

**CIRCULAR RELATIONSHIPS OBTAINING BETWEEN ECONOMIC,  
DEMOGRAPHIC AND HEALTH DEVELOPMENT: A THEORETICAL REVIEW**

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**ABSTRACT**

Relationships between economic, demographic and health development are generally agreed to be circular. However the complexity of the relationships is still subject to debate. This paper aims to explore such relationships drawing examples from the case of Zimbabwe and other empirical studies. It was noted that there exists a strong interdependence between the three and any malfunction in one may negatively affect the other two. Similarly, improvement in one component will have positive spillover effects on the others. The Government should therefore, ensure holistic approach when pursuing economic development, which also cater to demographic and health development.

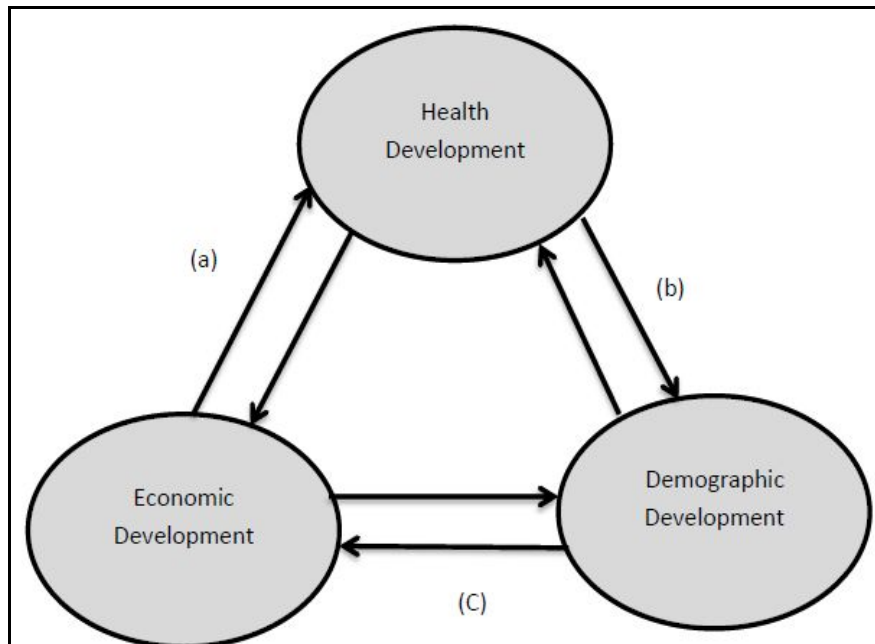
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**Keywords:** Economic Development, Health Development, Demographic Development, Zimbabwe.

**Introduction**

Relationships between economic, demographic and health development are generally agreed to be circular. However the complexity of the relationships is still subject to debate. This paper aims to explore such relationships drawing examples from the case of Zimbabwe among other empirical studies. The paper will be divided into 3 sections depicting the

relationships between a) economic and health development, b) demographic and health and c) demographic and economic development.



Economic Development can be defined as progress in an economy through the adoption of new technologies; transition from an agro-based to industry based economy and overall improved standards of living (Business Dictionary online). It also involves sustained concerted actions of individuals, societies and policy makers that improve the living standards and economic health of a specific area (whatiseconomics.org).

Demographic development refers to the improvement in the quality of population usually expressed by the population structure of a particular area. Demographic development has to do with effective management of population growth and structure so as to match levels of economic, education and health development (Kant, 1990). Health development generally refers to the promotion of the health sector and health care services quality and accessibility to all people through initiatives such as establishing health care centres, reducing doctor to patient ratios, adoption of advanced health technologies and improving training for medical staff among other things.

**i. Circular Relationships Obtaining**

a) Economic and health development

Economic development results in the acquisition of advanced technologies which in most cases are safer to use and less polluting to the environment. This translates to improved health of both the employees and the community at large. Additionally, the improvement in technology also results in the higher quality of drugs and services improving. In this case, economic development would be seen as positively linked to health development.

