Tanzania

Demographic and Health Survey

2004

Tanzania
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2004-2005

National Bureau of Statistics
Dar es Salaam, Tanzania

ORC Macro
Calverton, Maryland, USA

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USAID
FROM THE AMERICAN PEOPLE

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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CONTENTS

TABLES AND FIGURES

CHAPTER 4 FERTILITY

CHAPTER 5 FERTILITY REGULATION

CHAPTER 10 MALARIA

CHAPTER 11 CHILDREN AND WOMEN'S NUTRITION

CHAPTER 12 HIV/AIDS-RELATED KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

CHAPTER 13 FEMALE GENITAL CUTTING

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
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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

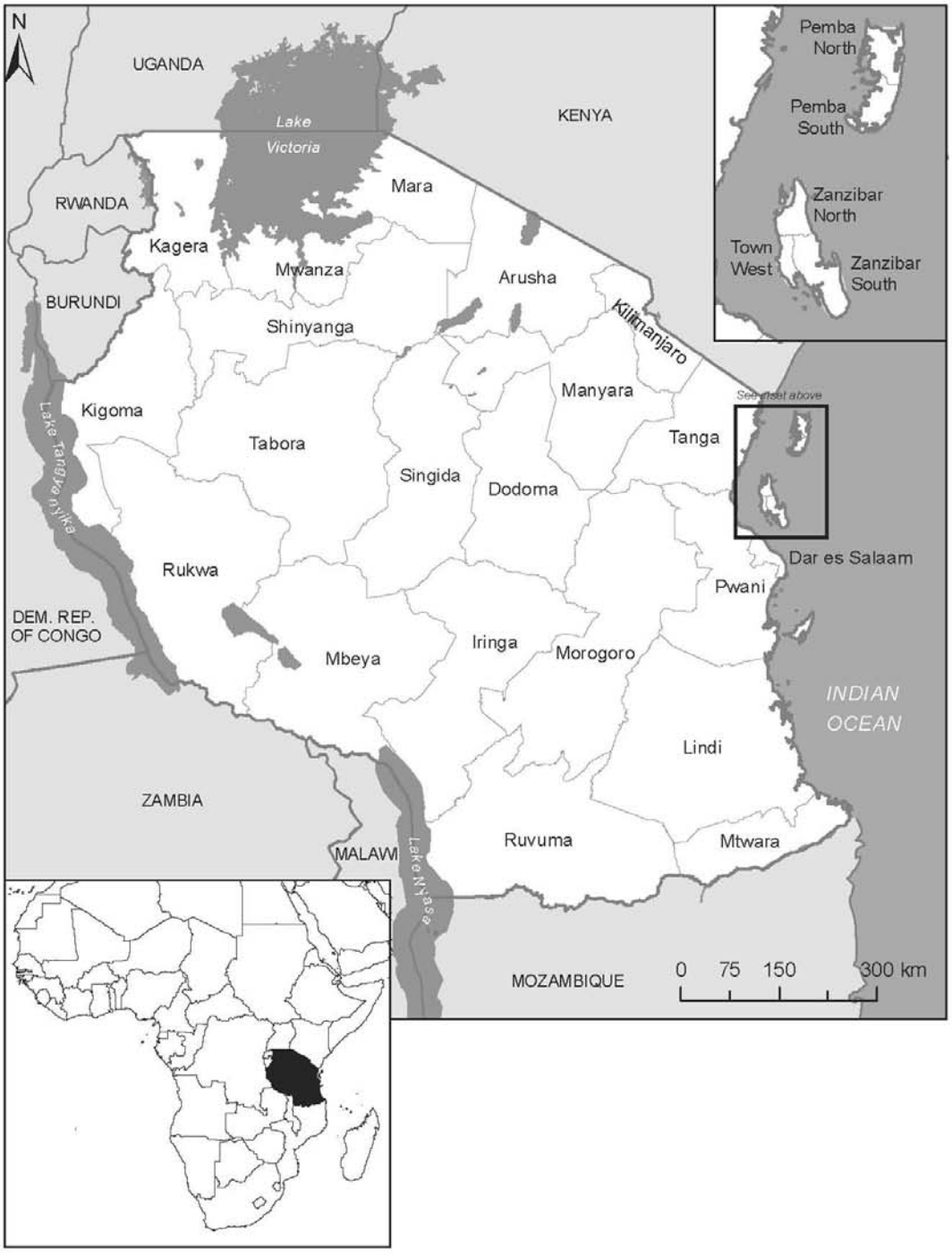
question was worded differently. Six in ten men reported condom use during the most recent time they paid for sex.

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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INTRODUCTION 1

1.1 GEOGRAPHY, HISTORY, AND THE ECONOMY

Geography

The United Republic of Tanzania is the largest country in East Africa, covering 940,000 square kilometres, 60,000 of which are inland water. Tanzania lies south of the equator and shares borders with eight countries: Kenya and Uganda to the north; Rwanda, Burundi, Democratic Republic of Congo, and Zambia to the west; and Malawi and Mozambique to the south.

Tanzania has an abundance of inland water, with several lakes and rivers. Lake Tanganyika runs along the western border and is Africa's deepest and longest freshwater lake and the world's second deepest lake. Lake Victoria is the world's second largest lake and drains into the Nile River and then to the Mediterranean Sea. The Rufiji River is Tanzania's largest river and drains into the Indian Ocean south of Dar es Salaam. Although there are many rivers, only the Rufiji and Kagera are navigable by anything larger than a canoe.

One of Tanzania's most distinctive geological features is the Great Rift Valley, which was caused by geological faulting throughout eastern Africa and is associated with volcanic activity in the northeastern regions of the country. Two branches of the Great Rift Valley run through Tanzania. The western branch holds Lakes Tanganyika, Rukwa, and Nyasa, while the eastern branch ends in northern Tanzania and includes Lakes Natron, Manyara, and Eyasi.

Except for a narrow belt of 900 square kilometres along the coast, most of Tanzania lies 200 metres or more above sea level and much of the country is higher than 1,000 metres. In the north, Mount Kilimanjaro rises to 5,895 metres—the highest point in Africa.

The main climatic feature for most of the country is the long dry spell from May to October, followed by a period of rainfall between November and April. The main rainy season along the coast and the areas around Mount Kilimanjaro is from March to May, with short rains between October and December. In the western part of the country, around Lake Victoria, rainfall is well distributed throughout the year, with the peak period between March and May.

History

Tanzania (then Tanganyika) became independent of British colonial rule in December 1961. One year later, on December 9, 1962, it became a republic, severing all links with the British crown except for its membership in the Commonwealth. The off-shore island of Zanzibar became independent on January 12, 1964, after the overthrow of the rule of the Sultanate. On April 26, 1964, Tanganyika and Zanzibar joined to form the United Republic of Tanzania.

Tanzania is currently operating under a multi-party democratic system of government with the president and National Assembly members elected every five years. Tanzania's president can hold office for a maximum of two five-year terms. For administrative purposes, the Mainland of Tanzania is divided into 21 regions[1] and Zanzibar into 5 regions. Each region is subdivided into several districts.

[1] The Mainland added the 21st region with the recent subdivision of Arusha into two regions: Arusha and Manyara.

Economy

Tanzania has a mixed economy in which agriculture plays a key role. Agriculture, which comprises crop, animal husbandry, forestry, fishery, and hunting subsectors, contributes the largest share of any sector to the gross domestic product (GDP). Major exports include coffee, cotton, tea, tobacco, cashew nuts, and sisal.

The GDP increased by 6.7 percent in 2004 according to the constant 1992 prices, compared with 5.7 percent in 2003. This increase is mainly attributed to growth in a number of subsectors, including agriculture; trade, hotels, and restaurants (including tourism); transport and communication; and financial and business services (President's Office, Planning and Privatization, 2005).

The growth of the GDP is considered to be the result of government initiatives to achieve sustainable economic growth and reduce nationwide poverty. For example, the government has initiated programmes to promote private sector participation in the economy. Such programmes are undertaken in line with the National Strategy for Growth and Reduction of Poverty (NSGRP)—which in Kiswahili is known as MKUKUTA—and the Millennium Development Goals (MDG).

1.2 POPULATION

Tanzania has so far undertaken four population censuses since independence in 1961. The first census in 1967 reported a total population of 12.3 million whereas, according to the 2002 census, the population has increased to 34.4 million (see Table 1.1). While the population of Tanzania has nearly trebled in the last four decades, the country is still sparsely populated, though population density is high in some parts of the country and has been increasing over time. In 1967, the average population density was 14 persons per square kilometre; by 2002, it had increased to 39 persons per square kilometre.

Table 1.1 Basic demographic indicators

Selected demographic indicators for Tanzania, 1967, 1978, 1988, 2002

	Year			
Indicator	1967	1978	1988	2002
Population (millions)	12.3	17.5	23.1	34.4
Intercensal growth rate (percent)	2.6	3.2	2.8	2.9
Sex ratio	95.2	96.2	94.2	96.0
Crude birth rate	47	49	46	43
Total fertility rate	6.6	6.9	6.5	6.3
Crude death rate	24	19	15	14
Infant mortality rate	155	137	115	95
Percent urban	6.4	13.8	18.3	23.1
Density (pop./km^2)	14	20	26	39
Life expectancy at birth (years)	42	44	50	51

Source: Bureau of Statistics, 1967; 1978; 1988; National Bureau of Statistics, 2002

The high growth rate of the population in Tanzania is brought about by high fertility and declining mortality levels. According to the 2002 Population and Housing Census, the life expectancy at birth for Tanzanians is 51 years. The population of Tanzania has continued to be predominantly rural despite the fact that the proportion of urban residents has been increasing over time. The proportion of urban residents was just 6 percent in 1967, compared with 18 percent in 1988, and 23 percent in 2002.

1.3 POPULATION, FAMILY PLANNING, AND HIV POLICIES AND PROGRAMMES

National Population Policy

The National Population Policy was adopted in 1992 to reinforce national development by improving the quality of life of Tanzanians (President's Office, the Planning Commission, 1992). Special emphasis is placed on regulating the population growth rate, enhancing population quality, and improving the health and welfare of women and children.

The policy provides guidelines for integrating population variables in the preparation and implementation of socioeconomic development plans. In this way, it acts as a critical guide to enable the government to monitor and evaluate national development plans more accurately and efficiently.

Other policy goals include the following:

- Improve the standard of living and the quality of life of the people through protection and improvement in the provision of basic human needs in such areas as health, nutrition, clean and safe water, housing, and environment
- Promote improvement in the health and welfare of the mother and child through the prevention of illness and premature deaths
- Strengthen family planning services to promote the health and welfare of the family, community, and nation and eventually reduce the rate of population growth
- Promote sustainable relationships between the population, resources, and environment
- Promote a more harmonious relationship between rural, urban, and regional development to achieve spatial distribution of the population conducive to the optimal use of the nation's resources
- Promote and strengthen proper youth upbringing and growth, including the creation of an environment that will allow optimal development of their various talents
- Urge the society at all levels to ensure that the elderly and the disabled are accorded due respect, care, and assistance in securing reliable means of sustaining their lives.

Reproductive and Child Health Strategies

Reproductive and child health strategies aim to address key interventions as stipulated in the National Package of Reproductive and Child Health (RCH) Interventions (MOH, 1999; MOH, 2005). In line with the guiding principles of WHO Africa Region and the Tanzania Health Sector Reform, the RCH strategy also links and relates to a number of existing strategies. These include the following:

- The second health sector strategic plan July 2003-June 2008
- National malaria medium term strategic plan 2003-2007
- Health sector HIV/AIDS strategic plan July 2003-June 2007
- National plan of action for prevention of female genital mutilation and other harmful traditional practices 2001-2015
- National reproductive and child health communication strategy 2005-2010
- Expanded Programme on Immunisation strategic plan 2002-2007
- Integrated Management of Childhood Illness strategy 1998-2003
- Community-based RCH strategy
- National Adolescent Health and Development Strategy 2004-2008.

The vision of the RCH strategy is a healthy and well-informed Tanzanian population with access to high quality reproductive and child health services that are accessible, affordable, and sustainable, and which are provided through an efficient and effective support system. The mission of the strategy is to promote, facilitate, and support in an integrated manner the provision of reproductive and child health services to men, women, adolescents, and children in Tanzania. Such services include obstetrics and gynaecological care; safe motherhood programmes; diagnosis, treatment and prevention of sexually transmitted infections (STIs) and HIV/AIDS; family planning; integrated management of childhood illnesses (IMCI); immunisation; and prevention and treatment of nutritional deficiencies.

The goal of the RCH strategy is to reduce morbidity and mortality among men, women, adolescents, and children resulting from reproductive and child health problems by promoting and facilitating planning, implementation, monitoring, and evaluation of priority interventions at all levels of service delivery. To address the aforementioned goal, several key categories of care have been identified for implementation, including 1) maternal health, 2) child health, 3) family planning, 4) adolescent reproductive health, 5) male involvement and participation in reproductive health, and 6) elderly reproductive health.

The National Policy on HIV/AIDS

As the HIV/AIDS epidemic affects all sectors, its control demands a well coordinated response. It is necessary to have policies that provide a framework, direction, and general principles for the national response, including prevention, care, and support to those infected and affected by the epidemic, and mitigation of its impact.

The National Policy on HIV/AIDS was adopted in November 2001 with the goal of providing a framework for leadership and coordination of the national multisectoral response to the HIV/AIDS epidemic. This includes formulation by all sectors of appropriate interventions to prevent the transmission of HIV/AIDS and other STIs, to protect and support vulnerable groups, and mitigate the social and economic impact of HIV/AIDS. It also provides a framework for strengthening the capacity of institutions, communities, and individuals in all sectors to stop the spread of the epidemic.

The Tanzania Commission for AIDS (TACAIDS) provides strategic leadership and coordination of multisectoral responses, including monitoring and evaluation, research, resource mobilisation, and advocacy. The National Policy on HIV/AIDS and the National Multisectoral Strategic Framework are tools to guide the implementation of national multisectoral responses.

1.4 Objectives and Organisation of the Survey

The 2004-05 Tanzania Demographic and Health Survey (TDHS) is the sixth in a series of national sample surveys conducted in Tanzania to measure levels, patterns, and trends in demographic and health indicators. The first one was the 1991-92 TDHS, which was followed by the Tanzania Knowledge, Attitudes, and Practices Survey (TKAPS) in 1994, the 1996 TDHS, the 1999 Tanzania Reproductive and Child Health Survey (TRCHS), and the 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS).

The principal objective of the 2004-05 TDHS was to collect data on household characteristics, fertility levels and preferences, awareness and use of family planning methods, childhood mortality, maternal and child health, breastfeeding practices, antenatal care, childhood immunisation and diseases, nutritional status of young children and women, malaria prevention and treatment, women's status, female circumcision, sexual activity, and knowledge and behaviour regarding HIV/AIDS and other STIs.

The 2004-05 TDHS was implemented by the National Bureau of Statistics (NBS) in collaboration with the Office of the Chief Government Statistician—Zanzibar; the Reproductive and Child Health Section and the Policy and Planning Department of the Ministry of Health; and the Safe Motherhood Initiatives at the Ministry of Health and Social Welfare—Zanzibar. A Task Force Team

composed of members from the above institutions was formed to oversee all technical issues related to the survey.

Local costs pertaining to the survey were fully funded by the Poverty Eradication Division (PED) in the Vice President's Office through the Poverty Eradication pooled fund arrangement. Technical assistance was provided by ORC Macro through the MEASURE DHS programme and funded by USAID. ORC Macro also provided anthropometric equipment and haemoglobin testing supplies.

Sample Design

The sample for the 2004-05 TDHS was designed to provide estimates for the entire country, for urban and rural areas of the Mainland, and for Zanzibar. Additionally, the sample design allowed for specific indicators, such as contraceptive use, to be calculated for each of the 26 regions.

To estimate geographic differentials for certain demographic indicators, this report collapses the regions of mainland Tanzania into seven geographic zones. Although these are not official administrative zones, this classification is used by the Reproductive and Child Health Section, Ministry of Health. The reason for using zones is that each geographic area will have a relatively large number of cases and sampling error will thus be reduced. It should be noted that the zones, which are defined below, are slightly different from the zones used in the 1991-92 and 1996 TDHS reports—

Western: Tabora, Shinyanga, Kigoma
Northern: Kilimanjaro, Tanga, Arusha, Manyara
Central: Dodoma, Singida
Southern Highlands: Mbeya, Iringa, Rukwa
Lake: Kagera, Mwanza, Mara
Eastern: Dar es Salaam, Pwani, Morogoro
Southern: Lindi, Mtwara, Ruvuma
Zanzibar: Zanzibar North, Zanzibar South, Town West, Pemba North, Pemba South

A representative probability sample of 10,312 households was selected for the 2004-05 TDHS sample to provide an expected sample of 10,000 eligible women. The sample was selected in two stages. In the first stage, 475 clusters were selected from a list of enumeration areas from the 2002 Population and Housing Census. Eighteen clusters were selected in each region except Dar es Salaam, where 25 clusters were selected.

In the second stage, a complete household listing exercise was carried out between June and August 2004 within all the selected clusters. Households were then systematically selected for participation in the survey. Twenty-two households were selected from each of the clusters in all regions except for Dar es Salaam where 16 households were selected.

All women age 15-49 who were either permanent residents of the households in the 2004-05 TDHS sample or visitors present in the household on the night before the survey were eligible to be interviewed. In a subsample of one-third of all the households selected for the survey, all men age 15-49 were eligible to be interviewed if they were either permanent residents or visitors present in the household on the night before the survey.

Tables pertaining to the sample implementation are presented in Appendix A.

Questionnaires

Three questionnaires were used for the 2004-05 TDHS: the Household Questionnaire, the Women's Questionnaire, and the Men's Questionnaire. The content of these questionnaires was based on the model questionnaires developed by the MEASURE DHS programme. To reflect relevant issues in population and health in Tanzania, the questionnaires were adapted during a series of technical

meetings with various stakeholders from government ministries and agencies, nongovernmental organisations, and international donors. The final draft of the questionnaire was discussed at a large stakeholders' meeting organised by the NBS. The adapted questionnaires were translated from English into Kiswahili and pretested during July and August 2004. The final versions of the English questionnaires are attached in Appendix E.

The Household Questionnaire was used to list all the usual members and visitors in the selected households. Some basic information was collected on the characteristics of each person listed, including age, sex, education, and relationship to the head of the household. For children under 18, survival status of the parents was determined. The main purpose of the Household Questionnaire was to identify women and men who were eligible for the individual interview. The Household Questionnaire also collected information on characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor of the house, ownership of various durable goods, and ownership and use of mosquito nets.

The Household Questionnaire was also used to record height, weight, and haemoglobin measurements of women age 15-49 and children under age 6, and to record whether a household used cooking salt fortified with iodine.

The Women's Questionnaire was used to collect information from all women age 15-49. These women were asked questions on the following topics:

- Background characteristics (e.g., education, residential history, media exposure)
- Birth history and childhood mortality
- Knowledge and use of family planning methods
- Fertility preferences
- Antenatal and delivery care
- Breastfeeding and infant feeding practices
- Vaccinations and childhood illnesses
- Marriage and sexual activity
- Woman's work and husband's background characteristics
- Awareness and behaviour regarding AIDS and other STIs
- Female genital cutting
- Maternal mortality.

The Men's Questionnaire was administered to all men age 15-49 living in every third household in the 2004-05 TDHS sample. The Men's Questionnaire collected much of the same information found in the Women's Questionnaire, but was shorter because it did not contain a detailed reproductive history or questions on maternal and child health or nutrition.

Training of Field Staff

More than 100 people were recruited by the NBS to serve as supervisors, field editors, male and female interviewers, quality control personnel, and reserves. As in the previous surveys, the Ministry of Health was requested to secure the service of trained nurses to work as field staff. They all participated in the main interviewer training, which began on September 13, 2004 in Moshi and lasted for three weeks. Staff from the NBS and invited experts led the training, which was conducted mainly in Kiswahili and included lectures, presentations, practical demonstrations, and practice interviewing in small groups. The training included two days of field practice. The participants also received training on height and weight measurements and haemoglobin testing. Two experts from the Tanzanian Food and Nutrition Centre led those training sessions. A series of lectures was also held

specifically for the group comprising supervisors, field editors, quality control personnel, and field coordinators.

Fieldwork

Data collection began on October 7, 2004 and was completed in mid-February 2005. There was a total of 14 data collection teams, each consisting of 4 female interviewers, 1 male interviewer, a supervisor, a field editor, and a driver. The field editor and supervisor were responsible for reviewing all questionnaires for quality and consistency before the team's departure from the cluster. Fieldwork supervision was also coordinated at NBS headquarters. Four officers periodically visited teams to review their work and monitor data quality. Quality control personnel also independently reinterviewed certain households after the departure of the teams. Close contact between NBS headquarters and the data collection teams was maintained using cell phones. ORC Macro staff participated in field supervision of interviews, height and weight measurements, and haemoglobin testing.

Data Processing

The processing of the 2004-05 TDHS results began shortly after the fieldwork commenced. Completed questionnaires were returned periodically from the field to NBS headquarters, where they were entered and edited by data processing personnel who were specially trained for this task. The data processing personnel included a supervisor, a questionnaire administrator who ensured that the expected number of questionnaires from all clusters were received, three office editors, ten data entry operators, and a secondary editor. Data were entered using the computer package CSPro. All data were entered twice (100 percent verification). The concurrent processing of the data was an advantage because NBS was able to advise field teams of problems detected during the data entry. In particular, tables were generated to check various data quality parameters. As a result, specific feedback was given to the teams to improve performance. The data entry and editing phase of the survey was completed in April 2005.

Response Rates

Table 1.2 shows household and individual response rates for the 2004-05 TDHS. Response rates are important because high nonresponse may affect the reliability of the results. A total of 10,312 households were selected for the sample, of which 9,852 were found to be occupied during data collection. The shortfall was largely the result of structures that were found to be vacant or destroyed. Of the 9,852 existing households, 9,735 were successfully interviewed, yielding a household response rate of 99 percent.

In these households, 10,611 women were identified as eligible for the individual interview. Interviews were completed with 97 percent of them. Of the 2,871 eligible men identified in the subsample of households selected, 92 percent were successfully interviewed.

The principal reason for nonresponse among both eligible women and men was the failure to find them at home despite repeated visits to the household. The lower response rate for men reflects the more frequent and longer absences of men from the household.

Table 1.2 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence, Tanzania 2004-05

	Residence				
	Mainland				
Result	Urban	Rural	Total	Zanzibar	Total
Household interviews					
Households selected	1,952	6,370	8,322	1,990	10,312
Households occupied	1,818	6,114	7,932	1,920	9,852
Households interviewed	1,783	6,064	7,847	1,888	9,735
Household response rate	98.1	99.2	98.9	98.3	98.8
Interviews with women					
Number of eligible women	2,044	6,303	8,347	2,264	10,611
Number of eligible women interviewed	1,985	6,132	8,117	2,212	10,329
Eligible woman response rate	97.1	97.3	97.2	97.7	97.3
Interviews with men					
Number of eligible men	528	1,751	2,279	592	2,871
Number of eligible men interviewed	475	1,621	2,096	539	2,635
Eligible man response rate	90.0	92.6	92.0	91.0	91.8

HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS

2

The purpose of this chapter is to provide a descriptive summary of some demographic and socioeconomic characteristics of the population in the households sampled in the 2004-05 TDHS. Also examined are environmental conditions, such as housing facilities and household characteristics. The information provided is intended to facilitate interpretation of the key demographic, socio-economic, and health indices. It is further intended to assist in the assessment of the representativeness of the survey.

For the purpose of the 2004-05 TDHS, a household was defined as a person or a group of persons, related or unrelated, who live together and share a common source of food. The Household Questionnaire (see Appendix E) was used to collect information on all usual residents and visitors who spent the night preceding the interview in the household. This method of data collection allows the analysis of either de jure (usual residents) or de facto (those who are there at the time of the survey) populations.

The wealth index, which is used as a background characteristic in many tables, has been tested in a number of countries in relation to inequities in household income, use of health services, and health outcomes (Rutstein and Johnson, 2004; Rutstein et al., 2000). It is an indicator of the level of wealth that is consistent with expenditure and income measures (Rutstein, 1999). The wealth index was constructed using household asset data and principal components analysis. Asset information was collected in the 2004-05 TDHS Household Questionnaire and covers information on household ownership of a number of consumer items ranging from a television to a bicycle or car, as well as dwelling characteristics such as source of drinking water, type of sanitation facilities, and type of materials used in dwelling construction.

Each asset was assigned a weight (factor score) generated through principal component analysis, and the resulting asset scores were standardized in relation to a standard normal distribution with a mean of zero and standard deviation of one (Gwatkin et al., 2000). Each household was then assigned a score for each asset, and the scores were summed for each household. Individuals were ranked according to the total score of the household in which they resided. The sample was then divided into quintiles from one (lowest) to five (highest).

2.1 POPULATION BY AGE AND SEX

Age and sex are important demographic variables and are the primary basis of demographic classification in vital statistics, censuses, and surveys. They are also very important variables in the study of mortality, fertility, and marriage. The distribution of the de facto household population in the 2004-05 TDHS is shown in Table 2.1 by five-year age groups, according to sex and residence.

Because of relatively high levels of fertility in the past, Tanzania has a larger proportion of its population in the younger age groups than in the older age groups. Table 2.1 indicates that just less than half (47 percent) of the population is under age 15, with most of the other half (49 percent) age 15 to 64; the remaining 4 percent is age 65 and above. With only about half of the population in the economically productive age range (15-64), a substantial burden is placed on persons age 15-64 to support older and younger household members. The age dependency ratio, an indicator of the dependency responsibility of adults in their productive years, is 104 in Tanzania, indicating that there are 104 dependents for every 100 persons in the productive age group (15-64). This pattern is similar to that found in the 1996 TDHS and the 1999 TRCHS.

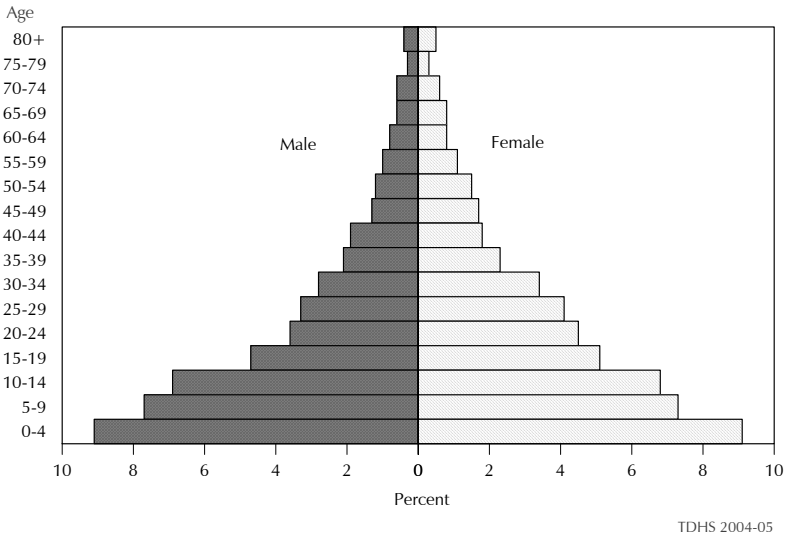
Table 2.1 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Tanzania 2004-05

	Mainland urban			Mainland rural			Zanzibar			Total		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	16.0	14.2	15.1	19.7	18.7	19.2	16.8	15.4	16.0	18.8	17.5	18.2
5-9	13.3	12.0	12.6	16.7	14.7	15.7	16.3	14.2	15.2	15.9	14.0	15.0
10-14	12.5	12.5	12.5	14.9	13.3	14.1	14.7	13.5	14.1	14.4	13.1	13.7
15-19	10.9	12.2	11.6	9.4	9.0	9.2	11.2	11.3	11.3	9.8	9.8	9.8
20-24	9.7	11.1	10.4	6.7	7.9	7.4	7.7	9.0	8.4	7.4	8.7	8.1
25-29	8.9	10.6	9.8	6.2	7.2	6.7	6.4	7.6	7.0	6.8	8.0	7.4
30-34	7.0	8.1	7.6	5.3	6.2	5.8	5.0	6.1	5.6	5.7	6.7	6.2
35-39	5.3	4.5	4.9	4.0	4.4	4.2	4.5	5.0	4.8	4.3	4.4	4.4
40-44	4.0	3.2	3.6	3.9	3.6	3.7	4.5	4.4	4.5	4.0	3.5	3.7
45-49	2.8	3.1	3.0	2.5	3.3	2.9	3.0	2.8	2.9	2.6	3.2	2.9
50-54	2.9	2.7	2.8	2.3	3.0	2.6	2.3	3.5	2.9	2.4	2.9	2.7
55-59	2.3	1.7	2.0	2.0	2.4	2.2	2.1	2.0	2.0	2.1	2.2	2.1
60-64	1.6	1.0	1.3	1.7	1.7	1.7	1.9	1.8	1.8	1.7	1.6	1.6
65-69	1.3	1.2	1.2	1.3	1.6	1.4	1.0	1.2	1.1	1.3	1.5	1.4
70-74	0.7	0.6	0.7	1.5	1.4	1.5	1.2	1.2	1.2	1.3	1.2	1.3
75-79	0.3	0.4	0.4	0.7	0.8	0.7	0.6	0.4	0.5	0.6	0.7	0.6
80 +	0.5	0.7	0.6	0.9	1.1	1.0	0.7	0.5	0.6	0.8	1.0	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	5,044	5,459	10,502	16,617	17,711	34,328	634	693	1,326	22,294	23,863	46,156

Figure 2.1 illustrates the age structure of the household population in a population pyramid. The wide base of the pyramid reflects the young age structure of the Tanzanian population and is an indication of high fertility. This pattern is similar to but smoother than the ones observed in the 1996 TDHS, 1999 TRCHS, and 2002 Population and Housing Census.

Figure 2.1 **Population Pyramid**



2.2 HOUSEHOLD COMPOSITION

Information about the composition of households by sex of the head of the household and size of the household is presented in Table 2.2. These characteristics are important because they are associated with aspects of household welfare. Female-headed households are, for example, typically

poorer than male-headed households. Larger households are generally associated with greater crowding in the dwelling, as well as poverty and unfavourable health conditions.

Table 2.2 shows that women head one-quarter of Tanzanian households, similar to the level observed in the 1999 TRCHS. The average household size is 4.9 persons, with the average number of members lower on the Mainland (4.8) than in Zanzibar (5.6).

Households with 9 or more members account for 7 percent of Mainland urban households, compared with 10 percent of Mainland rural households and 14 percent of households in Zanzibar. Conversely, the proportion of single-person households is higher in Mainland urban households (14 percent) than in Mainland rural households (7 percent) or Zanzibar (5 percent).

Table 2.2 Household composition

Percent distribution of households by sex of head of household and by household size, according to residence, Tanzania 2004-05

	Residence				
	Mainland				
Characteristic	Urban	Rural	Total	Zanzibar	Total
Sex of head of household					
Male	77.2	74.9	75.5	77.1	75.5
Female	22.8	25.1	24.5	22.9	24.5
Total	100.0	100.0	100.0	100.0	100.0
Number of usual members					
1	13.9	7.2	8.9	4.6	8.8
2	13.2	10.7	11.4	8.6	11.3
3	16.8	15.0	15.5	13.1	15.4
4	15.3	15.6	15.5	13.1	15.5
5	12.8	15.0	14.5	13.9	14.4
6	9.4	12.2	11.5	12.1	11.5
7	6.5	8.3	7.9	12.3	8.0
8	5.0	5.5	5.4	8.4	5.5
9+	7.0	10.3	9.4	13.9	9.5
Total	100.0	100.0	100.0	100.0	100.0
Number of households	2,492	6,990	9,483	252	9,735
Mean size	4.3	5.0	4.8	5.6	4.9

Note: Table is based on de jure members (i.e., usual residents).

2.3 CHILDREN'S LIVING ARRANGEMENTS AND PARENTAL SURVIVAL

Table 2.3 presents data on the prevalence of orphanhood in Tanzania. The table shows that 61 percent of children under age 18 are living with both parents, 19 percent live with their mothers but not their fathers; 5 percent live with their fathers but not their mothers; and 15 percent live with neither of their natural parents.

Not surprisingly, the proportion of children living with both parents decreases with age. That is, younger children are more likely than older children to live with both natural parents. Among children under age 18, urban children are more likely not to live with either parent than rural children (20 and 14 percent, respectively).

Table 2.3 also provides data on the extent of orphanhood, or the proportion of children whose natural fathers or mothers have died. The data reveal that 3 percent of children under age 18 have lost at least one natural parent, and 1 percent have lost both natural parents.

Table 2.3 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 by children's living arrangements and survival status of parents, according to background characteristics, Tanzania 2004-05

Background characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent				Missing information on father/ mother	Percentage orphaned[1]	Total	Number of children
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead				
Age													
<2	77.6	19.7	1.1	0.1	0.0	0.9	0.2	0.0	0.0	0.3	1.4	100.0	3,447
2-4	69.0	17.1	2.2	2.0	0.3	7.6	0.5	0.5	0.2	0.6	3.8	100.0	4,896
5-9	61.5	13.9	4.5	4.4	1.2	10.7	0.9	1.4	0.7	0.9	8.7	100.0	7,012
10-14	52.2	12.0	5.6	6.1	2.0	13.1	2.5	3.2	2.2	1.0	15.8	100.0	6,409
15-17	41.5	11.8	6.8	4.3	2.5	19.5	2.9	4.4	3.4	2.9	20.4	100.0	2,858
Sex													
Male	61.2	14.8	4.2	4.0	1.4	9.0	1.3	1.9	1.1	1.1	10.0	100.0	12,441
Female	59.7	14.5	4.0	3.5	1.0	11.7	1.5	1.8	1.3	1.0	9.8	100.0	12,180
Residence													
Urban	54.7	14.6	4.1	4.2	1.4	12.8	1.6	2.7	2.6	1.3	12.5	100.0	5,130
Rural	62.0	14.6	4.1	3.6	1.2	9.7	1.3	1.6	0.9	1.0	9.2	100.0	19,491
Mainland/Zanzibar													
Mainland	60.3	14.7	4.2	3.8	1.3	10.2	1.4	1.8	1.2	1.0	10.0	100.0	23,913
Total urban	54.3	14.6	4.2	4.6	1.4	12.5	1.7	2.6	2.7	1.3	12.8	100.0	5,030
Dar es Salaam city	53.8	11.9	2.5	6.2	1.5	14.3	2.6	2.5	4.2	0.7	13.3	100.0	1,362
Other urban	54.5	15.7	4.9	3.9	1.4	11.9	1.4	2.7	2.1	1.5	12.6	100.0	3,668
Total rural	62.0	14.8	4.1	3.6	1.2	9.6	1.3	1.6	0.9	1.0	9.3	100.0	18,883
Zanzibar	64.9	10.6	2.7	3.2	0.4	13.9	1.4	2.2	0.4	0.4	7.0	100.0	708
Unguja	61.5	11.5	2.3	3.9	0.2	16.0	1.5	2.4	0.3	0.4	6.8	100.0	443
Pemba	70.7	9.2	3.3	2.0	0.7	10.4	1.2	1.7	0.5	0.3	7.4	100.0	265
Zone													
Western	65.3	12.5	3.3	4.3	1.4	9.2	1.4	1.6	0.5	0.5	8.1	100.0	4,989
Northern	58.8	16.9	5.1	2.5	0.8	11.1	1.1	1.4	1.1	1.1	9.7	100.0	3,482
Central	61.5	13.8	4.3	2.9	1.8	10.2	1.6	0.9	1.2	1.8	10.0	100.0	2,102
Southern highlands	62.7	14.3	5.9	2.3	1.3	7.1	1.6	2.1	1.9	0.8	12.9	100.0	3,621
Lake	59.5	15.9	4.3	3.6	1.2	10.7	0.8	2.0	0.8	1.2	9.3	100.0	4,831
Eastern	56.4	13.8	2.7	5.3	1.4	12.8	2.0	2.0	2.6	1.0	11.0	100.0	3,050
Southern	52.6	17.1	3.0	6.7	1.2	12.1	1.5	2.9	1.5	1.5	10.2	100.0	1,838
Region													
Dodoma	60.5	12.6	5.4	2.4	2.3	11.1	2.0	0.7	1.5	1.5	11.9	100.0	1,258
Arusha	63.6	13.7	5.3	2.4	0.3	10.6	0.7	1.1	1.5	0.8	9.0	100.0	828
Kilimanjaro	60.0	11.7	5.2	1.9	1.5	13.8	1.1	2.1	1.1	1.6	11.1	100.0	926
Tanga	49.2	25.2	6.0	3.6	0.5	9.3	1.4	1.8	1.3	1.6	11.4	100.0	945
Morogoro	60.5	13.9	1.6	4.8	1.4	11.8	1.3	2.0	1.5	1.4	8.1	100.0	1,108
Pwani	54.9	18.1	5.5	3.9	1.1	11.3	2.2	1.1	1.0	0.8	11.3	100.0	581
Dar es Salaam	53.8	11.9	2.5	6.2	1.5	14.3	2.6	2.5	4.2	0.7	13.3	100.0	1,362
Lindi	50.5	18.5	3.2	6.4	1.3	12.4	3.4	3.5	0.3	0.5	11.7	100.0	437
Mtwara	50.4	19.8	3.4	7.5	1.3	12.3	1.1	2.6	0.7	1.0	9.3	100.0	721
Ruvuma	56.3	13.4	2.3	6.0	1.1	11.6	0.6	2.9	3.1	2.7	10.2	100.0	680
Iringa	56.1	14.2	9.4	1.4	1.8	7.0	3.3	3.0	3.1	1.0	20.7	100.0	973
Mbeya	62.8	15.8	4.2	2.8	0.5	8.2	1.3	2.0	1.4	1.0	9.4	100.0	1,773
Singida	63.1	15.5	2.7	3.7	1.1	8.8	1.2	1.2	0.6	2.2	7.1	100.0	843
Tabora	62.7	11.5	3.1	5.8	1.4	10.7	1.6	2.1	0.3	0.8	8.6	100.0	1,270
Rukwa	69.8	11.3	5.5	2.3	2.5	5.2	0.6	1.2	1.5	0.2	11.3	100.0	875
Kigoma	74.1	11.0	4.7	1.8	0.9	4.3	1.6	0.9	0.6	0.2	8.6	100.0	1,339
Shinyanga	61.7	14.0	2.5	5.0	1.6	11.2	1.2	1.7	0.5	0.6	7.6	100.0	2,380
Kagera	65.3	13.7	5.7	3.4	0.6	7.0	0.5	1.9	1.5	0.3	10.5	100.0	1,465
Mwanza	58.5	15.1	2.4	3.8	1.5	13.5	0.9	2.2	0.5	1.7	7.6	100.0	2,392
Mara	53.4	20.9	6.9	3.5	1.3	9.5	0.8	1.8	0.6	1.4	11.5	100.0	975
Manyara	63.7	16.6	3.8	1.9	0.7	10.5	1.2	0.5	0.4	0.5	6.7	100.0	783
Zanzibar North	72.5	6.6	1.8	2.6	0.0	14.0	0.9	1.4	0.0	0.3	4.2	100.0	121
Zanzibar South	54.6	11.1	2.7	4.8	0.2	21.3	0.9	3.1	0.3	0.9	7.5	100.0	65
Town West	58.1	13.8	2.5	4.2	0.3	15.6	1.9	2.7	0.5	0.3	7.9	100.0	257
Pemba North	71.7	8.4	4.3	1.5	0.5	11.0	0.8	1.4	0.3	0.2	7.3	100.0	141
Pemba South	69.5	10.1	2.2	2.7	0.8	9.7	1.6	2.0	0.8	0.5	7.6	100.0	124
Wealth quintile													
Lowest	60.1	17.4	5.9	3.1	1.2	8.2	1.1	1.5	0.6	0.8	10.4	100.0	5,273
Second	64.0	13.8	4.3	4.0	1.0	8.7	1.2	1.5	0.5	1.1	8.6	100.0	5,014
Middle	61.7	14.0	4.2	2.7	1.2	10.4	1.4	2.0	1.1	1.2	10.1	100.0	5,085
Fourth	59.7	15.2	3.3	4.1	1.2	10.9	1.4	1.7	1.4	0.9	9.2	100.0	5,018
Highest	56.3	12.1	2.6	5.1	1.4	14.3	1.8	2.7	2.8	1.0	11.4	100.0	4,232
Total <15	63.0	15.0	3.8	3.7	1.1	9.1	1.2	1.5	0.9	0.8	8.5	100.0	21,763
Total <18	60.5	14.6	4.1	3.8	1.2	10.3	1.4	1.8	1.2	1.0	9.9	100.0	24,621

[1] Those whose mother or father or both have died; includes those who have information about one parent but not other parent

2.4 EDUCATION OF THE HOUSEHOLD POPULATION

Education is a key determinant of the lifestyle and status an individual enjoys in a society. Studies have consistently shown that educational attainment has a strong effect on reproductive behaviour, contraceptive use, fertility, infant and child mortality, morbidity, and attitudes and awareness related to family health and hygiene. Results from the 2004-05 TDHS can be used to look at educational attainment among household members and school attendance, repetition, and drop-out rates among youth.

It is worth noting that calculating education indicators is particularly challenging for Tanzania, given the differences in the formal education system between the Mainland and Zanzibar, as well changes in the different systems over time. For the purposes of the analysis presented below, all education indicators have been calculated using the following assumptions: the official age for entry into the primary level is age seven; the official primary level of schooling consists of seven standards; those with at least some post-primary training are assumed to have completed the primary level; and the number of years assumed for completion of secondary school is six.

Educational Attainment

Tables 2.4.1 and 2.4.2 present data on educational attainment of household members age six and older for each sex. The results confirm that there is a gap in educational attainment between males and females. Although the majority of the household population age 6 and older has some education, 25 percent of males have never attended school, compared with 33 percent of females. The median number of years of schooling for males is 3.2, which is nearly 1 year more than the median number of years of schooling for females (2.4).

Urban residents are more likely to have attended school and to have remained in school for a longer period than rural residents. The median number of years of schooling is 6.1 years among both urban males and females, compared with just 2.5 and 1.5 years of schooling for rural males and females, respectively.

Educational attainment also differs significantly among regions. For example, the highest proportions of the population who have never been to school are in Tabora (44 percent for males and 55 percent for females) and Pemba North (37 percent for males and 47 percent for females). The regions with the lowest proportions of household members who have never attended school are Dar es Salaam (12 percent for males and 14 percent for females) and Kilimanjaro (12 percent for males and 15 percent for females).

The most extreme variation in educational attainment among household members is evident across wealth quintiles. Among males, just 9 percent of those from the wealthiest households have never been to school, compared with 42 percent of those from the poorest households. A similar pattern applies to the female household population, though the wealth disparity is even wider for females than males. More than half of females (53 percent) from the poorest households have never been to school, compared with 13 percent from the wealthiest households.

Table 2.4.1 Educational attainment of household population: female

Percent distribution of the de facto female household population age six and over by highest level of education attended or completed, according to background characteristics, Tanzania 2004-05

Background characteristic	No education/ pre-primary	Some primary	Completed primary[1]	Secondary+	Don't know/ missing	Total	Number	Median number of years
Age								
6-9	53.0	46.5	0.0	0.0	0.5	100.0	2,689	0.0
10-14	11.9	83.8	3.7	0.6	0.1	100.0	3,126	2.3
15-19	21.4	27.9	39.9	10.8	0.0	100.0	2,341	6.0
20-24	22.2	16.3	51.1	10.5	0.0	100.0	2,071	6.2
25-29	18.5	15.7	56.4	9.2	0.2	100.0	1,915	6.3
30-34	19.4	16.1	55.3	8.9	0.3	100.0	1,587	6.3
35-39	23.1	15.6	55.2	6.0	0.1	100.0	1,056	6.2
40-44	34.4	19.1	41.7	4.7	0.1	100.0	837	5.5
45-49	53.9	23.2	18.6	4.0	0.2	100.0	771	0.0
50-54	60.7	24.5	12.1	2.3	0.4	100.0	696	0.0
55-59	66.7	25.7	6.5	0.6	0.5	100.0	526	0.0
60-64	79.1	18.6	1.7	0.6	0.0	100.0	373	0.0
65+	86.8	12.0	0.9	0.0	0.4	100.0	1,029	0.0
Residence								
Urban	17.7	32.0	35.4	14.6	0.2	100.0	4,758	6.1
Rural	38.5	34.3	25.2	1.8	0.2	100.0	14,259	1.5
Mainland/Zanzibar								
Mainland	33.3	33.8	28.2	4.5	0.2	100.0	18,450	2.4
Total urban	17.7	32.2	36.4	13.5	0.2	100.0	4,666	6.0
Dar es Salaam city	14.4	27.6	39.7	18.4	0.0	100.0	1,448	6.3
Other urban	19.3	34.3	35.0	11.2	0.2	100.0	3,218	5.1
Total rural	38.6	34.4	25.4	1.4	0.2	100.0	13,784	1.5
Zanzibar	31.5	32.0	12.1	24.3	0.1	100.0	567	3.3
Unguja	26.0	31.1	14.2	28.6	0.1	100.0	378	4.6
Pemba	42.4	33.8	8.1	15.5	0.2	100.0	189	0.9
Zone								
Western	41.3	32.1	24.8	1.5	0.4	100.0	3,492	1.1
Northern	27.7	35.5	29.8	6.8	0.2	100.0	2,817	3.3
Central	40.0	32.9	25.2	1.9	0.1	100.0	1,608	1.4
Southern highlands	38.5	33.1	25.5	2.8	0.1	100.0	2,669	1.2
Lake	31.1	36.8	29.1	3.0	0.1	100.0	3,435	2.5
Eastern	23.8	30.8	34.3	11.1	0.1	100.0	2,835	4.5
Southern	32.2	35.8	28.0	3.6	0.4	100.0	1,595	2.6
Region								
Dodoma	40.8	32.3	25.3	1.5	0.2	100.0	956	1.1
Arusha	27.8	31.1	30.6	10.5	0.0	100.0	674	4.3
Kilimanjaro	15.0	43.6	32.5	8.5	0.5	100.0	802	4.5
Tanga	31.6	35.1	28.0	5.2	0.1	100.0	792	2.2
Morogoro	31.1	36.8	27.5	4.3	0.2	100.0	880	2.2
Pwani	38.3	29.2	30.4	2.0	0.0	100.0	507	2.4
Dar es Salaam	14.4	27.6	39.7	18.4	0.0	100.0	1,448	6.3
Lindi	39.3	31.5	26.1	2.7	0.4	100.0	418	1.5
Mtwara	39.7	33.1	25.4	1.3	0.5	100.0	631	1.3
Ruvuma	18.2	42.2	32.5	7.0	0.2	100.0	546	3.7
Iringa	28.8	36.1	31.7	3.3	0.2	100.0	766	2.7
Mbeya	41.2	30.7	25.4	2.6	0.1	100.0	1,304	0.8
Singida	38.8	33.7	25.1	2.5	0.0	100.0	652	1.9
Tabora	54.5	23.6	20.1	1.4	0.5	100.0	930	0.0
Rukwa	44.9	34.5	17.7	2.7	0.2	100.0	599	0.1
Kigoma	33.9	35.0	29.0	2.0	0.1	100.0	894	2.2
Shinyanga	37.9	35.3	25.1	1.3	0.5	100.0	1,668	1.4
Kagera	32.3	38.2	28.4	1.0	0.0	100.0	1,062	2.4
Mwanza	31.2	36.5	28.4	3.6	0.2	100.0	1,679	2.5
Mara	28.8	35.1	31.5	4.4	0.2	100.0	693	2.8
Manyara	40.7	29.9	27.4	2.0	0.0	100.0	550	0.7
Zanzibar North	41.0	34.1	8.1	16.7	0.1	100.0	90	0.7
Zanzibar South	22.0	40.6	12.4	24.9	0.0	100.0	48	4.4
Town West	21.2	28.0	16.8	33.9	0.1	100.0	239	6.1
Pemba North	47.4	30.1	7.7	14.6	0.2	100.0	100	0.0
Pemba South	36.7	38.0	8.5	16.5	0.3	100.0	89	1.7
Wealth quintile								
Lowest	52.6	29.7	17.0	0.3	0.3	100.0	3,689	0.0
Second	45.3	32.8	21.5	0.3	0.1	100.0	3,759	0.4
Middle	35.2	35.9	27.6	1.0	0.3	100.0	3,740	1.8
Fourth	22.5	39.8	33.9	3.6	0.1	100.0	3,706	3.5
Highest	13.0	30.8	37.5	18.5	0.2	100.0	4,123	6.2
Total	33.3	33.8	27.7	5.0	0.2	100.0	19,017	2.4

Note: Totals include a small number of cases missing information.
[1] Completed Standard 7 or 8

Table 2.4.2 Educational attainment of household population: male

Percent distribution of the de facto male household population age six and over by highest level of education attended or completed, according to background characteristics, Tanzania 2004-05

Background characteristic	No education/ pre-primary	Some primary	Completed primary[1]	Secondary+	Don't know/ missing	Total	Number	Median number of years
Age								
6-9	60.4	39.3	0.0	0.0	0.2	100.0	2,830	0.0
10-14	13.1	84.3	2.2	0.3	0.1	100.0	3,199	1.8
15-19	12.3	45.8	33.2	8.8	0.0	100.0	2,182	5.0
20-24	16.2	19.0	51.5	13.2	0.1	100.0	1,659	6.3
25-29	12.8	17.6	57.2	12.3	0.1	100.0	1,518	6.4
30-34	13.2	15.2	59.9	11.4	0.3	100.0	1,273	6.4
35-39	10.3	14.3	65.3	10.0	0.1	100.0	968	6.4
40-44	13.2	16.4	57.9	12.0	0.5	100.0	885	6.4
45-49	19.2	26.8	43.4	10.6	0.0	100.0	580	6.2
50-54	25.8	32.5	31.9	9.8	0.0	100.0	540	3.9
55-59	34.1	37.4	19.6	8.5	0.4	100.0	462	3.4
60-64	34.7	46.7	11.4	7.2	0.0	100.0	385	3.1
65+	56.2	35.5	6.0	2.3	0.0	100.0	895	0.0
Residence								
Urban	12.3	35.7	34.2	17.5	0.2	100.0	4,255	6.1
Rural	28.7	40.8	27.3	3.2	0.1	100.0	13,123	2.5
Mainland/Zanzibar								
Mainland	24.7	39.5	29.5	6.1	0.1	100.0	16,872	3.2
Total urban	13.1	35.3	35.0	16.4	0.2	100.0	4,208	6.1
Dar es Salaam city	12.1	27.5	38.2	22.0	0.1	100.0	1,423	6.4
Other urban	13.6	39.2	33.4	13.5	0.2	100.0	2,786	5.8
Total rural	28.6	41.0	27.7	2.7	0.1	100.0	12,664	2.5
Zanzibar	22.9	39.7	12.6	24.6	0.2	100.0	505	3.9
Unguja	18.0	38.7	14.2	29.0	0.2	100.0	338	4.9
Pemba	32.9	41.8	9.3	15.8	0.3	100.0	168	2.1
Zone								
Western	30.7	39.1	27.3	2.8	0.1	100.0	3,154	2.4
Northern	20.4	45.1	27.5	6.9	0.1	100.0	2,580	3.3
Central	33.1	35.5	28.4	2.9	0.1	100.0	1,413	2.4
Southern highlands	29.1	38.1	28.3	4.4	0.1	100.0	2,368	2.5
Lake	23.3	42.7	28.9	4.9	0.1	100.0	3,161	3.1
Eastern	17.6	32.7	35.5	14.2	0.1	100.0	2,713	6.1
Southern	20.7	42.8	31.1	5.3	0.1	100.0	1,484	3.4
Region								
Dodoma	34.8	34.1	27.8	3.1	0.2	100.0	804	1.7
Arusha	24.4	36.1	29.9	9.3	0.3	100.0	566	3.7
Kilimanjaro	11.6	49.0	30.1	9.1	0.3	100.0	755	4.6
Tanga	18.1	49.7	25.7	6.4	0.0	100.0	703	3.0
Morogoro	21.3	39.4	32.8	6.4	0.1	100.0	828	3.6
Pwani	27.8	36.5	31.8	3.9	0.0	100.0	461	3.0
Dar es Salaam	12.1	27.5	38.2	22.0	0.1	100.0	1,423	6.4
Lindi	25.7	39.5	28.7	5.9	0.2	100.0	389	3.0
Mtwara	24.1	45.5	27.9	2.3	0.2	100.0	584	2.7
Ruvuma	12.9	42.1	36.7	8.4	0.0	100.0	510	4.8
Iringa	21.6	40.3	32.8	5.3	0.0	100.0	638	3.3
Mbeya	31.9	36.7	27.1	4.2	0.2	100.0	1,171	2.1
Singida	30.9	37.3	29.2	2.5	0.1	100.0	609	3.3
Tabora	44.1	31.3	21.5	3.1	0.1	100.0	850	0.7
Rukwa	31.7	38.6	25.6	4.1	0.0	100.0	559	2.0
Kigoma	21.0	50.2	24.7	4.2	0.0	100.0	819	2.8
Shinyanga	28.3	37.5	32.0	2.0	0.2	100.0	1,485	2.9
Kagera	24.4	40.5	31.8	3.1	0.2	100.0	903	3.3
Mwanza	25.8	41.8	26.1	6.1	0.2	100.0	1,643	2.8
Mara	15.0	48.5	31.9	4.6	0.0	100.0	615	3.3
Manyara	31.1	43.0	23.7	2.3	0.0	100.0	556	1.6
Zanzibar North	29.6	49.1	6.7	14.7	0.0	100.0	78	1.9
Zanzibar South	17.8	46.6	12.1	23.6	0.0	100.0	49	4.2
Town West	13.8	33.0	17.5	35.5	0.3	100.0	211	6.3
Pemba North	36.7	39.1	7.7	16.3	0.2	100.0	88	1.7
Pemba South	28.6	44.8	11.0	15.2	0.3	100.0	79	2.5
Wealth quintile								
Lowest	41.6	38.3	19.4	0.4	0.2	100.0	3,285	0.8
Second	32.0	40.4	26.8	0.8	0.0	100.0	3,490	2.1
Middle	25.7	42.7	29.0	2.5	0.1	100.0	3,398	2.7
Fourth	16.7	44.0	33.7	5.5	0.1	100.0	3,576	3.8
Highest	9.2	32.4	35.2	23.0	0.2	100.0	3,628	6.4
Total	24.7	39.6	29.0	6.7	0.1	100.0	17,377	3.2

Note: Totals include a small number of cases missing information.
[1] Completed Standard 7 or 8

School Attendance Rates

Tables 2.5.1 and 2.5.2 present primary school and secondary school net and gross attendance ratios (NAR and GAR) for the school year that started in 2004 by household residence and zones. The NAR for primary school is the percentage of the primary-school-age (7-13 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school-age (14-19 years) population that is attending secondary school. By definition, the NAR cannot exceed 100 percent. The GAR for primary school is the total number of primary school students, of any age, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, of any age, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of over-age and under-age students at a given level of schooling, the GAR can exceed 100 percent. Youth are considered to be attending school currently if they attended formal academic school at any point during the given school year. The gender parity index (GPI) measures the sex-related differences in school attendance rates and is calculated by dividing the GAR for females by the GAR for males. A GPI of 1 indicates parity or equality between the rates of participation for males and females. The closer the GPI is to 0, the greater is the gender disparity in favour of males, meaning that a higher proportion of males than females attends that level of schooling. A GPI greater than 1 indicates a gender disparity in favour of females.

As illustrated in Table 2.5.1, 73 percent of the primary-school-age children (age 7-13) in Tanzania attend primary school. Females age 7-13 are slightly more likely than males to attend primary school (75 and 71 percent, respectively). There is a sizable urban-rural difference in the net attendance ratio: 85 percent of children in urban areas attend primary school, compared with 70 percent in rural areas. School-age children from the wealthiest households are also far more likely to attend primary school than those in the least wealthy households (88 and 58 percent, respectively).

In Tanzania, a substantial proportion of primary school pupils fall outside the official age range for primary schooling: whereas the primary school NAR is 73 percent, the GAR is 102, indicating that for every 73 pupils age 7-13, there are 29 primary school pupils who are either younger than age 7 or older than age 13. The male GAR (104) slightly exceeds the female GAR (101), producing a GPI of 0.97.

Regional differences in both net and gross attendance ratios are substantial. The primary school NAR ranges from a high of 90 percent in Kilimanjaro to a low of 47 percent in Tabora. A similar pattern exists for the primary school GAR, with the highest GAR in Kilimanjaro (122 percent) and the lowest in Tabora (65 percent).

The NAR and GAR are extremely low at the secondary school level. Table 2.5.2 indicates that only 7 percent of the secondary-school-age population in Tanzania attend secondary school and just 9 percent of youth of any age attend secondary school. There is little difference between the NAR for secondary-school-age males and females (7 and 8 percent, respectively). The secondary school GPI is 0.98, indicating near gender parity at the secondary level (GAR of 9 for both males and females). Secondary-school-age youth in urban areas, however, are substantially more likely than their counterparts in rural areas to attend secondary school (19 and 3 percent, respectively).

Perhaps most striking are the differences in the secondary school NAR across wealth quintiles. The secondary school NAR in the wealthiest households (23 percent) far exceeds that in the least wealthy households (0.4 percent), as well as households in the second, third, and fourth wealth quintiles (NAR of 1, 2, and 7 percent, respectively), suggesting that only youth from the most advantaged households have meaningful access to secondary schooling.

Table 2.5.1 School attendance ratios: primary school

Primary school net attendance ratios (NAR) and gross attendance ratios (GAR) for the de jure household population by sex, according to background characteristics, Tanzania 2004-05

Background characteristic	Net attendance ratio[1]			Gross attendance ratio[2]			Gender parity index[3]
	Male	Female	Total	Male	Female	Total	
Residence							
Urban	84.8	85.7	85.2	115.8	110.4	113.0	0.95
Rural	67.4	72.4	69.8	100.9	98.0	99.5	0.97
Mainland/Zanzibar							
Mainland	71.0	75.4	73.2	103.8	100.6	102.2	0.97
Total urban	84.0	86.0	85.0	114.2	110.9	112.5	0.97
Dar es Salaam city	84.2	87.4	85.8	105.9	114.9	110.5	1.09
Other urban	83.9	85.5	84.7	117.4	109.4	113.2	0.93
Total rural	67.6	72.3	69.9	101.1	97.6	99.4	0.97
Zanzibar	68.8	74.1	71.4	105.8	107.5	106.6	1.02
Unguja	71.5	79.5	75.3	107.6	113.8	110.6	1.06
Pemba	63.8	65.0	64.4	102.6	96.8	99.7	0.94
Zone							
Western	62.0	65.0	63.5	97.6	91.6	94.7	0.94
Northern	79.7	82.1	80.8	111.4	108.0	109.8	0.97
Central	64.0	71.8	68.1	97.6	95.6	96.6	0.98
Southern highlands	67.8	71.6	69.7	94.2	94.7	94.5	1.01
Lake	71.9	79.0	75.4	107.2	105.9	106.6	0.99
Eastern	79.9	84.8	82.5	110.5	107.4	108.9	0.97
Southern	72.9	75.7	74.3	110.0	101.9	106.1	0.93
Region							
Dodoma	63.1	70.6	66.9	87.5	93.9	90.8	1.07
Arusha	72.0	76.9	74.4	97.5	97.6	97.5	1.00
Kilimanjaro	88.1	91.0	89.6	125.1	119.1	122.1	0.95
Tanga	85.1	85.3	85.1	118.1	112.0	115.5	0.95
Morogoro	77.7	83.9	81.1	112.8	102.3	106.9	0.91
Pwani	74.1	80.9	77.5	116.6	101.2	108.8	0.87
Dar es Salaam	84.2	87.4	85.8	105.9	114.9	110.5	1.09
Lindi	71.5	70.6	71.0	106.1	98.6	102.3	0.93
Mtwara	71.1	72.0	71.5	106.8	101.5	104.4	0.95
Ruvuma	76.1	82.2	79.3	116.5	104.4	110.2	0.90
Iringa	78.4	88.7	83.4	105.3	120.9	112.9	1.15
Mbeya	64.1	64.2	64.1	85.2	86.4	85.8	1.01
Singida	65.6	73.8	70.0	115.7	98.3	106.3	0.85
Tabora	50.4	44.1	47.4	72.6	57.0	65.1	0.79
Rukwa	62.0	66.7	64.5	99.6	81.3	89.8	0.82
Kigoma	75.0	72.9	74.0	117.9	111.2	114.8	0.94
Shinyanga	60.4	71.0	65.9	98.8	98.5	98.6	1.00
Kagera	66.9	76.0	72.1	103.5	101.0	102.1	0.98
Mwanza	69.7	79.9	74.2	103.9	111.3	107.2	1.07
Mara	83.8	82.6	83.2	120.5	102.4	112.1	0.85
Manyara	70.5	70.4	70.4	100.4	98.4	99.5	0.98
Zanzibar North	63.8	72.6	67.9	98.5	112.9	105.2	1.15
Zanzibar South	77.3	87.6	82.0	115.0	123.2	118.7	1.07
Town West	74.0	80.7	77.3	110.4	111.9	111.2	1.01
Pemba North	62.1	60.3	61.2	97.3	85.9	91.4	0.88
Pemba South	65.7	70.6	68.1	108.4	109.7	109.0	1.01
Wealth quintile							
Lowest	58.1	58.6	58.3	86.2	78.2	82.3	0.91
Second	62.6	69.1	65.7	97.7	93.8	95.8	0.96
Middle	71.3	75.5	73.3	107.3	104.4	105.9	0.97
Fourth	78.8	84.8	81.8	115.1	112.1	113.6	0.97
Highest	87.0	89.4	88.3	115.4	116.1	115.8	1.01
Total	70.9	75.4	73.1	103.9	100.8	102.3	0.97

[1] The NAR for primary school is the percentage of the primary-school-age (7-13 years) population that is attending primary school. By definition the NAR cannot exceed 100 percent.
[2] The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.
[3] The gender parity index for primary school is the ratio of the primary school GAR for females to the GAR for males.

Table 2.5.2 School attendance ratios: secondary school

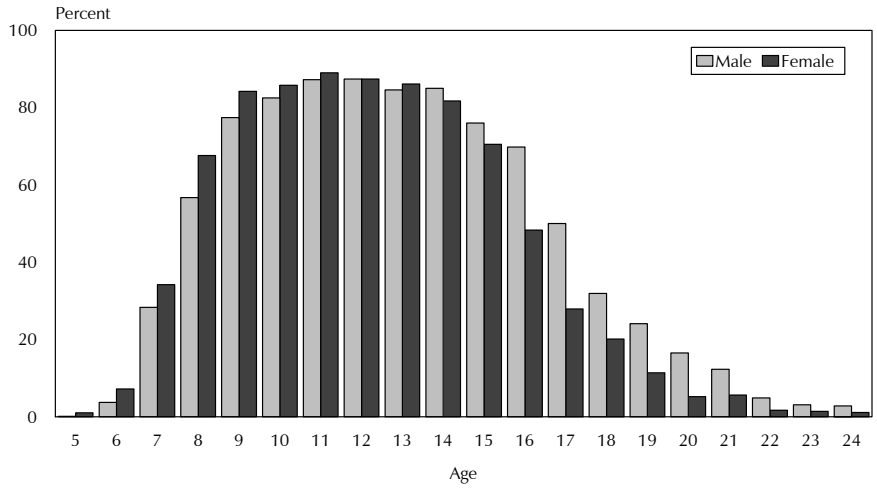
Secondary school net attendance ratios (NAR) and gross attendance ratios (GAR) for the de jure household population by sex, according to background characteristics, Tanzania 2004-05

Background characteristic	Net attendance ratio[1]			Gross attendance ratio[2]			Gender parity index[3]
	Male	Female	Total	Male	Female	Total	
Residence							
Urban	20.3	17.8	18.9	26.2	21.9	23.8	0.83
Rural	2.6	3.6	3.1	4.2	4.3	4.3	1.04
Mainland/Zanzibar							
Mainland	6.2	6.8	6.5	8.6	8.3	8.4	0.97
Total urban	19.4	16.5	17.8	25.0	20.2	22.3	0.81
Dar es Salaam city	27.0	14.3	19.8	30.3	21.4	25.3	0.71
Other urban	16.5	17.5	17.0	22.9	19.6	21.1	0.86
Total rural	2.2	3.1	2.7	3.6	3.7	3.6	1.04
Zanzibar	22.7	26.1	24.4	31.5	34.8	33.2	1.11
Unguja	25.6	30.4	28.0	36.0	39.9	38.0	1.11
Pemba	17.8	18.2	18.0	23.7	25.5	24.6	1.08
Zone							
Western	2.4	1.6	2.0	4.5	2.3	3.4	0.51
Northern	8.1	14.4	11.2	9.3	16.9	13.1	1.83
Central	2.8	3.0	2.9	5.0	3.3	4.2	0.67
Southern highlands	6.0	7.5	6.8	8.0	7.9	7.9	0.99
Lake	3.8	4.8	4.3	8.0	5.1	6.5	0.64
Eastern	16.3	11.3	13.6	17.9	15.6	16.7	0.87
Southern	6.0	6.5	6.2	8.9	8.0	8.5	0.90
Region							
Dodoma	2.1	3.4	2.8	4.7	3.4	4.1	0.73
Arusha	8.1	12.2	10.5	8.1	14.1	11.6	1.74
Kilimanjaro	10.8	23.8	17.1	14.6	26.9	20.6	1.85
Tanga	9.6	14.3	11.9	9.6	19.0	14.1	1.97
Morogoro	6.7	7.7	7.2	6.7	7.7	7.2	1.14
Pwani	4.4	6.4	5.3	4.4	7.9	6.0	1.81
Dar es Salaam	27.0	14.3	19.8	30.3	21.4	25.3	0.71
Lindi	6.1	5.7	5.9	8.7	6.9	7.8	0.79
Mtwara	2.4	2.5	2.5	4.6	2.5	3.6	0.56
Ruvuma	9.1	11.2	10.0	12.8	14.6	13.6	1.14
Iringa	13.5	11.4	12.4	13.5	11.4	12.4	0.85
Mbeya	3.8	7.1	5.5	7.5	8.0	7.8	1.06
Singida	3.6	2.4	3.1	5.3	3.2	4.3	0.61
Tabora	0.7	0.0	0.3	3.0	0.0	1.4	0.00
Rukwa	2.4	3.0	2.7	3.2	3.0	3.1	0.95
Kigoma	7.5	4.3	5.9	9.5	5.5	7.5	0.58
Shinyanga	0.0	0.8	0.4	2.2	1.6	1.9	0.76
Kagera	2.0	0.0	1.0	6.4	1.3	3.8	0.20
Mwanza	5.2	6.1	5.7	9.7	6.1	7.8	0.63
Mara	3.0	7.8	5.3	6.2	7.8	6.9	1.25
Manyara	2.1	2.1	2.1	2.1	2.1	2.1	0.96
Zanzibar North	8.0	22.7	15.8	16.0	32.6	24.8	2.04
Zanzibar South	26.1	30.9	28.3	34.2	31.8	33.1	0.93
Town West	33.2	33.8	33.5	45.3	45.2	45.2	1.00
Pemba North	22.5	20.0	21.2	28.5	25.3	26.9	0.89
Pemba South	12.4	15.8	14.0	18.2	25.9	21.8	1.42
Wealth quintile							
Lowest	0.5	0.3	0.4	0.6	0.3	0.5	0.53
Second	1.2	0.9	1.1	1.4	1.1	1.3	0.80
Middle	2.0	2.6	2.3	4.4	3.3	3.9	0.76
Fourth	5.9	7.6	6.7	8.5	8.4	8.5	0.98
Highest	25.1	20.9	22.7	32.9	26.1	28.9	0.79
Total	6.8	7.5	7.1	9.3	9.1	9.2	0.98

[1] The NAR for secondary school is the percentage of the secondary-school-age (14-19 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent.
[2] The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.
[3] The gender parity index for secondary school is the ratio of the secondary school GAR for females to the GAR for males.

Figure 2.2 illustrates age-specific attendance rates (i.e., the percentage of a given age cohort who attend school, regardless of the level attended [primary, secondary, or higher]). The figure shows a greater proportion of female than male youth attending school from age 6-9, roughly the same proportion of male and female youth age 10-13 attending school, and a higher proportion of male youth attending than female youth from age 14 onward. Attendance rates peak around age 11, with nearly 9 in 10 males and females attending school at that age.

Figure 2.2 Age-Specific Attendance Rates



TDHS 2004-05

Grade Repetition and Dropout Rates

Repetition and dropout rates describe the flow of pupils through the system at the primary level. The repetition rates produced using data from the 2004-05 TDHS indicate the percentage of pupils who attended a particular grade during the school year that started in 2003, who again attended that same class during the following school year. The dropout rates show the percentage of pupils in a grade during the school year that started in 2003 who no longer attended school the following school year. Tables 2.6.1 and 2.6.2 present repetition and dropout rates by primary school class, according to pupils' background characteristics.

Tanzania is a country with an automatic promotion policy, where students are nearly always promoted to the next grade at the end of a given school year. Accordingly, the 2004-05 TDHS reveals the existence of few repeaters in primary school. Table 2.6.1 shows that the highest repetition rate is in Standard 1, with 5 percent of pupils repeating. Repetition rates in the remaining classes are less than 2 percent. There is no clear pattern of gender differences in repetition rates, nor is there a clear pattern by urban-rural residence.

With the exception of standard 7, the dropout rate is extremely low in Tanzania, ranging from less than 1 to 3 percent in Standards 1 through 6. In Standard 7, the final year of the primary cycle, 64 percent of the pupils attending in the academic year starting in 2003 dropped out of school before the start of the following school year. It should be noted, however, that "dropout" is perhaps not the most accurate term for leaving school at the end of the primary school cycle, as some pupils leaving school likely would stay in school if offered a place at secondary school.

Table 2.6.1 Grade repetition and dropout rates: repetition rates

Repetition rates for the de jure household population age 5-24 years by school grade, according to background characteristics, Tanzania 2004-05

Background characteristic	Standard						
	1	2	3	4	5	6	7
Sex							
Male	4.7	1.6	1.5	0.6	0.9	1.1	1.3
Female	5.8	1.2	1.3	1.3	0.8	0.5	0.3
Residence							
Urban	6.1	1.3	1.0	1.8	0.5	1.9	0.0
Rural	5.0	1.4	1.5	0.6	0.9	0.2	1.3
Mainland/Zanzibar							
Mainland	5.2	1.4	1.4	0.9	0.8	0.8	0.8
Total urban	7.5	1.3	1.0	1.8	0.5	2.0	0.0
Dar es Salaam city	(13.0)	(3.8)	(1.7)	(0.0)	*	(2.2)	(0.0)
Other urban	5.8	0.3	0.8	2.4	0.7	1.9	0.0
Total rural	4.6	1.4	1.5	0.6	0.9	0.2	1.4
Zanzibar	4.3	1.0	0.8	1.4	1.2	1.1	0.3
Unguja	5.8	1.5	0.7	1.6	1.4	0.6	0.0
Pemba	1.7	0.0	0.8	0.9	0.8	2.4	1.2
Zone							
Western	5.0	0.6	0.0	0.0	0.0	0.9	0.0
Northern	6.3	3.3	3.6	1.5	2.2	0.8	2.0
Central	4.9	2.6	2.6	0.8	2.4	0.0	(0.0)
Southern highlands	5.4	0.0	0.0	0.0	0.0	0.0	(2.0)
Lake	2.2	0.2	0.3	0.0	1.0	1.2	0.9
Eastern	10.4	2.8	2.1	1.1	0.0	1.5	0.0
Southern	3.4	1.2	2.1	4.8	0.0	0.0	0.0
Wealth quintile							
Lowest	4.8	1.4	1.5	1.0	0.0	0.0	2.6
Second	6.1	0.8	2.0	0.8	0.7	0.8	1.7
Middle	4.0	2.6	1.1	0.0	1.2	0.1	0.0
Fourth	6.0	0.8	1.0	1.4	0.7	0.1	0.6
Highest	5.0	1.7	1.5	1.4	1.0	1.9	0.4
Total	5.2	1.4	1.4	1.0	0.8	0.8	0.8

Note: The repetition rate is the percentage of students in a given grade in the previous school year who are repeating that grade in the current school year. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Females are slightly more likely to drop out in Standard 7 than their male classmates (66 and 62 percent, respectively). About half of pupils in urban areas drop out of Standard 7 compared with three-fourths of pupils in rural areas. Most notably, nearly all pupils (92 percent) from the least wealthy households drop out during Standard 7 compared with less than half (48 percent) from the wealthiest households.

Table 2.6.2 Grade repetition and dropout rates: dropout rates

Dropout rates for the de jure household population age 5-24 years by school grade, according to background characteristics, Tanzania 2004-05

Background characteristic	Standard						
	1	2	3	4	5	6	7
Sex							
Male	0.3	0.6	1.4	1.2	2.9	2.8	61.7
Female	0.6	0.8	1.2	2.2	2.5	2.0	66.2
Residence							
Urban	0.2	0.9	0.6	0.7	2.2	0.7	48.9
Rural	0.5	0.6	1.5	2.1	2.8	3.2	74.2
Mainland/Zanzibar							
Mainland	0.4	0.7	1.3	1.8	2.8	2.4	66.6
Total urban	0.1	0.9	0.6	0.8	2.2	0.6	52.0
Dar es Salaam city	(0.0)	(0.0)	(0.0)	(3.0)	*	(0.0)	68.2
Other urban	0.2	1.2	0.8	0.0	1.6	1.0	45.1
Total rural	0.5	0.6	1.5	2.2	2.9	3.2	77.0
Zanzibar	0.8	0.6	0.6	0.6	0.7	2.6	3.9
Unguja	1.3	1.0	0.9	0.0	1.1	3.2	4.9
Pemba	0.0	0.0	0.0	1.8	0.0	1.1	1.6
Zone							
Western	0.8	1.0	1.4	2.0	3.1	1.6	78.3
Northern	0.7	0.4	2.4	0.4	2.1	4.5	56.5
Central	0.0	0.5	1.3	0.8	3.8	4.8	(89.7)
Southern highlands	0.8	0.9	1.5	3.9	1.7	2.2	(64.7)
Lake	0.0	0.7	0.9	0.9	2.0	1.3	57.7
Eastern	0.0	0.0	0.7	1.7	3.2	1.4	68.5
Southern	0.0	1.8	0.7	3.3	5.0	3.2	64.8
Wealth quintile							
Lowest	0.4	0.9	1.8	3.5	1.9	7.4	91.5
Second	0.6	1.0	0.9	1.2	3.1	2.2	87.6
Middle	0.4	1.0	1.6	1.5	4.7	4.1	72.4
Fourth	0.5	0.5	2.2	2.1	2.9	2.1	63.9
Highest	0.2	0.0	0.1	0.9	1.0	0.1	47.9
Total	0.4	0.7	1.3	1.7	2.7	2.4	64.0

Note: The dropout rate is the percentage of students in a given grade in the previous school year who are not attending school. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

2.5 HOUSEHOLD ENVIRONMENT

Housing Characteristics

The physical characteristics of households are important determinants of the health status of household members, especially children. They can also be used as indicators of the socioeconomic status of households. The 2004-05 TDHS respondents were asked about their household environment, including questions on access to electricity, the source of drinking water, type of sanitation facility, type of flooring, walls, and roof, and number of rooms in the dwelling. This information is summarized in Table 2.7.

Only 11 percent of Tanzanian households have electricity, with a very large disparity between Mainland urban and rural households. On the Mainland, 38 percent of urban households have electricity, compared with just 1 percent of those in rural areas. In Zanzibar, 24 percent of households have electricity.

Table 2.7 Household characteristics

Percent distribution of households by household characteristics, according to residence, Tanzania 2004-05

Household characteristic	Residence				
	Mainland				
	Urban	Rural	Total	Zanzibar	Total
Electricity					
Yes	38.4	1.3	11.1	23.6	11.4
No	61.5	98.4	88.7	76.3	88.4
Total	100.0	100.0	100.0	100.0	100.0
Source of drinking water					
Piped into dwelling/yard/plot	18.6	2.1	6.4	36.2	7.2
Public tap	15.5	16.8	16.5	34.1	16.9
Neighbor's tap	32.8	3.5	11.2	9.5	11.2
Open well in dwelling/yard/plot	1.0	0.6	0.7	0.8	0.7
Open public well	5.2	28.5	22.4	15.9	22.2
Neighbor's open well	2.0	1.2	1.4	0.5	1.4
Protected well in dwelling/yard/plot	0.5	0.1	0.2	0.7	0.2
Protected public well	6.3	14.4	12.2	1.0	12.0
Neighbor's borehole	3.3	0.2	1.0	0.5	1.0
Spring	1.6	8.2	6.5	0.1	6.3
River, stream	1.6	17.7	13.5	0.0	13.1
Pond/lake/dam	3.1	5.8	5.1	0.1	4.9
Tanker truck	3.2	0.5	1.2	0.4	1.2
Water vendor	4.0	0.3	1.3	0.1	1.2
Other	1.5	0.1	0.5	0.0	0.5
Total	100.0	100.0	100.0	100.0	100.0
Time to water source					
Percentage <15 minutes	67.5	28.5	38.8	78.9	39.8
Median time to source	5.9	27.1	19.4	4.4	19.2
Sanitation facility					
Flush toilet	8.8	0.4	2.6	8.4	2.7
Traditional pit toilet	76.7	82.0	80.6	51.6	79.9
Ventilated improved pit latrine	12.1	0.9	3.8	7.9	3.9
No facility, bush, field	2.4	16.7	12.9	32.0	13.4
Total	100.0	100.0	100.0	100.0	100.0
Flooring material					
Earth, sand	28.7	89.1	73.2	43.0	72.4
Dung	0.2	0.6	0.5	0.3	0.5
Cement	69.8	10.1	25.8	56.0	26.6
Other	1.3	0.3	0.6	0.6	0.6
Total	100.0	100.0	100.0	100.0	100.0
Wall material					
Grass	0.2	1.3	1.0	0.7	1.0
Poles and mud	14.7	39.9	33.3	39.1	33.4
Sun dried bricks	19.3	36.4	31.9	1.6	31.1
Baked bricks	14.1	17.8	16.8	1.2	16.4
Cement bricks	50.8	3.0	15.6	37.3	16.1
Other	0.9	1.6	1.4	20.0	1.9
Total	100.0	100.0	100.0	100.0	100.0
Roof material					
Grass/leaves/mud	10.5	63.3	49.4	30.9	49.0
Iron sheets	86.9	36.3	49.6	65.9	50.0
Tiles/concrete/asbestos	2.4	0.1	0.7	3.2	0.8
Other	0.1	0.2	0.2	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0
Rooms for sleeping					
1 room	41.3	26.8	30.6	19.4	30.3
2 rooms	29.0	40.1	37.2	36.3	37.1
3 rooms	19.2	19.5	19.4	32.1	19.8
4 rooms	6.4	8.6	8.0	7.9	8.0
5+ rooms	4.2	4.9	4.7	4.3	4.7
Total	100.0	100.0	100.0	100.0	100.0
Number of households	2,492	6,990	9,483	252	9,735

Note: Percentages for electricity, source of drinking water, sanitation facility, roof material, and rooms for sleeping may not add to 100 because of missing cases (no more that 0.2 percent of cases in any category).

The source of drinking water is important because waterborne diseases including diarrhoea and dysentery are prevalent in Tanzania. Sources of water expected to be relatively free of these diseases are piped water, protected wells, and protected springs. Other sources such as unprotected wells, rivers or streams, ponds, lakes, or dams are more likely to carry disease-causing agents. Table 2.7 indicates that a majority of Tanzanian households have access to clean water sources (35 percent from piped water, 13 percent from a protected well, and 6 percent from a spring). Households in Zanzibar are more likely than those on the Mainland to have access to clean water. For example, 80 percent of households in Zanzibar use piped water compared with 34 percent in the Mainland. Forty percent of Tanzanian households are within 15 minutes of a water source, with the median time to a source of drinking water about 20 minutes.

With regard to sanitation facilities, Table 2.7 shows that 80 percent of Tanzanian households are still using traditional pit toilets and only 3 percent use a modern flush toilet. In Zanzibar, one-third of households have no sanitation facilities at all, compared with 17 percent of households in rural areas and just 2 percent of households in urban areas on the Mainland.

The type of material used for housing construction is an indicator of the economic status of the household as well as potential exposure to disease-causing agents. The most commonly used flooring materials are earth or sand (72 percent) or cement (27 percent). The predominant materials used for constructing walls in Tanzanian dwellings are poles and mud (33 percent) and sundried bricks (31 percent). About half of households use iron sheeting for roofing, while about half use grass, leaves, or mud.

Crowded living conditions may affect health as well as the quality of life. Most Tanzanians live in dwellings with one or two rooms for sleeping (30 and 37 percent, respectively), though the number of bedrooms varies by place of residence. On the Mainland, about four in ten urban households have just one room for sleeping, compared with about one-quarter of rural Mainland households and one-fifth of Zanzibari households.

Household Possessions

The availability of durable consumer goods is a good indicator of a household's socioeconomic status. Moreover, particular goods have specific benefits. For instance, having access to a radio or a television exposes household members to innovative ideas; a refrigerator prolongs the wholesomeness of foods; and a means of transport allows greater access to many services away from the local area. Table 2.8 shows the availability of selected consumer goods by residence.

Nationally, the most commonly owned items are radios (58 percent), paraffin lamps (39 percent), and bicycles (38 percent). Only 9 percent of Tanzanian households own a telephone, 6 percent own a television, and just 4 percent own a refrigerator. On the Mainland, urban households are more likely than rural households to own each of the items with the exception of a bicycle. The vast majority of households in Zanzibar own a radio (80 percent) and more than half own a bicycle.

Ownership of agricultural land is common in Tanzania, with nearly eight in ten households possessing land. Not surprisingly, rural households on the Mainland are much more likely than urban households to own agricultural land (93 and 42 percent, respectively). Almost half (48 percent) of households in Zanzibar report ownership of agricultural land.

Table 2.8 Household possessions

Percentage of households possessing various durable consumer goods and agricultural land, by residence, Tanzania 2004-05

	Residence				
	Mainland				
Type of possession	Urban	Rural	Total	Zanzibar	Total
Household effects					
Radio	75.5	51.6	57.8	80.4	58.4
Television	19.9	0.7	5.7	20.1	6.1
Telephone	27.5	2.3	8.9	23.2	9.3
Refrigerator	12.5	0.3	3.5	14.7	3.8
Paraffin lamp	63.0	30.3	38.9	45.3	39.0
Iron	45.6	14.7	22.8	26.3	22.9
Means of transport					
Bicycle	26.6	41.9	37.9	53.4	38.3
Motorcycle	1.9	0.5	0.9	8.7	1.1
Car/truck	4.6	0.5	1.6	2.0	1.6
Ownership of agricultural land	42.0	93.0	79.6	48.4	78.8
Number of households	2,492	6,990	9,483	252	9,735

Household Food Security

The 2004-05 TDHS also included several questions related to household food security. The questions concerned the number of meals the household usually takes each day, the number of days in the week preceding the survey in which the household consumed meat, and how often the household had problems satisfying food needs in the year before the survey. Results are shown in Table 2.9.

The data show that nearly two-thirds of households (64 percent) report usually having at least three meals per day, although a sizeable proportion (34 percent) have only two meals per day. The national averages are very close to those in both the Mainland and Zanzibar. However, on the Mainland, urban households are far more likely than those in rural areas to have three or more meals a day (81 and 58 percent, respectively).

Meat consumption is not common in Tanzania. Half of the households interviewed reported that they had consumed no meat in the previous week, 20 percent took meat once, 16 percent took it twice, and only 13 percent had meat three or more times. A larger proportion of households in Zanzibar (65 percent) did not consume meat at all in the week preceding the survey, compared with rural and urban households on the Mainland (56 and 32 percent, respectively).

When asked how often they have problems in meeting the food needs of the household, 42 percent of the households reported never having a problem in the year before the survey and just 4 percent reported always having a problem meeting their food needs. Eighteen percent of households say they often have a problem, 19 percent say they sometimes have a problem, and 17 percent say they seldom have a problem meeting the food needs of the household.

Table 2.9 Household food security

Percentage of households by usual number of meals per day, number of days that meat was consumed during the last week, and frequency of problems satisfying food needs in the past year, according to residence, Tanzania 2004-05

	Residence				
	Mainland				
Food security characteristic	Urban	Rural	Total	Zanzibar	Total
Usual number of meals per day					
1 meal	1.2	2.2	1.9	0.6	1.9
2 meals	17.9	39.7	34.0	32.9	33.9
3+ meals	80.8	58.0	64.0	66.5	64.1
Total	100.0	100.0	100.0	100.0	100.0
Number of days consumed meat in past week					
0	32.4	56.2	50.0	65.0	50.3
1	20.2	20.5	20.4	18.4	20.4
2	21.9	13.7	15.8	10.2	15.7
3	12.2	6.1	7.7	3.2	7.6
4	4.9	1.8	2.6	1.5	2.5
5	1.7	0.5	0.8	0.4	0.8
6	0.9	0.3	0.5	0.2	0.5
7	5.7	0.5	1.9	0.8	1.9
Total	100.0	100.0	100.0	100.0	100.0
Frequency of problems satisfying food needs in past year					
Never	54.7	36.8	41.5	62.7	42.1
Seldom	15.0	17.4	16.7	13.1	16.6
Sometimes	14.6	20.5	19.0	13.9	18.8
Often	13.4	19.9	18.2	9.8	18.0
Always	2.3	5.2	4.4	0.5	4.3
Total	100.0	100.0	100.0	100.0	100.0
Number of households	2,492	6,990	9,483	252	9,735

Note: Totals may not add to 100 because of a small number of missing cases.

CHARACTERISTICS OF RESPONDENTS AND THE STATUS OF WOMEN

3

The objective of this chapter is to provide a descriptive summary of the demographic and socioeconomic profile of respondents in the 2004-05 TDHS. This basic information on the characteristics of women and men interviewed in the survey is essential for the interpretation of findings presented later in the report and can provide an approximate indication of the representativeness of the survey.

The chapter begins by describing basic background characteristics, including age, marital status, residential characteristics, and educational levels. Next, more detailed information on education, literacy, and exposure to mass media are provided. Data are then presented on employment, decisionmaking in households, and attitudes related to women's status.

3.1 CHARACTERISTICS OF SURVEY RESPONDENTS

Table 3.1 presents the distributions of interviewed women age 15-49 and men age 15-49 by key background characteristics—age, marital status, and residence. Other characteristics presented are the distribution of these populations by region, education level, and religion.

A total of 10,329 women and 2,635 men were interviewed. The composition of population for both sexes decreases with increasing age, reflecting, in part, the young age structure of the population of Tanzania. About 6 in 10 women and 5 in 10 men are currently married, and an additional 9 percent of women and 5 percent of men are in 'informal' unions. The proportion never married stands at only 23 percent among all women compared with 42 percent of men. The difference can be attributed to the older age at first marriage among males compared with females. Ten percent of women and 5 percent of men are divorced, separated, or widowed.

The regional distribution of population shows no marked differences between sexes, with 28 percent of women and 27 percent of men reported to be living in urban areas. Ninety-seven percent of the nationally representative sample, for either sex, is from the Mainland. Nine percent of women and 10 percent of men reside in the capital city of Dar es Salaam. A sizable proportion of respondents are observed in Dar es Salaam, Mwanza, and Shinyanga regions, which are also the leading regions in population size as observed in the 2002 Population Census. Equally true, the low proportions of respondents in Zanzibar reflect the size of administrative areas in the Islands.

About half of all respondents have completed primary education only. An additional one-fifth of all respondents have some basic (but incomplete) primary education. Only one in ten respondents (9 percent of women and 11 percent of men) have attained at least a secondary education. Women are more disadvantaged in terms of educational attainment, with more than twice as many women as men having no education.

About three in ten respondents fall into each of the three main religious groups in Tanzania: Islam, Catholicism, and Protestantism. Only about one in ten Tanzanians report no religious affiliation.

Table 3.1 Background characteristics of respondents

Percent distribution of women and men by selected background characteristics, Tanzania 2004-05

Background characteristic	Weighted percent	Number of women		Weighted percent	Number of men	
		Weighted	Unweighted		Weighted	Unweighted
Age						
15-19	21.7	2,245	2,297	24.2	637	675
20-24	19.4	2,007	1,958	18.7	493	461
25-29	18.3	1,885	1,832	15.4	405	395
30-34	14.9	1,542	1,487	14.7	387	372
35-39	10.2	1,053	1,100	10.5	278	284
40-44	8.1	834	904	10.1	265	275
45-49	7.4	763	751	6.5	170	173
Marital status						
Never married	23.0	2,371	2,524	41.7	1,100	1,131
Married	58.5	6,041	6,042	48.0	1,264	1,264
Living together	8.8	910	744	5.2	136	115
Divorced/separated	7.2	740	766	4.7	124	113
Widowed	2.6	267	253	0.4	11	12
Residence						
Urban	28.4	2,935	2,513	27.2	716	601
Rural	71.6	7,394	7,816	72.8	1,919	2,034
Mainland/Zanzibar						
Mainland	97.0	10,016	8,117	97.0	2,556	2,096
Total urban	27.9	2,885	2,011	27.2	716	486
Dar es Salaam city	9.4	969	412	10.1	267	110
Other urban	18.6	1,916	1,599	17.1	450	376
Total rural	69.0	7,131	6,106	69.8	1,840	1,610
Zanzibar	3.0	313	2,212	3.0	79	539
Unguja	2.1	216	1,365	2.0	53	319
Pemba	0.9	97	847	1.0	26	220
Zone						
Western	18.2	1,880	1,376	17.8	468	337
Northern	14.5	1,496	1,494	13.7	362	354
Central	7.7	799	784	8.0	212	227
Southern highlands	13.9	1,440	1,136	13.6	358	293
Lake	18.1	1,865	1,226	17.0	448	292
Eastern	16.2	1,670	1,071	17.5	462	289
Southern	8.4	866	1,030	9.3	245	304
Region						
Dodoma	4.5	468	351	4.3	113	92
Arusha	3.8	391	402	3.1	82	86
Kilimanjaro	3.7	380	349	3.9	104	90
Tanga	4.2	431	358	3.6	94	76
Morogoro	4.3	449	325	4.8	127	93
Pwani	2.4	253	334	2.6	68	86
Dar es Salaam	9.4	969	412	10.1	267	110
Lindi	2.1	221	324	2.5	65	103
Mtwara	3.4	346	344	3.7	98	96
Ruvuma	2.9	299	362	3.1	83	105
Iringa	4.0	412	331	3.9	102	80
Mbeya	6.9	712	402	6.4	170	96
Singida	3.2	331	433	3.8	99	135
Tabora	5.0	520	485	4.8	127	122
Rukwa	3.1	316	403	3.3	87	117
Kigoma	4.8	499	414	4.8	127	95
Shinyanga	8.3	861	477	8.1	215	120
Kagera	5.3	545	376	4.6	122	82
Mwanza	9.1	939	435	8.7	229	105
Mara	3.7	381	415	3.7	98	105
Manyara	2.8	293	385	3.1	83	102
Zanzibar North	0.5	48	441	0.4	11	97
Zanzibar South	0.3	26	387	0.2	6	93
Town West	1.4	143	537	1.4	36	129
Pemba North	0.5	52	433	0.5	13	108
Pemba South	0.4	45	414	0.5	12	112
Education[1]						
No education	24.2	2,503	2,532	11.8	312	325
Primary incomplete	18.0	1,855	1,940	24.5	646	692
Primary complete	49.2	5,086	4,440	52.4	1,381	1,226
Secondary+	8.6	885	1,417	11.2	296	392
Religion						
Muslim	30.0	3,095	4,578	30.3	798	1,161
Catholic	28.5	2,944	2,445	28.7	755	639
Protestant	29.0	3,000	2,373	28.0	739	580
None	12.4	1,284	929	13.0	342	254
Other	0.0	3	2	0.0	1	1
Total	100.0	10,329	10,329	100.0	2,635	2,635

Note: The total includes two women for whom information on religion is missing.
[1] Primary complete includes those who attended post-primary training. Secondary+ includes those who attended or completed secondary in addition to those with higher levels of education.

3.2 EDUCATIONAL ATTAINMENT

Education provides people with the knowledge and skills that can lead them to a better quality of life. Education is correlated with the health of mothers and their children, and with reproductive behaviour. Tables 3.2.1 and 3.2.2 provide an overview of the relationship between the respondent's level of education and other background characteristics.

Fifty-eight percent of women and 64 percent of men have completed primary school. These proportions are slightly higher than those estimated from the 1996 TDHS and the 1999 TRCHS, but slightly lower than in the THIS. Increasing age is generally associated with lower levels of education, particularly for women. Most disadvantaged are the oldest women (age 45-59), of whom more than half have no education.

Educational differentials are also found by residence. The rural-urban differentials, as expected, show wide variation. Among urban women, 9 percent have had no education, compared with 30 percent among rural women. Among urban men, negligible proportions (3 percent) have had no education, compared with 15 percent among rural men. More than one-fifth of urban women and more than a quarter of urban men have attended secondary education, compared with less than 6 percent of men and 3 percent of women in rural areas (this may, in part, reflect the predominantly urban locations of secondary and tertiary learning institutions). Though 33 percent of men and 24 percent of women in Dar es Salaam city have attended at least some secondary education, approximately 4 in 10 of both women and men living in the Islands of Zanzibar have some secondary education. There are also significant differentials among administrative regions.

The median years of schooling, indicating the number of years spent in school by half the population, shows no great variations among regions. Differences are found in few regions, namely Tabora and for women, Rukwa, reflecting the high proportions with no education. As expected, for both men and women, educational attainment increases with economic status as reflected by wealth quintiles.

Literacy

The ability to read and write is an important personal asset, allowing women and men increased opportunities in life. Knowing the distribution of the literate population can help program managers, especially for health and family planning, know how to reach women and men with their messages. In the 2004-05 TDHS, information on the ability to read was collected from each individual who had less than post-primary training or a secondary education. The respondents were asked to read from a card containing sentences such as the following:

1 Children should go to school.

2 Today is a sunny day.

3 Birds fly in the sky.

4 The child is reading a book.

5 The rains came late this year.

These sentences were translated into Kiswahili to test respondents on their reading proficiency. A person was defined as literate if—

1 He/she had some post-primary training or secondary education.

2 He/she was able to read all or part of a sentence in Kiswahili, English, or both.

Table 3.2.1 Educational attainment by background characteristics: women

Percent distribution of women by highest level of schooling attended or completed, and median number of years of schooling, according to background characteristics, Tanzania 2004-05

Background characteristic	Highest level of schooling attended or completed				Total	Number of women	Median years of schooling
	No education	Some primary	Completed primary	Secondary+			
Age							
15-19	20.7	26.4	41.5	11.4	100.0	2,245	6.1
20-24	23.0	15.3	51.7	10.1	100.0	2,007	6.2
25-29	18.2	14.2	58.4	9.2	100.0	1,885	6.3
30-34	19.3	14.7	57.3	8.7	100.0	1,542	6.3
35-39	22.7	14.5	57.7	5.2	100.0	1,053	6.2
40-44	34.1	16.4	44.6	4.9	100.0	834	5.8
45-49	54.4	22.5	20.1	3.0	100.0	763	0.0
Residence							
Urban	9.3	14.3	54.9	21.5	100.0	2,935	6.5
Rural	30.2	19.4	47.0	3.4	100.0	7,394	6.0
Mainland/Zanzibar							
Mainland	24.3	17.9	50.2	7.5	100.0	10,016	6.2
Total urban	9.5	14.4	56.6	19.6	100.0	2,885	6.5
Dar es Salaam city	7.6	12.0	56.9	23.6	100.0	969	6.6
Other urban	10.4	15.6	56.4	17.6	100.0	1,916	6.4
Total rural	30.4	19.4	47.7	2.6	100.0	7,131	6.0
Zanzibar	20.9	19.0	17.6	42.5	100.0	313	6.8
Unguja	15.7	16.6	19.4	48.2	100.0	216	7.5
Pemba	32.4	24.1	13.6	29.8	100.0	97	4.9
Zone							
Western	33.0	19.6	44.6	2.8	100.0	1,880	5.2
Northern	19.1	15.1	54.0	11.8	100.0	1,496	6.3
Central	29.0	17.5	49.8	3.8	100.0	799	6.1
Southern highlands	30.4	18.5	45.8	5.3	100.0	1,440	6.0
Lake	22.8	19.7	52.5	5.0	100.0	1,865	6.1
Eastern	14.7	13.8	55.2	16.3	100.0	1,670	6.4
Southern	22.0	22.9	49.2	5.9	100.0	866	6.1
Region							
Dodoma	29.6	16.6	50.7	3.1	100.0	468	6.1
Arusha	18.8	10.0	54.2	17.0	100.0	391	6.4
Kilimanjaro	3.9	15.0	64.9	16.2	100.0	380	6.5
Tanga	24.1	19.6	47.6	8.7	100.0	431	6.1
Morogoro	24.6	17.3	50.3	7.8	100.0	449	6.2
Pwani	24.6	14.4	57.7	3.3	100.0	253	6.2
Dar es Salaam	7.6	12.0	56.9	23.6	100.0	969	6.6
Lindi	25.4	21.8	48.2	4.5	100.0	221	6.1
Mtwara	28.5	26.1	42.9	2.5	100.0	346	5.3
Ruvuma	12.1	19.9	57.2	10.8	100.0	299	6.3
Iringa	18.4	17.4	57.5	6.6	100.0	412	6.3
Mbeya	30.9	19.1	45.4	4.6	100.0	712	6.0
Singida	28.1	18.8	48.5	4.6	100.0	331	6.1
Tabora	43.7	18.6	34.9	2.7	100.0	520	2.7
Rukwa	45.0	18.5	31.4	5.1	100.0	316	2.1
Kigoma	24.5	21.7	50.0	3.8	100.0	499	6.1
Shinyanga	31.5	19.0	47.2	2.3	100.0	861	5.9
Kagera	26.5	17.0	54.3	2.2	100.0	545	6.1
Mwanza	23.1	21.0	50.4	5.5	100.0	939	6.1
Mara	16.8	20.3	54.9	8.0	100.0	381	6.2
Manyara	31.8	15.1	49.3	3.8	100.0	293	6.1
Zanzibar North	34.0	21.2	13.5	31.4	100.0	48	5.2
Zanzibar South	12.4	24.2	20.8	42.6	100.0	26	7.0
Town West	10.2	13.7	21.2	54.9	100.0	143	9.0
Pemba North	39.6	20.2	12.6	27.6	100.0	52	4.3
Pemba South	24.2	28.6	14.8	32.4	100.0	45	5.5
Wealth quintile							
Lowest	45.6	20.6	33.1	0.6	100.0	1,840	1.9
Second	37.4	21.4	40.7	0.4	100.0	1,944	3.7
Middle	26.3	20.2	51.4	2.1	100.0	1,943	6.1
Fourth	13.7	19.3	60.9	6.1	100.0	2,004	6.3
Highest	5.8	10.8	56.4	27.0	100.0	2,597	6.6
Total	24.2	18.0	49.2	8.6	100.0	10,329	6.2

[1] Completed Standard 7 at the primary level and/or attended post-primary training

Table 3.2.2 Educational attainment by background characteristics: men

Percent distribution of men by highest level of schooling attended or completed, and median number of years of schooling, according to background characteristics, Tanzania 2004-05

Background characteristic	Highest level of schooling attended or completed: No education	Some primary	Completed primary	Secondary+	Total	Number of men	Median years of schooling
Age							
15-19	9.8	43.5	36.5	10.2	100.0	637	5.5
20-24	12.0	20.9	55.0	12.1	100.0	493	6.3
25-29	14.2	15.1	57.8	12.8	100.0	405	6.4
30-34	11.6	20.3	58.7	9.4	100.0	387	6.3
35-39	8.7	12.3	62.9	16.1	100.0	278	6.5
40-44	12.1	17.8	62.5	7.7	100.0	265	6.3
45-49	18.5	26.6	44.3	10.6	100.0	170	6.1
Residence							
Urban	3.0	16.7	53.6	26.6	100.0	716	6.6
Rural	15.1	27.4	51.9	5.5	100.0	1,919	6.1
Mainland/Zanzibar							
Mainland	11.9	24.4	53.3	10.3	100.0	2,556	6.3
Total urban	2.9	16.3	55.5	25.4	100.0	716	6.6
Dar es Salaam city	0.7	11.6	54.3	33.3	100.0	267	6.7
Other urban	4.1	19.0	56.2	20.7	100.0	450	6.5
Total rural	15.5	27.6	52.5	4.5	100.0	1,840	6.1
Zanzibar	9.1	27.9	22.5	40.5	100.0	79	6.5
Unguja	5.8	20.9	27.2	46.1	100.0	53	6.8
Pemba	15.8	42.3	13.0	28.9	100.0	26	4.9
Zone							
Western	17.6	27.7	50.6	4.2	100.0	468	6.1
Northern	9.8	20.6	56.9	12.7	100.0	362	6.4
Central	17.2	24.9	55.0	2.9	100.0	212	6.1
Southern highlands	14.1	20.4	57.1	8.5	100.0	358	6.3
Lake	9.9	32.3	50.1	7.6	100.0	448	6.1
Eastern	6.3	16.3	54.5	22.9	100.0	462	6.5
Southern	11.1	30.0	49.9	9.0	100.0	245	6.2
Region							
Dodoma	17.3	26.5	54.5	1.7	100.0	113	6.1
Arusha	15.5	10.9	59.2	14.3	100.0	82	6.4
Kilimanjaro	2.4	9.9	69.5	18.2	100.0	104	6.6
Tanga	13.1	27.9	45.7	13.3	100.0	94	6.2
Morogoro	11.1	21.7	57.5	9.7	100.0	127	6.3
Pwani	18.9	24.5	49.8	6.8	100.0	68	6.1
Dar es Salaam	0.7	11.6	54.3	33.3	100.0	267	6.7
Lindi	16.2	28.6	46.4	8.8	100.0	65	6.1
Mtwara	14.0	37.9	45.2	3.0	100.0	98	5.3
Ruvuma	3.7	21.7	58.3	16.3	100.0	83	6.4
Iringa	8.0	17.5	66.8	7.7	100.0	102	6.4
Mbeya	18.2	16.5	57.8	7.5	100.0	170	6.3
Singida	17.0	23.2	55.5	4.3	100.0	99	6.2
Tabora	36.6	26.3	31.0	6.2	100.0	127	2.9
Rukwa	13.1	31.4	44.3	11.2	100.0	87	6.1
Kigoma	8.9	41.6	46.9	2.5	100.0	127	6.0
Shinyanga	11.4	20.2	64.4	3.9	100.0	215	6.3
Kagera	16.6	25.3	53.3	4.8	100.0	122	6.2
Mwanza	8.1	38.1	43.9	9.8	100.0	229	6.1
Mara	5.9	27.6	60.6	6.0	100.0	98	6.3
Manyara	9.4	35.5	51.7	3.4	100.0	83	6.1
Zanzibar North	15.4	46.8	16.9	21.0	100.0	11	4.9
Zanzibar South	4.1	19.4	27.1	49.4	100.0	6	6.7
Town West	3.2	13.1	30.4	53.3	100.0	36	7.2
Pemba North	18.5	36.0	15.7	29.9	100.0	13	5.5
Pemba South	12.9	49.2	10.1	27.8	100.0	12	4.7
Wealth quintile							
Lowest	28.0	34.4	36.7	1.0	100.0	484	3.6
Second	16.5	31.1	51.1	1.3	100.0	504	6.0
Middle	9.2	29.0	57.7	4.2	100.0	516	6.2
Fourth	7.4	20.1	63.2	9.3	100.0	517	6.4
Highest	1.3	11.4	52.4	35.0	100.0	615	6.7
Total	11.8	24.5	52.4	11.2	100.0	2,635	6.3

Tables 3.3.1 and 3.3.2 show the literacy levels by background characteristics of respondents. Two-thirds of women and 80 percent of men are reported to be literate. These rates have not changed since the last assessment of literacy in the 1999 TRCHS, which registered 64 percent literacy among women and 78 percent among men. Illiteracy, expressed as the proportion of those who cannot read at all, is observed to increase directly with age among women age 30 and older. The association between age and literacy for men is not as strong.

Table 3.3.1 Literacy: women

Percent distribution of women by level of schooling attended and by level of literacy, and percent literate, according to background characteristics, Tanzania 2004-05

Background characteristic	Post-primary, secondary school, or higher	No schooling or primary school: Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language/ blind	Missing	Total	Number of women	Percent literate[1]
Age									
15-19	12.7	53.4	4.5	29.4	0.0	0.1	100.0	2,245	70.5
20-24	11.1	51.3	4.2	33.2	0.1	0.1	100.0	2,007	66.6
25-29	10.6	57.2	4.6	27.5	0.0	0.2	100.0	1,885	72.4
30-34	9.6	55.3	6.2	28.9	0.0	0.0	100.0	1,542	71.1
35-39	6.3	57.8	5.5	30.1	0.3	0.0	100.0	1,053	69.6
40-44	7.4	45.9	7.2	39.5	0.0	0.0	100.0	834	60.5
45-49	4.8	33.0	5.5	56.4	0.3	0.0	100.0	763	43.3
Residence									
Urban	24.2	56.7	4.0	15.0	0.0	0.1	100.0	2,935	84.9
Rural	4.2	50.6	5.6	39.6	0.1	0.0	100.0	7,394	60.3
Mainland/Zanzibar									
Mainland	8.8	53.0	5.1	32.9	0.1	0.1	100.0	10,016	67.0
Total urban	22.4	58.2	4.0	15.3	0.0	0.1	100.0	2,885	84.6
Dar es Salaam city	26.6	56.9	3.9	12.6	0.0	0.0	100.0	969	87.4
Other urban	20.2	58.8	4.1	16.7	0.0	0.1	100.0	1,916	83.2
Total rural	3.4	50.9	5.5	40.0	0.1	0.0	100.0	7,131	59.8
Zanzibar	42.6	29.1	5.2	22.9	0.0	0.2	100.0	313	76.8
Unguja	48.3	30.0	5.0	16.5	0.0	0.2	100.0	216	83.2
Pemba	29.9	27.1	5.5	37.3	0.0	0.2	100.0	97	62.5
Zone									
Western	2.9	48.5	3.9	44.7	0.0	0.1	100.0	1,880	55.2
Northern	15.5	56.5	3.3	24.6	0.1	0.1	100.0	1,496	75.2
Central	5.1	54.3	5.1	35.3	0.2	0.0	100.0	799	64.5
Southern highlands	5.9	48.2	6.4	39.3	0.0	0.2	100.0	1,440	60.5
Lake	5.8	54.1	7.4	32.5	0.2	0.0	100.0	1,865	67.3
Eastern	18.5	55.9	5.4	20.2	0.0	0.0	100.0	1,670	79.8
Southern	6.9	55.7	3.2	34.3	0.0	0.0	100.0	866	65.7
Region									
Dodoma	4.5	55.3	6.4	33.5	0.3	0.0	100.0	468	66.2
Arusha	23.3	51.4	1.1	24.1	0.0	0.0	100.0	391	75.9
Kilimanjaro	21.2	68.7	1.7	8.1	0.3	0.0	100.0	380	91.6
Tanga	10.1	53.3	4.5	31.8	0.0	0.3	100.0	431	67.9
Morogoro	9.5	51.4	6.6	32.5	0.0	0.0	100.0	449	67.5
Pwani	3.6	59.8	9.0	27.5	0.0	0.0	100.0	253	72.5
Dar es Salaam	26.6	56.9	3.9	12.6	0.0	0.0	100.0	969	87.4
Lindi	6.0	56.8	2.4	34.8	0.0	0.0	100.0	221	65.2
Mtwara	2.5	51.9	4.3	41.3	0.0	0.0	100.0	346	58.7
Ruvuma	12.5	59.2	2.5	25.7	0.0	0.0	100.0	299	74.3
Iringa	7.9	59.2	3.5	28.7	0.0	0.8	100.0	412	70.5
Mbeya	4.8	46.3	9.4	39.5	0.0	0.0	100.0	712	60.5
Singida	5.8	53.0	3.2	38.0	0.0	0.0	100.0	331	62.0
Tabora	2.7	38.9	4.9	53.5	0.0	0.0	100.0	520	46.5
Rukwa	5.5	38.4	3.5	52.6	0.0	0.0	100.0	316	47.4
Kigoma	4.0	55.0	5.8	35.2	0.0	0.0	100.0	499	64.8
Shinyanga	2.3	50.5	2.2	44.8	0.0	0.2	100.0	861	55.0
Kagera	3.1	56.3	7.2	33.4	0.0	0.0	100.0	545	66.6
Mwanza	6.2	54.7	7.2	31.6	0.3	0.0	100.0	939	68.1
Mara	8.6	49.4	8.2	33.5	0.3	0.0	100.0	381	66.2
Manyara	5.5	52.1	6.3	36.1	0.0	0.0	100.0	293	63.9
Zanzibar North	31.4	27.4	4.8	36.0	0.2	0.2	100.0	48	63.6
Zanzibar South	42.9	30.6	8.1	17.9	0.0	0.5	100.0	26	81.6
Town West	54.9	30.7	4.5	9.8	0.0	0.2	100.0	143	90.0
Pemba North	27.8	23.5	4.6	43.8	0.0	0.3	100.0	52	55.9
Pemba South	32.4	31.2	6.6	29.9	0.0	0.0	100.0	45	70.1
Wealth quintile									
Lowest	0.8	36.5	5.8	56.8	0.1	0.0	100.0	1,840	43.1
Second	0.6	45.0	6.6	47.8	0.0	0.0	100.0	1,944	52.2
Middle	2.6	56.1	5.3	35.6	0.2	0.2	100.0	1,943	64.0
Fourth	7.5	66.2	5.2	21.1	0.1	0.0	100.0	2,004	78.9
Highest	30.5	55.4	3.3	10.7	0.0	0.1	100.0	2,597	89.2
Total	9.9	52.3	5.1	32.6	0.1	0.1	100.0	10,329	67.3

[1] Refers to women who attended at least post-primary training, secondary school or higher, and women who can read a whole sentence or part of a sentence

Table 3.3.2 Literacy: men

Percent distribution of men by level of schooling attended and by level of literacy, and percent literate, according to background characteristics, Tanzania 2004-05

Background characteristic	Post-primary, secondary school, or higher	No schooling or primary school: Can read a whole sentence	No schooling or primary school: Can read part of a sentence	No schooling or primary school: Cannot read at all	No schooling or primary school: No card with required language/ blind	Total	Number of men	Percent literate[1]
Age								
15-19	11.0	66.3	4.8	17.9	0.0	100.0	637	82.1
20-24	14.0	57.3	5.7	23.0	0.0	100.0	493	77.0
25-29	16.1	57.8	3.4	22.4	0.3	100.0	405	77.3
30-34	14.4	59.2	5.5	20.9	0.0	100.0	387	79.1
35-39	21.6	59.1	1.2	18.1	0.0	100.0	278	81.9
40-44	12.6	66.0	1.4	20.0	0.0	100.0	265	80.0
45-49	13.1	68.0	6.0	12.9	0.0	100.0	170	87.1
Residence								
Urban	32.5	57.2	2.4	7.9	0.0	100.0	716	92.1
Rural	7.4	63.2	4.9	24.4	0.1	100.0	1,919	75.5
Mainland/Zanzibar								
Mainland	13.4	62.2	4.2	20.1	0.1	100.0	2,556	79.9
Total urban	31.3	58.3	2.3	8.1	0.0	100.0	716	91.9
Dar es Salaam city	40.1	52.9	1.6	5.5	0.0	100.0	267	94.5
Other urban	26.0	61.6	2.8	9.6	0.0	100.0	450	90.4
Total rural	6.5	63.8	4.9	24.8	0.1	100.0	1,840	75.2
Zanzibar	40.9	40.5	4.6	14.0	0.0	100.0	79	86.0
Unguja	46.7	41.7	0.4	11.2	0.0	100.0	53	88.8
Pemba	28.9	38.1	13.3	19.7	0.0	100.0	26	80.3
Zone								
Western	5.6	65.4	4.4	24.7	0.0	100.0	468	75.3
Northern	19.0	59.5	6.5	14.6	0.4	100.0	362	85.0
Central	5.0	61.4	15.4	18.2	0.0	100.0	212	81.8
Southern highlands	11.2	64.8	3.8	20.1	0.0	100.0	358	79.9
Lake	8.5	62.2	0.6	28.8	0.0	100.0	448	71.2
Eastern	27.3	61.2	1.8	9.7	0.0	100.0	462	90.3
Southern	13.6	59.4	2.2	24.8	0.0	100.0	245	75.2
Region								
Dodoma	3.6	65.3	13.1	18.0	0.0	100.0	113	82.0
Arusha	24.4	59.5	0.0	16.0	0.0	100.0	82	84.0
Kilimanjaro	26.0	57.5	10.3	6.1	0.0	100.0	104	93.9
Tanga	17.1	54.5	13.1	13.9	1.4	100.0	94	84.7
Morogoro	11.6	76.5	1.2	10.7	0.0	100.0	127	89.3
Pwani	6.8	64.9	4.0	24.3	0.0	100.0	68	75.7
Dar es Salaam	40.1	52.9	1.6	5.5	0.0	100.0	267	94.5
Lindi	17.3	51.0	2.9	28.8	0.0	100.0	65	71.2
Mtwara	6.0	59.2	3.2	31.6	0.0	100.0	98	68.4
Ruvuma	19.6	66.3	0.5	13.5	0.0	100.0	83	86.5
Iringa	8.9	77.8	2.5	10.9	0.0	100.0	102	89.1
Mbeya	11.1	57.8	5.7	25.3	0.0	100.0	170	74.7
Singida	6.5	57.1	18.1	18.3	0.0	100.0	99	81.7
Tabora	6.2	56.1	1.6	36.2	0.0	100.0	127	63.8
Rukwa	14.1	63.3	1.8	20.8	0.0	100.0	87	79.2
Kigoma	4.9	66.3	4.8	24.1	0.0	100.0	127	75.9
Shinyanga	5.7	70.3	5.8	18.2	0.0	100.0	215	81.8
Kagera	6.2	59.0	0.0	34.8	0.0	100.0	122	65.2
Mwanza	9.8	62.8	0.0	27.3	0.0	100.0	229	72.7
Mara	8.0	64.7	2.8	24.6	0.0	100.0	98	75.4
Manyara	6.8	67.6	0.9	24.7	0.0	100.0	83	75.3
Zanzibar North	21.0	52.8	0.9	25.3	0.0	100.0	11	74.7
Zanzibar South	49.4	39.1	2.2	9.4	0.0	100.0	6	90.6
Town West	54.1	38.7	0.0	7.2	0.0	100.0	36	92.8
Pemba North	29.9	36.5	12.7	21.0	0.0	100.0	13	79.0
Pemba South	27.8	39.8	14.0	18.4	0.0	100.0	12	81.6
Wealth quintile								
Lowest	1.9	52.9	4.5	40.3	0.3	100.0	484	59.4
Second	2.2	65.8	6.2	25.8	0.0	100.0	504	74.2
Middle	6.0	67.2	6.1	20.7	0.0	100.0	516	79.3
Fourth	12.7	72.7	2.4	12.2	0.0	100.0	517	87.8
Highest	42.1	50.9	2.2	4.8	0.0	100.0	615	95.2
Total	14.2	61.6	4.2	19.9	0.1	100.0	2,635	80.0

[1] Refers to men who attended at least post-primary training, secondary school or higher, and men who can read a whole sentence or part of a sentence

Literacy rates for women and men are 85 and 92 percent, respectively, in urban areas compared with 60 and 76 percent, respectively, in rural areas. By administrative regions, Kilimanjaro, Dar es Salaam, Zanzibar South, and Town West have literacy levels exceeding eight in ten for women and nine in ten for men. Literacy increases directly with wealth for both women and men.

3.3 Access to Mass Media

The 2004-05 TDHS collected information on the exposure of respondents to various common print and electronic media. Respondents were asked how often they read a newspaper, listen to the radio, or watch television in a week. This information is useful in determining the media channels to use in disseminating health information to targeted audiences.

Findings of the survey, given in Tables 3.4.1 and 3.4.2, indicate that about one-third of women and 17 percent of men are not exposed to any type of media. However, 62 percent of women and 80 percent of men listen to the radio, the most common type of mass media in Tanzania, at least once a week. One-fifth of women read a newspaper, and 17 percent watch television once a week. Respective rates for men are 36 and 25 percent. Nine percent of women and 16 percent of men have exposure to all three media types. This indicates a significant increase in mass media exposure over the last five years. According to the 1999 TRCHS, just 1 percent of women and 4 percent of men had weekly exposure to all three types of media.

As expected, women and men living in urban areas are more likely than those living in rural areas to be exposed to mass media. A quarter of urban women are exposed to all forms of media as are 42 percent of urban men. Respective proportions for rural dwellers are 2 of women and 7 percent of men. The main media source accessed by urban respondents is the radio: 80 percent of urban women and 89 percent of urban men listen to the radio at least once a week. Television is the least popular media, although there are higher proportions of viewers in urban areas than in rural areas. Geographically, exposure to all forms of media is highest in the Eastern zone. There is also a positive relationship between levels of education and wealth and exposure to mass media.

Table 3.4.1 Exposure to mass media: women

Percentage of women who usually read a newspaper at least once a week, watch television at least once a week, and listen to the radio at least once a week, by background characteristics, Tanzania 2004-05

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media	No media	Number of women
Age						
15-19	23.8	23.2	61.1	10.5	32.3	2,245
20-24	21.8	19.5	65.2	10.3	30.9	2,007
25-29	23.8	17.6	64.9	10.6	30.9	1,885
30-34	20.0	14.5	64.2	7.7	31.4	1,542
35-39	16.7	13.0	60.0	7.0	37.3	1,053
40-44	15.7	11.3	57.3	6.3	39.7	834
45-49	11.0	8.3	56.4	4.1	41.5	763
Residence						
Urban	42.8	45.8	80.2	25.9	12.1	2,935
Rural	11.7	5.7	55.2	2.1	41.9	7,394
Mainland/Zanzibar						
Mainland	20.5	16.4	61.6	8.7	34.1	10,016
Total urban	43.2	44.4	79.8	25.8	12.7	2,885
Dar es Salaam city	51.5	63.3	78.6	37.2	8.8	969
Other urban	39.0	34.9	80.4	20.0	14.7	1,916
Total rural	11.3	5.1	54.2	1.9	42.8	7,131
Zanzibar	21.8	37.4	84.8	13.9	11.6	313
Unguja	27.3	48.9	90.0	18.6	5.5	216
Pemba	9.8	11.9	73.3	3.4	25.0	97
Zone						
Western	13.3	8.6	55.4	3.9	40.9	1,880
Northern	26.3	18.7	68.8	9.1	26.3	1,496
Central	7.6	5.8	38.1	2.0	58.7	799
Southern highlands	21.8	12.5	55.4	6.5	39.7	1,440
Lake	15.0	8.8	64.5	4.9	33.1	1,865
Eastern	35.3	42.5	73.8	24.2	18.8	1,670
Southern	18.9	11.7	64.6	7.1	32.9	866
Region						
Dodoma	10.7	6.7	42.4	2.4	53.1	468
Arusha	23.2	27.4	78.7	12.6	20.0	391
Kilimanjaro	34.4	22.2	68.8	11.6	23.2	380
Tanga	33.0	13.8	68.2	8.0	25.1	431
Morogoro	15.8	16.9	66.9	8.1	32.4	449
Pwani	7.9	8.2	67.4	3.1	32.6	253
Dar es Salaam	51.5	63.3	78.6	37.2	8.8	969
Lindi	19.9	14.9	70.7	8.6	26.1	221
Mtwara	14.9	5.2	56.8	3.6	41.2	346
Ruvuma	22.6	17.1	69.1	9.9	28.1	299
Iringa	25.1	12.9	66.1	7.3	28.5	412
Mbeya	22.4	12.2	55.0	5.7	40.3	712
Singida	3.2	4.5	32.0	1.4	66.7	331
Tabora	12.5	9.4	51.2	5.5	47.0	520
Rukwa	16.0	12.4	42.7	7.2	52.7	316
Kigoma	17.9	10.5	50.8	3.6	41.4	499
Shinyanga	11.1	7.0	60.6	3.2	37.0	861
Kagera	8.7	0.8	56.1	0.5	42.8	545
Mwanza	15.6	10.9	69.4	5.6	27.8	939
Mara	22.4	15.2	64.2	9.4	32.0	381
Manyara	10.3	9.9	56.2	3.0	40.1	293
Zanzibar North	10.8	11.2	88.0	2.4	11.8	48
Zanzibar South	19.8	33.0	93.3	9.1	5.2	26
Town West	34.1	64.3	90.0	25.8	3.5	143
Pemba North	6.4	8.3	67.4	1.8	31.0	52
Pemba South	13.6	16.0	80.2	5.3	18.2	45
Education						
No education	0.5	3.5	44.4	0.0	55.0	2,503
Primary incomplete	13.2	11.7	57.8	4.1	38.3	1,855
Primary complete	26.3	18.0	68.4	9.4	26.0	5,086
Secondary+	59.1	60.9	86.8	41.1	4.9	885
Wealth quintile						
Lowest	4.9	1.5	26.3	0.3	71.2	1,840
Second	7.6	3.4	56.0	1.2	41.6	1,944
Middle	11.5	4.3	60.1	1.4	37.1	1,943
Fourth	23.0	10.2	74.7	4.6	20.7	2,004
Highest	46.1	53.1	84.5	29.7	7.6	2,597
Total	20.5	17.1	62.3	8.9	33.4	10,329

Table 3.4.2 Exposure to mass media: men

Percentage of men who usually read a newspaper at least once a week, watch television at least once a week, and listen to the radio at least once a week, by background characteristics, Tanzania 2004-05

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media	No media	Number of men
Age						
15-19	33.0	26.3	75.9	14.3	18.5	637
20-24	38.5	26.4	78.8	16.9	18.2	493
25-29	38.2	30.3	86.3	20.6	11.7	405
30-34	38.6	24.8	83.5	16.5	13.0	387
35-39	37.1	24.4	79.9	18.4	17.3	278
40-44	32.6	19.7	73.6	11.8	20.8	265
45-49	32.0	18.3	83.4	13.8	15.2	170
Residence						
Urban	60.5	59.6	88.9	42.4	7.0	716
Rural	26.8	12.5	76.5	6.5	20.0	1,919
Mainland/Zanzibar						
Mainland	35.9	24.4	79.6	15.9	16.8	2,556
Total urban	59.8	57.6	88.9	41.6	7.2	716
Dar es Salaam city	67.9	62.4	88.1	48.0	7.4	267
Other urban	55.0	54.8	89.4	37.8	7.1	450
Total rural	26.6	11.5	76.0	5.9	20.5	1,840
Zanzibar	38.1	54.1	86.4	25.5	7.0	79
Unguja	41.8	65.5	88.9	32.0	4.3	53
Pemba	30.3	30.8	81.2	12.2	12.5	26
Zone						
Western	26.9	14.7	81.0	9.9	18.4	468
Northern	44.1	28.5	84.3	17.0	10.9	362
Central	32.0	17.9	73.2	12.5	25.4	212
Southern highlands	32.0	17.6	83.8	10.7	12.5	358
Lake	39.6	18.9	76.4	13.7	17.9	448
Eastern	50.4	47.1	79.6	33.4	15.3	462
Southern	16.2	20.0	75.7	7.8	21.9	245
Region						
Dodoma	39.5	22.3	79.0	17.9	21.0	113
Arusha	44.5	54.1	90.7	30.2	6.8	82
Kilimanjaro	39.1	17.5	81.4	14.0	16.1	104
Tanga	52.5	21.5	80.5	13.3	12.7	94
Morogoro	33.2	32.4	74.0	18.6	19.1	127
Pwani	14.2	14.9	57.0	3.5	38.8	68
Dar es Salaam	67.9	62.4	88.1	48.0	7.4	267
Lindi	12.2	31.9	83.7	9.6	12.1	65
Mtwara	9.0	10.2	69.9	3.1	29.0	98
Ruvuma	27.9	22.2	76.2	11.8	21.2	83
Iringa	56.3	25.7	71.0	24.4	20.5	102
Mbeya	20.1	14.6	87.2	3.9	10.8	170
Singida	23.4	12.9	66.6	6.3	30.4	99
Tabora	40.4	19.2	80.3	16.7	17.4	127
Rukwa	26.8	14.0	92.2	7.9	6.4	87
Kigoma	35.0	26.5	90.9	11.2	9.1	127
Shinyanga	14.1	5.1	75.5	5.1	24.5	215
Kagera	32.6	8.2	62.7	4.6	29.3	122
Mwanza	48.0	27.8	82.4	20.9	11.4	229
Mara	28.5	11.5	79.2	8.1	19.1	98
Manyara	40.4	24.8	85.8	11.8	6.5	83
Zanzibar North	15.8	43.8	94.0	9.8	3.7	11
Zanzibar South	29.0	62.4	94.7	19.7	2.2	6
Town West	52.0	72.6	86.3	40.9	4.8	36
Pemba North	26.3	24.7	82.0	8.2	13.2	13
Pemba South	34.6	37.4	80.3	16.4	11.9	12
Education						
No education	4.0	9.7	63.7	1.0	34.8	312
Primary incomplete	24.9	19.3	74.4	7.8	20.9	646
Primary complete	39.3	24.1	83.3	16.0	13.2	1,381
Secondary+	78.3	60.5	92.6	51.7	2.8	296
Wealth quintile						
Lowest	20.0	6.1	56.1	2.0	38.2	484
Second	20.9	9.3	78.3	3.5	18.7	504
Middle	24.8	12.7	80.5	4.7	16.0	516
Fourth	37.2	23.8	89.8	13.7	8.8	517
Highest	69.3	65.5	90.8	49.6	4.4	615
Total	36.0	25.3	79.8	16.2	16.5	2,635

3.4 EMPLOYMENT

Like education, employment can also be a source of empowerment for both women and men. It may be particularly empowering for women if it puts them in control of income. Respondents were asked a number of questions to elicit their employment status at the time of the survey, the continuity of their employment in the 12 months preceding the survey, and, if employed, details about their employment.

Tables 3.5.1 and 3.5.2 present information relating to the respondent's employment status. The employed are those who say that they are currently working and those who worked at any time during the 12-month period preceding the survey. The level of current employment for women stands at 79 percent, with an additional 4 percent who worked in the 12 months preceding the survey, putting the level of employment at 83 percent. Corresponding proportions for men are similar: 82 percent are currently employed, with almost 2 percent who worked in the last 12 months, putting the level of employment at 83 percent.

The proportions employed are lowest in the age group 15-19 for both sexes, and increase gradually with age. The low participation rate at young ages is expected, for part of the labour force in those ages are students at secondary and higher learning institutions, and therefore not available for work. Teenage girls are much more likely to be working than teenage boys.

Women who are divorced, separated, or widowed are comparatively more likely to be employed (93 percent), as are men who are married or living together with a partner (99 percent). Variations in employment are also found with residence. Those in rural areas are more likely to be employed than those in urban areas, with 85 percent of both women and men currently employed. Interestingly, for both men and women, those with the most education and those in the highest wealth quintile are least likely to be currently employed. There is significant regional variation in employment.

Table 3.5.1 Employment status: women

Percent distribution of women by employment status, according to background characteristics, Tanzania 2004-05

Background characteristic	Employed in the 12 months preceding the survey: Currently employed	Employed in the 12 months preceding the survey: Not currently employed	Not employed in the 12 months preceding the survey	Total	Number of women
Age					
15-19	57.6	3.5	38.9	100.0	2,245
20-24	77.2	5.4	17.3	100.0	2,007
25-29	82.5	4.5	13.0	100.0	1,885
30-34	86.6	4.2	9.2	100.0	1,542
35-39	87.2	5.4	7.4	100.0	1,053
40-44	91.3	3.1	5.5	100.0	834
45-49	90.4	3.5	6.0	100.0	763
Marital status					
Never married	56.6	3.6	39.7	100.0	2,371
Married or living together	84.2	4.8	11.0	100.0	6,950
Divorced/separated/widowed	90.1	2.8	7.1	100.0	1,007
Number of living children					
0	58.4	4.0	37.5	100.0	2,705
1-2	82.1	4.3	13.6	100.0	3,348
3-4	86.2	4.9	8.9	100.0	2,269
5+	90.7	4.2	5.2	100.0	2,007
Residence					
Urban	61.6	5.3	33.1	100.0	2,935
Rural	85.1	3.9	10.9	100.0	7,394
Mainland/Zanzibar					
Mainland	79.3	4.3	16.3	100.0	10,016
Total urban	62.0	5.5	32.5	100.0	2,885
Dar es Salaam city	45.3	6.1	48.5	100.0	969
Other urban	70.5	5.2	24.3	100.0	1,916
Total rural	86.3	3.9	9.8	100.0	7,131
Zanzibar	50.2	4.2	45.6	100.0	313
Unguja	53.7	5.7	40.7	100.0	216
Pemba	42.5	0.8	56.7	100.0	97
Zone					
Western	82.2	5.4	12.4	100.0	1,880
Northern	72.0	5.4	22.6	100.0	1,496
Central	86.7	3.1	10.2	100.0	799
Southern highlands	86.5	3.8	9.6	100.0	1,440
Lake	86.1	3.4	10.4	100.0	1,865
Eastern	60.0	5.8	34.2	100.0	1,670
Southern	89.7	1.3	8.9	100.0	866
Region					
Dodoma	85.7	4.9	9.4	100.0	468
Arusha	65.6	6.3	28.0	100.0	391
Kilimanjaro	75.8	0.0	24.2	100.0	380
Tanga	76.8	5.9	17.3	100.0	431
Morogoro	82.0	5.8	12.2	100.0	449
Pwani	77.0	4.3	18.6	100.0	253
Dar es Salaam	45.3	6.1	48.5	100.0	969
Lindi	88.2	2.7	9.1	100.0	221
Mtwara	92.7	0.8	6.1	100.0	346
Ruvuma	87.4	0.7	11.9	100.0	299
Iringa	80.6	6.4	13.0	100.0	412
Mbeya	86.6	4.0	9.4	100.0	712
Singida	88.1	0.6	11.3	100.0	331
Tabora	75.3	8.5	16.2	100.0	520
Rukwa	94.1	0.2	5.7	100.0	316
Kigoma	77.5	10.6	11.9	100.0	499
Shinyanga	89.1	0.6	10.3	100.0	861
Kagera	91.3	0.2	8.5	100.0	545
Mwanza	83.4	6.1	10.3	100.0	939
Mara	85.3	1.2	13.5	100.0	381
Manyara	68.4	10.3	21.2	100.0	293
Zanzibar North	58.9	7.9	33.2	100.0	48
Zanzibar South	70.6	5.1	24.4	100.0	26
Town West	48.8	5.0	46.1	100.0	143
Pemba North	48.0	0.2	51.8	100.0	52
Pemba South	36.2	1.5	62.3	100.0	45
Education					
No education	87.1	4.7	8.2	100.0	2,503
Primary incomplete	70.8	5.0	24.1	100.0	1,855
Primary complete	81.4	4.1	14.5	100.0	5,086
Secondary+	52.9	3.3	43.8	100.0	885
Wealth quintile					
Lowest	85.5	5.5	9.0	100.0	1,840
Second	88.1	3.7	8.1	100.0	1,944
Middle	87.3	3.0	9.6	100.0	1,943
Fourth	81.0	4.3	14.7	100.0	2,004
Highest	57.6	4.9	37.4	100.0	2,597
Total	78.5	4.3	17.2	100.0	10,329

Table 3.5.2 Employment status: men

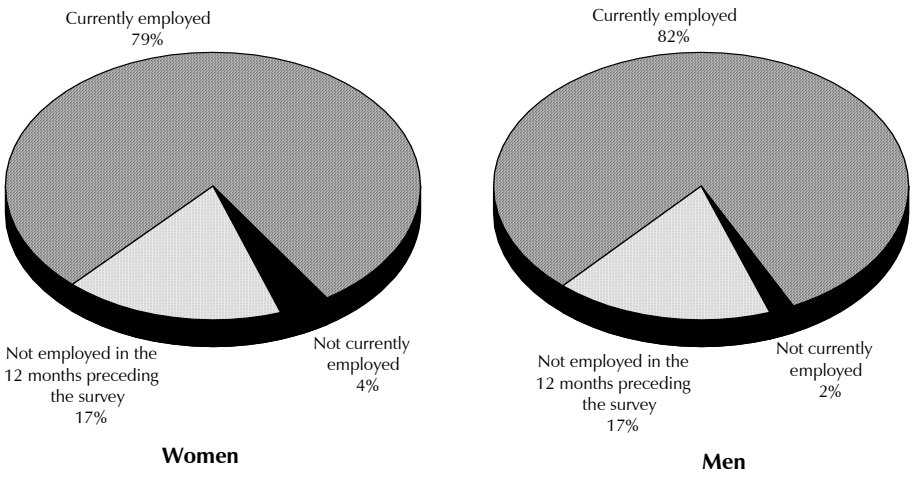
Percent distribution of men by employment status, according to background characteristics, Tanzania 2004-05

Background characteristic	Employed in the 12 months preceding the survey: Currently employed	Employed in the 12 months preceding the survey: Not currently employed	Not employed in the 12 months preceding the survey	Total	Number of men
Age					
15-19	40.6	2.2	56.3	100.0	637
20-24	87.7	2.6	9.7	100.0	493
25-29	97.0	1.7	1.3	100.0	405
30-34	97.3	0.3	2.4	100.0	387
35-39	96.6	1.3	2.2	100.0	278
40-44	97.7	1.6	0.7	100.0	265
45-49	96.6	0.5	2.9	100.0	170
Marital status					
Never married	59.7	2.7	37.1	100.0	1,100
Married or living together	98.1	0.7	1.2	100.0	1,401
Divorced/separated/ widowed	90.1	3.3	6.6	100.0	135
Number of living children					
0	76.7	1.6	21.3	100.0	721
1-2	84.5	2.4	12.9	100.0	886
3-4	86.9	1.1	12.0	100.0	565
5+	77.7	0.9	21.3	100.0	463
Residence					
Urban	73.4	3.3	23.0	100.0	716
Rural	84.8	1.0	14.1	100.0	1,919
Mainland/Zanzibar					
Mainland	82.1	1.7	16.0	100.0	2,556
Total urban	73.9	3.3	22.4	100.0	716
Dar es Salaam city	72.1	2.6	24.3	100.0	267
Other urban	75.0	3.8	21.2	100.0	450
Total rural	85.3	1.0	13.5	100.0	1,840
Zanzibar	66.5	0.4	32.9	100.0	79
Unguja	69.2	0.0	30.8	100.0	53
Pemba	61.0	1.3	37.2	100.0	26
Zone					
Western	83.3	0.9	15.5	100.0	468
Northern	79.4	4.0	16.6	100.0	362
Central	89.8	0.0	10.2	100.0	212
Southern highlands	87.2	0.0	12.8	100.0	358
Lake	83.8	0.7	15.5	100.0	448
Eastern	74.6	3.6	21.3	100.0	462
Southern	81.2	1.8	16.3	100.0	245
Region					
Dodoma	93.7	0.0	6.3	100.0	113
Arusha	84.6	3.4	12.0	100.0	82
Kilimanjaro	70.6	6.4	23.0	100.0	104
Tanga	73.9	4.0	22.2	100.0	94
Morogoro	80.1	5.0	14.9	100.0	127
Pwani	74.1	4.6	21.3	100.0	68
Dar es Salaam	72.1	2.6	24.3	100.0	267
Lindi	89.4	2.6	7.9	100.0	65
Mtwara	82.5	1.1	15.6	100.0	98
Ruvuma	73.1	2.1	23.7	100.0	83
Iringa	93.7	0.0	6.3	100.0	102
Mbeya	85.7	0.0	14.3	100.0	170
Singida	85.4	0.0	14.6	100.0	99
Tabora	87.8	0.0	11.4	100.0	127
Rukwa	82.3	0.0	17.7	100.0	87
Kigoma	75.3	2.3	22.4	100.0	127
Shinyanga	85.4	0.7	13.9	100.0	215
Kagera	92.9	0.0	7.1	100.0	122
Mwanza	77.3	1.4	21.3	100.0	229
Mara	87.6	0.0	12.4	100.0	98
Manyara	91.6	1.5	6.9	100.0	83
Zanzibar North	70.3	0.0	29.7	100.0	11
Zanzibar South	75.7	0.0	24.3	100.0	6
Town West	67.7	0.0	32.3	100.0	36
Pemba North	61.2	0.0	38.8	100.0	13
Pemba South	60.7	2.8	35.6	100.0	12
Education					
No education	96.5	1.2	2.3	100.0	312
Primary incomplete	66.0	1.1	32.2	100.0	646
Primary complete	89.1	1.9	9.1	100.0	1,381
Secondary+	65.7	2.2	31.8	100.0	296
Wealth quintile					
Lowest	84.8	0.4	14.6	100.0	484
Second	84.7	1.5	13.8	100.0	504
Middle	85.8	0.9	13.0	100.0	516
Fourth	81.7	1.9	16.3	100.0	517
Highest	73.3	3.1	23.2	100.0	615
Total	81.7	1.6	16.5	100.0	2,635

Note: Total includes five cases (weighted) with missing information.

The survey findings indicate that 17 percent of both women and men were not employed during the 12 months preceding the survey (Figure 3.1).

Figure 3.1 Employment Status of Women and Men



Note: Totals may not add to 100 percent because of rounding.

TDHS 2004-05

Occupation

Respondents who are currently employed or who were employed during the year preceding the survey were asked to state their principal occupation. Tables 3.6.1 and 3.6.2 show the percent distribution of respondents by main occupational category, according to background characteristics.

Tanzania, like many developing countries, is an agrarian economy. The agriculture sector remains the main employer, with 78 percent of women and 71 percent of men in agricultural occupations. Unskilled manual labour is another emerging sector, constituting 11 and 9 percent, respectively, of total employment for women and men. Professional, technical, and managerial occupations engage only 2 percent of women and 4 percent of men.

Residence has great effect on the type of occupation. Most rural women and men are engaged in agriculture, and urban dwellers are mostly found in other occupations. Though Mainland residents are engaged in various occupations, residents of Zanzibar, with limited land, are more likely to be engaged in both the skilled and unskilled occupations, compared with the Mainland. The proportion of respondents in the professional, technical, and managerial occupations is also higher in Zanzibar (10 percent of women, and 14 percent of men) than on the Mainland (2 percent of women and 3 percent of men).

Analysis by age suggests little association with occupational categories, with the exception of the professional, technical, and managerial occupations, the proportions of which generally increase with age. As expected, those women and men with at least some secondary education are most likely to be employed in a professional, technical, or managerial job. Women in the wealthiest quintile are most likely to be engaged in an unskilled manual occupation, while the corresponding men are most likely to have a skilled manual occupation.

