Zimbabwe

2010-11 Demographic and Health Survey

Key Findings

This report summarises the findings of the 2010-11 Zimbabwe Demographic and Health Survey (ZDHS), which was implemented by the Zimbabwe National Statistics Agency (ZIMSTAT). The funding for the ZDHS was provided by the United States Agency for International Development (USAID), the Centers for Disease Control and Prevention (CDC), the United Nations Population Fund (UNFPA), the United Nations Development Program (UNDP), the United Nations Children's Fund (UNICEF), the United Kingdom Department for International Development (DFID), the European Union (EU), and the Government of Zimbabwe. ICF International supported the project through the MEASURE DHS project, a USAID-funded project providing support, technical assistance, and funding for population and health surveys in countries worldwide.

Additional information about the ZDHS may be obtained from the Zimbabwe National Statistics Agency, P.O. Box CY 342, Causeway, Harare, Zimbabwe (Telephone: (263-4) 793-971/2 and 797-756; Fax (263-4) 794-757; E-mail: census@mweb.co.zw).

Information about the MEASURE DHS project may be obtained from ICF International, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA; Telephone: 301-572-0200, Fax: 301-572-0999, E-mail: info@measuredhs.com, Internet: http://www.measuredhs.com.

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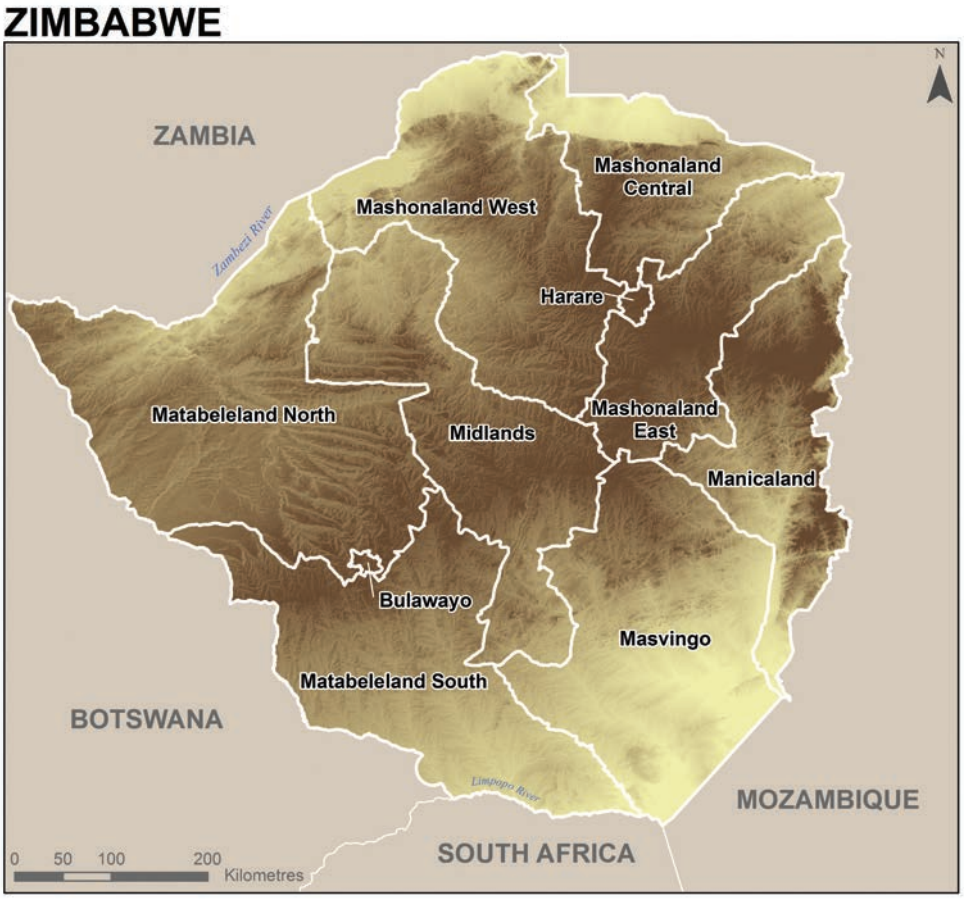
About the 2010-11 ZDHS

The 2010-11 Zimbabwe Demographic and Health Survey (ZDHS) is designed to provide data for monitoring the population and health situation in Zimbabwe. The 2010-11 ZDHS is the fifth Demographic and Health Survey to be conducted in Zimbabwe (DHS in 1988, 1994, 1999, and 2005-06). The objective of the survey was to provide up-to-date information on fertility, family planning, childhood mortality, nutrition including anaemia testing, maternal and child health, domestic violence, malaria, maternal mortality, awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections (STIs), and HIV prevalence.

Who participated in the survey?

A nationally representative sample of 9,171 women age 15–49 and 7,480 men age 15–54 in all selected households were interviewed. This represents a response rate of 93% for women and 86% for men. This sample provides estimates at the national, urban-rural, and provincial levels.



Household Characteristics

Household composition

Zimbabwean households consist of an average of 4.1 people. Forty-three percent of the household members are children under age 15. Approximately one-fifth of children under age 18 are orphaned—that is, one or both parents are dead.

Housing conditions

Housing conditions vary greatly based on residence. Eighty-three percent of urban households have electricity compared with only 13% of rural households. Nearly all households (95%) in urban areas have access to an improved water source, compared with 70% of households in rural areas. Overall, 36% of households use an improved, not-shared toilet facility. Half of rural households have a non-improved toilet facility.

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Ownership of goods

Currently, 38% of Zimbabwean households own a radio and 62% have a mobile phone. Seventy-four percent of urban households have a television, compared with 17% of rural households.

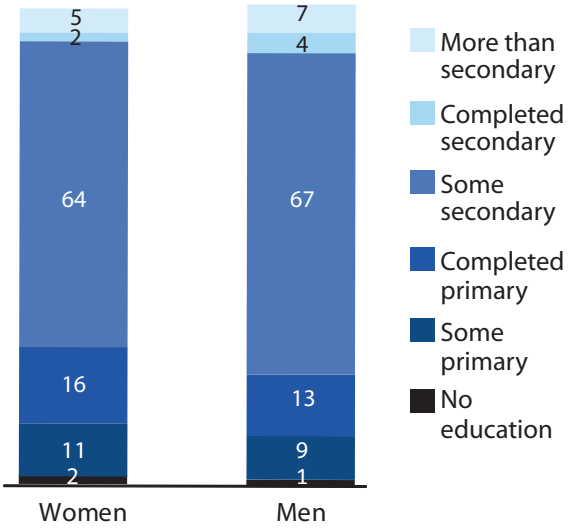
Nearly 1 in 3 households own a wheelbarrow and over 1 in 5 households own a bicycle. Nationwide, only 7% of households own a car or truck. Rural households are more likely to own agricultural land (80%), whereas urban households are more likely to have a bank account (40%).

