PN-ABN-866
81917

TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 1991/92

PRELIMINARY REPORT

Bureau of Statistics
President's Office, Planning Commission
United Republic of Tanzania

Demographic and Health Surveys
Macro International Inc.

DHS

The Demographic and Health Surveys Program (DHS) is assisting government and private agencies with the implementation of 59 surveys in developing countries. Funded primarily by the United States Agency for International Development (USAID), DHS is implemented by Macro International Inc. in Columbia, Maryland. The main objectives of the project are: (1) to provide decisionmakers in survey countries with a database and analyses useful for informed policy choices, (2) to expand the international population and health database, (3) to advance survey methodology, and (4) to develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys.

Tanzania
Demographic and Health Survey
1991/92

Preliminary Report

Bureau of Statistics
President's Office, Planning Commission
United Republic of Tanzania

Demographic and Health Surveys
Macro International Inc.

September 1992

3

CONTENTS

I. BACKGROUND 1

A. Introduction 1
B. Survey Objectives 1

II. SURVEY IMPLEMENTATION 2

A. Questionnaires 2
B. Sample Design 2
C. Data Collection and Processing 3
D. Response Rates 3

III. RESULTS OF WOMEN'S QUESTIONNAIRE 5

A. Characteristics of the Respondents 5
B. Fertility 5
C. Family Planning 8
D. Fertility Preferences 13
E. Maternal Care 15
F. Breastfeeding and Supplementary Feeding 15
G. Vaccination of Children 19
H. Treatment of Children's Diarrheal Disease 21

IV. RESULTS FROM MEN'S QUESTIONNAIRE 23

A. Characteristics of the Respondents 23
B. Family Planning 23
C. Fertility Preferences 23

4

TABLES

Table 1 Household and individual sample results 4

Table 2 Background characteristics of women respondents 6

Table 3 Current fertility and children ever born 7

Table 4 Knowledge of methods and sources, and ever use and current use of methods 8

Table 5 Current use of contraception by background characteristics 10

Table 6 Source of supply for specific modern methods 12

Table 7 Reproductive preferences by age 14

Table 8 Tetanus toxoid vaccination, antenatal care and assistance at delivery 16

Table 9 Breastfeeding and supplementation 17

Table 10 Vaccination by background characteristics 20

Table 11 Prevalence of diarrhea and use of oral rehydration therapy (ORT) 22

Table 12 Background characteristics of men respondents 24

Table 13 Knowledge of methods and sources, and ever use and current use of methods among men 25

Table 14 Current use of contraception among men by background characteristics 27

Table 15 Reproductive preferences among men by age 28

FIGURES

Figure 1 Age-specific fertility rates 7

Figure 2 Knowledge and use of family planning among currently married women age 15-49 9

Figure 3 Current use of family planning methods among currently married women 11

Figure 4 Current use of modern methods among currently married women by region 11

Figure 5 Source of family planning, current users of modern methods 13

Figure 6 Fertility preferences of currently married women 15-49 14

Figure 7 Maternal care by place of residence 17

Figure 8 Breastfeeding status of living children by age 18

Figure 9 Full vaccination among children 12-23 months 21

Figure 10 Knowledge and use of family planning, currently married women and men 25

Figure 11 Current use of family planning methods among currently married men 26

Figure 12 Fertility preferences among currently married men 15-60 29

I. BACKGROUND

A. INTRODUCTION

The Tanzania Demographic and Health Survey (TDHS) was conducted by the Census Office of the Bureau of Statistics of Tanzania. Financial support and technical assistance was provided by Macro International through its Demographic and Health Surveys (DHS) program, a project funded by the United States Agency for International Development to support population and health surveys in developing countries.

The fieldwork for the TDHS was conducted from October 1991 to March 1992. This preliminary report presents the first results of the survey on some of the principal demographic, family planning, and health topics addressed by the TDHS. The early publication of these results is intended to facilitate their use in the planning and management of family planning and health programs. The principal report on the survey is expected in 1993 and will include a more comprehensive analysis of the survey results. The final figures are not expected to differ markedly from the findings presented in this report; nonetheless, the results presented here are provisional and subject to modification.

B. SURVEY OBJECTIVES

The primary objectives of the TDHS are: i) to collect data on fertility and mortality, family planning, fertility preferences, and maternal and child health which can be used by policymakers and program managers to evaluate and improve existing programs, ii) to support dissemination and utilization of the results in planning and managing family planning and health programs, and iii) to provide internationally comparable data to researchers and planners interested in the study of demographic and health behavior in Tanzania as well as those conducting regional or cross-national studies, iv) to enhance institutional capabilities in Tanzania.

II. SURVEY IMPLEMENTATION

A. QUESTIONNAIRES

Four types of questionnaires were used for the TDHS: the Service Availability Questionnaire, the Household Questionnaire, the Individual Questionnaire for women, and the Individual Questionnaire for men. All of the questionnaires were developed in English then translated into Kiswahili.

The Service Availability Questionnaire was used to collect information for each sampling point on the characteristics of the community and the availability of family planning and maternal and child health services to the residents of the community. The Household Questionnaire was used to enumerate all usual members of and visitors to the selected households and to obtain information on each member's and visitor's age, sex, relationship to the head of the household, and educational attainment. In addition, questions were asked on indicators of the socioeconomic position of the household, such as its source of water, sanitation facilities, and the availability of electricity and durable goods. Information recorded on the Household Questionnaire was used to identify respondents eligible for the individual interviews. These were all women aged 15-49 who slept in the household the night before the interview and, in one-quarter of the households, all men between the ages of 15 and 60 who slept in the household the night before the survey.

The Individual Questionnaire for women was based on the DHS Model "B" Questionnaire, which is designed for use in countries with low contraceptive prevalence. Additions and modifications to the model questionnaire were made in order to collect information specifically relevant to Tanzania. The women's questionnaire gathered information on the following topics:

1. Respondent's background
2. Birth history
3. Knowledge and use of contraceptive methods
4. Maternal care and breastfeeding
5. Immunization and health care of children under 5 years of age
6. Marriage
7. AIDS
8. Fertility preferences
9. Husband's background
10. Women's employment
11. Maternal and child anthropometry

The Individual Questionnaire for men was similar to the Individual Questionnaire for women but excluded the birth history and sections on maternal and child health and included a module on condom knowledge and use. This report presents selected results from the women's questionnaire and the men's questionnaire.

B. SAMPLE DESIGN

The sample for the TDHS was based on the 1988 population census. The sample design assumed that rural areas within each region are relatively homogeneous and thus a clustered design was employed to minimize the difficulties in the country. In order to provide regional estimates, a minimum number of households for each region was fixed. Therefore, the sample was not allocated proportionally across regions and the sample is not self-weighting. A three-stage sample design was employed. The selection of enumeration areas was done in two stages: first the wards/branches were selected and then the enumeration areas within the wards/branches. Lists of household heads were prepared for the selected enumeration areas

8

and at the third sampling stage households were selected from these lists. The TDHS was designed to provide estimates (based on the results of the women's questionnaire) for the whole country, for the mainland population divided into three strata—Dar es Salaam, other urban, and rural—and for Zanzibar, which comprises the islands of Zanzibar and Pemba. In addition, except for mortality measures, the intention was to provide estimates for 21 regions: 20 mainland regions and the region of Zanzibar. The sample of men was designed to provide estimates just for the country as a whole and for urban and rural areas.

C. DATA COLLECTION AND PROCESSING

The TDHS data collection was carried out by eight teams; each team consisted of seven or eight female interviewers, one male interviewer, a field editor, a supervisor, and a driver. The interviewers were from the Ministry of Health and had medical backgrounds. Seven teams worked on the mainland and one team was responsible for the fieldwork on the islands of Zanzibar and Pemba. Interviewers were trained for four weeks in September 1991 by Census Office and DHS staff. Fieldwork began in October 1991 and was completed in March 1992.

The first stage of the data editing was done by the field editors who checked the completed questionnaires for completeness and consistency. Supervisors also reviewed the questionnaires in the field. The questionnaires were then sent to the Census Office in Dar es Salaam. There, office editors checked to see that questionnaires for all eligible households and individuals had been received; they also coded the open-ended questions.

The data were processed using microcomputers and the computer program ISSA (Integrated System for Survey Analysis). Data entry and secondary editing activities were initiated almost immediately after the beginning of fieldwork and completed in May 1992.

D. RESPONSE RATES

Table 1 presents the survey response rates. In all, 9282 households were selected for the TDHS, but only 8561 were occupied at the time of the interview (including 75 households that were not found). The household interview was completed in 8327, or 97 percent, of the occupied households. In the interviewed households, 9647 women were identified as eligible for the individual interview and 9238 women, 96 percent, were successfully interviewed. Approximately one-quarter of the households (2291) were selected for the men's questionnaire. In these households, 2392 men were identified as eligible for the individual interview and 2114 were successfully interviewed, resulting in a response rate of 88 percent.

9

Table 1 Household and individual sample results, Tanzania 1991/92

Result of interview and response rate	Number	Percent
Households selected	9282	100.0
Household occupied[1]	8561	92.2
Household absent	151	1.6
Household vacant/no dwelling	450	4.8
Household dwelling destroyed	102	1.1
Other	18	0.2
Households occupied	8561	100.0
Households interviewed	8327	97.3
Households not interviewed	234	2.7
Household response rate		97.3
Eligible women	9647	100.0
Women interviewed	9238	95.8
Women not interviewed	409	4.2
Women's response rate		95.8
Eligible men	2392	100.0
Men interviewed	2114	88.4
Men not interviewed	278	11.6
Men's response rate		88.4

[1]Includes "dwelling not found"

10

III. RESULTS FROM WOMEN'S QUESTIONNAIRE

A. CHARACTERISTICS OF THE RESPONDENTS

The distribution of women in the TDHS sample by selected background characteristics is presented in Table 2. More than 60 percent of the women are under age 30. Ninety-seven percent of the women live in mainland Tanzania: 6 percent in Dar es Salaam region, 18 percent in other urban areas, and 73 percent in rural areas. Three percent of the women live on the islands of Zanzibar or Pemba. Thirty-four percent of the women have no education, 61 percent have attended primary school, and only five percent have any secondary or higher education. One-quarter of the women have never been married, two-thirds are currently married with 30 percent of those marriages being polygamous, and the remaining 10 percent of women are divorced or widowed.

B. FERTILITY

All women who were interviewed in the TDHS were asked to report the total number of sons and daughters they had given birth to in their lifetime. To encourage complete reporting, women were asked separate questions about children living at home, those living elsewhere, and children who had died. A complete birth history was obtained from each respondent including information on the sex, date of birth, and survival status of each child. Age-specific and total fertility rates for the TDHS are calculated directly from the birth history data.

Age-specific fertility rates are the number of births per 1,000 women among each five-year age group. The sum of the age-specific rates is the total fertility rate (TFR). The TFR represents the number of children a women would have at the end of her childbearing years if she were to pass through those years bearing children at the currently observed rates. As seen in Table 3, the TFR for Tanzania for the three years preceding the survey (a period covering principally 1989-1991) is 6.3. Previous estimates of fertility for earlier time periods were 6.9 from the 1978 Population Census and 6.5 from the 1988 Population Census.[1] Fertility in Zanzibar (TFR 6.4) is slightly higher than for the mainland (6.2). It should be noted that sampling errors for smaller samples, such as for Zanzibar and Dar es Salaam, may be substantial. There is also considerable variation in fertility between urban and rural areas, as can be seen in Figure 1. The TFR in Dar es Salaam is 4.0; in urban areas outside Dar es Salaam the TFR is 5.5; the average TFR for rural areas is 6.6.

[1]Bureau of Statistics [Tanzania]. 1991. *1988 Population Census: National Data-Brief Report.* Dar es Salaam: Bureau of Statistics, President's Office, Planning Commission.