Table 3.6.1 Occupation: women

Percent distribution of women employed in the 12 months preceding the survey by occupation, according to background characteristics, Tanzania 2004-05

Background characteristic	Profes-sional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agricul-ture	Missing	Total	Number of women
Age										
15-19	0.1	0.1	2.7	3.8	6.8	7.8	77.5	1.3	100.0	1,370
20-24	1.0	0.3	3.1	4.0	10.3	2.9	78.2	0.2	100.0	1,659
25-29	2.6	1.0	4.6	3.1	13.2	1.3	74.2	0.0	100.0	1,640
30-34	2.7	1.2	4.7	2.3	13.1	0.6	75.2	0.1	100.0	1,400
35-39	2.3	0.2	2.8	1.7	12.5	0.4	80.2	0.0	100.0	975
40-44	4.7	0.8	1.0	1.3	8.8	0.2	83.1	0.0	100.0	787
45-49	3.4	0.3	1.9	0.7	7.4	0.0	86.3	0.0	100.0	717
Marital status										
Never married	3.2	1.3	5.0	6.2	11.8	10.7	60.5	1.4	100.0	1,427
Married or living together	1.9	0.4	2.7	2.0	9.3	0.4	83.1	0.1	100.0	6,187
Divorced/separated/widowed	1.8	0.4	4.0	2.3	17.6	1.5	72.4	0.0	100.0	936
Number of living children										
0	2.6	1.1	4.6	5.6	9.1	8.5	67.4	1.2	100.0	1,687
1-2	2.4	0.6	4.4	2.9	12.5	1.2	75.9	0.1	100.0	2,893
3-4	2.3	0.6	2.7	1.5	11.9	0.5	80.4	0.0	100.0	2,066
5+	1.0	0.1	1.0	1.2	7.8	0.1	88.8	0.0	100.0	1,904
Residence										
Urban	6.1	2.3	11.5	7.8	31.6	7.7	32.1	0.8	100.0	1,962
Rural	0.9	0.1	0.8	1.2	4.4	0.6	91.9	0.1	100.0	6,587
Mainland/Zanzibar										
Mainland	2.0	0.5	3.3	2.5	10.2	2.2	79.0	0.3	100.0	8,379
Total urban	5.6	2.2	11.5	7.9	31.8	7.7	32.6	0.8	100.0	1,949
Dar es Salaam city	6.3	6.2	16.7	11.1	44.2	13.3	2.2	0.0	100.0	498
Other urban	5.3	0.8	9.7	6.7	27.6	5.7	43.0	1.1	100.0	1,450
Total rural	0.9	0.0	0.8	0.9	3.7	0.6	93.0	0.1	100.0	6,431
Zanzibar	9.8	2.4	3.7	13.8	29.1	2.2	38.4	0.5	100.0	170
Unguja	10.9	2.7	4.6	12.9	34.1	2.9	31.3	0.6	100.0	128
Pemba	6.8	1.7	1.0	16.5	13.6	0.0	60.4	0.0	100.0	42
Zone										
Western	0.5	0.1	1.1	1.1	6.6	0.3	89.8	0.5	100.0	1,647
Northern	3.8	0.3	4.8	3.8	11.7	4.5	70.9	0.1	100.0	1,157
Central	1.8	0.2	1.3	2.4	4.2	1.1	88.2	0.7	100.0	717
Southern highlands	0.8	0.1	1.5	1.3	8.1	1.1	87.0	0.1	100.0	1,302
Lake	1.5	0.2	3.4	2.1	10.0	1.5	81.0	0.4	100.0	1,670
Eastern	4.4	2.9	10.2	5.8	25.1	7.0	44.6	0.0	100.0	1,098
Southern	2.1	0.3	0.2	1.6	4.6	0.9	90.4	0.0	100.0	788
Region										
Dodoma	1.6	0.3	1.7	3.1	4.0	1.0	87.5	0.8	100.0	424
Arusha	5.8	0.0	8.6	6.5	20.9	9.1	48.8	0.4	100.0	282
Kilimanjaro	4.0	0.8	4.7	5.6	7.9	3.9	73.1	0.0	100.0	288
Tanga	2.4	0.0	2.8	2.0	10.6	3.0	79.3	0.0	100.0	356
Morogoro	4.0	0.0	5.5	1.5	6.9	2.3	79.8	0.0	100.0	394
Pwani	0.7	0.4	3.5	1.3	13.5	0.5	80.1	0.0	100.0	206
Dar es Salaam	6.3	6.2	16.7	11.1	44.2	13.3	2.2	0.0	100.0	498
Lindi	3.2	0.3	0.4	1.0	6.3	0.7	88.1	0.0	100.0	201
Mtwara	0.0	0.3	0.0	3.0	4.9	0.3	91.5	0.0	100.0	324
Ruvuma	3.8	0.4	0.4	0.3	2.8	1.7	90.8	0.0	100.0	263
Iringa	1.1	0.4	1.5	1.1	8.0	2.6	85.0	0.4	100.0	359
Mbeya	0.6	0.0	1.4	1.9	10.1	0.3	85.7	0.0	100.0	645
Singida	2.2	0.0	0.8	1.3	4.6	1.2	89.3	0.6	100.0	293
Tabora	0.5	0.5	1.7	1.5	10.1	0.5	84.4	0.7	100.0	435
Rukwa	0.9	0.0	1.9	0.3	4.0	0.8	92.1	0.0	100.0	298
Kigoma	0.9	0.0	1.1	1.7	9.9	0.2	85.0	1.2	100.0	440
Shinyanga	0.2	0.0	0.7	0.6	2.7	0.3	95.4	0.0	100.0	772
Kagera	0.0	0.0	0.6	1.2	2.6	0.3	95.3	0.0	100.0	499
Mwanza	2.2	0.3	6.1	2.9	14.3	2.7	70.9	0.7	100.0	841
Mara	2.0	0.3	0.8	1.4	10.2	0.3	85.0	0.0	100.0	330
Manyara	3.2	0.3	3.6	1.2	7.1	2.0	82.4	0.3	100.0	231
Zanzibar North	3.6	0.4	2.9	7.0	21.7	0.3	64.2	0.0	100.0	32
Zanzibar South	6.1	0.4	1.9	17.1	19.0	1.1	54.4	0.0	100.0	20
Town West	15.1	4.2	6.0	14.2	43.1	4.5	11.7	1.1	100.0	77
Pemba North	3.9	0.9	0.9	7.0	12.4	0.0	75.0	0.0	100.0	25
Pemba South	11.0	3.0	1.1	30.5	15.5	0.0	39.0	0.0	100.0	17
Education										
No education	0.3	0.0	0.4	0.4	4.2	0.9	93.8	0.0	100.0	2,297
Primary incomplete	0.0	0.0	1.5	0.9	10.0	3.2	83.6	0.8	100.0	1,406
Primary complete	1.0	0.3	4.1	3.8	13.1	2.7	75.0	0.1	100.0	4,350
Secondary+	26.4	7.6	13.7	9.3	20.5	2.0	18.9	1.7	100.0	497
Wealth quintile										
Lowest	0.0	0.0	0.1	0.7	2.5	0.1	96.7	0.0	100.0	1,675
Second	0.2	0.0	1.0	0.5	2.7	0.2	95.3	0.2	100.0	1,785
Middle	0.2	0.1	0.6	0.8	4.1	0.4	93.5	0.2	100.0	1,755
Fourth	1.2	0.1	2.4	2.6	13.3	0.7	79.3	0.4	100.0	1,709
Highest	9.5	2.8	12.8	9.5	31.9	10.4	22.6	0.6	100.0	1,625
Total	2.1	0.6	3.3	2.7	10.6	2.2	78.2	0.3	100.0	8,550

Table 3.6.2 Occupation: men

Percent distribution of men employed in the 12 months preceding the survey by occupation, according to background characteristics, Tanzania 2004-05

Background characteristic	Profes-sional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agricul-ture	Missing	Total	Number of men
Age										
15-19	0.0	0.1	3.8	8.9	5.9	1.1	79.9	0.4	100.0	273
20-24	1.1	0.6	6.7	10.0	11.3	0.6	69.7	0.1	100.0	445
25-29	3.2	0.4	3.1	11.0	13.6	0.0	68.4	0.3	100.0	400
30-34	4.6	0.8	4.9	10.6	11.5	1.0	65.9	0.7	100.0	378
35-39	7.1	1.1	2.8	12.1	7.5	0.4	68.9	0.0	100.0	272
40-44	4.9	0.2	4.5	11.3	3.6	0.0	75.1	0.5	100.0	263
45-49	5.3	0.0	3.8	9.0	4.9	0.0	77.0	0.0	100.0	165
Marital status										
Never married	1.9	0.6	6.4	10.2	10.6	1.2	68.8	0.3	100.0	686
Married or living together	4.1	0.4	3.2	10.0	8.0	0.1	73.9	0.2	100.0	1,383
Divorced/separated/widowed	4.6	0.5	6.3	16.9	15.6	0.9	54.1	1.1	100.0	126
Number of living children										
0	5.0	0.3	5.6	11.1	11.6	0.4	65.7	0.3	100.0	564
1-2	4.5	0.7	6.1	13.5	10.2	0.2	64.2	0.5	100.0	770
3-4	1.8	0.7	2.5	9.4	7.4	1.1	76.9	0.0	100.0	497
5+	1.0	0.0	1.6	4.7	5.8	0.3	86.5	0.1	100.0	364
Residence										
Urban	9.5	1.1	13.4	27.5	24.0	1.0	22.5	0.9	100.0	550
Rural	1.4	0.3	1.4	4.8	4.3	0.3	87.4	0.1	100.0	1,646
Mainland/Zanzibar										
Mainland	3.2	0.5	4.3	10.2	9.0	0.5	72.0	0.2	100.0	2,143
Total urban	9.3	1.1	13.3	27.4	24.4	1.0	22.8	0.8	100.0	553
Dar es Salaam city	13.1	2.1	16.1	34.4	29.7	1.8	2.9	0.0	100.0	199
Other urban	7.2	0.6	11.7	23.4	21.5	0.5	33.9	1.2	100.0	354
Total rural	1.1	0.3	1.2	4.2	3.7	0.3	89.2	0.0	100.0	1,589
Zanzibar	14.3	0.4	8.2	21.8	16.9	0.0	36.3	2.2	100.0	53
Unguja	16.6	0.5	9.5	23.7	20.2	0.0	26.8	2.6	100.0	37
Pemba	9.0	0.0	5.2	17.3	9.2	0.0	58.0	1.3	100.0	16
Zone										
Western	1.1	0.0	2.5	3.5	3.6	0.3	89.1	0.0	100.0	394
Northern	3.7	0.0	5.8	14.3	12.2	1.4	61.0	1.5	100.0	302
Central	0.9	0.0	2.6	5.5	2.8	0.0	88.0	0.3	100.0	190
Southern highlands	2.3	0.4	2.8	8.6	10.1	0.0	75.8	0.0	100.0	312
Lake	2.0	0.4	1.8	7.3	7.2	0.0	81.3	0.0	100.0	379
Eastern	8.9	2.0	10.4	23.5	19.6	1.3	34.3	0.0	100.0	361
Southern	2.1	0.3	3.4	5.8	3.6	0.3	84.5	0.0	100.0	204
Region										
Dodoma	1.6	0.0	4.0	5.2	1.2	0.0	87.5	0.5	100.0	106
Arusha	2.8	0.0	5.9	14.7	17.0	1.4	54.8	3.3	100.0	72
Kilimanjaro	4.0	0.0	12.5	20.1	10.5	4.0	47.1	1.8	100.0	80
Tanga	7.2	0.0	3.5	14.6	15.9	0.0	58.8	0.0	100.0	73
Morogoro	3.9	2.8	2.7	10.7	4.8	1.1	74.0	0.0	100.0	108
Pwani	3.5	0.0	4.9	8.8	12.1	0.0	70.7	0.0	100.0	54
Dar es Salaam	13.1	2.1	16.1	34.4	29.7	1.8	2.9	0.0	100.0	199
Lindi	4.3	1.0	2.2	5.1	3.3	1.0	83.1	0.0	100.0	60
Mtwara	1.3	0.0	4.8	6.1	4.9	0.0	82.9	0.0	100.0	82
Ruvuma	1.1	0.0	2.6	6.1	2.2	0.0	88.0	0.0	100.0	62
Iringa	3.0	1.4	5.1	7.1	3.1	0.0	80.2	0.0	100.0	95
Mbeya	1.1	0.0	1.1	11.4	16.5	0.0	69.9	0.0	100.0	145
Singida	0.0	0.0	0.9	5.9	4.6	0.0	88.6	0.0	100.0	85
Tabora	1.9	0.0	2.9	0.0	4.1	1.0	90.1	0.0	100.0	111
Rukwa	3.8	0.0	3.1	5.0	6.2	0.0	81.9	0.0	100.0	72
Kigoma	2.1	0.0	2.8	5.8	2.4	0.0	86.9	0.0	100.0	98
Shinyanga	0.0	0.0	2.1	4.3	4.0	0.0	89.6	0.0	100.0	185
Kagera	0.0	0.0	0.0	6.7	4.2	0.0	89.1	0.0	100.0	113
Mwanza	3.7	0.8	3.2	9.0	10.0	0.0	73.3	0.0	100.0	180
Mara	1.0	0.0	1.3	4.7	5.4	0.0	87.6	0.0	100.0	86
Manyara	1.0	0.0	1.0	7.8	6.1	0.0	83.2	1.0	100.0	77
Zanzibar North	6.7	0.0	12.4	15.3	7.3	0.0	56.8	1.6	100.0	8
Zanzibar South	10.3	0.0	7.2	9.4	10.6	0.0	62.6	0.0	100.0	5
Town West	21.0	0.8	9.0	29.2	26.2	0.0	10.4	3.4	100.0	24
Pemba North	9.5	0.0	3.5	9.4	9.2	0.0	67.1	1.3	100.0	8
Pemba South	8.5	0.0	7.0	25.4	9.2	0.0	48.6	1.2	100.0	8
Education										
No education	0.0	0.0	1.9	0.9	3.4	0.7	93.0	0.0	100.0	305
Primary incomplete	0.1	0.0	1.0	6.3	8.5	1.5	82.3	0.2	100.0	434
Primary complete	1.2	0.1	5.0	13.0	9.7	0.2	70.4	0.4	100.0	1,256
Secondary+	30.1	4.7	11.5	18.4	16.4	0.0	18.6	0.1	100.0	201
Wealth quintile										
Lowest	0.0	0.0	1.0	2.2	1.3	0.0	95.3	0.2	100.0	412
Second	0.0	0.0	0.0	2.0	3.0	0.5	94.3	0.0	100.0	435
Middle	1.1	0.0	1.0	3.1	5.4	0.2	89.1	0.0	100.0	447
Fourth	1.1	0.4	3.5	13.2	11.5	0.2	69.6	0.4	100.0	432
Highest	14.0	1.9	15.4	30.1	23.4	1.4	13.0	0.8	100.0	470
Total	3.5	0.5	4.4	10.5	9.2	0.5	71.2	0.3	100.0	2,195

Table 3.7 presents information on women's employment status, the form of earnings, and the continuity of employment. The table takes into account whether women are involved in agricultural or nonagricultural occupations, because all of the employment variables shown in the table are strongly influenced by the sector in which a woman is employed.

The data show that the majority of women employed in agricultural work are not paid (78 percent). Almost all women in this sector report that they are employed by a family member (92 percent) and that they work seasonally (83 percent). Among women employed in nonagricultural work, 91 percent earn cash only. They are most likely to report that they are self-employed and that they work all year.

Table 3.7 Type of employment: women

Percent distribution of women employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural), Tanzania 2004-05

Employment characteristics	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	5.5	91.3	24.0
Cash and in-kind	7.9	1.4	6.5
In-kind only	8.8	0.4	6.9
Not paid	77.8	6.9	62.5
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	91.9	28.2	78.1
Employed by non-family member	0.6	29.8	7.0
Self-employed	7.5	42.0	14.9
Total	100.0	100.0	100.0
Continuity of employment			
All year	14.4	70.7	26.7
Seasonal	82.5	17.0	68.2
Occasional	2.8	12.3	4.9
Total	100.0	100.0	100.0
Number of respondents	6,684	1,842	8,550

Note: Total includes 24 women (weighted) with missing information on type of employment who are not shown separately. Continuity of employment totals do not add to 100 percent because of a small number of missing cases.

3.5 MEASURES OF WOMEN'S STATUS

Control over Women's Earnings and Assets

In the 2004-05 TDHS, employed women who earn cash were asked about who the main decisionmaker is with regard to the use of their earnings. Table 3.8 shows the distributions of 2004-05 TDHS respondents who earn cash for the work they do by the person who decides how those earnings are to be used. Eighty-four percent of women who receive cash earnings report that they themselves or jointly with another person decide how their earnings are used. Only 16 percent of women report that someone else decides how their earnings will be used.

Table 3.8 Decision on use of earnings

Percent distribution of women employed in the 12 months preceding the survey receiving cash earnings by person who decides how earnings are to be used, according to background characteristics, Tanzania 2004-05

Background characteristic	Person who decides how earnings are used			Total	Number of women
	Self only	Jointly[1]	Someone else only[2]		
Age					
15-19	64.6	14.6	20.8	100.0	369
20-24	63.7	19.9	16.4	100.0	490
25-29	60.3	27.1	12.7	100.0	578
30-34	60.5	23.6	15.7	100.0	473
35-39	60.2	21.4	18.4	100.0	291
40-44	59.8	26.8	13.4	100.0	224
45-49	60.9	25.7	13.4	100.0	184
Marital status					
Never married	82.7	7.4	10.0	100.0	593
Married or living together	47.4	31.9	20.6	100.0	1,672
Divorced/separated/widowed	94.0	3.2	2.5	100.0	343
Number of living children					
0	75.2	11.2	13.5	100.0	609
1-2	60.0	23.3	16.7	100.0	938
3-4	56.2	26.5	17.3	100.0	616
5+	53.6	31.2	15.3	100.0	446
Residence					
Urban	78.0	14.4	7.6	100.0	1,322
Rural	44.7	31.0	24.3	100.0	1,287
Mainland/Zanzibar					
Mainland	60.1	23.5	16.4	100.0	2,484
Total urban	76.7	15.1	8.1	100.0	1,307
Dar es Salaam city	83.2	10.0	6.8	100.0	463
Other urban	73.2	17.9	8.8	100.0	844
Total rural	41.6	32.9	25.5	100.0	1,177
Zanzibar	90.7	4.0	5.3	100.0	125
Unguja	90.0	4.1	5.9	100.0	107
Pemba	95.1	3.7	1.2	100.0	18
Zone					
Western	51.4	14.8	33.6	100.0	409
Northern	77.0	19.3	3.7	100.0	341
Central	69.6	12.2	18.2	100.0	75
Southern highlands	73.2	21.1	5.7	100.0	179
Lake	45.8	45.4	8.8	100.0	542
Eastern	66.4	17.4	16.2	100.0	778
Southern	44.8	18.3	36.9	100.0	159
Region					
Dodoma	67.2	12.7	20.1	100.0	48
Arusha	75.8	21.7	2.5	100.0	142
Kilimanjaro	79.1	17.7	3.2	100.0	78
Tanga	75.3	19.1	5.7	100.0	77
Morogoro	40.0	32.2	27.7	100.0	213
Pwani	44.9	20.3	34.8	100.0	102
Dar es Salaam	83.2	10.0	6.8	100.0	463
Lindi	50.2	20.5	29.3	100.0	48
Mtwara	35.2	15.2	49.6	100.0	89
Ruvuma	71.2	25.8	3.0	100.0	22
Iringa	82.1	12.9	5.0	100.0	54
Mbeya	69.9	24.4	5.7	100.0	104
Singida	73.8	11.4	14.8	100.0	27
Tabora	42.1	12.0	45.3	100.0	170
Rukwa	67.0	25.5	7.5	100.0	22
Kigoma	53.4	18.9	27.7	100.0	205
Shinyanga	84.6	4.2	11.2	100.0	35
Kagera	20.9	74.0	5.1	100.0	133
Mwanza	51.5	38.4	10.1	100.0	358
Mara	70.4	19.9	9.7	100.0	51
Manyara	80.5	14.9	4.5	100.0	44
Zanzibar North	87.4	6.0	6.5	100.0	20
Zanzibar South	87.2	6.3	6.5	100.0	17
Town West	91.3	3.0	5.6	100.0	70
Pemba North	100.0	0.0	0.0	100.0	7
Pemba South	92.3	5.8	1.9	100.0	11
Education					
No education	44.7	29.2	26.1	100.0	374
Primary incomplete	58.1	21.2	20.6	100.0	360
Primary complete	62.8	22.6	14.6	100.0	1,480
Secondary+	76.2	17.6	6.2	100.0	394
Wealth quintile					
Lowest	34.2	29.0	36.8	100.0	312
Second	34.3	39.3	26.4	100.0	292
Middle	47.5	32.6	19.9	100.0	297
Fourth	61.7	23.2	14.9	100.0	501
Highest	78.6	14.2	7.2	100.0	1,207
Total	61.6	22.6	15.8	100.0	2,609

Note: Totals may not add to 100 percent because of a small number of missing cases.
[1] With husband or someone else
[2] Includes husband

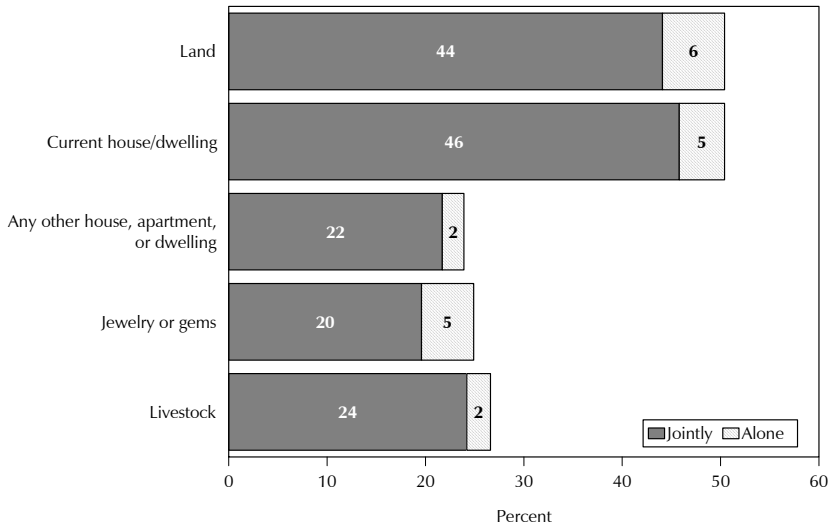
Almost all divorced, separated, or widowed women (94 percent) say that they alone are responsible for deciding how to use their earnings. About half (47 percent) of the women in the married and living together category report that they alone decide how their earnings are used, and an additional 32 percent say that such decisions are reached jointly with someone else. Similarly, 83 percent of the never-married women report that they alone decide on the way to use their earnings. The proportion of women deciding alone on the way to use their earnings is inversely related to the number of living children she has.

With regard to regional differentials, more urban women than rural have a say in decisions about the way to use their earnings. Three-quarters of the rural women and 92 percent of urban women decide, either alone or jointly, on the use of their earnings. Great differentials are observed with respect to residence and administrative regions.

Women's decisionmaking autonomy regarding the use of their earnings is strongly related to their level of education. More than three-fourths of women with at least a secondary education make their own decision on how to use their earnings compared with 45 percent of women with no education. Decisionmaking also increases with wealth quintile.

Ownership of assets can be another source of empowerment for women. In Tanzania, approximately half of women report that they alone or jointly own land or their current residence (Figure 3.2). Approximately one-quarter of women report that they alone or jointly own another dwelling, jewellery or gems, or livestock. However, even among those women with sole ownership of an asset, sizable minorities (ranging from one-fifth to one-third) report that they could not sell the asset without permission (data not shown).

Figure 3.2 Women's Ownership of Assets



TDHS 2004-05

Women's Empowerment

The 2004-05 TDHS also collected information from both women and men on other measures of women's status and empowerment. In particular, questions were asked on women's roles in making household decisions, on acceptance of wife beating, and on opinions about when a wife should be able to refuse sex with her husband. These questions are used to define three different indicators of women's empowerment, namely women's participation in decisionmaking, the degree of acceptance of wife beating, and the degree of acceptance of a wife's right to refuse sex with her husband.

The first measure—women's participation in decisionmaking, requires little explanation because the ability to make decisions about one's own life is of obvious importance to practical empowerment. The other two measures derive from the notion that gender equity is essential to empowerment. Responses indicating a view that the beating of wives by husbands is justified reflect an attitude in favour of lower women's status, both absolutely and relative to men. Although such attitudes do not necessarily signify approval of men beating their wives, they do signify acceptance of norms that give men the right to discipline women with force. Similarly, beliefs about whether and when a woman can refuse sex with her husband reflect issues of gender equity regarding sexual rights and bodily integrity. Besides yielding an important measure of empowerment, the information about women's attitudes toward sexual rights will be useful for improving and monitoring reproductive health programs that depend on women's willingness and ability to control their own sexual lives.

Household Decisionmaking

The ability of women to make decisions that affect the circumstances of their own lives is an essential aspect of empowerment. Table 3.9 shows the percent distribution of women by the person that the woman considers to usually have the final say in making decisions in four areas—

1. The woman's own health care
2. Large household purchases
3. Visits to family/friends
4. How many children to have and when.

The results are presented separately by marital status. Women are considered to participate in decisionmaking if they make decisions alone or jointly with their husband or someone else.

The role women have in decisionmaking varies with the type of decision. A majority of currently married women participate in making decisions about what food to cook each day (79 percent) and on their own health (59 percent), but less so in making daily purchases and visits to family or relatives. Only one-third of women have a say in decisionmaking about large purchases, which largely remains the domain of husbands. Women in the "not married" category uniformly report having little in the way of decisionmaking power in any dimension, except with regard to their own health. This is likely a result of the fact that the majority of unmarried women are dependent girls living in their parents' households who play no role in household decisionmaking.

Table 3.9 Women's participation in decisionmaking by marital status

Percent distribution of women by person who has the final say in making specific decisions, according to current marital status and type of decision, Tanzania 2004-05

	Currently married or living together							Not married[1]					
Decision	Self only	Jointly with husband	Jointly with someone else	Husband only	Someone else only	Total	Number of women	Self only	Jointly with someone else	Someone else only	Decision not made/ not applicable	Total	Number of women
Own health care	42.8	16.3	0.3	38.5	2.1	100.0	6,950	43.3	6.5	48.6	1.6	100.0	3,379
Large household purchases	10.6	23.4	0.5	61.2	3.9	100.0	6,950	24.2	5.7	66.6	3.4	100.0	3,379
Daily household purchases	29.3	20.1	0.6	45.9	3.9	100.0	6,950	25.8	5.9	65.3	2.9	100.0	3,379
Visits to family or relatives	12.6	36.6	0.6	47.3	2.6	100.0	6,950	30.8	9.8	56.9	2.5	100.0	3,379
What food to cook each day	69.4	9.1	1.5	15.5	4.4	100.0	6,950	28.5	7.5	61.5	2.5	100.0	3,379

Note: Totals may not add to 100 percent because of a small number of missing cases.
[1] Never married, divorced, separated or widowed women

Table 3.10.1 shows how women's participation, alone or jointly, in five types of decision-making varies by background characteristics. Women are considered to participate in decisionmaking if they alone or jointly with a husband or someone else have a final say in that decision. Results indicate that only one-quarter of women (26 percent) participate in all of the specified decisions, and 21 percent of women report that they do not participate in any of the decisions (Figure 3.3). Women's participation in all decisionmaking increases with age, from a low of 8 percent among women age 15-19 to 47 percent among the oldest women (age 45-49). Divorced, separated, and widowed women are more likely to participate in decisionmaking. Sixty-three percent of these women have a say on each decisionmaking item, as opposed to never-married women, of whom only 13 percent have a say in all decisions.

Women who have no children, women who are not employed, and those living in the Western zone show low participation in decisionmaking process. Level of education shows no consistent relationship to participation in decisionmaking. Women who are employed for cash have a higher level of participation in making decisions than women who do not have cash earnings.

Table 3.10.2 indicates that 28 percent of men believe that a wife, alone or jointly, should have a final say in making large household purchases. This corresponds fairly well to the 33 percent of women who say that they do make decisions about large purchases. Although only 44 percent of women say that they alone or jointly have a final say in making daily purchases, 73 percent of men say that women should be able to participate in this kind of decisionmaking.

Men are less likely to say that women should have a say in visits to family or relatives (33 percent) than women are to report actual decisionmaking in this area (47 percent). Only 56 percent of men believe that a wife should be able to have a say in how her own earnings are spent, and 54 percent believe she should be able to have a say in how many children to have. The meaning of the latter, however, is unclear, because some of the respondents may believe that only God has a say over how many children a couple might have.

Only 11 percent of men think a wife should have a say in all specified decisions, and 10 percent of men think that a wife should have a say in none.

Table 3.10.1 Women's participation in decisionmaking by background characteristics: women

Percentage of women who say that they alone or jointly have the final say in specific decisions, by background characteristics, Tanzania 2004-05

Background characteristic	Alone or jointly have final say in: Own health care	Making large purchases	Making daily purchases	Visits to family or relatives	What food to cook each day	All specified decisions	None of the specified decisions	Number of women
Age								
15-19	32.5	10.0	14.1	21.1	23.5	8.4	56.8	2,245
20-24	52.5	27.3	37.0	42.9	62.6	20.0	20.7	2,007
25-29	64.1	35.7	50.1	51.9	77.2	26.9	10.5	1,885
30-34	64.2	42.2	57.6	56.2	81.0	32.9	9.3	1,542
35-39	65.5	46.2	59.7	59.0	85.2	36.2	7.9	1,053
40-44	69.4	49.1	61.0	61.4	86.0	40.3	6.2	834
45-49	73.2	55.0	68.1	67.5	89.1	46.7	4.7	763
Marital status								
Never married	36.3	13.8	15.4	25.0	19.6	12.6	57.7	2,371
Married or living together	59.4	34.6	50.0	49.8	80.1	25.1	10.5	6,950
Divorced/separated/widowed	81.6	67.8	70.0	77.2	74.4	63.2	10.4	1,007
Number of living children								
0	35.8	13.6	17.7	25.3	26.8	11.2	52.8	2,705
1-2	61.2	36.1	48.7	50.9	73.2	28.0	13.6	3,348
3-4	65.2	42.0	57.4	56.9	84.1	32.9	7.7	2,269
5+	65.5	44.0	56.5	57.1	84.6	34.5	7.1	2,007
Residence								
Urban	59.7	37.7	49.9	50.0	64.6	29.8	23.1	2,935
Rural	54.9	31.2	41.7	45.5	66.1	24.4	20.6	7,394
Mainland/Zanzibar								
Mainland	56.7	33.6	44.8	47.1	66.2	26.4	20.8	10,016
Total urban	60.3	38.5	51.0	50.6	65.2	30.3	22.4	2,885
Dar es Salaam city	59.0	37.8	49.7	49.2	63.7	29.7	24.6	969
Other urban	61.0	38.9	51.6	51.3	66.0	30.5	21.2	1,916
Total rural	55.3	31.6	42.4	45.7	66.6	24.8	20.2	7,131
Zanzibar	41.2	15.6	17.7	36.0	47.9	11.6	38.4	313
Unguja	38.4	14.0	17.0	37.1	51.6	9.6	36.1	216
Pemba	47.4	19.2	19.5	33.6	39.7	16.0	43.7	97
Zone								
Western	33.3	17.9	25.9	27.5	62.2	10.6	29.1	1,880
Northern	66.5	32.5	52.4	53.0	70.9	27.3	16.5	1,496
Central	50.4	38.8	54.4	39.9	69.4	27.8	24.4	799
Southern highlands	58.1	48.5	60.1	65.7	74.2	39.5	18.3	1,440
Lake	80.8	30.7	37.5	45.2	59.3	26.3	11.7	1,865
Eastern	54.9	39.6	50.4	51.3	65.5	30.7	24.8	1,670
Southern	45.9	34.5	43.9	51.0	66.8	27.7	22.8	866
Region								
Dodoma	51.0	40.4	56.8	38.0	70.3	27.8	22.6	468
Arusha	52.8	27.1	49.7	53.7	68.5	19.4	18.7	391
Kilimanjaro	81.5	44.9	59.7	54.3	66.5	41.1	16.2	380
Tanga	73.0	27.7	50.2	45.7	74.8	26.2	15.7	431
Morogoro	50.9	42.5	53.3	55.1	67.1	31.9	25.9	449
Pwani	46.5	41.8	47.7	52.6	69.6	32.3	23.7	253
Dar es Salaam	59.0	37.8	49.7	49.2	63.7	29.7	24.6	969
Lindi	61.5	42.7	49.1	51.8	71.6	38.5	17.8	221
Mtwara	51.9	36.7	43.3	52.1	62.9	30.8	25.7	346
Ruvuma	27.4	25.8	40.9	49.2	67.8	16.1	23.1	299
Iringa	45.8	43.2	64.6	64.4	75.6	30.4	17.6	412
Mbeya	58.6	49.6	59.3	65.7	72.8	40.0	19.6	712
Singida	49.5	36.5	51.0	42.7	68.2	27.9	27.0	331
Tabora	23.7	13.7	24.2	28.2	59.1	6.2	32.1	520
Rukwa	72.9	52.9	56.0	67.6	75.4	50.3	16.0	316
Kigoma	35.2	21.8	27.2	38.9	54.9	12.5	33.2	499
Shinyanga	38.0	18.1	26.2	20.4	68.2	12.1	25.0	861
Kagera	80.0	22.1	30.3	44.5	51.9	17.8	14.6	545
Mwanza	89.5	35.2	40.6	47.4	59.0	30.5	6.2	939
Mara	60.6	32.0	39.9	40.6	70.6	27.9	21.3	381
Manyara	55.9	30.9	49.6	61.1	74.4	21.7	15.4	293
Zanzibar North	34.9	8.9	11.1	31.5	43.4	6.4	39.0	48
Zanzibar South	52.2	14.0	16.9	49.5	51.3	7.8	25.2	26
Town West	37.0	15.7	18.9	36.7	54.3	11.0	37.1	143
Pemba North	40.7	20.4	20.5	33.0	43.2	18.9	48.8	52
Pemba South	55.0	17.7	18.3	34.2	35.6	12.6	37.9	45
Education								
No education	53.6	31.4	40.1	44.8	68.3	25.1	19.7	2,503
Primary incomplete	51.3	30.0	38.4	42.7	58.5	24.2	28.8	1,855
Primary complete	59.7	35.3	48.5	49.5	69.3	27.1	17.6	5,086
Secondary+	54.7	31.1	41.1	45.0	52.2	25.4	31.9	885
Employment								
Not employed	41.7	19.0	29.1	33.3	47.2	13.6	39.6	2,222
Employed for cash	69.2	42.8	55.2	61.5	72.8	35.0	13.9	2,431
Employed not for cash	56.4	34.4	45.1	45.7	69.8	26.9	17.4	5,672
Wealth quintile								
Lowest	53.3	31.7	41.9	43.9	67.2	24.8	21.3	1,840
Second	52.5	30.0	39.8	44.6	67.8	24.2	20.3	1,944
Middle	56.1	31.2	40.3	45.1	64.2	24.8	21.1	1,943
Fourth	56.9	35.2	48.0	50.8	66.4	26.1	20.4	2,004
Highest	60.7	36.0	48.4	48.5	63.4	28.7	23.0	2,597
Total	56.3	33.0	44.0	46.8	65.7	25.9	21.3	10,329

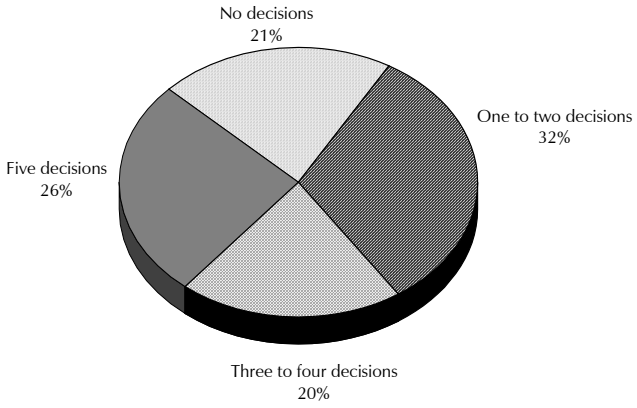
Note: Total includes four cases (weighted) with missing information on employment.

Table 3.10.2 Women's participation in decisionmaking by background characteristics: men

Percentage of men who say that the wife alone or jointly should have the final say in specific decisions, by background characteristics, Tanzania 2004-05

Background characteristic	Wife alone or jointly should have final say in:							Number of men
	Making large purchases	Making daily purchases	Visits to family or relatives	What to do with money she earns	How many children to have	All specified decisions	None of the specified decisions	
Age								
15-19	22.5	68.5	28.3	51.4	46.0	6.0	10.9	637
20-24	23.7	73.7	26.3	50.4	54.0	7.0	10.1	493
25-29	32.5	73.5	33.0	58.9	56.7	15.1	9.3	405
30-34	28.8	77.2	34.4	58.3	58.4	14.0	9.2	387
35-39	29.1	75.6	40.4	62.6	56.6	11.6	8.8	278
40-44	32.9	73.1	34.8	57.5	54.7	10.9	10.8	265
45-49	33.5	75.8	44.3	60.6	55.2	18.0	9.5	170
Marital status								
Never married	25.0	71.3	30.2	53.1	52.2	8.4	9.6	1,100
Married or living together	29.9	75.1	35.2	58.3	54.7	12.8	9.5	1,401
Divorced/separated/widowed	25.9	68.4	23.2	51.0	52.4	6.5	17.6	135
Number of living children								
0	27.7	72.7	32.0	53.4	54.2	11.2	10.6	721
1-2	30.2	75.2	33.2	57.5	57.9	11.9	8.8	886
3-4	27.3	74.5	35.8	60.2	54.6	12.1	10.0	565
5+	23.0	68.6	28.0	50.8	42.9	5.6	11.0	463
Residence								
Urban	36.0	82.3	40.7	66.5	67.2	17.3	3.2	716
Rural	24.5	69.8	29.5	51.8	48.4	8.2	12.5	1,919
Mainland/Zanzibar								
Mainland	27.8	73.7	32.6	55.5	53.3	10.7	9.9	2,556
Total urban	36.4	82.2	40.2	66.3	65.4	17.3	3.5	716
Dar es Salaam city	36.9	76.5	42.9	72.8	66.6	18.4	4.2	267
Other urban	36.1	85.6	38.6	62.5	64.6	16.7	3.1	450
Total rural	24.4	70.4	29.7	51.3	48.5	8.2	12.4	1,840
Zanzibar	24.2	56.2	29.4	65.0	62.8	6.7	11.6	79
Unguja	23.3	61.5	32.0	65.1	60.7	7.9	11.1	53
Pemba	26.1	45.4	24.0	64.8	67.1	4.3	12.4	26
Zone								
Western	16.7	75.4	21.6	36.3	36.1	5.4	13.3	468
Northern	23.9	73.4	33.1	51.4	51.2	10.9	12.8	362
Central	18.3	73.1	50.7	56.6	61.9	11.5	12.9	212
Southern highlands	22.8	76.8	29.9	66.7	56.9	9.9	6.6	358
Lake	37.6	73.4	31.7	66.7	60.3	9.8	6.4	448
Eastern	38.7	78.9	41.2	62.1	62.3	18.5	5.5	462
Southern	31.3	57.7	26.9	47.7	46.4	8.4	15.8	245
Region								
Dodoma	24.3	69.2	55.2	59.6	67.1	16.5	13.9	113
Arusha	35.3	69.8	39.7	53.3	48.7	14.6	13.1	82
Kilimanjaro	29.4	91.2	48.0	64.6	64.1	18.8	4.6	104
Tanga	11.1	62.5	21.6	44.1	46.1	4.0	18.1	94
Morogoro	43.8	86.5	42.5	46.9	59.2	20.0	4.8	127
Pwani	36.4	74.2	32.1	48.5	51.1	16.1	11.8	68
Dar es Salaam	36.9	76.5	42.9	72.8	66.6	18.4	4.2	267
Lindi	36.7	57.9	30.1	44.6	42.2	10.7	16.8	65
Mtwara	36.0	40.7	17.0	40.2	46.8	7.2	21.1	98
Ruvuma	21.5	77.7	35.9	59.0	49.2	8.0	8.7	83
Iringa	25.4	85.2	34.6	61.3	63.5	11.0	5.0	102
Mbeya	25.3	70.3	31.4	78.1	55.7	10.7	7.1	170
Singida	11.5	77.4	45.7	53.3	56.0	5.7	11.8	99
Tabora	11.9	69.5	18.8	32.3	34.9	2.5	13.5	127
Rukwa	14.8	79.7	21.6	50.6	51.5	6.9	7.5	87
Kigoma	18.2	75.6	24.3	41.9	49.4	5.5	9.5	127
Shinyanga	18.7	78.8	21.7	35.4	28.9	7.0	15.5	215
Kagera	56.0	61.3	44.4	82.2	74.3	11.0	1.2	122
Mwanza	35.3	84.8	33.0	68.8	62.8	11.5	2.5	229
Mara	20.2	61.8	12.5	42.5	37.0	4.5	21.9	98
Manyara	20.1	67.0	20.8	41.5	43.2	5.2	17.0	83
Zanzibar North	25.4	49.1	31.7	63.4	45.8	4.7	13.8	11
Zanzibar South	18.1	75.3	25.8	70.7	72.3	4.0	4.5	6
Town West	23.5	62.9	33.2	64.6	63.3	9.5	11.5	36
Pemba North	25.7	41.3	25.7	64.0	72.1	5.0	10.2	13
Pemba South	26.6	49.7	22.3	65.5	61.7	3.6	14.7	12
Education								
No education	19.9	57.8	19.5	42.2	34.5	5.0	18.6	312
Primary incomplete	20.9	69.1	25.4	48.4	42.7	4.5	12.1	646
Primary complete	28.5	76.4	33.1	57.1	57.1	10.4	8.5	1,381
Secondary+	46.5	83.5	58.8	80.0	80.9	31.0	2.4	296
Employment								
Not employed	31.5	76.4	34.5	59.8	56.0	14.2	7.9	622
Employed for cash	36.5	77.0	41.9	63.8	64.6	16.3	6.3	575
Employed not for cash	22.5	70.3	27.9	50.8	48.1	6.8	12.3	1,438
Wealth quintile								
Lowest	19.1	63.1	24.0	47.4	39.5	3.3	16.3	484
Second	22.4	68.9	30.4	45.5	44.8	7.5	14.9	504
Middle	24.9	71.6	26.8	49.6	49.1	7.0	10.2	516
Fourth	30.9	77.7	33.5	62.6	57.6	13.7	6.3	517
Highest	38.1	82.3	44.9	70.2	72.1	19.4	3.6	615
Total	27.6	73.2	32.5	55.8	53.5	10.6	9.9	2,635

Figure 3.3 Number of Decisions in Which Women Participate in the Final Say



TDHS 2004-05

Attitude towards Wife Beating

Violence against women is receiving considerable attention because it has serious consequences for women's physical and mental well-being, including their reproductive and sexual health (WHO, 1999). The 2004-05 TDHS collected information on the degree of acceptance of wife beating by asking about whether a husband would be justified in beating his wife in each of the following five situations: if she burns the food, if she argues with him, if she goes out with telling him, if she neglects the children, or if she refuses to have sex with her husband.

Tables 3.11.1 and 3.11.2 present the proportions of women and men who agreed that the husband would be justified in hitting his wife in the case of each specific situation. The sixth column in the table includes the percentage of respondents who feel a husband is justified in beating his wife for at least one of the reasons. A high proportion of respondents agreeing that wife beating is acceptable is an indicator that respondents generally accept violence as part of male-female relationships. A low proportion shows that the majority of respondents does not accept such violence and is an indicator that women are more "empowered."

Three in every five women agree that wife beating by the husband is justified in at least one of the specified situations. Almost half of women agree that it is acceptable for a husband to hit a wife if she argues with him (46 percent), if she goes out without telling him (43 percent), or if she neglects the children (47 percent). Women are less likely to find violence from a husband acceptable when a wife refuses sex (29 percent) or burns the food (20 percent).

Marital status and number of children are not associated with women's attitudes towards wife beating. With respect to residence, rural women and those from the Mainland are more inclined to agree with justifications of wife-beating than women living in urban areas and in Zanzibar. Wide variations are observed between administrative regions, with women least likely to agree with wife beating in Pemba North (21 percent) and most likely to agree in Kigoma (92 percent). Only women with at least secondary education are considerably less likely than less educated women to approve of wife-beating.

Table 3.11.1 Women's attitude towards wife beating

Percentage of women who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Tanzania 2004-05

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of women
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sex with him		
Age							
15-19	21.6	45.4	43.8	48.0	25.6	60.3	2,245
20-24	19.5	47.6	43.3	48.6	27.9	60.9	2,007
25-29	19.3	45.4	43.7	48.1	31.3	60.6	1,885
30-34	18.6	43.7	41.8	45.6	29.8	57.7	1,542
35-39	17.4	47.0	42.1	46.1	28.1	59.4	1,053
40-44	19.6	46.7	40.8	46.4	31.6	58.3	834
45-49	18.8	45.7	42.1	44.4	32.8	56.8	763
Marital status							
Never married	18.9	41.5	38.9	44.5	22.7	55.2	2,371
Married or living together	19.6	47.6	44.5	48.2	30.7	61.4	6,950
Divorced/separated/ widowed	20.3	44.0	40.3	46.2	31.8	57.1	1,007
Number of living children							
0	18.8	41.7	39.5	44.2	23.7	55.6	2,705
1-2	20.2	47.5	44.9	48.4	30.0	61.6	3,348
3-4	18.8	46.3	43.3	48.5	29.9	61.1	2,269
5+	20.3	48.3	43.4	47.6	33.4	59.8	2,007
Residence							
Urban	15.7	40.3	35.4	40.8	23.4	52.2	2,935
Rural	21.1	48.1	45.8	49.7	31.2	62.5	7,394
Mainland/Zanzibar							
Mainland	19.9	46.7	43.4	48.0	29.3	60.3	10,016
Total urban	16.2	41.0	36.0	41.8	23.9	53.0	2,885
Dar es Salaam city	18.4	35.7	32.4	39.0	25.1	48.9	969
Other urban	15.1	43.7	37.8	43.2	23.3	55.1	1,916
Total rural	21.5	48.9	46.3	50.5	31.5	63.3	7,131
Zanzibar	6.8	21.2	26.0	20.6	18.0	35.9	313
Unguja	6.2	22.0	26.3	22.4	17.7	38.6	216
Pemba	8.2	19.3	25.4	16.5	18.9	29.9	97
Zone							
Western	26.9	59.2	57.7	60.9	40.0	79.3	1,880
Northern	14.3	45.9	45.6	52.5	29.0	60.6	1,496
Central	27.1	51.5	46.1	52.1	34.0	62.9	799
Southern highlands	22.6	41.8	39.3	43.1	27.3	55.1	1,440
Lake	13.4	42.4	36.9	42.5	24.1	52.1	1,865
Eastern	16.7	36.3	33.8	35.9	24.0	48.4	1,670
Southern	23.9	53.5	44.8	51.5	27.5	65.7	866
Region							
Dodoma	25.4	51.8	46.0	51.4	34.7	61.7	468
Arusha	18.3	53.8	50.8	62.4	29.1	72.0	391
Kilimanjaro	8.2	25.3	27.7	29.4	14.8	32.7	380
Tanga	10.7	44.9	50.3	51.3	35.8	61.3	431
Morogoro	16.0	39.5	35.7	36.9	25.0	51.1	449
Pwani	11.7	32.8	35.5	22.4	18.0	41.7	253
Dar es Salaam	18.4	35.7	32.4	39.0	25.1	48.9	969
Lindi	21.7	47.3	38.7	43.4	23.5	58.5	221
Mtwara	19.8	50.6	43.2	47.1	24.2	59.3	346
Ruvuma	30.3	61.5	51.2	62.7	34.2	78.5	299
Iringa	31.1	62.8	58.4	66.1	30.3	80.1	412
Mbeya	18.1	33.2	32.1	34.1	26.7	46.5	712
Singida	29.6	51.1	46.3	53.2	33.1	64.7	331
Tabora	29.1	62.3	58.8	54.7	42.4	84.4	520
Rukwa	21.5	34.0	30.4	33.4	24.6	41.8	316
Kigoma	34.2	68.5	68.9	80.5	51.8	92.2	499
Shinyanga	21.3	51.9	50.7	53.3	31.6	68.6	861
Kagera	9.4	34.0	29.0	38.2	16.2	43.6	545
Mwanza	8.2	34.3	27.3	32.4	16.4	42.7	939
Mara	31.8	74.3	71.8	73.4	54.6	87.2	381
Manyara	22.4	63.6	55.0	71.1	37.2	80.9	293
Zanzibar North	9.0	22.9	30.6	25.5	20.3	42.6	48
Zanzibar South	9.6	22.2	30.5	24.0	18.7	42.4	26
Town West	4.6	21.6	24.1	21.1	16.6	36.5	143
Pemba North	4.9	11.0	17.3	10.6	11.9	21.0	52
Pemba South	12.0	28.8	34.7	23.2	26.9	40.0	45
Education							
No education	21.8	48.1	45.0	46.7	32.9	61.1	2,503
Primary incomplete	22.2	49.7	47.5	50.9	32.7	64.7	1,855
Primary complete	19.3	46.7	43.6	49.2	28.6	60.9	5,086
Secondary+	9.1	26.5	22.6	28.6	12.2	37.0	885
Employment							
Not employed	19.7	43.3	39.7	46.0	26.6	57.8	2,222
Employed for cash	15.4	42.4	38.9	44.5	22.9	55.7	2,431
Employed not for cash	21.3	48.4	45.8	48.8	32.6	61.9	5,672
Number of decisions in which woman has final say[1]							
0	25.0	47.6	44.6	49.1	30.9	62.3	2,204
1-2	19.9	46.8	43.1	46.0	30.6	60.0	3,354
3-4	18.8	53.0	48.0	53.7	30.9	66.5	2,094
5	15.3	37.7	37.0	41.9	23.9	51.3	2,677
Wealth quintile							
Lowest	24.6	50.5	47.2	50.6	35.3	65.3	1,840
Second	23.6	51.4	48.7	51.4	33.2	65.4	1,944
Middle	19.0	47.8	46.2	50.7	29.2	62.6	1,943
Fourth	18.7	45.7	42.9	46.7	29.1	59.1	2,004
Highest	14.0	37.2	32.8	39.3	21.2	49.3	2,597
Total	19.6	45.9	42.8	47.2	29.0	59.6	10,329

Note: Total includes four cases (weighted) with missing information on employment.
[1] Either by herself or jointly with others

Table 3.11.2 Men's attitude towards wife beating

Percentage of men who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Tanzania 2004-05

Background characteristic	Husband is justified in hitting or beating his wife if she: Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sex with him	Percentage who agree with at least one specified reason	Number of men
Age							
15-19	14.8	32.0	34.9	36.1	21.8	53.7	637
20-24	11.8	25.7	26.7	28.1	17.8	46.5	493
25-29	10.6	21.2	25.9	29.1	14.5	41.8	405
30-34	9.3	20.6	23.7	27.0	10.4	36.0	387
35-39	5.4	15.1	21.6	18.1	10.0	31.5	278
40-44	7.5	16.8	24.1	25.3	10.4	32.3	265
45-49	10.9	13.4	23.2	21.2	11.6	32.1	170
Marital status							
Never married	12.7	28.4	30.0	30.9	19.5	47.7	1,100
Married or living together	9.1	19.0	25.4	26.3	11.9	37.9	1,401
Divorced/separated/widowed	13.1	20.4	21.3	26.5	14.1	38.9	135
Number of living children							
0	10.5	19.4	23.3	25.3	14.2	39.8	721
1-2	10.3	22.8	26.7	27.4	14.8	41.5	886
3-4	10.9	23.0	27.4	29.4	14.1	41.8	565
5+	12.3	28.8	33.3	33.0	19.0	46.8	463
Residence							
Urban	5.6	17.4	19.1	21.5	10.5	32.9	716
Rural	12.8	25.1	30.0	30.7	17.0	45.5	1,919
Mainland/Zanzibar							
Mainland	10.9	23.0	27.1	28.3	15.1	42.1	2,556
Total urban	5.3	17.8	19.4	22.3	10.1	33.2	716
Dar es Salaam city	1.1	14.9	14.2	18.4	4.1	26.2	267
Other urban	7.8	19.5	22.5	24.6	13.7	37.3	450
Total rural	13.1	25.0	30.1	30.6	17.0	45.6	1,840
Zanzibar	7.6	23.5	26.0	26.4	20.5	38.9	79
Unguja	3.3	21.2	21.4	24.3	15.1	34.6	53
Pemba	16.4	28.3	35.6	30.8	31.7	47.7	26
Zone							
Western	18.1	30.6	37.7	39.1	21.7	52.8	468
Northern	12.3	32.6	33.1	36.5	21.1	53.6	362
Central	13.7	19.8	25.7	22.9	18.0	40.1	212
Southern highlands	9.6	21.2	26.0	25.1	14.9	39.2	358
Lake	9.1	17.4	25.1	26.2	11.9	44.0	448
Eastern	5.6	17.9	20.5	21.9	7.8	31.1	462
Southern	7.9	19.2	16.7	20.9	10.5	28.6	245
Region							
Dodoma	9.5	15.6	23.8	21.6	15.8	35.7	113
Arusha	7.2	35.2	34.3	44.5	22.3	53.2	82
Kilimanjaro	12.2	28.1	31.3	31.0	15.3	50.5	104
Tanga	13.3	24.0	29.9	29.8	20.6	49.0	94
Morogoro	12.5	27.6	32.6	32.5	15.4	44.6	127
Pwani	10.5	11.6	22.8	15.5	8.2	24.6	68
Dar es Salaam	1.1	14.9	14.2	18.4	4.1	26.2	267
Lindi	8.3	25.6	17.8	24.3	14.2	36.3	65
Mtwara	7.7	13.1	12.1	14.1	7.7	14.1	98
Ruvuma	8.0	21.5	21.2	26.2	10.8	39.6	83
Iringa	0.0	10.8	13.3	16.6	4.3	24.7	102
Mbeya	12.8	24.1	25.6	20.7	23.9	39.7	170
Singida	18.5	24.6	27.9	24.4	20.5	45.2	99
Tabora	24.2	36.7	51.3	53.0	20.3	69.2	127
Rukwa	14.5	27.5	41.7	43.8	9.6	55.0	87
Kigoma	26.6	37.4	46.2	51.6	29.1	68.4	127
Shinyanga	9.3	23.1	24.7	23.5	18.3	33.9	215
Kagera	2.3	6.2	15.2	12.4	5.9	22.3	122
Mwanza	9.9	16.6	22.1	25.8	10.6	47.1	229
Mara	15.8	33.2	44.6	44.6	22.3	63.6	98
Manyara	16.4	45.4	37.7	43.0	27.8	62.7	83
Zanzibar North	2.0	23.7	25.1	25.5	20.7	35.4	11
Zanzibar South	1.1	13.1	10.7	18.6	7.9	25.8	6
Town West	4.1	21.8	22.0	24.9	14.6	35.9	36
Pemba North	15.4	29.6	39.6	33.7	38.8	56.5	13
Pemba South	17.4	27.0	31.4	27.8	24.1	38.2	12
Education							
No education	17.6	28.4	36.0	32.4	19.2	50.6	312
Primary incomplete	15.3	26.7	32.1	35.4	18.4	49.3	646
Primary complete	8.9	21.7	25.2	26.7	14.5	40.2	1,381
Secondary+	3.0	15.2	15.4	15.3	7.4	25.8	296
Employment							
Not employed	9.4	22.2	22.8	24.8	12.0	38.0	622
Employed for cash	8.8	20.4	24.3	27.3	14.2	40.3	575
Employed not for cash	12.2	24.3	30.0	30.1	17.0	44.5	1,438
Number of decisions in which woman should have final say[1]							
0	10.7	20.9	23.5	24.9	13.9	39.4	551
1-2	11.4	25.0	31.0	30.3	16.9	43.4	957
3-4	8.2	20.6	24.2	25.4	13.1	38.2	495
5	12.0	23.6	26.4	30.2	15.4	45.3	632
Wealth quintile							
Lowest	16.7	26.4	31.1	33.7	17.7	47.5	484
Second	16.8	25.7	32.3	29.9	20.3	46.7	504
Middle	10.0	22.6	28.1	29.8	15.9	42.8	516
Fourth	8.6	23.3	27.7	28.8	14.1	45.0	517
Highest	3.8	18.2	18.2	20.8	9.4	30.8	615
Total	10.8	23.0	27.1	28.2	15.2	42.0	2,635

[1] Either by herself or jointly with others

Compared with women, men are less likely to report that they find violence against wives justifiable: 42 percent of men agree with at least one of the justifications for a husband to hit or beat his wife. Like women, men are least likely to say that burning the food (11 percent) or refusing to have sex (15 percent) are grounds for a husband to beat his wife. Men are most likely to justify the beating of a wife by her husband if she goes out without telling him (27 percent) or neglects the children (28 percent).

Attitudes towards Refusing Sex

The extent of control women have over when and with whom to have sex has important implications for demographic and health outcomes. To measure agreement with the idea that a woman has the right to refuse to have sex with her husband, the 2004-05 TDHS respondents were asked whether a wife is justified in refusing to have sex with her husband under four circumstances: she knows her husband has a sexually transmitted disease, she knows her husband has sex with women other than herself (or his wives), she has recently given birth, or she is tired or not in the mood.

Tables 3.12.1 and 3.12.2 examine associations between respondents' attitudes regarding a wife's refusal of sex and demographic and socioeconomic background characteristics. The tables also show the proportion of respondents that agree with all of the specified reasons for refusing sex, and the proportion that agrees with none of them.

The findings indicate that a majority of women agree with each specified reason for refusing to have sex. Women are most likely to agree that a woman can refuse to have sex with her husband if she has recently given birth (91 percent) or if the husband has an STI (88 percent), but less likely to agree if she is tired or not in the mood (79 percent) or if he has sex with another women (73 percent). Sixty-three percent agree with all of the specified reasons for refusing sex and only 6 percent agree with none of the specified reasons.

Urban women are somewhat more likely to agree with all of the specified reasons than rural women (70 and 60 percent, respectively). There are substantial variations by region—from a low of 33 percent in Pemba South to a high of 79 percent in Kilimanjaro. Regions where women are most likely to agree with wife-beating (e.g., Kigoma) are among the most likely to justify refusal of sex.

Men's attitudes towards women refusing sex with her husband resemble those of women. Men also agree that a woman can refuse to have sex with her husband if a woman has recently given birth (91 percent) or if she knows that the husband has an STI (90 percent). A majority of men also agree that a woman is justified in refusing sex to her husband if he has had sex with other women (77 percent), or if she is tired or not in the mood (78 percent).

Table 3.12.1 Women's attitude towards refusing sex with husband

Percentage of women who believe that a wife is justified in refusing to have sex with her husband for specific reasons, by background characteristics, Tanzania 2004-05

Background characteristic	Wife is justified in refusing sex with husband if she: Knows husband has a sexually transmitted disease	Knows husband has sex with other women	Has recently given birth	Is tired or not in the mood	Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of women
Age							
15-19	82.0	70.1	82.8	71.4	58.0	11.3	2,245
20-24	89.8	73.0	92.6	80.2	63.3	4.2	2,007
25-29	89.1	73.9	93.6	82.3	64.4	4.2	1,885
30-34	90.6	74.4	93.8	82.1	65.5	4.1	1,542
35-39	88.7	74.1	92.7	78.8	63.4	4.8	1,053
40-44	89.0	75.1	93.6	80.3	67.1	5.1	834
45-49	88.3	73.1	92.4	79.2	60.8	5.3	763
Marital status							
Never married	84.4	73.1	83.7	72.0	60.5	10.8	2,371
Married or living together	88.6	72.6	93.1	80.6	62.9	4.5	6,950
Divorced/separated/widowed	90.5	76.2	92.8	81.9	67.4	4.8	1,007
Number of living children							
0	84.3	72.7	84.5	72.4	59.9	9.8	2,705
1-2	89.6	73.5	93.2	81.8	64.6	4.3	3,348
3-4	89.1	72.7	93.7	80.7	63.0	4.3	2,269
5+	88.0	73.1	92.4	80.1	63.5	5.4	2,007
Residence							
Urban	91.3	80.6	92.8	81.3	69.5	4.6	2,935
Rural	86.4	70.0	90.1	77.7	60.2	6.5	7,394
Mainland/Zanzibar							
Mainland	88.0	73.0	91.0	79.1	63.0	5.9	10,016
Total urban	91.3	80.7	92.9	81.8	69.9	4.6	2,885
Dar es Salaam city	91.8	86.6	93.1	81.7	73.0	4.5	969
Other urban	91.1	77.6	92.7	81.8	68.3	4.7	1,916
Total rural	86.7	69.9	90.3	78.0	60.2	6.4	7,131
Zanzibar	81.2	74.7	86.7	67.6	56.1	7.9	313
Unguja	88.4	81.1	88.8	72.8	62.6	5.4	216
Pemba	65.3	60.3	82.2	56.1	41.6	13.3	97
Zone							
Western	89.4	68.3	90.6	77.8	58.2	5.4	1,880
Northern	86.7	82.1	91.5	74.5	65.0	4.7	1,496
Central	84.6	73.7	89.7	79.4	66.1	8.4	799
Southern highlands	73.4	59.1	79.4	69.7	51.5	17.6	1,440
Lake	95.0	75.1	95.4	86.4	70.0	1.8	1,865
Eastern	92.4	78.5	94.1	80.7	66.5	3.2	1,670
Southern	91.2	74.6	96.3	86.3	64.7	1.1	866
Region							
Dodoma	84.5	71.4	88.1	78.5	64.0	10.7	468
Arusha	78.8	73.0	91.0	73.3	56.8	5.7	391
Kilimanjaro	94.2	92.2	91.4	82.5	78.8	3.6	380
Tanga	91.5	88.1	90.8	74.9	70.2	4.7	431
Morogoro	92.8	68.4	95.4	77.4	56.2	1.3	449
Pwani	93.9	65.3	95.6	82.9	59.5	1.9	253
Dar es Salaam	91.8	86.6	93.1	81.7	73.0	4.5	969
Lindi	90.3	71.8	92.6	86.2	63.9	3.4	221
Mtwara	94.6	70.5	97.0	88.0	63.2	0.3	346
Ruvuma	87.8	81.5	98.3	84.4	66.9	0.4	299
Iringa	62.8	52.0	69.5	56.6	41.0	26.9	412
Mbeya	73.2	53.6	78.5	68.3	47.0	17.6	712
Singida	84.6	76.8	91.8	80.6	69.0	5.2	331
Tabora	95.6	70.2	95.3	80.9	60.8	2.2	520
Rukwa	87.5	81.0	94.5	89.8	75.6	5.3	316
Kigoma	94.9	72.8	93.5	76.8	58.7	2.0	499
Shinyanga	82.6	64.7	86.1	76.5	56.3	9.3	861
Kagera	96.1	82.8	95.7	87.6	76.6	1.1	545
Mwanza	98.1	78.3	98.3	91.1	74.7	0.9	939
Mara	85.8	56.1	87.8	73.1	49.0	4.9	381
Manyara	80.6	72.3	93.4	65.2	50.4	4.9	293
Zanzibar North	83.7	79.8	87.3	71.9	61.2	7.7	48
Zanzibar South	71.3	60.5	74.7	63.1	44.3	16.5	26
Town West	93.1	85.3	91.8	74.9	66.4	2.7	143
Pemba North	66.1	61.9	83.4	64.9	48.8	13.8	52
Pemba South	64.4	58.5	80.9	46.0	33.4	12.7	45
Education							
No education	83.8	64.4	89.9	75.0	54.6	7.7	2,503
Primary incomplete	85.1	69.6	87.4	73.8	58.2	8.2	1,855
Primary complete	89.9	76.8	92.4	82.0	67.2	4.6	5,086
Secondary+	92.6	83.2	92.2	80.9	70.3	3.8	885
Employment							
Not employed	86.7	74.6	87.1	76.3	63.2	8.1	2,222
Employed for cash	91.9	79.2	94.1	83.0	68.8	3.5	2,431
Employed not for cash	86.4	69.8	91.0	77.9	60.0	6.1	5,672
Number of decisions in which woman has final say[1]							
0	82.3	69.3	85.1	72.5	58.6	10.6	2,204
1-2	88.4	72.2	91.8	78.6	61.3	4.7	3,354
3-4	88.1	72.9	92.2	80.0	62.0	4.7	2,094
5	91.4	77.3	93.6	83.1	68.7	4.7	2,677
Number of reasons wife beating is justified							
0	88.5	76.7	90.3	80.7	67.8	6.7	4,176
1-2	89.1	71.1	91.6	79.0	60.5	5.0	2,099
3-4	87.2	69.8	92.6	77.2	58.2	4.5	2,863
5	84.3	71.6	87.9	75.1	60.3	8.3	1,191
Wealth quintile							
Lowest	84.2	65.7	88.8	74.7	55.4	7.6	1,840
Second	86.4	69.4	91.0	78.2	59.9	6.0	1,944
Middle	87.2	71.4	91.1	79.5	62.3	5.9	1,943
Fourth	87.6	72.2	90.3	78.4	62.8	6.3	2,004
Highest	92.0	82.9	92.7	81.6	70.6	4.4	2,597
Total	87.8	73.0	90.9	78.7	62.8	5.9	10,329

Note: Total includes four cases (weighted) with missing information on employment.
[1] Either by herself or jointly with others

Table 3.12.2 Men's attitude towards wife refusing sex with husband

Percentage of men who believe that a wife is justified in refusing to have sex with her husband for specific reasons, by background characteristics, Tanzania 2004-05

Background characteristic	Wife is justified in refusing sex with husband if she: Knows husband has a sexually transmitted disease	Knows husband has sex with other women	Has recently given birth	Is tired or not in the mood	Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of men
Age							
15-19	81.9	68.3	82.7	64.4	49.9	9.1	637
20-24	89.8	75.0	91.1	82.5	60.8	2.0	493
25-29	90.2	76.9	93.7	80.8	63.5	2.8	405
30-34	93.3	84.0	94.6	80.6	69.5	1.5	387
35-39	96.0	83.1	97.4	83.9	69.5	0.4	278
40-44	92.6	83.9	95.0	81.8	69.5	2.5	265
45-49	94.3	82.5	94.7	80.4	70.3	2.7	170
Marital status							
Never married	85.4	71.1	86.8	71.8	54.5	6.0	1,100
Married or living together	92.8	81.9	94.8	82.0	68.0	2.1	1,401
Divorced/separated/widowed	92.2	78.7	91.1	78.3	65.7	2.0	135
Number of living children							
0	90.7	78.0	91.7	78.8	63.9	3.1	721
1-2	89.9	74.8	90.7	78.9	62.0	4.1	886
3-4	87.5	81.1	92.5	76.9	62.2	3.8	565
5+	90.4	75.7	90.1	73.7	60.3	3.7	463
Residence							
Urban	90.3	77.1	91.8	80.0	62.8	3.5	716
Rural	89.4	77.3	91.0	76.6	62.0	3.8	1,919
Mainland/Zanzibar							
Mainland	89.9	77.5	91.5	78.2	63.0	3.6	2,556
Total urban	90.9	77.4	92.2	80.9	63.5	3.2	716
Dar es Salaam city	87.7	73.6	94.3	82.1	59.5	2.9	267
Other urban	92.8	79.6	91.0	80.2	65.9	3.4	450
Total rural	89.5	77.6	91.3	77.1	62.8	3.8	1,840
Zanzibar	83.9	67.3	82.2	56.4	39.0	7.0	79
Unguja	87.8	72.6	85.1	57.7	39.5	4.6	53
Pemba	75.9	56.4	76.2	53.5	37.9	11.7	26
Zone							
Western	90.6	78.5	95.6	80.0	65.9	0.8	468
Northern	82.2	71.0	81.1	62.8	45.9	8.7	362
Central	92.1	88.5	97.3	87.1	78.9	1.6	212
Southern highlands	92.7	70.7	90.3	69.4	55.9	5.8	358
Lake	91.7	84.7	89.9	89.6	73.4	2.4	448
Eastern	88.3	71.5	92.6	78.4	57.9	3.7	462
Southern	93.3	83.9	97.1	81.4	70.0	2.1	245
Region							
Dodoma	90.5	90.7	97.7	90.3	79.7	1.1	113
Arusha	88.4	78.8	85.9	61.4	47.5	6.4	82
Kilimanjaro	86.7	81.4	85.5	71.4	58.6	5.9	104
Tanga	68.0	49.7	69.5	49.3	24.4	16.7	94
Morogoro	89.6	62.7	89.2	72.3	51.0	4.1	127
Pwani	88.1	79.9	92.2	75.3	64.3	5.8	68
Dar es Salaam	87.7	73.6	94.3	82.1	59.5	2.9	267
Lindi	87.1	77.8	96.0	74.6	61.7	2.9	65
Mtwara	97.7	92.7	98.8	83.9	79.7	1.2	98
Ruvuma	92.9	78.3	96.0	83.7	64.9	2.5	83
Iringa	95.3	87.7	92.4	77.6	72.2	3.5	102
Mbeya	90.1	52.6	87.1	60.8	38.3	8.9	170
Singida	93.8	86.1	96.7	83.5	78.0	2.0	99
Tabora	85.9	70.6	96.6	83.5	59.5	1.8	127
Rukwa	94.8	86.2	94.2	76.4	71.0	2.4	87
Kigoma	89.1	72.7	90.3	75.6	56.8	0.0	127
Shinyanga	94.2	86.5	98.0	80.5	74.9	0.7	215
Kagera	96.2	89.9	96.2	94.0	80.1	0.0	122
Mwanza	87.8	80.3	87.2	90.4	69.1	3.5	229
Mara	95.2	88.4	88.4	82.4	75.1	2.8	98
Manyara	86.7	74.2	84.0	68.6	52.7	5.3	83
Zanzibar North	86.4	73.6	84.6	68.3	52.7	3.8	11
Zanzibar South	84.7	73.1	86.0	65.2	46.5	1.0	6
Town West	88.8	72.2	85.1	53.2	34.2	5.5	36
Pemba North	85.4	61.0	77.3	55.6	41.6	9.3	13
Pemba South	65.6	51.5	75.0	51.2	33.9	14.4	12
Education							
No education	85.7	68.1	90.1	69.5	54.0	5.7	312
Primary incomplete	84.0	75.7	87.0	69.8	57.5	5.8	646
Primary complete	92.9	80.4	92.8	81.5	66.2	2.6	1,381
Secondary+	91.5	75.4	94.5	84.3	63.1	2.1	296
Employment							
Not employed	90.7	76.5	90.9	78.5	61.4	2.9	622
Employed for cash	88.1	75.1	89.4	78.9	59.6	4.2	575
Employed not for cash	89.9	78.3	92.2	76.6	63.7	3.8	1,438
Number of decisions in which woman should have final say[1]							
0	90.2	78.8	93.3	75.8	64.1	2.6	551
1-2	90.1	78.6	90.3	80.4	64.6	4.1	957
3-4	88.7	78.1	92.2	77.0	59.8	3.0	495
5	89.3	73.0	90.1	75.0	59.1	4.6	632

[1] Either by herself or jointly with others

Continued...

Table 3.12.2—*Continued*

Percentage of men who believe that a wife is justified in refusing to have sex with her husband for specific reasons, by background characteristics, Tanzania 2004-05

Background characteristic	Wife is justified in refusing sex with husband if she:				Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of men
	Knows husband has a sexually transmitted disease	Knows husband has sex with other women	Has recently given birth	Is tired or not in the mood			
Number of reasons wife beating is justified							
0	89.0	74.0	91.3	78.2	60.8	4.3	1,059
1-2	89.0	79.1	92.7	78.5	66.1	3.7	517
3-4	91.0	79.0	89.9	75.6	60.7	3.4	775
5	89.8	80.7	92.4	78.5	65.1	1.9	284
Wealth quintile							
Lowest	86.4	73.8	89.8	74.3	60.6	5.1	484
Second	90.0	76.5	92.7	77.5	62.1	3.2	504
Middle	90.6	79.0	91.7	79.2	64.2	3.1	516
Fourth	90.2	79.6	89.7	75.1	61.4	4.8	517
Highest	90.7	76.9	92.2	80.7	62.9	2.6	615
Total	89.7	77.2	91.3	77.5	62.3	3.7	2,635

[1] Either by herself or jointly with others

FERTILITY 4

This chapter presents the 2004-2005 TDHS results on fertility levels, trends, and differentials. The analysis is based on the birth histories collected from women age 15-49 interviewed during the survey. To obtain this information, women were first asked a series of questions to determine the total number of live births that had occurred in their lifetime. Then, for each live birth, information was collected on the name, age, sex, and survival status of the child. For dead children, age at death was recorded. Information from the birth history is used to assess current and completed fertility and to look at other factors related to fertility, including age at first birth, birth intervals, and adolescent childbearing.

The following measures of current fertility are derived from birth history data:

- Age-specific fertility rates (ASFR) are expressed as the number of births per thousand women in the age group and represent a valuable measure for assessing the current age pattern of childbearing. They are defined in terms of the number of live births during a specified period to women in the particular age group divided by the number of woman-years lived in that age group during the specified period.

- The total fertility rate (TFR) is defined as the total number of births a woman would have by the end of her childbearing period if she were to pass through those years bearing children at the currently observed age-specific fertility rates. The TFR is obtained by summing the age-specific fertility rates and multiplying by five.

- The general fertility rate (GFR) is the number of live births occurring during a specified period per 1,000 women of reproductive age.

- The crude birth rate (CBR) is the number of births per 1,000 population during the specified period.

The various measures of current fertility are calculated for the three-year period preceding the survey, which roughly corresponds to the calendar period 2002-2004. This period was chosen because it allows the rates to be calculated based on the most recent information, thus avoiding the problem of omission or displacement of births because of a recall lapse, while obtaining enough cases to reduce sampling error.

4.1 FERTILITY LEVELS AND TRENDS

Fertility Levels

Table 4.1 presents information on the current fertility levels for Tanzania as whole, for urban and rural areas on the Mainland, and for Zanzibar. On the basis of the births during the 3 years preceding the survey, the TFR is 5.7 births per woman, which is considered to be among the highest rates in sub-Saharan Africa. 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 CBR in Tanzania is 42.4 births per 1,000 population. Once again, there is a clear differential in this rate by residence. The GFR in Tanzania is 198 live births per 1,000 women of reproductive age, with the rate being higher in Mainland rural areas (225) than urban areas (134).

Table 4.1 Current fertility

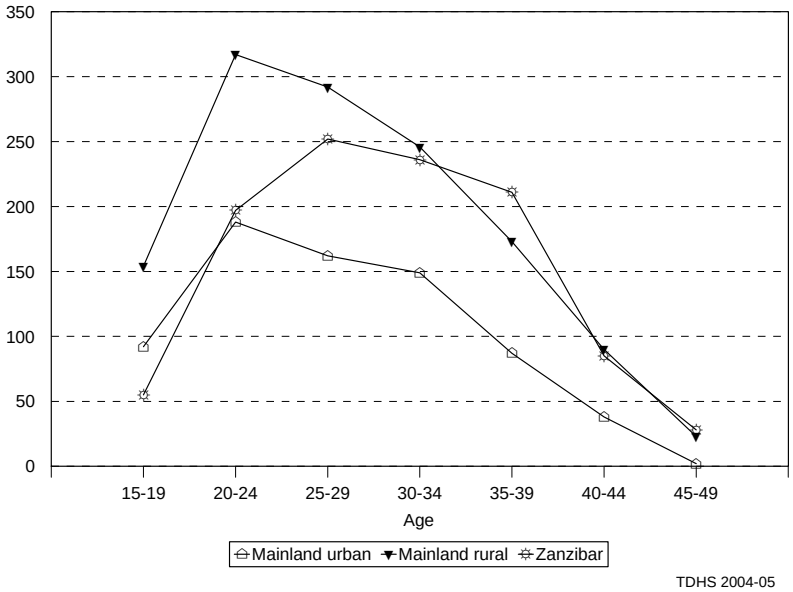
Age-specific and cumulative fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by urban-rural residence, Tanzania 2004-05

	Residence				
	Mainland				
Age group	Urban	Rural	Total	Zanzibar	Total
15-19	92	154	135	55	132
20-24	188	317	276	197	274
25-29	162	292	254	252	254
30-34	149	246	217	236	218
35-39	87	173	154	211	156
40-44	38	90	79	85	79
45-49	(2)	23	18	28	18
TFR	3.6	6.5	5.7	5.3	5.7
GFR	134	225	199	168	198
CBR	34.6	44.8	42.5	38.0	42.4

Note: Rates for age group 45-49 may be slightly biased because of truncation. Rates in parentheses are based on 125 to 249 unweighted woman-years of exposure.
TFR: Total fertility rate for ages 15-49, expressed per woman
GFR: General fertility rate (births divided by the number of women age 15-44), expressed per 1,000 women
CBR: Crude birth rate, expressed per 1,000 population

Fertility reaches its peak among women in their 20s. Age-specific fertility rates rise from 132 births per 1,000 women age 15-19 to 274 births among women age 20-24 and then fall gradually to 18 births among women age 45-49. Figure 4.1 shows that on the Mainland, women experience the highest levels of fertility in their early 20s, regardless of urban-rural residence. On Zanzibar, however, fertility peaks among women age 25-29, and remains high among women in their 30s. A substantial proportion of women continue to bear children in their late reproductive years.

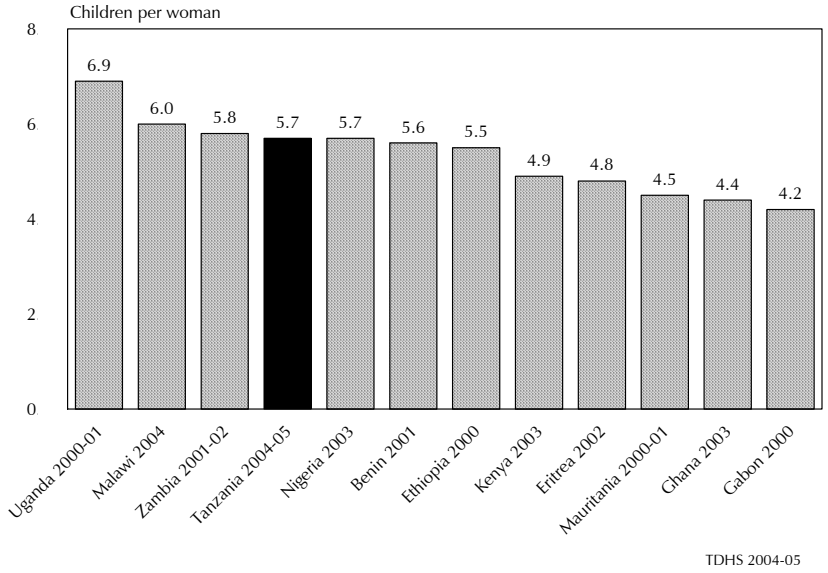
Figure 4.1 **Age-Specific Fertility Rates by Residence**



TDHS 2004-05

Among 12 sub-Saharan countries in which a DHS survey has been conducted since 2000, Nigeria has the same TFR as Tanzania (5.7 children per woman) and three countries have higher TFRs than Tanzania (Figure 4.2).

Figure 4.2 **Total Fertility Rates in Selected Sub-Saharan Countries**



Differentials in Current and Completed Fertility

Table 4.2 presents differentials in two measures of current fertility, the TFR and the percentage currently pregnant. Fertility ranges from a high of 7.3 in the Western zone to a low of 3.6 in the Eastern zone. The TFRs also vary significantly by education. The total fertility rate is 6.9 births for women with no education. This is 1.3 more births than for women who have primary education (5.6 births). Among women who have attended secondary school or higher, the TFR falls to 3.3 births, so the most educated women give birth to less than half the number of children of the least educated women. Fertility differentials are even greater according to household wealth, ranging from a high of 7.3 among women in the lowest quintile to a low of 3.3 among women in highest quintile.

Although the percentage currently pregnant is a useful measure of current fertility, it does not capture all pregnant women because some women may be unaware of, or reluctant to discuss, a pregnancy in its early stages. Eleven percent of women age 15-49 are pregnant.

Table 4.2 also shows the mean number of children ever born for women age 40-49, that is, to women who are at the end of their childbearing years. This is a measure of completed or past fertility and can be compared with the current TFR to assess the extent of fertility change over the last two decades in Tanzania. For all women the mean number of live births is 6.4. The data indicate that although fertility has declined overall, there has been little or no decline among women with no education or women living in rural areas or the Western or Central zones.

Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Tanzania 2004-05

Background characteristic	Total fertility rate[1]	Percentage currently pregnant[1]	Mean number of children ever born to women age 40-49
Residence			
Urban	3.6	7.2	5.5
Rural	6.5	11.8	6.6
Mainland/Zanzibar			
Mainland	5.7	10.6	6.4
Total urban	3.6	7.3	5.4
Dar es Salaam city	*	5.7	4.3
Other urban	4.1	8.2	5.8
Total rural	6.5	11.9	6.6
Zanzibar	5.3	9.5	6.8
Unguja	4.5	8.9	6.3
Pemba	(7.2)	11.0	7.9
Zone			
Western	7.3	13.8	7.3
Northern	4.9	9.4	6.0
Central	(6.1)	11.6	6.2
Southern highlands	5.9	10.6	6.6
Lake	6.7	12.6	7.2
Eastern	3.6	6.2	5.0
Southern	4.8	8.6	5.5
Education			
No education	6.9	11.7	6.9
Primary incomplete	5.6	10.3	6.6
Primary complete	5.6	11.1	5.8
Secondary+	3.3	4.7	4.4
Wealth quintile			
Lowest	7.3	12.8	6.9
Second	6.7	12.3	6.8
Middle	6.6	11.1	6.4
Fourth	5.3	10.9	6.5
Highest	3.3	6.9	4.9
Total	5.7	10.5	6.4

Note: Figures in parentheses are based on 125-249 unweighted woman-years of exposure. An asterisk indicates that a figure is based on fewer than 125 woman-years of exposure and has been suppressed.
[1] Women age 15-49 years

Trends in Fertility

Trends in Tanzanian fertility can be assessed in several other ways. Fertility trends can be investigated using retrospective data from the birth histories collected from respondents in a single survey. Table 4.3 shows that fertility was at a high level during the period 15-19 years before the survey (i.e., during the years 1985-1989). The fertility rates show a decrease in all age groups over successive time periods.

Table 4.3 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Tanzania 2004-05

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	139	144	146	147
20-24	266	262	283	290
25-29	252	260	288	283
30-34	220	233	244	[270]
35-39	157	165	[215]	-
40-44	79	[119]	-	-
45-49	[21]	-	-	-

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated.

Another way to assess fertility trends is by comparison with estimates obtained in earlier surveys, censuses, or vital registration data. Table 4.4 shows fertility rates estimated from a series of surveys conducted in Tanzania since 1991 and the most recent census. These sources include the 1991-92 TDHS, the 1996 TDHS, the 2002 Tanzania Population and Housing Census, the 1999 TRCHS, and the 2004-05 TDHS. The TFR estimated in 1991-92 was 6.3 children per woman. However, the 2004-05 TDHS TFR of 5.7 is statistically at the same level as rates estimated by the 1996 TDHS (5.8 births) and the 1999 TRCHS (5.6) births. Thus, there is no evidence of fertility decline in Tanzania over the last eight years. Although the 2002 Population and Housing Census TFR is 6.3, higher than all three DHS surveys since 1996, the Census TFR is calculated using indirect methods and, thus, comparison is difficult.

Table 4.4 Trends in fertility rates

Age-specific fertility rates (per 1,000 women) and total fertility rates from selected surveys and censuses: 1991-92 TDHS, 1996 TDHS, 1999 TRCHS, 2002 census, and 2004-05 TDHS

Age group	1991-92 TDHS	1996 TDHS	2002 census[1]	1999 TRCHS	2004-05 TDHS
15-19	144	135	113	138	132
20-24	282	260	290	268	274
25-29	270	255	287	240	254
30-34	231	217	248	213	218
35-39	177	167	185	138	156
40-44	108	87	96	78	79
45-49	37	42	34	37	18
TFR	6.3	5.8	6.3	5.6	5.7

Note: Rates refer to the three-year period preceding the survey, except for the 2002 census, which uses a period that varies with the age groups used to make the correction.
[1] Census rates are based on indirect adjustments.

Children Ever Born and Living

Table 4.5 shows all women and currently married women by number of children ever born. Children ever born is a measure of lifetime fertility. It reflects the accumulation of births over the past 30 years to the women interviewed in the survey and, therefore, its relevance to the current fertility situation is limited. Furthermore, the data are subject to recall error, which is typically greater for older than younger women.

The information on children ever born (or parity) is useful in looking at a number of issues. These results show how average family size varies across age groups. The percentage of women in their forties who have never had children also provides an indicator of the level of primary infertility,[1] or the inability to bear children. Voluntary childlessness is rare in developing countries like Tanzania so that married women in their late forties with no live births are predominantly those involuntarily so. Comparison of the differences in the mean number of children ever born and surviving reflect the cumulative effects of mortality levels during the period in which women have been bearing children.

Results in Table 4.5 show the number of children ever born for all women and currently married women. Women who are currently married have given birth to an average of 3.7 children, whereas the average number of births for all women is 2.9.

The mean number of births increases with age, reflecting the natural family growth process. For example, the mean number of births for all women age 25-29 is 2.6 births, for those ages 30-34 it is 4.0 births, and for those age 35-39 it is 5.2 births. At age 45-49, the end of the reproductive period, the mean is 6.8 births. The high level of fertility among Tanzanian women is evident from the high percentage of married women in their forties who gave birth to large numbers of children during their reproductive years. The mean number of children ever born for currently married women age 40-44 and 45-49 is 6.2 and 7.1 births, respectively.

Table 4.5 also shows that early childbearing is common in Tanzania. One-fifth of women age 15-19 have given birth to at least one child. Among women age 20-24 years, more than three-fourths have given birth. The proportion of women in their late 40s who have never given birth is an

[1] This estimate of primary infertility does not include women who may have had one or more births but who are unable to have more children, a measure of *secondary infertility*.

indication of primary (permanent) sterility. In Tanzania, 2 percent of currently married women age 45-49 are childless. Thus, primary sterility in Tanzania is low.

The last column in Table 4.5 shows the mean number of living children for women age 15-49. As expected, the difference between mean number of children ever born and who are still living is small among currently married women under 30, but increases for those age 30 and above.

Table 4.5 Children ever born and living

Percent distribution of all women and currently married women by number of children ever born, mean number of children ever born, and mean number of living children, according to age group, Tanzania 2004-05

	Number of children ever born														
Age	0	1	2	3	4	5	6	7	8	9	10+	Total	Number of women	Mean number of children ever born	Mean number of living children
ALL WOMEN															
15-19	80.4	17.6	1.8	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2,245	0.22	0.20
20-24	22.5	32.2	29.7	11.3	3.5	0.5	0.2	0.1	0.0	0.0	0.0	100.0	2,007	1.44	1.28
25-29	8.2	13.1	25.8	26.6	16.5	6.2	3.0	0.3	0.2	0.0	0.0	100.0	1,885	2.64	2.31
30-34	5.3	6.7	13.4	16.4	17.6	16.8	13.1	6.5	3.2	0.6	0.3	100.0	1,542	3.95	3.43
35-39	2.4	5.5	6.8	11.4	14.1	14.0	15.0	12.9	8.4	4.6	4.8	100.0	1,053	5.19	4.38
40-44	2.3	3.8	5.0	7.7	10.9	13.5	13.0	13.2	10.8	9.6	10.4	100.0	834	6.00	4.97
45-49	1.5	4.5	4.2	5.0	7.6	9.0	12.7	13.2	11.4	11.2	19.6	100.0	763	6.77	5.41
Total	24.7	14.7	14.3	11.7	9.2	6.9	6.1	4.4	3.1	2.2	2.8	100.0	10,329	2.91	2.47
CURRENTLY MARRIED WOMEN															
15-19	46.9	46.7	5.9	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	590	0.60	0.56
20-24	9.5	33.2	36.5	15.3	4.5	0.7	0.3	0.1	0.0	0.0	0.0	100.0	1,400	1.76	1.57
25-29	3.6	11.3	26.4	28.6	18.4	7.5	3.5	0.4	0.2	0.1	0.0	100.0	1,511	2.87	2.52
30-34	3.4	5.7	11.6	16.2	19.4	17.0	14.5	7.6	3.6	0.7	0.3	100.0	1,292	4.19	3.66
35-39	2.3	4.9	4.9	11.3	14.2	14.2	15.8	13.4	8.8	5.1	5.0	100.0	884	5.34	4.52
40-44	1.9	2.5	4.6	7.7	10.3	13.7	13.7	12.7	11.3	9.8	11.8	100.0	694	6.19	5.14
45-49	1.7	3.4	3.4	5.1	6.6	7.4	12.0	13.0	12.3	12.4	22.7	100.0	580	7.08	5.71
Total	7.9	15.3	17.1	15.0	11.9	8.7	7.9	5.6	4.0	2.8	3.8	100.0	6,950	3.69	3.16

4.2 BIRTH INTERVALS

The term "birth interval" refers to the period of time between two successive live births. Information on the length of birth intervals provides insight into birth spacing patterns. Research has shown that children born too soon after a previous birth are at an increased risk of dying, particularly when the interval between births is less than 24 months. Maternal health is also jeopardized when births are closely spaced.

Table 4.6 shows the distribution of births in the five-year period preceding the survey by the number of months since the previous birth, according to various selected demographic and socio-economic variables. First births are excluded from the table. Sixteen percent of births in Tanzania have intervals of less than 2 years, and 5 percent are less than 18 months apart. Four in 10 births have an interval of 24-35 months, and 43 percent are at least 3 years apart. The mean birth interval is 33 months.

There is no significant difference in median birth interval by birth order or sex of the preceding child. For births occurring after the death of the preceding child, the median birth interval is 29 months, compared with 34 months among births preceded by a living child. This is a result, in part,

of the fact that the death of a newborn leads to a shortening of the period of postpartum amenorrhoea, a result of the cessation of breastfeeding.

Looking at urban-rural differentials, the median birth interval in urban areas is about 6 months longer than for rural areas. Forty-four percent of births in urban areas occur at intervals less than 3 years, compared with 60 percent of births in rural areas. Median birth intervals range from a high of 45 months in the Southern and Southern highlands zones to a low of 30 months in the Lake zone.

Birth intervals increase as educational attainment increases. Women who completed at least some secondary education have a longer birth interval (38 months) than those women who have never attended school (32 months).

Table 4.6 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, according to background characteristics, Tanzania 2004-05

Background characteristic	Months since preceding birth					Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48+			
Age								
15-19	(14.6)	(35.2)	(34.7)	(13.0)	(2.5)	100.0	42	(24.1)
20-29	5.7	13.0	45.0	21.3	15.0	100.0	3,308	31.2
30-39	4.3	9.7	38.7	20.1	27.3	100.0	2,773	35.0
40-49	3.6	5.7	29.1	23.7	37.9	100.0	659	40.4
Birth order								
2-3	4.9	11.3	39.5	21.9	22.5	100.0	3,123	33.9
4-6	4.7	10.9	41.6	19.7	23.1	100.0	2,464	33.2
7+	6.0	10.9	42.5	21.4	19.3	100.0	1,195	32.9
Sex of preceding birth								
Male	5.1	11.0	41.3	20.5	22.1	100.0	3,408	33.1
Female	4.9	11.2	40.3	21.5	22.3	100.0	3,374	33.7
Survival of preceding birth								
Living	2.8	10.7	42.3	21.6	22.7	100.0	5,877	33.9
Dead	19.0	13.7	31.3	17.0	18.9	100.0	904	29.1
Residence								
Urban	4.8	8.8	30.1	19.8	36.5	100.0	1,182	38.9
Rural	5.0	11.6	43.1	21.2	19.1	100.0	5,600	32.7
Mainland/Zanzibar								
Mainland	5.0	11.0	40.9	21.0	22.1	100.0	6,601	33.4
Total urban	4.7	8.7	30.4	19.5	36.8	100.0	1,157	39.0
Dar es Salaam city	3.6	5.3	17.8	18.5	54.8	100.0	253	55.8
Other urban	5.0	9.7	33.9	19.8	31.7	100.0	904	36.5
Total rural	5.0	11.5	43.1	21.4	18.9	100.0	5,444	32.7
Zanzibar	5.6	12.3	38.1	18.4	25.6	100.0	180	34.0
Unguja	3.3	9.9	33.6	21.4	31.9	100.0	108	37.1
Pemba	9.0	15.9	44.9	14.0	16.2	100.0	72	29.9
Zone								
Western	4.5	12.6	50.6	19.1	13.2	100.0	1,542	30.9
Northern	5.7	12.9	34.1	22.9	24.4	100.0	859	35.2
Central	4.8	11.1	39.9	20.5	23.8	100.0	577	34.1
Southern highlands	4.1	9.5	40.7	26.2	19.5	100.0	1,016	34.6
Lake	7.2	13.1	46.5	18.4	14.9	100.0	1,488	30.2
Eastern	2.7	7.2	27.7	19.5	42.9	100.0	671	43.3
Southern	3.5	4.7	23.2	24.3	44.2	100.0	447	44.7
Education								
No education	4.3	13.1	44.1	19.7	18.9	100.0	1,856	32.1
Primary incomplete	5.3	12.1	41.4	22.7	18.4	100.0	1,084	32.9
Primary complete	5.3	9.8	39.5	21.2	24.2	100.0	3,613	34.1
Secondary+	4.4	10.5	31.6	20.5	33.1	100.0	229	37.6
Wealth quintile								
Lowest	4.8	13.5	43.2	21.0	17.4	100.0	1,625	31.8
Second	5.6	9.8	44.8	21.4	18.5	100.0	1,479	32.6
Middle	5.5	12.5	43.3	21.5	17.1	100.0	1,465	32.2
Fourth	4.6	9.6	40.6	20.8	24.4	100.0	1,326	34.2
Highest	4.1	8.6	25.9	19.5	41.8	100.0	888	42.6
Total	5.0	11.1	40.8	21.0	22.2	100.0	6,782	33.4

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth. Figures in parentheses are based on 25-49 unweighted cases.

4.3 AGE AT FIRST BIRTH

One of the factors that determines fertility in a population is the average age at first birth. For example, women who marry early are typically exposed to pregnancy for a longer period than women who marry late. Thus, early childbearing generally leads to a large family size. It is also associated with increased health risks for the mother and child. A rise in the median age at first birth is typically a sign of transition to lower fertility levels.

Table 4.7 presents the percentage of women who have given birth by specified ages and the median age at first birth, according to current age. Among women age 15-19, 1 percent gave birth by age 15, and 3 percent of women age 20-24 did so. Among older women age 45-49, 8 percent had their first birth by 15. The median age at first birth has increased from 18.7 among women age 45-49 to 19.5 among women age 20-24.

Table 4.7 Age at first birth

Among all women, percentage who gave birth by specific age, and median age at first birth, by current age, Tanzania 2004-05

Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15-19	1.1	na	na	na	na	80.4	2,245	a
20-24	2.7	29.1	56.5	na	na	22.5	2,007	19.5
25-29	3.3	25.6	56.1	74.2	88.1	8.2	1,885	19.6
30-34	2.4	26.9	56.9	74.9	86.4	5.3	1,542	19.6
35-39	4.6	34.2	60.8	78.0	89.5	2.4	1,053	19.1
40-44	4.4	33.1	58.8	76.8	89.2	2.3	834	19.3
45-49	7.7	41.6	65.8	80.7	91.3	1.5	763	18.7

na = Not applicable
a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

Differentials in age at first birth are shown in Table 4.8. Median age at first birth for women age 25-49 is 19.4 years. There is a little variation in age at first birth by background characteristics. In the Northern zone, median age at first birth for women age 25-49 is 20.1 years, or 1 year higher than in the Southern and Lake zones. There is a positive relationship between age at first birth and level of education in all ages.

Table 4.8 Median age at first birth by background characteristics

Median age at first birth among women age 20 (25)-49 years, by current age and background characteristics, Tanzania 2004-05

Background characteristic	Current age						Women age 25-49
	20-24	25-29	30-34	35-39	40-44	45-49	
Residence							
Urban	20.8	20.2	20.1	19.3	19.2	18.3	19.7
Rural	19.0	19.5	19.3	19.1	19.4	18.8	19.3
Mainland/Zanzibar							
Mainland	19.4	19.6	19.6	19.1	19.4	18.7	19.4
Total urban	a	20.2	20.1	19.2	19.2	18.4	19.7
Dar es Salaam city	a	20.4	20.9	(19.4)	*	*	20.3
Other urban	a	20.0	19.6	19.1	19.0	18.5	19.4
Total rural	19.0	19.4	19.3	19.1	19.4	18.8	19.3
Zanzibar	a	21.3	19.8	19.5	18.6	18.0	19.8
Unguja	a	21.7	20.5	19.7	18.7	17.5	20.2
Pemba	a	20.0	18.9	19.1	18.6	(18.5)	19.1
Zone							
Western	18.9	19.4	19.4	18.8	19.5	18.6	19.3
Northern	a	20.4	19.9	20.1	20.2	19.7	20.1
Central	19.6	19.2	19.2	19.0	19.7	19.3	19.3
Southern highlands	19.1	19.5	19.3	19.7	19.3	18.2	19.4
Lake	18.8	19.4	19.4	18.8	18.6	18.6	19.1
Eastern	a	19.7	20.4	18.7	19.6	18.4	19.6
Southern	19.0	19.8	18.7	18.8	18.6	18.3	19.0
Education							
No education	18.2	19.2	18.8	18.5	18.2	18.6	18.7
Primary incomplete	18.5	18.7	19.2	18.2	18.7	18.0	18.7
Primary complete	19.7	19.6	19.5	19.3	19.9	19.2	19.6
Secondary+	a	24.8	23.7	23.2	22.3	(21.1)	23.8
Wealth quintile							
Lowest	18.6	19.5	19.2	19.1	19.2	19.2	19.3
Second	19.0	19.1	18.9	18.8	19.6	18.9	19.0
Middle	19.2	19.5	19.4	18.9	19.4	18.3	19.2
Fourth	19.3	19.4	19.5	19.5	19.0	18.5	19.3
Highest	a	20.7	20.6	19.5	19.5	18.9	20.2
Total	19.5	19.6	19.6	19.1	19.3	18.7	19.4

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
a = Omitted because less than 50 percent of the women had a birth before reaching the beginning of the age group

4.4 ADOLESCENT FERTILITY

Adolescent childbearing has potentially negative demographic and social consequences. Adolescent mothers, especially those under the age of 18, have been shown to be more likely to suffer from pregnancy and delivery complications than older mothers, resulting in higher morbidity and mortality for both themselves and their children. Early childbearing also limits an adolescent's ability to pursue educational opportunities and can curtail her access to job opportunities.

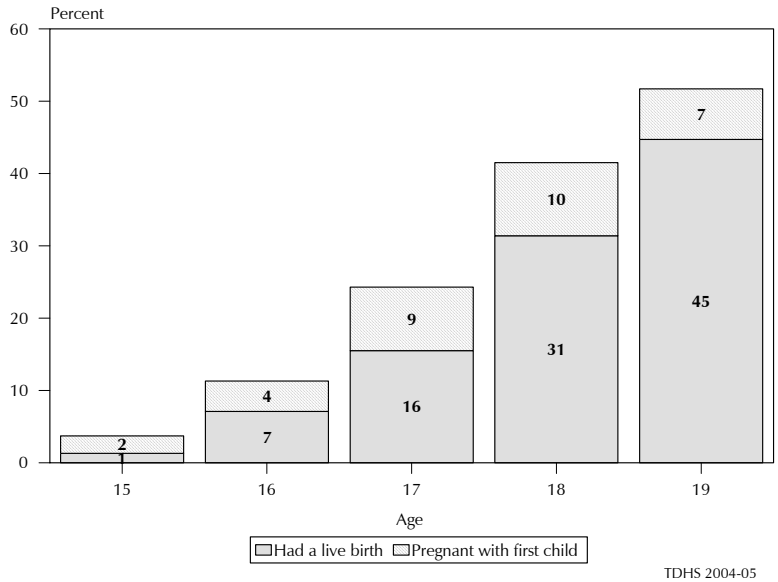
Table 4.9 and Figure 4.3 show the percentage of adolescent women (age 15-19) who are mothers or pregnant with their first child. A quarter of women age 15-19 have begun childbearing: 20 percent are already mothers and 7 percent are pregnant with their first child. The percentage of women age 15-19 who have begun childbearing has remained constant over the last 15 years according to the results of the 1991-92, 1996, and 2004-05 TDHS surveys and the 1999 TRCHS.

Table 4.9 Adolesent pregnancy and motherhood

Percentage of women age 15-19 who are mothers or pregnant with their first child, by background characteristics, Tanzania 2004-05

Background characteristic	Percentage who are: Mothers	Pregnant with first child	Percentage who have begun childbearing	Number of women
Age				
15	1.3	2.4	3.7	448
16	7.1	4.2	11.3	493
17	15.5	8.8	24.3	410
18	31.4	10.1	41.5	487
19	44.7	7.0	51.7	407
Residence				
Urban	15.2	4.4	19.6	670
Rural	21.4	7.3	28.7	1,575
Mainland/Zanzibar				
Mainland	20.0	6.6	26.6	2,168
Total urban	15.3	4.5	19.8	652
Dar es Salaam city	12.2	2.4	14.6	204
Other urban	16.8	5.4	22.2	448
Total rural	22.0	7.5	29.5	1,516
Zanzibar	7.4	1.9	9.3	77
Unguja	6.9	1.6	8.5	51
Pemba	8.5	2.4	10.9	26
Zone				
Western	20.2	9.7	29.9	475
Northern	12.6	5.1	17.7	318
Central	17.9	6.1	23.9	170
Southern highlands	19.0	6.8	25.8	308
Lake	26.1	8.5	34.7	405
Eastern	16.1	2.2	18.3	326
Southern	30.5	5.0	35.5	165
Education				
No education	31.0	11.9	42.9	464
Primary incomplete	15.8	5.3	21.1	593
Primary complete	20.8	6.1	26.8	933
Secondary+	3.3	0.8	4.0	256
Wealth quintile				
Lowest	22.7	9.4	32.0	355
Second	23.8	8.9	32.6	449
Middle	22.7	5.9	28.6	412
Fourth	21.5	5.2	26.7	391
Highest	11.7	4.3	16.0	638
Total	19.6	6.5	26.0	2,245

Figure 4.3 Adolescent Childbearing



The proportion of adolescents who have started childbearing is higher in rural areas (29 percent) than in urban areas (20 percent). Adolescent childbearing is least common in the Northern and Eastern zone (18 percent each) and most common in the Lake and Southern zones (35 and 36 percent, respectively).

There is an inverse relationship between early childbearing and level of education among adolescents. Those adolescents with at least some secondary education are less likely to start early childbearing compared with adolescents who have less education. For example, 43 percent of adolescents with no education have begun childbearing compared with 4 percent of adolescents with secondary or higher education. Similarly, adolescents in the lowest and second wealth quintiles are approximately twice as likely to have begun childbearing as adolescents in the highest wealth quintile.

FERTILITY REGULATION 5

This chapter presents the 2004-05 TDHS results on contraceptive knowledge, attitudes, and behaviour. Although the focus is on women, some results from the men's survey will also be presented because men play an important role in the realisation of reproductive goals. Comparisons are also made, where feasible, with findings from previous surveys to evaluate trends occurring in Tanzania over the last decade.

5.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

Acquiring knowledge about fertility control is an important step towards gaining access to and then using a suitable contraceptive method in a timely and effective manner. Information on knowledge of contraception was collected in two ways. Respondents were asked to name ways or methods couples can use to prevent or delay pregnancy. If the respondent failed to mention a particular method spontaneously, the interviewer described the method and asked whether the respondent recognised it. Using this approach, information was collected for 12 modern family planning methods: female and male sterilisation, the pill, the IUD, injectables, implants, male and female condoms, the diaphragm, foam/jelly, lactational amenorrhea method (LAM), and emergency contraception. Information was also collected on two traditional methods: periodic abstinence or rhythm, and withdrawal. Any other traditional or "folk" method mentioned spontaneously by the respondent was recorded in the questionnaire. Both prompted and unprompted knowledge are combined in this report.

Tables 5.1.1 and 5.1.2 show the level of knowledge of contraceptive methods among all women and men, currently married women and men, sexually active unmarried women and men, sexually inactive unmarried women and men, and for women and men with no sexual experience, by specific method.

The data indicate that knowledge of contraception is high among both women and men. Almost all respondents know at least one method of contraception. The mean number of methods known is a rough indicator of the breadth of knowledge of family planning methods. On average, currently married and unmarried women who ever had sex know at least seven methods each, while unmarried women who have never had sex know four methods. Modern methods are more widely known than traditional methods. Nine out of every ten women have heard about the pill, injectables, and the male condom.

Men know an average of seven contraceptive methods. Married men have heard of more methods than unmarried men who have ever had sex (8 and 6, respectively). Nine out of every ten men have heard of the pill and male condom. Men are slightly more likely than women to have heard of a traditional method (67 and 62 percent, respectively).

Table 5.1.1 Knowledge of contraceptive methods: women

Percentage of all women, of currently married women, of sexually active unmarried women, of sexually inactive unmarried women, and of women with no sexual experience who know any contraceptive method, by specific method, Tanzania 2004-05

Method	All women	Currently married women	Unmarried women who ever had sex		Unmarried women who never had sex
			Sexually active[1]	Not sexually active[2]	
Any method	96.1	97.9	97.8	97.1	85.2
Any modern method	95.7	97.4	97.5	96.9	85.1
Female sterilisation	69.3	74.1	70.1	72.4	41.3
Male sterilisation	28.2	31.3	23.6	28.5	14.2
Pill	92.5	95.9	94.9	94.4	72.2
IUD	57.2	62.2	62.5	61.9	23.9
Injectables	90.1	94.0	92.9	93.1	65.8
Implants	54.1	58.7	62.5	58.7	21.8
Male condom	90.4	91.9	93.6	93.0	78.4
Female condom	55.9	57.2	62.1	60.9	41.3
Diaphragm	8.4	8.9	10.2	9.8	3.7
Foam/jelly	13.8	15.1	16.0	16.0	3.9
Lactational amenorrhoea method (LAM)	22.8	25.9	20.0	22.2	8.7
Emergency contraception	9.4	10.3	11.3	10.7	2.8
Any traditional method	62.2	67.8	64.4	63.4	30.8
Periodic abstinence	42.8	43.9	51.4	48.0	28.1
Withdrawal	41.4	47.6	43.4	40.5	9.7
Folk method	25.0	29.6	26.6	22.2	3.7
Mean number of methods known	7.0	7.5	7.4	7.3	4.2
Number of women	10,329	6,950	652	1,377	1,350

[1] Had sexual intercourse in the one month preceding the survey
[2] Did not have sexual intercourse in the month preceding the survey

Table 5.1.2 Knowledge of contraceptive methods: men

Percentage of all men, of currently married men, of sexually active unmarried men, of sexually inactive unmarried men, and of men with no sexual experience who know any contraceptive method, by specific method, Tanzania 2004-05

Method	All men	Currently married men	Unmarried men who ever had sex		Unmarried men who never had sex
			Sexually active[1]	Not sexually active[2]	
Any method	97.3	99.3	98.4	98.7	87.8
Any modern method	97.1	99.0	98.4	98.7	87.8
Female sterilisation	68.9	80.7	66.3	63.5	37.8
Male sterilisation	31.7	41.2	24.1	25.1	13.5
Pill	89.6	95.9	90.4	89.6	67.6
IUD	40.3	51.4	36.1	33.9	14.4
Injectables	80.4	89.7	77.9	77.4	54.4
Implants	34.0	45.8	33.1	20.1	13.3
Male condom	95.2	97.6	97.1	98.1	82.0
Female condom	66.8	75.8	63.2	67.2	38.1
Diaphragm	11.1	14.1	9.3	8.3	6.1
Foam/jelly	11.5	13.7	11.3	12.2	3.5
Lactational amenorrhoea method (LAM)	21.3	28.2	15.2	18.3	5.8
Emergency contraception	11.6	13.6	16.2	8.7	6.3
Any traditional method	67.4	81.1	67.6	62.6	27.7
Periodic abstinence	51.1	62.1	46.9	48.7	19.7
Withdrawal	51.0	63.4	53.5	44.4	16.8
Folk method	14.7	21.5	8.7	9.4	3.0
Mean number of methods known	6.8	7.9	6.5	6.2	3.8
Number of men	2,635	1,401	253	568	414

[1] Had sexual intercourse in the one month preceding the survey
[2] Did not have sexual intercourse in the month preceding the survey

5.2 EVER USE OF CONTRACEPTION

All women interviewed in the 2004-05 TDHS who said that they had heard of a method of family planning were asked whether they had ever used that method. Table 5.2 shows the percentage of all women, currently married women, and sexually active unmarried women who have ever used specific methods of family planning, by age.

Half of all currently married women have used a contraceptive method: 43 percent have used a modern method, and 20 percent have used a traditional method. The methods most commonly used by married women are injectables (25 percent), the pill (23 percent), the male condom (10 percent), withdrawal (13 percent), and periodic abstinence (7 percent). Ever use of other methods does not exceed 3 percent.

Ever use of any method is highest among sexually active unmarried women, 58 percent of whom have used a method at some time. Sexually active unmarried women are most likely to have used the male condom (30 percent).

Table 5.2 Ever use of contraception: women

Percentage of all women, of currently married women, and of sexually active unmarried women who have ever used any contraceptive method, by specific method and age, Tanzania 2004-05

		Modern method										Traditional method				
Age	Any method	Any modern method	Female sterilisation	Pill	IUD	Injectables	Implants	Male condom	Female condom	LAM	Emergency contraception	Any traditional method	Periodic abstinence	Withdrawal	Folk method	Number of women
ALL WOMEN																
15-19	12.4	10.7	0.0	2.6	0.0	2.3	0.1	6.7	0.2	0.4	0.0	3.6	2.0	1.7	0.3	2,245
20-24	44.5	38.2	0.0	16.0	0.1	19.0	0.8	16.3	0.2	1.0	0.2	15.2	5.2	9.9	2.1	2,007
25-29	59.4	52.1	0.6	28.2	0.7	31.0	0.8	16.7	0.3	2.2	0.5	21.4	8.3	13.3	3.5	1,885
30-34	57.3	48.2	1.8	30.1	2.1	28.0	1.3	10.7	0.4	1.9	0.2	22.4	9.3	13.1	4.2	1,542
35-39	55.9	46.6	3.5	24.9	2.2	27.8	1.0	8.0	0.5	3.1	0.2	23.3	8.8	13.8	5.5	1,053
40-44	49.2	42.3	7.3	24.0	3.8	25.4	0.6	5.5	0.1	3.4	0.3	17.7	8.2	8.1	4.5	834
45-49	43.4	33.3	9.9	16.1	2.1	15.6	0.4	3.1	0.4	2.3	0.1	19.4	5.1	12.5	6.0	763
Total	43.6	37.1	2.1	19.0	1.2	20.1	0.7	10.8	0.3	1.7	0.2	16.2	6.3	9.7	3.1	10,329
CURRENTLY MARRIED WOMEN																
15-19	20.4	16.0	0.0	6.8	0.0	5.2	0.1	6.9	0.0	1.1	0.0	8.0	2.7	5.5	0.8	590
20-24	48.2	40.0	0.0	19.2	0.1	22.2	1.0	13.7	0.2	1.2	0.3	18.3	5.2	12.8	2.9	1,400
25-29	59.9	51.7	0.6	27.7	0.8	31.8	0.8	13.6	0.1	2.3	0.6	21.9	7.6	14.5	3.6	1,511
30-34	57.3	47.9	1.9	30.7	2.3	28.8	1.5	8.7	0.2	1.9	0.1	23.0	8.9	14.3	4.1	1,292
35-39	56.9	47.5	3.3	24.9	2.2	29.2	1.2	7.2	0.5	3.5	0.2	24.1	9.1	14.4	5.4	884
40-44	49.0	41.7	7.3	22.9	3.6	25.2	0.8	3.9	0.0	3.5	0.2	18.2	8.3	8.1	4.7	694
45-49	44.5	34.1	11.4	15.9	2.5	17.0	0.5	3.2	0.6	1.6	0.2	19.9	5.2	12.2	6.5	580
Total	51.0	42.6	2.6	23.0	1.5	24.8	0.9	9.5	0.2	2.1	0.3	19.9	7.0	12.5	3.9	6,950
SEXUALLY ACTIVE UNMARRIED WOMEN[1]																
15-19	38.1	36.0	0.0	6.7	0.4	6.6	0.0	26.2	0.6	0.8	0.0	8.1	6.9	1.8	0.0	166
20-24	66.6	62.9	0.0	18.1	0.0	29.2	1.0	37.6	0.0	0.0	0.0	15.6	9.7	7.5	0.0	152
25-49	63.1	58.0	2.9	32.7	2.8	31.0	1.0	28.4	2.2	1.9	0.8	21.0	11.6	11.2	2.5	334
Total	57.6	53.5	1.5	22.7	1.5	24.4	0.8	30.0	1.3	1.2	0.4	16.5	10.0	7.9	1.3	652

Note: *Any modern method* includes 3 women (weighted) who reported ever use of male sterilisation, 2 who reported ever use of diaphragm, and 12 who reported ever use of foam/jelly.
LAM = Lactational amenorrhoea method
[1] Women who had sexual intercourse in the month preceding the survey

In the 2004-05 TDHS, men were only asked about ever use of male-oriented contraceptive methods, so the data are not comparable to women's data. Approximately seven in ten currently married men and sexually active unmarried men reported using of a male-oriented method at some time (Table 5.3). The most common method is the male condom. Half of married men have used a condom, as have 68 percent of sexually active unmarried men.

Table 5.3 Ever use of contraception: men

Percentage of all men, of currently married men, and of sexually active unmarried men who have ever used any male-controlled contraceptive method, by specific method and age, Tanzania 2004-05

Age	Any method	Modern method		Traditional method		Number of men
		Male sterilisation	Male condom	Periodic abstinence	With-drawal	
			ALL MEN			
15-19	19.3	0.2	18.2	1.2	2.5	637
20-24	60.7	0.0	55.8	14.8	18.8	493
25-29	70.4	0.0	58.3	25.7	27.1	405
30-34	73.4	0.0	56.4	30.8	34.9	387
35-39	71.9	0.0	48.8	38.8	36.0	278
40-44	63.2	0.0	40.1	32.2	33.3	265
45-49	57.7	0.0	34.0	32.8	30.9	170
Total	55.3	0.0	43.5	21.0	22.6	2,635
			CURRENTLY MARRIED MEN			
15-19	*	*	*	*	*	7
20-24	65.5	0.1	61.1	17.7	20.1	146
25-29	71.3	0.0	56.9	28.7	29.2	283
30-34	73.9	0.0	54.7	33.6	38.5	326
35-39	71.9	0.0	47.7	39.8	38.6	249
40-44	63.3	0.0	39.9	33.6	33.3	239
45-49	56.2	0.0	30.9	34.8	30.0	151
Total	68.3	0.0	49.4	32.1	32.8	1,401
			SEXUALLY ACTIVE UNMARRIED MEN[1]			
15-19	51.1	0.0	48.7	4.2	9.0	83
20-24	77.8	0.0	75.1	17.2	22.2	104
25-49	84.8	0.0	81.0	15.7	31.8	66
Total	70.9	0.0	68.0	12.5	20.4	253

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Men who had sexual intercourse in the month preceding the survey

5.3 CURRENT USE OF CONTRACEPTIVE METHODS

The level of current use of contraceptive methods is one of the indicators most frequently used to assess the success of family planning programme activities. It is also widely used as a measure in analysing the determinants of fertility. This section focuses on the levels and differentials in current use of family planning. Trends in contraceptive use in Tanzania are also discussed.

The percentage of currently married women age 15-49 who are using any method of family planning is known as the contraceptive prevalence rate (CPR). As shown in Table 5.4, the CPR for Tanzania is 26 percent. Most currently married women use modern methods (20 percent) while 6 percent use a traditional method.

Table 5.4 Current use of contraception

Percent distribution of all women, of currently married women, and of sexually active unmarried women by contraceptive method currently used, according to age, Tanzania 2004-05

Age	Any method	Any modern method	Modern method: Female sterilisation	Pill	IUD	Injectables	Implants	Male condom	LAM	Traditional method: Any traditional method	Periodic abstinence	Withdrawal	Folk method	Not currently using	Total	Number of women
ALL WOMEN																
15-19	6.6	5.5	0.0	0.8	0.0	1.7	0.1	2.7	0.1	1.1	0.5	0.5	0.1	93.4	100.0	2,245
20-24	24.2	19.0	0.0	4.9	0.0	7.7	0.7	5.6	0.1	5.2	1.5	2.6	1.1	75.8	100.0	2,007
25-29	30.7	23.9	0.6	7.6	0.2	10.5	0.4	4.0	0.6	6.8	2.5	3.2	1.1	69.3	100.0	1,885
30-34	30.3	23.6	1.8	8.5	0.5	9.5	0.8	2.1	0.5	6.7	2.7	3.0	1.0	69.7	100.0	1,542
35-39	29.4	22.3	3.5	5.3	0.1	10.3	0.0	1.7	1.2	7.1	2.7	2.9	1.5	70.6	100.0	1,053
40-44	22.2	17.8	7.3	3.3	0.1	5.2	0.5	1.0	0.3	4.4	2.3	0.8	1.3	77.8	100.0	834
45-49	19.2	15.1	9.9	0.9	0.0	3.4	0.0	0.8	0.1	4.1	1.3	1.3	1.4	80.8	100.0	763
Total	22.5	17.6	2.1	4.6	0.1	6.9	0.4	3.0	0.4	4.9	1.8	2.1	1.0	77.5	100.0	10,329
CURRENTLY MARRIED WOMEN																
15-19	9.6	6.9	0.0	1.9	0.0	3.8	0.1	0.8	0.3	2.7	0.3	1.8	0.5	90.4	100.0	590
20-24	25.5	19.0	0.0	6.0	0.0	8.7	1.0	3.2	0.2	6.5	1.4	3.6	1.5	74.5	100.0	1,400
25-29	31.2	23.8	0.6	7.9	0.2	10.9	0.3	3.1	0.7	7.4	2.2	3.8	1.4	68.8	100.0	1,511
30-34	30.6	23.5	1.9	9.0	0.6	9.2	0.9	1.3	0.6	7.0	2.5	3.4	1.1	69.4	100.0	1,292
35-39	29.9	22.1	3.3	5.6	0.1	10.3	0.0	1.3	1.2	7.8	3.0	3.2	1.6	70.1	100.0	884
40-44	23.4	18.4	7.3	3.6	0.1	5.4	0.6	1.0	0.4	5.0	2.5	1.0	1.4	76.6	100.0	694
45-49	21.8	16.6	11.4	1.1	0.0	3.3	0.0	0.6	0.2	5.3	1.8	1.7	1.8	78.2	100.0	580
Total	26.4	20.0	2.6	5.9	0.2	8.3	0.5	2.0	0.5	6.4	2.0	3.0	1.3	73.6	100.0	6,950
SEXUALLY ACTIVE UNMARRIED WOMEN[1]																
15-19	31.8	30.0	0.0	3.3	0.0	4.9	0.0	21.8	0.0	1.8	1.8	0.0	0.0	68.2	100.0	166
20-24	47.3	41.9	0.0	5.0	0.0	15.8	0.5	20.5	0.0	5.4	4.5	0.9	0.0	52.7	100.0	152
25-49	41.8	35.8	2.9	8.8	0.0	13.6	0.7	9.8	0.0	6.0	4.6	1.0	0.4	58.2	100.0	334
Total	40.5	35.7	1.5	6.5	0.0	11.9	0.5	15.4	0.0	4.8	3.9	0.7	0.2	59.5	100.0	652

Note: If more than one method is used, only the most effective method is considered in this tabulation. *Any modern method* includes 2 women (weighted) using male sterilisation and 1 using the diaphragm.
LAM = Lactational amenorrhoea method
[1] Women who have had sexual intercourse in the one month preceding the survey

The most commonly used methods among currently married women are injectables (8 percent), the pill (6 percent), and withdrawal (3 percent). The use of modern contraceptive methods varies by age. Current use of any modern method is 7 percent among currently married women age 15-19, rising to 24 percent among women age 25-34, and then dropping to 17 percent among the oldest women. Most of the women who are sterilised are age 40 or older, while younger women are more likely to use injectables and pills.

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).

Time Trends

Figure 5.1 shows that during the last 15 years, there has been a gradual increase in contraceptive use among currently married women. In particular, use of modern methods increased from 7 percent of currently married women in 1991-92 to 20 percent in 2004-05. However, there has been only a slight increase—3 percentage points—in modern contraceptive use since 1999. In terms

of specific methods, the percentage of married women using injectables, which are the most common method among married women in Tanzania today, rose from less than 1 percent in 1991-92 to 8 percent in 2004-05 (data not shown).

Sexually active unmarried women are more likely than currently married women to use a method of contraception. The percentage of sexually active unmarried women using a method of contraception has tripled since 1991-92, from 12 percent to 36 percent. The condom is the most common method among sexually active unmarried women and use increased from 3 percent in 1991-92 to 15 percent in the 2004-05 TDHS (data not shown).

Figure 5.1 Contraceptive Use among Currently Married Women, Tanzania 1991-2005

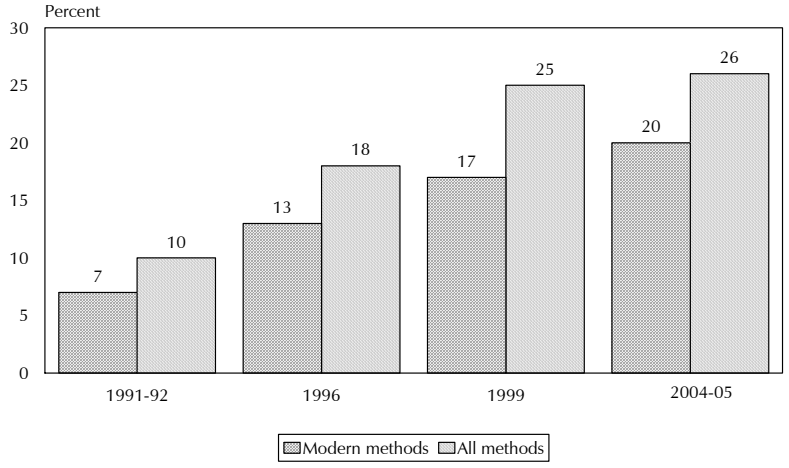


Figure 5.1 does not present data from the 2003-04 THIS, which estimated that 28 percent of currently married women use any method of contraception and 23 percent use a modern method. Although these proportions are slightly higher than the estimates from the 2004-05 TDHS, the difference is not statistically significant. However, it should be noted that Tanzania experienced a shortage in contraceptive supply during 2004, which may have resulted in a slight decrease in use at the time of the survey fieldwork.

Current Use of Contraception by Background Characteristics

Table 5.5 and Figure 5.2 show that there is substantial variation in the current use of contraceptive methods by background characteristics. Contraceptive use varies by the place of residence, level of education, number of living children, and economic status of the household. 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). The same pattern is evident for current use of any modern method (34 percent urban and 16 percent rural). Similarly, married women on the Mainland are almost twice as likely as those on Zanzibar to use a method (27 and 15 percent, respectively).

Contraceptive use varies significantly by region, from a high of 50 percent in Kilimanjaro to a low of 7 percent in Pemba North. Use of specific methods also varies by region. For example, women in Mbeya are most likely to rely on withdrawal (17 percent) while in Kilimanjaro, injectables and sterilisation are most common (17 and 10 percent, respectively). In Lindi, almost one-fifth of currently married women (18 percent) use the pill.

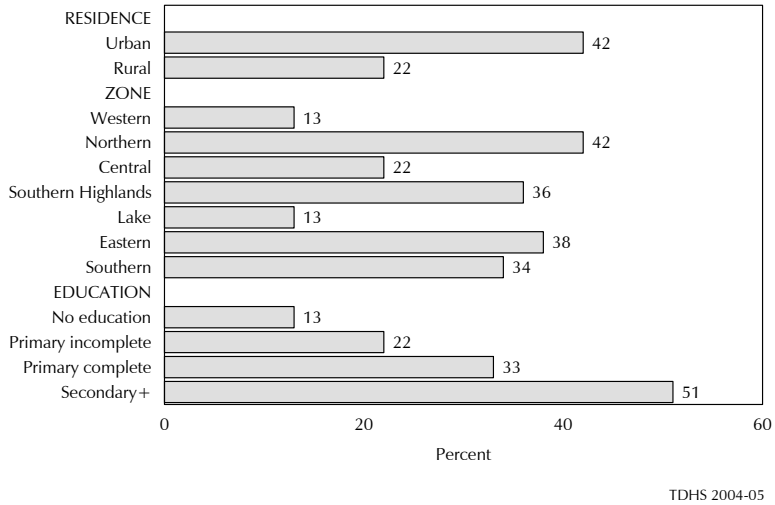
Table 5.5 Current use of contraception by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to background characteristics, Tanzania 2004-05

Background characteristic	Any method	Modern method								Traditional method				Not currently using	Total	Number of women
		Any modern method	Female sterilisation	Pill	IUD	Injectables	Implants	Male condom	LAM	Any traditional method	Periodic abstinence	Withdrawal	Folk method			
Residence																
Urban	41.8	34.3	4.9	11.9	0.6	12.6	1.3	2.5	0.3	7.6	4.4	2.7	0.4	58.2	100.0	1,647
Rural	21.6	15.5	1.8	4.1	0.1	6.9	0.2	1.8	0.6	6.0	1.3	3.1	1.6	78.4	100.0	5,303
Mainland/Zanzibar																
Mainland	26.7	20.3	2.6	6.0	0.2	8.4	0.5	2.0	0.5	6.4	2.0	3.0	1.4	73.3	100.0	6,769
Total urban	41.9	34.5	4.9	11.7	0.6	13.0	1.3	2.6	0.3	7.4	4.4	2.6	0.4	58.1	100.0	1,644
Dar es Salaam	44.6	34.8	3.7	11.6	0.9	13.7	1.5	3.4	0.0	9.8	6.5	3.0	0.3	55.4	100.0	541
Other urban	40.6	34.3	5.4	11.8	0.5	12.6	1.2	2.3	0.5	6.3	3.3	2.5	0.5	59.4	100.0	1,103
Total rural	21.8	15.7	1.9	4.1	0.1	6.9	0.2	1.8	0.6	6.1	1.2	3.1	1.7	78.2	100.0	5,125
Zanzibar	15.3	9.4	1.0	4.5	0.1	3.3	0.1	0.3	0.1	5.9	3.4	2.3	0.3	84.7	100.0	182
Unguja	18.7	10.6	1.1	5.9	0.0	2.8	0.2	0.4	0.1	8.1	4.4	3.4	0.4	81.3	100.0	123
Pemba	8.2	6.9	0.8	1.7	0.2	4.2	0.0	0.0	0.0	1.3	1.3	0.0	0.0	91.8	100.0	58
Zone																
Western	12.8	8.7	1.8	1.4	0.1	3.7	0.2	1.2	0.2	4.1	1.6	1.2	1.4	87.2	100.0	1,341
Northern	41.5	30.1	3.5	7.2	0.6	13.8	0.8	2.6	1.5	11.5	3.9	5.3	2.3	58.5	100.0	951
Central	21.6	20.1	1.5	8.1	0.1	8.9	0.0	1.4	0.0	1.5	0.9	0.3	0.3	78.4	100.0	552
Southern highlands	36.4	21.8	2.0	6.4	0.1	8.6	0.5	3.1	1.2	14.6	1.4	10.4	2.8	63.6	100.0	1,013
Lake	12.8	11.3	2.5	2.2	0.0	5.2	0.2	0.8	0.4	1.5	0.6	0.2	0.7	87.2	100.0	1,300
Eastern	37.7	30.7	3.5	10.1	0.5	12.2	1.2	3.0	0.2	7.1	4.2	2.1	0.7	62.3	100.0	1,027
Southern	33.5	29.9	3.8	12.9	0.0	10.1	0.5	2.6	0.0	3.5	1.3	1.1	1.1	66.5	100.0	584
Region																
Dodoma	23.8	22.2	1.0	9.5	0.0	9.8	0.0	2.0	0.0	1.5	1.5	0.0	0.0	76.2	100.0	333
Arusha	48.6	34.7	1.8	11.2	0.8	15.5	0.8	3.0	1.6	13.9	4.5	3.8	5.6	51.4	100.0	243
Kilimanjaro	49.5	38.3	10.2	6.8	1.0	17.2	1.6	1.5	0.0	11.2	5.1	4.7	1.4	50.5	100.0	214
Tanga	40.2	29.0	1.8	6.3	0.5	15.5	0.9	4.0	0.0	11.2	2.5	8.7	0.0	59.8	100.0	291
Morogoro	34.6	29.9	4.5	10.6	0.0	11.2	0.5	2.6	0.6	4.7	1.4	1.5	1.9	65.4	100.0	311
Pwani	22.2	19.3	1.4	4.4	0.0	9.6	1.6	2.3	0.0	2.9	2.2	0.7	0.0	77.8	100.0	176
Dar es Salaam	44.6	34.8	3.7	11.6	0.9	13.7	1.5	3.4	0.0	9.8	6.5	3.0	0.3	55.4	100.0	541
Lindi	33.5	30.1	3.5	18.3	0.0	6.1	0.4	1.8	0.0	3.4	0.8	0.4	2.2	66.5	100.0	156
Mtwara	26.8	25.9	2.2	13.6	0.0	9.2	0.0	0.9	0.0	0.9	0.0	0.0	0.9	73.2	100.0	235
Ruvuma	41.6	34.8	6.1	7.7	0.0	14.5	1.3	5.2	0.0	6.8	3.2	3.1	0.5	58.4	100.0	193
Iringa	35.1	26.4	3.4	7.8	0.0	10.4	0.0	4.4	0.5	8.6	3.9	4.3	0.4	64.9	100.0	254
Mbeya	45.1	23.5	2.0	7.0	0.0	9.2	1.0	2.2	2.0	21.6	0.3	16.5	4.8	54.9	100.0	526
Singida	18.3	16.9	2.3	6.1	0.3	7.6	0.0	0.6	0.0	1.4	0.0	0.7	0.7	81.7	100.0	219
Tabora	10.3	7.8	1.2	0.5	0.0	4.5	0.3	1.3	0.0	2.5	0.9	0.6	1.0	89.7	100.0	395
Rukwa	18.1	13.1	0.3	3.5	0.5	5.1	0.0	3.6	0.0	5.0	0.9	3.4	0.7	81.9	100.0	233
Kigoma	19.8	12.2	2.5	1.4	0.3	5.8	0.0	0.6	1.0	7.5	3.1	3.7	0.8	80.2	100.0	312
Shinyanga	10.9	7.5	1.9	1.9	0.0	2.1	0.2	1.5	0.0	3.4	1.2	0.3	1.9	89.1	100.0	634
Kagera	15.7	15.0	3.4	3.0	0.0	7.5	0.0	1.1	0.0	0.7	0.0	0.3	0.4	84.3	100.0	403
Mwanza	11.0	9.2	2.2	2.2	0.0	3.2	0.3	0.6	0.7	1.7	0.6	0.0	1.1	89.0	100.0	645
Mara	13.0	10.8	1.8	1.1	0.0	6.7	0.3	0.6	0.3	2.3	1.6	0.4	0.3	87.0	100.0	252
Manyara	26.5	17.3	0.9	3.9	0.0	5.9	0.0	1.4	5.2	9.2	3.9	2.9	2.4	73.5	100.0	203
Zanzibar North	7.8	5.4	0.8	2.5	0.0	1.4	0.0	0.7	0.0	2.4	0.3	1.2	0.9	92.2	100.0	28
Zanzibar South	21.0	16.5	0.3	12.9	0.0	2.2	0.0	0.3	0.7	4.5	2.5	0.7	1.2	79.0	100.0	17
Town West	22.2	11.2	1.4	5.6	0.0	3.5	0.3	0.4	0.0	11.0	6.2	4.8	0.0	77.8	100.0	78
Pemba North	7.2	6.3	0.8	1.4	0.0	4.1	0.0	0.0	0.0	0.9	0.9	0.0	0.0	92.8	100.0	31
Pemba South	9.4	7.5	0.8	2.0	0.4	4.4	0.0	0.0	0.0	1.8	1.8	0.0	0.0	90.6	100.0	27
Education																
No education	13.4	8.3	1.5	1.9	0.0	3.6	0.1	0.7	0.5	5.1	0.5	2.6	2.1	86.6	100.0	1,994
Primary incomplete	21.8	16.5	3.0	3.7	0.0	7.6	0.2	1.5	0.6	5.3	1.1	2.9	1.3	78.2	100.0	1,070
Primary complete	32.5	25.7	2.8	8.1	0.1	10.9	0.6	2.6	0.6	6.8	2.5	3.2	1.1	67.5	100.0	3,512
Secondary+	50.6	38.2	4.8	13.8	2.5	10.5	2.5	4.2	0.0	12.4	9.1	3.3	0.1	49.4	100.0	375
Number of living children																
0	2.3	1.1	0.0	0.3	0.0	0.0	0.2	0.6	0.0	1.2	0.4	0.6	0.1	97.7	100.0	650
1-2	28.3	22.0	0.5	7.9	0.3	9.3	0.7	3.1	0.3	6.2	2.0	3.1	1.1	71.7	100.0	2,571
3-4	31.8	24.4	3.0	7.3	0.2	10.5	0.7	2.1	0.6	7.4	2.5	3.4	1.5	68.2	100.0	1,960
5+	26.4	19.0	6.1	3.7	0.0	7.3	0.1	0.8	1.0	7.4	2.1	3.3	1.9	73.6	100.0	1,770
Wealth quintile																
Lowest	15.6	10.7	1.1	2.9	0.0	5.1	0.1	0.8	0.7	4.9	0.5	2.3	2.0	84.4	100.0	1,341
Second	18.9	12.8	1.0	4.0	0.0	5.5	0.1	1.6	0.6	6.1	1.2	3.6	1.3	81.1	100.0	1,424
Middle	21.4	15.6	2.1	3.5	0.0	7.3	0.3	2.0	0.3	5.8	1.0	3.3	1.5	78.6	100.0	1,380
Fourth	29.8	24.1	3.4	7.1	0.1	10.1	0.2	2.5	0.6	5.8	1.5	2.9	1.3	70.2	100.0	1,365
Highest	45.2	36.0	5.2	11.9	0.8	13.1	1.7	2.9	0.3	9.2	5.7	2.9	0.6	54.8	100.0	1,440
Total	26.4	20.0	2.6	5.9	0.2	8.3	0.5	2.0	0.5	6.4	2.0	3.0	1.3	73.6	100.0	6,950

Note: If more than one method is used, only the most effective method is considered in this tabulation.
LAM = Lactational amenorrhoea method

Figure 5.2 Current Use of Any Contraceptive Method among Currently Married Women Age 15-49, by Background Characteristics



TDHS 2004-05

Although contraceptive use has increased among women of all educational levels since the 1999 TRCHS, there is significant variation by educational attainment. Use of any method increases from 13 percent among currently married women with no education to 51 percent among women with at least some secondary education. Interestingly, use of any traditional method also increases with the level of education, from 5 percent of currently married women with no education to 12 percent of the most educated women.

Women with no children are unlikely to use contraception. Just 2 percent of women with no children use a method compared with 28 percent of women with 1-2 children, 32 percent of women with 3-4 children, and 26 percent of women with 5 or more children.

The wealth index measures the economic status of the household (see Chapter 2). Data from the 2004-05 TDHS show that currently married women living in households in the highest (most economically advantaged) quintile of the wealth index are three times as likely to use a method of contraception as those in the lowest (least advantaged) quintile (45 and 16 percent, respectively).

Current Use of Contraceptives by Women's Status

A woman's desire and ability to control her fertility and her choice of contraceptive method are in part affected by her status in the household and her own sense of empowerment. A woman who feels that she is unable to control her life may be less likely to feel she can make and carry out decisions about her fertility. She may also feel the need to choose methods that are less likely to be revealed or which do not depend on her husband's cooperation. Table 5.6 shows the distribution of currently married women by contraceptive use, according to women's status indicators.

The number of decisions in which a woman has the final say is positively related to women's empowerment and reflects the degree of decisionmaking control women are able to exercise in areas that affect their lives and environments. The number of reasons for which it is believed a wife justifiably can refuse sex with her husband reflects perceptions of sexual roles and women's rights over their bodies and relates positively to women's sense of self-empowerment. A lower score on the "number of reasons wife beating is justified" reflects a greater sense of entitlement, self-esteem, and status of women, and this indicator, therefore, has a negative association with women's empowerment.

Table 5.6 Current use of contraception by women's status

Percent distribution of currently married women by contraceptive method currently used, according to selected indicators of women's status, Tanzania 2004-05

Background characteristic	Any method	Modern method								Traditional method				Not currently using	Total	Number of women
		Any modern method	Female sterilisation	Pill	IUD	Injectables	Implants	Male condom	LAM	Any traditional method	Periodic abstinence	Withdrawal	Folk method			
Number of decisions in which woman has final say[1]																
0	17.0	14.7	1.3	4.1	0.0	6.2	0.5	1.2	1.4	2.3	0.3	1.4	0.5	83.0	100.0	730
1-2	20.3	15.7	2.2	3.9	0.3	7.4	0.4	1.4	0.2	4.7	1.3	2.0	1.4	79.7	100.0	2,565
3-4	31.2	23.1	2.7	6.9	0.2	9.1	0.6	2.9	0.8	8.1	3.1	3.7	1.3	68.8	100.0	1,914
5	33.9	25.1	3.6	8.6	0.2	9.6	0.6	2.1	0.4	8.8	2.7	4.4	1.7	66.1	100.0	1,742
Number of reasons to refuse sex with husband																
0	30.9	23.3	1.7	5.9	0.5	10.3	0.9	1.2	2.7	7.6	0.9	4.5	2.2	69.1	100.0	309
1-2	23.1	15.3	1.5	4.1	0.4	6.5	0.6	1.6	0.6	7.8	1.9	3.6	2.3	76.9	100.0	802
3-4	26.6	20.5	2.8	6.2	0.2	8.4	0.5	2.0	0.4	6.1	2.1	2.8	1.2	73.4	100.0	5,839
Number of reasons wife beating is justified																
0	28.5	21.6	2.6	6.4	0.4	8.8	0.8	2.0	0.6	6.9	2.2	3.7	1.0	71.5	100.0	2,681
1-2	26.8	20.9	2.3	6.7	0.1	8.9	0.5	1.8	0.5	5.9	2.2	2.5	1.2	73.2	100.0	1,444
3-4	24.2	18.1	2.6	5.0	0.1	7.4	0.2	2.1	0.5	6.1	2.0	2.4	1.7	75.8	100.0	2,007
5	23.8	17.7	2.9	5.1	0.0	7.5	0.1	1.6	0.5	6.1	1.6	3.0	1.5	76.2	100.0	818
Total	26.4	20.0	2.6	5.9	0.2	8.3	0.5	2.0	0.5	6.4	2.0	3.0	1.3	73.6	100.0	6,950

Note: If more than one method is used, only the most effective method is considered in this tabulation.
LAM = Lactational amenorrhoea method
[1] Either by herself or jointly with others

The data indicate that in Tanzania, there is a correlation between women's status and their use of a contraceptive method. For example, the number of decisions in which a woman has a final say has a positive relationship to contraceptive use. Current use of a modern contraceptive method increases with the number of decisions in which a woman has a final say, from 15 percent among married women with no say in any decision to 25 percent among women who participate in all 5 decisions.

Similarly, the data indicate that women who do not believe that there is any reason to justify wife beating are more likely to be current users of a modern contraceptive method than those who feel that wife beating is justified. Current use of modern contraceptives decreases from 22 percent among women who do not believe in any reason to justify wife beating to 18 percent among women who report five reasons for which wife beating is justified.

The relationship between the number of reasons to refuse sex and contraceptive use is less clear.

5.4 NUMBER OF CHILDREN AT FIRST USE OF CONTRACEPTION

Family planning may be used to either limit family size or delay the next birth. Couples using family planning as a means to control family size (i.e., to stop having children) adopt contraception when they have already had the number of children they want. When contraception is used to space births, couples may start to use family planning earlier with an intention to delay a possible pregnancy. This may be done even before a couple has had their desired number of children. In a culture where smaller family size is becoming a norm, young women adopt family planning at an earlier age than their older counterparts.

Women interviewed in the 2004-05 TDHS were asked how many children they had at the time they first used a method of family planning. Table 5.7 shows the percent distribution of women by number of living children at the time of first use of contraception, according to current age.

The data show that it is most common to begin using a method after the birth of at least one child. Just 5 percent of all women age 15-49 report that they starting using contraception before they began having children, compared with 17 percent of women who began using after having one child. However, early use of family planning is more common among younger women. For example, 8 percent of all women age 15-19 and 10 percent of women age 20-24 began using contraception before the birth of their first child compared with less than 1 percent of women age 35 and older. This pattern suggests that younger women are increasingly adopting family planning to delay or space births, while older women are adopting family planning to limit births.

Table 5.7 Number of children at first use of contraception

Percent distribution of women by number of living children at the time of first use of contraception, according to current age, Tanzania 2004-05

Age	Never used	Number of living children at time of first use of contraception					Total	Number
		0	1	2	3	4+		
15-19	87.6	7.5	4.5	0.4	0.0	0.0	100.0	2,245
20-24	55.5	9.7	25.9	6.8	1.6	0.4	100.0	2,007
25-29	40.6	5.3	27.6	15.6	7.5	3.5	100.0	1,885
30-34	42.7	3.1	20.7	15.2	7.5	10.4	100.0	1,542
35-39	44.1	0.8	15.8	12.0	8.2	19.0	100.0	1,053
40-44	50.8	0.7	8.1	8.6	6.9	25.0	100.0	834
45-49	56.6	0.2	11.7	6.7	4.7	19.7	100.0	763
Total	56.4	5.1	17.3	8.9	4.5	7.7	100.0	10,329

Note: Totals may not add to 100 percent because of a small number of missing cases.

5.5 KNOWLEDGE OF FERTILE PERIOD

The successful use of natural family planning methods depends largely on an understanding of when during the menstrual cycle a woman is most likely to conceive. An elementary knowledge of reproductive physiology provides background for the successful practice of coitus-associated methods such as withdrawal. Such knowledge is especially critical for the practice of periodic abstinence (the calendar method).

