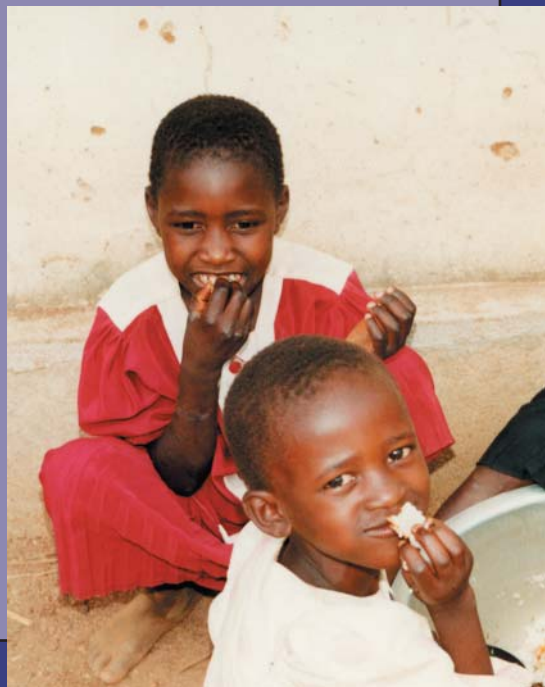


Tanzania

2004-05 Demographic and Health Survey

Key Findings



This report summarizes the findings of the 2004-05 Tanzania Demographic and Health Survey (2004-05 TDHS), carried out by the Tanzania National Bureau of Statistics. ORC Macro provided technical assistance for the survey through the USAID-funded MEASURE DHS programme, which is designed to assist developing countries to collect data on fertility, family planning and maternal and child health. 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 of Tanzania. Technical assistance was funded by the United States Agency for International Development (USAID)/Tanzania.

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Additional information about the 2004-05 TDHS may be obtained from the National Bureau of Statistics (NBS), P.O. Box 796, Dar es Salaam, Tanzania; (Telephone: 255-22-213-2549 or 213-2547; Fax: 255-22-213-0852; Email: dg@nbs.go.tz).

Additional information about the DHS project may be obtained from ORC Macro, 11785 Beltsville Drive, Calverton, MD 20705, USA; (Telephone: 301-572-0200, Fax: 301-572-0999, Internet: www.measuredhs.com).

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ABOUT THE 2004-05 TDHS

The 2004-05 Tanzania Demographic and Health Survey (2004-05 TDHS) was designed to provide data for monitoring the population and health situation in Tanzania. The 2004-05 TDHS is the sixth in a series of national surveys conducted in Tanzania. The first 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).

Who participated in the survey?

A nationally representative sample of 10,329 women and 2,635 men were interviewed. This represents a response rate of 97 percent for women and 92 percent for men. This sample provides estimates for Tanzania as a whole, for urban and rural areas, and for each of the 26 regions.



Ownership of Goods

Currently 58 percent of Tanzanian households own a radio, but only 6 percent own a television. Less than 10 percent of Tanzanian households own a telephone. Urban households are more likely to own all items except bicycles. Two in five rural households own bicycles, compared with 27 percent of urban households. Rural households are also more likely to own agricultural land than urban households (93 percent compared to 24 percent).



Photo by S. René Salgado, M.D.

HOUSEHOLD CHARACTERISTICS

Housing conditions and ownership of durable goods affect families' health; they also reflect the socioeconomic level of the household.

Household Composition

Tanzanian households consist of almost 5 (4.9) persons. About one in four households in Tanzania is headed by a woman. One in ten Tanzanian children is orphaned, meaning that they have lost one or both parents. Almost one quarter (24 percent) of mainland Tanzanian households has foster children; in Zanzibar one-third of households has foster children.

Housing Conditions

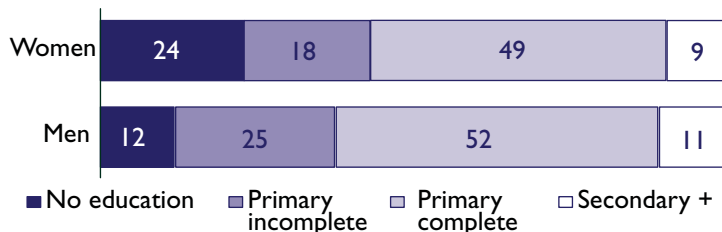
Housing conditions vary greatly based on residence. Almost 40 percent of urban households have electricity, compared with only 1 percent of homes in rural areas and 25 percent of households in Zanzibar. Less than half of all households (40 percent) are within 15 minutes of their drinking water supply. Some urban households have water piped into their compound or dwelling (19 percent) or get water from a neighbor's tap (33 percent). Rural households rely primarily on public wells (both open and protected, 43 percent), or rivers and streams (18 percent) for their drinking water.

Education of Survey Respondents

The majority of Tanzanians have received some education. However, 24 percent of women age 15–49 have had no education at all, compared with 12 percent of men. Rukwa residents have the least education, with 45 percent of women and 37 percent of men receiving no education at all. Women and men living in Kilimanjaro and Dar es Salaam are most likely to receive an education.

Education

Percent distribution of respondents by highest level of education



FERTILITY AND ITS DETERMINANTS

The 2004-05 TDHS examines several aspects of fertility. This information helps assess the effectiveness of public health and family planning programs.

Total Fertility Rate (TFR)

Fertility in Tanzania has not changed in the last ten years. Currently, women in Tanzania have an average of 5.7 children. This TFR is approximately the same as the TFR reported in the 1999 TDHS (5.6 children per woman).

