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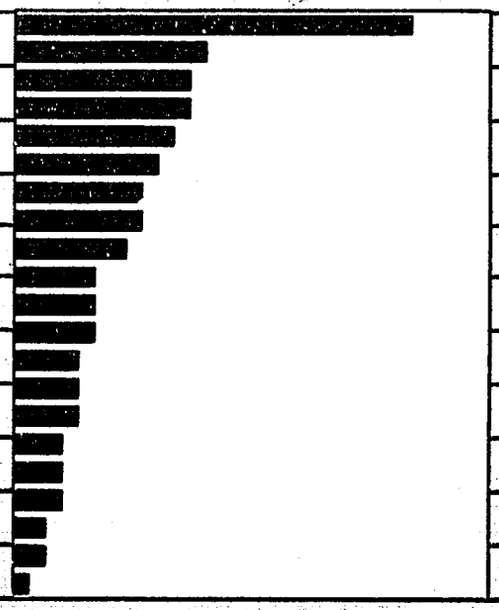
Tanzania



Demographic and Health Survey 1991/92

SUMMARY REPORT

TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 1991/92

SUMMARY REPORT

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Bureau of Statistics
P.O. Box 796
Dar es Salaam, Tanzania

June 1993

This report summarises the findings of the 1991/92 Tanzania Demographic and Health Survey (TDHS) conducted by the Bureau of Statistics in collaboration with the Ministry of Health. Macro International Inc. provided technical assistance. Funding was provided by the U.S. Agency for International Development (USAID).

The TDHS is part of the worldwide Demographic and Health Surveys (DHS) programme, which is designed to collect data on fertility, family planning and maternal and child health. Additional information about the Tanzania survey may be obtained from the Bureau of Statistics, P.O. Box 796, Dar es Salaam, Tanzania (Telephone (051)227221/7; Fax (051)36364). Additional information about the DHS programme may be obtained by writing to: DHS, Macro International Inc., 8850 Stanford Boulevard, Suite 4000, Columbia, MD 21045, USA (Telephone 410-290-2800; Fax 410-290-2999).

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Background

The Tanzania Demographic and Health Survey (TDHS) is a nationally representative survey of 9,238 women age 15-49. A survey of 2,114 men age 15-60 was also conducted. In addition, information on the availability of community services was collected in each cluster of the sample.

The TDHS was designed to provide information on levels and trends of fertility, infant and child mortality, family planning, and maternal and child health. All regions in the United Republic of Tanzania were covered by the survey. Fieldwork for the TDHS took place from October 1991 until March 1992.

The TDHS was conducted by the Bureau of Statistics of the Government of Tanzania. Macro International Inc. provided financial and technical assistance to the project through a contract with the U.S. Agency for International Development.

Figure 1
Age-Specific Fertility Rates
Tanzania, 1988 and 1991/92
(Women 15-49)

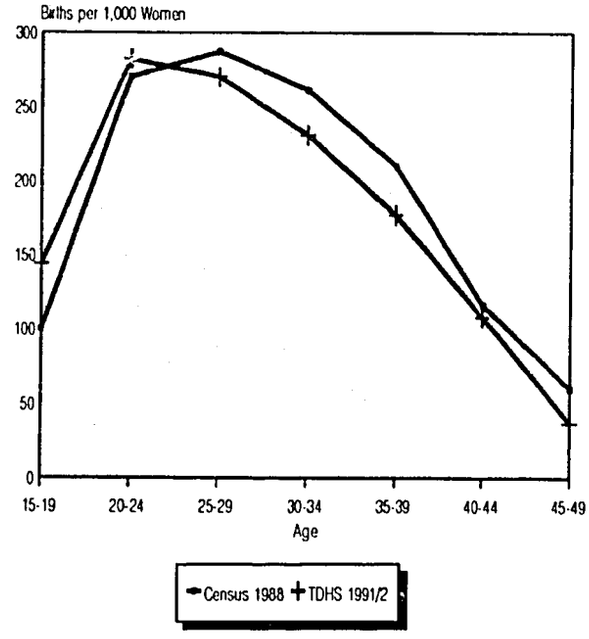
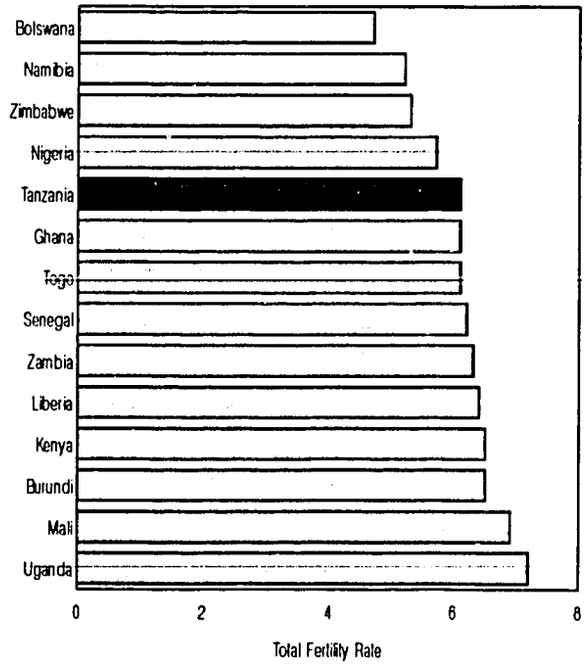


Figure 2
Total Fertility Rates in Sub-Saharan Africa
Selected DHS Surveys
(Women 15-44)



Fertility

Levels and Trends

- At current fertility levels, a Tanzanian woman will have an average of 6.3 children by the end of her reproductive years (excluding pregnancies lost to abortion or stillbirth). This figure indicates a modest fertility decline compared to the results of the 1978 census (6.9 children per woman) and the 1988 census (6.5 children per woman).

At current fertility levels, a Tanzanian woman will have an average of 6.3 children by the end of her reproductive years.

- Fertility rates are higher in rural areas than in urban areas (6.6 versus 5.6 children). Fertility decreases as education increases. Women with no education have, on average, two more children than women with secondary or higher education (6.5 versus 4.2).