The 2004-05 TDHS asked respondents about their knowledge of a woman's fertile period. Table 5.8 provides the results for all women users and nonusers of periodic abstinence, as well as for all men. Only one-fourth (26 percent) of women and 9 percent of men reported the correct timing of the fertile period, that is, halfway through her menstrual cycle. Even among users of periodic abstinence, only half know the correct timing of the fertile period. It is clear that knowledge of the fertile period is minimal among women, which has implications regarding use of periodic abstinence as an effective means of pregnancy prevention.

Table 5.8 Knowledge of fertile period

Percent distribution of women and men by knowledge of the fertile period during the ovulatory cycle, according to current use/nonuse of periodic abstinence (women), Tanzania 2004-05

Perceived fertile period	Users of periodic abstinence	Nonusers of periodic abstinence	All women	All men
Just before her period begins	3.0	4.2	4.1	9.2
During her period	1.7	0.8	0.8	3.9
Right after her period has ended	37.8	34.3	34.3	39.3
Halfway between two periods	48.1	26.0	26.4	8.5
Other	0.0	0.0	0.0	0.1
No specific time	4.6	10.7	10.6	14.3
Don't know	4.8	24.0	23.6	24.6
Total	100.0	100.0	100.0	100.0
Number of respondents	188	10,141	10,329	2,635

Note: Totals may not add to 100 percent because of a small number of missing cases.

5.6 SOURCE OF SUPPLY

Information on where women obtain their contraceptive methods is important for family planning programme managers. All current users of modern contraceptive methods were asked the most recent source of their method. The results are shown in Table 5.9.

The table shows that the major source of modern family planning methods in Tanzania is the government/parastatal or public sector, accounting for 68 percent of supply. The dominance of the public sector has not changed since 1999. The TRCHS also reported that two-thirds of women obtained their contraceptive from a public source. In the 2004-05 TDHS, 8 percent of users of modern contraception obtained their method from the religious/voluntary sector, 5 percent from the private medical sector, and 18 percent from some other private source.

The public sector is the source most commonly reported by users of female sterilisation (67 percent), the pill (78 percent), injectables (84 percent), and implants (76 percent). Seventy-seven percent of male condom users report the private sector as their source, specifically pharmacies (36 percent) and shops or kiosks (37 percent).

Table 5.9 Source of contraception

Percent distribution of current users of modern contraceptive methods by most recent source of method, according to specific method, Tanzania 2004-05

Source	Female sterilisation	Pill	Injectables	Implants	Male condom	Total
Government/parastatal	66.6	78.4	83.6	(75.9)	20.3	68.4
Referral/spec. hospital	13.0	0.6	0.2	(3.1)	0.4	1.9
Regional hospital	20.3	2.7	2.8	(16.5)	0.8	4.9
District hospital	28.1	11.5	9.7	(28.6)	1.2	11.3
Health centre	2.7	21.1	22.9	(15.5)	4.7	16.6
Dispensary	2.5	35.9	47.3	(12.2)	12.2	31.5
Village health post	0.0	0.8	0.6	(0.0)	1.0	0.6
CBD worker	0.0	5.8	0.0	(0.0)	0.0	1.6
Religious/voluntary	25.9	4.6	6.9	(2.0)	1.7	7.7
Referral/spec. hospital	10.4	1.2	1.5	(0.0)	0.3	2.4
District hospital	14.5	0.5	1.6	(2.0)	0.4	2.6
Govt. health centre	0.5	2.0	2.0	(0.0)	0.0	1.5
Dispensary	0.5	0.9	1.8	(0.0)	0.9	1.2
Private medical	4.8	2.3	7.8	(12.1)	0.9	5.0
Specialised hospital	4.3	0.0	0.3	(0.0)	0.0	0.6
Health centre	0.0	0.3	1.5	(4.7)	0.0	0.8
Dispensary	0.5	2.0	6.0	(7.4)	0.9	3.6
Other private	0.0	14.7	1.3	(9.9)	77.1	18.4
Pharmacy	0.0	12.2	1.0	(0.0)	35.9	10.0
NGO	0.0	0.3	0.0	(9.9)	0.8	0.4
VCT centre	0.0	0.2	0.0	(0.0)	0.0	0.1
Shop/kiosk	0.0	1.3	0.0	(0.0)	36.8	6.9
Friend/relative/neighbour	0.0	0.7	0.3	(0.0)	3.5	0.9
Other	1.1	0.0	0.4	(0.0)	0.0	0.3
Missing	1.6	0.0	0.0	(0.0)	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	213	479	716	39	315	1,779

Note: Table excludes lactational amenorrhoea method (LAM). Figures in parentheses are based on 25-49 unweighted cases.

5.7 INFORMED CHOICE

Informed choice is an important aspect of the delivery of family planning services. It is required that all family planning providers inform method users of the potential side effects and what they should do if they encounter such side effects. This information is to assist the user in coping with side effects and thus decrease discontinuations of temporary methods. Contraceptive users should also be informed of the choices they have with respect to other methods. Table 5.10 shows the percentage of current users of modern methods who were informed about side effects or problems of the method used and informed of other methods they could use at the time they first began using the method. These are broken down by method type, initial source, and background characteristics.

A majority of users were given information about each of the three issues considered to be essential parts of informed choice. Seventy-one percent were informed about potential side effects of their method and almost all of these women were told what to do if they experience side effects (69 percent). Eight in ten users were given information about other family planning method options. Women who were sterilised were the least likely of all specified methods to be informed of other methods that could be used. However, almost all women (88 percent) who were sterilised during the five-year period preceding the survey were informed that they would not be able to have any more children (data not shown).

Table 5.10 Informed choice

Among current users of modern contraceptive methods who adopted the current method in the five years preceding the survey, percentage who were informed about the side effects of the method used, percentage who were informed what to do if side effects were experienced, and percentage who were informed of other methods that could be used for contraception, by specific method, initial source of method, and background characteristics, Tanzania 2004-05

Method/source/ background characteristic	Informed about side effects or problems of method used[1]	Informed what to do if experienced side effects[1]	Informed of other methods that could be used[2]
Method			
Female sterilisation	70.2	67.8	68.1
Pill	68.0	67.1	82.0
IUD	*	*	*
Injectables	73.5	70.3	81.2
Implants	(72.1)	(72.1)	(91.4)
Other[3]	na	na	(36.9)
Initial source of method[4]			
Public	71.0	69.0	81.4
Religious/voluntary	78.8	76.3	81.8
Private medical	69.0	69.0	81.9
Other private	69.9	61.5	59.3
Residence			
Urban	75.4	73.3	83.7
Rural	68.4	65.9	76.4
Mainland/Zanzibar			
Mainland	71.5	69.2	79.6
Total urban	75.9	73.9	84.1
Dar es Salaam city	82.6	81.3	93.2
Other urban	72.9	70.6	80.2
Total rural	68.1	65.5	76.2
Zanzibar	*	*	*
Unguja	*	*	*
Pemba	*	*	*
Zone			
Western	74.1	69.5	80.4
Northern	50.4	48.2	63.2
Central	57.5	56.8	73.9
Southern highlands	71.4	67.8	69.4
Lake	90.5	86.8	89.7
Eastern	80.7	79.4	92.2
Southern	76.9	75.4	87.1
Education			
No education	74.8	72.3	74.3
Primary incomplete	69.8	67.3	75.2
Primary complete	70.5	68.5	80.4
Secondary+	75.8	72.0	84.6
Wealth quintile			
Lowest	65.7	62.5	73.0
Second	71.8	70.5	76.7
Middle	70.8	67.8	78.5
Fourth	67.8	65.6	77.1
Highest	75.4	73.2	84.3
Total	71.4	69.1	79.4

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Among users of female sterilisation, pill, IUD, injectables, and implants
[2] Among users of female sterilisation, pill, IUD, Injectables, implants, female condom, diaphragm, foam or jelly, and lactational amenorrhoea method (LAM)
[3] Female condom, diaphragm, foam, jelly, and (LAM)
[4] Source at start of current episode of use

The data indicate that users of modern contraception living in the Northern zone are disadvantaged in terms of informed choice. Just half report that they were informed about side effects and less than two-thirds were told about other methods, the lowest proportions of women in any zone.

5.8 CONTRACEPTIVE DISCONTINUATION

Couples can realize their reproductive goals only when they use contraceptive methods continuously. A prominent concern for managers of family planning programmes is the discontinuation of methods. In the TDHS "calendar" section, all segments of contraceptive use between January 1999 and the date of interview were recorded, along with reasons for any discontinuation. One-year contraceptive discontinuation rates based on the calendar data are presented in Table 5.11.[1]

The data show that more than one-third (38 percent) of family planning users in Tanzania discontinue using the method within 12 months of starting its use. Four percent of users stop using as a result of method failure (i.e., unintended pregnancy), 8 percent discontinue because of a desire to become pregnant, and 9 percent switch to another method. Discontinuation rates are highest for condom users (45 percent) and pill and withdrawal users (41 percent each), and lowest for users of periodic abstinence (31 percent). Condom users are the most likely to switch to another method, while method failure is highest for users of withdrawal. Pill and injectable users are most likely to cite health concerns or fear of side effects.

Table 5.11 First-year contraceptive discontinuation rates

Percentage of contraceptive users who discontinued use of a method within 12 months after beginning its use, by reason for discontinuation and specific method, Tanzania 2004-05

Method	Method failure	Desire to become pregnant	Switched to another method[1]	Health concern/ side effects	Other reason	Total
Pill	3.9	8.7	9.5	11.1	7.3	40.5
Injectables	0.9	5.5	8.0	14.4	7.6	36.5
Male condom	1.8	10.5	12.4	1.6	18.7	45.0
Periodic abstinence	5.8	8.2	9.4	0.0	7.5	30.9
Withdrawal	10.6	13.9	10.4	0.2	5.5	40.6
Other	10.7	11.1	8.3	0.0	7.0	37.0
All methods	3.9	8.4	9.4	7.7	8.4	37.8

Note: Table is based on episodes of contraceptive use that began 3-59 months before the survey.
[1] Used a different method in the month following discontinuation or said they wanted a more effective method and started another method within two months of discontinuation

Table 5.12 also presents reasons for contraceptive discontinuation, but from a different perspective. All of the 3,725 contraceptive discontinuations occurring in the five years preceding the survey, regardless of duration of use, are distributed by the main reason for discontinuation, according to method. The desire to become pregnant is the most prominent reason for discontinuation (38 percent), followed by side effects (21 percent).

[1] The discontinuation rates presented here include only those segments of contraceptive use that began since January 1999. The rates apply to the period 3-59 months preceding the survey; exposure during the month of the interview and the two months before the interview are excluded to avoid the biases that may be introduced by unrecognised pregnancies. These cumulative discontinuation rates represent the proportion of users discontinuing a method within 12 months after the start of use. The rates are calculated by dividing the number of women discontinuing a method by the number exposed at that duration. The single-month rates are then cumulated to produce a one-year rate. In calculating the rate, the various reasons for discontinuation are treated as competing risks.

Table 5.12 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason for discontinuation, according to specific method, Tanzania 2004-05

Reason	Pill	Injection	Male condom	LAM	Periodic abstinence	Withdrawal	Other	All methods
Became pregnant while using	8.2	2.1	5.8	20.0	24.1	23.7	23.9	10.4
Wanted to become pregnant	37.0	34.1	33.1	39.9	42.6	43.8	47.7	37.5
Husband disapproved	2.7	2.6	12.0	1.8	1.6	3.8	6.0	3.9
Side effects	31.0	38.6	3.2	0.0	0.3	0.0	0.8	21.4
Health concerns	1.2	2.2	0.3	0.0	0.2	0.5	0.0	1.1
Access/availability	4.5	7.8	2.4	0.0	0.4	0.0	0.9	4.0
Wanted a more effective method	4.3	2.2	14.2	15.8	15.1	16.7	7.0	7.8
Inconvenient to use	3.4	0.7	4.3	6.7	5.8	3.5	1.2	2.8
Infrequent sex/husband away	2.6	4.7	10.9	5.8	5.1	2.5	2.7	4.5
Cost too much	0.4	0.3	0.9	0.0	0.0	0.0	0.0	0.3
Difficult to get pregnant/menopausal	0.1	0.2	0.3	0.0	1.0	0.0	0.5	0.2
Marital dissolution/separation	1.3	1.0	0.3	0.0	0.7	1.9	0.4	1.1
Other	2.2	3.0	10.8	9.9	1.6	2.3	4.5	3.9
Missing	1.1	0.5	1.5	0.0	1.5	1.3	4.3	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	1,071	1,111	430	102	271	509	188	3,725

LAM = Lactational amenorrhoea method

5.9 FUTURE USE OF CONTRACEPTION

Intention to use a method of contraception is an important indicator of the potential demand for family planning services. Currently married women who were not using contraceptives at the time of the survey were asked about their intention to use family planning in the future. The results are shown in Table 5.13.

More than half (56 percent) of currently married women nonusers intend to use family planning in the future, compared with 39 percent who do not intend to use a method. This reflects a significant increase from the 1999 TRCHS, in which just one-third (35 percent) of currently married women reported intention to use a method in the future. Women with at least one living child are significantly more likely than those with no children to say they intend to use a method.

Table 5.13 Future use of contraception

Percent distribution of currently married women who are not using a contraceptive method by intention to use in the future, according to number of living children, Tanzania 2004-05

	Number of living children[1]					
Intention	0	1	2	3	4+	Total
Intends to use	44.4	59.3	60.2	59.3	54.0	56.1
Unsure	9.6	6.6	5.7	5.2	3.3	5.2
Does not intend to use	45.8	33.9	34.0	35.4	42.7	38.6
Missing	0.3	0.1	0.1	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	442	943	896	854	1,982	5,118

[1] Includes current pregnancy

Reasons for Not Intending to Use Contraception

The reasons given by respondents who do not intend to use a contraceptive method in the future are important to the family planning programme because they identify areas for potential interventions.

Table 5.14 presents the distribution of currently married nonusers who do not intend to use family planning in the future by the main reason for not intending to use. One-third (34 percent) of nonusers gave a fertility-related reason for not planning to use contraception. In particular, 16 percent cited desire for as many children as possible as the main reason. Another third (31 percent) of nonusers cited method-related reasons for not intending to use. Specifically, 36 percent of younger women and 21 percent of older women cited a fear of side effects. One-fourth of respondents reported opposition to use as their reason for not intending to use. A majority of these women said that they themselves are opposed (16 percent), although a significant proportion cited the opposition of their husband/partner (7 percent). Only 3 percent cited lack of knowledge as their reason for not intending to use in the future.

Table 5.14 Reason for not intending to use contraception

Percent distribution of currently married women who are not using a contraceptive method and who do not intend to use in the future by main reason for not intending to use, according to age, Tanzania 2004-05

	Age		
Reason	15-29	30-49	Total
Fertility-related reasons	19.1	42.2	34.0
Infrequent sex/no sex	0.7	4.4	3.1
Menopausal/had hysterectomy	0.6	9.8	6.5
Subfecund/infecund	1.4	12.9	8.7
Wants as many children as possible	16.5	15.2	15.6
Opposition to use	29.0	23.1	25.2
Respondent opposed	17.3	14.5	15.5
Husband/partner opposed	9.5	6.3	7.4
Religious prohibition	2.2	2.2	2.2
Lack of knowledge	4.9	1.7	2.9
Knows no method	3.6	0.7	1.8
Knows no source	1.3	1.0	1.1
Method-related reasons	41.0	26.0	31.4
Health concerns	1.8	2.6	2.3
Fear of side effects	36.1	20.5	26.1
Lack of access/too far	0.3	0.2	0.3
Costs too much	0.1	0.0	0.0
Inconvenient to use	0.7	0.1	0.3
Interferes with body's normal processes	2.1	2.6	2.4
Other	3.8	6.5	5.6
Don't know	2.2	0.4	1.0
Total	100.0	100.0	100.0
Number of women	709	1,268	1,977

Preferred Method of Contraception for Future Use

Future demand for specific methods of family planning was assessed by asking current nonusers which method they intend to use in the future. Table 5.15 shows that 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 30 years of age 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.

Table 5.15 Preferred method of contraception for future use

Percent distribution of currently married women who are not using a contraceptive method but who intend to use in the future by preferred method, according to age, Tanzania 2004-05

	Age		
Method	15-29	30-49	Total
Female sterilisation	1.6	18.0	8.1
Male sterilisation	0.1	0.1	0.1
Pill	28.3	22.1	25.9
IUD	1.9	2.1	1.9
Injectables	49.8	39.3	45.6
Implants	3.0	3.3	3.1
Condom	2.5	2.8	2.6
Female condom	0.1	0.1	0.1
LAM	0.4	0.6	0.5
Periodic abstinence	3.0	2.9	3.0
Withdrawal	1.3	2.1	1.6
Other	2.5	2.0	2.3
Unsure	5.6	4.6	5.2
Total	100.0	100.0	100.0
Number of women	1,735	1,137	2,872

5.10 EXPOSURE TO FAMILY PLANNING MESSAGES ON RADIO AND TELEVISION

The media can be a major source of family planning messages. Information about public exposure to messages on a particular type of media allows policymakers to ensure the use of the most effective means of communication for various target groups in the population. To assess the effectiveness of electronic, print, and local sources on the dissemination of family planning information, respondents in the 2004-05 TDHS were asked if during the six months preceding the survey they had heard or seen family planning messages on the radio or television; read a family planning message in a newspaper, magazine, poster, or billboard; or heard a family planning message at a community event or a live drama. The results are shown in Tables 5.16.1 and 5.16.2.

Among women, radio is the most common source of family planning messages (55 percent). Other common sources include billboard (34 percent), poster (29 percent), newspapers/magazines (25 percent), live dramas (21 percent), and community events (19 percent). Television is the least common source (16 percent).

Exposure to family planning messages is found to be significantly higher in urban areas than rural areas for all sources of messages. The source with the maximum urban-rural difference is television (42 percent of urban women and 6 percent of rural women).

Men's exposure to family planning messages is similar to women's except that they are more likely than women to have been exposed to a message from every source.

One-third (34 percent) of women and 15 percent of men were not exposed to family planning messages from any source during the six months preceding the survey. There are significant differences in exposure by background characteristics. Those respondents residing in rural areas or in households lower on the wealth index or those with less education are less likely than others to have been exposed to family planning messages. There is considerable variation by region.

Table 5.16.1 Exposure to family planning messages: women

Percentage of women who heard or saw a family planning message in the mass media or from a community source in the past six months, according to background characteristics, Tanzania 2004-05

Background characteristic	Radio	Television	Newspaper/ magazine	Poster	Billboard	Com-munity event	Live drama	None of these media sources	Number of women
Age									
15-19	47.8	16.9	24.4	26.0	29.2	15.0	21.2	40.5	2,245
20-24	59.0	18.8	27.6	30.2	36.5	19.5	21.9	31.2	2,007
25-29	61.7	19.2	28.6	34.8	39.0	21.7	23.5	27.7	1,885
30-34	59.7	16.9	25.6	32.2	39.0	21.6	22.6	30.3	1,542
35-39	54.9	13.1	22.4	27.1	35.0	17.9	19.0	34.0	1,053
40-44	53.0	12.0	20.7	25.7	31.8	19.7	20.0	39.0	834
45-49	46.4	8.8	14.4	22.8	23.2	13.6	13.9	45.0	763
Residence									
Urban	75.1	42.2	47.4	51.1	58.3	32.1	41.2	13.6	2,935
Rural	47.5	6.0	15.7	20.5	24.7	13.3	13.1	42.6	7,394
Mainland/Zanzibar									
Mainland	54.8	15.9	25.0	29.0	34.3	18.5	20.4	34.8	10,016
Total urban	75.0	41.7	48.3	51.7	59.1	32.6	41.1	13.7	2,885
Dar es Salaam city	76.4	62.9	58.3	69.3	78.5	48.3	61.1	6.8	969
Other urban	74.3	30.9	43.2	42.8	49.3	24.7	31.1	17.1	1,916
Total rural	46.7	5.5	15.6	19.9	24.3	12.8	12.1	43.3	7,131
Zanzibar	71.1	28.8	15.0	34.5	31.6	22.3	42.0	21.1	313
Unguja	75.6	38.0	19.8	46.0	41.1	24.7	53.4	14.7	216
Pemba	61.2	8.3	4.3	8.9	10.3	16.9	16.7	35.3	97
Zone									
Western	53.5	8.4	21.8	33.0	35.1	21.0	11.7	29.7	1,880
Northern	60.6	19.8	30.1	26.3	35.1	15.3	25.1	33.9	1,496
Central	46.8	9.9	17.6	21.8	18.3	11.6	15.6	47.8	799
Southern highlands	50.5	8.3	18.2	25.3	29.2	11.0	14.7	40.3	1,440
Lake	45.8	7.4	17.4	16.7	20.7	17.7	11.9	49.1	1,865
Eastern	70.6	43.3	43.4	47.8	55.5	31.3	42.8	16.4	1,670
Southern	51.4	9.2	22.5	28.4	43.2	15.2	20.8	30.5	866
Region									
Dodoma	53.4	11.7	18.5	25.0	20.9	13.8	16.1	41.6	468
Arusha	68.6	28.9	35.2	37.4	44.8	30.0	37.4	25.4	391
Kilimanjaro	65.7	20.1	35.4	27.0	47.7	8.5	23.2	29.0	380
Tanga	60.2	15.9	28.7	21.0	24.5	7.8	16.7	35.1	431
Morogoro	66.0	18.2	24.9	18.1	21.5	8.0	14.3	27.9	449
Pwani	56.7	12.8	18.8	18.3	27.6	7.3	23.3	32.4	253
Dar es Salaam	76.4	62.9	58.3	69.3	78.5	48.3	61.1	6.8	969
Lindi	66.0	18.9	32.2	35.7	43.9	19.0	28.8	22.5	221
Mtwara	40.1	4.6	15.8	22.0	40.8	13.1	17.5	38.8	346
Ruvuma	53.9	7.3	23.1	30.4	45.4	14.9	18.8	26.9	299
Iringa	53.8	10.2	25.9	40.3	46.8	22.3	26.7	27.4	412
Mbeya	57.1	7.8	17.9	21.8	22.7	8.1	12.6	39.3	712
Singida	37.5	7.4	16.2	17.3	14.6	8.4	14.7	56.6	331
Tabora	53.2	11.0	26.7	40.6	33.6	21.1	18.7	27.7	520
Rukwa	31.3	6.7	8.9	13.6	20.8	2.5	3.6	59.5	316
Kigoma	51.1	8.1	25.8	47.9	44.3	25.2	17.6	23.6	499
Shinyanga	55.0	7.0	16.6	19.7	30.7	18.4	4.2	34.5	861
Kagera	25.2	0.8	4.0	5.0	14.4	21.5	9.4	64.5	545
Mwanza	48.0	8.1	19.1	16.6	18.4	14.7	13.7	49.9	939
Mara	69.7	15.3	32.4	33.8	35.5	19.5	11.1	25.3	381
Manyara	43.8	13.2	18.6	18.2	21.6	15.3	23.5	49.9	293
Zanzibar North	74.3	11.9	7.0	34.9	23.2	26.4	49.0	17.5	48
Zanzibar South	83.5	30.5	17.6	40.4	46.8	35.9	51.1	9.5	26
Town West	74.6	48.1	24.5	50.7	46.1	22.1	55.3	14.7	143
Pemba North	64.6	7.5	2.8	7.0	13.4	26.7	20.8	30.9	52
Pemba South	57.2	9.1	6.1	11.1	6.8	5.6	12.1	40.3	45
Education									
No education	35.7	3.1	3.4	12.1	10.4	10.5	7.0	56.4	2,503
Primary incomplete	51.5	10.4	17.7	24.0	25.9	15.6	15.4	38.1	1,855
Primary complete	62.0	18.2	31.3	33.7	43.1	20.6	24.7	26.7	5,086
Secondary+	80.3	55.5	61.9	62.3	68.6	37.0	51.9	8.5	885
Wealth quintile									
Lowest	28.3	2.5	8.6	13.0	16.9	9.4	7.9	58.5	1,840
Second	44.0	3.8	11.8	17.3	19.5	11.3	10.0	45.7	1,944
Middle	49.1	5.0	15.8	20.1	24.8	14.6	12.9	41.6	1,943
Fourth	67.5	11.1	25.3	30.7	36.1	18.5	21.0	24.3	2,004
Highest	78.3	47.9	52.0	55.3	63.2	33.9	45.0	11.1	2,597
Total	55.3	16.3	24.7	29.2	34.2	18.6	21.1	34.4	10,329

Table 5.16.2 Exposure to family planning messages: men

Percentage of men who heard or saw a family planning message in the mass media or from a community source in the past six months, according to background characteristics, Tanzania 2004-05

Background characteristic	Radio	Television	Newspaper/ magazine	Poster	Billboard	Com-munity event	Live drama	None of these media sources	Number of men
Age									
15-19	59.6	25.6	37.6	35.6	38.1	21.3	38.3	24.2	637
20-24	75.0	33.3	53.2	53.2	50.4	37.2	47.8	14.1	493
25-29	82.7	39.5	56.7	56.7	56.1	46.4	52.1	9.1	405
30-34	81.5	34.9	53.1	53.2	56.6	40.3	47.3	9.5	387
35-39	79.4	31.4	58.4	56.1	55.1	40.6	44.5	10.2	278
40-44	78.8	28.5	50.2	57.7	55.1	41.9	40.2	12.6	265
45-49	78.6	32.5	54.3	56.5	53.8	46.3	42.0	13.5	170
Residence									
Urban	85.9	62.5	73.5	65.3	69.9	43.3	64.4	4.4	716
Rural	70.2	20.5	41.6	44.9	43.1	34.2	37.2	18.3	1,919
Mainland/Zanzibar									
Mainland	74.5	31.4	50.7	50.6	50.6	36.9	44.5	14.4	2,556
Total urban	85.0	61.4	73.9	66.2	69.9	42.5	64.4	4.6	716
Dar es Salaam city	85.7	71.1	79.7	72.1	73.5	40.8	78.6	3.8	267
Other urban	84.6	55.6	70.5	62.7	67.8	43.5	56.0	5.1	450
Total rural	70.5	19.7	41.7	44.5	43.1	34.7	36.8	18.2	1,840
Zanzibar	73.0	47.6	36.0	45.1	42.2	28.1	46.2	16.6	79
Unguja	71.5	56.3	41.2	53.9	48.6	31.4	57.5	14.0	53
Pemba	75.9	29.7	25.5	27.0	28.9	21.2	22.9	22.0	26
Zone									
Western	74.4	17.7	44.2	57.1	45.5	52.6	43.7	15.8	468
Northern	71.7	32.6	51.4	47.8	46.7	29.8	30.2	17.1	362
Central	60.0	25.5	34.7	30.7	44.6	24.9	34.4	30.7	212
Southern highlands	72.1	19.1	45.6	28.5	48.8	17.9	47.5	11.2	358
Lake	79.5	33.7	55.9	57.5	47.2	42.9	31.5	9.7	448
Eastern	86.1	63.1	73.0	71.6	71.9	48.4	73.4	6.0	462
Southern	64.4	14.8	32.2	39.6	40.2	22.9	41.4	23.1	245
Region									
Dodoma	69.1	37.5	43.7	38.7	50.4	34.6	44.5	24.5	113
Arusha	67.3	51.3	49.1	51.6	44.3	29.7	34.5	19.1	82
Kilimanjaro	83.1	32.4	59.4	56.4	47.2	26.8	30.8	12.3	104
Tanga	72.4	26.5	56.5	35.4	49.6	29.7	25.7	20.4	94
Morogoro	87.6	48.8	60.2	67.4	64.5	55.5	61.1	8.6	127
Pwani	84.5	58.5	70.6	77.4	79.4	64.8	75.8	9.8	68
Dar es Salaam	85.7	71.1	79.7	72.1	73.5	40.8	78.6	3.8	267
Lindi	72.9	20.6	26.9	40.6	37.8	31.5	51.0	16.2	65
Mtwara	53.5	8.1	24.0	18.3	27.3	14.8	47.7	30.2	98
Ruvuma	70.5	18.0	46.1	63.9	57.4	25.8	26.3	20.0	83
Iringa	70.9	20.5	61.8	64.6	43.7	10.1	20.6	19.4	102
Mbeya	73.4	18.7	41.3	8.7	49.0	19.1	46.8	9.4	170
Singida	49.7	11.8	24.5	21.5	38.0	13.9	22.9	37.9	99
Tabora	69.9	20.3	51.6	56.6	36.1	55.8	34.8	13.7	127
Rukwa	71.0	18.3	35.2	24.7	54.4	24.7	80.2	5.1	87
Kigoma	73.0	26.1	49.2	61.2	41.0	56.8	49.9	8.6	127
Shinyanga	77.9	11.1	36.8	55.1	53.8	48.1	45.2	21.3	215
Kagera	79.0	18.7	54.2	50.7	36.8	52.8	17.0	8.4	122
Mwanza	80.1	41.0	59.1	62.8	52.6	35.3	32.2	6.9	229
Mara	78.7	35.4	50.2	53.6	47.6	48.5	48.0	17.8	98
Manyara	60.9	21.3	37.9	47.4	45.3	33.6	30.2	17.5	83
Zanzibar North	68.6	39.0	28.3	48.1	39.8	34.6	51.2	12.8	11
Zanzibar South	74.9	50.4	26.6	63.6	42.9	38.0	62.7	7.0	6
Town West	71.8	62.6	47.6	54.0	52.3	29.4	58.5	15.6	36
Pemba North	83.4	19.8	16.9	36.0	40.3	29.5	31.0	15.1	13
Pemba South	68.0	40.4	34.7	17.4	16.7	12.3	14.3	29.3	12
Education									
No education	59.3	14.3	14.9	29.7	15.8	21.8	26.8	32.2	312
Primary incomplete	62.2	23.7	34.9	39.6	36.3	28.9	36.2	23.1	646
Primary complete	80.3	32.9	58.9	55.1	58.3	40.6	46.7	9.0	1,381
Secondary+	90.2	63.5	80.8	74.2	80.9	50.6	71.9	2.5	296
Wealth quintile									
Lowest	56.9	12.0	28.5	32.0	29.1	29.8	28.6	29.8	484
Second	71.6	18.8	38.3	44.3	40.5	33.5	40.8	16.1	504
Middle	77.1	20.7	47.6	50.3	48.8	35.7	34.1	13.7	516
Fourth	77.9	34.5	55.0	52.4	54.7	37.1	45.2	11.3	517
Highest	85.6	65.5	75.5	68.5	72.9	45.0	68.5	4.4	615
Total	74.5	31.9	50.3	50.4	50.4	36.6	44.6	14.5	2,635

Family Planning Dramas

Beginning in 1993, Radio Tanzania Dar es Salaam, the national radio station, started airing two radio soap operas carrying family planning messages. Since then these programmes, Twende na Wakati and Zinduka!, have been improved and other radio dramas carrying reproductive health messages, including family planning and HIV/AIDS, have been developed and aired.

Tables 5.17.1 and 5.17.2 show that in general more men than women listen to these radio dramas. In the six months preceding the survey, 30 percent of women and 43 percent of men had listened to Zinduka! During the same period, 35 percent of women and 56 percent of men had listened to Twende na Wakati. In comparison with data from the 1999 TRCHS, listenership of Zinduka! seems to have dropped off slightly, but more respondents, especially men, report listening to Twenda na Wakati.

Respondents living in urban areas, those with more education, and those living in wealthier households are more likely to have listened to these reproductive health dramas than their counterparts. The differentials for women, however, are much greater than for men.

Table 5.17.1 Exposure to family planning dramas: women

Percentage of all women who listened to specific family planning and health programmes on the radio during the six months preceding the interview, by selected background characteristics, Tanzania 2004-05

Background characteristic	Zinduka	Twende na Wakati	Other	Number of women
Age				
15-19	24.0	30.5	21.3	2,245
20-24	32.1	36.6	23.2	2,007
25-29	35.2	40.7	25.5	1,885
30-34	35.5	40.2	24.1	1,542
35-39	29.9	35.3	24.1	1,053
40-44	29.8	32.5	21.3	834
45-49	23.8	28.0	17.1	763
Residence				
Urban	45.4	49.4	31.8	2,935
Rural	24.4	29.9	19.3	7,394
Mainland/Zanzibar				
Mainland	30.3	34.4	22.3	10,016
Total urban	46.0	49.0	31.0	2,885
Dar es Salaam city	44.4	48.2	21.5	969
Other urban	46.8	49.4	35.7	1,916
Total rural	23.9	28.4	18.8	7,131
Zanzibar	33.7	70.1	39.2	313
Unguja	36.8	77.0	48.9	216
Pemba	26.8	54.6	17.4	97
Zone				
Western	18.6	23.5	20.5	1,880
Northern	35.2	41.1	27.6	1,496
Central	34.4	38.3	12.6	799
Southern highlands	28.8	33.3	18.5	1,440
Lake	22.0	24.3	23.7	1,865
Eastern	41.7	43.9	26.7	1,670
Southern	41.9	47.8	21.0	866
Region				
Dodoma	40.7	46.0	11.4	468
Arusha	42.8	49.0	38.3	391
Kilimanjaro	24.7	31.7	23.0	380
Tanga	40.6	46.8	25.3	431
Morogoro	37.3	37.1	30.6	449
Pwani	39.0	39.2	39.9	253
Dar es Salaam	44.4	48.2	21.5	969
Lindi	60.7	65.0	17.6	221
Mtwara	37.9	44.8	20.5	346
Ruvuma	32.7	38.5	24.1	299
Iringa	35.5	46.1	12.6	412
Mbeya	32.5	34.9	20.0	712
Singida	25.4	27.3	14.4	331
Tabora	21.0	26.6	14.9	520
Rukwa	11.7	13.2	22.8	316
Kigoma	27.9	31.5	19.9	499
Shinyanga	11.6	16.9	24.3	861
Kagera	12.4	15.8	15.4	545
Mwanza	29.4	29.4	29.8	939
Mara	17.3	24.1	20.3	381
Manyara	30.7	34.3	22.9	293
Zanzibar North	27.3	83.1	52.9	48
Zanzibar South	40.9	85.4	42.4	26
Town West	39.2	73.5	48.8	143
Pemba North	27.4	54.0	19.5	52
Pemba South	26.2	55.4	15.0	45
Education				
No education	15.4	18.1	11.1	2,503
Primary incomplete	26.2	31.9	19.2	1,855
Primary complete	35.9	41.2	26.7	5,086
Secondary+	49.8	58.7	41.4	885
Wealth quintile				
Lowest	12.9	15.3	9.3	1,840
Second	22.0	27.2	17.1	1,944
Middle	25.1	30.8	20.7	1,943
Fourth	38.0	45.3	28.1	2,004
Highest	47.2	51.8	34.2	2,597
Total	30.4	35.4	22.8	10,329

Table 5.17.2 Exposure to family planning dramas: men

Percentage of all men who listened to specific family planning and health programmes on the radio during the six months preceding the interview, by selected background characteristics, Tanzania 2004-05

Background characteristic	Zinduka	Twende na Wakati	Other	Number of men
Age				
15-19	26.9	41.6	45.5	637
20-24	40.2	51.3	55.4	493
25-29	54.5	64.4	65.9	405
30-34	51.1	59.8	64.0	387
35-39	53.6	63.0	60.7	278
40-44	45.6	63.7	66.3	265
45-49	50.7	66.9	64.1	170
Residence				
Urban	50.3	57.3	70.5	716
Rural	40.9	55.1	53.5	1,919
Mainland/Zanzibar				
Mainland	43.4	55.3	57.8	2,556
Total urban	50.9	57.2	70.0	716
Dar es Salaam city	48.9	50.0	76.1	267
Other urban	52.1	61.5	66.4	450
Total rural	40.5	54.6	53.0	1,840
Zanzibar	42.9	66.9	69.2	79
Unguja	46.7	63.2	72.4	53
Pemba	35.0	74.6	62.6	26
Zone				
Western	33.2	49.5	50.2	468
Northern	35.9	42.9	38.0	362
Central	41.3	54.3	34.2	212
Southern highlands	44.8	55.6	83.5	358
Lake	45.9	64.2	55.6	448
Eastern	53.7	55.5	71.5	462
Southern	50.1	68.9	62.2	245
Region				
Dodoma	51.0	64.8	44.5	113
Arusha	21.5	32.0	29.7	82
Kilimanjaro	33.8	35.8	51.4	104
Tanga	44.2	46.5	37.4	94
Morogoro	59.8	62.1	65.1	127
Pwani	61.1	64.5	65.5	68
Dar es Salaam	48.9	50.0	76.1	267
Lindi	63.2	78.0	60.5	65
Mtwara	39.8	56.9	53.5	98
Ruvuma	51.9	76.0	73.9	83
Iringa	40.8	65.6	73.3	102
Mbeya	51.9	57.3	83.2	170
Singida	30.3	42.4	22.5	99
Tabora	26.4	53.4	52.2	127
Rukwa	35.6	40.6	96.2	87
Kigoma	49.9	69.5	57.7	127
Shinyanga	27.3	35.3	44.6	215
Kagera	54.8	71.1	68.5	122
Mwanza	46.6	66.1	51.5	229
Mara	33.2	51.4	49.1	98
Manyara	43.4	58.5	30.1	83
Zanzibar North	48.8	68.1	68.2	11
Zanzibar South	48.0	70.4	77.7	6
Town West	45.8	60.4	72.7	36
Pemba North	32.2	76.7	75.5	13
Pemba South	37.9	72.4	48.6	12
Education				
No education	27.6	39.4	39.8	312
Primary incomplete	33.9	46.9	50.0	646
Primary complete	47.9	61.3	62.1	1,381
Secondary+	59.9	65.5	76.3	296
Wealth quintile				
Lowest	23.0	36.6	37.3	484
Second	47.1	60.1	53.9	504
Middle	46.4	65.3	60.9	516
Fourth	45.9	60.6	64.4	517
Highest	51.9	54.9	70.3	615
Total	43.4	55.7	58.1	2,635

Mama Ushauri

Mama Ushauri was created to become a new element in the family planning campaign in Tanzania. A witty and wise woman who has the social position to give advice on modern family planning methods, Mama Ushauri can be heard on radio and television spots as well as other forms of media. Table 5.18 shows that three in ten women (29 percent) heard a Mama Ushauri message in the six months preceding the survey, the majority from the radio. In terms of background characteristics, exposure to a Mama Ushauri message follows a similar pattern as previous tables on family planning messages.

Table 5.18 Mama Ushauri family planning message

Percentage of women who had seen or heard a message about Mama Ushauri in the six months preceding the survey, and of those, the percentage who cited various sources where they heard about Mama Ushauri, by selected background characteristics, Tanzania 2004-05

Background characteristic	Heard Mama Ushauri message	Number of women	Source of knowledge for women who heard Mama Ushauri message				Number of women
			Radio	TV	Newspaper	Other	
Age							
15-19	27.5	2,245	85.9	28.0	9.4	7.8	618
20-24	31.8	2,007	85.5	16.7	7.4	15.8	639
25-29	32.1	1,885	79.4	18.8	6.1	20.8	605
30-34	32.8	1,542	84.0	16.7	4.1	16.9	506
35-39	27.7	1,053	86.1	15.8	4.6	16.3	291
40-44	27.1	834	84.1	17.3	5.6	15.8	226
45-49	18.7	763	84.0	12.7	0.6	10.7	143
Residence							
Urban	46.9	2,935	79.6	36.5	9.9	15.1	1,375
Rural	22.3	7,394	87.6	4.9	3.2	15.2	1,653
Mainland/Zanzibar							
Mainland	29.2	10,016	84.7	18.2	6.4	15.5	2,921
Total urban	46.7	2,885	81.0	35.3	10.0	15.9	1,348
Dar es Salaam city	49.1	969	72.0	58.4	10.8	24.0	476
Other urban	45.5	1,916	85.9	22.6	9.6	11.4	872
Total rural	22.1	7,131	87.9	3.6	3.3	15.2	1,573
Zanzibar	34.0	313	64.5	47.0	2.1	4.9	107
Unguja	42.7	216	61.4	51.0	2.4	5.4	92
Pemba	14.8	97	84.5	20.7	0.0	1.4	14
Zone							
Western	26.4	1,880	77.7	8.0	3.5	21.9	497
Northern	30.8	1,496	89.6	15.2	4.1	9.9	461
Central	23.8	799	78.9	12.7	4.7	30.4	190
Southern highlands	19.5	1,440	88.0	6.9	5.4	13.4	281
Lake	34.6	1,865	97.6	4.9	9.4	3.2	646
Eastern	38.6	1,670	75.9	49.2	8.2	20.4	644
Southern	23.4	866	78.2	14.5	6.9	25.4	203
Region							
Dodoma	26.4	468	86.2	14.4	4.8	23.7	124
Arusha	42.0	391	87.4	26.3	5.9	9.2	164
Kilimanjaro	32.5	380	91.4	11.3	4.9	5.5	124
Tanga	24.7	431	91.0	7.7	2.2	16.4	107
Morogoro	23.4	449	85.4	30.1	1.3	11.9	105
Pwani	25.0	253	89.6	12.5	0.0	7.6	63
Dar es Salaam	49.1	969	72.0	58.4	10.8	24.0	476
Lindi	33.9	221	83.5	28.3	9.1	15.6	75
Mtwara	18.8	346	86.2	9.1	4.4	18.2	65
Ruvuma	21.0	299	63.6	3.7	7.0	44.4	63
Iringa	21.8	412	84.7	8.9	12.8	29.6	90
Mbeya	22.2	712	91.3	4.4	1.8	5.7	158
Singida	20.0	331	65.1	9.5	4.4	43.0	66
Tabora	19.2	520	65.7	8.9	7.2	34.4	100
Rukwa	10.5	316	(81.8)	(13.8)	(2.4)	(6.3)	33
Kigoma	14.8	499	48.3	8.2	3.2	51.0	74
Shinyanga	37.5	861	88.1	7.7	2.5	11.4	323
Kagera	23.1	545	97.8	0.0	4.4	2.2	126
Mwanza	40.9	939	100.0	3.5	12.3	0.9	384
Mara	35.5	381	90.7	13.4	5.7	10.5	136
Manyara	22.6	293	89.6	7.2	1.2	9.7	66
Zanzibar North	28.5	48	88.8	13.6	0.0	11.1	14
Zanzibar South	42.3	26	87.3	30.4	1.8	5.1	11
Town West	47.5	143	51.8	61.9	3.0	4.3	68
Pemba North	18.1	52	88.2	18.5	0.0	0.9	9
Pemba South	10.9	45	(77.6)	(25.0)	(0.0)	(2.4)	5

Continued...

Table 5.18—*Continued*

Percentage of women who had seen or heard a message about Mama Ushauri in the six months preceding the survey, and of those, the percentage who cited various sources where they heard about Mama Ushauri, by selected background characteristics, Tanzania 2004-05

Background characteristic	Heard Mama Ushauri message	Number of women	Source of knowledge for women who heard Mama Ushauri message				Number of women
			Radio	TV	Newspaper	Other	
Education							
No education	14.5	2,503	86.5	4.7	1.3	15.4	363
Primary incomplete	24.5	1,855	84.9	11.9	5.0	12.9	455
Primary complete	33.6	5,086	85.1	16.2	6.2	16.7	1,710
Secondary+	56.5	885	77.6	46.7	11.2	11.7	500
Number of living children							
0	31.0	2,705	82.2	32.6	10.0	8.4	839
1-2	31.8	3,348	84.3	16.8	5.5	18.2	1,066
3-4	29.0	2,269	85.3	15.2	5.5	16.2	658
5+	23.2	2,007	84.6	6.5	2.4	18.9	465
Wealth quintile							
Lowest	10.6	1,840	76.9	4.5	1.4	25.6	194
Second	19.4	1,944	87.5	2.6	3.8	14.1	378
Middle	24.8	1,943	88.8	3.3	2.2	14.8	482
Fourth	33.2	2,004	88.5	4.7	3.8	14.9	665
Highest	50.4	2,597	79.9	39.5	10.5	14.2	1,309
Total	29.3	10,329	84.0	19.2	6.3	15.1	3,028

Note: Figures in parentheses are based on 25-49 unweighted cases.

5.11 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

In the 2004-05 TDHS survey, women who were not using contraception were asked whether a family planning worker had visited and talked to them in the past 12 months. They were also asked whether they had attended a health facility during the past year, and if so, whether a staff person at that facility spoke to them about family planning methods. This information is presented in Table 5.19 and it is important for determining whether family planning initiatives in Tanzania are reaching nonusers of family planning.

Table 5.19 shows that one-fifth of women who are nonusers had contacts with health workers who discussed family planning. Seventeen percent of nonusers visited a health facility and discussed family planning with a provider, but only 3 percent of nonusers reported that they were visited by a family planning service provider at home. Almost one-third of women (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.

Surprisingly, educational attainment and a higher score on the wealth index are not correlated with greater exposure to family planning providers. Furthermore, there is little variation by residence.

Table 5.19 Contact of nonusers with family planning providers

Percentage of women who are not using contraception who were visited by a fieldworker who discussed family planning, who visited a health facility and discussed family planning, and who visited a health facility but did not discuss family planning, in the 12 months preceding the survey, by background characteristics, Tanzania 2004-05

Background characteristic	Visited by fieldworker who discussed family planning	Visited health facility and discussed family planning	Visited health facility didn't discuss family planning	Did not discuss family planning with fieldworker or at a health facility	Number of women
Age					
15-19	1.2	6.7	22.5	92.4	2,098
20-24	3.8	21.9	35.2	76.2	1,522
25-29	2.2	25.9	35.8	73.2	1,307
30-34	3.0	22.1	40.2	76.5	1,075
35-39	2.6	22.4	33.6	76.6	744
40-44	4.7	18.2	31.4	79.7	649
45-49	2.1	10.3	22.2	88.9	617
Residence					
Urban	3.1	15.6	33.3	82.6	1,952
Rural	2.4	18.0	30.5	80.9	6,058
Mainland/Zanzibar					
Mainland	2.5	17.5	30.8	81.3	7,730
Total urban	3.0	15.9	32.6	82.5	1,905
Dar es Salaam city	2.0	9.5	32.7	88.5	618
Other urban	3.4	19.0	32.5	79.6	1,287
Total rural	2.4	18.0	30.3	80.9	5,825
Zanzibar	3.9	15.6	40.6	81.9	280
Unguja	5.3	18.2	44.3	78.5	188
Pemba	1.1	10.4	33.3	88.9	92
Zone					
Western	2.6	19.7	32.0	78.7	1,672
Northern	2.5	9.7	38.0	88.9	1,001
Central	2.7	23.6	26.1	75.6	652
Southern highlands	2.4	12.3	21.4	86.6	1,029
Lake	2.6	18.0	28.1	81.4	1,643
Eastern	2.3	18.1	30.7	80.3	1,130
Southern	2.3	24.1	44.8	74.3	603
Region					
Dodoma	3.4	29.0	22.2	70.2	376
Arusha	1.5	9.0	31.2	89.8	254
Kilimanjaro	2.9	8.6	44.0	90.1	249
Tanga	4.0	12.1	43.4	86.1	275
Morogoro	2.1	27.6	25.9	71.1	315
Pwani	3.3	30.1	32.3	69.1	198
Dar es Salaam	2.0	9.5	32.7	88.5	618
Lindi	1.8	23.9	41.0	75.3	152
Mtwara	2.4	25.9	46.8	72.1	264
Ruvuma	2.6	21.8	45.0	76.5	186
Iringa	4.3	25.1	31.6	73.7	297
Mbeya	2.1	6.2	14.6	92.6	461
Singida	1.9	16.2	31.3	82.8	276
Tabora	2.2	17.7	24.0	80.7	471
Rukwa	0.9	8.7	21.7	90.7	271
Kigoma	2.3	23.3	30.4	75.7	427
Shinyanga	3.1	18.9	37.7	79.2	774
Kagera	2.0	22.7	23.0	76.7	468
Mwanza	2.9	16.9	28.2	82.7	835
Mara	2.8	14.1	34.9	84.4	340
Manyara	1.3	8.9	32.4	90.1	223
Zanzibar North	3.4	22.0	38.8	76.3	45
Zanzibar South	8.1	13.3	39.3	81.3	22
Town West	5.5	17.6	47.2	78.8	121
Pemba North	0.7	13.2	36.4	86.8	49
Pemba South	1.5	7.1	29.6	91.4	43
Education					
No education	1.8	15.6	26.7	83.5	2,200
Primary incomplete	2.1	13.5	29.3	85.4	1,548
Primary complete	3.1	20.7	33.4	77.9	3,659
Secondary+	3.6	14.2	38.8	83.4	603
Wealth quintile					
Lowest	2.1	17.0	28.1	82.1	1,589
Second	1.6	17.1	31.6	81.9	1,632
Middle	2.4	19.4	29.9	79.5	1,580
Fourth	3.6	20.2	32.5	78.1	1,520
Highest	3.3	13.8	33.7	84.5	1,689
Total	2.6	17.4	31.2	81.3	8,010

5.12 DISCUSSION ABOUT FAMILY PLANNING WITH HUSBAND

Although discussion between couples about contraceptive use is not a precondition for adoption of contraception, its absence may be an impediment to use. Interspousal communication is thus an important intermediate step along the path to eventual adoption and especially continuation of contraceptive use. Lack of discussion may reflect a lack of personal interest, hostility to the subject, or customary reticence in talking about sex-related matters. To explore this subject, married women interviewed in the 2004-05 TDHS survey were asked about the number of times family planning was discussed with their husband in the 12 months preceding the survey.

Table 5.20 presents information on currently married women who know a contraceptive method by the number of times they discussed family planning with their husbands in the past year, according to age. The majority (65 percent) reported at least one discussion. This is higher than the 1999 TRCHS, in which 57 percent reported having had a discussion. Women in their prime child-bearing years were the most likely to have had multiple discussions about family planning with their husbands. One-third of women reported that they never discussed family planning with their husbands. The youngest and the oldest women were the least likely to have had a discussion about family planning.

Table 5.20 Discussion of family planning with husband

Percent distribution of currently married women who know a contraceptive method by the number of times they discussed family planning with their husband in the past year, according to current age, Tanzania 2004-05

	Number of times family planning discussed with husband					
Age	Never	One or two	Three or more	Missing	Total	Number of women
15-19	49.6	31.4	18.0	1.0	100.0	548
20-24	32.0	31.8	35.0	1.2	100.0	1,361
25-29	25.5	30.9	42.5	1.2	100.0	1,498
30-34	29.3	25.8	43.9	0.9	100.0	1,279
35-39	36.1	25.4	37.6	0.9	100.0	877
40-44	39.6	23.0	36.8	0.5	100.0	678
45-49	47.9	20.8	31.0	0.2	100.0	560
Total	34.1	27.8	37.2	0.9	100.0	6,801

5.13 ATTITUDES TOWARDS FAMILY PLANNING

When couples have a positive attitude towards family planning, they are more likely to adopt a family planning method. In the 2004-05 TDHS, married women were asked whether they approved of family planning and what they perceived as their husband's attitude towards family planning. This information is shown in Table 5.21 and it is important in the formulation of family planning policies because it indicates the extent to which further education and publicity are needed to increase acceptance of family planning.

More than 8 in 10 married women (86 percent) who know of a contraceptive method approve of family planning. The majority of those who approve, which is 60 percent of all respondents, reported that their husbands also approve of family planning. However, 16 percent of women who themselves approve say that their husbands disapprove. Among the 12 percent of those interviewed who disapprove of family planning, almost all reported that their husbands also disapprove of family planning.

Education plays a significant role in approval of family planning. Eighty-four percent of women with at least some secondary education reported that both they and their husbands approve of family planning. This is two times the proportion of women with no education (41 percent). Approval of family planning is also higher among those living in wealthier households.

As expected, those respondents living in urban areas are more likely than those in rural areas to report approval. There is significant regional variation in approval of family planning. The proportion of women reporting that both they and their husbands approve of family planning ranges from a high of 81 percent in Ruvuma to a low of 28 percent in Pemba South.

Table 5.21 Attitudes towards family planning

Percent distribution of currently married women who know of a method of family planning (FP), by approval of family planning and their perception of their husband's attitude towards family planning, according to background characteristics, Tanzania 2004-05

Background characteristic	Respondent approves of family planning			Respondent disapproves of family planning			Respondent unsure[1]	Total	Number of women
	Husband approves	Husband disapproves	Husband's attitude unknown/ missing	Husband approves	Husband disapproves	Husband's attitude unknown/ missing			
Age									
15-19	52.5	12.8	19.6	1.2	6.4	4.0	3.5	100.0	548
20-24	62.7	15.3	9.8	0.8	7.2	1.9	2.2	100.0	1,361
25-29	68.7	14.9	6.9	1.0	6.1	1.3	1.1	100.0	1,498
30-34	63.4	15.7	7.6	1.4	8.9	1.6	1.4	100.0	1,279
35-39	55.2	17.7	11.5	1.0	8.4	2.0	4.2	100.0	877
40-44	52.3	17.4	11.4	1.1	12.8	2.6	2.3	100.0	678
45-49	44.6	18.5	13.7	1.0	14.9	2.2	5.1	100.0	560
Residence									
Urban	74.3	11.5	7.1	1.0	4.0	0.6	1.4	100.0	1,642
Rural	55.2	17.3	11.2	1.1	10.0	2.4	2.7	100.0	5,159
Mainland/Zanzibar									
Mainland	60.1	15.8	10.2	1.1	8.5	2.0	2.4	100.0	6,622
Total urban	74.1	11.6	6.9	1.0	4.5	0.6	1.3	100.0	1,639
Dar es Salaam city	74.6	13.1	5.7	0.8	3.9	1.1	0.8	100.0	538
Other urban	73.8	10.8	7.5	1.1	4.8	0.4	1.6	100.0	1,101
Total rural	55.5	17.1	11.2	1.1	9.8	2.4	2.8	100.0	4,983
Zanzibar	49.4	20.3	12.8	1.9	10.2	3.3	2.1	100.0	179
Unguja	56.1	18.8	11.7	1.1	7.3	3.2	1.9	100.0	123
Pemba	34.7	23.7	15.2	3.6	16.6	3.4	2.8	100.0	56
Zone									
Western	46.5	15.6	17.4	1.7	10.4	3.9	4.5	100.0	1,297
Northern	64.8	12.0	9.7	0.9	7.5	2.2	2.8	100.0	933
Central	52.9	19.2	7.5	1.1	14.6	3.8	0.9	100.0	531
Southern highlands	64.0	14.1	5.5	0.8	10.7	1.7	3.1	100.0	992
Lake	60.5	21.3	9.7	0.9	4.8	0.7	2.1	100.0	1,263
Eastern	67.0	13.3	8.9	1.2	7.6	0.9	1.1	100.0	1,024
Southern	69.7	14.1	8.1	0.2	6.4	0.7	0.7	100.0	581
Region									
Dodoma	58.9	19.5	6.2	0.8	12.2	1.9	0.4	100.0	330
Arusha	72.1	8.9	8.7	1.3	5.6	2.1	1.4	100.0	231
Kilimanjaro	71.2	6.1	10.2	0.0	7.4	2.4	2.7	100.0	214
Tanga	62.2	13.8	9.7	1.8	8.8	1.3	2.4	100.0	290
Morogoro	61.3	13.5	11.0	0.9	11.5	1.0	0.9	100.0	310
Pwani	53.5	13.8	15.1	2.8	12.1	0.3	2.3	100.0	176
Dar es Salaam	74.6	13.1	5.7	0.8	3.9	1.1	0.8	100.0	538
Lindi	70.6	12.4	7.7	0.8	7.7	0.8	0.0	100.0	154
Mtwara	60.1	21.4	11.9	0.0	4.8	0.4	1.3	100.0	234
Ruvuma	80.7	6.7	3.9	0.0	7.3	0.9	0.5	100.0	193
Iringa	62.7	10.0	6.1	1.4	17.5	1.8	0.4	100.0	251
Mbeya	68.6	15.0	4.2	0.4	5.7	1.8	4.2	100.0	519
Singida	43.0	18.7	9.7	1.5	18.6	6.7	1.8	100.0	202
Tabora	41.4	20.4	11.6	1.1	17.7	3.4	4.4	100.0	384
Rukwa	54.8	16.3	7.8	1.3	14.9	1.6	3.4	100.0	223
Kigoma	54.6	16.7	10.4	2.3	10.5	2.7	2.9	100.0	312
Shinyanga	45.5	12.0	24.7	1.9	5.6	4.9	5.3	100.0	601
Kagera	77.6	9.8	9.2	0.7	1.2	0.0	1.6	100.0	387
Mwanza	56.9	29.4	6.4	0.6	5.0	0.0	1.6	100.0	628
Mara	43.1	18.7	18.8	2.0	9.9	3.4	4.1	100.0	248
Manyara	53.4	19.4	10.4	0.0	8.2	3.4	5.1	100.0	197
Zanzibar North	40.8	17.4	16.0	1.2	15.5	6.8	2.3	100.0	28
Zanzibar South	64.0	18.8	6.6	1.8	5.0	2.0	1.8	100.0	17
Town West	60.0	19.3	11.2	1.0	4.8	2.1	1.7	100.0	78
Pemba North	40.6	22.0	19.3	3.2	8.9	4.5	1.6	100.0	31
Pemba South	27.5	25.8	10.2	4.1	26.0	2.1	4.2	100.0	25

Continued...

Table 5.21—*Continued*

Percent distribution of currently married women who know of a method of family planning (FP), by approval of family planning and their perception of their husband's attitude towards family planning, according to background characteristics, Tanzania 2004-05

Background characteristic	Respondent approves of family planning			Respondent disapproves of family planning			Respondent unsure[1]	Total	Number of women
	Husband approves	Husband disapproves	Husband's attitude unknown/ missing	Husband approves	Husband disapproves	Husband's attitude unknown/ missing			
Education									
No education	40.5	20.4	15.6	1.0	14.8	3.6	4.1	100.0	1,873
Primary incomplete	56.5	17.1	10.6	1.4	8.1	2.5	3.7	100.0	1,054
Primary complete	68.6	14.0	7.9	1.0	6.0	1.2	1.3	100.0	3,500
Secondary+	83.5	6.8	4.3	1.1	3.1	0.5	0.7	100.0	374
Wealth quintile									
Lowest	42.0	21.1	12.5	1.1	14.9	3.6	4.9	100.0	1,280
Second	51.8	18.5	12.5	1.5	10.1	2.7	2.8	100.0	1,372
Middle	59.5	15.9	11.7	1.0	7.9	1.6	2.3	100.0	1,352
Fourth	65.1	15.4	8.8	0.9	6.5	1.5	1.7	100.0	1,359
Highest	78.6	9.1	6.0	0.9	4.0	0.7	0.7	100.0	1,438
Total	59.8	15.9	10.2	1.1	8.6	2.0	2.4	100.0	6,801

[1] Includes missing

OTHER PROXIMATE DETERMINANTS OF FERTILITY 6

This chapter addresses the principal factors, other than contraception, which affect a woman's risk of becoming pregnant. These factors include marriage, polygyny, sexual activity, postpartum amenorrhoea, abstinence from sexual activity, and onset of menopause. Direct measures of the beginning of exposure to pregnancy and the level of exposure are also measured in this chapter.

6.1 CURRENT MARITAL STATUS

Marriage is a primary indication of the regular exposure of women to the risk of pregnancy and therefore is important for the understanding of fertility. Populations in which age at first marriage is low tend to have early childbearing and high fertility.

Table 6.1 presents the percent distribution of women by marital status, according to age. The term "married" refers to legal or formal marriage, while "living together" designates an informal union in which a man and a woman live together, even if a formal civil or religious ceremony has not occurred. In later tables that do not list "living together" as a separate category, these women are included in the "currently married" group. Respondents who are currently married, widowed, divorced, or separated are referred to as "ever married."

Table 6.1 Current marital status

Percent distribution of women and men by current marital status, according to age, Tanzania 2004-05

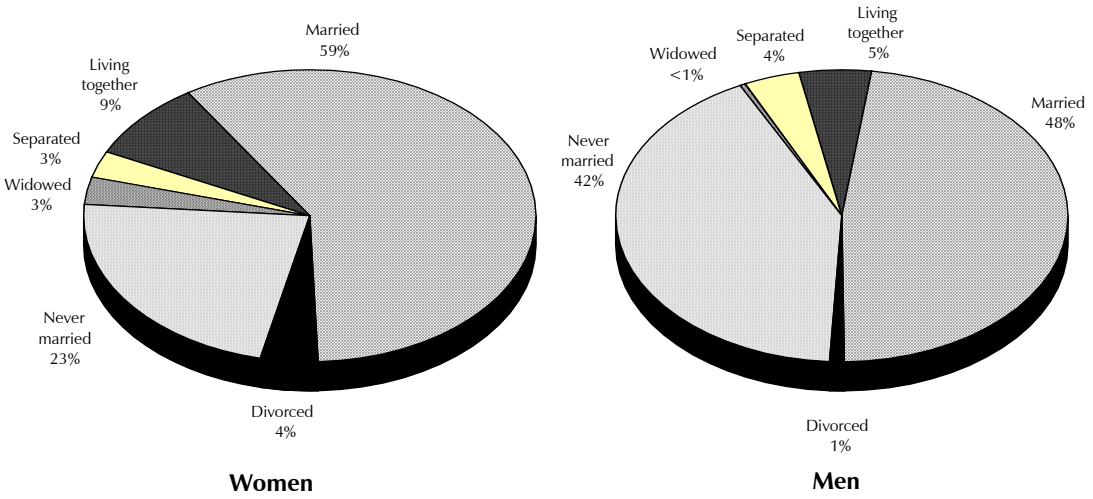
Age	Marital status						Total	Number of women/men
	Never married	Married	Living together	Divorced	Separated	Widowed		
				WOMEN				
15-19	72.1	21.9	4.3	0.6	1.0	0.0	100.0	2,245
20-24	23.8	59.6	10.2	3.0	3.0	0.4	100.0	2,007
25-29	9.0	68.1	12.1	5.3	4.0	1.6	100.0	1,885
30-34	4.2	75.9	7.9	5.4	3.6	3.0	100.0	1,542
35-39	1.5	72.4	11.6	5.4	4.2	5.0	100.0	1,053
40-44	0.8	74.4	8.8	6.7	4.6	4.8	100.0	834
45-49	2.4	67.6	8.4	7.4	2.5	11.7	100.0	763
Total	23.0	58.5	8.8	4.1	3.1	2.6	100.0	10,329
				MEN				
15-19	98.7	0.9	0.2	0.0	0.2	0.0	100.0	637
20-24	65.4	26.1	3.5	0.5	4.3	0.2	100.0	493
25-29	25.0	61.4	8.5	0.5	4.7	0.0	100.0	405
30-34	8.7	73.8	10.3	0.6	6.0	0.6	100.0	387
35-39	3.4	82.6	7.2	0.6	5.1	1.3	100.0	278
40-44	1.4	83.9	6.4	2.5	5.1	0.8	100.0	265
45-49	0.0	84.4	4.4	1.5	8.3	1.4	100.0	170
Total	41.7	48.0	5.2	0.7	4.0	0.4	100.0	2,635

A total of 23 percent of women age 15-49 have never married, 59 percent are married, 9 percent are living together, 4 percent are divorced, and 3 percent each are separated or widowed. One-quarter of women age 15-19 are married or living together. Almost 2 percent of women age 15-19 are divorced or separated. The proportion of women who are currently married or living together increases with age up to 84 percent in the 30-34 age group and then decreases to 76 percent of women age 45-49. As expected, the proportion of women who are widowed or divorced increases with age.

A review of the results from the 1999 TRCHS and the 2003-04 THIS shows there has been little change in current marital status between the surveys.

Figure 6.1 shows that compared with women, men are more likely to have never married (42 percent of men and 23 percent of women). This difference is largely explained by the tendency of men to marry at later ages. For example, 70 percent of women between the ages of 20 and 24 are in union, compared with only 30 percent of men of the same age. However, men age 35 and over are more likely to be currently married than women in the same age group.

Figure 6.1 Marital Status of Respondents



Note: Totals may not add to 100 percent because of rounding. TDHS 2004-05

6.2 POLYGYNY

Polygyny (having more than one wife) is common in Africa and has implications for frequency of sexual activity and fertility. Table 6.2 shows the percent distribution of currently married women by number of cowives according to the background characteristics. Polygyny was measured by asking all currently married female respondents whether their husbands or partners had other wives, and if so, how many. About one-fourth of currently married women are in polygynous unions, representing a slight decline since the 1996 TDHS when 29 percent were in polygynous unions.

The level of polygyny increases with age. For example, 12 percent of currently married women age 15-19 are in a polygynous union compared with 35 percent of those age 45-49. Rural women, women with less education, and those from lower wealth quintiles are more likely than other women to be in polygynous unions. Regional differences are marked: 34 percent of married women in Zanzibar North and Mara regions are in polygynous unions, compared with less than 8 percent of women in Dar es Salaam.

Data on polygynous unions among currently married men are also given in Table 6.2. One in ten men age 15-49 are in polygynous unions. This proportion varies by background characteristics. Similar to women, older men, those living in rural areas, and those with less education are more likely to be in polygynous unions. Men in Zanzibar are more likely to be in a polygynous union (18 percent) than men in the Mainland (10 percent).

Table 6.2 Number of cowives and wives

Percent distribution of currently married women by number of cowives, and percent distribution of currently married men by number of wives, according to background characteristics, Tanzania 2004-05-05

Background characteristic	Women						Men				
	Number of cowives					Number of women	Number of wives				Number of men
	0	1	2+	Missing	Total		1	2+	Missing	Total	
Age											
15-19	86.5	9.2	2.4	1.9	100.0	590	*	*	*	100.0	7
20-24	84.3	11.9	2.8	1.0	100.0	1,400	97.1	2.9	0.0	100.0	146
25-29	78.5	17.7	3.0	0.8	100.0	1,511	95.6	4.0	0.4	100.0	283
30-34	76.2	17.2	5.7	0.9	100.0	1,292	86.9	13.1	0.0	100.0	326
35-39	66.8	24.8	7.4	1.0	100.0	884	88.5	10.8	0.8	100.0	249
40-44	67.6	22.2	9.3	1.0	100.0	694	81.8	14.7	3.5	100.0	239
45-49	64.0	25.5	9.9	0.6	100.0	580	84.4	13.1	2.5	100.0	151
Residence											
Urban	84.8	11.6	1.8	1.8	100.0	1,647	97.2	2.8	0.0	100.0	322
Rural	73.5	19.6	6.2	0.7	100.0	5,303	86.5	12.1	1.4	100.0	1,078
Mainland/Zanzibar											
Mainland	76.3	17.6	5.2	1.0	100.0	6,769	89.1	9.8	1.1	100.0	1,365
Total urban	85.4	11.0	1.7	1.9	100.0	1,644	97.9	2.1	0.0	100.0	323
Dar es Salaam city	88.0	6.5	1.2	4.3	100.0	541	(100.0)	(0.0)	(0.0)	100.0	106
Other urban	84.0	13.3	1.9	0.8	100.0	1,103	96.9	3.1	0.0	100.0	217
Total rural	73.4	19.6	6.3	0.7	100.0	5,125	86.4	12.2	1.4	100.0	1,043
Zanzibar	71.3	24.4	3.8	0.5	100.0	182	81.0	18.0	0.9	100.0	35
Unguja	71.4	24.8	3.0	0.7	100.0	123	81.0	19.0	0.0	100.0	23
Pemba	70.9	23.6	5.3	0.2	100.0	58	81.1	16.2	2.7	100.0	12
Zone											
Western	70.4	21.2	7.5	0.8	100.0	1,341	86.5	10.7	2.7	100.0	259
Northern	79.0	12.8	7.0	1.3	100.0	951	90.8	8.1	1.0	100.0	198
Central	77.4	17.7	4.0	0.9	100.0	552	88.5	11.5	0.0	100.0	117
Southern highlands	73.4	20.6	5.5	0.5	100.0	1,013	83.9	15.3	0.8	100.0	203
Lake	73.2	21.5	4.9	0.4	100.0	1,300	88.0	10.9	1.2	100.0	263
Eastern	85.7	10.4	1.6	2.3	100.0	1,027	96.3	3.7	0.0	100.0	198
Southern	79.7	15.2	4.4	0.7	100.0	584	91.9	7.3	0.8	100.0	128
Region											
Dodoma	80.0	14.9	4.3	0.8	100.0	333	94.6	5.4	0.0	100.0	66
Arusha	79.1	7.8	12.0	1.1	100.0	243	91.3	4.7	4.0	100.0	50
Kilimanjaro	88.6	6.9	2.7	1.8	100.0	214	(97.6)	(2.4)	(0.0)	100.0	46
Tanga	75.2	20.9	2.1	1.8	100.0	291	(80.3)	(19.7)	(0.0)	100.0	56
Morogoro	84.4	13.7	1.9	0.0	100.0	311	(95.5)	(4.5)	(0.0)	100.0	54
Pwani	80.4	16.9	2.6	0.0	100.0	176	87.5	12.5	0.0	100.0	38
Dar es Salaam	88.0	6.5	1.2	4.3	100.0	541	(100.0)	(0.0)	(0.0)	100.0	106
Lindi	82.3	13.5	3.0	1.3	100.0	156	94.8	5.2	0.0	100.0	34
Mtwara	72.9	19.2	7.1	0.9	100.0	235	88.2	10.1	1.6	100.0	58
Ruvuma	85.9	11.9	2.2	0.0	100.0	193	(95.2)	(4.8)	(0.0)	100.0	35
Iringa	80.4	13.7	5.0	1.0	100.0	254	94.2	5.8	0.0	100.0	65
Mbeya	69.1	23.2	7.4	0.3	100.0	526	75.3	22.9	1.8	100.0	94
Singida	73.5	21.9	3.5	1.1	100.0	219	80.7	19.3	0.0	100.0	51
Tabora	71.2	23.6	5.0	0.2	100.0	395	87.4	10.0	2.6	100.0	72
Rukwa	75.6	22.4	1.7	0.3	100.0	233	87.3	12.7	0.0	100.0	44
Kigoma	79.4	12.2	8.1	0.3	100.0	312	(94.6)	(5.4)	(0.0)	100.0	58
Shinyanga	65.4	24.3	8.9	1.5	100.0	634	82.4	13.5	4.1	100.0	129
Kagera	75.3	20.6	4.1	0.0	100.0	403	93.6	6.4	0.0	100.0	89
Mwanza	75.0	21.6	2.9	0.5	100.0	645	88.4	11.6	0.0	100.0	125
Mara	65.3	22.6	11.5	0.7	100.0	252	76.4	17.3	6.3	100.0	49
Manyara	74.1	13.1	12.5	0.3	100.0	203	96.6	3.4	0.0	100.0	46
Zanzibar North	65.0	30.8	3.5	0.7	100.0	28	82.7	17.3	0.0	100.0	5
Zanzibar South	72.3	23.9	1.7	2.1	100.0	17	(76.4)	(23.6)	(0.0)	100.0	3
Town West	73.6	22.9	3.2	0.3	100.0	78	81.3	18.7	0.0	100.0	15
Pemba North	69.7	25.0	5.3	0.0	100.0	31	82.1	14.5	3.4	100.0	6
Pemba South	72.2	22.0	5.3	0.4	100.0	27	80.0	18.1	1.9	100.0	6
Education											
No education	69.4	21.1	8.5	1.0	100.0	1,994	86.7	11.7	1.7	100.0	193
Primary incomplete	73.4	20.6	5.4	0.6	100.0	1,070	86.3	11.7	2.0	100.0	266
Primary complete	79.6	15.8	3.6	1.0	100.0	3,512	89.6	9.6	0.8	100.0	820
Secondary+	87.9	9.8	1.0	1.3	100.0	375	93.8	6.1	0.1	100.0	122
Wealth quintile											
Lowest	72.1	19.7	7.8	0.4	100.0	1,341	88.3	9.9	1.8	100.0	281
Second	74.9	19.8	4.8	0.5	100.0	1,424	88.4	10.7	1.0	100.0	294
Middle	71.3	20.7	7.1	0.9	100.0	1,380	84.1	14.4	1.5	100.0	292
Fourth	77.7	17.0	4.6	0.7	100.0	1,365	89.2	9.7	1.1	100.0	261
Highest	84.3	11.6	1.8	2.2	100.0	1,440	95.1	4.9	0.0	100.0	272
Total	76.2	17.7	5.2	1.0	100.0	6,950	88.9	10.0	1.1	100.0	1,401

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

6.3 AGE AT FIRST MARRIAGE

In Tanzania, marriage is highly associated with fertility because it is correlated with exposure to risk of conception. The duration of exposure to the risk of pregnancy depends primarily on the age at which women first marry. Women who marry earlier, on average, have their first child earlier and give birth to more children, contributing to higher fertility rates.

As shown in Table 6.3, the median age at first marriage for women 25-49 is 18.6 years. The median age at first marriage for women in Tanzania has risen from 17.6 years among women age 45-49 to 18.7 years among women age 20-24. The proportion of women married by age 15 declined from 16 percent among women age 45-49 to 5 percent among women age 15-19 years. The percentage of women age 15-19 married by age 15 in the 1999 TRCHS was 4 percent.

Table 6.3 Age at first marriage

Percentage of women and men who were first married by specific exact ages and median age at first marriage, according to current age, Tanzania 2004-05

Current age	Percentage first married by exact age: 15	18	20	22	25	Percentage never married	Number	Median age at first marriage
				WOMEN				
15-19	4.6	na	na	na	na	72.1	2,245	a
20-24	6.4	41.1	62.4	na	na	23.8	2,007	18.7
25-29	7.3	36.2	61.5	77.3	87.4	9.0	1,885	19.0
30-34	8.0	42.0	63.8	78.0	87.4	4.2	1,542	18.7
35-39	8.3	45.7	67.9	80.9	89.1	1.5	1,053	18.4
40-44	11.0	45.2	66.7	80.2	91.3	0.8	834	18.5
45-49	15.5	56.2	71.2	82.2	90.5	2.4	763	17.6
20-49	8.5	42.6	64.5	77.7	85.5	9.3	8,084	18.6
25-49	9.2	43.1	65.2	79.1	88.6	4.5	6,077	18.6
				MEN				
15-19	0.0	na	na	na	na	98.7	637	a
20-24	0.0	2.2	12.3	na	na	65.4	493	a
25-29	0.5	4.5	15.1	32.4	62.7	25.0	405	23.6
30-34	0.5	4.2	13.9	29.9	53.8	8.7	387	24.6
35-39	0.7	4.1	12.5	29.0	55.0	3.4	278	24.4
40-44	0.6	10.0	18.6	28.7	59.1	1.4	265	24.2
45-49	0.4	8.2	16.2	32.7	53.1	0.0	170	24.6
20-49	0.4	4.9	14.4	29.5	51.7	23.6	1,998	a
25-49	0.6	5.7	15.1	30.5	57.3	9.8	1,505	24.2

na = Not applicable
a = Omitted because less than 50 percent of the respondents married for the first time before reaching the beginning of the age group

Men, on average, marry five to six years later than women. Table 6.3 shows that the median age at first marriage for men 25-49 is 24.2 years compared with 18.6 years for women.

Table 6.4 shows the median age at first marriage for women age 20-49 and 25-49 and men 30-49 by background characteristics. Because of the small number of married respondents interviewed, data for women age 15-19 and for men age 15-29 have been omitted.

Among women age 20-49, those living in urban areas marry a year and a half later than rural women (19.8 compared with 18.3). The median age at first marriage increases with level of education and wealth quintile. This pattern is also true for men.

Table 6.4 Median age at first marriage

Median age at first marriage among women age 20-49 and men age 30-49, by current age and background characteristics, Tanzania 2004-05

Background characteristic	Current age						Women age 20-49	Women age 25-49	Men age 30-49
	20-24	25-29	30-34	35-39	40-44	45-49			
Residence									
Urban	a	20.2	19.9	19.0	18.5	17.5	19.8	19.4	26.2
Rural	18.1	18.7	18.3	18.2	18.4	17.6	18.3	18.3	24.0
Mainland/Zanzibar									
Mainland	18.7	18.9	18.7	18.4	18.5	17.6	18.6	18.6	24.4
Total urban	a	20.0	19.8	18.9	18.6	17.6	19.7	19.3	26.1
Dar es Salaam city	a	21.1	21.2	(17.9)	*	*	a	20.4	26.2
Other urban	a	19.5	18.9	19.0	18.3	17.7	19.2	18.9	26.0
Total rural	18.1	18.7	18.3	18.3	18.5	17.6	18.3	18.4	24.0
Zanzibar	a	19.8	18.5	17.8	16.9	16.3	18.8	18.1	25.3
Unguja	a	20.3	18.9	18.0	16.7	16.0	19.1	18.4	26.1
Pemba	a	18.6	17.5	17.5	17.2	(16.9)	18.3	17.6	23.5
Zones									
Western	17.8	18.3	18.0	17.6	18.3	17.4	17.9	18.0	23.4
Northern	20.0	20.0	19.6	19.5	19.7	18.7	19.7	19.6	26.5
Central	19.2	18.4	18.2	18.8	18.3	18.0	18.6	18.4	(24.9)
Southern highlands	18.0	19.0	18.1	18.4	18.4	17.2	18.3	18.4	23.6
Lake	18.0	18.6	18.5	18.0	17.6	17.6	18.2	18.2	24.3
Eastern	a	19.9	20.3	18.2	20.3	17.4	19.7	19.5	25.9
Southern	18.6	19.1	18.4	18.3	18.2	17.4	18.5	18.4	23.2
Education									
No education	17.1	18.1	17.4	17.6	17.2	17.3	17.4	17.5	24.3
Primary incomplete	17.9	18.1	18.4	17.6	17.9	16.9	17.8	17.8	23.2
Primary complete	19.2	19.0	18.6	18.5	19.3	19.0	18.9	18.8	24.3
Secondary+	a	24.9	23.4	23.0	21.8	(20.6)	a	23.6	27.9
Wealth quintile									
Lowest	17.4	18.6	17.9	18.0	18.4	18.3	18.0	18.3	23.9
Second	17.9	18.2	18.0	18.0	18.2	17.4	18.0	18.0	23.9
Middle	18.3	18.9	17.9	18.0	18.3	17.3	18.2	18.2	23.1
Fourth	19.0	18.8	18.8	18.9	18.6	17.4	18.7	18.7	24.4
Highest	a	20.8	20.4	18.8	18.8	18.0	a	19.9	26.8
Total	18.7	19.0	18.7	18.4	18.5	17.6	18.6	18.6	24.4

Note: Figures in parentheses are based on 25 to 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
a = Omitted because less than 50 percent of the women married for the first time before reaching the beginning of the age group

6.4 AGE AT FIRST SEXUAL INTERCOURSE

While age at first marriage is often used as a proxy for first exposure to intercourse, the two events do not necessarily occur at the same time. Women and men sometimes engage in sexual relations before marriage. In the 2004-05 TDHS, women and men were asked how old they were when they first had sexual intercourse.

Table 6.5 shows that the median age at first intercourse for women age 20-49 is 17 years. Half of women age 15-19 have never had sexual intercourse. However, this proportion falls dramatically to 8 percent among women 20-24, and by age 30-34 almost all women have been sexually active. Median age at first intercourse has remained roughly the same over the various age groups of women. However, the percentage of women age 15-19 who had first sexual intercourse before age 15 seems to have declined slightly between the 1999 and 2004-05 surveys, from 15 to 11 percent.

Table 6.5 Age at first sexual intercourse

Percentage of women and men who had first sexual intercourse by specific exact ages and median age at first intercourse, according to current age, Tanzania 2004-05

Current age	Percentage who had first sexual intercourse by exact age: 15	18	20	22	25	Percentage who never had intercourse	Number	Median age at first intercourse
				WOMEN				
15-19	11.4	na	na	na	na	50.6	2,245	a
20-24	13.5	62.5	82.8	na	na	8.3	2,007	17.1
25-29	14.7	59.3	80.0	89.4	93.4	1.8	1,885	17.3
30-34	13.3	62.1	81.3	89.3	92.8	0.6	1,542	17.0
35-39	14.0	64.6	82.6	90.3	93.9	0.2	1,053	17.0
40-44	15.3	60.8	80.2	88.3	93.4	0.1	834	17.1
45-49	21.5	70.2	81.0	90.0	93.7	0.0	763	16.6
20-49	14.8	62.5	81.4	89.4	92.6	2.6	8,084	17.0
25-49	15.2	62.5	81.0	89.4	93.4	0.8	6,077	17.0
				MEN				
15-19	13.0	na	na	na	na	52.3	637	a
20-24	4.8	43.2	76.2	na	na	11.4	493	18.3
25-29	9.2	46.0	76.4	89.5	95.5	3.0	405	18.2
30-34	6.0	44.2	67.4	83.1	91.5	2.0	387	18.4
35-39	5.4	34.5	63.3	76.9	85.4	0.8	278	18.7
40-44	3.7	39.6	64.6	78.3	89.4	0.6	265	18.7
45-49	6.3	33.5	58.7	70.7	85.4	0.0	170	18.8
20-49	6.0	41.4	69.7	82.6	89.9	4.0	1,998	18.4
25-49	6.4	40.9	67.6	81.4	90.4	1.6	1,505	18.5

na = Not applicable
a = Omitted because less than 50 percent of the respondents had intercourse for the first time before reaching the beginning of the age group

As observed with age at first marriage, on average, men initiate sexual activity later than women. The median age at first sex for men age 20-49 is 18.4 years, more than one year later than women. The median age at first intercourse drops very slightly across the age groups from 18.8 years among men 45-49 to 18.3 among men 20-24.

Differentials in age at first sex by background characteristics are shown in Table 6.6. Urban women have their first sexual experience at slightly older ages than their rural counterparts, while there is no significant difference between urban men and rural men. Median age at first intercourse is higher by one and a half years for women age 20-49 in Zanzibar than those in the Mainland.

Table 6.6 Median age at first intercourse

Median age at first sexual intercourse among women age 20-49 and men age 25-49, by current age and background characteristics, Tanzania 2004-05

Background characteristic	Current age						Women age 20-49	Women age 25-49	Men age 25-49
	20-24	25-29	30-34	35-39	40-44	45-49			
Residence									
Urban	18.0	17.6	17.9	17.5	17.4	16.4	17.6	17.5	18.6
Rural	16.8	17.2	16.7	16.8	17.0	16.6	16.9	16.9	18.5
Mainland/Zanzibar									
Mainland	17.0	17.3	17.0	17.0	17.1	16.6	17.0	17.0	18.4
Total urban	17.9	17.5	17.9	17.3	17.4	16.5	17.5	17.4	18.5
Dar es Salaam city	18.5	17.3	18.2	(17.3)	*	*	17.8	17.5	18.4
Other urban	17.5	17.6	17.6	17.3	17.5	16.5	17.4	17.4	18.6
Total rural	16.7	17.2	16.7	16.8	17.0	16.6	16.8	16.9	18.4
Zanzibar	a	19.4	18.3	18.2	16.8	16.2	18.6	18.0	22.5
Unguja	a	19.9	18.8	18.3	16.6	15.9	18.7	18.2	22.4
Pemba	a	18.4	17.5	18.0	17.4	(16.7)	18.4	17.8	22.6
Zone									
Western	16.6	17.4	16.7	16.7	16.7	16.4	16.8	16.9	18.3
Northern	18.2	18.5	18.1	17.7	19.1	18.0	18.3	18.4	18.5
Central	16.7	16.4	16.5	16.3	15.8	15.3	16.3	16.1	(18.5)
Southern highlands	17.5	17.9	17.3	17.7	17.9	16.6	17.5	17.5	19.0
Lake	16.3	16.9	16.7	16.7	16.6	16.6	16.7	16.7	18.4
Eastern	17.8	17.1	17.9	17.2	17.6	16.8	17.5	17.3	18.4
Southern	16.5	16.4	16.0	16.2	16.0	15.9	16.3	16.2	17.9
Education									
No education	15.9	16.5	16.0	16.1	16.3	16.4	16.2	16.3	18.6
Primary incomplete	16.6	16.5	16.2	16.0	16.6	16.1	16.4	16.3	18.3
Primary complete	17.5	17.5	17.2	17.3	17.8	17.1	17.4	17.4	18.4
Secondary+	19.5	20.1	20.6	20.2	20.5	(19.0)	a	20.3	19.7
Wealth quintile									
Lowest	16.3	16.9	16.5	16.7	16.7	16.4	16.6	16.6	18.4
Second	16.5	17.1	16.2	16.7	16.9	16.5	16.6	16.7	18.2
Middle	16.9	17.1	16.6	16.5	16.8	16.5	16.8	16.7	18.5
Fourth	17.5	17.5	17.5	17.6	17.5	16.6	17.4	17.4	18.7
Highest	18.3	17.8	18.2	17.6	17.8	17.3	18.0	17.8	18.8
Total	17.1	17.3	17.0	17.0	17.1	16.6	17.0	17.0	18.5

Note: Figures in parentheses are based on 25 to 49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
a = Omitted because less than 50 percent of the women had intercourse for the first time before reaching the beginning of the age group

6.5 RECENT SEXUAL ACTIVITY

In the absence of contraception, the probability of pregnancy is related to the frequency of intercourse. Thus, information on sexual activity can be used to refine measures of exposure to pregnancy. Survey results are shown in Table 6.7.

In the 4 weeks before the survey, 58 percent of women age 15-49 years were sexually active, 20 percent had been sexually active in the previous year but not in the previous month, and 7 percent had sexual intercourse one or more years before the survey. An additional 13 percent of women reported they had never had sex.

Table 6.7.1 Recent sexual activity: women

Percent distribution of women by timing of last sexual intercourse, according to background characteristics, Tanzania 2004-05

Background characteristic	Timing of last sexual intercourse: Within the past 4 weeks	Within 1 year[1]	One or more years ago	Missing	Never had sexual intercourse	Total	Number of women
Age							
15-19	27.0	16.3	5.3	0.7	50.6	100.0	2,245
20-24	58.7	24.0	6.7	2.4	8.3	100.0	2,007
25-29	69.3	21.5	4.8	2.6	1.8	100.0	1,885
30-34	70.7	20.8	5.9	2.0	0.6	100.0	1,542
35-39	68.4	19.7	9.1	2.6	0.2	100.0	1,053
40-44	70.1	17.9	10.7	1.1	0.1	100.0	834
45-49	63.9	17.1	17.5	1.5	0.0	100.0	763
Marital status							
Never married	14.2	18.7	9.3	0.9	56.9	100.0	2,371
Married or living together	76.6	18.0	3.6	1.9	0.0	100.0	6,950
Divorced/separated/ widowed	31.3	36.5	28.1	4.1	0.0	100.0	1,007
Marital duration[2]							
Married only once							
0-4 years	74.8	20.8	2.2	2.2	0.0	100.0	1,584
5-9 years	77.8	17.0	3.3	1.9	0.0	100.0	1,306
10-14 years	75.9	18.1	3.9	2.1	0.0	100.0	930
15-19 years	74.1	19.8	4.5	1.7	0.0	100.0	766
20-24 years	74.1	19.0	5.7	1.2	0.0	100.0	464
25+ years	75.0	14.8	9.0	1.1	0.0	100.0	485
Married more than once	80.5	15.5	2.2	1.8	0.0	100.0	1,415
Residence							
Urban	55.1	20.7	7.6	1.3	15.4	100.0	2,935
Rural	58.9	19.7	7.2	2.1	12.1	100.0	7,394
Mainland/Zanzibar							
Mainland	58.1	20.1	7.3	1.9	12.5	100.0	10,016
Total urban	56.2	20.6	7.4	1.3	14.5	100.0	2,885
Dar es Salaam city	61.1	17.4	5.9	0.5	15.0	100.0	969
Other urban	53.7	22.2	8.2	1.6	14.3	100.0	1,916
Total rural	58.9	19.9	7.3	2.1	11.7	100.0	7,131
Zanzibar	47.6	14.7	6.1	0.8	30.8	100.0	313
Unguja	45.5	17.0	6.4	0.8	30.3	100.0	216
Pemba	52.2	9.5	5.7	0.8	31.8	100.0	97
Zone							
Western	58.0	20.2	5.2	2.4	14.2	100.0	1,880
Northern	51.4	21.9	9.5	1.6	15.5	100.0	1,496
Central	56.8	21.3	7.5	1.8	12.6	100.0	799
Southern highlands	52.8	21.5	10.3	2.1	13.3	100.0	1,440
Lake	64.9	17.7	4.8	2.6	10.0	100.0	1,865
Eastern	62.8	17.9	5.5	0.9	12.9	100.0	1,670
Southern	56.9	22.9	12.2	1.5	6.6	100.0	866
Region							
Dodoma	57.9	21.4	7.7	2.2	10.9	100.0	468
Arusha	44.8	22.8	12.0	1.7	18.7	100.0	391
Kilimanjaro	46.9	22.1	9.9	1.0	20.0	100.0	380
Tanga	61.4	23.5	4.9	0.5	9.7	100.0	431
Morogoro	65.1	19.0	4.0	1.3	10.7	100.0	449
Pwani	65.0	18.1	6.6	1.4	8.9	100.0	253
Dar es Salaam	61.1	17.4	5.9	0.5	15.0	100.0	969
Lindi	61.1	20.2	10.0	2.5	6.2	100.0	221
Mtwara	53.9	23.6	15.0	1.0	6.5	100.0	346
Ruvuma	57.2	24.1	10.6	1.3	6.9	100.0	299
Iringa	48.3	21.1	16.3	1.5	12.7	100.0	412
Mbeya	54.0	21.5	8.5	2.6	13.4	100.0	712
Singida	55.2	21.1	7.3	1.3	15.1	100.0	331
Tabora	62.1	22.8	4.6	2.9	7.6	100.0	520
Rukwa	56.0	21.8	6.5	1.7	13.9	100.0	316
Kigoma	52.0	15.1	6.0	1.7	25.2	100.0	499
Shinyanga	58.9	21.6	5.1	2.5	11.9	100.0	861
Kagera	68.9	12.3	3.9	1.2	13.8	100.0	545
Mwanza	68.1	16.3	4.6	3.1	8.0	100.0	939
Mara	51.4	28.9	6.6	3.3	9.8	100.0	381
Manyara	51.4	18.2	12.4	3.7	14.2	100.0	293
Zanzibar North	44.8	15.1	6.6	1.1	32.4	100.0	48
Zanzibar South	53.6	18.1	5.8	0.7	21.8	100.0	26
Town West	44.3	17.4	6.4	0.7	31.2	100.0	143
Pemba North	53.1	8.2	7.0	0.8	30.8	100.0	52
Pemba South	51.1	11.0	4.1	0.9	32.9	100.0	45

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Excludes women who had sexual intercourse within the past 4 weeks
[2] Excludes women who are not currently married

Continued...

Table 6.7.1—*Continued*

Percent distribution of women by timing of last sexual intercourse, according to background characteristics, Tanzania 2004-05

Background characteristic	Timing of last sexual intercourse: Within the past 4 weeks	Within 1 year[1]	One or more years ago	Missing	Never had sexual intercourse	Total	Number of women
Education							
No education	62.5	19.4	9.1	2.5	6.5	100.0	2,503
Primary incomplete	51.8	19.4	7.0	1.7	20.1	100.0	1,855
Primary complete	60.4	20.6	6.4	1.8	10.9	100.0	5,086
Secondary+	42.7	18.9	7.8	0.9	29.8	100.0	885
Current contraceptive method							
Female sterilization	75.3	15.9	8.0	0.9	0.0	100.0	213
Pill	89.2	10.0	0.4	0.4	0.0	100.0	479
IUD	*	*	*	*	*	*	13
Condom	71.8	26.8	0.9	0.4	0.0	100.0	315
Periodic abstinence	80.3	17.4	2.4	0.0	0.0	100.0	188
Other method	80.5	15.0	2.9	1.6	0.0	100.0	1,111
No method	51.2	21.1	8.7	2.1	16.8	100.0	8,010
Wealth quintile							
Lowest	56.5	22.9	8.7	2.8	9.1	100.0	1,840
Second	61.5	18.0	7.1	2.3	11.2	100.0	1,944
Middle	58.5	20.0	7.1	1.9	12.6	100.0	1,943
Fourth	58.0	20.6	7.2	1.5	12.7	100.0	2,004
Highest	55.5	18.9	6.6	1.1	17.9	100.0	2,597
Total	57.8	20.0	7.3	1.9	13.1	100.0	10,329

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Excludes women who had sexual intercourse within the past 4 weeks
[2] Excludes women who are not currently married

The proportion of women who were sexually active in the four weeks before the survey increases with age to more than two-thirds of women age 25-44 years. Women age 15-19 were least likely to have been sexually active (27 percent). As expected, women who are currently married or living with a man are more likely to be sexually active (77 percent) than women who have never married (14 percent) and who are formerly married (31 percent). The proportion sexually active in the past four weeks stays remarkably stable through the duration of marriage.

Women in urban areas are slightly less likely to have been sexually active in the four weeks preceding the survey (55 percent) than those in rural areas (59 percent). The proportion of women who are sexually active is highest in Kagera (69 percent) and lowest in Town West (44 percent). As expected, women who are using a contraceptive method are more likely to be sexually active than women who are not using any method.

Levels of sexual activity among men are comparable to those of women, although they are slightly less likely to have had sex in the past year, and slightly more likely to have never had sex. Fifty-eight percent had sexual intercourse in the four weeks before the survey, 17 percent had sexual intercourse in the past year, but not in the previous four weeks, 9 percent had sex one or more years ago, and 16 percent have never had sexual intercourse. Men's sexual activity increases with age. Among men age 45-49, 83 percent had sex in the month preceding the interview, compared with 18 percent of the youngest men age 15-19.

As is the case with women, men who are currently married or living with a woman are most likely to have had sex in the four weeks before the survey: 86 percent compared with 25 percent of men who have never married and 43 percent of men who are formerly married. Recent sexual activity is roughly the same throughout the duration of marriage.

Table 6.7.2 Recent sexual activity: men

Percent distribution of men by timing of last sexual intercourse, according to background characteristics, Tanzania 2004-05

Background characteristic	Timing of last sexual intercourse: Within the past 4 weeks	Within 1 year[1]	One or more years ago	Missing	Never had sexual intercourse	Total	Number of men
Age							
15-19	18.2	15.4	14.0	0.0	52.3	100.0	637
20-24	52.0	23.2	13.3	0.0	11.4	100.0	493
25-29	71.5	17.9	7.1	0.4	3.0	100.0	405
30-34	78.4	12.5	6.5	0.6	2.0	100.0	387
35-39	81.5	14.2	3.5	0.0	0.8	100.0	278
40-44	77.0	16.7	5.0	0.6	0.6	100.0	265
45-49	83.4	11.3	4.7	0.6	0.0	100.0	170
Marital status							
Never married	24.6	20.1	17.7	0.0	37.6	100.0	1,100
Married or living together	86.4	11.7	1.4	0.5	0.0	100.0	1,401
Divorced/separated/ widowed	42.6	38.3	19.1	0.0	0.0	100.0	135
Marital duration							
Married only once							
0-4 years	82.3	15.5	1.8	0.4	0.0	100.0	324
5-9 years	87.2	12.6	0.3	0.0	0.0	100.0	294
10-14 years	91.5	7.9	0.6	0.0	0.0	100.0	180
15-19 years	82.5	16.2	0.1	1.2	0.0	100.0	145
20-24 years	85.9	12.2	1.9	0.0	0.0	100.0	82
25+ years	(93.0)	(3.5)	(3.5)	(0.0)	(0.0)	(100.0)	41
Married more than once	87.9	8.3	2.8	1.0	0.0	100.0	335
Residence							
Urban	53.2	20.5	9.8	0.3	16.2	100.0	716
Rural	60.3	15.1	8.9	0.2	15.5	100.0	1,919
Mainland/Zanzibar							
Mainland	58.9	16.8	9.2	0.3	14.9	100.0	2,556
Total urban	53.7	20.6	10.1	0.3	15.3	100.0	716
Dar es Salaam city	52.7	24.9	8.0	0.0	14.3	100.0	267
Other urban	54.3	18.0	11.3	0.5	15.9	100.0	450
Total rural	60.9	15.4	8.8	0.2	14.7	100.0	1,840
Zanzibar	42.8	7.8	7.6	0.1	41.6	100.0	79
Unguja	41.2	10.4	8.9	0.0	39.5	100.0	53
Pemba	46.3	2.4	5.0	0.3	46.0	100.0	26
Zone							
Western	58.7	18.3	9.4	0.0	13.7	100.0	468
Northern	58.0	12.9	12.3	1.0	15.9	100.0	362
Central	64.5	15.6	7.0	0.0	12.9	100.0	212
Southern highlands	59.2	12.6	8.4	0.7	19.1	100.0	358
Lake	63.9	13.7	9.1	0.0	13.3	100.0	448
Eastern	51.0	23.9	9.1	0.0	16.0	100.0	462
Southern	60.7	19.7	7.5	0.3	12.0	100.0	245
Region							
Dodoma	68.9	15.1	4.3	0.0	11.7	100.0	113
Arusha	63.4	12.9	8.5	0.0	15.2	100.0	82
Kilimanjaro	45.7	15.2	15.3	2.4	21.3	100.0	104
Tanga	65.8	8.7	14.0	1.1	10.4	100.0	94
Morogoro	44.2	24.8	14.2	0.0	16.7	100.0	127
Pwani	56.7	18.3	3.6	0.0	21.4	100.0	68
Dar Es Salaam	52.7	24.9	8.0	0.0	14.3	100.0	267
Lindi	60.1	21.2	12.8	1.0	4.9	100.0	65
Mtwara	63.4	18.8	6.5	0.0	11.3	100.0	98
Ruvuma	57.9	19.4	4.5	0.0	18.2	100.0	83
Iringa	61.5	11.5	13.2	0.0	13.8	100.0	102
Mbeya	59.1	10.3	6.9	1.5	22.3	100.0	170
Singida	59.5	16.2	10.1	0.0	14.2	100.0	99
Tabora	68.6	19.2	7.2	0.0	5.0	100.0	127
Rukwa	56.8	18.5	5.6	0.0	19.1	100.0	87
Kigoma	41.4	16.0	19.3	0.0	23.3	100.0	127
Shinyanga	63.0	19.0	4.9	0.0	13.2	100.0	215
Kagera	69.5	12.3	8.5	0.0	9.7	100.0	122
Mwanza	60.9	13.0	11.6	0.0	14.5	100.0	229
Mara	64.0	17.1	3.7	0.0	15.2	100.0	98
Manyara	59.2	14.6	10.1	0.0	16.0	100.0	83
Zanzibar North	48.5	6.1	4.4	0.0	40.9	100.0	11
Zanzibar South	46.6	13.3	7.8	0.0	32.3	100.0	6
Town West	38.0	11.3	10.4	0.0	40.3	100.0	36
Pemba North	46.2	2.3	5.6	0.0	45.9	100.0	13
Pemba South	46.3	2.6	4.3	0.7	46.1	100.0	12

Note: Figures in parentheses are based on 25 to 49 unweighted cases.
[1] Excludes women who had sexual intercourse within the past 4 weeks
[2] Excludes women who are not currently married

Continued...

Table 6.7.2—*Continued*

Percent distribution of men by timing of last sexual intercourse, according to background characteristics, Tanzania 2004-05

Background characteristic	Timing of last sexual intercourse: Within the past 4 weeks	Within 1 year[1]	One or more years ago	Missing	Never had sexual intercourse	Total	Number of men
Education							
No education	63.7	12.0	7.1	0.3	16.9	100.0	312
Primary incomplete	50.7	12.4	10.1	0.0	26.7	100.0	646
Primary complete	62.8	18.9	8.5	0.2	9.6	100.0	1,381
Secondary+	48.9	19.7	11.7	0.9	18.8	100.0	296
Wealth quintile							
Lowest	61.7	12.0	9.5	0.0	16.8	100.0	484
Second	62.1	14.6	6.8	0.0	16.5	100.0	504
Middle	60.8	15.5	8.6	0.7	14.5	100.0	516
Fourth	55.7	17.6	10.8	0.0	15.9	100.0	517
Highest	52.9	21.8	9.7	0.5	15.0	100.0	615
Total	58.4	16.6	9.1	0.3	15.7	100.0	2,635

Note: Figures in parentheses are based on 25 to 49 unweighted cases.
[1] Excludes men who had sexual intercourse within the past four weeks
[2] Excludes men who are not currently married

Recent sexual activity is more common among men living in poorer households. For example, 62 percent of men in the lowest and second wealth quintiles had sexual intercourse in the four weeks before the survey compared with 53 percent of men in the highest wealth quintile. Variations in sexual activity are observed at the regional level. The proportion of men who had sex in the past four weeks ranges from 38 percent in Town West to 70 percent in Kagera, matching the data for women.

6.6 POSTPARTUM AMENORRHOEA, ABSTINENCE, AND INSUSCEPTIBILITY

Postpartum amenorrhoea refers to the interval between childbirth and the return of menstruation. The length and intensity of breastfeeding influence the duration of amenorrhoea, which offers protection from conception. Postpartum abstinence refers to the period between childbirth and the time when a woman resumes sexual activity. Delaying the resumption of sexual relations can also prolong protection. Women are considered to be insusceptible to pregnancy if they are not exposed to the risk of conception either because their menstrual period has not resumed since a birth or because they are abstaining from intercourse after childbirth.

As shown in Table 6.8, the median duration of amenorrhoea among women who gave birth in the three years preceding the survey is 11.5 months. The median duration of postpartum abstinence is much shorter—less than 4 months. Examining these two factors together shows that the median duration of postpartum insusceptibility to pregnancy is 13 months. During the first two months after childbirth, almost all women are insusceptible to pregnancy. Both amenorrhoea and abstinence play important roles in insusceptibility. From two months to the end of the third month after birth, nine in ten women are still insusceptible to conception, but the percentage of women receiving protection from postpartum abstinence drops to 58 percent. By 12-13 months after birth, 46 percent of women remain amenorrhoeic and 53 percent are insusceptible to pregnancy, but only 18 percent are abstaining from sexual relations.

A comparison of data with the 1999 TRCHS survey indicates that there have been slight decreases in the median durations of postpartum amenorrhoea and abstinence, resulting in a decline in the median duration of insusceptibility from 14.7 months in the 1999 TRCHS to 13 months in the 2004-05 TDHS.

Table 6.8 Postpartum amenorrhoea, abstinence, and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrhoeic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Tanzania 2004-05

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrhoeic	Abstaining	Insusceptible	
< 2	99.2	90.4	99.5	269
2-3	84.6	57.6	92.3	314
4-5	79.9	45.3	87.1	285
6-7	72.6	31.0	77.3	313
8-9	64.2	30.6	71.9	314
10-11	55.2	22.7	61.4	311
12-13	46.1	17.9	53.4	316
14-15	33.2	14.3	41.2	279
16-17	28.3	15.4	36.1	339
18-19	21.6	12.9	29.7	278
20-21	14.0	8.2	18.5	270
22-23	8.6	8.3	15.6	288
24-25	6.4	3.6	8.5	293
26-27	1.6	5.3	6.3	283
28-29	3.4	2.0	5.3	288
30-31	1.9	6.1	6.5	285
32-33	2.0	2.8	4.7	310
34-35	2.1	2.3	4.3	270
Total	35.2	20.9	40.5	5,305
Median	11.5	3.9	13.0	na
Mean	12.7	7.8	14.6	na

Note: Estimates are based on status at the time of the survey.
na = Not applicable

Table 6.9 shows the median durations of postpartum amenorrhoea, abstinence, and insusceptibility by background characteristics. The duration of amenorrhoea is substantially longer among women age 30-49 (13.6 months) than women age 15-29 (10.5 months). The duration of postpartum abstinence, on the other hand, is slightly longer among the younger women. The median length of postpartum insusceptibility is longer for the older age group than the younger age group (14.8 months compared with 11.9 months). Rural women have a longer period of amenorrhoea than urban women (12.0 and 9.4 months, respectively), a shorter period of postpartum abstinence (3.8 and 4.4 months, respectively), and a longer median period of insusceptibility (13.7 and 10.2 months, respectively).

Significant regional variations are seen in postpartum amenorrhoea, abstinence, and insusceptibility. The median duration of postpartum amenorrhoea ranges from 5.3 months in Zanzibar South to 16.6 months in Rukwa, and postpartum abstinence ranges from one month in Kagera to 21 months in Mtwara. Insusceptibility ranges from 7.5 months in Kilimanjaro and Town West to 21 months in Mtwara. Postpartum insusceptibility is longer among women with less education and women in the lower wealth quintile.

Table 6.9 Median duration of postpartum insusceptibility by background characteristics

Median number of months of postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Tanzania 2004-05

Background characteristic	Postpartum amenorrhoea	Postpartum abstinence	Postpartum insusceptibility	Number of births
Age				
15-29	10.5	4.2	11.9	3,371
30-49	13.6	3.5	14.8	1,934
Residence				
Urban	9.4	4.4	10.2	1,026
Rural	12.0	3.8	13.7	4,279
Mainland/Zanzibar				
Mainland	11.6	4.0	13.1	5,171
Total urban	9.3	4.6	10.2	1,008
Dar es Salaam city	6.9	5.8	8.1	260
Other urban	9.9	4.4	10.8	748
Total rural	12.1	3.8	13.8	4,163
Zanzibar	9.2	2.3	9.7	134
Unguja	7.5	2.9	8.6	82
Pemba	10.8	1.7	11.0	52
Zone				
Western	12.5	3.6	13.5	1,190
Northern	8.5	3.4	12.4	658
Central	11.7	6.9	12.9	443
Southern highlands	12.6	4.1	13.5	776
Lake	11.4	2.2	12.3	1,152
Eastern	8.9	6.9	10.5	575
Southern	11.9	15.3	17.9	379
Region				
Dodoma	10.7	7.1	11.7	268
Arusha	8.4	4.5	13.5	175
Kilimanjaro	6.1	4.2	7.5	114
Tanga	9.5	2.3	9.9	200
Morogoro	9.3	6.9	10.8	198
Pwani	12.2	8.4	14.7	117
Dar es Salaam	6.9	5.8	8.1	260
Lindi	11.9	14.3	16.6	85
Mtwara	12.4	21.0	21.0	148
Ruvuma	11.5	12.3	15.1	146
Iringa	11.0	8.6	12.0	181
Mbeya	13.2	3.2	13.3	404
Singida	14.2	6.5	14.8	174
Tabora	12.8	5.9	13.9	326
Rukwa	16.6	3.5	17.2	191
Kigoma	13.6	2.7	14.1	297
Shinyanga	11.8	3.1	12.9	567
Kagera	14.0	1.1	14.1	361
Mwanza	11.0	2.4	11.7	548
Mara	10.3	2.7	11.4	243
Manyara	13.3	4.3	14.7	168
Zanzibar North	9.3	2.7	9.9	21
Zanzibar South	5.3	3.0	14.5	11
Town West	7.0	3.1	7.5	50
Pemba North	11.0	1.6	11.2	27
Pemba South	10.7	1.9	10.7	24
Education				
No education	13.9	3.9	15.1	1,410
Primary incomplete	11.7	4.1	13.7	832
Primary complete	10.8	3.9	11.9	2,809
Secondary+	6.1	3.8	7.7	253
Wealth quintile				
Lowest	14.9	4.2	16.1	1,175
Second	12.5	3.9	14.1	1,149
Middle	11.5	3.5	12.5	1,153
Fourth	11.2	3.9	13.2	1,003
Highest	6.8	4.5	7.9	824
Total	11.5	3.9	13.0	5,305

Note: Medians are based on current status.

6.7 MENOPAUSE

Another factor influencing the risk of pregnancy among women is menopause. In the context of the available survey data, women are considered menopausal if they are neither pregnant nor postpartum amenorrhoeic, but have not had a menstrual period in the six months preceding the survey (Table 6.10). As expected, the proportion of women who are menopausal increases with age. Less than 3 percent of women under age 40 are menopausal. Among women who are 40-43, the percentage menopausal is between 5 and 6. A large increase is then observed among women 44-45, 20 percent of whom are menopausal. By the 48-49 age group, the percentage of women who are menopausal increases to 43 percent.

Table 6.10 Menopause

Percentage of women age 30-49 who are menopausal, by age, Tanzania 2004-05

Age	Percentage menopausal[1]	Number of women
30-34	2.1	1,542
35-39	2.8	1,053
40-41	5.7	369
42-43	5.1	322
44-45	20.1	359
46-47	27.4	261
48-49	43.0	287
Total	8.7	4,192

[1] Percentage of all women who are not pregnant and not postpartum amenorrhoeic whose last menstrual period occurred six or more months preceding the survey

FERTILITY PREFERENCES AND NEED FOR FAMILY PLANNING 7

Information on fertility preferences provides family planning programmes with an understanding of the potential "demand" for fertility control in a given population. In the 2004-05 TDHS, women and men were asked a series of questions to ascertain their fertility preferences, including the desire to have another child, the length of time they would like to wait before having another child, and what they consider to be the ideal number of children. Interpretation of responses to these questions is subject to some degree of error because respondents' reported preferences are, in most cases, hypothetical and thus subject to change and rationalisation. Nevertheless, these data have been shown to be useful in assessing future fertility trends. In combination with data on contraceptive use, they also allow estimation of the need for family planning, both for spacing and limiting births.

7.1 DESIRE FOR MORE CHILDREN

Table 7.1 and Figure 7.1 present data concerning future reproductive preferences among married women according to the number of living children. The inclusion of women who are currently pregnant complicates the measurement of views on future childbearing. For these women, the question on desire for more children was rephrased to refer to desire for another child after the one that they are expecting. To take into account the way in which the preference variable is defined for pregnant women, the results are classified by number of living children, including the current pregnancy as equivalent to a living child.

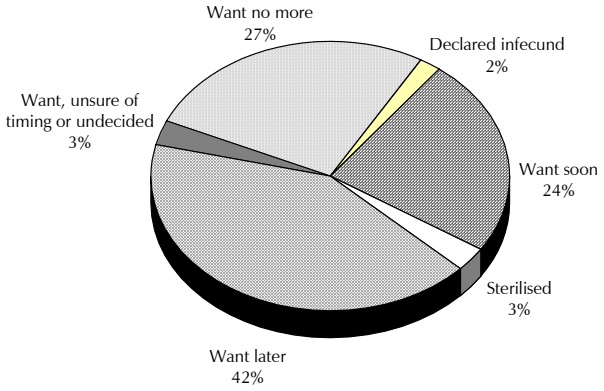
Table 7.1 Fertility preferences by number of living children

Percent distribution of currently married women by desire for children, according to number of living children, Tanzania 2004-05

	Number of living children[1]							
Desire for children	0	1	2	3	4	5	6+	Total
Have another soon[2]	89.6	33.2	23.8	18.7	16.1	10.0	6.1	23.6
Have another later[3]	3.9	59.4	59.5	51.1	37.4	27.9	20.0	41.8
Have another, undecided when	0.3	0.9	0.4	0.6	0.4	0.3	0.4	0.5
Undecided	0.6	0.9	1.7	2.9	2.8	3.6	2.7	2.2
Want no more	0.7	3.7	12.8	22.8	37.5	51.4	59.3	26.9
Sterilised[4]	0.0	0.3	0.7	2.0	4.0	4.4	6.6	2.6
Declared infecund	4.5	1.5	1.1	1.9	1.8	2.4	4.9	2.4
Missing	0.3	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	457	1,247	1,320	1,189	866	662	1,211	6,950

[1] Includes current pregnancy
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years
[4] Includes both female and male sterilisation

Figure 7.1 Desire for More Children among Currently Married Women



TDHS 2004-05

Although two-thirds of women say that they want more children, 42 percent say they want to wait for two or more years before having their next child. These women can be considered potential contraceptive users for the purpose of spacing.

Twenty-four percent of women say they want another child soon, while 1 percent want another child but are undecided on the timing of the next birth. Two percent are unsure of whether they want another child. Three in ten women either want no more children or have already been sterilised. Two percent of women consider themselves to be infecund.

The desire for more children is related to the number of living children women already have. Virtually all currently married women with no children want to have a child, with nine in ten expressing the desire to have a child soon. As the number of living children increases, the desire to have another child decreases. A majority of women with at least one child say that they want to delay their next birth or stop childbearing altogether.

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 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, from 29 percent in 1999 to 30 percent in 2004-05.

7.2 Desire to Limit Childbearing

Table 7.2 presents the percentage of currently married women who want no more children (or are sterilised) by number of living children and background characteristics. This table provides information about variations in the potential demand for fertility control.

The data show that the desire to limit childbearing is higher in urban areas than rural areas (35 and 28 percent, respectively) and varies with the number of living children. For example, more than twice as many urban women as rural women with four children say that they want to stop childbearing (70 and 34 percent, respectively).

There is significant zonal variation in the desire to limit childbearing ranging from a low of 23 percent in the Western zone to a high of 36 percent in the Northern zone. There is also significant variation by education, particularly among women with two, three, or four living children.

Table 7.2 Desire to limit childbearing

Percentage of currently married women who want no more children, by number of living children and background characteristics, Tanzania 2004-05

Background characteristic	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	0.8	7.1	21.4	37.5	70.3	69.7	80.6	34.6
Rural	0.7	2.7	10.5	20.4	33.7	52.6	63.6	28.0
Mainland/Zanzibar								
Mainland	0.7	3.9	13.5	25.0	42.0	56.3	66.5	29.6
Total urban	0.8	6.8	20.5	37.5	69.2	71.1	81.3	33.9
Dar es Salaam city	*	11.6	20.6	(48.8)	*	*	*	29.9
Other urban	1.5	3.5	20.5	32.5	71.4	70.9	80.8	35.9
Total rural	0.7	2.6	10.6	20.5	34.4	53.0	64.2	28.2
Zanzibar	0.9	7.8	15.3	18.0	19.0	38.9	52.8	26.5
Unguja	0.0	4.6	12.1	18.4	18.4	46.1	58.4	25.5
Pemba	*	15.5	22.8	16.8	(20.3)	25.7	45.4	28.6
Zone								
Western	0.0	2.0	6.8	13.7	16.0	38.4	58.0	22.9
Northern	(3.2)	2.3	16.6	32.6	52.5	59.4	75.6	35.8
Central	(0.0)	3.0	15.9	19.3	37.1	(63.8)	63.7	29.7
Southern highlands	(0.0)	5.3	12.0	20.1	44.9	61.6	62.9	30.8
Lake	0.0	0.8	15.9	27.8	52.8	65.8	69.9	34.6
Eastern	0.0	9.3	15.3	36.0	46.6	*	70.3	26.5
Southern	4.2	4.0	11.4	23.8	48.7	53.6	81.8	27.4
Education								
No education	1.5	4.0	10.2	17.7	30.2	44.4	62.3	27.9
Primary incomplete	0.0	3.7	11.2	24.8	39.8	54.1	67.0	30.9
Primary complete	0.5	3.4	13.4	25.1	45.2	62.2	69.0	29.7
Secondary+	0.0	7.5	31.6	50.0	75.7	69.6	70.1	32.3
Wealth quintile								
Lowest	1.1	2.2	10.1	16.7	30.6	41.7	61.0	26.7
Second	1.3	1.2	8.1	14.7	22.4	44.9	59.8	22.8
Middle	0.1	4.8	11.6	25.5	41.8	64.3	62.9	31.9
Fourth	1.4	1.0	13.9	24.5	52.2	56.1	75.5	33.4
Highest	0.0	8.2	20.6	39.9	61.1	80.1	81.3	33.0
Total	0.8	4.0	13.5	24.8	41.5	55.8	65.9	29.5

Note: Women who have been sterilised are considered to want no more children. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes current pregnancy

7.3 UNMET NEED FOR FAMILY PLANNING

Women who say either that they do not want any more children or that they want to wait two or more years before having another child, but are not using contraception, are considered to have an unmet need for family planning. Women who are using family planning methods are said to have a met need for family planning. Women with unmet need and met need together constitute the total demand for family planning, which can be categorized based on whether the need is for spacing or limiting births.

Table 7.3 presents estimates for unmet need, met need, and total demand for family planning among currently married Tanzanian women by background characteristics. 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.

Table 7.3 Need for family planning

Percentage of currently married women with unmet need for family planning and with met need for family planning, and the total demand for family planning, along with percentage of demand satisfied, by background characteristics, Tanzania 2004-05

Background characteristic	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Total demand for family planning[3]			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	17.7	0.9	18.6	9.4	0.1	9.6	27.8	1.2	29.0	35.9	590
20-24	21.9	1.3	23.2	23.1	2.4	25.5	46.6	3.8	50.4	54.0	1,400
25-29	19.2	3.0	22.2	23.8	7.4	31.2	45.1	10.5	55.5	60.1	1,511
30-34	16.0	7.0	23.1	17.9	12.7	30.6	34.4	19.9	54.3	57.5	1,292
35-39	11.0	12.3	23.4	9.6	20.2	29.9	22.0	33.4	55.3	57.8	884
40-44	5.6	18.8	24.4	2.3	21.1	23.4	7.9	40.3	48.2	49.4	694
45-49	1.2	11.8	13.0	1.0	20.8	21.8	2.2	32.6	34.8	62.7	580
Residence											
Urban	10.2	6.3	16.6	23.0	18.8	41.8	34.6	25.2	59.9	72.3	1,647
Rural	16.6	6.8	23.5	13.2	8.4	21.6	30.8	15.5	46.3	49.3	5,303
Mainland/Zanzibar											
Mainland	14.9	6.7	21.6	15.6	11.0	26.7	31.7	17.9	49.6	56.5	6,769
Total urban	10.0	6.0	16.0	23.2	18.7	41.9	34.6	24.8	59.4	73.1	1,644
Dar es Salaam city	8.3	4.2	12.5	26.5	18.1	44.6	37.3	22.3	59.6	79.1	541
Other urban	10.8	6.9	17.7	21.6	19.0	40.6	33.3	26.0	59.3	70.2	1,103
Total rural	16.5	6.9	23.4	13.2	8.5	21.8	30.7	15.7	46.4	49.6	5,125
Zanzibar	22.0	9.4	31.3	9.8	5.5	15.3	32.6	14.9	47.5	34.0	182
Unguja	20.4	9.4	29.8	12.5	6.2	18.7	34.0	15.6	49.6	39.9	123
Pemba	25.3	9.4	34.7	4.2	4.0	8.2	29.7	13.4	43.1	19.5	58
Zones											
Western	21.4	7.2	28.6	6.5	6.3	12.8	28.9	13.8	42.7	32.9	1,341
Northern	12.4	6.8	19.2	23.5	18.1	41.5	37.5	25.1	62.6	69.3	951
Central	16.9	9.7	26.6	13.0	8.6	21.6	30.5	18.3	48.8	45.5	552
Southern highlands	10.3	3.6	13.9	23.4	13.0	36.4	34.6	17.1	51.6	73.2	1,013
Lake	16.9	8.7	25.6	5.4	7.4	12.8	23.2	16.3	39.5	35.3	1,300
Eastern	10.8	4.7	15.5	23.6	14.2	37.7	35.6	18.9	54.5	71.6	1,027
Southern	13.5	6.4	19.9	21.8	11.7	33.5	36.7	18.4	55.1	63.9	584
Region											
Dodoma	16.5	11.1	27.6	14.2	9.6	23.8	31.5	20.7	52.2	47.1	333
Arusha	10.3	4.2	14.5	35.4	13.2	48.6	48.1	17.4	65.6	77.9	243
Kilimanjaro	7.7	10.4	18.1	16.1	33.4	49.5	24.8	44.8	69.5	74.0	214
Tanga	15.7	4.4	20.1	23.7	16.5	40.2	39.7	20.9	60.6	66.9	291
Morogoro	10.0	5.6	15.6	20.7	13.9	34.6	30.7	19.5	50.2	68.9	311
Pwani	19.7	4.9	24.6	19.5	2.7	22.2	39.2	7.6	46.8	47.4	176
Dar es Salaam	8.3	4.2	12.5	26.5	18.1	44.6	37.3	22.3	59.6	79.1	541
Lindi	13.7	7.6	21.3	20.9	12.6	33.5	35.0	20.2	55.3	61.5	156
Mtwara	15.6	8.0	23.6	16.5	10.3	26.8	33.0	18.3	51.3	54.0	235
Ruvuma	10.6	3.6	14.3	28.9	12.7	41.6	42.4	17.2	59.6	76.0	193
Iringa	13.9	3.6	17.5	21.7	13.4	35.1	37.3	17.5	54.8	68.1	254
Mbeya	7.2	3.6	10.8	29.0	16.2	45.1	37.0	20.5	57.4	81.2	526
Singida	17.5	7.5	25.0	11.2	7.1	18.3	28.9	14.6	43.6	42.6	219
Tabora	15.7	7.7	23.4	4.6	5.7	10.3	20.9	13.9	34.8	32.8	395
Rukwa	13.4	3.5	16.8	12.7	5.4	18.1	26.3	8.9	35.3	52.2	233
Kigoma	25.3	5.1	30.4	11.6	8.2	19.8	38.7	14.1	52.8	42.4	312
Shinyanga	23.1	7.9	31.0	5.2	5.7	10.9	29.0	13.6	42.6	27.3	634
Kagera	14.8	7.3	22.1	5.9	9.7	15.7	21.4	17.4	38.8	43.1	403
Mwanza	17.7	9.0	26.7	4.5	6.5	11.0	23.2	15.7	38.9	31.3	645
Mara	18.1	10.1	28.2	6.9	6.1	13.0	26.1	16.3	42.3	33.3	252
Manyara	15.1	9.7	24.8	16.6	10.0	26.5	34.8	19.7	54.4	54.5	203
Zanzibar North	28.4	13.1	41.5	3.5	4.3	7.8	32.3	17.4	49.7	16.5	28
Zanzibar South	17.7	7.9	25.6	16.7	4.3	21.0	35.2	12.1	47.3	45.9	17
Town West	18.1	8.3	26.4	14.9	7.3	22.2	34.4	15.6	50.0	47.2	78
Pemba North	25.6	9.1	34.6	3.1	4.0	7.2	28.7	13.1	41.8	17.1	31
Pemba South	24.9	9.9	34.8	5.4	3.9	9.4	30.8	13.8	44.6	22.0	27
Education											
No education	13.9	8.2	22.0	8.2	5.2	13.4	22.6	13.5	36.1	39.0	1,994
Primary incomplete	14.9	8.0	22.9	12.5	9.3	21.8	28.3	17.4	45.6	49.8	1,070
Primary complete	16.8	5.8	22.6	19.1	13.4	32.5	37.5	19.5	57.1	60.3	3,512
Secondary+	6.4	4.0	10.4	28.8	21.7	50.6	35.4	26.0	61.4	83.1	375

Continued...

Table 7.3—*Continued*

Background characteristic	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Total demand for family planning[3]			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Wealth quintile											
Lowest	16.0	7.8	23.9	9.5	6.1	15.6	26.4	14.0	40.4	41.0	1,341
Second	15.9	6.1	22.0	14.1	4.8	18.9	30.8	11.1	41.9	47.4	1,424
Middle	17.4	8.3	25.8	12.2	9.1	21.4	30.6	17.9	48.5	46.9	1,380
Fourth	15.9	6.6	22.5	16.5	13.3	29.8	33.8	20.2	54.0	58.3	1,365
Highest	10.5	4.9	15.4	24.5	20.7	45.2	36.5	25.8	62.3	75.3	1,440
Currently married women	15.1	6.7	21.8	15.5	10.9	26.4	31.7	17.8	49.5	55.9	6,950
Unmarried women	4.4	1.5	5.9	9.4	5.1	14.4	14.2	6.7	21.0	71.8	3,379
All women	11.6	5.0	16.6	13.5	9.0	22.5	26.0	14.2	40.2	58.6	10,329

[1] Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrhoeic women who are not using family planning and whose last birth was mistimed, and fecund women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth (unless they say it would not be a problem if they discovered they were pregnant in the next few weeks). Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrhoeic women whose last child was unwanted, and fecund women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrhoeic women who became pregnant while using a method (these women are in need of a better method of contraception).
[2] Using for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for limiting is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.
[3] Nonusers who are pregnant or amenorrhoeic whose pregnancy was the result of a contraceptive failure are not included in the category of unmet need, but are included in total demand for contraception (because they would have been using had their method not failed).

Unmet need does not vary much by age except for the youngest and oldest women, who have the lowest percentage of unmet need. Up to age 34, most of unmet need for family planning is for spacing purposes. After age 35, and particularly after age 40, most of unmet need for family planning is for limiting childbearing. Total unmet need for family planning is highest in Zanzibar North (42 percent) and lowest in Mbeya (11 percent).

There are significant differences in the percentage of demand satisfied by background characteristics. As expected, a higher percentage of demand is satisfied among urban women, those living in wealthier households, and those with more education than among their less advantaged counterparts.

Since the 1999 TRCHS there has been no significant change either in unmet need or the total demand for family planning among currently married women. More importantly, the percentage of demand satisfied remains unchanged.

7.4 IDEAL FAMILY SIZE

This section discusses responses of women and men to inquiries about what they consider to be the ideal number of children. Respondents who had no children were asked how many children they would like to have if they could choose the number of children to have in their whole life. Those who had living children were asked about the number of children they would choose if they could start their childbearing again. Responses provide an indicator of future fertility, while the information supplied by the latter group also provides a measure of unwanted fertility.

Table 7.4 shows the distribution of respondents by ideal number of children and mean ideal number of children according to the actual number of living children for all women and for all men. In general, Tanzanians, irrespective of their number of living children, consider a large number of children ideal.

The ideal number of children is 5.0 for all women and 5.4 for currently married women. Three-fourths of all women consider four or more children to be ideal. Only 8 percent of women think two or fewer children is ideal. Among all women, the mean ideal number of children increases with the number of living children, from 4.2 for those without any children to 6.8 among those with six or more children.

Table 7.4 Ideal number of children

Percent distribution of all women and all men by ideal number of children, and mean ideal number of children for all women and for all men and for currently married women and for currently married men, according to number of living children, Tanzania 2004-05

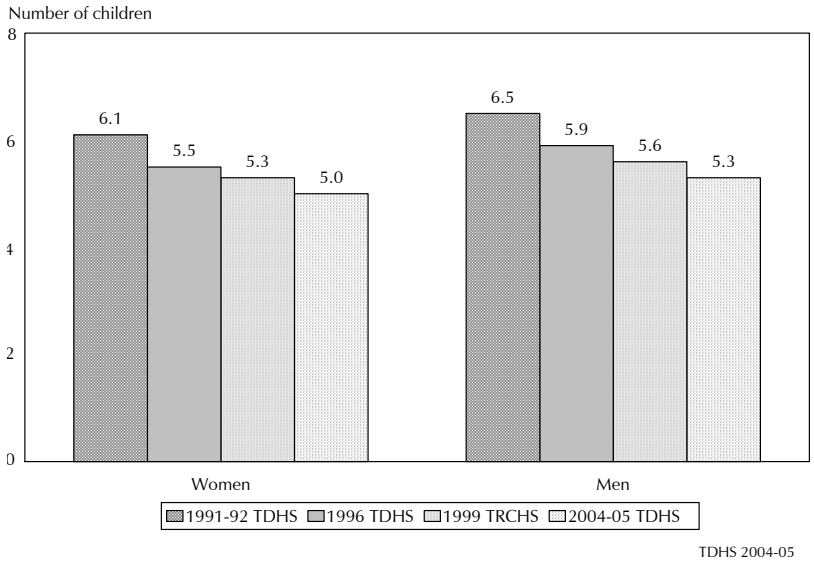
Desire for children	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
WOMEN								
0	0.9	0.2	0.2	0.0	0.0	0.4	0.1	0.3
1	0.9	1.2	0.1	0.0	0.1	0.0	0.1	0.4
2	15.7	11.0	6.6	1.8	3.0	1.6	2.1	7.6
3	22.9	22.9	15.0	9.4	3.5	5.3	3.9	14.2
4	25.7	28.8	37.5	30.6	28.0	17.0	15.2	26.9
5	13.8	14.8	18.2	22.3	17.4	20.6	10.7	16.2
6+	17.6	20.2	21.5	34.8	46.1	54.0	64.3	32.5
Non-numeric responses	2.5	0.9	0.9	1.1	1.9	1.2	3.5	1.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	2,454	1,767	1,621	1,362	1,011	756	1,358	10,329
Mean ideal number of children for:[2]								
All women	4.2	4.4	4.6	5.2	5.5	6.0	6.8	5.0
Number	2,393	1,750	1,607	1,346	992	747	1,310	10,146
Currently married women	5.0	4.7	4.7	5.3	5.5	6.0	6.8	5.4
Number	452	1,233	1,308	1,175	850	653	1,167	6,839
MEN								
0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1	0.9	1.0	0.0	0.2	0.0	0.0	0.0	0.6
2	12.0	12.5	3.7	4.3	1.0	2.4	1.0	8.2
3	22.1	27.5	10.9	8.6	6.3	6.8	3.7	16.8
4	25.0	25.1	39.3	25.0	28.0	14.6	17.0	25.4
5	16.1	14.7	18.1	25.5	17.7	16.1	7.2	16.2
6+	21.5	18.1	25.5	35.8	42.0	54.6	63.8	29.9
Non-numeric responses	2.6	1.2	2.4	0.7	5.0	5.7	7.4	3.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	1,239	315	285	235	172	124	264	2,634
Mean ideal number of children for:[2]								
All men	4.6	4.5	4.8	5.6	5.8	6.5	8.6	5.3
Number	1,208	311	278	233	163	117	244	2,555
Currently married men	5.0	4.6	4.9	5.6	5.8	6.6	8.7	5.9
Number	128	251	246	218	158	109	239	1,350

[1] Includes current pregnancy
[2] Means are calculated excluding the women giving non-numeric responses.

Tanzanian men, on average, want even more children than Tanzanian women. The more living children, the greater the disparity between women's and men's preferences. For example, although currently married women and men with no children both consider five children to be ideal, among those respondents with six or more children, men report a mean ideal number of children that is two more than the ideal of women (8.7 and 6.8, respectively).

Figure 7.2 shows that there has been a gradual decline in family size preference over time. The mean ideal number of children has declined by more than one child since the 1991-92 TDHS, from 6.1 to 5.0 among women and 6.5 to 5.3 among men.

Figure 7.2 **Trends in Mean Ideal Family Size among Women and Men, 1991-2005**



7.5 IDEAL NUMBER OF CHILDREN BY BACKGROUND CHARACTERISTICS

There are significant variations in mean ideal number of children by background characteristics (Table 7.5). The older the respondent, the more children they consider ideal; this is true across most background characteristics. However, even the youngest women (age 15-19) think the ideal family size is more than four children (4.3). Rural women want one and a half more children than urban women (5.4 and 4.0, respectively). Women in Zanzibar also report a larger ideal family size than women on the Mainland (6.2 and 5.0, respectively).

The ideal number of children declines as level of education and wealth quintile increase. For example, the mean ideal number of children is 3.6 among women with at least some secondary education, compared with 6.2 for women with no education. These findings are similar to those of the 1999 TRCHS, which showed that ideal family size has a strong negative correlation with level of education. Similarly, women in households in the lowest wealth quintile want 6.0 children, compared with 3.8 children for women living in households in the highest wealth quintile, a difference of more than 2 children.

Table 7.5 also presents the findings for men. Similar to women, the ideal family size among urban men is lower than among rural men (3.9 and 5.8, respectively). The magnitude of difference is more pronounced for men than for women. Furthermore, men in Zanzibar want two more children than men in the Mainland (7.3 and 5.2, respectively). Men from Pemba have the largest ideal family size among all the subgroups in the sample (8.5). Men's ideal number of children decreases as level of education and wealth quintile increase. For example, men without education want twice as many children as men with at least some secondary education (7.9 and 3.8, respectively).

Table 7.5 Mean ideal number of children by background characteristics

Mean ideal number of children for all women and men, by age (women) and background characteristics, Tanzania 2004-05

Background characteristic	Age							All women	All men
	15-19	20-24	25-29	30-34	35-39	40-44	45-49		
Residence									
Urban	3.4	3.5	3.8	4.0	4.8	5.2	5.4	4.0	3.9
Rural	4.7	5.0	5.3	5.8	6.0	6.3	6.7	5.4	5.8
Mainland/Zanzibar									
Mainland	4.3	4.5	4.8	5.2	5.7	6.0	6.4	5.0	5.2
Total urban	3.3	3.5	3.9	4.0	4.7	5.1	5.4	3.9	3.8
Dar es Salaam city	2.9	3.3	3.8	3.8	(4.9)	*	*	3.6	3.6
Other urban	3.6	3.6	3.9	4.1	4.6	5.4	5.6	4.1	3.9
Total rural	4.7	5.0	5.2	5.7	6.0	6.3	6.6	5.4	5.8
Zanzibar	5.6	5.9	6.2	6.4	6.9	6.8	7.4	6.2	7.3
Unguja	5.0	5.3	5.7	5.6	6.3	5.7	6.2	5.6	6.7
Pemba	6.7	7.2	7.5	8.6	8.3	8.6	(9.9)	7.7	8.5
Zone									
Western	5.3	5.6	5.8	6.6	6.6	6.6	7.0	6.0	6.3
Northern	3.7	4.0	4.1	4.7	5.0	5.4	5.9	4.4	4.4
Central	4.3	4.6	4.9	5.1	5.4	5.7	5.9	4.9	5.4
Southern highlands	4.4	4.8	4.8	5.1	5.6	6.0	5.9	5.0	5.8
Lake	4.4	4.7	5.0	5.6	5.9	6.2	6.8	5.2	5.8
Eastern	3.3	3.7	4.2	4.4	5.4	5.7	6.5	4.3	4.1
Southern	3.7	3.9	4.5	4.8	5.2	6.1	6.6	4.7	4.3
Education									
No education	5.5	5.7	5.9	6.4	6.9	6.8	6.8	6.2	7.9
Primary incomplete	4.4	4.8	5.2	5.5	5.8	6.2	6.6	5.2	5.6
Primary complete	4.0	4.1	4.6	5.1	5.4	5.6	5.3	4.7	4.9
Secondary+	3.3	3.4	3.6	3.7	4.0	4.3	(4.6)	3.6	3.8
Wealth quintile									
Lowest	5.3	5.5	5.9	6.1	6.6	6.9	7.2	6.0	6.8
Second	5.0	5.4	5.3	6.0	6.2	6.5	6.5	5.6	5.7
Middle	4.6	4.8	5.2	5.9	6.2	6.2	6.9	5.4	5.6
Fourth	4.0	4.2	4.6	5.0	5.3	5.6	6.0	4.7	5.0
Highest	3.3	3.4	3.8	3.9	4.6	4.7	5.2	3.8	3.7
Total	4.3	4.5	4.8	5.3	5.7	6.0	6.4	5.0	5.3

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

7.6 WANTED AND UNWANTED FERTILITY

There are two main ways of looking at the issue of unwanted fertility. In the first approach, responses to a question about children born in the five years preceding the survey (and any current pregnancy) are used to determine whether the pregnancy was planned (wanted then), mistimed (wanted but at a later time), or unwanted (not wanted at all). These results provide some insight into the degree to which couples are able to control fertility.

Table 7.6 shows the percent distribution of births (including current pregnancy) in the five years preceding the survey by fertility planning status, according to birth order and mother's age at birth. The data show that three out of every four pregnancies in the five years preceding the survey were wanted at the time, 18 percent were wanted later, and 5 percent were unwanted. The proportion of births wanted then declines with increasing birth order and the age of the mother.

Table 7.6 Fertility planning status

Percent distribution of births in the five years preceding the survey (including current pregnancies), by fertility planning status, according to birth order and mother's age at birth, Tanzania 2004-05

Birth order and mother's age at birth	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Wanted no more	Missing		
Birth order						
1	83.8	12.0	4.0	0.2	100.0	2,139
2	79.1	19.8	1.1	0.1	100.0	1,972
3	77.6	20.6	1.7	0.1	100.0	1,581
4+	70.7	19.9	9.2	0.2	100.0	4,120
Age at birth						
<20	80.5	14.9	4.5	0.1	100.0	1,679
20-24	78.1	19.6	2.2	0.2	100.0	2,857
25-29	76.4	20.6	3.0	0.0	100.0	2,442
30-34	75.2	18.3	6.0	0.4	100.0	1,586
35-39	69.6	17.0	13.4	0.0	100.0	839
40-44	66.9	12.6	20.4	0.0	100.0	360
45-49	56.0	3.2	40.8	0.0	100.0	50
Total	76.4	18.3	5.2	0.1	100.0	9,813

Compared with the data from the 1999 TRCHS, approximately the same proportion of births overall were wanted. However, whereas the TRCHS indicated that mistimed and unwanted births were equally common, the 2004-05 TDHS findings indicate a greater proportion that are mistimed (wanted later).

Table 7.7 shows the total wanted fertility rates and total actual fertility rates for the three years preceding the survey, by selected background characteristics. The wanted fertility rate is calculated in the same manner as the total fertility rate, but unwanted births are excluded from the numerator. For this purpose, unwanted births are defined as those that exceed the number considered ideal by the respondent. (Women who did not report a numeric ideal family size were assumed to want all their births.) The rate represents the level of fertility that would have prevailed in the three years preceding the survey if all unwanted births were prevented. A comparison of the total wanted fertility and actual total fertility rate suggests the potential demographic impact of the elimination of unwanted births.

The total wanted fertility rate is 4.9, which is 0.8 births less than the total fertility rate of 5.7. Neither the total wanted fertility rate nor the TFR has changed significantly since the 1999 TRCHS.

The difference between the wanted and actual fertility rates is almost one child in rural areas and 0.4 in urban areas. Education has an inverse relationship with wanted fertility rates in Tanzania. Furthermore, the higher the level of education, the smaller the gap between wanted and actual fertility. A similar relationship can be seen between wealth quintile and wanted fertility.

Table 7.7 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Tanzania 2004-05

Background characteristic	Total wanted fertility rates	Total fertility rate
Residence		
Urban	3.1	3.6
Rural	5.6	6.5
Mainland/Zanzibar		
Mainland	4.9	5.7
Total urban	3.1	3.6
Dar es Salaam city	*	*
Other urban	3.5	4.1
Total rural	5.7	6.5
Zanzibar	4.6	5.3
Unguja	3.8	4.5
Pemba	(6.6)	(7.2)
Zone		
Western	6.2	7.3
Northern	4.1	4.9
Central	(5.0)	(6.1)
Southern highlands	5.0	5.9
Lake	6.1	6.7
Eastern	3.3	3.6
Southern	4.5	4.8
Education		
No education	6.2	6.9
Primary incomplete	4.8	5.6
Primary complete	4.8	5.6
Secondary+	3.0	3.3
Wealth quintile		
Lowest	6.4	7.3
Second	5.9	6.7
Middle	5.7	6.6
Fourth	4.6	5.3
Highest	2.8	3.3
Total	4.9	5.7

Note: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 4.2. Rates in parentheses are based on 125 to 249 unweighted woman-years of exposure. An asterisk indicates that a rate is based on less than 125 unweighted woman-years of exposure and has been suppressed.

7.7 IDEAL FAMILY SIZE AND UNMET NEED BY WOMEN'S STATUS

The ability of women to effectively make decisions has important implications on their fertility preferences and practice of family planning. Table 7.8 shows the mean ideal number of children and unmet need for family planning by women's status indicators.

The mean ideal number of children is found to decrease with the increasing number of decisions in which a woman has a final say. Similarly, the number of children a woman wants increases with the number of reasons she believes wife-beating is justified. Thus, the data suggest that the more empowered the woman, the fewer children she desires. However, there is no clear relationship between mean ideal number of children and the number of reasons to refuse sex with the husband.

There is no clear relationship between the women's status indicators and unmet need for family planning although the proportion of women with a need for limiting increases with the number of decisions a woman makes and decreases with the number of reasons wife beating is justified.

Table 7.8 Ideal number of children and unmet need by women's status

Among currently married women, mean ideal number of children and unmet need for spacing and limiting, by women's status indicators, Tanzania 2004-05

Women's status indicator	Mean ideal number of children[1]	Number	Unmet need for family planning[2]			Number of women
			For spacing	For limiting	Total	
Number of decisions in which woman has final say[3]						
0	6.1	717	15.3	5.4	20.7	730
1-2	5.7	2,523	17.8	6.0	23.8	2,565
3-4	5.1	1,892	13.8	7.1	20.9	1,914
5	5.0	1,707	12.5	7.9	20.5	1,742
Number of reasons to refuse sex with husband						
0	5.6	299	10.1	9.6	19.7	309
1-2	6.0	785	14.3	6.1	20.3	802
3-4	5.3	5,754	15.5	6.7	22.2	5,839
Number of reasons wife beating is justified						
0	5.3	2,648	12.6	7.5	20.1	2,681
1-2	5.3	1,422	15.8	7.0	22.8	1,444
3-4	5.5	1,969	17.3	5.9	23.2	2,007
5	5.7	800	16.6	5.8	22.5	818
Total	5.4	6,839	15.1	6.7	21.8	6,950

[1] Totals are calculated excluding the women giving non-numeric responses.
[2] See Table 7.3 for definition of unmet need for family planning.
[3] Either by herself or jointly with others

INFANT AND CHILD MORTALITY 8

This chapter presents levels, trends, and differentials in neonatal, postneonatal, infant, child, and perinatal mortality. The information is relevant both for understanding population trends—for example, the mortality rates can be used in population projections—and for the planning and evaluation of health policies and programs. Information on child mortality serves the needs of the health sector by identifying population groups that are at high risk. Because the government of Tanzania through the Ministry of Health, is undertaking a number of interventions aimed at reducing child mortality in the country, the analysis in this report provides an opportunity to evaluate the performance of such programs. Furthermore, mortality indicators are useful in assessing the National Strategy for Growth and Reduction of Poverty (NSGRP), as they reflect socioeconomic development and quality of life.