Fertility varies by residence and by province. Women in urban areas have 3.6 children on average, compared with 6.5 children per woman in rural areas. Fertility is highest in Kigoma, Shinyanga, Tabora, and Kagera where women have an average of more than 7 children.

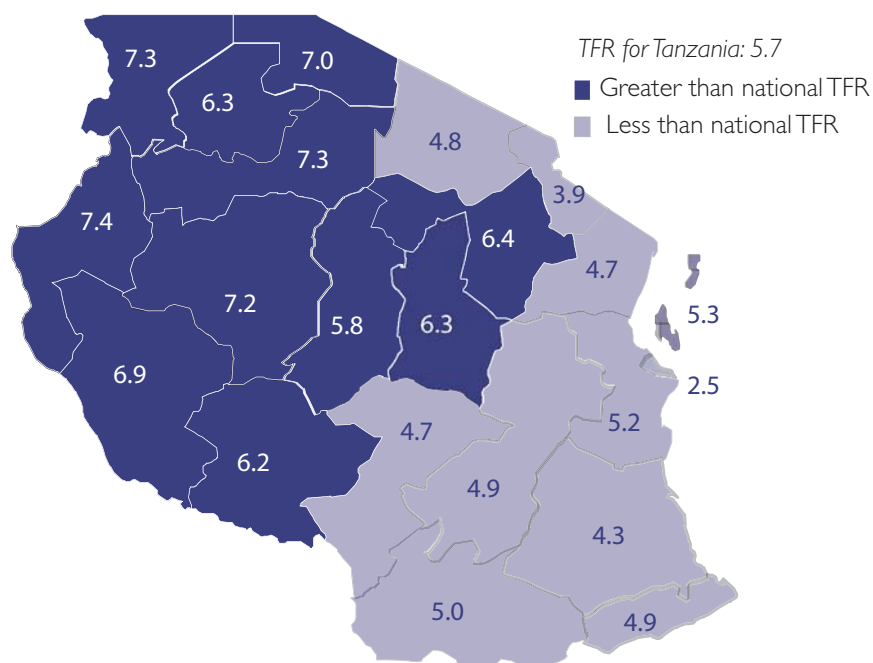
Fertility also varies with mothers' education and economic status. Women who have at least secondary education have an average of 2.6 children, versus 6.9 children for women who have had no education. Fertility increases as the wealth of the respondent's household* decreases. Poor women, in general, have more children than women who live in the wealthiest households (7.3 versus 3.3 children per woman).



Photo by S. René Salgado, M.D.

Total Fertility Rate (TFR)

Number of children per woman



* Wealth of families is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on individuals' relative standing on the household index.

Desired Family Size

Tanzanian women report an ideal family size of 5.0 children. Men want slightly larger families of 5.3 children. Ideal family size is higher among women in rural areas than urban areas (5.4 versus 4.0). Ideal family size is substantially smaller for those women with at least some secondary education (3.6 children), compared with those with no education (6.2 children). Ideal family size among women has decreased steadily from 6.1 in 1991-92 to the current rate of 5.0, although actual fertility has not changed.

Age at First Marriage

In Tanzania, almost two-thirds of women (65 percent) are married by their twentieth birthday. The median age at first marriage is 18.6 for women, while men get married much later, at a median age of 24.4 years. Women in urban areas tend to marry later (median age of 19.8 years) than their counterparts in rural areas (median age of 18.3). Age at marriage also greatly increases with education; women with at least some secondary education get married more than 5 years later than those with no education (23.6 years versus 17.5 for women age 25-49).

Age at First Sexual Intercourse

Almost two in three women age 20-24 were sexually active by the age of 18. Only 14 percent had had sex by the age of 15. Women living in rural areas have their first sex almost a year earlier than those living in urban areas. There has been a slight increase in the age at first sexual experience. The median age at first sex has risen from 16.7 in 1999 to 17.0 years in 2004-05.

Age at First Birth

Half of Tanzanian women give birth before age 20. On average, young women are waiting longer than their mothers to begin childbearing. Only 29 percent of 20 to 24-year-old women surveyed had given birth by the age of 18. In contrast, 42 percent of women age 45-49 had given birth by age 18. Women in urban areas have their first births almost 2 years later than women in rural areas. Age at first birth also increases with education and wealth.

Teenage Fertility

More than a quarter of young women age 15-19 have already begun childbearing: 20 percent are mothers and an additional 7 percent are pregnant with their first child. Young motherhood is more common in rural areas than in urban areas, and young women with no education are ten times more likely to have started childbearing by age 19 than those with secondary or higher education (43 versus 4 percent).



Photo Courtesy of HIP Multimedia Initiative (Si Mchezo! and FEMINA magazines)

FAMILY PLANNING

Knowledge of Family Planning

Knowledge of family planning methods in Tanzania is almost universal; 96 percent of women and 97 percent of men know at least one modern method of family planning. This represents a slight increase since 1999. The most commonly known methods are the pill (93 percent), male condom (90 percent), and injectable (90 percent).

Current Use of Family Planning

About one in four married women (26 percent) currently use a method of family planning. One in five are using a modern method, most often injectables and pills. Withdrawal and periodic abstinence are the most commonly used traditional methods. Unmarried, sexually active women are most likely to use family planning. Just more than one third is using a modern method, with 15 percent using male condoms and 12 percent using injectables.

