Zambia

2013-14 Demographic and Health Survey

Key Findings

This report summarizes the findings of the 2013-14 Zambia Demographic and Health Survey (ZDHS) carried out by the Central Statistical Office (CSO) in partnership with the Ministry of Health as well as the University Teaching Hospital (UTH)-Virology Laboratory, the Tropical Diseases Research Centre (TDRC), and the Department of Population Studies at the University of Zambia (UNZA) under the overall guidance of the National Steering Committee from August 2013 to April 2014. The government, through the Ministry of Health and the Ministry of Finance, provided funding for the survey. ICF International provided technical assistance as well as funding to the project through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide. Additional 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), and the United Nations Children's Fund (UNICEF).

Additional information about the 2013-14 ZDHS may be obtained from the Central Statistical Office, P.O. Box 31908, Lusaka, Zambia; Telephone: (260-211) 251377/85 or (260-211) 257604/05; Fax: (260-211) 253468; E-mail: Info@zamstats.gov.zm; Internet: www.zamstats.gov.zm or http://zambia.africadata.org.

Additional information about The DHS Program may be obtained from ICF International, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA (telephone: 301-407-6500; fax: 301-407-6501; E-mail: info@DHSprogram.com; Internet: www.DHSprogram.com).

Suggested citation:

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About the 2013-14 ZDHS

The 2013-14 Zambia Demographic and Health Survey (ZDHS) is designed to provide data for monitoring the population and health situation in Zambia. The 2013-14 ZDHS is the fifth Demographic and Health Survey conducted in Zambia since 1992, and the objective of the survey is to provide information on levels and trends in fertility, childhood mortality, use of family planning methods, and maternal and child health indicators including HIV/AIDS that can be used by programme managers and policymakers to evaluate and improve existing programmes and health policies in Zambia.

Who participated in the survey?

A nationally representative sample of 16,411 women age 15-49 in all selected households and 14,773 men age 15-59 in all selected households were interviewed. This represents a response rate of 96% of women and 91% of men. The sample design for the 2013-14 ZDHS provides estimates at the national and provincial levels, as well as for urban and rural areas.

Characteristics of Households and Respondents

Household Composition

Zambian households consist of an average of 5.1 people. More than one-quarter (27%) of households are headed by women. Half of the Zambian population is under age 15.

Water, Sanitation, and Electricity

Nearly two-thirds of households (65%) in Zambia have access to an improved source of drinking water. Nine in ten households in urban areas have access to an improved source of drinking water compared to nearly half of households (47%) in rural areas. One in four Zambian households have an improved, not shared sanitation facility. More than half of households (55%) have a non-improved sanitation facility. In rural areas, 3 in 4 households lack improved sanitation facilities compared to just one in four households in urban areas. More than 1 in 4 households (28%) in Zambia have electricity.

Ownership of Goods

Currently, 66% of households own a mobile phone, 57% have a radio, and 37% own a television. Households in urban areas are more likely to own a mobile phone, radio, or television than rural households. More than 40% of households own a bicycle while 7% own a car/truck. Six in ten households own agricultural land and nearly half of households own farm animals. Nearly one-quarter of households have a bank/savings account.

Education

Only 8% of women and 4% of men have no education. Nearly half of women and 40% of men have attended primary school. Forty-five percent of women and 57% of men have attended secondary or higher education. Women and men in urban areas are much more likely to achieve higher levels of education. Men are more likely to be literate than women. Two-thirds of Zambian women are literate compared to 83% of Zambian men.

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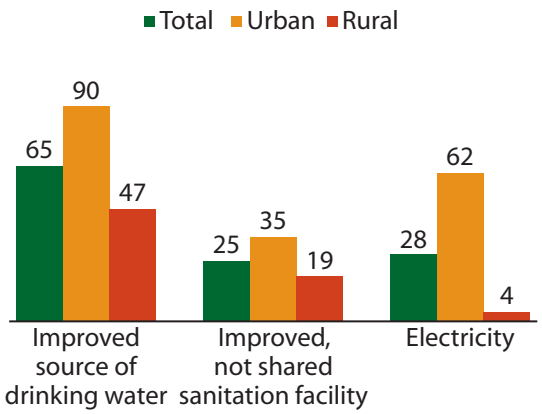
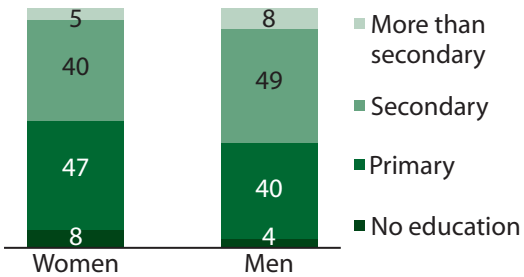
Water, Sanitation, and Electricity by Residence

Percent of households with:



Education

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



Fertility and Its Determinants

Total Fertility Rate

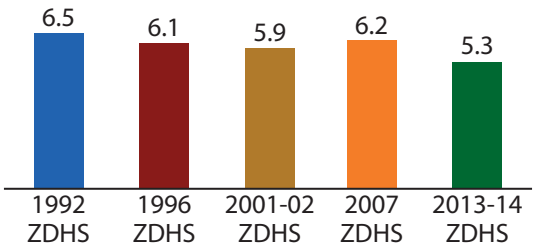
Currently, women in Zambia have an average of 5.3 children. Fertility in Zambia has decreased from 6.5 births per women in 1992 to 5.3 births per woman.

Fertility varies by residence and province. Women in urban areas have 3.7 children on average, compared to 6.6 children per woman in rural areas. Fertility is lowest in Lusaka province where women have an average of 3.7 children. Fertility is highest in Northern province where women have an average of 6.6 children.

Fertility also varies with education and economic status. Women with no education have 4.2 children more than women with more than secondary education (7.2 versus 3.0). Fertility increases as the wealth of the respondent's household* decreases. Women living in the poorest households, in general, have almost four children more than women who live in the wealthiest households (7.1 versus 3.0).