Marriage and Exposure to the Risk of Pregnancy

- About 65 percent of the eligible women are currently married (i.e., in a formal or informal union). Even though the 1971 Marriage Act stipulates that the minimum allowable age for a woman to get married is 18 years, half of Tanzanian women were married by age 18. The median age at marriage has increased slightly from less than 18 years among women 30 years and older to 19 years among women under 30. The median age at first marriage for men is 25 years.

- Twenty-eight percent of currently married women are in a polygynous union. Polygyny occurs in all regions and socioeconomic groups. It is most common among uneducated women (35 percent).
- The median age at first sexual intercourse is about the same for women and men: 17 years. The median age at first birth is 19 years.
- As a result of prolonged postpartum amenorrhoea (associated with breastfeeding practices) and sexual abstinence, women are free from the risk of pregnancy for an average of 16 months following a birth.

The median age at marriage has increased slightly from less than 18 years among women 30 years and older to 19 years among women under 30.

Teenage Fertility

- At the time of the survey, 29 percent of all teenagers (women aged 15-19 years) were already mothers or were pregnant with their first child.
- Teenage pregnancies are much more common among uneducated women than among women with secondary or higher education (36 percent versus 5 percent).

Figure 3
Total Fertility Rates by Selected Characteristics

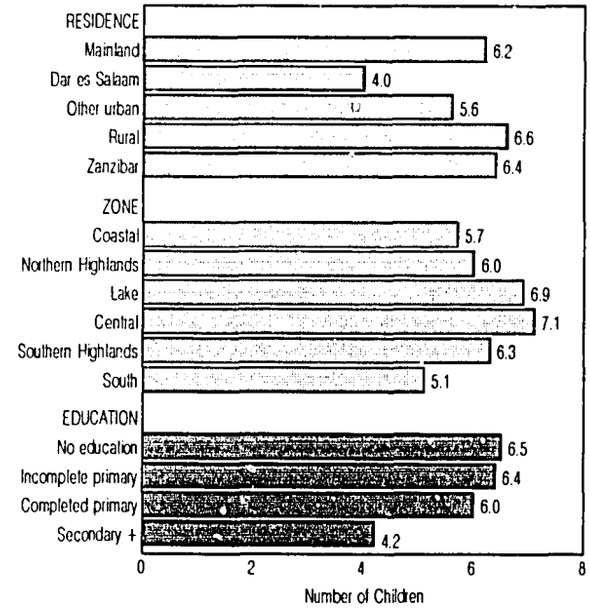


Figure 4
Teenage Pregnancy and Motherhood

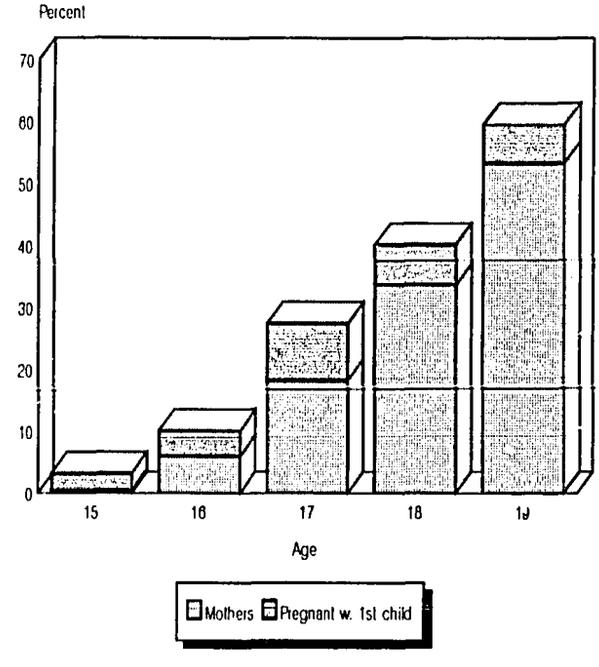


Figure 5
Fertility Preferences
(Currently Married Women 15-49)

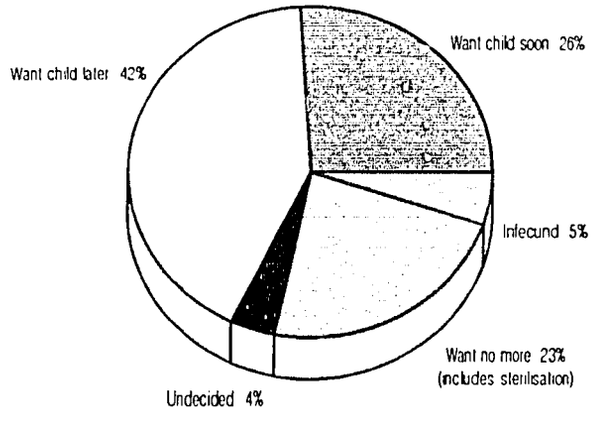
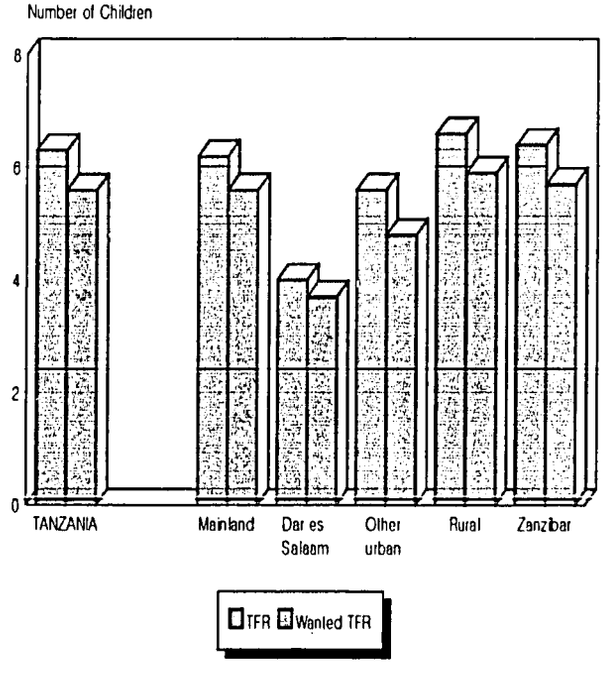


Figure 6
Total Fertility Rates and Wanted Fertility Rates
(Women 15-49)



Fertility Preferences

- About 69 percent of currently married women would like to have another child some time in the future. However, sixty percent of these women would like to wait two years or longer before having the next child. Another 21 percent of women do not want any more children at all. Thus, 63 percent of all married women in Tanzania either want to space or to limit their births. Among women who already have six or more children 56 percent want no more births.
- The average desired number of children among currently married women is 6.4. Only 8 percent want fewer than four children. Fourteen percent of women did not specify the number of children they desired, saying it was "up to God" or giving some other non-numeric response.
- Ideal family size varies by region and education. Women with secondary or higher education and those residing in the Kilimanjaro region wanted less than five children (4.2 and 4.8, respectively). Women with no education want the largest families (7.3).
- Men want more children than women. The average desired number of children among all men was 6.5 and among currently married men it was 7.4.
- Results from the survey indicate that if unwanted births were eliminated, the fertility rate in Tanzania would be about 5.6 births per woman or 11 percent lower than the current rate.

