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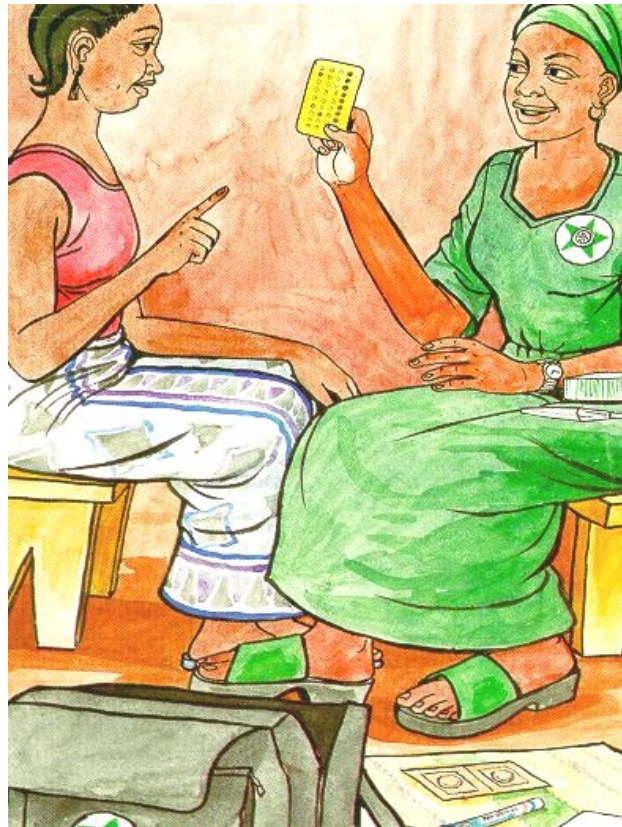---

Baseline Survey on Reproductive Health Needs in Preparation of a CBD Program in

Lushoto Division, Lushoto District

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March 2000

Abstract:

This community based household study was designed to collect data on Reproductive Health Lushoto division of Lushoto District selected as a pilot area for a Community Based Distribution program. The study focussed on main reproductive health indicators (fertility, fertility regulation, maternal health, and on knowledge about sexually transmitted diseases). The study design originates from the MoH-GTZ project on reproductive health in Kenya where the rapid assessment tool was adapted according to the needs of the field of reproductive health. 478 randomly selected women in reproductive age (15-49) from 6 villages were interviewed with a questionnaire.
The main findings are:

- In Lushoto division the contraceptive prevalence is 29%
- 77% of the study population know at least one method of modern family planning.
- Regarding provision of services 79 % of women preferred women of their or any age 18% did not mind at all who offers the service.
- 86% of the women could at least name one STD. Asked what they currently do to prevent themselves or their partner from being at risk for STDs 60% answered 'nothing'.
- The percentage of institutional deliveries (in Health Centre, Dispensary or Hospital) was 22% however 98% of the women had received antenatal care including tetanus vaccination.
- The survey revealed that 47% of the women had initiated to live with a male partner before attaining 19 years of age.

The final conclusion is that there is a considerable unmet need for family planning services in Lushoto division. Out of those who do not want a pregnancy in the following year only 33% prevent pregnancy 30% with modern methods).

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Executive Summary

This community based household study was designed to collect data on Reproductive Health Lushoto division of Lushoto District selected as a pilot area for a Community Based Distribution program. The study focussed on main reproductive health indicators (fertility, fertility regulation, maternal health, and on knowledge about sexually transmitted diseases). The study design originates from the MoH-GTZ project on reproductive health in Kenya where the rapid assessment tool was adapted according to the needs of the field of reproductive health. In Tanga region three studies of this kind were done up to March 2000 – each in one division of three different districts, thus assuring comparability among each other and serving as reference data to represent different geographic and socio-cultural patterns in the region.
478 randomly selected women in reproductive age (15-49) from 6 villages were interviewed with a questionnaire.

