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Zimbabwe Demographic and Health Survey 1994

Central Statistical Office
Harare, Zimbabwe

Macro International Inc.
Calverton, Maryland USA

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This report summarises the findings of the 1994 Zimbabwe Demographic and Health Survey (ZDHS) conducted by the Central Statistical Office (CSO) of the Government of Zimbabwe. Macro International Inc. provided technical assistance. Funding was provided by the U.S. Agency for International Development.

The ZDHS 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 Zimbabwe survey may be obtained from the Central Statistical Office, P.O. Box 8063, Causeway, Harare, Zimbabwe (Telephone: 706-681; Fax: 708-854). Additional information about the DHS programme may be obtained by writing to: DHS, Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (Telephone: 301-572-0200; Fax: 301-572-0999).

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PREFACE

The Central Statistical Office (CSO) conducted the second Zimbabwe Demographic and Health Survey (ZDHS) between July and November 1994. The first ZDHS was fielded in 1988. The surveys were undertaken as part of the worldwide Demographic and Health Survey program, which has been implemented in Africa, Asia, Latin America and the Middle East. This report presents the major findings of the 1994 ZDHS; a preliminary report was published in January 1995.

The 1994 ZDHS collected information on fertility, nuptiality, fertility preferences, family planning, infant and child mortality and health-related matters such as breastfeeding practices, antenatal care, children's immunisations, childhood diseases, nutritional status of mothers and young children, and awareness and behaviour regarding sexually transmitted diseases, including Acquired Immune Deficiency Syndrome (AIDS).

The CSO extends its acknowledgment and gratitude to the various agencies and individuals in the government, donor community, and public sector for the concerted support that facilitated the successful implementation of the survey. Specific mention, however, is due to the following:

- Ministry of Health and Child Welfare (MOH&CW) and the Zimbabwe National Family Planning Council (ZNFPC) for their significant technical inputs;
- United States Agency for International Development (USAID) for funding the survey;
- Macro International Inc. (Maryland, USA) for providing technical assistance throughout the ZDHS project;
- All of the field personnel who were engaged during the survey; for commitment to high-quality work under difficult conditions; and
- Finally, the ZDHS respondents for their patience and cooperation.

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SUMMARY OF FINDINGS

The 1994 Zimbabwe Demographic and Health Survey (ZDHS) is a nationally representative survey of 6,128 women age 15-49 and 2,141 men age 15-54. The ZDHS was implemented by the Central Statistical Office (CSO), with significant technical guidance provided by the Ministry of Health and Child Welfare (MOH&CW) and the Zimbabwe National Family Planning Council (ZNFPC). Macro International Inc. (U.S.A.) provided technical assistance throughout the course of the project in the context of the Demographic and Health Surveys (DHS) programme, while financial assistance was provided by the U.S. Agency for International Development (USAID/Harare). Data collection for the ZDHS was conducted from July to November 1994.

As in the 1988 ZDHS, the 1994 ZDHS was designed to provide information on levels and trends in fertility, family planning knowledge and use, infant and child mortality, and maternal and child health. However, the 1994 ZDHS went further, collecting data on: compliance with contraceptive pill use, knowledge and behaviours related to AIDS and other sexually transmitted diseases, and mortality related to pregnancy and childbearing (i.e., maternal mortality). The ZDHS data are intended for use by programme managers and policymakers to evaluate and improve family planning and health programmes in Zimbabwe.

Fertility. Survey results show that Zimbabwe has experienced a fairly rapid decline in fertility over the past decade. At current fertility levels, a Zimbabwean woman will bear 4.3 children in her lifetime, down 22 percent from the 1988 ZDHS when the total fertility rate was 5.5. children per woman. (In the early 1980s, the fertility rate was well above 6 children per woman.) A rural woman can expect to have 4.9 children, almost two children more than an urban woman (3.1 children). Fertility differentials by women's educational status are even more striking; at current rates, women with no education will bear an average of 5.2 children, compared with 4.7 and 3.2 children for women with primary and secondary school education, respectively.

Despite the decline in fertility, childbearing still begins early for many women. One in five women age 15-19 has begun childbearing (i.e., has already given birth or is pregnant with her first child). More than half of women have had a child before age 20.

Births that occur too soon after a previous birth face higher risks of undernutrition, illness, and death. The 1994 ZDHS indicates that 12 percent of births in Zimbabwe take place less than two years after a prior birth.

Marriage. The age at which women and men marry has risen slowly over the past 20 years. Currently, women marry for the first time at an average age of 19.8 years, compared with 25.5 years for men. Women who have attended secondary school generally marry three years later (20.8 years) than women with no education (17.5 years).

Nineteen percent of currently married women are in a polygynous union (i.e., their husband has at least one other wife). This represents a small rise in polygyny since the 1988 ZDHS when 17 percent of married women were in polygynous unions.

While men marry an average of six years later than women, women and men become sexually active at about the same age; in the youngest age cohort for which estimates are available (age 20-24), first sex occurs at a median age of 18.8 years for women and 18.7 years for men.

Fertility Preferences. Around one-third of both women and men in Zimbabwe want no more children. Another 36 percent of women and 40 percent of men would like to delay their next child for two years or longer. Thus, 72 percent of women and 73 percent of men want either to limit or to space their births.

When asked how many children they would like to have if they could live their lives over and choose exactly, both women and men report an average ideal family size of 4.3 children. In the 1988 ZDHS, women reported an ideal family size of 4.9 children.

The survey results show that, of births in the last three years, 1 in [illegible] was unwanted and in 1 in three was mistimed. If all unwanted births were avoided, the fertility rate in Zimbabwe would fall from 4.3 to 3.5 children per woman.

Family Planning. Knowledge and use of family planning in Zimbabwe has continued to rise over the last several years. The 1994 ZDHS shows that virtually all married women (99 percent) and men (100 percent) were able to cite at least one modern method of contraception. The pill, condoms, female sterlisation, and injectables are the most widely known methods.

Overall, 48 percent of currently married women are using a method of contraception. Use of modern methods has increased from 36 percent in the 1988 ZDHS to 42 percent in the 1994 ZDHS. The pill is the predominant method of contraception used by Zimbabwean couples: 78 percent of modern method users are pill users. However, small increases in the use of injectables and condoms were noted in the 1994 ZDHS.

Contraceptive use varies widely among geographic and socioeconomic subgroups. Fifty-eight percent of married women in Harare are using a modern method versus 28 percent in Manicaland. Modern method use is twice as high amongst women with secondary education (55 percent) as those with no education (26 percent).

Government-sponsored providers remain the chief source of contraceptive methods in Zimbabwe. Around one-third of users obtained their method from rural or municipal clinics, and nearly one-quarter from clinics and community-based distribution (CBD) workers of the Zimbabwe National Family Planning Council (ZNFPC). About 12 percent of modern method users obtain their method through the private sector, up from 4 percent in the 1988 ZDHS.

Survey results show that 15 percent of married women have an unmet need for family planning (either for spacing or limiting births). This group comprises married women who are not using a method of family planning but want either to wait two years or more for their next birth (9 percent) or want no more children (6 percent). The level of unmet need is higher in Matabeleland North (30 percent) and Matabeleland South (27 percent) than elsewhere in the country.

Childhood Mortality. One of the main objectives of the ZDHS was to document the levels and trends in mortality among children under age five. The 1994 ZDHS results show that child survival prospects have not improved since the late 1980s. For the most recent five-year period (1990-94), under-five mortality was 77 deaths per 1,000 live births and infant mortality was 53 deaths per 1,000 live births. These are virtually the same mortality levels as those estimated from the 1994 ZDHS for the period 1985-89—under-five mortality of 75 per 1,000 and infant mortality of 50 per 1,000. Comparison of the 1994 ZDHS mortality rates with data from other sources provides further evidence of the recent stagnation in the decline in childhood mortality in Zimbabwe.

The ZDHS results show that childhood mortality is especially high when associated with two factors: short preceding birth interval and low level of maternal education. The risk of dying is doubled when a child is born after an interval of less than 24 months, and children of women with no education have an under-five mortality rate two-thirds higher than children of women who attended secondary school or higher.

Maternal and Child Health. Utilisation of antenatal services is high in Zimbabwe; in the three years before the survey, mothers received antenatal care for 93 percent of births. The median number of antenatal visits per pregnancy was 5.8. Most antenatal care is provided by nurses and trained midwives (77 percent), but the percentage provided by doctors (23 percent) has risen in recent years. Still, over one-quarter of women who do receive care start during the third trimester of pregnancy—too late to receive the optimum benefits of antenatal care. Mothers reported receiving at least one tetanus toxoid injection for 82 percent of births in the three years before the survey. Tetanus toxoid is a powerful weapon in the fight against neonatal tetanus, a deadly disease that strikes newborn infants.

About 70 percent of births take place in health facilities; however, this figure varies from around 53 percent in Manicaland and Mashonaland Central to 94 percent in Bulawayo. It is important for the health of both the mother and child that trained medical personnel are available in cases of prolonged or obstructed delivery, which are major causes of maternal morbidity and mortality.

The ZDHS collected information that allows estimation of mortality related to pregnancy and child-bearing (i.e., maternal moraltity). For the 10-year period before the survey, the maternal mortality ratio was estimated to be 283 deaths per 100,000 live births. A Zimbabwean woman has a 1 in 59 chance of dying from maternal causes during her lifetime.

Childhood immunisation levels are high in Zimbabwe. The ZDHS found that 80 percent of children age 12-23 months are fully vaccinated against the major childhood diseases; only 4 percent have received no vaccinations. Sixty-seven percent of children received all recommended vaccinations during the first year of life.

In the two weeks preceding the survey, 25 percent of children under three years of age experienced symptoms of acute respiratory infection (ARI)—cough with short, rapid breathing. Around half of these children were taken to a health facility or doctor for treatment.

Twenty-four percent of children under age three were reported to have had diarrhoea in the two weeks preceding the survey. The percentage of children with diarrhoea rises sharply with age, peaking at age 12-17 months, and falling thereafter. Diarrhoeal prevalence is substantially higher in rural areas (26 percent) than urban areas (18 percent) of Zimbabwe. Around 30 percent of children with diarrhoea are taken to a health facility for treatment. Nearly 4 in 5 children receive oral rehydration therapy in the recommended form—i.e., sugar-salt-water solution—to treat their diarrhoea.

Nutrition. Almost all children (99 percent) are breastfed for some period of time; however, only 40 percent are breastfed within the first hour of life (91 percent within the first day after birth). The median duration of breastfeeding in Zimbabwe is 18.5 months; however, the introduction of supplementary liquids and foods occurs too early. Over half of children under two months of age are given some form of supplementary feeding. Until age 4-6 months, exclusive breastfeeding (i.e., without any other food or liquid) is recommended because it provides all the necessary nutrients and avoids exposure to disease agents; yet, only 16 percent of children under 4 months are exclusively breastfed.

When food supplementation begins, wide disparity exists in the types of food received by children in different geographic and socioeconomic groups. Generally, children living in urban areas (Harare and Bulawayo, in particular) and children of more educated women receive protein-rich foods (e.g., meat, eggs, etc.) on a more regular basis than other children.

In the ZDHS, children under three years of age and their mothers were weighed and measured to obtain data for estimating levels of undernutrition. The results indicate that 21 percent of children under three are *stunted* (i.e., short for their age), a condition reflecting chronic undernutrition; and 6 percent are *wasted* (i.e., thin for their height), a problem indicating acute or short-term food deficit. Children age 12-23 months and children of high birth order are at greater risk of poor nutritional status than other children.

There are substantial provincial variations in the nutritional status of children. The prevalence of stunting ranges from 13 percent in Midlands and Bulawayo to more than 25 percent in Matabeleland North, Mashonaland Central, and Matabeleland South. Wasting varies from 2 percent in Mashonaland East to 10 percent in Matabeleland North.

Women whose body mass index (BMI) weight in kilograms divided by the squared height in metres—falls below 18.5 are considered at nutritional risk. The data show that 5 percent of mothers of young children have a BMI value below 18.5. The percentage of mothers with a low BMI varies from 1 percent in Harare to 11 percent in Matabeleland North province.

AIDS-related Knowledge and Behaviour. All but a fraction of Zimbabwean women and men have heard of AIDS, but the quality of that knowledge is sometimes poor. Over one-quarter of women and 15 percent of men do not believe that a healthy-looking person can carry the AIDS virus. Nearly 1 in 5 women and 1 in 16 men do not know a way to avoid getting the AIDS virus.

Condom use and limiting the number of sexual partners were cited most frequently by both women and men as ways to avoid the AIDS virus. Generally, men have more complete knowledge of AIDS-related information than women. Radio is the primary source of AIDS-related information for both women and men, but other sources are also commonly cited. Women are more likely to obtain information from health workers and friends or relatives; men are more likely to get information from printed materials, especially newspapers.

Women, more than men, perceive themselves at risk of getting HIV/AIDS. Nearly one-quarter of women but only 12 percent of men reported that they were at moderate or great risk of getting HIV/AIDS. When asked why they believed themselves at high risk, 59 percent of women reported that their spouse/partner had another sexual partner (compared with 2 percent of men).