The data for mortality estimation were collected in the birth history section of the Women's Questionnaire. The birth history section began with questions about the respondent's experience with childbearing (i.e., the number of sons and daughters living with the mother, the number who live elsewhere, and the number who have died). These questions were followed by a retrospective birth history in which each respondent was asked to list each of her births, starting with the first birth. For each birth, data were obtained on sex, month and year of birth, survivorship status, and current age, or if the child was dead, age at death. This information is used to directly estimate mortality.

Age-specific mortality rates are categorised and defined as follows:

Neonatal mortality (NN):	the probability of dying within the first month of life
Postneonatal mortality (PNN):	the difference between infant and neonatal mortality
Infant mortality ($_1q_0$):	the probability of dying before the first birthday
Child mortality ($_4q_1$):	the probability of dying between the first and fifth birthday
Under-five mortality ($_5q_0$):	the probability of dying between birth and fifth birthday.

All rates are expressed per 1,000 live births, except for child mortality, which is expressed per 1,000 children surviving to 12 months of age.

8.1 LEVELS AND TRENDS IN INFANT AND CHILD MORTALITY

Table 8.1 shows neonatal, postneonatal, infant, child, and under-five mortality rates for successive five-year periods before the survey. For the five years immediately preceding the survey (approximately calendar years 2000-2004), the infant mortality rate is 68 per 1,000 live births. The estimate of child mortality (age 1-4) is lower. The under-five mortality rate for the period is 112 per 1,000. Thus, one out of nine Tanzanian children dies before the fifth birthday.

Table 8.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Tanzania 2004-05

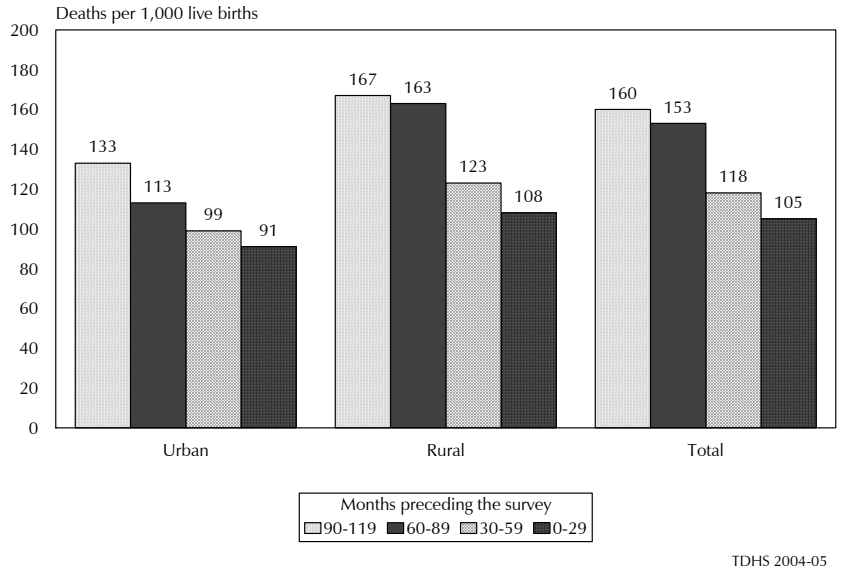
Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
0-4	32	36	68	47	112
5-9	36	64	100	63	156
10-14	35	59	94	74	161

[1] Computed as the difference between the infant and neonatal mortality rates

The 2004-05 TDHS data indicate a recent, rapid decline in mortality. Infant mortality estimates show a decline from 100 in the 5-9 year period preceding the survey (approximately 1995-1999) to 68 during the 2000-2004 period. The 2004-05 TDHS estimate for the 5-9 year period 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 preceding the survey). 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. The largest decline has occurred in the postneonatal period.

To gain more insight into the decline in mortality, rates can be calculated for two-and-a-half year periods instead of five-year periods. Figure 8.1 shows the under-five mortality rates for the 10 years preceding the survey by 30-month intervals, according to residence. Although these rates are based on a smaller number of cases and thus expected to be less reliable, the data indicate that although the overall drop in mortality between the late 1990s and early 2000s is large, the decline has actually been taking place gradually over the past ten years.

Figure 8.1 Trends in Under-Five Mortality



TDHS 2004-05

8.2 DATA QUALITY

Because of the dramatic decline in infant and child mortality, a thorough review of the 2004-05 TDHS data was conducted. The quality of mortality estimates calculated from retrospective birth histories depends upon the completeness with which births and deaths are reported and recorded. The data show strong internal consistency and support the conclusion that there was a very substantial decline in under-five mortality in Tanzania over the five-year period between the TRCHS and the TDHS. This section highlights selected data quality parameters.

One factor that affects childhood mortality estimates is the quality of reporting of age at death, which may distort the age pattern of mortality. If age at death is misreported, it will bias the estimates, especially if the net effect of the age misreporting results in transference from one age bracket to another. For example, a net transfer of deaths from under one month to a higher age, will affect the estimates of neonatal and postneonatal mortality. To minimise errors in reporting of age at death, interviewers were instructed to record age at death in days if the death took place in the month following the birth, in months if the child died before age two, and in years if the child was at least two years of age. They also were asked to probe for deaths reported at one year to determine a more precise age at death in terms of months. Despite the emphasis during interviewer training and fieldwork monitoring on probing for accurate age at death, Appendix Table C.6 shows that for the five years preceding the survey, the number of reported deaths at age 12 months or one year of age is twice the number reported at 13 months and many times the number reported at 11 months. It is likely then that some of these deaths actually occurred before one year of age but are not included in the infant mortality rate. Of course, the excess deaths reported at 12 months and one year of age have no effect on estimates of overall under-five mortality rates.

Another potential data quality problem is the selective omission from the birth histories of births who did not survive, which can lead to underestimation of mortality rates. When selective omission of childhood deaths occurs, it is usually more severe for deaths occurring early in infancy. One way such omissions can be detected is by examining the proportion of neonatal deaths to infant deaths. Generally, if there is substantial underreporting of deaths, the result is an abnormally low ratio of neonatal deaths to infant deaths. However, the proportion of neonatal deaths occurring in the first week of life is high: 73 percent in the period 0-4 years preceding the survey. Furthermore, it appears that early infant deaths among births that occurred longer before the survey have not been severely underreported. More than seven in ten neonatal deaths in the 15 years preceding the survey were early neonatal deaths. The proportion is lower (65 percent) for deaths occurring 15-19 years before the survey, which is not surprising given the greater likelihood of recall errors.

Another potential data quality problem includes displacement of birth dates, which may cause a distortion of mortality trends. This can occur if an interviewer knowingly records a death as occurring in a different year, which would happen if an interviewer is trying to cut down on their overall work, because live births occurring during the five years preceding the interview are the subject of a lengthy set of additional questions. In the 2004-05 TDHS questionnaire, the cutoff year for these questions was 1999. Appendix Table C.4 shows substantial year-of-birth transference for deceased children from 1999 to earlier years. However, this should have little effect on the estimated mortality rates for the standard five-year DHS mortality period, the calculation of which, unlike the questionnaire, does not conform to calendar years. Because the survey fieldwork began in October 2004, the start of the rolling cut-off for the five year period preceding the survey is October 1999. Thus, most transference occurring during 1999 would not, in fact, be transference from the 0-4 year period preceding the survey into the 5-9 year period preceding the survey.

It is also possible to substantiate the current mortality levels using information from other sources. For example, the 2004-05 TDHS and the 2003-04 THIS estimated the same number of children ever born for women age 15-49 (2.9). Unlike the TDHS, the THIS did not ask additional questions about live births in the five years preceding the survey, thus eliminating the incentive for an interviewer to cheat and decrease her workload. Although the TDHS estimated a slightly lower

proportion of children dead (15 and 16 percent, respectively), the results of the two surveys are remarkably close.

Other data sources, such as the Demographic and Surveillance Sentinel sites, also show a steep decline since approximately the mid- to late 1990s. Furthermore, the results of the 2002 Housing and Population Census also indicate that mortality has been declining.

8.3 SOCIOECONOMIC DIFFERENTIALS IN INFANT AND CHILD MORTALITY

Mortality differentials by place of residence, province, educational level of the mother, and household wealth are presented in Table 8.2. For a sufficient number of births to study mortality differentials across population subgroups, period-specific rates are presented for the ten-year period preceding the survey (approximately 1995 to 2004). As expected, infant mortality rates are generally lower in urban than in rural areas (73 and 85 deaths per 1,000 live births, respectively). The difference is attributed to a significantly higher postneonatal rate in rural areas. Infant mortality ranges from a low of 67 in the Northern zone to a high of 121 in the Southern zone.

Table 8.2 Early childhood mortality rates by background characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristics, Tanzania 2004-05

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Residence					
Urban	37	36	73	38	108
Rural	33	52	85	58	138
Mainland/Zanzibar					
Mainland	34	49	83	55	133
Total urban	36	36	72	38	108
Dar es Salaam city	43	34	77	36	110
Other urban	34	37	70	39	107
Total rural	33	52	86	59	139
Zanzibar	(29)	(33)	(61)	(42)	(101)
Unguja	(29)	*	*	*	*
Pemba	*	*	*	*	*
Zone					
Western	23	53	76	67	138
Northern	26	42	67	40	105
Central	38	37	75	59	130
Southern highlands	38	44	82	59	136
Lake	36	54	90	57	142
Eastern	44	40	84	46	126
Southern	47	74	121	36	153
Mother's education					
No education	41	60	101	66	160
Primary incomplete	33	51	84	61	139
Primary complete	30	45	75	49	120
Secondary+	40	16	56	(21)	(76)
Wealth quintile					
Lowest	33	55	88	54	137
Second	39	58	97	65	156
Middle	32	55	88	65	147
Fourth	33	37	70	51	117
Highest	31	33	64	31	93

Note: Rates based on 250 to 499 exposed persons are in parentheses. An asterisk indicates that a rate is based on fewer than 250 exposed persons and has been suppressed.

[1] Computed as the difference between the infant and neonatal mortality rates

Higher levels of educational attainment are generally associated with lower mortality rates, because education exposes mothers to information about better nutrition, use of contraceptives to space births, and knowledge about childhood illness and treatment. Table 8.2 shows that mother's education has an inverse relationship with infant and under-five mortality. Infant mortality ranges from a high of 101 among children born to women with no education to a low of 56 among those with mothers with at least some secondary education. The association between infant and child mortality and wealth quintile is less clear, although the mortality risk is substantially lower among the fourth and highest quintiles than less wealthy households.

8.4 DEMOGRAPHIC DIFFERENTIALS IN INFANT AND CHILD MORTALITY

The demographic characteristics of both mother and child have been found to play an important role in the survival probability of children. Table 8.3 presents early childhood mortality rates by demographic characteristics (i.e., sex of child, mother's age at birth, birth order, previous birth interval, and birth size).

Table 8.3 Early childhood mortality rates by demographic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by demographic characteristics, Tanzania 2004-05

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Child's sex					
Male	39	44	83	56	135
Female	29	53	82	52	130
Mother's age at birth					
<20	45	55	101	62	157
20-29	29	46	75	49	120
30-39	33	52	85	59	139
40-49	45	(37)	(82)	*	*
Birth order					
1	42	47	89	54	139
2-3	27	47	74	51	121
4-6	32	51	82	54	132
7+	42	52	94	63	151
Previous birth interval[2]					
<2 years	63	80	143	64	198
2 years	22	50	72	57	124
3 years	21	34	55	48	101
4+ years	29	33	62	44	103
Birth size[3]					
Small/very small	86	44	131	na	na
Average or larger	26	35	60	na	na

Note: Rates based on 250 to 499 exposed persons are in parentheses. An asterisk indicates that a rate is based on fewer than 250 exposed persons and has been suppressed.
na = Not applicable
[1] Computed as the difference between the infant and neonatal mortality rates
[2] Excludes first-order births
[3] Rates for the five-year period before the survey

As expected, mortality rates are generally higher for boys than for girls. However, girls are more likely than boys to die during the postneonatal period (53 and 44, respectively). There are significant differences in mortality risks associated with mother's age and birth order. The largest differentials are in the neonatal period. Shorter birth intervals are associated with higher mortality,

both during and after infancy. In terms of the length of the preceding birth interval, mortality rates are markedly lower for intervals of at least two years than for shorter birth intervals. A further decrease after a three-year birth interval can be seen in the postneonatal period. 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.

Studies have shown that a child's weight at birth is an important indicator of his or her chances of survival. Because only half of mothers had information on their child's exact weight at birth, they were asked instead whether their child was very large, larger than average, average, smaller than average, or small at birth. This has been found to be a good proxy for children's weight. Children reported to be small or very small are more than twice as likely to die by age one as children reported to be average or larger.

8.5 DIFFERENTIALS IN INFANT AND CHILD MORTALITY BY WOMEN'S STATUS

The ability of women to access information, make decisions, and act effectively in their own interest, or the interest of those who depend on them, are essential aspects of the empowerment of women. If women, the primary caretakers of children, are empowered, the health and survival of their infants will be enhanced. In fact, mother's empowerment fits into Mosley and Chen's framework on child survival as an individual-level variable that affects child survival through the proximate determinants (Mosley and Chen, 1984).

Table 8.4 presents mortality rates by three indicators of women's status: participation in household decisionmaking, attitude towards a wife refusing to have sex with her husband, and attitude towards wife beating. These indicators are described in Chapter 3.

Table 8.4 Early childhood mortality rates by women's status

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by women's status indicators, Tanzania 2004-05

Women's status indicators	Neonatal mortality (NN)	Postneonatal mortality[1] (PNN)	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Number of decisions in which woman has final say[2]					
0	37	55	91	70	155
1-2	30	48	77	63	136
3-4	37	49	86	48	130
5	35	48	83	44	124
Number of reasons to refuse sex with husband					
0	36	41	77	35	109
1-2	39	61	101	56	151
3-4	33	47	80	55	131
Number of reasons wife beating is justified					
0	36	41	78	55	128
1-2	35	50	85	47	128
3-4	29	52	81	56	132
5	36	60	96	61	151

[1] Computed as the difference between the infant and neonatal mortality rates
[2] Either by herself or jointly with others

Two of the indicators suggest that there is an association between increasing women's status and decreasing levels of mortality. In particular, household decisionmaking is most strongly associated with under-five mortality. Among children born to women who have no final say in any decision, 155 per 1,000 die before their fifth birthday, compared with 124 per 1,000 children born to women who participate in all specified household decisions. Similarly, levels of infant and child mortality are highest among those women who are least empowered on the wife beating indicator (i.e., those

women who agreed with all specified justifications for a man beating his wife). There is no consistent pattern in mortality rates by the number of reasons to refuse sex with the husband.

8.6 PERINATAL MORTALITY

Pregnancy losses occurring after seven completed months of gestation (stillbirths) plus deaths to live births within the first seven days of life (early neonatal deaths) constitute perinatal deaths. The distinction between a stillbirth and an early neonatal death may be a fine one, often depending on observing and then remembering sometimes faint signs of life after delivery. The causes of stillbirths and early neonatal deaths are closely linked, and examining just one or the other can understate the true level of mortality around delivery. For this reason deaths around delivery are combined into the perinatal mortality rate. When the number of perinatal deaths is divided by the total number of pregnancies reaching seven months of gestation, the perinatal mortality rate is derived.

Table 8.5 presents the number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey. The results indicate that the perinatal mortality rate for the entire country is 42 deaths per 1,000 pregnancies. Because of a small number of cases in some groups, comparisons are difficult to make among some background characteristics.

There are more perinatal deaths in urban than rural areas (56 and 38 per 1,000, respectively). Although the higher levels of mortality would be expected in rural areas, this may be partly the result of recall problems. The same counterintuitive pattern is seen among women by education and wealth quintile.

Assessing perinatal mortality between Mainland Tanzania and Zanzibar, Zanzibar has higher perinatal mortality (56 deaths per 1,000 pregnancies) than Tanzania Mainland (41 deaths per 1,000 pregnancies). Pregnancies in Unguja are at higher risk than those in Pemba.

Table 8.5 Perinatal mortality

Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Tanzania 2004-05

Background characteristic	Number of stillbirths[1]	Number of early neonatal deaths[2]	Perinatal mortality rate (per 1,000 pregnancies)[3]	Number of pregnancies of 7+ months duration
Mother's age at birth				
<20	38	49	56	1,540
20-29	88	102	39	4,812
30-39	26	43	32	2,174
40-49	13	13	(70)	364
Previous pregnancy interval in months				
First pregnancy	50	59	59	1,850
<15	14	17	(79)	401
15-26	26	55	40	2,039
27-38	31	33	27	2,410
39+	43	42	39	2,190
Residence				
Urban	41	56	56	1,732
Rural	124	151	38	7,157
Mainland/Zanzibar				
Mainland	157	202	41	8,663
Total urban	38	55	54	1,707
Dar es Salaam city	2	18	*	430
Other urban	36	37	57	1,277
Total rural	119	147	38	6,955
Zanzibar	8	5	56	227
Unguja	6	3	64	138
Pemba	2	2	43	88
Zone				
Western	30	25	28	1,942
Northern	30	27	50	1,151
Central	17	17	46	733
Southern highlands	23	30	41	1,306
Lake	20	45	34	1,888
Eastern	15	36	52	984
Southern	22	22	67	659
Mother's education				
No education	41	64	45	2,359
Primary incomplete	17	34	37	1,395
Primary complete	97	99	41	4,739
Secondary+	9	10	49	396
Wealth quintile				
Lowest	24	37	31	1,998
Second	41	55	51	1,898
Middle	23	37	32	1,889
Fourth	39	42	47	1,719
Highest	38	36	53	1,386
Total	165	207	42	8,889

Note: Rates based on 250 to 499 pregnancies are in parentheses. An asterisk indicates that a rate is based on fewer than 250 pregnancies and has been suppressed.
[1] Stillbirths are foetal deaths in pregnancies lasting seven or more months.
[2] Early neonatal deaths are deaths at age 0-6 days among live-born children.
[3] The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration.

8.7 HIGH-RISK FERTILITY BEHAVIOUR

Findings from scientific studies have confirmed that there is a strong relationship between children's chances of dying and certain fertility behaviours. Typically, the probability of dying in early childhood is much greater if children are born to mothers who are too young or too old, if they are born after a short preceding birth interval, or if they are high parity births. Very young mothers may experience difficult pregnancies

and deliveries because of their physical immaturity. Older women may also experience age-related problems during pregnancies and delivery. In this analysis, a mother is considered to be "too young" if she is less than 18 years and "too old" if she is above 34 years at the time of delivery. A "short birth interval" is a birth occurring within 24 months of a previous birth.

Table 8.6 shows the distribution of children born in the five years preceding the survey by risk category. While first births to women age 18-34 are considered an unavoidable risk, they are included in the analysis and are shown as a separate risk category. Column 1 shows that in the five-year period before the survey, 37 percent of births were in a single high-risk category and 18 percent were in a multiple high-risk category. Only 29 percent of births were not in any high-risk category.

Column 2 shows risk ratios for births in various high-risk categories relative to births not having any high-risk characteristics. The risk ratio for children in any avoidable high-risk category (1.03) is just slightly higher (3 percent) than for children not in any high-risk category. In terms of births in a single high-risk category, the risk ratio is .98, meaning that children in a single high-risk category are not necessarily more likely to die than children not in any high-risk category. However, births in multiple high-risk categories are 13 percent more likely to die than births not in any high-risk category.

The last column in Table 8.6 looks to the future and addresses the question of how many currently married women have the potential for having a high-risk birth. The results were obtained by simulating the risk category into which a birth to a currently married women would fall if she were to become pregnant at the time of the survey. For example, a woman who was 37 years old at the time of the survey and had three previous births, the last of which occurred three years earlier, would be classified in the multiple high-risk category for being too old (35 or older) and at risk of having a high-order birth (more than three previous births). Twenty-three percent of currently married women would fall into this category. Seven in ten married women have the potential to give birth to a child with an elevated risk of dying. Four in ten married women (42 percent) have the potential to give birth to children in the multiple high-risk categories.

Table 8.6 High-risk fertility behaviour

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Tanzania 2004-05

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women[1]
	Percentage of births	Risk ratio	
Not in any high-risk category	29.4	1.00	21.8[a]
Unavoidable risk category			
First-order births between ages 18 and 34 years	15.8	1.05	6.0
Single high-risk category			
Mother's age <18	6.5	1.28	1.3
Mother's age >34	0.6	(0.80)	3.4
Birth interval <24 months	5.4	0.95	9.8
Birth order >3	24.6	0.92	16.1
Subtotal	37.1	0.98	30.7
Multiple high-risk category			
Age <18 and birth interval <24 months[\2]	0.3	(2.10)	0.4
Age >34 and birth interval <24 months	0.0	*	0.1
Age >34 and birth order >3	10.6	0.81	23.1
Age >34 and birth interval <24 months and birth order >3	1.0	3.58	4.8
Birth interval <24 months and birth order >3	5.7	1.23	13.1
Subtotal	17.7	1.13	41.5
In any avoidable high-risk category	54.8	1.03	72.1
Total	100.0	na	100.0
Number of births	8,725	na	6,950

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.
[2] Includes the category age <18 and birth order >3
[a] Includes sterilised women

MATERNAL AND CHILD HEALTH 9

This chapter presents findings from several areas of importance to maternal and child health, including information on antenatal, delivery and postnatal care, characteristics of the neonate, vaccinations, and common childhood illnesses and their treatment. Information on other factors important to the welfare of both women and children, including information on the provision of vitamin A to women and children, is presented in subsequent chapters.

The information provided by the 2004-05 TDHS is important as it provides a critical look into the performance of maternal and child health service provision in Tanzania. These services support a key health policy objective, namely, the reduction of infant and maternal morbidity and mortality. Therefore, the survey results provide an opportunity to identify critical issues affecting the situation of women and children in Tanzania. The information will assist policymakers, planners, and other collaborators in the health sector to formulate appropriate strategies and intervention to improve reproductive and child health care.

9.1 ANTENATAL CARE

Early and regular checkups by trained medical providers are very important in assessing the physical status of women during pregnancy and intervening in a timely manner if any problems are detected. The 2004-05 TDHS obtained information from women on both coverage of antenatal care (ANC) and coverage of key elements of the care received for the last birth during the five-year period before the survey.

Coverage of Antenatal Care

Table 9.1 shows the percentage of women who had a live birth in the five years preceding the survey by the source of antenatal care. To obtain the information on source of ANC, interviewers recorded all persons a woman had consulted for antenatal care. However, for cases where more than one person was seen, only the provider with the highest qualifications is considered in the table.

The results show that 94 percent of women who gave birth in five years preceding the survey received antenatal care from a health professional at least once. As expected, nurses and midwives are more likely than other health professionals to provide ANC (72 percent). Women also go to MCH aides (16 percent), doctors (2 percent), and clinical officers (4 percent) for ANC services. Three percent of women receive some kind of antenatal care from people who are not medical professionals, such as trained and traditional birth attendants, relatives, and village health workers. Three percent of women received no antenatal care at all.

The 2004-05 TDHS findings show no great variation in antenatal care from medically qualified professionals between rural and urban areas. With the exception of a few regions (Mbeya and Arusha), nine out of ten women reported that they received care from a health care professional at least once, regardless of background characteristics.

Educated mothers are more likely to receive antenatal care from medical professionals than mothers with less education. There is also a positive relationship between increasing wealth quintile and receiving antenatal care from a health professional.

Table 9.1 Antenatal care

Percent distribution of women who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, according to background characteristics, Tanzania 2004-05

Background characteristic	Doctor/ AMO	Clinical officer/ Assist. clinical officer	Nurse/ midwife	MCH aide	Traditional birth attendant	Relative/ village health worker/ other	No one	Missing	Total	Number of women
Age at birth										
<20	2.3	4.8	68.9	17.9	0.0	2.9	3.1	0.1	100.0	906
20-34	2.1	3.5	73.3	15.7	0.0	2.4	2.9	0.1	100.0	4,013
35-49	2.1	4.8	70.6	16.1	0.7	2.4	3.4	0.0	100.0	853
Birth order										
1	2.9	3.9	71.5	17.5	0.0	2.1	2.1	0.1	100.0	1,178
2-3	2.0	3.9	74.5	14.9	0.2	2.3	2.1	0.0	100.0	2,097
4-5	2.5	4.0	71.0	15.4	0.0	2.4	4.5	0.1	100.0	1,204
6+	1.3	3.6	70.2	17.3	0.2	3.2	3.9	0.2	100.0	1,293
Residence										
Urban	4.4	2.1	77.3	12.9	0.1	0.3	2.7	0.1	100.0	1,277
Rural	1.5	4.4	70.7	17.0	0.1	3.1	3.1	0.1	100.0	4,496
Mainland/Zanzibar										
Mainland	2.1	4.0	72.9	15.2	0.1	2.5	3.1	0.1	100.0	5,628
Total urban	4.4	2.9	77.5	12.0	0.1	0.3	2.7	0.1	100.0	1,269
Dar es Salaam city	6.4	5.5	68.9	19.2	0.0	0.0	0.0	0.0	100.0	369
Other urban	3.5	1.8	81.1	9.0	0.2	0.5	3.8	0.1	100.0	900
Total rural	1.5	4.3	71.5	16.2	0.1	3.2	3.2	0.1	100.0	4,359
Zanzibar	2.7	0.5	45.6	50.0	0.2	0.3	0.7	0.0	100.0	144
Unguja	4.1	0.8	62.1	33.0	0.0	0.0	0.0	0.0	100.0	93
Pemba	0.3	0.0	15.4	81.0	0.4	0.9	2.1	0.0	100.0	51
Zone										
Western	0.6	7.1	60.6	22.1	0.0	7.5	2.0	0.1	100.0	1,143
Northern	1.6	2.0	79.1	9.8	0.0	0.9	6.6	0.0	100.0	774
Central	2.3	3.4	84.0	8.4	0.0	1.2	0.7	0.0	100.0	473
Southern highlands	4.5	3.4	60.4	21.4	0.3	3.3	6.6	0.0	100.0	844
Lake	1.4	1.2	85.2	8.3	0.0	0.5	3.2	0.2	100.0	1,126
Eastern	3.5	4.6	74.8	14.8	0.7	1.2	0.4	0.1	100.0	766
Southern	1.7	6.5	71.3	20.2	0.0	0.3	0.1	0.0	100.0	503
Region										
Dodoma	2.6	4.3	86.3	4.5	0.0	1.7	0.6	0.0	100.0	277
Arusha	2.0	1.4	67.9	13.2	0.0	1.9	13.6	0.0	100.0	205
Kilimanjaro	2.3	4.4	89.0	3.5	0.0	0.0	0.8	0.0	100.0	145
Tanga	1.6	0.9	87.2	8.0	0.0	0.0	2.3	0.0	100.0	250
Morogoro	1.4	3.3	79.6	9.7	2.0	2.8	1.2	0.0	100.0	253
Pwani	0.0	4.2	81.3	12.5	0.0	1.3	0.0	0.6	100.0	144
Dar es Salaam	6.4	5.5	68.9	19.2	0.0	0.0	0.0	0.0	100.0	369
Lindi	1.7	9.5	60.3	26.7	0.0	1.2	0.6	0.0	100.0	117
Mtwara	0.5	2.2	62.4	34.9	0.0	0.0	0.0	0.0	100.0	201
Ruvuma	3.0	9.2	87.8	0.0	0.0	0.0	0.0	0.0	100.0	185
Iringa	7.6	6.3	83.5	2.6	0.0	0.0	0.0	0.0	100.0	216
Mbeya	4.6	3.2	50.8	26.3	0.4	2.6	12.2	0.0	100.0	425
Singida	1.7	2.1	80.8	14.0	0.0	0.6	0.8	0.0	100.0	196
Tabora	1.0	9.3	45.5	36.9	0.0	5.9	1.5	0.0	100.0	311
Rukwa	1.1	0.8	56.1	31.3	0.4	8.4	1.9	0.0	100.0	203
Kigoma	1.2	10.8	72.7	8.0	0.0	6.9	0.4	0.0	100.0	282
Shinyanga	0.0	3.9	62.9	21.0	0.0	8.7	3.2	0.3	100.0	550
Kagera	0.0	0.4	96.8	1.2	0.0	0.4	1.2	0.0	100.0	351
Mwanza	1.6	0.3	91.0	1.6	0.0	0.0	4.9	0.5	100.0	546
Mara	3.2	4.7	53.4	34.9	0.0	1.8	2.0	0.0	100.0	229
Manyara	0.4	2.3	72.3	13.6	0.0	1.8	9.6	0.0	100.0	173
Zanzibar North	0.9	0.9	44.7	53.5	0.0	0.0	0.0	0.0	100.0	21
Zanzibar South	10.1	0.4	60.0	29.5	0.0	0.0	0.0	0.0	100.0	13
Town West	3.9	0.9	68.8	26.4	0.0	0.0	0.0	0.0	100.0	59
Pemba North	0.0	0.0	9.6	90.0	0.4	0.0	0.0	0.0	100.0	27
Pemba South	0.5	0.0	21.9	70.8	0.5	1.8	4.5	0.0	100.0	24

Continued...

Table 9.1—*Continued*

Percent distribution of women who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, according to background characteristics, Tanzania 2004-05

Background characteristic	Doctor/ AMO	Clinical officer/ Assist. clinical officer	Nurse/ midwife	MCH aide	Traditional birth attendant	Relative/ village health worker/ other	No one	Missing	Total	Number of women
Education										
No education	0.5	3.3	65.7	21.1	0.3	3.7	5.4	0.1	100.0	1,466
Primary incomplete	1.6	5.7	68.8	18.8	0.0	1.7	3.3	0.1	100.0	910
Primary complete	2.8	3.6	76.3	12.7	0.1	2.3	2.1	0.1	100.0	3,094
Secondary +	5.2	3.8	71.7	18.5	0.0	0.8	0.0	0.0	100.0	302
Wealth quintile										
Lowest	1.1	4.2	63.0	22.3	0.1	3.9	5.3	0.0	100.0	1,226
Second	1.3	3.6	72.7	16.3	0.1	3.6	2.3	0.1	100.0	1,187
Middle	1.3	4.6	77.1	12.4	0.4	2.5	1.7	0.0	100.0	1,166
Fourth	2.1	3.8	73.4	16.0	0.0	1.3	3.3	0.1	100.0	1,129
Highest	5.2	3.1	75.6	12.8	0.0	0.7	2.3	0.2	100.0	1,065
Total	2.1	3.9	72.2	16.1	0.1	2.5	3.0	0.1	100.0	5,772

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.
AMO = Assistant medical officer

Number and Timing of Antenatal Visits

Antenatal care can be more effective in avoiding adverse pregnancy outcomes when it is sought early in the pregnancy and continues through to delivery. In Tanzania, pregnant women are advised to start attending antenatal clinics before the 16th week of gestation so that their general baseline health can be assessed and monitored regularly. Under normal circumstances, WHO recommends that a pregnant woman without complications have at least four ANC visits to provide sufficient care. It is possible during these visits to detect reproductive health risk factors. In the event of any complication, more frequent visits are advisable and admission to a hospital may become necessary. Table 9.2 presents data on the number of antenatal visits made by pregnant mothers and the stage of pregnancy at the first visit.

Sixty-two percent of women whose last birth occurred in the five years before the survey made four or more ANC visits. The number of pregnant mothers in Tanzania making four or more ANC visits appears to have declined slightly from 70 percent, according to the 1999 TRCHS (Figure 9.1). There is marked variation between urban and rural areas. Women in Mainland urban areas are more likely to make at least four visits (71 percent) than their counterpart Mainland rural women (59 percent).

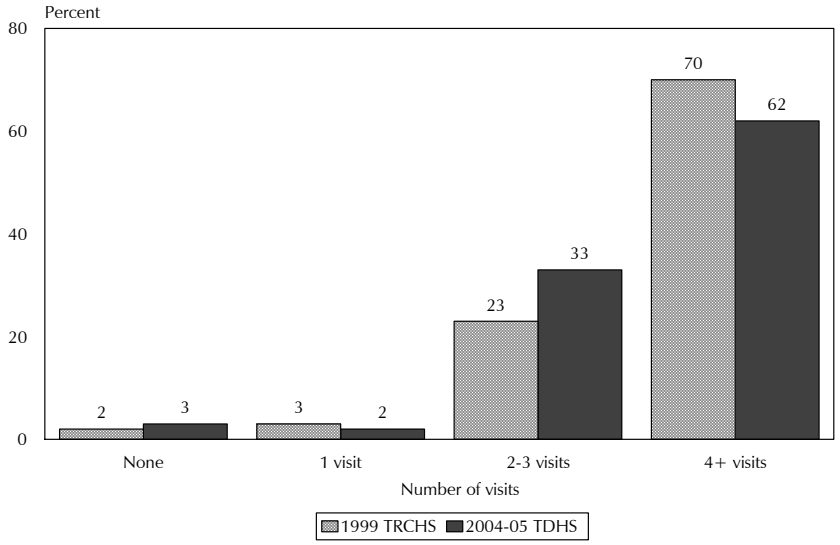
Although the majority of Tanzanian women are making the recommended number of ANC visits, more than eight in ten women are making their first visit later than recommended. The median number of months that women are pregnant at their first visit is 5.4. One-third of women do not seek ANC until their sixth month or later. There is little urban-rural variation in terms of number of months pregnant at the time of the first visit.

Table 9.2 Number of antenatal care visits and timing of first visit

Percent distribution of women who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent birth, and by the timing of the first visit, according to Mainland/Zanzibar residence, Tanzania 2004-05

	Mainland				
Number and timing of ANC visits	Urban	Rural	Total	Zanzibar	Total
Number of ANC visits					
None	2.8	3.2	3.1	0.7	3.0
1	0.6	2.1	1.8	1.0	1.7
2-3	25.1	35.9	33.5	28.8	33.4
4+	71.4	58.5	61.3	68.0	61.5
Don't know/missing	0.1	0.4	0.4	1.4	0.4
Total	100.0	100.0	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit					
No antenatal care	2.8	3.2	3.1	0.7	3.0
<4	17.2	13.2	14.1	12.4	14.1
4-5	49.0	50.4	50.1	45.3	50.0
6-7	29.4	31.2	30.8	40.2	31.1
8+	1.6	1.8	1.8	1.3	1.7
Don't know/missing	0.0	0.2	0.1	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	5.3	5.5	5.4	5.6	5.4
Number of women	1,233	4,395	5,628	144	5,772

Figure 9.1 Trends in Number of Antenatal Care Visits



Components of Antenatal Care

The content of antenatal care is important in judging its quality. Certain items of care have been selected and included in the questionnaire to indicate the level of the care received. Pregnancy complications are an important source of maternal and child mortality and morbidity. Thus, information on the signs of complications and tests for complications should be routinely included in all antenatal care. In the 2004-05 TDHS, respondents were asked whether they had received each of the following services at least once during antenatal care: information on pregnancy complications, weight measurement, blood pressure measurement, and urine and blood sample collection.

Some caution should be exercised in considering the information on the content of ANC care. First, the information is dependent on the woman's understanding of the questions (e.g., her understanding of what blood pressure measurement involves). It is also dependent on her recall of events during antenatal visits that may have taken place several years before the interview. Nonetheless, the results are useful in providing insights into the content of the care Tanzanian women receive during pregnancy.

Table 9.3 shows the findings on various components of antenatal care. Measuring weight was the most common component of ANC reported. Almost all women with a live birth in the five years preceding the survey had their weight measured (94 percent). However, weight is also likely to be the least important aspect of ANC, because there is unlikely to be a baseline (pre-pregnancy) weight on record for comparison purposes. Other components of ANC are much less likely to be reported. Two-thirds of women report their blood pressure was measured and 54 percent say a blood sample was taken. Less than half, however, reported being informed about pregnancy complications or having given a urine sample.

There are substantial variations by background characteristics. For example, the proportion of women told about pregnancy complications varies greatly from a low of 15 percent in Rukwa to a high of 68 in Dar es Salaam. Little more than one-third of women in the Northern and Central zones of Tanzania reported that they had been provided information about signs of pregnancy complications, compared with two-thirds of women in the Eastern zone. Women living in urban areas, in wealthier households, and women with higher levels of educational attainment are more likely than others to have received each component of ANC.

Information on iron supplements and antimalarial drugs was collected and reported for the most recent birth in the five years preceding the survey, regardless of whether the respondent received ANC. Six in ten women who gave birth during the five years preceding the survey received iron supplementation and half of women received an antimalarial drug. Antimalarial drugs will be discussed further in Chapter 10.

Table 9.3 Components of antenatal care

Among women with a live birth in the five years preceding the survey who received ANC for the most recent birth, percentage who received specific services during ANC and percentage of women with a live birth in the five years preceding the survey who received iron tablets or syrup or anti-malarial drugs for the most recent birth, according to background characteristics, Tanzania 2004-05

Background characteristic	Among women who received antenatal care								
	Informed of signs of pregnancy compli-cations	Weight measured	Blood pressure measured	Urine sample taken	Blood sample taken	Number of women	Received iron tablets or syrup	Received anti-malarial drugs	Number of women
Age at birth									
<20	44.5	94.0	66.4	44.4	58.3	878	66.2	49.0	906
20-34	47.1	94.5	65.8	41.8	54.2	3,892	60.7	51.5	4,013
35-49	50.8	93.7	66.5	39.6	50.1	823	57.4	44.1	853
Birth order									
1	48.2	94.9	69.6	49.8	63.0	1,153	66.2	52.0	1,178
2-3	47.9	94.9	69.5	45.4	57.7	2,052	61.6	52.7	2,097
4-5	44.7	94.0	62.3	37.2	50.3	1,148	60.5	49.3	1,204
6+	47.6	92.9	60.1	33.1	44.1	1,240	56.3	44.4	1,293
Residence									
Urban	60.7	97.6	91.2	77.7	87.3	1,242	63.4	57.7	1,277
Rural	43.4	93.3	58.8	31.7	44.8	4,351	60.4	47.8	4,496
Mainland/Zanzibar									
Mainland	47.4	94.3	65.5	41.2	54.0	5,450	61.2	50.7	5,628
Total urban	61.9	97.7	91.4	77.4	87.9	1,234	64.0	58.7	1,269
Dar es Salaam city	67.7	100.0	97.8	89.8	97.6	369	73.0	55.0	369
Other urban	59.4	96.7	88.7	72.1	83.8	865	60.3	60.2	900
Total rural	43.2	93.3	58.0	30.6	44.1	4,216	60.4	48.4	4,359
Zanzibar	40.7	92.7	82.2	69.5	62.2	143	56.2	23.0	144
Unguja	51.4	95.4	94.8	93.1	78.8	93	60.2	28.8	93
Pemba	20.9	87.7	58.6	25.4	31.2	50	48.8	12.3	51
Zone									
Western	41.9	93.7	56.7	34.2	40.9	1,118	59.1	50.1	1,143
Northern	34.5	94.3	71.3	48.4	58.8	722	56.6	53.2	774
Central	36.9	86.4	57.1	28.6	35.9	469	67.4	50.9	473
Southern highlands	39.3	91.3	57.1	28.8	52.8	788	61.7	36.2	844
Lake	59.7	96.6	57.6	34.5	50.9	1,088	58.0	60.3	1,126
Eastern	65.4	98.5	87.9	68.1	82.5	763	56.7	46.6	766
Southern	46.9	96.6	81.4	51.2	58.8	502	80.8	57.0	503
Region									
Dodoma	35.3	81.3	46.3	23.2	33.3	275	59.7	55.2	277
Arusha	52.1	93.9	79.2	59.0	63.5	177	38.5	50.6	205
Kilimanjaro	35.0	100.0	81.8	55.4	62.4	144	63.1	55.5	145
Tanga	26.3	95.7	70.8	54.5	70.3	244	67.1	61.5	250
Morogoro	62.5	99.1	81.9	52.5	68.3	251	40.0	37.7	253
Pwani	64.8	93.7	73.2	39.5	68.7	143	44.2	40.8	144
Dar es Salaam	67.7	100.0	97.8	89.8	97.6	369	73.0	55.0	369
Lindi	49.2	96.1	76.6	54.7	56.4	116	88.6	58.1	117
Mtwara	50.2	94.8	76.1	36.8	47.6	201	88.7	58.5	201
Ruvuma	42.0	99.0	90.1	64.7	72.5	185	67.3	54.7	185
Iringa	49.6	92.8	72.1	32.6	55.9	216	54.5	48.3	216
Mbeya	46.4	92.7	56.9	33.8	66.8	373	67.3	32.4	425
Singida	39.3	93.5	72.4	36.3	39.5	194	78.2	44.7	196
Tabora	34.8	94.0	55.9	38.2	41.3	307	62.3	47.3	311
Rukwa	14.9	87.0	41.1	15.3	23.4	199	58.0	31.2	203
Kigoma	38.2	92.3	63.2	34.7	39.0	280	54.8	58.7	282
Shinyanga	48.0	94.2	53.8	31.6	41.5	531	59.4	47.3	550
Kagera	66.1	96.7	52.1	20.8	34.6	347	57.7	66.1	351
Mwanza	60.1	97.8	64.7	44.8	64.6	517	55.7	62.5	546
Mara	48.7	94.0	49.6	31.9	44.5	224	63.8	46.5	229
Manyara	27.1	87.2	53.4	20.5	32.0	157	57.3	42.5	173
Zanzibar North	40.0	89.3	86.8	84.3	71.8	21	72.7	29.7	21
Zanzibar South	47.1	97.0	96.5	94.6	79.7	13	75.3	26.4	13
Town West	56.4	97.3	97.2	95.9	81.1	59	52.4	29.0	59
Pemba North	16.7	88.9	63.7	25.5	31.7	27	41.7	13.2	27
Pemba South	25.9	86.2	52.6	25.3	30.7	23	56.9	11.2	24

Continued...

Table 9.3—*Continued*

Among women with a live birth in the five years preceding the survey who received ANC for the most recent birth, percentage who received specific services during ANC and percentage of women with a live birth in the five years preceding the survey who received iron tablets or syrup or anti-malarial drugs for the most recent birth, according to background characteristics, Tanzania 2004-05

	Among women who received antenatal care								
Background characteristic	Informed of signs of pregnancy compli-cations	Weight measured	Blood pressure measured	Urine sample taken	Blood sample taken	Number of women	Received iron tablets or syrup	Received anti-malarial drugs	Number of women
Education									
No education	36.4	91.0	53.1	26.0	39.7	1,385	57.4	39.7	1,466
Primary incomplete	41.9	93.6	61.4	39.0	52.0	879	65.1	45.3	910
Primary complete	52.0	95.7	70.5	45.8	58.2	3,027	61.9	55.4	3,094
Secondary+	65.7	97.1	92.9	84.1	87.9	302	58.9	58.2	302
Wealth quintile									
Lowest	41.9	91.9	54.9	28.2	39.7	1,161	59.3	45.5	1,226
Second	40.1	92.7	59.6	29.6	44.2	1,158	64.3	45.7	1,187
Middle	44.0	95.2	56.5	28.4	42.9	1,146	58.5	47.0	1,166
Fourth	48.4	93.6	69.2	46.0	60.5	1,090	59.5	54.8	1,129
Highest	63.6	98.4	92.6	81.6	87.7	1,038	64.1	58.3	1,065
Total	47.3	94.3	66.0	41.9	54.2	5,593	61.1	50.0	5,772

Tetanus Toxoid Vaccination

Tetanus toxoid injections are given during pregnancy for the prevention of neonatal tetanus, a cause of deaths among infants around the world. To address this problem, the Ministry of Health requires all women of reproductive age to be vaccinated with tetanus toxoid when they become pregnant. A baby is considered protected if the mother receives two doses of tetanus toxoid during pregnancy, with the second at least two weeks before delivery. However, if a woman was vaccinated during a previous pregnancy, she only requires one dose for the current pregnancy. Five doses are considered adequate to provide lifetime protection. To assess the status of tetanus vaccination coverage, women who gave birth during the five years before the survey were asked if they had received tetanus toxoid injections during the pregnancy for their most recent birth, and if so how many. The results are presented in Table 9.4.

Eight in ten women who had a live birth in the five years preceding the survey received at least one tetanus toxoid injection during pregnancy for the most recent birth: 24 percent received one dose and 56 percent of women received two or more doses of vaccine. This is approximately the same as the results from the 1999 TRCHS, which found that 83 percent received at least one dose, although a slightly higher proportion received 2 doses in 1999 (61 percent).

Younger mothers and women pregnant with their first birth are more likely than other women to receive two or more doses of tetanus toxoid. Urban women are also more likely than rural women to receive two or more doses of tetanus toxoid during pregnancy. The data imply that a substantial proportion of births in rural areas (47 percent) may not be protected against tetanus.

Pregnant women on the Mainland are substantially more likely than those on Zanzibar to receive two or more doses of tetanus toxoid (56 and 41 percent, respectively). Pregnant women in Dar es Salaam and Tanga are more likely than those in other regions to receive two or more doses. As expected, the proportion of pregnant women with two or more doses of tetanus toxoid increases with education.

Table 9.4 Tetanus toxoid injections

Percent distribution of women who had a live birth in the five years preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth, according to background characteristics, Tanzania 2004-05

Background characteristic	None	One injection	Two or more injections	Don't know/ missing	Total	Number of women
Age at birth						
<20	8.3	18.5	72.9	0.3	100.0	906
20-34	20.5	24.8	54.3	0.4	100.0	4,013
35-49	29.1	24.5	45.7	0.7	100.0	853
Birth order						
1	6.8	17.8	75.1	0.3	100.0	1,178
2-3	15.1	25.4	59.1	0.4	100.0	2,097
4-5	26.8	25.9	46.9	0.4	100.0	1,204
6+	32.9	24.6	41.7	0.7	100.0	1,293
Residence						
Urban	13.5	19.9	66.2	0.4	100.0	1,277
Rural	21.6	24.9	53.0	0.5	100.0	4,496
Mainland/Zanzibar						
Mainland	19.7	23.6	56.3	0.4	100.0	5,628
Total urban	13.1	19.2	67.4	0.3	100.0	1,269
Dar es Salaam city	9.4	11.4	79.3	0.0	100.0	369
Other urban	14.6	22.4	62.6	0.4	100.0	900
Total rural	21.6	24.8	53.1	0.5	100.0	4,359
Zanzibar	26.0	32.4	40.8	0.8	100.0	144
Unguja	27.3	28.4	43.4	0.9	100.0	93
Pemba	23.7	39.5	36.1	0.7	100.0	51
Zone						
Western	26.7	32.6	40.4	0.4	100.0	1,143
Northern	17.2	20.7	61.4	0.6	100.0	774
Central	19.7	30.7	49.0	0.6	100.0	473
Southern highlands	20.3	24.4	55.0	0.2	100.0	844
Lake	19.6	19.0	60.7	0.7	100.0	1,126
Eastern	14.1	13.6	72.1	0.2	100.0	766
Southern	15.3	24.8	59.8	0.2	100.0	503
Region						
Dodoma	19.4	30.2	49.9	0.5	100.0	277
Arusha	18.4	21.7	59.4	0.4	100.0	205
Kilimanjaro	19.0	24.3	56.1	0.7	100.0	145
Tanga	9.5	12.6	77.1	0.8	100.0	250
Morogoro	16.9	13.6	68.9	0.6	100.0	253
Pwani	21.1	19.5	59.3	0.0	100.0	144
Dar es Salaam	9.4	11.4	79.3	0.0	100.0	369
Lindi	19.3	21.9	58.7	0.0	100.0	117
Mtwara	12.9	21.1	66.0	0.0	100.0	201
Ruvuma	15.4	30.5	53.7	0.4	100.0	185
Iringa	13.4	19.2	66.9	0.5	100.0	216
Mbeya	23.5	27.1	49.4	0.0	100.0	425
Singida	20.0	31.5	47.6	0.9	100.0	196
Tabora	17.3	34.6	48.2	0.0	100.0	311
Rukwa	20.9	24.5	54.2	0.4	100.0	203
Kigoma	38.0	25.9	36.1	0.0	100.0	282
Shinyanga	26.2	34.8	38.1	0.8	100.0	550
Kagera	23.6	15.0	61.4	0.0	100.0	351
Mwanza	17.7	19.8	61.7	0.8	100.0	546
Mara	17.9	23.1	57.4	1.7	100.0	229
Manyara	25.5	28.2	45.8	0.5	100.0	173
Zanzibar North	39.0	33.7	27.4	0.0	100.0	21
Zanzibar South	37.9	15.7	46.4	0.0	100.0	13
Town West	20.8	29.3	48.5	1.4	100.0	59
Pemba North	21.2	39.7	39.0	0.0	100.0	27
Pemba South	26.5	39.3	32.7	1.5	100.0	24
Education						
No education	21.7	25.5	52.4	0.4	100.0	1,466
Primary incomplete	19.1	22.8	57.5	0.6	100.0	910
Primary complete	19.6	23.8	56.2	0.4	100.0	3,094
Secondary+	15.4	18.3	65.7	0.6	100.0	302
Wealth quintile						
Lowest	21.8	23.7	54.3	0.2	100.0	1,226
Second	21.0	26.0	52.5	0.5	100.0	1,187
Middle	24.4	24.5	50.7	0.4	100.0	1,166
Fourth	18.1	25.9	55.6	0.4	100.0	1,129
Highest	13.1	18.4	67.6	0.8	100.0	1,065
Total	19.8	23.8	55.9	0.4	100.0	5,772

9.2 DELIVERY CARE

Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that can cause the death or serious illness of the mother and/or the newborn baby. Thus, another important component of efforts to reduce health risks to mothers and children is increasing the proportion of babies that are delivered in facilities. The 2004-05 TDHS obtained information on both the place of delivery and person assisting with the delivery. Tables 9.5 and 9.6 present this information for all live births in the five years preceding the survey.

Place of Delivery

Forty-seven percent of births in Tanzania are delivered at a health facility, while 53 percent are delivered at home. This is approximately the same proportion of facility deliveries as observed in the 1999 TRCHS (44 percent).

The proportion of births that take place at health facilities differs according to characteristics of mother and child. Births to younger women and urban women as well as first births are much more likely than others to take place in a health facility. About half of births both on the Mainland and on Zanzibar are delivered in health facilities. There are marked variations among regions. In Zanzibar North, less than one-fourth of children are delivered in health facilities, whereas children born to women in Dar es Salaam and those living in Town West are the most likely to have been delivered at a health facility (90 and 73 percent, respectively). As expected, births to mothers with at least some secondary education are more likely than others to take place in health facilities, as are births to wealthier women, compared with their less advantaged counterparts.

Table 9.5 Place of delivery

Percent distribution of live births in the five years preceding the survey by place of delivery, according to background characteristics, Tanzania 2004-05

Background characteristic	Health facility			Home	Other/ missing	Total	Number of births
	Public sector	Voluntary/ religious	Private sector				
Mother's age at birth							
<20	40.8	3.7	6.4	48.7	0.3	100.0	1,502
20-34	38.5	2.8	6.4	52.1	0.1	100.0	6,153
35-49	29.5	2.8	5.6	61.8	0.2	100.0	1,070
Birth order							
1	49.7	4.4	8.7	36.9	0.3	100.0	1,922
2-3	39.5	3.4	6.2	50.8	0.1	100.0	3,145
4-5	31.5	2.4	6.2	59.7	0.2	100.0	1,820
6+	28.6	1.5	4.0	65.5	0.4	100.0	1,838
Residence							
Urban	71.5	4.0	5.5	18.9	0.1	100.0	1,691
Rural	29.7	2.8	6.5	60.9	0.2	100.0	7,034
Mainland/Zanzibar							
Mainland	37.5	3.1	6.4	52.8	0.2	100.0	8,506
Total urban	71.0	4.1	5.7	19.1	0.1	100.0	1,670
Dar es Salaam city	82.4	5.1	2.9	9.1	0.5	100.0	428
Other urban	67.0	3.8	6.7	22.5	0.0	100.0	1,241
Total rural	29.4	2.8	6.6	61.0	0.2	100.0	6,836
Zanzibar	48.2	0.2	0.3	51.1	0.2	100.0	219
Unguja	57.7	0.2	0.3	41.8	0.0	100.0	133
Pemba	33.6	0.2	0.2	65.4	0.5	100.0	86
Zone							
Western	37.5	5.2	2.8	54.2	0.2	100.0	1,912
Northern	36.7	3.3	7.4	52.5	0.1	100.0	1,122
Central	33.4	1.1	3.6	61.4	0.5	100.0	716
Southern highlands	32.9	1.1	13.3	52.6	0.2	100.0	1,283
Lake	33.2	2.2	3.9	60.4	0.2	100.0	1,868
Eastern	55.8	4.7	4.6	34.7	0.2	100.0	969
Southern	37.8	2.5	15.4	44.3	0.0	100.0	637
Region							
Dodoma	32.2	1.2	3.1	63.5	0.0	100.0	413
Arusha	41.0	3.9	5.8	49.2	0.0	100.0	288
Kilimanjaro	49.2	8.4	12.5	29.3	0.5	100.0	210
Tanga	38.4	0.7	2.1	58.9	0.0	100.0	355
Morogoro	32.5	5.0	8.5	54.0	0.0	100.0	349
Pwani	38.7	3.0	1.3	57.0	0.0	100.0	191
Dar es Salaam	82.4	5.1	2.9	9.1	0.5	100.0	428
Lindi	42.0	3.5	1.6	52.9	0.0	100.0	147
Mtwara	32.0	3.6	1.7	62.8	0.0	100.0	247
Ruvuma	41.2	0.8	37.5	20.4	0.0	100.0	244
Iringa	39.1	0.9	31.8	27.3	0.9	100.0	294
Mbeya	29.7	1.1	10.3	58.9	0.0	100.0	662
Singida	35.0	0.8	4.3	58.6	1.3	100.0	303
Tabora	47.3	2.7	3.8	46.3	0.0	100.0	508
Rukwa	33.6	1.2	2.6	62.5	0.0	100.0	326
Kigoma	32.4	2.7	3.9	61.1	0.0	100.0	484
Shinyanga	34.9	8.0	1.8	55.0	0.3	100.0	919
Kagera	25.0	2.5	4.8	67.5	0.2	100.0	574
Mwanza	42.3	2.1	3.0	52.4	0.3	100.0	899
Mara	24.5	2.3	4.7	68.5	0.0	100.0	395
Manyara	20.2	2.1	12.0	65.7	0.0	100.0	269
Zanzibar North	23.2	0.0	0.0	76.8	0.0	100.0	33
Zanzibar South	53.9	0.0	0.7	45.4	0.0	100.0	19
Town West	72.8	0.3	0.3	26.6	0.0	100.0	81
Pemba North	28.6	0.0	0.3	70.9	0.3	100.0	44
Pemba South	38.8	0.5	0.2	59.7	0.8	100.0	42

Continued...

Table 9.5—*Continued*

Percent distribution of live births in the five years preceding the survey by place of delivery, according to background characteristics, Tanzania 2004-05

Background characteristic	Health facility			Home	Other/ missing	Total	Number of births
	Public sector	Voluntary/ religious	Private sector				
Mother's education							
No education	26.6	1.7	3.8	67.5	0.4	100.0	2,318
Primary incomplete	35.2	1.9	4.9	57.8	0.2	100.0	1,378
Primary complete	41.4	3.7	7.8	47.0	0.1	100.0	4,642
Secondary+	71.3	6.3	7.3	14.9	0.3	100.0	387
Antenatal care visits[1]							
None	17.1	2.4	1.0	79.5	0.0	100.0	174
1-3	34.7	2.2	6.5	56.4	0.1	100.0	2,028
4+	45.0	4.0	6.6	44.3	0.1	100.0	3,548
Wealth quintile							
Lowest	25.6	2.1	4.4	67.5	0.4	100.0	1,974
Second	30.1	2.2	4.5	63.1	0.2	100.0	1,857
Middle	28.7	3.2	7.0	61.1	0.0	100.0	1,866
Fourth	42.6	1.9	9.4	46.1	0.1	100.0	1,681
Highest	73.0	6.6	6.8	13.3	0.4	100.0	1,347
Total	37.8	3.0	6.3	52.7	0.2	100.0	8,725

[1] Includes only the most recent birth in the five years preceding the survey

Assistance during Delivery

The type of assistance a woman receives during childbirth has important health consequences for both mother and child. Therefore, besides collecting information on the place of delivery, the 2004-05 TDHS collected data on the type of personnel who assisted during delivery. Table 9.6 shows the percent distribution of births in the five years preceding the survey by type of assistance during delivery, according to background characteristics. It should be noted that interviewers were instructed to record all persons attending the delivery. However, if more than one person was in attendance, only the provider with the highest qualifications is considered.

Almost half (46 percent) of births are assisted by health professionals (doctors, clinical officers, nurses, midwives, and MCH aides). Trained and traditional birth attendants assist one-fifth (19 percent) of deliveries, and relatives or other untrained people assist 31 percent of births. Three percent of births are delivered without assistance.

Births in urban areas are more likely to be assisted by health professionals than rural births. Children born to women living in the Eastern zone are more likely than women in other zones to receive professional assistance during delivery. Regional differences in delivery assistance are also prominent. Regions with least professional assistance during delivery are Zanzibar North and Pemba North (25 and 30 percent, respectively).

As expected, a mother's education is associated with the type of delivery assistance. The percentage of births assisted by health professionals increases from 31 percent of births to women with no education to 84 percent of births to women with some secondary education. Similarly, births to women in the highest wealth quintile are more likely to be assisted by medically-trained caregivers (87 percent) than births to women in the lowest quintile (31 percent).

Table 9.6 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, according to background characteristics, Tanzania 2004-05

Background characteristic	Doctor/ AMO	Clinical officer/ assist. clinical officer	Nurse/ midwife	MCH aide	Trained birth attendant	Tradi-tional birth attendant	Village health worker	Relative	Other	No one	Don't know/ missing	Total	Number of births
Mother's age at birth													
<20	4.5	2.6	39.5	3.3	7.8	11.0	1.6	24.4	4.1	1.0	0.3	100.0	1,502
20-34	3.8	2.0	38.2	2.8	8.1	10.2	1.4	25.7	4.3	3.2	0.2	100.0	6,153
35-49	3.5	2.3	29.5	3.1	8.2	13.5	0.8	27.0	5.1	6.8	0.0	100.0	1,070
Birth order													
1	6.3	2.8	49.8	3.0	6.4	9.1	1.6	17.5	3.1	0.4	0.2	100.0	1,922
2-3	4.3	2.0	39.0	2.7	7.9	10.9	1.3	25.3	4.5	2.0	0.1	100.0	3,145
4-5	2.5	1.8	31.9	2.8	9.4	12.1	1.3	29.6	4.3	3.9	0.4	100.0	1,820
6+	2.1	2.0	27.1	3.2	8.7	11.0	1.4	30.8	5.6	7.8	0.3	100.0	1,838
Residence													
Urban	9.9	2.2	67.2	1.6	2.4	3.9	0.2	8.5	2.7	1.2	0.2	100.0	1,691
Rural	2.5	2.1	30.2	3.2	9.4	12.4	1.7	29.7	4.8	3.8	0.2	100.0	7,034
Mainland/Zanzibar													
Mainland	4.0	2.2	37.1	2.9	7.7	10.5	1.4	26.2	4.5	3.4	0.2	100.0	8,506
Total urban	10.1	2.3	66.6	1.6	2.4	3.7	0.2	8.9	2.7	1.2	0.2	100.0	1,670
Dar es Salaam city	13.3	1.9	74.9	0.5	1.8	2.0	0.0	4.8	0.0	0.0	0.8	100.0	428
Other urban	9.0	2.5	63.7	2.0	2.7	4.3	0.2	10.4	3.6	1.6	0.0	100.0	1,241
Total rural	2.5	2.1	29.9	3.3	9.0	12.2	1.7	30.4	4.9	3.9	0.2	100.0	6,836
Zanzibar	1.3	0.2	48.4	0.9	22.0	21.3	1.5	3.5	0.6	0.1	0.2	100.0	219
Unguja	1.7	0.3	58.3	1.0	10.7	20.5	1.1	5.4	0.8	0.2	0.0	100.0	133
Pemba	0.8	0.0	33.1	0.8	39.5	22.4	2.1	0.5	0.2	0.0	0.5	100.0	86
Zone													
Western	1.5	3.5	30.4	5.8	5.8	6.7	3.1	28.5	8.8	5.7	0.1	100.0	1,912
Northern	5.0	1.8	40.6	1.4	6.3	14.5	0.3	23.1	5.0	1.9	0.1	100.0	1,122
Central	3.0	2.5	32.5	2.3	18.1	19.1	0.2	18.9	1.2	2.0	0.0	100.0	716
Southern highlands	4.1	1.5	36.6	3.6	5.8	14.6	1.5	20.9	7.1	3.8	0.5	100.0	1,283
Lake	3.0	1.4	33.6	1.0	5.0	4.2	1.4	44.1	1.8	4.2	0.3	100.0	1,868
Eastern	8.8	2.1	52.1	2.3	10.1	13.3	0.5	9.4	0.5	0.4	0.4	100.0	969
Southern	5.8	2.3	44.5	3.0	12.1	11.3	0.4	16.1	3.1	1.3	0.2	100.0	637
Region													
Dodoma	1.9	1.9	32.9	1.9	24.2	25.0	0.0	10.4	1.0	0.7	0.0	100.0	413
Arusha	5.3	0.9	45.2	1.3	9.7	13.5	0.3	15.5	5.6	2.7	0.0	100.0	288
Kilimanjaro	8.4	4.7	57.1	0.9	1.9	5.5	1.0	17.9	0.0	2.1	0.5	100.0	210
Tanga	3.9	0.8	35.8	1.8	6.3	23.0	0.0	27.4	1.0	0.0	0.0	100.0	355
Morogoro	7.5	2.2	32.5	3.4	19.6	22.6	1.3	9.2	1.3	0.3	0.0	100.0	349
Pwani	1.2	2.7	37.0	4.1	11.4	21.5	0.3	20.3	0.0	1.4	0.0	100.0	191
Dar es Salaam	13.3	1.9	74.9	0.5	1.8	2.0	0.0	4.8	0.0	0.0	0.8	100.0	428
Lindi	4.4	1.5	34.8	5.6	2.9	13.3	0.8	28.1	7.1	1.5	0.0	100.0	147
Mtwara	1.6	0.4	32.4	3.2	23.4	16.6	0.0	17.3	3.0	2.0	0.0	100.0	247
Ruvuma	11.0	4.8	62.5	1.1	6.1	4.8	0.6	7.6	0.7	0.4	0.5	100.0	244
Iringa	9.3	4.6	56.2	1.3	7.0	11.9	0.4	7.3	1.2	0.0	0.9	100.0	294
Mbeya	3.6	0.3	31.7	4.1	2.0	10.0	1.7	28.3	11.2	6.6	0.5	100.0	662
Singida	4.4	3.3	32.1	2.9	9.7	11.0	0.6	30.6	1.5	3.9	0.0	100.0	303
Tabora	2.0	5.1	34.9	10.3	3.5	4.0	5.3	24.7	7.1	3.0	0.0	100.0	508
Rukwa	0.5	1.2	28.8	4.8	12.4	26.4	2.1	18.5	4.0	1.4	0.0	100.0	326
Kigoma	1.7	1.1	33.0	0.9	15.8	11.9	1.9	22.7	7.0	3.8	0.2	100.0	484
Shinyanga	1.1	3.9	26.6	5.9	1.8	5.5	2.5	33.7	10.6	8.3	0.0	100.0	919
Kagera	2.2	0.2	29.8	0.0	8.5	5.1	1.5	48.5	1.3	2.6	0.3	100.0	574
Mwanza	4.1	2.0	40.4	0.4	2.1	2.1	1.9	41.2	2.0	3.5	0.3	100.0	899
Mara	1.6	1.7	23.7	4.0	6.4	7.6	0.0	44.4	2.1	8.2	0.2	100.0	395
Manyara	3.6	1.8	29.3	1.3	6.1	11.3	0.0	29.8	13.4	3.4	0.0	100.0	269
Zanzibar North	0.6	0.0	24.2	0.6	16.0	43.0	0.6	12.9	1.5	0.6	0.0	100.0	33
Zanzibar South	3.6	0.8	56.4	0.9	15.6	15.0	2.2	4.4	0.8	0.4	0.0	100.0	19
Town West	1.7	0.3	72.7	1.2	7.4	12.6	1.0	2.5	0.6	0.0	0.0	100.0	81
Pemba North	1.1	0.0	28.1	0.8	48.0	19.2	2.5	0.0	0.0	0.0	0.3	100.0	44
Pemba South	0.5	0.0	38.3	0.8	30.6	25.6	1.8	1.1	0.5	0.0	0.8	100.0	42
Mother's education													
No education	1.6	1.4	24.3	3.4	9.2	13.2	2.0	35.1	5.2	4.3	0.2	100.0	2,318
Primary incomplete	2.9	1.6	32.5	3.8	9.0	11.2	1.1	28.1	6.0	3.7	0.2	100.0	1,378
Primary complete	4.4	2.7	43.0	2.5	7.5	9.9	1.2	22.0	3.8	2.8	0.2	100.0	4,642
Secondary+	15.5	2.1	65.4	1.3	4.3	4.7	0.6	3.9	1.0	0.8	0.3	100.0	387
Wealth quintile													
Lowest	1.4	1.6	23.2	4.8	7.6	12.5	2.5	36.5	6.1	3.7	0.2	100.0	1,974
Second	2.3	1.7	28.5	3.3	11.8	14.0	1.4	28.5	4.3	4.1	0.3	100.0	1,857
Middle	2.9	2.3	30.6	1.8	8.3	12.2	1.3	32.3	5.2	2.9	0.1	100.0	1,866
Fourth	3.9	2.7	44.1	2.7	8.5	9.7	1.0	18.5	4.4	4.5	0.1	100.0	1,681
Highest	11.3	2.6	71.5	1.4	2.7	3.2	0.1	5.3	1.0	0.5	0.5	100.0	1,347
Total	3.9	2.1	37.4	2.9	8.0	10.8	1.4	25.6	4.4	3.3	0.2	100.0	8,725

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation.
AMO = Assistant medical officer

Delivery Characteristics

The 2004-05 TDHS obtained information on a number of delivery characteristics including caesarean sections and birth weight. In countries where the proportion of facility deliveries is comparatively low, such as Tanzania, the caesarean section rate provides a proxy for women's access to care for complicated deliveries. The Safe Motherhood Interagency Working Group, composed of agencies including UNICEF, UNFPA, the World Bank, the World Health Organisation, the International Planned Parenthood Foundation, and the Population Council, established an indicator for sufficient and appropriate availability and use of caesarean section: the national coverage of use of caesarean section techniques should not be less than 5 percent, nor in excess of 15 percent (FCI, 1998).

Table 9.7 shows that only 3 percent of babies born in Tanzania are delivered by caesarean section, the same proportion estimated by the 1999 TRCHS. This indicates that Tanzanian mothers have insufficient access to essential maternal health services, because the C-section rate is below the 5 percent threshold. Moreover, access to such services is not uniform. Women living in urban areas, the Eastern zone, those women with at least secondary education, and those in the wealthiest households are more likely than others to have had a C-section.

Birth weight is a major determinant of infant and child health and mortality. Birth weight of less than 2.5 kilograms is considered low. For all births during the five-year period preceding the survey, mothers were asked about their perception of the child's size at birth. They were then asked to report the actual weight in kilograms if the child had been weighed after delivery. It is not surprising that with more than half of deliveries occurring at home, 50 percent of newborns were not weighed at birth. Among births for which the birth weight was known, only 7 percent were classified as low birth weight (i.e., the infant weighed less than 2.5 kg at birth).

According to the respondent's own assessment of her infant's size, the majority of births (89 percent) are classified as average or large. Just one in ten births were reported to be either smaller than average (9 percent) or very small (2 percent).

Table 9.7 Delivery characteristics

Percentage of live births in the five years preceding the survey delivered by caesarean section, and percent distribution by birth weight and by mother's estimate of baby's size at birth, according to background characteristics, Tanzania 2004-05

		Birth weight					Sex of child at birth					
Background characteristic	Delivery by C-section	Not weighed	Less than 2.5 kg	2.5 kg or more	Don't know/ missing	Total	Very small	Smaller than average	Average or larger	Don't know/ missing	Total	Number of births
Age												
<20	4.0	46.9	6.3	45.7	1.1	100.0	2.9	10.8	86.0	0.3	100.0	1,502
20-34	3.1	48.5	3.2	47.5	0.8	100.0	2.2	7.6	89.8	0.3	100.0	6,153
35-49	2.7	58.7	3.2	37.5	0.6	100.0	2.6	10.5	86.8	0.0	100.0	1,070
Birth order												
1	5.1	35.3	6.8	56.7	1.2	100.0	2.8	11.3	85.4	0.5	100.0	1,922
2-3	3.8	47.7	3.5	48.0	0.8	100.0	2.4	7.5	90.0	0.1	100.0	3,145
4-5	1.7	55.5	2.3	41.9	0.4	100.0	1.6	7.2	90.9	0.3	100.0	1,820
6+	1.7	61.5	2.4	35.2	0.9	100.0	2.8	8.7	88.2	0.3	100.0	1,838
Residence												
Urban	7.8	15.8	6.8	76.6	0.8	100.0	2.8	8.1	88.7	0.3	100.0	1,691
Rural	2.1	57.6	3.0	38.6	0.8	100.0	2.3	8.6	88.8	0.3	100.0	7,034
Mainland/Zanzibar												
Mainland	3.3	49.5	3.7	46.0	0.8	100.0	2.3	8.4	89.0	0.3	100.0	8,506
Total urban	7.9	15.9	6.7	76.7	0.7	100.0	2.7	7.8	89.2	0.3	100.0	1,670
Dar es Salaam city	7.7	5.3	8.1	86.2	0.5	100.0	3.8	5.6	90.1	0.5	100.0	428
Other urban	8.0	19.5	6.2	73.5	0.8	100.0	2.4	8.5	88.8	0.3	100.0	1,241
Total rural	2.1	57.8	3.0	38.4	0.8	100.0	2.2	8.6	89.0	0.3	100.0	6,836
Zanzibar	1.9	48.6	5.0	44.5	1.9	100.0	6.9	11.8	80.9	0.4	100.0	219
Unguja	2.3	37.9	5.3	55.7	1.0	100.0	3.0	13.1	83.6	0.2	100.0	133
Pemba	1.3	65.0	4.5	27.2	3.3	100.0	12.9	9.7	76.6	0.8	100.0	86
Zone												
Western	1.8	47.9	3.0	48.6	0.6	100.0	2.9	11.6	85.4	0.2	100.0	1,912
Northern	3.7	45.5	4.2	48.9	1.4	100.0	3.4	7.4	89.1	0.1	100.0	1,122
Central	1.7	63.3	2.5	33.5	0.7	100.0	2.7	6.3	91.0	0.0	100.0	716
Southern highlands	2.4	54.2	2.9	42.4	0.5	100.0	1.3	5.0	93.2	0.5	100.0	1,283
Lake	3.5	59.4	2.7	37.1	0.9	100.0	1.2	9.6	88.7	0.5	100.0	1,868
Eastern	7.0	29.4	6.1	63.7	0.8	100.0	2.5	6.3	90.9	0.2	100.0	969
Southern	4.0	38.7	7.5	53.2	0.5	100.0	2.6	9.8	87.5	0.1	100.0	637
Region												
Dodoma	0.6	65.7	2.6	31.4	0.4	100.0	3.7	7.0	89.2	0.0	100.0	413
Arusha	3.7	40.8	5.6	53.2	0.4	100.0	3.7	12.4	83.9	0.0	100.0	288
Kilimanjaro	7.2	26.0	5.6	66.7	1.8	100.0	6.2	2.6	90.7	0.5	100.0	210
Tanga	2.7	50.7	2.7	44.3	2.3	100.0	1.2	5.6	93.2	0.0	100.0	355
Morogoro	8.9	45.8	4.2	48.9	1.1	100.0	1.7	5.7	92.6	0.0	100.0	349
Pwani	1.6	53.4	5.1	40.6	0.9	100.0	1.3	9.2	89.6	0.0	100.0	191
Dar es Salaam	7.7	5.3	8.1	86.2	0.5	100.0	3.8	5.6	90.1	0.5	100.0	428
Lindi	4.7	50.8	4.3	44.8	0.0	100.0	5.0	9.6	85.0	0.5	100.0	147
Mtwara	2.4	54.9	4.3	40.0	0.8	100.0	0.0	8.2	91.8	0.0	100.0	247
Ruvuma	5.0	15.0	12.7	71.7	0.6	100.0	3.9	11.6	84.6	0.0	100.0	244
Iringa	6.6	26.0	4.5	67.8	1.7	100.0	4.1	7.7	87.3	0.9	100.0	294
Mbeya	1.5	59.6	2.4	37.7	0.3	100.0	0.7	4.4	94.3	0.5	100.0	662
Singida	3.1	60.1	2.5	36.3	1.1	100.0	1.3	5.2	93.5	0.0	100.0	303
Tabora	2.3	40.1	3.0	56.0	0.8	100.0	2.0	12.4	85.5	0.0	100.0	508
Rukwa	0.5	68.6	2.3	29.1	0.0	100.0	0.0	3.6	96.1	0.3	100.0	326
Kigoma	1.9	39.2	4.2	56.1	0.4	100.0	3.6	12.3	83.8	0.3	100.0	484
Shinyanga	1.5	56.7	2.3	40.5	0.5	100.0	3.0	10.8	86.1	0.2	100.0	919
Kagera	3.8	67.7	1.0	30.7	0.5	100.0	0.5	9.5	90.0	0.0	100.0	574
Mwanza	4.6	50.6	4.0	44.5	0.9	100.0	1.3	11.0	87.0	0.7	100.0	899
Mara	0.6	67.1	2.1	29.2	1.6	100.0	1.9	6.6	90.4	1.0	100.0	395
Manyara	2.4	58.9	3.6	36.5	1.1	100.0	3.7	8.2	88.0	0.0	100.0	269
Zanzibar North	0.5	75.1	2.1	22.2	0.6	100.0	6.4	16.2	77.4	0.0	100.0	33
Zanzibar South	1.8	30.6	8.6	58.6	2.2	100.0	6.2	12.4	81.4	0.0	100.0	19
Town West	3.1	24.3	5.8	68.9	1.0	100.0	0.9	12.1	86.7	0.3	100.0	81
Pemba North	1.4	71.4	3.3	22.0	3.2	100.0	15.2	7.2	76.8	0.8	100.0	44
Pemba South	1.3	58.2	5.8	32.5	3.4	100.0	10.5	12.3	76.4	0.8	100.0	42
Mother's education												
No education	1.1	65.9	2.7	30.5	0.9	100.0	2.9	9.7	86.9	0.5	100.0	2,318
Primary incomplete	3.6	54.8	3.2	41.1	0.9	100.0	2.3	8.1	89.4	0.2	100.0	1,378
Primary complete	3.4	42.8	4.3	52.2	0.7	100.0	2.2	8.0	89.6	0.2	100.0	4,642
Secondary +	12.6	13.1	5.3	80.7	0.9	100.0	1.6	8.9	89.2	0.4	100.0	387
Wealth quintile												
Lowest	1.0	65.2	2.4	31.4	1.0	100.0	2.4	9.0	88.2	0.4	100.0	1,974
Second	2.3	59.4	3.4	36.5	0.7	100.0	2.4	8.5	89.0	0.1	100.0	1,857
Middle	3.0	57.9	3.7	37.8	0.6	100.0	2.4	9.0	88.4	0.2	100.0	1,866
Fourth	2.8	42.2	3.5	53.3	1.1	100.0	2.3	7.5	89.8	0.3	100.0	1,681
Highest	8.7	10.4	6.6	82.2	0.8	100.0	2.5	8.4	88.8	0.4	100.0	1,347
Total	3.2	49.5	3.7	45.9	0.8	100.0	2.4	8.5	88.8	0.3	100.0	8,725

9.3 POSTNATAL CARE

Postnatal care is important both for the mother and the child to treat complications arising from the delivery, as well as 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 timing of postnatal care is important. The first two days after delivery are critical, because most maternal and neonatal deaths occur during this period. Table 9.8 measures postnatal care for births that occurred outside a health facility in the five years preceding the survey. If a woman had more than one live birth in the preceding five years, only the most recent birth is considered.

The data show that in Tanzania, 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 two days of delivering, as recommended.

There is great variation by zone and region. For example, women in the Southern zone were more than three times as likely as those in the Central zone to receive timely postnatal care. The wealthiest women are considerably more likely to receive timely postnatal care than women in the lowest through fourth quintiles.

Table 9.8 Postnatal care by background characteristics

Percent distribution of women whose last live birth in the five years preceding the survey occurred outside a health facility by timing of postnatal care, according to background characteristics, Tanzania 2004-05

Background characteristic	Timing of first postnatal checkup: 0-2 days after delivery	3-6 days after delivery	7-41 days after delivery	Don't know/ missing	Did not receive postnatal checkup[1]	Total	Number of women
Age at birth							
<20	14.7	2.0	2.2	0.0	81.1	100.0	407
20-34	13.7	1.9	2.1	0.1	82.2	100.0	1,964
35-49	11.5	0.3	2.9	0.0	85.3	100.0	503
Birth order							
1	15.5	2.0	2.7	0.2	79.6	100.0	385
2-3	15.8	2.0	2.9	0.1	79.2	100.0	969
4-5	11.7	1.7	2.1	0.0	84.5	100.0	694
6+	11.2	0.9	1.4	0.0	86.5	100.0	825
Residence							
Urban	21.9	3.8	3.0	0.0	71.3	100.0	219
Rural	12.7	1.5	2.2	0.1	83.6	100.0	2,654
Mainland/Zanzibar							
Mainland	13.6	1.7	2.3	0.1	82.4	100.0	2,805
Total urban	23.4	3.7	4.5	0.0	68.4	100.0	223
Dar es Salaam city	*	*	*	*	*	*	30
Other urban	21.6	1.1	3.3	0.0	74.0	100.0	193
Total rural	12.8	1.5	2.1	0.1	83.6	100.0	2,583
Zanzibar	5.8	0.7	1.0	0.2	92.3	100.0	68
Unguja	8.4	1.3	2.0	0.0	88.3	100.0	35
Pemba	3.2	0.0	0.0	0.4	96.5	100.0	33
Zone							
Western	13.5	2.5	1.8	0.0	82.2	100.0	597
Northern	12.6	1.3	1.8	0.0	84.3	100.0	397
Central	7.8	0.5	0.3	0.3	91.2	100.0	284
Southern highlands	12.3	1.2	4.9	0.0	81.6	100.0	439
Lake	9.3	0.3	0.8	0.0	89.6	100.0	636
Eastern	24.5	3.4	5.4	0.0	66.7	100.0	230
Southern	27.2	4.4	2.7	0.3	65.4	100.0	223
Region							
Dodoma	8.3	0.8	0.0	0.0	90.9	100.0	172
Arusha	23.0	2.5	4.8	0.0	69.7	100.0	102
Kilimanjaro	(3.3)	(0.0)	(0.0)	(0.0)	(96.7)	100.0	43
Tanga	6.5	1.8	0.0	0.0	91.7	100.0	138
Morogoro	25.3	1.1	5.7	0.0	68.0	100.0	121
Pwani	19.2	0.7	2.5	0.0	77.6	100.0	79
Dar es Salaam	*	*	*	*	*	*	30
Lindi	13.7	3.4	6.7	0.0	76.2	100.0	60
Mtwara	29.8	4.9	0.9	0.0	64.4	100.0	126
Ruvuma	(40.1)	(4.4)	(2.3)	(1.9)	(51.3)	(100.0)	37
Iringa	(33.0)	(6.4)	(2.2)	(0.0)	(58.3)	(100.0)	57
Mbeya	12.1	0.0	7.2	0.0	80.8	100.0	260
Singida	7.1	0.0	0.7	0.7	91.6	100.0	112
Tabora	18.1	6.0	3.9	0.0	72.0	100.0	140
Rukwa	3.1	1.3	1.4	0.0	94.2	100.0	122
Kigoma	30.1	4.1	3.3	0.0	62.5	100.0	165
Shinyanga	1.9	0.0	0.0	0.0	98.1	100.0	292
Kagera	12.8	0.0	0.0	0.0	87.2	100.0	213
Mwanza	9.6	0.0	1.0	0.0	89.5	100.0	271
Mara	3.7	1.2	1.7	0.0	93.3	100.0	152
Manyara	14.3	0.0	1.8	0.0	83.8	100.0	113
Zanzibar North	5.7	0.8	2.2	0.0	91.3	100.0	16
Zanzibar South	10.8	1.4	1.4	0.0	86.4	100.0	6
Town West	10.4	2.0	2.0	0.0	85.7	100.0	14
Pemba North	1.7	0.0	0.0	0.0	98.3	100.0	19
Pemba South	5.2	0.0	0.0	0.9	93.9	100.0	14
Education							
No education	10.0	1.5	1.7	0.0	86.7	100.0	985
Primary incomplete	12.1	1.2	2.0	0.0	84.7	100.0	506
Primary complete	16.5	1.9	2.8	0.1	78.7	100.0	1,339
Secondary+	12.3	0.0	0.3	0.0	87.4	100.0	42
Wealth quintile							
Lowest	10.9	1.7	1.1	0.0	86.2	100.0	838
Second	12.1	1.2	2.3	0.1	84.3	100.0	731
Middle	12.6	1.5	2.0	0.0	84.0	100.0	672
Fourth	16.6	1.4	3.8	0.0	78.2	100.0	496
Highest	29.2	4.7	4.3	0.5	61.2	100.0	137
Total	13.4	1.6	2.2	0.1	82.6	100.0	2,873

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes women who received the first postnatal checkup after 41 days

9.4 REPRODUCTIVE HEALTH CARE BY WOMEN'S STATUS

Table 9.9 shows women's use of antenatal, delivery, and postnatal care services by three indicators of women's status defined in Chapter 3. In societies where health care is widespread, women's status may not affect their access to reproductive health care services. In other societies, however, increased empowerment of women is likely to be associated with increased ability to seek out and use health services to better meet their reproductive health needs.

The first women's status indicator in Table 9.9 is positively related to women's empowerment and reflects the degree of decisionmaking control women are able to exercise in areas that affect their lives and environments. The second indicator reflects women's perception of sexual roles and women's rights over their bodies, and relates positively to women's sense of self and empowerment. The final indicator, which reflects women's perception of gender roles, is negatively related to women's level of empowerment. A higher value for this indicator (the number of reasons a woman believes wife beating is justified) is interpreted as indicating lower empowerment.

Table 9.9 indicates that women's status is correlated with reproductive health care. The more empowered a woman, the more likely she is to receive ANC and delivery care from a medical professional. The pattern is less clear regarding the relationship between women's status and postnatal care, although those women who think that wife beating is not justified under any circumstances or those who agree with just one or two justifications are more likely to have received postnatal care than women agreeing with more justifications.

Table 9.9 Reproductive health care by women's status

Percentage of women with a live birth in the five years preceding the survey who received antenatal and postnatal care from a health professional for the most recent birth, and percentage of births in the five years preceding the survey for which mothers received professional delivery care, by women's status indicators, Tanzania 2004-05

Women's status indicator	Percentage with antenatal care from a health professional[1]	Percentage who received postnatal care within first two days of delivery[2]	Number of women	Percentage delivered by a health professional[1]	Number of births
Number of decisions in which woman has final say[3]					
0	89.7	55.4	666	42.2	985
1-2	93.4	53.0	2,107	42.7	3,316
3-4	95.4	60.6	1,444	50.1	2,173
5	96.4	59.5	1,555	49.8	2,251
Number of reasons to refuse sex with husband					
0	91.1	53.6	273	40.3	415
1-2	92.5	48.7	640	37.7	990
3-4	94.7	58.2	4,860	47.8	7,319
Number of reasons wife beating is justified					
0	96.3	59.2	2,193	50.4	3,278
1-2	93.7	60.0	1,168	48.5	1,762
3-4	92.5	54.8	1,706	42.8	2,614
5	93.2	50.0	706	39.0	1,071
Total	94.3	56.9	5,772	46.3	8,725

[1] Doctor/AMO, clinical officer, assistant clinical officer, nurse/midwife, or MCH aide
[2] Includes mothers who delivered in a health facility
[3] Either by herself or jointly with others

9.5 BIRTH REGISTRATION

Tanzania is a signatory to the Convention of the Rights of the Child and has an Act of Parliament on the Rights of the Child, both of which firmly establish birth registration as a fundamental right of children. To assess the extent of birth registration, in the 2004-05 TDHS the mothers of children born in the five-year period before the survey were asked if they had received a birth notification form for the baby. Those who were not given a form at the facility where the birth took place and those who did not deliver in a facility were asked if they obtained a birth notification form from another source. All mothers were asked if their children had a birth certificate.

Table 9.10 shows that a notification form was received for 19 percent of births and almost all notification forms were received from health facilities. In Tanzania, less than one in ten children born in the preceding five years had a birth certificate. Zanzibari mothers were more likely than mothers on the Mainland to report receiving a notification form or birth certificate. There is considerable variation in birth certificate ownership by region, ranging from a low of less than 1 percent in Dodoma and Kagera to a high of more than seven in ten in Zanzibar South and Town West. Household wealth has a strong association with birth registration. Women in the wealthiest households (highest quintile) are three times as likely as those in the fourth quintile and ten times as likely as those in the lowest quintile to have a birth certificate for their child.

Table 9.10 Registration and birth certificate

Percentage of births in the five years preceding the survey with a birth notification on form from a health facility or elsewhere and percentage with a birth certificate, according to background characteristics, Tanzania 2004-05

Background characteristic	Notification form: From a health facility	Notification form: From any other place	Has birth certificate	Number of children
Age at birth				
<20	16.6	1.1	5.8	1,502
20-34	17.4	2.2	7.5	6,153
35-49	14.1	2.9	6.5	1,070
Birth order				
1	23.7	1.3	9.3	1,922
2-3	19.5	2.2	7.7	3,145
4-5	13.1	2.2	6.1	1,820
6+	9.1	2.7	4.8	1,838
Residence				
Urban	47.0	3.3	20.0	1,691
Rural	9.6	1.8	4.0	7,034
Mainland/Zanzibar				
Mainland	16.1	1.5	5.7	8,506
Total urban	46.0	2.8	17.8	1,670
Dar es Salaam city	72.5	5.0	24.8	428
Other urban	36.8	2.0	15.4	1,241
Total rural	8.9	1.2	2.7	6,836
Zanzibar	45.1	24.3	63.2	219
Unguja	54.7	24.2	68.2	133
Pemba	30.2	24.6	55.4	86
Zone				
Western	8.7	0.8	1.9	1,912
Northern	19.4	2.4	7.8	1,122
Central	9.1	1.4	1.6	716
Southern highlands	10.7	1.1	3.2	1,283
Lake	16.3	1.0	4.2	1,868
Eastern	43.1	4.5	14.3	969
Southern	10.2	0.4	14.1	637
Region				
Dodoma	7.1	1.6	0.7	413
Arusha	19.7	2.4	11.7	288
Kilimanjaro	35.7	5.2	8.8	210
Tanga	16.4	1.5	6.5	355
Morogoro	17.8	5.5	6.0	349
Pwani	23.8	1.6	5.9	191
Dar es Salaam	72.5	5.0	24.8	428
Lindi	9.9	0.5	19.9	147
Mtwara	6.6	0.4	23.0	247
Ruvuma	14.0	0.3	1.6	244
Iringa	26.5	1.3	3.9	294
Mbeya	5.1	1.5	3.7	662
Singida	11.8	1.2	2.7	303
Tabora	8.3	1.6	2.5	508
Rukwa	8.1	0.2	1.6	326
Kigoma	13.8	1.0	2.3	484
Shinyanga	6.2	0.2	1.4	919
Kagera	8.8	0.3	0.3	574
Mwanza	22.2	1.6	6.1	899
Mara	13.6	0.7	5.6	395
Manyara	10.2	1.4	4.5	269
Zanzibar North	21.1	38.0	53.8	33
Zanzibar South	49.5	21.8	71.5	19
Town West	69.7	19.0	73.4	81
Pemba North	25.4	23.9	54.4	44
Pemba South	35.2	25.3	56.4	42
Wealth quintile				
Lowest	5.5	0.9	2.7	1,974
Second	8.9	1.4	2.3	1,857
Middle	8.6	1.6	2.9	1,866
Fourth	17.3	2.5	7.1	1,681
Highest	55.4	5.0	26.0	1,347
Total	16.9	2.1	7.1	8,725

9.6 WOMEN'S PERCEPTIONS OF PROBLEMS IN OBTAINING HEALTH CARE

The 2004-05 TDHS included a series of questions designed to obtain information on the problems women perceive that they face in obtaining health care for themselves. This information is particularly important in understanding and addressing the barriers women may face in seeking care during pregnancy and, particularly, at delivery. To obtain this information, women age 15-49 were asked whether each of the following factors would be a big problem or not a big problem for them in obtaining health services: knowing where to go, getting permission to go, getting money for treatment, the distance to the health facility, having to take transportation, not wanting to go alone, and concern that there may not be a female provider or that the provider will be unfriendly. Table 9.11 shows the percentages of respondents who consider the individual factors to be a big problem, and the percentage reporting at least one of the specified items to be a big problem, according to background characteristics.

A majority of women (62 percent) reported at least one issue or circumstance as a big problem. The major perceived barriers to women's access to health services are lack of money (40 percent), the distance to a health facility (38 percent), and having to take transport (37 percent).

Women also report barriers to obtaining health care that are associated with quality of care: 14 percent of women report that unfriendly providers are a big problem and 8 percent cite the concern that there may not be a female provider. Personal reasons can also affect women's access to health care. Nearly a quarter of women cite not wanting to go alone to the health facility as a big problem for them in getting the health care they need, while 6 percent of all women cite obtaining permission and knowing where to go as big problems.

Problems in accessing health care are felt most acutely by rural women; older women; women with larger families; divorced, separated, or widowed women; and women not working for cash. Women in Singida are the most likely to think that any of the specified issues are big problems in terms of accessing health care (83 percent) and women in Lindi and Mwanza are the least likely (41 percent).

Table 9.11 Problems in accessing health care

Percentage of women who reported they have big problems in accessing health care for themselves when they are sick, by type of problem and background characteristics, Tanzania 2004-05

Background characteristic	Problems in accessing health care									Number of women
	Knowing where to go for treatment	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern there may not be a female provider	Unfriendly provider	Any of the specified problems	
Age										
15-19	10.0	9.1	38.6	36.3	35.0	29.5	9.5	14.2	62.4	2,245
20-29	6.5	5.6	35.6	35.0	34.7	22.2	7.3	14.9	59.4	3,892
30-39	4.5	3.7	42.3	39.1	39.4	22.8	7.0	13.4	63.4	2,595
40-49	3.8	2.9	48.1	43.0	43.1	25.4	7.4	14.5	66.2	1,597
Number of living children										
0	9.3	8.3	36.5	32.7	32.7	28.3	10.0	16.8	61.1	2,705
1-2	6.5	4.8	37.1	35.8	35.3	22.4	7.3	14.2	59.6	3,348
3-4	4.8	4.3	41.6	38.2	39.8	23.7	7.3	13.8	62.9	2,269
5+	3.8	3.9	47.1	46.2	43.5	23.6	5.8	11.5	66.6	2,007
Marital status										
Never married	9.3	8.0	38.4	31.1	32.5	27.8	10.3	16.8	60.6	2,371
Married or living together	5.6	5.0	38.5	39.9	38.5	23.5	6.8	13.2	62.0	6,950
Divorced/separated/widowed	4.5	2.4	52.9	36.5	39.0	23.0	8.0	15.8	66.0	1,007
Residence										
Urban	5.6	4.0	28.3	15.9	18.8	15.2	9.5	18.1	48.7	2,935
Rural	6.6	6.0	44.4	46.2	44.5	28.1	7.0	12.8	67.4	7,394
Mainland/Zanzibar										
Mainland	6.4	5.5	40.0	38.0	37.7	24.6	7.4	13.9	62.1	10,016
Total urban	5.7	4.0	28.5	16.3	19.2	15.3	9.5	18.1	48.5	2,885
Dar es Salaam city	9.0	5.1	20.2	17.5	20.4	19.3	18.9	27.7	48.5	969
Other urban	4.1	3.4	32.8	15.6	18.6	13.3	4.8	13.2	48.5	1,916
Total rural	6.6	6.0	44.6	46.8	45.1	28.3	6.5	12.1	67.5	7,131
Zanzibar	5.9	5.5	35.6	23.9	22.8	20.7	17.7	28.6	63.2	313
Unguja	3.2	1.7	27.7	21.5	19.3	20.0	19.9	27.0	60.6	216
Pemba	11.9	13.9	53.0	29.2	30.5	22.4	12.7	32.1	69.0	97
Zone										
Western	6.1	7.1	39.7	39.6	37.9	25.0	6.5	12.0	65.9	1,880
Northern	5.8	4.8	46.1	43.8	45.3	33.9	3.6	16.9	69.9	1,496
Central	10.3	8.1	59.8	48.9	48.8	39.4	22.5	30.6	80.7	799
Southern highlands	4.6	2.8	39.4	45.2	44.1	25.8	5.4	8.8	67.6	1,440
Lake	6.2	8.9	35.3	30.7	28.2	11.2	2.0	6.0	46.7	1,865
Eastern	9.2	3.9	31.6	29.7	30.5	23.0	12.6	19.3	57.2	1,670
Southern	2.0	0.6	39.2	34.2	37.1	23.4	6.5	12.2	56.3	866
Region										
Dodoma	13.0	8.0	56.5	44.0	44.4	37.2	26.3	32.3	78.9	468
Arusha	9.1	10.1	34.7	35.0	35.5	29.8	3.6	6.3	53.8	391
Kilimanjaro	1.1	0.9	59.0	50.5	52.0	36.2	1.6	25.9	77.8	380
Tanga	4.2	2.2	46.4	40.7	45.3	24.3	5.6	25.5	71.6	431
Morogoro	6.0	1.8	46.2	42.5	41.6	29.3	3.2	4.9	67.1	449
Pwani	15.5	3.0	49.5	53.6	49.4	26.0	5.1	12.2	72.9	253
Dar es Salaam	9.0	5.1	20.2	17.5	20.4	19.3	18.9	27.7	48.5	969
Lindi	0.0	0.0	26.0	26.8	26.9	10.7	1.6	5.0	40.5	221
Mtwara	0.6	0.9	39.8	25.3	28.0	14.2	2.1	9.4	51.7	346
Ruvuma	5.0	0.6	48.3	50.1	55.2	43.4	15.3	20.8	73.2	299
Iringa	11.8	7.9	45.6	47.9	51.9	43.2	14.0	19.0	72.9	412
Mbeya	2.0	1.0	35.7	54.0	49.4	20.5	2.7	5.4	72.0	712
Singida	6.5	8.1	64.3	55.9	55.1	42.5	17.2	28.2	83.2	331
Tabora	12.0	17.0	41.4	46.1	42.8	41.3	7.3	15.4	73.6	520
Rukwa	1.0	0.3	39.5	22.1	21.9	15.3	0.3	3.2	50.8	316
Kigoma	8.4	6.6	51.6	37.1	45.0	34.8	13.8	20.0	76.0	499
Shinyanga	1.2	1.3	31.7	37.0	30.9	9.5	1.8	5.3	55.3	861
Kagera	5.4	7.4	34.8	32.9	32.4	16.9	1.9	6.4	45.1	545
Mwanza	7.1	11.3	33.1	24.6	22.9	8.6	1.8	4.1	40.7	939
Mara	5.3	5.3	41.5	42.5	35.2	9.5	2.8	9.9	63.6	381
Manyara	9.7	6.4	44.0	51.5	49.7	50.2	3.5	6.8	78.7	293
Zanzibar North	4.1	1.8	41.5	24.4	25.3	24.9	25.2	30.2	68.4	48
Zanzibar South	3.8	4.7	31.7	25.9	23.5	21.5	20.7	35.0	70.7	26
Town West	2.8	1.2	22.4	19.7	16.5	18.1	18.0	24.4	56.1	143
Pemba North	6.5	7.1	43.7	20.0	22.1	17.7	13.1	35.8	61.3	52
Pemba South	18.2	21.7	63.7	39.8	40.1	27.8	12.3	27.9	77.8	45
Education										
No education	7.0	7.8	47.2	49.6	45.9	29.2	6.5	10.3	69.1	2,503
Primary incomplete	7.4	7.0	45.1	41.0	41.7	28.0	9.6	14.7	67.2	1,855
Primary complete	6.0	4.0	37.5	33.8	34.1	22.3	7.4	14.9	59.0	5,086
Secondary+	4.6	3.8	22.0	17.8	21.0	15.7	8.8	21.1	49.2	885
Employment										
Not employed	9.0	8.4	35.5	29.4	29.2	27.5	12.5	18.7	58.9	1,779
Working for cash	7.6	6.9	33.6	27.8	29.7	19.7	7.5	16.2	55.9	2,609
Not working for cash	5.0	3.9	43.9	44.3	42.9	25.6	6.3	12.2	65.8	5,941
Wealth quintile										
Lowest	8.8	8.5	50.9	51.9	50.4	32.9	6.8	9.8	72.6	1,840
Second	7.6	6.6	48.9	48.9	46.0	27.3	7.4	13.4	70.2	1,944
Middle	5.2	5.0	43.6	43.5	42.1	25.0	5.7	11.4	65.2	1,943
Fourth	5.0	4.3	40.0	34.8	36.7	24.8	7.2	15.3	62.6	2,004
Highest	5.6	3.7	22.5	16.6	18.0	15.6	10.5	19.6	45.8	2,597
Total	6.3	5.5	39.9	37.6	37.2	24.4	7.7	14.3	62.1	10,329

9.7 CHILD IMMUNISATION

The 2004-05 TDHS collected information on immunisation coverage for all children born in the five years before the survey. The Government of Tanzania has adopted the World Health Organisation (WHO) guidelines for vaccinating children. The immunisation programme in Tanzania is implemented by Ministry of Health through the Expanded Programme on Immunisation (EPI), which started in 1975 and was established throughout the country in 1996. According to those guidelines, to be considered fully vaccinated a child should receive the following vaccinations: one dose of BCG, three doses each of DPT-HB and polio vaccine, and one dose of measles vaccine. BCG, which protects against tuberculosis, should be given at birth or at first clinic contact. DPT-HB protects against diphtheria, pertussis (whooping cough), tetanus, and hepatitis B. DPT-HB and polio vaccine guidelines require three vaccinations at approximately 4, 8, and 12 weeks of age. More recently, a dose of polio vaccine at birth has been added to the schedule. The measles vaccine should be given at nine months of age. It is recommended that children receive the complete schedule of vaccinations before 12 months of age and that the vaccinations be recorded on a health card given to the parents or caretaker.

Vaccinations by Background Characteristics

Information on vaccination coverage was obtained in two ways—from health cards and from mothers' verbal reports. All mothers were asked to show the interviewer the health cards on which the child's immunisation record was recorded. If the card was available, the interviewer copied the dates on which each vaccination was received. If a vaccination was not recorded on the card, the mother was asked to recall whether that particular vaccination had been given. If the mother was not able to present a card for a child at all, she was asked to recall whether the child had received BCG, polio, DPT-HB, and measles. If she indicated that the child had received the polio or DPT-HB vaccines, she was asked about the number of doses that the child received. The information collected covered all children under age five, although most data presented here are restricted to children age 12-23 months to better reflect children who have reached the age by which they should be fully vaccinated.

Information on vaccination coverage among children age 12-23 months is shown in Table 9.12 by source of information used to determine coverage (i.e., vaccination record or mother's report). The third row of the table shows the proportion of children who were immunised at any age up to the time of the survey, while the last row shows the proportion who were vaccinated by age 12 months, the age at which vaccination coverage should be complete.

At the time of interview, 71 percent of children age 12-23 months were fully immunised, approximately the same proportion as estimated in the 1999 TRCHS (68 percent). At least nine out of ten received BCG, DPT-HB 1 and 2, and Polio 1 and 2. However, the proportion of children receiving the third dose of DPT-HB and polio is lower (86 and 84 percent, respectively), as is the proportion receiving measles (80 percent). The decrease in vaccination coverage between the first and third doses of DPT-HB and polio are 7 and 11 percentage points, respectively. Only 4 percent of children have not received any vaccination at all. With the exception of measles, virtually all the reported vaccinations were received by 12 months of age, as recommended.

Table 9.12 Vaccinations by source of information

Percentage of children age 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, Tanzania 2004-05

Source of information	BCG	DPT-HB 1	DPT-HB 2	DPT-HB 3	Polio[1] 0	Polio[1] 1	Polio[1] 2	Polio[1] 3	Measles	All[2]	No vacci-nations	Number of children
Vaccinated at any time before survey												
Vaccination card	75.3	77.3	74.7	72.6	38.3	77.5	74.8	71.9	65.8	61.0	0.0	1,307
Mother's report	16.1	16.1	14.9	13.3	5.9	16.7	15.6	11.7	14.1	10.1	4.3	352
Either source	91.4	93.3	89.7	85.9	44.2	94.2	90.3	83.6	79.9	71.1	4.3	1,658
Vaccinated by 12 months of age[3]	91.1	92.6	89.2	83.7	44.2	93.5	89.6	82.0	70.2	61.9	4.6	1,658

[1] Polio 0 is the polio vaccination given at birth.
[2] BCG, measles, and three doses each of DPT-HB and polio vaccine (excluding polio vaccine given at birth)
[3] For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination.

Table 9.13 presents information on vaccinations by background characteristics (according to information from both health cards and mothers' reports) among children age 12-23 months by selected background characteristics. Vaccination status does not differ significantly by sex of the child. The proportion fully vaccinated is lower for children of birth order 6 or higher than for children at lower parities. There is significant variation by residence: 82 percent of urban children are fully immunised compared with 69 percent of rural children; coverage is higher on Zanzibar than on the Mainland.

As expected, full vaccination coverage varies significantly by mother's education, from 56 percent among children of mothers with no education to 79 percent among children of mothers with primary complete or secondary education. Children born to mothers in the lowest wealth quintile are considerably less likely to have been fully vaccinated than children born to mothers in the highest wealth quintile.

Table 9.13 Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, Tanzania 2004-05

Background characteristic	BCG	DPT-HB			Polio [1]				Measles	All [2]	No vaccinations	Percentage with a vaccination card seen	Number of children
		1	2	3	0	1	2	3					
Sex													
Male	92.0	93.3	90.0	86.0	45.3	93.7	90.2	83.0	79.8	70.1	4.5	78.1	842
Female	90.8	93.3	89.4	85.9	43.1	94.8	90.5	84.2	80.0	72.1	4.2	79.5	817
Birth order													
1	92.0	95.1	91.5	87.9	51.9	94.9	90.8	83.1	82.5	72.2	4.1	80.9	378
2-3	92.8	93.3	91.1	88.3	49.9	94.6	92.0	86.8	83.6	76.5	4.1	79.4	602
4-5	91.8	94.9	91.1	87.3	36.7	94.9	91.5	84.5	79.0	70.0	3.4	76.5	328
6+	87.9	90.0	84.0	78.4	33.3	92.4	86.0	77.7	71.7	61.7	6.0	77.5	351
Residence													
Urban	96.0	96.9	96.9	94.3	72.6	94.6	94.6	88.4	89.7	81.5	3.1	79.4	303
Rural	90.3	92.5	88.1	84.0	37.9	94.2	89.4	82.5	77.7	68.8	4.6	78.7	1,355
Mainland/Zanzibar													
Mainland	91.3	93.3	89.6	85.8	44.4	94.3	90.3	83.6	79.9	71.0	4.4	78.7	1,620
Total urban	96.0	96.9	96.9	94.4	73.5	94.0	94.0	87.8	89.8	81.0	3.1	79.4	294
Dar es Salaam city	(92.5)	(92.5)	(92.5)	(89.6)	(81.4)	(81.2)	(81.2)	(74.5)	(88.3)	(70.4)	(7.5)	(67.4)	76
Other urban	97.3	98.5	98.5	96.1	70.8	98.5	98.5	92.5	90.3	84.7	1.5	83.5	219
Total rural	90.2	92.5	87.9	83.9	37.9	94.3	89.5	82.6	77.6	68.8	4.6	78.5	1,326
Zanzibar	94.9	95.5	94.0	88.6	36.1	93.3	91.6	84.3	82.0	74.7	3.9	83.4	38
Unguja	97.9	98.8	98.8	94.1	50.2	97.4	96.1	92.9	91.1	85.8	1.2	86.8	22
Pemba	91.1	91.2	87.7	81.3	17.4	87.8	85.7	72.7	69.8	59.9	7.5	78.8	17
Zone													
Western	87.5	87.5	80.3	73.6	34.1	90.5	83.0	74.2	63.4	56.6	8.1	78.3	381
Northern	89.9	92.8	91.1	86.6	49.4	95.6	91.8	84.5	85.5	72.5	4.4	75.3	208
Central	94.4	96.3	93.4	91.9	47.1	96.3	93.4	90.0	86.4	81.1	2.1	85.8	141
Southern highlands	86.4	94.2	87.8	84.3	35.4	95.4	87.9	78.0	77.9	61.8	3.1	77.6	232
Lake	94.1	94.6	92.0	89.6	39.4	95.8	94.2	89.5	84.8	79.8	3.7	76.3	380
Eastern	95.1	95.6	95.6	93.7	68.1	89.9	89.9	85.5	87.8	77.1	3.8	78.5	150
Southern	97.4	99.4	99.4	96.5	67.2	99.4	99.4	92.6	91.9	83.6	0.6	86.9	128
Region													
Dodoma	95.6	100.0	100.0	98.2	48.9	100.0	100.0	96.6	93.4	85.6	0.0	85.9	76
Arusha	88.2	88.2	88.2	86.2	55.6	90.2	86.2	84.7	82.1	80.1	9.8	66.6	53
Kilimanjaro	(100.0)	(100.0)	(100.0)	(100.0)	(89.5)	(100.0)	(100.0)	(89.4)	(100.0)	(89.4)	(0.0)	(74.1)	30
Tanga	84.5	89.2	84.2	74.8	37.9	96.3	89.7	78.9	84.1	57.7	3.7	79.3	69
Morogoro	(96.5)	(100.0)	(100.0)	(100.0)	(51.6)	(100.0)	(100.0)	(100.0)	(93.4)	(89.9)	(0.0)	(97.1)	47
Pwani	(100.0)	(96.9)	(96.9)	(94.5)	(59.3)	(96.9)	(96.9)	(91.2)	(77.2)	(73.9)	(0.0)	(77.5)	28
Dar es Salaam	(92.5)	(92.5)	(92.5)	(89.6)	(81.4)	(81.2)	(81.2)	(74.5)	(88.3)	(70.4)	(7.5)	(67.4)	76
Lindi	(94.9)	(97.4)	(97.4)	(92.1)	(66.6)	(97.4)	(97.4)	(89.7)	(86.3)	(73.4)	(2.6)	(82.2)	28
Mtwara	(96.1)	(100.0)	(100.0)	(100.0)	(69.6)	(100.0)	(100.0)	(95.6)	(92.4)	(84.1)	(0.0)	(85.9)	50
Ruvuma	100.0	100.0	100.0	95.4	65.2	100.0	100.0	91.3	94.6	88.6	0.0	90.3	51
Iringa	(97.8)	(100.0)	(100.0)	(98.3)	(67.3)	(100.0)	(100.0)	(88.5)	(96.7)	(83.1)	(0.0)	(92.6)	51
Mbeya	80.7	90.5	83.5	80.6	31.8	92.0	82.2	73.7	70.0	50.4	5.2	69.2	124
Singida	92.9	92.1	85.9	84.6	45.0	92.1	85.9	82.3	78.4	76.0	4.6	85.7	65
Tabora	81.1	79.7	66.4	58.7	38.7	86.5	71.0	58.4	46.5	36.7	9.0	75.2	116
Rukwa	88.6	96.8	86.4	80.0	15.4	98.5	89.4	78.1	78.6	67.9	1.5	82.7	58
Kigoma	96.2	98.1	96.2	96.2	69.4	98.1	98.1	94.5	90.0	86.4	1.9	89.5	85
Shinyanga	87.6	87.5	81.7	72.4	14.3	89.5	83.7	74.8	61.7	55.3	10.5	74.9	179
Kagera	95.0	94.4	90.0	87.7	40.7	96.7	92.2	88.7	86.6	79.2	2.2	77.4	120
Mwanza	97.2	98.2	98.2	96.7	39.5	98.2	98.2	95.7	91.5	88.0	1.8	75.6	183
Mara	85.4	86.6	80.4	76.1	37.4	88.8	87.7	76.2	66.2	61.6	10.2	76.2	78
Manyara	92.8	97.6	97.6	94.3	36.4	97.6	95.2	88.7	82.6	74.6	2.4	79.3	57
Zanzibar North	96.6	100.0	100.0	100.0	25.5	94.9	93.1	93.1	98.4	88.2	0.0	90.1	6
Zanzibar South	(100.0)	(100.0)	(100.0)	(98.1)	(63.5)	(100.0)	(100.0)	(95.8)	(88.0)	(85.7)	(0.0)	(94.1)	3
Town West	97.9	97.9	97.9	90.5	58.1	97.9	96.5	92.2	88.5	84.7	2.1	83.6	13
Pemba North	96.8	94.1	88.2	82.0	7.5	89.7	85.2	65.3	73.0	54.9	3.2	72.3	8
Pemba South	85.8	88.5	87.2	80.5	26.4	86.1	86.1	79.4	67.0	64.3	11.5	84.7	9
Education													
No education	84.3	85.9	77.5	73.8	32.0	89.5	80.6	72.0	64.6	55.6	8.1	73.2	426
Primary incomplete	89.1	93.8	90.2	86.7	39.6	94.7	90.0	82.0	78.4	67.9	4.5	79.5	261
Primary complete	95.1	96.6	94.8	91.0	49.2	96.5	94.9	89.6	86.8	78.7	2.5	81.3	898
Secondary+	95.1	95.0	94.8	90.7	70.7	92.1	91.8	82.9	89.8	79.2	4.9	78.4	74
Wealth quintile													
Lowest	87.0	87.6	78.6	75.2	31.4	91.0	82.3	74.3	65.2	58.3	7.3	75.2	409
Second	90.5	91.8	88.9	82.7	36.4	93.1	88.7	80.9	79.0	70.8	5.1	76.8	352
Middle	91.3	95.8	92.5	88.1	40.2	96.2	93.2	87.7	81.4	70.8	3.5	80.3	328
Fourth	93.8	96.5	95.6	93.4	50.2	97.7	96.5	91.0	89.7	80.6	2.2	84.8	327
Highest	96.9	97.6	97.6	95.6	74.5	94.0	94.0	87.5	90.9	80.7	2.4	77.6	243
Total	91.4	93.3	89.7	85.9	44.2	94.2	90.3	83.6	79.9	71.1	4.3	78.8	1,658

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Polio 0 is the polio vaccination given at birth.
[2] BCG, measles, and three doses each of DPT-HB and polio vaccine (excluding polio vaccine given at birth)

Vaccination in the First Year of Life

Table 9.14 shows the percentage of children age 12-59 months who received specific vaccinations during the first year of life, according to age cohort. The data indicate that the proportion of children fully vaccinated by 12 months of age has increased over the last several years from 53 percent of children ages 36-47 and 48-59 months to more than six in ten children age 12-23 and 24-35 months.

Table 9.14 Vaccinations in first year of life

Percentage of children under five years of age at the time of the survey who received specific vaccines by 12 months of age, and percentage with a vaccination card, by current age of child, Tanzania 2004-05

Current age of child in months	BCG	DPT-HB			Polio[1]				Measles	All[2]	No vaccinations	Percentage with a vaccination card seen	Number of children
		1	2	3	0	1	2	3					
12-23	91.1	92.6	89.2	83.7	44.2	93.5	89.6	82.0	70.2	61.9	4.6	78.8	1,658
24-35	91.0	91.6	87.9	81.5	47.0	92.1	88.1	78.7	70.1	60.2	5.9	72.0	1,611
36-47	92.6	91.8	87.1	79.9	36.5	92.8	87.0	72.6	67.2	52.9	5.1	63.0	1,510
48-59	91.1	90.5	87.1	77.5	37.1	89.7	85.5	68.4	68.1	52.9	6.6	56.3	1,434
Total	91.5	91.8	88.0	81.0	41.4	92.2	87.8	76.1	69.4	57.6	5.4	68.0	6,214

Note: Information was obtained from the vaccination card or if there was no written record, from the mother. For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccinations.
[1] Polio 0 is the polio vaccination given at birth.
[2] BCG, measles and three doses each of DPT-HB and polio vaccine (excluding polio vaccine given at birth)

9.8 Acute Respiratory Infection and Fever

Acute respiratory infection (ARI) is among the leading causes of morbidity and mortality in Tanzania. Of acute respiratory diseases, pneumonia is the most serious for young children. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths resulting from pneumonia. The prevalence of ARI was estimated by asking mothers whether their children under age five had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey. It should be borne in mind that these data are subjective (i.e., mother's perception of illness) and not validated by a medical examination.

Table 9.15 shows that in the two weeks preceding the survey, 8 percent of children experienced symptoms of ARI and one-fourth had a fever. Prevalence of respiratory illness varies by age of the child, rising to a peak at 6-11 months of age (13 percent) then falling slowly to a low at 48-59 months of age (5 percent). Prevalence of fever peaks at the same age, with more than one-third of children age 6-11 months sick with fever.

Fifty-seven percent of children who had symptoms of ARI and/or fever were taken to a health facility. Children from urban areas were more likely to be taken to a health facility than those in rural areas, as were the children of more educated mothers and mothers who live in households that are in the higher wealth quintiles. There is significant variation by region.

Table 9.15 Prevalence and treatment of symptoms of ARI and fever

Percentage of children under five years who had a cough accompanied by short, rapid breathing (symptoms of ARI) and percentage of children who had fever in the two weeks preceding the survey, and percentage of children with symptoms of ARI and/or fever for whom treatment was sought from a health facility or provider, by background characteristics, Tanzania 2004-05

Background characteristic	Percentage of children with symptoms of ARI	Percentage of children with fever	Number of children	Among children with symptoms of ARI and/or fever, percentage for whom treatment was sought from a health facility/provider[1]	Number of children
Age in months					
<6	6.1	16.8	845	51.5	167
6-11	13.1	36.2	916	65.1	354
12-23	10.5	34.2	1,658	62.1	600
24-35	7.7	25.2	1,611	54.1	445
36-47	7.0	19.2	1,510	51.1	325
48-59	5.0	14.8	1,434	45.8	239
Sex					
Male	8.5	25.3	3,983	58.5	1,098
Female	7.7	23.6	3,993	54.6	1,031
Residence					
Urban	6.9	22.5	1,558	70.4	392
Rural	8.4	24.9	6,417	53.5	1,737
Mainland/Zanzibar					
Mainland	8.1	24.2	7,771	56.3	2,057
Total urban	7.1	22.3	1,539	69.5	386
Dar es Salaam city	11.9	25.6	400	64.9	120
Other urban	5.4	21.1	1,140	71.5	266
Total rural	8.4	24.7	6,232	53.2	1,671
Zanzibar	8.4	32.7	204	66.2	72
Unguja	9.6	29.4	126	68.0	41
Pemba	6.6	38.1	79	63.7	31
Zone					
Western	10.6	34.1	1,749	46.1	644
Northern	6.4	17.0	1,042	69.8	203
Central	9.6	25.6	663	64.4	182
Southern highlands	9.7	17.4	1,175	53.3	246
Lake	3.4	16.8	1,680	50.5	294
Eastern	9.7	28.6	890	67.5	277
Southern	9.8	34.9	572	64.0	211
Region					
Dodoma	10.7	27.9	380	68.2	113
Arusha	5.2	17.4	276	53.4	51
Kilimanjaro	4.0	14.2	198	(89.3)	33
Tanga	9.1	20.4	317	83.9	75
Morogoro	6.2	25.9	313	67.2	84
Pwani	11.2	40.3	177	72.2	73
Dar es Salaam	11.9	25.6	400	64.9	120
Lindi	11.6	32.9	133	71.6	50
Mtwara	8.3	37.5	229	66.5	88
Ruvuma	10.4	33.3	210	55.8	73
Iringa	17.0	26.4	265	44.0	84
Mbeya	10.1	15.3	608	60.8	115
Singida	8.1	22.5	284	58.2	69
Tabora	10.9	22.9	466	47.1	127
Rukwa	2.6	13.5	302	51.7	47
Kigoma	23.2	51.6	435	47.0	247
Shinyanga	3.9	31.2	847	44.8	271
Kagera	3.4	14.2	512	62.2	76
Mwanza	1.5	9.8	816	(61.0)	86
Mara	7.9	36.8	352	37.0	132
Manyara	6.3	14.4	251	49.9	44
Zanzibar North	13.4	29.3	30	85.8	10
Zanzibar South	13.4	27.0	17	86.4	5
Town West	7.2	29.9	78	56.8	25
Pemba North	5.5	44.3	40	69.2	18
Pemba South	7.9	31.8	39	56.3	13
Education					
No education	7.5	23.4	2,085	51.3	538
Primary incomplete	7.6	24.5	1,262	58.2	337
Primary complete	8.6	24.8	4,264	57.0	1,145
Secondary+	8.2	25.5	364	73.6	109
Wealth quintile					
Lowest	8.9	25.8	1,812	50.0	513
Second	7.5	25.7	1,664	59.6	452
Middle	8.3	23.5	1,688	53.5	438
Fourth	8.3	24.1	1,561	53.1	410
Highest	7.3	22.5	1,252	71.8	317
Total	8.1	24.4	7,976	56.6	2,129

Note: Figures in parentheses are based on 25-49 unweighted cases.
ARI = Acute respiratory infection
[1] Excludes pharmacy, shop, and traditional practitioner

9.9 DIARRHOEAL DISEASE

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children in Tanzania. Exposure to diarrhoeal disease-causing agents is frequently a result of the use of contaminated water and unhygienic practices related to food preparation and excreta disposal.

Disposal of Children's Stools

The proper disposal of children's faeces is extremely important in preventing the spread of disease. If faeces are left uncontained, disease may be spread by direct contact or through animal contact. Table 9.16 presents information on the disposal of faecal matter of children under age five, by background characteristics. Three-fourths of children's stools are usually contained. Children's stools are more likely to be contained in urban than rural areas (90 and 71 percent, respectively). There is a positive relationship between containment of children's stools and both mothers' education and household wealth quintile.

Table 9.16 Disposal of children's stools

Percent distribution of mothers whose youngest child under five years is living with her, by way in which child's faecal matter is disposed of, according to background characteristics and type of toilet facilities in household, Tanzania 2004-05

Background characteristic	Stools contained			Stools uncontained			Use diapers				
	Child always uses toilet/ latrine	Thrown into toilet/ latrine	Buried in yard	Thrown outside dwelling	Thrown outside yard	Rinsed away	Dispos-able	Wash-able	Other/ missing	Total	Number of mothers
Residence											
Urban	13.4	74.3	2.2	1.2	2.6	1.7	0.3	4.0	0.3	100.0	1,155
Rural	7.4	56.6	6.5	4.1	19.9	2.7	0.0	2.1	0.6	100.0	4,253
Mainland/Zanzibar											
Mainland	8.7	60.8	5.3	3.4	16.1	2.6	0.1	2.5	0.6	100.0	5,272
Total urban	14.1	73.6	1.9	1.2	2.7	1.9	0.2	4.0	0.3	100.0	1,146
Dar es Salaam city	25.1	70.8	0.0	0.0	0.6	0.6	0.6	1.7	0.7	100.0	318
Other urban	9.9	74.7	2.7	1.6	3.5	2.3	0.1	4.9	0.2	100.0	828
Total rural	7.1	57.2	6.2	4.1	19.8	2.8	0.0	2.1	0.6	100.0	4,125
Zanzibar	8.0	45.3	16.1	5.1	23.5	0.7	0.9	0.0	0.4	100.0	136
Unguja	9.7	60.9	12.3	2.4	12.4	1.1	1.4	0.0	0.0	100.0	87
Pemba	5.0	17.8	22.8	9.9	43.2	0.2	0.0	0.0	1.2	100.0	49
Zone											
Western	4.3	53.7	7.5	4.1	27.1	1.8	0.0	1.2	0.3	100.0	1,094
Northern	2.3	74.0	2.2	3.8	13.0	0.2	0.1	4.1	0.3	100.0	729
Central	3.2	70.0	1.6	9.0	12.4	0.7	0.0	1.2	1.9	100.0	450
Southern highlands	11.4	67.6	2.2	3.2	11.3	1.3	0.0	2.3	0.6	100.0	800
Lake	7.7	35.3	13.0	3.1	25.4	8.9	0.0	5.9	0.4	100.0	1,045
Eastern	18.3	75.1	0.6	0.5	3.9	0.3	0.3	0.8	0.3	100.0	696
Southern	17.3	71.7	3.6	1.3	3.7	1.1	0.0	0.2	1.2	100.0	457
Region											
Dodoma	2.0	74.1	1.5	7.4	12.7	0.5	0.0	0.7	1.0	100.0	266
Arusha	4.8	52.5	0.6	7.7	23.4	0.0	0.4	9.3	1.3	100.0	194
Kilimanjaro	1.4	97.0	0.8	0.8	0.0	0.0	0.0	0.0	0.0	100.0	144
Tanga	1.7	85.4	4.6	2.7	4.5	0.0	0.0	1.1	0.0	100.0	226
Morogoro	12.1	80.3	1.0	0.5	6.0	0.0	0.0	0.0	0.0	100.0	241
Pwani	13.4	75.8	1.5	1.5	7.9	0.0	0.0	0.0	0.0	100.0	138
Dar es Salaam	25.1	70.8	0.0	0.0	0.6	0.6	0.6	1.7	0.7	100.0	318
Lindi	11.1	79.3	6.5	0.7	1.8	0.7	0.0	0.0	0.0	100.0	107
Mtwara	24.9	66.4	4.1	1.8	2.3	0.5	0.0	0.0	0.0	100.0	179
Ruvuma	13.1	72.4	1.2	1.2	6.5	2.0	0.0	0.4	3.2	100.0	171
Iringa	7.1	79.6	1.3	3.7	6.3	0.0	0.0	1.4	0.6	100.0	200
Mbeya	12.7	62.9	1.3	3.8	15.2	1.8	0.0	1.6	0.7	100.0	403
Singida	4.9	64.2	1.7	11.4	11.9	0.8	0.0	1.9	3.1	100.0	184
Tabora	5.3	42.5	5.4	1.4	42.7	0.7	0.0	1.7	0.3	100.0	292
Rukwa	12.9	65.1	5.1	1.7	8.4	1.8	0.0	4.7	0.4	100.0	197
Kigoma	5.1	70.0	8.6	2.5	7.1	4.4	0.0	2.3	0.0	100.0	278
Shinyanga	3.4	51.3	8.1	6.4	29.0	1.1	0.0	0.3	0.5	100.0	524
Kagera	3.9	33.6	20.2	0.4	22.2	12.6	0.0	7.1	0.0	100.0	332
Mwanza	13.1	33.6	9.2	3.7	21.8	10.2	0.0	7.5	0.5	100.0	498
Mara	1.3	42.0	10.7	6.1	38.6	0.4	0.0	0.0	1.0	100.0	215
Manyara	0.9	63.6	2.1	3.3	23.6	0.9	0.0	5.6	0.0	100.0	165
Zanzibar North	6.4	27.4	17.7	6.8	38.1	3.1	0.5	0.0	0.0	100.0	19
Zanzibar South	7.7	55.3	13.5	6.4	16.0	1.1	0.0	0.0	0.0	100.0	11
Town West	11.2	73.6	10.2	0.0	2.7	0.3	1.9	0.0	0.0	100.0	56
Pemba North	4.2	17.2	23.9	7.9	45.5	0.0	0.0	0.0	1.4	100.0	26
Pemba South	5.9	18.5	21.6	12.2	40.6	0.4	0.0	0.0	1.0	100.0	23
Education											
No education	6.9	46.1	7.1	5.2	29.5	2.9	0.0	1.6	0.8	100.0	1,372
Primary incomplete	9.5	57.6	5.2	4.3	18.9	2.2	0.0	2.2	0.1	100.0	839
Primary complete	8.8	66.7	5.3	2.6	10.6	2.6	0.0	2.8	0.6	100.0	2,912
Secondary+	13.1	72.9	2.2	1.8	3.1	0.7	1.2	4.0	0.8	100.0	284
Toilet facilities											
None	2.9	11.4	15.6	8.7	55.2	3.9	0.0	1.0	1.1	100.0	876
Pit latrine	9.1	70.0	3.8	2.6	9.1	2.2	0.0	2.7	0.5	100.0	4,249
Improved latrine	17.9	64.0	1.8	1.4	2.3	5.2	1.6	4.5	1.4	100.0	169
Flush toilet	21.5	72.8	0.3	0.0	3.4	0.0	1.0	1.0	0.0	100.0	110
Wealth quintile											
Lowest	7.8	40.0	9.0	7.5	31.1	2.7	0.0	1.2	0.7	100.0	1,171
Second	6.8	58.0	6.0	3.8	21.0	2.1	0.0	1.5	0.8	100.0	1,102
Middle	6.2	59.8	6.1	3.3	17.4	3.4	0.0	3.4	0.5	100.0	1,111
Fourth	8.1	72.1	4.7	1.4	7.0	2.6	0.0	3.7	0.4	100.0	1,065
Highest	15.2	75.6	1.2	0.8	1.7	1.6	0.4	2.8	0.6	100.0	959
Total	8.6	60.4	5.6	3.5	16.2	2.5	0.1	2.5	0.6	100.0	5,408

Note: There are 115 unweighted cases where the mother reported disposing of the child's faeces in a toilet/latrine but there is not a toilet facility in the house. Totals include 4 cases with missing information on toilet facilities.

Prevalence of Diarrhoea

In the 2004-05 TDHS, mothers were asked whether any of their children under five years of age had had diarrhoea at any time during the two-week period preceding the survey. If the child had had diarrhoea, the mother was asked about feeding practices during the diarrhoeal episode and about what actions were taken to treat the diarrhoea.

Table 9.17 shows the proportion of children reported by their mothers to have suffered from diarrhoea during the two-week period before the survey. Thirteen percent of children under five were reported to have had diarrhoea. As with ARI and fever, children age 6-11 months were more likely than other age groups to suffer from diarrhoea. Prevalence is 3 to 4 times higher among these children than among the youngest children or oldest children (age 48-59 months). There is no significant difference among children of mothers with varying levels of education and little difference by household wealth. There is, however, significant difference by region, with Kigoma showing the highest prevalence (27 percent).

Table 9.17 Prevalence of diarrhoea

Percentage of children under five years with diarrhoea in the two weeks preceding the survey, by background characteristics, Tanzania 2004-05

Background characteristic	Diarrhoea in the two weeks preceding the survey	Number of children
Age in months		
<6	7.4	845
6-11	25.4	916
12-23	22.3	1,658
24-35	10.4	1,611
36-47	6.9	1,510
48-59	4.8	1,434
Sex		
Male	13.5	3,983
Female	11.7	3,993
Residence		
Urban	10.0	1,558
Rural	13.2	6,417
Mainland/Zanzibar		
Mainland	12.6	7,771
Total urban	9.6	1,539
Dar es Salaam city	7.4	400
Other urban	10.3	1,140
Total rural	13.3	6,232
Zanzibar	13.6	204
Unguja	13.7	126
Pemba	13.6	79
Zone		
Western	15.6	1,749
Northern	10.3	1,042
Central	17.6	663
Southern highlands	13.0	1,175
Lake	8.9	1,680
Eastern	9.3	890
Southern	16.6	572
Region		
Dodoma	19.1	380
Arusha	10.8	276
Kilimanjaro	7.7	198
Tanga	11.0	317
Morogoro	12.1	313
Pwani	8.8	177
Dar es Salaam	7.4	400
Lindi	16.3	133
Mtwara	16.1	229
Ruvuma	17.4	210
Iringa	18.3	265
Mbeya	12.3	608
Singida	15.6	284
Tabora	12.9	466
Rukwa	9.9	302
Kigoma	26.9	435
Shinyanga	11.2	847
Kagera	7.4	512
Mwanza	7.3	816
Mara	14.7	352
Manyara	11.0	251
Zanzibar North	10.5	30
Zanzibar South	10.8	17
Town West	15.5	78
Pemba North	12.8	40
Pemba South	14.4	39
Mother's education		
No education	13.1	2,085
Primary incomplete	13.9	1,262
Primary complete	11.9	4,264
Secondary+	12.8	364
Source of drinking water		
Piped	11.5	2,241
Protected well	13.7	1,085
Open well	12.1	2,276
Surface	14.1	2,032
Other/missing	10.6	342
Wealth quintile		
Lowest	13.3	1,812
Second	14.2	1,664
Middle	12.1	1,688
Fourth	13.2	1,561
Highest	9.4	1,252
Total	12.6	7,976

Knowledge of ORS Packets

A simple and effective response to dehydration caused by diarrhoea is a prompt increase in the child's fluid intake through some form of oral rehydration therapy (ORT). ORT may include the use of a solution prepared from commercially produced packets of oral rehydration salts (ORS); a homemade mixture usually prepared from sugar, salt, and water; any kind of thin, nutritious fluids such as rice water, coconut milk, or watery soup; or simply increased fluids. Table 9.18 shows that almost all women with children under five years of age know about ORS packets (96 percent). There are only small variations by background characteristics.

Treatment of Diarrhoea

Mothers of children who had diarrhoea were asked about what was done to treat the illness. Table 9.19 shows what the mothers reported. The 2004-05 TDHS findings indicate that almost half of sick children (47 percent) were taken to see a health care provider. The data indicate, however, that treatment at home is also common. Seventy percent of sick children were given some form of ORT, and 54 percent were given a solution prepared from an ORS packet. Forty percent of children received pills or syrup.

Children of mothers with no education are less likely to have been given some form of ORT than children of mothers with at least some secondary education (66 and 85 percent, respectively). Similarly, children living in the wealthiest households are more likely than poorer children to receive ORT.

There are significant regional differentials in treatment practice. Children living in the Northern zone and Zanzibar are the least likely to have received any treatment.

Table 9.18 Knowledge of ORS packets

Percentage of mothers with births in the five years preceding the survey who know about ORS packets for treatment of diarrhoea, by background characteristics, Tanzania 2004-05

Background characteristic	Percentage of mothers who know about ORS packets	Number of mothers
Age		
15-19	93.0	437
20-24	93.8	1,505
25-29	96.2	1,498
30-34	97.2	1,145
35-49	96.1	1,188
Residence		
Urban	97.8	1,277
Rural	94.9	4,496
Mainland/Zanzibar		
Mainland	95.5	5,628
Total urban	97.7	1,269
Dar es Salaam city	97.3	369
Other urban	97.8	900
Total rural	94.9	4,359
Zanzibar	96.0	144
Unguja	97.6	93
Pemba	93.0	51
Zone		
Western	96.1	1,143
Northern	93.2	774
Central	93.7	473
Southern highlands	91.7	844
Lake	98.5	1,126
Eastern	95.8	766
Southern	98.7	503
Region		
Dodoma	93.8	277
Arusha	87.8	205
Kilimanjaro	99.3	145
Tanga	95.5	250
Morogoro	94.0	253
Pwani	95.3	144
Dar es Salaam	97.3	369
Lindi	98.2	117
Mtwara	100.0	201
Ruvuma	97.7	185
Iringa	94.8	216
Mbeya	91.6	425
Singida	93.6	196
Tabora	93.9	311
Rukwa	88.5	203
Kigoma	95.7	282
Shinyanga	97.4	550
Kagera	98.0	351
Mwanza	99.7	546
Mara	96.3	229
Manyara	91.2	173
Zanzibar North	96.7	21
Zanzibar South	97.9	13
Town West	97.8	59
Pemba North	94.5	27
Pemba South	91.3	24
Education		
No education	89.7	1,466
Primary incomplete	96.2	910
Primary complete	97.8	3,094
Secondary+	98.5	302
Wealth quintile		
Lowest	91.4	1,226
Second	94.3	1,187
Middle	97.4	1,166
Fourth	97.0	1,129
Highest	98.1	1,065
Total	95.5	5,772

ORS = Oral rehydration salts

Table 9.19 Diarrhoea treatment

Percentage of children under five years who had diarrhoea in the two weeks preceding the survey taken for treatment to a health provider, percentage who received oral rehydration therapy (ORT), and percentage given other treatments, according to background characteristics, Tanzania 2004-05

Background characteristic	Percentage taken to a health provider[1]	Oral rehydration therapy (ORT)					Other treatments				No treatment	Number of children
		ORS packets	RHF	Either ORS or RHF	Increased fluids	ORS, RHF, or increased fluids	Pill/ syrup	Injection	Intravenous solution	Home remedy/ other		
Age in months												
<6	44.3	43.6	17.4	51.7	27.5	53.5	39.2	1.1	0.0	9.2	25.5	62
6-11	47.4	51.5	16.4	57.1	32.2	61.6	33.0	0.9	1.5	10.1	24.2	232
12-23	50.1	58.5	23.9	66.6	38.7	74.9	43.6	0.0	1.3	8.9	11.4	370
24-35	38.8	55.2	14.9	64.4	40.4	74.7	43.3	0.6	0.0	6.4	14.2	168
36-47	53.8	49.0	21.9	60.2	38.9	72.1	42.3	0.0	0.0	12.2	12.6	103
48-59	41.5	50.2	20.0	62.8	31.9	72.8	33.7	0.0	0.0	6.9	18.0	68
Sex												
Male	49.0	54.1	19.7	62.4	37.4	71.2	43.5	0.1	1.4	8.2	14.0	538
Female	44.7	53.6	19.8	62.0	35.2	68.7	36.0	0.7	0.2	10.0	19.0	466
Residence												
Urban	46.6	51.2	29.4	65.4	48.8	78.0	47.7	0.4	0.6	3.2	11.7	156
Rural	47.1	54.3	18.0	61.6	34.1	68.6	38.6	0.4	0.9	10.1	17.1	848
Mainland/Zanzibar												
Mainland	47.1	54.4	20.1	62.9	36.2	70.3	40.3	0.4	0.8	8.9	16.0	977
Total urban	46.7	52.2	30.6	66.6	48.5	78.1	48.0	0.5	0.6	2.9	11.1	148
Dar es Salaam city	*	*	*	*	*	*	*	*	*	*	*	30
Other urban	44.8	52.0	31.8	65.6	47.2	75.3	51.7	0.6	0.8	3.6	11.3	118
Total rural	47.1	54.9	18.3	62.2	34.0	69.0	38.9	0.4	0.9	10.0	16.9	829
Zanzibar	45.7	33.3	6.7	39.1	41.6	59.7	30.4	0.4	0.0	12.4	26.9	28
Unguja	53.2	38.5	8.4	45.9	43.9	65.5	37.7	0.7	0.0	11.7	23.4	17
Pemba	33.7	24.9	4.0	28.2	37.8	50.4	18.6	0.0	0.0	13.4	32.6	11
Zone												
Western	37.7	46.4	10.9	52.2	27.1	59.0	53.3	0.0	0.0	11.7	14.3	272
Northern	43.3	43.8	18.8	53.1	29.4	61.5	22.5	1.0	0.0	8.3	26.9	108
Central	52.9	60.9	17.4	65.5	29.0	70.7	30.3	0.5	0.0	1.8	21.0	117
Southern highlands	45.7	53.8	22.7	61.3	39.6	71.2	30.9	0.0	0.0	6.5	16.9	153
Lake	52.0	60.1	41.0	76.2	44.1	81.7	53.8	1.0	1.3	19.1	10.2	149
Eastern	64.3	70.4	18.1	79.1	58.6	90.2	42.8	0.0	2.8	0.0	8.6	83
Southern	50.3	60.0	16.5	68.5	41.5	75.8	27.1	0.7	4.2	6.2	16.3	95
Mother's education												
No education	49.0	55.9	10.8	60.1	29.3	66.0	36.5	0.3	0.4	9.1	19.7	273
Primary incomplete	44.9	58.3	21.1	64.4	41.9	73.0	38.3	0.0	0.6	13.4	15.5	175
Primary complete	46.3	51.6	23.7	61.9	35.5	69.8	42.3	0.6	1.2	7.5	15.1	509
Secondary+	51.4	49.6	24.8	69.3	66.4	85.1	41.8	0.0	0.0	8.5	12.5	47
Wealth quintile												
Lowest	45.3	53.9	15.0	59.9	27.5	65.6	40.4	0.0	0.5	10.5	18.6	241
Second	52.8	58.3	16.8	63.8	37.1	70.6	40.1	0.2	0.9	8.6	15.9	236
Middle	47.8	56.2	25.3	66.1	32.7	71.4	36.8	1.0	0.4	7.4	16.5	204
Fourth	37.1	45.4	13.8	54.2	40.5	67.5	40.2	0.5	1.2	12.6	16.3	206
Highest	54.9	55.6	36.3	70.9	52.2	80.1	44.4	0.0	1.5	3.1	11.9	118
Total	47.0	53.9	19.8	62.2	36.4	70.0	40.0	0.4	0.8	9.0	16.3	1,004

Note: ORT includes solution prepared from oral rehydration salt (ORS) packets, recommended home fluids (RHF), and increased fluids. Totals may not add to 100 percent because of a small number of missing cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Excludes pharmacy, shop, and traditional practitioner

Feeding Practices during Diarrhoea

Mothers are encouraged to continue feeding children normally when they suffer from diarrhoeal illnesses and to increase the fluids children are given. These practices help to reduce the likelihood the child will become dehydrated and also minimise the adverse consequences of diarrhoea on the child's nutritional status. Mothers were specifically asked whether they gave the child more or less fluids and food than usual when their child had diarrhoea.

Table 9.20 presents data on feeding practices when a child has diarrhoea. Just 36 percent of children are given more fluids than usual, as recommended. Three in ten children are given the same amount of fluids as usual. However, a significant proportion of children are offered less fluid than usual: 16 percent are offered somewhat less and 8 percent are offered much less. Nine percent of children were offered no fluid at all. These findings suggest that one-third of mothers still engage in the dangerous practice of curtailing fluid intake when their children have diarrhoea. Figure 9.2 shows that there has been little change since the 1999 TRCHS.

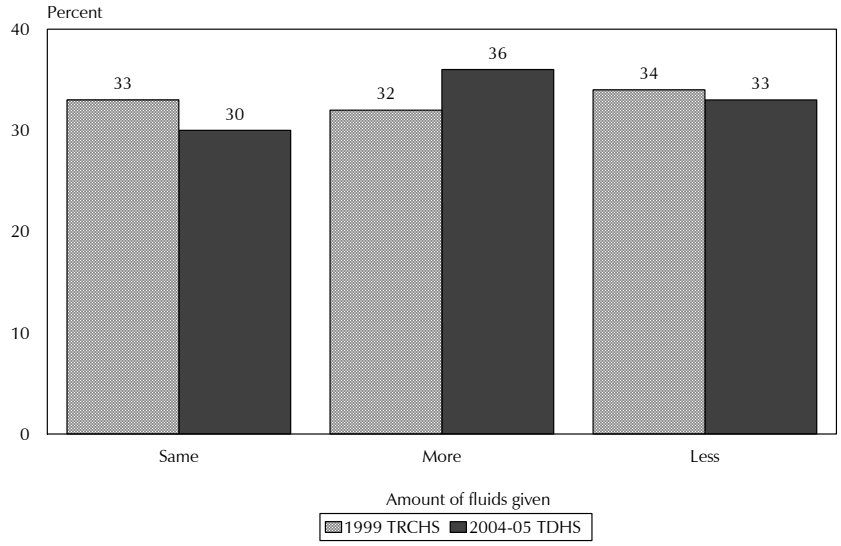
Table 9.20 shows that 49 percent of the children with diarrhoea were given somewhat less or much less than the usual amount of food, or no food at all, which could exacerbate the child's illness.

