Tanzania

Demographic and Health Survey

2004

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2004-2005

National Bureau of Statistics
Dar es Salaam, Tanzania

ORC Macro
Calverton, Maryland, USA

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This report summarizes the findings of the 2004-05 Tanzania Demographic and Health Survey (2004-05 TDHS), which was conducted by the National Bureau of Statistics of the United Republic of Tanzania. ORC Macro provided technical assistance. The 2004-05 TDHS is part of the worldwide Demographic and Health Surveys (DHS) programme which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programmes. Funding for technical assistance and equipment was provided by the United States Agency for International Development (USAID). Local costs of the survey were financed completely by the pooled funds of the Poverty Eradication Division (PED) in the Vice President's Office. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID or the Government of Tanzania.

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FOREWORD

This report presents the results of the 2004-05 Tanzania Demographic and Health Survey (TDHS) that was carried out from October 2004 through January 2005. The survey, which is the latest in a series of periodic surveys that are conducted by the National Bureau of Statistics, was conducted in collaboration with various stakeholders led by the Ministry of Health.

The main objective of this survey was to measure levels, patterns, and trends in demographic and health indicators in both Tanzania Mainland and Tanzania Zanzibar. For the first time, information on the status of anaemia in women and in children under age five was collected and the indicators presented. Height and weight measurements were taken for the same population. Iodine testing of household salt was conducted, and information on birth registrations was collected.

This survey was designed to produce estimates at the regional level for most indicators. The tables, figures, and text are related to the most important indicators consistent with the objectives of the survey. They are targeted for use by policymakers, planners, and researchers, especially in the health sector.

Cletus P.B. Mkai
Director General
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ACKNOWLEDGMENTS

The Tanzania Demographic and Health Survey (TDHS) 2004-05 has been a success story due to efforts from various government ministries, organizations, departments and individuals. We would like to acknowledge their participation and contributions to the successful completion of the survey. The National Bureau of Statistics wishes to extend its sincere gratitude to the Poverty Eradication Division (PED) in the Vice President's Office for fully financing the local costs of the survey through the pooled fund. Also we would wish to thank the Demographic and Health Surveys programme of ORC Macro in Maryland, U.S.A., with funding from USAID, for the provision of technical assistance in all aspects of the survey. Our sincere gratitude is also extended to all organizations which contributed to the questionnaire contents and/or the field staff training, including the Reproductive and Child Health Section—Ministry of Health, the Policy and Planning Department—Ministry of Health, the Tanzania Food and Nutrition Centre as well as development partners and stakeholders.

Likewise, a considerable number of individuals contributed significantly to the successful completion of this survey. We would like to thank Ms. Holly Newby and Ms. Ladys Ortiz from the DHS programme of ORC Macro for their technical assistance in the survey, and Said M. Aboud, the survey manager, Mlemba Abassy, the desk officer of the survey both from the National Bureau of Statistics, as well as Ms. Mayasa M. Mwinyi, and Omary S. Salahi both from the Office of Chief Government Statistician, Zanzibar. Their long days of working overtime served to make this survey successful. Similarly, the nurses from the Ministry of Health who worked as interviewers, and NBS and MoH staff who worked as field supervisors for the survey deserve our heartfelt gratitude. We are even more grateful to the survey respondents who generously contributed part of their time to enable the survey teams gather crucial information for our country.

Finally, we would like to thank the authors of this report: Mr. S.M. Aboud, Ms. A.A. Chuwa, Mr. Mlemba Abassy, Mr. A.M. Makbel, and E.N. Karugendo from the NBS, Mr. Omari I.G. Abdallah from the President's Office Planning and Privatization, Mr. M.O. Mbwana from Office of the Chief Government Statistician, Zanzibar, Mr. R.K. Khamis from Safe Motherhood Initiatives, Zanzibar, Mr. J.J. Rubona, and Dr. E.M. Kwesi from the department of Policy and Planning, Ministry of Health, Dr. C. Sanga, and Dr. C. Mpemba from Reproductive and Child Health Section, Ministry of Health, Dr. A.B. Sanga, and Ms. M.M. Ngonyani from Tanzania Food and Nutrition Centre, and ORC Macro staff.