While general knowledge of condoms is nearly universal among both women and men, when asked where they could get a condom, 30 percent of women and 20 percent of men could not cite a single source. About half of women with no education do not know where to obtain condoms. Less than one-third of women but more than two-thirds of men reported that they had used a condom at some time. Questions were also asked regarding condom use during sex in the last four weeks. For men who had sex with a non-spouse in the last four weeks, 60 percent used a condom at least some of the time; with spouses, condom use was only 12 percent. For women, the comparable figures were 38 percent condom use during non-spousal sex and 7 percent use during sex with their husbands.

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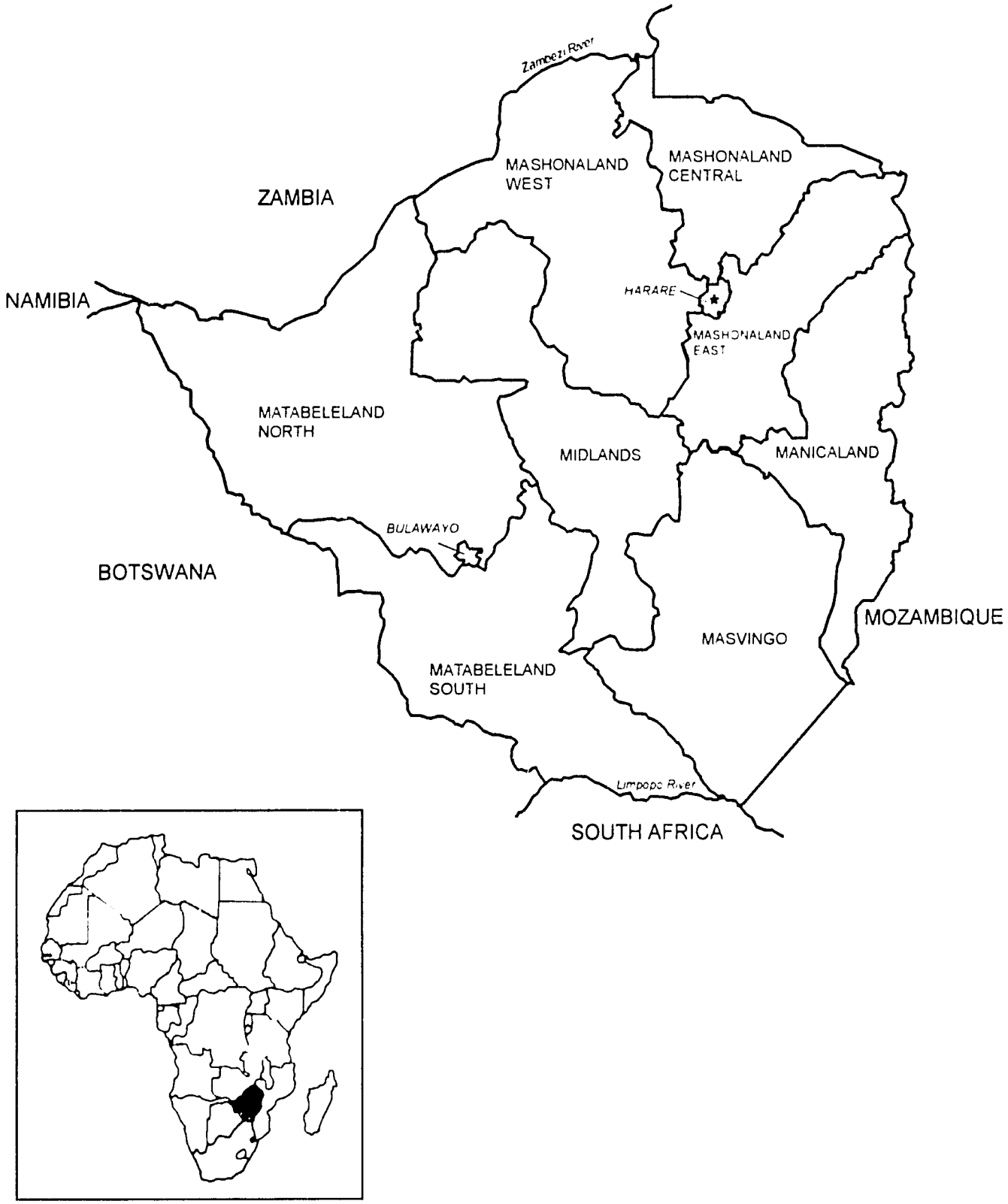
Zambezi River
MASHONALAND WEST
MASHONALAND CENTRAL
ZAMBIA
NAMIBIA
HARARE
MASHONALAND EAST
MATABELELAND NORTH
MIDLANDS
MANICALAND
BULAWAYO
BOTSWANA
MOZAMBIQUE
MASVINGO
MATABELELAND SOUTH
Limpopo River
SOUTH AFRICA

CHAPTER 1

INTRODUCTION

1.1 Geography and Economy

Zimbabwe lies just north of the Tropic of Capricorn between the Limpopo and the Zambezi Rivers. The country is landlocked, bordered by Mozambique in the east, South Africa in the south, Botswana in the west and Zambia in the north and northwest. It is part of a great plateau, which constitutes the major feature of the geography of southern Africa. Although only about five percent of Zimbabwe's land area is more than 1,500 metres above sea level, almost all of the country is more than 300 metres above sea level with nearly 80 percent lying more than 900 metres above sea level.

About 70 percent of the country's surface area is made up of granite, schists and igneous rocks, which serve as the basis for Zimbabwe's mineral wealth. Soil types range from sandy/loamy in the high veld to sandy in the west. The sunny, temperate to hot climate attracts tourists and provides the basis for agricultural production, especially along the central ridge. Generally, temperature decreases and rainfall increases with altitude, ranging from the cool, wet eastern highlands to the hot, dry river valleys of the Zambezi, Limpopo and Sabi rivers.

Zimbabwe has abundant natural resources, including 8.6 million hectares of potentially arable land and over 5 million hectares of forest, national parks and wildlife estates. There are adequate supplies of surface and ground water for electric power, irrigation, and domestic and industrial use. Mineral resources are varied and extensive, including gold, asbestos, coal, nickel, iron, copper, lithium, and precious stones such as emeralds.

The economy is fairly diversified, with relatively developed commercial, industrial, mining and agricultural sectors. Manufacturing and agriculture are the leading producers for both the domestic and export markets, with mining contributing more to export earnings than to the domestic economy. In addition to mining, major industries include food production, construction, chemicals, textiles, wood and furniture, and transport equipment.

Main agricultural exports include tobacco, maize, cotton, sugar, and groundnuts. The agriculture sector has well-developed commercial and communal farming systems. The communal sector output has increased, although it is still lacking essential physical and social infrastructure. Government development efforts lay increased emphasis on strengthening this sector, as reflected in the Government's Economic Policy Statement of Growth With Equity.

One of the major objectives of Zimbabwe's development efforts has been the alleviation of poverty and the fulfilment of basic needs—i.e., health, nutrition, education and training, housing, social services, water, law and order, etc. With the adoption in 1991 of the "Framework for Economic Reform," the Government introduced a five-year Economic and Structural Adjustment Programme (ESAP). With financial support from the World Bank and the International Monetary Fund, the Government implemented adjustment programmes in industry, trade, and agriculture.

1.2 Population

In 1992, the population of Zimbabwe was 10.4 million, an increase of 6.4 million from the 1961/62 population census. Estimates of total population are available from the beginning of the century up to 1951

when the census began inclusion of non-Africans. Table 1.1 shows that the average annual growth in the population reached a peak of 3.5 percent in 1951 and 1961, then dropped to 3.0 percent in 1982. The national average annual population growth rate between 1982 and 1992 was 3.1 percent. If growth were to continue at this pace, the population would be expected to double in about 23 years.

Table 1.2 shows a small increase in the percentage of the population that is of African descent, from 98 percent in 1982 to 99 percent in 1992. The population of European descent has decreased from 2 percent to less than one percent in 1992. The 1992 Population Census results estimate the crude birth rate (CBR) and the crude death rate (CDR) to be 34.5 births per thousand population and 9.5 deaths per thousand population, respectively, yielding a natural increase of 25 per thousand. Zimbabwe has a relatively young population; 45 percent of the 1992 census population were below age 15 while about 3 percent were 65 years and over.

Table 1.1 Population size and growth rate

Population size and annual rate of increase in the population, Zimbabwe, 1901-1992

Year	Population (thousands)	Annual growth rate (percent)
1901	713	--
1911	907	2.4
1921	1,147	2.4
1931	1,464	2.5
1941	2,006	3.2
1951	2,829	3.5
1961	3,969	3.5
1969	5,134	3.3
1982	7,608	3.0
1992	10,412	3.1

Source: Central Statistical Office, 1994

Table 1.2 Demographic indicators

Selected demographic indicators, Zimbabwe 1982 and 1992

Indicator	1982 Census	1992 Census
Total population (thousands)	7,608	10,412
Distribution by ethnic group (%)		
African	97.7	98.8
European	1.9	0.8
Coloured	0.3	0.3
Asian	0.1	0.1
Distribution by age group (%)		
0-14	47.9	45.1
15-64	49.1	51.3
65+	3.0	3.3
Not stated	--	0.3
Crude birth rate (CBR) births per 1,000 population	39.5	34.5
Crude death rate (CDR) deaths per 1,000 population	10.8	9.5
Number of males per 100 females in the total population	96	95
Life expectancy at birth	57.4	61.0

Source: Central Statistical Office, 1994

1.3 Family Planning Policies and Programmes

Family planning services have been available in Zimbabwe since 1953. With the establishment of the Family Planning Association (FPA) in 1965, responsibility for the previously uncoordinated family planning services was assigned to a single organisation.

Initially, family planning service delivery in Zimbabwe was largely clinic-based. Government family planning services were integrated into the maternal and child health (MCH) delivery system at hospitals and clinics and only medical personnel were allowed to prescribe hormonal contraceptives. In 1976, the Ministry of Health granted permission for "field educators" to resupply clients with pills and condoms as a strategy for improving clients' access to family planning services. The field educators then became "pill agents," who formed the basis of the current community-based distribution (CBD) system.

In 1985, the ruling party's ZANU-PF Congress resolved to promote family planning not just for child spacing and welfare reasons but to limit family size. In the same year, the Child Spacing and Family Planning Council (CSFPC) became a parastatal under the Ministry of Health through an Act of Parliament and was renamed the Zimbabwe National Family Planning Council (ZNFPC). The ZNFPC's mandate is to promote family planning through the provision of information and services to all sectors of the community. The Council is also required to train medical and para-medical personnel in family planning service delivery. In addition, ZNFPC is tasked with the procurement of contraceptives for the public sector facilities and hence supplies contraceptives to over 1,000 non-ZNFPC hospitals and clinics.

Through its network of 34 clinics and the community-based distribution system, the ZNFPC continues to be one of the major providers of family planning services in Zimbabwe. ZNFPC clinics provide a wide range of contraceptive methods including the pill, condoms, chemical barrier methods, IUDs and injectables. ZNFPC provides female and male sterilisation at two of its facilities, one in Harare and another in Bulawayo. ZNFPC introduced implants in 1992, although provision of this method is still limited to three ZNFPC facilities—the three central hospitals—and a few private practitioners in Harare and Bulawayo. In 1992, in line with its objective to broaden the method mix, ZNFPC reintroduced injectables which, since 1980, had been restricted to a limited clientele.

The Ministry of Health and Local Government health facilities provide pills, condoms, chemical and barrier methods, and injectables. Where the health facility is adequately equipped, IUDs are inserted and sterilisation procedures performed. Voluntary Surgical Contraception (VSC) is generally available in the public sector facilities at district and provincial levels, since these facilities have well-equipped operating theatres and doctors trained in VSC.

The community-based distribution (CBD) system is the principal outreach mechanism for family planning service delivery in rural areas and is generally referred to as the "backbone" of the ZNFPC programme. Community-based distribution (CBD) workers are selected by communities before they are sent for the basic six-week CBD Initial Course. They are trained to inform and educate communities on the benefits of family planning, motivate clients to use family planning, initiate clients who want to use oral contraceptives, resupply established clients with pills and condoms in their homes, and refer clients wanting to use other non-supply methods to local clinics. The work force of 800 CBD workers covers approximately 29 percent of the rural population in Zimbabwe.

The current success of the family planning programme has been made possible partly through the effective and coordinated implementation of the Five Year Strategy (1991-1996). The ZNFPC's strategy has clearly stated and quantified objectives and aims to broaden the method mix with emphasis on long-term and permanent methods of contraception; reduce the total fertility rate from an estimate of 5.5 to 4.5 children per woman; increase financial sustainability through the sale of contraceptives and charging for services while ensuring access by low income groups; and to increase the proportion of family planning services delivered by the private sector from 5 to 17 percent by 1996.

The success of the family planning programme in Zimbabwe is, therefore, largely due to the Government's political commitment to the programme.