11

Table 2 Background characteristics of women respondents

Percent distribution of women by selected background characteristics, Tanzania 1991/92

Background characteristic	Weighted		Unweighted	
	Percent	Number of women	Percent	Number of women
Age				
15-19	23.3	2154	24.1	2224
20-24	19.9	1840	20.0	1844
25-29	17.2	1586	17.0	1572
30-34	12.5	1157	12.1	1119
35-39	10.7	986	10.9	1008
40-44	7.7	709	8.2	757
45-49	7.4	680	7.5	696
Residence				
Mainland	97.2	8978	94.4	8718
Dar es Salaam	6.3	585	5.5	505
Other urban	18.3	1686	12.8	1178
Rural	72.6	6707	76.2	7035
Zanzibar	2.8	261	5.6	520
Region				
Dodoma	7.0	649	3.7	341
Arusha	6.2	574	4.0	367
Kilimanjaro	5.6	516	4.7	438
Tanga	5.1	471	4.1	383
Morogoro	5.5	512	5.3	486
Coast	1.7	160	4.1	377
Dar es Salaam	6.3	585	5.5	505
Lindi	2.3	217	3.8	347
Mtwara	3.9	363	3.7	343
Ruvuma	3.5	320	4.9	455
Iringa	5.1	475	4.1	378
Mbeya	4.9	449	3.3	304
Singida	3.8	355	4.4	409
Tabora	2.[illegible]	271	4.5	414
Rukwa	2.4	217	5.4	496
Kigoma	4.1	375	5.4	496
Shinyanga	8.6	793	6.6	614
Kagera	6.6	608	4.2	384
Mwanza	7.2	666	6.4	590
Mara	4.4	403	6.4	591
Zanzibar	2.8	261	5.6	520
Level of education				
No education	33.9	3128	35.3	3259
Primary	61.3	5666	60.0	5540
Secondary+	4.8	444	4.8	439
Marital status				
Never married	24.5	2261	23.7	2188
Curr. married, monogamous	47.4	4379	47.4	4381
Curr. married, polygamous	18.0	1659	18.5	1710
Widowed/Divorced/Separated	10.2	939	10.4	959
Total	100.0	9238	100.0	9238

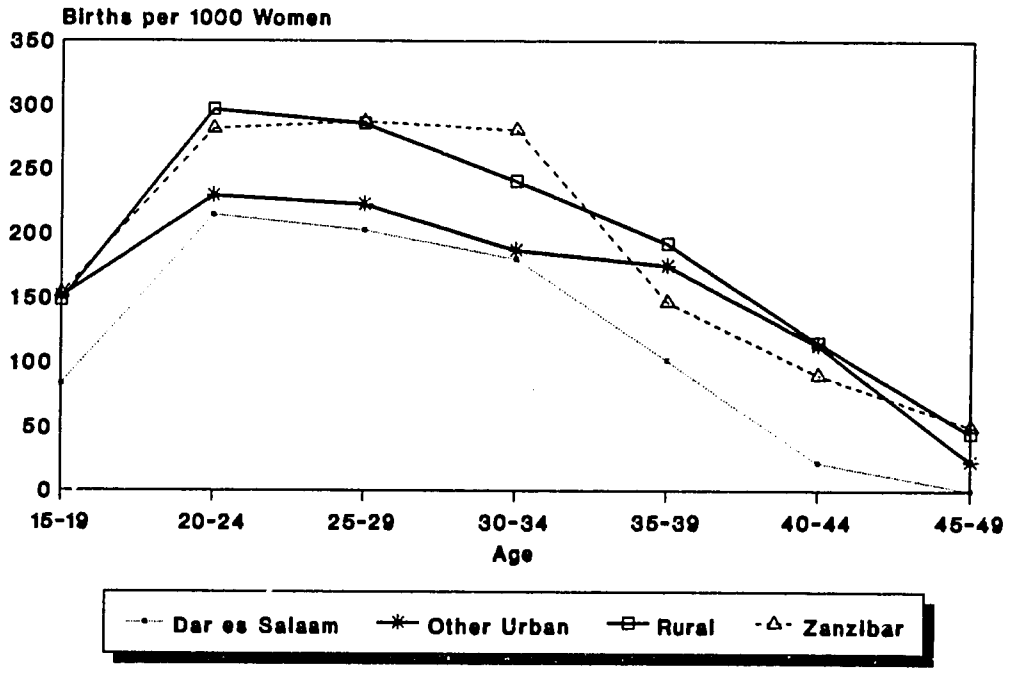
12

Table 3 Current fertility and children ever born

Age-specific and cumulative fertility rates for the three years preceding the survey and number of children ever born (CEB), by age, Tanzania 1991/92

Age	Total	Mainland	Dar es Salaam	Other urban	Rural	Zanzibar
15-19	0.144	0.144	0.083	0.151	0.148	0.153
20-24	0.278	0.278	0.214	0.229	0.296	0.281
25-29	0.268	0.267	0.202	0.222	0.285	0.287
30-34	0.228	0.227	0.180	0.187	0.240	0.280
35-39	0.184	0.185	0.101	0.175	0.192	0.147
40-44	0.108	0.109	0.022	0.113	0.115	0.090
45-49	0.040	0.040	0.000	0.023	0.045	0.050
TFR 15-49	6.250	6.247	4.003	5.504	6.598	6.441
TFR 15-44	6.050	6.048	4.003	5.389	6.374	6.192
Mean No. CEB 15-49	3.110	3.108	2.354	2.681	3.273	3.166
Mean No. CEB 40-49	6.955	6.956	6.083	6.608	7.073	6.891
Mean No. CEB 45-49	7.015	7.005	6.365	6.721	7.091	7.476

Figure 1
Age-Specific Fertility Rates



TDHS 1991-92

13

C. FAMILY PLANNING

Knowledge and Ever Use

In the TDHS, a series of questions was asked about family planning knowledge, ever use, and current use. Respondents were first asked to name all the methods of family planning that they knew or had heard of. For methods that they did not mention, a description of the method was read and they were asked if they had ever heard of the method. For each method they recognized, women were asked if they had ever used the method and if they knew of a place to obtain the method.

Four of five currently married women know at least one family planning method (see Table 4 and Figure 2). Most of the women who know a method know at least one modern method. The methods most frequently reported are the pill, female sterilization, and condom, each of which was mentioned by more than half of currently married women. Nearly half of currently married women also knew at least one traditional method of family planning. The vast majority of women, nine out of ten, who know a method of family planning also reported knowing where to obtain that method.

One-quarter of currently married women have used a method of family planning at some time. The most commonly used method was the pill; 12 percent of currently married women have used the pill to prevent a pregnancy. Withdrawal has been used by 9 percent of currently married women, the calendar method of periodic abstinence by 6 percent, and 3 percent reported use of the condom.

Table 4 Knowledge of methods and sources, and ever use and current use of methods

Percentage of all women and currently married women by knowledge, ever use, and current use of contraceptive methods, Tanzania 1991/92

	Knowledge of method		Knowledge of source		Ever use of method		Current use of method	
Contraceptive method	All	Currently married	All	Currently married	All	Currently married	All	Currently married
Any method	74.4	80.2	65.5	71.4	22.7	25.7	9.5	10.4
Any modern method	72.2	77.6	65.1	71.1	14.1	15.8	5.9	6.6
Pill	68.9	74.6	59.5	65.6	10.8	12.3	3.0	3.4
IUD	31.3	35.0	29.1	32.7	1.2	1.5	0.3	0.4
Injection	39.6	44.0	36.5	40.7	0.9	1.0	0.3	0.4
Diaphragm/Foam/Jelly	19.5	22.2	17.9	20.4	0.3	0.3	0.0	0.0
Condom	51.3	55.0	44.8	48.3	3.6	3.6	0.7	0.7
Female sterilization	49.5	54.6	46.0	50.8	1.5	1.6	1.5	1.6
Male sterilization	10.1	11.3	9.3	10.5	0.0	0.1	0.0	0.0
Any traditional method	44.1	48.9	19.1	20.7	13.6	15.6	3.6	3.9
Calendar method	23.3	24.7	19.1	20.7	6.5	6.5	1.6	1.3
Mucus method	9.3	9.8	0.0	0.0	1.1	1.4	0.1	0.1
Withdrawal	23.9	27.1	0.0	0.0	7.0	8.7	1.3	1.9
Other methods	21.2	24.6	0.0	0.0	2.4	2.8	0.5	0.6
Number of women	9238	6038	9238	6038	9238	6038	9238	6038

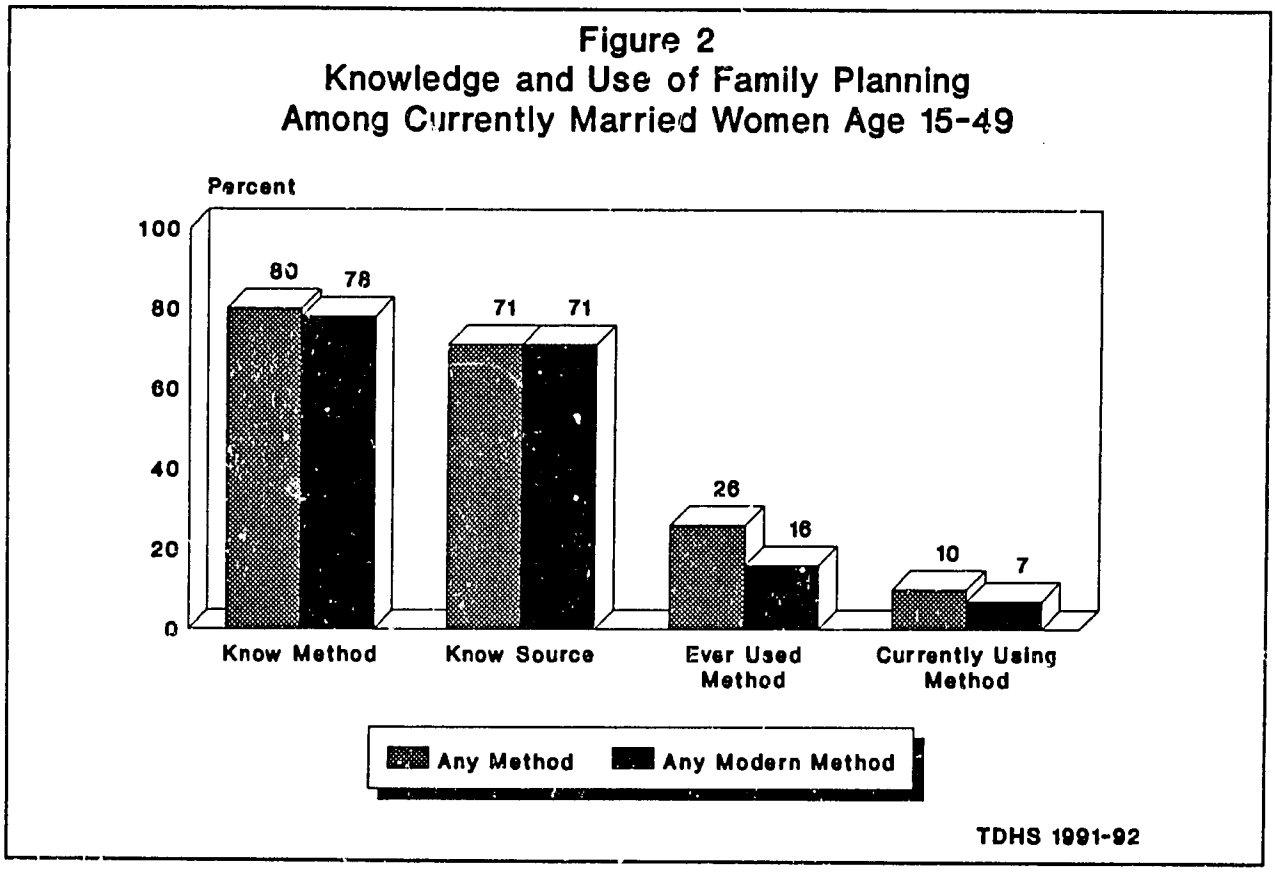


Figure 2
Knowledge and Use of Family Planning
Among Currently Married Women Age 15-49

Current Use

Slightly more than 10 percent of married women in Tanzania are currently using a method of contraception; almost 7 percent are using a modern method and 4 percent are using a traditional method of family planning. The most commonly used method is the pill (3 percent) followed by withdrawal and female sterilization (2 percent each). Fewer than one percent of currently married women reported using the IUD, injection, vaginal methods, or the condom. Two percent of women reported withdrawal as their current method and one percent said they were using the calendar method.

