

AGING TRENDS

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ZIMBABWE

Population aging is a well publicized phenomenon in most of the industrialized world, with attention focused on a range of socioeconomic issues **that** have accompanied the numerical growth of older **age** groups. In less-developed regions still grappling with problems of primary health and economic development, aging has not yet emerged as a major concern. **As** we approach the **21st** century, however, many developing countries such as Zimbabwe will witness a rapid increase in the number of their elderly citizens. These nations have the opportunity to learn from the experience of other nations, and to plan for the inevitable strains of **demographic** change.

Currently, only 6 percent of Zimbabwe's population is aged 55 and over; 28 percent is over 65; and less than 1 percent is 75 and older. These percentages **are** similar to those for the overall East Africa region (table 1), and are expected to remain static throughout the next 15 years, with subsequent increases projected between 2005 and 2020. As in any society, such aggregate figures **mask** the heterogeneity of elderly populations. For example, present elderly members of the white **minority** are much "older" than their **African** counterparts. In the early 1980's, more than 13 percent of white **Zimbabweans** were estimated to be aged 60 and over, compared with less than 3 percent of the **total** national African population (Hampson, 1985).

Table 1.
Percentage of Population in Older Age Groups: 1989 to 2020

Region or country	Year	55 and over	65 and over	75 and over
East Africa	1989	6.4	2.7	0.7
	2005	6.1	2.6	0.7
	2020	6.7	2.9	0.8
Zimbabwe	1989	6.0	2.8	0.9
	2005	6.1	2.7	0.8
	2020	8.7	3.5	1.0
Mozambique	1989	6.4	2.5	0.6
	2005	6.6	2.7	0.7
	2020	7.4	3.1	0.8
Zambia	1989	5.7	2.4	0.6
	2005	5.6	2.5	0.7
	2020	6.6	2.8	0.8

As in countries such as Kenya and Zambia, the low proportions of current **and** projected older population in **Zimbabwe are** associated with a high fertility rate (approximately 6 births per woman) and, from a regional perspective, a relatively low infant mortality rate. Zimbabwe's infant mortality rate of 68 deaths per 1,000 live births is 40 percent less than the Sub-Saharan average. Although the national fertility rate has decreased substantially during the past decade, more babies continue to be born each year than in the year before. This trend is projected to continue well past the turn of the **century**. Coupled with increased child survival, these large birth cohorts add increasing weight to the base of Zimbabwe's population pyramid, and will keep the elderly (55 and

over) proportion of the total population around 6 percent for the next 2 **decades**.

This small, stable proportion of elderly population might **suggest** that aging is not yet a **significant** phenomenon in Zimbabwe. However, the absolute numbers tell a different **story**. Projections based on adjusted 1982 census data show **approx-**

Table 2.
Absolute and Percent Change in Older Age Groups: 1989 to 2020
(Absolute numbers in 000's)

Year	55 and over	65 and over	75 and over
1989	594	273	89
(% change)	(60)	(53)	(33)
2005	951	417	118
(% change)	(95)	(79)	(82)
2020	1,855	746	215

