

# Child Health

## *Vaccination and the appropriate treatment of children during illness lead to increased child survival*

### Vaccination Coverage

- Overall, 71% of children have received all recommended vaccinations. But vaccination of children varies by region, from a low of 37% in Tabora to a high of 90% in Morogoro.

### Diarrhoea

- 13% of children were sick with diarrhoea in the 2 weeks before the survey.
- Doctors recommend that children with diarrhoea receive oral rehydration salts (ORS). Although almost all mothers (96%) know ORS packets, only a little over half of children with diarrhoea received them.
- Children with diarrhoea should receive additional water and food. Most Tanzanian children do not receive this recommended treatment. Only one in three children with diarrhoea is given more water than usual.

### Patterns in Child Health

- On the whole, children in rural areas appear to have less access to health care than those in urban areas.



# Children's Nutrition

*Children's nutrition has improved in Tanzania in recent years but remains a serious challenge*

## Effects of Malnutrition

More than half of children are moderately or severely stunted, meaning that they are too short for their age. This is a result of long-term malnourishment. But there is improvement: stunting is less common now than it was 5 years ago.

## Breastfeeding

Mothers should give their children only breastmilk for the first 6 months of life (exclusive breastfeeding). In Tanzania, 41% of infants under 6 months are exclusively breastfed. This is a large jump since 1999 when only 27% were exclusively breastfed.

## Vitamin A Supplementation

Almost half (46%) of Tanzanian children under age 5 were given vitamin A supplements in the 6 months before the survey. In 1999, only 14% received vitamin A supplements.

This is important because vitamin A protects children against blindness and infection.

## Anaemia

Despite improvements in nutrition, almost half (47%) of children under age 5 have moderate or severe anaemia.



The information above is based on the results of the 2004-05 Tanzania Demographic and Health Survey (TDHS).

For more information, contact the National Bureau of Statistics: 212-2722/3, email: [dg@nbs.go.tz](mailto:dg@nbs.go.tz)

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# Childhood Mortality

*Infant and child mortality have decreased dramatically since 1999*

## Trends

- The infant mortality rate (IMR) is the number of deaths among infants under a year old for every 1,000 live births. The IMR in Tanzania has declined from 99 in 1999 to 68 in 2004-05.
- The under-five mortality rate (number of children under age 5 who die for every 1,000 live births) is 112, down from 147 in 1999.

***Still, this means that one in nine children dies before age five in Tanzania.***

## Patterns in Childhood Mortality

- In Tanzania, infant and under-five mortality are higher in rural areas than in urban areas. Infant mortality is highest in the Southern zone (121) and lowest in the Northern zone (67).

## Risks of Childhood Mortality

- IMR is significantly higher for children whose mothers were less than 20 years old at their birth.
- IMR is three times higher when a child is born less than 2 years after a sibling (IMR of 143) compared to a child who is born 3 years after the last sibling (IMR of 55).

## Improvements in Child Health and Survival

Several recent improvements in child health may have affected the survival of infants and children:

- Many more children have received vitamin A supplements.
- Fewer children are underweight, stunted or wasted than in past years.
- More children are being exclusively breastfed for 6 months than 5 years ago.



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# Fertility

*Fertility has not changed  
since 1996*

## Total Fertility Rate

- The total fertility rate (TFR) in Tanzania is 5.7. This means that the average woman has about 6 (5.7) children. This is about the same rate as was found in 1999 and 1996.
- One in eight married women has seven or more children.
- Fertility is much higher in rural areas (6.5 children per woman) than urban areas (3.6 children per woman). Fertility is twice as high among women with no education (7.3) than those with secondary or more education (3.3).
- Tanzania's fertility is relatively high compared to other countries in East Africa. Rwanda's TFR is slightly higher (6.1), but both Kenya and Ethiopia have lower fertility rates than Tanzania (4.9 and 5.4, respectively).

## Sex, Marriage, and Birth

- On average, women begin having sex at age 17 and get married at about age 19.
- Men generally begin having sex at age 18 but don't marry until age 25.
- The Good News: Women are waiting longer to have their first births. Women who are currently between the ages of 20 and 24 had their first birth at age 20, while women currently age 45-49 had their first births at age 19.
- Early Childbearing: One in four women age 15-19 are pregnant or already mothers.



