

Zimbabwe
Demographic
and
Health Survey
1988

Preliminary Report

Department of Census and Statistics
Government of Zimbabwe



Demographic and Health Surveys
Institute for Resource Development/Westinghouse



The Demographic and Health Surveys Program (DHS) is assisting government and private agencies with the implementation of 35 surveys in developing countries. Funded primarily by the U.S. Agency for International Development, DHS is a program within the Institute for Resource Development (IRD), Westinghouse with assistance from The Population Council. Project objectives are: (1) to provide decision-makers in the survey countries with a database and analysis useful for informed policy choices; (2) to expand the international population and health database; (3) to advance survey methodologies; (4) to develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys.

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PREFACE

This advance report contains provisional results of the Zimbabwe Demographic and Health Survey (ZDHS) which was conducted between September 1988 and January 1989. The results give indicators on basic demographic and health parameters and family planning practice, which are expected to be of interest to policy makers, administrators of health and family planning programmes in the country, researchers, and other persons.

The main report, which is expected in December 1989, will present a more comprehensive analysis and evaluation of the results.

The Central Statistical Office (CSO) wishes to extend its gratitude to the following organisations which assisted technically and financially in the planning and execution of the survey:

United States Agency for International Development (USAID),
Institute for Resource Development/Westinghouse (IRD),
Ministry of Health (MOH), and
Zimbabwe National Family Planning Council (ZNFPC).

A special mention should also be made of the respondents selected for interviewing for being patient and generous with their time. Without their cooperation, the survey would not have been a success.

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I. BACKGROUND

A. Introduction

The Zimbabwe Demographic and Health Survey (ZDHS) was conducted by the Central Statistical Office. The survey content was determined in consultation with the Ministry of Health (MOH) for health related questions and the Zimbabwe National Family Planning Council (ZNFPC) for those on family planning.

The Demographic and Health Surveys Program at the Institute for Resource Development/Westinghouse (IRD) provided financial and technical assistance under a contract with the United States Agency for International Development (USAID), Washington.

The purpose of this advance report is to make available the preliminary results on the principal topics covered in the ZDHS. Detailed presentation of the results will appear in the main survey report which is expected to be completed by the end of 1989. Since the final results may differ slightly from those presented in this report, readers should view these results with caution.

B. Objectives of the Survey

The ZDHS is one of a series of surveys undertaken by the CSO as part of the Zimbabwe National Household Survey Capability Programme (ZNHSCP). It is closely related to the 1984 Zimbabwe Reproductive Health Survey (ZRHS) and complements data collected in the second round of the Zimbabwe Inter-Censal Demographic Survey (ICDS) which immediately preceded the ZDHS.

The objective of the ZDHS is to provide information on:

- fertility levels, trends, and preferences,
- family planning awareness, approval and use,
- basic indicators of maternal and child health and infant mortality, and
- other topics related to family health.

C. Questionnaires

Two questionnaires were used for the ZDHS: a household and individual questionnaire. The questionnaires were adapted from the DHS Model "B" Questionnaire, intended for use in countries with low contraceptive prevalence, with a modified version of the family planning section from the DHS Model "A" Questionnaire for high prevalence countries.

The household and individual questionnaires were administered in Shona, Ndebele, or English, with the three major languages appearing on the same questionnaire.

Information on the age and sex of all usual members and visitors in the selected households was recorded in the household questionnaire. This information was used to identify women eligible for the individual interview.

The individual questionnaire was used to collect data for all eligible women, defined as women age 15-49 who spent the night prior to the household interview in the selected household.

irrespective of whether they were usual members of the household. The individual questionnaire was used to collect information on the following topics:

- Respondent's background
- Reproduction
- Contraception
- Health and breastfeeding
- Marriage
- Fertility preferences
- Husband's background and woman's work
- Height and weight of children under 60 months of age

D. Sample Design and Implementation

The ZDHS utilized a two-stage sample that is self-weighting at the household level and nationally representative. The sample was selected from the Revised Master Sample (RMS) which was constructed using the 1987 ICDS sample. Primary Sampling Units (PSUs) were the Enumeration Areas (EAs), and households were the Second Stage Units (SSUs). The RMS is a subsample of the original Zimbabwe Master Sample which was constructed at the initiation of the ZNHSCP.

A total of 167 PSUs out of 273 in the Master Sample was selected for the DHS, including 114 in the rural areas and 53 in urban areas. The PSUs were selected systematically with probability proportional to the number of households in the 1982 census.

A summary of the outcome of fieldwork by province is given in Table 1. A total of 4789 (1660 urban and 3129 rural) households was selected for the ZDHS sample. Interviews were successfully completed with 4107 households. This represented 95 percent of the 4337 households for which an interview could have been conducted (including households not responding due to the absence of a competent respondent, refusal, or the interviewer not finding the selected household). Household response rates ranged from about 99 percent in Matabeleland South, Masvingo, and Bulawayo to 91 percent in Mashonaland Central and 84 percent in Harare/Chitungwiza.

The completed household questionnaires identified a total of 4467 women eligible for the individual questionnaire, including 1523 urban and 2944 rural dwellers. Of these, 4201 were successfully interviewed (1407 urban and 2794 rural), for a response rate of 94 percent. Highest response rates were achieved in Mashonaland Central and Matabeleland North and South (98 percent), while the lowest were in Mashonaland East (92 percent) and Harare/Chitungwiza (88 percent). The overall response rate, which represents the product of household and individual level response rates, is 89 percent for all of Zimbabwe. Harare had the lowest response rates at both levels, and had an overall response rate of only 74 percent. The results in this report have not been weighted to take into account non-response.

E. Training and Fieldwork

The ZDHS questionnaires were pretested in the last two weeks of March 1988 in one urban area and two rural areas covering the three major languages. Fourteen female interviewers were trained for two weeks and conducted 321 individual interviews during the pretest in two provinces.

Training for the main fieldwork was conducted in three components as follows:

- All persons who were to assist in the main survey training, including 13 pretest interviewers and several CSO staff, participated in a 1-week refresher course during the last week of July 1988.
- Fifty-six female field staff candidates were trained for four weeks in August 1988 at the Mlezu Agricultural Institute. CSO and IRD staff were primarily responsible for training. Staff from ZNFPC conducted sessions on reproduction and contraceptive methods. Sessions on anthropometric measurements were conducted by staff from the MOH's Midlands Provincial Medical Office.
- Fourteen field staff were trained to take anthropometric measurements during an additional four-day training session held at the Domboshawa Public Service National Training Center.