The main findings are:

- In Lushoto division the contraceptive prevalence is 29.1% (139/478), the prevalence of modern methods being 26.6% (127/478). Compared to the TRCHS (1999) the use of contraception thus is still high (21.7% all methods, 15.3% modern methods in TRCHS).
- 77.0% of the study population (365/474) know at least one method of modern family planning. Compared to the TRCHS 1999 this is a relatively low percentage (91.6% knowledge of any method; 91.4% knowledge of modern methods).
- Non users of family planning mentioned breast feeding as the most frequent reason of not using a method. Other important reasons were ongoing pregnancy, planning to have more children and fear of side effects (see also Figure 2). Further barriers to contraceptive use include distance to Health Centre, health reasons ("sababu za kiafya") and husband's objection.
- Regarding provision of services 79.0 % of women preferred women of their or any age (23.9% and 55.4% respectively), to whom they could refer for family planning services. Only 0.9% of the women preferred men of any age, 2.6% preferred medical personnel, but a relatively high percentage of 17.5% did not mind at all who offers the service.

- The awareness of STDs and HIV/AIDS is not too high. Only 411 out of 478 women could at least name one STD (86.0%). Asked what they currently do to prevent themselves or their partner from being at risk for STDs 59.9% (246/411) answered 'nothing'.
- Comparing women knowing of someone in their village who died of AIDS to knowing someone who died in the course of pregnancy or childbirth makes one wonder whether in the women's perception childbirth might still be the bigger killer compared to AIDS (39.5% / 35.8%).

- The stillbirth rate is rather low (19.6 / 1000).

- The percentage of institutional deliveries (in Health Centre, Dispensary or Hospital) was 21.9% (91/432). 98.4% of the women received antenatal care and 97.5% tetanus vaccination.

- Regarding marital status the findings look a little different to the last TDHS. 10.3% of the women never got married so far (23% TDHS 1996). Out of 428 women in childbearing age who ever have been married (89.7% of the study population) 355 (82.9%) are currently living with their husbands (63% TDHS) while 46 of women (10.7%) being divorced, separated or widowed (10% TDHS). 28 women (6.5%) said that their husbands are living temporary away. 10 out of 478 women (4.8%) reported to live in consensual union – being married or not.

- The survey revealed that 47.1% of the women (215/457) had initiated to live with a male partner before attaining 19 years of age. Contraceptive prevalence in this group is 30.7%.

- The final conclusion is that there is a considerable unmet need for family planning services in Lushoto division. Out of those who do not want a pregnancy in the following year (379/431) only 33.2% prevent pregnancy (30.3% with modern methods).

Introduction

The District of Lushoto together with the GTZ Reproductive Health Project in Tanga has chosen the Lushoto Division as a pilot area to test a CBD program in which all households in all villages will be covered with CBDs. Lushoto division was selected 1995 by the Tanzanian government for a pilot program in Community Based Distribution. The coverage with CBDs is still quite low, however. GTZ has taken up the initiative of the government and is currently training additional CBDs so that the whole of Lushoto division can be covered.

One CBD should on average be responsible for 50-100 households. Other divisions in the Tanga regions being selected as pilot areas are: Maramba division in Muheza district and Mkumburu division in Handeni district. The total geographical coverage with providers of contraceptives will help to answer the question if an easy access to FP methods is a crucial factor in coping with the unmet need for contraception.

In order to gain baseline data on reproductive health matters in the respective villages the following study was conducted. The study focuses on main reproductive health indicators as there are fertility, fertility regulation, maternal health and knowledge about sexually transmitted diseases.

This study was conceptualised as an operational research using rapid assessment techniques in order to provide quick and inexpensive local data for program planning and impact evaluation. The rapid assessment tools used had proven their usefulness in the CBD program in many districts of Kenya.

Local data to measure the impact of an implementation of a CBD program are needed as the Demographic and Health surveys on national level (TDHS / TRCHS) do not allow to track down data on the district, division or ward level. The information on microlevel is needed, however, for planning and measuring change.
The present study took place in March 2000.

Objectives

The study had the following objectives:
1. To assess the reproductive health status of rural women aged 15-49 years.
2. To assess the actual use of reproductive health services and reasons for their respective use or non-use.
3. To assess the women's perception and knowledge about fertiliy, reproductive health and sexually transmitted diseases including HIV/AIDS.

Methodology

The study used a rapid assessment methodology (developed by MoH/GTZ Reproductive Health Project in Kenya) with a structured questionnaire on fertility, fertility regulation, maternal health and knowledge about STDs and HIV/AIDS.

Study area

The study area was Lushoto division in Lushoto District. The district has about 434.000 inhabitants. Lushoto itself is a district headquarter and an important touristic and trading centre in the centre of Western Usambara Mountains. The Villages of Lushoto division are scattered around the town in a perimeter of 10-20km. Some are only accessible by 4wheel drive vehicles and lie about 10-15 km off the main road.