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SUMMARY OF FINDINGS

The 2004-05 Tanzania Demographic and Health Survey (TDHS) is the sixth in a series of Demographic and Health Surveys conducted in Tanzania. The 2004-05 TDHS is a nationally representative survey of 9,735 households selected from 475 sample points throughout Tanzania. All women age 15-49 in these households and all men age 15-49 in a subsample of one-third of the households were individually interviewed. The sample was designed to produce separate estimates on key indicators for the national level, for urban and rural areas, and for seven zones. Some estimates can be calculated at the regional level.

The survey collected information on fertility levels and preferences, marriage, sexual activity, awareness and use of family planning methods, maternal and child health, breastfeeding practices, nutritional and anaemia status of women and young children, childhood mortality, use of bednets and antimalarials, awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections (STIs), female genital cutting (FGC), and adult and maternal mortality.

The National Bureau of Statistics (NBS) conducted the survey, which was in the field from October 2004 to February 2005. Technical assistance was provided by ORC Macro through the MEASURE DHS programme. The local costs of the survey were fully financed through the pooled fund of the Poverty Eradication Division (PED) in the Vice President's Office. Technical assistance was funded by the United States Agency for International Development (USAID)/Tanzania.

FERTILITY

Fertility Levels and Trends. The total fertility rate (TFR) in Tanzania is 5.7 children per women. This means that at current fertility levels, the average Tanzanian woman will give birth to 5.7 children by the end of her lifetime. The 2004-05 TDHS estimate of fertility is statistically at the same level as rates estimated by the 1996 TDHS (5.8 births) and the 1999 Tanzania Reproductive and Child Health Survey (TRCHS) (5.6 births). Thus, there is no evidence of fertility decline in Tanzania during the past eight years. The fact that 11 percent of all women age 15-49 are pregnant indicates that fertility will continue to be high, at least in the near future.

Fertility Differentials. The TFR differs greatly within Tanzania. The TFR in Mainland rural areas is 6.5, compared with 3.6 in urban areas. Rural women have, on average, 3 more births than their urban counterparts. The TFR in Zanzibar is 5.3. The TFR ranges from a low of 3.6 in the Eastern zone to a high of 7.3 in the Western zone. Fertility is closely associated with the educational attainment of the mother. While the TFR for women with no education is 6.9, women with secondary education or higher have a TFR of 3.3.

Initiation of Childbearing. One-fourth of women age 15-19 have begun childbearing: 20 percent are already mothers and 7 percent are pregnant with their first child. The percentage of women age 15-19 who have begun childbearing has remained constant over the past 15 years according to the results of the 1991-92, 1996, and 2004-05 TDHS surveys and the 1999 TRCHS.

Median age at first birth is 19.4, meaning that half of women give birth before age 20. Age at first birth differs the most by education, ranging from 18.7 years among women with no education to 23.8 years among women with at least some secondary education.

Fertility Preferences. Although two-thirds of currently married women say that they want more children, 42 percent say they want to wait for two or more years before having their next child. The data indicate that over time, the desire to space births among currently married women may have increased slightly. According to the 1999 TRCHS, 36 percent of married women wanted to wait before having another child compared with 42 percent in the 2004-05 TDHS. However, the desire to limit births has changed little.

Unplanned Fertility. Reflecting the gap between desired and actual fertility, many births in Tanzania are wanted later or not at all. The proportion of births that are mistimed is 18 percent. Five percent of births are unwanted. The proportion of wanted births has changed little since the

1999 TRCHS. However, the proportion of births not wanted at all has decreased, and the proportion of births wanted later has increased.