Fieldwork started on the 15th of September 1988 and was completed on 31st January 1989. In all, 7 supervisors, 7 editors, 28 interviewers, 7 measurers and 7 male drivers participated in fieldwork activities.

F. Data Processing

The data processing staff consisted of one data processing coordinator and five data entry clerks, who also served as data coders. Data entry, cleaning, and tabulation were performed on microcomputers using ISSA (Integrated System for Survey Analysis), a software package developed by IRD. Data entry began in October 1988 and was completed in February 1989, two weeks after fieldwork was completed. Range, skip, and consistency checks were performed during data entry, and more sophisticated checks during secondary editing. Because of the minimal lag between data collection and data processing, errors noticed during data entry and editing were communicated to the field staff.

Table 1. Distribution of Households and Eligible Women in the ZDHS Sample by Results of the Household and Individual Interviews and Region, ZDHS 1988

Result of Interview and Response Rate	Manica-land	Mashona-land Central	Mashona-land East	Mashona-land West	Mata-bele-land North	Mata-bele-land South	Mid-lands	Mas-vingo	Harare/Chitun-gwiza	Bula-wayo	Total
HOUSEHOLD QUESTIONNAIRES											
Selected households	673	359	631	560	202	230	684	516	555	379	4 789
Completed interviews	569	308	555	479	166	212	603	451	413	351	4 107
Non-Response Due To:											
Household present but no respondent at home	6	8	10	0	0	0	5	4	62	2	97
Postponed	0	0	0	0	0	0	0	0	1	0	1
Refused	1	0	1	0	0	0	0	1	11	1	15
Dwelling not found	35	21	15	24	3	2	13	1	3	0	117
HOUSEHOLD RESPONSE RATE	0,93	0,91	0,90	0,95	0,98	0,99	0,97	0,99	0,84	0,99	0,95
Other Non-Completed Interviews:											
Household absent night before interview	16	0	20	17	0	4	19	12	6	10	104
Dwelling vacant/Address not a dwelling	28	15	20	24	23	10	22	36	54	10	242
Dwelling destroyed	2	6	5	14	6	2	5	10	0	0	50
Other	16	1	5	2	4	0	17	1	5	5	56
INDIVIDUAL QUESTIONNAIRE											
Eligible women	549	293	591	526	193	289	701	528	394	403	4 467
Completed interviews	527	288	543	495	189	282	656	497	345	379	4 201
Non-Response Due To:											
Not at home	13	5	10	8	2	2	29	17	30	5	121
Postponed	0	0	0	0	0	0	1	0	0	0	1
Refused	2	0	3	0	0	0	0	0	6	1	12
Partly completed	0	0	1	0	0	0	0	1	0	0	2
Other	7	0	34	23	2	5	15	13	13	18	130
INDIVIDUAL RESPONSE RATE	0,96	0,98	0,92	0,94	0,98	0,98	0,94	0,94	0,88	0,94	0,94
OVERALL RESPONSE RATE*	0,89	0,90	0,88	0,90	0,96	0,97	0,91	0,93	0,74	0,93	0,89

* Product of the household response rate and the overall response rate

II. RESULTS

A. Overview of the Population

The bottom row of Table 2 shows the distribution of the sample population by educational level, and the first column of the table shows the breakdowns by age, parity, marital status, and residence. Among the women 15-49 interviewed in the ZDHS, only 14 percent have no formal education, while over half (56 percent) have at least some primary education and 31 percent have reached secondary school. The composition of the respondents by age was such that the largest proportion of the respondents interviewed (24 percent) was 15-19 years, with each succeeding age group declining in size. When looking at educational attainment according to age, recent gains in education in Zimbabwe are apparent. Whereas over 28 percent of women in their forties have never been to school, fewer than 3 percent of 15-19 year olds have not done so. On the other hand, about one-half of women under age 25 have reached secondary school, compared with under 10 percent of the oldest women.

When number of living children is considered, more than one-half of respondents (56 percent) have fewer than three children, while 20 percent have 3 or 4 children. Better educated women have fewer children than less educated women, partly because the better educated women tend to be younger.

Marriage is common in Zimbabwe. Twenty-seven percent of women have never married, while 63 percent are currently married, and the remainder are widowed, divorced, or separated. Never-married women are better educated than others, again in part because they are younger than others.

One-third of the population lives in urban areas, with the remainder in rural areas. The educational differences by residence are striking. Over half (51 percent) of urban residents have reached secondary school, compared with only 20 percent of rural dwellers. Looking at province, Midlands produced the most respondents, followed by Mashonaland East and Manicaland. The fewest came from Matabeleland North and Matabeleland South.

Women living in the urban areas of Harare/Chitunguiza and Bulawayo are better educated than average--more than one half have attended secondary school, and under 5 percent have no education. On the other hand, women in Mashonaland Central and Matabeleland North have the lowest levels of education. About one-quarter have never been to school, and fewer than one-quarter have been to secondary school.

Table 2. Percent Distribution of Women by Educational Level According to Selected Background Characteristics, ZDHS 1988

Background Characteristic	Percent Distribution	No Education	Primary	Secondary +	Total Percent	Number of Women
Age						
15-19	24,3	2,5	47,7	49,8	100	1 021
20-24	20,0	7,0	42,4	50,6	100	840
25-29	16,2	18,0	61,9	20,2	100	679
30-34	14,0	17,3	65,4	17,3	100	589
35-39	11,0	17,5	68,8	13,8	100	464
40-44	7,6	29,6	61,0	9,4	100	318
45-49	6,9	28,3	64,8	6,9	100	290
Percent	100	13,5	55,9	30,6	100	4 201
Number of Living Children						
0-2 children	56,0	7,0	47,0	46,0	100	2 351
3-4 children	20,0	18,2	65,3	16,5	100	842
5+ children	24,0	24,6	68,9	6,4	100	1 008
Percent	100	13,5	55,9	30,6	100	4 201
Marital Status						
Never married	27,0	1,7	39,3	58,5	100	1 133
Currently married	62,9	18,5	60,6	20,9	100	2 643
Widowed/Divorced/ Separated	10,1	13,6	69,9	16,5	100	425
Percent	100	13,5	55,9	30,6	100	4 201
Residence						
Urban	33,5	6,4	42,6	51,0	100	1 407
Rural	66,5	17,0	62,6	20,4	100	2 794
Percent	100	13,5	55,9	30,6	100	4 201
Province						
Manicaland	12,5	14,2	64,3	21,4	100	527
Mashonaland Central	6,9	26,0	52,8	21,2	100	288
Mashonaland East	12,9	15,1	57,5	27,4	100	543
Mashonaland West	11,8	19,8	58,8	21,4	100	495
Matabeleland North	4,5	25,4	56,1	18,5	100	189
Matabeleland South	6,7	6,0	69,1	24,8	100	282
Midlands	15,6	11,9	52,0	36,1	100	656
Masvingo	11,8	12,5	62,4	25,2	100	497
Harare/Chitungwiza	8,2	3,8	43,2	53,0	100	345
Bulawayo	9,0	4,7	40,6	54,6	100	379
Percent	100	13,5	55,9	30,6	100	4 201