Family Planning

Knowledge of Contraception

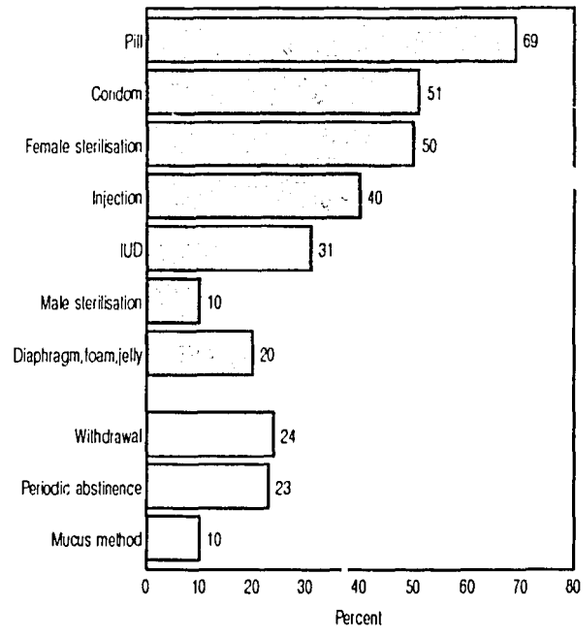
- Knowledge of contraceptive methods is high among both men and women. Among currently married respondents, 78 percent of women and 84 percent of men know at least one modern contraceptive method. The pill, condom, and female sterilisation were the best known methods.
- Knowledge of contraception varies by urban-rural residence, region, and educational attainment. In rural areas, contraceptive knowledge is lower than in urban areas (73 versus 94 percent for women and 80 versus 99 percent for men). Contraceptive knowledge is lowest among respondents with no education (69 percent).

Contraceptive knowledge is lowest among respondents with no education (69 percent).

Use of Contraception

- Although knowledge of contraceptive methods is high, only a small proportion of men and women use a method. Among currently married respondents, 10 percent of men and about 7 of women were using a modern method at the time of the survey. An additional 11 percent of men and 4 percent of women used traditional methods.

Figure 7
Knowledge of Contraceptive Methods
(All Women 15-49)



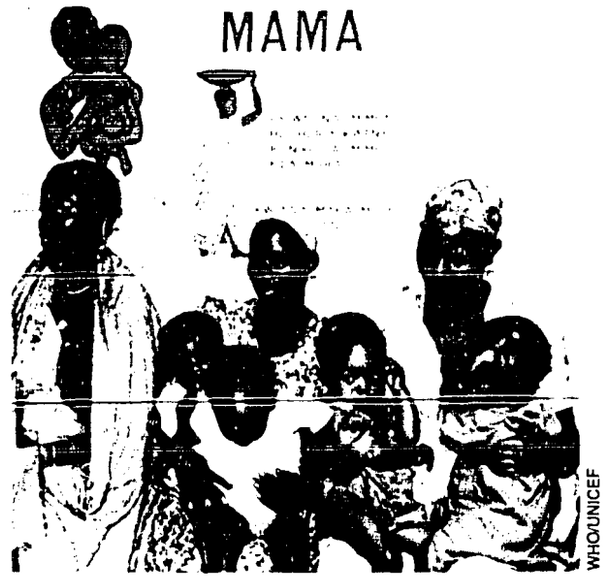


Figure 8
Current Use of Family Planning Methods
(Currently Married Women 15-49)

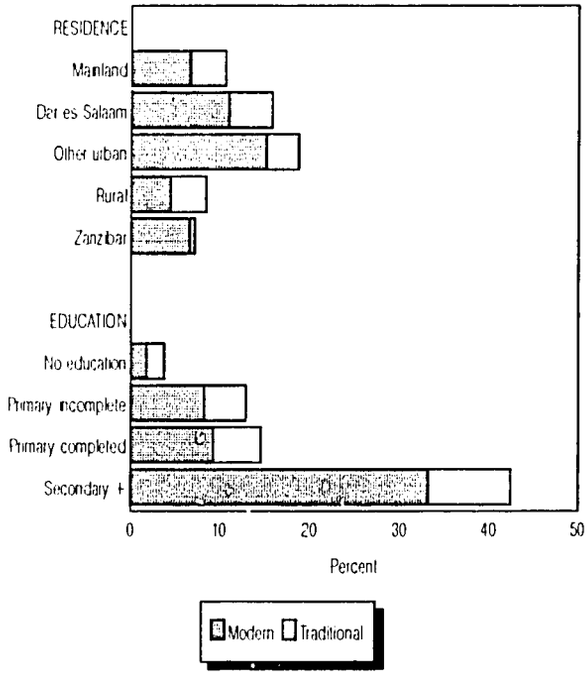
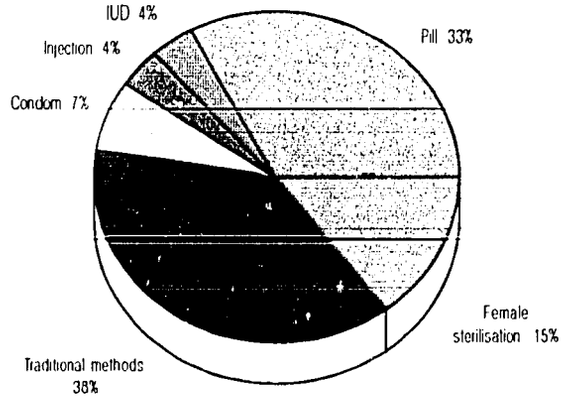