Use of modern family planning varies markedly by residence and province. Modern methods are used by 34 percent of married women in urban areas, compared with 16 percent in rural areas. Modern contraceptive use ranges from a low of 5 percent of married women in Zanzibar North to 38 percent in Kilimanjaro.

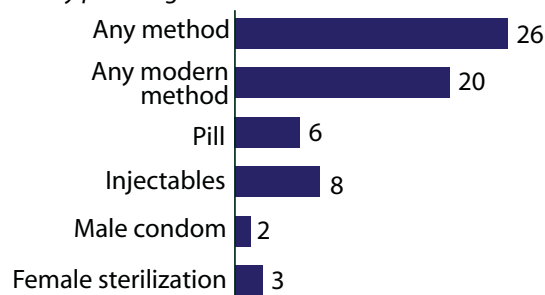
Modern contraceptive use increases dramatically with women's education. More than one-third of married women with at least some secondary education use modern methods, compared with only 8 percent of women with no education.



Photo by S. René Salgado, M.D.

Family Planning

Percentage of married women who are currently using family planning



Trends in Contraceptive Use

Use of modern methods of contraception has increased only slightly since 1999, from 17 to 20 percent of married women. Injectable use has become more popular, while pill use has not changed.

Source of Family Planning Methods

Public sources such as government hospitals and health centres currently provide contraceptives to more than two-thirds (68 percent) of current users, while private hospitals and clinics provide methods to only 5 percent of users. Other private sources such as shops and friends supply the majority of male condom users (77 percent).

NEED FOR FAMILY PLANNING

Intention to Use Family Planning

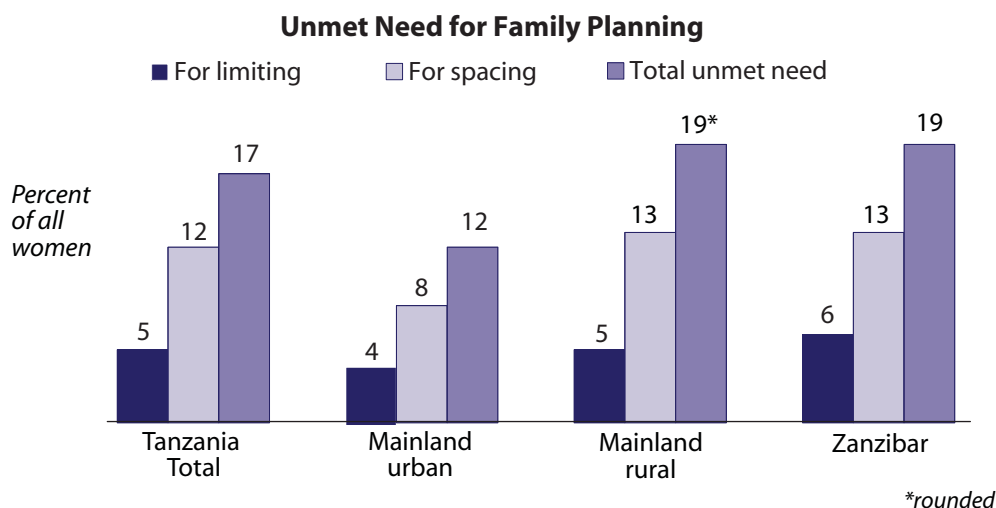
More than half (56 percent) of currently married non-users intend to use family planning in the future. More than eight out of ten (86 percent) currently married women say that they approve of family planning; 60 percent say that their husbands also approve.

Desire to Delay or Stop Childbearing

Two in three Tanzanian women would like either to wait at least 2 years before their next birth or stop childbearing all together. About 40 percent of women would like another child, but want to wait at least 2 years, while 30 percent report that they want no more children. These women are potential users of family planning.

Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2004-05 TDHS reveals that 22 percent of married women have an unmet need for family planning, 15 percent for spacing and 7 percent for limiting. Unmet need is highest in rural areas and among women in Zanzibar, Shinyanga and Kigoma regions.



Missed Opportunities

Many young women hear and see family planning messages on the radio, in newspapers and magazines, and on billboards. But young women are not hearing family planning messages from doctors, nurses or community health workers. Over one-third of women age 15-19 had not heard about family planning from any source.

Among all women who are not currently using family planning, in the year before the survey only 3 percent were visited by a field worker who discussed family planning, and 31 percent of women visited a health facility but did NOT discuss family planning. Overall, more than 4 in 5 women did not discuss family planning with any health worker.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects and told about other methods that could be used. About one-third of Tanzanian women do not get this information.

INFANT AND CHILD MORTALITY

Infant and child mortality rates are basic indicators of a country's socioeconomic situation and quality of life. Identifying children most at risk also helps policymakers and program planners target resources and programs more accurately.

Levels and Trends

Childhood mortality rates have decreased dramatically in the past five years. Still, one in every nine children in Tanzania dies before his or her fifth birthday.

For the most recent five-year period, the infant mortality rate is 68 deaths per 1,000 live births and the under-five mortality rate is 112 deaths per 1,000 live births. In 1999, the infant mortality rate was 99 and the under-five mortality rate was 147 (deaths per 1,000 live births). This decrease may be due to improved breastfeeding practices, increased vitamin supplementation and reductions in malnutrition (see pages 8-10).