B. Current and Lifetime Fertility

In the ZDHS, respondents were asked to provide information on the total number of children they had given birth to during their lives. In reporting these births, information on date of birth (month and year), sex and survival status of each child was also provided.

Women age 15-49 have had an average of 3 births, as shown in Table 3. The number of children ever born increases with age, such that women age 15-19 have had an average of less than one birth, while by age 30-34, women have had 4.3 children on average. Women 45-49, who have generally completed their childbearing, have just under 7 births each.

Table 3. Mean Number of Children Ever Born and Surviving, Percent Surviving, and Fertility Rates for Five Years Preceding the Survey, by Maternal Age, ZDHS 1988

Maternal Age	Mean Number of Children		Percent Surviving	Age-Specific Fertility Rate	Number of Women
	Ever Born	Surviving			
15-19	0,188	0,174	92,6	0,109	1 021
20-24	1,299	1,212	93,3	0,255	840
25-29	2,894	2,641	91,3	0,257	679
30-34	4,346	3,992	91,9	0,226	589
35-39	5,537	4,978	89,9	0,168	464
40-44	6,399	5,692	89,0	0,088	318
45-49	6,872	5,976	87,0	0,034	290
Total 15-49	2,953	2,664	90,2	5,703*	4 201
Total 15-44	-	-	-	5,533*	-

* Total Fertility Rate (TFR)

The total fertility rate (TFR) is a synthetic measure of the number of children a woman would have during her life if current fertility rates prevailed during all of her reproductive years. In the five years before the survey interview, the TFR was 5.7 for women aged 15-49 years and 5.5 for women aged 15-44 years. The TFR, which is derived from the age-specific fertility rates (ASFR), is shown in column 4 of Table 3.

One approach to evaluating fertility trends is to compare fertility information collected at different points in time. Table 4 shows ASFRs and TFRs from the 1982 Census and the 1984 ZRHS, as well as the ZDHS. The Census TFR is 5.6 (for women aged 15-49 years), while the ZRHS TFR (for women 15-49) is 6.5. Because different methodologies were used to derive TFRs from the Census, ZRHS, and ZDHS, reaching conclusions about fertility trends will require additional analysis. This issue will be investigated more thoroughly in the ZDHS final report.

The difference between the mean number of children ever born (2.95) and children surviving (2.66) shows that about 10 percent of children ever born to respondents have died before the survey interview (Table 3). Older women have had a lower percent of their children survive than have younger women--87 percent for women 45-49 compared with 93 percent for women below age 25. Since most births to the youngest women occurred recently, the higher survival rates of their children probably reflects both the fact that the children have had fewer years of exposure

to the risk of dying because they are younger and that levels of mortality have been lower during each year of life for these children.

Table 4. Age-Specific Fertility Rates from the 1982 Census, the 1984 Zimbabwe Reproductive Health Survey, and the 1988 Zimbabwe Demographic and Health Survey

Maternal Age	Age-Specific Fertility Rate		
	1982 Census	1984 ZRHS	1988 ZDHS
15-19	0,091	0,131	0,109
20-24	0,258	0,289	0,255
25-29	0,253	0,299	0,257
30-34	0,225	0,263	0,228
35-39	0,165	0,220	0,168
40-44	0,093	0,092	0,088
45-49	0,038	0,011	0,034
TFR 15-49	5,6	6,5	5,7

Source: CSO 1985, and ZNFPC 1985

C. Reproductive Intentions

As Table 5 shows, few currently married women in Zimbabwe want to have a child in the next 2 years. One-third want no more children at all, while 35 percent want to postpone a delivery by at least two years. Twenty percent are undecided about whether or not to have another birth or about the timing. Older women are much more likely than younger women to want no more children, while younger women want more children, but not in the near future. That fewer than 13 percent of women in any age group want a child soon suggests that fertility desires may be quite low in Zimbabwe.

Table 5. Percent Distribution of Currently Married Women by Desire for Children According to Age, ZDHS 1988

Age	Want No More	Want More Later(1)	Want More Soon(2)	Undecided(3)	Other(4)	Total	Number of Women
15-19	3,9	54,4	12,8	25,0	3,9	100	180
20-24	9,7	64,1	8,4	15,8	2,0	100	513
25-29	17,9	47,2	12,7	20,0	2,1	100	559
30-34	36,4	30,6	8,7	21,9	2,4	100	503
35-39	48,6	16,4	6,9	24,6	3,5	100	403
40-44	65,2	5,9	1,6	20,6	6,7	100	253
45-49	70,7	3,0	1,7	16,8	7,7	100	232
Total	32,7	35,3	8,2	20,4	3,4	100	2 643

(1) Delay for 2 or more years
(2) Have birth within 2 years
(3) Undecided about fertility intentions or about timing for next birth
(4) Includes missing cases and women who say they cannot get pregnant

D. Knowledge and Ever Use of Contraceptives

Family planning information and services are provided throughout Zimbabwe by the Zimbabwe National Family Planning Council (ZNFPC), government hospitals and clinics, and by private sources such as doctors, hospitals, and pharmacies. A hallmark of ZNFPC activities is a network of community-based distributors (CBD) who supply contraceptive supplies and information to couples in rural areas.

In the ZDHS, respondents were asked to name all methods of contraception they had heard of, and were then asked if they had heard of methods which they did not name. For each recognized method, women were asked if they had ever used it, and if they knew of a place to obtain the method. Information on knowledge of contraceptives and sources appears in Table 6 for all women and for currently married women.