Education of survey respondents

More than seventy percent of women and men have attended at least some secondary school. Six percent of women and 11% of men have completed secondary school or beyond. Urban residents and those living in Bulawayo and Harare are more likely than other residents to have attended at least some secondary school, to have completed secondary school, or to have gone beyond secondary school. Overall, 94% of women and 96% of men are literate.

Education

Percent distribution of women and men age 15–49 by highest level of education



Fertility and its Determinants

Total Fertility Rate (TFR)

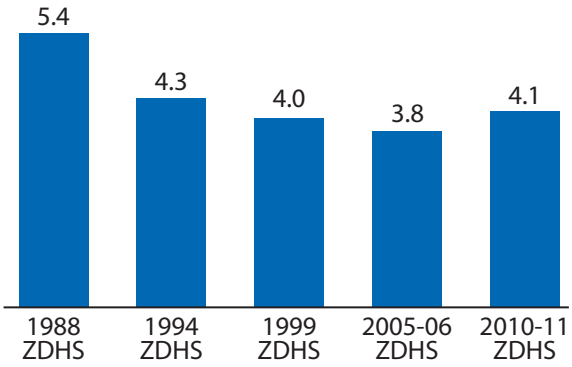
Currently, women in Zimbabwe have an average of 4.1 children. This is a slight increase since the 2005-06 ZDHS (3.8 children per woman).

Fertility varies by residence and province. Women in urban areas have 3.1 children on average, compared with 4.8 children per woman in rural areas. Fertility is lowest in Bulawayo (2.8) and highest in Manicaland (4.8).

Fertility also varies with mother's education and economic status. On average, women with no education have two more children than women with higher education (4.5 versus 2.5 children per woman). Fertility increases as the wealth of the respondent's household* decreases. The poorest women, on average, have twice as many children as women who live in the wealthiest households (5.3 versus 2.6 children per woman).

Trends in Fertility

Births per woman

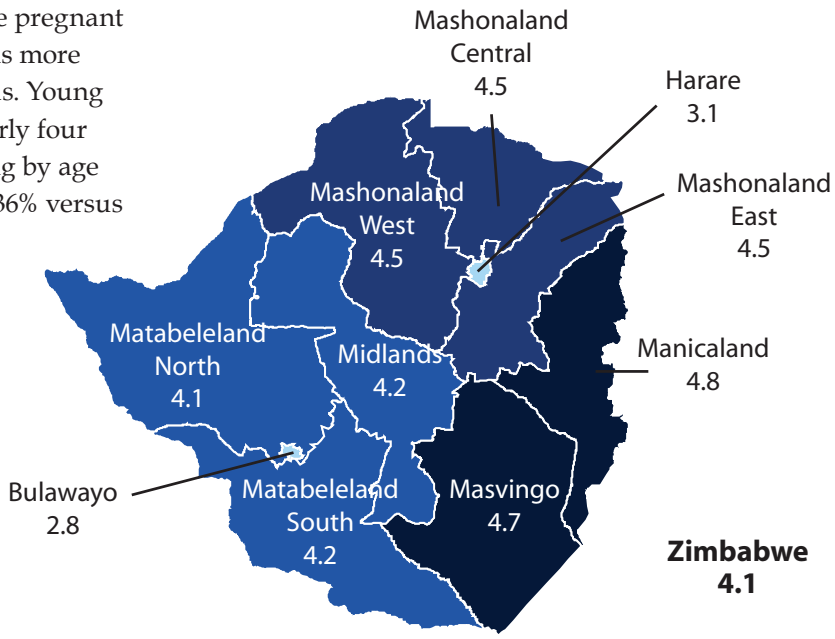


Teenage fertility

According to the 2010-11 ZDHS, 24% of young women age 15–19 have already begun childbearing: 19% are mothers, and an additional 5% are pregnant with their first child. Young motherhood is more common in rural areas than in urban areas. Young women in the poorest households are nearly four times as likely to have started childbearing by age 19 as those in the wealthiest households (36% versus 10%).

Fertility by Province

Births per woman



* Wealth of households 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.

Age at first birth

The median age at first birth for all women age 25–49 is 20.2. Women living in urban areas have their first birth over one year later than women living in rural areas. Age at first birth increases with education and wealth. Women with no education have their first birth at a median age of 18.6 compared with 24.3 among women with secondary or higher education.

Age at first marriage

Thirty-one percent of women age 25-49 in Zimbabwe are married by age 18, compared with just 4% of men age 25-49. The median age at first marriage is 19.7 for women age 25–49 compared with men age 25-49 who marry later, at a median age of 24.8. Age at first marriage increases greatly with education; women with more than secondary education get married on average nearly six years later than women with no education (median age of 23.4 years versus 17.7 years for women age 25-49).

Age at first sexual intercourse

Thirty-eight percent of women age 25-49 and 20% of men age 25-49 were sexually active by the age of 18. Six percent of women and 2% of men have had sex by the age of 15. Women start sexual activity nearly two years earlier than men (median age of 18.9 years for women age 25-49 and 20.6 years for men age 25-54).

Polygamy

Eleven percent of women are married to a man with more than one wife. Polygamy is most common in Manicaland and Mashonaland Central and among women with no education.

Desired family size

Zimbabwean women want 3.8 children and Zimbabwean men want 4.3 children, on average. Women's ideal family size varies by residence, province and wealth. Women with more than secondary education desire fewer children than women with no education (3.2 versus 5.6).

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Family Planning

Knowledge of family planning

Knowledge of family planning methods in Zimbabwe is nearly universal; 98% of women and 99% of men age 15–49 know at least one modern method of family planning. The most commonly known methods are male condoms, injectables, and the pill.

Current use of family planning

Nearly 6 in 10 married women (57%) currently use a modern method of family planning. Another 1% are using a traditional method. The pill (41%) and injectables (8%) are the most commonly used methods. Over 6 in 10 sexually-active unmarried women (62%) are using a modern method, with 30% using male condoms and 18% using the pill.

Use of modern family planning methods varies by province from a low of 45% in Matabeleland South to a high of 62% in Mashonaland Central.

Modern contraceptive use increases with education and wealth. Sixty-seven percent of married women with more than secondary education use modern methods, compared with 42% of married women with no education. Sixty-four percent of married women in the richest households use modern methods, compared with 52% of married women in the poorest households.