However the premise given above only holds in as far as economic growth is associated with cleaner technology. In practice, developed countries such as China are the major polluters of the environment despite their technological advancement. It is therefore not always the case that increase in economic development leads to health development. Jerie and Sibanda (2010) conducted a study on the environmental effects of effluent disposal at gold mines in Zimbabwe (case of Tiger Reef Mine in Kwekwe District). They concluded that, pollution of the water sources by effluents containing mercury and cyanide increased as the mining operations expanded. The polluted water was being used for domestic purposes by the local residence which exposed them to the risk of contracting diseases.

Jerie S. (2012), also carried out a study on the occupational hazards among workers in the construction industry. His study established that, occupational hazards were actually on the rise despite concerted efforts by the government to curb the problem. This may also be an indicator that economic growth will also be accompanied by negative health effects as well. Musculoskeletal disorders and eye complaints cases topped the list of occupational related sicknesses at 24% and 19% respectively.

With economic development, there is also improved education level and high incomes for households. People will as a result be educated enough to carry out preventive measures against diseases. Some scholars argue that diseases such as malaria and bilharzia are rampant in less developed countries largely due to poor prevention measures owing to low education levels. Also an upsurge in incomes for the households leads to affordability of healthcare services which in itself is health development. Moreover economic development increases the share allocated to health and consequently an improved health system results.

On the other hand, health development leads to economic development in that a healthy people provide better labour than an unhealthy one. Productivity, within firms is bound to be higher given healthy labour force than otherwise. Unnecessary costs associated with time spent during sickness or resulting from disease outbreaks are minimised due to a sound health system. Developed countries such as United States of America are better prepared to fight a disease outbreak when compared to poor countries.

It also goes without saying that as the health sector develops, there will be rising demands for goods and services since the health sector is a significant consumer of goods and services in its own right. Buying of ambulances, medical drugs, admission beds and consumption of electricity and paper among other things boost the industrial sector to a greater extent. Thus, apart from ensuring a healthy workforce, firms will be set to benefit from ready markets for their goods and services leading to growth.

b) Health and demographic development

Health and demographic development can be seen as positively related in that, development in the health sector leads to reduced infant and maternal deaths and hence improved demographic structure. However one has to note that, demographic development does not necessarily mean increase in population but rather effective management of the population. Increase in population is only desirable to the extent which health sector and economic resources can sustain. Uncontrolled population growth which is not accompanied by health development and economic development will inevitably lead to shortages, black markets and hyperinflation to mention but a few.

In Zimbabwe recently, there has been a widespread shortage of medical drugs in major health care centres. This is a clear sign that the growth in population is being met by deteriorating health standards within the country. Some medical practitioners in public hospitals have taken advantage of the situation to promote black market and corruption on the accessibility of drugs by patients.

For private health care providers, increase in population brought about by demographic development leads to the expansion of the market. It is often asserted that health sector is a consumer as well as a producer of goods and services which explains why health is also treated as any other normal good. As the population increases, people requiring medical

services will also increase though not proportionately, which in other words is regarded as a rise in business.

c) Economic and demographic development

Economic development depends on demographic development for the supply of labour. Labour being one of the key factors in economic development, a properly managed increase in population leads to an upsurge in the supply of labour. Most of the fastest emerging economies have a high population density for example China. However as stated above, there is a need to strike a balance between population growth and economic development since a higher rate of increase in the former relative to the latter will lead to shortages.

The demographic structure of an economy is also vital in determining economic development. A structure where the majority of the population are aged between 15 to 65 years old (working age population) is more desirable for economic development to that with most people aged below 15 or above 65 (the elderly). In Zimbabwe according to the Labour Force and Child Labour Survey (2014), about 53% of the population is aged between 15 and 65 years signifying a greater potential for growth.

On the other hand, economic development leads to job creation and production of higher quality and quantity of goods and services. As the economy develops, per capita income increases and so does the market for goods of services. This nevertheless is true if economic development is not accompanied by more than proportionate increase in rate of pollution and occupational hazards.

**ii. Conclusion**

The relationships obtaining between economic, demographic and health economics are not only circular but are also bi-directional. There is a strong interdependence between the three and any malfunction in one may negatively affect the other two. Similarly, improvement in one component will have positive spill over effects on the others. The Government should therefore, ensure holistic approach when pursuing economic development, which also cater to demographic and health development.

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