Table 6. Among All Women and Currently Married Women 15-49, the Percentage Knowing About Contraceptive Methods and Sources, ZDHS 1988; and Among Currently Married Women 15-44, the Change in the Percentage Knowing About Contraceptive Methods Since the 1984 ZRHS

Contraceptive Method	Knows Method		% Change in Knowledge from ZRHS to ZDHS*	Knows Source	
	All-ZDHS	CM-ZDHS		All-ZDHS	CM-ZDHS
Any Method	96,3	98,7	9	93,0	96,5
Any Modern Method	95,4	97,8	9	92,1	96,0
Pill	93,6	97,0	9	89,4	94,6
IUD	51,6	59,1	13	45,0	52,6
Injections	62,2	72,4	-3	56,5	66,2
Diaphragm/Foam/Jelly	21,6	22,9	4	18,8	20,4
Condom	76,7	80,3	26	66,0	72,5
Female Sterilization	49,7	54,6	9	46,3	51,3
Male Sterilization	16,4	17,6	6	14,5	15,5
Any Traditional Method	75,3	86,8	NA	47,6	51,8
Periodic Abstinence	28,1	27,2	4	25,2	24,5
Withdrawal	63,4	79,2	14	--	--
Other Methods	34,2	40,6	NA	31,9	37,8
Number of Women	4 201	2 643		4 201	2 643

NA = Not available from published reports
 * Among currently married women 15-44
 Source for ZRHS: London, et al. 1985

Knowledge of contraception is common. Ninety-six percent of all women have heard of at least one method of contraception, and 95 percent know at least one modern method. The pill is the most widely known method (94 percent), followed by the condom (77 percent), withdrawal (63 percent), and injection (62 percent). The IUD and female sterilization are each known by only about one-half of respondents, while other methods such as male sterilization, vaginal methods (diaphragm, foam, jelly), and periodic abstinence are even less well known. Knowledge among married women is slightly higher than among all women for each method.

The 1984 ZRHS collected information similar to that collected in the ZDHS, and it is interesting to note changes in knowledge and use of contraception in the intervening years.¹ The third column of Table 6 shows the change in knowledge of contraception among currently married women 15-44 between the 1984 and 1988 surveys. Knowledge of most methods rose by between 9 and 14 percent (pill, IUD, female sterilization, and withdrawal), while increases in knowledge of male sterilization, vaginal methods, and periodic abstinence were more modest (6, 4, and 4 percent, respectively). Knowledge of injection fell by 3 percent, probably reflecting an official decision in the early 1980s not to provide the method on demand. In contrast, knowledge of condoms increased by 26 percent, probably due to the recent widespread promotion of condoms for the prevention of AIDS and other sexually transmitted diseases.

Most women who have heard of methods know of places to obtain them (Table 6). Among all women, 93 percent know where to obtain at least one method, and 89 percent know where to get the pill. Knowledge of sources for several other methods is below 20 percent (vaginal methods, male sterilization).

Use of contraception, shown in Table 7, is quite common--60 percent of all women, and 79 percent of married women have tried at least one method. Modern methods have been used by 48 percent of all women, and 63 percent of married women, suggesting widespread acceptance among women in Zimbabwe. Among married women, 57 percent have taken the pill, while 41 percent have used withdrawal. Condom use was reported by 17 percent of married women, compared with 14 percent for injection. Other methods have been tried by fewer than 10 percent of married women. The third column of Table 7 shows that ever use of contraception has risen considerably since the 1984 ZRHS. The 16 point increase in ever use of modern methods is particularly noteworthy.

E. Current Use

Nearly one-third of all women are currently using methods, as are 43 percent of married women; thus, about one-half of all women who have ever tried methods are currently using a method. The pill is by far the most widely used method of contraception, reported by 31 percent of currently married women. The next most common method--withdrawal, was reported by only 5 percent of married women. Female sterilization, the condom, IUD, and traditional methods such as waist band or shrub jumping, were each reported by 1 or 2 percent of married women.

Overall, the increase in contraceptive prevalence among married women between the ZRDHS and the ZDHS has been just under 5 percentage points. However, it appears that there has been a substantial shift away from use of traditional methods to use of modern methods. Use of modern methods increased from 27 percent to 36 percent of married women. Nearly all of the increase is accounted for by pill users. Current use of all traditional methods declined by 5 percentage points, with the traditional methods other than withdrawal and periodic abstinence in particular showing a large decline.

¹ It should be noted that different methods were used to elicit knowledge of methods in the ZDHS and the ZRHS surveys, probably resulting in slightly higher levels of knowledge in the ZDHS. Also, figures on changes in knowledge and use between the two surveys are calculated for women 15-44 only, probably resulting in greater increases in knowledge and use than would be seen for women 15-49 since older women are less likely than younger women to know about and use contraception.

Table 7. Among All Women and Currently Married Women 15-49, the Percentage Ever Using and Currently Using Contraception, ZDHS 1988; and Among Currently Married Women 15-44, the Change in the Percentage Ever Using and Currently Using Contraceptive Methods Between the 1984 ZRHS and the ZDHS

Contraceptive Method	Ever Using		% Change in Ever Use from ZRHS to ZDHS*	Currently Using		% Change in Current Use from ZRHS to ZDHS*
	All-ZDHS	CM-ZDHS		All-ZDHS	CM-ZDHS	
Any Method	60,4	79,0	13	32,2	43,1	5
Any Modern Method	48,4	63,0	16	27,2	36,1	10
Pill	43,4	57,1	NA	23,5	31,0	9
IUD	2,5	3,4	NA	0,7	1,1	0
Injections	11,2	14,5	NA	0,2	0,3	-1
Diaphragm/Foam/Jelly	1,5	2,0	NA	0,0	0,0	0
Condom	12,8	17,0	NA	0,9	1,2	0
Female Sterilization	1,7	2,3	NA	1,7	2,3	1
Male Sterilization	0,1	0,2	NA	0,1	0,2	0
Any Traditional Method	35,6	48,1	NA	5,0	6,9	NA
Periodic Abstinence	6,2	7,2	NA	0,5	0,3	-1
Withdrawal	29,4	41,1	NA	3,2	5,1	-2
Other Methods	7,3	9,4	NA	1,2	1,5	NA
Number of Women	4 201	2 643		4 201	2 643	

NA = Not available from published reports

* Among currently married women 15-44

Source for ZRHS: London, et al. 1985

Table 8 presents information on current use of contraceptive methods according to the respondent's age, number of living children, residence, and education. Use by age exhibits the usual pattern where the youngest and oldest women are least likely to use methods, while those aged 25-34 are the most likely. Younger women are much more likely to use the pill than older women, but less likely to use traditional methods. Method use follows the usual patterns when the respondent's number of children, residence, and education are considered. Women with 3 or 4 children are most likely to use methods, while those with fewer than three are the least likely.