Figure 9
Method Mix among Current Users
(Currently Married Women 15-49)



- The pill and female sterilisation are the most popular methods among married couples. About 3 percent of women use the pill and about 2 percent rely on sterilisation. About 4 percent of men reported that they or their wives were using the pill or condoms for contraception. Eight percent of married men reported periodic abstinence as their current method of family planning, compared to 4 percent of women.
- Among both men and women, contraceptive use was higher in urban areas than in rural areas. For instance, 15 percent of urban women use a modern method compared to 4 percent of rural women. Current use of contraceptives increases with increasing education and number of living children.
- Contraceptive use varies greatly by region. Kilimanjaro region has the highest prevalence, with about 25 percent of currently married women using a modern contraceptive method. Contraceptive use is very low in Shinyanga, Mtwara, Mwanza, Tabora, and Kigoma.

Contraceptive use varies greatly by region. Kilimanjaro region has the highest prevalence, with about 25 percent of currently married women using a modern contraceptive method.

Unmet Need for Family Planning Services

- Thirty percent of currently married women in Tanzania have an unmet need for family planning. This group includes women who are not using any family planning methods but want to wait two years or more before their next birth (18 percent) or those who do not want more children (12 percent).

Thirty percent of currently married women in Tanzania have an unmet need for family planning.

- The total demand for family planning (unmet need plus current use) is 41 percent. Currently, only one-quarter of this demand is being met. Demand is highest among currently married women in urban areas (about 50 percent), among women with secondary or higher education (62 percent) and in some regions. In Kilimanjaro, Arusha, and Morogoro, the demand for family planning exceeds 50 percent.

Figure 10
Current Use of Modern Contraceptive Methods by Region
(Currently Married Women 15-49)

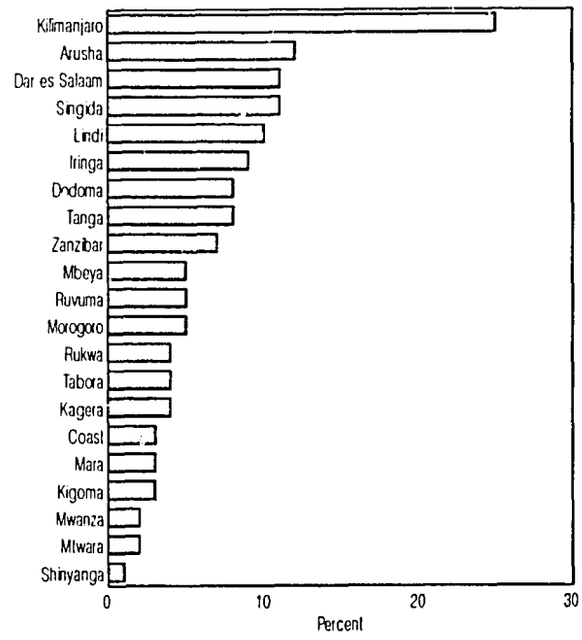


Figure 11
Unmet Need for Family Planning

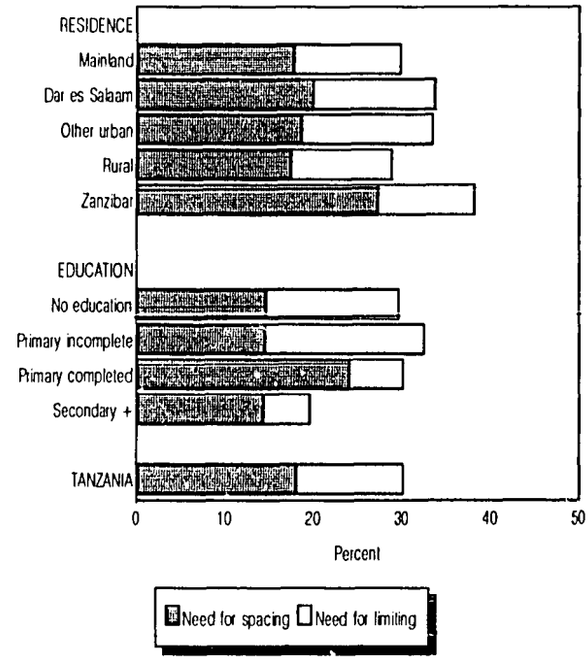


Figure 12
Childhood Mortality Rates in Sub-Saharan Africa Selected DHS Surveys

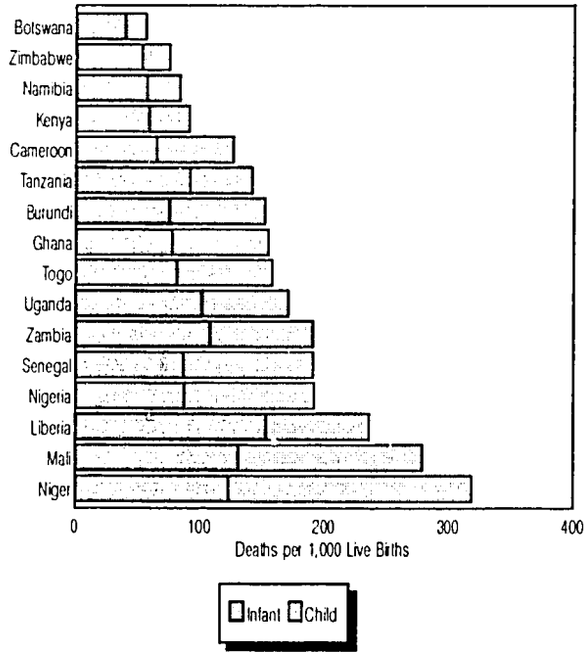
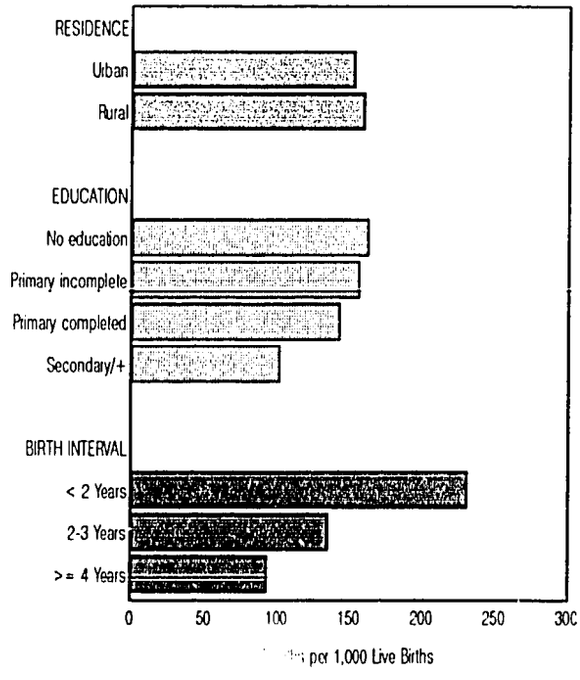