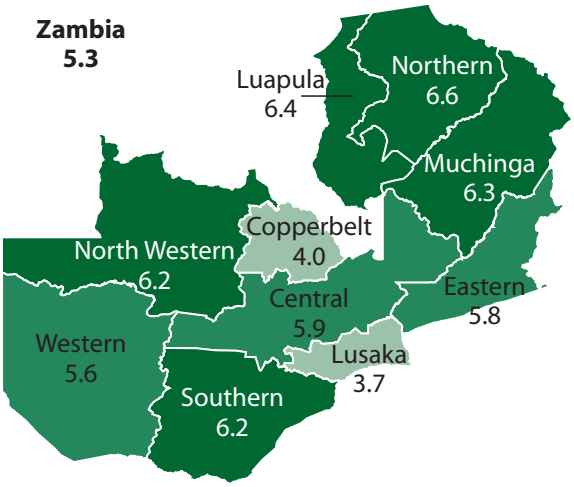
Trends in Fertility

Births per woman for the three-year period before the survey



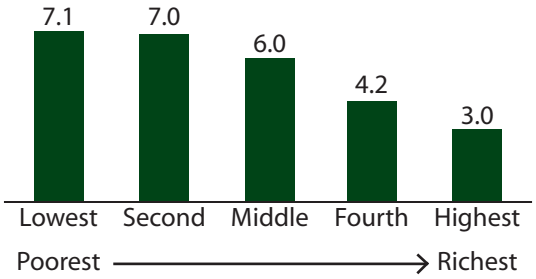
Total Fertility Rate by Province

Births per woman for the three-year period before the survey



Total Fertility Rate by Household Wealth

Births per woman for the three-year period before the survey



* 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 their relative standing on the household wealth index.

Age at First Sexual Intercourse, Marriage, and Birth

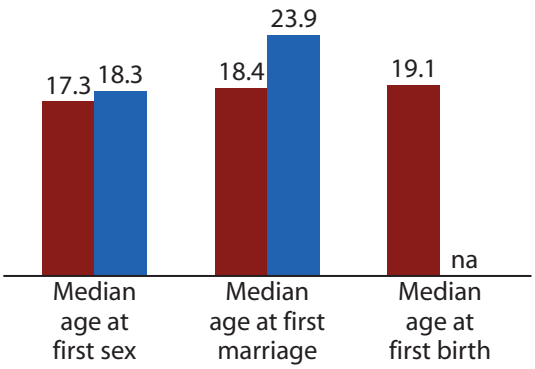
Zambian women begin sexual activity one year earlier than Zambian men; the median age at first sex for women age 25-49 is 17.3 years, compared to 18.3 years for men age 25-49. Women with no education begin sexual activity 4.3 years earlier than women with more than secondary education (16.6 versus 20.9, respectively). Nearly 6 in 10 women initiated sexual activity by age 18 compared to 46% of men.

Zambian women get married 1.1 years after sexual initiation at age 18.4. Zambian men marry 5.5 years later than women at the median age of 23.9. One in ten Zambian women is married before age 15 and 45% are married by age 18. Five percent of men are married by age 18.

The median age at first birth for women is 19.1 years. Women with no education have their first birth 6.2 years earlier than women with more than secondary education (18.5 versus 24.7, respectively).

Median Age at First Sex, Marriage, and Birth

Among women and men age 25-49



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Teenage fertility

Overall, 29% of adolescent women age 15-19 are already mothers or pregnant with their first child. Young motherhood is more common in rural areas than in urban areas (36% and 20%, respectively). Teenage fertility is lowest in Copperbelt province (16%) and highest in North Western (41%).Twice as many teenagers with no education have begun childbearing compared to those with secondary education (53% versus 23%, respectively). Teenagers from the poorest households (45%) are four times as likely to have begun childbearing than those from the wealthiest households (10%).

Polygyny

Twelve percent of married women and 7% of married men age 15-49 are in polygynous unions. Polygyny is more common in rural areas with 17% of women and 10% of men in polygynous unions. Polygyny is more common in Southern province where 26% of women and 16% of men are in polygynous unions.

Family Planning

Current Use of Family Planning

Nearly half of married women in Zambia use any method of contraception. Forty-five percent use a modern method of family planning. Another 4% use a traditional method. Injectables (19%), the pill (12%), and implants (6%) are the most commonly used modern methods.

Among never married, sexually active women age 15-49, 38% use a modern method of family planning. The most commonly used methods are injectables (14%), the male condom (11%), and the pill (9%).

Use of modern methods of family planning varies by residence and region. Four in ten married women in rural areas use modern methods, compared to 53% of married women in urban areas. Modern contraceptive use ranges from a low of 32% in Western province to a high of 55% in Lusaka.

Modern contraceptive use increases with education; one-third of married women with no education use modern methods compared to 58% of women with more than secondary education. A similar pattern is seen with household wealth. Married women from the poorest households (31%) are less likely to use modern methods compared to married women from the wealthiest households (58%).

Trends in Family Planning Use

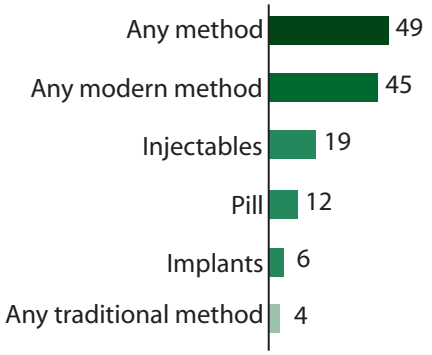
Use of any method of family planning has greatly increased from 15% to 49% in the past two decades. Modern method contraceptive use has increased five times from 9% in 1992 to 45% in 2013-14.

Source of Family Planning Methods

The public sector, such as government hospitals and clinics, currently provides family planning to 8 in 10 current users, while the private medical sector provides family planning to less than one in ten current users.