Table 9.20 Feeding practices during diarrhoea

Percent distribution of children under five years who had diarrhoea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, Tanzania 2004-05

	Percent
Amount of liquids offered	
Same as usual	30.4
More	36.4
Somewhat less	16.3
Much less	8.2
None	8.7
Don't know/missing	0.1
Total	100.0
Amount of food offered	
Same as usual	37.1
More	8.6
Somewhat less	30.7
Much less	14.5
None	3.9
Never gave food	4.9
Don't know/missing	0.2
Total	100.0
Number of children	1,004

Figure 9.2 **Trends in Feeding Practices during Diarrhoea**



9.10 CHILDREN'S HEALTH CARE BY WOMEN'S STATUS

Status and self respect can be major determinants of a mother's ability to obtain adequate health care for her children. Table 9.21 shows data on utilisation of child health care services by the mother's level of empowerment, as measured by the three indicators of women's status defined in Chapter 3.

Table 9.21 Children's health care by women's status

Percentage of children age 12-23 months who were fully vaccinated, and percentage of children under five years who were ill with a fever and/or had symptoms of ARI and/or diarrhoea in the past two weeks and were taken to a health provider for treatment, by women's status indicators, Tanzania 2004-05

Women's status indicator	Percentage of children 12-23 months fully vaccinated[1]	Number of children	Percentage of children with fever and/or symptoms of ARI taken to a health provider[2]	Number of children	Percentage of children with diarrhoea taken to a health provider[3]	Number of children
Number of decisions in which woman has final say[3]						
0	60.9	195	58.4	268	46.0	121
1-2	68.7	655	55.3	862	45.8	417
3-4	75.7	379	60.8	536	44.5	260
5	75.4	431	53.2	463	47.1	206
Number of reasons to refuse sex with husband						
0	49.3	92	57.8	115	42.9	66
1-2	64.6	183	53.3	242	36.3	132
3-4	73.4	1,384	57.0	1,772	47.6	806
Number of reasons wife beating is justified						
0	74.4	615	61.6	623	51.9	314
1-2	70.2	345	58.3	449	45.5	209
3-4	70.9	498	52.6	728	38.8	329
5	62.9	201	53.8	330	48.5	152
Total	71.1	1,658	56.6	2,129	45.8	1,004

[1] Those who have received BCG, measles, and three doses each of DPT-HB and polio vaccine (excluding polio vaccine given at birth)
[2] Excludes pharmacy, shop, and traditional practitioner
[3] Either by herself or jointly with others

The data indicate that the more empowered a woman, the more likely her child is to be fully vaccinated. There is no clear pattern, however, in the relationship between sick children being taken to a health care provider and the three indices of women's status.

9.11 SMOKING

To measure the extent of smoking among Tanzanian adults, women and men who were interviewed in the 2004-05 TDHS were asked if they currently smoked cigarettes or used tobacco. Less than 2 percent of women said that they used tobacco of any kind and less than 1 percent said they smoked cigarettes. Almost one-fourth of men use tobacco products, with 21 percent saying they smoke cigarettes. Rural men are more likely to smoke than urban men.

Table 9.22 Use of smoking tobacco

Percentage of women and men who smoke cigarettes or tobacco, according to urban-rural residence, Tanzania 2004-05

Residence	Uses tobacco			Does not use tobacco	Number of respondents
	Cigarettes	Pipe	Other tobacco		
WOMEN					
Urban	0.6	0.0	0.1	99.1	2,935
Rural	0.5	0.1	1.2	98.2	7,394
Total	0.5	0.1	0.9	98.5	10,329
MEN					
Urban	18.5	0.0	0.4	81.1	716
Rural	21.9	0.5	1.2	76.8	1,919
Total	21.0	0.4	1.0	78.0	2,635

MALARIA 10

Malaria is still a major public health concern in Tanzania, especially among pregnant women and children under five years of age. It is a leading cause of morbidity and mortality in Tanzania in both outpatient attendance and inpatient admissions, accounting for around 40 percent of overall outpatient attendances (MOH, 2002). Most parts of the country including uplands have reported malaria transmission throughout the year, though it increases during and soon after the rainy season.

Malaria is caused by four species of parasites that are transmitted by Anopheles mosquitoes. *Plasmodium falciparum* is the most common of these parasites. It causes the most severe form of malaria, which often leads to death if not properly managed. However, the most severe cases are typically limited to those who have impaired immune function or who have developed little or no immunity to malaria through previous exposure. The population group most at risk, therefore, is children under five years of age. Also at particular risk are pregnant women, who are vulnerable because of their reduced natural immunity. Pregnant women are four times more likely to suffer from complications of malaria than nonpregnant women. Malaria is a cause of pregnancy loss, low birth weight, and neonatal mortality (Jamison et al., 1993).

Malaria continues to pose a high burden in both societal and economic terms in Tanzania, ranging from school absenteeism to low productivity at workplaces. This affects agricultural production and outputs from other economic sectors.

Internationally, the Roll Back Malaria Initiative works to reduce the malaria burden among groups at risk. The primary objective of the Roll Back Malaria Initiative is to increase access to the most suitable and affordable protective measures, such as use of insecticide-treated mosquito nets (ITNs), and to increase coverage of prompt and effective treatment for malaria. The Initiative also promotes the use of intermittent preventive treatment (IPT) of malaria among pregnant women. Within Tanzania, the recommendations of the Initiative are implemented through the National Malaria Policy and Strategy. The National Malaria Strategy also includes vector control and epidemic prevention and control.

The government of Tanzania is committed to the control and prevention of malaria. A considerable amount of its limited health budget is allocated to address malaria and malaria-related disabilities. Household expenditure related to malaria is high and mainly spent on malaria treatment. The cost is expected to rise enormously after the introduction of Artemisin-based Combination Therapy (ACT). ACT is a response to the emerging resistance of malaria parasites to mono-therapy using antimalarial drugs like Sulphadoxine Pyrimethamine (SP), the first-line treatment drug in Tanzania at the time of the survey.

10.1 MOSQUITO NETS

The use of insecticide-treated mosquito nets, or ITNs, is a primary health intervention to reduce malaria transmission in Tanzania. It is anticipated that widespread use of ITNs would reduce mosquito density and biting intensities. ITNs are being promoted through three main channels: 1) the public sector as community-based projects, 2) public/private partnerships implemented by nongovernmental organisations directly to the community, and 3) the private sector's social marketing initiatives such as those assisted by Population Services International (PSI).

This section presents 2004-05 TDHS findings on household possession of mosquito nets and use and treatment of bed nets by household members. Although the 1999 TRCHS included questions

about household mosquito net possession and usage, the questions were formulated differently, so comparison between the two surveys is difficult and will not be discussed in this chapter.

Ownership of Mosquito Nets

All households in the 2004-05 TDHS were asked whether they owned a mosquito net, and if so, how many. Table 10.1 shows the household ownership of nets by degree of protection offered by the net and by selected background characteristics.

Table 10.1 and Figure 10.1 show that almost half (46 percent) of all households own at least one mosquito net. However, ownership of ITNs is lower, with only 23 percent having at least one ITN. Although ownership of mosquito nets is as high as 74 and 36 percent for urban and rural households, respectively, only 47 percent of urban households and 14 percent of rural households report owning at least one ITN.

Ownership of ITNs is slightly higher in Zanzibar (28 percent) than on the Mainland (23 percent). The region with the highest percentage of households that own at least one ITN is Dar es Salaam (61 percent). Manyara and Iringa have lower ITN ownership than other regions (8 and 7 percent, respectively). Reasons for the variations are not well known, although differences in mosquito density and biting intensity attributable to geographical variations could be factors. This topic merits further study. Households in the higher wealth quintiles are more likely to report owning a mosquito net. More than half (56 percent) of the households in the highest wealth quintile have at least one ITN, compared with 6 percent of households in the lowest wealth quintile.

A net that has ever been treated with insecticide repels and kills mosquitoes with somewhat greater effectiveness than a net that has never been treated, but not as effectively as a net that was treated within the last 12 months or was made with long-lasting insecticide. Table 10.1 and Figure 10.1 show ownership of ever-treated nets separately. A greater proportion of households own at least one ever-treated net (29 percent) as compared with an ITN (23 percent). This indicates that some households do not re-treat their nets as often as recommended. The percentage of households that report having at least one ever-treated net is higher than the percentage of households that own an ITN across all regions. Differences are particularly large in Morogoro, Tabora, Zanzibar South, and Pemba South.

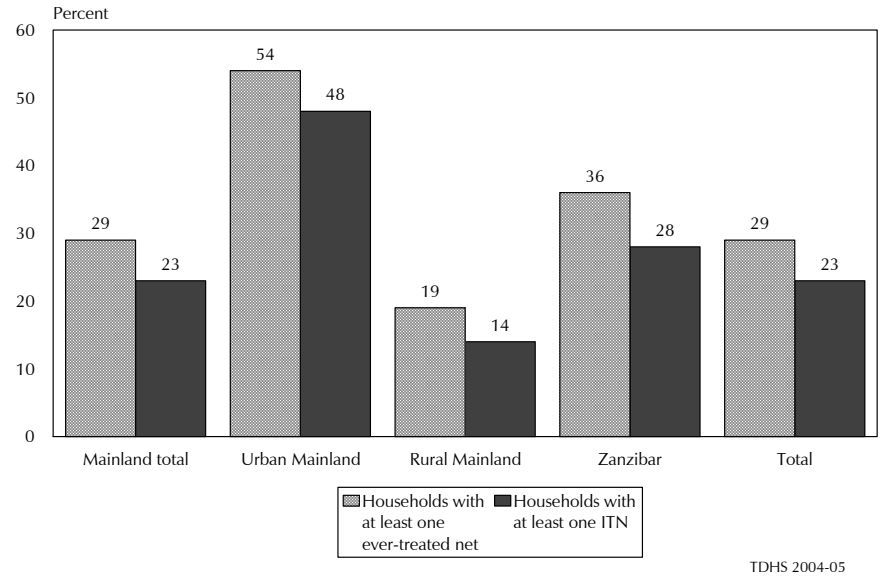
Table 10.1 Household possession of mosquito nets

Percentage of households with at least one and more than one mosquito net (treated or untreated), ever-treated mosquito net, and insecticide-treated net (ITN), and the average number of nets per household, by background characteristics, Tanzania 2004-05

	Any type mosquito net			Ever-treated mosquito net[1]			Insecticide-treated mosquito net (ITN)[2]			
Background characteristic	Percentage with at least one	Percentage with more than one	Average number of nets per household	Percentage with at least one	Percentage with more than one	Average number of ever-treated nets per household	Percentage with at least one	Percentage with more than one	Average number of ITNs per household	Number of households
Residence										
Urban	74.1	45.1	1.6	54.0	30.8	1.1	47.3	25.2	0.9	2,569
Rural	36.4	20.2	0.7	19.6	9.8	0.4	13.8	6.9	0.2	7,166
Mainland/Zanzibar										
Mainland	45.9	26.2	0.9	28.5	15.2	0.5	22.5	11.6	0.4	9,483
Total urban	73.9	44.6	1.6	54.3	30.9	1.1	47.6	25.4	0.9	2,492
Dar es Salaam city	85.7	47.6	1.8	66.2	35.3	1.3	62.9	31.9	1.2	796
Other urban	68.4	43.2	1.5	48.7	28.9	1.0	40.4	22.3	0.8	1,697
Total rural	35.8	19.7	0.7	19.3	9.6	0.3	13.5	6.7	0.2	6,990
Zanzibar	64.9	47.0	1.6	35.7	20.8	0.7	28.0	15.4	0.5	252
Unguja	71.1	52.7	1.8	41.4	24.8	0.9	33.5	19.5	0.7	167
Pemba	52.8	35.6	1.2	24.7	13.0	0.5	17.2	7.4	0.3	85
Zone										
Western	49.9	30.0	1.0	28.9	16.8	0.6	20.7	11.6	0.4	1,474
Northern	30.5	16.4	0.6	19.0	9.3	0.4	15.9	7.7	0.3	1,486
Central	25.8	13.0	0.5	19.8	9.9	0.4	13.0	6.1	0.2	820
Southern highlands	25.7	14.2	0.5	15.9	8.6	0.3	11.5	5.8	0.2	1,424
Lake	55.0	32.8	1.1	29.4	15.9	0.6	22.8	12.0	0.5	1,684
Eastern	73.1	42.1	1.5	52.5	27.5	1.0	45.6	23.1	0.9	1,665
Southern	47.3	25.7	0.9	25.3	13.4	0.5	19.1	10.4	0.4	930
Region										
Dodoma	27.6	14.4	0.5	21.5	11.2	0.4	13.4	7.5	0.3	520
Arusha	38.5	17.1	0.7	27.1	11.2	0.4	23.7	9.6	0.4	349
Kilimanjaro	26.1	14.2	0.5	15.7	8.5	0.3	13.1	6.7	0.3	408
Tanga	34.3	20.0	0.7	20.5	11.0	0.4	17.3	9.3	0.3	438
Morogoro	64.7	37.6	1.4	44.9	24.0	0.9	32.6	16.8	0.7	514
Pwani	53.5	31.9	1.1	28.4	12.2	0.5	22.4	10.5	0.4	283
Dar es Salaam	84.5	48.0	1.7	64.9	34.6	1.3	60.8	31.0	1.2	868
Lindi	45.0	23.7	0.8	20.8	11.5	0.4	16.0	9.2	0.3	247
Mtwara	47.7	26.4	0.9	21.9	11.3	0.4	15.8	8.4	0.3	379
Ruvuma	48.6	26.2	1.0	33.2	17.8	0.6	25.7	13.8	0.5	304
Iringa	17.2	8.7	0.3	11.0	6.3	0.2	7.4	3.8	0.1	479
Mbeya	28.8	16.2	0.6	18.4	9.8	0.3	13.6	6.9	0.2	664
Singida	22.6	10.6	0.4	16.9	7.6	0.3	12.2	3.8	0.2	300
Tabora	53.0	29.4	1.1	31.0	15.0	0.5	18.4	8.4	0.3	390
Rukwa	32.9	19.1	0.7	18.1	9.5	0.3	13.4	6.8	0.2	280
Kigoma	29.6	16.6	0.6	18.3	10.0	0.3	13.5	5.6	0.2	441
Shinyanga	61.9	39.5	1.3	34.9	22.6	0.7	27.0	17.7	0.5	644
Kagera	31.3	15.0	0.5	18.2	8.7	0.3	13.9	6.6	0.3	560
Mwanza	69.7	43.9	1.5	35.9	19.9	0.7	28.1	15.1	0.6	778
Mara	60.1	36.5	1.2	32.9	18.6	0.6	25.3	13.7	0.5	345
Manyara	21.4	13.4	0.4	11.9	5.5	0.2	8.1	4.3	0.2	291
Zanzibar North	55.0	33.5	1.2	25.2	13.9	0.5	17.7	9.4	0.3	43
Zanzibar South	66.0	45.7	1.4	42.0	24.8	0.8	30.3	17.5	0.6	26
Town West	79.4	62.9	2.2	48.2	29.6	1.0	41.2	24.3	0.8	99
Pemba North	43.7	29.1	1.0	20.3	9.6	0.4	15.6	6.3	0.3	45
Pemba South	63.1	43.0	1.5	29.6	16.8	0.6	18.9	8.6	0.3	40
Wealth quintile										
Lowest	26.7	12.5	0.5	10.4	3.9	0.2	5.9	2.2	0.1	1,837
Second	31.5	15.0	0.6	15.5	6.9	0.2	10.1	4.0	0.2	1,928
Middle	37.0	19.6	0.7	20.9	9.8	0.4	15.0	6.6	0.3	1,920
Fourth	50.1	31.1	1.0	29.9	15.9	0.5	21.9	11.2	0.4	1,914
Highest	81.8	52.3	1.9	62.2	37.3	1.3	55.8	31.9	1.2	2,135
Total	46.3	26.8	0.9	28.7	15.3	0.6	22.6	11.7	0.4	9,735

[1] An ever-treated net is 1) a pretreated net or 2) a nonpretreated net that has subsequently been soaked with insecticide at any time.
[2] An insecticide-treated net (ITN) is 1) a factory-treated net that does not require any further treatment, 2) a pretreated net obtained within the past 12 months, or 3) a net that has been soaked with insecticide within the past 12 months.

Figure 10.1 Ownership of Mosquito Nets by Residence



Use of Mosquito Nets

The 2004-05 TDHS asked about the use of mosquito nets by household members during the night before the survey. The National Health Policy in Tanzania recognises children under age five and pregnant women as high-risk groups that should sleep under ITNs.

Because the prevalence of malaria-carrying mosquitoes varies seasonally, with a peak during and immediately following periods of rain, use of mosquito nets may be expected to follow a similar seasonal pattern. Despite the geographical variations in altitude, seasonality, and humidity, malaria is endemic to all of Tanzania, with most of the country being holoendemic. The highest rainfall is experienced between October and March, which coincides with much of the fieldwork for this survey.

Tables 10.2 and 10.3 show the percentage of children under five and women who slept under a mosquito net the night before the survey. Roughly one-third of children under five slept under a mosquito net the night before the survey. However, only 16 percent slept under an ITN. Use of any mosquito net or ITN is associated with the age of the child. Younger children are more likely to have slept under a mosquito net than those closer to their fifth birthday. There is no gender preference between male and female children under five pertaining to net use.

The proportion of women who slept under a mosquito net is similar to that of children under five (Table 10.3). Eighteen percent of all women and 16 percent of pregnant women slept under an ITN the night before the survey.

Table 10.2 Use of mosquito nets by children

Percentage of children under five years of age who slept under a mosquito net (treated or untreated), an ever-treated mosquito net,[1] and an insecticide-treated net (ITN)[2] the night before the survey, by background characteristics, Tanzania 2004-05

Background characteristic	Percentage who slept under any net the preceding night	Percentage who slept under an ever-treated net[1] the preceding night	Percentage who slept under an ITN[2] the preceding night	Number of children
Age in months				
< 12	34.6	22.4	17.5	1,817
12-23	31.8	20.4	17.5	1,698
24-35	31.0	18.2	14.5	1,687
36-47	30.9	20.3	16.6	1,601
48-59	28.3	16.8	13.7	1,576
Sex				
Male	31.9	19.7	15.9	4,193
Female	31.0	19.7	16.1	4,186
Residence				
Urban	62.8	46.0	40.4	1,643
Rural	23.8	13.3	10.1	6,736
Mainland/Zanzibar				
Mainland	30.8	19.5	15.9	8,166
Total urban	62.6	46.5	40.9	1,583
Dar es Salaam city	82.9	68.5	65.5	388
Other urban	56.0	39.3	32.9	1,195
Total rural	23.2	13.0	9.8	6,583
Zanzibar	54.7	28.4	21.7	213
Unguja	61.6	34.2	27.8	132
Pemba	43.6	19.0	11.8	81
Zone				
Western	31.0	18.7	14.1	1,818
Northern	21.9	14.0	12.8	1,062
Central	15.1	11.1	6.8	703
Southern highlands	14.2	8.4	6.3	1,212
Lake	35.7	20.4	16.6	1,804
Eastern	64.8	47.5	41.3	954
Southern	29.5	16.3	13.7	613
Region				
Dodoma	12.6	9.3	5.6	405
Arusha	28.2	21.2	19.0	273
Kilimanjaro	23.9	15.5	14.0	219
Tanga	24.1	13.8	13.6	303
Morogoro	55.7	37.6	27.4	342
Pwani	42.2	23.5	18.5	185
Dar es Salaam	82.0	66.0	62.5	426
Lindi	17.3	9.9	7.5	144
Mtwara	32.7	13.8	11.1	242
Ruvuma	33.8	23.0	20.5	227
Iringa	7.2	4.3	2.5	280
Mbeya	13.1	9.4	6.9	623
Singida	18.6	13.6	8.4	298
Tabora	10.7	6.6	5.3	488
Rukwa	22.8	10.4	8.4	309
Kigoma	20.2	12.8	8.1	454
Shinyanga	47.8	28.5	22.2	876
Kagera	24.6	15.9	13.1	545
Mwanza	44.8	25.5	21.1	881
Mara	30.3	15.3	11.0	377
Manyara	11.4	5.5	4.7	267
Zanzibar North	35.7	15.8	11.8	32
Zanzibar South	51.8	32.4	22.1	18
Town West	74.0	41.7	35.4	82
Pemba North	36.9	16.2	11.8	42
Pemba South	50.6	22.0	11.8	39
Wealth quintile				
Lowest	14.9	5.9	3.6	1,900
Second	21.0	10.1	6.2	1,731
Middle	25.3	15.7	12.2	1,784
Fourth	36.8	22.4	18.7	1,651
Highest	70.6	54.7	48.7	1,313
Total	31.4	19.7	16.0	8,379

[1] An ever-treated net is 1) a pretreated net or 2) a nonpretreated net that has subsequently been soaked with insecticide at any time.
[2] An insecticide-treated net (ITN) is 1) a factory-treated net that does not require any further treatment, 2) a pretreated net obtained within the past 12 months, or 3) a net that has been soaked with insecticide within the past 12 months.

Table 10.3 Use of mosquito nets by women

Percentage of all women age 15-49 and pregnant women age 15-49 who slept under a mosquito net (treated or untreated), an ever-treated mosquito net,[1] and an insecticide-treated net (ITN)[2] the night before the survey, by background characteristics, Tanzania 2004-05

	Percentage of all women who:				Percentage of pregnant women who:			
Background characteristic	Slept under any net the preceding night	Slept under an ever-treated net[1] the preceding night	Slept under an ITN[2] the preceding night	Number of women	Slept under any net the preceding night	Slept under an ever-treated net[1] the preceding night	Slept under an ITN[2] the preceding night	Number of women
Residence								
Urban	62.5	45.6	39.8	3,005	66.5	47.0	39.1	208
Rural	23.2	12.7	9.6	7,573	23.6	13.1	9.9	859
Mainland/Zanzibar								
Mainland	33.9	22.0	18.2	10,257	31.6	19.5	15.4	1,038
Total urban	62.8	46.4	40.6	2,889	67.2	47.7	39.6	200
Dar es Salaam city	75.7	58.3	55.0	925	*	*	*	48
Other urban	56.7	40.8	33.8	1,964	62.5	43.1	34.1	152
Total rural	22.6	12.4	9.4	7,368	23.1	12.7	9.7	838
Zanzibar	46.9	23.7	18.0	321	46.1	26.3	19.6	29
Unguja	51.6	26.8	21.2	222	49.9	30.5	21.7	19
Pemba	36.3	16.7	10.8	99	38.9	18.6	15.8	10
Zone								
Western	30.3	17.2	13.1	1,923	32.8	18.9	14.2	247
Northern	24.3	15.8	13.8	1,532	21.9	12.8	11.1	138
Central	16.1	12.6	8.7	818	14.9	12.4	4.5	92
Southern highlands	14.2	9.1	7.1	1,475	17.8	10.6	7.9	150
Lake	37.6	22.9	18.6	1,913	35.3	20.3	16.1	234
Eastern	66.9	48.1	42.2	1,709	70.6	50.1	43.0	103
Southern	36.3	21.0	17.2	887	28.1	16.6	16.1	74
Region								
Dodoma	14.4	11.8	8.5	479	(12.7)	(10.3)	(3.0)	56
Arusha	30.9	23.0	19.8	401	(28.2)	(23.8)	(20.4)	42
Kilimanjaro	19.5	13.7	11.5	391	*	*	*	23
Tanga	29.2	16.5	14.6	440	(23.5)	(8.0)	(6.2)	41
Morogoro	58.3	40.2	29.0	460	*	*	*	32
Pwani	49.9	27.7	22.4	259	*	*	*	16
Dar es Salaam	75.3	57.1	53.5	990	*	*	*	55
Lindi	25.9	14.9	12.8	226	(13.8)	(6.8)	(7.0)	22
Mtwara	37.9	17.5	13.5	355	(28.4)	(13.5)	(13.5)	26
Ruvuma	42.1	29.5	24.6	306	(39.6)	(27.9)	(26.2)	26
Iringa	9.0	7.1	4.8	422	(2.9)	(2.9)	(2.9)	35
Mbeya	12.5	9.0	7.2	729	(16.5)	(10.7)	(5.5)	67
Singida	18.4	13.7	8.9	339	(18.1)	(15.6)	(6.8)	37
Tabora	14.5	10.0	8.0	532	19.4	11.7	10.0	73
Rukwa	24.9	11.8	10.0	324	30.6	16.1	15.0	47
Kigoma	19.7	12.9	9.1	510	(23.7)	(13.7)	(10.6)	58
Shinyanga	46.1	24.1	18.6	881	45.9	25.8	18.6	116
Kagera	22.2	13.6	11.2	558	(25.4)	(16.8)	(12.6)	69
Mwanza	47.0	29.6	23.9	964	43.5	24.0	18.3	111
Mara	36.6	19.6	16.1	391	30.9	17.4	16.1	54
Manyara	14.4	8.1	7.4	300	(11.9)	(6.4)	(6.4)	32
Zanzibar North	28.8	13.7	10.3	49	(24.8)	(9.8)	(7.5)	4
Zanzibar South	40.1	24.2	17.4	27	(33.9)	)24.3)	(13.0)	2
Town West	61.3	31.7	25.5	146	(61.2)	(38.3)	(28.0)	12
Pemba North	29.7	14.1	11.0	53	(36.1)	(22.4)	(18.1)	6
Pemba South	43.9	19.5	10.6	46	(42.6)	(14.1)	(12.7)	4
Education								
No education	26.0	14.4	11.8	2,475	26.2	11.4	9.2	295
Primary incomplete	33.5	20.5	15.4	2,026	30.3	20.1	16.4	195
Primary complete	35.7	24.3	20.4	5,329	33.7	22.6	17.9	529
Secondary+	54.4	35.0	31.2	748	55.1	37.0	24.7	49
Wealth quintile								
Lowest	14.1	5.2	3.1	1,884	12.8	4.5	3.5	234
Second	20.5	10.1	6.8	2,003	20.2	10.4	7.2	234
Middle	24.6	14.1	10.6	1,989	25.6	16.7	12.0	208
Fourth	34.2	20.4	16.2	2,034	39.3	20.3	15.6	215
Highest	66.4	50.0	44.7	2,668	71.8	55.1	46.9	176
Total	34.3	22.0	18.2	10,578	32.0	19.7	15.6	1,067

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] An ever-treated net is 1) a pretreated net or 2) a nonpretreated net that has subsequently been soaked with insecticide at any time.

[2] An insecticide-treated net (ITN) is 1) a factory-treated net that does not require any further treatment, 2) a pretreated net obtained within the past 12 months, or 3) a net that has been soaked with insecticide within the past 12 months.

Higher rates of net use are reported in urban households than rural households for both children and women. Approximately one in four children, women, and pregnant women in rural areas slept under a mosquito net compared with more than 60 percent of their urban counterparts. There are also marked differences in net use by region, with the most net use in Dar es Salaam and the lowest in Iringa. For example, whereas 63 percent of children in the Dar es Salaam region slept under an ITN the night preceding the survey, only 3 percent of children in Iringa region slept under an ITN.

10.2 USE OF ANTIMALARIAL DRUGS DURING PREGNANCY

Malaria during pregnancy is extremely common among women living in countries that are malaria-endemic. It is a major contributor to low birth weight, infant mortality, maternal anaemia, spontaneous abortion, and stillbirth. As a protective measure, it is recommended that all pregnant women in Tanzania receive Intermittent Preventive Treatment (IPT) with Sulphadoxine Pyrimethamine (SP) twice or more during the second and third trimester of pregnancy.

In reference to the pregnancy leading to their last live birth, women in the 2004-05 TDHS were asked whether they took any antimalarial medications during the pregnancy to keep them from getting malaria and, if so, which drugs were taken. They were also asked whether the drugs they received were received as part of an antenatal care visit. It should be noted that obtaining information about drugs can be difficult, and some respondents may not know or remember the name or even the type of drug that they received.

Table 10.4 presents the percentage of women who had a live birth in the two years preceding the survey who took any antimalarial drug during the pregnancy resulting in their most recent live birth, and those who received IPT with SP. More than half (53 percent) of pregnant women report having taken at least one dose of SP during their pregnancy for prevention of malaria. However, only 22 percent received two or more doses. The percentage of pregnant women in Zanzibar who received two or more doses of SP is even lower than on the Mainland (15 and 22 percent, respectively).

IPT with SP should be integrated into routine antenatal care. The fourth and fifth columns in Table 10.4 assess the extent to which women who took SP received it during an ANC visit. Fifty-three percent of women said they took at least one dose of SP to prevent malaria during their last pregnancy, and 52 percent received any dose of SP during an ANC visit. This indicates that almost all women who take SP receive it during antenatal care. Few of the women who take SP during pregnancy to prevent malaria obtain this drug outside of the ANC setting.

There are significant differentials in the percentage of women who received complete IPT by background characteristics. Women in urban areas are more likely (29 percent) to receive IPT than women in rural areas (20 percent). By region, the percentage ranges from a low of 6 percent in North and South Pemba to 39 percent in Mtwara. Women who live in households in the higher wealth quintiles and those with higher levels of education are more likely to receive complete IPT than women in households in the lower wealth quintiles or who have little or no education.

Table 10.4 Use of intermittent preventive treatment[1] (IPT) by women during pregnancy

Percentage of women who took any antimalarial drugs for prevention, who took SP/Fansidar, and who received intermittent preventive treatment (IPT) during the pregnancy for their last live birth in the two years preceding the survey, by background characteristics, Tanzania 2004-05

Background characteristic	Percentage who took any antimalarial drug	SP/Fansidar		Intermittent preventive treatment		Number of women
		Percentage who took any SP/Fansidar	Percentage who took 2+ doses	Percentage who received any SP/Fansidar during an ANC visit	Percentage who received 2+ doses, at least one during an ANC visit	
Residence						
Urban	68.7	64.0	28.8	63.5	28.5	669
Rural	55.0	50.8	20.7	49.4	20.0	2,832
Mainland/Zanzibar						
Mainland	58.4	54.0	22.4	52.8	21.9	3,415
Total urban	70.1	65.4	29.3	65.0	29.1	644
Dar es Salaam city	73.4	60.6	32.5	59.4	32.5	150
Other urban	69.1	66.9	28.3	66.7	28.1	494
Total rural	55.6	51.3	20.9	50.0	20.2	2,771
Zanzibar	28.9	26.8	14.7	24.7	13.8	85
Unguja	38.1	35.3	20.4	31.9	18.9	52
Pemba	14.4	13.4	5.8	13.4	5.8	33
Zone						
Western	57.6	54.0	20.9	52.6	20.4	778
Northern	59.7	54.9	26.6	53.3	25.8	419
Central	59.0	55.2	24.7	53.5	23.9	296
Southern highlands	39.8	32.2	15.3	31.2	14.6	515
Lake	64.3	61.5	18.8	60.1	18.0	781
Eastern	61.8	56.2	26.7	55.7	26.7	366
Southern	71.9	68.6	36.8	68.4	36.6	260
Region						
Dodoma	65.2	63.3	24.5	60.3	23.0	169
Arusha	56.4	53.0	21.4	52.3	21.4	110
Kilimanjaro	68.5	62.4	25.3	61.0	25.3	72
Tanga	66.5	61.9	38.3	60.1	36.5	134
Morogoro	51.6	50.7	22.6	50.7	22.6	137
Pwani	54.9	54.9	23.2	54.9	23.2	71
Dar es Salaam	73.7	61.6	31.9	60.4	31.9	158
Lindi	72.2	67.2	34.1	66.4	33.3	57
Mtwara	76.5	75.3	39.3	75.3	39.3	95
Ruvuma	67.7	63.4	36.1	63.4	36.1	108
Iringa	58.9	49.2	22.1	45.1	19.0	120
Mbeya	33.2	25.1	13.9	25.1	13.9	274
Singida	50.8	44.5	25.0	44.5	25.0	127
Tabora	51.1	48.4	15.5	46.9	15.5	211
Rukwa	35.9	31.4	12.0	31.4	12.0	122
Kigoma	67.6	65.4	27.3	63.2	27.3	192
Shinyanga	56.2	51.4	20.6	50.5	19.6	375
Kagera	71.6	69.4	20.0	69.4	20.0	242
Mwanza	65.6	63.2	17.4	62.5	16.7	382
Mara	49.9	45.1	20.3	39.9	17.9	156
Manyara	48.3	42.3	17.8	40.3	17.1	103
Zanzibar North	40.5	40.5	22.2	40.5	22.2	13
Zanzibar South	40.2	36.9	15.5	31.2	12.3	6
Town West	36.7	32.8	20.6	28.4	18.8	32
Pemba North	14.4	13.7	5.9	13.7	5.9	17
Pemba South	14.4	13.1	5.6	13.1	5.6	16
Education						
No education	45.8	41.0	16.1	40.2	15.7	921
Primary incomplete	52.3	47.5	18.7	45.7	17.4	542
Primary complete	64.3	60.4	25.7	59.3	25.2	1,873
Secondary+	66.2	60.9	29.4	58.3	28.5	164
Wealth quintile						
Lowest	51.8	47.7	18.8	46.6	18.2	790
Second	49.9	46.8	21.2	45.5	20.5	761
Middle	55.2	49.2	18.5	48.1	18.0	748
Fourth	64.5	61.7	25.6	60.0	24.8	672
Highest	72.3	66.3	30.1	65.5	29.8	529
Total	57.7	53.3	22.3	52.1	21.7	3,500

[1] IPT: Intermittent preventive treatment is preventive treatment with SP/Fansidar during an antenatal care (ANC) visit.

10.3 TREATMENT OF CHILDREN WITH FEVER

Because the major manifestation of malaria is fever, mothers were asked whether their children under the age of five years had had a fever in the two weeks preceding the survey. If a fever was reported, the mother was asked whether treatment was sought and what medication the child was given, if any.

Table 10.5 shows the percentage of children under five who had a fever in the two weeks preceding the survey, the percentage who received antimalarial drugs among those sick with fever, and the percentage who received treatment soon after the onset of illness, by selected background characteristics.

One-fourth of children under age five had a fever in the two weeks preceding the survey. Among those sick with fever, 58 percent received antimalarial drugs, and 51 percent of the sick children received the drugs the same day or the day after the fever started.

There are striking differences in both morbidity and treatment by background characteristics. Children in Kigoma region were the most likely to have been ill with fever during the past two weeks (52 percent), and children in Mwanza region were the least likely (10 percent). Among children with a fever, those living in urban areas were more likely to receive antimalarial drugs (65 percent) than children in rural areas (57 percent), and urban children were more likely to receive treatment promptly.

The probability of having a fever in the two weeks preceding the survey does not differ much by wealth quintile or educational attainment of the mother. However, children with fever whose mothers have more years of education as well as those from households in the higher wealth quintiles were more likely to receive antimalarial drugs, and more likely to receive them quickly (Figure 10.2).

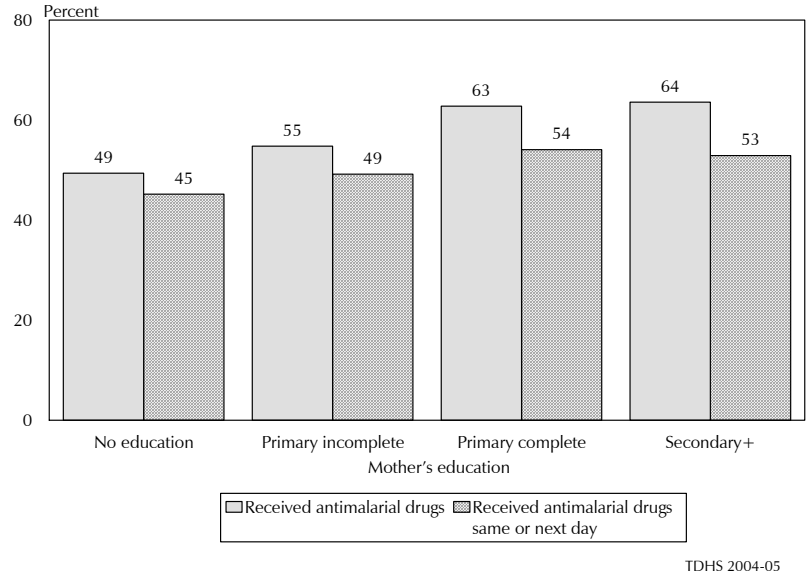
Table 10.5 Prevalence and prompt treatment of children with fever

Percentage of children under age five with fever in the two weeks preceding the survey, and among children with fever, the percentage who received antimalarial drugs and the percentage who received the drugs the same or next day following the onset of fever, by background characteristics, Tanzania 2004-05

Background characteristic	Children under age five		Children under age five with fever		
	Percentage with fever in the past two weeks	Number of children	Percentage who took antimalarial drugs	Percentage who took antimalarial drugs same or next day	Number of children
Age in months					
< 6	16.8	845	41.0	35.6	142
6-11	36.2	916	63.6	56.4	332
12-23	34.2	1,658	59.6	53.2	568
24-35	25.2	1,611	58.8	51.1	406
36-47	19.2	1,510	53.3	45.2	290
48-59	14.8	1,434	63.5	55.0	212
Residence					
Urban	22.5	1,558	64.6	56.7	351
Rural	24.9	6,417	56.9	49.8	1,598
Mainland/Zanzibar					
Mainland	24.2	7,771	58.2	51.1	1,882
Total urban	22.3	1,502	64.7	57.0	335
Dar es Salaam city	26.1	362	(53.2)	(41.2)	95
Other urban	21.1	1,140	69.2	63.2	240
Total rural	24.7	6,269	56.7	49.8	1,547
Zanzibar	32.7	204	60.8	48.3	67
Unguja	29.4	126	62.3	52.7	37
Pemba	38.1	79	58.8	43.0	30
Zone					
Western	34.1	1,749	63.5	57.5	595
Northern	17.0	1,042	48.2	44.6	177
Central	25.6	663	47.0	36.5	170
Southern highlands	17.4	1,175	46.9	35.7	204
Lake	16.8	1,680	53.6	51.0	282
Eastern	28.6	890	67.3	59.8	255
Southern	34.9	572	66.9	54.9	200
Region					
Dodoma	27.9	380	45.9	36.2	106
Arusha	17.4	276	23.3	20.2	48
Kilimanjaro	14.2	198	(71.5)	(71.5)	28
Tanga	20.4	317	62.9	60.9	65
Morogoro	25.9	313	88.6	82.7	81
Pwani	40.3	177	60.9	60.9	71
Dar es Salaam	25.6	400	(55.0)	(41.0)	102
Lindi	32.9	133	59.5	47.2	44
Mtwara	37.5	229	59.7	48.3	86
Ruvuma	33.3	210	80.4	68.0	70
Iringa	26.4	265	41.9	29.7	70
Mbeya	15.3	608	47.4	34.9	93
Singida	22.5	284	48.9	37.0	64
Tabora	22.9	466	57.0	49.5	107
Rukwa	13.5	302	54.4	48.0	41
Kigoma	51.6	435	85.2	75.3	224
Shinyanga	31.2	847	47.6	45.7	265
Kagera	14.2	512	71.8	68.2	73
Mwanza	9.8	816	(63.9)	(60.7)	80
Mara	36.8	352	36.9	35.3	129
Manyara	14.4	251	(37.0)	(27.1)	36
Zanzibar North	29.3	30	56.9	44.4	9
Zanzibar South	27.0	17	59.6	53.5	5
Town West	29.9	78	64.9	55.6	23
Pemba North	44.3	40	63.8	45.6	18
Pemba South	31.8	39	51.7	39.3	12
Education					
No education	23.4	2,085	49.4	45.2	488
Primary incomplete	24.5	1,262	54.8	49.2	309
Primary complete	24.8	4,264	62.8	54.1	1,059
Secondary+	25.5	364	63.6	52.9	93
Wealth quintile					
Lowest	25.8	1,812	48.0	42.6	467
Second	25.7	1,664	61.2	54.2	428
Middle	23.5	1,688	57.3	51.4	396
Fourth	24.1	1,561	62.3	54.3	377
Highest	22.5	1,252	66.5	55.3	281
Total	24.4	7,976	58.2	51.0	1,949

Note: Figures in parentheses are based on 25-49 unweighted cases.

Figure 10.2 **Treatment of Children under Five Years with Fever by Mother's Education**



TDHS 2004-05

Type and Timing of Antimalarial Drugs

Table 10.6 shows the different antimalarial drugs that were received by children under five years of age with fever in the two weeks preceding the survey. SP, the first-line drug in Tanzania at the time of the survey, was the most often used antimalarial. It was received by 24 percent of children with fever. Only a slightly lower percentage of children (22 percent) took amodiaquine, the second-line antimalarial drug at the time of the survey. Twelve percent of children received quinine, and less than 2 percent received chloroquine or a combination with artemisinin.

Children under six months of age are less likely to be treated with SP than older children. Amodiaquine was received more often by children age 6-23 months than those under 6 months and two years of age or older. While there is little variation in drug choice by urban and rural residence, children with fever in the Mainland are much more likely than those in Zanzibar to be treated with SP, and children in Zanzibar are more likely than those in the Mainland to be treated with amodiaquine and artemisinin. At the regional level, there is substantial variation in the antimalarial drugs used.

Children of women with more years of education were more likely to receive SP than children whose mothers had less education. However, use of amodiaquine was not associated with education level of the mother. Almost 9 percent of children with fever whose mothers attended secondary school or higher received a combination with artemisinin, compared with 1-2 percent of children whose mothers had less education. A combination with artemisinin is also more commonly given to children in households in the higher wealth quintiles. Use of quinine also increases with wealth quintile, but use of SP and amodiaquine show no strong association with economic level.

Table 10.6 Type and timing of antimalarial drugs received by children with fever

Among children under age five with fever in the two weeks preceding the survey, the percentage who received specific antimalarial drugs and the percentage who received each type of drug the same or next day after developing the fever, by background characteristics, Tanzania 2004-05

Background characteristic	Percentage of children who received drug					Percentage of children who received drug the same or next day					Number of children with fever
	SP/ Fansidar	Chloro-quine	Amodia-quine	Quinine	Combi-nation with artemi-sinin	SP/ Fansidar	Chloro-quine	Amodia-quine	Quinine	Combi-nation with artemi-sinin	
Age in months											
< 6	17.5	3.1	14.1	6.2	0.4	15.6	3.1	11.8	5.1	0.0	142
6-11	23.1	1.5	27.2	13.0	2.2	20.9	1.5	23.7	10.4	0.0	332
12-23	22.1	1.6	24.1	12.7	1.2	20.6	1.6	21.4	9.9	0.1	568
24-35	25.6	1.2	22.6	11.8	2.0	22.4	1.2	19.4	8.7	0.0	406
36-47	24.3	1.2	15.5	13.5	1.4	20.1	0.9	14.6	10.5	0.0	290
48-59	28.4	3.2	22.2	9.9	1.7	24.0	3.2	19.3	8.6	0.0	212
Residence											
Urban	24.0	1.6	23.3	14.8	2.7	22.0	1.6	21.8	11.7	0.0	351
Rural	23.6	1.8	21.8	11.3	1.3	20.7	1.7	18.9	8.8	0.0	1,598
Mainland/Zanzibar											
Mainland	24.1	1.8	21.5	12.2	0.3	21.4	1.7	18.9	9.5	0.0	1,882
Total urban	24.2	1.5	22.9	15.3	1.6	22.3	1.5	21.4	12.0	0.0	335
Dar es Salaam city	20.7	3.3	15.3	11.7	2.1	18.4	3.3	12.5	6.9	0.0	95
Other urban	25.6	0.8	25.9	16.7	1.3	23.8	0.8	24.9	14.0	0.0	240
Total rural	24.1	1.8	21.2	11.5	0.0	21.2	1.8	18.4	9.0	0.0	1,547
Zanzibar	11.5	1.3	38.2	4.5	36.4	10.1	1.3	33.4	4.1	0.0	67
Unguja	17.8	1.7	32.9	5.9	29.9	16.9	1.7	29.6	5.6	0.0	37
Pemba	3.8	0.8	44.7	2.7	44.4	1.8	0.8	38.1	2.3	0.0	30
Zone											
Western	19.6	2.4	27.3	16.7	0.0	16.6	2.4	25.0	14.1	0.0	595
Northern	26.6	1.2	15.8	5.2	0.0	24.7	1.2	14.7	4.1	0.0	177
Central	23.1	4.2	14.4	5.8	0.0	21.2	3.8	7.8	3.7	0.0	170
Southern highlands	18.6	1.8	19.9	7.3	0.0	13.8	1.8	15.7	4.4	0.0	204
Lake	27.1	1.0	17.2	9.5	0.0	25.6	1.0	16.1	8.3	0.0	282
Eastern	30.3	1.2	19.5	15.2	2.2	28.2	1.2	18.4	12.8	0.2	255
Southern	30.0	0.0	25.8	15.1	0.0	25.5	0.0	22.0	8.3	0.0	200
Region											
Dodoma	23.7	3.9	12.9	5.3	0.0	22.5	3.9	7.1	2.7	0.0	106
Arusha	(13.7)	(1.7)	(4.7)	(3.2)	(0.0)	(11.6)	(1.7)	(4.7)	(2.1)	(0.0)	48
Kilimanjaro	(47.7)	(0.0)	(23.8)	(0.0)	(0.0)	(47.7)	(0.0)	(23.8)	(0.0)	(0.0)	28
Tanga	34.0	1.9	19.5	7.5	0.0	34.0	1.9	17.4	7.5	0.0	65
Morogoro	33.8	0.0	29.3	23.5	3.9	33.8	0.0	29.3	21.4	0.0	81
Pwani	38.1	0.0	11.7	12.1	0.7	38.1	0.0	11.7	12.1	0.7	71
Dar es Salaam	(22.0)	(3.0)	(17.1)	(10.8)	(2.0)	(17.0)	(3.0)	(14.5)	(6.4)	(0.0)	102
Lindi	28.1	0.0	24.2	7.1	0.0	24.6	0.0	21.0	1.6	0.0	44
Mtwara	31.3	0.0	26.4	2.0	0.0	25.7	0.0	21.7	0.8	0.0	86
Ruvuma	29.5	0.0	26.0	36.3	0.0	25.9	0.0	22.9	21.6	0.0	70
Iringa	18.7	1.7	14.4	8.9	0.0	10.2	1.7	14.4	3.4	0.0	70
Mbeya	22.8	1.9	18.2	4.5	0.0	20.6	1.9	10.2	2.3	0.0	93
Singida	22.0	4.8	16.8	6.5	0.0	19.0	3.6	9.1	5.3	0.0	64
Tabora	18.5	2.1	18.6	19.6	0.0	15.6	2.1	15.0	16.8	0.0	107
Rukwa	8.7	1.6	33.0	11.2	0.0	4.7	1.6	30.6	11.2	0.0	41
Kigoma	27.9	0.0	36.0	27.0	0.0	21.4	0.0	33.1	22.2	0.0	224
Shinyanga	12.9	4.5	23.4	6.8	0.0	12.9	4.5	22.1	6.2	0.0	265
Kagera	35.8	0.0	32.8	7.8	0.0	33.8	0.0	28.6	5.7	0.0	73
Mwanza	(37.2)	(0.0)	(15.0)	(11.7)	(0.0)	(33.9)	(0.0)	(15.0)	(11.7)	(0.0)	80
Mara	15.9	2.2	9.7	9.2	0.0	15.9	2.2	9.7	7.6	0.0	129
Manyara	(14.1)	(0.0)	(17.8)	(7.7)	(0.0)	(7.5)	(0.0)	(15.8)	(3.8)	(0.0)	36
Zanzibar North	5.6	0.0	36.7	5.8	40.8	5.6	0.0	35.4	4.6	0.0	9
Zanzibar South	10.9	2.7	28.0	13.5	24.0	9.4	2.7	28.0	13.5	0.0	5
Town West	23.8	2.1	32.5	4.4	27.0	22.6	2.1	27.8	4.4	0.0	23
Pemba North	5.7	0.7	43.2	4.6	50.0	3.1	0.7	37.9	3.8	0.0	18
Pemba South	0.9	1.0	46.9	0.0	36.3	0.0	1.0	38.3	0.0	0.0	12
Education											
No education	18.5	1.7	20.3	9.8	2.0	17.1	1.5	19.0	8.0	0.0	488
Primary incomplete	19.6	2.6	22.3	10.5	1.7	18.5	2.6	20.2	8.3	0.0	309
Primary complete	26.8	1.5	22.7	13.5	0.7	22.9	1.5	19.6	10.3	0.0	1,059
Secondary+	28.2	1.5	23.3	9.3	8.5	26.9	1.5	17.1	8.4	0.0	93
Wealth quintile											
Lowest	23.2	0.8	16.6	7.9	0.7	20.5	0.8	14.6	7.1	0.1	467
Second	26.9	0.8	22.0	13.4	0.7	23.7	0.6	19.4	10.9	0.0	428
Middle	20.8	2.6	24.6	11.1	1.1	19.7	2.6	21.5	7.9	0.0	396
Fourth	19.9	2.6	28.6	12.8	2.1	17.0	2.6	25.4	9.5	0.0	377
Highest	28.7	2.4	19.0	16.3	4.1	24.7	2.4	16.5	12.4	0.0	281
Total	23.7	1.7	22.1	11.9	1.5	21.0	1.7	19.4	9.3	0.0	1,949

Note: Figures in parentheses are based on 25-49 unweighted cases.

Among those children who received antimalarials, a small proportion received a drug that was already available at home (Table 10.7). The drug was available at home for 3 percent of children who received SP/Fansidar, the first-line drug, and 2 percent each of children who received amodiaquine and quinine. Chloroquine, which less than 2 percent of children received for fever, was the antimalarial most commonly available at home (9 percent).

Table 10.7 Availability at home of antimalarial drugs received by children

Among children under five years of age with fever in the two weeks preceding the survey who received a specific antimalarial drug, percentage for whom the drug was at home when the child became ill with fever, by type of drug, Tanzania 2004 -05

Drug	Percentage for whom the drug was at home	Number of children who took the specific antimalarial drug
SP/Fansidar	2.7	462
Chloroquine	9.4	34
Amodiaquine	2.2	431
Quinine	2.0	232
All antimalarial drugs	2.6	1,126

CHILDREN AND WOMEN'S NUTRITION 11

A woman's nutritional status is important both before and during pregnancy. Good nutritional status is necessary for proper intrauterine development of the foetus and for protection of the mother against maternal morbidity and mortality. Child nutrition including initiation, intensity, and duration of breastfeeding and use of complementary foods directly affects health status. Inadequate or inappropriate feeding leads to malnutrition and child morbidity and mortality. This chapter covers the following related topics: feeding of infants and young children; anaemia; micronutrient supplementation; and anthropometric assessment of the nutritional status of children under age five and women age 15-49.

11.1 BREASTFEEDING AND SUPPLEMENTATION

Infant feeding affects both the mother and the child. Feeding practices affect the child's nutritional status, which in turn affects the risk of death. The duration and intensity of breastfeeding affect the mother's period of postpartum infertility, and hence the length of the birth interval, fertility levels, and iron status.

Initiation of Breastfeeding

Early initiation of breastfeeding is important for both the mother and the child. Early suckling stimulates the release of prolactin, which helps in the production of milk, and oxytocin, which is responsible for ejection of milk. It also stimulates the contraction of the uterus after childbirth. The first liquid to come from the breast, known as colostrum, is produced in the first few days after delivery and provides natural immunity to the infant. It is recommended that children be fed colostrum immediately after birth and continue to be exclusively breastfed even if the regular breast milk has not yet let down. Table 11.1 shows the percentage of children who were ever breastfed, who were breastfed in the first hour and the first day after birth, and who were fed anything other than breast milk before breast milk was regularly given (also known as prelacteal feeding).

Table 11.1 shows that 96 percent of children are breastfed for some period of time, and there is no difference by sex. Differentials by assistance at childbirth, background characteristics of the mother, urban or rural residence, or region are small. Nonetheless, infants in Tabora and Dodoma are less likely to have been breastfed than infants in other regions (85 and 89 percent, respectively).

More than half of children (59 percent) are breastfed within one hour after birth, while 92 percent are breastfed within one day. These figures are comparable to those from the 1996 TDHS, in which 59 percent were breastfed within one hour of birth and 88 percent were breastfed within one day.

Initiation of breastfeeding in the first hour and first 24 hours after birth both vary by background characteristics. However, the differences for breastfeeding within the first hour are much greater. Children of mothers assisted at delivery by health professionals are more likely to initiate breastfeeding within one hour after birth (66 percent) than those whose mothers were assisted by a traditional birth attendant, other attendant, or no one (55 percent and lower). The likelihood that a child is breastfed in the first hour after birth increases notably with mother's educational status and wealth quintile.

Table 11.1 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and among children ever breastfed, percentage who started breastfeeding within one hour and within one day of birth and percentage who received a prelacteal feed, by background characteristics, Tanzania 2004-05

Background characteristic	Percentage ever breastfed	Number of children	Percentage who started breastfeeding: Within 1 hour of birth	Percentage who started breastfeeding: Within 1 day of birth[1]	Percentage who received a prelacteal feed	Number of children ever breastfed
Sex						
Male	96.3	4,377	58.4	91.3	36.1	4,213
Female	96.6	4,347	60.2	92.6	34.3	4,199
Residence						
Urban	95.8	1,691	66.9	93.0	29.4	1,620
Rural	96.6	7,034	57.5	91.7	36.6	6,792
Mainland/Zanzibar						
Mainland	96.4	8,506	59.5	91.9	35.2	8,197
Total urban	95.8	1,670	66.9	92.9	29.4	1,600
Dar es Salaam city	96.4	428	73.8	92.1	30.7	413
Other urban	95.6	1,241	64.6	93.2	28.9	1,187
Total rural	96.5	6,836	57.6	91.7	36.7	6,597
Zanzibar	98.4	219	53.8	94.0	33.1	216
Unguja	98.1	133	60.8	93.8	31.5	130
Pemba	98.9	86	43.1	94.4	35.6	85
Zone						
Western	94.8	1,912	37.2	86.5	47.2	1,812
Northern	97.6	1,122	61.9	91.2	45.1	1,095
Central	93.1	716	66.6	94.8	27.9	667
Southern highlands	96.0	1,283	46.8	88.9	43.7	1,232
Lake	98.3	1,868	79.6	95.1	18.0	1,835
Eastern	97.0	969	77.1	95.8	18.4	940
Southern	96.8	637	51.4	96.5	50.9	617
Region						
Dodoma	89.1	413	74.9	96.1	31.3	368
Arusha	98.3	288	66.6	97.4	43.8	283
Kilimanjaro	98.4	210	76.2	95.5	23.1	206
Tanga	96.9	355	55.5	78.4	67.0	344
Morogoro	96.2	349	77.3	98.7	8.9	336
Pwani	99.5	191	83.8	98.8	8.7	190
Dar es Salaam	96.4	428	73.8	92.1	30.7	413
Lindi	97.6	147	53.4	91.6	53.3	143
Mtwara	98.2	247	46.5	99.2	60.4	242
Ruvuma	95.0	244	55.4	96.6	39.3	231
Iringa	96.7	294	61.5	95.2	19.0	285
Mbeya	94.1	662	42.0	85.4	40.9	623
Singida	98.6	303	56.4	93.1	23.7	299
Tabora	85.0	508	41.5	85.4	56.9	432
Rukwa	99.3	326	43.1	90.0	70.5	324
Kigoma	95.8	484	50.3	91.7	36.4	464
Shinyanga	99.7	919	28.5	84.5	48.1	916
Kagera	99.3	574	94.6	97.8	7.4	570
Mwanza	97.8	899	95.4	97.6	5.4	878
Mara	98.0	395	21.8	85.5	62.0	387
Manyara	97.3	269	54.1	97.8	35.1	262
Zanzibar North	97.0	33	41.9	89.9	30.9	32
Zanzibar South	97.3	19	65.1	94.9	29.3	18
Town West	98.8	81	67.5	95.2	32.2	80
Pemba North	98.9	44	27.4	94.5	37.4	44
Pemba South	99.0	42	59.5	94.3	33.7	41
Mother's education						
No education	95.2	2,318	55.7	91.3	41.7	2,206
Primary incomplete	95.4	1,378	54.1	90.3	40.1	1,314
Primary complete	97.2	4,642	61.9	92.7	30.7	4,513
Secondary+	97.9	387	67.3	92.4	34.1	379

Continued...

Table 11.1—*Continued*

Percentage of children born in the five years preceding the survey who were ever breastfed, and among children ever breastfed, percentage who started breastfeeding within one hour and within one day of birth and percentage who received a prelacteal feed, by background characteristics, Tanzania 2004-05

Background characteristic	Percentage ever breastfed	Number of children	Percentage who started breastfeeding: Within 1 hour of birth	Within 1 day of birth	Percentage who received a prelacteal feed	Number of children ever breastfed
Assistance at delivery						
Health professional[3]	96.4	4,042	65.8	93.7	29.7	3,896
Traditional birth attendant	95.9	1,642	54.8	93.0	40.5	1,575
Other	96.7	2,738	54.0	89.3	40.3	2,646
No one	97.1	285	44.7	89.5	34.2	277
Place of delivery						
Health facility	96.3	4,108	65.3	93.5	30.0	3,957
At home	96.5	4,599	54.0	90.7	39.9	4,439
Other	*	7	*	*	*	7
Wealth quintile						
Lowest	95.0	1,974	54.3	90.8	42.5	1,876
Second	96.5	1,857	54.6	91.0	39.2	1,791
Middle	97.5	1,866	59.3	92.7	31.2	1,820
Fourth	96.3	1,681	62.0	93.0	32.0	1,618
Highest	97.1	1,347	69.7	92.7	28.7	1,308
Total	96.4	8,725	59.3	92.0	35.2	8,413

Note: Table is based on all births whether the children are living or dead at the time of interview. Total includes 16 cases (unweighted) with missing information on assistance at delivery and 10 cases (unweighted) with missing information on place of delivery. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Includes children who started breastfeeding within one hour of birth.

[2] Children given something other than breast milk during the first three days of life before the mother started breastfeeding regularly.

[3] Doctor/AMO, clinical officer, assistant clinical officer, nurse/midwife, or MCH aide.

Breastfeeding within one hour after birth was more common in urban areas (67 percent) than rural areas (58 percent). There is considerable variation in initiation of breastfeeding within one hour of birth by region. Less than three in ten children in Mara, Pemba North, and Shinyanga were breastfed within one hour after birth. Initiation of breastfeeding within one hour is highest in Mwanza and Kagera regions (95 percent).

The practice of giving prelacteal feeds is discouraged because it limits the frequency of suckling by the infant and exposes the baby to the risk of infection. The data show that 35 percent of infants are given prelacteal feeds. Prelacteal feeding is more common in rural areas (37 percent) than urban areas (29 percent), and it also varies by region. In Rukwa, 71 percent of children received prelacteal feeding. Less than 10 percent of children received prelacteal feeds in Mwanza, Kagera, Pwani, and Morogoro.

Children whose mothers were assisted during childbirth by a traditional birth attendant were most likely to receive prelacteal feeds (41 percent), while children whose mothers were assisted by a health professional are least likely (30 percent). The practice of prelacteal feeding decreases as wealth quintile increases. More than four in ten children of mothers in the lowest quintile receive prelacteal feeds compared with less than three in ten children of mothers in the highest wealth quintile.

Breastfeeding Status by Age

UNICEF and WHO recommend that children be exclusively breastfed (no other liquid, solid food, or plain water) during the first six months of life (World Health Assembly, 2001). Introducing breast milk substitutes to infants before six months can contribute to breastfeeding failure. Substitutes such as formula, other kinds of milk, and porridge are also often watered down and provide too few calories. Furthermore, possible contamination of these substitutes exposes the infant to the risk of illness. After six months, a child requires adequate complementary foods for normal growth. Lack of appropriate complementation may lead to malnutrition and frequent illnesses, which may lead to death. However, even with complementation the child should continue to be breastfed for two years and beyond.

Table 11.2 and Figure 11.1 show breastfeeding status by age. In Tanzania, exclusive breastfeeding for the first six months is not widely practiced. The data show that only 41 percent of infants below 6 months of age are exclusively breastfed. Among children under 6 months, younger children are more likely to be exclusively breastfed. Seventy percent of infants under 2 months receive breast milk only, compared with just 14 percent of infants 4-5 months of age. However, these data show an improvement in exclusive breastfeeding for children under 6 months from 29 percent in the 1996 TDHS and 32 percent in 1999.

Table 11.2 Breastfeeding status by age

Percent distribution of youngest children under three years living with the mother by breastfeeding status and percentage of children under three years using a bottle with a nipple, according to age in months, Tanzania 2004-05

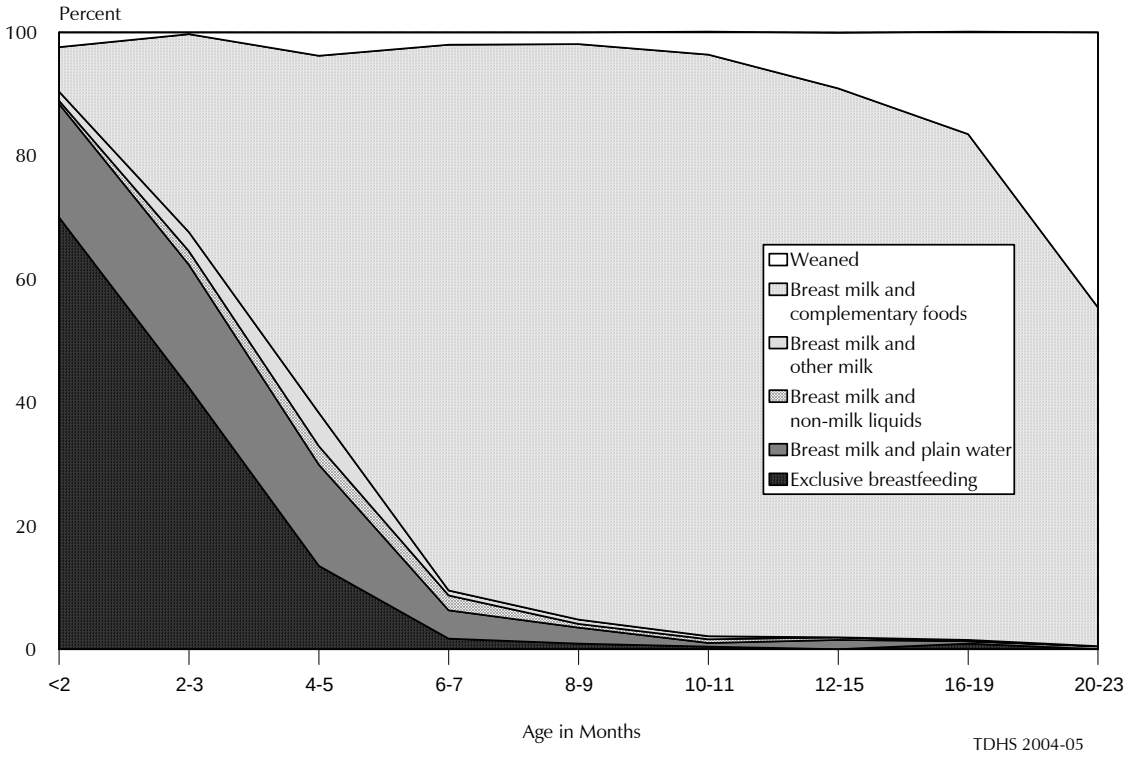
			Breastfeeding and consuming:							
Age in months	Not breast-feeding	Exclusively breastfed	Plain water only	Water-based liquids/ juice	Other milk	Comple-mentary foods	Total	Number of children	Percentage using a bottle with a nipple[1]	Number of children
<2	2.4	70.0	18.4	0.5	1.5	7.2	100.0	256	0.4	259
2-3	0.3	42.4	19.9	2.2	3.1	32.1	100.0	304	5.6	308
4-5	3.8	13.5	16.4	3.0	5.4	57.9	100.0	277	7.2	279
6-7	2.0	1.7	4.6	2.4	0.8	88.5	100.0	305	6.1	307
8-9	1.9	0.9	2.6	0.6	0.7	93.3	100.0	300	3.4	305
10-11	3.7	0.4	0.6	0.6	0.5	94.3	100.0	299	4.1	304
12-15	9.0	0.0	1.5	0.4	0.0	89.0	100.0	545	3.4	559
16-19	16.6	0.9	0.4	0.0	0.2	82.0	100.0	556	3.8	579
20-23	44.6	0.0	0.5	0.0	0.0	54.9	100.0	482	2.0	520
24-27	81.7	0.0	0.0	0.0	0.0	18.3	100.0	410	2.0	530
28-31	90.0	0.2	0.0	0.0	0.0	9.8	100.0	347	1.1	549
32-35	94.5	0.0	0.0	0.0	0.0	5.5	100.0	298	0.9	532
<6	2.1	41.3	18.3	2.0	3.4	33.0	100.0	837	4.5	845
6-9	2.0	1.3	3.6	1.5	0.7	90.9	100.0	606	4.7	612

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children classified as *breastfeeding and consuming plain water only* consume no supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, water-based liquids/juice, other milk, and complementary foods (solids and semisolids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus, children who receive breast milk and water-based liquids and who do not receive complementary foods are classified in the water-based liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

[1] Based on all children under three years

In Tanzania, complementary feeding starts early. Seven percent of children below 2 months, 32 percent of children 2-3 months, and 58 percent of children 4-5 months are given complementary foods. Although many children receive complementary foods too early, others receive them too late. All children 6-9 months should receive complementary foods, but Table 11.2 shows that only 91 percent of children in this age group are actually consuming complementary foods.

Figure 11.1 **Feeding Practices among Children Age 0-23 Months**



The regulations regarding breast milk substitutes in Tanzania discourage the use of bottles with nipples. The use of a bottle with a nipple, regardless of the contents (breast milk, formula, or any other liquid), requires hygienic handling to avoid contamination that may cause infection to the infant. According to Table 11.2, only 5 percent of infants are fed with a bottle with a nipple.

Duration and Frequency of Breastfeeding

Table 11.3 provides information on median duration of breastfeeding among children born in the three years preceding the survey and frequency of breastfeeding for children under six months by background characteristics.

The median duration of any breastfeeding in Tanzania is 21 months. This duration does not change much by sex of the child, educational attainment of the mother, household wealth, or residence. The median duration of exclusive breastfeeding at the national level is 1.8 months and there is little significant difference by background characteristics.

Table 11.3 also shows the median duration of predominant breastfeeding, which is defined as exclusive breastfeeding or breastfeeding in combination with plain water, water-based liquids, or juices. The median length of predominant breastfeeding is 3.2 months. There is little variation by background characteristics.

It is important for an infant to breastfeed frequently as this improves milk production. Almost all breastfeeding children less than six months of age (97 percent) were breastfed at least six times during the 24 hours preceding the survey, which meets the WHO/UNICEF recommendations for optimal breastfeeding. The mean number of daytime feeds is 7.4, while the mean number of nighttime feeds is 5.7. These results are comparable to those of the 1999 TRCHS and the 1996 TDHS.

Table 11.3 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, percentage of breastfeeding children under six months living with the mother who were breastfed six or more times in the 24 hours preceding the survey, and mean number of feeds (day/night), by background characteristics, Tanzania 2004-05

	Median duration (months) of breastfeeding[1]				Breastfeeding children under six months[2]			
Background characteristic	Any breast-feeding	Exclusive breast-feeding	Predomi-nant breast-feeding[3]	Number of children	Percentage breastfed 6+ times in last 24 hours	Mean number of day feeds	Mean number of night feeds	Number of children
Child's sex								
Male	21.4	1.8	3.1	2,679	98.5	7.7	5.9	395
Female	20.7	1.7	3.3	2,714	94.8	7.1	5.6	431
Residence								
Urban	20.7	(1.5)	2.9	1,038	98.0	7.6	5.9	157
Rural	21.2	1.8	3.3	4,355	96.3	7.3	5.7	669
Mainland/Zanzibar								
Mainland	21.1	1.8	3.2	5,255	96.5	7.3	5.7	802
Total urban	20.8	(1.5)	3.0	1,019	98.1	7.6	5.8	154
Dar es Salaam city	20.5	*	*	265	*	*	*	38
Other urban	20.9	(1.6)	3.1	755	97.5	7.7	5.6	116
Total rural	21.2	1.9	3.3	4,236	96.1	7.3	5.6	648
Zanzibar	20.7	*	2.1	138	98.9	8.9	8.9	23
Unguja	20.5	*	2.1	84	98.4	8.9	9.2	17
Pemba	21.1	*	(2.1)	54	100.0	8.9	8.2	7
Zone								
Western	19.7	1.7	4.5	1,212	92.0	6.3	4.2	193
Northern	22.1	(1.1)	2.2	669	96.8	6.8	5.4	100
Central	22.7	(2.1)	(2.3)	450	98.8	8.2	6.3	71
Southern highlands	21.8	(1.8)	2.6	783	98.0	7.6	5.7	106
Lake	18.7	3.1	4.4	1,172	97.9	8.2	6.9	181
Eastern	21.0	*	(2.4)	583	98.3	7.0	6.0	97
Southern	23.7	*	(1.9)	387	98.1	8.6	5.7	54
Mother's education								
No education	21.5	1.0	3.1	1,438	96.7	7.5	6.1	195
Primary incomplete	20.0	(1.5)	3.0	842	92.6	6.8	5.5	133
Primary complete	21.2	2.0	3.3	2,857	97.8	7.6	5.7	455
Secondary+	21.6	*	(3.1)	256	95.2	6.3	5.6	43
Wealth quintile								
Lowest	21.7	2.0	3.1	1,192	97.6	7.5	5.7	182
Second	20.7	1.6	3.2	1,168	95.9	7.1	5.9	152
Middle	21.0	1.5	3.4	1,180	94.5	7.3	5.5	204
Fourth	21.5	2.0	3.2	1,016	96.9	7.7	5.8	151
Highest	20.2	1.9	2.9	836	98.7	7.3	5.9	136
Total	21.1	1.8	3.2	5,393	96.6	7.4	5.7	826
Mean for all children	20.5	3.0	4.4	na	na	na	na	na

Note: Median and mean durations are based on current status. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

na = Not applicable

[1] It is assumed that non-last-born children and last born children not living with the mother are not currently breastfeeding

[2] Excludes children who do not have a valid answer on the number of times breastfed

[3] Either exclusively breastfed or received breast milk and plain water, water-based liquids, and/or juice only (excludes other milk)

Complementary Feeding

Because children need foods other than breast milk to meet their dietary needs starting from age 6 months, the 2004-05 TDHS collected data on foods eaten in the 24 hours preceding the survey by breastfeeding and nonbreastfeeding children under three years. Data in Table 11.4 show that less than 1 percent of breastfeeding children below the age of six months consume infant formula. About one-third of breastfeeding children under six months eat solid or semisolid foods. The complementary foods most commonly consumed by breastfeeding children under six months are foods made from grains (30 percent) and milk products other than breast milk (12 percent). Three percent of children of this age eat fruits and vegetables rich in vitamin A. From age 6-9 months, the variety of foods fed to breastfeeding children expands. Although foods made from grains are still the most common foods (89 percent), 45 percent of children eat fruits and vegetables (including 42 percent who eat fruits and vegetables high in vitamin A), 31 percent drink liquids other than breast milk, formula, and water, and 28 percent eat cheese or other milk products. Consumption of meat, fish, poultry, and other foods high in protein becomes more common after 10 months of age.

Table 11.4 Foods consumed by children in the day or night preceding the interview

Percentage of youngest children under three years of age living with the mother who consumed specific foods in the day or night preceding the interview, by breastfeeding status and age, Tanzania 2004-05

Age in months	Infant formula	Other milk/ cheese/ yogurt	Other liquids[1]	Food made from grains	Fruits/ vegetables[2]	Food made from roots/ tubers	Food made from legumes	Meat/ fish/ shellfish/ poultry/ eggs	Food made with oil/fat/ butter	Fruits and vegetables rich in vitamin A[3]	Any solid or semisolid food	Number of children
BREASTFEEDING CHILDREN												
<2	0.1	3.5	1.2	5.4	0.3	0.0	0.0	0.0	0.4	0.3	8.2	250
2-3	0.4	10.9	8.8	26.3	1.2	0.1	0.9	0.5	1.6	0.8	34.1	303
4-5	2.0	22.5	18.4	56.5	12.1	2.3	4.7	2.9	8.8	8.6	63.0	267
6-7	5.3	29.6	30.7	85.1	34.7	8.4	12.5	17.0	16.1	32.7	91.7	299
8-9	3.1	26.6	30.9	92.2	55.4	15.3	22.4	22.9	21.3	51.5	96.3	295
10-11	4.0	31.3	36.5	94.1	67.2	22.4	26.0	35.5	27.9	60.3	99.1	288
12-15	4.7	28.2	34.4	96.3	70.2	19.4	29.5	31.5	24.3	65.1	99.5	495
16-19	3.7	24.9	37.5	95.7	78.6	26.0	31.4	35.9	29.9	72.8	99.2	463
20-23	3.2	26.1	31.8	98.6	77.7	20.8	32.0	31.5	31.5	72.6	99.6	267
24-35	4.6	25.2	32.4	98.5	79.1	17.5	36.7	24.9	42.1	74.5	99.4	126
<6	0.8	12.4	9.6	29.8	4.5	0.8	1.9	1.2	3.6	3.2	35.6	819
6-9	4.2	28.1	30.8	88.6	45.0	11.8	17.4	19.9	18.7	42.0	94.0	594
NONBREASTFEEDING CHILDREN												
12-15	(3.8)	(49.0)	(36.1)	(97.9)	(70.2)	(22.3)	(22.7)	(47.8)	(23.2)	(67.4)	(97.9)	49
16-19	4.7	38.3	39.9	95.1	72.0	19.0	24.0	40.2	16.8	67.4	97.8	92
20-23	5.3	33.6	38.3	94.9	76.0	20.9	26.6	41.4	25.2	73.2	98.4	215
24-35	3.2	28.4	37.8	96.2	79.2	25.1	32.4	35.0	35.7	74.2	98.4	930

Note: Breastfeeding status and food consumed refer to a "24-hour" period (yesterday and last night). Figures in parentheses are based on 25-49 unweighted cases.

[1] Does not include plain water

[2] Includes fruits and vegetables rich in vitamin A

[3] Includes pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A

Table 11.5 presents the frequency of consumption of complementary foods by children less than three years of age in the day or night preceding the interview. Breastfeeding children age 6-9 months consume foods made from grains on average 2.2 times per day. All other foods are consumed less than one time a day. The frequency of consuming foods made from grains increases with age. By age 24-35 months, the frequency is 2.6 times a day.

Table 11.5 Frequency of foods consumed by children in the day or night preceding the interview

Mean number of times specific foods were consumed in the day or night preceding the interview by youngest children under three years of age living with the mother, according to breastfeeding status and age, Tanzania 2004-05

Age in months	Infant formula	Other milk/ cheese/ yogurt	Other liquids[1]	Food made from grains	Fruits/ vegetables[2]	Food made from roots/ tubers	Food made from legumes	Meat/ fish/ shellfish/ poultry/ eggs	Food made with oil/ fat/ butter	Fruits and vegetables rich in vitamin A[3]	Number of children
BREASTFEEDING CHILDREN											
<2	0.0	0.2	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	250
2-3	0.0	0.4	0.2	0.5	0.0	0.0	0.0	0.0	0.0	0.0	303
4-5	0.0	0.6	0.3	1.2	0.2	0.0	0.1	0.0	0.1	0.1	267
6-7	0.1	0.7	0.6	2.1	0.7	0.1	0.2	0.2	0.2	0.6	299
8-9	0.1	0.7	0.5	2.2	1.1	0.2	0.3	0.3	0.3	0.9	295
10-11	0.1	0.9	0.7	2.4	1.5	0.3	0.3	0.5	0.5	1.2	288
12-15	0.1	0.7	0.6	2.5	1.7	0.2	0.4	0.4	0.4	1.4	495
16-19	0.1	0.7	0.6	2.5	2.0	0.3	0.4	0.4	0.5	1.6	463
20-23	0.1	0.6	0.6	2.7	1.9	0.3	0.5	0.4	0.5	1.6	267
24-35	0.1	0.7	0.6	2.6	2.0	0.2	0.5	0.3	0.7	1.7	126
<6	0.0	0.4	0.2	0.6	0.1	0.0	0.0	0.0	0.1	0.0	819
6-9	0.1	0.7	0.5	2.2	0.9	0.2	0.2	0.3	0.3	0.7	594
NONBREASTFEEDING CHILDREN											
12-15	(0.1)	(1.5)	(0.7)	(2.7)	(1.5)	(0.3)	(0.3)	(0.7)	(0.4)	(1.4)	49
16-19	0.1	1.2	0.6	2.7	1.7	0.2	0.3	0.6	0.3	1.4	92
20-23	0.1	0.8	0.7	2.6	1.9	0.3	0.4	0.7	0.5	1.7	215
24-35	0.1	0.7	0.7	2.6	2.2	0.3	0.5	0.5	0.6	1.8	930

Note: Breastfeeding status and food consumed refer to a "24-hour" period (yesterday and last night). Figures in parentheses are based on 25-49 unweighted cases.

[1] Does not include plain water

[2] Includes fruits and vegetables rich in vitamin A

[3] Includes pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables rich in vitamin A

11.2 MICRONUTRIENT INTAKE

Micronutrient deficiencies are a major contributor to childhood morbidity and mortality. Micronutrient deficiencies result from inadequate intake of micronutrient-rich foods and inadequate utilisation of available micronutrients because of infections, parasitic infestations, or other factors in the diet such as phytates and tannins. Measures of micronutrient fortification (iodised household cooking salt), micronutrient supplementation (iron and vitamin A), and micronutrient status (anaemia and nightblindness) are included in the survey.

Iodisation of Household Salt

Iodine deficiency has serious effects on normal body growth and intellectual development. Disorders arising from iodine deficiency range from simple goitre to mental and neurological disorders. Deficiency of iodine also causes abortions, stillbirths, low birth weight infants, and premature births. The principal cause of iodine deficiency disorders is inadequate iodine in foods. Since iodine cannot be stored for long periods by the body, tiny amounts are needed regularly (100 to 150 micrograms per day per person). Where crops and grazing animals do not provide sufficient dietary iodine to the population, food fortification and supplementation have proven to be highly successful and sustainable interventions. The fortification of salt with iodine is the most common method of preventing iodine deficiency. Fortified salt that contains 15 parts per million (ppm) of iodine is considered adequate for the prevention of iodine deficiency.

To assess the use of adequately iodised salt in Tanzania, the 2004-05 TDHS included a component in which interviewers asked respondents to provide a teaspoon of salt used for cooking, which they then subjected to a simple rapid test for potassium iodate. Table 11.6 shows that salt was tested for iodine in 93 percent of households. Forty-three percent of households tested use salt that is adequately iodised. The percentage of households using adequately iodised salt in urban areas (72 percent) is twice that in rural areas (34 percent). The percentage of households with adequately iodised salt is much higher in the Mainland (44 percent) than Zanzibar (18 percent). Lindi and Pemba North regions have the highest proportion of households using salt with no iodine (80 percent). Regions with a high percentage of households using adequately iodised salt include Arusha (93 percent), Dar es Salaam (87 percent), and Kilimanjaro (80 percent). Households in the higher wealth quintiles are more likely to use salt that is adequately iodised.

Although only 44 percent of households on the Mainland were found to use adequately iodised salt, 74 percent were found to have at least some iodine. An Iodine Deficiency Disorders evaluation survey conducted by the Tanzania Food and Nutrition Centre (TFNC) in Mainland Tanzania in 2004 found and estimated prevalence of 84 percent of households with iodised salt (TFNC, 2004a). Thus, the results from the two studies do not differ substantially when sampling variation and test kit accuracy are taken into consideration. Furthermore, the two studies have similar findings in terms of regional differentials. For example, the Lindi region in both reports has the lowest prevalence of households using iodised salt, and Arusha, Dar es Salaam, and Kilimanjaro are among the regions with high prevalence of households using iodised salt.

Table 11.6 Iodisation of household salt

Percent distribution of households with salt tested for iodine content by level of iodine (parts per million), percentage of households tested, and percentage of households with no salt, according to background characteristics, Tanzania 2004-05

Background characteristic	Iodine content among households tested: None (0 ppm)	Inadequate (<15 ppm)	Adequate (15+ ppm)	Total	Number of households	Percentage of households tested	Percentage of households with no salt	Number of households
Residence								
Urban	11.6	16.6	71.7	100.0	2,326	90.5	7.9	2,569
Rural	32.1	34.3	33.5	100.0	6,700	93.5	5.8	7,166
Mainland/Zanzibar								
Mainland	26.2	29.8	44.1	100.0	8,790	92.7	6.4	9,483
Total urban	10.6	16.2	73.2	100.0	2,320	90.4	7.9	2,565
Dar es Salaam city	2.4	10.3	87.3	100.0	757	87.2	9.7	868
Other urban	14.6	19.0	66.4	100.0	1,563	92.1	7.0	1,697
Total rural	31.8	34.6	33.6	100.0	6,470	93.5	5.8	6,918
Zanzibar	51.8	29.9	18.3	100.0	237	93.8	5.4	252
Unguja	45.3	33.6	21.1	100.0	157	93.9	5.8	167
Pemba	64.7	22.7	12.6	100.0	80	93.8	4.8	85
Zone								
Western	15.9	44.4	39.7	100.0	1,380	93.6	5.4	1,474
Northern	30.1	7.8	62.1	100.0	1,327	89.3	10.0	1,486
Central	49.1	31.7	19.2	100.0	771	94.0	5.3	820
Southern highlands	31.9	29.4	38.8	100.0	1,305	91.7	6.8	1,424
Lake	15.1	34.8	50.1	100.0	1,603	95.2	4.5	1,684
Eastern	8.0	29.2	62.7	100.0	1,513	90.9	7.5	1,665
Southern	58.8	30.7	10.6	100.0	890	95.7	3.6	930
Region								
Dodoma	38.5	38.3	23.2	100.0	483	92.8	6.4	520
Arusha	6.0	0.7	93.3	100.0	281	80.6	18.5	349
Kilimanjaro	13.8	5.9	80.3	100.0	380	93.2	6.0	408
Tanga	51.0	15.1	33.8	100.0	404	92.1	7.4	438
Morogoro	9.5	52.1	38.4	100.0	488	95.1	4.9	514
Pwani	21.4	40.9	37.8	100.0	268	94.6	5.4	283
Dar es Salaam	2.4	10.3	87.3	100.0	757	87.2	9.7	868
Lindi	79.6	10.0	10.3	100.0	237	96.1	2.7	247
Mtwara	58.7	36.7	4.6	100.0	365	96.5	2.5	379
Ruvuma	41.8	40.0	18.3	100.0	287	94.4	5.6	304
Iringa	57.6	28.2	14.2	100.0	474	99.0	1.0	479
Mbeya	16.3	28.0	55.7	100.0	587	88.5	9.1	664
Singida	66.8	20.5	12.7	100.0	289	96.0	3.6	300
Tabora	17.1	50.9	32.0	100.0	370	95.0	4.4	390
Rukwa	19.3	35.0	45.7	100.0	244	86.8	11.2	280
Kigoma	9.8	41.0	49.2	100.0	398	90.4	9.2	441
Shinyanga	19.1	42.6	38.3	100.0	612	95.1	3.4	644
Kagera	25.0	36.7	38.3	100.0	518	92.4	7.0	560
Mwanza	11.4	40.2	48.3	100.0	761	97.7	1.9	778
Mara	8.0	18.8	73.2	100.0	324	93.8	6.2	345
Manyara	47.4	7.0	45.6	100.0	263	90.3	9.2	291
Zanzibar North	53.6	27.2	19.2	100.0	39	91.4	8.1	43
Zanzibar South	47.6	34.8	17.5	100.0	25	94.4	5.6	26
Town West	41.2	35.9	22.9	100.0	93	94.8	4.9	99
Pemba North	80.4	14.8	4.8	100.0	42	93.9	5.1	45
Pemba South	47.0	31.6	21.3	100.0	38	93.8	4.3	40
Wealth quintile								
Lowest	39.9	35.3	24.9	100.0	1,697	92.4	7.2	1,837
Second	34.6	36.8	28.6	100.0	1,785	92.6	6.5	1,928
Middle	32.3	34.4	33.3	100.0	1,789	93.2	6.3	1,920
Fourth	21.6	30.1	48.3	100.0	1,800	94.0	5.0	1,914
Highest	8.3	14.0	77.7	100.0	1,955	91.5	6.7	2,135
Total	26.9	29.8	43.4	100.0	9,027	92.7	6.3	9,735

Micronutrient Intake among Children

Vitamin A is an essential micronutrient for the immune system and plays an important role in maintaining the epithelial tissue in the body. Severe vitamin A deficiency (VAD) can cause eye damage (xerophthalmia) and is the leading cause of childhood blindness. VAD also increases severity of infections such as measles and diarrhoeal diseases in children and slows recovery from illness. VAD is common in dry environments where fresh fruits and vegetables are not readily available. Vitamin A is found in breast milk, other milks, liver, eggs, fish, butter, red palm oil, mangoes, papayas, carrots, pumpkins, and dark green leafy vegetables. Vitamin A is a fat-soluble vitamin, which means that consumption of oils or fats are necessary for its absorption into the body. The liver can store an adequate amount of the vitamin for four to six months. Periodic dosing (every six months) with vitamin A supplements is a rapid, low-cost method of ensuring children at risk do not develop VAD.

Table 11.7 shows the percentage of youngest children less than three years of age who consumed fruits and vegetables rich in vitamin A, the proportion of children 6-59 months who received vitamin A supplementation, and the proportion of children under age five who live in households that use adequately iodised salt.

More than half (54 percent) of children ate fruits and vegetables rich in vitamin A in the day or night preceding the interview. The consumption of fruits and vegetables rich in vitamin A differs by age of the child and by breastfeeding status. As expected, nonbreastfeeding children are more likely to have consumed vitamin A rich fruits and vegetables (72 percent) than breastfeeding children (46 percent). Children below six months do not need to receive any foods other than breast milk. However, three percent of these children receive fruits and vegetables rich in vitamin A. By the age of six months, all children should be receiving some complementary foods rich in vitamin A. The percentage of children consuming fruits and vegetables rich in vitamin A in the day or night preceding the survey increases steadily with age from 42 percent among children 6-9 months to 74 percent of children 24-35 months.

Children born to mothers with secondary school education or higher are more likely to have received fruits and vegetables rich in vitamin A in the day or night preceding the interview (67 percent) than those born to mothers with no education (51 percent). More than half of children in rural areas consumed fruits and vegetables rich in vitamin A (52 percent) compared with 61 percent of children in urban areas. By region, consumption of fruits and vegetables rich in vitamin A by children under age three ranges from 71 percent in Mtwara to 32 percent in Pemba South.

About half of children age six months to five years (46 percent) received a vitamin A supplement in the six months preceding the survey; this is a three-fold increase over the 14 percent estimated in the 1999 TRCHS. The proportion of children age 6-9 months who received a vitamin A supplement (27 percent) is much lower than that of children age 10-11 months (50 percent).

Vitamin A supplementation is less common in Zanzibar, especially Pemba, than in the Mainland. Vitamin A supplementation ranges from a low of less than two in ten children in Pemba North, Pemba South, and Rukwa to a high of more than six in ten in Dodoma, Kigoma, and Shinyanga. The likelihood of having received a vitamin A supplement is higher in urban areas and among children of mothers with higher educational attainment and wealth. For example, vitamin A supplementation ranges from 33 percent of children with mothers with no education to 53 percent of children with mothers with at least some secondary education.

Table 11.7 Micronutrient intake among children

Percentage of youngest children under age three living with the mother who consumed fruits and vegetables rich in vitamin A in the day or night preceding the interview, percentage of children age 6-59 months who received vitamin A supplements in the six months preceding the survey, and percentage of children under five living in households using adequately iodised salt, by background characteristics, Tanzania 2004-05

Background characteristic	Consumed fruits and vegetables rich in vitamin A[1]	Number of children	Consumed vitamin A supplements	Number of children	Percentage living in households using adequately iodised salt[2]	Number of children
Age in months						
<6	3.3	837	na	na	38.2	811
6-9	42.2	606	27.4	612	42.4	582
10-11	59.2	299	49.8	304	36.4	282
12-23	69.9	1,582	49.1	1,658	39.2	1,596
24-35	74.3	1,056	49.8	1,611	42.1	1,542
36-47	na	na	46.8	1,510	42.3	1,431
48-59	na	na	41.9	1,434	37.5	1,371
Sex						
Male	52.2	2,155	44.2	3,579	39.6	3,788
Female	55.1	2,225	46.8	3,552	40.6	3,827
Birth order						
1	55.3	912	45.0	1,584	46.3	1,663
2-3	54.8	1,573	48.5	2,582	41.5	2,756
4-5	50.3	932	46.0	1,484	39.1	1,584
6+	53.4	962	40.1	1,480	32.3	1,612
Breastfeeding status						
Breastfeeding	45.8	3,053	44.5	2,277	38.6	2,967
Not breastfeeding	71.9	1,321	45.9	4,824	41.0	4,620
Residence						
Urban	60.8	865	54.0	1,398	67.3	1,491
Rural	51.9	3,514	43.4	5,732	33.5	6,124
Mainland/Zanzibar						
Mainland	53.9	4,267	46.1	6,949	40.7	7,420
Total urban	61.6	851	54.4	1,382	69.0	1,471
Dar es Salaam city	68.3	223	54.9	361	82.4	383
Other urban	59.2	629	54.3	1,021	64.4	1,088
Total rural	52.0	3,415	44.0	5,567	33.7	5,949
Zanzibar	46.1	113	22.4	181	18.3	195
Unguja	50.2	71	27.4	109	23.4	120
Pemba	39.2	42	14.8	72	10.3	75
Zone						
Western	50.3	948	52.7	1,548	36.5	1,686
Northern	52.4	561	46.2	940	56.6	939
Central	56.9	372	63.7	588	17.6	635
Southern highlands	58.0	654	31.4	1,066	36.4	1,100
Lake	43.3	905	41.1	1,497	49.3	1,640
Eastern	64.4	491	52.2	792	57.7	865
Southern	68.2	335	41.2	518	9.4	555

Continued...

Table 11.7—*Continued*

Percentage of youngest children under age three living with the mother who consumed fruits and vegetables rich in vitamin A in the day or night preceding the interview, percentage of children age 6-59 months who received vitamin A supplements in the six months preceding the survey, and percentage of children under five living in households using adequately iodised salt, by background characteristics, Tanzania 2004-05

Background characteristic	Consumed fruits and vegetables rich in vitamin A[1]	Number of children	Consumed vitamin A supplements	Number of children	Percentage living in households using adequately iodised salt[2]	Number of children
Region						
Dodoma	51.7	224	67.0	334	22.3	360
Arusha	54.0	151	58.1	249	91.6	224
Kilimanjaro	46.3	103	59.4	174	74.0	183
Tanga	54.1	171	30.3	285	31.4	293
Morogoro	56.5	164	44.4	271	38.0	306
Pwani	68.7	105	59.4	159	38.3	176
Dar es Salaam	68.3	223	54.9	361	82.4	383
Lindi	59.7	78	38.2	123	7.2	127
Mtwara	71.3	130	41.5	207	4.8	227
Ruvuma	70.4	127	42.9	188	16.1	201
Iringa	56.8	152	54.1	237	9.7	264
Mbeya	61.3	340	28.5	554	47.0	565
Singida	64.8	148	59.4	253	11.4	274
Tabora	63.6	265	25.2	410	28.2	450
Rukwa	52.0	162	17.8	275	40.2	271
Kigoma	44.7	241	64.1	385	49.1	407
Shinyanga	45.3	442	61.9	753	34.7	829
Kagera	37.2	286	41.8	454	38.3	482
Mwanza	46.0	430	39.4	735	45.7	816
Mara	46.5	188	44.2	308	73.3	342
Manyara	53.0	137	42.9	232	41.4	239
Zanzibar North	60.4	16	29.0	26	17.9	29
Zanzibar South	41.7	9	26.9	15	18.6	17
Town West	48.3	45	26.9	68	26.6	74
Pemba North	45.6	23	12.5	36	2.4	38
Pemba South	32.1	20	17.1	36	18.4	37
Mother's education						
No education	50.6	1,130	32.5	1,882	29.5	1,977
Primary incomplete	51.3	668	40.2	1,127	37.4	1,195
Primary complete	54.6	2,361	52.9	3,801	44.2	4,088
Secondary+	66.8	221	53.2	321	60.8	356
Mother's age at birth						
<20	54.7	692	42.2	1,234	43.0	1,278
20-24	52.5	1,257	45.8	2,114	41.8	2,246
25-29	54.4	1,086	49.6	1,780	39.5	1,899
30-34	52.2	761	46.0	1,139	40.3	1,255
35-49	55.5	583	40.5	863	33.0	937
Wealth quintile						
Lowest	54.7	964	36.1	1,625	26.6	1,703
Second	56.5	925	42.0	1,506	30.5	1,588
Middle	45.5	930	44.7	1,480	32.9	1,614
Fourth	52.1	860	52.2	1,404	48.0	1,499
Highest	61.3	701	56.4	1,115	71.5	1,211
Total	53.7	4,380	45.5	7,130	40.1	7,615

Note: Information on vitamin A supplements is based on mother's recall. Total includes 28 children with missing information on breastfeeding status.
na = Not applicable
[1] Includes pumpkin, red or yellow yams or squash, carrots, red sweet potatoes, green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A
[2] Salt containing 15 ppm of iodine or more. Excludes children in households in which salt was not tested

These results differ from the findings of other recent investigations into the coverage of vitamin A supplementation for children. Although the 2004-05 TDHS data suggest a large increase over the results of the 1999 TRCHS, other recent data indicate that the coverage of vitamin A supplementation may be even higher (TFNC, 2004a; Ndossi, 2004). A TFNC report based on health facility data showed nine in ten children receiving vitamin A supplements. A population-based assessment by Helen Keller International also reported that eight in ten children on the Mainland are

covered. A thorough investigation into the reasons for the discrepancies among these findings is beyond the scope of this report. However, some potential causes of the differences could include: the wording of the question; the implementation of the question (e.g., whether samples of vitamin A capsules are shown to the respondent, and if so, which samples, and whether source of data is a health card or mother's memory); training of interviewers; sample design; and timing of the data collection with respect to program interventions.

Table 11.7 also shows that four in ten children live in households that use adequately iodised salt. Consumption of iodised salt varies substantially by wealth quintile of the household, education of the mother, residence, and zone. One in four children in the lowest wealth quintile live in a household with adequately iodised salt, compared with 72 percent of children in the highest wealth quintile. Twice as many children in urban areas live in households with adequately iodised salt (67 percent) than children in rural areas (34 percent). The consumption of iodised salt is high in the Northern and Eastern zones (57 and 58 percent, respectively) and low in the Southern zone (9 percent).

Micronutrient Intake among Women

In the 2004-05 TDHS, women were asked if they suffered from night blindness during their last pregnancy. Night blindness is an indicator of severe vitamin A deficiency, from which pregnant women are especially prone to suffer. A single postpartum dose of vitamin A (200,000 IU) given to women within eight weeks of childbirth treats night blindness and increases the vitamin A content of breast milk, which reduces the risk of VAD among breastfed children. Because of the risk of adverse effects (birth defects) resulting from high doses of vitamin A during pregnancy, a standard vitamin A supplement cannot be given to pregnant women. The Ministry of Health policy regarding vitamin A supplementation of postpartum women is to provide a high-dose vitamin A capsule within the first four weeks after delivery.

Table 11.8 shows that only 20 percent of women who gave birth in the five years preceding the survey received vitamin A supplementation within two months after childbirth. Vitamin A supplementation varies with background characteristics, including the age of the mother, level of mother's education, parity, residence, and region.

Supplementation with vitamin A is slightly higher among younger women and women with fewer births. Women with at least some secondary education are almost four times as likely to have received a vitamin A supplement within two months after childbirth as mothers with no education (41 and 11 percent, respectively). A similar relationship is observed between vitamin A supplementation and wealth quintile. Vitamin A supplementation is more common in urban than rural areas. One in three women in urban settings received a vitamin A supplement, compared with 16 percent of rural women. There is also a variation in supplementation by region. Iringa is the highest with 43 percent of women having received a vitamin A supplement, while Rukwa is the lowest (3 percent).

Table 11.8 shows that 3 percent of women with a recent birth reported that they experienced night blindness. After adjusting for women who also reported vision problems during the day, an estimated 1 percent of women suffered from night blindness. Differences by background characteristics are minimal.

Nutritional deficiencies like anaemia are often exacerbated during pregnancy because of the additional nutrient demands associated with foetal growth. Iron status can be improved by means of iron supplements for women along with improved diets and control of parasites and malaria. Iron supplementation is necessary for pregnant women because their needs are usually too high to be met solely by food intake. Taking iron tablets daily for at least 90 days is now recommended for pregnant women.

Table 11.8 Micronutrient intake among mothers

Percentage of women with a birth in the five years preceding the survey who received a vitamin A dose in the first two months after delivery, percentage who suffered from night blindness during pregnancy, percentage who took iron tablets or syrup for specific number of days, and percentage who live in households using adequately iodised salt, by background characteristics, Tanzania 2004-05

Background characteristic	Received vitamin A dose post-partum[1]	Night blindness reported	Night blindness adjusted[2]	Number of days iron tablets/syrup taken during pregnancy					Number of women	Percentage living in households using adequately iodised salt[3]	Number of women
				None	<60	60-89	90+	Don't know/ missing			
Age at birth											
<20	21.0	2.4	0.5	33.1	45.5	7.2	11.7	2.6	906	43.5	859
20-24	21.7	2.4	0.9	38.9	43.3	5.0	10.9	1.9	1,624	43.7	1,550
25-29	21.2	2.1	0.8	38.8	44.6	6.7	7.8	2.0	1,391	41.6	1,320
30-34	18.6	2.6	0.8	38.5	41.8	6.7	9.9	3.1	998	41.5	963
35-49	16.4	4.8	1.4	41.6	41.4	5.2	8.9	3.0	853	33.6	818
Number of children ever born											
1	24.3	1.7	0.3	33.2	45.0	6.6	12.4	2.8	1,178	46.0	1,127
2-3	23.4	2.5	1.0	38.1	43.5	6.2	10.3	1.8	2,097	44.7	2,010
4-5	17.4	2.5	0.9	39.0	42.1	6.6	9.6	2.7	1,204	39.6	1,127
6+	13.7	4.1	1.2	42.6	43.0	4.9	6.8	2.7	1,293	33.0	1,245
Residence											
Urban	34.2	1.6	0.5	36.6	43.2	6.8	11.7	1.8	1,277	67.9	1,227
Rural	16.2	3.0	1.0	38.8	43.4	5.9	9.3	2.6	4,496	33.6	4,282
Mainland/Zanzibar											
Mainland	20.3	2.7	0.9	38.2	43.5	6.1	9.8	2.4	5,628	41.9	5,371
Total urban	34.1	1.6	0.5	35.9	43.5	6.9	11.9	1.7	1,269	69.6	1,217
Dar es Salaam city	32.2	0.8	0.0	27.0	45.6	11.1	15.8	0.5	369	83.7	357
Other urban	34.9	1.9	0.7	39.6	42.7	5.2	10.3	2.2	900	63.7	860
Total rural	16.3	3.0	1.0	38.8	43.5	5.9	9.2	2.6	4,359	33.7	4,154
Zanzibar	13.0	2.4	0.5	43.7	39.0	6.0	9.1	2.1	144	18.4	138
Unguja	13.9	2.2	0.8	39.8	35.0	8.8	13.8	2.6	93	22.4	89
Pemba	11.5	2.7	0.0	50.9	46.2	0.9	0.7	1.3	51	11.0	49
Zone											
Western	18.3	5.1	0.8	40.6	46.8	4.2	7.3	1.1	1,143	37.6	1,098
Northern	23.3	2.8	0.9	43.4	47.5	2.9	1.9	4.3	774	58.3	698
Central	16.1	2.5	1.6	32.3	48.8	7.9	8.1	2.9	473	17.9	452
Southern highlands	17.6	2.1	0.9	37.7	39.0	8.0	12.6	2.8	844	37.0	793
Lake	20.3	2.2	1.1	39.8	51.3	3.7	1.9	3.3	1,126	50.9	1,098
Eastern	25.4	0.4	0.0	43.3	35.9	7.7	11.2	1.8	766	59.8	748
Southern	21.3	3.0	1.4	19.2	26.6	13.4	40.4	0.4	503	10.0	485
Region											
Dodoma	17.4	2.6	1.6	40.1	42.6	7.9	7.6	1.9	277	22.0	263
Arusha	29.0	4.4	1.2	61.5	33.3	1.5	1.9	1.9	205	92.9	167
Kilimanjaro	25.0	1.7	0.0	36.9	48.0	6.0	0.7	8.4	145	75.6	138
Tanga	20.1	0.9	0.5	32.9	57.2	2.7	1.9	5.2	250	31.0	230
Morogoro	19.9	0.0	0.0	60.0	25.5	4.1	5.7	4.7	253	37.8	248
Pwani	17.6	0.0	0.0	55.8	29.6	5.5	9.1	0.0	144	38.6	143
Dar es Salaam	32.2	0.8	0.0	27.0	45.6	11.1	15.8	0.5	369	83.7	357
Lindi	17.3	1.2	0.0	11.4	24.7	17.6	46.3	0.0	117	8.8	111
Mtwara	15.8	2.9	1.0	11.3	12.4	12.5	63.8	0.0	201	5.4	198
Ruvuma	29.8	4.3	2.6	32.7	43.3	11.8	11.2	1.0	185	15.9	176
Iringa	42.6	3.9	2.2	44.9	35.5	6.7	12.3	0.6	216	11.3	215
Mbeya	11.8	1.8	0.4	31.9	42.2	7.8	14.1	4.1	425	48.2	397
Singida	14.3	2.4	1.5	21.4	57.4	8.0	8.9	4.3	196	12.3	189
Tabora	13.9	8.5	1.3	37.2	58.9	1.6	0.7	1.5	311	29.9	299
Rukwa	3.2	0.8	0.4	42.0	36.1	9.7	9.8	2.4	203	42.7	181
Kigoma	25.2	2.8	0.4	45.2	47.2	3.7	3.5	0.4	282	50.5	265
Shinyanga	17.2	4.4	0.7	40.3	39.7	5.8	12.9	1.2	550	35.6	533
Kagera	18.8	0.0	0.0	42.3	48.8	4.7	1.6	2.6	351	39.4	329
Mwanza	23.6	2.0	1.7	39.7	54.7	0.3	0.7	4.6	546	48.3	545
Mara	14.6	5.9	1.5	36.2	46.9	10.3	5.4	1.2	229	74.1	224
Manyara	19.8	4.6	1.8	42.7	49.9	1.9	2.8	2.6	173	46.8	164
Zanzibar North	8.4	3.6	2.3	27.3	45.0	9.9	16.5	1.4	21	16.9	20
Zanzibar South	12.8	1.5	0.0	24.7	39.3	9.0	20.6	6.4	13	19.1	13
Town West	16.0	1.8	0.5	47.6	30.6	8.4	11.3	2.2	59	25.1	56
Pemba North	9.9	2.6	0.0	58.3	40.2	1.2	0.3	0.0	27	3.5	26
Pemba South	13.3	2.8	0.0	42.6	53.0	0.5	1.0	2.8	24	19.6	23

Continued...

Table 11.8—*Continued*

Percentage of women with a birth in the five years preceding the survey who received a vitamin A dose in the first two months after delivery, percentage who suffered from night blindness during pregnancy, percentage who took iron tablets or syrup for specific number of days, and percentage who live in households using adequately iodised salt, by background characteristics, Tanzania 2004-05

Background characteristic	Received vitamin A dose post-partum[1]	Night blindness reported	Night blindness adjusted[2]	Number of days iron tablets/syrup taken during pregnancy					Number of women	Percentage living in households using adequately iodised salt[3]	Number of women
				None	<60	60-89	90+	Don't know/ missing			
Education											
No education	11.0	3.6	1.1	41.2	42.0	5.2	8.8	2.9	1,466	29.5	1,385
Primary incomplete	16.8	2.5	0.6	34.7	46.6	7.0	10.4	1.3	910	36.8	859
Primary complete	23.5	2.6	0.9	37.7	43.5	6.5	9.9	2.4	3,094	45.8	2,967
Secondary+	40.5	0.4	0.0	41.1	39.8	4.0	11.8	3.3	302	63.6	297
Wealth quintile											
Lowest	11.3	2.8	0.8	39.9	42.5	4.8	10.3	2.5	1,226	26.1	1,147
Second	14.4	3.1	1.2	34.8	46.8	5.9	10.1	2.4	1,187	30.8	1,129
Middle	16.2	3.1	0.5	40.8	41.8	6.6	8.0	2.9	1,166	32.4	1,112
Fourth	24.0	2.6	1.1	40.2	43.0	6.3	8.4	2.1	1,129	46.7	1,087
Highest	36.9	1.9	0.9	35.6	43.0	6.9	12.3	2.1	1,065	73.5	1,034
Total	20.1	2.7	0.9	38.3	43.4	6.1	9.8	2.4	5,772	41.3	5,509

Note: For women with two or more live births in the five-year period, data refer to the most recent birth.
[1] In the first two months after delivery
[2] Women who reported night blindness but did not report difficulty with vision during the day
[3] Salt containing 15 ppm of iodine or more. Excludes women in households in which salt was not tested

In Tanzania, 10 percent of pregnant women take iron tablets for at least 90 days (Table 11.8). The majority of women who take iron supplements during pregnancy take them for less than 60 days, and 38 percent of pregnant women do not take iron supplements at all. The proportion of pregnant women who took iron supplements for at least 90 days is higher among younger women and those with fewer children. There is no strong relationship between taking iron supplements during pregnancy and level of education or wealth quintile.

Women in urban areas are slightly more likely to take iron supplements for at least 90 days during pregnancy (12 percent) than women in rural areas (9 percent). Iron supplementation varies greatly by region. Iron supplementation during pregnancy is highest in Mtwara and Lindi regions where 64 and 46 percent of women, respectively, took iron supplements for at least 90 days during their last pregnancy. One percent or less of pregnant women took iron supplements for the recommended period in Kilimanjaro, Tabora, Mwanza, Pemba North, and Pemba South.

Prevalence of Anaemia in Children

Anaemia, characterised by a low level of haemoglobin in the blood, is a major health problem in Tanzania, especially among young children and pregnant women. Anaemia may be the underlying cause of maternal mortality, spontaneous abortions, premature births, and low birth weight. The most common cause of anaemia is nutritional anaemia resulting from inadequate dietary intake of nutrients necessary for synthesis of haemoglobin, such as iron, folate, vitamin B12, or other nutrients. Anaemia also results from sickle cell disease, malaria, or parasitic infections. A number of interventions have been put in place to address anaemia in children. These include promotion of use of ITNs by children under five and deworming of children age two to five years every six months.

The 2004-05 TDHS measured haemoglobin to determine anaemia levels among women and children under age five. To date, little was known about the prevalence of anaemia in the population of children and women in Tanzania. Table 11.9 presents anaemia levels among children six months to five years of age, according to selected background characteristics. Of the 7,506 eligible children (age 6-59 months), haemoglobin was measured in 7,300 (97 percent).

Table 11.9 Prevalence of anaemia in children

Percentage of children age 6-59 months classified as having anaemia, by background characteristics, Tanzania 2004-05

Background characteristic	Anaemia status of child: Any anaemia	Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (below 7.0 g/dl)	Number of children
Age in months					
6-9	83.3	20.4	58.7	4.2	604
10-11	87.5	19.6	56.6	11.3	304
12-23	82.6	23.3	51.4	7.9	1,669
24-35	75.0	25.0	46.2	3.8	1,658
36-47	63.1	25.3	35.1	2.7	1,546
48-59	57.8	27.5	29.5	0.8	1,520
Sex					
Male	72.1	23.4	44.1	4.6	3,673
Female	71.6	25.8	42.0	3.8	3,628
Birth order[1]					
1	72.0	26.0	41.5	4.5	1,356
2-3	71.0	23.1	43.6	4.3	2,328
4-5	73.0	24.2	44.4	4.4	1,399
6+	74.1	25.5	44.8	3.9	1,409
Birth interval in months[1]					
First birth[2]	72.0	25.7	41.8	4.6	1,371
<24	72.5	22.2	44.2	6.1	797
24-47	73.3	24.2	45.0	4.1	3,186
48+	69.8	25.4	41.3	3.1	1,138
Residence					
Urban	66.8	28.0	35.6	3.2	1,399
Rural	73.0	23.8	44.8	4.5	5,902
Mainland/Zanzibar					
Mainland	71.8	24.4	43.1	4.3	7,121
Total urban	66.1	27.8	35.2	3.2	1,381
Dar es Salaam city	69.0	29.8	34.1	5.1	358
Other urban	65.1	27.1	35.5	2.5	1,023
Total rural	73.1	23.6	45.0	4.5	5,740
Zanzibar	75.1	30.7	42.5	1.9	180
Unguja	74.6	33.6	39.6	1.4	111
Pemba	75.9	26.0	47.2	2.7	69
Zone					
Western	77.6	23.1	50.0	4.5	1,552
Northern	56.7	24.8	30.3	1.6	936
Central	68.8	25.9	39.6	3.2	615
Southern highlands	62.5	24.3	36.6	1.5	1,080
Lake	78.5	21.6	48.7	8.2	1,583
Eastern	73.5	29.7	39.6	4.2	810
Southern	80.7	26.6	50.7	3.4	545
Region					
Dodoma	66.4	26.1	37.8	2.5	350
Arusha	52.1	21.3	29.3	1.5	236
Kilimanjaro	51.3	24.8	25.4	1.1	187
Tanga	65.6	27.4	36.3	2.0	268
Morogoro	77.3	29.0	45.3	2.9	288
Pwani	76.6	30.5	41.5	4.7	164
Dar es Salaam	69.0	29.8	34.1	5.1	358
Lindi	88.2	26.4	59.0	2.9	128
Mtwara	79.3	28.0	48.5	2.8	218
Ruvuma	77.3	25.2	47.8	4.3	200
Iringa	46.6	25.1	21.5	0.0	250
Mbeya	66.9	24.9	40.5	1.4	560
Singida	71.9	25.7	42.0	4.2	265
Tabora	75.1	24.6	46.8	3.7	402
Rukwa	68.0	22.3	42.5	3.1	270
Kigoma	76.3	26.1	45.8	4.4	396
Shinyanga	79.5	20.6	53.9	5.0	754
Kagera	71.2	20.3	43.5	7.3	482
Mwanza	82.8	22.5	51.1	9.2	779
Mara	79.2	21.4	50.6	7.3	321
Manyara	55.6	25.4	28.6	1.7	246
Zanzibar North	76.7	30.3	44.6	1.8	27
Zanzibar South	70.9	30.5	40.0	0.4	16
Town West	74.7	35.7	37.5	1.5	68
Pemba North	77.4	22.9	51.8	2.7	36
Pemba South	74.2	29.2	42.3	2.7	33

Continued...

Table 11.9—*Continued*

Percentage of children age 6-59 months classified as having anaemia, by background characteristics, Tanzania 2004-05

Background characteristic	Anaemia status of child: Any anaemia	Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (below 7.0 g/dl)	Number of children
Mother's education[3]					
No education	76.2	23.5	47.1	5.6	1,781
Primary incomplete	74.8	26.1	43.9	4.8	1,045
Primary complete	69.9	24.1	42.2	3.7	3,556
Secondary+	69.3	29.2	37.9	2.2	295
Mother's age[3]					
15-19	77.3	17.4	51.2	8.7	327
20-24	76.3	25.7	45.1	5.4	1,659
25-29	70.0	23.0	43.5	3.6	1,847
30-34	70.6	23.5	43.7	3.4	1,462
35-49	71.3	27.6	39.8	3.8	1,382
Mother's status					
Mother interviewed	72.3	24.5	43.6	4.3	6,491
Mother not interviewed but in household	73.1	25.0	42.9	5.2	185
Mother not interviewed and not in the household[4]	66.6	25.8	37.5	3.3	623
Wealth quintile					
Lowest	77.5	21.8	50.3	5.4	1,665
Second	75.0	25.1	45.1	4.8	1,532
Middle	72.9	22.8	45.3	4.8	1,547
Fourth	67.6	26.7	37.9	3.0	1,456
Highest	62.9	27.6	32.8	2.5	1,101
Total	71.8	24.6	43.0	4.2	7,300

Note: Table is based on children who stayed in the household the night before the interview. Prevalence is adjusted for altitude using CDC formulas (CDC, 1989).
g/dl = grams per deciliter
[1] Excludes children whose mothers were not interviewed
[2] First born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.
[3] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the household schedules
[4] Includes children whose mothers are deceased

Seven in ten children have anaemia. One-fourth have mild anaemia, 43 percent have moderate anaemia, and 4 percent have severe anaemia. Younger children age 6-23 months are affected more by anaemia (eight in ten) than older children. Severe anaemia, which has a serious effect on the health of an individual, is highest among children 10-11 months (11 percent). There is no difference in the prevalence of anaemia by sex, birth order, or birth interval. Children in rural areas are slightly more likely to be anaemic (73 percent) than children in urban areas (67 percent). Anaemia prevalence in children varies across regions, ranging from 47 percent in Iringa to 88 percent in Lindi region. Mwanza has the highest proportion of children with severe anaemia (9 percent).

A child's anaemia status is also associated with the mother's age, education, and wealth quintile. Children of mothers under age 25 are more likely to have anaemia than children of mothers who are 25 and over. With regard to education and wealth, the percentage of children with any anaemia, moderate anaemia, and severe anaemia decreases as mother's education and wealth quintile increase.

Prevalence of Anaemia in Women

Table 11.10 shows that 48 percent of women age 15-49 are anaemic, with 1 percent being severely anaemic. Pregnancy has an association with anaemia. Pregnant women are more likely to be anaemic (58 percent) than women who are breastfeeding (48 percent) and women who are neither pregnant nor breastfeeding (47 percent). This could be a result of the high demand of iron and folate during pregnancy.

Table 11.10 Prevalence of anaemia in women

Percentage of women age 15-49 with anaemia, by background characteristics, Tanzania 2004-05

Background characteristic	Anaemia status				Number of women
	Any anaemia	Mild anaemia	Moderate anaemia	Severe anaemia	
Age[1]					
15-19	49.0	33.6	14.6	0.8	2,207
20-24	48.7	32.6	15.3	0.8	1,962
25-29	48.6	33.5	13.9	1.3	1,846
30-34	44.5	27.9	15.0	1.7	1,515
35-39	49.4	35.1	12.9	1.4	1,038
40-44	50.1	32.5	16.3	1.3	822
45-49	49.3	34.2	13.5	1.6	749
Number of children ever born[2]					
None	47.7	32.1	14.7	1.0	2,501
1	50.6	34.6	14.8	1.1	1,482
2-3	47.8	31.8	14.5	1.5	2,626
4-5	45.8	30.7	14.2	0.9	1,650
6+	50.5	34.8	14.4	1.3	1,879
Pregnancy/breastfeeding status[2]					
Pregnant	58.2	22.7	32.8	2.7	1,075
Breastfeeding	47.7	35.9	11.1	0.7	3,008
Neither	46.9	32.8	13.0	1.2	6,057
Residence					
Urban	46.5	30.2	15.1	1.2	2,830
Rural	49.1	33.6	14.3	1.2	7,309
Mainland/Zanzibar					
Mainland	47.9	32.3	14.5	1.2	9,833
Total urban	46.2	30.0	15.1	1.1	2,782
Dar es Salaam city	53.6	31.1	21.6	1.0	914
Other urban	42.6	29.5	12.0	1.2	1,868
Total rural	48.6	33.2	14.2	1.2	7,051
Zanzibar	62.8	43.5	17.4	1.9	305
Unguja	62.8	42.4	18.0	2.5	214
Pemba	62.9	46.0	16.2	0.6	92
Zone					
Western	56.0	37.3	17.7	1.0	1,843
Northern	37.8	24.8	11.4	1.6	1,459
Central	44.6	31.6	11.0	2.0	788
Southern highlands	33.7	25.6	7.4	0.7	1,432
Lake	55.5	36.3	17.9	1.3	1,843
Eastern	54.9	34.1	19.6	1.2	1,609
Southern	44.9	34.1	10.5	0.3	860
Region					
Dodoma	38.8	26.8	9.8	2.2	459
Arusha	27.7	19.8	7.4	0.4	369
Kilimanjaro	30.0	21.5	8.2	0.3	376
Tanga	54.7	32.6	17.8	4.3	425
Morogoro	56.2	35.8	18.8	1.6	445
Pwani	57.2	42.3	13.8	1.1	250
Dar es Salaam	53.6	31.1	21.6	1.0	914
Lindi	46.3	36.4	9.3	0.6	217
Mtwara	47.6	37.3	10.3	0.0	344
Ruvuma	40.8	28.7	11.6	0.5	298
Iringa	21.6	16.1	4.4	1.1	410
Mbeya	36.1	27.9	7.9	0.3	708
Singida	52.7	38.2	12.6	1.9	329
Tabora	53.5	39.4	13.2	0.9	510
Rukwa	44.3	32.9	10.3	1.1	314
Kigoma	43.5	31.7	11.1	0.7	497
Shinyanga	65.0	39.3	24.4	1.2	836
Kagera	41.0	29.5	10.9	0.5	542
Mwanza	62.0	39.8	20.5	1.7	933
Mara	60.5	37.3	21.5	1.7	367
Manyara	36.2	24.0	11.0	1.1	289
Zanzibar North	66.2	45.4	18.0	2.7	47
Zanzibar South	50.8	37.8	12.7	0.2	26
Town West	63.9	42.2	18.9	2.8	141
Pemba North	65.1	46.9	17.2	1.0	50
Pemba South	60.3	45.1	15.0	0.3	41

Continued...

Table 11.10—*Continued*

Percentage of women age 15-49 with anaemia, by background characteristics, Tanzania 2004-05

Background characteristic	Anaemia status				Number of women
	Any anaemia	Mild anaemia	Moderate anaemia	Severe anaemia	
Education[1]					
No education	54.9	36.9	16.5	1.5	2,461
Primary incomplete	48.3	32.2	14.9	1.1	1,816
Primary complete	46.3	31.2	14.0	1.0	5,001
Secondary+	41.4	29.3	10.9	1.3	861
Wealth quintile					
Lowest	53.4	37.3	14.5	1.6	1,815
Second	52.2	35.5	15.2	1.5	1,928
Middle	47.6	32.8	13.8	1.0	1,913
Fourth	42.9	29.1	13.1	0.7	1,983
Highest	46.7	29.7	15.8	1.2	2,500
Smoking status[2]					
Smokes cigarettes/tobacco	43.3	31.0	10.7	1.6	139
Does not smoke cigarettes/tobacco	48.5	32.6	14.7	1.2	9,782
Total	48.4	32.6	14.5	1.2	10,139

Note: Table is based on women who stayed in the household the night before the interview. Prevalence is adjusted for altitude and for smoking status if known, using CDC formulas (CDC, 1989). Women with <7.0 g/dl of haemoglobin have severe anaemia, women with 7.0-9.9 g/dl have moderate anaemia, and pregnant women with 10.0-10.9 g/dl and nonpregnant women with 10.0-11.9 g/dl have mild anaemia. Total includes five cases with missing information on mother's smoking status.

[1] For women who are not interviewed, information is taken from the Household Questionnaire.

[2] Excludes women who were not interviewed

Anaemia also varies by residence and education. While there is little difference in anaemia between women in urban and rural areas, the disparity between women in the Mainland and Zanzibar is particularly large (48 and 63 percent, respectively). Women with no education are more likely to have anaemia (55 percent) than those with at least some secondary education (41 percent). Although scientific evidence has identified an association between smoking and anaemia, these figures show little difference between smokers and nonsmokers.

11.3 NUTRITIONAL STATUS OF CHILDREN UNDER FIVE

Protein Energy Malnutrition (PEM) is the most widespread and leading nutritional disorder in Tanzania. Children less than five years of age are the most affected. PEM often results from consuming inadequate food and is frequently aggravated by infections. Some studies have shown that PEM among children is an outcome of maternal nutrition. Malnutrition among children increases their risk of morbidity and mortality and is related to impaired mental development.

In addition to questions about infant and young children's feeding practices, the 2004-05 TDHS included an anthropometric component, in which all children under five years of age were both weighed and measured. Each interviewing team carried a scale and measuring board. The scales were lightweight, bathroom-type scales with a digital screen designed and manufactured under the authority of UNICEF. The measuring boards were specially produced by Shorr Productions for use in survey settings. Children younger than 24 months were measured lying down on the board (recumbent length), and standing height was measured for older children. All children born in the five years preceding the survey and listed in the Household Questionnaire were eligible for measurement.

Measuring the height and weight of young children complements the information presented regarding feeding practices and provides a fuller measure of children's nutritional status. The height and weight data are used to compute three nutritional status indices: height-for-age, weight-for-height, and weight-for-age. These three indices are expressed as standard deviation (SD) units from the median for the international reference population (U.S National Centre for Health Statistics) recommended by the World Health Organisation.

Children who fall more than two standard deviations (-2 SD) below the reference median are considered undernourished, while those who fall more than three standard deviations (-3 SD) below the reference median are considered severely undernourished. Table 11.11 shows the percentage of children under five years classified as undernourished according to height-for-age, weight-for-height, and weight-for-age. A total of 8,357 (weighted) children under age five were eligible to be weighed and measured. Data are presented for 96 percent of these children: 2 percent were not measured, 2 percent had invalid values for height and weight, and 0.4 percent had incomplete age information.

Height-for-Age

A child who is below -2 SD from the median of the reference population in terms of height-for-age is considered stunted or short for his/her age. Stunting reflects failure to receive adequate nutrition over a number of years and is frequently associated with poor overall economic conditions, chronic or repeated infections, and consistently inadequate nutrient intake. According to Table 11.11, 38 percent of children are stunted, and 13 percent are severely stunted.

Stunting is evident among children as young as six months (8 percent) and increases with the age of the child during the first year of life (Figure 11.2). Deterioration of nutritional status after six months can be explained, in part, by the introduction of complementary foods to young children. There is no marked difference between males and females in the levels of stunting. Size at birth, however, is associated with stunting. More than half (59 percent) of children who were very small at birth are stunted, compared with 40 percent of children who were small and 36 percent of children who were average size or larger at birth.

Table 11.11 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Tanzania 2004-05

Background characteristic	Height-for-age			Weight-for-height			Weight-for-age			Number of children
	Percentage below -3 SD	Percentage below -2 SD[1]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Mean Z-score (SD)	
Age in months										
<6	1.4	8.0	(0.5)	0.0	1.2	0.7	0.2	2.4	0.2	758
6-9	3.9	18.9	(1.1)	0.4	2.3	0.1	2.1	14.8	(0.8)	599
10-11	7.1	33.5	(1.4)	0.3	3.5	(0.2)	5.7	29.5	(1.3)	300
12-23	15.4	45.2	(1.8)	0.9	6.3	(0.4)	6.0	29.0	(1.4)	1,662
24-35	13.8	39.2	(1.7)	0.1	3.1	(0.3)	3.8	24.5	(1.3)	1,653
36-47	16.4	45.2	(1.8)	0.2	1.4	(0.2)	3.6	22.1	(1.3)	1,520
48-59	15.6	43.3	(1.8)	0.4	1.9	(0.2)	3.2	21.5	(1.3)	1,496
Sex										
Male	13.6	38.6	(1.7)	0.4	3.3	(0.2)	3.9	22.1	(1.2)	3,988
Female	12.0	36.8	(1.5)	0.3	2.7	(0.1)	3.5	21.5	(1.1)	4,001
Birth order[2]										
1	12.0	38.9	(1.7)	0.6	2.9	(0.2)	3.7	23.2	(1.2)	1,469
2-3	12.0	36.7	(1.6)	0.3	2.9	(0.1)	3.3	20.8	(1.1)	2,592
4-5	10.2	34.6	(1.5)	0.4	3.7	(0.2)	4.3	21.0	(1.1)	1,566
6+	15.0	38.5	(1.6)	0.3	3.2	(0.1)	3.8	22.2	(1.1)	1,584
Birth interval in months[2]										
First birth[3]	12.2	39.2	(1.7)	0.6	2.9	(0.2)	3.9	23.4	(1.2)	1,483
<24	13.8	37.5	(1.7)	0.5	3.4	(0.1)	3.9	22.7	(1.1)	888
24-47	12.9	38.2	(1.6)	0.3	3.1	(0.2)	3.9	22.1	(1.1)	3,566
48+	9.5	31.4	(1.4)	0.2	3.2	(0.1)	2.7	17.4	(0.9)	1,273
Size at birth[2]										
Very small	27.2	58.5	(2.3)	1.1	4.3	(0.5)	17.1	43.3	(1.9)	136
Small	17.0	40.3	(1.8)	0.3	5.3	(0.4)	6.0	33.1	(1.4)	599
Average or larger	11.5	36.4	(1.6)	0.4	2.9	(0.1)	3.2	20.1	(1.1)	6,457
Residence										
Urban	7.4	25.8	(1.2)	0.4	2.8	(0.2)	2.1	17.0	(0.9)	1,536
Rural	14.1	40.5	(1.7)	0.4	3.0	(0.1)	4.1	22.9	(1.2)	6,453
Mainland/Zanzibar										
Mainland	12.9	38.0	(1.6)	0.3	2.9	(0.1)	3.7	21.9	(1.1)	7,792
Total urban	7.3	26.0	(1.2)	0.4	2.9	(0.2)	2.0	17.3	(0.9)	1,514
Dar es Salaam city	1.9	16.9	(0.8)	0.5	4.1	(0.2)	0.9	14.3	(0.7)	381
Other urban	9.1	29.1	(1.4)	0.3	2.4	(0.2)	2.4	18.3	(1.0)	1,133
Total rural	14.3	40.9	(1.7)	0.3	2.9	(0.1)	4.1	23.0	(1.2)	6,278
Zanzibar	7.0	23.1	(1.1)	0.7	6.1	(0.5)	3.1	19.0	(1.1)	197
Unguja	4.6	18.0	(0.9)	0.7	6.7	(0.6)	2.7	17.0	(1.0)	125
Pemba	11.1	32.1	(1.4)	0.8	4.9	(0.4)	3.8	22.5	(1.2)	72
Zone										
Western	15.4	39.7	(1.7)	0.7	2.6	(0.1)	5.0	23.2	(1.2)	1,720
Northern	11.7	34.2	(1.5)	0.7	5.0	(0.4)	3.8	26.0	(1.2)	1,019
Central	16.1	42.3	(1.7)	0.3	4.4	(0.3)	7.6	28.7	(1.3)	685
Southern highlands	14.6	42.6	(1.8)	0.1	1.5	0.0	2.8	20.1	(1.1)	1,159
Lake	10.2	34.3	(1.5)	0.2	2.4	(0.1)	2.8	17.4	(1.0)	1,737
Eastern	7.2	27.8	(1.2)	0.2	4.0	(0.1)	1.8	17.3	(0.9)	879
Southern	17.5	52.2	(2.0)	0.0	1.5	(0.1)	2.7	26.2	(1.3)	593
Region										
Dodoma	16.6	44.4	(1.8)	0.3	3.9	(0.3)	8.1	30.4	(1.4)	400
Arusha	9.7	27.2	(1.3)	0.6	3.4	(0.4)	2.9	20.0	(1.1)	261
Kilimanjaro	5.0	23.4	(1.1)	1.3	5.2	(0.4)	3.1	19.4	(1.0)	205
Tanga	15.9	43.3	(1.7)	0.3	6.5	(0.3)	5.5	31.8	(1.3)	289
Morogoro	10.6	35.8	(1.5)	0.0	2.2	0.0	1.0	15.6	(0.9)	320
Pwani	12.5	36.8	(1.6)	0.0	6.8	(0.4)	4.9	26.8	(1.3)	178
Dar es Salaam	1.9	16.9	(0.8)	0.5	4.1	(0.2)	0.9	14.3	(0.7)	381
Lindi	14.7	54.0	(1.9)	0.0	2.6	(0.2)	4.3	23.7	(1.3)	137
Mtwara	20.1	52.7	(2.0)	0.0	1.8	(0.2)	3.1	29.1	(1.4)	238
Ruvuma	16.3	50.4	(2.0)	0.0	0.4	0.1	1.3	24.7	(1.2)	217
Iringa	20.9	50.5	(2.1)	0.0	1.4	(0.0)	3.7	25.9	(1.3)	275
Mbeya	11.0	37.6	(1.6)	0.0	1.5	0.1	1.0	15.1	(1.0)	590
Singida	15.2	39.2	(1.7)	0.3	5.2	(0.3)	6.8	26.3	(1.3)	286
Tabora	12.9	34.0	(1.5)	1.1	2.6	(0.1)	3.1	19.9	(1.0)	462
Rukwa	16.2	45.1	(1.8)	0.2	1.7	(0.1)	5.4	24.5	(1.2)	294
Kigoma	20.5	50.1	(2.0)	0.5	3.7	(0.3)	9.1	34.2	(1.5)	435
Shinyanga	14.2	37.4	(1.7)	0.5	1.9	(0.0)	4.0	19.3	(1.1)	823
Kagera	11.7	37.3	(1.7)	0.3	3.6	(0.3)	4.1	25.4	(1.3)	527
Mwanza	6.5	30.6	(1.3)	0.3	2.3	(0.0)	1.9	12.8	(0.8)	850
Mara	16.5	38.7	(1.7)	0.0	0.8	0.2	3.2	16.7	(0.9)	360
Manyara	14.3	39.6	(1.8)	0.6	4.6	(0.4)	3.4	30.6	(1.4)	264
Zanzibar North	7.9	27.5	(1.2)	1.7	6.7	(0.6)	6.2	22.7	(1.3)	31
Zanzibar South	3.3	16.6	(0.9)	0.4	10.3	(0.6)	2.6	20.8	(1.1)	17
Town West	3.6	14.5	(0.8)	0.3	5.9	(0.5)	1.4	13.9	(1.0)	78
Pemba North	13.7	36.6	(1.5)	1.0	5.3	(0.3)	4.4	24.8	(1.2)	37
Pemba South	8.4	27.4	(1.3)	0.6	4.5	(0.5)	3.1	20.2	(1.1)	35

Continued...

Table 11.11—Continued

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Tanzania 2004-05

Background characteristic	Height-for-age			Weight-for-height			Weight-for-age			Number of children
	Percentage below -3 SD	Percentage below -2 SD[1]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Mean Z-score (SD)	
Mother's education[4]										
No education	14.8	41.2	(1.7)	0.3	3.2	(0.2)	4.5	24.9	(1.2)	1,949
Primary incomplete	14.6	42.9	(1.7)	0.5	3.1	(0.1)	4.9	22.4	(1.2)	1,158
Primary complete	11.1	35.1	(1.6)	0.4	3.2	(0.1)	3.2	20.7	(1.1)	3,963
Secondary+	4.4	19.1	(0.8)	0.1	1.5	(0.0)	0.6	12.4	(0.6)	326
Mother's age[4]										
15-19	12.7	35.2	(1.6)	1.5	5.1	(0.1)	5.4	26.3	(1.1)	411
20-24	12.4	39.1	(1.6)	0.2	2.9	(0.1)	3.6	22.2	(1.1)	1,854
25-29	10.6	34.2	(1.5)	0.3	2.6	(0.1)	2.9	20.2	(1.1)	2,034
30-34	11.7	36.2	(1.6)	0.3	2.8	(0.1)	4.4	20.8	(1.1)	1,618
35-49	15.3	40.7	(1.7)	0.4	3.6	(0.2)	3.5	22.8	(1.2)	1,479
Mother's status										
Mother interviewed	12.3	37.1	(1.6)	0.4	3.1	(0.1)	3.7	21.6	(1.1)	7,210
Mother not interviewed but in household	14.5	41.6	(1.6)	0.0	1.1	(0.1)	1.8	23.9	(1.1)	185
Mother not interviewed and not in the household[5]	18.6	43.3	(1.7)	0.2	2.0	(0.2)	4.3	23.1	(1.2)	593
Wealth quintile										
Lowest	17.6	44.9	(1.8)	0.5	3.1	(0.2)	4.9	24.8	(1.2)	1,818
Second	15.6	42.8	(1.8)	0.3	3.5	(0.2)	4.7	25.8	(1.2)	1,635
Middle	13.6	40.9	(1.7)	0.3	2.5	(0.2)	4.3	23.3	(1.2)	1,728
Fourth	10.3	37.5	(1.6)	0.5	2.9	(0.1)	3.0	20.0	(1.1)	1,592
Highest	3.9	15.7	(0.9)	0.2	2.9	(0.1)	0.6	12.2	(0.7)	1,217
Total	12.8	37.7	(1.6)	0.4	3.0	(0.1)	3.7	21.8	(1.1)	7,989

Note: Table is based on children who stayed in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO International Reference Population. The percentage of children who are more than three or more than two standard deviations below the median of the International Reference Population (-3 SD and -2 SD) are shown according to background characteristics. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Total includes 8 cases with missing information on size at birth.

[1] Includes children who are below -3 standard deviations (SD) from the International Reference Population median

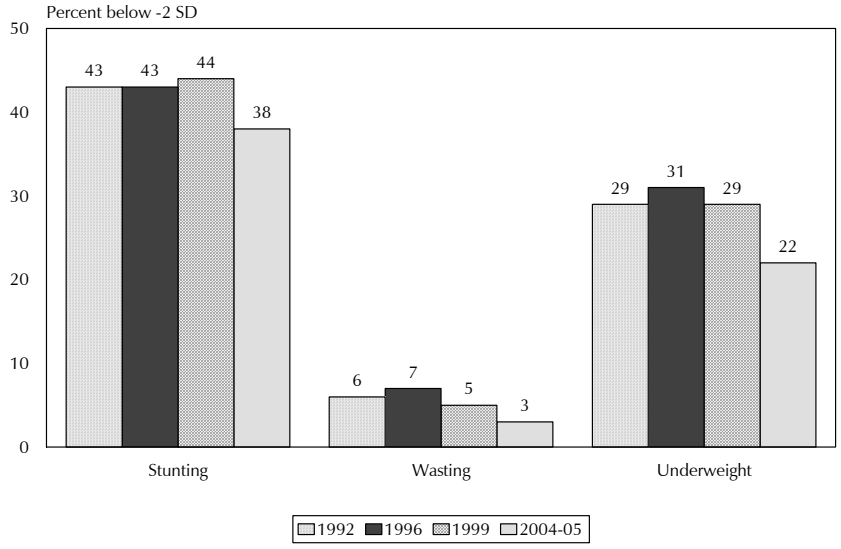
[2] Excludes children whose mothers were not interviewed

[3] First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

[4] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the household schedule.

[5] Includes children whose mothers are deceased

Figure 11.2 Trends in the Nutritional Status of Children under Five Years



The percentage of rural children who are stunted (41 percent) is remarkably higher than the percent of urban children (26 percent). Children in Mainland Tanzania are more likely to be stunted (38 percent) than those in Zanzibar (23 percent). Regions in the Southern zone have the highest percentage of stunted children (52 percent), while those in the Eastern zone have the lowest percentage (28 percent). Mother's education is associated with the nutritional status of children. More than twice as many children of mothers with no education or incomplete education are stunted as those whose mothers have at least some secondary education.

Weight-for-Height

Children whose weight-for-height is below -2 SD from the median of the reference population are considered wasted or thin, a condition reflecting acute malnutrition. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or recent episodes of illness causing loss of weight. Three percent of children under five are wasted and less than 1 percent are severely wasted. These figures are only slightly higher than what is expected according to the reference population (2.3 percent and 0.1 percent).

Wasting varies by age and is most common in children age 12-23 months (6 percent). There is no difference in the prevalence of wasting by birth order, birth interval, or urban-rural residence. Unlike stunting, children in Zanzibar are more likely to be wasted (6 percent) than children in Mainland (3 percent). At 10 percent, Zanzibar South is the region with the highest percentage of wasted children.

Weight-for-Age

Children whose weight-for-age is below -2 SD from the median of the reference population are considered underweight. This index reflects the effects of both acute (wasting) and chronic (stunting) under nutrition. Weight-for-age is a useful tool in clinical settings for continuous assessment of nutritional progress and growth. One in five children under five is underweight, with 4 percent severely underweight. As with stunting, underweight increases steadily up to one year of age. Unlike stunting, however, underweight decreases between the ages of two and five years. There is no difference in the prevalence of underweight by sex or birth order.

Like stunting, the prevalence of underweight children varies by urban-rural residence, region, mother's education, and wealth quintile. However, the differentials tend to be smaller. Children in rural areas are more likely to be underweight than those in urban areas (23 and 17 percent, respectively). The prevalence of underweight children decreases from 25 percent among those whose mothers have no education to 12 percent among children whose mothers have at least some secondary education, and the same pattern is observed by wealth quintile. By region, prevalence ranges from 13 percent in Mwanza to 34 percent in Kigoma.

Figure 11.2 shows trends in DHS measurements of malnutrition in children over time. The data show no change in height-for-age and weight-for-age between 1992 and 1999 and then a small improvement in both measurements between the 1999 and 2004-05 surveys. The percentage of children who are wasted has declined in each survey since the 1996 TDHS.

11.4 Nutritional Status of Women

Nutritional status of women can be assessed using several measurements such as mid upper arm circumference, body fat, height, weight, and body mass index (BMI). In the 2004-05 TDHS report, two indices are presented: height and BMI.

Maternal height is associated with socioeconomic and nutritional status during childhood and adolescence. Short stature is associated with small pelvis size, which increases the likelihood of difficulty during delivery and the risk of bearing low birth weight babies. The cut off point below which a woman can be identified as at risk is 145 centimetres.

The 2004-05 TDHS took height and weight measurements of all nonpregnant women excluding those who gave birth two months preceding the survey. Table 11.12 shows that the mean height of mothers is 156 cm. Three percent of women are shorter than 145 cm. These results are similar to the 1996 TDHS survey.

Apart from height, the other commonly used index is BMI, which is derived by dividing weight in kilograms by the square of the height in metres (kg/m^2). BMI is used to assess thinness or obesity. A cut off point of 18.5 has been recommended for defining acute malnutrition, while a level below 16 classifies severe malnutrition, which is usually associated with increased mortality. Data from the 2004 TDHS show that the mean BMI among nonpregnant women is 22. Ten percent of women have BMI below the 18.5 cut-off (comparable with the 9 percent measured in the 1996 TDHS), and 1 percent have a BMI below 16 or are considered severely thin.

According to Table 11.12, acute malnutrition (BMI <18.5) is highest in women age 15 to 19 (19 percent), women with no education or with incomplete primary education (11 and 16 percent, respectively), and women in the lower wealth quintiles. The percentage of women with BMI below 18.5 is higher in rural areas (12 percent) than in urban areas (8 percent). By region, the percentage of women with BMI below 18.5 ranges from 5 percent in Mbeya and Morogoro regions to 22 percent in Singida region.

Eighteen percent of women are overweight or obese with 4 percent being obese. The data also show that the prevalence of overweight and obesity increases with age to approximately one-fourth of all women age 30 and over. This does not differ greatly from the 1996 TDHS results. Women in urban areas are more than twice as likely to be overweight or obese as women in rural areas (33 and 12 percent, respectively). Women with higher levels of educational attainment and those in higher wealth quintiles are more likely to be overweight or obese. Overweight and obesity also vary by region, ranging from 7 percent in Kagera to 37 percent in Dar es Salaam and 40 percent in Town West.