Figure 13
Under-Five Mortality by Selected Characteristics



Maternal and Child Health

Infant and Child Mortality

- For the most recent five-year period (1987-91) under-five mortality was 141 per 1,000 live births and infant mortality 92 per 1,000 live births, which implies that one in seven Tanzanian children dies before reaching his/her fifth birthday. Among all deaths under five years 27 percent occurred during the neonatal period, 38 percent during the postneonatal period, and 35 percent at ages 1-4 years. Hence, the majority of the deaths occurred during the first year of life.

One in seven Tanzanian children dies before reaching his/her fifth birthday.

- During the fifteen years preceding the TDHS, under-five mortality has fallen from 163 to 141 deaths per thousand live births. Virtually all of the decline was due to a decline in mortality at 1-4 years. In general, mortality is about the same in rural areas as in urban areas. All mortality rates decrease with increasing level of education. Children born to mothers under 20 years of age had the highest mortality.
- First-born and high-parity children were found to have higher mortality than children of birth orders 2-6. All mortality measures of children born less than two years after the previous birth were more than 100 percent higher than those of children born at least four years after the previous birth.

Antenatal Care and Assistance at Delivery

- Utilisation of antenatal services is high. In the five years prior to the survey, mothers received antenatal care for 96 percent of births. Women aged 35 years and above were less likely to receive antenatal care than younger women.

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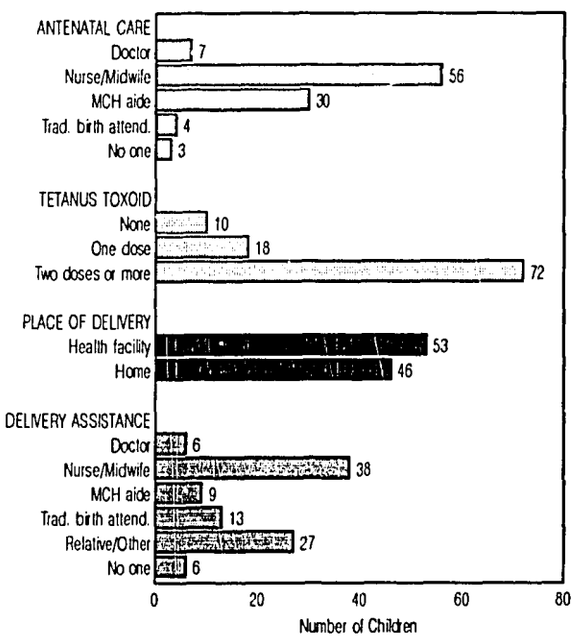
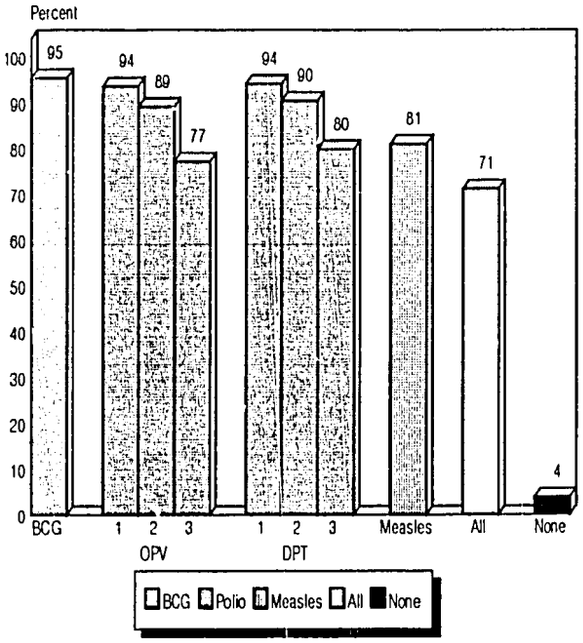
- For about 70 percent of births in the five years preceding the survey, mothers made four or more antenatal care visits. The median number of antenatal visits per pregnancy was five. The median duration of gestation at which the first antenatal care visit was made was 5.6 months.
- Although most women receive antenatal care, almost a half (46 percent) of all live births took place at home. Home deliveries were more common among women aged 35 years and above those staying in rural areas, among uneducated women, and those who do not receive antenatal care.

Figure 14
Antenatal Care, Tetanus Vaccinations, Place of Delivery, and Assistance at Delivery



WHO/UNICEF

Figure 15
Vaccination Coverage among Children Age 12-23 Months



FAO/F. Botts

Immunisation

- The TDHS found that 71 percent of children aged 12-23 months were fully vaccinated and slightly more than a half (56 percent) of children had received all recommended vaccinations during the first year of life.

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- Vaccination coverage for BCG vaccine was 95 percent (which was similar to the first dose of polio and DPT). The coverage for the third dose of polio was 77 percent and 80 percent for DPT. Eighty-one percent of children had received a measles vaccination. Vaccination coverage was relatively higher in urban areas than in rural areas.