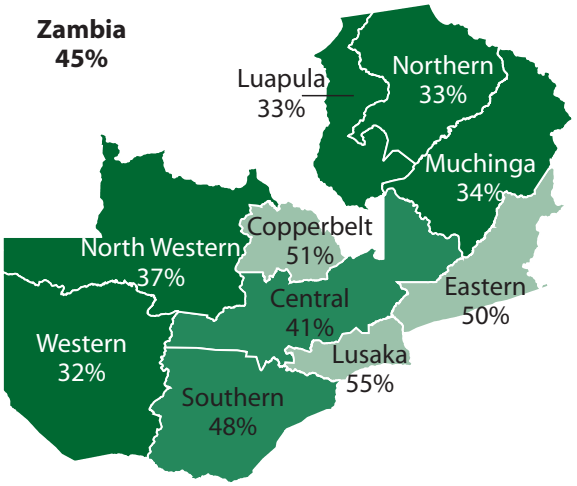
Family Planning

Percent of married women age 15-49 using family planning



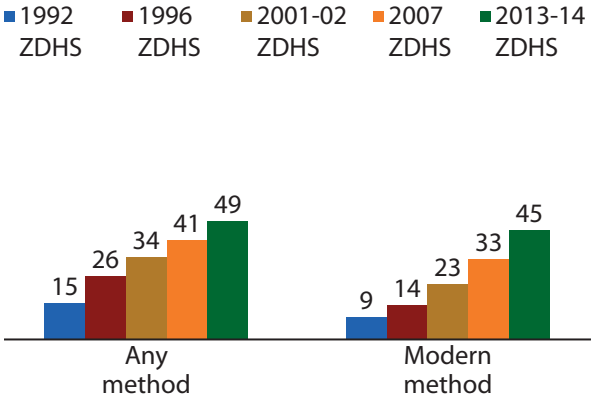
Current Use of Modern Methods by Province

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



Trends in Family Planning Use

Percent of married women age 15-49 using family planning



Need for Family Planning

Desire to Delay or Stop Childbearing

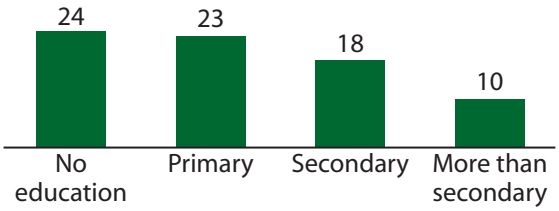
Thirty-five percent of married women and 28% of married men want no more children. Nearly half of women (41%) and 46% of men want to wait at least two years before their next birth. These women and men are potential users of family planning.

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 2013-14 ZDHS reveals that more than 1 in 5 married women have an unmet need for family planning—14% have a need for spacing births and 7% have a need for limiting births. Women in rural areas are more likely to have an unmet need for family planning than women in urban areas (24% versus 17%). Women in Luapula are most likely to have an unmet need for family planning (29%), compared to only 16% of women in Lusaka. Unmet need is higher among women with no education (24%) than among women with more than secondary education (10%).

Unmet Need for Family Planning by Education

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



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Exposure to Family Planning Messages

The most common media sources of family planning messages are the radio and television. Three in ten women and 4 in 10 men were exposed to a family planning message on the radio, while 21% of women and 24% of men heard or saw a family planning message on television. Nearly two-thirds of women and more than half of men were not exposed to family planning messages through any media source.

Among women who heard of saw a family planning message on the radio or television, 26% had listened to or watched "Your Health Matters" on the radio or television.

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 available family planning methods. Nearly 8 in 10 women were informed of possible side effects or problems of their method, 77% were informed about what to do if they experience side effects, and 83% were informed about other available contraceptive methods.

Childhood Mortality

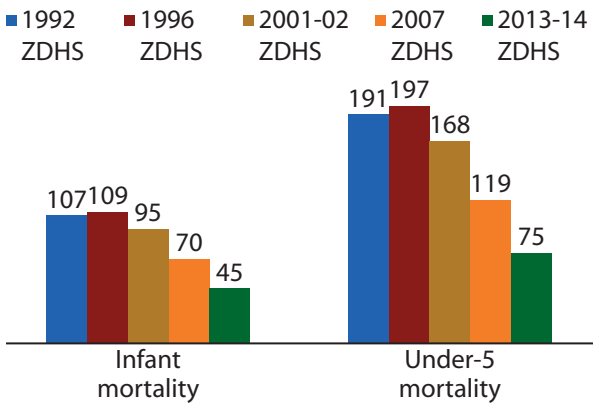
Rates and Trends

Infant and under-5 mortality rates in the five-year period before the survey are 45 and 75 deaths per 1,000 live births, respectively. At these mortality levels, 1 in every 22 Zambian children dies before reaching age one. One in every 13 does not survive to their fifth birthday.

Childhood mortality rates have declined in the past two decades. Infant mortality has declined by more than half from 107 deaths per 1,000 lives births in 1992 to 45 in 2013-14. During the same time period, under-5 mortality has sharply decreased from 191 to 75 deaths per 1,000 live births.

Trends in Childhoood Mortality

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



Under-5 Mortality Rate by Background Characteristics

Mortality rates differ by residence and province for the ten-year period before the survey. Children in rural areas are more likely to die young than children in urban areas, with under-5 mortality at 85 deaths per 1,000 live births in rural areas, compared to 72 deaths per 1,000 live births in urban areas. The under-5 mortality rate ranges from 63 deaths per 1,000 live births in Copperbelt to 115 deaths per 1,000 live births in Eastern province.

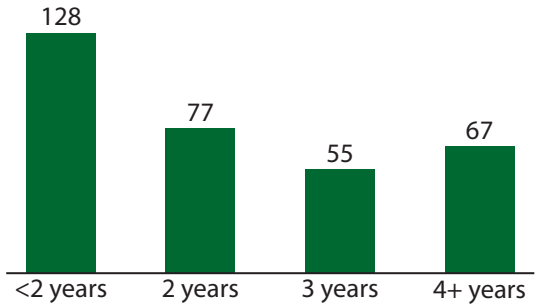
Under-5 mortality among children born to mothers with no education (109 deaths per 1,000 live births) is higher than children born to mothers with more than secondary education (43 deaths per 1,000 live births). Under-5 mortality among poorer households (100 deaths per 1,000 live births) is nearly twice that of children from the wealthiest households (58 deaths per 1,000 live births).

Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Zambia, the median birth interval is 34.9 months. Infants born less than two years after a previous birth have high under-five mortality rates (128 deaths per 1,000 live births compared to 55 deaths per 1,000 live births for infants born three years after the previous birth). Only 16% of all children are born less than two years after their siblings.

Under-5 Mortality by Previous Birth Interval

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



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Maternal Health

Antenatal Care

Almost all women (96%) receive antenatal care (ANC) from a skilled provider (doctor, clinical officer, and nurse/midwife), most commonly from a nurse/midwife (90%). The timing and quality of ANC are also important. Nearly one-quarter of women had an ANC visit before their fourth month of pregnancy, as recommended, and more than half (56%) of women made four or more ANC visits.