Trends in family planning use

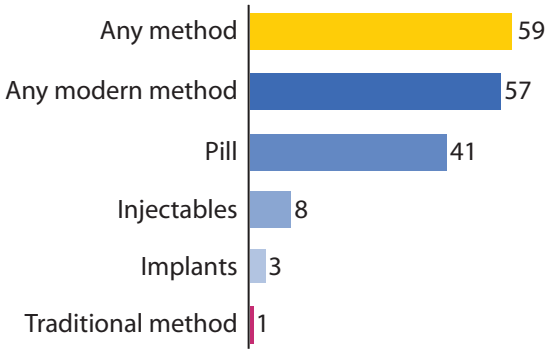
Family planning use has increased dramatically in the past twenty years; however, use of modern methods has not changed since 2005-06.

Source of family planning methods

Public sources provide contraceptives to the majority (73%) of current users. Three-quarters of the pill users get their method from public sources, and nearly half of the male condom users get their method from public sources.

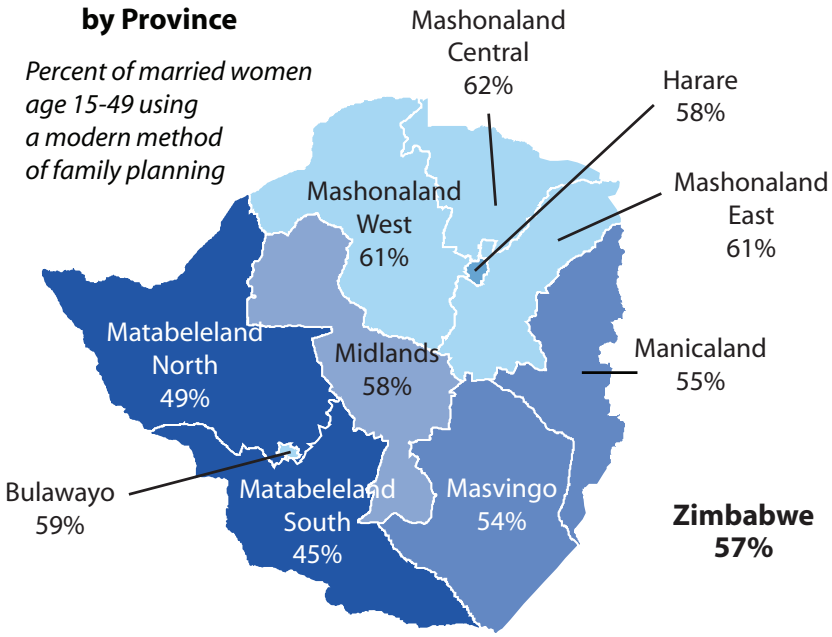
Family Planning

Percent of married women age 15–49 using family planning



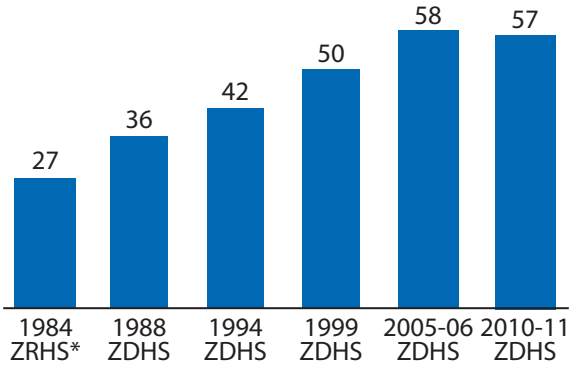
Modern Method Use by Province

Percent of married women age 15-49 using a modern method of family planning



Trends in Use of Modern Methods of Contraception

Percent of currently married women using a modern method



*1984 ZRHS: Zimbabwe Reproductive Health Survey

Need for Family Planning

Desire to delay or stop childbearing

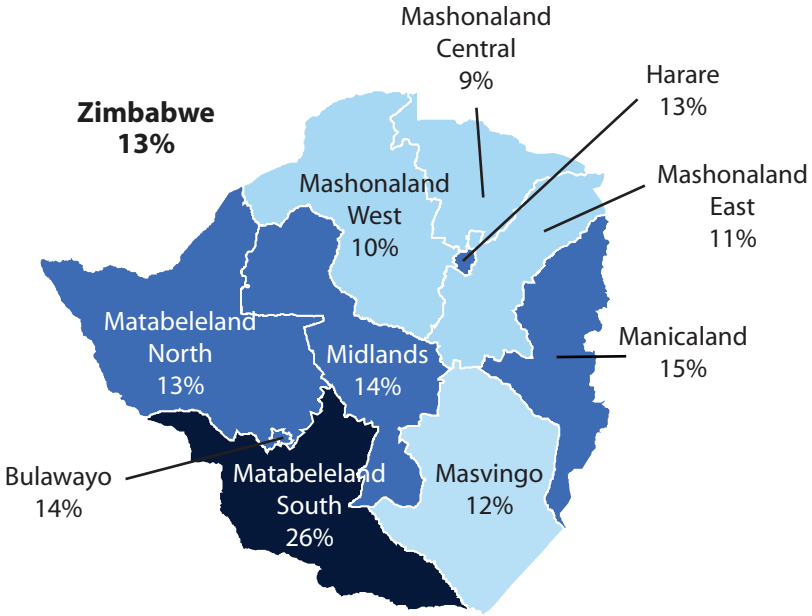
Thirty-nine percent of currently married Zimbabwean women want no more children. Another 33% want to wait at least two years before their next birth. These women are potential users of family planning.

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 2010-11 ZDHS reveals that 13% of married women have an unmet need for family planning—7% of women have a need for spacing births and 6% for limiting births. Overall, unmet need is higher among poorer women and those with lower education. Unmet need varies greatly by province. Unmet need ranges from a low of 9% in Mashonaland Central to a high of 26% in Matabeleland South.

Unmet Need by Province

Percent of married women age 15-49 with unmet need for family planning



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 family planning methods. Fifty-three percent of Zimbabwean women were informed about possible side effects of their method, and 48% were informed about what to do if they experience side effects. Sixty-one percent of women were informed about other family planning methods.

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Missed opportunities

Overall, 21% of women and 28% of men heard a family planning message on the radio in the few months before the survey. Two-thirds of women and 55% of men age 15-49 did not hear or see any family planning message on radio, television or newspaper.

Among all women who are not currently using family planning, only 4% were visited by a field worker who discussed family planning in the last 12 months, and 9% of women visited a health facility where they discussed family planning in the last 12 months. Overall, 88% of non-users did not discuss family planning with any health worker in the 12 months before the survey.