Treatment of Childhood Diseases

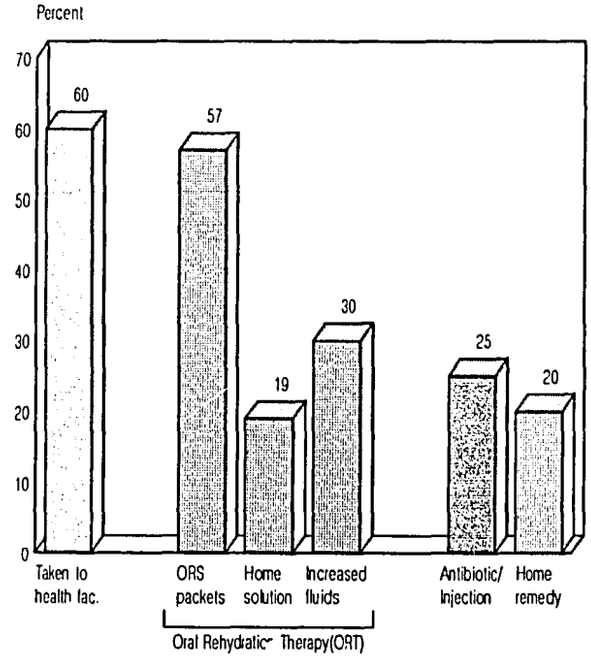
- Eight percent of children under five years had experienced symptoms suggesting severe acute respiratory infections in the two weeks preceding the survey. Of these, two-thirds were taken to a health facility and 22 percent received antibiotic treatment.

- Almost one-third of children under five (31 percent) were reported to have had fever in the two weeks preceding the survey and over half (57 percent) were taken to a health facility for treatment. Half of the children with fever who were taken to a health facility received antimalarials.

Almost one-third of children under five (31 percent) were reported to have had fever in the two weeks preceding the survey and over half (57 percent) were taken to a health facility for treatment.

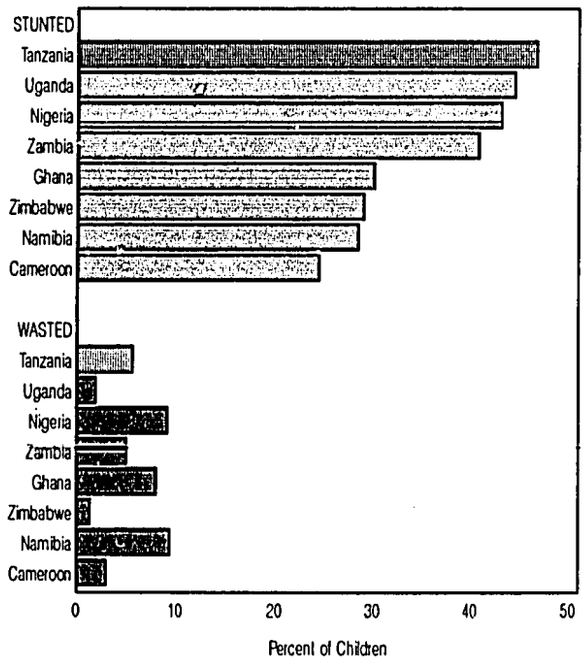
- Thirteen percent of children under five had diarrhoea during the two weeks preceding the survey. About 60 percent of these children were taken to a health facility for treatment.
- Among children with diarrhoea, 57 percent were given a solution prepared from ORS packets, and 19 percent received homemade solution of sugar, salt, and water. The majority of breastfeeding children (79 percent) who had diarrhoea were breastfed by their mothers at the usual frequency.

Figure 16
Treatment of Diarrhoea in the Two Weeks Preceding the Survey
(Children 1-59 Months)



WHO/UNICEF

Figure 17
Nutritional Status of Children Under Five Years in Sub-Saharan Africa, Selected DHS Surveys



Breastfeeding Practices

- Almost all children born in the five years before the survey (98 percent) were breastfed for some period of time. By 20 months of age 78 percent of infants are still being breastfed. The median duration of breastfeeding is 21.6 months.

The median duration of breastfeeding is 21.6 months.

- The majority of children in Tanzania receive supplementary foods in additional to breast milk during the second half of infancy: 84 percent at 6-7 months and more than 90 percent at 8-9 months.
- Use of infant formula among mothers of children receiving supplementary feedings was very low (less than 10 percent of infants). Although a substantial number of children were given other types of milk, bottle feeding was not common.

Birth Weight and Nutritional Status

- Over half of the births (52 percent) in the five years preceding the survey were weighed at birth. The estimated mean birth weight for all children was 3008 grams, and the incidence of low birth weight was 19 percent.
- Forty-seven percent of children under the age of five were short for their age (stunted), which reflects chronic undernutrition. Twenty percent of the children were severely stunted.

- Six percent of children under five are wasted (i.e., low weight in relation to their height). Wasting suggests acute undernutrition in recent months and may be related to illness or shortage of food.

Mother's Nutritional Status

- Almost four percent of women were shorter than 145 cm, and 17 percent measured below 150 cm. The mean weight was 52.8 kg, excluding pregnant women.
- Among women not pregnant at the time of the survey who had a living child under five years of age the mean Body Mass Index (BMI) was 21.7. Almost 10 percent of women had a BMI below 18.5, suggesting chronic energy deficiency. Differences in BMI by background characteristics were small. For example, among the regions the BMI ranged only from 20.9 (Mtwara) to 22.8 (Dar es Salaam).

Figure 18
Children Under Five Years Who Are Underweight
(Below -2SD from the Median of the Reference Population)