More than one-half of women living in urban areas are using methods (52 percent), compared with about 40 percent of rural dwellers. Use varies by province as well, with women in Harare/Chitungwiza and Mashonaland West being most likely to use contraception, and women in the Matabelelands and Manicaland the least likely. Method use rises steadily as education increases, from 33 percent of uneducated women, to 56 percent of women with secondary or higher education.

Table 9 shows the source of the current method of contraception. Local and national level government sources together provide methods to 53 percent of users of supply methods (pill, condom, diaphragm/foam/jelly), and 64 percent of users of clinic-based methods (including IUD, injection, and sterilization). The Zimbabwe National Family Planning Council provides contraceptives to 38 percent of users of supply methods, mostly through a network of community-based distributors, and to 9 percent of users of clinic-based methods. Private doctors and pharmacies serve few users of supply methods, but 18 percent of users of clinical methods.

Table 8. Percent Distribution of Currently Married Women by Contraceptive Method Currently Used, According to Selected Background Characteristics, ZDHS 1988

Background Characteristic	Percent Using												Total	Number of Women
	Currently Using Any Method	Pill	IUD	Injection	Condom	Female Sterilization	Male Sterilization	Diaph. Foam Jelly	Periodic Abstinence	Withdrawal	Other Methods	Not Using		
Age														
15-19	30,0	27,8	0,6	0,0	0,0	0,0	0,0	0,0	0,0	1,1	0,6	70,0	100	180
20-24	45,8	39,8	0,4	0,0	1,4	0,0	0,0	0,0	0,4	3,1	0,8	54,2	100	513
25-29	50,3	39,7	1,6	0,2	1,3	0,5	0,4	0,2	0,2	5,0	1,3	49,7	100	559
30-34	50,5	39,4	1,2	0,2	1,6	0,8	0,0	0,0	0,6	5,4	1,4	49,5	100	503
35-39	41,7	22,3	1,5	0,5	1,7	4,0	0,7	0,0	0,2	8,2	2,5	58,3	100	403
40-44	37,2	14,6	0,8	1,2	0,0	9,1	0,4	0,0	0,0	8,7	2,4	62,8	100	253
45-49	22,8	8,6	0,9	0,0	0,9	6,9	0,0	0,0	0,4	3,4	1,7	77,2	100	232
Number of Living Children														
0-2 children	37,0	29,8	1,4	0,1	1,2	0,8	0,3	0,1	0,3	2,4	0,6	63,0	100	997
3-4 children	51,0	38,6	1,1	0,3	1,2	2,5	0,4	0,0	0,4	5,3	1,2	49,0	100	733
5+ children	43,4	26,3	0,7	0,4	1,1	3,9	0,0	0,0	0,2	8,0	2,7	56,6	100	913
Residence														
Urban	51,7	39,7	2,8	0,5	1,5	3,6	0,5	0,1	0,5	1,4	1,0	48,3	100	779
Rural	39,5	27,4	0,3	0,2	1,0	1,8	0,1	0,0	0,2	6,7	1,8	60,5	100	1 864
Province														
Manicaland	32,1	22,2	0,3	1,1	0,9	1,1	0,0	0,0	0,0	5,4	1,1	67,9	100	352
Mashonaland Central	47,5	36,4	1,4	0,0	1,8	0,5	0,0	0,0	0,0	6,9	0,5	52,5	100	217
Mashonaland East	47,8	37,5	1,5	0,0	1,2	2,6	0,3	0,0	0,3	3,2	1,2	52,2	100	341
Mashonaland West	48,2	37,8	0,9	0,6	1,2	2,4	0,3	0,0	0,6	3,0	1,5	51,8	100	336
Matabeleland North	27,3	17,2	0,0	0,0	0,0	0,8	0,0	0,0	0,0	7,0	2,3	72,7	100	128
Matabeleland South	28,2	17,3	0,6	0,0	0,0	2,6	0,6	0,0	0,6	5,1	1,3	71,8	100	156
Midlands	44,7	29,6	1,0	0,3	1,0	3,3	0,0	0,0	0,5	7,8	1,3	55,3	100	398
Masvingo	47,8	31,1	0,0	0,0	2,2	1,9	0,0	0,0	0,0	8,3	4,1	52,2	100	312
Harare/Chitungwiza	51,5	41,2	0,5	0,0	1,0	3,9	1,5	0,0	0,0	3,4	0,0	48,5	100	204
Bulawayo	43,7	30,2	5,0	0,0	1,5	4,0	0,0	0,5	1,0	0,0	1,5	56,3	100	199
Education														
None	32,5	22,1	0,0	0,0	0,8	2,0	0,0	0,0	0,2	6,3	1,0	67,5	100	489
Primary	42,0	30,4	0,4	0,2	1,1	1,7	0,1	0,0	0,3	6,1	1,7	58,0	100	1 601
Secondary +	55,5	40,7	3,8	0,5	1,8	4,3	0,9	0,2	0,4	1,3	1,6	44,5	100	553
Total	43,1	31,0	1,1	0,3	1,2	2,3	0,2	0,0	0,3	5,1	1,5	56,9	100	2 643

Table 9. Percent Distribution of All Women Currently Using Contraception by Source for Method, According to Type of Method, ZDHS 1988

Source	Supply Method(1)	Clinic Method(2)
Government Sources		
MOH hospital/clinic	15,7	55,7
Municipal/local clinic	19,2	7,8
Rural Council clinic	17,9	0,0
Subtotal	52,8	63,5
Zimbabwe National Family Planning Council		
Clinic	13,6	8,7
Community-based distributor	24,4	0,0
Subtotal	38,0	8,7
Private Sources		
Private doctor/pharmacy	2,0	18,3
Commerce/industry	0,6	0,0
Subtotal	2,6	18,3
Other	6,7	9,6
Total Percent	100	100
Number of Women	1 028	115

(1) Includes pill, condom, diaphragm/foam/jelly

(2) Includes IUD, injection, female and male sterilization

F. Unmet Need

Table 10 presents data on the reproductive intentions of married women who are not using contraception. Thirty-one percent of these women do not want any more children at all, while 29 percent would like to delay the next birth by at least two years. Only 7 percent want to have a birth within the next two years, while 28 percent are undecided. In total, about 60 percent of married nonusers may be in need of family planning to achieve their fertility desires. Most nonusers under age 30, and those with four or fewer children either want to postpone the next birth or are undecided, while many older nonusers, and those with at least five living children do not want to have another birth.