1.4 Health Priorities and Programmes

The Ministry of Health and Child Welfare (MOH&CW) has made significant progress in ensuring access to health care services for rural communities through increasing the number of health facilities in rural areas. The past decade has seen an expansion of the water and sanitation programme as a strategy to control diarrhoeal diseases; the expansion of the immunisation programme for children under five and expectant

mothers aimed at improving the health status of mothers and children; the provision of free health care services for those earning less than $Z400 a month, who make up the majority of the population; and the training of traditional midwives in order to improve the quality of care for mothers who do not deliver at health facilities. The supplementary feeding programmes for children under five and expectant mothers in drought-stricken areas has improved the health status of "at-risk" groups. The upgrading of the health care facilities through Family Health Projects I and II has improved the quality of health care services in rural areas.

In line with the Primary Health Care (PHC) approach, the 1980s saw a shift in the emphasis of health service provision from curative to preventive services. The main components of PHC include maternal and child health (MCH) services, family planning, health and nutrition education, expanded programme on immunisation (EPI); control of communicable diseases (CCD), water and sanitation, provision of basic and essential preventive and curative care, and provision of drugs through the Essential Drugs Programme.

All health facilities provide integrated MCH services such that, for example, if a mother visits a clinic with an undernourished child, the nursing staff are expected to also check the immunisation status of the child and to immunise the child if necessary. Other aspects of MCH, such as family planning, should be discussed during client-staff interaction and appropriate services provided, if necessary. This "supermarket approach" allows users access to a whole range of health care services that are normally available under one roof. This minimises unnecessary trips by clients who might otherwise have to come on a special day for family planning and on another day for immunisation.

The majority of health services in Zimbabwe are provided by the public sector, comprised of MOH&CW and Local Government authorities in both urban and rural areas. The Health Service Delivery System is divided into four levels of care, i.e., primary, secondary, tertiary and quartenary (central) depending on the level of staff training at the institution and the equipment available at the facility. In the rural areas, Rural Health Centres (RHCs) are the lowest level of health care facilities and are staffed by state- certified nurses and midwives and environmental health technicians. In urban areas, the Primary Care Clinics are the lowest level clinics and are generally staffed by state-registered nurses and midwives. The RHCs and urban primary care facilities refer complicated cases to District Hospitals, which have both doctors and nurses, are better equipped, and have an operating theatre and a laboratory. The district hospitals, in turn, refer their difficult cases to the Provincial Hospitals which ultimately refer to the Central Hospitals.

The importance which the MOH&CW attaches to MCH services is evidenced by the establishment of an MCH department in the Ministry of Health. The MCH Department, made up of the Nursing Directorate, the Nutrition Unit, the Health Education Unit and the EPI Unit, designs and implements integrated health programmes aimed at improving the health status of mothers and children. The department also identifies and prioritises health problems of mothers and children and formulates strategies to alleviate the problems. Pregnant mothers are encouraged to attend antenatal sessions and to deliver at health centres. The MCH Department, in collaboration with other sectors, convinced the Government to grant pregnant working women 90 days paid maternity leave and one hour of breastfeeding time per day until the child is six months old.

1.5 Objectives and Organisation of the Survey

The 1994 ZDHS is one of a series of surveys undertaken by the Central Statistical Office (CSO) as part of the Zimbabwe National Household Survey Capability Programme (ZNHSCP) and the worldwide DHS programme. The ZNFPC and MOH&CW contributed significantly to the technical development of the ZDHS study design, implementation, and analysis of results. The 1994 ZDHS was funded by the U.S. Agency for International Development (USAID), and technical assistance was provided by Macro International Inc. (Calverton, Maryland, U.S.) through its contract with USAID.

The primary objectives of the 1994 ZDHS were to provide up-to-date information on: fertility levels; nuptiality; sexual activity; fertility preferences; awareness and use of family planning methods; breastfeeding practices; nutritional status of mothers and young children; early childhood mortality and maternal mortality; maternal and child health, and awareness and behaviour regarding AIDS and other sexually transmitted diseases.

The 1994 ZDHS is a follow-up of the 1988 ZDHS, also implemented by CSO. While significantly expanded in scope, the 1994 ZDHS provides updated estimates of basic demographic and health indicators covered in the earlier survey.

1.5.1 Sample Design and Implementation

The area sampling frame used for the 1994 ZDHS was the 1992 Zimbabwe Master Sample (ZMS92) developed by the Central Statistical Office following the 1992 Population Census. The ZMS92 included 395 enumeration areas (EAs) stratified by province and land use sector. For purposes of the ZDHS, 18 sampling strata were identified: urban and rural strata for each of 8 provinces, plus Harare (including Chitungwiza) and Bulawayo, which are exclusively urban strata.

The sample for the 1994 ZDHS was selected in two stages. In the first stage, 230 EAs were selected with equal probability. Then, within each of these 230 EAs, a complete household listing and mapping exercise was conducted in March 1994, forming the basis for the second-stage sampling. For the listing exercise, permanent CSO enumerators were trained in ZDHS listing and cartographic methods at the University of Zimbabwe over a three-day period. Institutional populations (army barracks, hospitals, police camps, etc.) were not listed.

From these household lists, households to be included in the ZDHS were selected, with the sample "take" from each EA being proportional to its size based on the household listing results. All women age 15-49 years in those households were eligible to be interviewed in the ZDHS. Further, a 40 percent systematic subsample of these households was selected, within which interviews with all males age 15-54 years were to be conducted as well.

Since the objective of the survey was to produce estimates of specific demographic and health indicators for each of the 10 provinces, the sample design allowed for an oversample of smaller ZDHS strata. The overall target sample was 6,000 women and approximately 2,200 men. The ZDHS sample is not self-weighting at the national level (weights are required to estimate national-level indicators).

Details concerning the ZDHS sample design are provide in Appendix A; estimations of sampling errors are included in Appendix B.

1.5.2 Questionnaires

Four types of questionnaires were used for the ZDHS: the Household Questionnaire, the Women's Questionnaire, the Men's Questionnaire, and the community-level Service Availability Questionnaire. The contents of these questionnaires were based on the DHS Model "A" Questionnaire, which is designed for use in countries with moderate to high levels of contraceptive use.

The Household Questionnaire was used to list all the usual members and visitors of selected households. Some basic information was collected on characteristics of each person listed, including his/her age, sex, education, and relationship to the head of the household. The main purpose of the Household Questionnaire was to identify women and men who were eligible for the individual interview. In addition, the Household Questionnaire collected information on characteristics of the household's dwelling units, such

as the source of water, type of toilet facilities, materials used for the floor of the house, and ownership of various consumer and durable goods.

The Women's Questionnaire was used to collect information on women age 15-49. These women were asked questions on the following topics:

- Background characteristics (education, residential history, etc.)
- Reproductive history
- Knowledge and use of family planning methods, including compliance with pill use
- Fertility preferences
- Antenatal and delivery care
- Breastfeeding and weaning practices
- Vaccinations and health of children under age three
- Marriage and sexual activity
- Woman's status and husband's occupation
- Awareness and behaviour regarding AIDS and other sexually transmitted diseases
- Adult mortality including maternal mortality.

Unlike the 1988 ZDHS, a "calendar" was used in the 1994 ZDHS to collect information on the respondent's history since January 1989 concerning reproduction, contraceptive use, reasons for discontinuation of contraception, marriage, and migration. In addition, interviewing teams measured the height and weight of all children under the age of three years and women who had a birth since January 1991.

The Men's Questionnaire was administered to all men age 15-54 living in every 2.5 households in the ZDHS sample (i.e., a 40 percent subsample). The Men's Questionnaire collected much of the same information found in the Women's Questionnaire, but was shorter because it did not contain questions on reproductive history and maternal and child health.

The Service Availability Questionnaire was administered to community leaders during the household listing operations in March 1994. Community-level information was collected on the nearest health and family planning services available to residents of each of the 230 clusters of households included in the ZDHS sample.

1.5.3 Training and Fieldwork

The ZDHS questionnaires were pretested in April 1994. Twenty qualified nurses were trained to implement the pretest during a three-week training period. Three language versions of the questionnaires were produced: Shona, Ndebele, and English. The pretest fieldwork was conducted over a one-week period in areas surrounding Gweru, where both Shona and Ndebele households could easily be identified. Approximately 150 pretest interviews were conducted, debriefing sessions were subsequently held with the pretest field staff, and modifications to the questionnaire were made based on lessons drawn from the exercise. Pretest interviewers were retained to serve as field editors and team supervisors during the main survey.

Training of field staff for the main survey was conducted over a four-week period, June-July 1994. Permanent CSO staff trained 70 incoming interviewer trainees, most of whom were trained nurses. The training course consisted of instruction in general interviewing techniques, field procedures, a detailed review of items on the questionnaires, instruction and practice in weighing and measuring children, mock interviews between participants in the classroom, and practice interviews with real respondents in areas outside ZDHS sample points. Trainees who performed satisfactorily in the training programme were selected as interviewers, while the remainder were retained to assist in office operations. During this period, field editors and

team supervisors were provided with additional training in methods of field editing, data quality control procedures, and coordination of fieldwork.

The fieldwork for the ZDHS was carried out by 10 interviewing teams, one designated for each province. Each team consisted of one team superviser, one field editor, five to six female interviewers, one or two male interviewers and one driver. Thus, in total, there were 10 team supervisors, 10 field editors, 54 female interviewers, 12 male interviewers and 10 drivers. Six permanent senior CSO staff coordinated and supervised fieldwork activities. Data collection took place over a four-month period, 20 July to 28 November 1994.

1.5.4 Data Processing

All questionnaires for the ZDHS were returned to the CSO for data processing, which consisted of office editing, coding of open-ended questions, data entry, and editing computer identified errors. The data were processed on five microcomputers. Data entry and editing were accomplished using the computer program ISSA (Integrated System for Survey Analysis). Data processing commenced on 1 August 1994 and was completed on 14 December 1994.

1.5.5 Response Rates

Table 1.3 shows response rates for the ZDHS. A total of 6,483 households was selected in the sample, of which 6,075 were currently occupied. The shortfall was largely due to households no longer existing in the sampled clusters at the time of the interview. Of the 6,075 existing households, 5,984 were interviewed, yielding a household response rate of 99 percent.

In the interviewed households, 6,408 eligible women were identified and of these, 6,128 were interviewed, yielding a response rate of 96 percent. In the 40 percent subsample of households, 2,339 eligible men were identified, of which 2,141 were successfully interviewed (92 percent response). The principal reason for non-response among both eligible men and women was the failure to find them at home despite repeated visits to the household. The lower response rate among men than women was due to the more frequent and longer absences of men. The refusal rate in the ZDHS was very low (less than 1 percent for both women and men).

Table 1.3 Results of the household and individual interviews

Number of households, number of interviews and response rates, Zimbabwe 1994

Result	Residence		
	Urban	Rural	Total
Household interviews			
Households sampled	1,829	4,654	6,483
Households occupied	1,759	4,316	6,075
Households interviewed	1,711	4,273	5,984
Household response rate	**97.3**	**99.0**	**98.5**
Individual interviews			
Number of eligible women	1,833	4,575	6,408
Number of eligible women interviewed	1,745	4,383	6,128
Eligible woman response rate	**95.2**	**95.8**	**95.6**
Number of eligible men	766	1,573	2,339
Number of eligible men interviewed	681	1,460	2,141
Eligible man response rate	**88.9**	**92.8**	**91.5**

Rural response rates were higher than urban response rates; the difference being especially pronounced for the men's survey. In urban areas, 89 percent of eligible men were interviewed compared with 93 percent of men in rural areas.

CHAPTER 2

CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

This chapter presents information on some socioeconomic characteristics of the household population and the individual survey respondents, such as: age, sex, education, and place of residence. It also examines the environmental profile of households in the ZDHS sample. Taken together, these descriptive data provide a context for the interpretation of demographic and health indices, and can furnish an approximate indication of the representativeness of the survey.

The background characteristics of men age 15 to 54 years and women age 15 to 49 years are discussed in the last part of the chapter. This information is useful for understanding the factors which affect reproduction and contraceptive use behaviour.

2.1 Household Population

The ZDHS household questionnaire was used to collect data on the demographic and social characteristics of all usual residents of the sampled household, and visitors who had spent the previous night in the household.[1]

2.1.1 Age-Sex Composition

The distribution of the ZDHS household population is shown in Table 2.1, by five-year age groups, according to sex and urban-rural residence. The ZDHS households constitute a population of 27,889 persons. Fifty-one percent of the population are females and 49 percent are males. There are larger numbers of the population in the younger age groups than in the older age groups of each sex in both urban and rural areas.

The age-sex structure of the population is shown by use of a population pyramid in Figure 2.1. The pyramid is wide-based, a pattern that is typical of high-fertility populations. The number of children under five is less than the number age 5-9 years, a finding that is consistent with a recent fertility decline (see Chapter 3).

The population distribution by broad age groups in Table 2.2 shows that the proportion of children under 15 years of age is currently around 46 percent, that of persons over 65 years of age is about 4 percent. The population has a low median age of about 17 years. There has been a general decline since 1982 in the proportion of the population under 15 years and an increasing median age. The 1992 census and the 1994 ZDHS show fairly similar distributions by age. The dependency ratio[2] calculated from the ZDHS 1994 is

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[1] A household refers to a person or group of related and unrelated persons who live together in the same dwelling unit(s), who acknowledge one adult male or female as head of household, who share the same housekeeping arrangements, and are considered as one unit. A member of the household is any person who usually lives in the household and a visitor is someone who is not a usual member of the household but had slept in the household the night before the interview date. The household population presented in this chapter includes, unless otherwise stated, all usual members of the household who slept in the household the night before the survey and visitors (de facto population).