FAMILY PLANNING

Knowledge of Contraception. Knowledge of contraception is widespread in Tanzania. Ninety-six percent of women and 97 percent of men know at least one modern method. This is an increase from 91 percent of women and 92 percent of men in the 1999 TRCHS. The most commonly known methods among both men and women are the birth control pill, injectables, and male condoms.

Use of Contraception. Approximately one-fourth of married women (26 percent) are currently using any method of contraception, including 20 percent who are using a modern method. Injectables are the leading method, used by 8 percent of married women. The pill and traditional methods (both 6 percent) are also common.

Current contraceptive use is higher among sexually active unmarried women than among married women (41 and 26 percent, respectively). The male condom is favoured among sexually active unmarried women (15 percent).

Trends in Contraceptive Use. The percentage of married women using any method of contraception has changed little since the 1999 TRCHS; however, there has been a small shift from traditional to modern methods. Modern method use has increased from 17 percent in 1999 to 20 percent in 2004-05. The most notable change in the mix of modern methods used by married women has been a slight increase in the proportion using injectables.

Differentials in Contraceptive Use. There are significant differences in contraceptive use by background characteristics. Married women in urban areas are almost twice as likely to use a family planning method as their rural counterparts (42 and 22 percent, respectively). Current use of any method increases with education. Slightly more than half of married women with secondary education are currently using contraception compared with 13 percent of women with no education. Women in the Lake and Western zones are least likely to be using contraception (13 percent each).

Source of Modern Methods. Government or parastatal facilities are the most common sources of contraceptives, serving as the point of distribution for more than two-thirds of modern method users. Among these facilities, dispensaries are the level of facility most commonly used as the source for reversible methods of contraception, and district hospitals are the primary source for sterilisation. Private pharmacies and shops are the most important sources for male condoms.

Discontinuation Rates. Data from the 2004-05 TDHS show that 38 percent of contraceptive users discontinued use of a method within 12 months of starting its use. The most common reason for discontinuation is switching to another method (9 percent of users), followed by a desire to become pregnant (8 percent), concerns about health or side effects (8 percent), and failure of the method resulting in unintended pregnancy (4 percent). Male condom is the method with the highest rate of discontinuation (45 percent of users) and periodic abstinence has the lowest (31 percent).

Unmet Need for Family Planning and Future Use. The total demand for family planning among currently married women is 50 percent, and more than half of that demand (56 percent) is satisfied. The demand for spacing purposes is almost twice as high as the demand for limiting purposes (32 and 18 percent, respectively). Twenty-two percent of currently married women have an unmet need for family planning: 15 percent have unmet need for spacing and 7 percent for limiting.

Among currently married nonusers who intend to use in the future, the preferred method is injectables (46 percent), followed by the pill (26 percent). Method preference among women under age 30 and those over 30 is similar. However, almost one-fifth of older women who intend to use a method in the future (18 percent) reported female sterilisation as their preferred method.

Almost one-third of women who are not using family planning (31 percent) reported visiting a health facility but not speaking with staff about family planning during the visit. This is an indication of missed opportunities for increasing family planning acceptance and use.

CHILD HEALTH

Childhood Mortality. The 2004-05 TDHS estimates infant mortality to be 68 per 1,000 live

births for the 5 years preceding the survey. The overall under-five mortality rate for the period is 112 per 1,000. The 2004-05 TDHS data indicate a recent, rapid decline in mortality. Infant mortality estimates show a decline from 100 in the period 5-9 years preceding the survey (approximately 1995-1999) to 68 during the 2000-2004 period. It is notable that the 2004-05 TDHS estimate for the period 5-9 years preceding the survey is almost identical to the 1999 TRCHS rate of 99 deaths per 1,000 births for the same period (i.e., 0-4 years before). Thus, the comparison of the two separate surveys—the 1999 TRCHS and the 2004-05 TDHS—as well as the 2004-05 TDHS data itself, indicate a significant decrease in infant and child mortality rates in recent years.