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# Female Circumcision

*Nationwide, 1 in 6 women has been circumcised*

## Prevalence

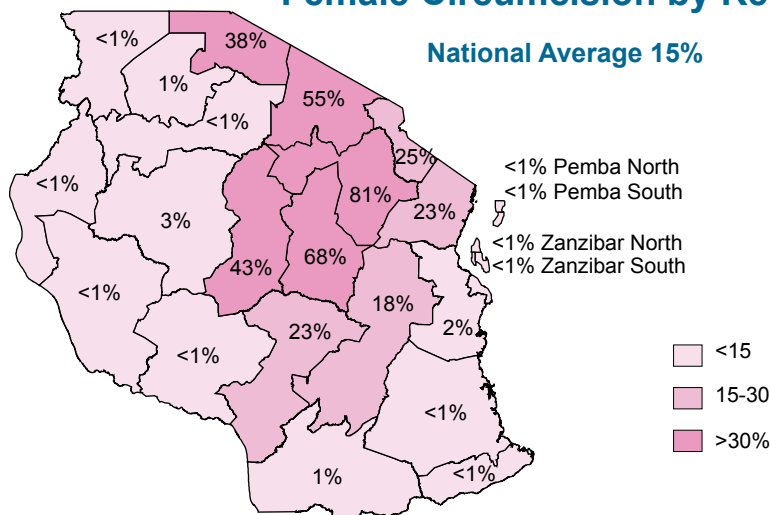
Female circumcision, also known as female genital cutting, is a common practice in many Tanzanian communities.

- Female circumcision is more common in rural areas and in the regions of Manyara (81%), Dodoma (68%), Arusha (55%), Singida (43%), and Mara (38%).
- As women are more educated, female circumcision declines. Only 3% of women with secondary or higher education have been circumcised, compared to 19% of those with no education.

## Attitudes toward Female Circumcision

- Only 6% of women with daughters reported that their daughters already are or will be circumcised.
- 9 in 10 men and women believe that FGC should be discontinued.

## Female Circumcision by Region



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# Family Planning

*Only one in four married women is using any type of family planning method*

## Use of Family Planning

About 20% of married women are using a **modern** method of family planning (pill, injectable, IUD, implants, sterilization, condom).

- Injectables are the most common, followed by the pill.
- Only 2% of married women use condoms.

About 6% of married women use a **traditional** family planning method. Withdrawal and periodic abstinence are the most common.

Sexually active unmarried women are also users of modern methods. One in three uses a modern method of family planning, including 15% who use male condoms.

Use of modern family planning methods is much more common in urban areas (34%) than rural areas (16%). Use of modern methods is highest in Kilimanjaro (38%), Arusha, Dar es Salaam and Ruvuma (all 35%).

## Unmet Need for Family Planning

Women who want no more children or want to wait two or more years before their next child but are not using any method of family planning have an unmet need for family planning.

One in six married women has an unmet need for family planning: 12% for spacing and 5% for limiting births.



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# Overview of Tanzanian Households

*Many Tanzanians still do not have an education and live in homes without electricity or easy access to drinking water*

## Household Characteristics

- **Water** 7% of households have water piped directly into their home or plot; 17% use a public tap; 12% use a protected public well, and 13% get their water from a river or stream.
- **Electricity** About one in ten households have electricity.
- **Toilets** Four in five households use a traditional pit toilet, while 13% use the bush. Only 3% have a flush toilet.
- **Possessions** More than half of households have a radio; 38% have a bicycle and 9% have a phone.

## Education

- One in four women and one in eight men have had no education at all.
- One in three (33%) Tanzanian women cannot read. One in five men cannot read (20%). This means that almost 3 million Tanzanian women are illiterate.

## Access to Media

- Many Tanzanians listen to the radio: 80% of men and 62% of women listen to the radio at least once a week.
- One in three women do not hear or see any radio, TV or newspapers during the week.



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# Malaria

*Malaria is a major cause of sickness and death in Tanzania*

## Ownership of Bednets

- Tanzanians in urban areas are much more likely to own bednets: 74% of households in urban areas own a mosquito net, compared to only 36% in rural areas.
- In all, 46% of households own at least one net, and 23% own at least one insecticide-treated net (ITN).

## Use of Bednets

Pregnant women and children under age 5 are especially vulnerable to malaria. But the night before the survey, only about one third of children and pregnant women slept under a mosquito net. Only 16% slept under an insecticide-treated net.

