

BOTSWANA

Capital

Gaborone

Ethnic Groups

Tswana (or Setswana) 79%, Kalanga 11%, Basarwa 3%, other, including Kgalagadi and people of European ancestry 7%

Languages

Setswana 77.3%, Sekalanga 7.4%, Shekgalagadi 3.4%, English (official) 2.8%, Zezuru/Shona 2%, Sesarwa 1.7%, Sembukushu 1.6%, Ndebele 1%, other 2.8%

Religions

Christian 79.1%, Badimo 4.1%, other 1.4% (includes Baha'i, Hindu, Muslim, Rastafarian), none 15.2%, unspecified 0.3%

Population

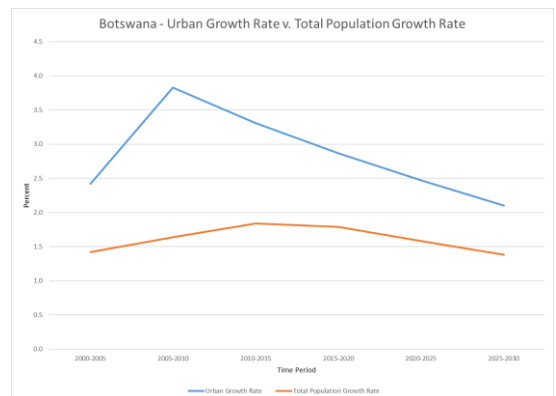
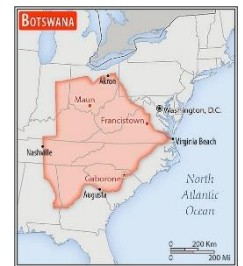
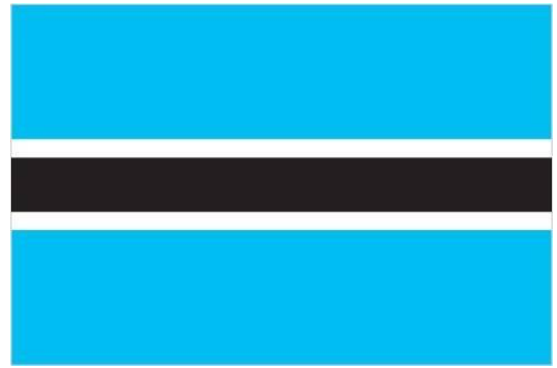
Total: 2.4 million
Median age: 25.7 years
Population growth rate: 1.37%
Urban: 72.9%
Rural 27.1%

Fertility

Birth rate: 19.95 births/1,000 population
Total fertility rate: 2.37 children born/woman
Sex ratio of population: 0.92 male(s)/female

Mortality

Death rate: 8.98 deaths/1,000 population
Life expectancy at birth: 66.04 years
Maternal mortality rate: 144 deaths/100,000 live births
Infant mortality rate: 24.41 deaths/1,000 live births



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Migration

Net migration rate: 2.77 migrants/1,000 population

Health

Current health expenditure: 6.2% of GDP

Physician density: 0.38 physicians/1,000 population

Adult obesity: 18.9%

Alcohol consumption per capita: 5.98 liters of pure alcohol

Education

Education expenditures: 8.7% of GDP

Literacy: 88.5%

Population Distribution

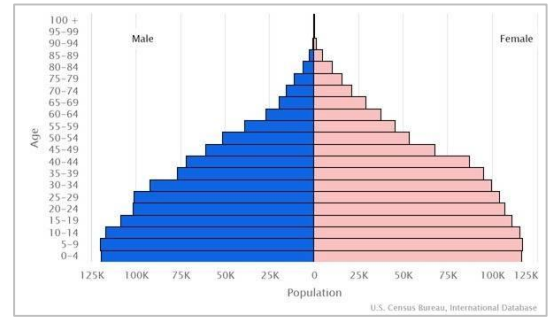
the population is primarily concentrated in the east with a focus in and around the capital of Gaborone, and the far central-eastern city of Francistown; population density remains low in other areas in the country, especially in the Kalahari to the west

Demographic Profile

Botswana has experienced one of the most rapid declines in fertility in Sub-Saharan Africa. The total fertility rate fell from more than 5 children per woman in the mid 1980s to approximately 2.4 in 2013, and remains at that level in 2022. The fertility reduction has been attributed to a host of factors, including higher educational attainment among women, greater participation of women in the workforce, increased contraceptive use, later first births, and a strong national family planning program. Botswana was making significant progress in several health indicators, including life expectancy and infant and child mortality rates, until being devastated by the HIV/AIDS epidemic in the 1990s.

In 2021, Botswana had one of the highest HIV/AIDS prevalence rates in the world at close to 20%, however comprehensive and effective treatment programs have reduced HIV/AIDS-related deaths. The combination of declining fertility and increasing mortality rates because of HIV/AIDS is slowing the population aging process, with a narrowing of the youngest age groups and little expansion of the oldest age groups. Nevertheless, having the bulk of its population (about 60% as of 2022) of working age will only yield economic benefits if the labor force is healthy, educated, and productively employed.

Age Structure



Population Distribution