Infant and Child Mortality

Levels and trends

Overall, there has been little change in childhood mortality in the past five years. The small increases and decreases in rates since the 2005-06 ZDHS are not conclusive. Currently, infant mortality is 57 deaths per 1,000 live births and under-five mortality is 84 deaths per 1,000 live births. This means that 1 in 12 children dies before his or her fifth birthday.

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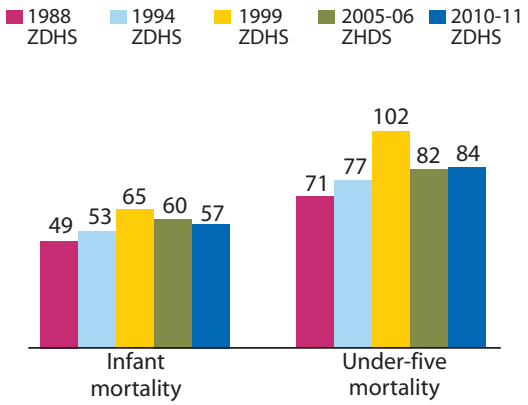
Trends in Childhood Mortality

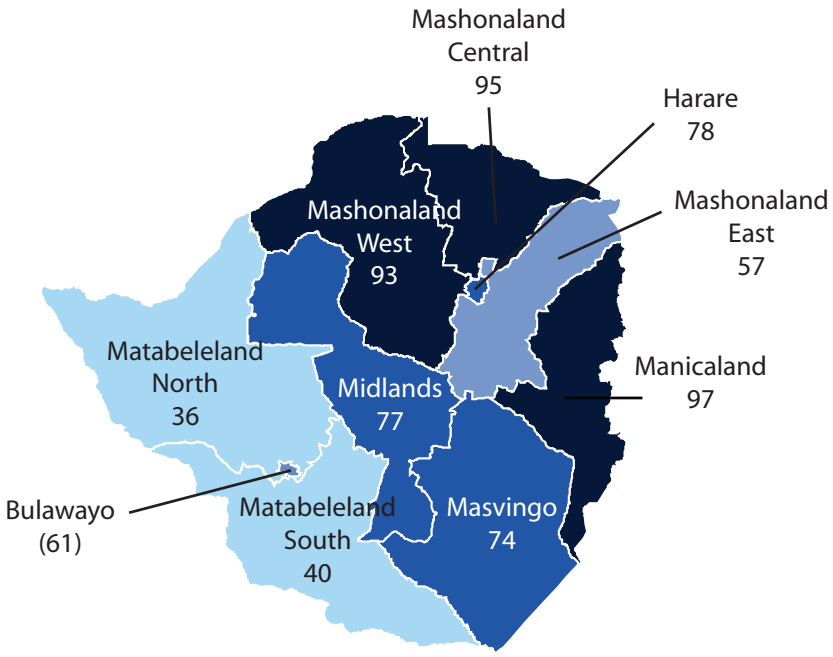
Deaths per 1,000 live births



Mortality rates vary by province. The under-five mortality rate for the ten-year period before the survey ranges from 36 deaths per 1,000 live births in Matabeleland North to 97 in Manicaland. Under-five mortality differs dramatically by wealth. Children born to the richest households are markedly less likely to die before their fifth birthday than children born to the poorest households (58 and 85 deaths per 1,000 live births, respectively).

Under-Five Mortality by Province

Deaths per 1,000 live births
for the 10-year period before the survey



Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death.

Birth intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Zimbabwe, the median birth interval is almost four years (47.1 months). Infants born less than two years after a previous birth have particularly high under-five mortality rates (148 deaths per 1,000 live births compared with 70 deaths per 1,000 live births for infants born three years after the previous birth). Nine percent of infants in Zimbabwe are born less than two years after a previous birth.

Maternal Health

Antenatal care

Nine in ten Zimbabwean women receive some antenatal care (ANC) from a skilled provider, most commonly from a nurse (59%). Only 19% of women had an antenatal care visit by their fourth month of pregnancy, as recommended; however, 65% attended the recommended four or more ANC visits. Half of women took iron supplements during pregnancy; 2% took intestinal parasite drugs. Six in ten women were informed of signs of pregnancy complications during an ANC visit. Fifty-four percent of women's most recent births were protected against neonatal tetanus.

Delivery and postnatal care

About two-thirds (65%) of Zimbabwean births occur in health facilities, primarily in public sector facilities. Home births are three times as common in rural areas (42%) as in urban areas (14%).

Two-thirds (66%) of births are assisted by a skilled provider (doctor, nurse-midwife, or nurse). Thirteen percent of births are assisted by traditional birth attendants and another 13% by untrained relatives or friends; 3% are unassisted.

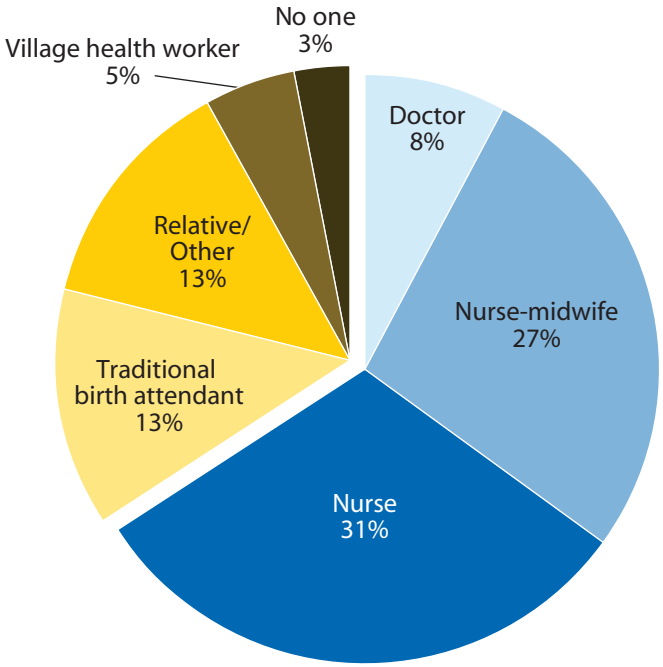
Postnatal care helps prevent complications after childbirth. Only 28% of women received a postnatal checkup within two days of delivery, as recommended. Nearly 6 in 10 women (57%) did not have a postnatal checkup at all.

Maternal mortality

The 2010-11 ZDHS asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The maternal mortality ratio for Zimbabwe is 960 deaths per 100,000 live births. The 95% confidence interval for the 2010-11 maternal mortality ratio ranges from 778 to 1,142 deaths per 100,000 live births.