Some women are more likely to be using contraception than others (see Table 5 and Figure 3). Women in urban areas and women with secondary or higher education are more likely to be using a modern method of contraception than rural women or women with no educatic primary education. Regional differences in contraceptive prevalence, shown in Figure 4, are particularly marked. The highest contraceptive prevalence is found in Kilimanjaro region where 25 percent of married women are currently using a modern method of contraception. In Kilimanjaro region, 9 percent of women are using the pill, 8 percent have chosen contraceptive sterilization, and 5 percent are using an IUD (half of all IUD users in the country are in Kilimanjaro region). Elsewhere, 10 percent or more of women are currently using a modern contraceptive method in Arusha, Dar es Salaam, Singida, and Lindi regions. The lowest prevalence rates for modern methods of contraception are in Kigoma, Mara, Mwanza, Mtwara and Shinyanga where 3 percent or fewer of married women reported using a method of family planning.

15

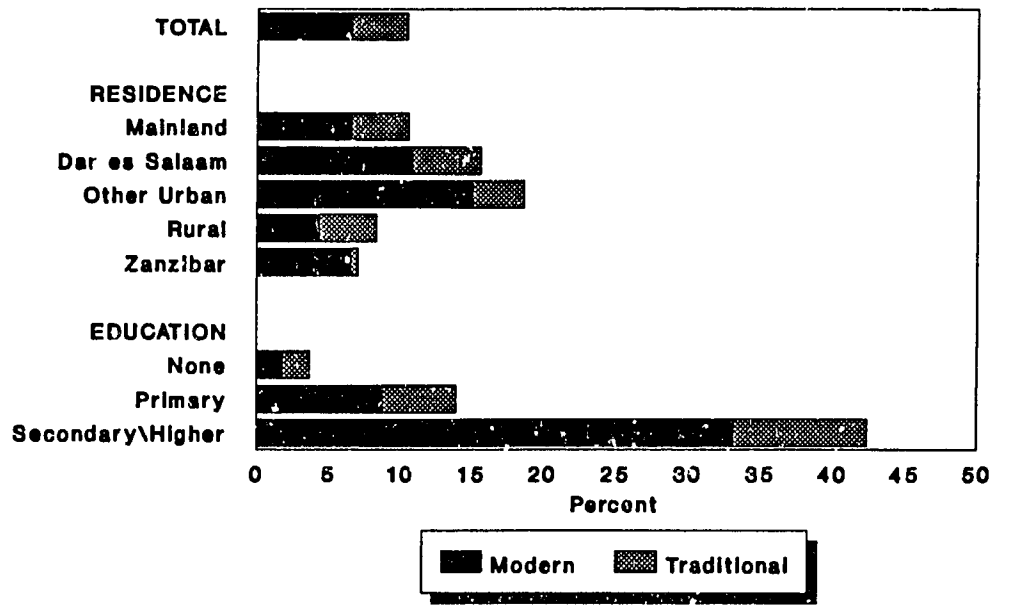
Table 5 Current use of contraception by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics, Tanzania 1991/92

Background characteristic	Any method	Modern methods: Any modern method	Pill	IUD	Injection	Condom	Female sterilization	Traditional methods: Any trad. method	Periodic abstinence	Mucus method	Withdrawal	Other	Not using any method	Total	Number of women
Age															
15-19	5.2	1.7	1.4	0.0	0.0	0.2	0.0	3.6	1.7	0.0	1.4	0.5	94.8	100.0	558
20-24	10.1	6.0	4.3	0.2	0.0	1.1	0.3	4.1	1.3	0.2	2.1	0.6	89.9	100.0	1262
25-29	10.1	5.2	4.1	0.4	0.2	0.3	0.3	4.8	1.4	0.3	2.5	0.7	89.9	100.0	1260
30-34	13.2	8.4	4.8	0.4	0.2	1.8	1.2	4.7	1.8	0.0	2.3	0.7	86.8	100.0	928
35-39	12.7	9.8	3.9	1.1	0.5	0.5	3.9	2.9	0.8	0.0	1.6	0.4	87.3	100.0	827
40-44	11.0	7.6	0.8	0.6	1.0	0.2	5.0	3.4	0.6	0.0	2.2	0.7	89.0	100.0	597
45-49	7.2	4.9	0.1	0.5	0.5	0.1	3.4	2.3	1.0	0.0	0.6	0.7	92.8	100.0	537
Residence															
Mainland	10.5	6.6	3.4	0.4	0.4	0.7	1.6	4.0	1.3	0.1	2.0	0.6	89.5	100.0	5870
Dar es Salaam	15.7	10.9	5.7	0.5	0.6	1.9	2.2	4.8	0.6	0.0	3.5	0.6	84.3	100.0	349
Other urban	18.7	15.1	9.5	1.3	1.3	1.4	1.6	3.6	1.6	0.1	1.1	0.8	81.3	100.0	966
Rural	8.4	4.4	1.9	0.2	0.1	0.5	1.6	4.0	1.3	0.1	2.1	0.6	91.6	100.0	4555
Zanzibar	7.1	6.6	2.9	0.3	1.1	0.8	1.5	0.5	0.5	0.0	0.0	0.0	92.9	100.0	168
Region															
Dodoma	9.6	8.3	4.5	0.0	1.6	2.2	0.0	1.3	0.5	0.0	0.6	0.2	90.4	100.0	445
Arusha	17.3	12.3	7.6	0.8	0.4	1.1	2.5	5.0	0.8	0.6	3.3	0.2	82.7	100.0	350
Kilimanjaro	33.1	25.3	8.5	4.8	0.4	3.4	7.9	7.8	1.8	0.3	5.6	0.0	66.9	100.0	258
Tanga	15.8	7.5	4.9	0.0	0.7	0.3	1.6	8.3	1.8	0.0	6.5	0.0	84.2	100.0	306
Morogoro	10.6	4.5	3.3	0.0	0.0	1.0	0.2	6.1	2.0	0.0	2.4	1.8	89.4	100.0	324
Coast	13.6	5.3	1.8	0.0	0.0	1.1	0.0	10.3	0.8	0.0	6.7	2.8	86.4	100.0	98
Dar Es Salaam	15.7	10.9	5.7	0.5	0.6	1.9	2.2	4.8	0.6	0.0	3.5	0.6	84.3	100.0	349
Lindi	11.5	9.7	4.9	0.0	1.0	0.6	3.2	1.8	0.0	0.0	0.2	1.6	88.5	100.0	155
Mtwara	2.3	1.5	0.4	0.0	0.4	0.0	0.7	0.8	0.0	0.0	0.0	0.8	97.7	100.0	249
Ruvuma	7.8	5.1	1.3	0.0	0.0	0.3	3.5	2.7	0.0	0.4	1.3	1.1	92.2	100.0	210
Iringa	11.1	9.0	6.7	0.9	0.2	0.0	0.8	2.1	1.2	0.0	0.9	0.0	88.9	100.0	338
Mbeya	12.1	5.4	2.9	0.9	0.0	0.0	1.6	6.7	0.8	0.0	5.9	0.0	87.9	100.0	333
Singida	14.0	10.7	8.4	0.9	0.0	0.0	1.4	3.4	1.5	0.0	1.1	0.7	86.0	100.0	190
Tabora	9.0	4.1	1.0	0.2	0.0	0.0	2.9	5.0	1.6	0.4	1.5	1.4	91.0	100.0	174
Rukwa	5.6	4.4	2.3	0.0	0.0	0.5	1.7	1.2	0.9	0.0	0.1	0.1	94.4	100.0	158
Kigoma	4.9	2.8	1.3	0.0	0.1	0.9	0.5	2.1	0.3	0.0	0.5	1.3	95.1	100.0	245
Shinyanga	4.2	1.2	0.6	0.0	0.0	0.3	0.3	3.0	2.4	0.0	0.0	0.6	95.8	100.0	578
Kagera	8.4	3.9	0.5	0.0	0.3	0.0	3.2	4.4	2.8	0.0	1.3	0.3	91.6	100.0	371
Mwanza	4.0	2.3	1.5	0.0	0.0	0.0	0.9	1.6	0.8	0.0	0.3	0.6	96.0	100.0	444
Mara	7.9	3.0	0.8	0.2	1.1	0.0	0.9	4.9	2.9	0.3	1.1	0.6	92.1	100.0	285
Zanzibar	7.1	6.6	2.9	0.3	1.1	0.8	1.5	0.5	0.5	0.0	0.0	0.0	92.9	100.0	168
Level of education															
No education	3.7	1.8	0.6	0.0	0.2	0.1	0.8	1.9	0.7	0.0	0.8	0.4	96.3	100.0	2505
Primary	14.0	8.9	4.8	0.5	0.5	1.0	2.1	5.1	1.5	0.1	2.8	0.7	86.0	100.0	3381
Secondary/Higher	42.4	33.1	17.2	6.6	0.3	3.9	5.2	9.3	4.9	0.5	3.0	0.9	57.6	100.0	152
Number of living children															
0	1.8	0.6	0.1	0.0	0.0	0.0	0.5	1.2	1.2	0.0	0.0	0.0	98.2	100.0	619
1	9.8	6.3	4.5	0.0	0.1	0.7	1.0	3.5	1.4	0.3	1.4	0.4	90.2	100.0	1058
2	11.6	6.0	4.2	0.4	0.0	1.2	0.3	5.6	1.6	0.1	2.9	1.0	88.4	100.0	1001
3	11.3	7.7	4.8	1.2	0.1	0.6	1.0	3.6	1.2	0.1	1.9	0.5	88.7	100.0	835
4+	12.0	8.0	2.9	0.5	0.8	0.7	2.9	4.0	1.1	0.0	2.2	0.7	88.0	100.0	2525
Total	10.4	6.6	3.4	0.4	0.4	0.7	1.6	3.9	1.3	0.1	1.9	0.6	89.6	100.0	6038

