Intercensal infant and child mortality levels in Zimbabwe between 1992 and 2002

Micah Katuruza and Moses Kibet: Population Training and Research Unit; North-West University (Mafikeng Campus); Corner Albert Lethuli and University Drive; Mmabatho 2735; South Africa

Abstract

The results of an analysis of Zimbabwe census data between 1992 and 2002 reveals significant inter-provincial and district variations in infant and child mortality levels. The results suggest infant and child mortality increased between the two censuses when compared to the preceding decades in which childhood mortality was on the decline. The estimates also show that there were considerable urban-rural differentials in infant and child mortality. In general, infants born in areas designated urban had a lower mortality than those in rural areas. Similarly, children in urban areas experienced lower mortality compared to those in rural areas. The paper argues these variations and observed intercensal increases in infant and child mortality were largely attributed to exogenous factors.

Exogenous factors selected according to the work by Tymicki (2009) and conveniently grouped into community (or environmental), household and child level factors, were used to explain and describe the intercensal levels of infant and child mortality in Zimbabwe between 1992 and 2002. Use of the Mosley and Chen (1984) theoretical framework made it possible to build hypotheses, leading to the attainment of proper empirical referents (Behm 1983).

The 1992 and 2002 census household data were analysed using the child survivorship "age" method. Indirect techniques based on the Brass-type questions on information on children ever born (CEB) and dead of respondent women in reproductive ages were used. The probabilities of dying between birth and exact age *x* were based on *Pattern 2* family model life tables of the International Network for the Demographic Evaluation of Populations and Their Health (INDEPTH). The life tables use a Brass logic system to provide accurate mortality schedules for childhood mortality patterns in Sub-Saharan Africa, taking into account the impact of HIV and AIDS epidemic on the risk of dying. The intercensal HIV prevalence rate in Zimbabwe peaked at 33.7 percent. The paper provides new estimates of $_1q_0$ and $_3q_1$ which were higher; but a "true reflection" of the effects of generalized HIV and AIDS epidemic (Hill 2013).

Key words: exogenous factors; childhood mortality; economic crisis; INDEPTH Model Life Tables.