Assistance During Delivery

Percent distribution of births in the 5 years before the survey



66% of births were assisted by a skilled provider

Child Health

Vaccination coverage

According to the 2010-11 ZDHS, almost two-thirds of Zimbabwean children age 12–23 months have received all recommended vaccines—one dose each of BCG and measles, and three doses each of DPT or pentavalent (DPT-HepB-Hib) and polio. More than 1 in 10 children (12%) did not receive any of the recommended vaccines.

Vaccination coverage is higher in urban areas than rural areas (70% versus 62%). There is more variation in vaccination coverage by province, ranging from only 47% of children fully vaccinated in Manicaland to 83% in Bulawayo.

Trends in vaccination coverage

Vaccination coverage has increased over the past five years reversing the trend of decreasing vaccination coverage. Vaccination coverage has increased from 53% in 2005-06 to 65% in 2010-11.

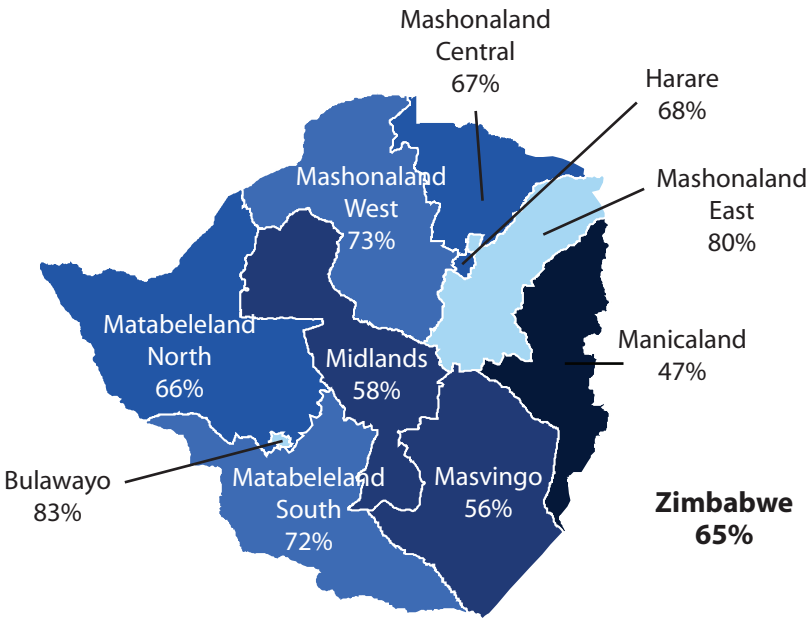
Childhood illnesses

In the two weeks before the survey, 4% of children under five were ill with cough and rapid breathing, symptoms of an acute respiratory infection (ARI). Of these children, 48% were taken to a health facility or provider.

During the two weeks before the survey, 13% of Zimbabwean children under age five had diarrhoea. Prevalence of diarrhoea is highest among children age 12-23 months (24%) and age 6–11 months (21%). Thirty-six percent of children with diarrhoea were taken to a health facility or provider. Children with diarrhoea should drink more fluids. Nearly three-quarters of children with diarrhoea were treated with oral rehydration therapy (ORT) or increased fluids. However, 1 in 5 children received no treatment (from a medical professional or at home) at all.

Vaccination Coverage by Province

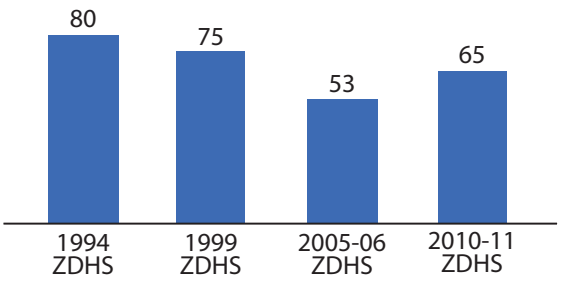
Percent of children age 12-23 months with all basic vaccinations (BCG, measles, and 3 doses each of DTP or pentavalent and polio)



Trends in Vaccination Coverage

Percent of children 12-23 months who have received all basic vaccinations

(BCG, measles, and 3 doses each of DTP or pentavalent and polio)



Feeding Practices and the Nutritional Status of Women and Children

Breastfeeding and the introduction of complementary foods

Breastfeeding is common in Zimbabwe, with 97% of children ever breastfed. However, WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. Only 1 in 3 children under six months in Zimbabwe are being exclusively breastfed. On average, children breastfeed until the age of 17 months and are exclusively breastfed for 2.8 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Zimbabwe, more than 8 in 10 children ages 6–9 months are eating complementary foods.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6–23 months be fed four or more food groups daily. Non-breastfed children should be fed milk or milk products, in addition to four or more food groups. IYCF also recommends that children be fed a minimum number of times per day.* However, only 13% breastfed children in Zimbabwe are receiving four or more food groups daily and receive the minimum number of feedings. Just 5% of non-breastfed children are being fed in accordance with IYCF recommendations.

Anaemia

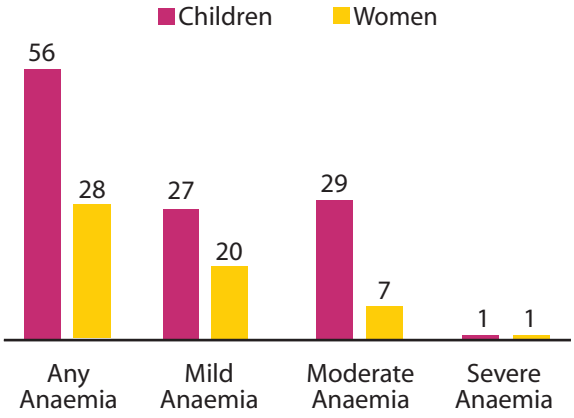
The 2010-11 ZDHS tested 4,221 children age 6 to 59 months, 8,169 women age 15-49 and 6,339 men age 15-54 for anaemia. Fifty-six percent of children are classified as having any anaemia; nearly 3 in 10 children have mild anaemia and another 3 in 10 children have moderate anaemia. Anaemia has decreased only slightly from 58% of children in the 2005-06 ZDHS to 56% of children in 2010-11.

Twenty-eight percent of women are anaemic, most of whom are mildly anaemic. Anaemia is higher among pregnant women (32%) than among women who are neither pregnant nor breastfeeding (28%). Mild anaemia is the most common form of anaemia among both groups of women; however, pregnant women are more likely to have moderate anaemia. Anaemia has decreased from 38% of women in the 2005-06 ZDHS to 28% in 2010-11.