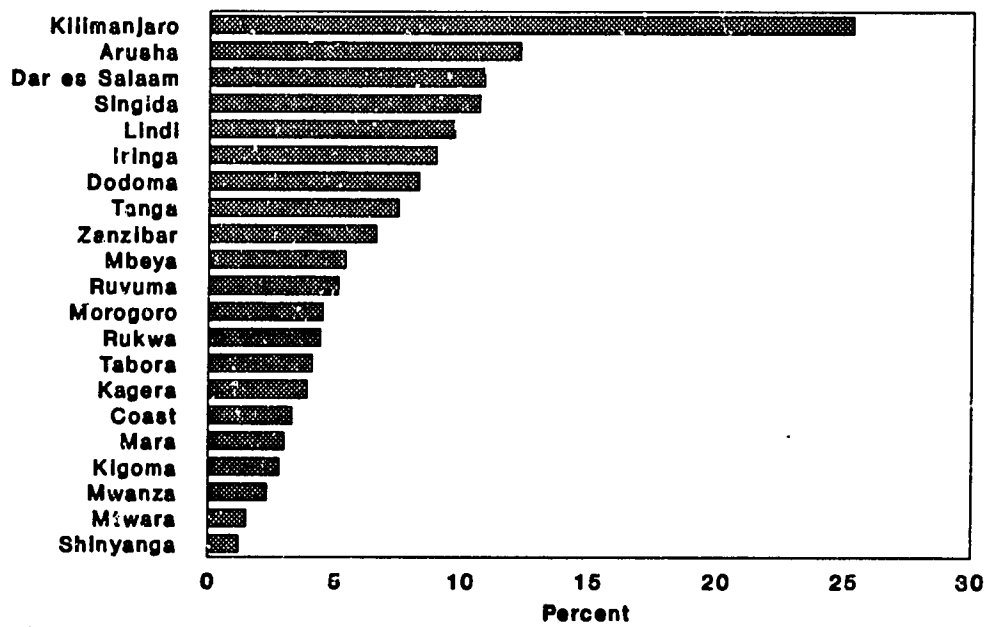
16

Figure 3
Current Use of Family Planning Methods Among Currently Married Women



TDHS 1991-92

Figure 4
Current Use of Modern Methods Among Currently Married Women by Region



TDHS 1991-92

17

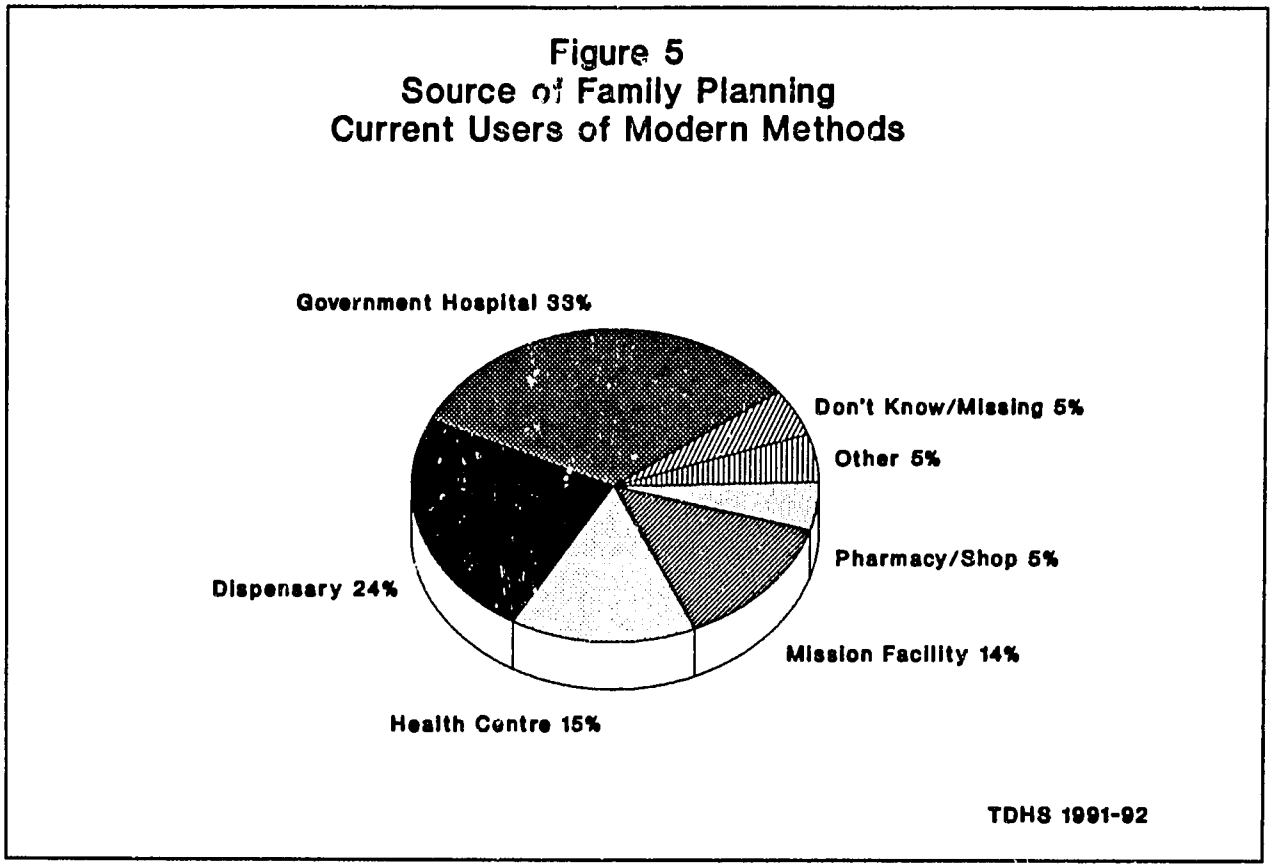
Sources of Family Planning Methods

Women who were using a modern method of family planning at the time of the survey were asked where they most recently obtained their method. One-third of the women obtained their method from a government hospital and 24 percent from a government dispensary (see Table 6 and Figure 5). Other important sources of family planning methods are the health centre (15 percent), and a facility administered by a religious voluntary organization (14 percent). Of course, which source a women uses depends on, among other things, which method of family planning she uses. Eighty-six percent of pill users obtained their supplies from a government health facility, either a dispensary, health centre, or a district hospital. Condom users were more likely to obtain condoms in the private sector; more than 40 percent obtained condoms from a religious voluntary organization facility, a private doctor or clinic, a pharmacy, a shop, or from friends or relatives. One-half of sterilizations were obtained in a government hospital and one-third at a religious voluntary organization facility.

Table 6 Source of supply for specific modern methods

Percent distribution of current users of modern methods, by most recent source of supply, Tanzania 1991/92

Source of supply	Pill	IUD	Injection	Diaphragm	Condom	Female sterilization	Male sterilization	All modern methods	Number of women
Public sector	86.3	74.6	100.0	30.3	54.3	49.4	0.0	72.9	397
Consultant hospital	0.7	7.0	9.2	0.0	2.2	12.3	0.0	4.5	25
Regional hospital	6.6	21.5	10.3	0.0	4.3	10.2	0.0	8.2	45
District hospital	18.8	7.2	38.1	30.3	12.0	25.6	0.0	19.9	109
Health centre	21.5	30.3	16.3	0.0	10.1	0.0	0.0	14.9	81
Dispensary	37.4	8.6	21.5	0.0	24.3	0.0	0.0	23.9	130
Parast health facili	1.4	0.0	4.7	0.0	0.0	1.4	0.0	1.3	7
Village health post/Worker	0.0	0.0	0.0	0.0	1.4	0.0	0.0	0.2	1
Medical private sector	9.2	25.4	0.0	69.7	18.0	36.3	100.0	17.8	97
Religious organization facility	6.1	25.4	0.0	69.7	6.4	33.4	100.0	14.0	76
Priv. doctor/Hospital/Clinic	0.9	0.0	0.0	0.0	4.0	2.8	0.0	1.7	9
Pharmacy/Medical store	2.0	0.0	0.0	0.0	7.5	0.0	0.0	2.0	11
UMATI CBD worker	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0
Other private sector	2.4	0.0	0.0	0.0	23.1	0.0	0.0	4.1	23
Shop	0.3	0.0	0.0	0.0	21.3	0.0	0.0	2.8	16
Friends, relatives	2.1	0.0	0.0	0.0	1.9	0.0	0.0	1.3	7
Other	0.0	0.0	0.0	0.0	0.5	0.5	0.0	0.2	1
Don't know	0.0	0.0	0.0	0.0	4.1	0.0	0.0	0.5	3
Missing	2.1	0.0	0.0	0.0	0.0	13.8	0.0	4.5	24
Number	279	31	29	1.3	69	134	1	545	545



D. FERTILITY PREFERENCES

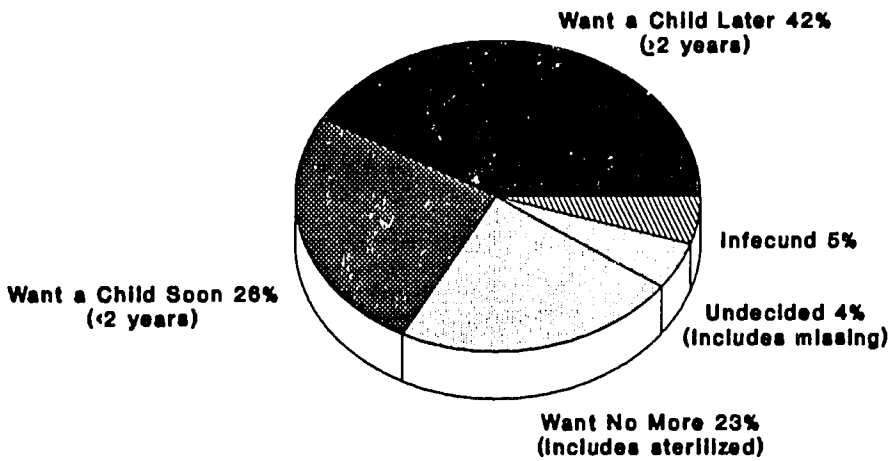
Several questions in the TDHS asked about the respondent's fertility preferences, including her desire for additional children, spacing preferences, and ideal family size. Twenty-one percent of married women in Tanzania said they want no more children (an additional two percent have been sterilized) and 42 percent want to wait at least two years before the birth of their next child (see Table 7 and Figure 6). Thus, approximately two-thirds of married women in Tanzania potentially may be interested in family planning services for either limiting or spacing births. Slightly more than one-quarter of women say that they want to have their next child within two years while the remaining 9 percent are undecided or believe that they are unable to become pregnant.

Table 7 Reproductive preferences by age

Percent distribution of currently married women by desire for more children, according to age, Tanzania 1991/92

Desire for children	Age of woman							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Want another								
Within 2 years	36.8	26.0	28.2	27.2	25.1	22.8	14.3	26.1
After 2 years	58.1	64.8	55.6	42.2	23.8	8.8	3.5	41.7
Not sure when	2.0	1.3	1.2	1.2	1.1	1.1	1.5	1.3
Undecided	0.6	1.3	2.4	3.7	6.0	3.5	2.3	2.8
Want no more	2.1	5.4	11.7	22.0	36.0	48.3	45.0	21.4
Sterilized	0.0	0.3	0.3	1.2	3.9	5.0	3.6	1.7
Declared infecund	0.3	0.6	0.3	2.5	3.3	10.4	29.2	4.8
Missing	0.2	0.3	0.3	0.2	0.7	0.1	0.6	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	558	1262	1260	928	827	597	537	6038
Mean children desired	5.9	5.7	6.0	6.6	7.1	7.4	7.8	6.4
Percentage of non-numeric responses	10.6	10.2	10.5	14.8	18.2	18.8	25.5	14.2

Figure 6
Fertility Preferences of Currently Married Women 15-49



TDHS 1991-92

20

E. MATERNAL CARE

The TDHS questionnaire included a number of questions on maternal health care for women who had given birth to at least one child in the five years preceding the survey. For each birth in that period, women were asked whether they had received a tetanus toxoid injection while pregnant, and if so, how many times, from whom they had obtained antenatal care during pregnancy, the number of antenatal visits, whether they were given an antenatal card, and the person who assisted at delivery of the child.

Nine of ten mothers in Tanzania received at least one tetanus toxoid injection and some antenatal care but only half were attended at the time of delivery by a trained health worker (see Table 8).[2] The percentage of women receiving at least one injection of tetanus toxoid is high regardless of place of residence or education. For 92 percent of births in the five years before the survey, the mother received some antenatal care from a trained health worker (doctor, nurse, trained midwife, or MCH aide). Fifty-three percent of these births had the assistance of a trained health worker at the time of delivery.

Substantial differences in the use of trained health workers for maternal care, particularly at the time of delivery, exist between women in urban and rural areas and between the mainland and Zanzibar (Figure 7). While mothers were almost equally likely to receive some antenatal care regardless of place of residence, the mothers of 43 percent of births in Dar es Salaam and 10 percent of births in other urban areas received antenatal from a doctor compared with less than 4 percent in rural areas and 2 percent in Zanzibar. While more than 85 percent of births in Dar es Salaam and other urban areas were attended by a trained health worker, only 45 percent of births in rural areas on the mainland and 35 percent of births in Zanzibar were attended by a health worker. There are also large variations by district.

F. BREASTFEEDING AND SUPPLEMENTARY FEEDING

Breast milk is an important source of nutrition for infants and young children. In addition to conferring some immunity to disease, all of the nutrients required by infants in the first months of life can usually be provided by breast milk alone. As the infant grows, breast milk is no longer sufficient, and other foods have to be added to the baby's diet to ensure proper nourishment.