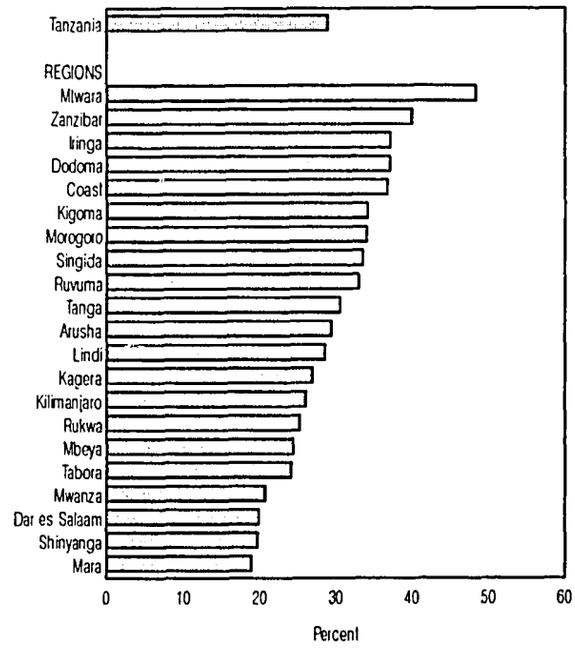


Figure 19
AIDS Awareness and Knowledge of Modes of Transmission

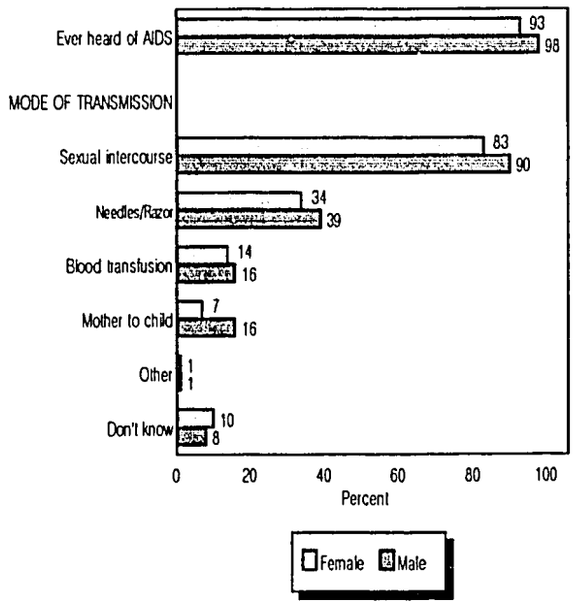
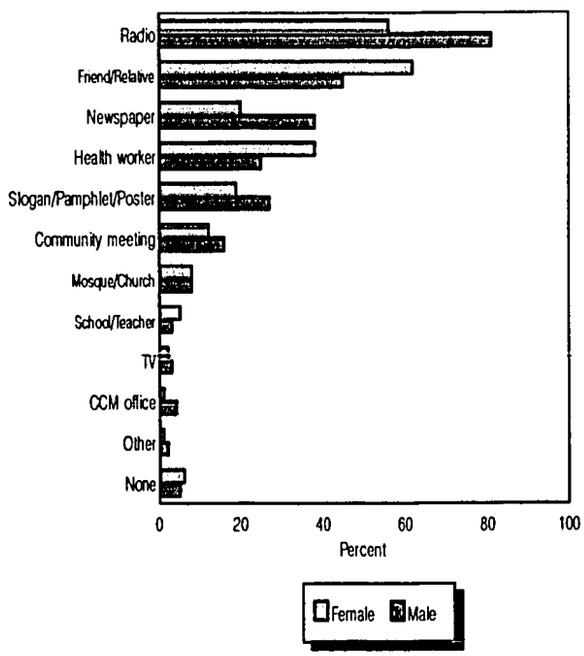


Figure 20
Sources of Information about AIDS



AIDS Knowledge and Sexual Practices

- The majority of respondents (93 percent of females and 98 percent of males) reported they had heard about AIDS. About 83 percent of females and 90 percent of males mentioned sexual intercourse as a mode of AIDS transmission. Knowledge of other modes of AIDS transmission, such as contaminated needles or blades, mother-to-child transmission, and blood transfusion, was low.

The majority of respondents (93 percent of females and 98 percent of males) reported they had heard about AIDS. About 83 percent of females and 90 percent of males mentioned sexual intercourse as a mode of AIDS transmission.

- Sources of information about AIDS during the last month before the survey varied among men and women. More than half the women cited friends or relatives (62 percent) and radio (56 percent) as the source of information; the majority of men (81 percent) cited radio as the source of AIDS information.
- Fifty percent of men and women said they usually have intercourse more than five times in a month. Most respondents (94 percent of women and 69 percent of men) reported that they had only one sex partner in the four weeks preceding the survey. Compared to women, men were more likely to have multiple sex partners.
- Condom use is very low in Tanzania. Only a small proportion of respondents (9 percent of men and 4 percent of women) had used a condom in the last four weeks.

Household Characteristics and Education

- In the households interviewed, 37 percent of males and 48 percent of females had no formal education (ages at least 5 years). Fifty-eight percent of males and 49 percent of females had primary education as the highest level of schooling, and less than 5 percent of both sexes had at least some secondary education. Less than one percent had higher education.
- Electricity was available in 7 percent of households, and one-third had a radio. Twenty-two percent of households had a bicycle, 1 percent a car, and 1 percent a motorcycle.
- One in three households in Tanzania has a piped water supply: 22 percent had water piped into the household and 11 percent used a public tap for drinking purposes. Only 14 percent of households had no toilet facilities.

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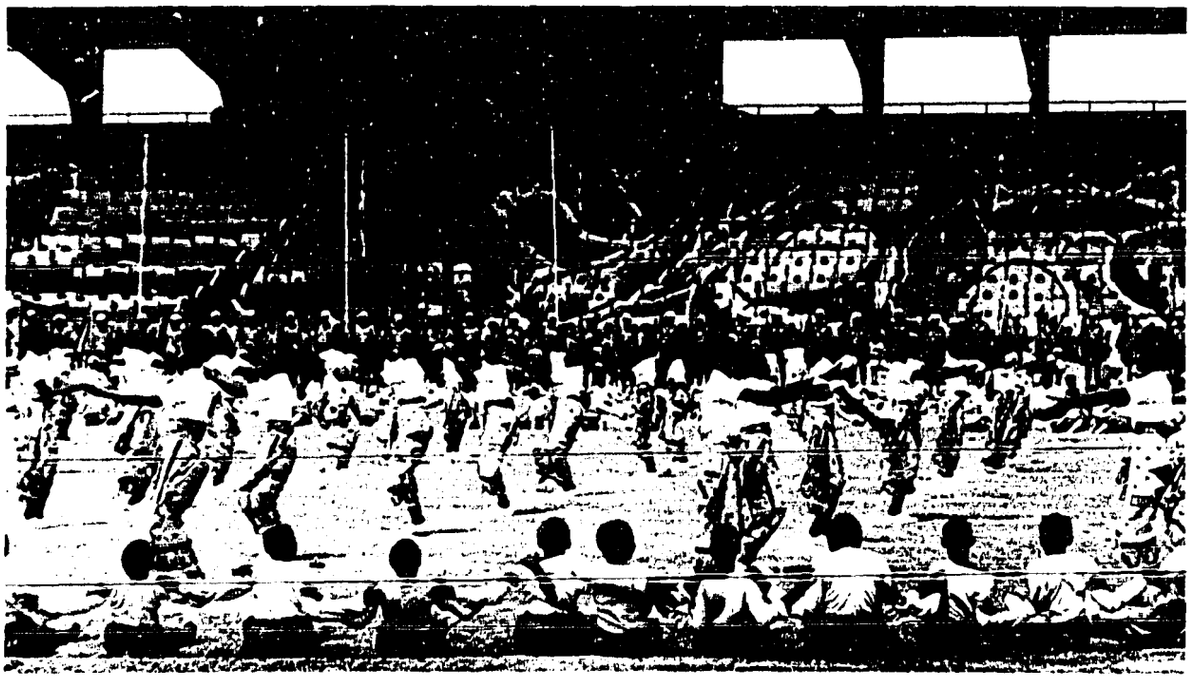