Fourteen percent of men are anaemic. Men age 15-19 are most likely to be anaemic (22%). Anaemia in men varies by province from a low of 8% in Harare to a high of 33% in Matabeleland South.

Anaemia in Women and Children

Percent of children age 6-59 months and women age 15-49 years with anaemia



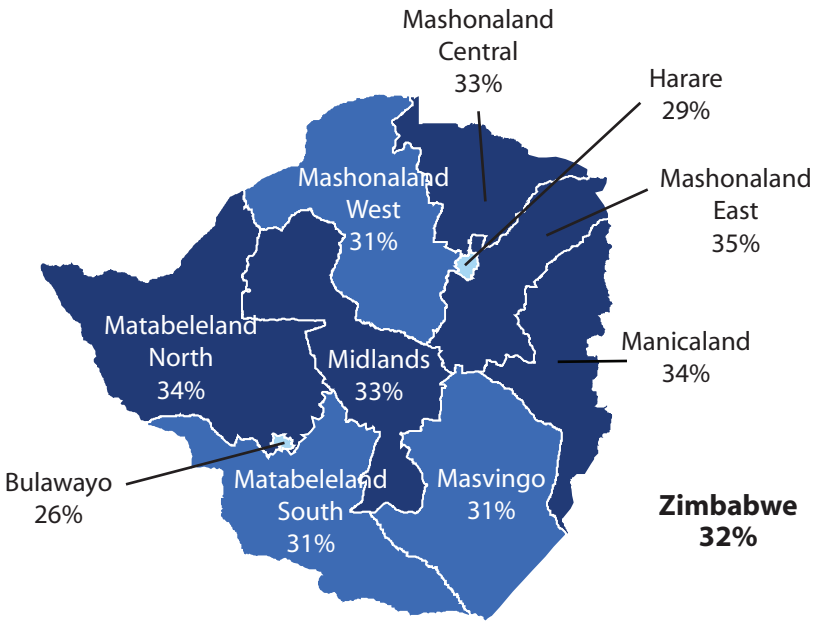
*At least twice a day for breastfed infants age 6-8 months and at least three times a day for breastfed children age 9-23 months. For non-breastfed children age 6-23 months, the minimum number of times is four times a day.

Children's nutritional status

The ZDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2010-11 survey, 32% of children under five are stunted, or too short for their age, which indicates chronic malnutrition. Stunting is most common among children age 24-35 months (49%) and 18-23 months (47%). Stunting is least common among children of more educated mothers and those from wealthier families. Wasting (too thin for height), which is a sign of acute malnutrition, is far less common (3%). Ten percent of Zimbabwean children are underweight, or too thin for their age.

Children's Stunting by Province

Percent of children under age five who are stunted (too short for age)



Women's nutritional status

Only 7% of Zimbabwean women are too thin (7%); in contrast, 31% of women are overweight or obese. Overweight and obesity is higher in urban areas than in rural areas (41% and 26%, respectively) and increases with age and wealth. Women in Harare are most likely to be overweight or obese (43%).

Men's nutritional status

The 2010-11 ZDHS also took weight and height measurements of men. Fifteen percent of Zimbabwean men age 15-49 are too thin and 9% of men are overweight or obese. Overweight and obesity is higher in urban areas than in rural areas (15% and 6%, respectively) and increases with age and wealth. Men in Harare are most likely to be overweight or obese (16%).

Vitamin A and iron supplementation

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 24 hours before the survey, 66% of children age 6–23 months ate fruits and vegetables rich in vitamin A. Sixty-six percent of children age 6–59 months received a vitamin A supplement in the six months prior to the survey. Forty percent of women received a vitamin A supplement postpartum. Vitamin A supplementation has increased since the 2005-06 ZDHS, when 47% of children age 6-59 months received a vitamin A supplement in the six months prior to the survey and 14% of pregnant women received a vitamin A supplement postpartum.

Iron deficiency is one of the primary causes of anaemia, which has serious health consequences for both women and children. Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anaemia and other complications. Only 5% of women took iron tablets or syrup for at least 90 days during their last pregnancy.

Malaria

Household ownership of mosquito nets

In Zimbabwe, 41% of households have at least one mosquito net. Twenty-nine percent of households have at least one insecticide-treated net (ITN), the majority of which are long-lasting insecticide treated nets (LLIN). ITN ownership is highest in Manicaland (46%) and lowest in Matabeleland South (7%).

ITN ownership has increased significantly from 9% in 2005-06 to 29% in 2010-11.

Use of mosquito nets by children and women

Overall, only 10% of children under age five and 10% of pregnant women slept under an ITN the night before the survey. Use of ITN has increased since 2005-06 when only 3% of children under age five and 3% of pregnant women slept under an ITN the night before the survey.

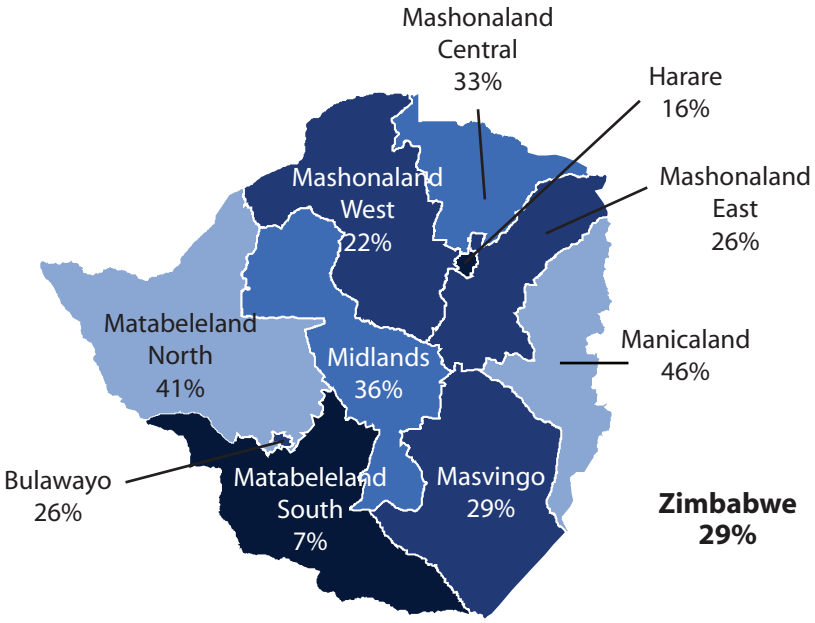
Antimalarial drug use

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. It is recommended that pregnant women receive at least two doses of the antimalarial drug SP/Fansidar as intermittent preventive treatment (IPT). Overall, 25% of pregnant women received any antimalarial drug during their last pregnancy and only 7% of pregnant women received two doses of SP/Fansidar, at least one of which was taken during an ANC visit, as recommended.