The breastfeeding practices of Tanzanian mothers of children under one year of age are summarized in Table 9 and Figure 8. Nearly all children (98 percent) are breastfed for at least the first year of life in Tanzania. However, supplementation with other liquids and foods begins early. Only one-third of children under the age of four months are fed exclusively on breast milk. While 32 percent of children age 0-3 months are receiving plain water only in addition to breast milk, 27 percent were receive other liquids (such as sugar water, juice, and fresh, powdered, or tinned milk), and 8 percent are fed solid or mushy food. By the age of 7-9 months, although virtually all children are still receiving breast milk, only 3 percent are exclusively breastfeeding and almost three-quarters are receiving solid or mushy food.

---

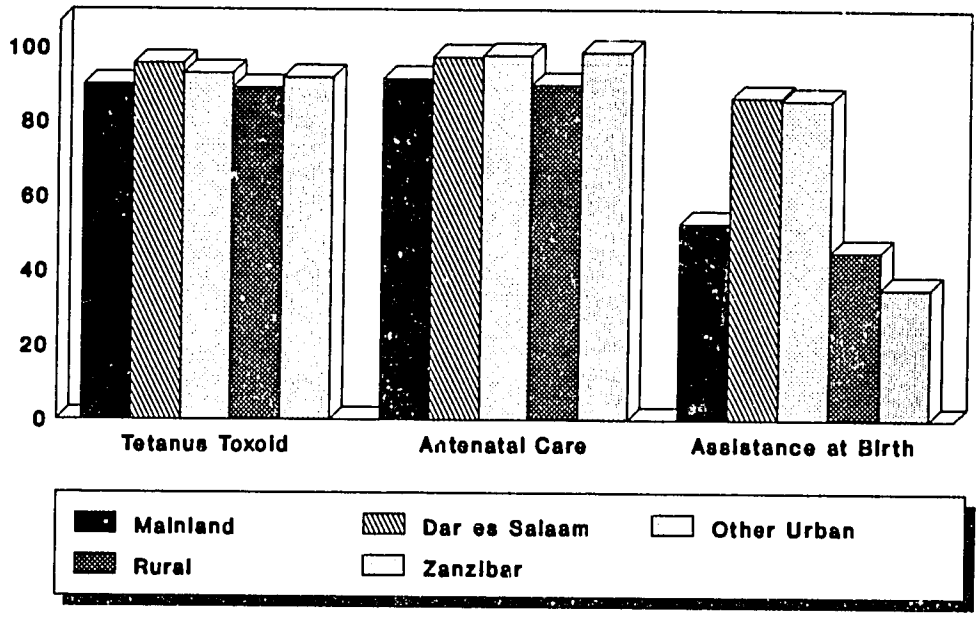
[2] Tetanus toxoid injections are given during pregnancy for the prevention of neonatal tetanus, one of the principal causes of death among infants in developing countries. For full protection, a pregnant woman should receive two doses of the toxoid. However, if a woman has been vaccinated during a previous pregnancy, she may only require one dose for a current pregnancy. Five doses are considered to provide life-time protection.

Table 8 Tetanus toxoid vaccination, antenatal care and assistance at delivery

Percentage of all births in the five years preceding the survey whose mothers received at least one tetanus toxoid injection, antenatal care from a doctor or trained nurse/midwife, and assistance at delivery from a doctor or trained nurse/midwife, by selected background characteristics, Tanzania 1991/92

Background characteristic	Received tetanus toxoid	Antenatal care			Assistance at delivery			Number of births
		Doctor	Nurse or midwife	MCH aide	Doctor	Nurse or midwife	MCH aide	
Age								
<20	92.6	6.2	54.0	31.4	6.6	40.4	8.9	1458
20-34	90.1	6.8	55.9	29.6	6.1	37.4	9.4	5309
35+	86.1	3.9	56.2	28.9	4.9	33.7	8.9	1160
Residence								
Mainland	89.9	6.4	55.4	29.7	6.2	37.6	9.5	7689
Dar es Salaam	95.6	43.0	48.0	6.5	31.3	54.0	1.3	373
Other urban	93.0	9.7	68.7	19.5	12.3	68.0	5.5	1170
Rural	89.0	3.6	53.3	33.1	3.5	30.8	10.7	6146
Zanzibar	91.9	1.9	64.3	32.7	0.6	31.9	2.7	238
Region								
Dodoma	91.6	1.6	34.8	54.2	4.1	25.3	23.9	525
Arusha	75.4	10.0	56.1	19.4	11.2	36.4	2.3	534
Kilimanjaro	93.9	7.6	67.1	24.1	10.9	57.8	10.2	368
Tanga	90.0	2.0	46.3	51.2	2.8	30.7	22.1	405
Morogoro	85.8	10.7	54.9	19.9	8.0	38.4	5.9	471
Coast	89.5	25.3	62.2	3.6	15.6	34.2	4.2	116
Dar Es Salaam	95.6	43.0	48.0	6.5	31.3	54.0	1.3	373
Lindi	92.7	8.6	58.6	27.5	6.7	49.1	10.2	178
Mtwara	93.7	1.9	53.4	44.2	4.9	31.9	9.5	206
Ruvuma	91.5	2.0	63.1	34.7	6.6	55.9	19.7	272
Iringa	94.7	10.2	39.8	35.5	4.7	32.6	13.8	439
Mbeya	89.1	0.7	51.2	34.3	6.0	42.1	6.1	375
Singida	88.2	6.2	50.1	29.9	2.7	39.5	11.5	306
Tabora	94.9	1.3	68.1	29.3	3.3	50.2	14.0	232
Rukwa	85.6	3.0	40.1	41.3	2.8	28.0	11.7	223
Kigoma	89.6	2.7	52.9	39.2	2.4	30.6	9.0	358
Shinyanga	89.8	0.2	63.5	21.3	2.0	35.2	7.9	787
Kagera	89.9	0.8	66.3	29.8	2.2	32.7	4.4	554
Mwanza	92.0	2.3	64.3	26.3	2.5	36.0	4.9	605
Mara	93.2	6.5	63.8	21.5	3.6	30.5	2.2	363
Zanzibar	91.9	1.9	64.3	32.7	0.6	31.9	2.7	238
Level of education								
No education	85.3	3.2	52.9	30.3	3.1	26.8	8.0	2829
Primary	92.5	7.1	57.0	30.3	7.1	42.4	10.3	4863
Secondary / Higher	94.6	26.0	59.0	14.0	19.5	60.7	3.1	235
Number of living children								
1	93.3	8.5	55.8	28.7	7.8	45.3	8.7	1768
2-3	90.9	7.2	55.8	29.7	6.8	37.2	8.8	2544
4-5	88.7	5.1	54.1	32.1	4.6	35.0	9.4	1627
6+	86.9	3.9	56.5	29.1	4.6	32.7	10.2	1988
Total	90.0	6.3	55.6	29.8	6.0	37.4	9.3	7927

Figure 7
Maternal Care by Place of Residence



Note: Antenatal care and assistance at birth is from a trained health worker.

TDHS 1991-92

Table 9 Breastfeeding and supplementation

Percent distribution of living children (age 12 months and younger) by breastfeeding status, food supplementation and use of a bottle with a nipple according to age, Tanzania 1991/92

Age	Never breastfed	Weaned	Breast milk only	Breast milk and: Plain water	Other liquids	Solids	Total	Breastfed and used bottle	Number of living children
0-3 months	0.7	0.0	31.7	31.9	27.2	8.2	100.0	3.7	527
4-6 months	0.2	0.8	7.0	13.4	38.8	40.0	100.0	6.0	428
7-9 months	0.9	0.0	3.3	5.2	17.9	72.8	100.0	5.7	383
10-12 months	0.0	1.9	0.5	3.7	10.9	83.1	100.0	4.2	424

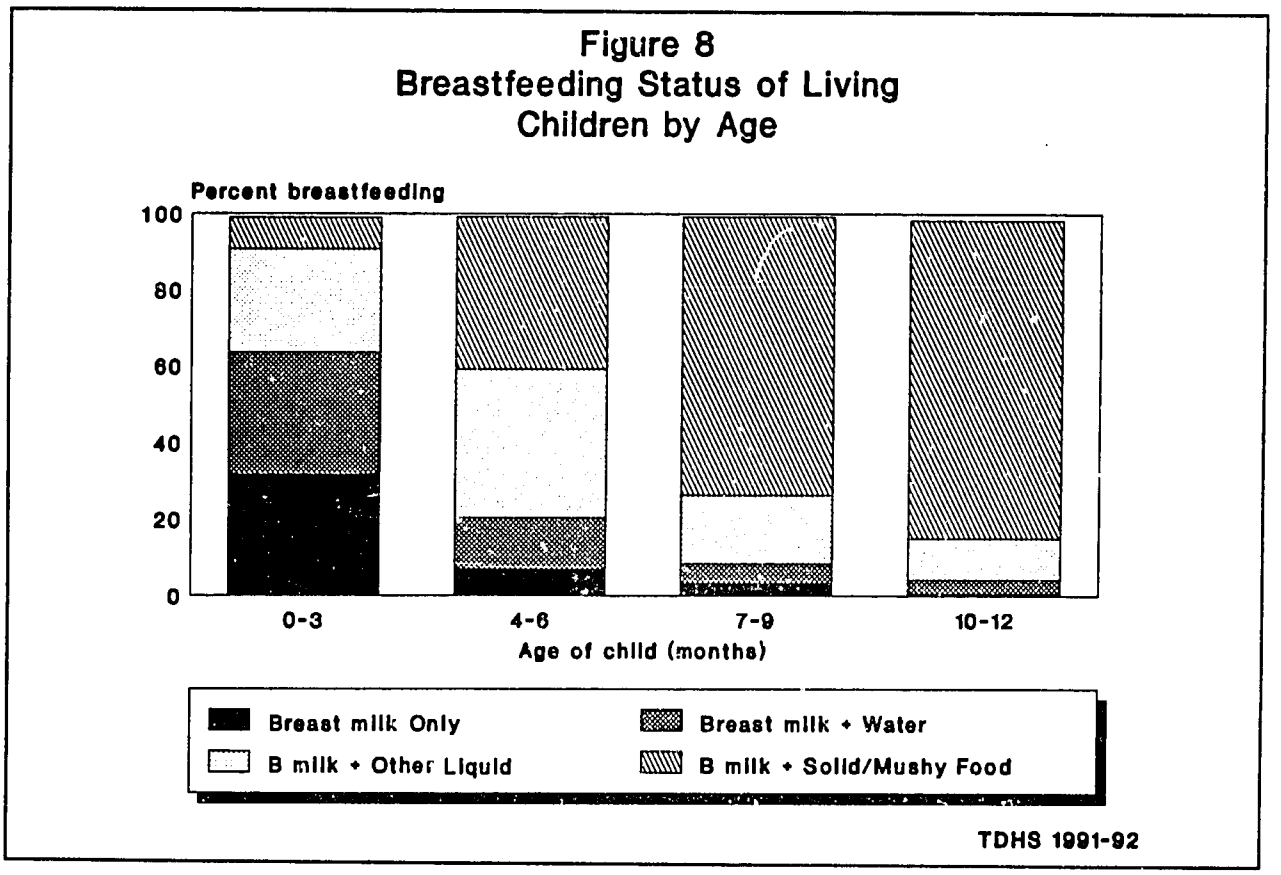


Figure 8
Breastfeeding Status of Living
Children by Age
Percent breastfeeding
100
80
60
40
20
0
0-3
4-6
7-9
10-12
Age of child (months)
Breast milk Only
Breast milk + Water
B milk + Other Liquid
B milk + Solid/Mushy Food
TDHS 1991-92

G. VACCINATION OF CHILDREN

The Ministry of Health in Tanzania follows the guidelines of the World Health Organization (WHO) in its Expanded Programme on Immunisation. The guidelines recommend that all children receive a BCG vaccination against tuberculosis; three doses of DPT vaccine for the prevention of diphtheria, pertussis, and tetanus; three doses of polio vaccine; and a vaccination against measles. WHO recommends that children receive all of these vaccines before their first birthday and that the vaccinations should be recorded on a health card.