Lushoto division is still a rural area and most people do farming activities. However, there are few schools and training centres in and around Lushoto. Quite some people are involved in business activities or tourism. As there are numerous NGOs and different churches in the area many people somehow work with respect to donor agencies. Family planning methods are not provided by health facilities around Lushoto that are sponsored by the Catholic Church, which makes the area interesting for a baseline survey. In spite of walking distance to Lushoto town (up to 12 km) a high unmet need for family planning was suspected as there are only few providers of FP at all.

Six villages were purposely selected to cover the following geographic / socio-economic typologies:

- Distance to Lushoto town – pastoral or "urban" setting;
- Villages with high coverage of just trained CBDs or without CBD coverage at all;
- High unmet need for family planning methods (as perceived by the local health professionals).

For each characteristic two villages were selected and about 75-80 people were interviewed.

Table 1: Population in the villages visited for the baseline survey in March 2000, Lushoto Division

Village	Population	No. of households	CBD Coverage	Distance to Lushoto
Yoghoi	5160	960	7 (trained in 2000)	8 km
Irente	2859	500	4 (trained in 2000)	6 km
Miegeo	1954	600	5 (trained in 2000)	10 km
Ubiri	5660	870	7 (trained in 2000)	5 km
Ngulu	2937	640	currently in training	5 km
Kwemashai	4289	750	currently in training	10 km

Source: M. Nyenga, Lushoto

Sample

478 women of child bearing age (15-49) from six different villages were interviewed. The sample size of 450-500 women was calculated on the basis of an estimated contraceptive prevalence of 20%-30% and an accepted error of 5% (confidence interval 95%) to be able to measure a change in contraceptive behavior of more than five percent.

The sampling design was a one-stage cluster sampling. Since there were no lists available for all the households, selection of households by a random starting point in the centre of the village followed by on randomly chosen direction in which all households were interviewed till 75 women were interviewed. If needed the procedure was repeated to choose a second direction from the same starting point in the centre of the village, most of the times being the village chairmen's office.

Two criteria were applied to define members of a household:
- Residents are sleeping in the respective household.
- Residents are cooking in the respective household.

All women of childbearing age, who slept the last night in the respective house and were present at the time of interviewing were eligible. One woman was eligible per household.

The interviewers were given a target of 10-12 interviews per day to get the total of about 75-80 interviews the same day.

Ever married women and those who had sexual partners were interviewed for almost all sections of the questionnaire. For those who were unmarried or had no sexual partners but also for pregnant women or women without children some questions were omitted.

Data collection instrument

A structured questionnaire was used covering the following RH variables (see appendix):
- Contraception
- Knowledge and use of Contraception
- Reasons for non use
- Future intention

- Antenatal Care
- Stillbirths
- Current pregnancy
- Abortions
- Knowledge on STDs
- Awareness about Maternal Deaths

The following demographic indicators were used:
- Age
- Marital status
- Education
- Residence
- Leadership role in the household

The questionnaire was translated into Kiswahili and re-translated into English by a second person to assure the correct translation. The questionnaire was field tested in 1997 (fist baseline survey in Muheza district, Maramba division) and necessary changes were made.
8 interviewers were chosen from Nursing School in Korogwe and trained in 1 ½ days. The data collection was completed within 6 days.

Results

The results are grouped as follows:
- Basic characteristics
- Fertility and family planning
- Maternal Health
- Knowledge about STDs

Basic characteristics of women interviewed

Table 2 shows the basic characteristics of the sample.

The mean age in this survey was 29.1 years. Illiteracy rate is about 23.9%, which goes together with 21.1% replying that they had never gone to school. Even some of the women who have never got any schooling replied on the other head they were able to read and write Kiswahili properly.
Most women were Muslims (76.6%) and in 89.6% men were household heads.
The occupation the most prevalent is farming (n=472), 2 women reported they run a small business, one was a tailor, one a teacher and 2 were still students.
Formal education was high (377/478), but only a very small proportion (5/377) entered for secondary or higher education.

Fertiliy and fertility regulation

Age of initiation of living with a male partner among sexually active women:

Marriage or any consensual union between men and women was considered to be a proxy for initiation of regular sexual activity and it triggers the onset of women's exposure to the risk of unwanted pregnancy, sexually transmitted diseases and other related complications.
Table 3 shows that 47.1% of the women interviewed had started living with a male partner before attaining 18 years of age and even 4.6% before attaining 15 years of age.