Mortality rates differ dramatically throughout Tanzania. Both infant and under-five mortality levels are higher in rural areas than in urban areas. There is also considerable variation by province, with infant mortality rates ranging from a low of 35 deaths per 1,000 live births in Town West to 138 deaths per 1,000 live births in Ruvuma.

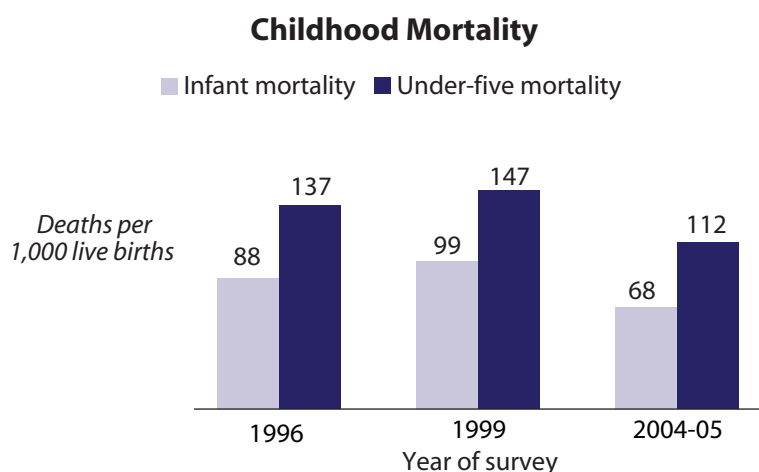
Mothers' level of education is strongly associated with child mortality. The infant mortality rate of children born to women with some secondary education is only 56 deaths per 1,000 live births, compared with 101 deaths per 1,000 live births for those whose mothers had no education. Infant and under-five mortality rates are also high for children born to women under the age of 20 (101 deaths per 1000 live births) and those who are the 7th or higher child (94 deaths per 1000 live births).



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Birth Intervals

Spacing children at least 36 months apart reduces risk of infant death. In Tanzania, the average birth interval is 33 months. Infants born less than 2 years after a previous birth have particularly high infant mortality rates (143 deaths per 1000 live births compared to only 55 deaths per 1000 live births for infants born 3 years after the previous birth). One in six infants in Tanzania is born less than 2 years after a previous birth.



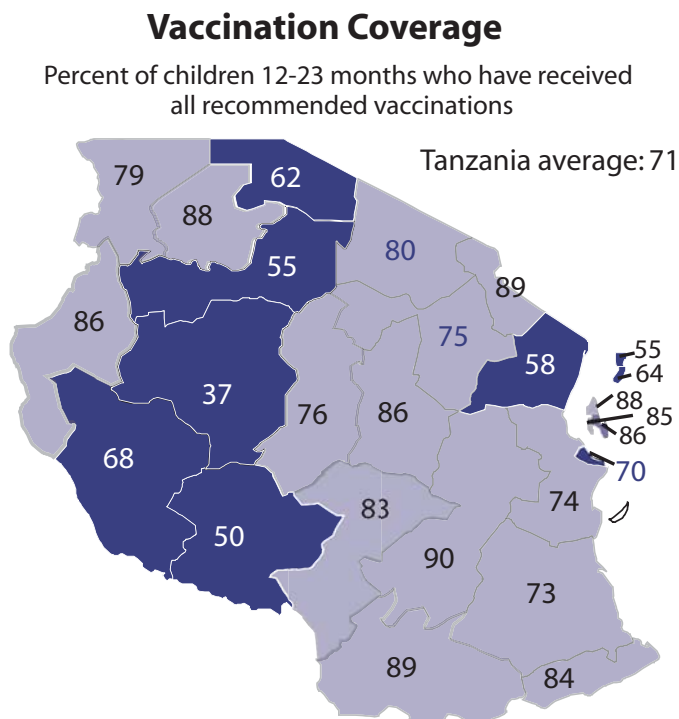
CHILD HEALTH

A large proportion of childhood deaths can be prevented by vaccination and early diagnosis and treatment of common childhood illnesses.

Vaccination Coverage

In 2004-05, 71 percent of Tanzanian children age 12-23 months had received all recommended vaccines. The recommended vaccines include one dose of BCG, three doses each of DPT/hepatitis B/influenza and polio, and one dose of measles. Vaccination coverage has increased slightly since 1999, from 68 to 71 percent, and the percentage of children receiving no vaccinations has decreased from 5 to 4 percent.

As expected, vaccination coverage increases with mother's education and wealth. Children in urban areas are more likely to be fully immunized than children living in rural areas (82 percent full coverage compared with 69 percent). Children of higher birth orders (6+) are less likely to be fully immunized. Immunization varies markedly by region. In Tabora, for example, only 37 percent of children are fully vaccinated. In contrast, almost 90 percent of children in Kilimanjaro, Morogoro, Ruvuma and Zanzibar North have been fully vaccinated.



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Childhood Illnesses

In the two weeks before the survey, 8 percent of children under five had symptoms of an acute respiratory infection (ARI), and 24 percent had a fever. More than half (57 percent) of these children were taken to a health facility or provider for treatment. ARI symptoms are most common in Kigoma (23 percent of children), and least common in Mwanza (2 percent).

During the two weeks before the survey, 13 percent of Tanzanian children under five had diarrhoea. The rate was highest (25 percent) among children 6 to 11 months old.

Diarrhoeal disease is least common in Mwanza, Dar es Salaam and Kagera and most common in Kigoma.