In the TDHS, information on vaccinations was collected for all children born in the five years preceding the survey. For each of these children, mothers were asked whether they had a health card for the child and, if so, to show the health card to the interviewer. When a mother was able to show the health card, the dates of vaccinations received were copied from the card to the questionnaire. If a child never received a health card or if the mother was unable to show the card to the interviewer, the mother was asked specific questions about whether the child had received each vaccine. The information presented here on vaccination coverage is based on both the information taken from the health card and, for those without a health card, the information provided by the mother.

Data on vaccinations are presented in Table 10 for children age 12-23 months, the age by which they should have received all vaccinations. Cards were shown to the interviewers for 78 percent of these children. Children in Dar es Salaam were the least likely and children in Zanzibar were most likely to have a health card; elsewhere, more urban than rural children had health cards. The percentage of children with health cards also rises with increasing education of the mother.

Based on the health cards and the mothers' reports, 71 percent of children age 12-23 months have received all of the recommended vaccinations and only 4 percent have received no vaccinations. The remaining children have been partially vaccinated. About 95 percent of children received BCG and the first dose of DPT and Polio. The percentage who received the second dose of DPT and Polio declines to about 90 percent while the third doses of DPT and Polio and the measles vaccine were received by about 80 percent of children. Thus, the drop-out rate[1] between the first and third doses is 15 percent for DPT, and 18 percent for polio.

As can be seen in Figure 9, Zanzibar and urban areas other than Dar es Salaam have the highest percentage of fully vaccinated children, followed by Dar es Salaam and then the rural areas of the mainland. Children born to mothers with no formal education received fewer vaccinations than children born to mothers with primary and secondary education. Only 60 percent of children whose mothers have no education are fully vaccinated compared with 93 percent of children whose mothers attended secondary school.

[1]The drop-out rate is calculated as (DPT3-DPT1)/DPT1 x 100%.

Table 10 Vaccinations by background characteristics

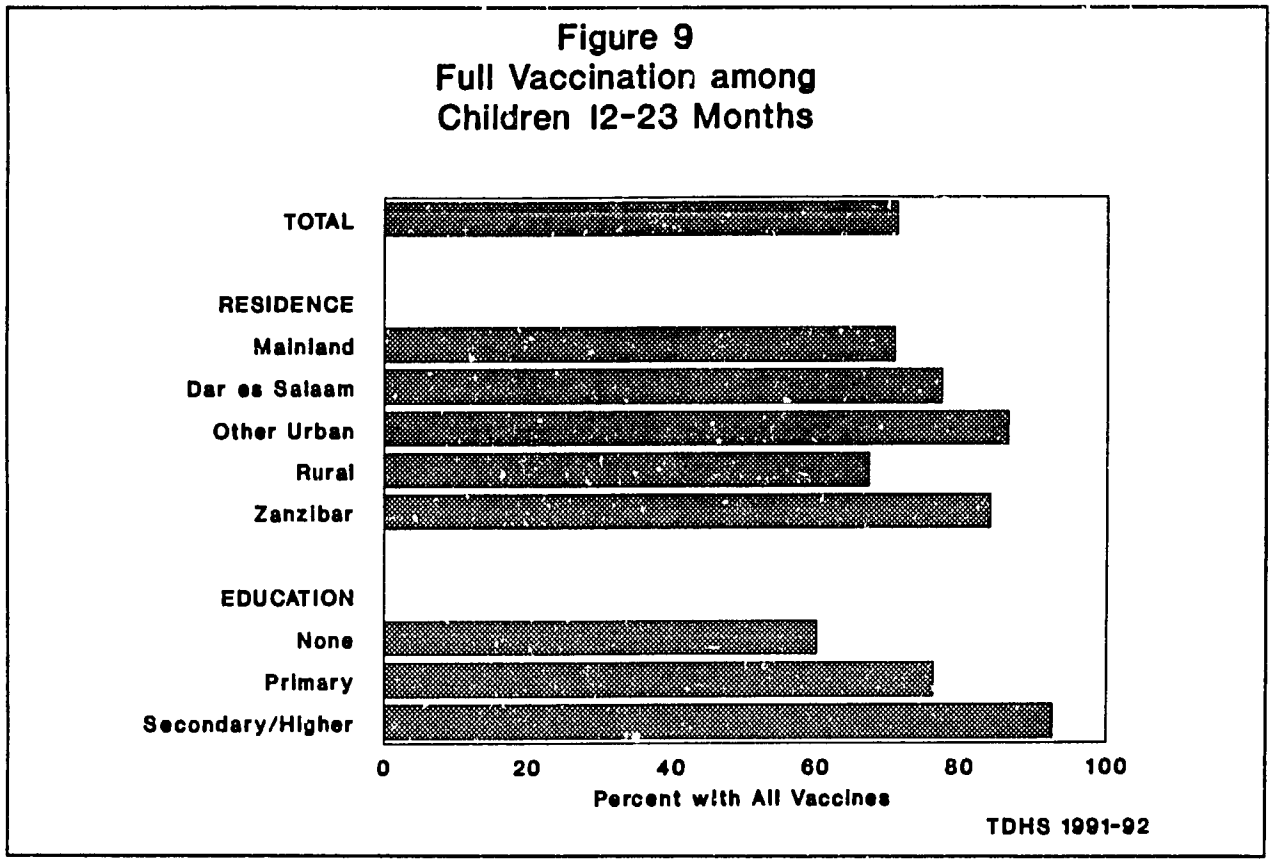
Percentage of children age 12-23 months who had received specific vaccines by the time of the survey (according to the vaccination card or the mother's report) and the percentage with a vaccination card seen by interviewer, by selected background characteristics, Tanzania 1991/92

Background characteristic	Percentage of children who received:										Percentage with a card	Number of children
	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All[a]	None		
Sex												
Male	95.4	95.0	90.3	79.5	94.6	88.5	75.8	81.1	69.7	3.7	80.1	802
Female	95.3	93.5	90.4	80.7	92.7	89.5	78.6	81.0	72.9	4.0	76.6	795
Residence												
Mainland	95.2	94.1	90.1	79.7	93.5	88.7	76.7	80.9	70.9	4.0	77.9	1547
Dar es Salaam	98.3	98.3	96.1	85.0	98.3	96.1	82.6	87.0	77.4	1.7	59.1	55
Other urban	99.5	96.5	95.8	91.5	96.7	95.6	90.1	91.8	86.5	0.5	88.2	257
Rural	94.2	93.4	88.6	77.0	92.6	86.9	73.7	78.4	67.4	4.8	76.6	1236
Zanzibar	100.0	100.0	99.2	92.5	100.0	99.2	92.5	86.4	84.1	0.0	90.9	50
Region												
Dodoma	95.8	95.8	94.0	90.2	95.8	94.9	90.2	89.7	86.6	4.2	90.7	107
Arusha	93.4	82.6	80.9	77.0	81.9	80.1	67.4	70.9	59.3	6.6	73.8	124
Kilimanjaro	100.0	100.0	98.8	93.2	100.0	98.8	93.2	93.0	88.6	0.0	71.2	79
Tanga	92.9	94.8	86.3	76.7	91.0	85.0	75.3	78.6	67.5	3.8	72.4	78
Morogoro	91.9	91.9	89.5	84.8	91.9	87.8	81.1	85.1	77.8	8.1	79.3	103
Coast	96.8	94.8	87.9	76.2	94.8	87.9	73.0	77.3	67.2	3.2	78.7	21
Dar Es Salaam	98.3	98.3	96.1	85.0	98.3	96.1	82.6	87.0	77.4	1.7	59.1	55
Lindi	98.2	98.2	98.2	89.2	98.2	98.2	87.3	88.7	81.5	1.8	91.6	35
Mtwara	98.0	98.0	96.1	93.9	98.0	96.1	93.9	88.1	86.2	2.0	84.2	51
Ruvuma	98.2	97.5	97.5	90.3	95.7	93.2	88.9	91.9	86.8	1.8	87.6	53
Iringa	95.3	93.5	90.9	75.0	93.5	90.3	66.0	83.8	61.5	4.7	66.3	114
Mbeya	100.0	100.0	95.0	92.4	100.0	95.0	89.0	91.6	87.2	0.0	76.1	81
Singida	96.7	94.5	89.2	79.3	94.5	89.2	79.5	81.5	73.6	3.3	90.8	59
Tabora	100.0	98.3	97.2	86.6	92.9	92.8	83.8	79.8	75.1	0.0	91.4	43
Rukwa	98.7	98.7	93.3	80.7	97.6	87.1	76.2	76.8	68.7	1.3	81.3	42
Kigoma	98.0	97.2	95.9	91.3	97.1	91.7	83.1	90.4	78.6	2.0	90.6	65
Shinyanga	89.3	88.1	77.7	53.6	88.8	76.3	57.4	65.7	47.0	9.2	72.3	136
Kagera	96.7	97.0	95.9	84.1	95.2	92.8	80.2	81.8	74.7	2.2	77.3	123
Mwanza	90.8	92.2	85.0	70.5	92.2	82.5	67.4	72.3	60.7	5.2	77.0	116
Mara	92.0	90.9	79.9	56.1	90.0	80.3	54.3	63.3	48.1	5.0	74.4	63
Zanzibar	100.0	100.0	99.2	92.5	100.0	99.2	92.5	86.4	84.1	0.0	90.9	50
Level of education												
No education	90.9	88.8	82.9	71.0	88.4	81.0	67.1	70.7	60.1	7.9	74.1	537
Primary	97.6	96.9	93.9	84.2	96.2	92.8	81.8	86.1	76.3	1.9	80.3	1019
Secondary / Higher	100.0	100.0	100.0	98.0	100.0	100.0	98.0	92.7	92.7	0.0	84.5	41
Total	95.4	94.3	90.3	80.1	93.7	89.0	77.2	81.1	71.3	3.9	78.3	1597

Note: The DPT coverage rate for children without a written record is assumed to be the same as that for polio vaccine since mothers were specifically asked whether the child had received polio vaccine.

[a]Children who are fully vaccinated (i.e., those who have received BCG, measles and three doses of DPT and polio).

26



H. TREATMENT OF CHILDREN'S DIARRHEAL DISEASE

Dehydration brought on by diarrhea is a leading cause of death among children in developing countries. The administration of oral rehydration solution is a simple treatment for countering the effects of dehydration. Oral rehydration therapy (ORT), either using a solution prepared with a commercially produced packet of oral rehydration salts (ORS) or a specific homemade solution, is recommended to prevent dehydration in children with diarrhea. In the TDHS, mothers were asked about episodes of diarrhea among all children under the age of five years in the two weeks before the survey. For children who had diarrhea in the period, mothers were asked whether the child had been given ORT.

Four percent of children were reported to have diarrhea in the 24 hours and 13 percent in the two weeks before the survey (see Table 11). The percentage of children with diarrhea is relatively low among children under six months of age and children age 24 months or older; it is higher among children 6-24 months of age, the age at which many children are more mobile and are weaned, thus becoming more exposed to contamination of food, utensils, water, etc. Diarrhea prevalence is slightly more common among children in urban areas other than Dar es Salaam and in Zanzibar, compared to Dar es Salaam and rural areas. Children of mothers with some secondary education had a lower prevalence of diarrhea than other children.

Two-thirds of the children with diarrhea in the two weeks before the survey were treated with oral rehydration therapy (either ORS packets or homemade solution). Children 6-23 months of age were given ORT more often then younger or older children. Children in urban areas other than Dar es Salaam and rural areas were more likely to receive ORT than children in Dar es Salaam and in Zanzibar. Children of mothers with secondary education were also more likely to receive ORT than children of mothers with primary or no education.