Women's intention to give birth within the next year

48 out of 431 women (12.1%) intend to give birth within the next year (only non-pregnant women asked). Another question asked whether women would feel happy becoming pregnant next week. Table 4 shows the breakdown of the two questions.

Pregnancy prevalence at the time of the survey

10.0% (48/478) of the women interviewed were pregnant at the time of the interview, which is in the expected range of pregnancy prevalence in Tanga region (4.6 births / 100 inhabitants in 1999; women in reproductive age account for 18% of total population).

Table 2: Basic characteristics of 478 women interviewed in Lushoto Division,
CBD Baseline Survey March 2000

Characteristics	N	%
Age in years:		
15-19	35	7.3
20-24	121	25.3
25-29	115	24.1
30-34	84	17.6
35-39	57	11.9
40-44	33	6.9
45-49	33	6.9
Mean age: 29.1 years		
Religion		
Muslims	366	76.6
Christians	110	23.0
NR	2	0.4
Household Head		
Females	46	9.6
Males	428	89.6
NR	4	0.8
Ever been to school		
No	101	21.1
Yes	377	78.9
Years of schooling		
7 years or less	372	98.7
8-10 years	5	1.3
More than 10 years		
Total	377	
Ability to read and write Kiswahili	(n=476)	
No	114	23.9
Yes	362	76.1
Current marital status		
Living with husband	355	80.9
Divorced	15	3.4
Separated	10	2.3
Husband away	28	6.4

Widowed	21	4.8	
Consensual union	10	2.3	
Total	439		

Table 3: Age at initiation of living in union (=onset of sexual activity) among 457 women in Lushoto division, CBD Baseline Survey March 2000

Age (years)	N	%
Below 15	21	4.6
16-18	194	42.5
19-25	232	50.8
More than 25	4	0.9
Don't know	6	1.3
Total	457	100

Knowledge about contraception and current use of contraception

Overall 366 out of 475 women (77.1%) knew at least one modern method of contraception. The level of knowledge increased with schooling and age.

139 out of 478 women currently used any contraceptive method. Thus, the contraceptive prevalence for any method was determined to be 29.1% (n=139) for all methods (including traditional ones) and 26.6% (n=127) for modern methods. Women in the core reproductive age (20-34) have a relatively higher knowledge of contraceptives and also a higher rate of present usage of contraceptives. Also schooling clearly has an influence on knowledge and usage rate of contraceptives.

Table 5: Women's' knowledge and present use of contraception with different background characteristics, Lushoto Division, Baseline Survey March 2000

	Knowledge of at least one modern method (n=475)			Current use of family planning method (n=478)			
Age group	No	Yes	Yes in %	No	Yes	Yes in %	% of mod methods
15-19	25	9	26.5	31	4	11.4	11.4
20-24	31	90	74.4	85	36	29.8	26.4
25-29	12	103	89.6	71	44	38.3	33.9
30-34	11	72	86.7	57	27	32.1	32.1
35-39	9	47	83.9	45	12	21.1	17.5
40-44	8	25	75.8	25	8	24.2	24.2
45-49	13	20	60.6	25	8	24.2	21.2
Total	109	366	77.1	339	139	29.1	26.6
Schooling							

No	42	59	58.4	79	22	21.8	17.8
Yes	67	307	82.1	260	117	31.0	28.9
Marital status		**N=437**			**N=439**		
Living with Husband	67	288	81.1	236	119	33.5	31.0
Divorced	3	12	80.0	12	3	20.0	20.0
Separated	0	10	100.0	7	3	30.0	30.0
Husband temp. away	4	23	85.2	21	7	25.0	14.3
Widowed	9	11	55.0	19	2	9.5	9.5
Consensual Union	3	7	70.0	7	3	30.0	30.0

Table 4: 431 women's' attitudes towards becoming pregnant and giving birth, Lushoto Division, Baseline Survey March 2000

	"Do You plan do give birth next year?"		
"How will You feel if You become pregnant next week?"	No	Yes	Total
Happy	29	29	48
Unhappy	326	23	349
Does not matter	5	0	5
Don't know / no response	19	0	19
Total	379	52	431

Family planning methods currently used

The distribution of FP methods currently used shows that injection and pills on the modern side are the most common methods. Condoms seem to be not so established with 3.6% user rate. Traditional methods like safe period, abstinence and withdrawal still account for 7.9 % of all methods. Fig. 1 shows the FP methods currently used.
3 out of 35 women (8.6%) using pills and 13 out of 73 women (17.8%) using injections did not tell their partner or husband about them using contraceptives at all.