[2] The *dependency ratio* is defined as the sum of all persons age under 15 years or over 64 years divided by the number of persons age 15-64, multiplied by 100.

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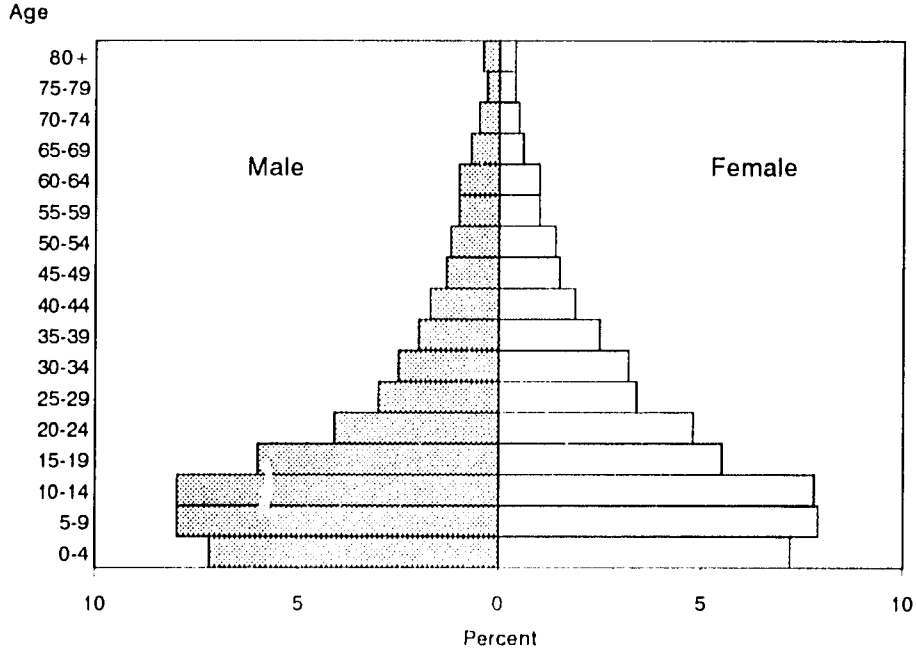
Table 2.1 Household population by age, residence and sex

Percent distribution of the de facto household population by five-year age groups, according to sex and urban-rural residence, Zimbabwe 1994

Age group	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	11.9	14.1	12.9	15.8	14.1	14.9	14.7	14.1	14.4
5-9	12.9	12.4	12.6	17.8	16.7	17.2	16.4	15.6	16.0
10-14	11.1	12.2	11.6	18.4	16.4	17.3	16.3	15.3	15.8
15-19	9.8	12.6	11.2	13.1	10.2	11.6	12.2	10.8	11.5
20-24	10.7	13.4	12.0	7.5	8.1	7.8	8.4	9.5	8.9
25-29	9.6	9.0	9.3	4.7	5.8	5.3	6.1	6.6	6.4
30-34	8.7	8.7	8.7	3.8	5.5	4.7	5.1	6.3	5.7
35-39	6.9	5.6	6.3	3.0	4.5	3.8	4.1	4.8	4.5
40-44	5.8	3.9	4.9	2.4	3.6	3.0	3.4	3.7	3.5
45-49	3.8	2.7	3.3	2.3	3.1	2.7	2.7	3.0	2.9
50-54	2.7	2.0	2.4	2.4	3.1	2.8	2.5	2.8	2.7
55-59	2.2	1.0	1.6	2.0	2.3	2.2	2.1	2.0	2.0
60-64	1.7	1.2	1.5	2.2	2.1	2.1	2.0	1.9	2.0
65-69	0.9	0.6	0.8	1.6	1.3	1.4	1.4	1.1	1.2
70-74	0.6	0.4	0.5	1.2	1.1	1.2	1.1	1.0	1.0
75-79	0.3	0.2	0.2	0.9	1.0	0.9	0.7	0.8	0.7
80+	0.2	0.2	0.2	0.9	1.0	1.0	0.7	0.8	0.8
Missing/Don't know	0.1	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	3,810	3,669	7,479	9,852	10,554	20,410	13,661	14,223	27,889

Figure 2.1
Population Pyramid of Zimbabwe



ZDHS 1994

Table 2.2 Population by age from selected sources

Percent distribution of the population by age group, selected sources, Zimbabwe, 1982-1994

Age group	1982 Census (De facto)	1987 ICDS[1] (De jure)	1992 Census (De facto)	1993 IMS[2] (De jure)	1994 ZDHS De facto	1994 ZDHS De jure
<15	47.7	47.7	45.1	45.0	46.2	45.7
15-64	49.2	49.1	51.3	52.0	50.0	50.3
65+	2.9	3.2	3.3	3.0	3.8	3.9
Not stated	0.3	-	0.3	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median age	16.1	16.0	17.1	17.1	16.6	16.8
Dependency ratio	102.9	103.7	94.4	92.5	99.7	98.5

[1] Intercensal Demographic Survey
[2] Indicator Monitoring Survey

99.7, which means that there is roughly 1 person under 15 years or over 64 years in Zimbabwe for every person age 15-64 years.

2.1.2 Household Composition

Table 2.3 shows that about one in three Zimbabwean households is headed by a female. There is a larger proportion of female-headed households in rural areas (39 percent) than in urban areas (19 percent). The average household size is 4.7 persons. Urban households are on average smaller (3.8 persons) than rural households (5.1 persons). Twenty-two percent of households have foster children; 11 percent of urban households and 28 percent of rural households. Foster children are those persons under 15 years of age who have no natural parent in the household.

Information regarding fosterhood and orphanhood of children under 15 years of age is presented in Table 2.4. About 48 percent of children under 15 years of age are living with both their parents, 28 percent are living with their mothers (but not with their fathers), 4 percent with their fathers (but not their mothers) and 18 percent are living with neither their natural mother nor natural father.

Of the children under 15 years of age, 7 percent have lost their fathers, 3 percent have lost their mothers. About 1 percent of children have lost both parents.

Table 2.3 Household composition

Percent distribution of households by sex of head of household, household size, and whether household includes foster children, according to urban-rural residence, Zimbabwe 1994

Characteristic	Residence: Urban	Rural	Total
Household headship			
Male	81.4	60.6	67.3
Female	18.6	39.4	32.7
Total	100.0	100.0	100.0
Number of usual members			
1	19.3	10.7	13.4
2	17.3	10.1	12.4
3	15.4	11.5	12.8
4	14.0	13.5	13.6
5	10.8	14.0	12.9
6	9.4	11.8	11.0
7	6.2	10.0	8.8
8	3.1	6.9	5.7
9+	4.4	11.5	9.2
Total	100.0	100.0	100.0
Mean size	3.8	5.1	4.7
Percent with foster children	10.8	27.5	22.1

Note: Table is based on de jure members; i.e., usual residents.

Table 2.4 Fosterhood and orphanhood

Percent distribution of de facto children under age fifteen by survival of parents and child's living arrangements, according to child's age, sex, urban-rural residence and province, Zimbabwe 1994

Characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent				Missing info. on father/ mother	Total	Number of children
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Father only alive	Mother only alive	Both dead			
Age												
0-2	54.7	34.4	1.7	0.6	0.0	6.7	0.4	0.2	0.2	1.2	100.0	2,341
3-5	50.9	25.1	3.2	1.6	0.2	15.3	0.9	1.1	0.3	1.4	100.0	2,558
6-8	47.6	22.5	4.4	3.4	0.7	15.3	1.1	2.1	0.6	2.2	100.0	2,680
9-11	44.9	21.9	5.2	3.9	1.0	15.4	1.5	2.8	1.3	2.1	100.0	2,737
12+	41.5	18.0	6.5	5.1	1.4	17.4	1.7	3.9	1.2	3.2	100.0	2,560
Sex												
Male	48.7	24.2	4.3	3.2	0.7	13.4	1.1	1.8	0.7	1.8	100.0	6,478
Female	46.8	24.1	4.2	2.9	0.7	14.9	1.1	2.3	0.7	2.3	100.0	6,394
Residence												
Urban	64.1	12.5	3.6	5.5	0.9	9.3	0.9	1.4	0.3	1.6	100.0	2,780
Rural	43.2	27.4	4.4	2.3	0.6	15.5	1.2	2.3	0.8	2.2	100.0	10,095
Province												
Manicaland	40.3	28.9	5.6	2.8	0.7	12.5	0.8	3.2	1.3	3.8	100.0	2,000
Mashonaland Central	51.6	21.9	4.3	2.0	0.9	14.8	0.7	1.6	0.7	1.4	100.0	1,092
Mashonaland East	44.9	30.3	2.4	1.6	0.2	14.3	1.6	2.1	0.9	1.8	100.0	1,409
Mashonaland West	55.3	16.2	4.3	4.1	1.2	15.7	1.3	2.1	1.3	0.5	100.0	1,415
Matabeleland North	41.8	29.3	2.8	2.9	0.9	16.8	1.0	1.7	0.6	2.2	100.0	987
Matabeleland South	32.6	31.0	3.9	2.2	0.0	24.6	1.0	2.8	0.6	1.4	100.0	807
Midlands	44.5	27.7	4.6	2.9	0.4	14.4	1.1	1.1	0.3	3.0	100.0	1,664
Masvingo	44.3	27.4	6.1	1.7	1.0	13.3	1.5	2.7	0.3	1.7	100.0	1,494
Harare	70.3	8.2	3.2	5.8	0.7	7.8	1.4	1.2	0.2	1.2	100.0	1,432
Bulawayo	53.4	19.7	3.6	5.0	0.8	12.7	0.3	1.6	0.6	2.3	100.0	576
Total	47.8	24.2	4.2	3.0	0.7	14.2	1.1	2.1	0.7	2.0	100.0	12,875

Note: By convention, *foster* children are those who are not living with either parent. This includes *orphans*, i.e., children both of whose parents are dead

2.1.3 Educational Level of Household Members

Tables 2.5.1 and 2.5.2 show the distribution of female and male household members (age 6 and above) by the highest level of education ever attended (even if they did not complete that level), and the median number of years of education completed, according to age, urban-rural residence, and province. Generally, educational attainment is slightly higher for males than females. About 90 percent of males have attended school versus 84 percent of females. Very few young persons of either sex have not attended school.

While most Zimbabweans attend school, a relatively small proportion are able to continue to higher levels of education. The median number of years of schooling completed for females and males is 5 and 6 years, respectively. Twenty-four percent of females and 31 percent of males have reached the secondary level of education, and less than 2 percent have gone beyond secondary school. An encouraging trend towards increasing educational attainment is observed by looking at age differences in the median number of years completed. The median educational attainment peaks at over 9 completed years for females (age 20-24) and 11 years for males (25-29). As expected, educational attainment is greater in urban than rural areas.

Table 2.5.1 Educational level of the female household population

Percent distribution of the de facto female household population age six and over by highest level of education attended, and median number of years of schooling, according to selected background characteristics, Zimbabwe 1994

Background characteristic	No education	Primary	Secondary	Higher	Don't know/ missing	Total	Number	Median years of schooling
Age[1]								
6-9	20.7	78.5	0.0	0.0	0.7	100.0	1,793	1.1
10-14	1.4	90.2	8.1	0.0	0.3	100.0	2,174	5.0
15-19	1.5	41.5	56.6	0.2	0.2	100.0	1,541	8.2
20-24	3.8	34.1	60.8	1.2	0.2	100.0	1,344	9.4
25-29	9.4	38.8	48.1	3.6	0.1	100.0	944	8.3
30-34	16.4	58.2	23.2	2.1	0.1	100.0	899	7.0
35-39	23.2	62.8	11.8	1.3	0.8	100.0	684	5.4
40-44	24.6	63.4	10.5	1.3	0.2	100.0	524	5.4
45-49	26.3	62.5	7.2	2.2	1.8	100.0	424	4.7
50-54	38.1	54.8	4.4	1.6	1.1	100.0	401	3.0
55-59	43.0	52.7	1.5	1.8	1.0	100.0	281	2.1
60-64	47.9	46.8	2.5	1.9	0.8	100.0	267	1.2
65+	61.3	33.1	2.3	1.4	1.8	100.0	515	0.0
Residence								
Urban	5.3	49.0	43.0	2.6	0.2	100.0	3,067	7.6
Rural	19.1	63.6	16.2	0.5	0.6	100.0	8,729	4.4
Province								
Manicaland	18.2	64.0	16.0	0.9	0.8	100.0	1,778	4.5
Mashonaland Central	25.1	58.0	16.2	0.0	0.6	100.0	968	3.7
Mashonaland East	14.8	64.1	19.6	0.6	0.9	100.0	1,219	4.9
Mashonaland West	22.5	59.3	16.6	0.9	0.8	100.0	1,265	4.3
Matabeleland North	22.1	62.2	14.4	0.4	0.9	100.0	785	4.2
Matabeleland South	16.0	64.2	19.0	0.2	0.5	100.0	698	5.2
Midlands	12.5	61.1	25.0	0.9	0.4	100.0	1,520	5.6
Masvingo	17.1	66.0	16.8	0.1	0.1	100.0	1,324	4.5
Harare	4.0	46.4	45.9	3.6	0.1	100.0	1,593	7.9
Bulawayo	4.9	52.7	41.2	1.1	0.1	100.0	648	7.4
Total	15.5	59.8	23.2	1.0	0.5	100.0	11,796	5.4

[1] Excludes 3 women for whom an age was not reported.