Children with diarrhea should drink more fluids, particularly through oral rehydration salts (ORS). Almost all (96 percent) mothers with children born in the last five years know about ORS packets. However, in the two weeks before the survey, only 54 percent of children with diarrhoea were treated with ORS. One-third were offered increased fluids. Only 46 percent of children with diarrhoea were taken to a health provider, and one in six received no treatment at all.

FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

Nutritional deficiencies contribute to high rates of disability, illness and death in Tanzania, especially among women and young children. The 2004-05 TDHS collected height and weight measurements of women and young children to assess overall nutritional status.

Breastfeeding and the Introduction of Other Foods

Breastfeeding is nearly universal in Tanzania, with 96 percent of children breastfed. WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. About two in five (41 percent) children under 6 months of age are being exclusively breastfed. This is a significant increase since 1999 when only 27 percent of children under 6 months were exclusively breastfed. Infants should not be given water, juices or other milks until six months of age, yet about one quarter of Tanzanian children under 6 months receive these. On average, children breastfeed until the age of 21 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Tanzania, 91 percent of children ages 6-9 months are eating complementary foods.



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Vitamin A and Iron

Micronutrients are essential vitamins and minerals required for good health.

Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 7 days before the survey, 54 percent of children under age 3 ate fruits and vegetables rich in vitamin A. Almost half of children (46 percent) age 6-59 months received a vitamin A supplement in the 6 months prior to the survey. Vitamin A supplementation has more than tripled since 1999 when only 14 percent of children had received supplements. Only one in five women received a vitamin A supplement postpartum, however.

Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anemia and other complications. Most women who take iron supplements took them for less than 60 days. Only 10 percent of women took iron tablets or syrup for at least 90 days during their last pregnancy. Adequate iron supplementation during pregnancy was highest in Mtwara (64 percent) and Lindi (46 percent), Kilimanjaro, Mwanza and Pemba North (less than 1 percent).

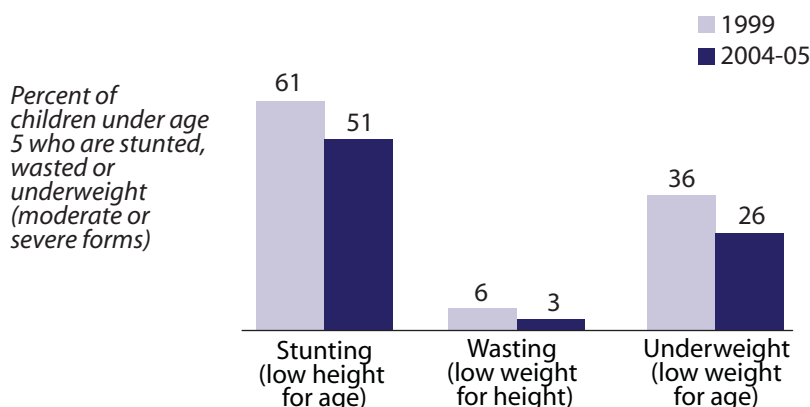
Children’s Nutritional Status

Children’s nutritional status has improved greatly since 1999. The DHS measures children’s nutritional status by comparing height and weight measurements against an international reference standard. Stunting (being too short for age), which indicates chronic malnutrition, has decreased 10 percentage points from 61 percent in 1999 to 51 percent in 2004-05. Wasting (thin for height) has decreased by half, as only 3 percent of children are currently wasted compared with 6 percent in 1999. Wasting is a sign of severe malnutrition. Overall, one in four children is underweight. Although this is still a high rate of malnutrition, it is ten percentage points lower than the rate reported in 1999. Stunting, wasting, and underweight are most common in rural areas and among families of lower socioeconomic status.



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Nutritional Status of Children



Women’s Nutritional Status

Tanzanian women also face nutritional challenges. Overall, 10 percent of Tanzanian women are considered too thin (BMI less than 18.5), while 1 percent of women are extremely thin (BMI less than 16). Underweight among women is most frequent in Singida, where 22 percent of women are too thin. In contrast, almost 18 percent of Tanzanian women are overweight or obese. Women in urban areas and those with higher levels of education and greater wealth are more likely to be overweight or obese (BMI greater than 25).

Household Food Security

Many Tanzanian households report problems securing food. Almost 3 in 5 households have trouble satisfying food needs at least sometimes, while 18 percent of households report always having problems securing food. Half of households did not eat meat on any day in the week before the survey. Another 36 percent ate meat only 1 or 2 days of that week.

Anemia

Almost three-quarters of Tanzanian children under age 5 have some degree of anemia, and almost half have moderate or severe cases of anemia. Anemia is more common in rural areas than urban areas (49 percent compared to 39 percent of children with moderate or severe cases). Anemia among children decreases as mother’s education increases. About half of Tanzanian women also suffer from anemia, although severe cases are rare.

MATERNAL HEALTH

Maternal health reflects both a society's level of development as well as the performance of the health care delivery system.

Antenatal Care

More than 90 percent of Tanzanian women receive some antenatal care from a medical professional (72 percent from a nurse/midwife). Antenatal care is slightly more common in urban areas and coverage varies across provinces. In Ruvuma, Mtwara, Zanzibar and Dar es Salaam, 100 percent of women received antenatal care, compared with only 85 percent of women in Arusha and Mbeya.