Table 11.12 Nutritional status of women by background characteristics

Among women age 15-49, mean height, percentage under 145 cm, mean body mass index (BMI), and percentage with specific BMI levels, by background characteristics, Tanzania 2004-05

	Height			BMI[1] (kg/m^2)									
					Normal	Thin				Overweight/obese			
Background characteristic	Mean height in cm	Percentage below 145 cm	Number of women	Mean BMI	18.5-24.9 (normal)	<18.5 (thin)	17.0-18.4 (mildly thin)	16.0-16.9 (moderately thin)	<16.0 (severely thin)	≥25.0 (overweight or obese)	25.0-29.9 (overweight)	≥30.0 (obese)	Number of women
Age													
15-19	155.0	5.1	2,224	20.9	74.3	18.7	12.4	3.9	2.4	7.0	6.5	0.5	1,997
20-24	156.2	4.1	1,982	22.2	77.8	6.9	5.4	0.9	0.6	15.3	13.1	2.2	1,614
25-29	157.2	2.6	1,877	22.5	74.4	8.0	6.5	0.9	0.6	17.5	13.5	4.0	1,534
30-34	157.2	2.0	1,529	23.1	67.7	8.0	6.3	1.0	0.8	24.3	16.8	7.5	1,321
35-39	157.2	2.8	1,042	23.3	68.4	6.0	4.7	0.7	0.6	25.6	17.8	7.8	913
40-44	156.5	1.8	830	23.1	63.8	10.3	8.5	1.2	0.6	25.8	16.5	9.4	766
45-49	155.9	4.0	757	22.7	67.0	10.5	6.8	3.0	0.7	22.5	16.7	5.8	743
Residence													
Urban	156.3	3.5	2,895	23.8	59.6	7.9	6.0	1.0	0.9	32.5	21.6	10.9	2,638
Rural	156.4	3.3	7,346	21.7	77.0	11.5	8.3	2.1	1.1	11.5	9.8	1.7	6,249
Mainland/Zanzibar													
Mainland	156.4	3.4	9,931	22.3	72.4	10.2	7.5	1.7	1.0	17.4	13.2	4.2	8,612
Total urban	156.3	3.5	2,846	23.8	59.9	7.6	5.8	0.9	0.9	32.5	21.9	10.6	2,591
Dar es Salaam city	155.6	3.5	953	24.2	54.1	8.8	6.9	1.1	0.8	37.1	23.5	13.6	887
Other urban	156.6	3.4	1,893	23.6	62.9	7.0	5.3	0.9	0.9	30.1	21.0	9.1	1,704
Total rural	156.5	3.4	7,085	21.6	77.7	11.3	8.2	2.1	1.1	11.0	9.4	1.5	6,021
Zanzibar	155.5	3.4	310	22.9	56.0	17.1	12.1	3.3	1.7	26.9	17.3	9.6	275
Unguja	155.7	2.9	215	23.4	51.5	16.2	11.5	3.2	1.4	32.3	20.8	11.6	192
Pemba	155.2	4.7	94	21.8	66.5	19.1	13.4	3.4	2.3	14.4	9.3	5.0	83
Zone													
Western	157.6	1.7	1,862	21.6	79.2	9.8	7.3	1.5	1.1	11.0	9.6	1.4	1,531
Northern	156.4	3.7	1,477	22.4	67.2	12.6	8.4	2.4	1.8	20.3	15.2	5.0	1,316
Central	156.5	1.8	796	21.3	72.4	16.8	10.6	4.2	2.0	10.9	9.0	1.9	675
Southern highlands	156.2	2.9	1,436	22.6	75.3	7.2	5.2	1.3	0.7	17.5	13.3	4.2	1,241
Lake	158.4	2.2	1,852	22.0	77.2	8.9	6.7	1.5	0.8	13.9	11.3	2.6	1,556
Eastern	154.8	4.3	1,647	23.6	61.0	8.4	6.6	1.1	0.7	30.6	20.4	10.3	1,520
Southern	152.9	9.6	863	21.6	75.7	12.1	10.5	1.2	0.3	12.2	10.0	2.2	773
Region													
Dodoma	155.8	2.1	468	21.7	74.2	13.4	10.0	2.3	1.1	12.5	10.3	2.1	396
Arusha	159.1	1.5	383	22.6	66.9	11.4	8.5	1.7	1.3	21.7	16.2	5.5	337
Kilimanjaro	156.9	2.0	378	23.2	59.6	12.1	6.9	3.1	2.0	28.3	21.4	6.9	350
Tanga	153.0	8.3	426	22.0	70.7	12.3	8.0	2.5	1.7	17.1	12.9	4.2	377
Morogoro	154.0	5.0	445	23.3	70.5	5.4	5.0	0.4	0.0	24.1	18.1	6.0	401
Pwani	153.0	5.8	249	22.1	70.8	12.2	8.1	2.4	1.7	17.1	12.1	4.9	231
Dar es Salaam	155.6	3.5	953	24.2	54.1	8.8	6.9	1.1	0.8	37.1	23.5	13.6	887
Lindi	153.2	8.1	219	22.0	75.4	11.0	10.0	0.6	0.3	13.7	9.4	4.3	195
Mtwara	153.0	10.7	344	21.0	73.1	17.3	14.9	2.0	0.4	9.6	8.7	0.9	313
Ruvuma	152.6	9.4	299	22.1	79.0	6.8	5.7	0.8	0.3	14.2	12.0	2.2	265
Iringa	154.1	3.8	412	22.4	79.0	6.9	4.5	1.3	1.0	14.1	11.0	3.1	367
Mbeya	157.1	2.8	710	23.2	72.5	4.8	3.4	1.1	0.3	22.6	17.0	5.6	615
Singida	157.6	1.4	328	20.7	69.7	21.6	11.5	6.9	3.3	8.7	7.2	1.4	279
Tabora	157.9	1.3	517	22.1	80.4	7.3	6.0	0.5	0.9	12.3	10.1	2.2	421
Rukwa	156.7	2.0	313	21.5	76.5	13.2	10.5	1.8	0.9	10.3	7.8	2.5	259
Kigoma	155.1	4.8	494	21.2	78.2	13.6	9.5	2.2	1.9	8.2	6.2	2.0	427
Shinyanga	158.9	0.2	851	21.7	79.0	9.0	6.7	1.6	0.8	12.0	11.4	0.5	683
Kagera	156.9	2.9	545	21.3	82.3	10.4	8.6	1.2	0.6	7.3	6.9	0.3	457
Mwanza	158.7	2.2	933	22.6	73.7	7.1	4.8	1.6	0.8	19.2	15.1	4.0	790
Mara	160.0	1.2	374	21.7	78.5	11.4	8.7	1.8	0.9	10.1	7.9	2.2	308
Manyara	156.9	2.3	290	21.6	72.7	15.2	10.9	2.2	2.1	12.1	8.9	3.2	253
Zanzibar North	154.6	4.9	47	21.6	63.8	20.1	14.9	3.2	2.0	16.1	12.5	3.7	42
Zanzibar South	155.6	4.3	26	22.1	59.0	19.0	12.0	5.5	1.5	22.0	15.5	6.5	23
Town West	156.1	1.9	142	24.2	46.0	14.4	10.3	2.8	1.3	39.6	24.5	15.1	127
Pemba North	155.0	5.1	51	21.5	66.3	20.5	15.1	3.9	1.5	13.3	9.9	3.3	45
Pemba South	155.4	4.2	43	22.1	66.8	17.6	11.4	2.9	3.3	15.7	8.6	7.1	39
Education													
No education	156.2	3.9	2,483	21.8	76.0	11.3	8.4	1.8	1.0	12.7	10.5	2.2	2,126
Primary incomplete	155.1	5.3	1,836	21.5	72.3	15.8	10.9	3.0	2.0	11.9	9.4	2.5	1,597
Primary complete	156.8	2.6	5,045	22.6	72.4	8.1	5.9	1.5	0.7	19.5	15.0	4.5	4,337
Secondary+	157.3	2.2	877	23.9	57.5	9.9	8.3	0.9	0.8	32.6	19.4	13.2	827
Wealth quintile													
Lowest	156.6	3.4	1,822	21.3	79.6	12.6	9.0	2.4	1.2	7.8	7.1	0.8	1,534
Second	156.0	3.9	1,930	21.3	79.2	12.4	8.7	2.3	1.4	8.5	7.5	1.0	1,628
Middle	156.2	3.7	1,933	21.7	77.0	11.2	8.4	2.3	0.6	11.7	9.9	1.9	1,643
Fourth	156.3	3.3	1,988	22.3	73.6	9.9	7.1	1.6	1.3	16.5	13.2	3.3	1,723
Highest	156.7	2.8	2,568	24.1	56.9	7.4	5.8	0.9	0.8	35.6	23.9	11.8	2,361
Total	156.4	3.4	10,241	22.3	71.8	10.4	7.6	1.8	1.0	17.7	13.3	4.4	8,888

[1] Excludes pregnant women and women with a birth in the past two months

HIV/AIDS-RELATED KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

12

INTRODUCTION

Acquired immunodeficiency syndrome (AIDS) is one of the most serious public health and development challenges in sub-Saharan Africa. According to the 2003-04 Tanzania HIV Indicator Survey (THIS), which covered Mainland Tanzania, 7 percent of adults age 15-49 were infected with the human immunodeficiency virus (HIV), the virus that causes AIDS. HIV transmission through heterosexual contact accounts for most HIV infections in the country.

The impact of AIDS is now affecting all sectors of Tanzanian society. In response to the HIV/AIDS epidemic, the Government of Tanzania, with technical assistance from the World Health Organisation's Global Programme on AIDS (WHO-GPA), formed the National HIV/AIDS Control Programme (NACP) under the Ministry of Health. NACP formulated a short-term plan (1985-1986) and three 5-year medium-term plans (1987-1991, 1992-1996, and 1998-2002). The national response consisted of developing strategies to prevent, control, and mitigate the effect of the HIV/AIDS epidemic, through health education, multisectoral response, and community participation. Furthermore, the Tanzania Commission for AIDS (TACAIDS), established in 2001, was mandated to provide strategic leadership and to coordinate multisectoral responses. TACAIDS is also designed to monitor and evaluate progress, to mobilise resources, and undertake advocacy. The National Policy on HIV/AIDS and the National Multisectoral Strategic Framework guide the implementation of TACAIDS activities, providing the framework, direction, and general principles for intervention, care, and support for those infected and affected by the epidemic, as well as mitigation of the effect of HIV/AIDS.

The main objective of this chapter is to establish the prevalence of relevant knowledge, perceptions, and behaviours at the national level and within geographic and socioeconomic subgroups of the population, using data from the 2004-05 TDHS. The chapter presents findings on current levels of HIV/AIDS knowledge, attitudes, and related behaviours for the general adult population and specifically, for youth. The chapter concludes with information on knowledge and patterns of sexual activity among young people, as they are the main target of many HIV prevention efforts. Based on findings from this chapter, AIDS control programmes can target particular groups of people most in need of information and services and most vulnerable to the risk of HIV infection.

Findings presented in this chapter can also be compared with the findings from the 2003-04 THIS. However, there are several key differences between the two surveys. While the 2004-05 TDHS included Zanzibar, the 2003-04 THIS did not. Furthermore, the wording of certain questions was modified based on the recommendations of a validation study of the THIS survey instruments (Yoder and Nyblade, 2004). Thus, there is not always exact comparability of the questions upon which certain tables are based.

In Tanzania, knowledge of AIDS is widespread, with 99 percent of respondents having heard of AIDS (Table 12.1). At least 95 percent of all respondents, regardless of background characteristics, have heard of the epidemic.

Table 12.1 Knowledge of AIDS

Percentage of women and men who have heard of AIDS, by background characteristics, Tanzania 2004-05

Background characteristic	Women		Men	
	Has heard of AIDS	Number of women	Has heard of AIDS	Number of men
Age				
15-19	97.8	2,245	97.5	637
20-24	98.9	2,007	98.8	493
25-29	99.6	1,885	100.0	405
30-39	99.3	2,595	99.8	665
40-49	99.0	1,597	100.0	435
15-24	98.4	4,252	98.1	1,130
Marital status				
Never married	98.4	2,371	98.0	1,100
Ever had sex	99.2	1,022	98.7	686
Never had sex	97.8	1,350	96.9	414
Married/living together	99.0	6,950	99.9	1,401
Divorced/separated/ widowed	99.2	1,007	100.0	135
Residence				
Urban	99.8	2,935	99.6	716
Rural	98.6	7,394	99.0	1,919
Mainland/Zanzibar				
Mainland	98.9	10,016	99.1	2,556
Total urban	99.8	2,885	99.6	716
Dar es Salaam city	100.0	969	98.9	267
Other urban	99.7	1,916	100.0	450
Total rural	98.5	7,131	99.0	1,840
Zanzibar	99.8	313	98.7	79
Unguja	99.9	216	100.0	53
Pemba	99.6	97	96.1	26
Zone				
Western	98.6	1,880	99.4	468
Northern	98.3	1,496	98.8	362
Central	94.9	799	96.6	212
Southern highlands	98.8	1,440	99.8	358
Lake	99.9	1,865	99.2	448
Eastern	100.0	1,670	99.3	462
Southern	100.0	866	100.0	245
Education				
No education	96.2	2,503	95.9	312
Primary incomplete	99.5	1,855	99.0	646
Primary complete	99.8	5,086	99.7	1,381
Secondary+	100.0	885	100.0	296
Wealth quintile				
Lowest	97.5	1,840	97.6	484
Second	98.1	1,944	99.5	504
Middle	99.0	1,943	99.9	516
Fourth	99.7	2,004	99.0	517
Highest	99.9	2,597	99.5	615
Total	98.9	10,329	99.1	2,635

12.1 KNOWLEDGE OF HIV/AIDS TRANSMISSION AND PREVENTION METHODS

AIDS prevention programmes focus their messages and efforts on three important aspects of behaviour: delaying sexual debut in young persons (abstinence), limiting the number of sexual partners/staying faithful to one partner, and use of condoms, (the ABC message). To ascertain whether programmes have effectively communicated these messages, respondents were prompted with specific questions about whether it is possible to reduce the chance of getting the AIDS virus by having just one faithful sexual partner, using a condom at every sexual encounter, and abstaining from sex.

Table 12.2 provides results on levels of knowledge of HIV/AIDS prevention methods, which is widespread. Approximately nine in ten respondents (91 percent of women and 86 percent of men) indicate that the chances of getting the AIDS virus can be reduced by limiting sex to one uninfected partner who has no other partners. Eight in ten women and men know that condoms can reduce the risk of contracting the HIV virus during sexual intercourse.

Knowledge of both these means of avoiding HIV transmission is also high, with more than seven in ten citing both as ways of reducing the risk of getting the AIDS virus. The percentage of both women and men who know that abstaining from sex reduces the chances of getting the AIDS virus is the highest among all prevention methods—93 percent of women and 89 percent of men. These proportions are higher than those estimated in the 2003-04 Tanzania HIV/AIDS Indicator Survey. For example, the proportion of women who say that they know about using condoms is 11 percentage points higher and the proportion of men is 5 percentage points higher. However, the wording of questions on abstinence and condom use were slightly modified between the two surveys.

As shown in Table 12.2, across respondents, there are notable differences in knowledge of HIV/AIDS prevention. While age differentials are inconsistent, youth age 15-24 appear to have lower levels of knowledge than those in older age groups. As expected, women and men with higher levels of schooling are more likely than those with less schooling to be aware of various preventive methods, although men with secondary schooling or higher are not more likely than those with complete primary to be aware of various methods. Also as expected, women and men in higher wealth quintiles are more likely than those in lower quintiles to be aware of prevention methods.

Knowledge of HIV prevention methods is lower among those who have never had sex than among the rest of the population. Among women in particular, levels of knowledge of preventive methods are higher in urban than in rural areas. Respondents on the Mainland are more likely than those in Zanzibar to be aware of various methods, especially among men. For instance, 75 percent of women on the Mainland and 60 percent in Zanzibar, and 73 percent of men on the Mainland and 33 percent in Zanzibar, are aware that both condom use and limiting sex to one partner reduces the risk of contracting HIV/AIDS. Variation by region is particularly striking, especially among men.

Table 12.2 Knowledge of HIV prevention methods

Percentage of women and men who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms, by having sex with just one partner who is not infected and who has no other partners, and by abstaining, by background characteristics, Tanzania 2004-05

	Women					Men				
Background characteristic	Using condoms	Limiting sex to one uninfected partner	Using condoms and limiting sex to one uninfected partner	Abstaining from sex	Number of women	Using condoms	Limiting sex to one uninfected partner	Using condoms and limiting sex to one uninfected partner	Abstaining from sex	Number of men
Age										
15-19	73.1	87.9	68.9	89.4	2,245	75.2	77.6	62.7	84.6	637
20-24	81.6	90.3	76.9	92.5	2,007	83.6	85.7	75.7	89.2	493
25-29	82.3	92.8	78.4	94.2	1,885	81.1	91.5	76.0	89.7	405
30-39	81.1	93.0	77.6	93.0	2,595	83.9	90.7	76.9	90.8	665
40-49	73.4	92.2	70.6	94.0	1,597	78.0	87.4	70.5	90.8	435
15-24	77.1	89.1	72.7	90.8	4,252	78.8	81.1	68.4	86.6	1,130
Marital status										
Never married	74.4	89.1	70.4	91.6	2,371	76.7	81.4	66.9	86.1	1,100
Ever had sex	85.6	92.6	81.5	94.9	1,022	84.0	87.3	76.3	88.8	686
Never had sex	65.9	86.4	62.1	89.1	1,350	64.6	71.7	51.2	81.7	414
Married/living together	79.2	91.8	75.4	92.4	6,950	82.3	89.5	75.4	90.8	1,401
Divorced/separated/ widowed	82.9	92.3	79.1	95.0	1,007	88.5	90.2	79.5	90.5	135
Residence										
Urban	82.8	94.3	79.7	94.8	2,935	79.8	90.0	73.8	91.3	716
Rural	76.8	90.0	72.6	91.6	7,394	80.5	84.7	71.4	87.9	1,919
Mainland/Zanzibar										
Mainland	78.9	91.3	75.1	92.7	10,016	81.6	86.7	73.3	89.5	2,556
Total urban	83.4	94.3	80.0	95.1	2,885	80.3	90.3	74.0	92.3	716
Dar es Salaam city	82.1	92.4	77.5	96.0	969	80.7	85.9	71.3	91.2	267
Other urban	84.0	95.2	81.3	94.7	1,916	80.0	92.9	75.6	92.9	450
Total rural	77.1	90.1	73.1	91.7	7,131	82.2	85.3	73.0	88.4	1,840
Zanzibar	64.8	88.2	59.8	86.2	313	37.4	70.2	32.7	67.5	79
Unguja	66.9	89.3	62.1	88.4	216	43.1	78.2	38.6	85.9	53
Pemba	59.9	85.9	54.5	81.4	97	25.9	53.9	20.6	29.6	26
Zone										
Western	74.0	88.4	68.5	89.0	1,880	87.9	86.3	77.6	87.3	468
Northern	76.1	91.0	73.9	92.2	1,496	69.8	78.5	60.0	84.4	362
Central	65.4	79.0	59.5	86.0	799	79.9	88.9	75.6	86.0	212
Southern highlands	75.6	92.5	72.2	92.8	1,440	78.9	96.7	76.7	96.9	358
Lake	89.5	94.8	86.5	96.1	1,865	86.1	75.7	68.6	87.0	448
Eastern	79.6	93.9	75.8	95.3	1,670	77.0	90.2	71.1	90.5	462
Southern	88.3	94.9	85.2	95.2	866	93.4	96.3	90.0	96.2	245
Region										
Dodoma	70.7	82.5	65.3	86.6	468	82.0	94.9	82.0	88.1	113
Arusha	66.6	85.3	64.0	88.3	391	75.6	80.7	69.7	84.3	82
Kilimanjaro	88.8	96.9	87.2	96.8	380	65.6	80.2	56.7	83.1	104
Tanga	88.7	97.7	87.8	96.8	431	67.5	79.6	59.6	82.4	94
Morogoro	74.5	94.8	70.9	92.4	449	67.5	96.7	67.5	86.9	127
Pwani	78.9	97.9	77.8	97.9	253	80.2	94.8	77.5	94.2	68
Dar es Salaam	82.1	92.4	77.5	96.0	969	80.7	85.9	71.3	91.2	267
Lindi	87.4	94.8	83.8	93.4	221	92.3	95.1	87.4	91.3	65
Mtwara	88.1	93.7	85.1	95.0	346	94.8	97.2	92.0	99.0	98
Ruvuma	89.2	96.4	86.4	96.8	299	92.5	96.1	89.6	96.8	83
Iringa	79.2	95.7	76.3	94.0	412	81.2	100.0	81.2	96.2	102
Mbeya	74.2	89.7	69.6	90.9	712	76.5	94.7	72.2	97.3	170
Singida	58.0	74.1	51.3	85.1	331	77.5	82.1	68.3	83.5	99
Tabora	87.4	93.9	83.4	90.9	520	87.2	82.7	74.7	92.9	127
Rukwa	74.1	94.5	72.7	95.4	316	81.1	96.8	80.2	96.9	87
Kigoma	78.0	99.0	77.7	95.0	499	79.0	95.6	77.3	98.2	127
Shinyanga	63.5	78.9	54.1	84.2	861	93.5	82.9	79.5	77.5	215
Kagera	90.9	99.5	90.9	99.5	545	80.5	76.0	65.1	88.9	122
Mwanza	95.3	98.3	93.8	97.1	939	85.0	69.7	62.3	84.9	229
Mara	73.4	79.5	62.0	88.6	381	95.5	89.5	87.8	89.3	98
Manyara	53.8	81.1	49.4	84.6	293	71.8	72.8	55.0	88.5	83
Zanzibar North	61.0	85.5	55.2	83.8	48	36.4	82.4	33.2	85.1	11
Zanzibar South	73.5	87.1	66.9	86.1	26	70.8	86.5	61.2	89.3	6
Town West	67.7	90.9	63.6	90.3	143	40.3	75.5	36.3	85.6	36
Pemba North	57.7	85.8	51.6	80.1	52	24.4	69.7	21.5	32.0	13
Pemba South	62.5	86.1	57.9	82.8	45	27.5	37.0	19.5	26.9	12
Education										
No education	66.8	85.3	62.8	87.1	2,503	68.0	75.2	56.3	84.4	312
Primary incomplete	77.8	90.0	73.0	93.2	1,855	77.7	80.7	66.6	85.9	646
Primary complete	83.4	93.4	79.6	94.3	5,086	84.7	90.9	78.4	90.8	1,381
Secondary+	84.6	97.6	83.4	96.1	885	78.6	87.7	70.9	91.1	296
Wealth quintile										
Lowest	70.2	87.2	66.7	88.1	1,840	78.0	81.6	68.1	84.6	484
Second	75.7	88.9	71.3	90.7	1,944	80.1	85.1	70.4	88.0	504
Middle	78.9	91.7	75.2	92.8	1,943	85.1	86.2	74.5	89.8	516
Fourth	82.1	93.0	77.9	94.7	2,004	79.4	89.4	75.2	89.8	517
Highest	83.4	94.0	80.0	95.0	2,597	79.0	88.0	71.7	91.2	615
Total	78.5	91.2	74.6	92.5	10,329	80.3	86.2	72.0	88.8	2,635

Knowledge about Transmission

The 2004-05 TDHS also asked about common misconceptions about AIDS and HIV transmission. Respondents were asked whether they think it is possible for a healthy-looking person to have the AIDS virus. Results for women and men are presented in Tables 12.3.1 and 12.3.2. The tables also present the percentage of the population who know that the common misconceptions about transmission of AIDS are not true. Respondents were asked whether a person can get AIDS from mosquito bites, from supernatural means, or from eating from the same plate as a person who has AIDS.

The vast majority of Tanzanian adults know that people infected with HIV do not necessarily show signs of infection. Eighty-one percent of women and 84 percent of men know that a healthy-looking person can have the virus that causes AIDS. There are minimal gender differences in misconceptions about HIV/AIDS transmission: 75 percent of women and 73 percent of men understand that AIDS cannot be transmitted by mosquito bites, and 84 percent of women and 88 percent of men know that AIDS cannot be transmitted by supernatural means. Similarly, approximately eight in ten respondents know that a person cannot become infected with the AIDS virus by sharing food with a person who has AIDS. A majority of adults (57 percent of women and men) understand that the two most common misconceptions about HIV/AIDS transmission are incorrect and also know that a healthy-looking person can have the AIDS virus. The 2003-04 THIS in Mainland Tanzania and the 2004-05 DHS found similar results in the level of each of the misconceptions.

Comprehensive knowledge of HIV/AIDS is defined as 1) knowing that both condom use and limiting sex partners 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. 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. Age, education, wealth, and residence are correlated with comprehensive knowledge. The youngest (age 15-19) and the oldest (age 40-49) respondents are least likely to have comprehensive knowledge of HIV/AIDS transmission and prevention methods. As expected, women and men with higher levels of schooling, those from the wealthier quintiles, and those in urban areas are more likely than other respondents to have comprehensive knowledge of HIV/AIDS.

Unlike with the HIV prevention methods, both women and men in Zanzibar are more likely than those in Mainland Tanzania to say that a healthy-looking person can have HIV/AIDS, and to reject the two most common misperceptions about transmission (respectively, 68 and 56 percent for women; 71 and 57 percent for men).

Table 12.3.1 Beliefs about AIDS: women

Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with comprehensive knowledge about AIDS by background characteristics, Tanzania 2004-05

Background characteristic	Percentage of respondents who know that: A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by supernatural means	A person cannot become infected by eating from the same plate as a person who has AIDS	Percentage who say that a healthy-looking person can have the AIDS virus and who reject the two most common local misconceptions[1]	Percentage with comprehensive knowledge about AIDS[2]	Number of women
Age							
15-19	74.8	76.1	82.3	75.2	51.5	40.9	2,245
20-24	81.5	77.8	85.6	81.8	59.1	50.1	2,007
25-29	85.4	77.1	86.1	83.7	62.0	52.1	1,885
30-39	84.2	75.2	84.4	78.2	58.1	49.6	2,595
40-49	81.5	68.3	80.1	75.3	51.2	41.3	1,597
15-24	78.0	76.9	83.9	78.3	55.1	45.2	4,252
Marital status							
Never married	79.3	78.6	85.1	78.4	57.1	45.7	2,371
Ever had sex	84.0	78.7	85.2	82.1	60.6	53.8	1,022
Never had sex	75.7	78.5	85.1	75.5	54.5	39.6	1,350
Married/living together	81.4	74.2	84.0	78.7	55.9	46.6	6,950
Divorced/separated/ widowed	86.7	74.4	79.9	80.6	59.3	52.2	1,007
Residence							
Urban	92.8	82.4	87.3	87.8	71.0	59.2	2,935
Rural	76.9	72.3	82.5	75.3	50.8	42.1	7,394
Mainland/Zanzibar							
Mainland	81.2	75.0	83.9	78.5	56.1	47.0	10,016
Total urban	92.8	82.3	87.4	87.7	70.6	59.1	2,885
Dar es Salaam city	94.0	81.7	86.5	89.7	71.9	58.0	969
Other urban	92.3	82.6	87.8	86.6	70.0	59.6	1,916
Total rural	76.5	72.1	82.4	74.8	50.3	42.2	7,131
Zanzibar	89.6	79.6	83.7	88.8	68.2	44.6	313
Unguja	91.1	81.9	84.1	90.7	71.4	47.2	216
Pemba	86.3	74.6	82.9	84.7	61.0	38.6	97
Zone							
Western	71.0	75.2	80.8	73.7	45.6	35.8	1,880
Northern	81.4	75.1	87.7	77.2	57.9	49.7	1,496
Central	70.3	65.4	80.1	66.7	43.5	32.3	799
Southern highlands	78.6	68.4	80.4	75.1	48.8	39.6	1,440
Lake	86.8	81.1	87.3	86.0	67.1	60.6	1,865
Eastern	90.0	77.5	84.3	82.7	63.4	51.1	1,670
Southern	88.0	76.8	84.7	83.4	62.3	55.7	866
Education							
No education	65.3	60.8	72.1	65.2	36.8	29.5	2,503
Primary incomplete	77.4	72.4	83.2	75.5	48.2	39.0	1,855
Primary complete	88.2	80.6	88.3	84.3	64.7	54.5	5,086
Secondary+	96.4	90.6	92.6	92.7	82.4	69.6	885
Wealth quintile							
Lowest	69.3	67.4	78.6	68.5	43.1	34.8	1,840
Second	73.1	70.1	81.2	73.7	46.6	39.5	1,944
Middle	79.2	73.4	83.1	77.0	52.3	44.2	1,943
Fourth	86.9	76.7	85.2	83.0	60.9	49.9	2,004
Highest	93.8	84.6	89.0	88.0	73.2	61.1	2,597
Total	81.4	75.2	83.8	78.8	56.5	47.0	10,329

[1] Two most common local misconceptions involve: "People get the AIDS virus from mosquito bites" and "People can be infected with the AIDS virus by eating from the same plate as someone who is sick with AIDS."
[2] Respondents with a comprehensive knowledge say that use of condom for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, say that a healthy-looking person can have the AIDS virus, and reject the two most common local misconceptions.

Table 12.3.2 Beliefs about AIDS: men

Percentage of men age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about AIDS transmission or prevention, and the percentage with comprehensive knowledge about AIDS by background characteristics, Tanzania 2004-05

Background characteristic	Percentage of respondents who know that: A healthy-looking person can have the AIDS virus	AIDS cannot be transmitted by mosquito bites	AIDS cannot be transmitted by supernatural means	A person cannot become infected by eating from the same plate as a person who has AIDS	Percentage who say that a healthy-looking person can have the AIDS virus and who reject the two most common local misconceptions[1]	Percentage with comprehensive knowledge about AIDS[2]	Number of men
Age							
15-19	77.1	73.8	85.3	76.0	51.8	33.3	637
20-24	81.7	72.6	90.4	84.0	56.6	49.4	493
25-29	88.3	71.6	84.7	84.2	59.5	46.9	405
30-39	89.6	74.2	91.0	82.6	60.8	47.7	665
40-49	84.3	71.9	87.5	79.2	56.7	44.7	435
15-24	79.1	73.3	87.5	79.5	53.9	40.3	1,130
Marital status							
Never married	81.5	75.0	87.0	80.6	56.7	41.1	1,100
Ever had sex	84.7	75.9	88.7	83.6	59.1	49.4	686
Never had sex	76.2	73.4	84.3	75.7	52.6	27.2	414
Married/living together	85.7	71.2	89.2	81.2	56.2	45.0	1,401
Divorced/separated/ widowed	87.0	76.1	83.2	81.6	66.6	56.8	135
Residence							
Urban	92.9	80.9	91.6	89.1	70.8	53.9	716
Rural	80.7	70.1	86.6	77.9	51.8	40.2	1,919
Mainland/Zanzibar							
Mainland	83.7	72.8	88.0	80.7	56.5	44.6	2,556
Total urban	92.6	80.4	90.4	89.0	70.7	54.5	716
Dar es Salaam city	92.3	82.5	90.2	91.2	75.8	59.8	267
Other urban	92.7	79.2	90.6	87.7	67.7	51.3	450
Total rural	80.3	69.9	87.0	77.5	51.0	40.7	1,840
Zanzibar	93.3	79.9	87.0	88.9	70.7	23.2	79
Unguja	95.4	83.8	88.7	91.9	74.6	30.0	53
Pemba	89.0	71.9	83.4	82.6	62.8	9.3	26
Zone							
Western	78.3	67.4	86.6	78.0	46.7	38.6	468
Northern	80.9	72.6	85.3	77.8	53.1	36.4	362
Central	67.2	70.3	88.3	67.3	44.6	39.3	212
Southern highlands	90.9	73.1	94.1	82.2	61.4	50.2	358
Lake	81.0	77.6	88.8	84.9	59.2	43.0	448
Eastern	90.7	78.8	88.4	86.8	68.5	53.3	462
Southern	94.1	65.5	83.1	80.5	56.1	50.8	245
Education							
No education	68.2	52.0	76.9	64.9	31.5	18.7	312
Primary incomplete	75.1	65.9	84.8	71.5	42.8	31.0	646
Primary complete	88.8	78.0	90.7	86.3	63.9	52.0	1,381
Secondary+	97.7	87.7	94.0	93.7	82.3	60.9	296
Wealth quintile							
Lowest	72.3	61.3	81.6	65.6	39.0	30.4	484
Second	78.1	68.3	83.7	78.6	48.6	35.4	504
Middle	84.8	73.8	90.6	83.2	57.1	45.1	516
Fourth	88.8	75.9	91.4	85.8	62.3	49.1	517
Highest	93.5	83.0	91.3	89.0	73.3	56.2	615
Total	84.0	73.0	88.0	81.0	57.0	43.9	2,635

[1] Two most common local misconceptions involve: "People get the AIDS virus from mosquito bites" and "People can be infected with the AIDS virus by eating from the same plate as someone who is sick with AIDS."
[2] Respondents with a comprehensive knowledge say that use of condom for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, say that a healthy-looking person can have the AIDS virus, and reject the two most common local misconceptions.

Knowledge about Mother-to-Child Transmission

Increasing the level of general knowledge of transmission of HIV from mother to child and reducing the risk of transmission using antiretroviral drugs is critical to reducing mother-to-child transmission (MTCT) during pregnancy, delivery, and through breastfeeding. Respondents in the 2004-05 TDHS were asked if the virus that causes AIDS can be transmitted from a mother to a child during breastfeeding and whether a mother with HIV can reduce the risk of transmission to the baby by taking certain drugs during pregnancy (see Table 12.4).

Although 79 percent of women and 74 percent of men know that HIV can be transmitted by breastfeeding, less than half those proportions know that the risk of MTCT can be reduced through the use of antiretroviral drugs during pregnancy. The proportion of respondents who know both is less than one-third. There are notable differences in knowledge among women and men by educational attainment and wealth. For instance, just 12 percent of women with no schooling are aware of how to reduce MTCT, compared with 57 percent of women with secondary schooling or higher. There are similar differences among men, according to educational attainment. Twelve percent of women (and 18 percent of men) in the lowest wealth quintile are aware of these methods to reduce the risk of MTCT, more than half of the women (and 45 percent of men) in the wealthiest quintile know of these methods.

There are substantial urban-rural differences in knowledge of preventing MTCT. Women in urban areas are more than twice as likely as those in rural areas to know of methods to prevent MTCT (30 and 20 percent, respectively). There is a sizeable, if smaller, urban-rural gap among men (42 and 26 percent, respectively). Zonal variation in knowledge is substantial, especially among women.

Table 12.4 Knowledge of prevention of mother-to-child transmission of HIV

Percentage of women and men age 15-49 who know that HIV can be transmitted from mother to child by breastfeeding and that risk of mother-to-child transmission (MTCT) of HIV can be reduced by mother taking special drugs during pregnancy, by background characteristics, Tanzania 2004-05

	Women				Men			
Background characteristic	HIV can be transmitted by breast-feeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of women	HIV can be transmitted by breast-feeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of men
Age								
15-19	70.0	27.7	25.4	2,245	67.7	31.2	25.4	637
20-24	79.7	34.9	32.7	2,007	69.1	38.8	30.5	493
25-29	84.5	36.2	33.7	1,885	78.3	38.3	32.9	405
30-39	82.5	31.2	29.1	2,595	79.2	39.0	33.8	665
40-49	79.5	23.0	21.5	1,597	75.9	35.3	29.1	435
15-24	74.6	31.1	28.9	4,252	68.3	34.5	27.6	1,130
Marital status								
Never married	74.4	32.8	30.6	2,371	69.4	35.5	29.2	1,100
Ever had sex	81.1	41.1	38.4	1,022	74.0	38.0	31.9	686
Never had sex	69.4	26.6	24.8	1,350	61.7	31.4	24.8	414
Married/living together	80.3	30.5	28.3	6,950	77.2	36.4	30.7	1,401
Divorced/separated/ widowed	82.2	28.5	26.4	1,007	75.9	42.6	33.4	135
Residence								
Urban	87.8	53.4	50.4	2,935	78.1	48.7	41.6	716
Rural	75.7	21.8	20.0	7,394	72.3	31.7	26.0	1,919
Mainland/Zanzibar								
Mainland	78.8	30.7	28.6	10,016	73.4	36.7	30.4	2,556
Total urban	87.8	54.0	51.0	2,885	77.3	49.0	41.8	716
Dar es Salaam city	92.2	71.1	68.3	969	78.3	48.8	40.4	267
Other urban	85.5	45.3	42.2	1,916	76.7	49.1	42.7	450
Total rural	75.1	21.3	19.5	7,131	71.8	31.9	26.0	1,840
Zanzibar	90.8	33.4	31.9	313	90.3	25.0	24.3	79
Unguja	92.2	42.6	40.5	216	93.4	31.7	30.7	53
Pemba	87.7	13.0	12.6	97	83.9	11.2	11.2	26
Zone								
Western	77.0	24.3	22.0	1,880	67.3	32.0	23.0	468
Northern	83.6	32.7	30.8	1,496	80.3	46.9	41.9	362
Central	68.6	19.4	17.2	799	62.4	27.7	23.8	212
Southern highlands	76.1	26.7	23.1	1,440	61.2	32.2	23.8	358
Lake	70.8	25.7	24.0	1,865	76.8	35.4	30.2	448
Eastern	86.1	54.1	51.6	1,670	79.4	46.8	40.1	462
Southern	91.1	24.3	23.7	866	84.2	28.5	25.1	245
Education								
No education	66.1	13.2	11.9	2,503	65.3	16.8	15.4	312
Primary incomplete	78.2	23.9	22.3	1,855	67.5	25.0	19.3	646
Primary complete	84.0	36.8	34.2	5,086	76.8	41.8	34.8	1,381
Secondary+	89.7	60.9	57.4	885	83.0	56.4	48.3	296
Wealth quintile								
Lowest	71.3	13.1	11.9	1,840	65.8	21.6	18.1	484
Second	71.5	17.0	15.6	1,944	72.6	30.9	26.4	504
Middle	78.1	21.5	19.8	1,943	73.3	34.6	26.4	516
Fourth	83.8	34.4	32.1	2,004	75.6	39.0	31.5	517
Highest	87.6	57.9	54.3	2,597	80.2	51.7	45.0	615
Total	79.1	30.8	28.7	10,329	73.9	36.4	30.2	2,635

12.2 STIGMA ASSOCIATED WITH AIDS AND ATTITUDES RELATED TO HIV/AIDS

Knowledge and beliefs about AIDS affect how people treat those they know to be living with HIV. In the 2004-05 TDHS, women and men who had heard of AIDS were asked questions to assess the level of stigma associated with HIV/AIDS.

Results, shown in Tables 12.5.1 and 12.5.2, indicate that most women and men would be willing to care at home for a relative with AIDS (nine in ten respondents), and believe that an HIV-positive female teacher should be allowed to continue teaching (seven in ten women and men). About half of respondents would buy fresh food from a shopkeeper with AIDS. While there are minimal gender differences on the other three indicators, women are less likely than men to believe that the HIV-positive status of a family member does not need to remain a secret (53 and 62 percent, respectively). Only 22 percent of women and 27 percent of men report acceptance on all four indicators: they would care for an HIV-positive family member in their own home, buy fresh food from a shopkeeper with AIDS, allow an HIV-positive teacher to continue teaching, and would not keep the HIV-positive status of a family member a secret.

Education, wealth, and residence are correlated with positive attitudes towards those who are HIV positive. Among both women and men, the higher the educational attainment and the wealthier the household, the more likely respondents are to show acceptance on all four indicators. Respondents in urban areas are about twice as likely as those in rural areas to show acceptance on all four indicators.

In terms of acceptance of all four indicators of tolerance, there are minimal differences between Mainland Tanzania and Zanzibar. Among women, the highest rate of acceptance across the four indicators was in the Lake zone (four in ten), while for men, the lowest rates were in the Lake and Central zones (less than two in ten).

As previously noted, caution should be exercised when comparing the 2004-05 TDHS with the 2003-04 THIS. For example, in the THIS question about buying fresh vegetables from a HIV-positive shopkeeper, only the individuals' HIV status was mentioned. This is the internationally recognized formulation for this question. The TDHS, however, asked about willingness to buy fresh food from a shopkeeper in two different situations: specifying that the shopkeeper is HIV positive but not ill versus ill. The TDHS analysis above is based on questions specifying that the shopkeeper is not ill. As expected, the proportion of respondents indicating that they would be willing to make purchases from an ill shopkeeper is dramatically lower than those willing to buy from an HIV-positive shopkeeper who is not sick.

Despite differences in wording of specific questions, the overall results on all four indicators of tolerance are similar, particularly among women. According to the 2004-05 TDHS, 22 percent of women and 27 percent of men expressed acceptance of all four measures, compared with the THIS estimates of 27 percent of women and 37 percent of men.

Table 12.5.1 Accepting attitudes towards those living with HIV: women

Among women who have heard of HIV/AIDS, percentage expressing specific accepting attitudes towards people with HIV, by background characteristics, Tanzania 2004-05

Background characteristic	Percentage of respondents who: Are willing to care for family member with HIV at home	Would buy fresh food from shopkeeper with AIDS	Believe HIV-positive female teacher should be allowed to teach	Would not want HIV+ status of family member to remain secret	Percentage expressing acceptance on all 4 measures	Number of women who have heard of HIV/AIDS
Age						
15-19	84.9	43.6	70.2	49.5	17.9	2,197
20-24	90.2	45.9	73.6	50.1	21.9	1,986
25-29	90.8	49.8	75.2	55.5	24.9	1,877
30-39	90.1	45.3	71.2	54.1	23.8	2,576
40-49	92.5	41.1	68.0	54.8	19.3	1,581
15-24	87.4	44.7	71.8	49.8	19.8	4,182
Marital status						
Never married	88.8	46.9	75.1	52.2	21.6	2,334
Ever had sex	93.3	51.4	78.8	53.6	26.3	1,014
Never had sex	85.3	43.5	72.3	51.1	18.0	1,321
Married/living together	89.5	44.6	70.1	53.3	21.8	6,883
Divorced/separated/ widowed	90.9	45.4	74.3	49.7	20.7	999
Residence						
Urban	96.5	59.1	87.2	53.2	29.7	2,929
Rural	86.7	39.7	65.4	52.5	18.5	7,287
Mainland/Zanzibar						
Mainland	89.4	45.2	71.4	52.8	21.7	9,903
Total urban	96.6	58.9	87.3	53.1	29.4	2,878
Dar es Salaam city	97.6	58.1	91.3	51.7	27.0	969
Other urban	96.1	59.3	85.2	53.9	30.7	1,910
Total rural	86.4	39.5	64.9	52.6	18.5	7,025
Zanzibar	92.8	46.8	80.2	50.1	22.1	313
Unguja	94.3	53.6	86.9	50.8	26.7	216
Pemba	89.4	31.5	65.4	48.5	11.9	97
Zone						
Western	79.2	35.1	61.1	44.9	10.0	1,853
Northern	89.7	36.3	74.7	44.8	16.6	1,470
Central	83.7	37.2	60.1	58.3	16.4	758
Southern highlands	89.8	32.5	62.9	53.3	14.5	1,424
Lake	94.5	62.8	82.0	64.3	39.7	1,863
Eastern	93.0	53.2	79.0	52.0	24.6	1,670
Southern	97.1	56.1	74.3	54.3	27.3	866
Education						
No education	81.8	30.9	57.3	50.3	13.5	2,408
Primary incomplete	87.2	39.5	66.2	49.6	16.8	1,845
Primary complete	92.6	50.2	77.0	54.3	24.6	5,078
Secondary+	97.2	67.5	92.0	56.6	37.4	885
Wealth quintile						
Lowest	81.9	33.4	58.9	51.2	13.6	1,794
Second	84.4	35.9	61.4	53.1	16.2	1,907
Middle	87.6	43.4	66.9	52.9	21.5	1,923
Fourth	93.2	47.0	75.2	52.9	22.6	1,998
Highest	97.1	60.2	88.9	53.2	30.7	2,594
Total	89.5	45.2	71.7	52.7	21.7	10,216

Table 12.5.2 Accepting attitudes towards those living with HIV: men

Among men who have heard of HIV/AIDS, percentage expressing specific accepting attitudes towards people with HIV, by background characteristics, Tanzania 2004-05

Background characteristic	Percentage of respondents who: Willing to care for family member with HIV at home	Would buy fresh food from shopkeeper with AIDS	Believe HIV-positive teacher should be allowed to teach	Would not want HIV+ status of family member to remain secret	Percentage expressing acceptance on all 4 measures	Number of men who have heard of HIV/AIDS
Age						
15-19	86.2	40.0	63.6	52.9	17.9	621
20-24	88.1	54.4	70.3	65.6	33.2	487
25-29	91.7	52.5	70.0	64.4	28.8	405
30-39	93.7	53.0	69.6	64.5	28.8	664
40-49	89.1	48.1	67.0	66.4	29.0	435
15-24	87.0	46.3	66.5	58.5	24.6	1,108
Marital status						
Never married	88.6	47.6	68.2	57.4	25.8	1,078
Ever had sex	91.8	51.9	71.7	60.7	30.9	677
Never had sex	83.3	40.3	62.2	51.9	17.1	401
Married/living together	90.3	49.6	67.5	65.3	27.2	1,400
Divorced/separated/ widowed	93.9	59.3	70.2	69.1	36.1	135
Residence						
Urban	97.5	65.3	81.9	68.9	42.3	713
Rural	86.9	43.2	62.7	59.8	21.4	1,899
Mainland/Zanzibar						
Mainland	89.7	49.1	67.6	62.4	27.1	2,534
Total urban	97.6	65.9	82.1	68.8	42.5	713
Dar es Salaam city	100.0	71.5	84.6	72.2	51.7	264
Other urban	96.2	62.6	80.7	66.8	37.2	450
Total rural	86.6	42.5	62.0	59.9	21.0	1,821
Zanzibar	93.8	55.4	77.5	56.9	26.4	78
Unguja	97.5	60.3	85.2	59.1	32.6	53
Pemba	85.8	44.8	60.9	52.1	12.9	25
Zone						
Western	86.6	43.6	59.9	63.2	23.4	465
Northern	89.3	42.9	68.7	67.0	23.4	358
Central	88.6	43.3	68.3	49.6	16.9	205
Southern highlands	92.0	46.7	66.1	71.8	29.9	358
Lake	81.4	48.1	58.4	55.0	19.8	445
Eastern	96.5	60.9	81.4	67.6	42.3	459
Southern	95.7	56.4	73.5	54.9	28.7	245
Education						
No education	78.9	24.4	47.8	54.8	10.7	299
Primary incomplete	84.0	35.1	55.5	57.3	15.5	640
Primary complete	92.9	55.6	73.5	64.5	31.1	1,377
Secondary+	98.7	75.4	89.2	70.1	49.7	296
Wealth quintile						
Lowest	79.4	30.3	53.6	58.2	13.7	472
Second	85.7	41.6	59.5	55.5	18.3	502
Middle	89.5	46.8	64.5	60.5	23.6	515
Fourth	93.2	55.0	71.3	65.1	29.7	512
Highest	98.5	67.5	86.0	70.0	45.3	612
Total	89.8	49.3	67.9	62.3	27.1	2,612

Negotiating Safer Sex

Knowledge about HIV transmission and ways to prevent it are of little use if people feel powerless to negotiate safer sex practices with their partners. In an effort to assess the ability of women to negotiate safer sex with a spouse who has an STI, respondents were asked two attitudinal questions: if a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact, and if a woman in the same circumstances is justified in asking her husband to use a condom.

Ninety-four percent of women and 96 percent of men believe that a woman may either refuse to have sex with her husband or ask him to wear a condom if she knows he has an STI (Table 12.6). About nine in ten women and men say that a woman can refuse to have sex, and 75 percent of women and 83 percent of men say that she can propose using a condom. The higher a respondent's educational attainment, the more likely he or she is to say that a woman can refuse sex or propose using a condom. Women living in wealthier households are more likely than those from poorer households to support women's negotiating rights. This difference is less pronounced among men. In Zanzibar, people score slightly lower on this indicator than those in Mainland. Notably, in Mainland Tanzania the estimates from the 2004-05 TDHS are higher than the 2003-04 THIS (94 percent of women and 96 percent of men in 2004-05 compared with 88 percent of women and 89 of men in 2003-04).

Respondents age 18-49 were asked whether they support teaching children age 12-14 about using condoms to avoid HIV/AIDS. Results are presented in Table 12.7. The survey found that about seven in ten adults agree that children age 12-14 should be taught about condom use to avoid AIDS. Tanzanians who have never had sex are less likely than other respondents to agree that children should be taught about condom use.

Patterns by some background characteristics are atypical. For instance, while women with no schooling are least likely to favour teaching about condom use (55 percent), those with incomplete primary are most likely to approve (72 percent). Among men, those with secondary schooling or higher are least likely to approve (64 percent), and those with incomplete primary are most likely to approve (77 percent). There are similar patterns among women and men by wealth quintile. Respondents in Mainland Tanzania are twice as likely as those in Zanzibar to support educating children to use condoms to prevent HIV/AIDS (seven in ten compared with three in ten). There is relatively little variation among women and men by religious affiliation.

Table 12.6 Attitudes towards negotiating safer sex with husband

Percentage of women and men who believe that, if a husband has a sexually transmitted infection, his wife is justified either refusing to have sex with him or proposing condom use, by background characteristics, Tanzania 2004-05

Background characteristic	Women				Men			
	Refuse sex	Propose condom use	Refuse sex or propose condom use	Number of women	Refuse sex	Propose condom use	Refuse sex or propose condom use	Number of men
Age								
15-19	82.0	69.8	89.0	2,245	81.9	77.2	91.9	637
20-24	89.8	77.5	95.9	2,007	89.8	83.3	95.6	493
25-29	89.1	80.0	95.7	1,885	90.2	83.9	97.8	405
30-39	89.8	76.7	95.2	2,595	94.4	87.9	97.9	665
40-49	88.6	69.1	94.2	1,597	93.2	80.2	98.4	435
15-24	85.7	73.5	92.3	4,252	85.3	79.9	93.5	1,130
Marital status								
Never married	84.4	72.4	90.4	2,371	85.4	79.7	93.5	1,100
Ever had sex	89.9	84.6	96.3	1,022	88.7	85.6	96.2	686
Never had sex	80.2	63.2	86.0	1,350	79.8	69.8	89.1	414
Married/living together	88.6	74.6	94.8	6,950	92.8	84.6	97.9	1,401
Divorced/separated/ widowed	90.5	81.1	96.1	1,007	92.2	84.5	97.9	135
Residence								
Urban	91.3	84.8	97.1	2,935	90.3	85.7	95.4	716
Rural	86.4	70.8	92.7	7,394	89.4	81.4	96.4	1,919
Mainland/Zanzibar								
Mainland	88.0	74.7	94.0	10,016	89.9	83.2	96.2	2,556
Total urban	91.3	84.9	97.2	2,885	90.9	86.1	95.6	716
Dar es Salaam city	91.8	86.1	97.9	969	87.7	82.0	92.1	267
Other urban	91.1	84.4	96.9	1,916	92.8	88.5	97.7	450
Total rural	86.7	70.6	92.7	7,131	89.5	82.0	96.5	1,840
Zanzibar	81.2	75.8	91.1	313	83.9	63.0	92.0	79
Unguja	88.4	80.7	95.5	216	87.8	65.9	95.5	53
Pemba	65.3	64.9	81.2	97	75.9	56.9	84.9	26
Zone								
Western	89.4	71.8	93.6	1,880	90.6	74.5	94.5	468
Northern	86.7	72.0	92.7	1,496	82.2	81.8	94.8	362
Central	84.6	60.1	89.5	799	92.1	88.1	96.9	212
Southern highlands	73.4	70.8	87.3	1,440	92.7	94.6	99.1	358
Lake	95.0	81.4	97.9	1,865	91.7	83.9	97.8	448
Eastern	92.4	77.7	97.4	1,670	88.3	80.9	94.3	462
Southern	91.2	85.6	97.5	866	93.3	83.6	97.6	245
Region								
Dodoma	84.5	62.5	90.6	468	90.5	86.4	96.6	113
Arusha	78.8	62.3	88.5	391	88.4	76.7	93.8	82
Kilimanjaro	94.2	84.1	96.6	380	86.7	81.4	96.9	104
Tanga	91.5	84.0	96.1	431	68.0	87.4	92.1	94
Morogoro	92.8	65.1	96.7	449	89.6	76.5	98.0	127
Pwani	93.9	67.9	97.0	253	88.1	84.4	95.9	68
Dar es Salaam	91.8	86.1	97.9	969	87.7	82.0	92.1	267
Lindi	90.3	89.5	96.3	221	87.1	73.3	94.5	65
Mtwara	94.6	83.2	98.1	346	97.7	85.7	100.0	98
Ruvuma	87.8	85.4	97.6	299	92.9	89.3	97.2	83
Iringa	62.8	68.4	80.7	412	95.3	86.7	98.8	102
Mbeya	73.2	72.8	89.3	712	90.1	99.0	100.0	170
Singida	84.6	56.7	88.1	331	93.8	90.1	97.3	99
Tabora	95.6	81.4	99.6	520	85.9	71.3	90.8	127
Rukwa	87.5	69.5	91.5	316	94.8	95.1	97.6	87
Kigoma	94.9	76.7	98.0	499	89.1	72.0	96.1	127
Shinyanga	82.6	63.3	87.4	861	94.2	78.0	95.8	215
Kagera	96.1	75.7	98.4	545	96.2	90.3	100.0	122
Mwanza	98.1	86.8	99.5	939	87.8	80.9	96.5	229
Mara	85.8	76.4	93.4	381	95.2	83.2	98.0	98
Manyara	80.6	51.9	88.1	293	86.7	81.0	96.4	83
Zanzibar North	83.7	70.1	92.0	48	86.4	55.4	93.7	11
Zanzibar South	71.3	84.4	93.9	26	84.7	84.1	96.0	6
Town West	93.1	83.5	97.0	143	88.8	66.1	95.9	36
Pemba North	66.1	57.5	79.4	52	85.4	59.8	92.1	13
Pemba South	64.4	73.3	83.2	45	65.6	53.8	77.2	12
Education								
No education	83.8	59.2	89.4	2,503	85.7	69.1	92.3	312
Primary incomplete	85.1	73.9	93.2	1,855	84.0	76.7	92.5	646
Primary complete	89.9	80.6	95.8	5,086	92.9	87.3	98.5	1,381
Secondary+	92.6	86.9	97.6	885	91.5	87.1	96.6	296
Wealth quintile								
Lowest	84.2	63.1	91.1	1,840	86.4	73.8	92.2	484
Second	86.4	69.5	92.1	1,944	90.0	81.3	97.2	504
Middle	87.2	71.4	93.2	1,943	90.6	85.1	97.8	516
Fourth	87.6	80.1	94.8	2,004	90.2	86.1	98.1	517
Highest	92.0	85.4	97.1	2,597	90.7	85.4	95.1	615
Total	87.8	74.8	93.9	10,329	89.7	82.6	96.1	2,635

Table 12.7 Adult support for education about condom use to prevent AIDS

Percentage of women and men age 18-49 who agree that children age 12-14 years should be taught about using a condom to avoid AIDS, by background characteristics, Tanzania 2004-05

Background characteristic	Women		Men	
	Percentage	Number	Percentage	Number
Age				
18-19	65.7	894	71.1	239
20-24	69.3	2,007	75.0	493
25-29	66.8	1,885	77.1	405
30-39	64.7	2,595	70.5	665
40-49	58.3	1,597	68.1	435
Marital status				
Never married	65.1	1,219	70.6	702
Ever had sex	72.4	747	75.7	537
Never had sex	53.4	472	54.3	164
Married/living together	64.8	6,761	73.9	1,401
Divorced/separated/ widowed	67.6	997	63.6	134
Residence				
Mainland	66.2	8,709	73.3	2,173
Zanzibar	32.5	268	35.7	63
Mainland/Zanzibar				
Mainland	66.2	8,709	73.3	2,173
Total urban	69.5	2,502	67.0	617
Dar es Salaam city	72.5	851	63.7	238
Other urban	68.0	1,651	69.1	379
Total rural	64.8	6,207	75.8	1,556
Zanzibar	32.5	268	35.7	63
Unguja	37.0	188	29.1	42
Pemba	22.0	81	49.3	21
Zone				
Western	63.4	1,587	73.4	392
Northern	66.5	1,318	64.2	313
Central	58.8	692	75.2	183
Southern highlands	52.0	1,247	77.0	308
Lake	80.3	1,628	81.9	382
Eastern	62.2	1,476	67.6	397
Southern	78.7	760	75.1	199
Education				
No education	54.9	2,238	70.7	272
Primary incomplete	71.8	1,399	77.3	439
Primary complete	68.7	4,586	72.7	1,257
Secondary+	62.0	755	63.9	269
Religion				
Muslim	67.4	2,719	68.3	674
Catholic	69.5	2,553	75.1	626
Protestant	64.6	2,589	72.2	640
None	50.9	1,115	75.8	295
Wealth quintile				
Lowest	58.0	1,610	76.1	400
Second	62.4	1,680	77.6	418
Middle	70.0	1,701	76.2	446
Fourth	67.3	1,761	71.3	431
Highest	67.1	2,226	62.9	541
Total	65.2	8,978	72.3	2,236

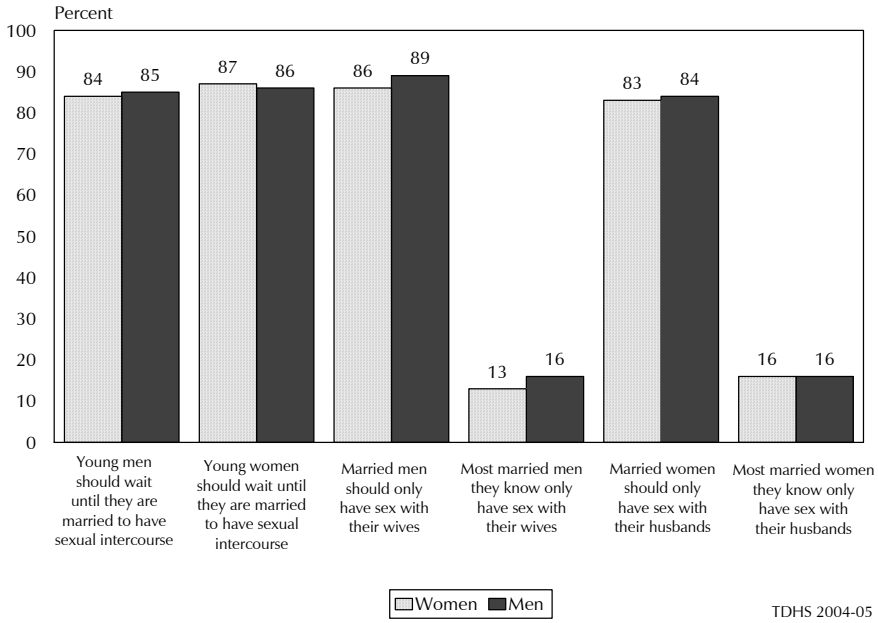
Note: Total includes 2 women and one man with "other" religion.

12.3 HIGHER-RISK SEX

Given that most HIV infections in Tanzania are contracted through heterosexual contact, information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of the epidemic. In the context of HIV/AIDS/STI prevention, limiting the number sexual partners and having protected sex are crucial to the fight against the epidemic.

Figure 12.1 presents findings on perceptions and beliefs about abstinence and faithfulness, and shows that there is little differentiation by gender. It is clear that while both women and men believe in practicing abstinence before marriage and faithfulness in the course of marriage, very few of them believe that the people they know practice these virtues.

Figure 12.1 Perceptions and Beliefs about Abstinence and Faithfulness



The 2004-05 TDHS included questions on respondents' sexual partners during their lifetimes and over the 12 months preceding the survey. For male respondents, an additional question was asked on whether they paid for sex during the 12 months preceding the interview. Information on the use of condoms at the last sexual encounter with each type of partner also was collected.

Tables 12.8.1 and 12.8.2 show, among all women and men who reported having sex at some time in the 12 months preceding the survey, the percentages of women and men who had sex with someone other than a spouse or live-in partner, and the extent of multiple sexual partners. Those who had engaged in sex with a nonmarital, noncohabiting partner (the definition of "higher-risk sex") were then asked whether they used a condom the last time they engaged in sex with such a partner. The mean number of lifetime sexual partners was also calculated for men. This question was not asked of women.

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 (45 and 24 percent, respectively) at some time in the past 12 months. Twenty-two percent of men who are currently married or cohabiting report having had sex with a nonmarital, noncohabiting partner in the past 12 months, compared with 9 percent of women.

Table 12.8.1 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: women

Among women age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse[1] in the past 12 months, and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, Tanzania 2004-05

	Women who had sexual intercourse in the past 12 months			Women who had higher-risk intercourse[1] in the past 12 months	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Percentage who had higher-risk intercourse[1] in the past 12 months	Number of women	Percentage who reported using a condom at last higher-risk intercourse[1]	Number of women
Age					
15-19	4.8	46.3	963	36.4	446
20-24	5.0	26.8	1,661	31.1	445
25-29	4.3	21.1	1,720	29.6	362
30-39	4.0	17.2	2,339	20.7	401
40-49	3.2	18.2	1,354	13.0	247
15-24	5.0	34.0	2,624	33.8	891
Marital status					
Never married	7.8	99.5	762	37.9	758
Married or living together	2.7	8.8	6,599	16.7	581
Divorced/separated/ widowed	15.0	83.1	677	24.7	563
Residence					
Urban	5.2	34.5	2,233	41.3	771
Rural	3.9	19.5	5,805	18.1	1,131
Mainland/Zanzibar					
Mainland	4.3	24.0	7,843	27.4	1,886
Total urban	5.4	34.8	2,225	41.3	775
Dar es Salaam city	6.1	39.3	759	39.7	298
Other urban	5.0	32.5	1,466	42.4	477
Total rural	3.9	19.8	5,618	17.7	1,111
Zanzibar	0.9	8.4	195	34.5	16
Unguja	1.2	11.4	135	36.1	15
Pemba	0.2	1.6	60	*	1
Zone					
Western	3.8	14.4	1,488	27.6	214
Northern	2.3	24.2	1,093	31.9	265
Central	8.3	25.1	610	21.5	153
Southern highlands	1.8	11.4	1,054	36.6	121
Lake	4.0	23.1	1,577	26.3	364
Eastern	4.7	37.2	1,344	28.0	500
Southern	9.4	39.8	678	22.9	270
Education					
No education	3.9	16.2	2,051	13.8	332
Primary incomplete	6.7	29.9	1,320	23.8	394
Primary complete	4.0	23.6	4,118	28.7	973
Secondary+	1.6	37.1	549	51.2	204
Wealth quintile					
Lowest	4.3	21.2	1,464	11.4	310
Second	4.3	18.1	1,539	18.6	278
Middle	4.2	20.6	1,521	18.8	313
Fourth	3.4	21.8	1,571	24.5	343
Highest	5.0	33.9	1,943	44.5	658
Total	4.3	23.7	8,038	27.5	1,902

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Sexual intercourse with a partner who was neither a spouse nor who lived with the respondent

Table 12.8.2 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: men

Among men age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse[1] in the past 12 months, and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, and the mean number of sexual partners during lifetime for men who ever had sexual intercourse, by background characteristics, Tanzania 2004-05

Background characteristic	Men who had sexual intercourse in the past 12 months			Men who had higher-risk intercourse[1] in the past 12 months		Men who ever had sexual intercourse	
	Percentage who had 2+ partners in the past 12 months	Percentage who had higher-risk intercourse[1] in the past 12 months	Number of men	Percentage who reported using a condom at last higher-risk intercourse[1]	Number of men	Mean number of sexual partners in lifetime	Number of men
Age							
15-19	26.5	98.1	215	39.0	210	2.7	304
20-24	37.1	73.9	371	50.5	274	5.0	437
25-29	33.0	43.8	362	58.2	159	5.6	391
30-39	29.7	28.2	618	57.4	174	6.5	655
40-49	23.6	18.5	410	56.6	76	7.5	433
15-24	33.2	82.8	585	45.5	484	4.0	740
Marital status							
Never married	34.4	100.0	492	48.6	492	3.5	686
Married or living together	28.6	22.4	1,374	52.2	308	6.5	1,398
Divorced/separated/ widowed	28.9	85.5	109	60.2	93	8.9	135
Residence							
Urban	22.5	48.6	528	69.2	256	5.3	599
Rural	32.8	44.0	1,447	43.7	636	5.9	1,620
Mainland/Zanzibar							
Mainland	30.3	45.9	1,935	51.1	888	5.8	2,173
Total urban	21.9	48.3	532	68.7	257	5.3	605
Dar es Salaam city	19.0	53.0	207	(63.8)	110	4.7	228
Other urban	23.8	45.2	325	72.4	147	5.6	377
Total rural	33.5	45.0	1,403	44.0	631	6.0	1,568
Zanzibar	18.4	13.0	40	(33.8)	5	2.6	46
Unguja	18.5	17.5	27	(34.7)	5	3.1	32
Pemba	18.3	3.1	13	*	0	1.6	14
Zone							
Western	32.6	46.9	360	42.6	169	6.3	404
Northern	24.2	35.5	257	54.0	91	5.1	303
Central	14.4	43.3	170	46.0	73	4.8	185
Southern highlands	43.3	44.9	257	54.4	115	5.4	290
Lake	34.5	44.4	348	53.3	154	6.5	389
Eastern	20.8	49.7	346	57.5	172	4.9	388
Southern	40.0	57.1	197	48.7	112	7.2	215
Education							
No education	30.2	35.9	236	33.1	85	6.1	259
Primary incomplete	35.9	52.3	408	34.1	213	5.8	473
Primary complete	28.8	43.6	1,127	55.9	492	5.9	1,248
Secondary+	25.5	50.8	203	77.6	103	4.3	239
Wealth quintile							
Lowest	29.3	38.2	356	29.6	136	5.8	401
Second	29.7	44.2	387	34.7	171	6.6	421
Middle	35.1	42.7	393	55.2	168	5.7	441
Fourth	33.3	48.8	379	53.7	185	6.1	435
Highest	24.0	50.7	460	70.5	233	4.7	521
Total	30.1	45.2	1,975	51.0	893	5.7	2,219

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Sexual intercourse with a partner who was neither a spouse nor who lived with the respondent

Sexual behaviours differ by residence, with women in urban areas almost twice as likely as those in rural areas to have had sex with a nonmarital, noncohabiting partner during the 12 months before the interview (35 and 20 percent, respectively). There is little difference by urban-rural residence in the likelihood of men having had sex with a nonmarital, noncohabiting partner during the 12 months before the interview, though men in rural areas are more likely to have had two or more partners (33 percent in rural areas and 23 percent in urban areas). More educated and wealthier women and men are more likely than other respondents to engage in higher-risk sexual behaviours and to use condoms in those sexual encounters. There is considerable zonal variation.

Just over half of men and a fourth of women reported using a condom the last time they had sex with a nonmarital, noncohabiting partner. While married and cohabiting men have almost the same level of condom use as never-married men (roughly 50 percent), never-married women are twice as likely as those married or cohabiting to report condom use in high-risk sex (38 and 17 percent, respectively).

On average, men have had 5.7 sexual partners over their lifetimes. The mean number of sexual partners varies by education, with a lower mean number of partners among men with more education. The mean number of sexual partners is nearly three times higher among divorced, separated, or widowed men (8.9) than among never-married men (3.5).

Paid sex is considered a special category of higher-risk sex. Male respondents in the 2004-05 TDHS were asked whether they had paid money in exchange for sex in the past 12 months or if any of their last three partners in the past 12 months was a commercial sex worker. They were also asked about condom use at these sexual encounters.

Eleven percent of men had commercial sex in the year before the survey (Table 12.9). Men age 20-29 are more likely than younger or older men to have paid for sex. Men who are divorced, separated, or widowed are substantially more likely than other men to have paid for sex. There are minimal differences in the incidence of paid sex by educational attainment, wealth, and residence. According to the data, paid sex is far less common in Zanzibar than in Mainland Tanzania, with just 1 percent of men having had commercial sex in the last year (data not shown).

On the Mainland, men in the 2004-05 TDHS were significantly more likely than those in the 2003-04 THIS to report heaving paid for sex (11 and 2 percent, respectively). However, whereas the TDHS asked the respondent if he had paid anyone in exchange for sex, the THIS asked if he had sex with a prostitute.

Six in ten men reported condom use the most recent time they paid for sex. Because the number of men who reported having sex with prostitutes is so small, it is not possible to interpret with confidence the differentials in condom use by social and demographic characteristics. However, men in urban areas are more likely than those in rural areas to have used condoms in these encounters (79 and 51 percent, respectively).

Table 12.9 Payment for sexual intercourse by men and condom use at last paid sexual intercourse

Percentage of men age 15-49 who reported payment for sexual intercourse[1] in the past 12 months, and among them, the percentage reporting that a condom was used the last time they paid for sexual intercourse, by background characteristics, Tanzania 2004-05

Background characteristic	Percentage who paid for sexual intercourse in the past 12 months	Number of men	Percentage reporting condom use at last paid sexual intercourse	Number of men who paid for sexual intercourse in the past 12 months
Age				
15-19	9.5	637	46.4	60
20-24	16.9	493	65.2	83
25-29	13.4	405	(57.2)	54
30-39	9.3	665	58.5	62
40-49	4.2	435	*	18
15-24	12.7	1,130	57.3	144
Marital status				
Never married	12.8	1,100	62.4	140
Married or living together	7.6	1,401	54.8	106
Divorced/separated/ widowed	23.7	135	(58.0)	32
Residence				
Urban	11.1	716	79.1	80
Rural	10.4	1,919	50.9	199
Education				
No education	9.2	312	(39.3)	29
Primary incomplete	11.7	646	42.8	76
Primary complete	11.1	1,381	66.2	153
Secondary+	7.1	296	*	21
Wealth quintile				
Lowest	9.3	484	(38.2)	45
Second	11.2	504	45.2	56
Middle	9.0	516	(62.2)	46
Fourth	12.3	517	58.9	63
Highest	10.9	615	(82.2)	67
Total	10.6	2,635	59.0	278

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes men who reported having a prostitute as at least one of their last three sexual partners in the past 12 months

12.4 TESTING FOR HIV

Knowledge of HIV status helps HIV-negative individuals make specific decisions to reduce risk and increase safer sex practices so they can remain disease free. For those who are HIV infected, knowledge of their status allows them to take action to protect their sexual partners, to access treatment, and to plan for the future. Respondents were asked whether they had ever been tested for HIV. If they said that they had, respondents were asked whether they had received the results of their last test.

Table 12.10 shows that 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. Women age 20-29 were more likely than respondents other ages to have been tested, which is partly explained by the fact that a pregnant woman receiving antenatal care at a clinic is likely to be tested for HIV. Men age 25 and older were more likely to have been tested than

Table 12.10 Prior HIV testing

Percent distribution of women and men by prior HIV testing status and whether or not test results were received, and the percentage who received their test results the last time they were tested for HIV in the past 12 months, according to background characteristics, Tanzania 2004-05

	Women							Men						
	Tested					Percentage who received results from HIV test taken in the past 12 months	Number of respondents	Tested					Percentage who received results from HIV test taken in the past 12 months	Number of respondents
Background characteristic	Received results	Results not received	Not tested	Don't know/ missing	Total			Received results	Results not received	Not tested	Don't know/ missing	Total		
Age														
15-19	7.2	0.7	89.9	2.2	100.0	5.0	2,245	2.6	0.3	94.6	2.5	100.0	2.0	637
20-24	16.0	2.0	80.8	1.2	100.0	8.3	2,007	11.4	1.0	86.5	1.2	100.0	7.4	493
25-29	16.3	2.6	80.6	0.5	100.0	8.0	1,885	18.4	1.8	79.6	0.3	100.0	9.8	405
30-39	12.8	1.7	84.5	1.0	100.0	5.9	2,595	16.4	2.1	81.3	0.2	100.0	8.1	665
40-49	7.9	0.8	90.3	1.0	100.0	3.9	1,597	15.3	1.8	82.9	0.0	100.0	6.7	435
15-24	11.4	1.3	85.6	1.7	100.0	6.5	4,252	6.4	0.6	91.0	1.9	100.0	4.4	1,130
Marital status														
Never married	8.7	0.7	89.0	1.6	100.0	5.6	2,371	7.4	1.0	89.6	2.0	100.0	4.9	1,100
Ever had sex	16.0	1.1	81.9	0.9	100.0	10.2	1,022	10.4	1.5	86.7	1.3	100.0	7.0	686
Never had sex	3.1	0.5	94.3	2.2	100.0	2.1	1,350	2.3	0.1	94.5	3.1	100.0	1.3	414
Married/living together	12.8	1.9	84.2	1.1	100.0	6.2	6,950	15.5	1.6	82.8	0.1	100.0	7.7	1,401
Divorced/separated/ widowed	15.1	1.6	82.4	0.9	100.0	7.8	1,007	18.7	2.0	79.3	0.0	100.0	7.4	135
Residence														
Urban	24.7	2.0	72.7	0.5	100.0	12.2	2,935	19.1	1.0	79.5	0.4	100.0	9.3	716
Rural	7.1	1.4	90.1	1.5	100.0	3.9	7,394	9.7	1.5	87.7	1.1	100.0	5.5	1,919
Mainland/Zanzibar														
Mainland	12.2	1.6	85.0	1.2	100.0	6.3	10,016	12.0	1.3	85.7	0.9	100.0	6.4	2,556
Total urban	25.0	2.1	72.4	0.5	100.0	12.3	2,885	19.2	1.0	79.4	0.4	100.0	8.6	716
Dar es Salaam city	33.2	2.0	64.3	0.4	100.0	15.5	969	20.2	0.7	77.9	1.1	100.0	4.2	267
Other urban	20.9	2.1	76.4	0.5	100.0	10.8	1,916	18.5	1.1	80.4	0.0	100.0	11.2	450
Total rural	7.0	1.4	90.1	1.5	100.0	3.9	7,131	9.3	1.5	88.1	1.1	100.0	5.5	1,840
Zanzibar	8.6	1.0	90.1	0.2	100.0	3.5	313	18.9	2.1	77.7	1.3	100.0	11.7	79
Unguja	11.0	1.3	87.7	0.1	100.0	4.4	216	18.1	1.4	80.6	0.0	100.0	13.7	53
Pemba	3.5	0.4	95.5	0.6	100.0	1.5	97	20.6	3.7	71.7	3.9	100.0	7.7	26
Zone														
Western	6.5	1.6	90.3	1.6	100.0	4.0	1,880	10.6	1.0	87.8	0.6	100.0	7.6	468
Northern	13.4	1.8	82.9	1.9	100.0	7.0	1,496	12.2	1.6	85.0	1.2	100.0	5.8	362
Central	7.7	0.8	86.4	5.1	100.0	4.6	799	9.4	2.5	84.7	3.4	100.0	6.4	212
Southern highlands	10.9	1.3	86.5	1.3	100.0	5.2	1,440	10.7	1.5	87.6	0.2	100.0	5.6	358
Lake	9.5	1.4	89.0	0.1	100.0	4.8	1,865	11.1	1.3	86.8	0.8	100.0	5.8	448
Eastern	24.6	2.2	73.0	0.3	100.0	12.1	1,670	15.8	0.8	82.5	0.9	100.0	4.8	462
Southern	10.7	1.8	87.4	0.1	100.0	5.6	866	13.5	1.5	85.0	0.0	100.0	10.0	245
Region														
Dodoma	5.2	1.0	88.5	5.3	100.0	3.2	468	9.1	2.3	86.4	2.3	100.0	6.9	113
Arusha	17.0	2.2	75.9	4.9	100.0	10.2	391	19.4	0.0	78.1	2.5	100.0	9.5	82
Kilimanjaro	16.4	1.0	82.5	0.0	100.0	7.0	380	7.5	2.1	90.3	0.0	100.0	4.6	104
Tanga	10.2	2.2	87.3	0.3	100.0	4.6	431	13.4	1.5	82.6	2.6	100.0	6.8	94
Morogoro	11.5	2.0	86.4	0.0	100.0	8.8	449	8.4	1.3	89.3	1.0	100.0	4.6	127
Pwani	14.6	3.0	82.4	0.0	100.0	5.3	253	12.2	0.0	87.8	0.0	100.0	7.5	68
Dar es Salaam	33.2	2.0	64.3	0.4	100.0	15.5	969	20.2	0.7	77.9	1.1	100.0	4.2	267
Lindi	8.9	2.9	88.2	0.0	100.0	3.5	221	15.1	0.0	84.9	0.0	100.0	10.1	65
Mtwara	5.1	1.4	93.4	0.0	100.0	2.4	346	7.1	2.0	90.9	0.0	100.0	4.9	98
Ruvuma	18.4	1.4	79.9	0.3	100.0	10.8	299	19.8	2.0	78.2	0.0	100.0	16.0	83
Iringa	10.4	2.1	86.8	0.7	100.0	6.2	412	8.1	0.0	91.9	0.0	100.0	4.3	102
Mbeya	13.8	1.2	83.8	1.2	100.0	5.6	712	15.0	3.1	81.9	0.0	100.0	8.3	170
Singida	11.2	0.6	83.4	4.8	100.0	6.4	331	9.7	2.8	82.8	4.7	100.0	5.9	99
Tabora	8.0	1.6	88.3	2.1	100.0	4.2	520	11.6	1.5	84.6	2.3	100.0	7.3	127
Rukwa	5.1	0.5	92.4	2.0	100.0	3.1	316	5.5	0.0	93.8	0.7	100.0	1.8	87
Kigoma	11.3	1.7	87.1	0.0	100.0	7.2	499	14.2	1.2	84.6	0.0	100.0	9.2	127
Shinyanga	2.9	1.5	93.5	2.1	100.0	2.1	861	7.7	0.7	91.6	0.0	100.0	6.9	215
Kagera	4.9	0.3	94.9	0.0	100.0	1.6	545	7.0	1.0	92.0	0.0	100.0	2.3	122
Mwanza	13.2	1.5	85.1	0.2	100.0	6.9	939	11.3	1.7	85.8	1.2	100.0	7.1	229
Mara	7.2	2.6	90.2	0.0	100.0	4.2	381	15.8	0.8	82.6	0.8	100.0	6.8	98
Manyara	9.3	1.6	86.4	2.6	100.0	6.0	293	9.6	2.8	87.7	0.0	100.0	2.5	83
Zanzibar North	2.4	0.8	96.4	0.4	100.0	0.9	48	5.1	1.9	93.1	0.0	100.0	5.1	11
Zanzibar South	6.4	0.5	93.1	0.0	100.0	3.8	26	14.8	0.0	85.2	0.0	100.0	8.2	6
Town West	14.6	1.6	83.8	0.0	100.0	5.7	143	22.6	1.4	76.0	0.0	100.0	17.3	36
Pemba North	2.5	0.0	97.5	0.0	100.0	1.1	52	22.1	3.7	74.2	0.0	100.0	5.3	13
Pemba South	4.6	0.9	93.2	1.3	100.0	2.0	45	19.0	3.7	69.1	8.1	100.0	10.2	12
Education														
No education	3.8	0.6	91.8	3.8	100.0	2.2	2,503	5.4	0.0	90.5	4.1	100.0	3.0	312
Primary incomplete	7.5	1.3	90.5	0.6	100.0	3.6	1,855	7.3	1.5	90.0	1.2	100.0	3.7	646
Primary complete	15.0	1.9	82.8	0.3	100.0	7.7	5,086	12.7	1.7	85.3	0.3	100.0	7.4	1,381
Secondary+	28.4	3.0	68.4	0.2	100.0	14.6	885	28.0	0.9	71.2	0.0	100.0	12.4	296
Wealth quintile														
Lowest	4.7	1.0	91.7	2.6	100.0	2.6	1,840	6.9	1.2	89.5	2.4	100.0	3.1	484
Second	5.6	0.8	91.6	1.9	100.0	2.9	1,944	6.8	1.4	91.0	0.8	100.0	4.9	504
Middle	6.5	1.5	90.9	1.1	100.0	3.6	1,943	9.8	1.0	89.0	0.1	100.0	5.9	516
Fourth	11.3	1.8	86.5	0.4	100.0	6.2	2,004	12.3	2.3	84.5	1.0	100.0	8.0	517
Highest	27.0	2.4	70.2	0.4	100.0	13.2	2,597	22.9	1.0	75.6	0.5	100.0	9.9	615
Total	12.1	1.6	85.1	1.2	100.0	6.2	10,329	12.3	1.4	85.5	0.9	100.0	6.5	2,635

younger men. HIV testing is far more common among the most educated and wealthy respondents. Approximately three in ten women and men with secondary schooling or higher have been tested for HIV at some time, compared with one in twenty respondents with no schooling. There were similar differences between respondents in the highest and lowest wealth quintiles. Respondents in urban areas are more likely than those in rural areas to have been tested. Women and men who have never been married and who have never had sex, are less likely than other respondents to have been tested.

Patterns are similar for women and men who have been tested and received their results in the last 12 months. 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. Among men, rates vary from 2 percent in Rukwa and Kagera, to 17 percent in Town West.

Data on HIV counselling and HIV testing among pregnant women who gave birth in the two years preceding the survey is presented in Table 12.11. Table 12.10 illustrated that there are no substantial variations in HIV-testing rates among women and men, even though women who become pregnant can receive counselling when they attend antenatal clinics and have an opportunity—and sometimes are required—to be tested and find out their status. Table 12.11 shows that while 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).

The pattern is similar for counselling and testing combined, with the most educated being about ten times more likely than those with no education to have received both counselling and testing, and the wealthiest being nine times more likely than the poorest to have received both services. In urban areas, one in four women received both services, compared with one in twenty in rural areas. Less than one in ten women received HIV counselling, were offered and accepted an HIV test, and received the results. This ranges from a low of 2 percent in the Western zone to 29 percent in the Eastern zone.

Table 12.11 Pregnant women counselled and tested for HIV

Among all women who gave birth in the two years preceding the survey, the percentage who received HIV counselling[1] during antenatal care for their most recent birth, and percentage who accepted an offer of HIV testing[2] by whether they received their test results, by background characteristics, Tanzania 2004-05

Background characteristic	Percentage who received HIV counselling during antenatal care	Percentage who were offered and accepted an HIV test during antenatal care and who:		Percentage who were counselled, were offered and who accepted an HIV test, and who received results	Number of women who gave birth in the past 2 years[3]
		Received results	Did not receive results		
Age					
15-19	23.6	16.4	1.6	9.0	378
20-24	27.1	13.4	2.3	7.9	1,029
25-29	28.8	13.4	3.6	9.1	874
30-39	27.5	11.6	1.3	8.7	1,021
40-49	16.0	7.3	2.8	5.6	198
15-24	26.2	14.2	2.1	8.2	1,407
Marital status					
Never married	27.3	18.7	1.1	11.9	220
Married or living together	25.9	11.9	2.5	7.8	3,031
Divorced/separated/ widowed	34.7	19.3	1.5	13.2	249
Residence					
Urban	45.1	32.9	3.2	24.7	669
Rural	22.2	8.1	2.1	4.6	2,832
Mainland/Zanzibar					
Mainland	26.8	13.0	2.3	8.6	3,415
Total urban	46.1	33.9	3.1	25.6	652
Dar es Salaam city	65.9	57.5	3.1	45.7	158
Other urban	39.8	26.3	3.1	19.1	494
Total rural	22.3	8.1	2.1	4.6	2,763
Zanzibar	18.2	6.8	1.5	3.5	85
Unguja	24.6	9.0	2.2	5.1	52
Pemba	8.2	3.4	0.3	0.9	33
Zone					
Western	17.1	5.1	2.6	2.3	778
Northern	24.8	18.2	2.3	11.3	419
Central	24.8	6.9	0.2	3.9	296
Southern highlands	28.9	12.3	2.1	6.7	515
Lake	24.1	8.8	2.2	6.9	781
Eastern	53.3	37.0	3.9	29.0	366
Southern	28.2	15.3	2.5	8.2	260
Education					
No education	15.6	5.2	0.6	3.1	921
Primary incomplete	24.0	8.7	2.6	6.1	542
Primary complete	30.9	15.8	3.0	10.0	1,873
Secondary+	48.7	35.9	3.2	29.0	164
Wealth quintile					
Lowest	16.1	5.6	2.0	3.1	790
Second	23.3	6.6	1.0	3.9	761
Middle	23.2	7.2	2.2	4.0	748
Fourth	28.9	14.4	2.6	10.1	672
Highest	49.1	38.6	4.4	27.2	529
Total	26.6	12.9	2.3	8.5	3,500

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] In this context, "counselled" means that someone talked with them about all three of the following topics: 1) babies getting the AIDS virus from their mother, 2) preventing the virus, and 3) getting tested for the virus.

[2] Only women who were offered the test are included here, and women who were either required or asked for the test are excluded from this measure.

[3] Denominator for percentages includes women who did not receive antenatal care for their last birth in the past two years.

12.5 Reports of Recent Sexually Transmitted Infections

Information about the incidence of sexually transmitted infections (STIs) is not only useful as a marker of unprotected sexual intercourse but also as a cofactor for HIV transmission. The 2004-05 TDHS asked respondents who had ever had sex whether they had had an STI in the past 12 months. They were also asked whether, in the past year, they had experienced a genital sore or ulcer and whether they had any genital discharge. These symptoms have been shown useful in identifying STIs in men. They are less easily interpreted in women because women are likely to experience more non-STI conditions of the reproductive tract that produce a discharge.

Table 12.12 shows that 2 percent of women and 3 percent of men in Tanzania reported an STI in the past 12 months. Four percent of women and 2 percent of men reported having had an abnormal genital discharge, and 2 and 3 percent of women and men, respectively, reported having had a genital sore or ulcer in the 12 months before the survey. Only 5 percent of women and 6 percent of men reported having either an STI, an abnormal discharge, or a genital sore. These numbers, however, may be underestimates, because respondents may be embarrassed or ashamed to admit having STIs. Given the low levels of incidence of STIs, variation across subgroups is limited.

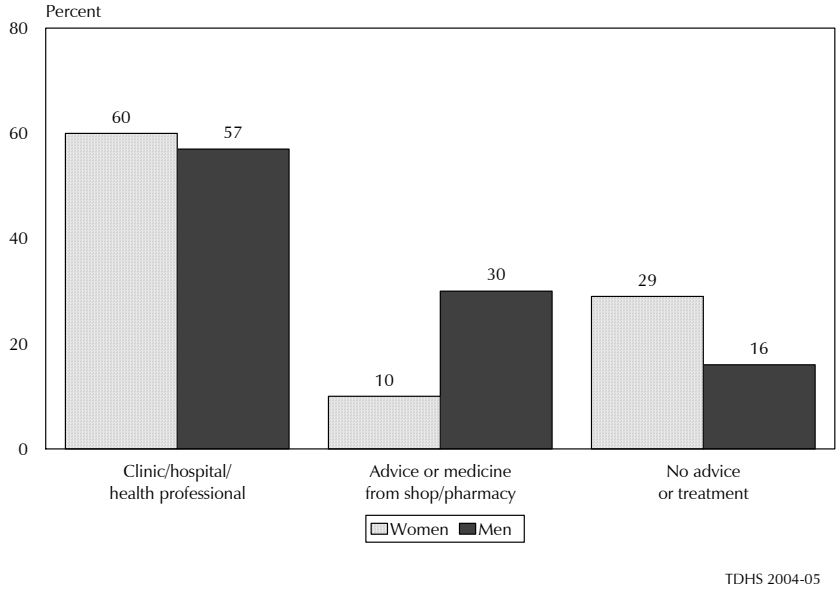
It is important for people experiencing symptoms of STIs to be able to recognise them and seek appropriate treatment. If respondents reported an STI or an STI symptom (i.e., discharge or sore or ulcer) in the past 12 months, they were asked questions about what they did about the illness or symptom. Figure 12.2 presents information on women and men who sought care from any source. A total of 462 women and 125 men reported having STIs or symptoms of STIs in the 12 months before the survey. Of those respondents, six in ten sought care for the STIs and/or symptoms of STIs from a clinic, hospital, or from a health professional.

Table 12.12 Self-reporting of sexually transmitted infection (STI) and STI symptoms

Among women and men age 15-49 who ever had sexual intercourse, the percentage reporting having had an STI and/or symptoms of an STI in the past 12 months, by background characteristics, Tanzania 2004-05

	Women					Men				
Background characteristic	Percentage with STI	Percentage with abnormal genital discharge	Percentage with genital sore/ulcer	Percentage with STI/ discharge/ genital sore/ulcer	Number of women who ever had sex	Percentage with STI	Percentage with abnormal genital discharge	Percentage with genital sore/ulcer	Percentage with STI/ discharge/ genital sore/ulcer	Number of men who ever had sex
Age										
15-19	1.0	2.8	1.6	3.5	1,108	2.9	3.9	2.8	6.8	304
20-24	1.1	3.0	1.9	4.7	1,841	3.8	3.4	3.6	7.0	437
25-29	2.6	4.6	2.3	6.2	1,852	2.0	0.4	3.8	4.8	392
30-39	1.8	4.3	2.1	5.7	2,583	3.6	2.5	3.4	5.7	655
40-49	2.0	3.5	1.9	4.6	1,596	2.0	2.2	2.9	4.1	434
Marital status										
Never married	1.0	2.3	1.3	3.0	1,022	2.7	3.3	3.0	6.5	686
Married or living together	1.8	3.9	2.2	5.3	6,950	3.0	1.9	3.5	5.1	1,401
Divorced/separated/ widowed	2.1	4.9	1.7	6.2	1,007	3.7	3.9	2.8	6.2	135
Residence										
Urban	2.1	5.1	1.7	6.1	2,483	2.1	1.3	2.1	3.9	600
Rural	1.6	3.3	2.2	4.8	6,497	3.2	2.9	3.8	6.2	1,621
Mainland/Zanzibar										
Mainland	1.8	3.8	2.1	5.2	8,762	3.0	2.5	3.4	5.7	2,175
Total urban	2.1	5.0	1.7	6.2	2,466	2.1	1.3	2.0	3.8	607
Dar es Salaam city	1.4	5.7	2.1	7.6	823	0.9	0.0	1.0	2.0	228
Other urban	2.5	4.7	1.5	5.5	1,643	2.7	2.1	2.7	5.0	378
Total rural	1.7	3.4	2.2	4.8	6,297	3.3	3.0	3.9	6.4	1,569
Zanzibar	0.3	1.8	0.9	2.3	217	0.7	0.3	0.0	1.0	46
Unguja	0.2	2.3	1.2	3.0	151	1.0	0.5	0.0	1.4	32
Pemba	0.5	0.8	0.2	0.8	66	0.0	0.0	0.0	0.0	14
Zone										
Western	2.8	6.0	3.6	8.2	1,612	2.0	0.9	1.5	3.4	404
Northern	0.8	3.8	1.8	5.1	1,263	1.3	2.2	1.1	3.6	305
Central	1.4	5.5	3.4	7.7	698	5.0	1.1	4.6	6.8	185
Southern highlands	1.8	2.0	1.7	3.2	1,249	5.1	5.9	8.0	12.5	290
Lake	2.5	3.1	1.3	3.7	1,678	4.7	4.4	6.5	8.9	389
Eastern	1.2	3.7	1.3	4.7	1,454	0.7	0.6	0.8	1.7	388
Southern	1.6	2.7	1.6	4.6	809	3.5	2.5	2.0	4.5	216
Education										
No education	1.7	3.3	2.1	4.6	2,342	3.6	2.3	3.3	5.3	259
Primary incomplete	1.7	4.2	2.2	5.7	1,482	3.4	3.2	4.5	7.9	474
Primary complete	1.9	4.0	2.2	5.5	4,534	2.9	2.7	3.3	5.4	1,248
Secondary+	1.2	2.7	0.4	3.0	621	1.3	0.0	1.4	2.3	240
Wealth quintile										
Lowest	1.5	3.6	2.1	4.6	1,673	2.9	2.0	2.2	4.4	402
Second	1.4	2.9	2.2	4.6	1,727	3.7	3.3	2.9	5.7	421
Middle	1.9	3.7	1.9	5.0	1,699	2.2	1.8	5.5	6.4	441
Fourth	1.9	3.8	2.1	5.1	1,750	4.1	4.5	4.9	9.3	435
Highest	2.0	4.6	1.9	6.1	2,131	2.0	1.0	1.4	2.8	522
Total	1.8	3.8	2.0	5.1	8,979	2.9	2.4	3.3	5.6	2,221

Figure 12.2 **Treatment-seeking among Women and Men Who Reported Having an STI in the Past 12 Months**



12.6 INJECTIONS

Injection overuse in a health care setting can contribute to the transmission of blood-borne pathogens because it amplifies the effect of unsafe practices, such as reuse of injection equipment. As a consequence, the proportion of injections given with reused injection equipment is an important prevention indicator in an initiative to prevent and control HIV/AIDS. Table 12.13 presents data on the prevalence of injections among respondents. Respondents were asked if they had had any injections given by a health worker in the six months preceding the survey, and if so, they were then asked if their last injection was given with a syringe from a new, unopened package. It should be noted that medical injections can be self-administered (e.g., insulin for diabetes). These injections were not included in the calculation.

Women are more likely than men to report receiving injections (21 and 14 percent, respectively). Gender differences are greatest among respondents age 20-39, most likely because of injections given in antenatal care or family planning settings. Both women and men with no schooling are less likely than other respondents to have had a recent injection, and those in rural areas are less likely than those in urban areas to have had injections within the past six months. Women who live in wealthier households are more likely than those who live in less wealthy households to have had injections, and the same is true among men, although the difference is smaller. Women in the Northern and Southern zones are most likely, and those in the Southern highlands are least likely, to have had an injection (26 and 15 percent, respectively). Among men, there is less zonal variation.

The vast majority of recent injections (98 percent among women and 97 percent among men) were given with a syringe taken from a newly opened package. Variation by sociodemographic characteristics is minimal.

Table 12.13 Prevalence of injections

Percentage of women and men age 15-49 who received at least one injection from a health worker[1] in the past 6 months, the average number of medical injections[1] per person, and among those who received an injection, the percentage whose health worker took the syringe and needle from a new and unopened package for the last injection, by background characteristics, Tanzania 2004-05

	Women					Men				
Background characteristic	Percentage who received an injection from a health worker in the past 6 months	Average number of medical injections in past 6 months	Number of women	Last injection, syringe and needle taken from newly opened package	Number of women receiving injections from a health worker in the past 6 months	Percentage who received an injection from a health worker in the past 6 months	Average number of medical injections in past 6 months	Number of men	Last injection, syringe and needle taken from newly opened package	Number of men receiving injections from a health worker in the past 6 months
Age										
15-19	19.4	0.5	2,245	96.2	436	19.2	0.6	637	93.7	123
20-24	22.9	0.6	2,007	98.0	460	11.4	0.4	493	98.0	56
25-29	21.1	0.6	1,885	98.2	399	13.8	0.4	405	98.0	56
30-39	21.0	0.7	2,595	97.5	544	12.9	0.5	665	97.3	86
40-49	17.4	0.6	1,597	98.0	277	13.0	0.5	435	98.1	57
15-24	21.1	0.5	4,252	97.1	896	15.8	0.5	1,130	95.1	179
Marital status										
Never married	16.4	0.4	2,371	97.5	388	16.2	0.5	1,100	94.8	179
Ever had sex	17.8	0.5	1,022	97.1	182	14.9	0.4	686	96.4	102
Never had sex	15.2	0.4	1,350	97.8	206	18.5	0.6	414	92.7	76
Married/living together	21.8	0.6	6,950	97.4	1,515	11.9	0.4	1,401	98.3	166
Divorced/separated/ widowed	21.3	0.7	1,007	98.4	214	24.2	1.0	135	*	33
Residence										
Urban	23.7	0.7	2,935	99.0	695	17.2	0.6	716	97.3	124
Rural	19.2	0.5	7,394	96.8	1,422	13.2	0.5	1,919	96.0	254
Mainland/Zanzibar										
Mainland	20.5	0.6	10,016	97.5	2,055	14.3	0.5	2,556	96.4	366
Total urban	23.9	0.7	2,885	99.0	690	17.4	0.6	716	97.3	125
Dar es Salaam city	22.3	0.6	969	98.8	216	20.0	0.7	267	*	53
Other urban	24.7	0.7	1,916	99.1	474	15.9	0.5	450	98.5	71
Total rural	19.1	0.5	7,131	96.7	1,365	13.1	0.4	1,840	95.9	241
Zanzibar	19.7	0.6	313	98.8	62	14.1	0.5	79	98.9	11
Unguja	21.9	0.7	216	98.5	47	12.2	0.4	53	(100.0)	6
Pemba	14.7	0.4	97	100.0	14	18.1	0.7	26	(97.4)	5
Zone										
Western	18.7	0.6	1,880	96.3	351	11.3	0.3	468	(100.0)	53
Northern	26.4	0.7	1,496	96.3	395	14.0	0.5	362	(96.5)	51
Central	19.5	0.5	799	97.6	156	16.6	0.6	212	(95.4)	35
Southern highlands	15.1	0.5	1,440	96.9	218	17.0	0.6	358	93.0	61
Lake	16.4	0.5	1,865	98.5	307	10.6	0.4	448	(95.6)	47
Eastern	24.2	0.7	1,670	99.4	404	16.8	0.5	462	(97.1)	78
Southern	26.0	0.6	866	97.1	225	16.9	0.6	245	96.9	41
Education										
No education	15.0	0.4	2,503	94.8	376	9.4	0.3	312	(92.4)	29
Primary incomplete	19.6	0.5	1,855	96.4	364	16.8	0.6	646	93.6	108
Primary complete	22.8	0.7	5,086	98.5	1,158	14.1	0.5	1,381	97.8	195
Secondary+	24.8	0.8	885	98.7	219	15.0	0.5	296	100.0	44
Religion										
Muslim	24.2	0.7	3,095	99.1	750	16.9	0.6	798	96.9	135
Catholic	18.8	0.6	2,944	96.8	555	13.3	0.5	755	96.0	101
Protestant	21.5	0.6	3,000	97.4	644	14.8	0.5	739	95.8	109
None	12.8	0.3	1,284	94.1	165	9.6	0.3	342	98.5	33
Wealth quintile										
Lowest	15.8	0.4	1,840	96.5	291	12.9	0.5	484	93.6	63
Second	17.4	0.5	1,944	96.5	339	11.9	0.4	504	95.9	60
Middle	20.5	0.6	1,943	96.2	398	13.1	0.5	516	97.3	67
Fourth	22.2	0.6	2,004	98.3	444	15.5	0.5	517	97.0	80
Highest	24.8	0.7	2,597	98.8	644	17.5	0.6	615	97.5	108
Total	20.5	0.6	10,329	97.5	2,117	14.3	0.5	2,635	96.5	377

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. Total includes 3 women and one man with "other" religion

[1] Includes injections given by a doctor, nurse, pharmacist, dentist, or other health worker

12.7 HIV/AIDS-Related Knowledge and Behaviour among Youth

This section addresses knowledge of HIV/AIDS issues and related sexual behaviour among youth age 15-24, who are of particular interest because HIV is transmitted mainly through sexual contact. The period between the initiation of sexual activity and marriage is often a time of sexual experimentation and may involve risky behaviours. Comprehensive knowledge of HIV/AIDS transmission and prevention as well as knowledge of where to obtain condoms is analysed below. Issues such as abstinence, age at sexual debut, age differences between partners, and condom use are also covered in this section.

Knowledge about HIV/AIDS and Source for Condoms

Knowledge of how HIV is transmitted is crucial to enabling people to avoid HIV, especially for young people, who are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviours. Young respondents in the 2004-05 TDHS were asked the same set of questions as older respondents about whether condom use and limiting partners to one uninfected partner can help protect against HIV, and whether a healthy-looking person can have HIV (see Tables 12.3.1 and 12.3.2).

Table 12.14 shows the level of comprehensive knowledge among young people, namely, the proportion who, in response to prompted questions, 1) agree that people can reduce their chances of getting the AIDS virus by having sex with only one uninfected, faithful partner and by using condoms consistently; 2) know that a healthy-looking person can have the AIDS virus; and 3) know that HIV cannot be transmitted by mosquito bites or by sharing food with a person who has AIDS. Forty-five percent of women and 40 percent of men age 15-24 know all of these facts about HIV/AIDS.

Among both women and men, those age 20-24 are considerably more likely than those age 15-19 to have comprehensive knowledge. Knowledge also increases with educational attainment: youth with secondary schooling or higher are twice as likely (among women) and four times as likely (among men) as those with no schooling to have comprehensive knowledge of HIV/AIDS. The higher the wealth quintile, the more likely youth are to have comprehensive knowledge. Youth in urban areas are more likely than those in rural areas to have comprehensive HIV/AIDS knowledge. Women in Mainland Tanzania and Zanzibar are equally likely to have comprehensive knowledge, while men in Mainland Tanzania are twice as likely as those in Zanzibar to have comprehensive knowledge (41 and 20 percent, respectively). There is significant regional variation.

The 2004-05 TDHS and the 2003-04 THIS found similar levels of comprehensive knowledge among young women, but the 2004-05 estimates for young men are consistently lower. As noted above, several of the questions on which comprehensive knowledge is based were worded differently in the two surveys.

Because of the important role that condoms play in combating the transmission of HIV, respondents were asked if they know where condoms could be obtained. Only responses about "formal" sources were counted, so that friends and family and other similar sources, were not included. As shown in Table 12.14, young men are more likely than young women to know where to obtain a condom (87 and 77 percent, respectively). Consistent with trends for other indicators, respondents who are better educated and wealthier are more likely than other respondents to know a source of condoms. Among young women and men, those in Mainland Tanzania are more likely than those in Zanzibar to know a source, and those in urban areas are more likely than those in rural areas to know of a condom source. Among men and women, knowledge of a source is highest in the Southern zone (more than nine in ten). The greatest gender gap is in the Southern highlands, with 66 percent of women and 92 percent of men knowing where to obtain a condom.

Table 12.14 Comprehensive knowledge about AIDS and of a source of condoms among youth

Percentage of young women and men age 15-24 with comprehensive knowledge about AIDS and percentage who know of a source for condoms, by background characteristics, Tanzania 2004-05

	Women			Men		
Background characteristic	Percentage with comprehensive knowledge of AIDS[1]	Percentage who know a source for male condoms[2]	Number of women age 15-24	Percentage with comprehensive knowledge of AIDS[1]	Percentage who know a source for male condoms[2]	Number of men age 15-24
Age						
15-19	40.9	70.0	2,245	33.3	84.5	637
20-24	50.1	84.5	2,007	49.4	90.3	493
Marital status						
Never married	46.0	80.5	2,156	41.8	89.4	179
Married or living together	45.2	79.7	1,990	38.0	90.5	153
Divorced/separated/ widowed	56.2	89.6	166	64.0	*	26
Residence						
Urban	57.0	90.8	1,271	51.4	96.1	317
Rural	40.2	70.9	2,981	36.0	83.5	813
Mainland/Zanzibar						
Mainland	45.3	77.4	4,118	41.0	87.7	1,094
Total urban	56.9	91.6	1,246	51.4	94.6	314
Dar es Salaam city	58.3	92.8	434	(49.3)	(92.0)	115
Other urban	56.1	91.0	812	52.7	96.1	199
Total rural	40.2	71.3	2,872	36.8	84.9	780
Zanzibar	43.7	59.3	134	19.5	67.0	36
Unguja	45.7	69.4	89	25.4	94.9	23
Pemba	39.6	39.1	45	8.9	16.5	13
Zone						
Western	33.8	71.5	831	37.1	82.0	211
Northern	47.1	76.2	595	27.5	90.5	140
Central	31.8	67.5	319	35.2	69.6	95
Southern highlands	40.8	65.6	579	46.5	92.4	155
Lake	56.4	79.2	753	43.9	89.7	194
Eastern	50.5	90.6	699	46.7	90.6	197
Southern	54.9	92.5	342	48.4	95.7	103
Education						
No education	26.8	58.4	925	13.5	64.6	122
Primary incomplete	37.6	71.1	900	33.0	84.4	380
Primary complete	52.8	84.3	1,969	47.8	92.0	504
Secondary+	64.9	93.7	458	59.0	96.5	124
Wealth quintile						
Lowest	34.6	59.6	712	27.1	78.9	220
Second	36.3	68.2	816	31.7	81.4	210
Middle	41.1	75.6	781	42.3	89.3	209
Fourth	49.8	81.5	763	44.1	89.9	221
Highest	57.6	91.2	1,180	53.2	93.8	270
Total 15-24	45.2	76.9	4,252	40.3	87.0	1,130

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Comprehensive knowledge means knowing that use of condoms and having just one uninfected, faithful partner can reduce the chances of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions regarding HIV transmission: "People get the AIDS virus from mosquito bites" and "People can be infected with the AIDS virus by eating from the same plate as someone who is sick with AIDS."

[2] Friends, family members, and home are not considered sources for condoms.

First Sex

The discussion below deals with age at first sex, premarital and other higher-risk sex, and condom use among young women and men. Table 12.15 shows the proportion of women and men age 15-24 who had sex before age 15 and age 18. Twelve percent of young women and 9 percent of young men had had sex by age 15. Young women with no schooling are considerably more likely than those with at least some secondary education to have had sex by age 15 (22 and 4 percent, respectively). Differences by educational attainment are smaller among men. The higher the wealth quintile, the less likely a young woman is to have had sex by age 15. This pattern does not hold among men, however. Men and women in rural areas are more likely than those in urban areas to have had sex by age 15. Early sexual debut is several times more likely in Mainland Tanzania than in Zanzibar.

Figure 12.3 shows trends in the age at first sex from the 1999 TRCHS and the 2004-05 TDHS. The data indicate that for women and men, the age of sexual initiation has declined. Among women age 15-19, 15 percent had had sex by age 15 in 1999 compared with 11 percent by 2004-05. Among men age 15-19, the decrease was even more striking, from 24 to 13 percent. Among young women and men age 18-19, there were also decreases in the percentages having sex before age 18.

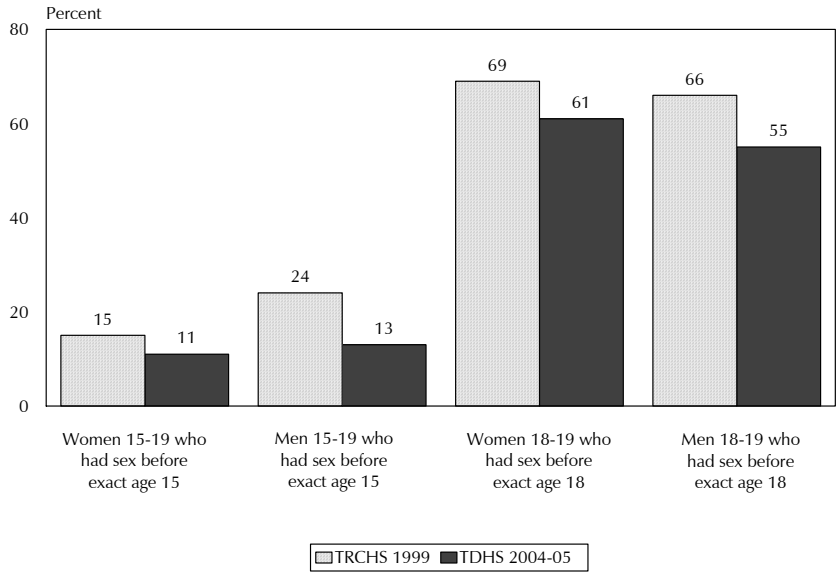
Table 12.15 Age at first sex among young women and men

Percentage of young women and men age 15-24 who have had sexual intercourse by exact age 15 and 18, by background characteristics, Tanzania 2004-05

Background characteristic	Women				Men			
	Percentage who have had sexual intercourse before exact age 15	Number of women 15-24	Percentage who have had sexual intercourse before exact age 18	Number of women 18-24	Percentage who have had sexual intercourse before exact age 15	Number of men 15-24	Percentage who have had sexual intercourse before exact age 18	Number of men 18-24
Age								
15-17	11.6	1,351	na	na	13.7	399	na	na
18-19	11.1	894	61.1	894	11.7	239	55.0	239
15-19	11.4	2,245	na	na	13.0	637	na	na
20-22	13.5	1,308	64.5	1,308	6.2	302	47.7	302
23-24	13.7	699	58.9	699	2.5	191	36.1	191
20-24	13.5	2,007	62.5	2,007	4.8	493	43.2	493
Marital status								
Never married	7.8	2,096	35.9	944	10.1	951	48.2	554
Ever married	16.9	2,156	74.7	1,957	5.9	179	43.6	178
Residence								
Urban	10.3	1,271	51.1	877	6.4	317	45.1	214
Rural	13.3	2,981	66.8	2,024	10.6	813	47.9	518
Mainland/Zanzibar								
Mainland	12.7	4,118	63.3	2,811	9.6	1,094	47.9	711
Total urban	10.5	1,246	52.3	864	6.4	314	44.7	215
Dar es Salaam city	10.4	434	47.1	317	2.1	115	38.3	87
Other urban	10.6	812	55.3	547	8.9	199	49.0	128
Total rural	13.6	2,872	68.1	1,948	10.9	780	49.3	496
Zanzibar	4.1	134	25.3	89	2.3	36	16.9	20
Unguja	5.2	89	25.7	61	0.2	23	19.5	13
Pemba	2.0	45	24.3	28	6.0	13	12.8	8
Zone								
Western	10.7	831	67.7	538	14.6	211	61.2	134
Northern	11.0	595	44.5	417	11.0	140	53.8	91
Central	19.3	319	67.0	213	16.3	95	53.7	66
Southern highlands	9.4	579	59.4	386	3.4	155	32.2	105
Lake	15.7	753	76.5	515	7.0	194	39.4	127
Eastern	9.6	699	54.3	506	3.7	197	44.7	131
Southern	19.3	342	79.7	236	17.2	103	56.1	57
Education	22.4	925	78.7	660	6.4	122	44.2	82
No education	14.6	900	73.8	444	12.7	380	51.8	173
Primary incomplete	8.7	1,969	58.8	1,469	8.7	504	48.5	380
Primary complete	3.7	458	27.5	328	5.1	124	35.3	97
Secondary+								
Know condom source[1]								
Yes	12.7	3,268	62.0	2,412	9.7	983	48.6	655
No	11.2	983	62.6	489	7.3	147	34.0	77
Wealth index								
Lowest	19.6	712	75.1	482	8.1	220	44.2	136
Second	15.7	816	71.8	552	9.5	210	51.5	124
Middle	11.4	781	65.4	539	11.4	209	52.5	140
Fourth	9.9	763	59.7	520	12.8	221	45.1	135
Highest	8.1	1,180	47.0	809	6.0	270	43.7	196
Total 15-24	12.4	4,252	na	2,901	9.4	1,130	na	732

[1] Friends, family members, and home are not considered sources for condoms.
na = Not applicable

Figure 12.3 **Trends in Age at First Sex**
Tanzania 1999-2005



To assess the extent of condom use from the beginning of sexual exposure, respondents age 15-24 were asked whether they had used condoms the first time they had sex. Table 12.16 shows that only 14 percent of young women and 20 percent of young men used condoms during their first sexual encounter. Never-married women were more than four times as likely as ever-married young women to have used a condom, while the difference among young men was considerably smaller (21 percent among never-married and 14 percent among ever-married). Young women and men with higher levels of educational attainment, greater wealth, and those in urban areas were more likely than other respondents to have used condoms. Among both women and men, knowledge of a source for condoms is correlated with use of a condom during first sex, with virtually none of the respondents without knowledge, and about one in five with knowledge, using condoms during their first sexual encounter.

Table 12.16 Condom use at first sex among young women and men

Among women and men age 15-24 who have ever had sex, percentage who used a condom the first time they ever had sex, by background characteristics, Tanzania 2004-05

Background characteristic	Women		Men	
	Used a condom at first sex	Number of women 15-24 who have ever had sex	Used a condom at first sex	Number of men 15-24 who have ever had sex
Age				
15-19	20.2	1,108	18.2	304
20-24	10.1	1,841	20.6	437
Marital status				
Never married	31.8	793	21.3	562
Ever married	7.4	2,156	14.3	179
Residence				
Urban	31.3	844	31.2	209
Rural	6.9	2,105	15.1	531
Mainland/Zanzibar				
Mainland	14.1	2,903	19.6	733
Total urban	31.4	847	30.2	210
Dar es Salaam city	36.7	302	(31.6)	77
Other urban	28.6	546	29.4	133
Total rural	6.9	2,056	15.3	523
Zanzibar	5.3	46	24.0	8
Unguja	7.4	30	(33.0)	6
Pemba	1.4	16	*	2
Zone				
Western	8.1	572	14.0	150
Northern	12.0	370	18.5	87
Central	9.9	220	(17.2)	69
Southern highlands	10.6	392	23.9	91
Lake	12.8	567	17.0	138
Eastern	26.6	496	(27.0)	124
Southern	17.2	287	*	74
Education				
No education	4.1	767	2.9	77
Primary incomplete	11.5	530	14.5	209
Primary complete	16.2	1,432	22.1	383
Secondary+	39.2	220	39.6	72
Know condom source[1]				
Yes	16.5	2,441	21.6	672
No	1.6	508	0.0	68
Wealth quintile				
Lowest	4.9	548	10.8	141
Second	5.3	602	13.1	135
Middle	8.9	543	17.1	136
Fourth	12.5	516	16.0	143
Highest	32.3	740	35.7	186
Total 15-24	13.9	2,949	19.6	740

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Friends, family members, and home are not considered sources for condoms.

12.8 Recent Sexual Activity among Young Women and Men

The period between age at first sex and age at marriage is often a time of sexual experimentation. Unfortunately, in the era of HIV/AIDS, it can also be a risky time. Table 12.17 presents data on the percentage of never-married young women and men age 15-24 who have not yet engaged in sex, the percentage who had sex in the 12 months preceding the survey, and the percentage who used condoms during most recent sex. Sixty-two percent of never-married young women reported that they had never had sex, compared with 41 percent of men. Though the percentage of unmarried youth who have never had sex declines rapidly from age 15-19 to 20-24, 35 percent of women and 18 percent of men in their early 20s reported that they had not yet had sex. There are no clear differences by educational attainment and minimal differences by wealth. Respondents who do not know a condom source are more likely than other respondents never to have had sex. Among both women and men, abstinence rates are considerably higher in Zanzibar than in the Mainland (94 compared with 61 percent for women, and 84 compared with 39 percent for men).

Table 12.17 also presents data on never-married youth who used a condom the last time they had sex. Twenty-nine percent of never-married women and 43 percent of never-married men had sex in the past 12 months. More than one-third of these women and almost half of these men reported using a condom during their last sexual intercourse. As educational attainment and wealth increase, so do the likelihood of condom use. Young women in urban areas are more likely than those in rural areas to have had sex within the last year, and are twice as likely to have used a condom in the encounter (50 and 24 percent, respectively). Among young men, there is no urban-rural difference in the incidence of sex, but men in urban areas are more likely to have used condoms the last time they had sex (66 and 38 percent, respectively).

Comparing the results of the 2003-04 THIS and 2004-05 TDHS, the abstinence rate among young never-married respondents in Mainland Tanzania was the same for women (around six in ten), and slightly lower for men in 2004-05 (from 46 to 39 percent). The rate of condom use in 2004-05 was slightly lower for women (37 and 44 percent, respectively) and the same for men (47 percent).

Table 12.17 Premarital sexual intercourse and condom use during premarital sexual intercourse among youth

Among never-married women and men age 15-24, the percentage who have never had sexual intercourse, the percentage who have had sex intercourse in the past 12 months, and among those who have had premarital sexual intercourse in the past 12 months, the percentage who used a condom at the last sexual intercourse, by background characteristics, Tanzania 2004-05

	Women					Men				
Background characteristic	Never had sex	Had sex in past 12 months	Number of never-married women 15-24	Used condom at last sex	Number of women 15-24 sexually active in past 12 months	Never had sex	Had sex in past 12 months	Number of never-married men 15-24	Used condom at last sex	Number of men 15-24 sexually active in past 12 months
Age										
15-19	70.3	22.5	1,618	38.2	364	53.0	32.8	629	39.3	206
20-24	34.8	51.1	478	35.0	244	17.5	63.4	322	53.5	204
Residence										
Urban	52.7	37.7	809	49.6	305	39.1	42.9	276	66.2	119
Rural	68.1	23.6	1,287	24.1	304	41.7	43.3	675	38.3	292
Mainland/Zanzibar										
Mainland	60.7	30.2	2,002	36.8	605	39.4	44.5	917	46.6	408
Total urban	51.3	38.9	778	49.5	302	38.4	43.2	271	66.9	117
Dar es Salaam city	47.3	42.7	280	50.5	120	37.6	49.0	102	*	50
Other urban	53.4	36.7	498	48.9	183	38.9	39.7	169	73.2	67
Total rural	66.6	24.7	1,225	24.1	303	39.8	45.1	646	38.4	291
Zanzibar	94.4	4.0	94	*	4	84.1	7.1	34	*	2
Unguja	92.2	5.6	64	*	4	81.1	10.1	22	*	2
Pemba	99.2	0.3	30	*	0	89.4	1.8	12	*	0
Zone										
Western	73.3	18.9	353	34.4	67	34.7	48.7	174	28.6	85
Northern	64.9	25.6	346	34.3	88	43.0	34.5	123	(51.0)	42
Central	62.0	30.3	160	(27.1)	48	34.4	53.9	77	(37.3)	42
Southern highlands	72.0	17.2	261	(43.8)	45	48.4	39.3	133	(58.3)	52
Lake	57.8	36.2	322	29.1	116	37.7	39.5	148	(54.2)	59
Eastern	51.1	40.2	398	45.7	160	41.2	43.9	175	(54.7)	77
Southern	33.9	49.2	164	37.2	81	33.2	60.1	86	47.1	52
Education										
No education	60.9	30.5	260	19.0	79	48.5	39.4	92	(34.0)	36
Primary incomplete	68.3	24.0	541	23.0	130	49.8	34.8	344	33.4	120
Primary complete	58.7	32.3	915	39.4	295	30.5	53.5	398	49.5	213
Secondary+	62.6	27.4	380	60.7	104	44.7	35.8	118	(78.0)	42
Know condom source[1]										
Yes	54.0	36.3	1,533	39.6	556	37.7	45.6	823	50.8	375
No	84.5	9.3	563	(7.5)	52	61.6	27.9	128	(0.0)	36
Wealth quintile										
Lowest	61.7	29.5	267	14.4	79	45.1	38.1	176	21.1	67
Second	68.4	22.3	312	22.6	69	45.5	41.5	165	28.2	68
Middle	69.3	23.6	344	26.7	81	41.5	45.2	177	47.5	80
Fourth	63.3	26.9	390	29.4	105	39.5	42.3	197	47.1	83
Highest	56.1	35.0	783	52.8	274	35.6	47.4	237	71.2	112
Total 15-24	62.2	29.0	2,096	36.9	609	41.0	43.2	951	46.4	411

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Friends, family members, and home are not considered sources for condoms.

Higher-Risk Sex

The most common means of transmission of HIV in Tanzania is through unprotected sex with an infected person. To prevent HIV/AIDS transmission, it is important that young people practice safe sex through the most advocated ABC methods (abstinence, being faithful to one uninfected partner, and condom use). Table 12.18 presents data on the percentages of young people engaging in higher-risk sex (sex with nonmarital, noncohabiting partners) in the 12-month period preceding the survey, and the rate of condom use in these higher-risk sexual encounters. 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.

Among women there are significant differences in the prevalence of higher-risk sex and condom use by background characteristics. Women with secondary schooling or higher are more than three times as likely as those with no schooling to have engaged in higher-risk sex, and women in the highest wealth quintile are twice as likely as those in the lowest quintile to have done so. Women in urban areas are twice as likely as those in rural areas to have engaged in risky sexual behaviour. While these relationships hold for men as well, the differences are smaller, in part because the majority of men have engaged in higher-risk behaviours.

By definition, sexually active women and men who have never married engage in higher-risk sex. Those who have never married are somewhat more likely to use condoms during higher-risk sexual activity than ever-married women and men. Consistent with findings in the previous table, almost four in ten women who know a condom source used a condom in their last sexual encounter, compared with one in ten of those unaware of a condom source.

Among women, there are striking differences by zone in the prevalence of higher-risk sex, ranging from 16 percent in the Southern highlands to 59 percent in the Southern zone. For men, the range is narrower, from 70 percent in the Lake zone to 94 percent in the Southern zone. Among those having higher-risk sex, women in the Southern highlands are the most likely to use condoms, while those in the Central zone are the least likely.

Table 12.18 Higher-risk sex and condom use at last higher-risk sex in the past year among young women and men

Among sexually active young women and men age 15-24, percentage who have had sexual relations with nonmarital, noncohabiting partner in the past 12 months, and among women and men age 15-24 who have had higher-risk sex in the past 12 months, percentage who say they used a condom the last time they had sex with a nonmarital, noncohabiting partner, by background characteristics, Tanzania 2004-05

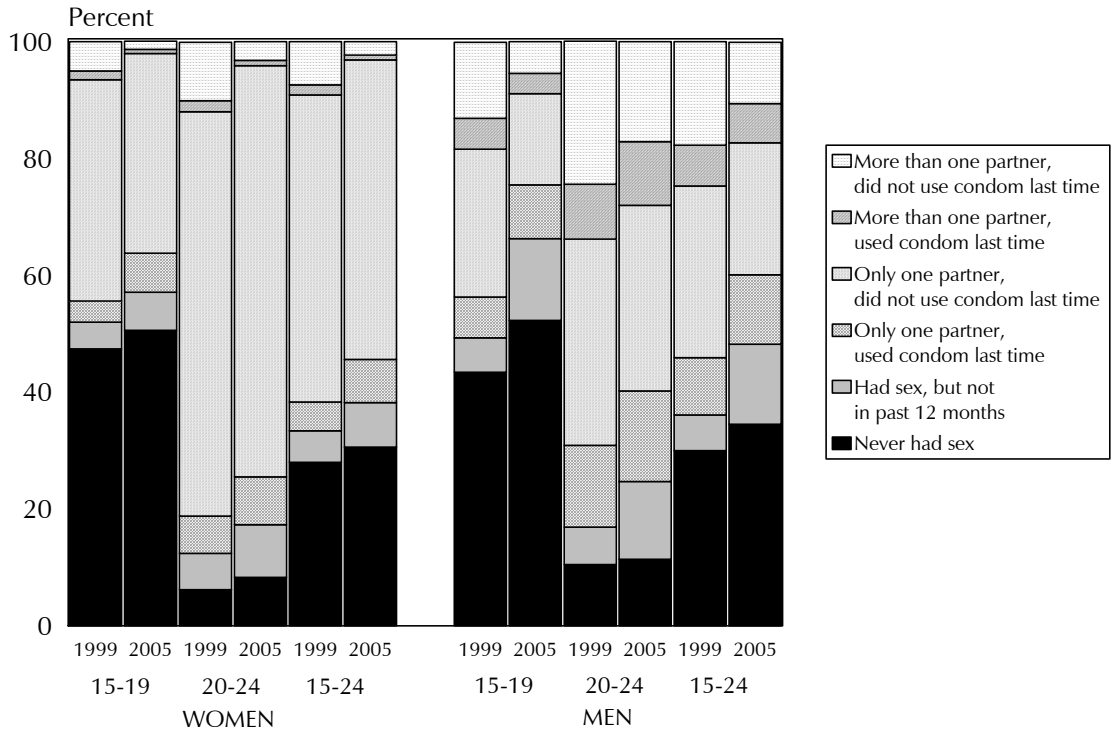
	Women				Men			
Background characteristic	Percentage engaging in higher-risk sex in past 12 months	Number of women sexually active in past 12 months	Percentage who used condom at last higher-risk sex	Number of women 15-24 who had higher-risk sex in past 12 months	Percentage engaging in higher-risk sex in past 12 months	Number of men sexually active in past 12 months	Percentage who used condom at last higher-risk sex	Number of men 15-24 who had higher-risk sex in past 12 months
Age								
15-19	46.3	963	36.4	446	98.1	215	39.0	210
20-24	26.8	1,661	31.1	445	73.9	371	50.5	274
Marital status								
Never married	99.4	609	37.1	605	100.0	411	46.4	411
Ever married	14.2	2,016	26.8	286	42.2	175	40.6	74
Residence								
Urban	53.9	748	46.2	403	84.3	158	68.5	134
Rural	26.0	1,876	23.5	488	82.2	427	36.8	351
Mainland/Zanzibar								
Mainland	34.3	2,583	33.7	885	82.9	581	45.7	482
Total urban	53.3	753	46.5	401	82.7	159	69.3	132
Dar es Salaam city	54.2	272	49.8	147	(86.5)	64	*	55
Other urban	52.8	481	44.7	254	80.1	96	74.2	77
Total rural	26.5	1,830	23.1	484	83.0	422	36.8	350
Zanzibar	14.1	41	(44.5)	6	(63.1)	4	*	3
Unguja	20.8	27	(46.2)	6	*	3	*	3
Pemba	1.5	14	*	0	*	1	*	0
Zone								
Western	18.2	522	37.5	95	83.6	120	30.3	100
Northern	39.1	311	34.4	122	81.4	59	(49.2)	48
Central	33.5	191	25.8	64	85.1	58	38.6	50
Southern highlands	15.5	338	47.7	52	81.9	74	55.3	61
Lake	32.7	537	30.8	175	69.7	104	48.7	72
Eastern	52.9	453	35.8	240	89.0	98	57.6	87
Southern	59.4	231	28.9	137	93.8	67	43.7	63
Education								
No education	20.8	693	21.2	145	72.2	64	(32.6)	46
Primary incomplete	43.7	461	25.9	201	87.8	155	30.0	136
Primary complete	32.7	1,292	35.2	423	81.4	317	50.3	258
Secondary+	68.9	177	56.8	122	89.7	49	(78.8)	44
Know condom source[1]								
Yes	37.6	2,186	35.7	821	83.0	532	49.9	442
No	16.1	438	11.5	70	80.0	54	(0.0)	43
Wealth quintile								
Lowest	26.6	489	12.8	130	77.4	110	23.5	85
Second	21.6	537	22.5	116	81.3	113	26.1	92
Middle	29.7	487	24.2	145	83.4	111	47.4	92
Fourth	33.7	455	30.6	153	86.1	106	46.3	92
Highest	52.9	657	50.8	348	85.0	145	73.2	123
Total 15-24	34.0	2,624	33.8	891	82.8	585	45.5	484

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] For the purposes of this table, the following are not considered as knowing a source for condoms: friends, family members, and home.

Figure 12.4 summarises data from the 1999 TRCHS and the 2004-05 TDHS on the proportion of young people who fall into various categories of risk for HIV. For example, according to the figure, women age 20-24 are at the greatest risk. Although the majority reported sex with only one partner during the past 12 months, no condom was used. However, it appears that across all age groups, the proportions of young people practicing the ABCs has increased since 1999.

Figure 12.4 **Scale of Risk for Young Women and Men: Abstinence, Being Faithful, and Using Condoms (ABC) among Young Women and Men, Tanzania 1999-2005**



Note: Data are for partners in the 12 months preceding the survey; condom use refers to most recent sexual encounter.

Age-Mixing in Sexual Relationships

In many societies, young women have sexual relationships with men who are considerably older than they are. This practice can contribute to the wider spread of HIV and other STIs, because if a younger, uninfected partner has sex with an older, infected partner, this can introduce the virus into a younger, uninfected cohort. To investigate this practice, in the 2004-05 TDHS women age 15-19 who had sex with a nonmarital, noncohabiting partner in the 12 months preceding the survey were asked whether the man was younger, about the same age, or older than they were. If older, they were asked if they thought he was less than ten years older or ten or more years older. The results in Table 12.19 show that in the previous year, only 6 percent of women age 15-19 had had higher-risk sex with a man ten or more years older than themselves. Women with no schooling, and those living in rural areas, were less likely than other respondents to engage in these sexual partnerships.

Table 12.19 Age-mixing in sexual relationships

Percentage of women age 15-19 who have had higher-risk sexual intercourse[1] in the past 12 months with a man who was 10 years or more older than themselves, by background characteristics, Tanzania 2004-05

Background characteristic	Percentage who had nonmarital sex with a man 10+ years older	Number of women 15-19 having nonmarital sex in past 12 months
Age		
15-17	4.9	248
18-19	7.8	198
Marital status		
Never married	5.4	361
Ever married	9.4	85
Residence		
Urban	8.6	189
Rural	4.4	257
Education		
No education	3.0	76
Primary incomplete	7.9	123
Primary complete	6.2	197
Secondary+	(6.7)	50
Know condom source[2]		
Yes	6.3	402
No	(5.3)	44
Wealth quintile		
Lowest	3.5	59
Second	1.2	65
Middle	5.2	81
Fourth	8.1	75
Highest	8.8	166
Total 15-19	6.2	446

Note: Figures in parentheses are based on 25-49 unweighted cases.

[1] Sexual intercourse with a partner who was neither a spouse nor who lived with the respondent

[2] For the purposes of this table, the following are not considered as knowing a source for condoms: friends, family members, and home.

Drunkenness during Sexual Intercourse

Sexual intercourse when one or both partners is under the influence of alcohol is more likely than otherwise to be unplanned, and couples are therefore less likely to use condoms. Respondents who had had sex during the preceding 12 months were asked if they or their partners drank alcohol the last time they had sex, and if so, whether they or their partners were drunk. Table 12.20 shows the prevalence of sexual intercourse while drunk. The overall prevalence of sex when the respondent is drunk is extremely low, especially for young women (one-tenth of 1 percent for women and 1 percent for men). It is slightly higher when tabulated for sex when either the respondent or her/his partner is drunk (3 percent for women and 2 percent for men). Given the rarity of the phenomenon, differences across groups are minimal.

Table 12.20 Drunkenness during sexual intercourse among youth

Percentage of young women and men 15-24 who had sexual intercourse in the past 12 months while being drunk, by background characteristics, Tanzania 2004

Background characteristic	Women			Men		
	Percentage who had sexual intercourse in the past 12 months when drunk	Percentage who had sexual intercourse in the past 12 months while one or both partners were drunk	Number of women	Percentage who had sexual intercourse in the past 12 months when drunk	Percentage who had sexual intercourse in the past 12 months while one or both partners were drunk	Number of men
Age						
15-19	0.0	1.0	2,245	0.0	0.4	637
20-24	0.2	5.0	2,007	2.0	4.5	493
Marital status						
Never married	0.0	2.0	2,096	1.0	1.8	951
Married/Living together	0.2	4.0	1,990	2.0	4.4	153
Divorced/separated/widowed	0.5	7.0	166	*	*	26
Residence						
Urban	0.1	3.0	1,271	2.0	3.0	317
Rural	0.1	3.0	2,981	1.0	1.9	813
Education						
No education	0.2	5.0	925	1.0	2.1	122
Primary incomplete	0.0	3.0	900	2.0	2.8	380
Primary complete	0.1	3.0	1,969	0.0	1.9	504
Secondary+	0.0	1.0	458	0.0	1.8	124
Know condom source [1]						
Yes	0.1	4.0	3,268	1.0	2.5	983
No	0.0	2.0	983	1.0	0.5	147
Wealth quintile						
Lowest	0.1	4.0	712	1.0	2.0	220
Second	0.0	3.0	816	0.0	2.4	210
Middle	0.0	4.0	781	0.0	0.0	209
Fourth	0.2	3.0	763	1.0	3.3	221
Highest	0.1	2.0	1,180	2.0	3.1	270
Total 15-24	0.1	3.1	4,252	1.0	2.2	1,130

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] For the purposes of this table, the following are not considered as knowing a source for condoms: friends, family members, and home.

HIV Testing

Young people may believe there are barriers to accessing and using many health services and facilities, particularly for sensitive concerns relating to sexual health, such as sexually transmitted infections like HIV/AIDS. Table 12.21 presents data on the percentage of sexually active youth being tested and receiving the results within the past year. Although the proportions are small, young women and men are about equally likely to have been tested for HIV (6 and 7 percent, respectively).

Table 12.21 Recent HIV test among youth

Among young women and men 15-24 who have had sexual intercourse in the past 12 months, the percentage who have had an HIV test in the past 12 months and received the results of the test, by background characteristics, Tanzania 2004-05

	Women		Men	
Background characteristic	Percentage who have been tested and received results in the past 12 months	Number of women age 15-24 who have had sexual intercourse in past 12 months	Percentage who have been tested and received results in the past 12 months	Number of men age 15-24 who have had sexual intercourse in past 12 months
Age				
15-17	5.7	411	1.9	104
18-19	7.5	552	5.1	110
15-19	6.7	963	3.5	215
20-22	5.0	1,051	5.4	208
23-24	6.3	610	12.6	163
20-24	5.5	1,661	8.6	371
Marital status				
Never married	6.4	609	5.5	411
Married/living together	6.0	1,892	10.4	151
Divorced/separated/ widowed	3.6	123	*	24
Residence				
Urban	8.0	748	12.6	158
Rural	5.1	1,876	4.6	427
Education				
No education	4.0	693	0.0	64
Primary incomplete	7.1	461	5.9	155
Primary complete	6.9	1,292	7.6	317
Secondary+	3.3	177	(12.6)	49
Know condom source[1]				
Yes	6.7	2,186	7.4	532
No	2.3	438	0.6	54
Wealth quintile				
Lowest	3.4	489	3.6	110
Second	6.2	537	3.6	113
Middle	6.7	487	3.7	111
Fourth	7.3	455	8.6	106
Highest	6.2	657	12.5	145
Total 15-24	5.9	2,624	6.7	585

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] For the purposes of this table, the following are not considered as knowing a source for condoms: friends, family members, and home.

Given that HIV testing is uncommon among youth age 15-24, there is comparatively little variation across groups. Male respondents in urban areas, though, are several times more likely than those in rural areas to have been tested and to have received the results. The urban-rural differential is smaller among women. Married and cohabiting men are almost twice as likely as never-married men to report having an HIV test (10 and 6 percent, respectively), but for sexually active women the level is the same among those never-married and those in a marital-cohabiting situation (6 percent).

12.9 ORPHANS AND VULNERABLE CHILDREN

The repercussions of HIV are not limited to those infected with the virus. The children of infected parents are likely to become orphans in need of new caretakers. When a household takes in a child who has been orphaned, household resources must be spread more thinly. Table 12.22 presents data on the prevalence of orphanhood in Tanzania. One percent of children under the age of 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.

Table 12.22 Orphanhood and children's living arrangements

Percent distribution of de jure children under age 18 by survival status of parents and children's living arrangements, by background characteristics, Tanzania 2004-05

	Orphanhood							Children's living arrangements					
Background characteristic	Both parents dead	Only mother dead	Only father dead	Both parents alive	Missing information on father/ mother	Total	Mother, father, or both dead	Not living with either parent	Living only with mother	Living only with father	Living with both parents	Total	Number of children
Age													
0-1	0.0	0.2	1.1	98.3	0.3	100.0	1.4	1.3	21.0	0.1	77.6	100.0	3,447
2-4	0.2	0.8	2.6	95.7	0.6	100.0	3.8	9.1	19.5	2.4	69.0	100.0	4,896
5-9	0.7	2.1	5.9	90.4	0.9	100.0	8.7	14.2	18.6	5.6	61.5	100.0	7,012
10-14	2.2	4.6	8.8	83.4	1.0	100.0	15.8	21.6	18.0	8.2	52.2	100.0	6,409
15-17	3.4	5.4	11.2	77.0	2.9	100.0	20.4	32.5	19.1	6.9	41.5	100.0	2,858
0-14	0.9	2.2	5.3	90.8	0.8	100.0	8.5	13.2	19.0	4.8	63.0	100.0	21,763
Sex													
Male	1.1	2.7	6.1	89.0	1.1	100.0	10.0	14.0	19.3	5.5	61.2	100.0	12,441
Female	1.3	2.5	5.8	89.4	1.0	100.0	9.8	17.0	18.7	4.6	59.7	100.0	12,180
Residence													
Urban	2.6	3.0	6.8	86.4	1.3	100.0	12.5	20.6	19.0	5.7	54.8	100.0	5,127
Rural	0.9	2.5	5.7	89.9	1.0	100.0	9.2	14.1	19.1	4.9	62.0	100.0	19,493
Mainland/Zanzibar													
Mainland	1.2	2.6	6.0	89.1	1.0	100.0	10.0	15.4	19.2	5.1	60.3	100.0	23,912
Total urban	2.7	3.1	6.9	86.1	1.3	100.0	12.8	20.4	19.2	6.0	54.4	100.0	5,023
Dar es Salaam city	4.2	4.0	4.9	86.2	0.7	100.0	13.3	23.8	14.5	7.9	53.8	100.0	1,362
Other urban	2.1	2.8	7.6	86.0	1.5	100.0	12.6	19.2	20.9	5.3	54.6	100.0	3,661
Total rural	0.9	2.5	5.7	89.9	1.0	100.0	9.3	14.0	19.2	4.8	61.9	100.0	18,889
Zanzibar	0.4	1.8	4.9	92.6	0.4	100.0	7.0	18.1	13.4	3.6	64.9	100.0	708
Unguja	0.3	1.7	4.8	92.8	0.4	100.0	6.8	20.6	13.8	4.1	61.5	100.0	443
Pemba	0.5	1.8	5.0	92.3	0.3	100.0	7.4	13.8	12.8	2.7	70.7	100.0	265
Zone													
Western	0.5	2.8	4.8	91.4	0.5	100.0	8.1	13.1	16.0	5.7	65.2	100.0	4,998
Northern	1.1	1.9	6.6	89.3	1.1	100.0	9.7	15.6	22.3	3.3	58.8	100.0	3,476
Central	1.2	3.4	5.2	88.4	1.8	100.0	10.0	14.7	18.9	4.8	61.6	100.0	2,098
Southern highlands	1.9	3.0	8.0	86.4	0.8	100.0	12.9	13.2	20.5	3.7	62.7	100.0	3,621
Lake	0.8	1.9	6.3	89.7	1.2	100.0	9.3	15.4	20.3	4.8	59.5	100.0	4,831
Eastern	2.6	3.4	4.8	88.3	1.0	100.0	11.0	19.9	17.0	6.7	56.4	100.0	3,052
Southern	1.5	2.7	5.9	88.5	1.5	100.0	10.2	18.8	20.7	7.9	52.6	100.0	1,837
Wealth quintile													
Lowest	0.6	2.4	7.4	88.8	0.8	100.0	10.4	11.8	23.7	4.4	60.1	100.0	5,273
Second	0.5	2.2	5.7	90.5	1.1	100.0	8.6	12.6	18.3	5.1	64.0	100.0	5,014
Middle	1.1	2.6	6.2	88.9	1.2	100.0	10.1	15.6	18.7	4.0	61.7	100.0	5,085
Fourth	1.4	2.7	5.0	89.9	0.9	100.0	9.2	16.2	18.7	5.4	59.7	100.0	5,018
Highest	2.8	3.2	5.2	87.7	1.0	100.0	11.4	22.3	14.9	6.5	56.3	100.0	4,232
Total	1.2	2.6	5.9	89.2	1.0	100.0	9.9	15.5	19.0	5.0	60.5	100.0	24,621

In families afflicted with HIV/AIDS, children often drop out of school. This can happen for many reasons, such as the inability to pay school fees, stigma, or the need to help with household labour or to stay at home to care for sick parents or younger siblings. Table 12.23 presents data on school attendance rates among children age 10-14, according to orphanhood status. Data on these special subgroups (double orphans and nonorphans living with at least one parent) is critical to the monitoring and evaluation of orphans and vulnerable children (OVC) programmes, and as an indicator of the disadvantage that can result from orphanhood (UNICEF, 2005). Attendance rates differ little among orphans and nonorphans, with about 9 in 10 children age 10-14 attending school at some level. However, this indicator is based on the assumption that orphans are accurately represented in the survey. This may not be true if a sizable proportion of 10-14 year old orphans live on the streets or in institutional settings not captured in the TDHS sample.

Table 12.23 School attendance by survivorship of parents and by OVC status

For children 10-14 years of age, the percentage attending school by parental survival and by OVC status and the ratios of the percentages attending for parental survival and OVC status, according to background characteristics, Tanzania 2004-05

Background characteristic	Both parents deceased: Percentage attending school	Both parents deceased: Number of children 10-19	Both parents alive and living with at least one: Percentage attending school	Both parents alive and living with at least one: Number of children 10-14	Ratio
Sex					
Male	83.0	72	86.3	2,304	1.0
Female	96.9	70	86.8	2,204	1.1
Residence					
Urban	(95.1)	59	95.9	882	1.0
Rural	86.0	83	84.3	3,626	1.0
Wealth quintile					
Lowest	*	17	74.2	967	1.0
Second	*	12	81.4	970	1.0
Middle	*	26	87.1	900	1.0
Fourth	(84.8)	32	95.3	912	0.9
Highest	(99.4)	54	97.9	758	1.0
Total	89.8	142	86.6	4,508	1.0

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Property dispossession can make caregivers and their children especially vulnerable. In many countries, widows and their children are often denied an inheritance, whether because of common law or religious laws. In many cases, enforcement of inheritance laws is weak, and relatives take the inheritance even where laws provide for property transfer to widows and children. An increasing number of countries are establishing and harmonising legislation to give women and dependent children inheritance rights when their husbands/fathers die.

The 2004-05 TDHS asked women whether they had ever lost a husband. If they had, they were asked if they had any property taken because of the death. Three percent of women had been widowed, and of these, 46 percent were dispossessed of property (Table 12.24). Because the number of widowed women is so small, it is not possible to explain with confidence the differentials by social and demographic characteristics.

Table 12.24 Property dispossession

Percentage of women 15-49 who have been widowed, and among them, percentage who have been dispossessed of property, by background characteristics, Tanzania 2004-05

Background characteristic	Percentage of ever-widowed women	Number of women	Percentage of widowed women who were dispossessed of property	Number of widowed women
Residence				
Urban	2.0	2,935	58.0	60
Rural	2.8	7,394	42.4	207
Education				
No education	3.6	2,503	36.9	91
Primary incomplete	3.2	1,855	60.1	60
Primary complete	2.1	5,086	44.0	106
Secondary+	1.2	885	*	10
Wealth quintile				
Lowest	4.2	1,840	53.8	78
Second	2.5	1,944	(43.0)	49
Middle	2.6	1,943	(33.3)	51
Fourth	2.7	2,004	40.7	55
Highest	1.3	2,597	(59.1)	34
Total	2.6	10,329	45.9	267

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

FEMALE GENITAL CUTTING 13

Female genital cutting (FGC), also known as female circumcision or female genital mutilation (FGM) in Tanzania, is a common practice in many societies in the northern half of sub-Saharan Africa. Nearly universal in a few countries, it is practiced by various groups in at least 25 African countries, in Yemen, and in immigrant African populations in Europe and North America (Yoder et al., 2004). In a few societies, the procedure is routinely carried out when a girl is a few weeks or a few months old (e.g., Eritrea, Yemen), while in most others, it occurs later in childhood or adolescence. In the case of the latter, FGC is typically part of a ritual initiation into womanhood that includes a period of seclusion and education about the rights and duties of a wife.