Table 2.5.2 Educational level of the male household population

Percent distribution of the de facto male household population age six and over by highest level of education attended, and median number of years of schooling, according to selected background characteristics, Zimbabwe 1994

Background characteristic	No education	Primary	Secondary	Higher	Don't know/ missing	Total	Number	Median years of schooling
Age[1]								
6-9	21.8	77.8	0.0	0.0	0.4	100.0	1,777	1.0
10-14	1.3	92.5	6.0	0.0	0.2	100.0	2,230	4.7
15-19	1.8	37.3	60.7	0.1	0.1	100.0	1,661	8.2
20-24	1.8	24.3	70.4	2.6	0.8	100.0	1,145	10.9
25-29	2.2	23.1	67.5	6.7	0.6	100.0	834	11.1
30-34	4.9	40.6	48.5	4.9	1.1	100.0	703	9.1
35-39	6.6	56.8	31.9	3.9	0.8	100.0	561	7.5
40-44	8.7	62.8	22.6	4.0	1.9	100.0	463	7.2
45-49	14.6	62.4	16.6	4.9	1.5	100.0	373	6.8
50-54	15.6	69.5	9.2	3.4	2.3	100.0	340	5.7
55-59	19.1	66.3	9.0	3.3	2.4	100.0	287	5.4
60-64	32.9	59.8	4.2	0.8	2.3	100.0	278	3.2
65+	37.4	54.3	4.2	1.5	2.7	100.0	532	2.5
Residence								
Urban	4.5	44.2	47.2	3.7	0.3	100.0	3,252	8.0
Rural	11.4	64.3	22.1	1.1	1.0	100.0	7,939	5.2
Province								
Manicaland	10.1	63.0	24.6	1.4	0.8	100.0	1,602	5.4
Mashonaland Central	13.8	61.7	23.2	0.3	0.9	100.0	953	5.1
Mashonaland East	9.6	62.2	25.5	1.5	1.3	100.0	1,130	5.8
Mashonaland West	14.0	58.0	25.5	1.1	1.4	100.0	1,329	5.4
Matabeleland North	13.0	67.0	17.7	0.8	1.6	100.0	715	4.8
Matabeleland South	10.6	67.2	20.2	0.9	1.0	100.0	557	5.4
Midlands	8.0	60.1	28.4	2.2	1.2	100.0	1,341	6.4
Masvingo	10.0	67.0	22.5	0.5	0.1	100.0	1,162	5.0
Harare	4.2	40.3	50.0	5.4	0.1	100.0	1,752	9.1
Bulawayo	2.7	50.6	44.6	2.0	0.1	100.0	651	7.8
Total	9.4	58.5	29.4	1.9	0.8	100.0	11,191	6.2

[1] Excludes 8 men for whom an age was not reported.

2.1.4 School enrolment

In Table 2.6, school enrolment ratios by age group, sex and residence for the population age 6 to 24 years are presented. A school enrolment ratio is the number of enroled persons at a specific age group per hundred persons in that particular age group. Eighty-three percent of persons age 6-15 are in school; urban enrolment is slightly higher (89 percent) than rural enrolment (82 percent). There is, however, a higher enrolment ratio in rural areas than in urban areas for age group 16 to 20 years because persons start school later in rural areas. Age group 21-24 has slightly more persons attending school in the urban areas (9 percent) than in the rural areas (6 percent) because college attendance is more common in urban areas.

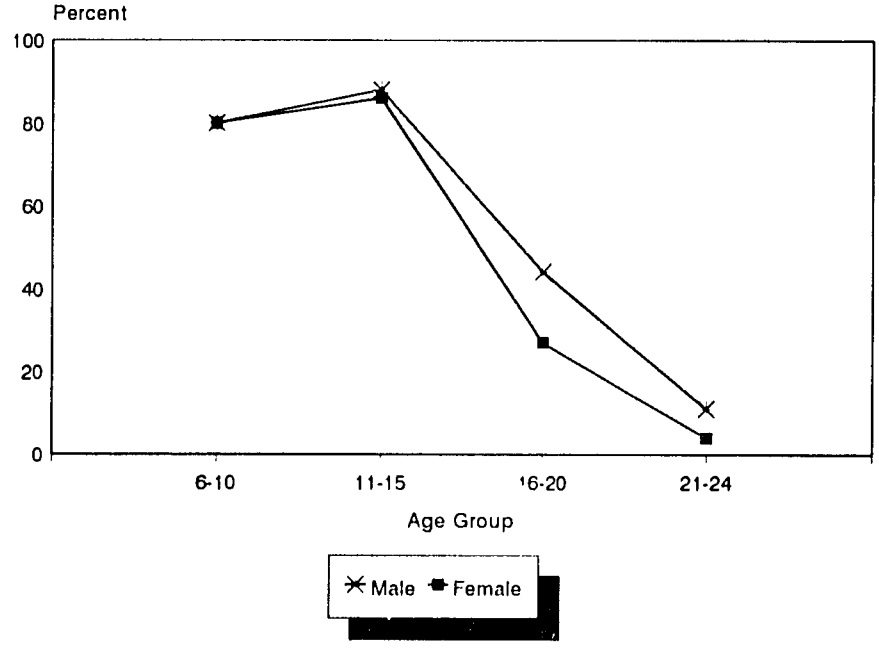
Table 2.6 School enrolment

Percentage of the de facto household population age 6-24 years enrolled in school, by age group, sex, and urban-rural residence, Zimbabwe 1994

	Male			Female			Total		
Age group	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
6-10	85.8	77.9	79.6	88.0	78.2	80.1	86.9	78.0	79.9
11-15	93.4	87.3	88.4	90.8	84.8	86.1	92.0	86.1	87.2
6-15	89.2	82.5	83.9	89.3	81.3	82.9	89.3	81.9	83.4
16-20	40.9	45.4	44.2	25.0	27.5	26.6	31.9	37.1	35.6
21-24	12.7	9.5	10.7	5.1	3.5	4.0	8.6	6.2	7.1

Figure 2.2 shows that the rate of school entrance is nearly the same for boys as for girls, but that girls tend to drop out at an earlier stage than boys. Eighty percent of both girls and boys are enroled at age 6-10, and 86-88 percent at age 11-15, but by age 16-20 only 27 percent of females are still in school versus 44 percent of males. By age 21-24, 4 percent of women and 11 percent of men are still in school.

Figure 2.2
School Enrolment by Age and Sex



ZDHS 1994

2.2 Housing Characteristics

Information on the characteristics of the sampled households is shown in Table 2.7. The physical characteristics of the household have an important bearing on environmental exposure to disease, as well as reflecting the household's economic condition.

Twenty-eight percent of the households in Zimbabwe have electricity. There is a significant difference in access to electricity between urban and rural areas. Eighty percent of urban households have electricity compared with 3 percent of rural households (see Figure 2.3).

About 33 percent of all households have water piped into their residence, yard, or plot; 93 percent of households in urban areas have piped water, but only 4 percent of households in rural areas. In rural areas, boreholes are the main source of drinking water (42 percent), followed by unprotected wells (17 percent). The median time to get to the source of drinking water is 20 minutes in rural areas and less than a minute in urban areas.

Sixty-five percent of Zimbabwean households have toilet facilities. Most households in urban areas (95 percent) have flush toilets. Twenty-nine percent of households in rural areas have Blair toilets[3] and 17 percent have traditional pit toilets. About one-half of the households in rural areas have no toilet facility.

The most commonly used flooring materials are cement and earth/dung. Eighty-five percent of households in urban areas have cement floors. Almost all households in rural areas have either cement or earth/dung floors and less than 1 percent of the households have other types of floors.

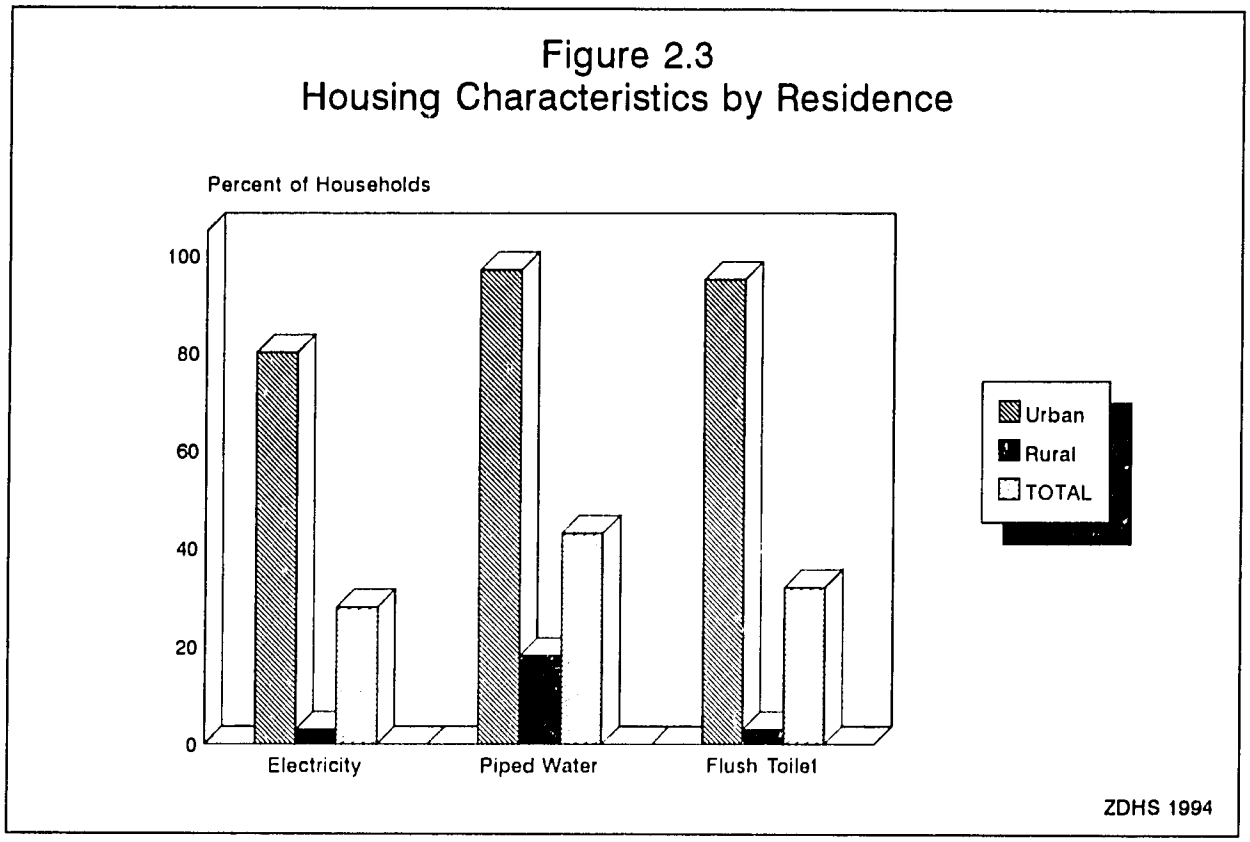
The ZDHS collected data on the number of rooms used for sleeping. This information gives a measure of household crowding. There is an average of 2.5 persons per sleeping room.

Table 2.7 Housing characteristics

Percent distribution of households by housing characteristics, according to urban-rural residence, Zimbabwe 1994

Characteristic	Residence		
	Urban	Rural	Total
Electricity			
Yes	80.4	3.4	28.1
No	19.3	96.4	71.7
Missing/Don't know	0.3	0.2	0.2
Total	100.0	100.0	100.0
Source of drinking water			
Piped into res./yard/plot	92.6	4.3	32.6
Communal tap	4.8	13.3	10.6
Protected well	0.9	9.4	6.7
Unprotected well	0.8	16.7	11.6
Borehole	0.7	42.4	29.0
Spring	0.0	0.6	0.4
River/stream	0.1	11.1	7.5
Pond/dam/lake	0.0	1.9	1.3
Other	0.1	0.1	0.1
Missing/Don't know	0.0	0.2	0.2
Total	100.0	100.0	100.0
Time to water source (in minutes)			
<15 minutes	98.4	36.1	56.1
Median time to source	0.5	20.4	10.4
Sanitation facility			
Own flush toilet	65.8	1.9	22.4
Shared flush toilet	28.8	0.6	9.6
Traditional pit toilet	3.3	16.9	12.6
Blair toilet	1.4	29.4	20.4
No facility	0.5	50.8	34.7
Other	0.0	0.1	0.0
Missing/Don't know	0.1	0.4	0.3
Total	100.0	100.0	100.0
Floor material			
Earth/dung	4.0	58.5	41.0
Wood planks	1.1	0.0	0.4
Parquet/polished wood	2.5	0.1	0.9
Vinyl/asphalt strip	0.7	0.0	0.2
Ceramic tiles	1.4	0.1	0.5
Cement	85.4	40.8	55.1
Carpet	4.7	0.2	1.6
Missing/Don't know	0.2	0.3	0.3
Total	100.0	100.0	100.0
Persons per sleeping room			
1-2	69.2	61.7	64.1
3-4	24.9	30.3	28.6
5-6	3.8	5.7	5.1
7 +	1.4	1.9	1.7
Missing/Don't know	0.8	0.3	0.5
Total	100.0	100.0	100.0
Mean persons per room	2.3	2.6	2.5
Number of households	1,919	4,065	5,984

[3] Ventilated, improved pit toilets



2.2.1 Household Durable Goods

Table 2.8 shows the percentage of households owning certain durable goods by residence. The availability of durable consumer goods is a rough measure of household socioeconomic status. Among the selected durable goods, a radio is available in 43 percent of the households, a bicycle in 18 percent of the households, and televisions and modern oxcarts in 15 percent of the households.