Duration of Contraception among women asked

Among those women who are currently using contraceptive methods (n=139) 33.8% have been using them for an average period of 1-2 years and 20.1% for an average period of 3-4 years. See Table 6 for further details.

Duration of usage	Tuballigation	Norplant	Pills	Injection	Condom	Safe period, abstinence	Trad. Herbs	Total
< 3 months	2		8	6	2			18 (12.9)
4-6 months			5	7			1	13 (9.4)
7-12 months			3	13		6		22 (15.8)
1-2 years	1		10	31	2	3		47 (33.8)
3-4 years	2		8	15	1	2		28 (20.1)
5 years and more	2	1	2	6				11 (7.9)
total	7	1	36	78	5	11	1	139

Problems faced in obtaining contraceptives

Only 5 women (3.7%; this question asked to 136 women) ever experienced difficulties in obtaining contraceptive supplies. For one woman price was the problem, another one experienced supply lacks and 3 replied that distance to the health centre was the major obstacle (2 from Irente, one from Ngulu).

Reasons for non-use of contraception

Non users of family planning mentioned breast-feeding as the most frequent reason of not using a method. Other important reasons were ongoing pregnancy, planning to have more children and fear of side effects (see also Figure 2). Further barriers to contraceptive use include distance to Health Centre, health reasons ("sababu za kiafya") and husband's objection. Fig. 2 shows reasons for non-use of contraception more detailed.

Preference for type of provider for contraceptives

96.2% (460) of the women would appreciate if FP services were offered in their village. Out of these 50.0% (230) would prefer someone originally from their own village for FP services. Fig. 3 shows which kind of person they would prefer for the service. However, this does not necessarily mean, that the other 50.0% would prefer somebody else from outside. The questionnaire did not provide the option to specifically prefer somebody from outside the village. Many just did not care who offers the service. Fig. 3 shows which kind of person they would prefer for the service.

Maternal Health

Table 7: Maternal Health indicators of 478 women asked during the BaselineSurvey in Lushoto Division March 2000

Indicator	N	%
Pregnant at the time of survey	48	10.1
Was pregnancy planned?		
No	28	58.3
Yes	20	41.7
History of abortion		
No	404	84.5
Yes	74	15.5
Abortion treated at:		
Dispensary	1	1.4
Traditional Healer	17	23.0
Hospital	48	64.9
Home, no treatment	8	10.8
ANC during last pregnancy	(n=435)	
No	7	1.6
Yes	428	98.4
TT Vaccine during last pregnancy	(n=434)	
No	10	2.3
Yes	423	97.5
Don't know	1	0.2

Pregnancy: 48 women (10.1%) were pregnant at the time of the survey. 58.3% of the pregnancies "just happened" – they were not planned ("Ilitokea tu").

Abortion: 74 women (15.5%) reported a history of abortion. The second most frequented treatment was at the traditional healer (n=17); 23.3% of all abortions in this survey were done by traditional healers.

Stillbirths and mean number of livebirths

The stillbirth rate is rather low (19.8/1000). Mean number of livebirths is 3.9 (1714 livebirths in 442 women).

Delivery indicators

The following table 8 shows some basic information on conditions of delivery. 78.9% of the women said they delivered their last pregnancy at home and only 21.1% delivered in a health facility. In 24.3% deliveries were assisted by trained personnel (34.2% in TRCHS 1999).

Table 8: Delivery indicators in women interviewed during the Baseline Survey
in Lushoto Division, March 2000

Indicators	N	%
Place of Delivery	(n=432)	
Home	341	78.9
Dispensary	5	1.2
Health Centre	1	0.2
Hospital	85	19.7
Duration of Labour	(n=424)	
< 6 hours	241	56.8
more than 6 hours	89	21.0
more than 12 hours	39	9.2
more than 18 hours	9	2.1
more than 24 hours	9	2.1
around 2 days	28	6.6
around 3 days	9	2.1
Delivery assisted by	(n=432)	
Doctor, nurse or	95	22.0
midwife	10	2.3
Trained TBA	93	21.5
Untrained TBA	209	48.4
Relative, neighbour, friend	25	5.8
Mother		
Started breastfeeding	(n=416)	
Immediately	81	19.5
Hours later	193	46.4
Days later	140	33.7
Don't know	2	0.5