The Tanzanian Special Provision Act, a 1998 amendment to the penal code, specifically prohibits FGC. However, while the practice has been outlawed, it is still occurring in many areas. FGC is considered compulsory in some communities whereas in other communities, women may have options about being cut.

The 2004-05 TDHS collected data on the practice of female circumcision from women age 15-49. The 1996 TDHS also collected data on female circumcision from women in the same age group. The 2003-04 Tanzania HIV/AIDS Indicator Survey (TACAIDS, NBS, and ORC Macro, 2005) included only one question on circumcision for male and female respondents: whether the respondent was circumcised. In this chapter, topics discussed include knowledge, prevalence, and type; age at circumcision; person who performed the circumcision; and attitudes towards the practice. The terms FGC and female circumcision are used interchangeably in this chapter.

13.1 KNOWLEDGE OF FEMALE GENITAL CUTTING

Table 13.1 presents data on women's and men's knowledge of female circumcision. About three-quarters (74 percent) of Tanzanian women have heard of the practice. Although differences by marital status are minimal, there are noticeable variations in knowledge of female circumcision by residence, region, education, and ethnicity. About nine out of every ten women in urban areas have heard of female circumcision, compared with only two-thirds of women in rural areas (91 and 67 percent, respectively). Knowledge of female circumcision among women is higher in Zanzibar than in the Mainland (86 and 73 percent, respectively). Almost all women in the Northern, Central, and Eastern zones have heard of the practice, compared with between half and two-thirds in other zones.

The variations by zone and residence are a reflection of ethnic differentials and advocacy campaigns. In the Northern zone, where the Maasai and Chagga tribes are located, and in the Central zone, where the Gogo and Nyaturu tribes are the primary residents, women have greater knowledge of female circumcision than ethnic groups in the Southern zone. The Eastern zone, which includes the city of Dar es Salaam, has higher awareness compared with the Southern Highlands, Lake, and Western zones because the Eastern zone is more urban and is where most advocacy groups at the national level are based. With regard to education differentials, the table reveals that awareness of the practice is highest (97 percent) among women with at least some secondary education, and gradually decreases with level of education to 58 percent among women with no education. Differentials by wealth quintile are very similar to the differentials by education. The percentage of women who are aware of female circumcision ranges from 95 percent for the highest quintile to 59 percent for the lowest quintile. By religion, knowledge of FGC is highest among Muslims (85 percent) and lowest among those who report that they have no religion (48 percent).

Table 13.1 Knowledge of female circumcision

Percentage of women and men who have heard of female circumcision by background characteristics, Tanzania 2004-05

Background characteristic	Percentage of women who have heard of female circumcision	Number of women	Percentage of men who have heard of female circumcision	Number of men
Age				
15-19	64.4	2,245	64.9	637
20-24	73.8	2,007	82.6	493
25-29	78.8	1,885	90.9	405
30-34	78.1	1,542	90.8	387
35-39	77.6	1,053	91.0	278
40-44	75.6	834	89.7	265
45-49	69.4	763	91.4	170
Marital status				
Never married	72.1	2,371	74.0	1,100
Married or living together	73.9	6,950	89.6	1,401
Divorced, separated, or widowed	74.4	1,007	88.0	135
Residence				
Urban	91.1	2,935	94.5	716
Rural	66.6	7,394	78.7	1,919
Mainland/Zanzibar				
Mainland	73.1	10,016	82.8	2,556
Total urban	91.0	2,885	93.4	716
Dar es Salaam city	97.4	969	94.3	267
Other urban	87.8	1,916	92.8	450
Total rural	65.9	7,131	78.7	1,840
Zanzibar	86.1	313	89.0	79
Unguja	93.3	216	93.2	53
Pemba	70.0	97	80.3	26
Zone				
Western	50.7	1,880	59.8	468
Northern	98.3	1,496	85.7	362
Central	93.1	799	94.3	212
Southern highlands	55.3	1,440	81.0	358
Lake	63.9	1,865	89.5	448
Eastern	95.4	1,670	93.0	462
Southern	66.6	866	83.5	245
Region				
Dodoma	96.0	468	92.8	113
Arusha	98.6	391	94.9	82
Kilimanjaro	98.5	380	79.0	104
Tanga	96.9	431	78.7	94
Morogoro	93.0	449	91.9	127
Pwani	92.0	253	90.0	68
Dar es Salaam	97.4	969	94.3	267
Lindi	78.5	221	86.3	65
Mtwara	67.2	346	88.1	98
Ruvuma	57.0	299	76.0	83
Iringa	80.2	412	69.3	102
Mbeya	53.0	712	91.2	170
Singida	89.1	331	96.1	99
Tabora	51.3	520	55.3	127
Rukwa	28.2	316	75.1	87
Kigoma	39.6	499	55.7	127
Shinyanga	56.8	861	64.8	215
Kagera	32.0	545	90.1	122
Mwanza	68.2	939	85.8	229
Mara	98.9	381	97.3	98
Manyara	99.5	293	92.9	83
Zanzibar North	88.3	48	87.4	11
Zanzibar South	93.3	26	85.0	6
Town West	95.0	143	96.4	36
Pemba North	67.7	52	87.8	13
Pemba South	72.5	45	72.2	12
Education				
No education	57.7	2,503	71.4	312
Primary incomplete	68.7	1,855	70.0	646
Primary complete	79.1	5,086	88.4	1,381
Secondary+	96.6	885	98.2	296

Continued...

Table 13.1—*Continued*

Background characteristic	Percentage of women who have heard of female circumcision	Number of women	Percentage of men who have heard of female circumcision	Number of men
Religion				
Muslim	85.0	3,095	86.9	798
Catholic	72.1	2,944	83.2	755
Protestant	74.2	3,000	87.0	739
None	47.5	1,284	64.7	342
Wealth quintile				
Lowest	59.0	1,840	71.2	484
Second	62.9	1,944	78.4	504
Middle	65.1	1,943	80.3	516
Fourth	77.8	2,004	87.5	517
Highest	94.7	2,597	94.5	615
Total	73.5	10,329	83.0	2,635

Note: Total includes 3 women and 1 man with "other" religion.

Table 13.1 indicates that knowledge of female circumcision is higher among men than women. More than four-fifths of men know about the practice. The differentials by background characteristics for men generally follow the same pattern as noted above for women. Among zones, men in the Western zone are least likely to have heard of female circumcision (60 percent). Knowledge of FGC is higher in urban areas than rural areas, and awareness increases with men's educational level and wealth quintile. However, the differentials for men are generally not as pronounced as for women.

13.2 Prevalence of Female Genital Cutting

Table 13.2 shows the prevalence of female circumcision by background characteristics. The prevalence of FGC in the country seems to have dropped slightly from 18 percent reported in the 1996 TDHS and the 2003-04 THIS to 15 percent in the 2004-05 TDHS, although the difference is not statistically significant. It is clear that prevalence level and level of knowledge of circumcision are not always related. For example, knowledge is higher among urban women and men but prevalence of FGC is more than double in rural areas than in urban areas. The proportion of women who were circumcised at the time of the survey was the highest in the Northern and Central zones (Manyara, Dodoma, Arusha, and Singida regions). The high prevalence of female circumcision in Manyara (81 percent) and Dodoma (68 percent) is largely explained by ethnic differentials in the practice.

Women age 15-19 are less likely to report being circumcised than their older cohorts (Figure 13.1). It is difficult to know the real reason for a lower percentage of younger women circumcised. The differences by age may be the result of a real decline in the practice or may be underreporting of the practice because it is now prohibited by law. Although Arusha region shows a sharp decline in FGC prevalence (81 percent in 1996 compared with 55 percent in 2004-05), the data should be interpreted with caution. The region was recently split into Arusha and Manyara, which as the table shows has a prevalence that is similar to that reported in TDHS 1996 for the then Arusha. On the other hand, the two surveys reveal that the prevalence of FGC has remained unchanged in Dodoma region (68 percent) and increased in Singida region from 25 percent in 1996 to 43 percent according to the 2004-05 TDHS.

Table 13.2 Prevalence of female circumcision and type of circumcision

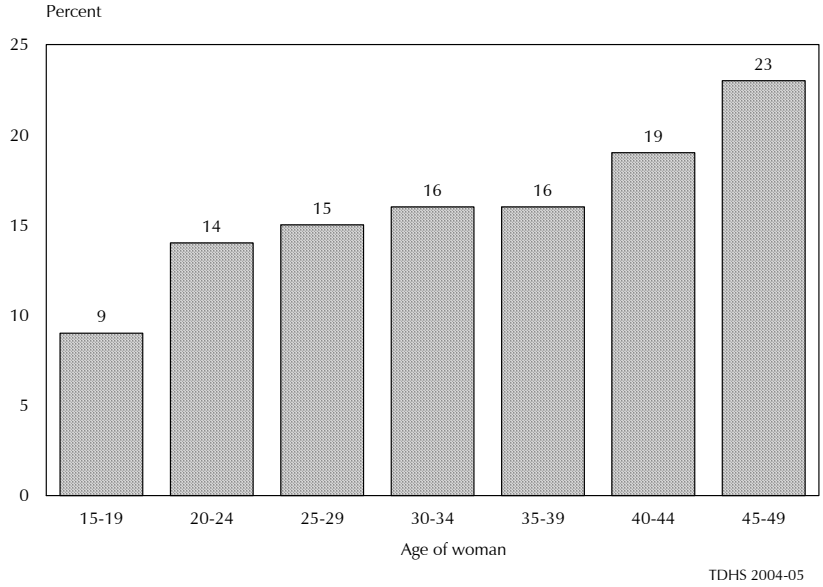
Percentage of women circumcised, and percent distribution of circumcised women by type of circumcision, according to background characteristics, Tanzania 2004-05

Background characteristic	Percentage of women circumcised	Number of women	Type of circumcision				Total	Number of circumcised women
			Cut, no flesh removed	Cut, flesh removed	Sewn closed	Not determined		
Age								
15-19	9.1	2,245	2.3	89.8	1.2	6.7	100.0	203
20-24	13.7	2,007	2.6	89.7	1.8	5.9	100.0	276
25-29	15.2	1,885	1.0	90.2	1.6	7.2	100.0	286
30-34	16.0	1,542	1.8	89.7	3.9	4.7	100.0	246
35-39	16.0	1,053	2.2	94.7	1.4	1.7	100.0	168
40-44	18.8	834	2.0	96.2	0.9	0.9	100.0	156
45-49	22.9	763	1.4	92.3	2.6	3.7	100.0	175
Residence								
Urban	7.2	2,935	1.6	87.8	5.2	5.4	100.0	210
Rural	17.6	7,394	1.9	91.9	1.4	4.7	100.0	1,300
Mainland/Zanzibar								
Mainland	15.1	10,016	1.9	91.4	1.9	4.8	100.0	1,509
Total urban	7.3	2,885	1.6	88.0	5.1	5.2	100.0	210
Dar es Salaam city	3.2	969	*	*	*	*	*	31
Other urban	9.3	1,916	1.9	92.5	1.9	3.7	100.0	178
Total rural	18.2	7,131	1.9	91.9	1.4	4.7	100.0	1,300
Zanzibar	0.3	313	*	*	*	*	*	1
Unguja	0.4	216	*	*	*	*	*	1
Pemba	0.1	97	*	*	*	*	*	0
Zone								
Western	1.2	1,880	*	*	*	*	*	23
Northern	43.2	1,496	1.5	92.1	1.0	5.5	100.0	647
Central	57.6	799	2.3	91.0	1.6	5.1	100.0	460
Southern highlands	6.9	1,440	3.8	91.1	3.7	1.4	100.0	100
Lake	8.3	1,865	1.8	93.4	2.4	2.5	100.0	155
Eastern	7.1	1,670	1.8	87.6	6.9	3.7	100.0	119
Southern	0.8	866	*	*	*	*	*	7
Region								
Dodoma	67.8	468	2.3	91.7	1.7	4.2	100.0	317
Arusha	54.5	391	0.9	94.9	0.5	3.7	100.0	213
Kilimanjaro	25.4	380	1.2	95.6	3.3	0.0	100.0	97
Tanga	23.0	431	2.4	96.4	1.2	0.0	100.0	99
Morogoro	18.1	449	1.8	98.2	0.0	0.0	100.0	81
Pwani	2.4	253	*	*	*	*	*	6
Dar es Salaam	3.2	969	(0.0)	(63.0)	(23.1)	(13.9)	(100.0)	31
Lindi	0.6	221	*	*	*	*	*	1
Mtwara	0.3	346	*	*	*	*	*	1
Ruvuma	1.4	299	*	*	*	*	*	4
Iringa	22.7	412	4.1	93.1	1.3	1.4	100.0	94
Mbeya	0.5	712	*	*	*	*	*	4
Singida	43.2	331	2.1	89.4	1.4	7.1	100.0	143
Tabora	2.8	520	*	*	*	*	*	14
Rukwa	0.7	316	*	*	*	*	*	2
Kigoma	0.7	499	*	*	*	*	*	3
Shinyanga	0.6	861	*	*	*	*	*	5
Kagera	0.0	545	*	*	*	*	*	0
Mwanza	1.0	939	*	*	*	*	*	10
Mara	38.1	381	1.9	94.1	1.3	2.6	100.0	145
Manyara	81.0	293	1.7	86.4	0.3	11.6	100.0	238
Zanzibar North	0.4	48	*	*	*	*	*	0
Zanzibar South	0.2	26	*	*	*	*	*	0
Town West	0.4	143	*	*	*	*	*	1
Pemba North	0.2	52	*	*	*	*	*	0
Pemba South	0.0	45	*	*	*	*	*	0
Religion								
Muslim	11.3	3,095	2.3	90.9	4.3	2.6	100.0	349
Catholic	14.2	2,944	1.9	91.6	1.1	5.5	100.0	417
Protestant	19.5	3,000	1.7	91.0	0.7	6.7	100.0	586
None	12.3	1,284	1.9	93.2	3.8	1.1	100.0	158
Wealth quintile								
Lowest	20.5	1,840	2.6	89.9	1.0	6.4	100.0	377
Second	18.4	1,944	1.8	92.5	1.2	4.5	100.0	357
Middle	16.3	1,943	1.8	92.4	1.8	4.0	100.0	317
Fourth	12.8	2,004	1.2	94.6	1.8	2.4	100.0	257
Highest	7.8	2,597	1.8	86.1	5.4	6.7	100.0	203
Total	14.6	10,329	1.9	91.3	2.0	4.8	100.0	1,510

Note: Total includes 1 woman with missing information on whether circumcised and 3 women with "other" religion. Figures in parentheses are based on 25 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Questions directed at determining the type of female circumcision were asked of women who reported they had been circumcised. Table 13.2 indicates that for the overwhelming majority of women, circumcision involved cutting and removal of flesh (91 percent). Two percent of women reported that their vagina was sewn closed (infibulation) during circumcision, which is the most radical procedure. It is noteworthy that the Northern zone, which has the second largest proportion of women circumcised, has only 1 percent of women who have the severest form of circumcision. On the other hand, in the Eastern and Southern Highlands zones where prevalence of circumcision is rather low (7 percent each), a greater proportion of the circumcised women are infibulated (7 and 4 percent, respectively).

Figure 13.1 **Percentage of Women Circumcised by Age**



13.3 AGE AT CIRCUMCISION

The percent distribution of women by age at circumcision is presented in Table 13.3. Unlike in Nigeria where female circumcisions occur mostly before the first birthday (NPC and ORC Macro, 2004), in Tanzania female circumcision is done throughout childhood. Whereas 28 percent of women were circumcised by age one, approximately the same proportion were circumcised at age 13 and over. One-third of women were circumcised before age five. The comparative figure for 1996 is only 5 percent (Yoder et al. 2004). However, the question on age at circumcision in the 1996 and 2004-05 TDHS surveys was worded differently. This may explain part of the variations in age at circumcision between the two surveys.

Table 13.3 also reveals that circumcisions at an early age (before age one) decrease with the age of the respondent. This pattern might imply that more women are now subjected to circumcision earlier in their childhood than before. There are marked variations in timing of circumcision by residence, zone, and region. The percentage of women who were circumcised by age one is higher in urban areas (34 percent) than in rural areas (28 percent) and the corresponding proportions of circumcisions at age 13 or later are 19 and 31 percent, respectively.

Table 13.3 Age at circumcision

Percent distribution of circumcised women by age at circumcision, according to background characteristics, Tanzania 2004-05

Background characteristic	Age at circumcision (in years)									Number of circumcised women
	<1	1-4	5-6	7-8	9-10	11-12	13+	Don't know/ missing	Total	
Age										
15-19	35.6	7.5	6.1	6.5	9.6	6.9	24.8	3.0	100.0	203
20-24	38.7	7.2	5.7	7.5	8.2	6.0	24.9	1.8	100.0	276
25-29	30.3	5.5	8.7	8.2	11.5	8.4	26.2	1.2	100.0	286
30 -34	27.0	11.5	7.2	11.4	7.3	8.8	24.4	2.4	100.0	246
35-39	21.4	4.4	6.5	8.5	12.7	11.2	32.4	2.8	100.0	168
40-44	21.0	0.0	9.1	5.8	15.6	10.0	38.4	0.1	100.0	156
45-49	16.2	2.0	3.3	11.1	12.2	11.9	42.2	1.2	100.0	175
Marital status										
Never married	38.4	7.6	10.8	7.5	6.0	6.1	22.1	1.6	100.0	197
Married or living together	26.3	5.9	6.0	9.0	11.3	8.8	30.7	2.0	100.0	1,179
Divorced, separated, or widowed	32.2	4.1	7.4	5.2	10.8	12.0	27.5	0.8	100.0	134
Residence										
Urban	34.4	5.6	7.2	15.4	8.3	5.7	18.8	4.7	100.0	210
Rural	27.5	6.0	6.7	7.4	11.0	9.2	31.0	1.3	100.0	1,300
Mainland/Zanzibar										
Mainland	28.4	6.0	6.8	8.5	10.6	8.7	29.3	1.8	100.0	1,509
Total urban	34.5	5.6	7.2	15.3	8.3	5.8	18.9	4.6	100.0	210
Dar es Salaam city	21.9	0.0	18.6	33.0	6.0	0.0	14.0	6.5	100.0	31
Other urban	36.7	6.6	5.2	12.1	8.7	6.8	19.7	4.2	100.0	178
Total rural	27.5	6.0	6.7	7.4	11.0	9.2	31.0	1.3	100.0	1,300
Zanzibar	*	*	*	*	*	*	*	*	*	1
Unguja	*	*	*	*	*	*	*	*	*	1
Pemba	*	*	*	*	*	*	*	*	*	0
Zone										
Western	*	*	*	*	*	*	*	*	*	23
Northern	39.7	5.3	5.6	8.8	8.2	6.4	24.7	1.4	100.0	647
Central	26.3	11.5	12.1	11.3	15.8	11.9	9.1	2.0	100.0	460
Southern highlands	10.0	0.0	0.0	2.8	5.8	9.9	71.5	0.0	100.0	100
Lake	3.4	0.7	0.5	1.7	12.2	9.5	70.7	1.3	100.0	155
Eastern	25.0	1.4	4.9	8.7	6.9	6.3	43.5	3.1	100.0	119
Southern	*	*	*	*	*	*	*	*	*	7
Education										
No education	30.8	5.4	7.0	7.7	10.3	9.6	27.7	1.5	100.0	469
Primary incomplete	26.7	4.1	5.6	7.1	11.2	7.8	35.4	2.0	100.0	263
Primary complete	27.8	6.8	7.1	9.1	10.7	8.8	27.9	1.9	100.0	750
Secondary+	(22.5)	(10.9)	(2.8)	(19.3)	(4.5)	(0.0)	(36.2)	(3.8)	(100.0)	28
Total	28.4	6.0	6.7	8.5	10.6	8.7	29.3	1.8	100.0	1,510

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

13.4 CIRCUMCISION OF DAUGHTERS

Women interviewed in the 2004-05 TDHS who had daughters were asked if any of their daughters had been circumcised, and if not, whether they intended to have a daughter circumcised. Table 13.4 shows that, among women who have at least one daughter, 4 percent had circumcised a daughter and an additional 2 percent intend to have a daughter circumcised. The proportion of women having had at least one daughter circumcised increases with age but the differences in the total percentage of circumcised plus those expected to be circumcised in the future is minimal for mothers under age 30. However, the likelihood of having at least one daughter circumcised (in the past or in the future) decreases with increasing level of education of mother and level of household wealth. Prevalence of at least one daughter circumcised varies by residence and zone. Women residing in rural areas and those in the Northern and Central zones are most likely to have at least one circumcised daughter. The proportion of older mothers who intend to circumcise a daughter is lower than their younger counterparts because older mothers are more likely to have grown-up daughters and therefore less likely to intend to circumcise a daughter if not already done.

Table 13.4 Daughter's circumcision experience

Among women with at least one living daughter, percentage with at least one circumcised daughter and percentage who intend to have their daughter circumcised, according to background characteristics, Tanzania 2004-05

Mother's background characteristic	Percentage of women with at least one daughter circumcised	Percentage of women who intend to have daughter circumcised	Number of women with at least one living daughter
Age			
15-19	0.0	4.3	222
20-24	0.8	3.0	991
25-29	1.1	2.8	1,311
30-34	3.0	2.3	1,239
35-39	5.0	1.6	892
40-44	8.7	1.2	754
45-49	12.4	0.9	687
Residence			
Urban	1.8	0.6	1,446
Rural	4.9	2.7	4,649
Zone			
Western	0.2	0.5	1,137
Northern	14.5	5.8	863
Central	15.9	0.9	495
Southern highlands	0.7	2.6	896
Lake	2.3	3.0	1,179
Eastern	1.7	1.6	839
Southern	0.1	0.3	525
Education			
No education	8.0	2.8	1,674
Primary incomplete	4.6	2.8	1,004
Primary complete	2.3	1.9	3,121
Secondary+	0.7	0.0	296
Wealth quintile			
Lowest	6.8	3.9	1,232
Second	6.1	2.7	1,200
Middle	3.9	2.2	1,206
Fourth	3.1	1.6	1,245
Highest	1.0	0.6	1,212
Total	4.2	2.2	6,095

Table 13.5 indicates that about one-fourth of the most recently circumcised daughters (23 percent) were circumcised before their first birthday, and 17 percent were circumcised between one and four. The table shows that a majority of most recently circumcisions of daughters were performed on girls age five and over. The results show that traditional circumcisers carried out four of every five circumcisions. Traditional birth attendants performed most of the remaining circumcisions among the recently circumcised daughters. The cutting and removal of flesh is the most common type of circumcision performed on daughters, as was noted for women themselves (data not shown).

Table 13.5 Aspects of daughter's circumcision

Percent distribution of most recently circumcised daughters by the age of the daughter at the time she was circumcised, and the person performing the circumcision, Tanzania 2004-05

Aspect	Percent
Age of daughter when she was circumcised (in years)	
0	23.2
1-4	17.4
5-6	10.8
7-8	7.4
9-10	7.8
11-12	11.0
13+	21.3
Don't know/missing	0.9
Person who performed the circumcision	
Traditional circumciser	81.9
Traditional birth attendant	14.0
Other traditional	3.1
Nurse/midwife	0.7
Other health professional	0.3
Total	100.0
Number	254

13.5 ATTITUDES TOWARDS FEMALE CIRCUMCISION

Women and men who had heard of female circumcision were asked if they thought the practice should be continued or discontinued. Table 13.6.1 indicates that among the Tanzanian women who had heard of female circumcision, nine in ten believe that the practice should be discontinued, while only a small minority (5 percent) believe the practice should be continued. Four percent of women expressed conditional approval or were unsure of their opinion. The proportion of women who say that female circumcision should continue does not vary by age but the continuation of female circumcision finds greater support among rural women than urban women, and among those who are circumcised than those who are not.

The view that female circumcision should be discontinued is almost universal in Zanzibar (98 percent) and very high in the Mainland (90 percent). The view that it should be continued is highest (10 percent) in the Northern zone, and the Manyara and Arusha regions (17 and 15 percent, respectively). Opposition to female circumcision is positively related to level of education and wealth quintile.

Table 13.6.2 shows that men's attitudes towards discontinuation of FGC are generally similar to those of women. Nine out of ten men (89 percent) who have heard of female circumcision say that it should be discontinued. However, a higher proportion of men than women favour continuation (9 and 5 percent, respectively). Differentials in attitudes towards circumcision by background characteristics among women and men are similar. Men in urban areas, those with higher education, and those living in households in the higher wealth quintiles are less likely to support the continuation of the practice.

Table 13.6.1 Attitudes towards female circumcision: women

Percent distribution of women who have heard of female circumcision by opinion on whether female circumcision should be continued, according to background characteristics, Tanzania 2004-05

Background characteristic	Attitude towards female circumcision				Total	Number of women
	Should be continued	Should be discontinued	Depends/ don't know	Missing		
Age						
15-19	5.0	89.9	4.7	0.5	100.0	1,446
20-24	4.7	90.5	4.7	0.1	100.0	1,482
25-29	4.2	91.4	4.3	0.1	100.0	1,486
30-34	5.4	91.2	3.3	0.1	100.0	1,204
35-39	4.8	90.2	4.8	0.2	100.0	817
40-44	5.0	91.2	3.2	0.5	100.0	631
45-49	5.5	89.7	4.6	0.2	100.0	530
Residence						
Urban	0.9	96.9	2.1	0.1	100.0	2,673
Rural	7.0	87.3	5.5	0.3	100.0	4,922
Mainland/Zanzibar						
Mainland	5.0	90.4	4.4	0.2	100.0	7,325
Total urban	0.9	96.8	2.2	0.1	100.0	2,626
Dar es Salaam city	0.2	98.5	1.3	0.0	100.0	943
Other urban	1.3	95.8	2.8	0.2	100.0	1,682
Total rural	7.3	86.8	5.6	0.3	100.0	4,699
Zanzibar	0.5	97.6	1.7	0.1	100.0	270
Unguja	0.6	97.8	1.5	0.0	100.0	202
Pemba	0.3	97.0	2.3	0.3	100.0	68
Zone						
Western	6.8	77.7	14.8	0.7	100.0	953
Northern	9.6	87.8	2.4	0.1	100.0	1,470
Central	5.4	90.7	3.8	0.0	100.0	744
Southern highlands	5.5	90.2	3.7	0.7	100.0	797
Lake	4.7	90.8	4.4	0.1	100.0	1,192
Eastern	1.1	97.7	1.1	0.1	100.0	1,593
Southern	0.8	96.5	2.6	0.1	100.0	576
Region						
Dodoma	5.3	91.5	3.2	0.0	100.0	449
Arusha	15.1	82.0	2.7	0.2	100.0	386
Kilimanjaro	0.8	96.7	2.4	0.0	100.0	375
Tanga	7.7	89.3	3.0	0.0	100.0	418
Morogoro	2.9	95.9	0.9	0.2	100.0	417
Pwani	1.4	97.7	0.9	0.0	100.0	232
Dar es Salaam	0.2	98.5	1.3	0.0	100.0	943
Lindi	0.4	98.8	0.8	0.0	100.0	173
Mtwara	0.0	95.9	4.1	0.0	100.0	233
Ruvuma	2.4	94.9	2.3	0.4	100.0	171
Iringa	12.6	85.8	1.1	0.5	100.0	331
Mbeya	0.5	93.3	5.2	0.9	100.0	377
Singida	5.7	89.5	4.8	0.0	100.0	294
Tabora	7.9	88.0	2.8	1.3	100.0	266
Rukwa	0.0	93.5	6.5	0.0	100.0	89
Kigoma	7.8	85.6	6.1	0.5	100.0	198
Shinyanga	5.7	68.9	24.9	0.4	100.0	489
Kagera	0.0	90.5	9.5	0.0	100.0	174
Mwanza	0.8	97.3	1.8	0.0	100.0	641
Mara	13.3	80.0	6.5	0.2	100.0	377
Manyara	16.5	81.8	1.4	0.3	100.0	292
Zanzibar North	(1.2)	(95.6)	(3.0)	(0.2)	100.0	42
Zanzibar South	0.8	96.7	2.4	0.0	100.0	24
Town West	0.4	98.7	0.9	0.0	100.0	136
Pemba North	(0.3)	(96.3)	(3.0)	(0.4)	100.0	35
Pemba South	(0.3)	(97.7)	(1.7)	(0.3)	100.0	33
Education						
No education	11.0	81.4	6.8	0.7	100.0	1,444
Primary incomplete	4.4	89.3	6.2	0.1	100.0	1,275
Primary complete	3.8	92.6	3.5	0.1	100.0	4,021
Secondary+	0.1	99.0	0.9	0.0	100.0	855
Wealth quintile						
Lowest	11.6	83.3	4.9	0.2	100.0	1,086
Second	7.4	85.2	7.1	0.4	100.0	1,224
Middle	6.9	86.1	6.8	0.3	100.0	1,266
Fourth	3.3	92.8	3.6	0.4	100.0	1,559
Highest	0.6	97.6	1.7	0.0	100.0	2,460
Circumcision status						
Not circumcised	1.6	93.8	4.3	0.2	100.0	6,085
Circumcised	18.0	77.7	4.2	0.1	100.0	1,510
Total	4.9	90.6	4.3	0.2	100.0	7,595

Note: Figures in parentheses are based on 25-49 unweighted cases.

Table 13.6.2 Attitudes towards female circumcision: men

Percent distribution of men who have heard of female circumcision by opinion on whether female circumcision should be continued, according to background characteristics, Tanzania 2004-05

Background characteristic	Attitude towards female genital cutting: Should be continued	Should be discontinued	Depends, don't know	Total	Number of men
Age					
15-19	11.8	85.9	2.3	100.0	414
20-24	8.3	90.5	1.2	100.0	407
25-29	7.7	89.4	2.9	100.0	368
30-34	6.7	89.4	3.9	100.0	352
35-39	10.4	86.1	3.5	100.0	252
40-44	6.1	90.8	3.1	100.0	238
45-49	6.7	91.8	1.4	100.0	156
Residence					
Urban	3.7	94.6	1.6	100.0	677
Rural	10.6	86.3	3.1	100.0	1,510
Mainland/Zanzibar					
Mainland	8.7	88.6	2.7	100.0	2,116
Total urban	3.7	94.7	1.6	100.0	669
Dar es Salaam city	3.9	96.1	0.0	100.0	252
Other urban	3.7	93.8	2.6	100.0	417
Total rural	11.0	85.8	3.1	100.0	1,447
Zanzibar	1.4	96.6	2.0	100.0	70
Unguja	0.8	99.1	0.1	100.0	50
Pemba	2.8	90.7	6.5	100.0	21
Zone					
Western	16.6	79.0	4.5	100.0	280
Northern	12.5	85.0	2.6	100.0	310
Central	4.4	91.5	4.2	100.0	200
Southern highlands	3.1	90.7	6.2	100.0	290
Lake	12.6	86.2	1.2	100.0	401
Eastern	4.2	95.8	0.0	100.0	430
Southern	6.5	91.2	2.2	100.0	205
Region					
Dodoma	4.0	90.9	5.1	100.0	105
Arusha	10.4	88.3	1.3	100.0	78
Kilimanjaro	7.9	88.9	3.3	100.0	82
Tanga	22.0	76.3	1.7	100.0	74
Morogoro	6.1	93.9	0.0	100.0	117
Pwani	2.2	97.8	0.0	100.0	61
Dar es Salaam	3.9	96.1	0.0	100.0	252
Lindi	8.1	90.9	1.0	100.0	56
Mtwara	4.9	95.1	0.0	100.0	86
Ruvuma	7.5	86.2	6.4	100.0	63
Iringa	4.8	88.5	6.8	100.0	70
Mbeya	1.1	92.3	6.6	100.0	155
Singida	4.8	92.0	3.2	100.0	95
Tabora	11.4	83.9	4.6	100.0	70
Rukwa	6.1	89.5	4.4	100.0	65
Kigoma	8.0	90.6	1.4	100.0	71
Shinyanga	23.5	70.6	5.9	100.0	139
Kagera	8.1	88.1	3.8	100.0	110
Mwanza	15.8	84.2	0.0	100.0	197
Mara	11.2	88.0	0.8	100.0	95
Manyara	10.3	85.7	3.9	100.0	77
Zanzibar North	0.0	100.0	0.0	100.0	10
Zanzibar South	2.3	96.7	1.0	100.0	5
Town West	0.8	99.2	0.0	100.0	35
Pemba North	2.1	86.4	11.5	100.0	12
Pemba South	3.7	96.3	0.0	100.0	9
Education					
No education	14.3	81.8	3.9	100.0	223
Primary incomplete	11.1	85.0	3.9	100.0	452
Primary complete	8.0	89.5	2.5	100.0	1,221
Secondary+	2.1	97.5	0.4	100.0	291
Wealth quintile					
Lowest	14.0	82.9	3.1	100.0	344
Second	11.4	84.3	4.3	100.0	395
Middle	10.1	87.4	2.6	100.0	414
Fourth	7.1	90.5	2.5	100.0	452
Highest	3.3	95.4	1.4	100.0	581
Total	8.5	88.9	2.6	100.0	2,186

ADULT AND MATERNAL MORTALITY 14

Maternal mortality continues to be a serious problem in Tanzania, as it is characterised by relatively high fertility, high incidence of infectious diseases, poverty, and poor health services. Such characteristics have led to high mortality in general. The 2004-05 TDHS is only the second nationally representative household survey to collect data on maternal mortality. The first was the 1996 TDHS.

Little is known about maternal and adult mortality in Tanzania when compared to infant and child mortality, for a number of reasons. First, while early childhood mortality can be estimated through the birth history approach, there is no equivalent in adult mortality measurement. Second, death rates are much lower at adult ages than at childhood, and hence estimates for particular age groups are more likely to be distorted by sampling errors. Third, there is usually very limited information about the characteristics of those who have died. While the same can be said about data on childhood mortality, it is reasonable to expect the characteristics of parents to influence directly their children's chances of survival.

This chapter presents information on overall adult mortality and maternal mortality in Tanzania from the 2004-05 TDHS. Mortality levels and trends provide a good measure of the health status of the population and thus an indicator for national development. It should be noted that routine data are collected through the Ministry of Health using a system known as the Health Management Information System (HMIS). Unfortunately, because the system does not include deaths that occur outside health facilities, it does not reflect the mortality picture from a population perspective. On the other hand, although Tanzania's Demographic Surveillance Sentinel System does collect information that is community-based, it covers only a few districts. Thus, although the data collected are of high quality, like the HMIS it does not reflect the entire population of the country. Thus, the data from the 2004-05 TDHS are critical to understanding adult mortality across the entire population.

14.1 ASSESSMENT OF DATA QUALITY

To estimate adult mortality, the 2004-05 TDHS included a sibling history in the Women's Questionnaire. A series of questions was asked about all of the respondent's biological brothers and sisters and their survival status. These data allow direct estimation of overall adult mortality (by age and sex) and maternal mortality.

Survival of siblings (i.e., biological brothers and sisters) is a useful method for collecting information on adult mortality. Each female respondent was asked to list all children born to her biological mother, including herself. These included all siblings who were still alive and those who had died. For brothers and sisters who were alive, only the age at the last birthday was asked. For brothers who had died, only the number of years since death and age at death were asked. For sisters who had died at age 12 years or older, three questions were asked to determine whether the death was maternity related: "Was [name of sister] pregnant when she died?" and, if negative, "Did she die during childbirth?" and, if negative, "Did she die within two months after the end of a pregnancy or childbirth?" It is intended that this information will not only give an estimate of maternal risk but a complete profile of exposure to the risk of mortality for the adult population of Tanzania.

Adult and maternal mortality estimation requires accurate reporting of the number of siblings the respondent ever had, the number who died and the number of sisters who have died of maternal causes (for maternal mortality). Although there is no definitive procedure for establishing the completeness of retrospective data on sibling survivorship, Table 14.1 presents several indicators that can be used to measure the quality of sibling survivorship data.

Table 14.1 Data on siblings

Number of siblings reported by survey respondents and completeness of the reported data on age, age at death (AD) and years since death (YSD), Tanzania 2004-05

Sibling status and completeness of reporting	Females		Males		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
All siblings	32,014	100.0	32,004	100.0	64,019	100.0
Surviving	25,675	80.2	25,164	78.6	50,839	79.4
Deceased	6,329	19.8	6,830	21.3	13,159	20.6
Missing information	11	0.0	10	0.0	21	0.0
Surviving siblings	25,675	100.0	25,164	100.0	50,839	100.0
Age reported	25,664	100.0	25,145	99.9	50,810	99.9
Age missing	11	0.0	19	0.1	29	0.1
Deceased siblings	6,329	100.0	6,830	100.0	13,159	100.0
AD and YSD reported	6,261	98.9	6,737	98.6	12,998	98.8
Missing only AD	21	0.3	20	0.3	41	0.3
Missing only YSD	12	0.2	12	0.2	24	0.2
Missing both	35	0.6	61	0.9	96	0.7

The data do not show any obvious defects that would indicate poor data quality or significant underreporting. A total of 64,019 siblings were recorded in the maternal mortality section of the 2004-05 TDHS questionnaires. The sex ratio of the enumerated siblings (the ratio of brothers to sisters) is around 1.00, possibly indicating a slight underenumeration of brothers. The survival status for only 21 (less than 0.1 percent) of the siblings was not reported. For the surviving siblings, current age was not reported for only 29 (less than 0.1 percent). Among deceased siblings, both the age at death and years since death were missing for less than 1 percent. Rather than exclude the siblings with missing data from further analysis, information on the birth order of siblings in conjunction with other information was used to impute the missing data.[1] The sibling survivorship data, including cases with imputed values, have been used in the direct estimation of adult and maternal mortality.

14.2 ESTIMATES OF ADULT MORTALITY

One way to assess the quality of data used to estimate maternal mortality is to evaluate the plausibility and stability of overall adult mortality. It is reasoned that if rates of overall adult mortality are implausible, rates based of a subset on deaths—maternal mortality in particular—are likely to have serious problems. Also, levels and trends in overall adult mortality have important implications in their own right for health and social programmes in Tanzania, especially with regard to the potential impact of the AIDS epidemic.

The direct estimation of adult mortality uses the reported ages at death and years since death of respondents' brothers and sisters. Because of the differentials in exposure to the risk of dying, age- and sex-specific death rates are presented in this report. The results are also compared with rates obtained from the 1996 TDHS. Since the number of deaths on which the rates are based is not very large (893 female deaths and 807 male deaths in the 2004-05 TDHS and 501 female deaths and 601

[1] The imputation procedure is based on the assumption that the reported birth order of siblings in the history is correct. The first step is to calculate birth dates. For each living sibling with a reported age and each dead sibling with complete information on both age at death and years since death, the birth date was calculated. For a sibling missing these data, a birth date was imputed within the range defined by the birth dates of the bracketing siblings. In the case of living siblings, an age at the time of the survey was then calculated from the imputed birth date. In the case of dead siblings, if either the age at death or years since death was reported, that information was combined with the birth date to produce the missing information. If both pieces of information were missing, the distribution of the ages at death for siblings for whom the years since death was unreported, but age at death was reported, was used as a basis for imputing the age at death.

male deaths in the 1996 TDHS), the estimated age-specific rates are subject to considerable sampling variation.

Table 14.2 presents age-specific mortality rates for women and men age 15-49 for the seven-year period preceding the survey. Generally, the rates show the expected increases for both sexes with increasing age, although women age 45-49 have a slightly lower mortality rate than women age 40-44. Female mortality exceeds male mortality among those younger than 30 years of age, with a greater difference being observed at age group 20-24 and 25-29; the rates are nearly the same at age group 30-34. Above age 35, male mortality exceeds female mortality by greater margins as age advances.

Table 14.2 Adult mortality rates

Age-specific mortality rates for women and men age 15-49 based on the survivorship of sisters and brothers of survey respondents for the seven-year period preceding the survey, Tanzania 2004-05

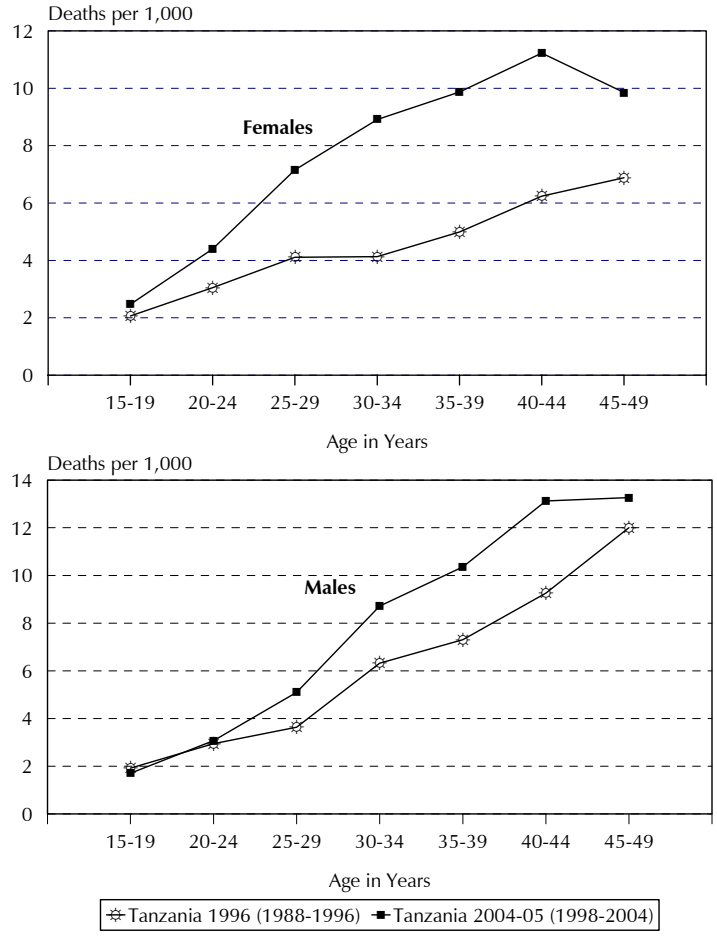
Age	Deaths	Exposure	Mortality rates
WOMEN			
15-19	66	26,599	2.470
20-24	130	29,609	4.400
25-29	193	27,048	7.152
30-34	194	21,726	8.913
35-39	153	15,515	9.868
40-44	106	9,408	11.223
45-49	51	5,202	9.852
15-49	893	135,106	6.610 [a]
MEN			
15-19	41	24,288	1.708
20-24	86	27,991	3.073
25-29	135	26,554	5.099
30-34	187	21,469	8.714
35-39	159	15,304	10.362
40-44	127	9,707	13.124
45-49	71	5,333	13.261
15-49	807	130,646	6.174[a]

[a] Age-standardised

Overall, mortality rates are slightly higher among females than males (6.6 and 6.2 deaths per 1,000 years of exposure, respectively), which is unusual since male mortality typically exceeds female mortality during these ages. However, AIDS is now a significant cause of death in Tanzania, and its emergence has altered the age and sex pattern of mortality.

Figure 14.1 shows the age-specific mortality rates for males and females age 15-49 for the seven-year period preceding the 2004-05 TDHS and the nine-year period preceding the 1996 TDHS. Although the 2004-05 TDHS rates at older ages appear somewhat erratic, that is most probably due to sampling variability. 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. It should be noted, however, that the 1996 TDHS report indicates the possibility of underreporting of deceased siblings. Thus, it is not possible to conclude that adult mortality has increased.

Figure 14.1 Trends in Adult Mortality, Tanzania 1988-1996 and 1998-2004



Note: Data refer to the seven-year period preceding the 2004-05 TDHS and the nine-year period preceding the 1996 TDHS.

14.3 ESTIMATES OF MATERNAL MORTALITY

Two survey methods are generally used to estimate maternal mortality in developing countries: the sisterhood method (Graham et al., 1989) and a direct variant of the sisterhood method (Rutenberg and Sullivan, 1991). In this report, the direct estimation procedure is applied. Age-specific mortality rates are calculated by dividing the number of maternal deaths by woman-years of exposure. To remove the effect of truncation bias (the upper boundary for eligibility for women interviewed in the survey is 49 years), the report standardised the overall rate for women age 15-49 by the age distribution of the survey respondents. Maternal deaths are defined as any death that occurred during pregnancy, childbirth, or within two months after the birth or termination of a pregnancy.[2] Estimates of maternal mortality are therefore based solely on the timing of the death in relationship with pregnancy.

[2] This time-dependent definition includes all deaths that occurred during pregnancy and two months after pregnancy, even if the death was due to nonmaternal causes. However, this definition is unlikely to result in overreporting of maternal deaths because most deaths to women during the two-month period are due to maternal causes, and maternal deaths are more likely to be underreported than overreported.

Table 14.3 presents direct estimates of maternal mortality for the ten-year period preceding the survey. The data indicate that the rate of mortality associated with pregnancy and childbearing is 1.1 maternal deaths per 1,000 woman-years of exposure. The estimated age-specific mortality rates display a plausible pattern, being generally higher during the peak childbearing ages than at the younger and older age groups (although there is a slight fluctuation at age 40-44). However, the age-specific pattern should be interpreted with caution because of the small number of events—only 203 maternal deaths for women of all ages. Maternal deaths represent 18 percent of all deaths to women age 15-49 during the ten-year period preceding the survey, (203 maternal deaths /1,109 female deaths), a figure that is two-thirds of the proportion found in the 1996 TDHS (27 percent). The low proportion of maternal deaths could be due to an increase in nonmaternal deaths (e.g., AIDS-related deaths), to underreporting of maternal deaths in the 2004-05 TDHS, or to an underreporting of all female deaths in the 1996 TDHS.

Table 14.3 Maternal mortality

Maternal mortality rates for the ten-year period preceding the survey, based on the survivorship of sisters of survey respondents, Tanzania 2004-05

Age	Maternal deaths	Exposure (years)	Mortality rates (1,000)
15-19	15	39,664	0.382
20-24	50	41,586	1.194
25-29	48	36,755	1.298
30-34	47	28,670	1.646
35-39	23	19,736	1.181
40-44	15	11,755	1.311
45-49	5	6,140	0.829
Total 15-49	203	184,305	1.104[a]
General fertility rate[1]			0.198
Maternal mortality ratio[2]			578

[a] Age-standardised
[1] Expressed per 1,000 woman-years of exposure
[2] Expressed per 100,000 live births; calculated as maternal mortality rate divided by the general fertility rate

The maternal mortality rate can be converted to a maternal mortality ratio and expressed per 100,000 live births by dividing the rate by the general fertility rate of 0.198, which prevailed during the same time period. The advantage of this conversion is that it highlights the obstetric risk, which has great prograrammatic significance. Thus, for Tanzania between 1995-2004, the maternal mortality ratio is estimated as 578 maternal deaths per 100,000 live births. In other words, for every 1,000 live births in Tanzania during this period, almost 6 women died of pregnancy-related causes.

It should be noted that maternal mortality is a difficult indicator to measure because of the large sample sizes required to calculate an accurate estimate. (This is evidenced by the fact that the maternal mortality ratio is expressed per 100,000 live births, demonstrating that it is a relatively rare event.) The maternal mortality estimates are subject to large sampling errors.[3] Thus, although the 2004-05 TDHS ratio of 578 is higher than the 1996 estimate of 529, the difference between the two figures is not statistically significant. Thus, it is not possible to conclude that there has been any change in maternal mortality in Tanzania.

[3] The 95 percent confidence interval for the 2004-05 rate of 578 is 466-690.

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Table A.1 Sample implementation: women

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall response rates, according to residence, Tanzania 2004-05

	Residence				
	Mainland				
Result	Urban	rural	Total	Zanzibar	Total
Selected households					
Completed (C)	91.3	95.2	94.3	94.9	94.4
Household present but no competent respondent at home (HP)	1.5	0.7	0.9	1.1	0.9
Postponed (P)	0.0	0.0	0.0	0.1	0.0
Refused (R)	0.2	0.0	0.1	0.2	0.1
Dwelling not found (DNF)	0.1	0.0	0.0	0.4	0.1
Household absent (HA)	3.3	2.4	2.6	2.6	2.6
Dwelling vacant/address not a dwelling (DV)	2.5	1.2	1.5	0.6	1.3
Dwelling destroy (DD)	0.8	0.2	0.4	0.3	0.3
Other (O)	0.3	0.2	0.2	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0
Number of sampled households	1,952	6,370	8,322	1,990	10,312
Household response rate (HRR)	98.1	99.2	98.9	98.3	98.8
Eligible women					
Completed (EWC)	97.1	97.3	97.2	97.7	97.3
Not at home (EWNH)	1.8	1.6	1.7	1.1	1.5
Refused (EWR)	0.5	0.2	0.3	0.3	0.3
Partly completed (EWPC)	0.1	0.1	0.1	0.2	0.2
Incapacitated (EWI)	0.2	0.7	0.6	0.7	0.6
Other (EWO)	0.2	0.0	0.1	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0
Number of women	2,044	6,303	8,347	2,264	10,611
Eligible women response rate (EWRR)	97.1	97.3	97.2	97.7	97.3
Overall response rate (ORR)	95.2	96.5	96.2	96.1	96.2

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

[2] Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

[3] The overall response rate (ORR) is calculated as: ORR = HRR * EWRR/100.

Table A.2 Sample implementation: men

Percent distribution of households and eligible men by results of the household and individual interviews, and household, eligible men and overall response rates, according to residence, Tanzania 2004-05

	Residence				
	Mainland				
Result	Urban	Rural	Total	Zanzibar	Total
Selected households					
Completed (C)	90.6	95.6	94.4	95.1	94.6
Household present but no competent respondent at home (HP)	1.5	0.4	0.7	1.1	0.8
Postponed (P)	0.0	0.0	0.0	0.2	0.0
Refused (R)	0.2	0.0	0.1	0.2	0.1
Dwelling not found (DNF)	0.2	0.0	0.1	0.2	0.1
Household absent (HA)	3.2	2.4	2.6	3.0	2.7
Dwelling vacant/address not a dwelling (DV)	3.1	0.9	1.4	0.2	1.2
Dwelling destroy (DD)	1.1	0.2	0.4	0.2	0.4
Other (O)	0.2	0.3	0.3	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0
Number of sampled households	619	2,026	2,645	633	3,278
Household response rate (HRR)	98.1	99.4	99.1	98.4	99.0
Eligible men					
Completed (EMC)	90.0	92.6	92.0	91.0	91.8
Not at home (EMNH)	8.3	5.6	6.2	7.8	6.5
Refused (EMR)	1.1	0.7	0.8	0.3	0.7
Partly completed (EMPC)	0.0	0.1	0.1	0.0	0.1
Incapacitated (EMI)	0.6	1.0	0.9	0.8	0.9
Other (EMO)	0.0	0.1	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0
Number of men	528	1,751	2,279	592	2,871
Eligible men response rate (EMRR)	90.0	92.6	92.0	91.0	91.8
Overall response rate (ORR)	88.2	92.1	91.2	89.6	90.8

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

[2] Using the number of eligible men falling into specific response categories, the eligible man response rate (EMRR) is calculated as:

$$\frac{100 * EMC}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO}$$

[3] The overall response rate (ORR) is calculated as: ORR = HRR * EMRR/100.

ESTIMATES OF SAMPLING ERRORS

Appendix B

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2004-05 Tanzania Demographic and Health Survey (TDHS) to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2004-05 TDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2004-05 TDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2004-05 TDHS is the ISSA Sampling Error Module. This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2}\sum_{h=1}^{H}\left[\frac{m_h}{m_{h-1}}\left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h}\right)\right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}\text{, and } z_h = y_h - rx_h$$

where h represents the stratum which varies from 1 to H,
m_h is the total number of clusters selected in the h^{th} stratum,
y_{hi} is the sum of the weighted values of variable y in the i^{th} cluster in the h^{th} stratum,

x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{th} stratum, and
f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* clusters in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2004-05 TDHS, there were 475 non-empty clusters. Hence, 474 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 475 clusters,
$r_{(i)}$ is the estimate computed from the reduced sample of 474 clusters (i^{th} cluster excluded), and
k is the total number of clusters.

In addition to the standard error, ISSA computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSA also computes the relative error and confidence limits for the estimates.

Sampling errors for the 2004-05 TDHS are calculated for selected variables considered to be of primary interest for woman's survey and for man's surveys, respectively. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the seven zones and Zanzibar. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 to B.12 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to childbearing.

The confidence interval (e.g., as calculated for *children ever born to women aged 40-49*) can be interpreted as follows: the overall average from the national sample is 6.367 and its standard error is 0.095. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., $6.367 \pm 2 \times 0.095$. There is a high probability (95 percent) that the *true* average number of children ever born to all women aged 40 to 49 is between 6.177 and 6.557.

Sampling errors are analyzed for the national woman sample and for two separate groups of estimates: (1) means and proportions, and (2) complex demographic rates. The relative standard errors (SE/R) for the means and proportions range between 0.2 percent and 11.5, except 34.7 for *currently using IUD*), which has very few cases. So in general, the relative standard error for most estimates for the country as a whole is small, except for estimates of very small proportions. The relative standard error for the total fertility rate is small, 2.4 percent. However, for the mortality rates, the average relative standard error is higher; for example, the relative standard error for the 0-4 year estimate of infant mortality is 5.4.

There are differentials in the relative standard error for the estimates of subpopulations. For example, for the variable *want no more children*, the relative standard errors as a percent of the estimated mean for the whole country, and for the urban areas are 3.0 and 4.3 percent, respectively.

For the total sample, the value of the design effect (DEFT), ranged over all variables from 1.112 to 2.805; which means that, due to multi-stage clustering of the sample, the standard error is increased by a factor of DEFT over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, Tanzania 2004-05

Variable	Estimate	Base population
Urban residence	Proportion	All women
Literate	Proportion	All women
No education	Proportion	All women and all men
Secondary education or higher	Proportion	All women and all men
Net attendance ratio for primary school	Ratio	Children 7-12 years
Never married	Proportion	All women and all men
Currently married/in union	Proportion	All women and all men
Married before age 20	Proportion	Women age 20-49
Currently pregnant	Proportion	All women
Children ever born	Mean	All women and all men
Children surviving	Mean	All women
Children ever born to women age 40-49	Mean	Women age 40-49
Total fertility rate (3 years)	Rate	All women
Know any contraceptive method	Proportion	Currently married women and currently married men
Ever used any contraceptive method	Proportion	Currently married women
Currently using any contraceptive method	Proportion	Currently married women
Currently using a modern method	Proportion	Currently married women
Currently using pill	Proportion	Currently married women
Currently using IUD	Proportion	Currently married women
Currently using female sterilisation	Proportion	Currently married women
Currently using periodic abstinence	Proportion	Currently married women
Obtained method from public sector source	Proportion	Current users of modern methods
Want no more children	Proportion	Currently married women
Want to delay birth at least 2 years	Proportion	Currently married women
Ideal family size	Mean	All women and all men
Neonatal mortality (0-4 years)	Rate	Children exposed to the risk of mortality
Post-neonatal mortality (0-4 years)	Rate	Children exposed to the risk of mortality
Infant mortality (0-4 years)	Rate	Children exposed to the risk of mortality
Infant mortality (5-9 years)	Rate	Children exposed to the risk of mortality
Infant mortality (10-14 years)	Rate	Children exposed to the risk of mortality
Child mortality (0-4 years)	Rate	Children exposed to the risk of mortality
Under-five mortality (0-4 years)	Rate	Children exposed to the risk of mortality
Mothers received tetanus injection for last birth	Proportion	Women with at least one live birth in five years before survey
Mothers received medical assistance at delivery	Proportion	Births occurring 1-59 months before interview
Having diarrhoea in two weeks before survey	Proportion	Children age 0-59 months
Treated with oral rehydration salts (ORS)	Proportion	Children with diarrhoea in two weeks before interview
Taken to a health provider	Proportion	Children with diarrhoea in two weeks before interview
Vaccination card seen	Proportion	Children age 12-23 months
Receiving vaccinations:		
BCG	Proportion	Children age 12-23 months
DPT (3 doses)	Proportion	Children age 12-23 months
Polio (3 doses)	Proportion	Children age 12-23 months
Measles	Proportion	Children age 12-23 months
Fully immunised	Proportion	Children age 12-23 months
Height-for-age (below -2SD)	Proportion	Children age 0-59 months
Weight-for-height (below -2SD)	Proportion	Children age 0-59 months
Weight-for-age (below -2SD)	Proportion	Children age 0-59 months
BMI <18.5	Proportion	All women
Has heard of HIV/AIDS	Proportion	All women and all men
Had 2+ sexual partners in past 12 months	Proportion	All women
Had higher-risk intercourse (with a non-marital, non-cohabitating partner) in past 12 months	Proportion	All women who had sexual intercourse in past 12 months
Condom use at last higher-risk intercourse	Proportion	All women who had higher-risk intercourse in past 12 months
Sexually active in past 12 months among never-married youth	Proportion	Women 15-24
Condom use at last higher-risk intercourse (youth)	Proportion	All women 15-24 who had higher-risk intercourse in past 12 months
Abstinence among youth (never had intercourse)	Proportion	Women 15-24

Table B.2 Sampling errors for national sample, Tanzania 2004-05

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban	0.284	0.011	10329	10329	2.518	0.039	0.262	0.306
Literate	0.673	0.012	10329	10329	2.682	0.018	0.648	0.697
No education	0.242	0.012	10329	10329	2.794	0.049	0.219	0.266
Secondary education	0.086	0.006	10329	10329	2.096	0.067	0.074	0.097
Net attendance ratio	0.731	0.011	9640	9381	2.050	0.015	0.709	0.753
Never married	0.230	0.007	10329	10329	1.607	0.029	0.216	0.243
Currently married	0.673	0.007	10329	10329	1.491	0.010	0.659	0.687
Married before age 20	0.645	0.008	8032	8084	1.566	0.013	0.628	0.661
Currently pregnant	0.105	0.004	10329	10329	1.249	0.036	0.098	0.113
Children ever born	2.912	0.037	10329	10329	1.365	0.013	2.837	2.987
Total Fertility Rate (3 years)	5.659	0.137	na	28842	1.827	0.024	5.385	5.933
Children surviving	2.473	0.031	10329	10329	1.312	0.012	2.412	2.535
Children ever born to women age 40-49	6.367	0.095	1655	1597	1.337	0.015	6.177	6.557
Knows any contraceptive method	0.979	0.003	6786	6950	1.818	0.003	0.972	0.985
Ever using contraceptive method	0.510	0.012	6786	6950	2.023	0.024	0.485	0.534
Currently using any contraceptive method	0.264	0.008	6786	6950	1.517	0.031	0.247	0.280
Currently using a modern method	0.200	0.008	6786	6950	1.648	0.040	0.184	0.216
Currently using pill	0.059	0.004	6786	6950	1.329	0.064	0.052	0.067
Currently using IUD	0.002	0.001	6786	6950	1.249	0.347	0.001	0.003
Currently using condom	0.020	0.002	6786	6950	1.314	0.113	0.015	0.024
Currently using female sterilisation	0.026	0.003	6786	6950	1.344	0.100	0.021	0.031
Currently using periodic abstinence	0.020	0.002	6786	6950	1.363	0.115	0.016	0.025
Public sector source	0.684	0.018	1611	1779	1.532	0.026	0.648	0.719
Want no more children	0.295	0.009	6786	6950	1.588	0.030	0.278	0.313
Want to delay birth at least 2 years	0.418	0.007	6786	6950	1.112	0.016	0.404	0.431
Ideal family size	5.019	0.063	10086	10145	2.805	0.013	4.892	5.146
Neonatal NN mortality (0-4 years)	32.005	2.706	8611	8768	1.300	0.085	26.593	37.417
Postneonatal PNN mortality (0-4 years)	35.979	2.421	8637	8786	1.158	0.067	31.137	40.821
Infant $_1q_0$ mortality (0-4 years)	67.984	3.660	8640	8788	1.254	0.054	60.665	75.303
Infant $_1q_0$ mortality (5-9 years)	99.738	4.898	7391	7367	1.296	0.049	89.942	109.534
Infant $_1q_0$ mortality (10-14 years)	93.798	5.088	5991	5822	1.194	0.054	83.622	103.975
Child $_4q_1$ (0-4 years)	47.250	3.226	8744	8892	1.296	0.068	40.799	53.702
Under 5 $_5q_0$ (0-4 years)	112.022	4.718	8776	8914	1.285	0.042	102.585	121.459
Mothers received tetanus injection for last birth	0.797	0.008	5658	5772	1.438	0.010	0.782	0.812
Mothers received medical assistance at delivery	0.463	0.014	8564	8725	2.211	0.030	0.435	0.491
Had diarrhoea in two weeks before survey	0.126	0.005	7852	7976	1.387	0.043	0.115	0.137
Treated with oral rehydration salts (ORS)	0.539	0.020	1017	1004	1.241	0.038	0.498	0.579
Taken to a health provider	0.470	0.021	1017	1004	1.292	0.046	0.427	0.513
Vaccination card seen	0.788	0.015	1613	1658	1.521	0.019	0.757	0.819
Received BCG	0.914	0.010	1613	1658	1.466	0.011	0.893	0.934
Received DPT (3 doses)	0.859	0.014	1613	1658	1.655	0.017	0.830	0.888
Received polio (3 doses)	0.836	0.015	1613	1658	1.639	0.018	0.806	0.866
Received measles	0.799	0.017	1613	1658	1.748	0.022	0.764	0.834
Fully immunised	0.711	0.018	1613	1658	1.630	0.026	0.674	0.748
Height-for-age (below -2SD)	0.377	0.010	7840	7989	1.597	0.025	0.358	0.396
Weight-for-height (below -2SD)	0.030	0.002	7840	7989	1.198	0.078	0.025	0.035
Weight-for-age (below -2SD)	0.218	0.008	7840	7989	1.631	0.037	0.202	0.234
BMI <18.5	0.104	0.005	8916	8888	1.427	0.044	0.095	0.113
Has heard of HIV/AIDS	0.989	0.002	10329	10329	2.073	0.002	0.985	0.993
Had 2+ sexual partners in past 12 months	0.043	0.003	7705	8038	1.215	0.066	0.037	0.048
Had higher-risk intercourse in past 12 months	0.237	0.007	7705	8038	1.455	0.030	0.223	0.251
Condom use at last higher-risk intercourse	0.275	0.014	1657	1902	1.273	0.051	0.247	0.303
Sexually active in past 12 months (youth)	0.290	0.015	2263	2096	1.562	0.051	0.261	0.320
Condom use at last higher-risk intercourse (youth)	0.338	0.021	758	891	1.234	0.063	0.295	0.380
Abstinence among youth (never had intercourse)	0.622	0.016	2263	2096	1.528	0.025	0.590	0.653
MEN								
Urban residence	0.272	0.013	2635	2635	1.453	0.046	0.247	0.297
Literate	0.800	0.012	2635	2635	1.488	0.014	0.777	0.824
No education	0.118	0.011	2635	2635	1.772	0.094	0.096	0.141
Secondary education or higher	0.112	0.010	2635	2635	1.652	0.091	0.092	0.133
Never married	0.417	0.012	2635	2635	1.280	0.029	0.393	0.442
Currently married/in union	0.532	0.012	2635	2635	1.285	0.024	0.507	0.557
Knows any contraceptive method	0.973	0.004	2635	2635	1.285	0.004	0.964	0.981
Ideal family size	5.267	0.116	2547	2555	1.657	0.022	5.035	5.499
Has heard of HIV/AIDS	0.991	0.002	2635	2635	1.373	0.002	0.986	0.996

na = Not applicable

Table B.3 Sampling errors for urban sample, Tanzania 2004-05

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban	1.000	0.000	2513	2935	na	0.000	1.000	1.000
Literate	0.849	0.012	2513	2935	1.700	0.014	0.824	0.873
No education	0.093	0.010	2513	2935	1.754	0.109	0.073	0.113
Secondary education	0.215	0.016	2513	2935	1.962	0.075	0.183	0.247
Net attendance ratio	0.852	0.012	1769	1986	1.290	0.014	0.829	0.876
Never married	0.329	0.016	2513	2935	1.714	0.049	0.297	0.361
Currently married	0.561	0.013	2513	2935	1.350	0.024	0.534	0.588
Married before age 20	0.518	0.019	1934	2265	1.630	0.036	0.480	0.555
Currently pregnant	0.072	0.007	2513	2935	1.374	0.098	0.058	0.087
Children ever born	2.095	0.069	2513	2935	1.483	0.033	1.957	2.233
Total Fertility Rate (3 years)	3.610	0.158	na	8212	1.270	0.044	3.295	3.926
Children surviving	1.825	0.057	2513	2935	1.421	0.031	1.711	1.939
Children ever born to women age 40-49	5.462	0.214	332	363	1.364	0.039	5.035	5.890
Knows any contraceptive method	0.997	0.002	1372	1647	1.038	0.002	0.994	1.000
Ever using contraceptive method	0.724	0.020	1372	1647	1.669	0.028	0.684	0.764
Currently using any contraceptive method	0.418	0.019	1372	1647	1.444	0.046	0.380	0.457
Currently using a modern method	0.343	0.018	1372	1647	1.402	0.052	0.307	0.379
Currently using pill	0.119	0.010	1372	1647	1.134	0.083	0.099	0.139
Currently using IUD	0.006	0.003	1372	1647	1.214	0.419	0.001	0.011
Currently using condom	0.025	0.005	1372	1647	1.126	0.191	0.015	0.034
Currently using female sterilisation	0.049	0.007	1372	1647	1.240	0.147	0.035	0.064
Currently using periodic abstinence	0.044	0.007	1372	1647	1.297	0.163	0.030	0.058
Public sector source	0.596	0.028	637	817	1.456	0.048	0.539	0.652
Want no more children	0.346	0.015	1372	1647	1.166	0.043	0.316	0.376
Want to delay birth at least 2 years	0.362	0.014	1372	1647	1.080	0.039	0.334	0.390
Ideal family size	3.960	0.067	2464	2899	1.929	0.017	3.826	4.094
Neonatal NN mortality (0-9 years)	36.543	5.248	2737	3145	1.391	0.144	26.047	47.038
Postneonatal PNN mortality (0-9 years)	35.995	5.022	2745	3155	1.306	0.140	25.950	46.040
Infant $_1q_0$ mortality (0-9 years)	72.538	6.789	2745	3155	1.256	0.094	58.959	86.117
Child $_4q_1$ (0-9 years)	37.998	4.883	2749	3160	1.232	0.128	28.232	47.763
Under 5 $_5q_0$ (0-9 years)	107.779	7.952	2757	3171	1.230	0.074	91.875	123.683
Mothers received tetanus injection for last birth	0.861	0.011	1098	1277	1.057	0.013	0.839	0.883
Mothers received medical assistance at delivery	0.809	0.020	1472	1691	1.658	0.025	0.769	0.850
Had diarrhoea in two weeks before survey	0.100	0.011	1367	1558	1.313	0.108	0.079	0.122
Treated with oral rehydration salts (ORS)	0.512	0.055	148	156	1.236	0.108	0.402	0.623
Taken to a health provider	0.466	0.053	148	156	1.189	0.113	0.360	0.571
Vaccination card seen	0.794	0.029	271	303	1.144	0.036	0.736	0.851
Received BCG	0.960	0.016	271	303	1.358	0.017	0.928	0.993
Received DPT (3 doses)	0.943	0.018	271	303	1.279	0.020	0.906	0.980
Received polio (3 doses)	0.884	0.025	271	303	1.262	0.028	0.834	0.935
Received measles	0.897	0.019	271	303	0.986	0.021	0.858	0.935
Fully immunized	0.815	0.025	271	303	1.022	0.031	0.765	0.865
Height-for-age (below -2SD)	0.258	0.016	1353	1536	1.270	0.064	0.225	0.290
Weight-for-height (below -2SD)	0.028	0.005	1353	1536	1.022	0.168	0.019	0.038
Weight-for-age (below -2SD)	0.170	0.011	1353	1536	1.031	0.064	0.148	0.192
BMI <18.5	0.079	0.010	2255	2638	1.709	0.123	0.060	0.099
Has heard of HIV/AIDS	0.998	0.001	2513	2935	1.454	0.001	0.995	1.001
Had 2+ sexual partners in past 12 months	0.052	0.006	1808	2233	1.097	0.110	0.041	0.064
Had higher-risk intercourse in past 12 months	0.345	0.015	1808	2233	1.365	0.044	0.315	0.376
Condom use at last higher-risk intercourse	0.413	0.026	571	771	1.271	0.063	0.361	0.466
Sexually active in past 12 months (15-24)	0.377	0.029	717	809	1.584	0.076	0.319	0.434
Condom use at last higher-risk intercourse (youth)	0.462	0.038	297	403	1.315	0.082	0.386	0.539
Abstinence among youth (never had intercourse)	0.527	0.028	717	809	1.483	0.052	0.472	0.583
MEN								
Urban residence	1.000	0.000	601	716	na	0.000	1.000	1.000
Literate	0.921	0.015	601	716	1.369	0.016	0.891	0.951
No education	0.030	0.008	601	716	1.164	0.269	0.014	0.047
Secondary education or higher	0.266	0.031	601	716	1.721	0.117	0.204	0.329
Never married	0.475	0.031	601	716	1.506	0.065	0.413	0.536
Currently married/in union	0.450	0.030	601	716	1.488	0.067	0.389	0.510
Knows any contraceptive method	0.987	0.006	601	716	1.298	0.006	0.975	0.999
Ideal family size	3.858	0.114	578	696	1.399	0.030	3.629	4.087
Has heard of HIV/AIDS	0.996	0.004	601	716	1.583	0.004	0.987	1.004

na = Not applicable

Table B.4 Sampling errors for rural areas, Tanzania 2004-05

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban	0.000	0.000	7816	7394	na	na	0.000	0.000
Literate	0.603	0.015	7816	7394	2.757	0.025	0.572	0.633
No education	0.302	0.015	7816	7394	2.852	0.049	0.272	0.331
Secondary education	0.034	0.004	7816	7394	1.727	0.104	0.027	0.041
Net attendance ratio	0.698	0.013	7871	7394	2.156	0.019	0.672	0.724
Never married	0.190	0.006	7816	7394	1.335	0.031	0.178	0.202
Currently married	0.717	0.007	7816	7394	1.444	0.010	0.703	0.732
Married before age 20	0.694	0.009	6098	5819	1.455	0.012	0.677	0.711
Currently pregnant	0.118	0.004	7816	7394	1.140	0.035	0.110	0.127
Children ever born	3.236	0.042	7816	7394	1.276	0.013	3.153	3.320
Total Fertility Rate (3 years)	6.461	0.134	na	20630	1.686	0.021	6.192	6.730
Children surviving	2.731	0.034	7816	7394	1.226	0.012	2.663	2.799
Children ever born to women age 40-49	6.633	0.107	1323	1235	1.364	0.016	6.420	6.847
Knows any contraceptive method	0.973	0.004	5414	5303	1.844	0.004	0.965	0.981
Ever using contraceptive method	0.443	0.014	5414	5303	2.067	0.031	0.415	0.471
Currently using any contraceptive method	0.216	0.008	5414	5303	1.466	0.038	0.199	0.232
Currently using a modern method	0.155	0.008	5414	5303	1.643	0.052	0.139	0.172
Currently using pill	0.041	0.004	5414	5303	1.410	0.093	0.033	0.048
Currently using IUD	0.001	0.000	5414	5303	1.042	0.578	0.000	0.001
Currently using condom	0.018	0.002	5414	5303	1.378	0.138	0.013	0.023
Currently using female sterilisation	0.018	0.002	5414	5303	1.339	0.133	0.014	0.023
Currently using periodic abstinence	0.013	0.002	5414	5303	1.319	0.155	0.009	0.017
Public sector source	0.759	0.022	974	961	1.609	0.029	0.715	0.803
Want no more children	0.280	0.010	5414	5303	1.674	0.037	0.259	0.300
Want to delay birth at least 2 years	0.435	0.007	5414	5303	1.081	0.017	0.420	0.449
Ideal family size	5.443	0.076	7622	7246	2.858	0.014	5.291	5.595
Neonatal NN mortality (0-9 years)	33.140	2.247	13222	12950	1.347	0.068	28.646	37.634
Postneonatal PNN mortality (0-9 years)	51.800	2.616	13254	12977	1.254	0.050	46.569	57.032
Infant $_1q_0$ mortality (0-9 years)	84.941	3.501	13257	12979	1.342	0.041	77.939	91.942
Child $_4q_1$ (0-9 years)	58.280	3.019	13342	13073	1.263	0.052	52.242	64.319
Under 5 $_5q_0$ (0-9 years)	138.270	4.668	13380	13105	1.423	0.034	128.933	147.607
Mothers received tetanus injection for last birth	0.779	0.009	4560	4496	1.547	0.012	0.760	0.798
Mothers received medical assistance at delivery	0.380	0.016	7092	7034	2.459	0.043	0.347	0.413
Had diarrhoea in two weeks before survey	0.132	0.006	6485	6417	1.436	0.047	0.120	0.145
Treated with oral rehydration salts (ORS)	0.543	0.022	869	848	1.256	0.040	0.500	0.587
Taken to a health provider	0.471	0.023	869	848	1.329	0.050	0.424	0.518
Vaccination card seen	0.787	0.018	1342	1355	1.619	0.022	0.751	0.822
Received BCG	0.903	0.012	1342	1355	1.516	0.013	0.879	0.927
Received DPT (3 doses)	0.840	0.017	1342	1355	1.730	0.020	0.806	0.874
Received polio (3 doses)	0.825	0.017	1342	1355	1.723	0.021	0.790	0.860
Received measles	0.777	0.021	1342	1355	1.858	0.027	0.736	0.819
Fully immunised	0.688	0.021	1342	1355	1.732	0.031	0.645	0.731
Height-for-age (below -2SD)	0.405	0.011	6487	6453	1.729	0.028	0.382	0.428
Weight-for-height (below -2SD)	0.030	0.003	6487	6453	1.250	0.088	0.025	0.036
Weight-for-age (below -2SD)	0.229	0.010	6487	6453	1.777	0.042	0.210	0.249
BMI <18.5	0.115	0.005	6661	6249	1.291	0.044	0.105	0.125
Has heard of HIV/AIDS	0.986	0.003	7816	7394	2.147	0.003	0.980	0.991
Had 2+ sexual partners in past 12 months	0.039	0.003	5897	5805	1.255	0.081	0.032	0.045
Had higher-risk intercourse in past 12 months	0.196	0.007	5897	5805	1.398	0.037	0.181	0.210
Condom use at last higher-risk intercourse	0.181	0.014	1086	1131	1.185	0.077	0.153	0.209
Sexually active in past 12 months (youth)	0.236	0.015	1546	1287	1.395	0.064	0.206	0.266
Condom use at last higher-risk intercourse (youth)	0.235	0.023	461	488	1.186	0.100	0.188	0.282
Abstinence among youth (never had intercourse)	0.681	0.017	1546	1287	1.439	0.025	0.647	0.715
MEN								
Urban residence	0.000	0.000	2034	1919	na	na	0.000	0.000
Literate	0.755	0.014	2034	1919	1.521	0.019	0.726	0.784
No education	0.151	0.015	2034	1919	1.842	0.097	0.122	0.181
Secondary education or higher	0.055	0.007	2034	1919	1.309	0.121	0.042	0.068
Never married	0.396	0.012	2034	1919	1.138	0.031	0.371	0.421
Currently married/in union	0.562	0.013	2034	1919	1.160	0.023	0.537	0.588
Knows any contraceptive method	0.967	0.005	2034	1919	1.311	0.005	0.957	0.978
Ideal family size	5.794	0.146	1969	1859	1.687	0.025	5.502	6.086
Has heard of HIV/AIDS	0.990	0.003	2034	1919	1.349	0.003	0.984	0.996

na = Not applicable

Table B.5 Sampling errors for Western zone, Tanzania 2004-05

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban	0.153	0.021	1376	1880	2.209	0.140	0.110	0.195
Literate	0.552	0.026	1376	1880	1.955	0.047	0.500	0.605
No education	0.330	0.024	1376	1880	1.930	0.074	0.281	0.379
Secondary education	0.028	0.009	1376	1880	2.000	0.317	0.010	0.046
Net attendance ratio	0.635	0.026	1324	1812	1.695	0.041	0.583	0.687
Never married	0.201	0.013	1376	1880	1.200	0.065	0.175	0.227
Currently married	0.714	0.015	1376	1880	1.270	0.022	0.683	0.745
Married before age 20	0.733	0.015	1021	1404	1.112	0.021	0.702	0.764
Currently pregnant	0.138	0.010	1376	1880	1.066	0.072	0.118	0.158
Children ever born	3.254	0.076	1376	1880	0.928	0.024	3.101	3.407
Total Fertility Rate (3 years)	7.306	0.237	na	5163	1.129	0.032	6.831	7.780
Children surviving	2.772	0.058	1376	1880	0.822	0.021	2.655	2.889
Children ever born to women age 40-49	7.278	0.255	187	256	1.189	0.035	6.769	7.787
Knows any contraceptive method	0.967	0.007	974	1341	1.306	0.008	0.952	0.982
Ever using contraceptive method	0.301	0.028	974	1341	1.915	0.094	0.245	0.357
Currently using any contraceptive method	0.128	0.016	974	1341	1.500	0.126	0.096	0.160
Currently using a modern method	0.087	0.013	974	1341	1.469	0.153	0.061	0.114
Currently using pill	0.014	0.004	974	1341	1.179	0.321	0.005	0.022
Currently using IUD	0.001	0.001	974	1341	0.798	1.005	0.000	0.002
Currently using condom	0.012	0.004	974	1341	1.062	0.308	0.005	0.020
Currently using female sterilisation	0.018	0.005	974	1341	1.222	0.286	0.008	0.029
Currently using periodic abstinence	0.016	0.004	974	1341	0.987	0.252	0.008	0.023
Public sector source	0.808	0.054	111	145	1.438	0.067	0.700	0.916
Want no more children	0.229	0.014	974	1341	1.010	0.059	0.202	0.257
Want to delay birth at least 2 years	0.465	0.015	974	1341	0.923	0.032	0.435	0.494
Ideal family size	5.954	0.114	1351	1843	1.778	0.019	5.726	6.182
Mothers received tetanus injection for last birth	0.729	0.023	828	1143	1.510	0.032	0.683	0.776
Mothers received medical assistance at delivery	0.412	0.031	1382	1912	1.945	0.075	0.351	0.474
Had diarrhoea in two weeks before survey	0.156	0.013	1265	1749	1.191	0.083	0.130	0.182
Treated with oral rehydration salts (ORS)	0.464	0.044	205	272	1.152	0.095	0.376	0.551
Taken to a health provider	0.377	0.044	205	272	1.182	0.118	0.288	0.466
Vaccination card seen	0.783	0.046	275	381	1.854	0.059	0.690	0.875
Received BCG	0.875	0.032	275	381	1.612	0.037	0.811	0.939
Received DPT (3 doses)	0.736	0.034	275	381	1.294	0.047	0.667	0.805
Received polio (3 doses)	0.742	0.034	275	381	1.275	0.045	0.675	0.810
Received measles	0.634	0.044	275	381	1.486	0.069	0.547	0.721
Fully immunised	0.566	0.039	275	381	1.290	0.069	0.488	0.644
Height-for-age (below -2SD)	0.397	0.022	1268	1720	1.407	0.055	0.353	0.440
Weight-for-height (below -2SD)	0.026	0.005	1268	1720	1.170	0.198	0.015	0.036
Weight-for-age (below -2SD)	0.232	0.019	1268	1720	1.496	0.083	0.194	0.271
BMI <18.5	0.098	0.008	1123	1531	0.898	0.081	0.082	0.114
Has heard of HIV/AIDS	0.986	0.004	1376	1880	1.322	0.004	0.977	0.994
Had 2+ sexual partners in past 12 months	0.038	0.006	1088	1488	1.075	0.165	0.025	0.050
Had higher-risk intercourse in past 12 months	0.145	0.016	1088	1488	1.493	0.110	0.113	0.177
Condom use at last higher-risk intercourse	0.276	0.037	165	214	1.058	0.134	0.202	0.350
Sexually active in past 12 months (youth)	0.189	0.039	262	353	1.628	0.209	0.110	0.267
Condom use at last higher-risk intercourse (youth)	0.375	0.049	77	95	0.882	0.130	0.277	0.473
Abstinence among youth (never had intercourse)	0.733	0.041	262	353	1.511	0.057	0.650	0.815
MEN								
Urban residence	0.121	0.029	337	468	1.603	0.236	0.064	0.178
Literate	0.753	0.026	337	468	1.113	0.035	0.701	0.806
No education	0.176	0.027	337	468	1.321	0.156	0.121	0.230
Secondary education or higher	0.042	0.013	337	468	1.235	0.323	0.015	0.068
Never married	0.423	0.032	337	468	1.176	0.075	0.360	0.487
Currently married/in union	0.553	0.033	337	468	1.225	0.060	0.486	0.619
Knows any contraceptive method	0.950	0.009	337	468	0.756	0.009	0.932	0.968
Ideal family size	6.313	0.255	328	459	1.260	0.040	5.802	6.823
Has heard of HIV/AIDS	0.994	0.005	337	468	1.106	0.005	0.984	1.003

na = Not applicable

Table B.6 Sampling errors for Northern zone, Tanzania 2004-05

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban	0.274	0.019	1494	1496	1.663	0.070	0.235	0.312
Literate	0.752	0.027	1494	1496	2.389	0.035	0.699	0.806
No education	0.191	0.024	1494	1496	2.328	0.124	0.144	0.238
Secondary education	0.118	0.016	1494	1496	1.959	0.138	0.086	0.151
Net attendance ratio	0.808	0.023	1447	1416	1.987	0.029	0.762	0.854
Never married	0.266	0.014	1494	1496	1.201	0.052	0.239	0.294
Currently married	0.636	0.014	1494	1496	1.137	0.022	0.607	0.664
Married before age 20	0.539	0.019	1170	1177	1.299	0.035	0.501	0.577
Currently pregnant	0.094	0.007	1494	1496	0.951	0.076	0.080	0.109
Children ever born	2.748	0.086	1494	1496	1.242	0.031	2.576	2.919
Total Fertility Rate (3 years)	4.855	0.226	na	4206	1.381	0.047	4.402	5.307
Children surviving	2.420	0.072	1494	1496	1.175	0.030	2.277	2.564
Children ever born to women age 40-49	5.966	0.227	240	243	1.293	0.038	5.513	6.419
Knows any contraceptive method	0.981	0.005	946	951	1.187	0.005	0.970	0.991
Ever using contraceptive method	0.698	0.023	946	951	1.548	0.033	0.652	0.744
Currently using any contraceptive method	0.415	0.020	946	951	1.234	0.048	0.376	0.455
Currently using a modern method	0.301	0.023	946	951	1.547	0.077	0.254	0.347
Currently using pill	0.072	0.010	946	951	1.219	0.143	0.051	0.092
Currently using IUD	0.006	0.003	946	951	1.082	0.463	0.000	0.011
Currently using condom	0.026	0.005	946	951	1.034	0.204	0.016	0.037
Currently using female sterilisation	0.035	0.005	946	951	0.865	0.147	0.025	0.046
Currently using periodic abstinence	0.039	0.009	946	951	1.359	0.220	0.022	0.056
Public sector source	0.699	0.042	341	354	1.676	0.060	0.615	0.782
Want no more children	0.358	0.017	946	951	1.085	0.047	0.324	0.392
Want to delay birth at least 2 years	0.397	0.016	946	951	0.976	0.039	0.365	0.428
Ideal family size	4.433	0.097	1476	1480	1.890	0.022	4.239	4.628
Mothers received tetanus injection for last birth	0.821	0.022	777	774	1.625	0.027	0.777	0.866
Mothers received medical assistance at delivery	0.489	0.030	1141	1122	1.659	0.061	0.429	0.548
Had diarrhoea in two weeks before survey	0.103	0.013	1065	1042	1.311	0.127	0.077	0.129
Treated with oral rehydration salts (ORS)	0.438	0.052	109	108	1.021	0.118	0.334	0.541
Taken to a health provider	0.433	0.068	109	108	1.357	0.158	0.296	0.570
Vaccination card seen	0.753	0.033	216	208	1.098	0.044	0.687	0.819
Received BCG	0.899	0.021	216	208	1.010	0.023	0.857	0.942
Received DPT (3 doses)	0.866	0.030	216	208	1.218	0.034	0.807	0.926
Received polio (3 doses)	0.845	0.034	216	208	1.323	0.040	0.777	0.913
Received measles	0.855	0.035	216	208	1.393	0.041	0.784	0.925
Fully immunised	0.725	0.038	216	208	1.218	0.053	0.649	0.802
Height-for-age (below -2SD)	0.342	0.018	1060	1019	1.141	0.052	0.306	0.378
Weight-for-height (below -2SD)	0.050	0.008	1060	1019	1.170	0.169	0.033	0.066
Weight-for-age (below -2SD)	0.260	0.017	1060	1019	1.180	0.066	0.225	0.294
BMI <18.5	0.126	0.011	1309	1316	1.210	0.088	0.103	0.148
Has heard of HIV/AIDS	0.983	0.008	1494	1496	2.385	0.008	0.966	0.999
Had 2+ sexual partners in past 12 months	0.023	0.006	1081	1093	1.230	0.245	0.012	0.034
Had higher-risk intercourse in past 12 months	0.243	0.017	1081	1093	1.300	0.070	0.209	0.277
Condom use at last higher-risk intercourse	0.319	0.043	264	265	1.486	0.134	0.233	0.404
Sexually active in past 12 months (youth)	0.256	0.031	349	346	1.308	0.120	0.195	0.317
Condom use at last higher-risk intercourse (youth)	0.344	0.050	124	122	1.177	0.146	0.243	0.445
Abstinence among youth (never had intercourse)	0.649	0.034	349	346	1.330	0.052	0.581	0.717
MEN								
Urban residence	0.255	0.036	354	362	1.541	0.140	0.184	0.327
Literate	0.850	0.023	354	362	1.193	0.027	0.805	0.895
No education	0.098	0.023	354	362	1.476	0.239	0.051	0.144
Secondary education or higher	0.127	0.026	354	362	1.474	0.206	0.074	0.179
Never married	0.416	0.021	354	362	0.812	0.051	0.374	0.459
Currently married/in union	0.546	0.024	354	362	0.923	0.045	0.497	0.595
Knows any contraceptive method	0.977	0.009	354	362	1.076	0.009	0.959	0.994
Ideal family size	4.370	0.154	338	344	1.049	0.035	4.063	4.677
Has heard of HIV/AIDS	0.988	0.006	354	362	1.064	0.006	0.975	1.000

na = Not applicable

Table B.7 Sampling errors for Central zone, Tanzania 2004-05

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban	0.150	0.028	784	799	2.158	0.184	0.095	0.205
Literate	0.645	0.047	784	799	2.722	0.072	0.552	0.738
No education	0.290	0.043	784	799	2.683	0.150	0.203	0.377
Secondary education	0.038	0.009	784	799	1.278	0.231	0.020	0.055
Net attendance ratio	0.681	0.033	798	841	1.916	0.049	0.614	0.748
Never married	0.221	0.016	784	799	1.102	0.074	0.188	0.253
Currently married	0.692	0.025	784	799	1.529	0.036	0.641	0.742
Married before age 20	0.677	0.024	615	628	1.264	0.035	0.630	0.725
Currently pregnant	0.116	0.012	784	799	1.041	0.102	0.093	0.140
Children ever born	3.021	0.131	784	799	1.376	0.043	2.759	3.283
Total Fertility Rate (3 years)	6.066	0.373	na	2222	1.377	0.061	5.320	6.812
Children surviving	2.571	0.114	784	799	1.405	0.044	2.342	2.799
Children ever born to women age 40-49	6.249	0.280	122	128	1.260	0.045	5.689	6.809
Knows any contraceptive method	0.961	0.019	534	552	2.331	0.020	0.922	1.000
Ever using contraceptive method	0.498	0.044	534	552	2.014	0.087	0.411	0.586
Currently using any contraceptive method	0.216	0.028	534	552	1.574	0.130	0.160	0.272
Currently using a modern method	0.201	0.029	534	552	1.649	0.142	0.144	0.258
Currently using pill	0.081	0.021	534	552	1.748	0.254	0.040	0.123
Currently using IUD	0.001	0.001	534	552	0.844	1.002	0.000	0.004
Currently using condom	0.014	0.009	534	552	1.702	0.613	0.000	0.032
Currently using female sterilisation	0.015	0.006	534	552	1.209	0.424	0.002	0.028
Currently using periodic abstinence	0.009	0.005	534	552	1.217	0.545	0.000	0.019
Public sector source	0.874	0.028	134	136	0.976	0.032	0.818	0.930
Want no more children	0.297	0.028	534	552	1.391	0.093	0.241	0.352
Want to delay birth at least 2 years	0.420	0.015	534	552	0.709	0.036	0.389	0.450
Ideal family size	4.907	0.164	740	759	2.199	0.034	4.578	5.236
Mothers received tetanus injection for last birth	0.797	0.023	454	473	1.239	0.029	0.751	0.843
Mothers received medical assistance at delivery	0.404	0.038	691	716	1.726	0.093	0.329	0.479
Had diarrhoea in two weeks before survey	0.176	0.013	641	663	0.851	0.072	0.151	0.202
Treated with oral rehydration salts (ORS)	0.609	0.055	110	117	1.172	0.090	0.499	0.718
Taken to a health provider	0.529	0.049	110	117	1.023	0.093	0.430	0.627
Vaccination card seen	0.858	0.042	138	141	1.422	0.049	0.774	0.943
Received BCG	0.944	0.030	138	141	1.525	0.032	0.884	1.003
Received DPT (3 doses)	0.919	0.054	138	141	2.341	0.059	0.811	1.028
Received polio (3 doses)	0.900	0.055	138	141	2.153	0.061	0.790	1.010
Received measles	0.864	0.057	138	141	1.948	0.066	0.751	0.978
Fully immunised	0.811	0.064	138	141	1.915	0.079	0.684	0.939
Height-for-age (below -2SD)	0.423	0.026	654	685	1.261	0.062	0.370	0.475
Weight-for-height (below -2SD)	0.044	0.008	654	685	0.994	0.185	0.028	0.061
Weight-for-age (below -2SD)	0.287	0.026	654	685	1.350	0.090	0.236	0.339
BMI <18.5	0.168	0.014	669	675	0.957	0.083	0.140	0.195
Has heard of HIV/AIDS	0.949	0.016	784	799	2.084	0.017	0.916	0.982
Had 2+ sexual partners in past 12 months	0.083	0.012	596	610	1.090	0.148	0.059	0.108
Had higher-risk intercourse in past 12 months	0.251	0.027	596	610	1.492	0.106	0.198	0.304
Condom use at last higher-risk intercourse	0.215	0.049	146	153	1.440	0.228	0.117	0.314
Sexually active in past 12 months (youth)	0.303	0.032	161	160	0.893	0.107	0.238	0.367
Condom use at last higher-risk intercourse (youth)	0.258	0.083	56	64	1.406	0.321	0.092	0.424
Abstinence among youth (never had intercourse)	0.620	0.036	161	160	0.940	0.058	0.548	0.693
MEN								
Urban residence	0.156	0.022	227	212	0.904	0.140	0.112	0.200
Literate	0.818	0.031	227	212	1.203	0.038	0.757	0.880
No education	0.172	0.039	227	212	1.545	0.226	0.094	0.249
Secondary education or higher	0.029	0.013	227	212	1.118	0.428	0.004	0.054
Never married	0.391	0.028	227	212	0.852	0.071	0.335	0.446
Currently married/in union	0.552	0.032	227	212	0.981	0.059	0.487	0.617
Knows any contraceptive method	0.947	0.024	227	212	1.611	0.025	0.899	0.995
Ideal family size	5.430	0.275	211	194	1.232	0.051	4.881	5.980
Has heard of HIV/AIDS	0.966	0.017	227	212	1.369	0.017	0.933	0.999

na = Not applicable

Table B.8 Sampling errors for Southern zone, Tanzania 2004-05

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban	0.213	0.018	1136	1440	1.470	0.084	0.177	0.249
Literate	0.605	0.047	1136	1440	3.252	0.078	0.511	0.699
No education	0.304	0.049	1136	1440	3.605	0.162	0.206	0.403
Secondary education	0.053	0.015	1136	1440	2.226	0.281	0.023	0.082
Net attendance ratio	0.697	0.039	1120	1389	2.183	0.056	0.620	0.775
Never married	0.198	0.016	1136	1440	1.367	0.082	0.165	0.230
Currently married	0.704	0.020	1136	1440	1.446	0.028	0.664	0.743
Married before age 20	0.677	0.023	892	1133	1.449	0.034	0.632	0.722
Currently pregnant	0.106	0.007	1136	1440	0.750	0.065	0.092	0.119
Children ever born	3.165	0.103	1136	1440	1.221	0.033	2.959	3.372
Total Fertility Rate (3 years)	5.917	0.386	na	4008	2.128	0.065	5.145	6.689
Children surviving	2.667	0.077	1136	1440	1.070	0.029	2.514	2.820
Children ever born to women age 40-49	6.626	0.245	185	238	1.210	0.037	6.137	7.116
Knows any contraceptive method	0.979	0.010	798	1013	1.898	0.010	0.960	0.998
Ever using contraceptive method	0.637	0.033	798	1013	1.964	0.053	0.570	0.704
Currently using any contraceptive method	0.364	0.020	798	1013	1.181	0.055	0.324	0.404
Currently using a modern method	0.218	0.024	798	1013	1.654	0.111	0.170	0.267
Currently using pill	0.064	0.010	798	1013	1.118	0.151	0.045	0.084
Currently using IUD	0.001	0.001	798	1013	0.999	1.007	0.000	0.004
Currently using condom	0.031	0.009	798	1013	1.457	0.290	0.013	0.049
Currently using female sterilisation	0.020	0.006	798	1013	1.254	0.314	0.007	0.032
Currently using periodic abstinence	0.014	0.005	798	1013	1.310	0.395	0.003	0.024
Public sector source	0.689	0.039	183	242	1.126	0.056	0.612	0.766
Want no more children	0.308	0.044	798	1013	2.669	0.142	0.221	0.395
Want to delay birth at least 2 years	0.416	0.018	798	1013	1.059	0.044	0.379	0.453
Ideal family size	5.018	0.294	1087	1387	4.259	0.059	4.430	5.606
Mothers received tetanus injection for last birth	0.795	0.017	674	844	1.067	0.021	0.761	0.828
Mothers received medical assistance at delivery	0.458	0.037	1029	1283	1.973	0.080	0.385	0.532
Had diarrhoea in two weeks before survey	0.130	0.019	944	1175	1.604	0.143	0.093	0.167
Treated with oral rehydration salts (ORS)	0.538	0.040	119	153	0.863	0.075	0.457	0.619
Taken to a health provider	0.457	0.037	119	153	0.762	0.080	0.384	0.531
Vaccination card seen	0.776	0.034	185	232	1.114	0.044	0.708	0.845
Received BCG	0.864	0.026	185	232	1.039	0.030	0.812	0.917
Received DPT (3 doses)	0.843	0.033	185	232	1.240	0.040	0.776	0.910
Received polio (3 doses)	0.780	0.051	185	232	1.678	0.066	0.678	0.883
Received measles	0.779	0.059	185	232	1.927	0.076	0.661	0.898
Fully immunised	0.618	0.061	185	232	1.686	0.098	0.497	0.740
Height-for-age (below -2SD)	0.426	0.047	934	1159	2.496	0.112	0.331	0.520
Weight-for-height (below -2SD)	0.015	0.005	934	1159	1.121	0.308	0.006	0.025
Weight-for-age (below -2SD)	0.201	0.032	934	1159	2.231	0.159	0.137	0.264
BMI <18.5	0.072	0.010	971	1241	1.240	0.143	0.051	0.092
Has heard of HIV/AIDS	0.988	0.005	1136	1440	1.648	0.005	0.978	0.999
Had 2+ sexual partners in past 12 months	0.018	0.004	836	1054	0.903	0.230	0.010	0.027
Had higher-risk intercourse in past 12 months	0.114	0.013	836	1054	1.194	0.115	0.088	0.141
Condom use at last higher-risk intercourse	0.366	0.059	93	121	1.184	0.162	0.247	0.485
Sexually active in past 12 months (youth)	0.172	0.034	208	261	1.299	0.198	0.104	0.240
Condom use at last higher-risk intercourse (youth)	0.477	0.082	43	52	1.070	0.173	0.312	0.642
Abstinence among youth (never had intercourse)	0.720	0.037	208	261	1.183	0.051	0.646	0.794
MEN								
Urban residence	0.223	0.020	293	358	0.811	0.089	0.184	0.263
Literate	0.799	0.040	293	358	1.706	0.050	0.718	0.879
No education	0.141	0.053	293	358	2.608	0.377	0.035	0.247
Secondary education or higher	0.085	0.024	293	358	1.463	0.282	0.037	0.132
Never married	0.407	0.027	293	358	0.924	0.065	0.354	0.460
Currently married/in union	0.568	0.027	293	358	0.924	0.047	0.514	0.621
Knows any contraceptive method	0.991	0.006	293	358	1.012	0.006	0.980	1.002
Ideal family size	5.831	0.496	283	348	1.873	0.085	4.838	6.824
Has heard of HIV/AIDS	0.998	0.002	293	358	0.719	0.002	0.995	1.002

na = Not applicable

Table B.9 Sampling errors for Lake zone, Tanzania 2004-05

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban	0.208	0.036	1226	1865	3.061	0.171	0.137	0.279
Literate	0.673	0.028	1226	1865	2.086	0.042	0.617	0.729
No education	0.228	0.025	1226	1865	2.053	0.108	0.179	0.277
Secondary education	0.050	0.015	1226	1865	2.407	0.299	0.020	0.080
Net attendance ratio	0.754	0.027	1158	1746	1.906	0.036	0.699	0.809
Never married	0.191	0.020	1226	1865	1.743	0.102	0.152	0.230
Currently married	0.697	0.014	1226	1865	1.091	0.021	0.668	0.725
Married before age 20	0.711	0.018	966	1460	1.247	0.026	0.675	0.748
Currently pregnant	0.126	0.012	1226	1865	1.254	0.094	0.102	0.150
Children ever born	3.297	0.103	1226	1865	1.214	0.031	3.091	3.503
Total Fertility Rate (3 years)	6.732	0.371	na	5218	1.414	0.055	5.991	7.473
Children surviving	2.761	0.089	1226	1865	1.254	0.032	2.583	2.938
Children ever born to women age 40-49	7.193	0.195	198	294	0.938	0.027	6.803	7.582
Knows any contraceptive method	0.972	0.009	848	1300	1.534	0.009	0.954	0.989
Ever using contraceptive method	0.285	0.028	848	1300	1.822	0.099	0.229	0.342
Currently using any contraceptive method	0.128	0.014	848	1300	1.235	0.111	0.100	0.157
Currently using a modern method	0.113	0.014	848	1300	1.319	0.127	0.084	0.142
Currently using pill	0.022	0.004	848	1300	0.828	0.189	0.014	0.031
Currently using IUD	0.000	0.000	848	1300	na	na	0.000	0.000
Currently using condom	0.008	0.003	848	1300	0.926	0.365	0.002	0.013
Currently using female sterilisation	0.025	0.007	848	1300	1.329	0.285	0.011	0.039
Currently using periodic abstinence	0.006	0.003	848	1300	0.943	0.410	0.001	0.011
Public sector source	0.754	0.055	127	190	1.422	0.072	0.645	0.863
Want no more children	0.346	0.019	848	1300	1.152	0.054	0.308	0.384
Want to delay birth at least 2 years	0.420	0.018	848	1300	1.088	0.044	0.383	0.457
Ideal family size	5.211	0.163	1219	1857	2.582	0.031	4.886	5.536
Mothers received tetanus injection for last birth	0.797	0.018	749	1126	1.236	0.023	0.761	0.834
Mothers received medical assistance at delivery	0.390	0.038	1247	1868	2.251	0.097	0.315	0.466
Had diarrhoea in two weeks before survey	0.089	0.011	1123	1680	1.236	0.124	0.067	0.111
Treated with oral rehydration salts (ORS)	0.601	0.054	110	149	1.062	0.089	0.494	0.709
Taken to a health provider	0.520	0.063	110	149	1.206	0.121	0.393	0.646
Vaccination card seen	0.763	0.028	254	380	1.044	0.037	0.706	0.820
Received BCG	0.941	0.014	254	380	0.899	0.015	0.913	0.969
Received DPT (3 doses)	0.896	0.032	254	380	1.595	0.036	0.832	0.961
Received polio (3 doses)	0.895	0.026	254	380	1.314	0.029	0.843	0.947
Received measles	0.848	0.029	254	380	1.234	0.034	0.791	0.905
Fully immunised	0.798	0.036	254	380	1.369	0.045	0.727	0.870
Height-for-age (below -2SD)	0.343	0.015	1156	1737	1.002	0.045	0.312	0.374
Weight-for-height (below -2SD)	0.024	0.005	1156	1737	1.092	0.212	0.014	0.034
Weight-for-age (below -2SD)	0.174	0.013	1156	1737	1.121	0.075	0.148	0.200
BMI <18.5	0.089	0.014	1016	1556	1.590	0.159	0.061	0.118
Has heard of HIV/AIDS	0.999	0.001	1226	1865	1.182	0.001	0.997	1.001
Had 2+ sexual partners in past 12 months	0.040	0.007	1029	1577	1.096	0.168	0.026	0.053
Had higher-risk intercourse in past 12 months	0.232	0.016	1029	1577	1.193	0.068	0.200	0.263
Condom use at last higher-risk intercourse	0.263	0.022	240	364	0.790	0.086	0.218	0.308
Sexually active in past 12 months (youth)	0.362	0.042	206	322	1.265	0.117	0.277	0.447
Condom use at last higher-risk intercourse (youth)	0.308	0.035	108	175	0.777	0.113	0.238	0.377
Abstinence among youth (never had intercourse)	0.578	0.049	206	322	1.435	0.086	0.479	0.677
MEN								
Urban residence	0.190	0.045	292	448	1.956	0.236	0.100	0.280
Literate	0.712	0.040	292	448	1.508	0.056	0.632	0.793
No education	0.099	0.021	292	448	1.207	0.213	0.057	0.141
Secondary education or higher	0.076	0.034	292	448	2.184	0.445	0.008	0.144
Never married	0.370	0.033	292	448	1.166	0.089	0.304	0.436
Currently married/in union	0.586	0.035	292	448	1.205	0.059	0.516	0.656
Knows any contraceptive method	0.970	0.014	292	448	1.455	0.015	0.941	0.999
Ideal family size	5.752	0.369	289	445	1.655	0.064	5.015	6.490
Has heard of HIV/AIDS	0.992	0.006	292	448	1.217	0.006	0.980	1.005

na = Not applicable

Table B.10 Sampling errors for Eastern zone, Tanzania 2004-05

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban	0.674	0.025	1071	1670	1.723	0.037	0.624	0.723
Literate	0.798	0.023	1071	1670	1.858	0.029	0.753	0.844
No education	0.147	0.022	1071	1670	2.006	0.148	0.104	0.191
Secondary education	0.163	0.017	1071	1670	1.493	0.104	0.129	0.196
Net attendance ratio	0.825	0.015	849	1196	1.071	0.019	0.794	0.855
Never married	0.297	0.020	1071	1670	1.448	0.068	0.256	0.337
Currently married	0.615	0.022	1071	1670	1.457	0.035	0.572	0.659
Married before age 20	0.525	0.027	871	1344	1.602	0.052	0.471	0.579
Currently pregnant	0.062	0.009	1071	1670	1.274	0.151	0.043	0.081
Children ever born	2.088	0.081	1071	1670	1.189	0.039	1.926	2.250
Total Fertility Rate (3 years)	3.571	0.253	na	4732	1.193	0.071	3.066	4.077
Children surviving	1.793	0.070	1071	1670	1.214	0.039	1.653	1.934
Children ever born to women age 40-49	4.998	0.232	159	218	1.067	0.046	4.535	5.462
Knows any contraceptive method	0.997	0.002	676	1027	1.132	0.002	0.992	1.002
Ever using contraceptive method	0.698	0.027	676	1027	1.511	0.038	0.645	0.751
Currently using any contraceptive method	0.377	0.028	676	1027	1.516	0.075	0.321	0.434
Currently using a modern method	0.307	0.026	676	1027	1.491	0.086	0.254	0.359
Currently using pill	0.101	0.014	676	1027	1.230	0.142	0.072	0.129
Currently using IUD	0.005	0.003	676	1027	1.266	0.713	0.000	0.011
Currently using condom	0.030	0.007	676	1027	1.097	0.242	0.015	0.044
Currently using female sterilisation	0.035	0.008	676	1027	1.166	0.234	0.019	0.052
Currently using periodic abstinence	0.042	0.010	676	1027	1.241	0.227	0.023	0.062
Public sector source	0.506	0.039	270	448	1.276	0.077	0.428	0.583
Want no more children	0.265	0.019	676	1027	1.117	0.072	0.227	0.303
Want to delay birth at least 2 years	0.360	0.018	676	1027	0.981	0.050	0.324	0.396
Ideal family size	4.296	0.117	1065	1658	1.726	0.027	4.062	4.530
Mothers received tetanus injection for last birth	0.857	0.015	522	766	0.941	0.017	0.828	0.887
Mothers received medical assistance at delivery	0.654	0.044	677	969	1.977	0.068	0.565	0.742
Had diarrhoea in two weeks before survey	0.093	0.016	621	890	1.284	0.171	0.061	0.125
Treated with oral rehydration salts (ORS)	0.704	0.086	58	83	1.388	0.122	0.532	0.876
Taken to a health provider	0.643	0.103	58	83	1.469	0.159	0.438	0.848
Vaccination card seen	0.785	0.047	100	150	1.112	0.059	0.692	0.878
Received BCG	0.951	0.025	100	150	1.137	0.026	0.901	1.001
Received DPT (3 doses)	0.937	0.028	100	150	1.115	0.029	0.882	0.992
Received polio (3 doses)	0.855	0.044	100	150	1.228	0.052	0.767	0.943
Received measles	0.878	0.031	100	150	0.938	0.036	0.816	0.941
Fully immunised	0.771	0.045	100	150	1.036	0.058	0.682	0.860
Height-for-age (below -2SD)	0.278	0.021	616	879	1.049	0.074	0.237	0.319
Weight-for-height (below -2SD)	0.040	0.008	616	879	0.967	0.194	0.024	0.055
Weight-for-age (below -2SD)	0.173	0.013	616	879	0.867	0.078	0.146	0.200
BMI <18.5	0.084	0.013	972	1520	1.452	0.154	0.058	0.110
Has heard of HIV/AIDS	1.000	0.000	1071	1670	na	0.000	1.000	1.000
Had 2+ sexual partners in past 12 months	0.047	0.008	867	1344	1.121	0.172	0.031	0.063
Had higher-risk intercourse in past 12 months	0.372	0.020	867	1344	1.203	0.053	0.333	0.412
Condom use at last higher-risk intercourse	0.280	0.033	321	500	1.324	0.119	0.213	0.346
Sexually active in past 12 months (youth)	0.402	0.040	235	398	1.241	0.099	0.322	0.481
Condom use at last higher-risk intercourse (youth)	0.358	0.054	149	240	1.372	0.151	0.250	0.466
Abstinence among youth (never had intercourse)	0.511	0.037	235	398	1.141	0.073	0.436	0.586
MEN								
Urban residence	0.644	0.031	289	462	1.097	0.048	0.582	0.706
Literate	0.903	0.018	289	462	1.055	0.020	0.866	0.940
No education	0.063	0.015	289	462	1.030	0.235	0.033	0.092
Secondary education or higher	0.229	0.032	289	462	1.299	0.141	0.165	0.293
Never married	0.472	0.041	289	462	1.410	0.088	0.389	0.555
Currently married/in union	0.429	0.038	289	462	1.312	0.089	0.352	0.505
Knows any contraceptive method	0.990	0.007	289	462	1.162	0.007	0.976	1.003
Ideal family size	4.072	0.149	285	456	1.080	0.036	3.775	4.369
Has heard of HIV/AIDS	0.993	0.006	289	462	1.360	0.007	0.981	1.006

na = Not applicable

Table B.11 Sampling errors for Southern zone, Tanzania 2004-05

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban	0.214	0.024	1030	866	1.857	0.111	0.167	0.262
Literate	0.657	0.026	1030	866	1.743	0.039	0.606	0.709
No education	0.220	0.021	1030	866	1.650	0.097	0.178	0.263
Secondary education	0.059	0.015	1030	866	2.102	0.262	0.028	0.090
Net attendance ratio	0.743	0.023	839	703	1.453	0.032	0.696	0.790
Never married	0.208	0.017	1030	866	1.354	0.082	0.174	0.242
Currently married	0.674	0.018	1030	866	1.201	0.026	0.639	0.709
Married before age 20	0.674	0.023	830	701	1.409	0.034	0.628	0.720
Currently pregnant	0.086	0.010	1030	866	1.126	0.115	0.066	0.105
Children ever born	2.729	0.090	1030	866	1.183	0.033	2.548	2.910
Total Fertility Rate (3 years)	4.778	0.212	na	2422	1.027	0.044	4.355	5.201
Children surviving	2.209	0.068	1030	866	1.096	0.031	2.074	2.345
Children ever born to women age 40-49	5.493	0.197	198	170	1.058	0.036	5.099	5.888
Knows any contraceptive method	0.995	0.003	695	584	1.162	0.003	0.988	1.001
Ever using contraceptive method	0.668	0.026	695	584	1.431	0.038	0.617	0.719
Currently using any contraceptive method	0.335	0.020	695	584	1.124	0.060	0.294	0.375
Currently using a modern method	0.299	0.020	695	584	1.148	0.067	0.260	0.339
Currently using pill	0.129	0.014	695	584	1.097	0.108	0.101	0.157
Currently using IUD	0.000	0.000	695	584	na	na	0.000	0.000
Currently using condom	0.026	0.005	695	584	0.849	0.198	0.015	0.036
Currently using female sterilisation	0.038	0.010	695	584	1.329	0.253	0.019	0.057
Currently using periodic abstinence	0.013	0.004	695	584	0.953	0.317	0.005	0.021
Public sector source	0.743	0.045	293	239	1.757	0.060	0.654	0.833
Want no more children	0.274	0.017	695	584	1.002	0.062	0.240	0.308
Want to delay birth at least 2 years	0.447	0.022	695	584	1.164	0.049	0.403	0.491
Ideal family size	4.689	0.098	1027	864	1.622	0.021	4.492	4.886
Mothers received tetanus injection for last birth	0.846	0.017	595	503	1.124	0.020	0.812	0.879
Mothers received medical assistance at delivery	0.556	0.032	756	637	1.594	0.057	0.492	0.620
Had diarrhoea in two weeks before survey	0.166	0.014	676	572	1.017	0.086	0.137	0.195
Treated with oral rehydration salts (ORS)	0.600	0.054	112	95	1.171	0.090	0.492	0.708
Taken to a health provider	0.503	0.059	112	95	1.246	0.117	0.386	0.620
Vaccination card seen	0.869	0.039	150	128	1.419	0.045	0.791	0.947
Received BCG	0.974	0.017	150	128	1.292	0.017	0.940	1.007
Received DPT (3 doses)	0.965	0.016	150	128	1.096	0.017	0.932	0.998
Received polio (3 doses)	0.926	0.023	150	128	1.084	0.025	0.880	0.972
Received measles	0.919	0.023	150	128	1.033	0.025	0.874	0.965
Fully immunised	0.836	0.034	150	128	1.113	0.040	0.769	0.903
Height-for-age (below -2SD)	0.522	0.018	702	593	0.894	0.034	0.486	0.558
Weight-for-height (below -2SD)	0.015	0.005	702	593	1.111	0.342	0.005	0.025
Weight-for-age (below -2SD)	0.262	0.012	702	593	0.718	0.045	0.239	0.286
BMI <18.5	0.121	0.014	919	773	1.280	0.114	0.093	0.148
Has heard of HIV/AIDS	1.000	0.000	1030	866	na	0.000	1.000	1.000
Had 2+ sexual partners in past 12 months	0.094	0.011	813	678	1.091	0.119	0.071	0.116
Had higher-risk intercourse in past 12 months	0.398	0.016	813	678	0.926	0.040	0.366	0.430
Condom use at last higher-risk intercourse	0.229	0.029	328	270	1.264	0.128	0.170	0.288
Sexually active in past 12 months (youth)	0.492	0.041	194	164	1.136	0.083	0.411	0.574
Condom use at last higher-risk intercourse (youth)	0.289	0.050	168	137	1.420	0.172	0.189	0.389
Abstinence among youth (never had intercourse)	0.339	0.039	194	164	1.141	0.115	0.261	0.417
MEN								
Urban residence	0.170	0.021	304	245	0.958	0.121	0.129	0.212
Literate	0.752	0.029	304	245	1.173	0.039	0.694	0.811
No education	0.111	0.019	304	245	1.063	0.173	0.073	0.149
Secondary education or higher	0.090	0.017	304	245	1.061	0.194	0.055	0.125
Never married	0.394	0.029	304	245	1.046	0.075	0.335	0.452
Currently married/in union	0.521	0.028	304	245	0.986	0.054	0.464	0.578
Knows any contraceptive method	0.992	0.004	304	245	0.873	0.004	0.983	1.001
Ideal family size	4.308	0.181	290	234	1.030	0.042	3.946	4.670
Has heard of HIV/AIDS	1.000	0.000	304	245	na	0.000	1.000	1.000

na = Not applicable

Table B.12 Sampling errors for Zanzibar region, Tanzania 2004-05

Variable	Value (R)	Standard error (SE)	Number of cases: Unweighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban	0.360	0.019	2212	313	1.863	0.053	0.322	0.398
Literate	0.768	0.017	2212	313	1.843	0.022	0.735	0.801
No education	0.209	0.017	2212	313	1.984	0.082	0.175	0.243
Secondary education	0.425	0.018	2212	313	1.697	0.042	0.390	0.461
Net attendance ratio	0.714	0.018	2105	277	1.683	0.025	0.678	0.749
Never married	0.327	0.015	2212	313	1.471	0.045	0.297	0.356
Currently married	0.579	0.014	2212	313	1.289	0.023	0.552	0.606
Married before age 20	0.591	0.016	1667	237	1.333	0.027	0.559	0.623
Currently pregnant	0.095	0.007	2212	313	1.062	0.070	0.082	0.108
Children ever born	2.800	0.082	2212	313	1.219	0.029	2.635	2.965
Total Fertility Rate (3 years)	5.320	0.279	na	870	1.664	0.052	4.762	5.877
Children surviving	2.441	0.069	2212	313	1.162	0.028	2.304	2.579
Children ever born to women age 40-49	6.825	0.196	366	50	1.167	0.029	6.433	7.216
Knows any contraceptive method	0.987	0.002	1315	182	0.731	0.002	0.983	0.992
Ever using contraceptive method	0.418	0.019	1315	182	1.397	0.045	0.380	0.456
Currently using any contraceptive method	0.153	0.010	1315	182	1.047	0.068	0.133	0.174
Currently using a modern method	0.094	0.007	1315	182	0.899	0.077	0.079	0.108
Currently using pill	0.045	0.008	1315	182	1.429	0.181	0.029	0.062
Currently using IUD	0.001	0.001	1315	182	0.863	1.001	0.000	0.002
Currently using condom	0.003	0.002	1315	182	1.317	0.665	0.000	0.007
Currently using female sterilisation	0.010	0.003	1315	182	0.955	0.261	0.005	0.015
Currently using periodic abstinence	0.034	0.008	1315	182	1.571	0.232	0.018	0.049
Public sector source	0.776	0.031	152	22	0.912	0.040	0.714	0.838
Want no more children	0.265	0.013	1315	182	1.091	0.050	0.239	0.292
Want to delay birth at least 2 years	0.401	0.010	1315	182	0.764	0.026	0.381	0.422
Ideal family size	6.227	0.095	2121	298	1.645	0.015	6.038	6.417
Mothers received tetanus injection for last birth	0.731	0.019	1059	144	1.397	0.027	0.693	0.770
Mothers received medical assistance at delivery	0.508	0.026	1641	219	1.674	0.052	0.456	0.561
Had diarrhoea in two weeks before survey	0.136	0.012	1517	204	1.308	0.090	0.112	0.161
Treated with oral rehydration salts (ORS)	0.333	0.033	194	28	0.923	0.099	0.267	0.399
Taken to a health provider	0.457	0.040	194	28	1.063	0.087	0.378	0.537
Vaccination card seen	0.834	0.026	295	38	1.162	0.032	0.781	0.887
Received BCG	0.949	0.016	295	38	1.203	0.017	0.917	0.982
Received DPT (3 doses)	0.886	0.021	295	38	1.091	0.024	0.844	0.928
Received polio (3 doses)	0.843	0.024	295	38	1.069	0.028	0.795	0.890
Received measles	0.820	0.031	295	38	1.336	0.038	0.757	0.883
Fully immunised	0.747	0.034	295	38	1.268	0.045	0.679	0.814
Height-for-age (below -2SD)	0.231	0.012	1450	197	1.006	0.051	0.208	0.255
Weight-for-height (below -2SD)	0.061	0.007	1450	197	1.158	0.120	0.046	0.075
Weight-for-age (below -2SD)	0.190	0.011	1450	197	1.004	0.057	0.169	0.212
BMI <18.5	0.171	0.009	1937	275	1.107	0.055	0.152	0.190
Has heard of HIV/AIDS	0.998	0.001	2212	313	0.747	0.001	0.997	1.000
Had 2+ sexual partners in past 12 months	0.009	0.002	1395	195	0.989	0.283	0.004	0.014
Had higher-risk intercourse in past 12 months	0.084	0.013	1395	195	1.768	0.156	0.058	0.110
Condom use at last higher-risk intercourse	0.345	0.050	100	16	1.045	0.145	0.245	0.445
Sexually active in past 12 months (youth)	0.040	0.013	648	94	1.746	0.338	0.013	0.066
Condom use at last higher-risk intercourse (youth)	0.445	0.087	33	6	0.987	0.195	0.272	0.619
Abstinence among youth (never had intercourse)	0.944	0.013	648	94	1.395	0.013	0.919	0.969
MEN								
Urban residence	0.375	0.028	539	79	1.358	0.076	0.318	0.432
Literate	0.860	0.015	539	79	0.978	0.017	0.831	0.889
No education	0.091	0.017	539	79	1.342	0.183	0.058	0.124
Secondary education or higher	0.405	0.025	539	79	1.193	0.062	0.355	0.456
Never married	0.524	0.028	539	79	1.312	0.054	0.467	0.580
Currently married/in union	0.447	0.023	539	79	1.089	0.052	0.400	0.494
Knows any contraceptive method	0.928	0.012	539	79	1.035	0.012	0.905	0.951
Ideal family size	7.307	0.291	523	75	1.569	0.040	6.726	7.888
Has heard of HIV/AIDS	0.987	0.006	539	79	1.225	0.006	0.975	0.999

na = Not applicable

DATA QUALITY TABLES

Appendix C

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Tanzania 2004-05

	Women		Men			Women		Men	
Age	Number	Percent	Number	Percent	Age	Number	Percent	Number	Percent
0	829	3.5	869	3.9	36	246	1.0	206	0.9
1	877	3.7	810	3.6	37	159	0.7	136	0.6
2	767	3.2	834	3.7	38	213	0.9	203	0.9
3	776	3.3	800	3.6	39	145	0.6	156	0.7
4	659	2.8	724	3.2	40	247	1.0	296	1.3
5	635	2.7	729	3.3	41	130	0.5	131	0.6
6	708	3.0	750	3.4	42	175	0.7	192	0.9
7	702	2.9	669	3.0	43	135	0.6	131	0.6
8	643	2.7	683	3.1	44	150	0.6	136	0.6
9	620	2.6	714	3.2	45	230	1.0	202	0.9
10	559	2.3	571	2.6	46	142	0.6	90	0.4
11	692	2.9	684	3.1	47	114	0.5	90	0.4
12	632	2.6	599	2.7	48	151	0.6	113	0.5
13	622	2.6	631	2.8	49	135	0.6	85	0.4
14	477	2.0	479	2.1	50	135	0.6	165	0.7
15	494	2.1	502	2.3	51	124	0.5	76	0.3
16	453	1.9	433	1.9	52	194	0.8	115	0.5
17	496	2.1	468	2.1	53	115	0.5	84	0.4
18	421	1.8	300	1.3	54	127	0.5	99	0.4
19	499	2.1	460	2.1	55	201	0.8	155	0.7
20	374	1.6	234	1.0	56	114	0.5	108	0.5
21	450	1.9	371	1.7	57	60	0.3	74	0.3
22	318	1.3	234	1.0	58	93	0.4	68	0.3
23	430	1.8	360	1.6	59	58	0.2	57	0.3
24	452	1.9	423	1.9	60	168	0.7	155	0.7
25	361	1.5	268	1.2	61	38	0.2	28	0.1
26	373	1.6	254	1.1	62	89	0.4	103	0.5
27	392	1.6	319	1.4	63	34	0.1	38	0.2
28	337	1.4	255	1.1	64	44	0.2	62	0.3
29	462	1.9	392	1.8	65	144	0.6	103	0.5
30	257	1.1	202	0.9	66	45	0.2	33	0.1
31	354	1.5	281	1.3	67	33	0.1	38	0.2
32	226	0.9	156	0.7	68	81	0.3	78	0.4
33	288	1.2	242	1.1	69	45	0.2	41	0.2
34	293	1.2	266	1.2	70+	680	2.9	602	2.7
35					Don't know/ missing	0	0.0	3	0.0
					Total	23,863	100.0	22,294	100.0

Table C.2 Age distribution of eligible and interviewed women and men

De facto household population of women age 10-54 and men age 10-54, interviewed women age 15-49 and interviewed men age 15-49, and percentage of eligible women and men who were interviewed (weighted), by five-year age groups, Tanzania 2004-05

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percent of women
		Number	Percent	
10-14	3,126	na	na	na
15-19	2,341	2,237	21.7	95.5
20-24	2,071	2,014	19.6	97.2
25-29	1,915	1,882	18.3	98.3
30-34	1,587	1,546	15.0	97.4
25-39	1,056	1,036	10.1	98.1
40-44	837	815	7.9	97.3
45-49	771	756	7.3	97.9
50-54	696	na	na	na
15-49	10,578	10,284	100.0	97.2

Age group	Household population of men age 10-54	Interviewed men age 15-49		Percent of men
		Number	Percent	
10-14	1,038	na	na	na
15-19	681	631	24.1	92.6
20-24	539	488	18.6	90.5
25-29	441	404	15.4	91.6
30-34	423	389	14.8	91.9
25-39	313	290	11.0	92.5
40-44	276	247	9.4	89.4
45-49	187	172	6.6	92.1
50-54	167	na	na	na
15-49	2,860	2,620	100.0	91.6

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and men and interviewed women and men are household weights. Age is based on the household schedule.
na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Tanzania 2004-05

Subject	Reference group	Percentage with missing information	Number of cases
Birth date	Births in the 15 years preceding the survey		
Month only		1.61	21,911
Month and year		0.00	21,911
Age at death	Deceased children born in the 15 years preceding the survey	0.11	2,871
Age/date at first union[1]	Ever-married women age 15-49	0.08	7,958
Respondent's education	All women age 15-49	0.00	10,329
Diarrhoea in past 2 weeks	Living children age 0-59 months	3.61	7,976
Anthropometry - children	All de facto living children age 0-59 months		
Height		1.81	8,357
Weight		0.43	8,357
Height or weight		1.86	8,357
Anthropometry – women	All de facto women age 15-49		
Height		3.13	10,578
Weight		3.07	10,578
Height or weight		3.20	10,578
Anaemia			
Children	All de facto living children 6-59 months	2.73	7,505
Women	All de facto women age 15-49	4.18	10,578

[1] Both year and age missing

Table C.4 Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), Tanzania 2004-05

Calendar year	Number of births			Percentage with complete birth date[1]			Sex ratio at birth[2]			Calendar year ratio[3]		
	L	D	T	L	D	T	L	D	T	L	D	T
2005	32	2	33	100.0	100.0	100.0	61.8	na	69.6	na	na	na
2004	1,691	73	1,764	100.0	100.0	100.0	94.7	139.4	96.2	na	na	na
2003	1,669	138	1,806	100.0	100.0	100.0	103.0	121.0	104.2	102.0	126.2	103.5
2002	1,580	145	1,725	100.0	99.4	100.0	92.4	109.1	93.7	97.9	96.6	97.8
2001	1,560	163	1,722	100.0	100.0	100.0	105.7	112.6	106.3	103.0	87.2	101.3
2000	1,447	228	1,675	100.0	100.0	100.0	106.8	100.1	105.9	99.8	154.6	104.9
1999	1,341	132	1,473	100.0	100.0	100.0	111.2	112.8	111.3	98.2	52.5	91.1
1998	1,283	275	1,559	97.8	91.9	96.8	106.5	108.4	106.9	97.9	139.9	103.4
1997	1,281	262	1,542	97.8	92.6	97.0	100.6	120.4	103.7	103.4	107.3	104.0
1996	1,195	212	1,407	97.6	94.8	97.2	93.2	85.4	92.0	99.4	86.4	97.2
2001-2005	6,531	520	7,051	100.0	99.8	100.0	98.5	117.9	99.8	na	na	na
1996-2000	6,548	1,109	7,657	98.7	95.3	98.2	103.8	104.9	103.9	na	na	na
1991-1995	5,072	1,028	6,100	98.1	91.7	97.0	103.7	108.9	104.6	na	na	na
1986-1990	3,621	817	4,438	97.4	92.7	96.5	100.9	98.0	100.4	na	na	na
< 1986	3,775	1,055	4,830	96.2	92.6	95.4	101.4	106.0	102.4	na	na	na
All	25,547	4,529	30,076	98.4	93.9	97.7	101.6	106.2	102.3	na	na	na

na = Not applicable

[1] Both year and month of birth given

[2] (Bm/Bf)x100, where Bm and Bf are the numbers of male and female births, respectively

[3] [2Bx/(Bx-1+Bx+1)]x100, where Bx is the number of births in calendar year x

Table C.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Tanzania 2004-05

Age at death (days)	Number of years preceding the survey				
	0-4	5-9	10-14	15-19	Total 0-19
<1	103	86	51	45	285
1	49	32	43	25	148
2	27	26	19	8	80
3	14	30	14	11	69
4	8	9	5	1	23
5	1	6	4	4	15
6	6	6	7	2	21
7	17	25	22	20	85
8	5	2	1	1	9
9	2	1	2	3	7
10	2	1	2	0	4
12	0	3	0	0	3
13	1	0	0	0	1
14	26	18	17	10	70
15	2	1	0	4	6
16	0	0	0	1	1
17	0	1	0	0	1
20	0	0	6	0	6
21	9	9	7	6	31
22	1	0	0	1	2
24	2	0	0	0	2
25	0	1	0	0	2
26	0	1	0	0	2
27	0	0	1	0	1
28	5	5	0	0	9
29	0	2	1	0	2
30	6	4	3	5	18
31+	0	3	1	0	4
Total 0-30	285	267	203	149	904
Percent early neonatal[1]	72.7	72.9	70.2	65.2	70.9

[1] 0-6 days / 0-30 days

Table C.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey, Tanzania 2004-05

Age at death (months)	Number of years preceding the survey				
	0-4	5-9	10-14	15-19	Total 0-19
<1[a]	286	267	203	149	905
1	31	35	41	28	136
2	30	65	49	24	168
3	32	56	49	31	168
4	23	43	23	27	116
5	29	33	24	16	102
6	38	53	45	38	173
7	21	38	31	17	107
8	27	44	27	10	108
9	21	33	43	19	115
10	17	15	17	4	53
11	4	17	10	12	42
12	28	71	47	29	175
13	12	7	11	7	36
14	16	11	11	9	47
15	9	14	9	4	36
16	1	6	6	2	14
17	3	8	11	2	25
18	13	26	29	10	79
19	3	5	2	6	15
20	8	7	11	4	30
21	1	4	2	2	9
22	1	1	0	0	2
23	3	1	2	0	6
24+	2	3	2	4	11
1 year	9	23	11	17	60
Total 0-11	557	699	562	375	2,193
Percent neonatal[1]	51.3	38.1	36.2	39.8	41.3

[a] Includes deaths under one month reported in days
[1] Under one month/under one year

PERSONS INVOLVED IN THE 2004-05 TANZANIA DEMOGRAPHIC AND HEALTH SURVEY

Appendix ***D***

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QUESTIONNAIRES

Appendix ***E***

UNITED REPUBLIC OF TANZANIA
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2004
NATIONAL BUREAU OF STATISTICS
HOUSEHOLD QUESTIONNAIRE

Last modified: August 3, 2004 **CONFIDENTIAL**

IDENTIFICATION

REGION _____ ☐☐

DISTRICT _____ ☐

WARD . . . . . ☐☐☐

ENUMERATION AREA . . . . . ☐☐☐

NAME OF HEAD OF HOUSEHOLD _____

TDHS NUMBER . . . . . ☐☐☐

HOUSEHOLD NUMBER . . . . . ☐☐☐

LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE . . . . . ☐
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)

HOUSEHOLD SELECTED FOR MEN'S SURVEY (YES=1, NO=2) . . . . . ☐

LARGE CITIES ARE; DAR ES SALAAM AND MWANZA. SMALL CITIES ARE; ARUSHA, MOROGORO, DODOMA, MOSHI, TANGA, IRINGA MBEYA, SHINYANGA, TABORA, MJINI MAGHARIBI - ZANZIBAR. ALL OTHER URBAN AREAS ARE TOWN

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY ☐☐
				MONTH ☐☐
				YEAR 2 0 0 ☐
INTERVIEWER'S NAME				INT.CODE ☐☐
RESULT*				RESULT ☐
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS ☐
TIME				

*RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD ☐☐
TOTAL WOMEN 15-49 ☐☐
TOTAL MEN 15-49 ☐☐
LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE ☐☐

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ ☐☐	DATE _____ ☐☐	☐☐	☐☐

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILD-REN UNDER AGE 6
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8a)	(9)
			M F	YES NO	YES NO	IN YEARS			
01			1 2	1 2	1 2		01	01	01
02			1 2	1 2	1 2		02	02	02
03			1 2	1 2	1 2		03	03	03
04			1 2	1 2	1 2		04	04	04
05			1 2	1 2	1 2		05	05	05
06			1 2	1 2	1 2		06	06	06
07			1 2	1 2	1 2		07	07	07
08			1 2	1 2	1 2		08	08	08
09			1 2	1 2	1 2		09	09	09
10			1 2	1 2	1 2		10	10	10

* CODES FOR Q. 3
RELATIONSHIP TO HEAD OF HOUSEHOLD:

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = CO-WIFE
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION								EMPLOYMENT
					IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS						IF AGE 5 YEARS OR OLDER
	Is (NAME)'s natural mother alive?	IF ALIVE: Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE: Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	Is (NAME) currently attending school?	During the academic year that started in 2004, did (NAME) attend school at any time?	During the current school year, what level and grade [is/was] (NAME) attending?***	During the academic year that started in 2003, did (NAME) attend school at any time?	During that school year, what level and grade did (NAME) attend?***	During the last 12 months what was (NAME)'s main activity?****
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(20A)
	Y N DK		Y N DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	ACTIVITY
01	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
02	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
03	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
04	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
05	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
06	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
07	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
08	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
09	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		
10	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A		

**CODES FOR Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
0 = PREPRIMARY
1 = PRIMARY
2 = POST PRIMARY TRAINING
3 = SECONDARY
4 = POST-SECONDARY TRAINING
5 = UNIVERSITY
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YR COMPLETED (FOR Q. 15 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 18 AND 20)
98 = DON'T KNOW

****CODES FOR Q. 20A
AGRICULTURE
01=FARMING/LIVESTOCK KEEPING
02=FISHING
PAID EMPLOYEE
03=GOVERNMENT AND PARASTATAL
04=PRIVATE
SELF-EMPLOYED (NOT IN AGRICULT./LIVESTOCK)
05=WITH EMPLOYEES
06=WITHOUT EMPLOYEES
07=UNPAID FAMILY HELPER IN A BUSINESS (NON-AG)
NOT WORKING
08=AND AVAILABLE FOR WORK
09=AND NOT AVAILABLE FOR WORK
10=HOUSEMAKER/HOUSEWIFE/HOUSE CHORES
11=STUDENT
12=UNABLE TO WORK (OLD, RETIRED, SICK, DISABLED)
13=OTHER (SPECIFY)

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILD-REN UNDER AGE 6
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8a)	(9)
			M F	YES NO	YES NO	IN YEARS			
11			1 2	1 2	1 2		11	11	11
12			1 2	1 2	1 2		12	12	12
13			1 2	1 2	1 2		13	13	13
14			1 2	1 2	1 2		14	14	14
15			1 2	1 2	1 2		15	15	15
16			1 2	1 2	1 2		16	16	16
17			1 2	1 2	1 2		17	17	17
18			1 2	1 2	1 2		18	18	18
19			1 2	1 2	1 2		19	19	19
20			1 2	1 2	1 2		20	20	20

*CODES FOR Q. 3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = CO-WIFE
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

**CODES FOR Q.10 - Q13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF CHILD IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
0 = PREPRIMARY
1 = PRIMARY
2 = POST PRIMARY TRAINING
3 = SECONDARY
4 = POST-SECONDARY TRAINING
5 = UNIVERSITY
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
FOR Q. 15 ONLY. THIS CODE IS NOT ALLOWED FOR Q.S 18 AND 20
98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 18 YEARS OLD**				EDUCATION								EMPLOYMENT
	Is (NAME)'s natural mother alive?	IF ALIVE: Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE: Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER: Has (NAME) ever attended school?	IF AGE 5 YEARS OR OLDER: What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	IF AGE 5-24 YEARS: Is (NAME) currently attending school?	IF AGE 5-24 YEARS: During the academic year that started in 2004, did (NAME) attend school at any time?	IF AGE 5-24 YEARS: During the current school year, what level and grade [is/was] (NAME) attending?***	IF AGE 5-24 YEARS: During the academic year that started in 2003, did (NAME) attend school at any time?	IF AGE 5-24 YEARS: During that school year, what level and grade did (NAME) attend?***		IF AGE 5 YEARS OR OLDER: During the last 12 months what was (NAME)'s main activity?****
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(20A)
11	Y N DK 1 2 8 ↓ ↓ 12 12		Y N DK 1 2 8 ↓ ↓ 14 14		YES NO 1 2 ↓ 20A	LEVEL GRADE	YES NO 1 2 ↓ GO TO 18	YES NO 1 2 ↓ GO TO 19	LEVEL GRADE	YES NO 1 2 ↓ 20A	LEVEL GRADE		ACTIVITY
12	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
13	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
14	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
15	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
16	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
17	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
18	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
19	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			
20	1 2 8 ↓ ↓ 12 12		1 2 8 ↓ ↓ 14 14		1 2 ↓ 20A		1 2 ↓ GO TO 18	1 2 ↓ GO TO 19		1 2 ↓ 20A			

TICK HERE IF CONTINUATION SHEET USED ☐

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ☐ → ENTER EACH IN TABLE NO ☐

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ☐ → ENTER EACH IN TABLE NO ☐

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ☐ → ENTER EACH IN TABLE NO ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING . . . . . 11 PIPED INTO YARD/PLOT . . . . . 12 PUBLIC TAP . . . . . 13 NEIGHBOR'S TAP . . . . . 14 WATER FROM OPEN WELL OPEN WELL IN DWELLING . . . 21 OPEN WELL IN YARD/PLOT . . . 22 OPEN PUBLIC WELL . . . . . 23 NEIGHBOR'S OPEN WELL . . . . . 24 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL IN DWELLING . . . . . 31 PROTECTED WELL IN YARD/PLOT . . . . . 32 PROTECTED PUBLIC WELL . . . 33 NEIGHBOR'S BOREHOLE . . . . . 34 SURFACE WATER SPRING . . . . . 41 RIVER/STREAM . . . . . 42 POND/LAKE . . . . . 43 DAM . . . . . 44 RAINWATER . . . . . 51 TANKER TRUCK . . . . . 61 WATER VENDOR . . . . . 62 BOTTLED WATER . . . . . 71 OTHER _____ 96 (SPECIFY)	→ 23 → 23 → 23 → 23 → 23 → 23 → 23 → 23
22	How long does it take you to go there, get water, and come back?	MINUTES . . . . . [ ][ ][ ] ON PREMISES 996	
23	What kind of toilet facilities does your household have?	FLUSH TOILET . . . . . 11 PIT TOILET/LATRINE . . . . . . TRADITIONAL PIT TOILET . . . . . 21 VENTILATED IMPROVED PIT (VIP) LATRINE . . . . . 22 NO FACILITY/BUSH/FIELD . . . . . 31 OTHER _____ 96 (SPECIFY)	→ 25
24	Do you share these facilities with other households?	YES . . . . . 1 NO 2	
25	Does your household have: a) Electricity? b) A paraffin lamp? c) A radio? d) A television? e) A telephone/mobile? f) An iron (either charcoal or electric)? g) A refrigerator?	YES NO ELECTRICITY . . . . . 1 2 PARAFFIN LAMP . . . . . 1 2 RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 TELEPHONE/MOBILE . . . . . 1 2 IRON . . . . . 1 2 REFRIGERATOR 1 2	
26	What type of fuel does your household mainly use for cooking?	MAIN ELECTRICITY . . . . . 01 BOTTLED GAS . . . . . 02 BIOGAS . . . . . 03 PARAFFIN/KEROSENE . . . . . 04 CHARCOAL . . . . . 05 FIREWOOD . . . . . 06 DUNG . . . . . 07 CROP RESIDUALS . . . . . 08 SOLAR . . . . . 09 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
26A	What is the main source of energy for lighting in the household?	MAIN ELECTRICITY . . . . . 01 SOLAR . . . . . 02 GAS . . . . . 03 PARAFFIN-HURRICANE LAMP . . . 04 PARAFFIN-PRESSURE LAMP . . . . . 05 PARAFFIN-WICK LAMP . . . . . 06 FIREWOOD . . . . . 07 CANDLES . . . . . 08 OTHER _____ (SPECIFY) 96	
27	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND . . . . . 11 DUNG . . . . . 12 RUDIMENTARY FLOOR WOOD PLANKS . . . . . 21 PALM/BAMBOO . . . . . 22 FINISHED FLOOR PARQUET OR POLISHED WOOD . . . . . 31 VINYL OR ASPHALT STRIPS . . . 32 CERAMIC TILES . . . . . 33 CEMENT . . . . . 34 OTHER _____ 96 (SPECIFY)	
27A	WALL MATERIALS RECORD OBSERVATION.	GRASS . . . . . 01 POLES AND MUD . . . . . 02 SUNDRIED BRICKS . . . . . 03 BAKED BRICKS . . . . . 04 TIMBER . . . . . 05 CEMENT BRICKS . . . . . 06 STONES . . . . . 07 OTHER _____ 96 (SPECIFY)	
27B	ROOFING MATERIAL RECORD OBSERVATION.	GRASS/LEAVES/MUD . . . . . 01 IRON SHEETS . . . . . 02 TILES . . . . . 03 CONCRETE . . . . . 04 ASBESTOS . . . . . 05 OTHER _____ 96 (SPECIFY)	
27C	How many rooms in your household are used for sleeping? (INCLUDING ROOMS OUTSIDE THE MAIN DWELLING)	ROOMS . . . . . ☐☐	
28	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A bank account	YES NO BICYCLE . . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 CAR/TRUCK . . . . . 1 2 BANK ACCOUNT 1 2	
28A	How many acres of land for farming/grazing are owned by the household? (PUT '0' IF NONE AND 9999.8 IF DOESN'T KNOW)	ARABLE LAND ☐☐☐☐.☐ LAND FOR GRAZING ☐☐☐☐.☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
28B	Does the household use land for farming/grazing that it doesn't own? IF YES, is it rented, sharecropped, private land provided free, or open access/communal/other?	YES, RENTED . . . . . 1 YES, SHARECROPPED . . . . . 2 YES, PRIVATE LAND PROVIDED FREE 3 YES, OPEN ACCESS/COMMUNAL . . . 4 NO 5	→ 28D
28C	How many acres of land are used? (PUT '0' IF NONE AND 9999.8 IF DOESN'T KNOW)	ARABLE LAND ☐☐☐☐.☐ LAND FOR GRAZING ☐☐☐☐.☐	
28D	How far is it to the nearest market place? (WRITE '00' IF LESS THAN ONE KILOMETRES)	KILOMETRE . . . . . ☐☐	
28E	How many meals does your household usually have per day?	MEALS . . . . . ☐☐	
28F	In the past week, on how many days did the household consume meat?	DAYS . . . . . ☐	
28G	How often in the last year did you have problems in satisfying the food needs of the household?	NEVER . . . . . 1 SELDOM . . . . . 2 SOMETIMES . . . . . 3 OFTEN . . . . . 4 ALWAYS 5	
29	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . . 1 NO 2	→ 35
29A	How many mosquito nets does your household have?	NUMBER OF NETS . . . . . ☐☐	

	IF MORE THAN 10 NETS, USE EXTRA QUESTIONNAIRE(S).	NET #1	NET # 2	NET #3	NET #4
31	How long ago did your household obtain the mosquito net?	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98
32A	When you got the net, was it already treated with an insecticide to kill or repel mosquitos?	YES . . . . 1 NO . . . . 2 NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 NOT SURE . . . 8
32B	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	YES . . . . 1 NO . . . . 2 (SKIP TO 32D) ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 32D) ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 32D) ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 32D) ← NOT SURE . . . 8
32C	How long ago was the net last soaked or dipped? IF LESS THAN 1 MONTH, RECORD '00'.	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98
32D	Did anyone sleep under this mosquito net last night?	YES . . . . 1 NO . . . . 2 32F ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 32F ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 32F ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 32F ← NOT SURE . . . 8
32E	Who slept under this mosquito net last night? RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ]	NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ]	NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ]	NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ]
32F		GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.