Shorter birth intervals are associated with higher mortality, both during and after infancy. In terms of under-five mortality, births following an interval of at least three years are at almost half the risk of death as births occurring within two years of a preceding birth.

Childhood Vaccination Coverage. Findings from the 2004-05 TDHS show that 71 percent of children age 12-23 months are fully immunised according to vaccination cards or mother's report. Childhood immunisation remains at a similar level to that measured in the 1999 TRCHS (68 percent). With the exception of measles, virtually all the reported vaccinations were received by 12 months of age as recommended. Only 4 percent of children have not received any vaccination at all.

Childhood Illness and Treatment. According to mothers' reports, 8 percent of children under age 5 had symptoms of acute respiratory infection (ARI), 24 percent had fever, and 13 percent had diarrhoea in the two weeks preceding the survey. More than half of the children with ARI or fever (57 percent) were taken to a health facility. Among children with diarrhoea, almost half (47 percent) were taken to a health care provider. Seven in ten were given oral rehydration salt packets, recommended home fluids, or increased fluids. Although 36 percent of mothers said they gave their sick child more liquid than usual to drink, one-third of mothers said they curtailed fluid intake.

NUTRITION

Breastfeeding Practices and Complementary Feeding. Almost all children in Tanzania are breastfed (96 percent). Placing the child to the breast during the first day is also very common (92 percent). However, only 59 percent of children are breastfed within the first hour after birth. These figures show little change since the 1996 TDHS. The median duration of breastfeeding in the 2004-05 TDHS is 21 months.

Although WHO recommends exclusive breastfeeding for six months, complementary feeding in Tanzania starts early. One-fourth of children age 2-3 months receive liquids other than breast milk and one-third receive complementary foods. Among all children less than 6 months, 41 percent are exclusively breastfed. This is an increase from 32 percent in the 1999 TRCHS. Nine in 10 children age 6-9 months are fed complementary foods. Foods made from grains constitute the majority of their diet.

Intake of Vitamin A. About half of children under age 3 ate fruits and vegetables rich in vitamin A during the day and night before the interview (54 percent). Forty-six percent of children age 6 months to 5 years received a vitamin A supplement in the six months before the survey, a three-fold increase over the 14 percent estimated in the 1999 TRCHS.

Prevalence of Anaemia. Anaemia contributes to several serious health problems for women and children. The 2004-05 TDHS tested the haemoglobin of children 6-59 months and women 15-49 years. The data show that 72 percent of children have some level of anaemia. One-fourth of children have mild anaemia, 43 percent have moderate anaemia, and 4 percent have severe anaemia.

Anaemia is less prevalent among women. Almost half of women (48 percent) have some level of anaemia, with 33 percent mildly anaemic, 15 percent moderately anaemic, and 1 percent severely anaemic.

Nutritional Status of Children. The 2004-05 TDHS measured three anthropometric indicators of nutritional status in children: height-for-age, weight-for-height, and weight-for-age. At the national level, 38 percent of children under 5 have low height-for-age or are stunted, 3 percent have low weight-for-height or are wasted, and 22 percent have low weight-for-age, which reflects both chronic and acute undernutrition. These results reflect an improvement in nutritional status from the 1999 TRCHS when these indicators were measured at 44, 5, and 29 percent, respectively.

The children of the Southern zone are particularly disadvantaged—half are stunted, which reflects long-term undernutrition in the area.

Nutritional Status of Women. A body mass index (BMI) of less than 18.5 is considered undernourished. In the 2004-05 TDHS, 10 percent of women were found to fall below this cutoff, comparable with the 9 percent measured in the 1996 TDHS. Almost one-fifth of Tanzanian women weigh more than they should, 13 percent are overweight and 4 percent are obese.

MATERNAL HEALTH

Antenatal Care. Almost all women (94 percent) who gave birth in the five years preceding the survey received antenatal care (ANC) from a health professional at least once. A lower proportion of women received the recommended 4+ ANC visits (62 percent), and only 14 percent received their first ANC visit during the first trimester of pregnancy. Nurses and midwives are the attendants that provide most ANC.