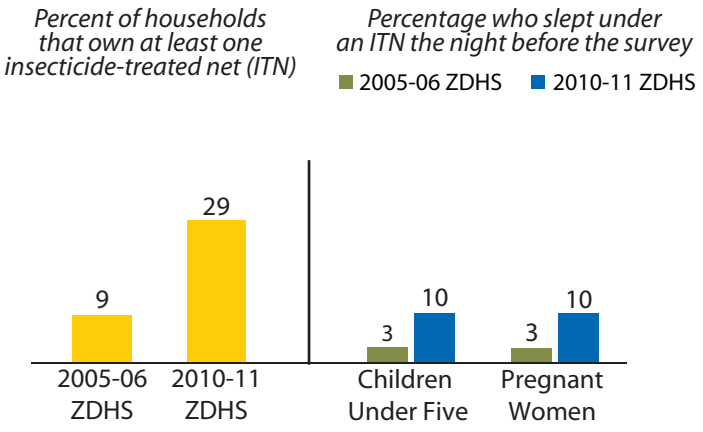
Ten percent of children under age five had a fever in the two weeks preceding the survey. Among these children, 7% had blood taken for testing, 2% were given antimalarial drugs, most of whom were given antimalarial drugs the same day or the day following the onset of the fever.

ITN Ownership by Province

Percent of households with at least one insecticide-treated net (ITN)



Trends in ITN Ownership and Use



Domestic Violence

Experience of Violence

Three in ten women in Zimbabwe have suffered from physical violence at some point since age 15. Women with no education are more than twice as likely to have ever experienced physical violence than women with more than secondary education. Ever-married women report that current or former husbands/partners are the most common perpetrators of physical violence, while never-married women report that other relatives and mothers or step-mothers are the most common perpetrators of physical violence.

Over 1 in 4 women (27%) have ever experienced sexual violence. Women who are divorced, separated, or widowed are three times as likely to have ever experienced sexual violence as never-married women. Among women who have ever had sex, over 1 in 5 women (22%) had their first sexual intercourse forced against their will.

Spousal Violence

Forty-two percent of ever-married women have suffered from spousal or partner abuse (physical and/or sexual) at some point in time. Twenty-seven percent of ever-married women report having experienced some form of physical and/or sexual violence committed by their husband or partner in the past year.

Women's Empowerment

Employment

Forty-four percent of married women age 15–49 interviewed in the ZDHS are employed, compared with 85% of married men. Among those who are employed, cash is the most common form of payment for both women and men; however, men are slightly more likely to be paid in cash for their work.

Participation in household decisions

For the most part, Zimbabwean women have the power to make some household decisions. Nearly 9 in 10 women have sole or joint decisionmaking power about visiting family or friends, while 88% participate in decisions about major household purchases. Eighty-four percent of women participate in decisions about their own health care.

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HIV/AIDS Knowledge, Attitudes, and Behaviour

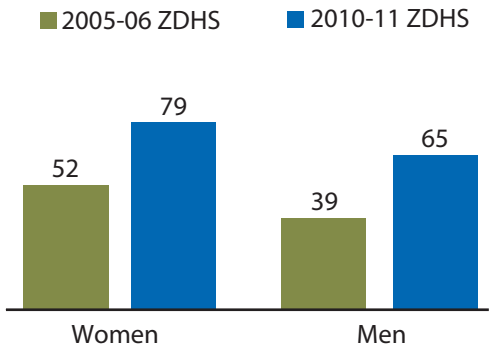
Knowledge

According to the 2010-11 ZDHS, 77% of women and 79% men age 15–49 know that the risk of HIV infection can be reduced by using condoms and limiting sex to one faithful, uninfected partner. This knowledge varies by province, from 69% of women in Matabeleland North to 86% of women in Matabeleland South.

Knowledge about mother-to-child-transmission (MTCT) has increased in Zimbabwe since 2005-06 ZDHS. Seventy-nine percent of women and 65% of men know that HIV can be transmitted by breastfeeding and that the risk of MTCT can be reduced by taking drugs during pregnancy compared with only 52% of women and 39% of men in 2005-06.

Trends in Knowledge of Mother-to-Child Transmission

Percent who know that HIV can be transmitted by breastfeeding and that the risk can be reduced by mother taking special drugs during pregnancy



Multiple sexual partners

One percent of women and 11% of men age 15-49 report that they had sex with two or more partners in the past 12 months. Forty-eight percent of these women and 33% of these men reported using a condom at last sexual intercourse.

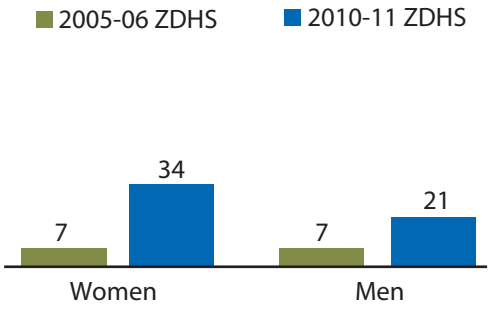
HIV testing

HIV testing is increasing rapidly in Zimbabwe. Thirty-four percent of women and 21% of men tested for HIV and received their test results within the 12 months before the survey in 2010-11 compared with only 7% of women and men in 2005-06.

About 60% of women who were pregnant in the two years before the survey received HIV counselling, were offered and accepted an HIV test, and received their test results during ANC. HIV testing during antenatal care is slightly more common in urban areas (66%) than rural areas (56%).

Trends in HIV Testing

Percent of men and women age 15-49 who were tested for HIV and received the results of the last test taken in the past year



HIV Prevalence

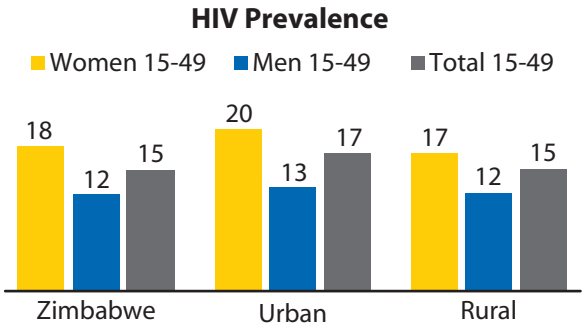
HIV Prevalence

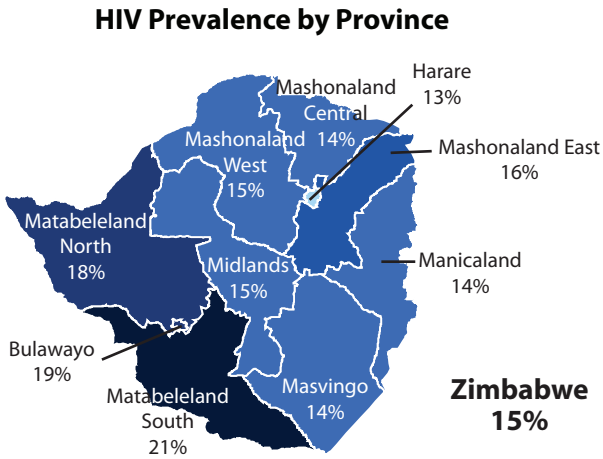
The 2010-11 ZDHS included HIV testing of over 7,000 women age 15-49 and over 6,000 men age 15-54. This represents a testing coverage rate of 80% of women and 69% of men.