Background Characteristic	Percent Not Using Contraception Who:					Total	Number of Women
	Want No More	Want More Later(1)	Want More Soon(2)	Are Undecided(3)	Other(4)		
Age							
<30	12,3	46,6	9,5	28,4	3,1	100	682
30+	46,4	14,6	5,6	28,2	5,2	100	822
Number of Living Children							
0-2 children	3,0	38,9	9,1	38,2	5,9	100	628
3-4 children	26,2	34,0	9,5	27,6	2,7	100	359
5+ children	62,1	13,9	3,9	16,8	3,2	100	517
Residence							
Urban	31,4	27,7	9,0	28,2	3,7	100	376
Rural	30,8	29,6	6,8	28,4	4,4	100	1 128
Province							
Manicaland	31,0	33,5	5,4	25,9	4,2	100	239
Mashonaland Central	27,2	27,2	22,8	17,5	5,3	100	114
Mashonaland East	33,1	28,1	7,9	27,0	3,9	100	178
Mashonaland West	36,8	24,7	3,4	30,5	4,6	100	174
Matabeleland North	16,1	35,5	6,5	35,5	6,5	100	93
Matabeleland South	33,9	28,6	1,8	33,0	2,7	100	112
Midlands	31,4	31,4	6,4	26,8	4,1	100	220
Masvingo	25,2	30,7	3,7	37,4	3,0	100	163
Harare/Chitungwiza	30,3	19,2	19,2	24,2	7,0	100	99
Bulawayo	39,3	27,7	4,5	25,9	2,7	100	112
Education							
None	29,7	21,5	11,2	30,6	6,9	100	330
Primary	33,5	28,8	5,6	28,4	3,7	100	928
Secondary +	22,8	40,7	8,9	24,8	2,8	100	246
Total Percent	30,9	29,1	7,4	28,3	4,3	100	
Number of Women	465	438	111	426	64		1 504

(1) Delay for 2 or more years
(2) Have birth within 2 years
(3) Undecided about fertility intentions or about timing for next birth
(4) Includes missing cases and women who say they cannot get pregnant

G. Knowledge of AIDS

Major efforts are underway in Zimbabwe to educate people about how to prevent transmission of the Acquired Immune Deficiency Syndrome (AIDS). The virus can be passed through sexual intercourse with an infected person, through exposure to contaminated blood via blood transfusion or use of dirty needles, or from mother to child during birth. Respondents were asked if they had heard of AIDS, if they knew how it is transmitted, where they received information on AIDS, and if they have changed their behaviour to avoid getting AIDS.

As Table 11 shows, 86 percent of respondents have heard of AIDS. Those least likely to have heard of the disease are older women, married women, those with less than secondary education, and women living in rural areas.²

Women who had heard of AIDS were asked to name all of the ways that the virus could be transmitted. Of women who know about AIDS, the percentages who gave various responses appear in columns 2 through 8 of Table 11. More than two-thirds of women named common routes of sexual transmission such as having many sex partners or sex with a person with AIDS. These responses were most often given by never married women, those with secondary or higher education, and those in urban areas. Other correct responses were mentioned less often. Twenty-two percent mentioned prostitutes, while three percent mentioned homosexual intercourse, and 12 percent named routes of transmission involving contaminated blood.

While many women named correct routes of transmission, suggesting that AIDS awareness campaigns have reached a widespread audience, misconceptions appear common. While AIDS cannot be spread through casual contact with an infected person, 19 percent of respondents said the virus could be caught by breathing the same air as an infected person, sharing clothing or utensils, etc. Seven percent of respondents gave incorrect responses not related to causal contact with an infected person such as being bitten by a mosquito or donating blood. In addition, 20 percent of respondents who had heard of the disease could not name any routes of transmission (either correct or incorrect), further suggesting limited awareness. Uneducated women, and those living in rural areas were most likely to have given a "don't know" response.

² Married women were asked if their husbands were staying with them at the time of the interview, or if they were staying elsewhere. Women whose husbands were away were tabulated separately from other married women.

Table 11. Percentage of Women Who Have Heard of AIDS; Among Women Who Have Heard of AIDS, the Percentage Who Named Various Routes of Transmission, According to Selected Background Characteristics, ZDHS 1988

Background Characteristics	Heard of AIDS	Routes of Transmission							Number of Women
		Correct Responses				Incorrect Responses			
		Sex with PWA or Multiple Partners	Sex with a Prostitute	Homo-sexual Sex	Exposure to Contaminated Blood(1)	Casual Contact with a PWA(2)	Other Incorrect Responses (3)	DK	
Age									
15-19	88,1	66,7	17,1	3,0	10,4	20,1	7,6	20,6	1 021
20-24	89,5	73,1	20,5	3,2	13,3	18,6	7,0	16,9	840
25-29	86,7	69,3	24,1	3,2	12,9	19,0	7,5	19,0	679
30-34	84,9	69,2	23,4	4,2	16,4	17,8	5,8	20,2	589
35-39	85,8	63,8	29,1	3,8	11,8	20,1	8,0	19,1	464
40-44	79,2	61,5	22,2	2,4	11,1	19,4	5,2	23,0	318
45-49	75,5	54,3	21,0	1,8	9,1	11,4	7,8	33,8	290
Union Type									
Not currently married	90,1	69,8	16,3	3,7	18,9	12,3	8,0	18,7	1 558
Monogamous	86,3	67,3	25,7	3,2	18,5	13,3	7,0	20,0	2 205
Polygynous	69,4	56,9	22,0	1,3	19,4	7,2	3,3	29,9	438
Marital Status									
Never married	90,6	71,4	15,6	4,4	14,4	19,8	8,9	16,9	1 133
Married, husb. away	83,6	64,1	26,5	2,3	9,5	20,4	5,8	20,3	767
Married, husb. home	83,5	66,5	24,7	3,1	13,7	17,9	6,8	21,8	1 876
Widowed/Divorced/separated	88,5	65,4	18,1	1,9	6,4	16,5	5,6	23,4	425
Education									
None	64,5	51,8	19,5	0,5	5,5	13,7	3,6	35,9	566
Primary	85,5	61,5	23,8	1,9	7,2	17,6	4,9	24,9	2 349
Secondary +	96,1	81,6	19,0	6,1	22,9	22,0	11,7	8,2	1 286
Residence									
Urban	95,9	77,1	18,8	4,7	17,6	17,1	7,9	14,5	1 407
Rural	80,9	61,6	23,5	2,3	9,2	19,7	6,6	23,8	2 794
Total	85,9	67,4	21,7	3,2	12,4	18,7	7,1	20,3	4 201

PWA = Person with AIDS

DK = Don't know

(1) Includes blood transfusions, injection with dirty needle, and birth to a woman with AIDS

(2) Includes breathing same air as PWA, sharing utensils or clothes with PWA, etc.