Figure 1.
Average Annual Percent Growth of Total and Older Population
Percent

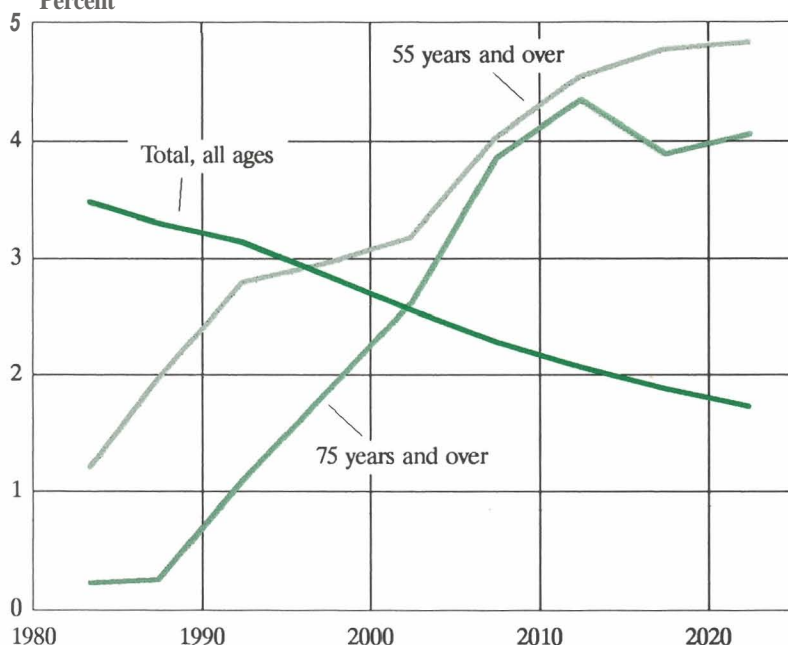
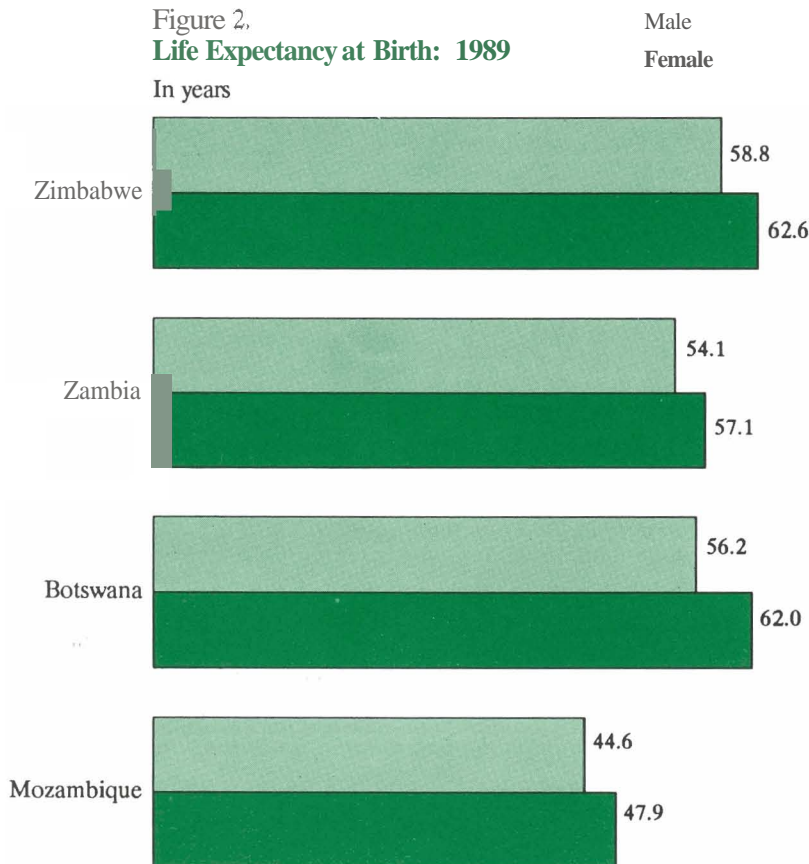


Figure 2,
Life Expectancy at Birth: 1989



mately 600,000 persons aged 55 and over living in Zimbabwe in 1989, an annual increase of about 10,000 since the census year. By 2005, the aged population is projected to total 951,000, a 60-percent increase in the next 16 years (table 2). In the subsequent 15-year period, the absolute number of aged will nearly double. Before the turn of the century, the growth rate of the older population will overtake that of the population as a whole (figure 1). Likewise, the oldest (75 and over) segment of the aged will be increasing rapidly, averaging 4 percent per annum growth from 2005 to 2025.

LIFE EXPECTANCY and HEALTH

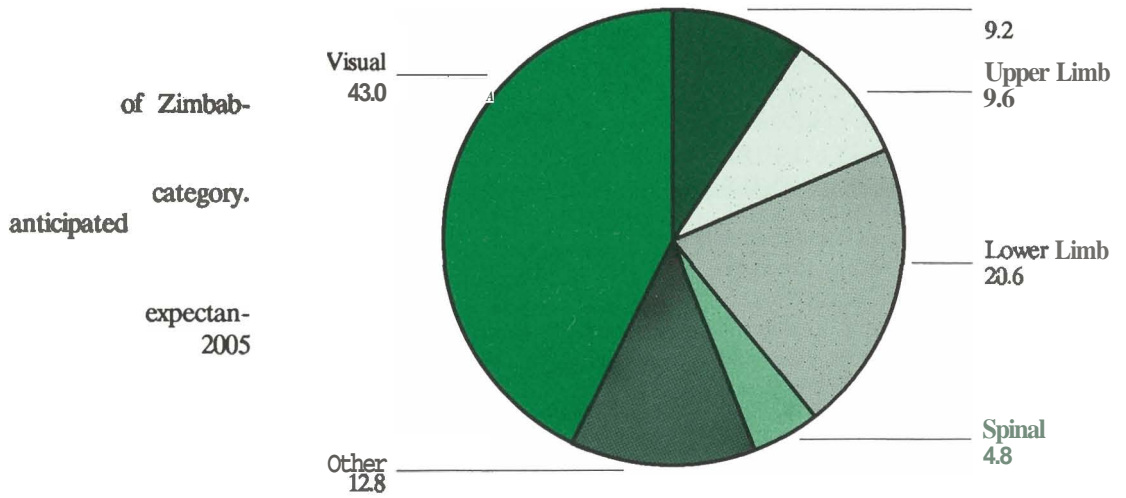
Life expectancy at birth in Zimbabwe—60.6 years—is high compared with neighboring countries (figure 2), and is one of the highest levels in Sub-Saharan Africa. Available data suggest that Zimbabwe has been successful in simultaneously reducing its infant mortality rate and improving life expectancy at older ages. Men attaining age 60 now have an additional life expectancy of 15 years, while women at this age may expect to live another 16.6 years. From birth, women on average outlive men by about 4 years.