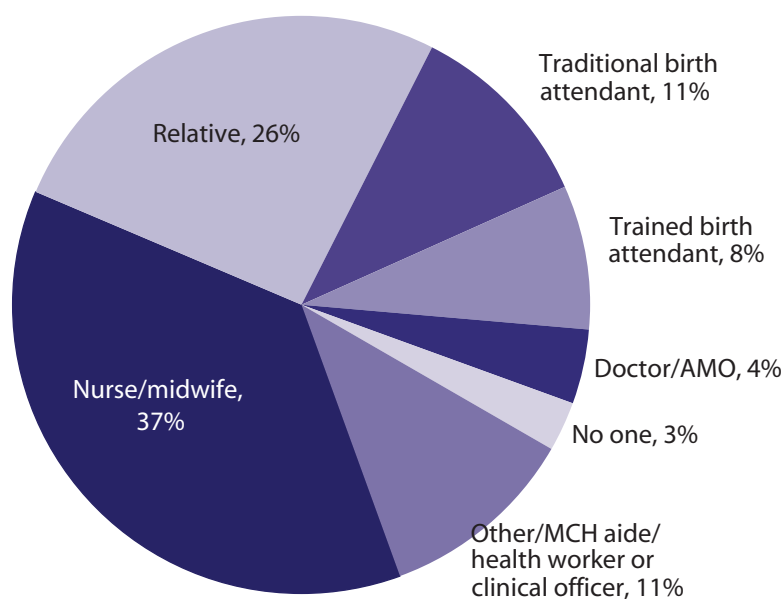
In Tanzania, only 14 percent of women had an antenatal care visit by their fourth month of pregnancy, as recommended. Although almost all Tanzanian women receive some antenatal care, they may not be receiving all the recommended components of care. According to the 2004-05 TDHS, only 56 percent of pregnant women received the recommended 2 doses of tetanus toxoid injection. Less than half of women (47 percent) were informed about the signs of pregnancy complication.

Delivery and Postnatal Care

More than half of births in Tanzania occur at home. Of all pregnant women, 46 percent are assisted during childbirth by a doctor, clinical officer, nurse, midwife or MCH aide. Another 19 percent have a traditional birth attendant and 26 percent deliver with the help of a family member.

Postnatal care helps prevent complications after childbirth. The majority (83 percent) of women who delivered at home did not have a postnatal checkup, and only 13 percent had a checkup within 2 days of delivery, as recommended.

Assistance During Delivery

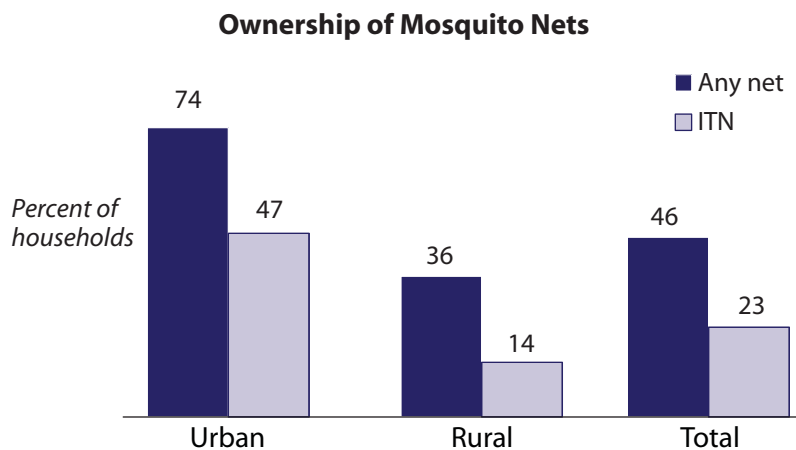


MALARIA

Malaria is a major cause of illness and death in Tanzania. Pregnant women and young children are especially vulnerable to the disease. The National Malaria Policy and Strategy aims to increase use of insecticide-treated mosquito nets and to increase and improve treatment for malaria. Artemisin-based combination therapy (ACT) has recently been introduced as the recommended malaria treatment.

Mosquito Nets

Overall, 46 percent of households have at least one mosquito net, but only 23 percent have an insecticide-treated net (ITN). Although malaria is more common in rural areas, households in urban areas are much more likely to have a mosquito net or an ITN. In 2004-05, only 7 percent of rural households owned an ITN as opposed to 25 percent of urban households. Ownership of ITNs also varies by region from only 7 percent of households in Iringa to 61 percent of households in Dar es Salaam.



It is especially important for children under the age of 5 and pregnant women to be protected from malaria. In Tanzania, 31 percent of children under 5 slept under a mosquito net, and 16 percent slept under an ITN the night before the survey. Use of mosquito nets by pregnant women is similar; 32 percent slept under a mosquito net, and only 16 percent used an ITN the night before the survey.

Antimalarial Drug Use During Pregnancy

Malaria during pregnancy contributes to low birth weight, infant mortality and other complications. Pregnant women should receive 2 doses of the antimalarial drug SP Fansidar as intermittent preventive treatment (IPT). Almost 60 percent of pregnant woman took any antimalarial drug during their last pregnancy, but only 22 percent took the 2 recommended doses.

Management of Malaria in Children

In the two weeks before the survey, 24 percent of children under age 5 had fever, the primary symptom of malaria. Of these children, 58 percent took an antimalarial drug, and 51 percent took the medication on the same or next day. Almost one quarter of children with fever received SP/Fansidar, the previously recommended treatment, while only 2 percent received ACT, the drug currently recommended. Amodiaquine and quinine were also commonly used (22 and 12 percent, respectively).



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FEMALE CIRCUMCISION

Female genital cutting, also known as female circumcision, is practiced widely in many Tanzanian communities.