Awareness about Sexually Transmitted Diseases (STD)

The awareness of STDs and HIV/AIDS is not too high. 411 out of 477 women could at least name one STD (86.2%). However, asked what they currently do to prevent themselves or their partner from being at risk for STDs 61.1% (247/411) answered 'nothing'.
Comparing women knowing of someone in their village who died of AIDS to knowing someone who died in the course of pregnancy or childbirth makes one wonder whether in the women's perception childbirth might still be the bigger killer compared to AIDS (39.5% / 35.8%).

Table 9: Knowledge and attitudes towards STDs in the study sample.

Characteristics	N	%
Knowledge of at least one STD	(n=477)	
No	66	13.8
Yes	411	86.2
Measures to prevent STDs	(n=411)	
Using Condoms	18	4.6
Abstinence	22	5.4
Only one partner	121	29.4
Nothing	247	61.1
Other	3	0.7
Aware about women's death by AIDS	(n=475)	
No	305	64.2
Yes	170	35.8
Aware about women's death in the course of pregnancy	(n=478)	
No	289	60.5
Yes	189	39.5

Survey Reliability

About 2.3% of the respondents (n=11) were revisited during the survey. Consistency of answers to the questions was found to be very high in general. Some minor inconsistencies were found among responses concerning marital status and number of children. Inconsistencies were due to misleading question structures. A revised questionnaire is suggested.

Reproductive Health Status
Women 15 - 49 years age
Lushoto Division, Lushoto District, March 2000

Kujitambulisha

Dodoso No _____

Mkoa: _____ Wilaya: _____Tarafa:_____

Kijiji _____Namba ya kaya _____

Jina la anayehoji:_____Tarehe :_____

Jina la anayehojiwa_____Umri_____

Kazi_____Dini_____

Jina la mkuu wa kaya_____Jinsia ya mkuu wa kaya:Me/Ke

---

1. **Ulishawahi kwenda shule?**

   (1) Ndio   (0) Hapana   (**Kama hapana endelea Q3**)

2. **Umesoma na kumaliza mpaka darasa la ngapi?**

   (1) Miaka saba au chini   (2) Kati ya miaka 8 -10

   (3) Zaidi ya miaka kumi

3. **Unaweza kusoma na kuandika kiswahili vizuri?**

   (1) Ndio   (0) Hapana

4. **Ulishawahi kuolewa?**

   (1) Ndio   (0) Hapana (**Kama hapana endelea Q6**)

5. **Vipi hali yako ya ndoa kwa sasa?**

   (1) Ninaishi na mume   (2) Nimeachika   (3) Tumetengana

   (4) Mume anaishi mbali   (5) Mjane   (6) Tunaishi tu hatuna ndoa

6. **Kwa sasa hivi una rafiki wa kiume unayeishi naye**?

   (1) Ndio   (0) Hapana

7. **Ulikuwa na miaka mingapi kwa mara ya kwanza ulipoolewa ua ulipoanza kuishi na mwanaume?**

(1) Chini ya miaka 15   (2) Kati ya miaka 16 -18

(3) Kati ya miaka 19 -25   (4) Zaidi ya miaka 25

(99) Sijui / Sikumbuki

8. **Ulishawahi kuzaa watoto wangapi hai pamoja na waliozaliwa wafu?**

(1) Ndio idadi _____(0) Hapana (**Kama hapana endelea Q11**)

9. **Umezaa mara ngapi watoto wafu?**

(1) Idadi _____ (99) Sijui / Hakuna jibu

10. **Umezaa watoto hai mara ngapi?**

(1) Idadi _____ (99) Sijui

11. **Ulishawahi kuharibu mimba?**

(1) Ndio   (0) Hapana (**Kama hapana endelea Q13**)

12. **Ulipatia matibabu wapi?**

(1) Zahanati   (2) Kituo cha afya

(3) Mganga wa jadi   (4) Hospitali

(5) Mahali pengine taja _____

13. **Kwa sasa hivi una mimba**

(1) Ndio   (0) Hapana (**Kama hapana endelea Q15**)