Data on the health status of Zimbabwe's population are incomplete. While it appears that malnutrition and infectious diseases are still the major causes of morbidity and mortality (UNFPA, 1982), chronic diseases are becoming a source of disability.

According to Zimbabwe's 1981 National Disability Survey, 67,000 persons aged 60 and over—17 percent of the population in this age category—reported at least one major disability. Visual impairments accounted for more than 40 percent of total disabilities (figure 3), afflicting elderly persons at more than 8 times the rate of those aged 16 to 59 years. Higher proportions of hearing and spinal impairments were also reported for elderly persons. Approximately 10 percent of the entire survey population reported multiple disabilities.

Figure

Type of Disability:



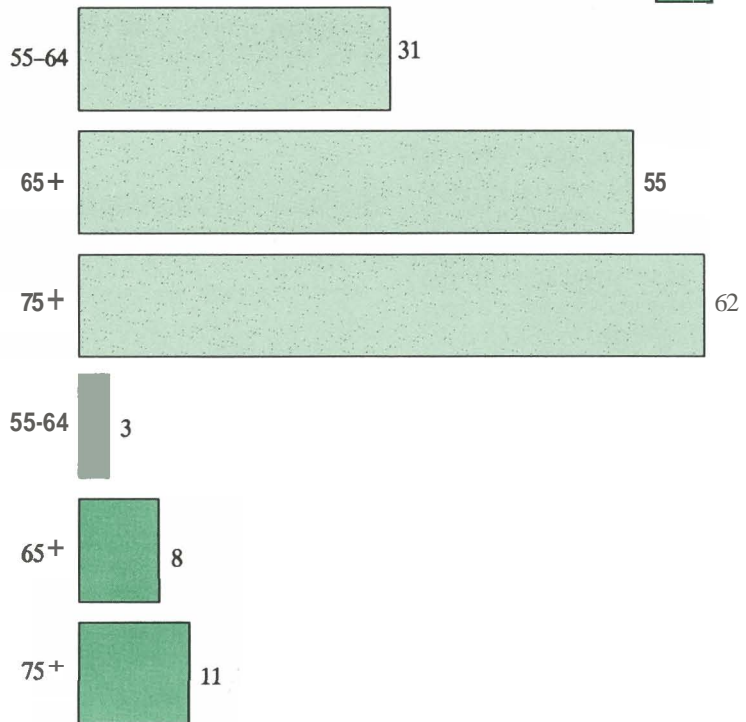
1982, 55

Figure 4.

Percent Widowed at Older Ages: 1982

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plying that the role of the elderly includes a socializing function beyond the mere provision of child care. In other cases, children of the elderly presumably have migrated from the community. Hampson (1985) reports that many rural families in Zimbabwe depend upon monetary transfers from wage earners in urban areas.

Further research is needed to determine patterns of living arrangements in Zimbabwe and whether the skip-generation household serves to enhance family cohesion or burden the elderly. In view of scarce economic resources and the official policy against institutionalization of the aged (the few existing institutional homes for the elderly African population are supported by non-governmental organizations), it appears that family support systems must continue to provide for the vast majority of older citizens.

LABOR FORCE and INCOME

Census data from 1982 show that labor force participation rates decline modestly with older age in Zimbabwe, beginning around age 60. Seven in 10 older men (60 and over) are still active in the labor force, as are nearly 1 in 3 older women (figure 5). These figures may underestimate the true level of economic activity among the older population to the extent that informal-sector activities are not fully reflected in census data. A limited urban-based survey (Hampson, 1982) showed that at least 40 percent of elderly respondents, mostly those without children and/or pensions, were engaged in the informal sector.

Prior to independence in 1980, all non-Africans of retirement age were eligible for means-tested pensions. Although this scheme has been largely dismantled, pensions in existence in 1980 continue to be paid. However, this race-based system assists only a tiny fraction of Zimbabwe's aged. Government coverage for the elderly now consists solely of

assistance from the ministry of Social Welfare within a public assistance plan for the destitute (Hampson, 1985); again, only a small proportion of the elderly benefit. Nationwide, 70 percent of Zimbabwe's 1 million wage earners—about 15 percent of the adult population—are covered by a pension scheme. Zimbabwe faces a dilemma in trying to expand its national social security system while simultaneously developing its economy. One potential problem is that the elderly occupy a position of low economic priority, and may be seen as an impediment to development by draining scarce resources away from other pressing economic and social needs (Adamchak, 1989).

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Figure 5.
Labor Force Participation Rates: 1982
(Percent economically active)