In terms of the components of ANC, most women were weighed during an antenatal visit (94 percent), about two-thirds had their blood pressure measured, more than half had a blood sample taken, and less than half had a urine sample taken. Half of women were informed of the signs of pregnancy complications. Most women (56 percent) received at least two tetanus toxoid injections during pregnancy.

Care During Childbirth. A skilled attendant at birth with the proper equipment and environment can reduce the incidence and severity of obstetric and newborn complications. In the 2004-05 TDHS, 47 percent of births occur in health facilities, compared with 44 percent in the 1999 TRCHS. Nearly all institutional births take place in public sector facilities.

Almost half of births (46 percent) are assisted by health professionals. Nurses and midwives are the most common birth attendants, assisting 37 percent of births. Doctors/AMOs attend 4 percent of births. Nineteen percent of births are assisted by trained or traditional birth attendants, and 30 percent of births are attended by relatives or other untrained people. Three percent of births are delivered by caesarean section, roughly the same percentage as was observed in the 1999 TRCHS.

Care after Childbirth. Postnatal care is important both for the mother and the child to treat complications arising from the delivery, and to provide the mother with important information on how to care for herself and her child. The postnatal period is defined as the time between the delivery of the placenta and 42 days (6 weeks) following the delivery. The 2004-05 TDHS results show that a large proportion of women whose last live birth occurred outside a health facility did not receive a postnatal checkup (83 percent). Just 13 percent were examined within 2 days of delivering, as recommended.

Female Genital Cutting. Fifteen percent of women in Tanzania are circumcised. The 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS) and the 1996 TDHS measured the prevalence of FGC at 18 percent. Younger women in the 2004-05 TDHS are less likely to be circumcised, especially those age 15-19. Female genital cutting is common in the Northern and Central zones (more than 40 percent). It is much less common (less than 10 percent) in the rest of the country. More than 80 percent of women in Manyara region have been circumcised.

Almost all women and men (approximately nine in ten) say that they favour the discontinuation of the practice of FGC. Even among women who are circumcised themselves, 78 percent believe that FGC should be discontinued.

Maternal Mortality. The 2004-05 TDHS included questions on survival of siblings to measure adult and maternal mortality. The estimate of the maternal mortality ratio (MMR) for the 10-year period preceding the survey is 578 maternal deaths per 100,000 live births. Although this estimate is higher than the 1996 TDHS estimate of 529, the difference between the two estimates is not statistically significant, and it is not possible to conclude that there has been any change in maternal mortality.

Mortality rates at age 15-49 are slightly higher among females than males (6.6 and 6.2 deaths per 1,000 years of exposure, respectively). A comparison of the 2004-05 TDHS and the 1996 TDHS rates indicates substantially higher adult mortality rates for both males and females at all ages in the later survey, with the exception of men age 15-24. The summary measure of mortality for age group 15-49 shows an increase of 68 percent in female mortality rates and 24 percent in male

mortality rates from the 1996 TDHS rates. However, the 1996 TDHS report indicates the possibility of underreporting of deceased siblings. Thus, it is not possible to conclude that adult mortality has increased.

Malaria

Nets. Forty-six percent of households own at least one mosquito net, but only 23 percent own an insecticide-treated net (ITN). Urban households are much more likely to own both types of nets than rural households.

One in three children under age five slept under a net the night before the interview, and 16 percent slept under an ITN. Similar net use was observed among pregnant women.

Net use is most common for children under one year, and decreases slightly with each year up to age five. There is no difference in net use by sex of the child, but urban children have more access to nets than rural children.

Antimalarials. Approximately half of pregnant women (52 percent) reported receiving at least one dose of SP/Fansidar during an antenatal care visit. However, just one-fifth (22 percent) of pregnant women received complete intermittent preventative treatment, or 2+ doses of SP/Fansidar during ANC visits.