(3) Includes mosquito bites, donating blood, etc.

H. Diarrhoea in Children

Women were asked if their children under 5 years had diarrhoea (defined as three or more loose or runny stools) in the 24 hours or the two weeks prior to the ZDHS interview. Diarrhoea tends to be most common during the summer months which coincided with the survey fieldwork. Nine percent of children had an episode during the 24 hours before the interview, and 20 percent in the two weeks before the interview (Table 12). Diarrhoea was more common in rural than urban areas (21 versus 15 percent for the two week period).

Table 12. Among Children Under 5 Years of Age, the Percentage Having an Episode of Diarrhoea 24 Hours and 2 Weeks Preceding the Survey; Among Children Who Have Had Diarrhoea, the Percentage Receiving Sugar-Salt-Water (S-S-W) Solution by Selected Background Characteristics, ZDHS 1988

Background Characteristic	Percent of Children With Diarrhoea in Past		Received S-S-W(2)	Number of Children Under 5
	24 Hours	2 Weeks(1)		
Age				
<30	9,9	21,2	69,8	1 761
30+	7,3	17,8	70,3	1 379
Residence				
Urban	6,7	15,3	80,8	851
Rural	9,5	21,4	67,1	2 289
Province				
Manicaland	13,5	23,2	57,1	422
Mashonaland Central	16,5	28,7	69,7	230
Mashonaland East	4,5	14,8	65,1	426
Mashonaland West	10,7	27,0	75,2	374
Matabeleland North	9,8	20,9	84,4	153
Matabeleland South	4,9	17,0	68,4	223
Midlands	10,3	21,3	72,5	478
Masvingo	7,6	18,1	68,1	382
Harare/Chitungwiza	4,1	12,4	85,2	218
Bulawayo	3,4	10,3	75,0	234
Education				
None	10,6	21,2	68,3	566
Primary	8,4	19,4	70,5	1 963
Secondary +	8,2	19,6	70,0	611
Total Percent	8,8	19,7	70,0	
Number of Children	275	620	434	3 140

(1) Includes children with an episode of diarrhoea in past 24 hours
(2) Among children with diarrhoea in past 2 weeks, percentage receiving Sugar-Salt-Water solution for the last episode

A solution of sugar, salt, and clean water will prevent children with diarrhoea from becoming dehydrated, the main health risk associated with the disorder. Seventy percent of the 620 children who had a recent episode of diarrhoea were given the solution. Urban children were more likely to have been given the solution than rural children (81 versus 67 percent). Children of better educated mothers were only slightly more likely than children of less educated ones to have been given the solution.

I. Immunisation in Children

Women with children born within five years of the survey interview were asked if they had health cards showing the immunisations given to their children. If the card was shown to the interviewer, dates when BCG, the combined diphtheria, pertussis, tetanus (DPT), polio and measles immunisations were given to the children were recorded. Since some immunisations are scheduled to be given during the first year of life, data are shown only for children 12-59 months. Interviewers saw health cards for only 70 percent of the eligible children. (In most cases where cards were not seen, mothers reported that the cards were lost or located elsewhere; few women reported that they had never had a card for their child.) The immunisation levels shown here are only representative of children whose health cards were seen. Immunisation coverage levels are not known for children whose health cards were not seen by the interviewer.

As Table 13 shows, cards were seen more often for younger children and for those whose mothers are less educated and living in rural areas than for older children and those whose mothers are better educated or urban dwellers. There are several possible explanations for this: mothers have had less opportunity to lose cards issued to their younger children; children of better educated or urban women may not be living with their mothers, or urban women were more rushed than rural dwellers and were less willing to take the time to locate the card. Since interviewers did not record the reasons cards were not seen, it is only possible to speculate on this matter.

Among children whose cards were seen by interviewers, vaccination coverage is quite high. Ninety-six percent of children received a BCG injection for protection against tuberculosis while 93 percent received the three doses of DPT and Polio immunisations which are required for protection against these diseases. Coverage against measles is also 93 percent. Since coverage is so high among children with cards, there is little variation by background characteristics.

J. Prenatal Care and Delivery Assistance

A series of two tetanus injections administered to the mother during pregnancy will protect the baby against neonatal tetanus acquired at delivery. Table 14 shows that mothers received tetanus injections during pregnancy for 79 percent of births in the five years before the survey. Tetanus injections were somewhat more common during pregnancy when the birth occurred to younger women, urban dwellers or better-educated women.

A prenatal visit to a trained medical practitioner can promote a healthy pregnancy and birth. For over 90 percent of recent births, the mother visited either a doctor or trained nurse or trained midwife for prenatal care. Similarly, assistance at delivery by a trained person can facilitate a healthy delivery. Eleven percent of recent births were delivered by a doctor, while 59 percent were attended by a nurse or midwife. The remaining births were either attended by traditional midwives, untrained friends or relatives, or unattended. Births to women living in urban areas were much more likely to have been attended by trained staff than was the case in rural areas (90 percent in urban areas versus 62 percent in rural areas). Trained assistance was also much more likely for births to educated women.