27

Table 11 Prevalence of diarrhea and use of oral rehydration therapy (ORT)

Percentage of children under 5 years of age reported by the mother to have had diarrhea in the past 24 hours and the past two weeks, and the percentage of those with diarrhea in the past two weeks who were given ORS packets or a homemade solution by selected background characteristics, Tanzania 1991/92

Background characteristic	Children who had diarrhea in:		Children with diarrhea in past 2 weeks who received ORT			Number of children
	Past 24 hours	Past 2 weeks	ORS packets	Homemade solution	ORS or homemade solution	
Age						
< 6 months	4.1	11.7	47.3	20.2	57.3	741
6-11 months	9.5	26.8	64.8	18.4	73.2	780
12-23 months	7.0	20.8	58.8	20.7	67.5	1597
24-35 months	3.5	10.7	54.3	18.2	60.6	1390
36-47 months	2.5	7.6	53.9	18.5	63.0	1269
48-59 months	1.0	4.2	58.2	13.9	60.9	1295
Sex						
Male	4.4	12.9	56.6	21.2	65.6	3515
Female	4.4	13.4	59.0	17.2	66.1	3557
Residence						
Mainland	4.2	13.2	58.0	19.2	66.3	6850
Dar es Salaam	2.3	12.0	30.9	42.7	50.8	322
Other urban	5.3	16.7	63.0	20.5	72.5	1012
Rural	4.1	12.6	58.2	17.6	65.6	5516
Zanzibar	9.5	12.7	53.3	15.6	53.3	222
Region						
Dodoma	3.9	19.2	61.3	8.5	61.3	433
Arusha	8.9	23.2	47.5	29.0	67.2	504
Kilimanjaro	2.8	10.8	81.1	14.3	85.5	348
Tanga	3.6	12.3	71.0	24.2	76.1	364
Morogoro	3.7	22.6	63.7	29.5	78.3	394
Coast	6.0	18.3	67.7	11.9	70.5	102
Dar es Salaam	2.3	12.0	30.9	42.7	50.8	322
Lindi	6.7	17.8	71.0	29.6	83.2	157
Mtwara	3.3	10.4	61.7	18.2	61.7	186
Ruvuma	2.5	10.4	54.7	22.0	69.2	244
Iringa	3.4	13.5	73.6	15.5	75.3	401
Mbeya	4.7	12.2	75.4	10.1	78.7	347
Singida	5.6	20.8	60.8	17.1	67.8	282
Tabora	2.1	6.5	57.1	7.3	59.1	215
Rukwa	4.7	13.7	52.6	8.6	56.5	205
Kigoma	4.8	11.9	45.4	17.1	53.9	319
Shinyanga	4.5	8.5	55.5	14.3	61.8	707
Kagera	2.9	6.1	46.9	10.7	50.3	482
Mwanza	3.7	7.7	36.7	10.5	38.6	539
Mara	3.9	11.1	50.0	14.8	58.6	300
Zanzibar	9.5	12.7	53.3	15.6	53.3	222
Level of education						
No education	4.5	12.2	54.8	14.4	61.3	2524
Primary	4.4	14.0	58.7	21.9	67.8	4333
Secondary / Higher	2.9	7.6	81.5	5.8	81.5	216
Total	4.4	13.1	57.8	19.1	65.9	7072

28

IV. RESULTS FROM MEN'S QUESTIONNAIRE

A. CHARACTERISTICS OF THE RESPONDENTS

The distribution of the men in the TDHS sample by selected background characteristics are presented in Table 12. The sample of men in the TDHS, on average, is older (the age range for eligibility was 15-60), better educated, and less likely to be married than the sample of women. The distribution of men by residence is similar to that of women.

B. FAMILY PLANNING

Knowledge and use of family planning by currently married men in Tanzania is higher than among married women. Forty-five percent of currently married men reported using a method of family planning at some time, in comparison with one-quarter of married women (see Figure 10). The difference between the men and women is principally due to a greater proportion of men reporting knowledge and use of traditional methods (periodic abstinence, withdrawal) and condoms. A larger proportion of men than women also mentioned hearing about vaginal methods and male sterilization, though virtually none had ever used the methods. As shown in Table 13, men were most likely to have used periodic abstinence (23 percent, though some men may have confused periodic abstinence with postpartum abstinence), withdrawal (19 percent), condoms (14 percent) and the pill (11 percent).

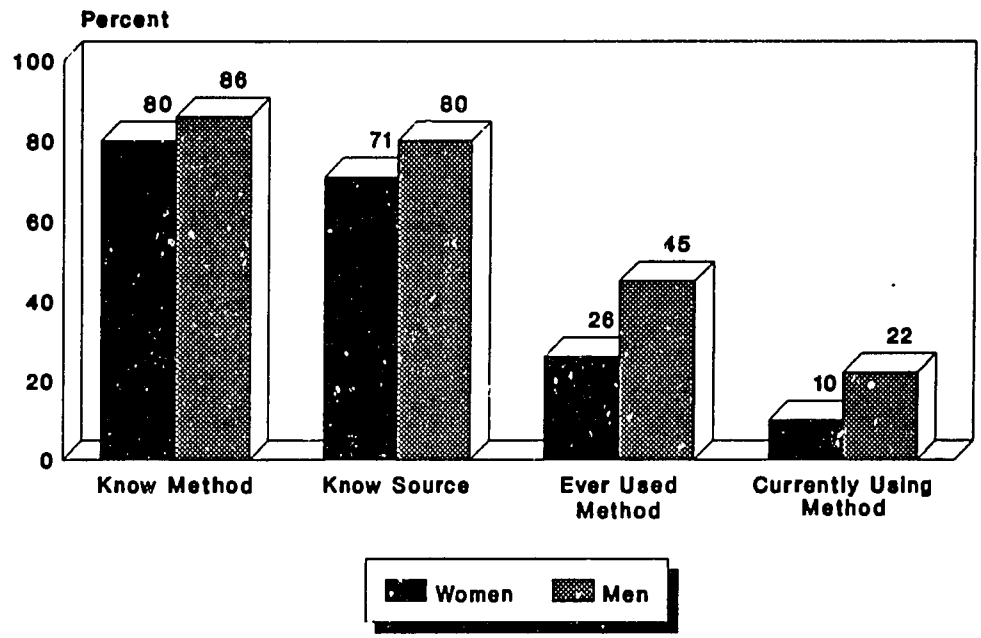
Table 12 Background characteristics of men respondents

Percent distribution of men, according to selected background characteristics, Tanzania 1991/92

Background characteristic	Weighted		Unweighted	
	Percent	Number of men	Percent	Number of men
Age				
15-19	23.6	499	24.5	518
20-24	14.6	308	14.6	309
25-29	12.0	255	12.6	267
30-34	12.1	256	11.4	240
35-39	9.5	201	9.2	194
40-44	7.5	159	8.0	170
45-49	7.0	148	7.4	157
50-54	5.7	120	5.3	111
55-60	7.0	148	6.9	145
Residence				
Mainland	97.6	2063	95.1	2010
Dar es Salaam	7.2	151	6.2	132
Other urban	19.0	402	12.4	263
Rural	71.4	1510	76.4	1615
Zanzibar	2.4	51	4.9	104
Region				
Dodoma	8.2	173	3.9	83
Arusha	5.9	124	4.4	93
Kilimanjaro	6.0	128	5.0	106
Tanga	4.3	90	3.5	74
Morogoro	5.7	120	5.1	107
Coast	1.6	34	4.1	87
Dar Es Salaam	7.2	151	6.2	132
Lindi	2.2	47	3.5	75
Mtwara	5.2	109	4.6	97
Ruvuma	3.3	70	4.8	101
Iringa	5.6	117	4.3	91
Mbeya	4.9	103	3.3	69
Singida	3.2	67	4.2	88
Tabora	3.4	73	5.0	106
Rukwa	2.4	51	5.3	112
Kigoma	3.7	79	5.1	108
Shinyanga	8.4	177	6.9	145
Kagera	5.7	122	3.7	79
Mwanza	6.7	143	6.1	128
Mara	4.0	85	6.1	129
Zanzibar	2.4	51	4.9	104
Level of education				
No education	19.8	418	20.1	425
Primary	71.1	1503	71.8	1517
Secondary / Higher	9.1	193	8.1	172
Marital status				
Never married	38.7	819	38.3	810
Curr. marr., monogamous	47.0	994	47.0	993
Curr. marr., polygamous	9.0	190	9.0	191
Widowed/Divorced/Separated	5.3	112	5.7	120
Total	100.0	2114	100.0	2114

30

Figure 10
Knowledge and Use of Family Planning
Currently Married Women and Men



TDHS 1991-92

Table 13 Knowledge of methods and sources, and ever use and current use of methods among men

Percentage of all men and currently married men by knowledge, ever use, and current use of contraceptive methods, Tanzania 1991/92

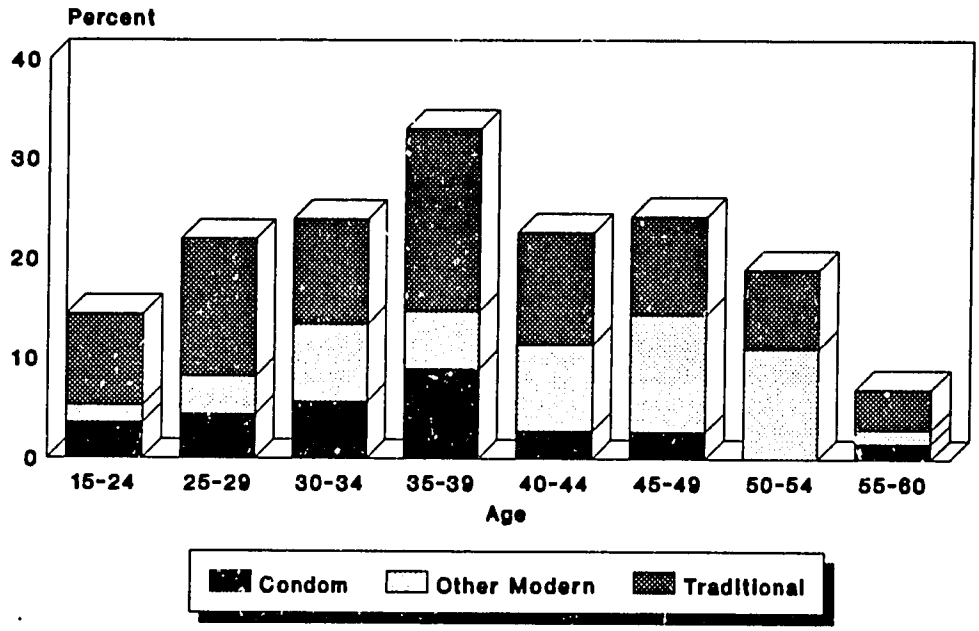
	Knowledge of method		Knowledge of source		Ever use of method		Current use of method	
Contraceptive method	All	Currently married	All	Currently married	All	Currently married	All	Currently married
Any method	78.3	85.8	71.5	79.7	36.0	45.0	14.9	21.8
Any modern method	76.8	84.2	71.2	79.3	20.4	23.5	8.2	10.4
Pill	65.0	76.0	56.8	67.7	7.0	10.7	2.4	4.2
IUD	25.8	34.9	21.7	29.1	0.8	1.3	0.1	0.2
Injection	31.8	38.8	29.6	36.4	0.7	1.0	0.0	0.0
Diaphragm/Foam/Jelly	30.0	37.1	25.7	32.2	0.5	0.4	0.0	0.0
Condom	64.8	71.2	57.6	63.8	14.8	14.4	4.7	4.1
Female sterilization	50.4	60.4	48.4	58.1	2.1	3.2	1.1	1.9
Male sterilization	21.4	27.7	19.1	24.9	0.0	0.0	0.0	0.0
Any traditional method	50.7	60.1	30.4	38.9	27.0	35.4	6.7	11.4
Periodic abstinence	36.3	44.8	30.4	38.9	15.3	22.9	4.6	7.7
Mucus method	17.0	23.1	0.0	0.0	5.4	8.8	0.2	0.3
Withdrawal	39.3	46.3	0.0	0.0	16.0	19.3	1.4	2.5
Other methods	12.6	17.9	0.0	0.0	1.8	3.0	0.5	0.9
Number	2114	1184	2114	1184	2114	1184	2114	1184

31

Twenty-two percent of married men (versus 10 percent of married women) were using a family planning method at the time of the survey: principally periodic abstinence (8 percent), condoms (4 percent), and the pill (4 percent). Use of traditional methods is more common among men at most ages and condom use accounts for half or more of all modern methods used among men up to about age 40 (see Figure 11).