Among children with fever, 58 percent received an antimalarial drug, and the vast majority of these received the medication on the day the fever started or the day after.

HIV/AIDS and Other STIs

Awareness of AIDS. Knowledge of AIDS is widespread, with 99 percent of respondents having heard of AIDS. At least 95 percent of all respondents, regardless of background characteristics, have heard of the epidemic. An in-depth understanding of AIDS, however, is less common. Comprehensive knowledge of HIV/AIDS is defined as 1) knowing that both consistent condom use and limiting sex to one uninfected partner are HIV prevention methods, 2) being aware that a healthy-looking person can have HIV, and 3) rejecting the two most common local misconceptions—that HIV/AIDS can be transmitted through mosquito bites and by sharing food with someone who has AIDS. Less than half of the respondents have comprehensive knowledge of HIV/AIDS transmission and prevention methods: 47 percent of women and 44 percent of men. Comprehensive knowledge is slightly lower among young people age 15-24.

HIV Testing and Counselling. In Tanzania, only 14 percent of the respondents have ever been tested for HIV. Twelve percent of women and men have been tested at some time and received the results of their HIV test, and 6 percent of women and 7 percent of men were tested during the year preceding the survey. HIV testing is far more common among the most educated and wealthy respondents. Respondents in urban areas are more likely than those in rural areas to have been tested. Regional variations are substantial, and differ among women and men. Among women, the prevalence of HIV testing in the past 12 months ranges from a low of 1 percent in Pemba North and Zanzibar North to a high of 16 percent in Dar es Salaam city. Among men, rates vary from 2 percent in Rukwa and Kagera, to 17 percent in Town West.

Although 27 percent of women who delivered a baby in the two years before the survey were counselled about HIV/AIDS, only 13 percent had an HIV test and received the results. The percentage of women who received information or counselling during an antenatal care visit rises steadily with increasing education and wealth, and is two times higher in urban than rural areas (45 and 22 percent, respectively).

HIV-Related Behavioural Indicators. Among those who reported having sex in the 12 months preceding the survey, a larger proportion of men than women reported having had more than one sexual partner (30 percent for men and 4 percent for women) and higher-risk sex, defined as sex with a nonmarital, noncohabiting partner (45 and 24 percent, respectively), at some time in the past 12 months. Twenty-two percent of men who are currently married or cohabiting reported having had sex with a nonmarital, noncohabiting partner in the past 12 months, compared with 9 percent of women. Just over half of men and one-fourth of women reported using a condom the last time they had sex with a nonmarital, noncohabiting partner.

Paid sex is considered a special category of higher-risk sex. Eleven percent of men had commercial sex in the year before the survey. This is a much higher proportion than estimated in the 2003-04 THIS, but it should be noted that the