Prevalence

Overall, 15 percent of Tanzanian women are circumcised. Female circumcision is becoming less common. Younger women are less likely to report being circumcised than older women (9 percent of 15-19 year olds compared with 23 percent of 45-49 year olds).

Female circumcision varies widely by residence and region. Almost 20 percent of rural women report circumcision compared with 7 percent of urban women. Manyara, (81 percent), Dodoma (68 percent), and Arusha (55 percent) have the highest rates of circumcision.

Attitudes towards female circumcision are changing. Only 2 percent of women surveyed plan on having their daughters circumcised, and 91 percent of women believe that female circumcision should be discontinued. Women with higher levels of education and wealth are far more likely to disapprove of female circumcision than those with no education or those in the lower wealth quintiles. The large majority of men (89 percent) also believes that female circumcision should be discontinued.



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HIV/AIDS KNOWLEDGE

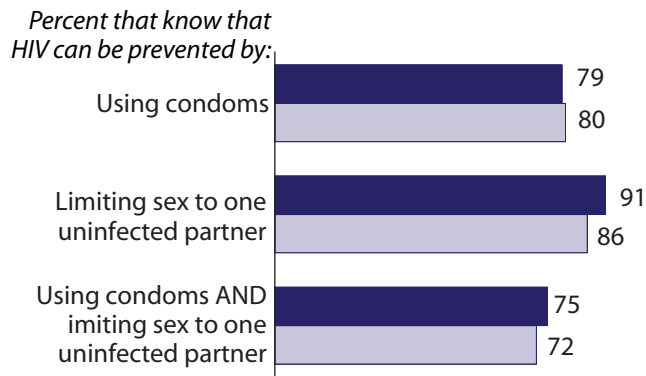
The 2004-05 TDHS included one module on knowledge, attitudes and behaviors relating to HIV/AIDS. A more in-depth survey of these topics as well as testing for HIV prevalence was conducted in 2003-04 for the Tanzania HIV/AIDS Indicator Survey (THIS).

Knowledge

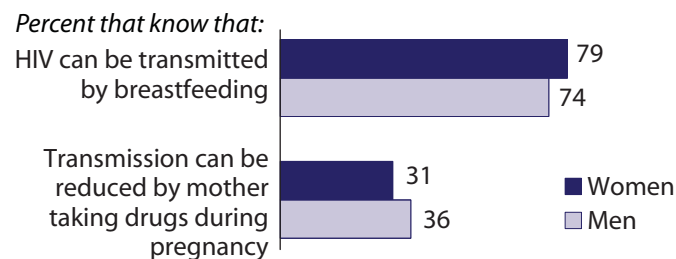
According to the 2004-05 TDHS, almost all Tanzanian adults have heard of AIDS, but knowledge of HIV prevention measures is lower. Only 75 percent of women and 72 percent of men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one faithful partner. Prevention knowledge is higher in urban areas and among those with higher levels of education.

More than three-quarters of Tanzanians know that HIV can be transmitted by breastfeeding, but less than one-third of women know that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy.

Knowledge of HIV Prevention



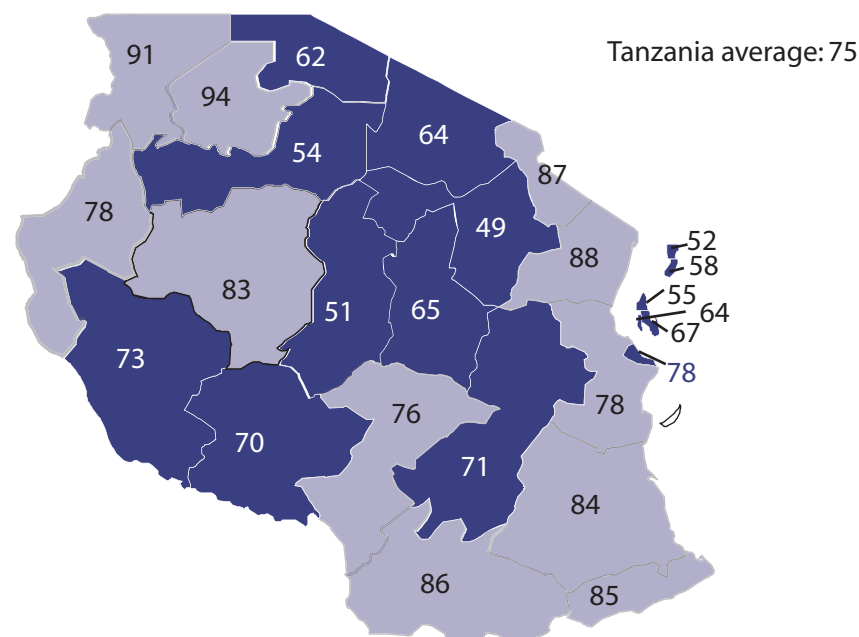
Maternal to Child Transmission



Percent of men and women

Women's Knowledge of HIV Prevention

Percent of women age 15-49 who know that people can reduce the risk of getting AIDS by using condoms AND by limiting sex to one uninfected partner



HIV/AIDS-RELATED ATTITUDES AND TESTING

Attitudes/Beliefs

Misconceptions about HIV transmission and prevention are still common in Tanzania. Approximately 4 in 5 men and women know that a healthy-looking person can have the AIDS virus and that a person cannot become infected by sharing food with someone who has AIDS, and only about three-quarters know that AIDS cannot be transmitted through mosquito bites.