NET #5	NET #6	NET #7	NET #8	NET # 9	NET #10
MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98
YES . . . . 1 NO . . . . 2 NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 NOT SURE . . . 8
YES . . . . 1 NO . . . . 2 (SKIP TO 32D) ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 32D) ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 32D) ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 32D) ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 32D) ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 32D) ← NOT SURE . . . 8
MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98	MOS AGO [ ][ ] MORE THAN 3 YEARS AGO... 95 NOT SURE . . . 98
YES . . . . 1 NO . . . . 2 32F ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 32F ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 32F ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 32F ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 32F ← NOT SURE . . . 8	YES . . . . 1 NO . . . . 2 32F ← NOT SURE . . . 8
NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ]	NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ]	NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ]	NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ]	NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ]	NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ] NAME____________ LINE NO. [ ][ ]
GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 35.	GO BACK TO 31 IN 1st COLUMN OF NEW QUESTION-NAIRE; OR, IF NO MORE NETS, GO TO 35.

35	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE) . . . . 1 7 PPM . . . . 2 15 PPM . . . . 3 30 PPM . . . . 4 NO SALT IN HH . . . . 5 SALT NOT TESTED ________________ 6 (SPECIFY REASON)	

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT

CHECK COLUMNS (8) AND (9): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (8)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)
		YEARS					

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER			
LINE NO. FROM COL. (9)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
			DAY MONTH YEAR			LYING STAND.	
				0 .	.	1 2	
				0 .	.	1 2	
				0 .	.	1 2	
				0 .	.	1 2	
				0 .	.	1 2	
				0 .	.	1 2	
				0 .	.	1 2	

TICK HERE IF CONTINUATION SHEET USED ☐

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH AND YEAR. FOR ALL OTHER CHILDREN, COPY MONTH AND YEAR FROM 215 IN MOTHER'S BIRTH HISTORY AND ASK DAY.

* CONSENT STATEMENT

As part of this survey, we are studying anemia among women and children. Anemia is a serious health problem that results from poor nutrition. This survey will assist the government to develop programs to prevent and treat anemia.

We request that you (and all children born in 1999 or later) participate in the anemia testing part of this survey and give a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be analyzed with new equipment and the results of the test will be given to you right after the blood is taken. The results will be kept confidential.

May I now ask that you (and NAME OF CHILD[REN]) participate in the anemia test. However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.

HEMOGLOBIN MEASUREMENT OF WOMEN 15-49					
CHECK COLUMN (38):	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	CURRENTLY PREGNANT	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(44)	(45)	(46)	(47)	(48)	(49)
AGE 15-17 AGE 18-49 1 2 GO TO 46 ↵		GRANTED REFUSED 1 2 SIGN _____ NEXT LINE ↵	.	YES NO/DK 1 2	
1 2 GO TO 46 ↵		1 2 SIGN _____ NEXT LINE ↵	.	1 2	
1 2 GO TO 46 ↵		1 2 SIGN _____ NEXT LINE ↵	.	1 2	
1 2 GO TO 46 ↵		1 2 SIGN _____ NEXT LINE ↵	.	1 2	
1 2 GO TO 46 ↵		1 2 SIGN _____ NEXT LINE ↵	.	1 2	

HEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 1999 OR LATER					
	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO WOMAN/PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)		RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
		GRANTED REFUSED 1 2 SIGN _____ NEXT LINE ↵	.		
		1 2 SIGN _____ NEXT LINE ↵	.		
		1 2 SIGN _____ NEXT LINE ↵	.		
		1 2 SIGN _____ NEXT LINE ↵	.		
		1 2 SIGN _____ NEXT LINE ↵	.		
		1 2 SIGN _____ NEXT LINE ↵	.		
		1 2 SIGN _____ NEXT LINE ↵	.		

Note: In countries where some enumeration areas are higher than 1,000 meters, altitude information should be collected on a separate form for each enumeration area higher than 1,000 meters so that the anemia estimates can be adjusted appropriately.

50	CHECK 47 AND 48: NUMBER OF PERSONS WITH HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT* ONE OR MORE ☐ → GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 51.** NONE ☐ → GIVE EACH WOMAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND END HOUSEHOLD INTERVIEW.
51	We detected a low level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We would like to inform the doctor at _____ about (your condition/the condition of NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in (your blood/the blood of NAME OF CHILD(REN)) may be given to the doctor?

NAME OF PERSON WITH HEMOGLOBIN BELOW THE CUTOFF POINT	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
WOMEN AGE 18-49		
		YES . . . . . 1 NO 2
		YES . . . . . 1 NO 2
		YES . . . . . 1 NO 2
		YES . . . . . 1 NO 2
WOMEN AGE 15-17 AND CHILDREN		
		YES . . . . . 1 NO 2
		YES . . . . . 1 NO 2
		YES . . . . . 1 NO 2
		YES . . . . . 1 NO 2
		YES . . . . . 1 NO 2
		YES . . . . . 1 NO 2
		YES . . . . . 1 NO 2
		YES . . . . . 1 NO 2
		YES . . . . . 1 NO 2

* The cutoff point is 9 g/dl for pregnant women and 7 g/dl for children and women who are not pregnant (or who don't know if they are pregnant).

** If more than one woman or child is below the cutoff point, read the statement in Q.51 to each woman who is below the cutoff point and to each woman/parent/responsible adult of a child who is below the cutoff point.

Last modified August 2, 2004

UNITED REPUBLIC OF TANZANIA
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2004
NATIONAL BUREAU OF STATISTICS
WOMAN'S QUESTIONNAIRE

CONFIDENTIAL

IDENTIFICATION	
REGION _____	☐☐
DISTRICT _____	☐☐
WARD	☐☐☐
ENUMERATION AREA	☐☐☐
NAME OF HEAD OF HOUSEHOLD _____	
TDHS NUMBER	☐☐☐
HOUSEHOLD NUMBER	☐☐☐
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE . . . . . (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)	☐
NAME AND LINE NUMBER OF WOMAN _____	☐☐
LARGE CITIES ARE; DAR ES SALAAM AND MWANZA. SMALL CITIES ARE; ARUSHA, MOROGORO, DODOMA, MOSHI, TANGA, IRINGA MBEYA, SHINYANGA, TABORA, MIJINI MAGHARIBI - ZANZIBAR. ALL OTHER URBAN AREAS ARE TOWN	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐
				MONTH ☐☐
				YEAR 2 0 0 ☐
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE ☐☐
RESULT*	_____	_____	_____	RESULT ☐
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS ☐
TIME	_____	_____		

*RESULT CODES:

1	COMPLETED	4	REFUSED		
2	NOT AT HOME	5	PARTLY COMPLETED	7	OTHER _____ (SPECIFY)
3	POSTPONED	6	INCAPACITATED		

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ ☐☐	DATE _____ ☐☐	☐☐	☐☐

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Burea of Statistics. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually does not take too much time. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a D'Salaam/Mwanza, Other urban area or in rural area?	DSM/MWANZA . . . . . 1 OTHER URBAN AREA . . . . . 2 RURAL AREA/VILLAGE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . [ ][ ] ALWAYS . . . . . 95 VISITOR 96	→ 105
104	Just before you moved here, did you live in D'Salaam/Mwanza, Other urban area or in rural area?	DSM/MWANZA . . . . . 1 OTHER URBAN AREA . . . . . 2 RURAL AREA/VILLAGE 3	
105	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
106	How old are you in complete years? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
107	Have you ever attended school?	YES . . . . . 1 NO 2	→ 111
108	What is the highest level of school you attended: primary, secondary, or higher?	PREPRIMARY . . . . . 0 PRIMARY . . . . . 1 POST-PRIMARY TRAINING . . . . . 2 SECONDARY . . . . . 3 POST-SECONDARY TRAINING . . . . . 4 UNIVERSITY 5	
109	What is the highest (standard/form/year) you completed at that level?	GRADE . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 108: PRIMARY OR LESS ☐ ↓ SECONDARY OR HIGHER ☐ → 114		
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. **(2)** IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES . . . . . 1 NO 2	
113	CHECK 111: CODE '2', '3' OR '4' CIRCLED ☐ ↓ CODE '1' OR '5' CIRCLED ☐ → 115		
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
117	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS . . . . . ☐☐ NONE 00	→ 119
118	In the last 12 months, have you been away from your home community for more than one month at a time?	YES . . . . . 1 NO 2	
119	What is your religion?	MOSLEM . . . . . 1 CATHOLIC . . . . . 2 PROTESTANT . . . . . 3 NONE . . . 4 OTHER_____ 6 (SPECIFY)	

[1] Wording of this paragraph should be modified in countries where participation is legally required.

[2] Each card should have four simple sentences appropriate to the country:

PARENTS LOVE THEIR CHILDREN.
FARMING IS HARD WORK.
THE CHILD IS READING A BOOK.
CHILDREN WORK HARD AT SCHOOL.

Cards should be prepared for every language in which respondents are likely to be literate.

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . ☐☐ DAUGHTERS AT HOME . . . . . ☐☐	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . ☐☐ DAUGHTERS ELSEWHERE . ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . ☐☐ GIRLS DEAD . . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . . ☐☐	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ ↓ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ☐ ↓ NO BIRTHS ☐ →		226

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212 What name was given to your (first/next) baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (NEXT BIRTH)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 NO 2
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 NO 2
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 NO 2
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 NO 2
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 NO 2
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 NO 2

212 What name was given to your next baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	YES . . . . 1 NO 2
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	YES . . . . 1 NO 2
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	YES . . . . 1 NO 2
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	YES . . . . 1 NO 2
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	YES . . . . 1 NO 2

IF MORE THAN 12 LIVE BIRTHS, GO TO CONTINUATION QUESTIONNAIRE.

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES . . . . . 1 NO 2
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐ ↓ NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. ☐ FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. ☐ FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. ☐ FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. ☐	
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1999 OR LATER. IF NONE, RECORD '0'. ☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 1999, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
226	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . . ☐☐	
228	At the time you became pregnant did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN . . . . . 1 LATER . . . . . 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES . . . . . 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
231	CHECK 230: LAST PREGNANCY ENDED IN JAN. 1999 OR LATER ☐ ↓ LAST PREGNANCY ENDED BEFORE JAN. 1999 ☐ → 237		
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS . . . . . ☐☐	
233	Have you ever had any other pregnancies that did not result in a live birth?	YES . . . . . 1 NO 2	→ 237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1999. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that terminated before 1999 that did not result in a live birth?	YES . . . . . 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 1999 end?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ] IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . 994 BEFORE LAST BIRTH . . . . . 995 NEVER MENSTRUATED 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 301
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES . . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for three or more months.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant and must take the pills every day for 5 days.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES . . . . . 1 NO . . . . . 2 YES . . . . . 1 NO 2

303	CHECK 302:	
	NOT A SINGLE "YES" (NEVER USED) ↓	AT LEAST ONE "YES" (EVER USED) → 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→ 329
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . . . ☐☐	
308	CHECK 302 (01): WOMAN NOT STERILIZED ☐↓ WOMAN STERILIZED ☐ →		311A
309	CHECK 226: NOT PREGNANT OR UNSURE ☐↓ PREGNANT ☐ →		318
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 318
311 311A	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B PILL . . . . . C IUD . . . . . D INJECTABLES . . . . . E IMPLANTS . . . . . F CONDOM . . . . . G FEMALE CONDOM . . . . . H DIAPHRAGM . . . . . I FOAM/JELLY . . . . . J LACTATIONAL AMEN. METHOD . . . . . K PERIODIC ABSTINENCE . . . . . L WITHDRAWAL . . . . . M OTHER _____ X (SPECIFY)	→ 316A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	In what facility did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF BOTH CODE 'A' AND CODE 'B' ARE CIRCLED IN 311, ASK 313-317 ABOUT FEMALE STERILIZATION ONLY.	**GOVERNMENT/PARASTATAL** REFERAL/SPEC. HOSPITAL . . . . . 11 REGIONAL HOSPITAL . . . . . 12 DISTRICT HOSPITAL . . . . . 13 HEALTH CENTRE . . . . . 14 DISPENSARY . . . . . 15 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . . . 21 DISTRICT HOSPITAL . . . . . 22 GOVT. HEALTH CENTRE . . . . . 23 DISPENSARY . . . . . 24 **PRIVATE** DISTRICT HOSPITAL . . . . . 31 HEALTH CENTRE . . . . . 32 DISPENSARY . . . . . 33 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
314	CHECK 311: CODE 'A' CIRCLED → Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? CODE 'A' NOT CIRCLED → Before the sterilization operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
316	In what month and year was the sterilization performed?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
316A	In what month and year did you start using (CURRENT METHOD) continuously? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?		
316B	CHECK 316/316A, 215 AND 230: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 316/316A → YES / NO GO BACK TO 316/316A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		
317	CHECK 316/316A: YEAR IS 1999 OR LATER → ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH STARTED USING. THEN CONTINUE WITH 318 YEAR IS 1998 OR EARLIER → ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1999. THEN SKIP TO → 327		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1999. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. **IN COLUMN 1**, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS: COLUMN 1: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? **IN COLUMN 2**, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE. ILLUSTRATIVE QUESTIONS: COLUMN 2: * Where did you obtain the method when you started using it? * Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal] **IN COLUMN 3**, ENTER CODES FOR DISCONTINUATION IN LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1. ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT. ILLUSTRATIVE QUESTIONS: COLUMN 3: * Why did you stop using the (METHOD)? * Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: * How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		
321	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . . 00 FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . 11 PERIODIC ABSTINENCE . . . . . 12 WITHDRAWAL . . . . . 13 OTHER METHOD 96	→ 329 → 331 → 328 → 325 → 325 → 325 → 325 → 331 → 331 → 331
322	You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 324
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 325
324	Were you told what to do if you experienced side effects or problems?	YES . . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	CHECK 322: CODE '1' CIRCLED → At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED → When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?	YES . . . . . 1 NO 2	→ 327
326	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . . 1 NO 2	
327	CHECK 311/311A: CIRCLE METHOD CODE:	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . 11 PERIODIC ABSTINENCE . . . . . 12 WITHDRAWAL . . . . . 13 OTHER METHOD 96	→ 331 → 331 → 331 → 331 → 331 → 331
328	Where did you obtain (CURRENT METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	**GOVERNMENT/PARASTATAL** REFERAL/SPEC. HOSPITAL . . . . . 11 REGIONAL HOSPITAL . . . . . 12 DISTRICT HOSPITAL . . . . . 13 HEALTH CENTRE . . . . . 14 DISPENSARY . . . . . 15 VILLAGE HEALTH POST (W(. . . . . 16 CBD WORKER . . . . . 17 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . . . 21 DISTRICT HOSPITAL . . . . . 22 GOVT. HEALTH CENTRE . . . . . 23 DISPENSARY . . . . . 24 **PRIVATE** DISTRICT HOSPITAL . . . . . 31 HEALTH CENTRE . . . . . 32 DISPENSARY . . . . . 33 **OTHER** PHARMACY . . . . . 41 NGO . . . . . 42 VCT CENTRE . . . . . 43 SHOP/KIOSK . . . . . 44 BAR . . . . . 45 GUEST HOUSE/HOTEL . . . . . 46 FRIEND/RELATIVE/NEIGHBOUR . 47 OTHER _____ 96 (SPECIFY)	→ 331
329	Do you know of a place where a person can obtain a method of family planning?	YES . . . . . 1 NO 2	→ 331

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL PLACES MENTIONED.	**GOVERNMENT/PARASTATAL** REFERAL/SPEC. HOSPITAL . . . . . B REGIONAL HOSPITAL . . . . . C DISTRICT HOSPITAL . . . . . D HEALTH CENTRE . . . . . E DISPENSARY . . . . . F VILLAGE HEALTH POST (W . . . . . G CBD WORKER . . . . . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . . . I DISTRICT HOSPITAL . . . . . J GOVT. HEALTH CENTRE . . . . . K DISPENSARY . . . . . L **PRIVATE** DISTRICT HOSPITAL . . . . . M HEALTH CENTRE . . . . . N DISPENSARY . . . . . O **OTHER** PHARMACY . . . . . P NGO . . . . . Q VCT CENTRE . . . . . R SHOP/KIOSK . . . . . S BAR . . . . . T GUEST HOUSE/HOTEL . . . . . U FRIEND/RELATIVE/NEIGHBOUR . V OTHER _____ X (SPECIFY)	
331	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES . . . . . 1 NO 2	
332	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES . . . . . 1 NO 2	→ 334
333	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . . 1 NO 2	
334	In the past 6 months, have you seen or heard a message about Mama Ushauri?	YES . . . . . 1 NO 2	→ 401
335	Where did you see or hear the message about Mama Ushauri? RECORD ALL MENTIONED	RADIO . . . . . A TELEVISION . . . . . B NEWSPAPER . . . . . C OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

[1] In countries without a social marketing program for pills, pill users skip to 316A.
[2] Pill users skip to 316A after last question on social marketing.

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1999 OR LATER ☐ ↓ NO BIRTHS IN 1999 OR LATER ☐ → 487			
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1999 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER . . . ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER . . . ☐☐	SECOND-FROM-LAST BIRTH LINE NUMBER . . . ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN . . . . . 1 (SKIP TO 407) LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 407)	THEN . . . . . 1 (SKIP TO 423) LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 423)	THEN . . . . . 1 (SKIP TO 423) LATER . . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 423)
406	How much longer would you like to have waited?	MONTHS . 1 ☐☐ YEARS . 2 ☐☐ DON'T KNOW . . . 998	MONTHS . 1 ☐☐ YEARS . 2 ☐☐ DON'T KNOW . . . 998	MONTHS . 1 ☐☐ YEARS . 2 ☐☐ DON'T KNOW . . . 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR/AMO A CLINICAL OFFICER . . . . . B ASST. CLINICAL OFFICER . . . . . C NURSE/MIDWIFE . D MCH AIDE . . . . . E OTHER PERSON VILLAGE HEALTH WORKER . . . . . F TRAINED BIRTH ATTENDANT . G TRADITIONAL BIRTH ATTEND. H RELATIVE/FRIEND I OTHER _____ X (SPECIFY) NO ONE . . . . . Y (SKIP TO 415)		
		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
407A	Where did you receive antenatal care for this pregnancy? Anywhere else?	HOME . . . . . A **GOV. PARASTATAL** REFERAL/SPEC. HOSPITAL . . . B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY . . . F VILLAGE HEALTH POST . . . . . G CBD WORKER . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY . . . L **PRIVATE** SPECIALISED HOSPITAL . . . M HEALTH CENT. . N DISPENSARY O OTHER _____ X (SPECIFY)	
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98		
409	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . ☐☐ DON'T KNOW 98		
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE ☐ MORE THAN ONCE OR DK ☐ ↓ ↓ (SKIP TO 412)		
411	How many months pregnant were you the last time you received antenatal care?	MONTHS . . . ☐☐ DON'T KNOW 98		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT . . . 1 2 HEIGHT . . . 1 2 BP . . . . . 1 2 URINE . . . . . 1 2 BLOOD . . . 1 2		
413	Were you told about the signs of pregnancy complications?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ← DON'T KNOW 8		
414	Were you told where to go if you had these complications?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 417) ← DON'T KNOW 8		
416	During this pregnancy, how many times did you get this injection?	TIMES . . . . . ☐ DON'T KNOW . . . 8		
417	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 419) ← DON'T KNOW 8		
418	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS ☐☐☐ DON'T KNOW . . . 998		
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
420	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
421	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 423) ← DON'T KNOW 8		

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
422	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP ..... A CHLOROQUINE ... B DON'T KNOW ...... Z OTHER ________ X (SPECIFY)		
422A	CHECK 422: DRUGS TAKEN FOR MALARIA PREVENTION	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 423)		
422B	How many times did you take SP during this pregnancy?	TIMES ..... ☐☐		
422C	CHECK 407: ANTENATAL CARE RECEIVED DURING THIS PREGNANCY?	CODE 'A', 'B', C', 'D', OR 'E' CIRCLED ☐ OTHER ☐ (SKIP TO 423)		
422D	Did you get the SP during an antenatal visit, during another visit to a health facility or from some other source? RECORD ALL MENTIONED.	ANTENATAL VISIT .. A ANOTHER FACILITY VISIT .... B OTHER SOURCE ________ X (SPECIFY)		
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE .... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE .... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW 8	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE .... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES .... 1 NO .... 2 (SKIP TO 426) ← DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 426) ← DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 426) ← DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 ☐☐☐☐ GRAMS FROM RECALL 2 ☐☐☐☐ DON'T KNOW 99998	GRAMS FROM CARD 1 ☐☐☐☐ GRAMS FROM RECALL 2 ☐☐☐☐ DON'T KNOW 99998	GRAMS FROM CARD 1 ☐☐☐☐ GRAMS FROM RECALL 2 ☐☐☐☐ DON'T KNOW 99998

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
426	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY	HEALTH PROFESSIONAL DOCTOR/AMO A CLINICAL OFFICER ..... B ASST. CLINICAL OFFICER ..... C NURSE/MIDWIFE . D MCH AIDE ..... E OTHER PERSON VILLAGE HEALTH WORKER ..... F TRAINED BIRTH ATTENDANT . G TRADITIONAL BIRTH ATTEND. H RELATIVE/FRIEND I OTHER ________ X (SPECIFY) NO ONE .... Y	HEALTH PROFESSIONAL DOCTOR/AMO A CLINICAL OFFICER ..... B ASST. CLINICAL OFFICER ..... C NURSE/MIDWIFE . D MCH AIDE ..... E OTHER PERSON VILLAGE HEALTH WORKER ..... F TRAINED BIRTH ATTENDANT . G TRADITIONAL BIRTH ATTEND. H RELATIVE/FRIEND I OTHER ________ X (SPECIFY) NO ONE .... Y	HEALTH PROFESSIONAL DOCTOR/AMO A CLINICAL OFFICER ..... B ASST. CLINICAL OFFICER ..... C NURSE/MIDWIFE . D MCH AIDE ..... E OTHER PERSON VILLAGE HEALTH WORKER ..... F TRAINED BIRTH ATTENDANT . G TRADITIONAL BIRTH ATTEND. H RELATIVE/FRIEND I OTHER ________ X (SPECIFY) NO ONE .... Y
427	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE FACILITY PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. ________ (NAME OF PLACE)	**HOME** YOUR HOME ... 01 (SKIP TO 429) OTHER HOME ... 02 **GOV. PARASTATAL** REFERAL/SPEC. HOSPITAL ... 11 REGIONAL HOSP. 12 DISTRICT HOSP. 13 HEALTH CENT. 14 DISPENSARY ... 15 VILLAGE HEALTH POST .... 16 CBD WORKER . 17 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL ... 21 DISTRICT HOSP. 22 HEALTH CENT. 23 DISPENSARY ... 24 **PRIVATE** SPECIALISED HOSPITAL ... 31 HEALTH CENT. . 32 DISPENSARY ... 33 OTHER ________ 96 (SPECIFY) (SKIP TO 429)	**HOME** YOUR HOME ... 01 (SKIP TO 429) OTHER HOME ... 02 **GOV. PARASTATAL** REFERAL/SPEC. HOSPITAL ... 11 REGIONAL HOSP. 12 DISTRICT HOSP. 13 HEALTH CENT. 14 DISPENSARY ... 15 VILLAGE HEALTH POST .... 16 CBD WORKER . 17 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL ... 21 DISTRICT HOSP. 22 HEALTH CENT. 23 DISPENSARY ... 24 **PRIVATE** SPECIALISED HOSPITAL ... 31 HEALTH CENT. . 32 DISPENSARY ... 33 OTHER ________ 96 (SPECIFY) (SKIP TO 429)	**HOME** YOUR HOME ... 01 (SKIP TO 429) OTHER HOME ... 02 **GOV. PARASTATAL** REFERAL/SPEC. HOSPITAL ... 11 REGIONAL HOSP. 12 DISTRICT HOSP. 13 HEALTH CENT. 14 DISPENSARY ... 15 VILLAGE HEALTH POST .... 16 CBD WORKER . 17 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL ... 21 DISTRICT HOSP. 22 HEALTH CENT. 23 DISPENSARY ... 24 **PRIVATE** SPECIALISED HOSPITAL ... 31 HEALTH CENT. . 32 DISPENSARY ... 33 OTHER ________ 96 (SPECIFY) (SKIP TO 429)
428	Was (NAME) delivered by caesarean section?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
428A	After you delivered, did the health facility give you a birth notification form for the baby?	YES . . . . . 1 (SKIP TO 432B) NO . . . . . 2 DON'T KNOW 3	YES . . . . . 1 (SKIP TO 432B) NO . . . . . 2 DON'T KNOW 3	YES . . . . . 1 (SKIP TO 432B) NO . . . . . 2 DON'T KNOW 3
428B	Did you get a birth notification form from any other place?	YES . . . . . 1 NO . . . . . 2 → 432B DON'T KNOW . 3	YES . . . . . 1 NO . . . . . 2 → 432B DON'T KNOW . 3	YES . . . . . 1 NO . . . . . 2 → 432B DON'T KNOW . 3
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 432A)	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
430	How many days or weeks after delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL 1 WEEKS AFTER DEL 2 ☐☐ DON'T KNOW . . . 998		
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR/AMO 11 CLINICAL OFFICER . . . . . 12 ASST. CLINICAL OFFICER . . . . . 13 NURSE/MIDWIFE 14 MCH AIDE . . . . . 15 OTHER PERSON VILLAGE HEALTH WORKER . . . 21 TRAINED BIRTH ATTENDANT 22 TRADITIONAL BIRTH ATTEND. 23 RELATIVE/FRIEND 24 OTHER_____ 96 (SPECIFY)		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
432	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	**HOME** YOUR HOME . . . 01 OTHER HOME . . . 02 **GOV. PARASTATAL** REFERAL/SPEC. HOSPITAL . . . 11 REGIONAL HOSP. 12 DISTRICT HOSP. 13 HEALTH CENT. 14 DISPENSARY . . . 15 VILLAGE HEALTH POST . . . . . 16 CBD WORKER . 17 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . 21 DISTRICT HOSP. 22 HEALTH CENT. 23 DISPENSARY . . . 24 **PRIVATE** SPECIALISED HOSPITAL . . . 31 HEALTH CENT. . 32 DISPENSARY . . . 33 OTHER _____ 96 (SPECIFY)		
432A	After (NAME) was born, did you get a birth notification form?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
432B	Do you have a birth certificate for (NAME)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
433	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE/ SYRUP.	YES . . . . . 1 NO 2		
434	Has your period returned since the birth of (NAME)?	YES . . . . . 1 (SKIP TO 436) NO . . . . . 2 (SKIP TO 437)		
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . . 1 NO . . . . . 2 (SKIP TO 439)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 439)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
436	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT ☐ PREGNANT OR UNSURE ☐ (SKIP TO 439)		
438	Have you resumed sexual relations since the birth of (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 440)		
439	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
440	Did you ever breastfeed (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 447)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 447)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 447)
441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . 000 HOURS . 1 ☐☐ DAYS . . . 2 ☐☐	IMMEDIATELY . . . 000 HOURS . 1 ☐☐ DAYS . . . 2 ☐☐	IMMEDIATELY . . . 000 HOURS . 1 ☐☐ DAYS . . . 2 ☐☐
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 444)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 444)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 444)
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . B SUGAR OR GLU-COSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . . . E FRUIT JUICE . . . . . F INFANT FORMULA . G TEA/INFUSIONS . . . H HONEY . . . . . I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . B SUGAR OR GLU-COSE WATER . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . . . E FRUIT JUICE . . . . . F INFANT FORMULA . G TEA/INFUSIONS . . . H HONEY . . . . . I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . B SUGAR OR GLU-COSE WATER . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . . . E FRUIT JUICE . . . . . F INFANT FORMULA . G TEA/INFUSIONS . . . H HONEY . . . . . I OTHER _____ X (SPECIFY)
444	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (SKIP TO 446)	LIVING ☐ DEAD ☐ (SKIP TO 446)	LIVING ☐ DEAD ☐ (SKIP TO 446)
445	Are you still breastfeeding (NAME)?	YES . . . . . 1 (SKIP TO 448) NO 2	YES . . . . . 1 (SKIP TO 448) NO 2	YES . . . . . 1 (SKIP TO 448) NO 2

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
446	For how many months did you breastfeed (NAME)?	MONTHS . . . ☐☐ DON'T KNOW . . . 98	MONTHS . . . ☐☐ DON'T KNOW . . . 98	MONTHS . . . ☐☐ DON'T KNOW . . . 98
447	CHECK 404: IS CHILD LIVING?	LIVING ☐ (SKIP TO 450) DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454)	LIVING ☐ (SKIP TO 450) DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454)	LIVING ☐ (SKIP TO 450) DEAD ☐ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454)
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . ☐☐	NUMBER OF NIGHTTIME FEEDINGS . ☐☐	NUMBER OF NIGHTTIME FEEDINGS . ☐☐
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . ☐☐	NUMBER OF DAYLIGHT FEEDINGS . ☐☐	NUMBER OF DAYLIGHT FEEDINGS . ☐☐
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
452	How many <u>times</u> did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . . ☐ DON'T KNOW 8	NUMBER OF TIMES . . . . . ☐ DON'T KNOW 8	NUMBER OF TIMES . . . . . ☐ DON'T KNOW 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454 ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1999 OR LATER.
ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.
(IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
455	LINE NUMBER FROM 212	LINE NUMBER	LINE NUMBER	LINE NUMBER . . . . .
456	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐ (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 456 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 484)
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW AMPULE	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . . 1 (SKIP TO 460) YES, NOT SEEN . . . . . 2 (SKIP TO 462) NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 460) YES, NOT SEEN . . . . . 2 (SKIP TO 462) NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 460) YES, NOT SEEN . . . . . 2 (SKIP TO 462) NO CARD 3
459	Did you ever have a vaccination card for (NAME)?	YES . . . . . 1 (SKIP TO 462) NO 2	YES . . . . . 1 (SKIP TO 462) NO 2	YES . . . . . 1 (SKIP TO 462) NO 2

460 (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH DAY	LAST BIRTH MONTH	LAST BIRTH YEAR		NEXT-TO-LAST BIRTH DAY	NEXT-TO-LAST BIRTH MONTH	NEXT-TO-LAST BIRTH YEAR		SECOND-FROM-LAST BIRTH DAY	SECOND-FROM-LAST BIRTH MONTH	SECOND-FROM-LAST BIRTH YEAR
BCG				BCG				BCG			
POLIO 0 (POLIO GIVEN AT BIRTH)				P0				P0			
POLIO 1				P1				P1			
POLIO 2				P2				P2			
POLIO 3				P3				P3			
DPT-HB 1				DH1				DH1			
DPT-HB 2				DH2				DH2			
DPT-HB 3				DH3				DH3			
DPT 1				D1				D1			
DPT 2				D2				D2			
DPT 3				D3				D3			
MEASLES				MEA				MEA			
VITAMIN A (MOST RECENT)				VIT A				VIT A			

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S). **(2)**	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) NO . . . . 2 (SKIP TO 464) DON'T KNOW 8	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) NO . . . . 2 (SKIP TO 464) DON'T KNOW 8	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) NO . . . . 2 (SKIP TO 464) DON'T KNOW 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES . . . . 1 NO . . . . 2 (SKIP TO 466) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 466) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 466) DON'T KNOW 8
463	Please tell me if (NAME) received any of the following vaccinations: **(3)**			
463A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? **(4)**	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
463B	Polio vaccine, that is, drops in the mouth?	YES . . . . 1 NO . . . . 2 (SKIP TO 463E) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 463E) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 463E) DON'T KNOW 8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]
463E	A DPT-HP vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? **(4)**	YES . . . . 1 NO . . . . 2 (SKIP TO 463G) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 463G) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 463G) DON'T KNOW 8
463F	How many times?	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]	NUMBER OF TIMES . . . . . . [ ]
463G	An injection to prevent measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
464	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES . . . . 1 NO . . . . 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 469) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 469) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 469) DON'T KNOW 8
468	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 OR 467 ☐ OTHER ☐ (SKIP TO 475)	"YES" IN 466 OR 467 ☐ OTHER ☐ (SKIP TO 475)	"YES" IN 466 OR 467 ☐ OTHER ☐ (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES . . . . 1 NO . . . . 2 (SKIP TO 472)	YES . . . . 1 NO . . . . 2 (SKIP TO 472)	YES . . . . 1 NO . . . . 2 (SKIP TO 472)
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	**GOV. PARASTATAL** REFERAL/SPEC. HOSPITAL . . . B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY . . . F VILLAGE HEALTH POST . . . . G CBD WORKER . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY . . . L **PRIVATE** SPECIALISED HOSPITAL . . . M HEALTH CENT. . N DISPENSARY O **OTHER** PHARMACY . . . P OTHER ________ X (SPECIFY)	**GOV. PARASTATAL** REFERAL/SPEC. HOSPITAL . . . B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY . . . F VILLAGE HEALTH POST . . . . G CBD WORKER . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY . . . L **PRIVATE** SPECIALISED HOSPITAL . . . M HEALTH CENT. . N DISPENSARY O **OTHER** PHARMACY . . . P OTHER ________ X (SPECIFY)	**GOV. PARASTATAL** REFERAL/SPEC. HOSPITAL . . . B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY . . . F VILLAGE HEALTH POST . . . . G CBD WORKER . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY . . . L **PRIVATE** SPECIALISED HOSPITAL . . . M HEALTH CENT. . N DISPENSARY O **OTHER** PHARMACY . . . P OTHER ________ X (SPECIFY)
472	CHECK 466: HAD FEVER?	"YES" IN 466 ☐ "NO" OR "DK" IN 466 ☐ (SKIP TO 475)	"YES" IN 466 ☐ "NO" OR "DK" IN 466 ☐ (SKIP TO 475)	"YES" IN 466 ☐ "NO" OR "DK" IN 466 ☐ (SKIP TO 475)

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
472A	Does (NAME) have a fever now?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
472B	Has (NAME) been ill with convulsions at any time during the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
472C	CHECK 466 AND 472B HAD FEVER OR CONVULSIONS?	"YES" IN 466 OR 472B ☐ ↓ OTHER ☐ (SKIP TO 475)	"YES" IN 466 OR 472B ☐ ↓ OTHER ☐ (SKIP TO 475)	"YES" IN 466 OR 472B ☐ ↓ OTHER ☐ (SKIP TO 475)
473	Was (NAME) given any drugs for the (fever/convulsions)?	YES . . . . 1 NO . . . . 2 (SKIP 474R) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP 474R) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP 474R) ← DON'T KNOW 8
474	What drugs did (NAME) take? RECORD ALL MENTIONED. ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	ANTI-MALARIAL SP . . . . A CHLOROQUINE...... B AMODIAQUINE........ C QUININE............... D ARTESUNATE......... E OTHER DRUGS ASPIRIN .... F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G OTHER________ X (SPECIFY) DON'T KNOW........... Z	ANTI-MALARIAL SP . . . . A CHLOROQUINE...... B AMODIAQUINE........ C QUININE............... D ARTESUNATE......... E OTHER DRUGS ASPIRIN .... F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G OTHER________ X (SPECIFY) DON'T KNOW........... Z	ANTI-MALARIAL SP . . . . A CHLOROQUINE...... B AMODIAQUINE........ C QUININE............... D ARTESUNATE......... E OTHER DRUGS ASPIRIN .... F IBUPROFEN/ ACETAMINOPHEN/ PANADOL/ PARACETAMOL ... G OTHER________ X (SPECIFY) DON'T KNOW........... Z
474A	Did (NAME) get any injection or suppository for the (fever/ convulsions)?	INJECTION . . . . A SUPPOSITORY . . . B NONE . . . . Y DON'T KNOW . . . . Z	INJECTION . . . . A SUPPOSITORY . . . B NONE . . . . Y DON'T KNOW . . . . Z	INJECTION . . . . A SUPPOSITORY . . . B NONE . . . . Y DON'T KNOW . . . . Z
474B	CHECK 474: WHICH MEDICINES?	CODE 'A' CIRCLED ☐ ↓ CODE 'A' NOT CIRCLED (SKIP TO 474F) ☐	CODE 'A' CIRCLED ☐ ↓ CODE 'A' NOT CIRCLED (SKIP TO 474F) ☐	CODE 'A' CIRCLED ☐ ↓ CODE 'A' NOT CIRCLED (SKIP TO 474F) ☐
474C	How long after the (fever/ convulsions) started did (NAME) first take SP?	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER THE FEVER . . . . 2 THREE OR MORE DAYS AFTER THE FEVER . . . . 3 DON'T KNOW 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER THE FEVER . . . . 2 THREE OR MORE DAYS AFTER THE FEVER . . . . 3 DON'T KNOW 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER THE FEVER . . . . 2 THREE OR MORE DAYS AFTER THE FEVER . . . . 3 DON'T KNOW 8
474D	For how many days did (NAME) take the SP? IF 7 OR MORE DAYS, RECORD '7'.	DAYS . . . . ☐ DON'T KNOW 8	DAYS . . . . ☐ DON'T KNOW 8	DAYS . . . . ☐ DON'T KNOW 8

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
474E	Did you have the SP at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the SP first?	AT HOME . . . . 1 OTHER SOURCE . . 2 DON'T KNOW 8	AT HOME . . . . 1 OTHER SOURCE . . 2 DON'T KNOW 8	AT HOME . . . . 1 OTHER SOURCE . . 2 DON'T KNOW 8
474F	CHECK 474: WHICH MEDICINES?	CODE 'B' CIRCLED ↓ CODE 'B' NOT CIRCLED (SKIP TO 474J)	CODE 'B' CIRCLED ↓ CODE 'B' NOT CIRCLED (SKIP TO 474J)	CODE 'B' CIRCLED ↓ CODE 'B' NOT CIRCLED (SKIP TO 474J)
474G	How long after the (fever/ convulsions) started did (NAME) first take chloroquine?	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER THE FEVER . . . . . . 2 THREE OR MORE DAYS AFTER THE FEVER . . . . 3 DON'T KNOW 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER THE FEVER . . . . . . 2 THREE OR MORE DAYS AFTER THE FEVER . . . . 3 DON'T KNOW 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER THE FEVER . . . . . . 2 THREE OR MORE DAYS AFTER THE FEVER . . . . 3 DON'T KNOW 8
474H	For how many days did (NAME) take chloroquine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS . . . . ☐ DON'T KNOW 8	DAYS . . . . ☐ DON'T KNOW 8	DAYS . . . . ☐ DON'T KNOW 8
474I	Did you have the chloroquine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the chloroquine first?	AT HOME . . . . 1 OTHER SOURCE . . 2 DON'T KNOW 8	AT HOME . . . . 1 OTHER SOURCE . . 2 DON'T KNOW 8	AT HOME . . . . 1 OTHER SOURCE . . 2 DON'T KNOW 8
474J	CHECK 474: WHICH MEDICINES?	CODE 'C' CIRCLED ↓ CODE 'C' NOT CIRCLED (SKIP TO 474N)	CODE 'C' CIRCLED ↓ CODE 'C' NOT CIRCLED (SKIP TO 474N)	CODE 'C' CIRCLED ↓ CODE 'C' NOT CIRCLED (SKIP TO 474N)
474K	How long after the (fever/ convulsions) started did (NAME) first take Amodiaquine?	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER THE FEVER . . . . . . 2 THREE OR MORE DAYS AFTER THE FEVER . . . . 3 DON'T KNOW 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER THE FEVER . . . . . . 2 THREE OR MORE DAYS AFTER THE FEVER . . . . 3 DON'T KNOW 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER THE FEVER . . . . . . 2 THREE OR MORE DAYS AFTER THE FEVER . . . . 3 DON'T KNOW 8
474L	For how many days did (NAME) take Amodiaquine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS . . . . ☐ DON'T KNOW 8	DAYS . . . . ☐ DON'T KNOW 8	DAYS . . . . ☐ DON'T KNOW 8
474M	Did you have the Amodiaquine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Amodiaquine first?	AT HOME . . . . 1 OTHER SOURCE . . 2 DON'T KNOW 8	AT HOME . . . . 1 OTHER SOURCE . . 2 DON'T KNOW 8	AT HOME . . . . 1 OTHER SOURCE . . 2 DON'T KNOW 8

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
474N	CHECK 474: WHICH MEDICINES?	CODE 'D' CIRCLED ☐ CODE 'D' NOT CIRCLED ☐ (SKIP TO 474R)	CODE 'D' CIRCLED ☐ CODE 'D' NOT CIRCLED ☐ (SKIP TO 474R)	CODE 'D' CIRCLED ☐ CODE 'D' NOT CIRCLED ☐ (SKIP TO 474R)
474O	How long after the (fever/ convulsions) started did (NAME) first take Quinine?	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER THE FEVER . . . . . . 2 THREE OR MORE DAYS AFTER THE FEVER . . . . 3 DON'T KNOW 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER THE FEVER . . . . . . 2 THREE OR MORE DAYS AFTER THE FEVER . . . . 3 DON'T KNOW 8	SAME DAY . . . . 0 NEXT DAY . . . . 1 TWO DAYS AFTER THE FEVER . . . . . . 2 THREE OR MORE DAYS AFTER THE FEVER . . . . 3 DON'T KNOW 8
474P	For how many days did (NAME) take Quinine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS . . . . ☐ DON'T KNOW 8	DAYS . . . . ☐ DON'T KNOW 8	DAYS . . . . ☐ DON'T KNOW 8
474Q	Did you have the Quinine at home or did you get it from somewhere else? IF MORE THAN ONE SOURCE MENTIONED, ASK: Where did you get the Quinine first?	AT HOME . . . . 1 OTHER SOURCE . . 2 DON'T KNOW 8	AT HOME . . . . 1 OTHER SOURCE . . 2 DON'T KNOW 8	AT HOME . . . . 1 OTHER SOURCE . . 2 DON'T KNOW 8
474R	Was anything else done about (NAME)'s (fever/convulsions)?	YES . . . . 1 NO . . . . 2 (SKIP TO 475) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 475) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 475) ← DON'T KNOW 8
474S	What was done about (NAME)'s (fever/convulsions)?	CONSULTED TRAD'L HEALER . . . . A GAVE TEPID SPONGING . . . . . . B GAVE HERBS . . . . . . C OTHER ________ X (SPECIFY)	CONSULTED TRAD'L HEALER . . . . A GAVE TEPID SPONGING . . . . . . B GAVE HERBS . . . . . . C OTHER ________ X (SPECIFY)	CONSULTED TRAD'L HEALER . . . . A GAVE TEPID SPONGING . . . . . . B GAVE HERBS . . . . . . C OTHER ________ X (SPECIFY)
475	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 483) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 483) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 483) ← DON'T KNOW 8
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8

		LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
478	Was he/she given any of the following to drink: **(6)**	YES NO DK	YES NO DK	YES NO DK
a	A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8	FLUID FROM ORS PKT 1 2 8
b	A government-recommended homemade fluid?	HOMEMADE FLUID 1 2 8	HOMEMADE FLUID 1 2 8	HOMEMADE FLUID 1 2 8
479	Was anything (else) given to treat the diarrhea?	YES . . . . 1 NO . . . . 2 (SKIP TO 481) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 481) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 481) DON'T KNOW 8
480	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP . . . A INJECTION . . . . B (IV) INTRAVENOUS . C HOME REMEDIES/ HERBAL MEDICINES . . . . . . D OTHER ________ X (SPECIFY)	PILL OR SYRUP . . . A INJECTION . . . . B (IV) INTRAVENOUS . C HOME REMEDIES/ HERBAL MEDICINES . . . . . . D OTHER ________ X (SPECIFY)	PILL OR SYRUP . . . A INJECTION . . . . B (IV) INTRAVENOUS . C HOME REMEDIES/ HERBAL MEDICINES . . . . . . D OTHER ________ X (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES . . . . 1 NO . . . . 2 (SKIP TO 483)	YES . . . . 1 NO . . . . 2 (SKIP TO 483)	YES . . . . 1 NO . . . . 2 (SKIP TO 483)
482	Where did you seek advice or treatment? IF SOURCE IS A HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. ________ (NAME OF PLACE) Anywhere else? RECORD ALL PLACES MENTIONED.	**GOV. PARASTATAL** REFERAL/SPEC. HOSPITAL . . . B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY . . . F VILLAGE HEALTH POST . . . . G CBD WORKER . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY . . . L **PRIVATE** SPECIALISED HOSPITAL . . . M HEALTH CENT. . N DISPENSARY O **OTHER** PHARMACY . . . P NGO . . . . Q OTHER ________ X (SPECIFY)	**GOV. PARASTATAL** REFERAL/SPEC. HOSPITAL . . . B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY . . . F VILLAGE HEALTH POST . . . . G CBD WORKER . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY . . . L **PRIVATE** SPECIALISED HOSPITAL . . . M HEALTH CENT. . N DISPENSARY O **OTHER** PHARMACY . . . P NGO . . . . Q OTHER ________ X (SPECIFY)	**GOV. PARASTATAL** REFERAL/SPEC. HOSPITAL . . . B REGIONAL HOSP. C DISTRICT HOSP. D HEALTH CENT. E DISPENSARY . . . F VILLAGE HEALTH POST . . . . G CBD WORKER . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . I DISTRICT HOSP. J HEALTH CENT. K DISPENSARY . . . L **PRIVATE** SPECIALISED HOSPITAL . . . M HEALTH CENT. . N DISPENSARY O **OTHER** PHARMACY . . . P NGO . . . . Q OTHER ________ X (SPECIFY)
483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
484	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 1999 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ → 487		
485	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD ALWAYS USE TOILET/LATRINE . . . . . 01 THROW IN THE TOILET/LATRINE . . . 02 THROW OUTSIDE THE DWELLING . 03 THROW OUTSIDE THE YARD . . . . . 04 BURY IN THE YARD . . . . . 05 RINSE AWAY . . . . . 06 USE DISPOSABLE DIAPERS . . . . . 07 USE WASHABLE DIAPERS . . . . . 08 NOT DISPOSED OF . . . . . 09 OTHER _____ 96 (SPECIFY)	
486	CHECK 478a, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET ☐ ANY CHILD RECEIVED FLUID FROM ORS PACKET ☐ → 488		
487	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhea?	YES . . . . . 1 NO 2	
488	CHECK 218: HAS ONE OR MORE CHILDREN LIVING WITH HER ☐ HAS NO CHILDREN LIVING WITH HER ☐ → 490		
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES . . . . . 1 NO . . . . . 2 DEPENDS 3	
490	Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	BIG PROB-LEM / NOT A BIG PROB-LEM	
	Knowing where to go.	WHERE TO GO 1 2	
	Getting permission to go.	PERMISSION TO GO . . . 1 2	
	Getting money needed for treatment.	GETTING MONEY 1 2	
	The distance to the health facility.	DISTANCE 1 2	
	Having to take transport.	TAKING TRANSPORT . . . 1 2	
	Not wanting to go alone.	GO ALONE 1 2	
	Concern that there may not be a female health provider.	NO FEMALE PROV. . . . 1 2	
	Concern that the health providers will be unfriendly or hostile.	UNFRIENDLY PROV . . . 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
491	CHECK 215 AND 218: HAS AT LEAST ONE CHILD BORN IN 2001 OR LATER AND LIVING WITH HER ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492) _____ (NAME)	DOES NOT HAVE ANY CHILDREN BORN IN 2001 OR LATER AND LIVING WITH HER ☐	→ 496
492	Now I would like to ask you about liquids (NAME FROM Q. 491) drank yesterday. In total, how many times yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)? IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.	NUMBER OF TIMES	
a	Plain water?	a ☐	
b	Commercially produced infant formula?	b ☐	
c	Any other milk such as tinned, powdered, or fresh animal milk?	c ☐	
d	Fruit juice?	d ☐	
e	Any other liquids?	e ☐	
493	Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate yesterday. In total, how many times yesterday during the day or at night did (NAME FROM Q. 491) eat (ITEM)? IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.	NUMBER OF TIMES	
a	Bread, maize meal (ugali), porridges, millet, rice, sorghum, or any other food made from grains?	a ☐	
b	Pumpkin, carrots, or yellow/orange sweet potatoes?	b ☐	
c	Any other food made from roots or tubers, for example cocoyams, irish potatoes, white sweet potatoes, white yams, cassava, or other local roots or tubers?	c ☐	
d	Any dark green leafy vegetables such as amaranth, cassava, pumpkin, or sweet potato leaves, greens, spinach or other dark green leafy vegetables?	d ☐	
e	Mango or papaya?	e ☐	
f	Any other fruits and vegetables [for example, cabbage, bananas, apples, green beans, cucumber, avocados, watermelon, tomatoes]?	f ☐	
g	Red meat(beef, goat), poultry(chicken), fish, or eggs?	g ☐	
h	Any food made from legumes [for example, beans, groundnuts, sunflower, pigeon peas, or cowpeas]?	h ☐	
i	Cheese, milk or yoghurt?	i ☐	
j	Any food made with oil, fat, vegetable oil, margarine, ghee or butter?	j ☐	
k.	Any other foods?	k ☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
496	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES . . . . . A YES, PIPE . . . . . B YES, OTHER TOBACCO . . . . . C NO . . . . . Y	
497	CHECK 496: CODE 'A' CIRCLED ☐↓ CODE 'A' NOT CIRCLED ☐ →		499B
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . . ☐☐	
499B	Have you had an injection for any reason in the last six months? IF YES: How many injections did you have? IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 499F
499C	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers? IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 499F

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
499D	The last time you had an injection from a health professional, where did you go for the injection to be given?	**GOVERNMENT/PARASTATAL** REFERAL/SPEC. HOSPITAL . . . . . 11 REGIONAL HOSPITAL . . . . . 12 DISTRICT HOSPITAL . . . . . 13 HEALTH CENTRE . . . . . 14 DISPENSARY . . . . . 15 VILLAGE HEALTH POST (W(. . . . . 16 CBD WORKER . . . . . 17 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . . . 21 DISTRICT HOSPITAL . . . . . 22 GOVT. HEALTH CENTRE . . . . . 23 DISPENSARY . . . . . 24 **PRIVATE** DISTRICT HOSPITAL . . . . . 31 HEALTH CENTRE . . . . . 32 DISPENSARY . . . . . 33 **OTHER** PHARMACY . . . . . 41 NGO . . . . . 42 VCT CENTRE . . . . . 43 OTHER _____ 96 (SPECIFY)	
499E	The last time you had an injection, did the person who gave you the injection take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
499F	Have you ever heard of female circumcision?	YES . . . . . 1 NO 2	→ 499H
499G	In a number of countries, there is a practice in which a girl may have part of her genitals cut. Have you heard about this practice?	YES . . . . . 1 NO 2	→ 501
499H	Have you been circumcised?	YES . . . . . 1 NO 2	→ 499N
499I	Now I would like to ask you what was done to you at this time. Was any flesh removed from the genital area?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 499K
499J	Was the genital area just nicked without removing any flesh?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
499K	Was your genital area sewn?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
499L	How old were you when this occurred? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS ☐☐ DURING INFANCY . . . . . 95 DON'T KNOW 98	
499M	Who cut (or nicked) the genitals?	**TRADITIONAL** TRAD. "CIRCUMCISER" . . . . . 11 TRAD. BIRTH ATTENDANT . . . . . 12 OTHER TRAD. _____ 16 (SPECIFY) **HEALTH PROFESSIONAL** DOCTOR . . . . . 21 TRAINED NURSE/MIDWIFE . . . . . 22 OTHER PROF. _____ 26 (SPECIFY) DON'T KNOW 98	
499N	CHECK 214 AND 216: HAS AT LEAST ONE LIVING DAUGHTER ☐ ↓ HAS NO LIVING DAUGHTER ☐ →		499W
499O	Has one of your daughters been circumcised? IF YES: How many?	NUMBER CIRCUMCISED . . . ☐☐ NO DAUGHTER CIRCUMCISED . . . . . 95 →	499V
499P	To which of your daughters did this happen most recently? _____ (DAUGHTER'S NAME) INTERVIEWER: CHECK 212 AND RECORD THE LINE NUMBER FOR THE DAUGHTER.	DAUGHTER'S LINE NUMBER FROM Q212 . . . . . ☐☐	
499Q	Now I would like to ask you what was done to (NAME OF THE DAUGHTER FROM Q499P) at this time. Was any flesh removed from her genital area?	YES . . . . . 1 → NO . . . . . 2 DON'T KNOW 8	499S
499R	Was her genital area just nicked without removing any flesh?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
499S	Was her genital area sewn?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
499T	How old was (NAME OF DAUGHTER FROM Q499P) when this occurred? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS ☐☐ DURING INFANCY . . . . . 95 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
499U	Who cut (or nicked) the genitals?	**TRADITIONAL** TRAD. "CIRCUMCISER" . . . . . 11 TRAD. BIRTH ATTENDANT . . . . . 12 OTHER TRAD. _____ 16 (SPECIFY) **HEALTH PROFESSIONAL** DOCTOR . . . . . 21 TRAINED NURSE/MIDWIFE . . . . . 22 OTHER PROF. _____ 26 (SPECIFY) DON'T KNOW 98	→ 499W
499V	Do you intend to have any of your daughters circumcised in the future?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
499W	Do you think that this practice should be continued, or should it be discontinued?	CONTINUED . . . . . 1 DISCONTINUED . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . . . . 1 YES, LIVING WITH A MAN . . 2 NO, NOT IN UNION 3	→ 504
502	Have you ever been married or lived together with a man?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A MAN . . . 2 NO 3	→ 503 → 510
502A	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1999		→ 518
503	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 510
504	Is your husband/partner living with you now or is he staying elsewhere?	LIVING TOGETHER . . . . . 1 STAYING ELSEWHERE 2	
505	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO.	
507	Besides yourself, does your husband/partner have other wives or does he live with other women as if married?	YES . . . . . 1 NO . . . . . 2 DK 8	→ 510
508	Including yourself, how many wives or other partners does your husband live with now?	NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . . DK 98	
509	Are you the first, second, ... wife?	RANK	
510	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	
511	CHECK 510: MARRIED/ LIVED WITH A MAN ONLY ONCE → In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN MORE THAN ONCE → Now I would like to ask about when you married or began living with a man as if married for the very first time. In what month and year did you first marry or start living with a man as if married?	MONTH . . . . . DON'T KNOW MONTH . . . . . 98 YEAR . . . . . DON'T KNOW YEAR 9998	→ 512A
512	How old were you when you started living with him?	AGE	
512A	DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 1999. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 1999. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		
513	CHECK 503: IS RESPONDENT CURRENTLY WIDOWED? NOT ASKED OR NOT WIDOWED WIDOWED →		→ 516

514	CHECK 510. MARRIED MORE THAN ONCE / MARRIED ONLY ONCE		→ 518
515	How did your previous marriage or union end?	DEATH/WIDOWHOOD . . . . . 1 DIVORCE . . . . . 2 SEPARATION 3	→ 518
516	Who did most of your late husband's property go to?	RESPONDENT . . . . . 1 OTHER WIFE . . . . . 2 SPOUSE'S CHILDREN . . . . . 3 SPOUSE'S FAMILY . . . . . 4 OTHER _____ 6 (SPECIFY) NO PROPERTY 7	→ 518
517	Did you receive any of your late husband's assets or valuables?	YES . . . . . 1 NO 2	
518	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
519	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time?	NEVER . . . . . 00 AGE IN YEARS . . . . . ☐☐ 1ST TIME WHEN STARTED LIVING WITH (1ST) HUSBAND/PARTNER . . . 95	→ 521 → 521
520	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	→ 545
521	CHECK 106: 15-24 YEARS OLD / 25-49 YEARS OLD		→ 526
522	The first time you had sexual intercourse, did either of you use a condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
523	How old was the person you first had sexual intercourse with?	AGE OF PARTNER . . . . . ☐☐ DON'T KNOW 98	→ 526
524	Was this person older than you, younger than you, or about the same age as you?	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW/DON'T REMEMBER . . . 8	→ 526
525	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . . . . 1 LESS THAN TEN YEARS OLDER . . . 2 OLDER, UNSURE HOW MUCH 3	
526	When was the last time you had sexual intercourse? IF 12 MONTHS OR MORE, ANSWER MUST BE CONVERTED AND RECORDED IN YEARS.	DAYS AGO . . . . . 1 ☐☐ WEEKS AGO . . . . . 2 ☐☐ MONTHS AGO . . . . . 3 ☐☐ YEARS AGO . . . . . 4 ☐☐	→ 541

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
527	The last time you had sexual intercourse with this (second/third) person, was a condom used? **(2)**	YES . . . . . 1 NO . . . . . 2 (SKIP TO 529)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 529)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 529)
528	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
529	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 531)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 531)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 531)
530	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
531	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	HUSBAND . . . . . 01 (SKIP TO 537) LIVE-IN PARTNER . . . 02 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 03 CASUAL ACQUAINTANC . . . 04 COMMERCIAL SEX WORKER . . . 05 OTHER _____ 96 (SPECIFY)	HUSBAND . . . . . 01 (SKIP TO 537) LIVE-IN PARTNER . . . 02 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 03 CASUAL ACQUAINTANC . . . 04 COMMERCIAL SEX WORKER . . . 05 OTHER _____ 96 (SPECIFY)	HUSBAND . . . . . 01 (SKIP TO 538) LIVE-IN PARTNER . . . 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . 03 CASUAL ACQUAINTANC . . . 04 COMMERCIAL SEX WORKER . . . 05 OTHER _____ 96 (SPECIFY)
532	For how long (have you had/did you have) sexual relations with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . . . 1 ☐☐ MONTHS . 2 ☐☐ YEARS . . . 3 ☐☐	DAYS . . . 1 ☐☐ MONTHS . 2 ☐☐ YEARS . . . 3 ☐☐	DAYS . . . 1 ☐☐ MONTHS . 2 ☐☐ YEARS . . . 3 ☐☐
533	CHECK 106:	15-24 Y. OLD ☐ 25-49 Y. OLD ☐ (SKIP TO 537)	15-24 Y. OLD ☐ 25-49 Y. OLD ☐ (SKIP TO 537)	15-24 Y. OLD ☐ 25-49 Y. OLD ☐ (SKIP TO 538)
534	How old is this person?	AGE OF PARTNER ☐☐ (SKIP TO 537) DON'T KNOW 98	AGE OF PARTNER ☐☐ (SKIP TO 537) DON'T KNOW 98	AGE OF PARTNER ☐☐ (SKIP TO 538) DON'T KNOW 98
535	Is this person older than you, younger than you, or about the same age?	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 537)	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 537)	OLDER . . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 538)
536	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH . . . 3
537	In addition to [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 527 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 541)	YES . . . . . 1 (GO BACK TO 527 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 541)	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 311/311A: NEITHER STERILIZED ☐ ↓ HE OR SHE STERILIZED ☐ → 614		
602	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? PREGNANT ☐ ↓ Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 → 604 SAYS SHE CAN'T GET PREGNANT . 3 → 614 UNDECIDED/DON'T KNOW: AND PREGNANT . . . . . 4 → 610 AND NOT PREGNANT OR UNSURE . . . . . 5 → 608	
603	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ ↓ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 → 609 SAYS SHE CAN'T GET PREGNANT 994 → 614 AFTER MARRIAGE . . . . . 995 OTHER _____ 996 → 609 (SPECIFY) DON'T KNOW 998	
604	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ → 610		
605	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ ↓ NOT CURRENTLY USING ☐ ↓ CURRENTLY USING ☐ → 608		
606	CHECK 603: NOT ASKED ☐ ↓ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ ↓ 00-23 MONTHS OR 00-01 YEAR ☐ → 610		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	CHECK 602: WANTS TO HAVE A/ANOTHER CHILD → You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Would you please tell me why? WANTS NO MORE/ NONE → You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Would you please tell me why? Any other reason? RECORD ALL REASONS MENTIONED.	NOT MARRIED . . . . . A FERTILITY-RELATED REASONS NOT HAVING SEX . . . . . B INFREQUENT SEX . . . . . C MENOPAUSAL/HYSTERECTOMY . D SUBFECUND/INFECUND . . . . . E POSTPARTUM AMENORRHEIC . . . F BREASTFEEDING . . . . . G FATALISTIC . . . . . H OPPOSITION TO USE RESPONDENT OPPOSED . . . . . I HUSBAND/PARTNER OPPOSED . J OTHERS OPPOSED . . . . . K RELIGIOUS PROHIBITION . . . . . L LACK OF KNOWLEDGE KNOWS NO METHOD . . . . . M KNOWS NO SOURCE . . . . . N METHOD-RELATED REASONS HEALTH CONCERNS . . . . . O FEAR OF SIDE EFFECTS . . . . . P LACK OF ACCESS/TOO FAR . . . . . Q COSTS TOO MUCH . . . . . R INCONVENIENT TO USE . . . . . S INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . T OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	BIG PROBLEM . . . . . 1 SMALL PROBLEM . . . . . 2 NO PROBLEM . . . . . 3 SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX 4	
609	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED NO, NOT CURRENTLY USING YES, CURRENTLY USING → 614		
610	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8 → 612	
611	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 PERIODIC ABSTINENCE . . . . . 12 WITHDRAWAL . . . . . 13 OTHER _____ 96 (SPECIFY) UNSURE 98	→ 614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED . . . . . 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX . . . 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND . . . . . 24 WANTS AS MANY CHILDREN AS POSSIBLE . . . . . 26 OPPOSITION TO USE RESPONDENT OPPOSED . . . . . 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED . . . . . 33 RELIGIOUS PROHIBITION . . . . . 34 LACK OF KNOWLEDGE KNOWS NO METHOD . . . . . 41 KNOWS NO SOURCE . . . . . 42 METHOD-RELATED REASONS HEALTH CONCERNS . . . . . 51 FEAR OF SIDE EFFECTS . . . . . 52 LACK OF ACCESS/TOO FAR . . . 53 COSTS TOO MUCH . . . . . 54 INCONVENIENT TO USE . . . . . 55 INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 614
613	Would you ever use a contraceptive method if you were married?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
614	CHECK 216: HAS LIVING CHILDREN ☐ → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN ☐ → If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 616 → 616
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a contraceptive method to avoid getting pregnant?	APPROVE . . . . . 1 DISAPPROVE . . . . . 2 DON'T KNOW/UNSURE 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
616A	If you wanted to get information on family planning, who would you like to talk to most:	CBD WORKER . . . . . 01 CLINIC STAFF . . . . . 02 TBA . . . . . 03 HUSBAND/PARTNER . . . . . 04 FRIEND . . . . . 05 RELATIVE . . . . . 06 RELIGIOUS LEADERS . . . . . 07 OTHER _____ 96 (SPECIFY)	
616B	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television? In a newspaper or magazine?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2	
617	In the last six months have you heard about family planning: a) On the radio? b) On the television? c) In a newspaper or magazine? d) From a poster? e) From billboards? f) At community events? g) From live drama? h) From a doctor or nurse? i) From a community health worker?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 POSTER . . . . . 1 2 BILLBOARD . . . . . 1 2 COMMUNITY EVENT . . . . . 1 2 DRAMA . . . . . 1 2 DOCTOR/NURSE . . . . . 1 2 HEALTH WORKER 1 2	
618	In the past six months, what drama series have you listened to on the radio? CIRCLE THE SERIES MENTIONED SPONTANEOUSLY. FOR SERIES NOT MENTIONED, ASK: In the last 6 months, have you listened to: a) Zinduka? b) Twende na Wakati? c) Other?	YES SPONTANEOUS / YES PROBED / NO ZINDUKA . . . . . 1 2 3 TWENDE NA WAKATI . . . . . 1 2 3 OTHER 1 2 3	
618A	CHECK 618: LISTENED TO ZINDUKA (CODE '1' OR 2' CIRCLED) HAS NOT LISTENED TO ZINDUKA (CODE '3' CIRCLED)		→ 618E
618B	How often do you listen to Zinduka?	TWICE A WEEK . . . . . 1 ONCE A WEEK . . . . . 2 ONCE OR TWICE A MONTH . . . . . 3 RARELY . . . . . 4 DON'T KNOW 8	
618C	As a result of listening to Zinduka, did you do anything or take any action related to family planning?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 618E
618D	What did you do as a result of listening to Zinduka? RECORD ALL MENTIONED.	TALKED TO PARTNER . . . . . A TALKED TO A HEALTH WORKER . . . B TALKED TO SOMEONE ELSE . . . . . C VISITED A CLINIC FOR FAM. PLAN. . D BEGAN USING A MOD. METHOD . . . E CONTINUED USING A MOD. METH. . . . F OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
618E	CHECK 618: LISTENED TO TWENDA NA WAKATI ☐ ↓ HAS NOT LISTENED TO TWENDA NA WAKATI ☐ → 619		
618F	How often do you listen to Twenda na Wakati?	TWICE A WEEK . . . . . 1 ONCE A WEEK . . . . . 2 ONCE OR TWICE A MONTH . . . . . 3 RARELY 4	
619	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES . . . . . 1 NO . . . . . 2 → 621	
620	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	HUSBAND/PARTNER . . . . . A MOTHER . . . . . B FATHER . . . . . C SISTER(S) . . . . . D BROTHER(S) . . . . . E DAUGHTER(S) . . . . . F SON(S) . . . . . G MOTHER(S)-IN-LAW . . . . . H FRIENDS/NEIGHBORS . . . . . I OTHER _____ X (SPECIFY)	
621	CHECK 501: YES, CURRENTLY MARRIED ☐ ↓ YES, LIVING WITH A MAN ☐ ↓ NO, NOT IN UNION ☐ → 628		
622	CHECK 311/311A: ANY CODE CIRCLED ☐ ↓ NO CODE CIRCLED ☐ → 624		
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?	MAINLY RESPONDENT . . . . . 1 MAINLY HUSBAND/PARTNER . . . . . 2 JOINT DECISION . . . . . 3 OTHER _____ 6 (SPECIFY)	
624	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES . . . . . 1 DISAPPROVES . . . . . 2 DON'T KNOW 8	
625	How often have you talked to your husband/partner about family planning in the past year?	NEVER . . . . . 1 ONCE OR TWICE . . . . . 2 MORE OFTEN 3	
626	CHECK 311/311A: NEITHER STERILIZED ☐ ↓ HE OR SHE STERILIZED ☐ → 628		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
627	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . . 3 DON'T KNOW 8	
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: a) She knows her husband has a sexually transmitted disease? b) She knows her husband has sex with women other than c) his wife or wives? d) She has recently given birth? e) She is tired or not in the mood?	YES NO DK HAS STD . . . . . 1 2 8 OTHER WOMEN . . . . . 1 2 8 RECENT BIRTH . . . . . 1 2 8 TIRED/NOT IN MOOD 1 2 8	
629	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
630	CHECK 501: CURRENTLY MARRIED OR IN UNION ☐ NOT IN UNION ☐ → 701		
631	Can you say no to your husband if you do not want to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DEPENDS/UNSURE 8	
632	Could you ask your husband to use a condom if you wanted him to?	YES . . . . . 1 NO . . . . . 2 DEPENDS/UNSURE 8	

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 502: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ FORMERLY MARRIED/ LIVED WITH A MAN ☐ → 703 NEVER MARRIED AND NEVER LIVED WITH A MAN ☐ → 707		
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
703	Did your (last) husband/partner ever attend school?	YES . . . . . 1 NO . . . . . 2 → 706	
704	What was the highest level of school he attended: primary, secondary, or higher?	PREPRIMARY . . . . . 0 PRIMARY . . . . . 1 POST-PRIMARY TRAINING . . . . . 2 SECONDARY . . . . . 3 POST-SECONDARY TRAINING . . . . . 4 UNIVERSITY . . . . . 5 DON'T KNOW . . . . . 8 → 706	
705	What was the highest (standard/form/year) he completed at that level?	GRADE . . . . . ☐☐ DON'T KNOW 98	
706	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ What is your husband's/partner's occupation? That is, what kind of work does he mainly do? FORMERLY MARRIED/ LIVED WITH A MAN ☐ ↓ What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	☐☐☐ _____ _____	
707	Aside from your own housework, are you currently working?	YES . . . . . 1 → 710 NO 2	
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES . . . . . 1 → 710 NO 2	
709	Have you done any work in the last 12 months?	YES . . . . . 1 NO . . . . . 2 → 718A	
710	What is your occupation, that is, what kind of work do you mainly do?	☐☐☐ _____ _____	
711	CHECK 710: WORKS IN AGRICULTURE ☐ ↓ DOES NOT WORK IN AGRICULTURE ☐ → 713		
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . . 1 FAMILY LAND . . . . . 2 RENTED LAND . . . . . 3 SOMEONE ELSE'S LAND 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . . 1 FOR SOMEONE ELSE . . . . . 2 SELF-EMPLOYED 3	
714	Do you usually work at home or away from home?	HOME . . . . . 1 AWAY 2	
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
716	Are you paid or do you earn in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	→ 718A
717	Who mainly decides how the money you earn will be used?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . . 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE . . . . . 1 LESS THAN HALF . . . . . 2 ABOUT HALF . . . . . 3 MORE THAN HALF . . . . . 4 ALL . . . . . 5 NONE, HER INCOME IS ALL SAVED . 6	
718A	Now, I would like to ask you some questions about financial matters. I ask these questions only to understand more about the financial position of women. Do you yourself control the money needed to buy the following?	YES NO DK	
	a) Vegetables or fruits	VEGETABLES/FRUIT. . 1 2 8	
	b) Clothes for yourself?	CLOTHES 1 2 8	
	c) Any kind of medicine for yourself?	MEDICINE 1 2 8	
	c) Toiletries for yourself like(soap, shampoo…….)	TOILETRIES 1 2 8	
718B	Please tell me if you alone, or jointly with your husband or someone else own…..	DOES'NT OWN: 1 ↓ / OWN JOINTLY: 2 ↓ / OWN ALONE: 3 →	718C If you ever need to, can you sell (ASSET) without anyone else's permission: YES 1 / NO 2 / DK 8
	a) Land?	1 ↓	2 ↓	3 →	1 2 8
	b) The house/dwelling you live in?	1 ↓	2 ↓	3 →	1 2 8
	c) Any other house, apartment, or				
	d) dwelling?	1 ↓	2 ↓	3 →	1 2 8
	e) Jewelry or gems?	1 ↓	2 ↓	3 →	1 2 8
	f) Livestock such as (cattle, goats,				
	g) sheep etc)	1 ↓	2 ↓	3 →	1 2 8
718E	Do you have a bank account or an account in other savings institution in your own name or jointly with someone else? RECORD ALL MENTIONED	YES, IN OWN NAME . . . . . A YES, JOINT ACCOUNT . . . . . B NO C	→ 718G
718F	Do you operate the account, that is, sign checks or deposit and withdraw money?	YES . . . . . 1 NO 2	
718G	Do you know of any programs in this area that give loans to women so they can start or expand a business of their owns?	YES . . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718H	Have you yourself ever taken out or been given a loan either in cash or in kind to start or expand business?	YES . . . . . 1 NO 2	
719	Who in your family usually has the final say on the following decisions:	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6	
	a) Your own health care?	1 2 3 4 5 6	
	b) Making large household purchases?	1 2 3 4 5 6	
	c) Making household purchases for daily needs?	1 2 3 4 5 6	
	d) Visits to family or relatives?	1 2 3 4 5 6	
	e) What food should be cooked each day?	1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ LISTEN. / PRES/ NOT LISTEN. / NOT PRES CHILDREN < 10 . . . . . 1 2 8 HUSBAND . . . . . 1 2 8 OTHER MALES . . . . . 1 2 8 OTHER FEMALES . . . 1 2 8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	YES / NO / DK	
	a) If she goes out without telling him?	GOES OUT 1 2 8	
	b) If she neglects the children?	NEGL. CHILDREN . . . 1 2 8	
	c) If she argues with him?	ARGUES 1 2 8	
	d) If she refuses to have sex with him?	REFUSES SEX 1 2 8	
	e) If she burns the food?	BURNS FOOD 1 2 8	

SECTION 8. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 844
802	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
803 **(1)**	Can people get the AIDS virus from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
804	By using condoms each time they have sex, can people reduce their chances of being infected with the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
805 **(1)**	Can people be infected with the AIDS virus by eating from the same plate as someone who is sick with AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
806	Can people reduce their chances of being infected with the AIDS virus if they stop having sex altogether?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
807 **(1)**	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
808	What else can a person do in order to avoid or reduce their chances of being infected by the AIDS virus? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX . . . . . A USE CONDOMS . . . . . B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER . . . C LIMIT NUMBER OF SEXUAL PARTNERS . . . . . D AVOID SEX WITH PROSTITUTES . . . E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS . . . . . F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . H AVOID BLOOD TRANSFUSIONS . . . . . I AVOID INJECTIONS . . . . . J AVOID SHARING RAZORS/BLADES . K AVOID KISSING . . . . . L AVOID MOSQUITO BITES . . . . . M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER . . . N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NOTHING ELSE . . . . . Y DON'T KNOW . . . . . Z	
810	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	Is it possible for a child to be infected by the AIDS virus: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
812	CHECK 811: AT LEAST ONE 'YES' ☐ OTHER ☐		→ 814
813	Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
814	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
815	CHECK 215: NO BIRTHS ☐ LAST BIRTH SINCE JANUARY 2002 **(2)** ☐ LAST BIRTH BEFORE JANUARY 2002 **(2)** ☐		→ 824 → 824
816	Now I would like to ask some questions about your last birth. Did you see anyone for antenatal care during that pregnancy?	YES . . . . . 1 NO 2	→ 824
817	During any of the antenatal visits for that pregnancy, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO . 1 2 8 TESTED FOR AIDS . 1 2 8	
818	Were you offered a test for the AIDS virus as part of your antenatal care?	YES . . . . . 1 NO 2	
819	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES . . . . . 1 NO 2	→ 824
820	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821	Where was the test done? **(3)** IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE SOURCE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	**GOVERNMENT/PARASTATAL** REFERAL/SPEC. HOSPITAL . . . . . 11 REGIONAL HOSPITAL . . . . . 12 DISTRICT HOSPITAL . . . . . 13 HEALTH CENTRE . . . . . 14 DISPENSARY . . . . . 15 VILLAGE HEALTH POST (W . . . . . 16 CBD WORKER . . . . . 17 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . . . 21 DISTRICT HOSPITAL . . . . . 22 GOVT. HEALTH CENTRE . . . . . 23 DISPENSARY . . . . . 24 **PRIVATE** DISTRICT HOSPITAL . . . . . 31 HEALTH CENTRE . . . . . 32 DISPENSARY . . . . . 33 **OTHER** NGO . . . . . 42 VCT CENTRE . . . . . 43 OTHER _____ 96 (SPECIFY)	
822	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES . . . . . 1 NO 2	→ 825
823	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . . 2 2 OR MORE YEARS AGO 3	→ 831
824	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . . 1 NO 2	→ 829
825	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . . 2 2 OR MORE YEARS AGO 3	
826	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . . 1 OFFERED AND ACCEPTED . . . . . 2 REQUIRED 3	
827	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
828	Where was the test done? **(3)** IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE SOURCE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	**GOVERNMENT/PARASTATAL** REFERAL/SPEC. HOSPITAL . . . . . 11 REGIONAL HOSPITAL . . . . . 12 DISTRICT HOSPITAL . . . . . 13 HEALTH CENTRE . . . . . 14 DISPENSARY . . . . . 15 VILLAGE HEALTH POST (W . . . . . 16 CBD WORKER . . . . . 17 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . . . 21 DISTRICT HOSPITAL . . . . . 22 GOVT. HEALTH CENTRE . . . . . 23 DISPENSARY . . . . . 24 **PRIVATE** DISTRICT HOSPITAL . . . . . 31 HEALTH CENTRE . . . . . 32 DISPENSARY . . . . . 33 **OTHER** NGO . . . . . 42 VCT CENTRE . . . . . 43 OTHER _____ 96 (SPECIFY)	→ 831

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
829	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES . . . . . 1 NO 2	→ 831
830	Where is that? **(3)** IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	**GOVERNMENT/PARASTATAL** REFERAL/SPEC. HOSPITAI . . . . . B REGIONAL HOSPITAL . . . . . C DISTRICT HOSPITAL . . . . . D HEALTH CENTRE . . . . . E DISPENSARY . . . . . F VILLAGE HEALTH POST (W . . . . . G CBD WORKER . . . . . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAI . . . . . I DISTRICT HOSPITAL . . . . . J GOVT. HEALTH CENTRE . . . . . K DISPENSARY . . . . . L **PRIVATE** DISTRICT HOSPITAL . . . . . M HEALTH CENTRE . . . . . N DISPENSARY . . . . . O **OTHER** NGO . . . . . Q VCT CENTRE . . . . . R OTHER _____ X (SPECIFY)	
831	If you learn that a fresh food vendor has the AIDS virus, but is not sick, would you buy fresh food from him/her?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
831A	And if she/he is sick?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
832	If a member of your family has been infected with the AIDS virus, but is not sick, would you want it to remain a secret within the family, or not a secret?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
833	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
834	In your opinion, if a female teacher has been infected with the AIDS virus, but is not sick, should she continue teaching?	SHOULD CONTINUE . . . . . 1 SHOULD NOT CONTINUE . . . . . 2 DK/NOT SURE/DEPENDS 8	
834A	In your opinion, if a male teacher has been infected with the AIDS virus, should he continue teaching?	SHOULD CONTINUE . . . . . 1 SHOULD NOT CONTINUE . . . . . 2 DK/NOT SURE/DEPENDS 8	
835	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DK ANYONE WITH AIDS . . . . . 3 DON'T KNOW 8	→ 840

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
836	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
837	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
838	CHECK 835, 836, AND 837: OTHER ☐ ↓ AT LEAST ONE 'YES' ☐ → 840		
839	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES . . . . . 1 NO 2	
840	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
841	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
842	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
843	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
844	Do you believe that young men should wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
845	Do you believe that young women should wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
846	Do you believe that married men should only have sex with their wives?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
847	Do you think that most men you know have sex only with their wives?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
848	Do you believe that married women should only have sex with their husbands?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
849	Do you think that most women you know have sex only with their husbands?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
850	CHECK 801: HEARD ABOUT AIDS ☐ → Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS ☐ → Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	→ 853
851	If a man has a sexually transmitted disease, what symptoms might he have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN . . . . . A GENITAL DISCHARGE/DRIPPING . . . B FOUL SMELLING DISCHARGE . . . . . C BURNING PAIN ON URINATION . . . . . D REDNESS/INFLAMMATION IN GENITAL AREA . . . . . E SWELLING IN GENITAL AREA . . . . . F GENITAL SORES/ULCERS . . . . . G GENITAL WARTS . . . . . H GENITAL ITCHING . . . . . I BLOOD IN URINE . . . . . J LOSS OF WEIGHT . . . . . K IMPOTENCE . . . . . L OTHER _____ (SPECIFY) W OTHER _____ (SPECIFY) X NO SYMPTOMS . . . . . Y DON'T KNOW . . . . . Z	
852	If a woman has a sexually transmitted disease, what symptoms might she have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN . . . . . A GENITAL DISCHARGE . . . . . B FOUL SMELLING DISCHARGE . . . . . C BURNING PAIN ON URINATION . . . . . D REDNESS/INFLAMMATION IN GENITAL AREA . . . . . E SWELLING IN GENITAL AREA . . . . . F GENITAL SORES/ULCERS . . . . . G GENITAL WARTS . . . . . H GENITAL ITCHING . . . . . I BLOOD IN URINE . . . . . J LOSS OF WEIGHT . . . . . K HARD TO GET PREGNANT/HAVE A CHILD . . . . . L OTHER _____ (SPECIFY) W OTHER _____ (SPECIFY) X NO SYMPTOMS . . . . . Y DON'T KNOW . . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
853	CHECK 519: HAS HAD SEXUAL INTERCOURSE ☐ ↓ HAS NOT HAD SEXUAL INTERCOURSE ☐ →		901
854	CHECK 850: HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT ☐ ↓ HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT ☐ →		856
855	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
856	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
857	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
858	CHECK 855, 856, AND 857: HAS HAD AN INFECTION (ANY 'YES') ☐ ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW ☐ →		901
859	The last time you had (PROBLEM FROM 505/506/507), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	→ 901
860	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	**GOVERNMENT/PARASTATAL** REFERAL/SPEC. HOSPITAI . . . . . B REGIONAL HOSPITAL . . . . . C DISTRICT HOSPITAL . . . . . D HEALTH CENTRE . . . . . E DISPENSARY . . . . . F VILLAGE HEALTH POST (W . . . . . G CBD WORKER . . . . . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAI . . . . . I DISTRICT HOSPITAL . . . . . J GOVT. HEALTH CENTRE . . . . . K DISPENSARY . . . . . L **PRIVATE** DISTRICT HOSPITAL . . . . . M HEALTH CENTRE . . . . . N DISPENSARY . . . . . O **OTHER** PHARMACY . . . . . P NGO . . . . . Q VCT CENTRE . . . . . R OTHER _____ X (SPECIFY)	

(1) If 803, 805 and/or 807 do not apply to the local context, replace the question using a specific local misconception. At least two questions related to misconceptions are needed.

(2) For fieldwork in 2005 and 2006, the year should be 2003 and 2004, respectively.

(3) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER	
902	CHECK 901: TWO OR MORE BIRTHS ↓	ONLY ONE BIRTH (RESPONDENT ONLY) →	915
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS	

904	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
906	Is (NAME) still alive?	YES . . . 1 NO . . . 2 → GO TO 908 DK . . . 8 → GO TO (2)	YES . . . 1 NO . . . 2 → GO TO 908 DK . . . 8 → GO TO (3)	YES . . . 1 NO . . . 2 → GO TO 908 DK . . . 8 → GO TO (4)	YES . . . 1 NO . . . 2 → GO TO 908 DK . . . 8 → GO TO (5)	YES . . . 1 NO . . . 2 → GO TO 908 DK . . . 8 → GO TO (6)	YES . . . 1 NO . . . 2 → GO TO 908 DK . . . 8 → GO TO (7)
907	How old is (NAME)?	GO TO (2)	GO TO (3)	GO TO (4)	GO TO (5)	GO TO (6)	GO TO (7)
908	How many years ago did (NAME) die?						
909	How old was (NAME) when he/she died?	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
910	Was (NAME) pregnant when she died?	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2
911	Did (NAME) die during childbirth?	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?						

IF NO MORE BROTHERS OR SISTERS, GO TO 914.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
904	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
906	Is (NAME) still alive?	YES . . . 1 NO . . . 2 → GO TO 908 DK . . . 8 → GO TO (8)	YES . . . 1 NO . . . 2 → GO TO 908 DK . . . 8 → GO TO (9)	YES . . . 1 NO . . . 2 → GO TO 908 DK . . . 8 → GO TO (10)	YES . . . 1 NO . . . 2 → GO TO 908 DK . . . 8 → GO TO (11)	YES . . . 1 NO . . . 2 → GO TO 908 DK . . . 8 → GO TO (12)	YES . . . 1 NO . . . 2 → GO TO 908 DK . . . 8 → GO TO (13)
907	How old is (NAME)?	☐☐ GO TO (8)	☐☐ GO TO (9)	☐☐ GO TO (10)	☐☐ GO TO (11)	☐☐ GO TO (12)	☐☐ GO TO (13)
908	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
909	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
910	Was (NAME) pregnant when she died?	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2
911	Did (NAME) die during childbirth?	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2	YES . . . 1 → GO TO 913 NO . . . 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 914.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	CHECK Q910, 911 AND 912 FOR ALL SISTERS ☐ ANY YES ALL NO OR BLANK ☐ → 915 Just to make sure I have this right, you told me that your sister(s) _____ (NAME) died when she was (pregnant/delivering/just delivered). Is that correct? IF CORRECT, CONTINUE TO 915. IF NOT, CORRECT QUESTIONNAIRE AND CONTINUE TO 915.		
915	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L PERIODIC ABSTINENCE
- M WITHDRAWAL
- X OTHER _____ (SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

GOVERNMENT/PARASTATAL
- 1 REFERAL/SPEC. HOSPITAL
- 2 REGIONAL HOSPITAL
- 3 DISTRICT HOSPITAL
- 4 HEALTH CENTRE
- 5 DISPENSARY
- 6 VILLAGE HEALTH POST (WORKER)
- 7 CBD WORKER

RELIGIOUS/VOLUNTARY
- 8 REFERAL/SPEC. HOSPITAL
- 9 DISTRICT (DESIG.) HOSPITAL
- A HEALTH CENTRE
- B DISPENSARY

PRIVATE
- C SPECIALIZED HOSPITAL
- D HEALTH CENTRE
- E DISPENSARY

OTHER
- F PHARMACY
- G NGO
- H VCT CENTRE
- I SHOP/KIOSK
- J BAR
- K GUEST HOUSE/HOTEL
- L FRIEND/RELATIVE/NEIGHBOUR
- X OTHER _____ (SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

COL. 4: MARRIAGE/UNION

- X IN UNION (MARRIED OR LIVING TOGETHER)
- 0 NOT IN UNION

				1	2	3	4			
2	04	APR	09					09	APR	2
0	03	MAR	10					10	MAR	0
0	02	FEB	11					11	FEB	0
5	01	JAN	12					12	JAN	5
	12	DEC	13					13	DEC	
	11	NOV	14					14	NOV	
	10	OCT	15					15	OCT	
	09	SEP	16					16	SEP	
2	08	AUG	17					17	AUG	2
0	07	JUL	18					18	JUL	0
0	06	JUN	19					19	JUN	0
4	05	MAY	20					20	MAY	4
	04	APR	21					21	APR	
	03	MAR	22					22	MAR	
	02	FEB	23					23	FEB	
	01	JAN	24					24	JAN	
	12	DEC	25					25	DEC	
	11	NOV	26					26	NOV	
	10	OCT	27					27	OCT	
	09	SEP	28					28	SEP	
2	08	AUG	29					29	AUG	2
0	07	JUL	30					30	JUL	0
0	06	JUN	31					31	JUN	0
3	05	MAY	32					32	MAY	3
	04	APR	33					33	APR	
	03	MAR	34					34	MAR	
	02	FEB	35					35	FEB	
	01	JAN	36					36	JAN	
	12	DEC	37					37	DEC	
	11	NOV	38					38	NOV	
	10	OCT	39					39	OCT	
	09	SEP	40					40	SEP	
2	08	AUG	41					41	AUG	2
0	07	JUL	42					42	JUL	0
0	06	JUN	43					43	JUN	0
2	05	MAY	44					44	MAY	2
	04	APR	45					45	APR	
	03	MAR	46					46	MAR	
	02	FEB	47					47	FEB	
	01	JAN	48					48	JAN	
	12	DEC	49					49	DEC	
	11	NOV	50					50	NOV	
	10	OCT	51					51	OCT	
	09	SEP	52					52	SEP	
2	08	AUG	53					53	AUG	2
0	07	JUL	54					54	JUL	0
0	06	JUN	55					55	JUN	0
1	05	MAY	56					56	MAY	1
	04	APR	57					57	APR	
	03	MAR	58					58	MAR	
	02	FEB	59					59	FEB	
	01	JAN	60					60	JAN	
	12	DEC	61					61	DEC	
	11	NOV	62					62	NOV	
	10	OCT	63					63	OCT	
	09	SEP	64					64	SEP	
2	08	AUG	65					65	AUG	2
0	07	JUL	66					66	JUL	0
0	06	JUN	67					67	JUN	0
0	05	MAY	68					68	MAY	0
	04	APR	69					69	APR	
	03	MAR	70					70	MAR	
	02	FEB	71					71	FEB	
	01	JAN	72					72	JAN	
	12	DEC	61					61	DEC	
	11	NOV	62					62	NOV	
	10	OCT	63					63	OCT	
	09	SEP	64					64	SEP	
1	08	AUG	65					65	AUG	1
9	07	JUL	66					66	JUL	9
9	06	JUN	67					67	JUN	9
9	05	MAY	68					68	MAY	9
	04	APR	69					69	APR	
	03	MAR	70					70	MAR	
	02	FEB	71					71	FEB	
	01	JAN	72					72	JAN	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

Last modified August 3, 2004

UNITED REPUBLIC OF TANZANIA
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2004
NATIONAL BUREAU OF STATISTICS
MAN'S QUESTIONNAIRE

CONFIDENTIAL

IDENTIFICATION

REGION _____ ☐☐

DISTRICT _____ ☐☐

WARD . . . . . ☐☐☐

ENUMERATION AREA . . . . . ☐☐☐

NAME OF HEAD OF HOUSEHOLD _____

TDHS NUMBER . . . . . ☐☐☐

HOUSEHOLD NUMBER . . . . . ☐☐☐

LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE . . . . . ☐
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)

NAME AND LINE NUMBER OF MAN _____ ☐☐

LARGE CITIES ARE; DAR ES SALAAM AND MWANZA. SMALL CITIES ARE; ARUSHA, MOROGORO, DODOMA, MOSHI, TANGA, IRINGA MBEYA, SHINYANGA, TABORA, MJINI MAGHARIBI - ZANZIBAR. ALL OTHER URBAN AREAS ARE TOWN

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐
				MONTH ☐☐
				YEAR 2 0 0 ☐
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE ☐☐
RESULT*	_____	_____	_____	RESULT ☐
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS ☐
TIME	_____	_____		

*RESULT CODES:

1	COMPLETED	4	REFUSED		
2	NOT AT HOME	5	PARTLY COMPLETED	7	OTHER _____ (SPECIFY)
3	POSTPONED	6	INCAPACITATED		

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	☐☐	☐☐
DATE _____ ☐☐	DATE _____ ☐☐		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Bureau of Statistics. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you some questions related to health. This information will help the government to plan health services. The survey usually does not take too much time. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important. **(1)**

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a D'Salaam/Mwanza, Other urban area or in rural area?	DSM/MWANZA . . . . . 1 OTHER URBAN AREA . . . . . 2 RURAL AREA/VILLAGE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . ☐☐ ALWAYS . . . . . 95 VISITOR 96	→ 105
104	Just before you moved here, did you live in D'Salaam/Mwanza, Other urban area or in rural area?	DSM/MWANZA . . . . . 1 OTHER URBAN AREA . . . . . 2 RURAL AREA/VILLAGE 3	
105	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS AWAY . . ☐☐ NONE 00	→ 107
106	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES . . . . . 1 NO 2	
107	In what month and year were you born?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
108	How old are you in complete years? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Have you ever attended school?	YES . . . . . 1 NO 2	→ 113
110	What is the highest level of school you attended: primary, secondary, or higher? **(2)**	PREPRIMARY . . . . . 0 PRIMARY . . . . . 1 POST-PRIMARY TRAINING . . . . . 2 SECONDARY . . . . . 3 POST-SECONDARY TRAINING . . . . . 4 UNIVERSITY 5	
111	What is the highest (grade/form/year) you completed at that level? **(2)**	GRADE . . . . . ☐☐	
112	CHECK 110: PRIMARY → ☐ SECONDARY OR HIGHER → ☐ → 116		
113	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. **(3)** IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
114	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? **(4)**	YES . . . . . 1 NO 2	
115	CHECK 113: CODE '2', '3' OR '4' CIRCLED → ☐ CODE '1' OR '5' CIRCLED → ☐ → 117		
116	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
117	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
118	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
119	Are you currently working?	YES . . . . . 1 NO 2	→ 122
120	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	→ 122
121	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING . . . . . 1 LOOKING FOR WORK . . . . . 2 RETIRED . . . . . 3 UNABLE TO WORK, ILL/ HANDICAPPED . . . . . 4 HOUSEWORK/CHILDCARE . . . . . 5 OTHER _____ 6 (SPECIFY)	→ 129

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐☐ _____ _____	
123	CHECK 122: WORKS IN AGRICULTURE ☐ DOES NOT WORK IN AGRICULTURE ☐		→ 125
124	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . . 1 FAMILY LAND . . . . . 2 RENTED LAND . . . . . 3 SOMEONE ELSE'S LAND 4	
125	During the last 12 months, how many months did you work?	NUMBER OF MONTHS . . . . . ☐☐	
126	Are you paid in cash or kind for this work, or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	→ 129
127	Who mainly decides how the money you earn will be used?	RESPONDENT . . . . . 1 WIFE/PARTNER . . . . . 2 RESPONDENT AND WIFE/ PARTNER JOINTLY . . . . . 3 SOMEONE ELSE . . . . . 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
128	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE . . . . . 1 LESS THAN HALF . . . . . 2 ABOUT HALF . . . . . 3 MORE THAN HALF . . . . . 4 ALL . . . . . 5 NONE, HIS INCOME IS ALL SAVED 6	
129	What is your religion?	MOSLEM . . . . . 1 CATHOLIC . . . . . 2 PROTESTANT . . . . . 3 NONE . . . 4 OTHER_____ 6 (SPECIFY)	

[1] Wording of this paragraph should be modified in countries where participation is legally required.

[2] Revise according to the local education system.

[3] Each card should have four simple sentences appropriate to the country (e.g., "Parents love their children", "Farming is hard work", "The child is reading a book", "Children work hard at school"). Cards should be prepared for every language in which respondents are likely to be literate.

[4] In countries with an interest in measuring participation across a number of literacy programs, an additional multiple-response question may be included for men who participated in a literacy program (for example, "What type of literacy programs have you participated in? PROBE: Any other programs?")

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE . . [ ][ ]	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	(In addition to the children that you have just told me about), do you have: a) any other living sons or daughters who are biologically your children but who are not legally yours or do not have your last name? b) any other sons or daughters who died who were biologically your children but who were not legally yours or did not have your last name? NO TO BOTH → OTHER → PROBE AND CORRECT 201-207 AS NECESSARY.		
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN . . . . . [ ][ ]	
210	CHECK 209: HAS HAD MORE THAN ONE CHILD HAS HAD ONLY ONE CHILD → 213 HAS NOT HAD ANY CHILDREN → 301		
211	Do the children that you have fathered all have the same biological mother?	YES . . . . . 1 NO 2	→ 213
212	In all, how many women have you fathered children with?	NUMBER OF WOMEN . . . . . [ ][ ]	
213	How old were you when your (first) child was born?	AGE IN YEARS . . . . . [ ][ ]	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED,AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302 IF APPLICABLE.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES . . . . . 1 NO 2	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES . . . . . 1 NO 2	
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO . . . . . 2 DON't KNOW 8
13	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
14	EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant.	YES . . . . . 1 NO 2	
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 305
304	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
305	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES . . . . . 1 NO . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to use contraception.	AGREE / DISAGREE / DK a) 1 2 8 b) 1 2 8 c) 1 2 8	
307	CHECK 301(02) AND 302(02): KNOWLEDGE AND USE OF MALE STERILIZATION **(1)** HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED OTHER		→ 401
308	Once you have had all the children you want, would you yourself ever consider getting sterilized? **(1)**	WOULD CONSIDER . . . . . 1 WOULD NOT CONSIDER . . . . . 2 UNSURE/DEPENDS . . . . . 3 WIFE ALREADY STERILIZED 4	→ 401 → 401
309	Why would you never consider getting sterilized? **(1)** PROBE: Any other reasons? RECORD ALL REASONS MENTIONED.	AGAINST RELIGION . . . . . A BAD FOR MAN'S HEALTH . . . . . B OPERATION NOT SAFE . . . . . C LESS INTRUSIVE WAYS AVAILABLE . . . . . D MAY WANT MORE CHILDREN /MAY WANT TO REPLACE CHILD WHO DIED . . . . . E MAY REMARRY SOME DAY . . . . . F LOSS OF WAGES . . . . . G LOSS OF SEXUAL FUNCTION . . . . . H LOSS OF MANLINESS . . . . . I OTHER _____ X (SPECIFY)	

[1] Question may be deleted in countries where male sterilization is not widely known, used, or promoted.

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY (1)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a woman as if married?	YES, CURRENTLY MARRIED . . . . . 1 YES, LIVING WITH A WOMAN . . . . . 2 NO, NOT IN UNION 3	→ 406
401A	Is your wife/partner living with you now or is she staying elsewhere?	LIVING TOGETHER . . . . . 1 STAYING ELSEWHERE 2	
401B	CHECK 401: CURRENTLY MARRIED ☐ LIVING WITH A WOMAN ☐		→ 404
402	Do you have one wife or more than one wife? IF ONLY ONE WIFE, RECORD '01' . IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES . . . . . ☐☐	
403	Are there any other women with whom you live as if married?	YES . . . . . 1 NO 2	→ 405
404	Are you living with one (other) woman or more than one (other) woman as if married? IF ONLY ONE LIVE-IN PARTNER, RECORD '01'. IF MORE THAN ONE, ASK: How many women are you living with as if married?	NUMBER OF LIVE-IN PARTNERS . . . . . ☐☐	
405	Apart from the woman/women you have already mentioned, do you currently have any other regular or occasional sexual partners? IF 'YES', PROBE TO IDENTIFY TYPE OF PARTNER.	REGULAR PARTNER(S) ONLY . . . . . 1 OCCASIONAL PARTNER(S) ONLY . . . . . 2 REGULAR AND OCCASIONAL PARTNERS . . . . . 3 NO SEXUAL PARTNER 4	→ 409
406	Do you currently have any regular sexual partners, occasional sexual partners, or do you have no sexual partner at all? IF 'YES', PROBE TO IDENTIFY TYPE OF PARTNER.	REGULAR PARTNER(S) ONLY . . . . . 1 OCCASIONAL PARTNER(S) ONLY . . . . . 2 REGULAR AND OCCASIONAL PARTNERS . . . . . 3 NO SEXUAL PARTNER 4	
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ONLY . . . . . 1 YES, LIVED WITH A WOMAN ONLY . . . . . 2 YES, BOTH . . . . . 3 NO 4	→ 411 → 416
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 411

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER REPORTED IN QUESTIONS 402 AND 404 ONLY. IF A WIFE/PARTNER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, RECORD '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES AND PARTNERS . (IF RESPONDENT HAS MORE THAN FIVE WIVES/ PARTNERS USE ADDITIONAL QUESTIONNAIRE(S).)		
410	CHECK: 402 AND 404 SUM OF 402 AND 404 = 1 Please tell me the name of your wife/partner. SUM OF 402 AND 404 > 1 Please tell me the name of each (wife/partner that you live with as if married), starting with the one you lived with first. WIFE/ PARTNER NUMBER NAME 1 _____ 2 _____ 3 _____ 4 _____ 5 _____	LINE NUMBER IN HHOLD. QUEST. STATUS: WIFE 1 PARTNER 2 410A How old was your wife/partner on her last birthday? AGE 1: 1 2 2: 1 2 3: 1 2 4: 1 2 5: 1 2	
410B	CHECK 410: ONLY ONE WIFE/ PARTNER MORE THAN ONE WIFE/PARTNER	→ 412	
411	Have you been married or lived with a woman only once or more than once?	ONCE . . . . . 1 → 414 MORE THAN ONCE . . . . . 2 → 413	
412	Have you ever been married to or lived as if married to any woman other than those you have just mentioned?	YES . . . . . 1 NO . . . . . 2 → 414	
413	In total, how many women have you been married to or lived with as if married in your whole life?	NUMBER OF WOMEN	
414	CHECK 410 AND 411: ONLY ONE WIFE/PARTNER AND 411=1 In what month and year did you start living with your wife/partner? OTHER Now we will talk about your first wife/partner. In what month and year did you start living with her?	MONTH . . . . . DON'T KNOW MONTH . . . . . 98 YEAR . . . . . DON'T KNOW YEAR 9998	→ 416
415	How old were you when you started living with her?	AGE	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
416	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse?	NEVER . . . . . 00 AGE IN YEARS . . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER . . . 95	→ 416B
416A	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	→ 440
416B	CHECK 108: 15-24 YEARS OLD ☐ ↓ 25-49 YEARS OLD ☐ →		→ 417
416C	The first time you had sexual intercourse, was a condom used? **(1)**	YES . . . . . 1 NO 2	
416D	How old was the person you first had sexual intercourse with?	AGE OF PARTNER . . . . . ☐☐ DON'T KNOW 98	
417	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 ☐☐ WEEKS AGO . . . . . 2 ☐☐ MONTHS AGO . . . . . 3 ☐☐ YEARS AGO . . . . . 4 ☐☐	→ 437A

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
418	The last time you had sexual intercourse with this (second/third) person, was a condom used? **(2)**	YES .... 1 NO .... 2 (SKIP TO 421) ←	YES .... 1 NO .... 2 (SKIP TO 421) ←	YES .... 1 NO .... 2 (SKIP TO 421) ←
419	What was the main reason you used a condom on that occasion?	RESP. WANTED TO PREVENT STD/HIV . 01 RESP. WANTED TO TO PREVENT PREGNANCY ...... 02 RESP. WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ...... 03 DID NOT TRUST PARTNER FELT PARTNER HAD OTHER PARTNERS . 04 PARTNER REQUESTED/ INSISTED .... 05 OTHER ____________ 96 (SPECIFY) DON'T KNOW 98	RESP. WANTED TO PREVENT STD/HIV . 01 RESP. WANTED TO TO PREVENT PREGNANCY ...... 02 RESP. WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ...... 03 DID NOT TRUST PARTNER FELT PARTNER HAD OTHER PARTNERS . 04 PARTNER REQUESTED/ INSISTED .... 05 OTHER ____________ 96 (SPECIFY) DON'T KNOW 98	RESP. WANTED TO PREVENT STD/HIV . 01 RESP. WANTED TO TO PREVENT PREGNANCY ...... 02 RESP. WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ...... 03 DID NOT TRUST PARTNER FELT PARTNER HAD OTHER PARTNERS . 04 PARTNER REQUESTED/ INSISTED .... 05 OTHER ____________ 96 (SPECIFY) DON'T KNOW 98
420	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
421	CHECK 302(2):	RESP. NOT STERILIZED ☐ ↓ RESP. STERILIZED ☐ (SKIP TO 426) ←	RESP. NOT STERILIZED ☐ ↓ RESP. STERILIZED ☐ (SKIP TO 426) ←	RESP. NOT STERILIZED ☐ ↓ RESP. STERILIZED ☐ (SKIP TO 426) ←
422	The last time you had sexual intercourse with this person, did you or she do something else or use any other method besides a condom to avoid a pregnancy?	YES ...... 1 NO ...... 2 → 425 DK ...... 8 → 426	YES ...... 1 NO ...... 2 → 425 DK ...... 8 → 426	YES ...... 1 NO ...... 2 → 425 DK ...... 8 → 426
423	What method was used?	FEMALE STER . 01 PILL .... 02 IUD .... 03 INJECTABLES .... 04 IMPLANTS ...... 05 FEMALE CONDOM 06 DIAPHRAGM ... 07 FOAM/JELLY ... 08 LACT. AMEN. ... 09 PERIODIC ABST. 10 WITHDRAWAL . 11 OTHER ____________ 96 (SPECIFY) DON'T KNOW ... 98 → 426	FEMALE STER . 01 PILL .... 02 IUD .... 03 INJECTABLES .... 04 IMPLANTS ...... 05 FEMALE CONDOM 06 DIAPHRAGM ... 07 FOAM/JELLY ... 08 LACT. AMEN. ... 09 PERIODIC ABST. 10 WITHDRAWAL . 11 OTHER ____________ 96 (SPECIFY) DON'T KNOW ... 98 → 426	FEMALE STER . 01 PILL .... 02 IUD .... 03 INJECTABLES .... 04 IMPLANTS ...... 05 FEMALE CONDOM 06 DIAPHRAGM ... 07 FOAM/JELLY ... 08 LACT. AMEN. ... 09 PERIODIC ABST. 10 WITHDRAWAL . 11 OTHER ____________ 96 (SPECIFY) DON'T KNOW ... 98 → 426

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
425	What is the main reason a method was not used?	CASUAL SEX PARTNER SO DOES NOT CARE . . 11 CONTRACEPTION WOMEN'S BUSINESS . . . . 12 NOT NEEDED AS CONDOM USED TO PREVENT HIV/AIDS . . . . 13 FERTILITY-RELATED WIFE/PARTNER HAD HYSTERECTOMY/ MENOPAUSAL . . 23 COUPLE SUBFECUND/ INFECUND . . . . 24 WIFE/PARTNER WAS PREGNANT . . . . 25 WIFE/PARTNER POSTPARTUM AMENORRHEIC . . 26 WIFE/PARTNER WAS BREASTFEEDING . 27 WANTED (MORE) CHILDREN . . . . 28 OPPOSITION TO USE RESPONDENT . . . . 31 WIFE/PARTNER . . . . 32 OTHERS . . . . 33 RELIGIOUS PROHIBITION . . . . 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED HEALTH CONCERNS . 51 FEAR OF SIDE EFFECTS . . . . 52 LACK OF ACCESS /TOO FAR . . . . 53 COST TOO MUCH . . 54 INCONVENIENT TO USE . . . . 55 INTERFERES WITH BODY'S NORMAL PROCESSES . . . . 56 OTHER ____________ 96 (SPECIFY) DON'T KNOW 98	CASUAL SEX PARTNER SO DOES NOT CARE . . 11 CONTRACEPTION WOMEN'S BUSINESS . . . . 12 NOT NEEDED AS CONDOM USED TO PREVENT HIV/AIDS . . . . 13 FERTILITY-RELATED WIFE/PARTNER HAD HYSTERECTOMY/ MENOPAUSAL . . 23 COUPLE SUBFECUND/ INFECUND . . . . 24 WIFE/PARTNER WAS PREGNANT . . . . 25 WIFE/PARTNER POSTPARTUM AMENORRHEIC . . 26 WIFE/PARTNER WAS BREASTFEEDING . 27 WANTED (MORE) CHILDREN . . . . 28 OPPOSITION TO USE RESPONDENT . . . . 31 WIFE/PARTNER . . . . 32 OTHERS . . . . 33 RELIGIOUS PROHIBITION . . . . 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED HEALTH CONCERNS . 51 FEAR OF SIDE EFFECTS . . . . 52 LACK OF ACCESS /TOO FAR . . . . 53 COST TOO MUCH . . 54 INCONVENIENT TO USE . . . . 55 INTERFERES WITH BODY'S NORMAL PROCESSES . . . . 56 OTHER ____________ 96 (SPECIFY) DON'T KNOW 98	CASUAL SEX PARTNER SO DOES NOT CARE . . 11 CONTRACEPTION WOMEN'S BUSINESS . . . . 12 NOT NEEDED AS CONDOM USED TO PREVENT HIV/AIDS . . . . 13 FERTILITY-RELATED WIFE/PARTNER HAD HYSTERECTOMY/ MENOPAUSAL . . 23 COUPLE SUBFECUND/ INFECUND . . . . 24 WIFE/PARTNER WAS PREGNANT . . . . 25 WIFE/PARTNER POSTPARTUM AMENORRHEIC . . 26 WIFE/PARTNER WAS BREASTFEEDING . 27 WANTED (MORE) CHILDREN . . . . 28 OPPOSITION TO USE RESPONDENT . . . . 31 WIFE/PARTNER . . . . 32 OTHERS . . . . 33 RELIGIOUS PROHIBITION . . . . 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED HEALTH CONCERNS . 51 FEAR OF SIDE EFFECTS . . . . 52 LACK OF ACCESS /TOO FAR . . . . 53 COST TOO MUCH . . 54 INCONVENIENT TO USE . . . . 55 INTERFERES WITH BODY'S NORMAL PROCESSES . . . . 56 OTHER ____________ 96 (SPECIFY) DON'T KNOW 98
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES . . . . 1 NO . . . . 2 (SKIP TO 428)←	YES . . . . 1 NO . . . . 2 (SKIP TO 428)←	YES . . . . 1 NO . . . . 2 (SKIP TO 428)←

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
427	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
428	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	HUSBAND/WIFE . . . . . 01 (SKIP TO 434) LIVE-IN PARTNER . . . . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____ 96 (SPECIFY)	HUSBAND/WIFE . . . . . 01 (SKIP TO 434) LIVE-IN PARTNER . . . . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____ 96 (SPECIFY)	HUSBAND/WIFE . . . . . 01 (SKIP TO 435) LIVE-IN PARTNER . . . . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 03 CASUAL ACQUAINTANCE . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____ 96 (SPECIFY)
429	For how long (have you had/did you have) sexual relations with this person?	DAYS . . . 1 ☐☐ WEEKS . . 2 ☐☐ MONTHS . . 3 ☐☐ YEARS . . 4 ☐☐	DAYS . . . 1 ☐☐ WEEKS . . 2 ☐☐ MONTHS . . 3 ☐☐ YEARS . . 4 ☐☐	DAYS . . . 1 ☐☐ WEEKS . . 2 ☐☐ MONTHS . . 3 ☐☐ YEARS . . 4 ☐☐
431	How old is this person?	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98
434	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 418 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 436A)	YES . . . . . 1 (GO BACK TO 418 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 436A)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
435	In total, with how many different people have you had sex in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS . . . ☐☐ DON'T KNOW 98	
436A	In the last 12 months, did you pay anyone in exhange for sex?	YES . . . . . 1 NO 2	→ 437A
436B	The last time you paid for someone in exchange for sex, was a condom used?	YES . . . . . 1 NO 2	→ 438
436C	Did you use a condom every time you paid someone to have sexual intercourse in the last 12 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE 8	→ 438
437A	Have you ever paid for sex?	YES . . . . . 1 NO 2	→ 438
437B	How long ago was the last time you paid for sex?	DAYS AGO . . . . . 1 ☐☐ WEEKS AGO . . . . . 2 ☐☐ MONTHS AGO . . . . . 3 ☐☐ YEARS AGO . . . . . 4 ☐☐	
437C	The last time that you paid for sex, was a condom used on that occasion?	YES . . . . . 1 NO 2	
438	In total, with how many different people have you had sex in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS . . . ☐☐ DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
440	If someone needs a condom, where can they get it? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) PROBE: Any other place? RECORD ALL PLACES MENTIONED.	**GOVERNMENT/PARASTATAL** REFERAL/SPEC. HOSPITAL . . . . . B REGIONAL HOSPITAL . . . . . C DISTRICT HOSPITAL . . . . . D HEALTH CENTRE . . . . . E DISPENSARY . . . . . F VILLAGE HEALTH POST (W . . . . . G CBD WORKER . . . . . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . . . I DISTRICT HOSPITAL . . . . . J GOVT. HEALTH CENTRE . . . . . K DISPENSARY . . . . . L **PRIVATE** DISTRICT HOSPITAL . . . . . M HEALTH CENTRE . . . . . N DISPENSARY . . . . . O **OTHER** PHARMACY . . . . . P NGO . . . . . Q VCT CENTER . . . . . R SHOP/KIOSK . . . . . S BAR . . . . . T GUEST HOUSE/HOTEL . . . . . U FRIEND/RELATIVE/NEIGHBOUR . V OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	→ 442
441	If you wanted to, could you yourself get a condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	
442	CHECK 302(07), 416C, 418, AND 436B USE OF CONDOMS AT LEAST ONE 'YES' ☐ ↓ OTHER ☐		→ 447
443	How old were you when you used a condom for the first time?	AGE AT FIRST USE . . . . . ☐☐ DOES NOT REMEMBER 98	
444	Why did you use a condom that first time? PROBE: Any other reason? RECORD ALL REASONS MENTIONED.	TO AVOID PREGNANCY . . . . . A TO AVOID GETTING AIDS/HIV . . . . . B TO AVOID GETTING AN STD . . . . . C TO AVOID INFECTING PARTNER . . . D TO EXPERIMENT/TRY A CONDOM . . E OTHER _____ X (SPECIFY)	
445	Have you ever experienced any problems with using condoms? IF YES: What problems have you experienced? PROBE: Any other problems? RECORD ALL PROBLEMS MENTIONED.	DIFFICULT TO DISPOSE OF . . . . . A DIFFICULT TO PUT ON/TAKE OFF . . . B SPOILS THE MOOD . . . . . C DIMINISHES PLEASURE . . . . . D WIFE PARTNER OBJECTS/ DOES NOT LIKE . . . . . E WIFE/PARTNER GOT PREGNANT . . . F INCONVENIENT TO USE/MESSY . . . G CONDOM BROKE . . . . . H OTHER _____ X (SPECIFY) NO PROBLEM . . . . . Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
447	I will now read you some statements about condom use. Please tell me if you agree or disagree with each. a) Condoms diminish a man's sexual pleasure. b) A condom is very inconvenient to use. c) A condom can be reused. d) A condom protects against disease. e) Buying condoms is embarrassing. f) A woman has no right to ask a man to use a condom.	AGREE / DISAGREE / DK a) 1 2 8 b) 1 2 8 c) 1 2 8 d) 1 2 8 e) 1 2 8 f) 1 2 8	
449	If someone needs a female condom, where can they get it? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) PROBE: Any other place? RECORD ALL PLACES MENTIONED.	**GOVERNMENT/PARASTATAL** REFERAL/SPEC. HOSPITAL . . . . . B REGIONAL HOSPITAL . . . . . C DISTRICT HOSPITAL . . . . . D HEALTH CENTRE . . . . . E DISPENSARY . . . . . F VILLAGE HEALTH POST (W . . . . . G CBD WORKER . . . . . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . . . I DISTRICT HOSPITAL . . . . . J GOVT. HEALTH CENTRE . . . . . K DISPENSARY . . . . . L **PRIVATE** DISTRICT HOSPITAL . . . . . M HEALTH CENTRE . . . . . N DISPENSARY . . . . . O **OTHER** PHARMACY . . . . . P NGO . . . . . Q VCT CENTER . . . . . R SHOP/KIOSK . . . . . S BAR . . . . . T GUEST HOUSE/HOTEL . . . . . U FRIEND/RELATIVE/NEIGHBOUR . V OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	→ 501
460	If you wanted to, could you yourself get a female condom? **(3)**	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	

[1] In countries with an active female condom program, a question should be added on use of a female condom.
[2] Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
[3] Question may be deleted in countries where female condoms are not actively promoted.

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 410: HAS ONE WIFE/ PARTNER ☐ HAS MORE THAN ONE WIFE/ PARTNER ☐	QUESTION SKIPPED ☐ → 505	
502	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	YES . . . . . 1 NO . . . . . 2 UNSURE 3	
503	CHECK 502: YES, WIFE/WIVES/ PREGNANT ☐ NO WIFE/PARTNER PREGNANT OR UNSURE ☐ Now I have some questions about the future. After the child(ren) your wife/wives/ partner(s) is/are expecting now, would you like to have another child or would you prefer not to have any more children at all? Now I have some questions the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children at all?	HAVE A/ANOTHER CHILD . . . . . 1 NO MORE/NONE . . . . . 2 WIFE/WIVES INFECUND/ STERILIZED . . . . . 3 UNDECIDED/DON'T KNOW 8	→ 505
504	How long would you like to wait from now before the birth of (a/another) child ?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 AFTER MARRIAGE . . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
505	CHECK 203 AND 205: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be?	NONE . . . . . 00 → 507 NUMBER . . . . . ☐☐ OTHER _____ 96 → 507 (SPECIFY)	
506	How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter?	BOYS GIRLS EITHER NUM-BER ☐☐ ☐☐ ☐☐ OTHER _____ (SPECIFY)	
507	Would you say that you approve or disapprove of couples using a contraceptive method to avoid getting pregnant?	APPROVE . . . . . 1 DISAPPROVE . . . . . 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	Is it acceptable or not acceptable to you for information on family planning to be provided: a) On the radio? b) On the television? In a newspaper or magazine?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2	
508A	In the last six months have you heard about family planning: a) On the radio? b) On the television? c) In a newspaper or magazine? d) From a poster? e) From billboards? f) At community events? g) From live drama? h) From a doctor or nurse? i) From a community health worker?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 POSTER . . . . . 1 2 BILLBOARD . . . . . 1 2 COMMUNITY EVENT . . . . . 1 2 DRAMA . . . . . 1 2 DOCTOR/NURSE . . . . . 1 2 HEALTH WORKER 1 2	
509	In the past six months, what drama series have you listened to on the radio? CIRCLE THE SERIES MENTIONED SPONTANEOUSLY. FOR SERIES NOT MENTIONED, ASK: In the last 6 months, have you listened to: a) Zinduka? b) Twende na Wakati? c) Other?	YES SPO-NTA-NEOUS / YES PRO-BED / NO ZINDUKA . . . . . 1 2 3 TWENDE NA WAKATI . . . . . 1 2 3 OTHER 1 2 3	
509A	CHECK 509: LISTENED TO ZINDUKA ☐ HAS NOT LISTENED TO ZINDUKA ☐ → 509E		
509B	How often do you listen to Zinduka?	TWICE A WEEK . . . . . 1 ONCE A WEEK . . . . . 2 ONCE OR TWICE A MONTH . . . . . 3 RARELY . . . . . 4 DON'T KNOW 8	
509C	As a result of listening to Zinduka, did you do anything or take any action related to family planning?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8 → 509E	
509D	What did you do as a result of listening to Zinduka? RECORD ALL MENTIONED.	TALKED TO PARTNER . . . . . A TALKED TO A HEALTH WORKER . . . B TALKED TO SOMEONE ELSE . . . . . C VISITED A CLINIC FOR FAM. PLAN. . D BEGAN USING A MOD. METHOD . . . E CONTINUED USING A MOD. METH. . . . F OTHER _____ X (SPECIFY)	
509E	CHECK 509: LISTENED TO TWENDA NA WAKATI ☐ HAS NOT LISTENED TO TWENDA NA WAKATI ☐ → 510		
509F	How often do you listen to Twenda na Wakati?	TWICE A WEEK . . . . . 1 ONCE A WEEK . . . . . 2 ONCE OR TWICE A MONTH . . . . . 3 RARELY 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES . . . . . 1 NO 2	→ 512
511	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	WIFE(WIVES)/PARTNER(S) . . . . . A MOTHER . . . . . B FATHER . . . . . C SISTER(S) . . . . . D BROTHER(S) . . . . . E DAUGHTER . . . . . F SON . . . . . G MOTHER(S)-IN-LAW . . . . . H FATHER(S)-IN-LAW . . . . . I FRIENDS/NEIGHBORS . . . . . J OTHER_____ X (SPECIFY)	
512	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES . . . . . 1 NO 2	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 209: HAS HAD ONE OR MORE CHILDREN ☐ ↓ HAS NOT HAD ANY CHILDREN ☐ → 617		
602	Please tell me the name and sex of your child (who was born most recently). _____ (NAME OF CHILD)	BOY . . . . . 1 GIRL 2	
603	In what month and year was (NAME OF CHILD) born?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
604	Is (NAME OF CHILD) still living?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 606 → 606
605	How old was (NAME OF CHILD) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	DAYS . . . . . 1 ☐☐ WEEKS . . . . . 2 ☐☐ MONTHS . . . . . 3 ☐☐ YEARS . . . . . 4 ☐☐ DON'T KNOW 998	
606	What is the name of (NAME OF CHILD)'s mother? WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00' NAME OF CHILD'S MOTHER	LINE NUMBER IN HHD. QUEST . . . . . ☐☐	
607	CHECK 603: (LAST) CHILD BORN IN 1997 **(1)** OR LATER ☐ ↓ (LAST) CHILD BORN IN 1996 **(2)** OR EARLIER ☐ → 617		
608	CHECK 606: LINE NUMBER IS '00' ☐ ↓ OTHER LINE NUMBER ☐ → 610		
609	What is your relationship with (NAME OF CHILD)'s mother?	CURRENT SPOUSE . . . . . 01 FORMER SPOUSE . . . . . 02 CURRENT LIVE-IN PARTNER . . . . . 03 FORMER LIVE-IN PARTNER . . . . . 04 REGULAR SEXUAL PARTNER . . . . . 05 WOMAN IS GIRLFRIEND/FIANCÉE . . . 06 OCCASIONAL SEXUAL PARTNER . . . 07 FRIEND/ACQUAINTANCE . . . . . 08 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

610 ASK QUESTIONS 610-612 FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH.

	PREGNANCY	DELIVERY	SIX WEEKS AFTER DELIVERY
	Now, think back to the time when (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD).	610A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)?	610B: Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)?	610C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery?
		YES . . . . . 1 NO . . . . . 2 (SKIP TO 612) ↵ DK . . . . . 8 (GO TO 610B IN NEXT COLUMN) ↵	YES . . . . . 1 NO . . . . . 2 (SKIP TO 612) ↵ DK . . . . . 8 (GO TO 610C IN NEXT COLUMN) ↵	YES . . . . . 1 NO . . . . . 2 (SKIP TO 612) ↵ DK . . . . . 8 (SKIP TO 613) ↵
611	Who mainly provided the money or goods or services to pay for this care?	FREE . . . . . 01 INSURANCE . . . . . 02 RESPONDENT . . . . . 03 CHILD'S MOTHER . . . . . 04 RESPONDENT AND CHILD'S MOTHER . . . . . 05 RESPONDENT'S FAMILY . . . . . 06 CHILD'S MOTHER'S FAMILY . . . . . 07 OTHER _____ 96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ↵	FREE . . . . . 01 INSURANCE . . . . . 02 RESPONDENT . . . . . 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY . . . . . 06 CHILD'S MOTHER'S FAMILY . . . . . 07 OTHER _____ 96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ↵	FREE . . . . . 01 INSURANCE . . . . . 02 RESPONDENT . . . . 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY . . . . . 06 CHILD'S MOTHER'S FAMILY . . . . . 07 OTHER _____ 96 (SPECIFY) (SKIP TO 613) ↵
612	What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/ delivery/the six weeks after delivery)?	NOT NECESSARY . . . . . 01 NOT CUSTOMARY . . . . . 02 RESPONDENT DIDN'T ALLOW . . . . . 03 TOO COSTLY . . . . . 04 TOO FAR/NO TRANSPORT . . . . . 05 POOR SERVICE . . . . . 06 LACK OF KNOWLEDGE . . . . . 07 OTHER _____ 96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ↵	NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY . . . 04 TOO FAR/NO TRANSPORT . . . 05 POOR SERVICE . . . 06 LACK OF KNOWLEDGE . . . 07 OTHER _____ 96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ↵	NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE . . 06 LACK OF KNOWLEDGE . . 07 OTHER _____ 96 (SPECIFY) (SKIP TO 613) ↵

613	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?	YES . . . . . 1 NO 2	
614	CHECK 602 AND 604: NAME OF (LAST) CHILD _____ (LAST) CHILD LIVING ☐ ↓ (LAST) CHILD NOT LIVING OR DON'T KNOW ☐ → 617		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	Does (NAME OF CHILD) live with you in your household?	YES . . . . . 1 NO 2	→ 617
616	In your household who usually decides what to do if the (NAME OF CHILD) is ill? RECORD ALL PERSONS MENTIONED.	RESPONDENT . . . . . A CHILD'S MOTHER . . . . . B WIFE/PARTNER WHO IS NOT CHILD'S MOTHER . . . . . C FEMALE RELATIVE . . . . . D MALE RELATIVE . . . . . E OTHER _____ X (SPECIFY) CHILD HAS NEVER BEEN ILL . . . . . Y	
617	Now, I want to talk to you about pregnancy and the health of children. Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger? PROBE: Any other signs or symptoms? RECORD ALL SIGNS AND SYMPTOMS MENTIONED.	VAGINAL BLEEDING . . . . . A HIGH FEVER . . . . . B ABDOMINAL PAIN . . . . . C SWELLING OF HANDS AND FEET . . . D DIFFICULT LABOR FOR MORE THAN 12 HOURS . . . . . E CONVULSIONS . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW ANY SIGNS OR SYMPTOMS . . . . . Z	
618	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	NOTHING . . . . . 1 LESS . . . . . 2 ABOUT THE SAME . . . . . 3 MORE . . . . . 4 DON'T KNOW 8	
619	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhea?	YES . . . . . 1 NO 2	
619A	Have you ever heard of female circumcision?	YES . . . . . 1 NO 2	→ 619C
619B	In a number of countries, there is a practice in which a girl may have part of her genitals cut. Have you heard about this practice?	YES . . . . . 1 NO 2	→ 620
619C	Do you think that this practice should be continued, or should it be discontinued?	CONTINUED . . . . . 1 DISCONTINUED . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	
620	Now, please tell me about yourself. Do you currently smoke cigarettes or tobacco? **(3)** IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES . . . . . A YES, PIPE . . . . . B YES, OTHER TOBACCO . . . . . C NO . . . . . Y	
621	CHECK 620: CODE 'A' CIRCLED ☐ ↓ CODE 'A' NOT CIRCLED ☐ →		623
622	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
623	Have you had an injection for any reason in the last six months? IF YES: How many injections did you have? IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 627
624	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health workers? IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 627
625	The last time you had an injection, where did you go for the injection to be given?	**GOVERNMENT/PARASTATAL** REFERAL/SPEC. HOSPITAL . . . . . 11 REGIONAL HOSPITAL . . . . . 12 DISTRICT HOSPITAL . . . . . 13 HEALTH CENTRE . . . . . 14 DISPENSARY . . . . . 15 VILLAGE HEALTH POST (W(. . . . . 16 CBD WORKER . . . . . 17 **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAL . . . . . 21 DISTRICT HOSPITAL . . . . . 22 GOVT. HEALTH CENTRE . . . . . 23 DISPENSARY . . . . . 24 **PRIVATE** DISTRICT HOSPITAL . . . . . 31 HEALTH CENTRE . . . . . 32 DISPENSARY . . . . . 33 **OTHER** PHARMACY . . . . . 41 NGO . . . . . 42 VCT CENTER . . . . . 43 OTHER _____ 96 (SPECIFY)	
626	The last time you had an injection, did the person who gave you the injection take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DK 8	
627	Some ethnic groups circumcise their males and some ethnic ethnic groups do not. Are you circumcised?	YES . . . . . 1 NO . . . . . 2 DK 8	

SECTION 7. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 744
702	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
703 **(1)**	Can people get the AIDS virus from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
704	By using condoms each time they have sex, can people reduce their chances of being infected with the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
705 **(1)**	Can people be infected with the AIDS virus by eating from the same plate as someone who is sick with AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
706	Can people reduce their chances of being infected with the AIDS virus if they stop having sex altogether?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
707 **(1)**	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
708	What else can a person do in order to avoid or reduce their chances of being infected by the AIDS virus? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX . . . . . A USE CONDOMS . . . . . B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER . . . C LIMIT NUMBER OF SEXUAL PARTNERS . . . . . D AVOID SEX WITH PROSTITUTES . . . E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS . . . . . F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . H AVOID BLOOD TRANSFUSIONS . . . . . I AVOID INJECTIONS . . . . . J AVOID SHARING RAZORS/BLADES . K AVOID KISSING . . . . . L AVOID MOSQUITO BITES . . . . . M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER . . . N OTHER _____ (SPECIFY) W OTHER _____ (SPECIFY) X NOTHING ELSE . . . . . Y DON'T KNOW . . . . . Z	
710	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	Is it possible for a child to be infected by the AIDS virus: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
712	CHECK 711: AT LEAST ONE 'YES' ☐ OTHER ☐		→ 714
713	Are there any special medications that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
714	Is there any special medication that people infected with the AIDS virus can get from a doctor or a nurse?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
724	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . . 1 NO 2	→ 729
725	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . 1 12 - 23 MONTHS AGO . . . . . 2 2 OR MORE YEARS AGO 3	
726	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . . 1 OFFERED AND ACCEPTED . . . . . 2 REQUIRED 3	
727	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
728	Where was the test done? **(3)** IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	**GOVERNMENT/PARASTATAL** REFERAL/SPEC. HOSPITAI . . . . . 11 REGIONAL HOSPITAL . . . . . 12 DISTRICT HOSPITAL . . . . . 13 HEALTH CENTRE . . . . . 14 DISPENSARY . . . . . 15 VILLAGE HEALTH POST (W . . . . . 16 CBD WORKER . . . . . 17 **RELIGIOUS/VOLUNTARY** DISTRICT HOSPITAL . . . . . 22 GOVT. HEALTH CENTRE . . . . . 23 DISPENSARY . . . . . 24 **PRIVATE** DISTRICT HOSPITAL . . . . . 31 HEALTH CENTRE . . . . . 32 DISPENSARY . . . . . 33 **OTHER** NGO . . . . . 42 VCT CENTER . . . . . 43 OTHER _____ 96 (SPECIFY)	→ 731
729	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES . . . . . 1 NO 2	→ 731

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
730	Where is that? **(3)** IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	**GOVERNMENT/PARASTATAL** REFERAL/SPEC. HOSPITAI . . . . . B REGIONAL HOSPITAL . . . . . C DISTRICT HOSPITAL . . . . . D HEALTH CENTRE . . . . . E DISPENSARY . . . . . F VILLAGE HEALTH POST (W . . . . . G CBD WORKER . . . . . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAI . . . . . I DISTRICT HOSPITAL . . . . . J GOVT. HEALTH CENTRE . . . . . K DISPENSARY . . . . . L **PRIVATE** DISTRICT HOSPITAL . . . . . M HEALTH CENTRE . . . . . N DISPENSARY . . . . . O **OTHER** NGO . . . . . Q VCT CENTER . . . . . R OTHER _____ X (SPECIFY)	
731	If you learn that a fresh food vendor has the AIDS virus, but is not sick, would you buy fresh food from him/her?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
731A	And if she/he is sick?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
732	If a member of your family has been infected with the AIDS virus, but is not sick, would you want it to remain a secret within the family, or not a secret?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
733	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
734	In your opinion, if a female teacher has been infected with the AIDS virus, but is not sick, should she continue teaching?	SHOULD CONTINUE . . . . . 1 SHOULD NOT CONTINUE . . . . . 2 DK/NOT SURE/DEPENDS 8	
734A	In your opinion, if a male teacher has been infected with the AIDS virus, should he continue teaching?	SHOULD CONTINUE . . . . . 1 SHOULD NOT CONTINUE . . . . . 2 DK/NOT SURE/DEPENDS 8	
735	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DK ANYONE WITH AIDS . . . . . 3 DON'T KNOW 8	→ 740
736	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
737	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have the AIDS virus or has the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
738	CHECK 735, 736, AND 737: OTHER ☐ ↓ AT LEAST ONE 'YES' ☐ → 740		
739	Do you personally know someone who is suspected to have the AIDS virus or who has the AIDS virus?	YES . . . . . 1 NO 2	
740	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
741	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE . . . . . 1 DISAGREE . . . . . 2 DON'T KNOW/NO OPINION 8	
742	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
743	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
744	Do you believe that young men should wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
745	Do you believe that young women should wait until they are married to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
746	Do you believe that married men should only have sex with their wives?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
747	Do you think that most men you know have sex only with their wives?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
747	Do you believe that married women should only have sex with their husbands?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
749	Do you think that most women you know have sex only with their husbands?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
750	CHECK 701: HEARD ABOUT AIDS ☐ ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS ☐ ↓ Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO . . . . . 2 → 753	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
751	If a man has a sexually transmitted disease, what symptoms might he have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN . . . . . A GENITAL DISCHARGE/DRIPPING . . . B FOUL SMELLING DISCHARGE . . . . . C BURNING PAIN ON URINATION . . . . . D REDNESS/INFLAMMATION IN GENITAL AREA . . . . . E SWELLING IN GENITAL AREA . . . . . F GENITAL SORES/ULCERS . . . . . G GENITAL WARTS . . . . . H GENITAL ITCHING . . . . . I BLOOD IN URINE . . . . . J LOSS OF WEIGHT . . . . . K IMPOTENCE . . . . . L OTHER _____ (SPECIFY) W OTHER _____ (SPECIFY) X NO SYMPTOMS . . . . . Y DON'T KNOW . . . . . Z	
752	If a woman has a sexually transmitted disease, what symptoms might she have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN . . . . . A GENITAL DISCHARGE . . . . . B FOUL SMELLING DISCHARGE . . . . . C BURNING PAIN ON URINATION . . . . . D REDNESS/INFLAMMATION IN GENITAL AREA . . . . . E SWELLING IN GENITAL AREA . . . . . F GENITAL SORES/ULCERS . . . . . G GENITAL WARTS . . . . . H GENITAL ITCHING . . . . . I BLOOD IN URINE . . . . . J LOSS OF WEIGHT . . . . . K HARD TO GET PREGNANT/HAVE A CHILD . . . . . L OTHER _____ (SPECIFY) W OTHER _____ (SPECIFY) X NO SYMPTOMS . . . . . Y DON'T KNOW . . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
753	CHECK 416: HAS HAD SEXUAL INTERCOURSE HAS NOT HAD SEXUAL INTERCOURSE → 801		
754	CHECK 750: HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT → 756		
755	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
756	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
757	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
758	CHECK 755, 756, AND 757: HAS HAD AN INFECTION (ANY 'YES') HAS NOT HAD AN INFECTION OR DOES NOT KNOW → 801		
759	The last time you had (PROBLEM FROM 755/756/757), did you seek any kind of advice or treatment?	YES . . . . . 1 NO . . . . . 2 → 801	
760	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	**GOVERNMENT/PARASTATAL** REFERAL/SPEC. HOSPITAI . . . . . B REGIONAL HOSPITAL . . . . . C DISTRICT HOSPITAL . . . . . D HEALTH CENTRE . . . . . E DISPENSARY . . . . . F VILLAGE HEALTH POST (W . . . . . G CBD WORKER . . . . . H **RELIGIOUS/VOLUNTARY** REFERAL/SPEC. HOSPITAI . . . . . I DISTRICT HOSPITAL . . . . . J GOVT. HEALTH CENTRE . . . . . K DISPENSARY . . . . . L **PRIVATE** DISTRICT HOSPITAL . . . . . M HEALTH CENTRE . . . . . N DISPENSARY . . . . . O **OTHER** PHARMACY . . . . . P NGO . . . . . Q VCT CENTER . . . . . R OTHER _____ X (SPECIFY)	

(1) If 703, 705 and/or 707 do not apply to the local context, replace the question using a specific local misconception. At least two questions related to misconceptions are needed.

(2) For fieldwork in 2005 and 2006, the year should be 2003 and 2004, respectively.

(3) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

SECTION 8. ATTITUDES TOWARDS GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:	HUSBAND 1 · WIFE 2 · BOTH EQUALLY 3 · DON'T KNOW, DEPENDS 8	
	a) making large household purchases?	a) 1 2 3 8	
	b) making small daily household purchases?	b) 1 2 3 8	
	c) deciding when to visit family, friends or relatives?	c) 1 2 3 8	
	d) deciding what to do with the money she earns for her work?	d) 1 2 3 8	
	e) deciding how many children to have and when to have them?	e) 1 2 3 8	
802	Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations...	YES 1 · NO 2 · DON'T KNOW, DEPENDS 8	
	a) If she goes out without telling him?	a) 1 2 8	
	b) If she neglects the children?	b) 1 2 8	
	c) If she argues with him?	c) 1 2 8	
	d) If she refuses to have sex with him?	d) 1 2 8	
	e) If she burns the food?	e) 1 2 8	
803	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
804	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...	YES 1 · NO 2 · DON'T KNOW, DEPENDS 8	
	a) She is tired and not in the mood?	a) 1 2 8	
	b) She has recently given birth?	b) 1 2 8	
	c) She knows her husband has sex with other women? **(1)**	c) 1 2 8	
	d) She knows her husband has a sexually transmitted disease?	d) 1 2 8	
805	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...	YES 1 · NO 2 · DON'T KNOW, DEPENDS 8	
	a) Get angry and reprimand her?	a) 1 2 8	
	b) Refuse to give her money or other means of financial support?	b) 1 2 8	
	c) Use force and have sex with her even if she doesn't want to?	c) 1 2 8	
	d) Go and have sex with another woman?	d) 1 2 8	
806	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

[1] In polygynous societies, the phrase 'other women' should be replaced by the phrase 'women other than his wives.'

MILLENNIUM DEVLOPMENT GOAL INDICATORS *Appendix F*

Millennium Development Goal Indicators, Tanzania 2004-2005			
Goal	Indicator	Value	
1. Eradicate extreme poverty and hunger	Prevalence of underweight children under five years of age	Male: 22.1 Female: 21.5	Total: 21.8
2. Achieve universal primary education	Net enrolment ratio in primary education[1]	Male: 70.9 Female: 75.4	Total: 73.1
	Proportion of pupils starting grade 1 who reach grade 5[1]	Male: 96.4 Female: 95.2	Total: 95.8
	Literacy rate of 15-24-year olds[2]	Male: 74.7 Female: 64.3	
3. Promote gender equality and empower women	Ratio of girls to boys in primary and secondary education	Primary education: 0.97 Secondary education: 0.98 Tertiary education: 0.43	
	Ratio of literate women to men, 15-24 years old		0.86
	Share of women in wage employment in the non-agricultural sector[3]		16.6
4. Reduce child mortality	Under-five mortality rate (per 1,000 live births)		112 per 1,000
	Infant mortality rate (per 1,000 live births)		68 per 1,000
	Proportion of 1-year-old children immunised against measles	Male: 70.0 Female: 68.5	Total: 70.2
5. Improve maternal health	Maternal Mortality Ratio (per 100,000 live births)		578 per 100,000
	Proportion of births attended by skilled health personnel[4]		46.3
6. Combat HIV/AIDS, malaria, and other diseases	Percent of current contraceptive users who use condoms (any contraceptive method, currently married women 15-49)		7.8
	Condom use at last high-risk sex (population age 15-24)[5]	Male: 45.5 Female: 33.8	
	Percentage of population age 15-24 years with comprehensive correct knowledge of HIV/AIDS[6]	Male: 40.3 Female: 45.2	
	Contraceptive prevalence rate (any modern method, currently married women age 15-49)		20.0
	Ratio of school attendance of orphans to school attendance of non-orphans age 10-14 years		1.0
	Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures[7]	Prevention: [8] Treatment:[9] Prompt treatment:[9]	16.0 58.2 51.0
7. Ensure environmental sustainability	Proportion of population using solid fuels[10]	Urban: 93.5 Rural: 99.9	Total: 98.3
	Proportion of population with sustainable access to an improved water source[11]	Urban: 78.3 Rural: 36.8	Total: 46.6
	Proportion of population with access to improved sanitation[12]	Urban: 97.5 Rural: 82.0	Total: 85.7

[1] Excludes children with parental status missing. TDHS data are based on reported attendance, not enrolment.
[2] Refers to respondents who attended secondary school or higher and women who can read a whole sentence
[3] Wage employment includes respondents who received wages in cash or in cash and kind.
[4] Among births in the past 5 years
[5] High risk refers to sexual intercourse with a partner who neither was a spouse nor who lived with the respondent; time frame is 12 months preceding the survey.
[6] A person is considered to have a comprehensive knowledge about AIDS when they say that use of condoms for every sexual intercourse and having just one uninfected and faithful partner can reduce the chance of getting the AIDS virus, that a healthy-looking person can have the AIDS virus, and when they reject the two most common local misconceptions. The most common misconceptions in Tanzania are that AIDS can be transmitted through mosquito bites and that a person can become infected with the AIDS virus by eating from the same plate as someone who is infected.
[7] These figures represent Tanzania as a whole. The very small proportion of the Tanzanian population that lives in non-malaria risk areas is not excluded.
[8] Malaria prevention is measured as the percentage of children ages 0-59 months who slept under an insecticide-treated bednet the night before the interview.
[9] Malaria treatment is measured as the percentage of children ages 0-59 months who were ill with a fever in the two weeks preceding the interview who received an antimalarial drug. The treatment is considered prompt if the child received the antimalarial the same day as the onset of fever or the following day.
[10] Charcoal, firewood, straw, dung, or crop waste
[11] Proportion whose main source of drinking water is a household connection (piped), public standpipe, borehole, protected dug well, or rainwater collection.
[12] Improved sanitation technologies are: flush toilet, pour flush toilet, traditional pit latrine, or ventilated improved pit latrine.