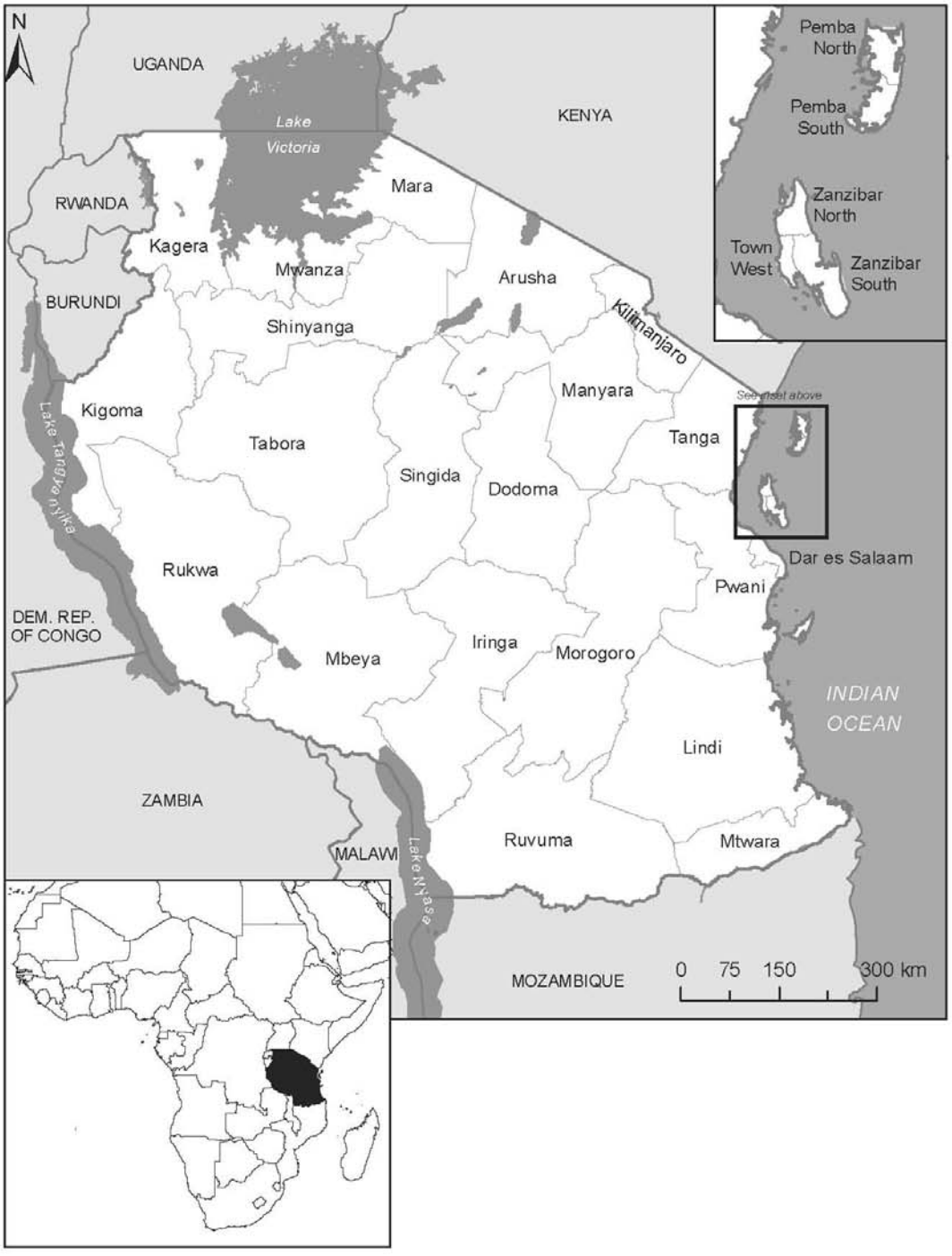
question was worded differently. Six in ten men reported condom use during the most recent time they paid for sex.

The period between the initiation of sexual activity and marriage is often a time of sexual experimentation and may involve risky behaviours. Twelve percent of young women age 15-24 and 9 percent of young men had had sex by age 15. The data indicate that Tanzanian young people are waiting longer before initiating sexual activity.

For example, among women age 15-19, 15 percent had had sex by the age of 15 in the 1999 TRCHS compared with 11 percent in the 2004-05 TDHS. Among men age 15-19, the decrease was even more striking, from 24 to 13 percent. Among sexually active youth age 15-24, 34 percent of women and 83 percent of men engaged in higher-risk sexual activity in the last 12 months. One-third of these women and almost half of these men reported condom use in their last high-risk encounter.

Orphanhood. One percent of children under age 18 have lost both parents. However, 10 percent of children have lost one or both parents. The percentage of children under age 18 with one or both parents dead is slightly higher in urban areas (13 percent) than in rural areas (9 percent). Thirteen percent of children in the Southern highlands have lost one or both parents—the highest zonal prevalence in the country and the same as in Dar es Salaam city. A majority of children live with both parents (61 percent), but 16 percent live with neither parent.

TANZANIA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