Nearly all women (95%) took iron tablets or syrup during pregnancy. Eighty-two percent of women's most recent births were protected against neonatal tetanus. Among women who received ANC for most recent birth, 94% had blood sample taken, 89% had blood pressure measured, 88% were informed of pregnancy complications, and 41% had urine sample taken.

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Delivery and Postnatal Care

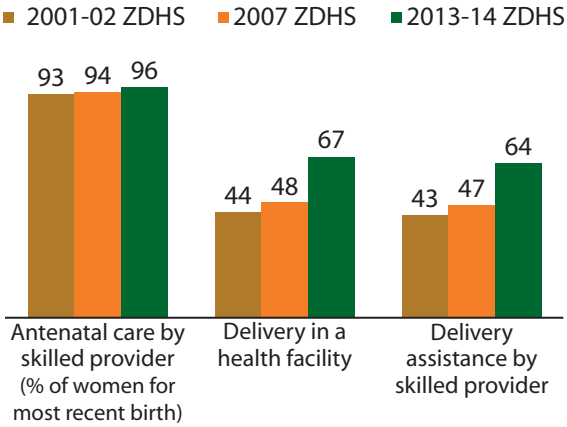
Two-thirds of births occur in health facilities, primarily in public sector facilities. Facility-based births are more common in urban areas (89%) than rural areas (56%). Three in ten births occur at home. Home births are more common in rural areas (42%) than urban areas (11%). Since 2001-02, facility-based deliveries have increased from 44% to 67% in 2013-14.

Sixty-four percent of births are assisted by a skilled provider. Another 17% of births are assisted by a traditional birth attendant. Skilled assistance at birth is most common in Lusaka (89%) and least common in Northern province. Women with more education and those from wealthier households are most likely to have their births attended by a skilled provider. Since 2001-02, skilled assistance during delivery has increased from 43% to 64% in 2013-14.

Postnatal care helps prevent complications after childbirth. More than 6 in 10 women receive a postnatal checkup within two days of delivery. Twenty-eight percent of women did not receive a postnatal checkup within 41 days of delivery.

Trends in Maternal Health Care

Percent of live births in the five years before the survey



Maternal Mortality

The 2013-14 ZDHS asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The maternal mortality ratio (MMR) for Zambia is 398 deaths per 100,000 live births. The confidence interval for the 2013-14 MMR ranges from 323 to 474 deaths per 100,000 live births. The 2013-14 MMR is significantly different from the 2001-02 ZDHS MMR of 729 deaths per 100,000 live births as well as the 1996 ZDHS MMR of 649 deaths per 100,000 live births.

Child Health

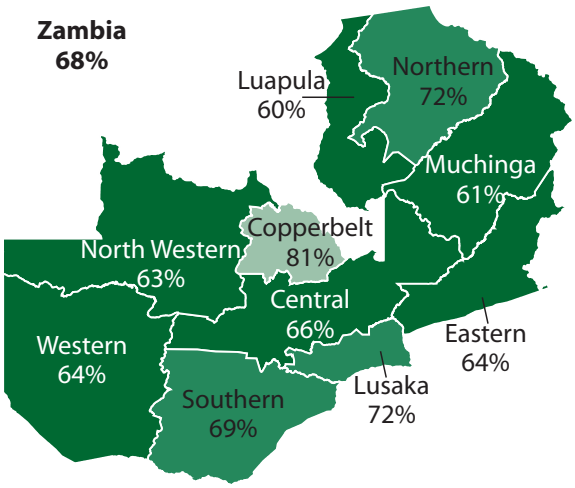
Vaccination Coverage

According to the 2013-14 ZDHS, more than two-thirds of Zambian children age 12-23 months have received all basic vaccinations—one dose each of BCG and measles and three doses each of DPT-HepB-Hib and polio. Only 2% of children did not receive any of the recommended vaccines.

Vaccination coverage is 76% in urban areas and 65% in rural areas. Vaccination coverage varies by province, ranging from 60% in Luapula to 81% in Copperbelt. Vaccination coverage increases with mother's education; 52% of children whose mothers have no education were fully vaccinated, compared to 81% of children whose mothers have more than secondary education. Children from wealthier households are more likely to have received all basic vaccinations than children from the poorest households (80% versus 63%).

Vaccination Coverage by Province

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

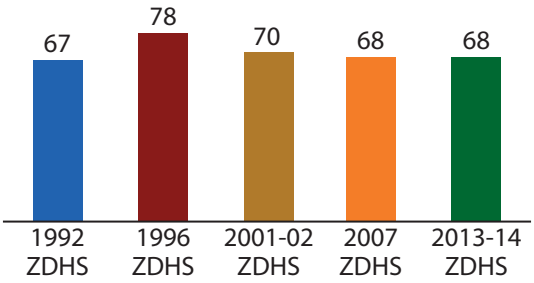


Trends in Vaccination Coverage

Vaccination coverage among children age 12-23 months has not changed since 2007. There is no apparent trend in vaccination coverage in the last five ZDHS surveys. Coverage of the third dose of DTP-HepB-Hib and measles vaccinations has increased since 1992.

Trends in Vaccination Coverage

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



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, 70% were taken to a health facility or provider.

Sixteen percent of children under five had diarrhoea. This rate was highest among children age 6-23 months. Two-thirds of children with diarrhoea were taken to a health facility or provider. Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT). Three-quarters of children with diarrhoea were treated with ORT or increased fluids. However, 16% of children received no treatment from a medical professional or at home.

Feeding Practices and Supplementation

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Zambia with 98% of children ever breastfed. Two-thirds of children are breastfed within the first hour of life. Only 4% of children who were ever breastfed received a prelacteal feed.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Nearly three-quarters of children under six months in Zambia are exclusively breastfed. Children age 0-35 months, on average, breastfeed until 20.1 months and are exclusively breastfed for 4.9 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Zambia, 83% of children age 6-9 months are breastfed and receive complementary foods.

Use of Iodised Salt

Iodine is an important micronutrient for body growth and mental development. Fortification of salt with iodine is the most common method of preventing iodine deficiency. Ninety-six percent of households in Zambia have iodised salt.