14. **Wakati ulipopata mimba ulikuwa umepanga, hukupanga?**

(1) Nimepanga   (2) Ilitokea tu   (99) Sijui

15. **Katika kipindi cha mwaka mmoja ujao umepanga kuzaa mtoto?**

(1) Ndio   (0) Hapana

16. **Unaweza kunitajia njia moja ya kisasa ya uzazi wa mpango?**

(1) Jibu lolote moja sahihi ni ndio

(0) Hapana **(Kama hapana endelea Q18)**

Kufunga
Kitanzi
Vidonge
Sindano
Mpira
Povu

17. **Kwa kawaida unajua ni wapi unaweza kupatia njia hii?**

(1) Kituo cha afya   (2) Maduka ya dawa

(3) Hospitali   (4) Mahali pengine taja

(99) Sijui / Sikumbuki / Hakuna jibu

18. **Kwa kipindi hiki wewe, mume wako / rafiki yako mnatumia njia yoyote ya**

uzazi wa mpango? (Usiulize swali hili kwa mama mjamzito)

(1) Ndio   (0) Hapana (**Kama hapana endelea Q25**)

19. **Wewe, mume wako au rafiki yako, ni njia ipi mnatumia kwa sasa?**

(1) Kufunga   (2) Vipandikizi   (3) Kitanzi

(4) Vidonge   (5) Sindano

(6) Mpira, povu, mafuta, kofia

(7) Siku salama, kumwaga mbegu nje, kuacha tendo la ndoa

(8) Nyinginezo taja _____

20. **Ni kwa muda gani wewe au mume wako, mmekuwa mkutumia njia hii**

mnayotumia sasa ya uzazi wa mpango mfululizo bila kuacha?

(1) Chini ya miezi 3   (2) Kati ya miezi 4 - 6

(3) Kati ya miezi 7 - 12 (4) Kati ya mwaka 1 - 2

(5) Kati ya miaka 3 - 4   (6) Miaka 5 au zaidi

21. **Ni kwa muda gani umeshawahi kutumia njia yoyote ya uzazi wa mpango**
bila kukatiza katiza au kuacha?

(1) Chini ya miezi 3   (2) Kati ya miezi 4 - 6   (3) Kati ya miezi 7 - 12

(4) Kati ya mwaka 1 - 2 (5) Kati ya miaka 3 - 4   (6) Miaka 5 au zaidi

22. **Ulishawahi kupata matatizo yoyote katika kupata huduma za uzazi wa**

mpango?

(1) Ndio   (0) Hapana (**Kama hapana endelea Q24**)

23. Je, hayo matatizo makubwa yalikuwa yapi?

(1) Bei   (2) Kituo cha Afya kiko mbali

(3) Watumishi hawapatikani   (4) Mengineyo taja_____

24. Mume wako anajua kuwa unatumia njia za uzazi wa mpango?

(1) Ndio   (0) Hapana

25. Ni sababu ipi muhimu zaidi inayokufanya wewe usitumia uzazi wa mpango?

(1) Kutaka watoto zaidi   (2) Kuogopa madhara ya njia hizo

(3) Mume / Rafiki anapinga   (4) Njia / Huduma hazipatikani

(5) Sababu za kiafya   (6) Kutozaa kabisa

(7) Sababu za kidini   (8) Kunyonyesha

(9) Mimba   (10) Nyinginezo taja_____

(99) Sijui / Sikumuki / Hakuna jibu

26. Huduma za uzazi wa mpango zililetwa hapa nyumbani kwako utafurahia huduma hizo?

(1) Ndio   (0) Hapana (**Kama hapana enedelea Q29**)

27. Ni watu wa aina gani ambao ungependelea kuwaulizia hizo huduma za uzazi wa mpango?

(1) Mwanamke wa umri wako   (2) Mwanamke wa umri wowote

(3) Mwanuame wa umri wowote (4) Yeyote

28. Je, unapendelea mtu kutoka kijijini kwako?

(1) Ndio   (2) Yeyote

29. Mtoto wako wa mwisho ulimzaa lini?   Tarehe_____/_____/_____

30. Je, ulipata huduma za kiliniki ya mama mjamzito kwenye mimba yako ya mwisho?

(1) Ndio   (0) Hapana   (99) Sijui / Sikumbuki / Hakuna jibu

31. Katika mimba yako ya mwisho ulipata sindano yako ya kuzuia ugonjwa wa

Pepopunda?