The proportion of households with durable goods varies by urban-rural residence, e.g., 65 percent of households in urban areas have a radio compared with 32 percent of rural households, 24 percent of households in urban areas have a refrigerator, compared with 2 percent of households in rural areas. Overall, 27 percent of urban households and 53 percent of rural households have none of the selected durable goods.

Table 2.8 Household durable goods

Percentage of households possessing various durable consumer goods, by urban-rural residence, Zimbabwe 1994

Characteristic	Residence		
	Urban	Rural	Total
Radio	65.4	31.9	42.6
Television	39.0	3.6	15.0
Refrigerator	24.0	1.7	8.9
Bicycle	21.2	16.4	18.0
Motorcycle	1.3	0.5	0.8
Private car	13.7	2.0	5.7
Modern oxcart	6.8	19.4	15.4
None of the above	26.5	52.7	44.3
Number of households	1,919	4,065	5,984

2.3 Characteristics of Survey Respondents

2.3.1 Background Characteristics

Background characteristics of the 6,128 women and 2,141 men interviewed in the ZDHS are presented in Table 2.9. The distribution of the respondents according to age shows a similar pattern

Table 2.9 Background characteristics of respondents

Percent distribution of women and men by selected background characteristics, Zimbabwe 1994

Background characteristic	Women			Men		
		Number of women			Number of men	
	Weighted percent	Weighted	Un-weighted	Weighted percent	Weighted	Un-weighted
Age						
15-19	24.0	1,472	1,486	28.2	604	619
20-24	20.7	1,269	1,231	18.7	399	397
25-29	14.9	915	911	13.5	288	278
30-34	14.2	871	876	11.2	241	229
35-39	10.8	661	666	9.1	195	201
40-44	8.7	532	542	8.9	190	186
45-49	6.6	407	416	5.2	111	117
50-54	NA	NA	NA	5.3	113	114
Marital status						
Never married	26.9	1,646	1,663	46.9	1,004	1,018
Married	61.8	3,788	3,777	48.5	1,038	1,015
Widowed	3.5	214	208	0.4	9	10
Divorced	7.8	478	478	4.2	90	98
Missing	0.0	2	2	0.0	0	0
Residence						
Urban	32.2	1,975	1,745	37.2	797	681
Rural	67.8	4,153	4,383	62.8	1,344	1,460
Province						
Manicaland	13.7	839	550	12.6	269	179
Mashonaland Central	8.3	510	627	8.4	181	243
Mashonaland East	9.4	579	580	8.9	190	196
Mashonaland West	10.3	632	589	12.3	264	258
Matabeleland North	6.0	366	681	4.7	100	193
Matabeleland South	5.0	305	587	4.3	91	179
Midlands	13.2	810	716	12.4	265	234
Masvingo	10.6	652	604	9.3	200	190
Harare	17.1	1,048	608	20.0	428	227
Bulawayo	6.3	388	586	7.2	154	242
Education						
No education	11.1	682	712	4.1	88	91
Primary	47.3	2,898	2,961	40.2	860	921
Secondary	40.0	2,451	2,377	51.7	1,107	1,052
Higher	1.6	96	78	4.0	86	77
Religion						
Traditional	6.5	397	421	14.9	319	347
Spiritual	32.9	2,018	2,052	26.8	575	556
Christian	56.6	3,471	3,348	49.5	1,061	1,038
Other	3.9	238	304	8.7	187	200
Ethnicity						
African	98.2	6,015	6,017	98.3	2,105	2,107
European	0.8	50	47	0.9	20	18
Coloured	0.4	22	25	0.7	14	14
Asian	0.1	7	7	0.0	1	1
Other	0.1	7	7	0.1	1	1
Total	100.0	6,128	6,128	100.0	2,141	2,141

NA = Not applicable

for females and males. The proportion of respondents in each age group declines with increasing age for both sexes. About 45 percent of the women and 47 percent of the men are in the age range 15 to 24 years; 29 percent of females and 25 percent of males are in the 25- to 34-year age range; and the rest of the respondents are in the 35- to 49-year age range.

Sixty-two percent of females compared with 49 percent of males are currently married. Male respondents were much more likely than female respondents to have never married.

The proportion of males in urban areas (37 percent) is larger than that of females (32 percent). This is expected since men are more likely to migrate to cities and towns in search of work. For both sexes, the largest proportion of the population is in Harare province while the lowest proportion is in Matabeleland South province.

The proportion of women who have never been to school is nearly three times greater than that of men (11 versus 4 percent). Men are much more likely to reach secondary school (52 percent) than women (40 percent).

Table 2.9 also shows that with respect to religion, the majority of the respondents are Christians, followed by those who adhere to Spiritual religions. (Pentecostal churches are classified as Spiritual in the ZDHS.) Ninety-eight percent of respondents are of African descent.

2.3.2 Education Level of Survey Respondents

Presented in Table 2.10 are the percentage distributions of female and male respondents by highest level of education attended, according to age, urban-rural residence, and province. Younger people have

Table 2.10 Level of education

Percent distribution of women and men by the highest level of education attended, according to selected background characteristics, Zimbabwe 1994

	Women					Men				
	Highest level of education					Highest level of education				
Background characteristic	No education	Primary	Secondary+	Total	Number of women	No education	Primary	Secondary+	Total	Number of men
Age										
15-19	1.0	40.2	58.8	100.0	1,472	1.5	37.0	61.5	100.0	604
20-24	3.2	33.8	62.9	100.0	1,269	0.4	22.7	76.9	100.0	399
25-29	8.8	37.8	53.4	100.0	915	1.6	18.8	79.7	100.0	288
30-34	16.5	57.7	25.8	100.0	871	3.1	43.5	53.4	100.0	241
35-39	24.2	63.7	12.1	100.0	661	5.5	60.9	33.6	100.0	195
40-44	23.4	65.7	10.9	100.0	532	12.0	58.9	29.1	100.0	190
45-49	28.7	63.3	8.0	100.0	407	18.2	64.1	17.7	100.0	111
50-54	NA	NA	NA	NA	NA	10.0	76.0	14.0	100.0	113
Residence										
Urban	3.5	33.5	63.0	100.0	1,975	1.8	25.4	72.8	100.0	797
Rural	14.8	53.9	31.4	100.0	4,153	5.5	48.9	45.6	100.0	1,344
Province										
Manicaland	14.4	52.6	33.0	100.0	839	6.1	48.3	45.6	100.0	269
Mashonaland Central	23.0	49.3	27.7	100.0	510	4.8	48.6	46.6	100.0	181
Mashonaland East	10.4	50.9	38.7	100.0	579	2.6	39.6	57.8	100.0	190
Mashonaland West	16.9	52.5	30.6	100.0	632	5.9	49.6	44.6	100.0	264
Matabeleland North	16.2	55.6	28.1	100.0	366	6.2	54.2	39.6	100.0	100
Matabeleland South	8.5	54.8	36.7	100.0	305	4.7	61.7	33.6	100.0	91
Midlands	9.5	46.5	44.0	100.0	810	2.9	37.9	59.2	100.0	265
Masvingo	12.4	57.3	30.3	100.0	652	9.2	43.5	47.3	100.0	200
Harare	2.1	31.1	66.8	100.0	1,048	0.9	20.3	78.9	100.0	428
Bulawayo	2.9	34.5	62.6	100.0	388	1.2	33.9	64.9	100.0	154
Total	11.1	47.3	41.6	100.0	6,128	4.1	40.2	55.7	100.0	2,141

NA = Not applicable

attended higher levels of education than older people. The majority of both women and men in urban areas have attended at least secondary school while the majority of people in rural areas have not gone beyond the primary level of education. Among the provinces, Harare and Bulawayo have the largest proportions of men and women who have attended secondary school or above.

2.3.3 School Attendance and Reasons for Leaving School

Women age 15 to 24 years who were not currently attending school were asked in the ZDHS why they had stopped attending school. One of the most important determinants of a woman's social and economic status is her level of education. Knowledge of the reasons why women leave school can provide guidance for policies designed to enhance women's status.

Table 2.11 shows the percent distribution of women age 15 to 24 years by whether they are attending school and, if not, their reasons for leaving school, according to highest level of education attended.

Twenty-three percent of women age 15 to 24 years are currently attending school. Of the remaining women (school-leavers), the vast majority reported that they left because they could not afford the costs. This is especially true for those women who left after having completed primary school. Once women start attending secondary school, school costs are still the primary reason for leaving, but other reasons (e.g., did not pass exams) become increasingly important. About 9 percent of women reported that they left school because they were pregnant (8 percent) or because they got married (4 percent).

Table 2.11 School attendance and reasons for leaving school

Percent distribution of women 15 to 24 by whether attending school and reason for leaving school, according to highest level of education attended and residence, Zimbabwe 1994

Reason for leaving school	Educational attainment: Incomplete primary	Complete primary	Incomplete secondary	Total
URBAN				
Currently attending	4.5	2.9	23.7	19.8
Got pregnant	4.2	2.2	5.1	4.6
Got married	0.0	0.7	3.7	3.1
Take care of younger children	0.0	0.0	0.0	0.0
Family need help	0.0	0.0	0.0	0.0
Could not pay school fees	64.2	79.9	32.2	40.8
Need to earn money	3.2	0.0	1.6	1.4
Graduated/Enough school	0.0	0.0	7.7	6.2
Did not pass exams	6.2	3.7	22.0	18.6
Did not like school	6.5	2.5	1.4	1.7
School not accessible	0.0	0.0	0.0	0.0
Other	11.0	5.2	1.9	2.7
Don't know/missing	0.0	2.9	0.7	1.0
Total	100.0	100.0	100.0	100.0
Number	28	141	718	887
RURAL				
Currently attending	21.4	2.2	37.4	24.6
Got pregnant	2.8	2.5	6.0	4.4
Got married	6.0	3.8	4.7	4.8
Take care of younger children	1.1	0.2	0.1	0.4
Family need help	0.6	0.2	0.1	0.2
Could not pay school fees	49.2	81.2	34.3	50.0
Need to earn money	0.6	1.2	0.9	0.9
Graduated/Enough school	0.1	0.1	1.8	1.0
Did not pass exams	1.0	1.0	10.3	5.8
Did not like school	4.6	1.6	0.5	1.7
School not accessible	2.6	0.6	0.3	0.9
Other	9.6	4.6	3.0	4.9
Don't know/missing	0.4	0.6	0.6	0.6
Total	100.0	100.0	100.0	100.0
Number	383	471	917	1,771
TOTAL				
Currently attending	20.3	2.4	31.4	23.0
Got pregnant	2.9	2.4	5.6	4.5
Got married	5.6	3.1	4.3	4.2
Take care of younger children	1.0	0.2	0.1	0.2
Family need help	0.5	0.2	0.1	0.2
Could not pay school fees	50.2	80.9	33.4	46.9
Need to earn money	0.8	1.0	1.2	1.1
Graduated/Enough school	0.1	0.1	4.4	2.7
Did not pass exams	1.3	1.6	15.5	10.1
Did not like school	4.7	1.8	0.9	1.7
School not accessible	2.4	0.5	0.2	0.6
Other	9.7	4.8	2.5	4.1
Don't know/missing	0.4	1.1	0.6	0.7
Total	100.0	100.0	100.0	100.0
Number	411	611	1,636	2,657

Note: Excluded are 28 women who completed secondary school.

Women in rural areas (50 percent) are more likely to leave school because they cannot pay school costs than women in urban areas (41 percent). A larger proportion of women in urban areas (19 percent) than in rural areas (6 percent) left school because they failed examinations.

2.3.4 Access to Mass Media

Tables 2.12.1 and 2.12.2 show the percentage of female and male respondents exposed to different types of mass media by age, urban-rural residence, province and level of education. It is important to know which types of persons are more/less likely to be reached by the media for purposes of planning programmes intended to spread information about health and family planning. About 50 percent of the women and 60 percent of men read newspapers or magazines at least once a week, 28 percent women and 41 percent men watch television at least once a week and 43 percent women and 51 percent men listen to radio every day.