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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, pregnant women, and new mothers. In the 24 hours before the survey, 3 in 4 children age 6-23 months ate foods rich in vitamin A. Seventy-seven percent of children age 6-59 months received a vitamin A supplement in the six months prior to the survey. More than 6 in 10 women received a postpartum dosage of vitamin A.

Iron is essential for cognitive development in children and low iron intake can contribute to anaemia. Nearly half of children ate iron-rich foods the day before the survey, but only 7% were given iron supplements in the week before the survey. Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anaemia and other complications. Nearly 6 in 10 women took iron tablets for at least 90 days during their last pregnancy.

Nutritional Status

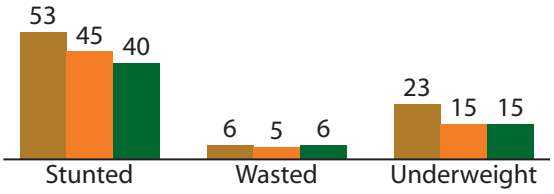
Children's Nutritional Status

The 2013-14 ZDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Four in ten children under five in Zambia are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is more common in Northern province where almost half of children are stunted and less common in Lusaka, Copperbelt, and Western provinces where 36% of children are stunted. Stunting is more common among children of less educated mothers (45%) and those from the poorest households (47%). Wasting (too thin for height), which is a sign of acute malnutrition, is far less common (6%). In addition, 15% of Zambian children are underweight, or too thin for their age.

The nutritional status of Zambian children has generally improved since 2001-02. Stunting or underweight has decreased, while wasting has remained unchanged.

Trends in Children's Nutritional Status

Percent of children under five, based on 2006 WHO Child Growth Standards



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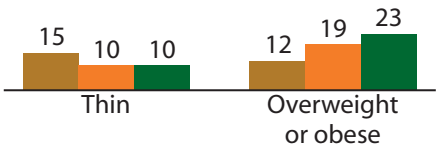
Women's Nutritional Status

The 2013-14 ZDHS also took weight and height measurements of women age 15–49. One in ten Zambian women are thin (BMI < 18.5), while 23% of women are overweight or obese (BMI ≥ 25.0) Overweight and obesity increase with age; only 9% of women age 15-19 are overweight or obese compared to 36% of women age 40-49. Fifteen percent of women in rural areas are overweight or obese compared to twice that of women in urban areas (32%). Overweight and obesity increases with both education and household wealth. More than one-third of women in Lusaka are overweight or obese compared to only 10% of women in Western province. Thinness has decreased since 2001-02 from 15% to 10%, while overweight and obesity has increased from 12% in to 23% in the same time period.

Trends in Women's Nutritional Status

Percent of women age 15-49



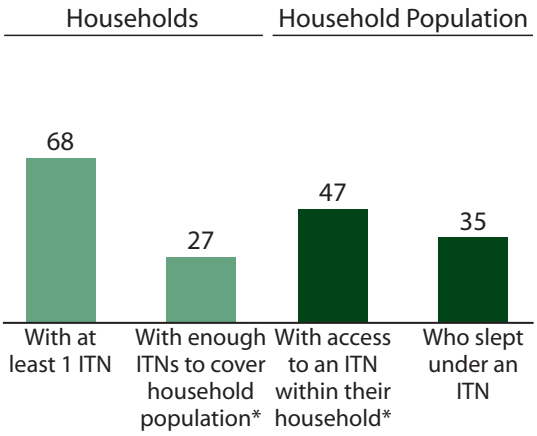
Malaria

Mosquito Nets

Among all households in Zambia, two-thirds own at least one insecticide-treated net (ITN). However, only 27% of households have enough ITNs to cover each household member, assuming one ITN is used by two people. Among the household population, nearly half have access to an ITN, while 35% slept under an ITN the night before the survey.

Ownership of, Access to, and Use of ITNs

Percent of:

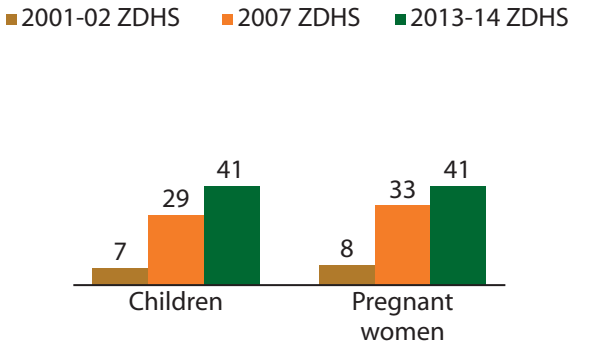


*Assuming one ITN covers 2 people

Children and pregnant women are most vulnerable to malaria. Four in ten children under five slept under an ITN the night before the survey. Similarly, 41% of pregnant women slept under an ITN the night before the survey. Use of ITNs by children under five and pregnant women has increased since 2001-02.

Trends in ITN Use

Percent of children under five and pregnant women age 15-49 who slept under an ITN the night before the survey



Indoor Residual Spraying

Indoor residual spraying (IRS) is limited to specific areas in Zambia. In 2013-14, 28% of households had been sprayed with insecticide in the year before the survey. IRS coverage is highest in Copperbelt (44%) and lowest in Lusaka (16%). Three in four households in Zambia have vector control through possession of at least one ITN and/or IRS in the past 12 months.

Intermittent Preventive Treatment of Pregnant Women

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive two or more doses of SP/Fansidar during an ANC visit. More than 7 in 10 pregnant women received this intermittent preventive treatment (IPTp) during ANC. IPTp has increased from 63% in 2007 to 73% in 2013-14.

Management of Malaria in Children

In the two weeks before the survey, 21% of children under five had fever, the primary symptom of malaria. Three in four children with fever sought treatment, while nearly half had blood taken from a finger or heel stick for testing.

Artemisinin combination therapy (ACT) is the recommended drug for treating malaria in children. Four in ten children with fever received an antimalarial drug. Among children with fever who received an antimalarial, 91% received ACT.