## Preventive Treatment for Pregnant Women

- Doctors recommend that women take an antimalarial during pregnancy to prevent low birth weight, infant mortality and anaemia. Women should take at least 2 doses of Intermittent Preventive Treatment (IPT) during pregnancy.
- In Tanzania, half of women who had a live birth in the 2 years before the survey took IPT during pregnancy, but less than one-quarter received 2 or more doses as recommended.

## Malaria Treatment for Children

- 3 in 5 children under age 5 who had a fever took an antimalarial.
- SP/Fansidar, Amodiaquine and Quinine were the most popular. Most took it the same or next day of the fever.
- In 2005, the Ministry of Health recommended combination therapy with artemisinin (ACT) for children. In 2004-05 only 1.5% of children received ACT.

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# Maternal Health

*Many women do not receive the full package of pregnancy care*

## During Pregnancy

Almost all women receive at least some antenatal care from a health care professional.

- But only 14% of women receive antenatal care in the first three months of pregnancy, as recommended.
- Among the women who attended antenatal care, less than half were told about the signs of pregnancy complications. This ranges from only 15% in Rukwa to 68% in Dar es Salaam.

## At Delivery

More than half of Tanzanian women give birth at home.

- However, in urban areas, almost three in four women deliver in a health facility.
- Home deliveries range from 9% in Dar es Salaam to 77% in Zanzibar North.
- Almost half of women (46%) have a medical professional assist them during their delivery.
- Women with more education are much more likely to have a medical professional at their delivery than those with no education.

## After Delivery

Women should receive a postnatal care check up after birth. Among the women who did not deliver in a health care facility, 80% did **not** receive postnatal care and only 13% of these women received postnatal care in the first 2 days after delivery, as recommended.



# Women's Nutrition

*Women's nutritional needs are not being met, especially during pregnancy*

## Anaemia

- One in six women has moderate or severe anaemia.

## Iron Supplementation During Pregnancy

According to doctors, women should receive iron tablets on at least 90 days of their pregnancy to prevent anaemia and other complications.

- In Tanzania, only 10% of pregnant women took iron tablets on 90 or more days of their pregnancy.
- Almost 2 in 5 women took no iron tablets during pregnancy.

## Vitamin A Supplementation After Birth

- Women should receive vitamin A supplementation after birth to prevent vitamin A deficiency and night blindness. Only 20% of Tanzanian women received this supplement.

## Weight

- About 10% of women are too skinny, indicating that they have been chronically malnourished. Underweight among women is highest in Singida, Zanzibar North, and Pemba North where more than 20% of women are too thin.
- However, almost one in five Tanzanian women is overweight or obese.





# HIV/AIDS Knowledge and Behaviors

*Many Tanzanians continue to put themselves at risk of getting HIV infection*

## Knowledge

Almost all Tanzanians have heard of AIDS. However only about 3 in 4 men and women know that the risk of getting AIDS is reduced by using a condom AND by having sex with just one uninfected partner.

## Behavior

One quarter of women and about half of men have had higher-risk sex in the past year (meaning that they have had sex with a non-marital, non-cohabiting partner). Among them, only 28% of women and 51% of men used a condom.

One in three young people (age 15-24) is having premarital sex, and less than half of them are consistently using condoms.

## Prevention of Mother to Child Transmission of HIV/AIDS

The majority of Tanzanians know that HIV can be transmitted by breastfeeding. However, only about one third knows that the risk of transmission can be reduced if the mother takes drugs during her pregnancy.

About one quarter of pregnant women received HIV counselling during antenatal care for their most recent birth. Thirteen percent of pregnant women were offered and accepted an HIV test during antenatal care.

## Testing

Only 12% of women and men have ever been tested for HIV. For women, testing is most common in Dar es Salaam, while men in Town West are most likely to get tested. Testing is least common in Zanzibar North for both men and women.



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# Gender

## *Despite advancements, women continue to lag behind men in several areas*

- Women are less likely to receive an education than men. Almost one quarter (24%) of women surveyed had no education compared to only 12% of men.
- One in three (33%) Tanzanian women cannot read. One in five men cannot read (20%). This means that almost 3 million Tanzanian women are illiterate.
- One third of women has no access to mass media (newspapers, radio, television) while only 16% of men have no access to these media.
- Only one third of women makes the decision alone or with their husband about visits to family or relatives.
- Half of women decide alone or with their husband how many children to have.
- Among women who are employed and earn cash, 16% of them have no control over their earnings.
- Overall, 60% of women agree that a husband is justified in beating his wife for at least one cited reason.



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