organisation for Economic Cooperation and Development (OECD) and the African Development Bank (AfDB) places 2002 unemployment, which heavily affects young people, at a staggering 60 percent. Gross domestic product per capita was estimated at some $371 dollars, according to the report, *African Economic Outlook 2002/03*.

On the reproductive health front, Zimbabwe has had one of the most successful family planning programs in sub-Saharan Africa. The pattern that emerges is one of rapid uptake of modern contraception during the 1980s, followed by steady expansion during the 1990s. Demographic and Health Surveys reported modern contraceptive use to be some 36 percent in 1988, 42 percent in 1994, and 50 percent in 1999. Family planning in Zimbabwe has relied heavily on oral contraceptives. In 1999, pill use accounted for more than 70 percent of modern contraception.

Trends in the total fertility rate — the average number of children per woman — have paralleled modern contraceptive use. The three Demographic and Health Surveys reported fertility rates of 5.5 in 1988, 4.3 in 1994, and 4.0 in 1999. Though analysts dispute exact levels, there clearly has been an important decline in fertility over time.

Indicator	**Data**
Population Mid-2003	12,600,000
Population 2025 (projected)	12,800,000
Population 2050 (projected)	14,600,000
Total Fertility Rate (avg. no. of children born to a woman during her lifetime)	4.0
Population Under Age 15 (%)	40
Population Over Age 65 (%)	3
Life Expectancy at Birth, Both Sexes (years)	41
Life Expectancy at Birth, Males (years)	43
Life Expectancy at Birth, Females (years)	40
Women Ages 15-49, 2020 (projected)	4,600,000
Births Attended by Skilled Personnel (%)	73
Maternal Deaths per 100,000 Live Births	610

Sources: Carl Haub, *2003 World Population Data Sheet* (Washington, DC: PRB, 2003); and Justine Sass and Lori Ashford, *Women of Our World 2002* (Washington, DC: PRB, 2002). All these data can be found in PRB's DataFinder.

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References

Central Statistical Office, Ministry of Finance, Economic Planning, and Development, and Institute for Resource Development/Macro Systems, Inc. *Zimbabwe Demographic and Health Survey 1988* (Calverton, MD: Central Statistical Office and Macro International, Inc., 1989).

Central Statistical Office (Zimbabwe) and Macro International Inc., *Zimbabwe Demographic and Health Survey 1994* (Calverton, MD: Central Statistical Office and Macro International, Inc., 1995).

Central Statistical Office and Macro International Inc. *Zimbabwe Demographic and Health Survey 1999* (Calverton, MD: Central Statistical Office and Macro International, Inc., 2000).

Joint United Nations Programme on HIV/AIDS and the World Health Organization, *AIDS Epidemic Update: December 2003* (Geneva: UNAIDS and WHO, 2003).

William Muhwava, "The Onset of Fertility Transition in Zimbabwe: A Re-analysis of Census and Survey Data Using Robust Demographic Techniques," *African Population Studies* 17, no. 1 (2002).

National AIDS Council and Ministry of Health and Child Welfare, *The HIV/AIDS Epidemic in Zimbabwe. Where Are We Now? Where Are We Going?* (Harare: National Aids Council, forthcoming).

Organisation for Economic Cooperation and Development (OECD) and the African Development Bank (AfDB), *African Economic Outlook 2002/03* (Paris: OECD and AfDB, 2003).

U.S. Census Bureau, *The AIDS Pandemic in the 21st Century*" International Population Reports WP/02-2 (Washington, DC: U.S. Government Printing Office, 2004).

World Bank, *Zimbabwe: Country Brief, a*ccessed online at www.worldbank.org/afr/zw/zw_ctry_brief.htm, on April 19, 2004.

Zimbabwe National Family Planning Council, *Family Planning in Zimbabwe: Challenges in a Changing Environment* (Harare: Zimbabwe National Family Planning Council, 1998).

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