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HIV Knowledge, Attitudes, and Behaviour

Knowledge of HIV Prevention Methods

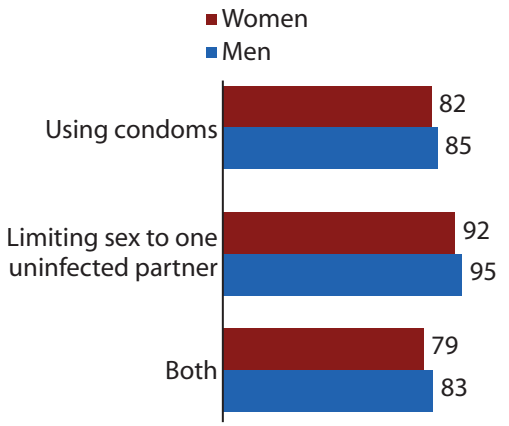
Men are more likely than women to know about the different HIV prevention methods. Seventy-nine percent of women and 83% of men know that the risk of getting HIV can be reduced by using condoms and limited sex to one monogamous, uninfected partner. Knowledge of HIV prevention methods is highest among women and men with more than secondary education and from the wealthiest households.

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

Women are more likely than men to have knowledge of PMTCT. More than three-quarters of women and 58% of men know that HIV can be transmitted by breastfeeding and that transmission can be reduced by the mother taking special medication during pregnancy. Knowledge of PMTCT is highest among women and men with more than secondary education and from the wealthiest households.

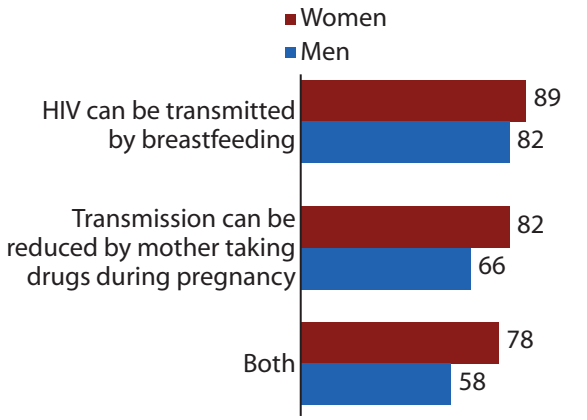
Knowledge of HIV Prevention Methods

Percent of women and men age 15-49 who know that the risk of HIV transmission can be reduced by:



Knowledge of PMTCT

Percent of women and men age 15-49 who know that:



Multiple Sexual Partners

Having multiple sexual partners increases the risk of contracting HIV and other sexually transmitted infections (STIs). A small percentage of women (2%) and 16% of men had two or more sexual partners in the past 12 months. Among women and men who had two or more partners in the past year, 3 in 10 women and men reported using a condom at last sexual intercourse. Women in Zambia have a lifetime average of 2.0 sexual partners and compared to 5.9 partners for men.

Male Circumcision

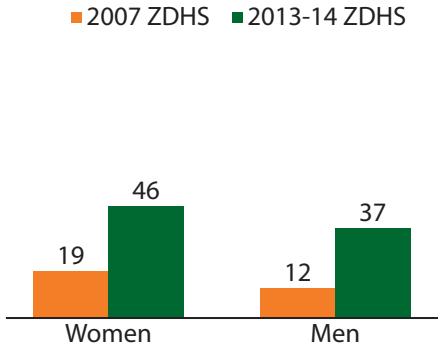
More than one in five Zambian men (22%) is circumcised. Male circumcision is most common in North Western province (79%) and among Muslim men (71%).

HIV Testing

Nearly all women and men know where to get an HIV test. More than three-quarters of women (78%) and 60% of men have ever been tested for HIV and received the results. However, 20% of women and 36% of men have never been tested for HIV. Within the past 12 months, nearly half of women (46%) and 37% of men have been tested and received the results. HIV testing has improved since 2007 when only 19% of women and 12% of men had been tested and received the results.

Trends in Recent HIV Testing

Percent of women and men age 15-49 who were tested for HIV in the 12 months before the survey and received their results



HIV Prevalence

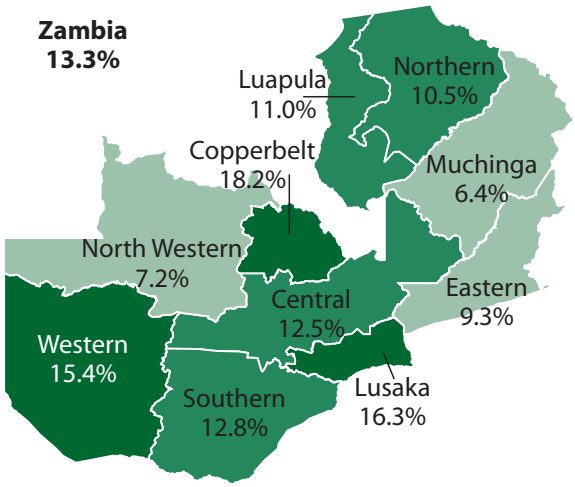
HIV Prevalence

HIV prevalence data were obtained from blood samples voluntarily provided by women and men interviewed in the 2013-14 ZDHS. Of the 17,064 women and 15,599 men age 15-49 eligible for testing, 90% of women and 84% of men provided specimens for HIV testing.

Overall, 13.3% of Zambians age 15-49 are HIV-positive. HIV prevalence is higher among women (15.1%) than among men (11.3%). HIV prevalence is higher in urban areas than in rural areas for both women and men. Among women, HIV prevalence is highest at age 35-39 (24.2%) and lowest at age 15-19 (4.8%). Among men, HIV prevalence is highest at age 40-44 (21%) and lowest at age 15-19 (4.1%). Regionally, HIV prevalence ranges from a low of 6.4% in Muchinga to a high of 18.2% in Copperbelt.