One-quarter of married men in Dar es Salaam reported using a modern method of contraception; three of five were condom users (see Table 14). The prevalence of modern methods among married men in other urban areas is 16 percent and again more than half of the users reported condoms as their method of family planning. Prevalence of modern methods in rural areas is 8 percent and the most widely used method is the pill.

Figure 11
Current Use of Family Planning Methods Among Currently Married Men



TDHS 1991-92

Table 14 Current use of contraception among men by background characteristics

Percent distribution of currently married men by contraceptive method currently used, according to selected background characteristics, Tanzania 1991/92

Background characteristic	Any method	Modern methods: Any modern method	Pill	IUD	Condom	Female sterilization	Traditional methods: Any trad. method	Periodic abstinence	Mucus method	Withdrawal	Other	Not using any method	Total	Number of men
Age														
15-24	14.4	5.3	1.6	0.0	3.6	0.0	9.1	7.7	0.0	1.4	0.0	85.6	100.0	108
25-29	21.8	8.2	3.8	0.0	4.4	0.0	13.7	9.1	0.6	2.5	1.5	78.2	100.0	162
30-34	23.9	13.4	6.8	0.8	5.7	0.0	10.5	8.7	0.0	1.0	0.8	76.1	100.0	205
35-39	32.9	14.7	4.4	0.0	9.0	1.3	18.3	13.5	0.5	3.1	1.2	67.1	100.0	176
40-44	22.6	11.4	5.7	0.6	2.8	2.3	11.2	7.4	0.0	2.8	1.0	77.4	100.0	144
45-49	24.2	14.4	6.5	0.0	2.7	5.2	9.8	6.5	0.0	3.3	0.0	75.8	100.0	130
50-54	18.9	11.0	3.0	0.0	0.0	8.0	7.9	3.7	0.0	1.0	3.2	81.1	100.0	104
55-60	7.0	3.0	0.0	0.0	1.6	1.4	4.0	3.0	1.1	0.0	0.0	93.0	100.0	132
Residence														
Mainland	22.3	10.5	4.3	0.2	4.2	1.9	11.7	7.9	0.3	2.6	0.9	77.7	100.0	1154
Dar es Salaam	30.1	25.3	6.7	0.0	14.8	3.8	4.8	4.8	0.0	0.0	0.0	69.9	100.0	63
Other urban	25.9	16.4	7.8	0.0	8.4	0.3	9.4	4.5	0.6	3.3	1.0	74.1	100.0	234
Rural	20.7	7.8	3.1	0.3	2.2	2.2	12.9	9.1	0.2	2.5	1.0	79.3	100.0	857
Zanzibar	4.1	4.1	1.4	0.0	1.4	1.4	0.0	0.0	0.0	0.0	0.0	95.9	100.0	30
Region														
Dodoma	27.5	14.0	8.2	0.0	5.8	0.0	13.5	7.2	0.0	6.3	0.0	72.5	100.0	121
Arusha	39.2	12.3	1.7	0.0	6.8	3.8	26.9	14.2	0.0	9.9	2.8	60.8	100.0	54
Kilimanjaro	50.8	28.5	9.9	5.0	4.4	9.3	22.3	18.9	1.8	1.7	0.0	49.2	100.0	51
Tanga	60.7	21.5	5.7	0.0	14.1	1.8	39.2	30.2	0.0	3.9	5.1	39.3	100.0	58
Morogoro	23.7	10.0	3.9	0.0	6.1	0.0	13.7	6.6	1.5	2.5	3.0	76.3	100.0	69
Coast	7.1	5.0	5.0	0.0	0.0	0.0	2.1	1.4	0.0	0.8	0.0	92.9	100.0	17
DarEsSalaam	30.1	25.3	6.7	0.0	14.8	3.8	4.8	4.8	0.0	0.0	0.0	69.9	100.0	63
Lindi	12.4	10.3	6.4	0.0	2.0	1.9	2.0	0.0	0.0	2.0	0.0	87.6	100.0	32
Mtwara	2.7	2.7	2.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	97.3	100.0	61
Ruvuma	5.1	5.1	0.0	0.0	3.0	2.1	0.0	0.0	0.0	0.0	0.0	94.9	100.0	44
Iringa	18.2	11.7	10.4	0.0	1.3	0.0	6.5	1.6	0.0	4.9	0.0	81.8	100.0	73
Mbeya	20.0	8.1	0.0	0.0	6.1	2.0	11.9	6.1	2.4	3.4	0.0	80.0	100.0	59
Singida	23.6	6.7	0.0	0.0	6.7	0.0	16.9	16.9	0.0	0.0	0.0	76.4	100.0	36
Tabora	18.9	3.1	1.0	0.0	2.1	0.0	15.7	10.9	0.0	1.8	3.1	81.1	100.0	38
Rukwa	16.9	9.0	3.2	0.0	3.5	2.3	7.8	3.2	0.0	3.0	1.6	83.1	100.0	32
Kigoma	21.3	4.5	2.9	0.0	1.7	0.0	16.8	14.2	0.0	0.0	2.6	78.7	100.0	50
Shinyanga	10.7	6.0	4.3	0.0	1.7	0.0	4.7	4.7	0.0	0.0	0.0	89.3	100.0	92
Kagera	25.3	10.7	0.0	0.0	0.0	10.7	14.6	9.7	0.0	3.9	1.0	74.7	100.0	78
Mwanza	3.5	1.4	1.4	0.0	0.0	0.0	2.1	2.1	0.0	0.0	0.0	96.5	100.0	82
Mara	17.8	7.0	7.0	0.0	0.0	0.0	10.9	8.1	0.0	1.4	1.3	82.2	100.0	44
Zanzibar	4.1	4.1	1.4	0.0	1.4	1.4	0.0	0.0	0.0	0.0	0.0	95.9	100.0	30
Level of education														
No education	7.4	1.6	0.7	0.0	0.0	0.9	5.9	4.2	0.3	1.0	0.4	92.6	100.0	297
Primary	23.1	10.9	4.3	0.1	5.0	1.5	12.2	8.5	0.3	2.3	1.1	76.9	100.0	781
Secondary/Higher	52.0	30.8	12.8	1.5	8.7	7.8	21.2	11.9	0.0	8.1	1.2	48.0	100.0	106
Number of living children														
0	21.9	13.7	2.7	0.5	6.7	3.9	8.2	4.2	0.0	2.9	1.0	78.1	100.0	364
1	18.7	9.3	5.3	0.0	3.8	0.2	9.4	7.0	0.4	1.9	0.0	81.3	100.0	250
2	20.4	6.4	2.2	0.0	3.3	1.0	14.0	10.1	0.0	2.9	1.0	79.6	100.0	156
3	37.7	12.5	9.6	0.0	2.3	0.5	25.2	19.7	1.0	3.8	0.8	62.3	100.0	140
4+	17.3	8.1	3.5	0.3	2.3	1.9	9.2	5.6	0.3	1.6	1.7	82.7	100.0	275
Total	21.8	10.4	4.2	0.2	4.1	1.9	11.4	7.7	0.3	2.5	0.9	78.2	100.0	1184

C. FERTILITY PREFERENCES

Only 15 percent of married men in Tanzania say they want no more children (in addition, two percent report that either they or their wives have been sterilized) and 35 percent want to wait at least two years before the birth of their next child (see Table 15 and Figure 12). While as many as two-thirds of married women in Tanzania potentially may be interested in family planning services for either limiting or spacing births, the data on fertility preferences from the men's survey suggest that less than half of currently married men are interested in spacing or limiting births. In fact, 41 percent of married men say that they want to have their next child within two years.

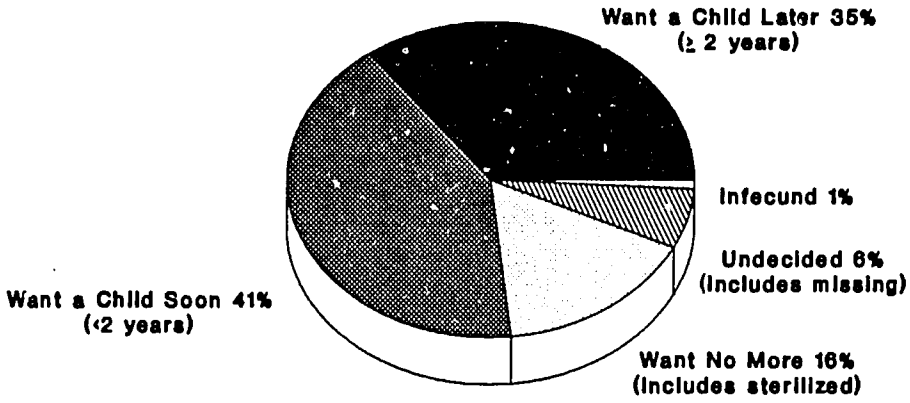
Table 15 Reproductive preferences among men by age

Percent distribution of currently married men by desire for more children, according to age, Tanzania 1991/92

Desire for children	Age of man								Total
	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-60	
Want another									
Within 2 years	51.6	42.5	47.6	39.6	44.7	39.2	36.2	26.4	40.6
After 2 years	38.0	50.1	41.2	46.8	32.6	22.2	11.6	21.4	34.9
Unsure when	1.5	1.8	7.4	1.8	5.1	3.6	5.3	6.6	4.2
Undecided	0.0	0.0	0.5	0.6	0.0	2.8	2.4	0.8	1.4
Want no more	8.0	4.6	3.4	9.4	14.8	22.2	34.9	29.5	14.5
Sterilized	0.0	0.0	0.0	1.3	2.3	5.2	8.0	1.4	1.9
Declared infecund	0.0	0.0	0.0	0.0	0.5	4.1	1.6	6.1	1.3
Missing	0.9	1.0	0.0	0.5	0.0	0.7	0.0	7.8	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number[1]	108	162	205	176	144	130	104	132	1184
Mean children desired	7.0	6.3	6.1	6.8	8.3	9.6	8.1	9.0	7.4
Percentage of non-numeric response	5.9	6.7	11.7	7.6	15.5	11.3	19.7	11.5	11.4

[1]There were only 9 respondents age 15-19 years

Figure 12
Fertility Preferences Among Currently Married Men 15-60



TDHS 1991-92

Demographic and Health Surveys
Preliminary Reports

DHS-I

El Salvador	December	1985	(English)
Brazil	December	1986	(English)
Senegal	January	1987	(French)
Dominican Republic	February	1987	(Spanish)
Liberia	March	1987	(English)
Colombia	March	1987	(Spanish)
Peru	March	1987	(Spanish)
Ecuador	July	1987	(Spanish)
Sri Lanka	July	1987	(English)
Ondo State, Nigeria	August	1987	(English)
Morocco	October	1987	(French)
Burundi	December	1987	(French)
Trinidad and Tobago	January	1988	(English)
Thailand	February	1988	(English)
Mali	February	1988	(French)
Guatemala	March	1988	(Spanish)
Mexico	March	1988	(Spanish)
Indonesia	April	1988	(English)
Ghana	August	1988	(English)
Tunisia	December	1988	(French)
Botswana	January	1989	(English)
Togo	February	1989	(French)
Uganda	March	1989	(English)
Zimbabwe	March	1989	(English)
Egypt	April	1989	(English)
Kenya	July	1989	(English)
Bolivia	September	1989	(Spanish)
Sudan	August	1990	(English)

DHS-II

Paraguay	October	1990	(Spanish)
Colombia	October	1990	(Spanish)
Nigeria	March	1991	(English)
Jordan	June	1991	(English)
Pakistan	August	1991	(English)
Cameroon	November	1991	(French/English)
Indonesia	December	1991	(English)
Dominican Republic	December	1991	(Spanish)
Peru	April	1992	(Spanish)
Zambia	July	1992	(English)
Tanzania	September	1992	(English)

DHS Preliminary Reports are distributed to a limited number of recipients needing early access to survey findings and are not available for general distribution. The national implementing agency is responsible for in-country distribution; DHS is responsible for external distribution. Publication of DHS final survey reports, meant for general distribution, is expected 9 to 12 months following the preliminary report.