AIDS-related stigma is still evident in Tanzania. While most women and men say they are willing to care for an HIV-positive relative at home (90 percent), fewer are willing to buy fresh vegetables from a vendor who has the AIDS virus (45 and 49 percent, respectively). Only about half of women say that they would not want the HIV-positive status of a family member to remain a secret compared to 62 percent of men.

HIV Testing

Most Tanzanians have never been tested for HIV. In the 12 months before the survey, only 6 percent of women and 7 percent of men had taken an HIV test and received the results. Thirteen percent of women who were pregnant in the 2 years before the survey were offered and received HIV testing during antenatal care. HIV testing during antenatal care is much more common in urban areas (33 percent) than rural areas (8 percent).



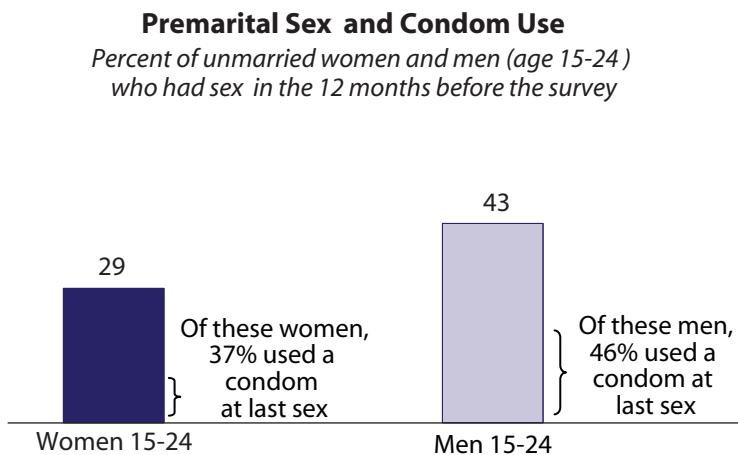
Photo Courtesy of HIP Multimedia Initiative (Si Mchezo! and FEMINA magazines)

HIV/AIDS-RELATED BEHAVIOR

Higher Risk Sex and Condom Use

In the 2004-05 TDHS, higher-risk sex is defined as sex with a nonmarital, noncohabitating partner in the 12 months preceding the survey. Overall, 24 percent of women engaged in higher-risk sex in the year before the survey, compared with 45 percent of men. About one quarter of these women and almost one half of these men used a condom at their most recent higher-risk sex.

Many young Tanzanians are engaging in premarital sex. Almost 30 percent of young unmarried women (age 15-24) and 43 percent of young unmarried men (age 15-24) had sex in the year before the survey. Among these, about one-third of the women and almost one half of the men report having used a condom the last time they had sex. About 3 percent of young women and 17 percent of young men had multiple sexual partners in the year before the survey. In total, one-third of young women (15-24) and four-fifths of young men (15-24) engaged in higher risk sex in the year before the survey.



Negotiating Safer Sex

Most men and women say that women can negotiate with their husbands to have safer sex. For example, almost 9 in 10 women and men believe that women can refuse sex if the husband has a sexually transmitted infection (STI). Three-quarters of women and more than four-fifths of men believe that the woman can propose condom use if the husband has an STI.

KEY INDICATORS

	Total	Mainland Urban	Mainland Rural	Zanzibar
Fertility				
Total fertility rate (children per woman)	5.7	3.6	6.5	5.3
Women age 15–19 who are mothers or now pregnant (%)	26	20	29	9
Median age at first intercourse for women age 25–49 (years)	17.0	17.5	16.9	18.0
Median age at first birth for women age 25–49 (years)	19.4	19.7	19.3	19.8
Married women (age 15–49) wanting no more children (%)	30	35	28	27
Family Planning (married women, age 15–49)				
Current use				
Any method (%)	26	42	22	15
Any modern method (%)	20	34	16	9
Total unmet need for family planning	22	17	24	31
Maternal and Child Health				
Maternity care				
Women giving birth who received antenatal care from a health professional (%)	94	97	93	99
Percentage of births assisted by a health professional	46	81	38	51
Percentage of births delivered in a health facility	47	81	39	49
Child immunisation				
Children 12–23 months fully vaccinated (%)	71	82	69	75
Nutrition in Children				
Children under 5 years who are stunted (moderate/severe) (%)	38	26	41	23
Children under 5 years who are wasted (moderate/severe) (%)	3	3	3	6
Children under 5 years who are underweight (%)	22	17	23	19
Median duration of any breastfeeding (months)	21	21	21	21
Median duration of exclusive breastfeeding (months)	2	2	2	<1
Childhood Mortality				
<small>(Figures are for the ten-year period before the survey, except for the national rate, in italics, which represents the five-year period before the survey)</small>				
Number of deaths per 1,000 births:				
Infant mortality (between birth and first birthday)	68	72	86	33
Under-five mortality (between birth and fifth birthday)	112	108	139	101
Malaria				
Children under age 5 who slept under an insecticide-treated bednet the night before the survey (%)	16	41	10	22
Pregnant women who slept under an insecticide-treated bednet the night before the survey (%)	16	40	10	20
AIDS-related Knowledge				
Knows ways to avoid AIDS:				
Having one sex partner (women age 15–49) (%)	91	94	90	88
Having one sex partner (men age 15–49) (%)	86	90	85	70
Using condoms (women age 15–49) (%)	79	83	77	65
Using condoms (men age 15–49) (%)	80	80	81	37