Table 2.12.1 Access to mass media: women

Percentage of women who usually read a newspaper once a week, watch television once a week, or listen to radio daily, by selected background characteristics, Zimbabwe 1994

	Mass media					
Background characteristic	No mass media	Read newspaper weekly	Watch television weekly	Listen to radio daily	All three media	Number of women
Age						
15-19	26.6	62.5	27.8	40.7	17.9	1,472
20-24	26.5	58.6	31.8	49.5	22.0	1,269
25-29	30.9	50.8	30.9	47.6	19.2	915
30-34	37.3	42.5	32.0	44.6	19.7	871
35-39	44.8	36.1	22.7	39.0	13.6	661
40-44	45.4	36.3	20.0	36.2	12.2	532
45-49	51.7	28.9	17.1	33.7	10.5	407
Residence						
Urban	7.5	74.1	66.6	73.1	46.2	1,975
Rural	46.6	38.2	9.3	28.8	4.3	4,153
Province						
Manicaland	47.9	38.7	10.1	30.0	6.5	839
Mashonaland Central	40.0	45.2	10.0	31.7	5.2	510
Mashonaland East	38.6	45.8	15.0	35.8	8.6	579
Mashonaland West	29.9	50.4	25.5	39.2	10.7	632
Matabeleland North	60.2	26.1	9.3	24.2	5.0	366
Matabeleland South	54.9	28.9	7.2	28.5	3.6	305
Midlands	27.8	55.2	27.4	41.6	14.6	810
Masvingo	54.7	26.6	10.3	26.9	4.8	652
Harare	6.1	80.4	68.9	75.2	51.2	1,048
Bulawayo	8.5	68.3	64.5	75.9	45.2	388
Education						
No education	74.8	2.4	6.3	21.9	0.5	682
Primary	41.0	40.1	18.4	36.2	9.3	2,898
Secondary+	15.2	73.5	44.2	56.6	32.0	2,547
Total	34.0	49.8	27.8	43.1	17.8	6,128

Table 2.12.2 Access to mass media: men

Percentage of men who usually read a newspaper once a week, watch television once a week, or listen to radio daily, by selected background characteristics, Zimbabwe 1994

Background characteristic	No mass media	Mass media: Read newspaper weekly	Watch television weekly	Listen to radio daily	All three media	Number of men
Age						
15-19	28.7	51.6	33.3	43.4	15.9	604
20-24	16.3	68.6	47.0	53.2	28.3	399
25-29	15.3	73.9	48.6	61.6	31.7	288
30-34	19.4	62.4	48.1	57.5	30.6	241
35-39	24.0	58.3	44.3	56.4	33.2	195
40-44	20.0	61.9	44.9	54.2	27.5	190
45-49	34.6	47.0	28.0	42.7	16.0	111
50-54	42.3	40.2	25.9	39.8	12.7	113
Residence						
Urban	4.4	84.9	69.8	68.7	48.2	797
Rural	34.6	44.7	23.8	40.8	10.3	1,344
Province						
Manicaland	43.3	33.8	19.7	40.5	10.4	269
Mashonaland Central	14.5	74.6	30.9	45.3	12.7	181
Mashonaland East	26.4	49.8	31.0	42.4	13.0	190
Mashonaland West	16.1	67.7	36.9	54.7	20.3	264
Matabeleland North	50.9	33.1	16.2	33.1	10.9	100
Matabeleland South	26.9	63.0	5.2	34.2	4.6	91
Midlands	21.6	55.4	54.7	49.9	27.2	265
Masvingo	56.1	20.0	16.6	39.8	12.1	200
Harare	4.0	85.9	70.9	69.2	49.8	428
Bulawayo	2.1	86.8	71.1	70.7	45.5	154
Education						
No education	66.7	4.8	13.5	23.7	0.0	88
Primary	34.8	42.6	27.3	41.3	12.4	860
Secondary+	11.9	76.0	52.8	60.4	34.9	1,193
Total	23.4	59.7	41.0	51.2	24.4	2,141

Thirty-four and 23 percent of the females and males, respectively, have no access to mass media. The proportion of persons with no access to mass media is higher in rural areas than in urban areas. Young men and women, the educated, and persons in Harare and Bulawayo provinces are more likely to read newspapers, watch television and listen to the radio than other persons.

2.3.5 Women's Employment Status

The ZDHS collected information from women regarding their current employment situation.[4] Table 2.13 shows that 49 percent of women are not currently employed, 23 percent are employed all year, about 20 percent are employed seasonally, and 8 percent are employed occasionally. There are proportionately more women who work seasonally in rural areas (26 percent) than in urban areas (6 percent), whereas, urban

[4] *Employment* is defined as receiving payment in cash or kind for work.

Table 2.13 Employment

Percent distribution of women by whether currently employed and distribution of employed women by continuity of employment, according to background characteristics, Zimbabwe 1994

Background characteristic	Not currently employed		Currently employed						
	Did not work in last 12 months	Worked in last 12 months	All year				Missing	Total	Number
			5+ days per week	<5 days per week	Season-ally	Occasion-ally			
Age									
15-19	66.7	4.5	11.2	1.2	11.1	5.1	0.2	100.0	1,472
20-24	47.6	5.6	18.6	2.6	17.1	8.2	0.3	100.0	1,269
25-29	35.0	3.7	27.0	3.7	19.6	10.8	0.1	100.0	915
30-34	32.7	4.6	25.9	3.2	24.5	9.1	0.1	100.0	871
35-39	34.9	2.8	20.7	6.3	24.7	10.6	0.0	100.0	661
40-44	32.7	4.3	23.3	5.4	26.2	8.0	0.1	100.0	532
45-49	37.3	2.9	22.4	5.1	29.2	3.1	0.0	100.0	407
Residence									
Urban	42.8	3.2	33.5	3.9	6.4	10.2	0.0	100.0	1,975
Rural	45.8	4.8	13.6	3.0	25.8	6.8	0.2	100.0	4,153
Province									
Manicaland	70.7	1.7	11.5	0.9	10.5	4.7	0.0	100.0	839
Mashonaland Central	22.2	6.1	21.6	6.6	36.6	6.3	0.5	100.0	510
Mashonaland East	41.4	3.5	14.9	3.4	29.0	7.2	0.7	100.0	579
Mashonaland West	28.4	5.4	18.5	2.4	33.2	12.1	0.0	100.0	632
Matabeleland North	83.4	2.0	5.4	1.2	6.3	1.6	0.0	100.0	366
Matabeleland South	69.1	4.3	12.1	5.1	4.3	4.9	0.2	100.0	305
Midlands	37.3	9.9	22.9	3.2	18.9	7.7	0.1	100.0	810
Masvingo	25.6	4.8	14.7	3.4	40.6	11.0	0.0	100.0	652
Harare	40.3	2.0	35.2	4.6	6.2	11.7	0.0	100.0	1,048
Bulawayo	55.3	2.7	28.5	2.7	6.5	4.1	0.2	100.0	388
Education									
No education	42.3	4.2	15.9	2.9	29.4	5.2	0.0	100.0	682
Primary	41.6	4.7	17.6	3.6	24.3	8.1	0.1	100.0	2,898
Secondary+	49.2	3.9	23.9	3.1	11.4	8.3	0.2	100.0	2,547
Total	44.8	4.3	20.0	3.3	19.5	7.9	0.1	100.0	6,128

women are more likely to report regular full-time employment (34 percent) than rural women (14 percent). Similarly, regular full-time work tends to increase and seasonal work decreases with increasing level of education.

Substantial provincial variations exist in employment characteristics of women. Women in Matabeleland North and South and Manicaland are much more likely than women in other provinces to report not having been employed in the last 12 months. Seasonal work is most commonly reported in the provinces of Masvingo (41 percent), Mashonaland Central (37 percent), and Mashonaland West (33 percent). Regular, full-time employment is most common in Harare (35 percent) and Bulawayo (29 percent).

2.3.6 Employer and Form of Earnings

Table 2.14 shows the percent distribution of the 3,113 employed women by employer and form of earnings, according to background characteristics. About 45 percent of the women are self-employed and earning cash, 9 percent are self-employed and not earning cash, 29 percent are employed by nonrelatives and earning cash, and only 1 percent are employed by nonrelatives without earning cash. Fifteen percent of employed women work for relatives; more than half of these earn cash for their work.

Masvingo province has the largest proportion (31 percent) of women who are employed by relatives without earning cash. About 10 percent of employed women in rural areas work for relatives without earning cash, compared with only 1 percent in urban areas. The distribution of employed women by employer and form of earnings varies little by level of education, although fewer women with secondary or more education are employed by relatives without earning cash.

Table 2.14 Employer and form of earnings

Percent distribution of currently employed women by employer and form of earnings, according to background characteristics, Zimbabwe 1994

Background characteristic	Self-employed		Employed by a nonrelative		Employed by a relative		Missing	Total	Number
	Earns cash	Does not earn cash	Earns cash	Does not earn cash	Earns cash	Does not earn cash			
Age									
15-19	29.6	5.4	43.6	1.0	8.8	11.4	0.1	100.0	422
20-24	44.7	7.9	32.1	1.2	6.9	6.8	0.4	100.0	593
25-29	45.1	8.3	33.6	0.7	8.2	4.0	0.2	100.0	561
30-34	48.3	8.2	26.2	1.2	9.7	6.0	0.3	100.0	546
35-39	53.8	12.9	15.8	1.4	9.0	6.9	0.1	100.0	412
40-44	50.4	10.8	23.8	1.6	7.2	6.0	0.2	100.0	335
45-49	46.3	15.6	20.5	0.4	9.5	7.7	0.0	100.0	244
Residence									
Urban	49.9	3.3	40.2	1.2	4.4	1.0	0.1	100.0	1,067
Rural	42.9	12.4	23.1	1.0	10.5	9.8	0.3	100.0	2,046
Province									
Manicaland	39.0	14.8	37.6	0.6	6.0	1.9	0.0	100.0	231
Mashonaland Central	36.8	15.4	37.1	0.6	7.3	2.4	0.5	100.0	364
Mashonaland East	53.3	8.8	18.3	0.3	11.8	6.8	0.6	100.0	316
Mashonaland West	44.9	12.2	30.0	0.5	8.6	3.8	0.0	100.0	418
Matabeleland North	45.5	14.1	33.3	3.0	2.1	1.0	1.0	100.0	53
Matabeleland South	53.4	2.7	34.4	4.1	2.7	2.0	0.7	100.0	80
Midlands	63.0	11.7	20.3	1.9	0.3	2.6	0.3	100.0	428
Masvingo	24.7	8.6	10.0	1.4	23.9	31.4	0.0	100.0	454
Harare	50.4	3.1	39.6	1.1	5.1	0.6	0.0	100.0	605
Bulawayo	46.3	0.8	48.4	0.4	2.4	1.2	0.4	100.0	163
Education									
No education	37.4	15.5	30.4	1.6	6.8	8.1	0.2	100.0	365
Primary	47.3	10.3	23.4	1.2	9.9	7.7	0.1	100.0	1,554
Secondary+	45.0	6.0	35.8	0.7	6.9	5.2	0.3	100.0	1,193
Total	45.3	9.3	28.9	1.1	8.4	6.8	0.2	100.0	3,113

2.3.7 Occupation

Information on current occupation of employed women is shown in Table 2.15. Forty percent of the women have agricultural occupations and 60 percent have nonagricultural occupations. The majority of women who have agricultural occupations work on communal/resettlement land, while the majority of women who do not work in agriculture have sales or services occupations.

As expected, employment in nonagricultural occupations is relatively more common among women who live in urban areas and those who have more formal education.

Table 2.15 Occupation

Percent distribution of currently employed women by occupation and type of agricultural land worked or type of nonagricultural employment, according to background characteristics, Zimbabwe 1994

	Agricultural				Nonagricultural						
Background characteristic	Own land	Communal land	Rented land	Other's land	Prof tech / manag	Sales/ services	Skilled manual	Unskilled manual	Missing	Total	Number
Age											
15-19	6.2	22.5	0.2	10.5	1.7	45.5	12.5	0.9	0.0	100.0	422
20-24	4.2	21.5	0.1	9.8	7.4	35.8	18.8	2.1	0.4	100.0	593
25-29	4.0	17.2	0.8	10.2	17.2	28.0	20.3	2.1	0.2	100.0	561
30-34	6.8	22.8	0.5	10.9	13.7	23.5	20.5	1.3	0.0	100.0	546
35-39	6.6	27.8	1.1	7.3	7.0	24.2	23.1	2.9	0.0	100.0	412
40-44	7.3	31.2	0.0	6.6	7.5	28.3	15.8	3.2	0.0	100.0	335
45-49	11.3	32.9	0.2	8.2	10.9	22.1	13.8	0.6	0.0	100.0	244
Residence											
Urban	2.5	1.0	0.4	1.5	15.0	49.7	27.6	2.3	0.0	100.0	1,067
Rural	8.0	35.8	0.4	13.4	7.0	19.9	13.6	1.7	0.1	100.0	2,046
Province											
Manicaland	1.3	20.6	0.0	12.2	16.4	36.2	10.6	2.6	0.0	100.0	231
Mashonaland Central	23.0	16.8	0.2	28.4	4.1	15.2	11.8	0.2	0.2	100.0	364
Mashonaland East	3.2	42.0	0.6	12.9	6.6	19.7	13.7	1.0	0.3	100.0	316
Mashonaland West	7.6	29.3	0.8	18.3	5.5	17.8	17.9	2.8	0.0	100.0	418
Matabeleland North	12.0	2.0	1.0	3.0	20.1	37.7	23.2	1.0	0.0	100.0	53
Matabeleland South	1.4	6.8	1.4	14.2	9.8	43.1	20.0	3.4	0.0	100.0	80
Midlands	4.4	24.0	0.5	3.6	11.3	33.2	20.4	2.4	0.3	100.0	428
Masvingo	2.4	58.5	0.4	1.4	3.2	16.6	16.1	1.4	0.0	100.0	454
Harare	3.7	0.6	0.3	1.1	15.7	49.0	27.9	1.7	0.0	100.0	605
Bulawayo	1.2	0.0	0.0	0.0	18.7	57.7	17.5	4.9	0.0	100.0	163
Education											
No education	7.7	33.8	0.8	25.9	2.6	14.5	11.3	3.4	0.0	100.0	365
Primary	7.1	29.9	0.3	10.4	2.8	29.4	18.1	2.0	0.1	100.0	1,554
Secondary +	4.4	13.0	0.4	2.9	21.0	35.9	20.9	1.4	0.2	100.0	1,193
Total	6.1	23.9	0.4	9.3	9.7	30.1	18.4	1.9	0.1	100.0	3,113

Note Professional, technical, managerial includes professional, technical, clerical and managerial occupations.