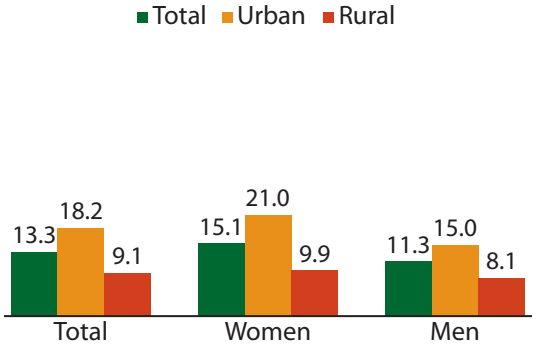
HIV Prevalence by Province

Percent of women and men age 15-49 who are HIV-positive



HIV Prevalence by Residence

Percent of women and men age 15-49 who are HIV-positive

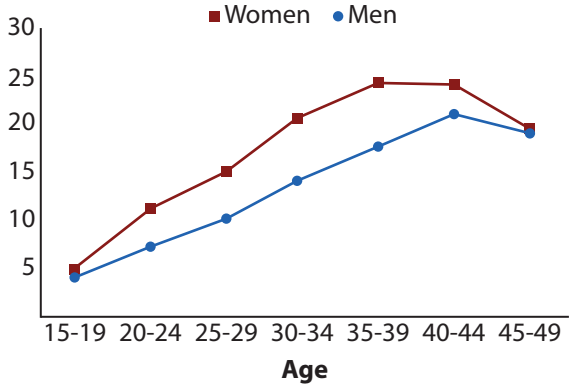


Trends in HIV Prevalence

Overall, the total estimate of HIV prevalence among adults (women and men age 15-49) has declined slightly from 15.6% in 2001-02 to 13.3% in 2013-14. The decline in total HIV prevalence between 2001-02 and 2013-14 is statistically significant. HIV prevalence has declined among women, from 17.8% in 2001-02 to 15.1% in 2013-14, and among men, from 12.9% to 11.3% during the same time period. These declines in HIV prevalence among women and men are not statistically significant.

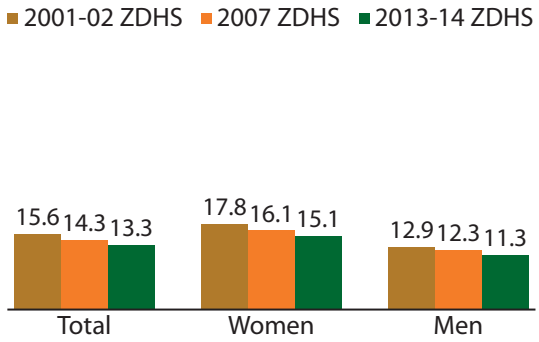
HIV Prevalence by Age

Percent of women and men age 15-49 who are HIV-positive



Trends in HIV Prevalence

Percent of women and men age 15-49 who are HIV-positive



Adult Health Issues

Knowledge of Tuberculosis

Knowledge of tuberculosis (TB) is almost universal in Zambia. Seven in ten women and 77% of men know that TB is spread through the air when an infected person coughs. About eight in ten women and men believe that TB can be cured. Nearly half of women and 36% of men would want to keep it secret if a family member had TB. More than nine in ten women and men would care fore a family member with TB.

Health Insurance Coverage

The majority of Zambian women and men do not have any health insurance (97% each). Among women and men with health insurance, 2% have employer-based insurance.

Use of Tobacco

Tobacco use is more common among men than women. Only 2% of Zambian women use tobacco compared to one in five men. Among men, cigarettes are the most common tobacco product used. Cigarette use increases with age; only 3% of men age 15-19 smoke compared to 36% of men age 45-49. Cigarette use also decreases with education; 31% of men with no education smoke, compared to 8% of men with more than secondary education. Among men who smoke cigarettes, 38% smoke 3-5 cigarettes daily and 12% smoke ten or more.

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Women's Empowerment

Employment

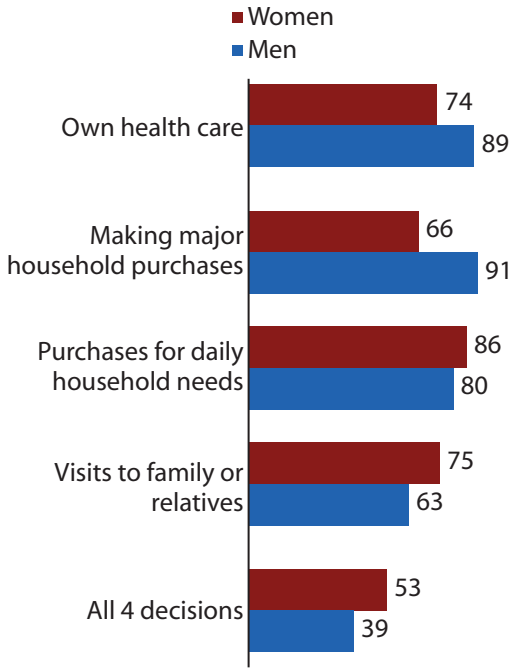
Nearly 6 in 10 married women age 15-49 were employed at any time in the past 12 months, compared to 97% of married men. The majority (57%) of working women earn cash, while 35% are not paid at all. Seven in ten working men earn cash, while 16% are not paid. Thirty-five percent of married women who are employed and earned cash made independent decisions on how to spend their earnings. More than two-thirds of working women reported earning less than their husband.

Participation in Household Decisions

The 2013-14 ZDHS asked currently married women and men about their participation in four types of household decisions: own health care, making major household purchases, purchases for daily household needs, and visits to family or relatives. Men are more likely to participate in decisionmaking than women in two of the four decisions. Women are more likely to make decisions about purchases for daily household needs and visits to family or relatives than men. Not all Zambian women have the power to make decisions. About half of women participate in all four decisions compared to 39% of men.

Participation in Decisionmaking

Percent of married women and men age 15-49 who make decisions alone or jointly with their spouse



Ownership of Assets

Women are more likely to own a house, alone or jointly, than men (46% versus 42%). One-third of women and men own land, alone or jointly.

Attitudes toward Wife Beating

Nearly half of women and one-third of men agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Women and men are most likely to agree that wife beating is justified if a woman argues with her husband (34% and 20%, respectively).

Problems in Accessing Health Care

More than two-thirds of women report having at least one problem accessing health care for themselves. Four in ten women are concerned that there may be no drugs available. Thirty-seven percent of women are concerned about the distance to the health facility.

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Domestic Violence

Attitudes toward Wife Beating

Nearly half of women (47%) and one-third of men agree that a husband is justified in beating his wife for any of the following reasons: argues with him, neglects the children, goes out without telling him, refuses to have sexual intercourse with him, or burns the food. Women are most likely to agree that wife beating is justified if she argues with him (34%). Men are most likely to agree that wife beating is justified if the wife argues with him or neglects the children (both 20%).