Table 13. Among Children 12-59 Months of Age, the Percentage for Whom Interviewers Saw Health Cards, and Among Those the Percentage Who Received Immunisations, by Selected Background Characteristics, ZDHS 1988

Background Characteristic	Children With Health Cards Seen	Among Children With Health Cards, the Percentage Who Received:								Number of Children
		BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	
Age of Child										
12-23 months	77,6	97,7	98,4	96,5	93,0	98,6	96,7	92,8	92,8	629
24-35 months	74,9	97,2	97,0	97,0	93,8	97,6	97,2	94,0	93,4	670
36-47 months	66,1	95,7	97,2	95,9	91,4	97,2	96,2	92,4	93,2	598
48-59 months	62,5	93,8	94,8	93,1	92,2	95,0	93,8	91,9	93,8	674
Age of Woman										
<30	69,3	96,5	97,5	96,7	93,1	97,8	97,3	93,6	93,6	1 371
30+	71,3	95,9	96,3	94,6	92,3	96,5	94,7	92,1	93,0	1 200
Residence										
Urban	66,5	96,2	97,9	97,9	96,6	97,9	98,1	96,6	95,3	705
Rural	71,7	96,3	96,6	95,0	91,3	96,9	95,4	91,5	92,6	1 866
Province										
Manicaland	67,7	97,5	95,8	95,8	91,6	97,0	96,2	91,6	92,0	350
Mashonaland Central	71,1	95,3	95,3	96,1	92,2	95,3	96,1	93,0	93,0	180
Mashonaland East	72,9	96,8	98,0	96,4	95,6	98,0	96,8	95,2	94,0	343
Mashonaland West	76,4	95,9	97,9	97,5	96,3	97,9	97,9	96,3	95,1	318
Matabeleland North	85,8	93,2	92,2	93,2	88,3	93,2	93,2	88,3	93,2	120
Matabeleland South	75,7	95,0	97,1	93,6	92,1	97,1	93,6	91,4	90,0	185
Midlands	61,1	97,8	97,4	93,9	87,0	97,4	94,8	88,7	92,6	378
Masvingo	75,0	97,9	97,0	94,9	91,1	97,5	94,9	91,6	93,7	316
Harare/Chitungwiza	62,0	95,7	98,3	97,4	96,6	98,3	98,3	96,6	94,8	187
Bulawayo	62,4	92,6	97,5	98,3	96,7	97,5	98,3	95,9	94,2	194
Education										
None	75,9	95,9	96,4	95,6	91,7	96,4	95,9	91,4	92,5	477
Primary	71,3	96,0	96,8	95,2	92,2	97,2	95,6	92,5	93,0	1 639
Secondary +	60,4	97,8	97,8	98,2	96,0	98,2	98,2	96,4	95,6	455
Total Percent	70,2	96,2	96,9	95,7	92,7	97,2	96,1	92,9	93,3	
Number of Children	1 806	1 738	1 750	1 729	1 674	1 755	1 735	1 677	1 685	2 571

Table 14. For All Births in the Five Years Preceding the Survey, the Percentage of Children Whose Mothers Received a Tetanus Toxoid Injection, Prenatal Care from a Doctor or Trained Nurse/Midwife, and Assistance at Delivery from a Doctor or Trained Nurse/Midwife, by Selected Background Characteristics, ZDHS 1988

Background Characteristic	Percent of Children Whose Mothers Received:					Number of Births
	Tetanus Toxoid Injection	Prenatal Care		Delivery Assistance		
		Doctor	Trained Nurse or Midwife	Doctor	Trained Nurse or Midwife	
Age						
<30	81,3	19,5	72,4	11,5	61,2	1 863
30+	75,5	16,9	73,7	10,2	55,5	1 471
Residence						
Urban	80,7	33,9	62,3	22,1	68,4	886
Rural	78,0	12,7	76,8	6,9	55,2	2 448
Province						
Manicaland	73,7	10,5	71,3	3,1	51,2	457
Mashonaland Central	84,9	26,7	67,7	17,9	48,2	251
Mashonaland East	81,2	14,6	75,8	9,3	58,5	451
Mashonaland West	82,6	13,6	75,7	4,7	60,3	403
Matabeleland North	76,9	10,7	82,2	7,1	43,8	169
Matabeleland South	81,2	21,8	74,2	10,0	56,8	229
Midlands	75,0	18,5	74,4	10,5	65,6	503
Masvingo	76,5	7,9	84,0	7,4	65,2	405
Harare/Chitungwiza	85,0	40,7	56,2	29,2	63,3	226
Bulawayo	75,4	37,5	58,3	25,4	64,2	240
Education						
None	74,4	10,4	75,7	4,4	42,0	617
Primary	79,6	14,9	76,2	8,3	61,7	2 081
Secondary +	80,2	37,3	59,9	25,9	65,3	636
Total Percent	78,7	18,3	73,0	10,9	58,7	
Number of Children	2 625	611	2 433	365	1 957	3 334

K. Nutritional Status of Children

The height (recumbent length) and weight of children 3-60 months who were born to eligible women were measured as part of the Zimbabwe Demographic and Health Survey. Hanging scales and recumbent length boards were used to measure the children.

The children's measurements were compared against the International Reference Standard developed by the Centers for Disease Control (CDC) as recommended by the World Health Organization (WHO). The nutritional status was determined using the weight-for-height, height-for-age, and weight-for-age indicators classified according to Standard Deviation (SD) Z-scores. For the three nutritional status indicators, "normal" status is when the child's score lies between plus 2 and minus 2 SDs. Note that in a well-nourished population of children, one would expect 95 percent of children to fall into the "normal" range; only 2,3 percent of children to be undernourished and 2,3 percent overnourished.

The weight-for-height is a measure of current nutritional status. Low weight-for-height, also referred to as wasting, indicates inadequate food intake in the time period immediately preceding the survey. Height (skeletal or linear growth) is a measure of past nutritional status. Low height-for-age, also known as stunting is due to chronic inadequate food intake. Weight is a measure of both the skeletal and muscle tissues. Weight-for-age, therefore, is a composite indicator and does not distinguish between chronic and acute malnutrition.

From Table 15 it appears that 29 percent of the measured children had low height-for-age and thus show stunting due to a chronic inadequate food intake. (One would expect to find stunting in only about 2 percent of a population of well-nourished children.)

Table 15. Percent Distribution of Children 3-60 Months by Nutritional Status According to Selected Indices, ZDHS 1988

Index	Under-nourished(1)	Acceptable	Over-nourished(2)	Total	Number of Children
Reference Population	2,3	95,4	2,3	100	-
Height-for-Age	29,0	70,2	0,8	100	2 485
Weight-for-Height	1,3	94,3	4,4	100	2 485
Weight-for-Age	11,5	87,1	1,4	100	2 485

(1) >= -2.00 Standard Deviations (SDs) from reference population median
(2) >= +2.00 Standard Deviations (SDs) from reference population median

Only 1,3 percent had low weight-for-height (wasting), a level which falls within the limits of a well-nourished population. This is as expected in view of the good harvests from the 1987/88 agricultural season. The presence of considerable stunting but minimal wasting suggests that children's bodies adapted over time to the inadequate food intake by failing to achieve maximum height, but by reaching an adequate weight for the achieved height. Nearly 12 percent of children under five years had low weight-for-age.

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