(1) Ndio   (0) Hapana   (99) Sijui / Sikumbuki

32. **Ulijifungulia wapi mimba yako ya mwisho?**

(1) Nyumbani   (2) Zahanati

(3) Kituo cha Afya   (4) Hospitali

33. **Je, unakumbuka uchungu wako ulichukuwa muda gani?**

(1) Chini ya masaa 6   (2) Zaidi ya massa 6   (3) Zaidi ya masaa 12

(4) Zaidi ya masaa 18   (5) Zaidi ya masaa 24   (6) Siku 2

(7) Siku 3   (99) Sijui / Sikumbuki

34. **Ni nani alikuzalisha?**

(1) Daktari, Muuguzi, Muuguzi Mkunga

(2) Mkunga wa Jadi, ambaye hakupata mafunzo, mhudumu wa afya

(3) Mkunga wa Jadi, aliyepata mafunzo   (4) Ndugu, Jirani, Rafiki

(5) Wengineo taja _____   (99) Sijui

35. **Umewahi kumyonyesha mtoto wako?**

(1) Ndio   (0) Hapana   (**Kama hapana endelea Q37**)

36. **Unachukua muda gani baada ya kujifungua ndipo umnyonyeshe mtoto**

    wako kwa mara ya kwanza?

(**1**) Mara baada ya kujifungua   (2) Baada ya masaa

(3) Baada ya siku   (99) Sijui / Sikumbuki

37. **Utajisikiaje kama utapata mimba kwa kipindi cha wiki moja ijayo?**

(1) Nitafurahi   (2) Sitafurahi   (3) Hakuna shida

38. **Umewahi kusikia juu ya ugonjwa ambao unaweza kuambukiziwa kwa kufanya tendo la ndoa?**

(1) Ndio   (0) Hapana (**kama hapana endelea Q45**)

39. **Nitajie magonjwa ambayo yanayoweza kuambukizwa kwa kufanya tendo**

    la ndoa?

Kaswendo
Kisonono
Ukimwi
Upele sehemu za siri

(1) Jibu moja sahihi ni ndio   (2) Hapana

40.   **Wewe, kwa kipindi hiki unafanya nini kujikinga wewe mwenyewe, mume wako/ rafiki au watu wengine kupata magonjwa za zinaa au ukimwi?**

(1) Kutumia mipira   (2) Kuacha kabisa tendo la ndoe   (3) Hakuna

(4) Kuwa na mpenzi mmoja   (5) Nyinginezo taja_____

41.   **Kwa miezi 12 iliyopita ulishawahi kugunduliwa na ugonjwa uanaombukizwa kwa kufanya tendo la ndoa. (Kwa waliogunduliwa Kituo cha Afya tu)**

(1) Ndio   (0) Hapana (Kama hapana endelea Q45)   (99) Sijui

42.   **Iligunduliwa ulikuwa na ugonjwa gani (uliza zaidi kupata jibu)**

(1) Ukimwi   (2) Magonjwa mengine ya zinaa

(99) Sijui / Sikumbuki

43.   **Ulipatia matibabu wapi?**

(1) Hospitalini   (2) Kituo cha Afya   (3) Zahanati

(4) Maduka ya madawa   (5) Mganga wa Jadi

(6) Kwa watu binafsi   (7) Nyinginezo taja

44.   **Ulimwambia mume / rafiki yako kuwa umepatwa na ugonjwa huo? (Uliotaja hapa juu)**

(1) Ndio   (0) Hapana

45.   **Katika kijiji hiki au familia yako unafahamu mwanamke yeyote aliyekufa kwa**

ugonjwa wa ukimwi?

(1) Ndio   (0) Hapana

46.   **Katika kijiji au familia yako unamfahamu mama ambaye alikufa wakati alipokuwa mjamzito, wakati wa kujifungua au aliyekufa baada ya kujifungua?**

(1) Ndio   (0) Hapana

Annex 2 :Administratiave Division per District

Districts	Population	Surface	Inhab / km^2	Divisions	Wards	Villages
Handeni	326.512	13.209	25	11	23	102
Korogwe	248.000	3.756	66	4	20	115
Lushoto	**434.835**	**3.500**	**124**	**8**	**32**	**137**
Muheza	259.681	4.922	53	6	27	140
Pangani	41.939	1.425	29	4	13	23
Tanga Muni	235.367	536	439	4	23	22
Total	1.546.354	27.348	56	37	138	539

Source: Annual progress report of Tanga region, 1998