Conclusions

Although fertility remains high in Tanzania, with married women having an average of 6.3 children, there has been a slight decline during the decade preceding the 1991/92 Tanzania Demographic and Health Survey (TDHS). This is probably due to the modest increase in contraceptive use. Currently, 11 percent of women use a method of family planning. However, unmet need for family planning is high; 30 percent of Tanzanian women are not using family planning although they do not want to have any more children or they want to space their next birth. Satisfying the unmet need for family planning would substantially reduce fertility. Notable also is the level of teenage fertility, which may need special attention in the family planning programmes.

The results from the TDHS indicate that Tanzania has made remarkable progress in the delivery of key child survival interventions: use of antenatal care is high; tetanus toxoid coverage is high; half of women deliver with the assistance of medical professionals; immunisation coverage is high; there is a high level of utilisation of curative services for diarrhoea and acute respiratory infections; and fairly high use of oral rehydration therapy.

Yet, one in seven Tanzanian children dies before reaching his/her fifth birthday. Child mortality is decreasing in Tanzania, but at a very moderate pace. The nutritional status of children is an important problem; nearly one in five babies is born with low birth weight and almost half of children under five are stunted. Possible routes to further improve child survival include more emphasis on the quality of health care, feeding practises, and maternal health.

The AIDS epidemic poses a major threat for the health of children and adults in Tanzania. Data on knowledge of AIDS among adult men and women show that AIDS awareness is high, but that the quality of knowledge on AIDS can still be improved. More importantly, the survey results on sexual behaviour indicate that having multiple partners is common—30 percent of men had multiple partners in the last four weeks—and condom use is very low.

Fact Sheet

1988 Population Data[1]

Total population (millions)	23.1
Urban population (percent)	18
Annual natural increase (percent)	3.1
Population doubling time (years)	23
Crude birth rate (per 1,000 population)	46.0
Crude death rate (per 1,000 population)	15.0
Life expectancy at birth male (years)	47
Life expectancy at birth female (years)	50

Tanzania Demographic and Health Survey 1992

Sample Population

Women age 15-49	9,238
Men age 15-60	2,114

Background Characteristics of Women Interviewed

Percent with no education	33.9
Percent attended secondary or higher	4.8

Marriage and Other Fertility Determinants

Percent of women 15-49 currently married	65.4
Percent of women 15-49 ever married	75.6
Median age at first marriage among women age 25-49	17.9
Median duration of breastfeeding (in months)[2]	21.6
Median duration of postpartum amenorrhoea (in months)[2]	13.3
Median duration of postpartum abstinence (in months)[2]	6.5

Fertility

Total fertility rate[3]	6.3
Mean number of children ever born to women age 40-49	6.9

Desire for Children

Percent of currently married women who:	
Want no more children	16.6
Want to delay their next birth at least 2 years	23.9
Mean ideal number of children among women 15-49[4]	6.1
Percent of women giving a non-numeric response to ideal family size	13.7
Percent of births in the last 5 years which were:	
Unwanted	8.1
Mistimed	15.2

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	80.2
Knowing a modern method	77.6
Knowing a modern method and knowing a source for the method	71.1
Had ever used any method	25.7
Currently using any method	10.4
Percent of currently married women currently using:	
Pill	3.4
IUD	0.4
Injection	0.4
Diaphragm, foam, jelly	0.0
Condom	0.7
Female sterilisation	1.6
Male sterilisation	0.0
Periodic abstinence	1.3
Withdrawal	1.9
Other traditional	0.6

Mortality and Health

Infant mortality rate[5]	91.6
Under-five mortality rate[5]	141.2
Percent of births[6] whose mothers:	
Received antenatal care from medical provider	91.8
Received 2 or more tetanus toxoid injections	71.5
Percent of births[6] whose mothers were assisted at delivery by:	
Doctor	6.1
Midwife/trained nurse/MCH aide	47.0
Traditional birth attendant	13.4
Percent of children 0-1 month who are breastfeeding	99.2
Percent of children 4-5 months who are breastfeeding	100.0
Percent of children 10-11 months who are breastfeedng	99.2
Percent of children 12-23 months who received:[7]	
BCG	95.4
DPT (three doses)	79.8
Polio (three doses)	77.1
Measles	81.2
All vaccinations	71.1
Percent of children under 5 years[8] who:	
Had diarrhoea in the 2 weeks preceding the survey	13.1
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	8.2
Had a fever in the 2 weeks preceding the survey	31.0
Are chronically undernourished (stunted)[9]	46.7
Are acutely undernourished (wasted)[9]	5.6

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[1] Based on 1988 census data

[2] Current status estimate based on births during the 36 months preceding the survey

[3] Based on births to women 15-49 years during the period 0-2 years preceding the survey

[4] Excludes women who gave a non-numeric response to ideal family size

[5] Rates are for the period 0-5 years preceding the survey (1987 to 1991)

[6] Figure includes births in the period 1-59 months preceding the survey

[7] Based on information from vaccination cards and mothers' reports

[8] Figures include children born in the period 1-59 months preceding the survey

[9] *Stunted:* percentage of children whose height-for-age z-score is below -2SD based on the NCHS/CDC/WHO reference population; *wasted:* percentage of children whose weight-for-height z-score is below -2SD based on the NCHS/CDC/WHO reference population.

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