Experience of Physical Violence

More than four in ten women (43%) have ever experienced physical violence since age 15. Regionally, ever experience of physical violence ranges from a low of 34% in Eastern province to a high of 53% in Northern province. One in five women have experienced physical violence in the past 12 months. The most common perpetrator of physical violence among ever-married women is the current husband/partner (63%). Among never married women, the most common perpetrator of physical violence is the mother/step-mother (28%).

Experience of Sexual Violence

Seventeen percent of women have ever experienced sexual violence. Experience of sexual violence varies by province, from 12% in Lusaka to 23% in Southern province. One in ten women have experienced sexual violence in the past 12 months. In the majority of cases, sexual violence is perpetrated by individuals with close personal relations to the woman, either a current husband or partner or current or former boyfriend.

Violence during Pregnancy

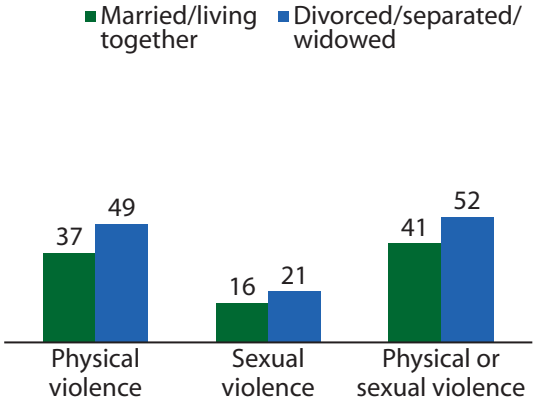
Violence during pregnancy may threaten not only a woman's well-being but also her unborn child. Among women who have ever been pregnant, one in ten have experienced violence during pregnancy.

Spousal Violence

More than four in ten ever-married women (43%) have suffered from spousal abuse at some point in their life, whether physical or sexual. More than one-quarter of women report having experienced spousal abuse within the past 12 months. Spousal violence varies by province, from 35% in Eastern and Lusaka to 51% in Luapula and Northern. Spousal violence is more common among women who are divorced, separated, or widowed (52%) than women who are married/living together with their spouse (41%).

Spousal Violence by Marital Status

Percent of ever-married women age 15-49 who have ever experienced different types of spousal violence



Help Seeking Behaviour

More than 40% of women who have ever experienced physical or sexual violence have sought help to stop violence. However, 42% of women who have ever experienced physical or sexual violence have never sought help or told anyone about the violence. Nearly seven in ten women sought help through their own family and 43% though the husband or partner's family.

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INDICATORS

		Residence	
Fertility	**Zambia**	**Urban**	**Rural**
Total fertility rate (number of children per woman)	5.3	3.7	6.6
Median age at first marriage for women age 25-49 (years)	18.4	19.4	17.9
Women age 15-19 who are mothers or currently pregnant (%)	29	20	36
Family Planning (among married women age 15-49)			
Current use of a modern method of family planning (%)	45	53	39
Unmet need for family planning[1] (%)	21	17	24
Maternal Health (among women age 15-49)			
Pregnant women who received antenatal care from a skilled provider[2](%)	96	99	94
Births delivered in a health facility (%)	67	89	56
Births assisted by a skilled provider[2] (%)	64	89	52
Child Health			
Children 12-23 months who have received all basic vaccinations[3] (%)	68	76	65
Nutrition			
Children under five who are stunted (moderate or severe) (%)	40	36	42
Women age 15-49 who are overweight or obese (%)	23	32	15
Childhood Mortality (deaths per 1,000 live births)[4]			
Infant mortality	*45*	46	49
Under-5 mortality	*75*	72	85
Malaria			
Households with at least one insecticide-treated net (ITN) (%)	68	62	72
Children under five who slept under an ITN the night before the survey (%)	41	37	42
Pregnant women age 15-49 who slept under an ITN the night before the survey (%)	41	35	45
HIV/AIDS			
Women age 15-49 who know that HIV can be prevented by using condoms and limiting sexual intercourse to one uninfected partner (%)	79	82	77
Men age 15-49 who know that HIV can be prevented by using condoms and limiting sexual intercourse to one uninfected partner (%)	83	84	82
Women age 15-49 who have been tested for HIV in the past 12 months and received their results (%)	46	48	45
Men age 15-49 who have been tested for HIV in the past 12 months and received their results (%)	37	38	36
HIV prevalence among women and men age 15-49 (%)	13.3	18.2	9.1
HIV incidence among women and men age 15-49 (%)			
Domestic Violence (among women age 15-49)			
Women who have ever experienced physical violence since age 15 (%)	43	45	42
Women who have ever experienced sexual violence (%)	17	17	18

[1]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, clinical officer, and nurse/midwife. [3]Fully vaccinated includes BCG, measles, three doses each of DPT-HepB-Hib and polio vaccine (excluding polio vaccine given at birth). [4]Figures are for the ten-year period before the survey except for the national rate, in italics, which

Region									
Central	Copper-belt	Eastern	Luapula	Lusaka	Muchinga	Northern	North Western	Southern	Western
5.9	4.0	5.8	6.4	3.7	6.3	6.6	6.2	6.2	5.6
18.1	18.9	17.5	18.1	19.4	17.8	17.6	18.4	18.5	20.5
30	16	35	28	24	30	30	41	36	40
41	51	50	33	55	34	33	37	48	32
26	20	17	29	16	24	24	23	21	24
96	97	96	95	99	94	93	96	96	90
48	83	71	68	90	61	48	75	56	62
46	81	65	59	89	57	45	70	55	57
66	81	64	60	72	61	72	63	69	64
43	36	43	43	36	44	49	37	37	36
19	30	20	13	35	13	12	15	22	10
43	42	68	55	42	50	49	39	44	44
80	63	115	98	68	88	86	66	68	73
67	75	77	63	49	73	60	66	80	77
39	42	45	42	24	45	37	40	46	58
36	39	44	54	27	52	47	38	41	55
82	84	68	81	77	77	70	82	86	82
84	86	82	86	81	70	79	84	89	82
43	47	46	38	47	42	41	49	52	54
30	41	37	33	33	35	33	43	44	47
12.5	18.2	9.3	11.0	16.3	6.4	10.5	7.2	12.8	15.4
42	48	34	50	42	43	53	35	45	39
14	20	15	21	12	22	16	16	23	22

represents the five-year period before the survey.

MINISTRY OF HEALTH
MARAMBA URBAN HEALTH CENTRE
MCH DEPARTMENT