

ZIMBABWE

Capital

Harare

Ethnic Groups

African 99.4% (predominantly Shona; Ndebele is the second largest ethnic group), other 0.4%, unspecified 0.2%

Languages

Shona (official), Ndebele (official), English (official; traditionally used for official business), 13 minority languages (official; includes Chewa, Chibarwe, Kalanga, Koisian, Nambya, Ndau, Shangani, sign language, Sotho, Tonga, Tswana, Venda, and Xhosa)

Religions

Protestant 74.8% (includes Apostolic 37.5%, Pentecostal 21.8%, other 15.5%), Roman Catholic 7.3%, other Christian 5.3%, traditional 1.5%, Muslim 0.5%, other 0.1%, none 10.5%

Population

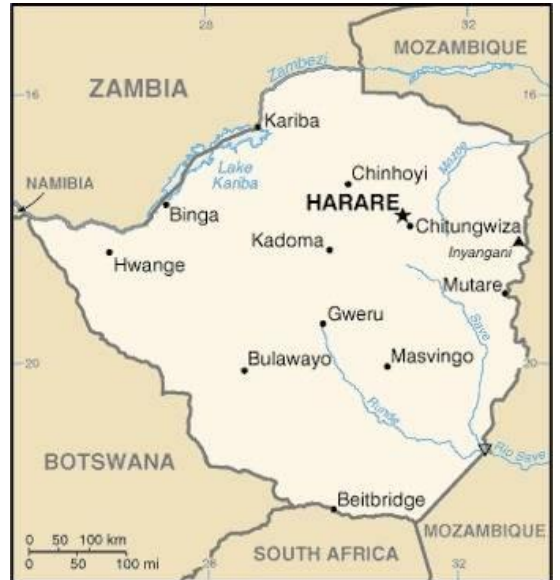
Total: 15.4 million
Median age: 20.5 years
Population growth rate: 1.95%
Urban: 32.5%
Rural 67.5%

Fertility

Birth rate: 32.77 births/1,000 population
Total fertility rate: 3.88 children born/woman
Sex ratio of population: 0.97 male(s)/female

Mortality

Death rate: 8.51 deaths/1,000 population
Life expectancy at birth: 63.79 years
Maternal mortality rate: 458 deaths/100,000 live births
Infant mortality rate: 287.67 deaths/1,000 live births



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Migration

Net migration rate: -4.74 migrants/1,000 population

Health

Current health expenditure: 3.4%

Physician density: 0.2 physicians/1,000 population

Adult obesity: 15.5%

Alcohol consumption per capita: 3.11 liters of pure alcohol

Education

Education expenditures: 3.9% of GDP

Literacy: 86.5%

Population Distribution

aside from major urban agglomerations in Harare and Bulawayo, population distribution is fairly even, with slightly greater overall numbers in the eastern half

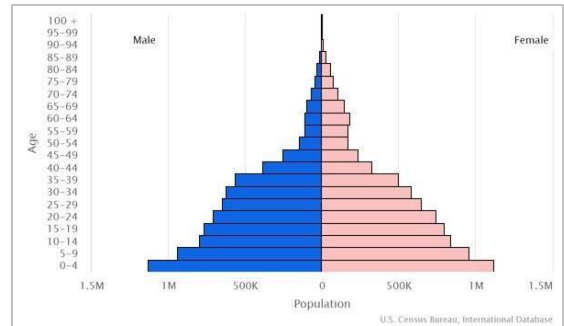
Demographic Profile

Zimbabwe's progress in reproductive, maternal, and child health has stagnated in recent years. According to a 2010 Demographic and Health Survey, contraceptive use, the number of births attended by skilled practitioners, and child mortality have either stalled or somewhat deteriorated since the mid-2000s. Zimbabwe's total fertility rate has remained fairly stable at about 4 children per woman for the last two decades, although an uptick in the urban birth rate in recent years has caused a slight rise in the country's overall fertility rate. Zimbabwe's HIV prevalence rate dropped from approximately 29% to 15% since 1997 but remains among the world's highest and continues to suppress the country's life expectancy rate.

Historically, the vast majority of Zimbabwe's migration has been internal – a rural-urban flow. In terms of international migration, over the last 40 years Zimbabwe has gradually shifted from being a destination country to one of emigration and, to a lesser degree, one of transit (for East African illegal migrants traveling to South Africa). As a British colony, Zimbabwe attracted significant numbers of permanent immigrants from the UK and other European countries, as well as temporary economic migrants from Malawi, Mozambique, and Zambia. Although Zimbabweans have migrated to South Africa since the beginning of the 20th century to work as miners, the first major exodus from the country occurred in the years before and after independence in 1980.

In the 1990s and 2000s, economic mismanagement and hyperinflation sparked a second, more diverse wave of emigration. This massive outmigration – primarily to other southern African countries, the UK, and the US – has created a variety of challenges, including brain drain, illegal migration, and human smuggling and trafficking.

Age Structure



Population Distribution