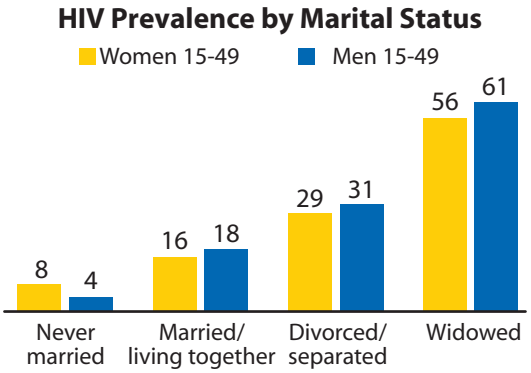
There has been a slight decrease in Zimbabwe's HIV prevalence since 2005-06. According to the 2010-11 ZDHS, 15% of Zimbabwean adults are HIV-positive, compared with 18% in the 2005-06 ZDHS. HIV prevalence is 18% for women and 12% for men.

HIV prevalence is slightly higher in urban areas (17%) than in rural areas (15%). HIV prevalence varies by age; it is highest among women age 30-39 and men age 45-49. HIV prevalence varies by province from 13% in Harare to 21% in Matebeleland South.

HIV prevalence is particularly high among widows and those who are divorced or separated. More than half of widowed women and men are HIV-positive and about 30% of divorced or separated women and men are HIV-positive.







Key Indicators

Fertility	Total	Manicaland	Mashonaland Central
Total fertility rate (number of children per woman)	4.1	4.8	4.5
Women age 15–19 who are mothers or currently pregnant (%)	24	27	30
Median age at first marriage for women age 25–49 (years)	19.7	19.4	18.1
Median age at first intercourse for women age 25–49 (years)	18.9	18.9	18.0
Median age at first birth for women age 25–49 (years)	20.2	20.2	19.3
Married women age 15–49 who want no more children (%)	41	38	37
Family Planning (married women, age 15–49)			
Current use			
Any method (%)	59	56	64
Any modern method (%)	57	55	62
Currently married women with an unmet need for family planning[1] (%)	13	15	9
Maternal and Child Health			
Maternity care			
Pregnant women who received antenatal care from a skilled provider[2] (%)	90	87	92
Births assisted by a skilled provider[2] (%)	66	61	51
Births delivered in a health facility (%)	65	61	50
Child vaccination			
Children 12–23 months fully vaccinated[3] (%)	65	47	67
Nutrition			
Children under 5 years who are stunted (moderate or severe) (%)	32	34	33
Children under 5 years who are wasted (moderate or severe) (%)	3	2	4
Children under 5 years who are underweight (%)	10	8	12
Malaria			
Households with at least one insecticide-treated net (ITN) (%)	29	46	33
Children under 5 years who slept under an ITN the night before the survey (%)	10	16	14
Pregnant women who slept under an ITN the night before the survey (%)	10	15	16
Childhood Mortality			
Infant mortality (between birth and first birthday)[4]	*57*	61	70
Under-five mortality (between birth and fifth birthday)[4]	*84*	97	95
HIV/AIDS-related Knowledge			
Knows ways to avoid HIV (women and men age 15–49):	Women/Men	Women/Men	Women/Men
Having one sexual partner (%)	90/91	87/95	91/92
Using condoms (%)	81/82	78/87	81/82
Knows HIV can be transmitted by breastfeeding (%)	86/78	82/79	85/81
Knows risk of MTCT can be reduced by mother taking special drugs during pregnancy (%)	86/76	85/78	87/79
HIV Prevalence			
HIV Prevalence for women age 15-49 (%)	18	18	15
HIV Prevalence for men age 15-49 (%)	12	10	12

Numbers in parentheses are based on 25–49 cases (malaria) or 250–499 unweighted person-years of exposure to the risk of death (under-five mortality). [1]Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. [2]Skilled provider includes doctor, nurse-midwife, or nurse. [3]Fully vaccinated includes BCG, measles, three doses of DPT or pentavalent, and three

Province							
Mashonaland East	Mashonaland West	Matabeleland North	Matabeleland South	Midlands	Masvingo	Harare	Bulawayo
4.5	4.5	4.1	4.2	4.2	4.7	3.1	2.8
25	24	31	23	23	23	20	11
19.4	18.8	20.2	21.0	19.6	20.1	20.9	21.7
18.3	18.5	18.0	17.9	18.9	19.2	20.5	19.7
20.2	19.6	19.8	19.6	20.1	20.6	21.3	21.0
45	43	44	52	42	37	36	50
63	62	51	46	59	54	59	61
61	61	49	45	58	54	58	59
11	10	13	26	14	12	13	14
87	87	93	96	92	94	87	92
60	55	66	72	65	75	84	88
59	53	64	69	63	73	83	88
80	73	66	72	58	56	68	83
35	31	34	31	33	31	29	26
4	2	6	4	3	2	3	2
10	10	14	12	11	7	9	8
26	22	41	7	36	29	16	26
10	5	18	3	9	5	6	17
11	6	15	8	12	6	3	(19)
41	70	23	29	49	55	57	41
57	93	36	40	77	74	78	(61)
Women/Men	Women/Men	Women/Men	Women/Men	Women/Men	Women/Men	Women/Men	Women/Men
95/90	90/96	79/64	92/89	91/89	86/92	92/94	92/94
83/81	80/88	76/56	88/83	82/78	77/84	81/85	87/87
92/79	84/85	83/71	86/79	84/77	83/82	88/75	86/73
91/75	84/79	80/53	83/57	82/76	82/73	91/85	89/84
18	18	20	23	17	16	17	21
13	12	16	19	13	12	9	17

doses of polio. [4] Number of deaths per 1,000 births; 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.