2.3.8 Decision on Use of Earnings

Information on who decides how to use the cash earned by employed women can be used as a measure of the status of women. Table 2.16 shows that 56 percent of the 2,575 women who receive cash earnings decide for themselves how to spend their money, and 31 percent decide jointly with their husband/partner. Only 7 percent of women who earn cash reported that their husband/partner decides how their earnings will be used. Younger, urban women with more education are less likely to report that their husband/partner decides how to spend their earnings, but this pattern is not a strong one.

Sixty-seven percent of employed women in urban areas make their own decision on how to use the money they earn, compared with 49 percent of employed women in rural areas. A woman's education level also influences her level of control over decision-making. As a woman's level of education increases, so does her ability to decide on how her own income will be used.

Table 2.16 Decision on use of earnings

Percent distribution of women receiving cash earnings by person who decides on use of earnings, according to background characteristics, Zimbabwe 1994

Background characteristic	Person who decides how earnings are used						Total	Number
	Self only	Husband/ partner	Jointly with husband/ partner	Someone else	Jointly with someone	Missing		
Age								
15-19	59.1	3.3	10.7	22.0	4.6	0.3	100.0	347
20-24	59.0	5.2	27.1	6.3	1.7	0.7	100.0	497
25-29	53.6	7.7	37.0	0.6	0.8	0.3	100.0	487
30-34	53.3	7.0	38.5	0.5	0.2	0.4	100.0	461
35-39	53.1	9.3	35.9	0.5	0.5	0.6	100.0	325
40-44	56.2	6.8	35.4	0.6	0.9	0.0	100.0	273
45-49	55.5	11.7	32.2	0.0	0.6	0.0	100.0	186
Residence								
Urban	66.6	5.7	23.4	3.5	0.4	0.4	100.0	1,008
Rural	48.7	7.7	36.1	5.2	1.9	0.3	100.0	1,568
Province								
Manicaland	66.2	16.6	10.9	3.9	2.3	0.0	100.0	191
Mashonaland Central	40.2	7.6	42.9	8.7	0.6	0.1	100.0	296
Mashonaland East	46.7	5.7	41.9	2.3	3.1	0.4	100.0	265
Mashonaland West	42.0	8.8	43.3	4.9	0.9	0.0	100.0	349
Matabeleland North	66.8	5.0	19.5	5.0	1.2	2.4	100.0	44
Matabeleland South	67.0	9.5	16.7	1.8	5.0	0.0	100.0	73
Midlands	60.7	4.8	27.5	5.4	0.6	0.9	100.0	357
Masvingo	47.1	6.4	39.3	4.8	2.5	0.0	100.0	266
Harare	66.5	5.1	23.4	3.9	0.6	0.6	100.0	576
Bulawayo	72.8	3.3	21.8	1.3	0.4	0.4	100.0	158
Education								
No education	42.2	12.3	44.1	0.6	0.7	0.0	100.0	273
Primary	55.4	7.1	32.0	4.3	1.1	0.1	100.0	1,255
Secondary+	59.5	5.3	26.8	5.8	1.8	0.8	100.0	1,047
Marital status								
Currently married	41.4	10.2	46.8	0.7	0.5	0.4	100.0	1,712
Not married	84.0	0.3	0.1	12.1	3.1	0.4	100.0	863
Total	55.7	6.9	31.2	4.5	1.3	0.4	100.0	2,575

2.3.9 Child Care While Working

Presented in Table 2.17 is the percent distribution of employed women, by whether they have a child under six years of age. The table also shows the percent distribution of employed mothers with a child under six years, by the type of child minder (caretaker) used by the mother while at work. Slightly over half (52 percent) of employed women have a child under six years of age.

Table 2.17 Child care while working

Percent distribution of employed women (i.e., worked in the last 12 months) by whether they have a child under six years of age, and the percent distribution of employed mothers who have a child under six by person who cares for child while mother is at work, according to background characteristics, Zimbabwe 1994

Background characteristic	Employed women with: No child under six at home	One or more children under six at home	Child's caretaker while mother is at work: Respondent	Husband/partner	Other relative	Neighbor	Friend	Hired help	Child is in school	Institutional care	Other female child	Other male child	Not worked since birth[1]	Other	Missing	Total	Number of employed mothers
Residence																	
Urban	58.1	41.9	40.3	1.4	24.6	1.5	1.0	20.0	0.8	1.7	4.1	0.6	0.7	0.2	3.3	100.0	1,067
Rural	43.3	56.7	54.2	1.0	16.3	1.1	1.1	2.8	0.5	2.3	11.2	5.2	0.9	0.6	3.3	100.0	2,046
Education																	
No education	43.5	56.5	55.7	0.8	8.2	1.6	2.0	1.7	0.0	3.4	16.3	5.4	0.0	0.0	4.8	100.0	365
Primary	46.2	53.8	54.6	1.4	17.6	1.2	1.1	1.8	0.3	1.6	10.8	5.0	1.0	0.8	3.2	100.0	1,554
Secondary+	52.6	47.4	42.1	0.8	23.9	1.1	0.7	18.3	1.2	2.3	4.2	1.9	0.9	0.3	3.0	100.0	1,193
Work status																	
For family member	45.6	54.4	50.8	0.0	14.9	0.8	3.0	2.0	1.0	0.9	15.5	8.3	0.0	0.4	3.2	100.0	473
For someone else	62.7	37.3	30.0	0.3	23.0	1.2	1.0	20.1	0.8	6.8	8.8	1.9	1.1	0.4	4.6	100.0	935
Self-employed	41.3	58.7	57.5	1.7	18.1	1.3	0.6	4.5	0.4	0.8	7.8	3.5	1.0	0.5	2.6	100.0	1,698
Province																	
Manicaland	51.6	48.4	61.3	0.0	8.0	0.0	0.0	9.3	0.0	0.0	4.0	6.7	0.0	4.0	6.7	100.0	231
Mashonaland Central	44.3	55.7	54.9	0.8	12.7	2.5	0.4	1.8	0.8	8.5	10.5	4.4	0.4	0.0	2.5	100.0	364
Mashonaland East	40.2	59.8	68.9	0.0	11.2	1.1	0.0	2.2	0.5	1.3	6.8	3.2	0.5	0.0	4.9	100.0	316
Mashonaland West	42.2	57.8	48.2	1.4	25.1	0.9	0.9	5.9	0.9	1.3	10.1	1.7	1.3	0.4	1.8	100.0	418
Matabeleland North	50.3	49.7	38.6	4.2	16.1	2.0	0.0	8.7	2.0	0.0	14.1	4.0	8.3	2.0	0.0	100.0	53
Matabeleland South	51.8	48.2	39.8	4.2	22.7	0.0	0.0	2.5	1.4	1.4	14.0	1.4	4.2	0.0	8.4	100.0	80
Midlands	49.0	51.0	52.4	2.0	16.6	1.6	1.1	5.8	0.0	1.0	12.7	3.6	0.0	0.0	3.7	100.0	428
Masvingo	42.5	57.5	48.7	1.2	16.1	0.4	4.0	1.2	0.0	0.8	13.9	10.4	0.8	0.8	2.4	100.0	454
Harare	58.7	41.3	39.3	0.7	28.3	1.4	0.0	21.4	1.4	1.4	3.4	0.0	0.7	0.0	2.1	100.0	605
Bulawayo	58.1	41.9	25.2	1.0	30.1	1.9	1.9	24.3	0.0	3.9	4.9	0.0	1.0	0.0	5.8	100.0	163
Occupation																	
Agricultural	39.7	60.3	59.3	0.6	12.8	1.0	1.6	0.7	0.4	2.9	10.6	6.0	0.8	0.8	3.1	100.0	1,237
Nonagricultural	54.1	45.9	42.7	1.6	23.6	1.3	0.6	13.5	0.7	1.4	8.1	2.2	0.9	0.2	3.3	100.0	1,873
Employment status																	
All year, full week	58.0	42.0	36.0	0.9	23.9	1.2	0.9	19.4	0.9	3.1	7.2	1.5	0.7	0.6	4.5	100.0	1,227
All year, part week	39.3	60.7	50.1	1.3	19.1	1.2	0.5	2.8	1.4	1.8	15.8	2.7	0.4	0.7	2.8	100.0	203
Seasonal	40.6	59.4	60.0	1.0	13.4	1.1	1.0	0.7	0.4	1.7	10.2	6.0	1.2	0.5	3.0	100.0	1,196
Occasional	46.9	53.1	53.2	1.7	22.4	1.4	1.8	5.2	0.0	1.3	7.5	3.7	0.4	0.2	1.1	100.0	483
Total	48.4	51.6	50.3	1.1	18.6	1.2	1.1	7.6	0.6	2.1	9.2	3.9	0.8	0.5	3.3	100.0	3,113

Note: Totals include 7 women with work status missing, 3 women with occupation missing, and 4 women with employment status missing. Figures may not add to 100.0 due to rounding.

[1] Respondent was employed during the preceding 12 months, but was not working at the time of the survey, therefore, current caretaker status is not applicable.

Fifty percent of women with a child under six years look after their own children while at work, and 19 percent have relatives (other than husband) to look after their children. In urban areas, 20 percent of employed mothers who have a child under six years use hired help as child minders compared with only 3 percent in rural areas. Over 21 percent of women in Harare and Bulawayo use hired help as child minders compared with less than 10 percent of women in each of the other provinces.

Women who have attended secondary or higher education are more likely to use hired help as child minders (18 percent) than women with either no education or primary education (2 percent each). Use of other children, especially female children, to take care of a woman's children under six during working hours increases from 6 percent of employed women with secondary education to 16 percent of women with primary education to 22 percent of women without any education.

CHAPTER 3

FERTILITY

In the ZDHS, data were collected on current and completed fertility. Drawing from the birth histories of women interviewed in the survey, the chapter begins with a description of current fertility, followed by differentials in fertility. Attention is next focused on trends in fertility, including examination of age-specific fertility rates in time periods going back 15 to 20 years. The chapter concludes with a presentation of information regarding age of women at first birth and patterns of adolescent childbearing.

The fertility indicators presented in this chapter are based on reports provided by women age 15-49 years regarding their reproductive histories. As in the 1988 ZDHS, each woman was asked to provide information on the total number of sons and daughters to whom she had given birth who were living with her, the number living elsewhere, and the number who had died. In the birth history, women reported on the detailed history of each live birth separately, including such information as: name, month and year of birth, sex, and survival status. For children who had died, information on age at death was collected.

3.1 Current Fertility

The most widely used measures of current fertility are the total fertility rate (TFR) and its component age-specific fertility rates (ASFR). The TFR is defined as the number of children a woman would have by the end of her childbearing years if she were to pass through those years bearing children at the currently observed age-specific rates.[1]

Table 3.1 shows the age-specific and aggregate fertility measures calculated from the 1994 ZDHS data. The total fertility rate (TFR) for Zimbabwe is 4.29 children per woman. Peak childbearing occurs during ages 20-24 and 25-29, dropping sharply after age 34. Fertility among urban women is substantially lower (3.1 children/woman) than among rural women (4.9 children/woman). This pattern of lower urban fertility is evident at every age.

Table 3.1 Current fertility

Age-specific and cumulative fertility rates and the crude birth rate for the three years preceding the survey, by urban-rural residence, Zimbabwe 1994

	Residence		
Age group	Urban	Rural	Total
15-19	72	113	99
20-24	169	232	210
25-29	163	211	194
30-34	132	194	172
35-39	69	137	117
40-44	9	66	52
45-49	(4)	16	14
TFR 15-49	3.09	4.85	4.29
TFR 15-44	3.08	4.77	4.22
GFR	115	164	148
CBR	30.5	32.0	31.6

Note: Rates are for the period 1-36 months preceding the survey. Rates for age group 45-49 may be slightly biased due to truncation. Rates in parentheses are based on 125 to 249 woman-years of exposure.
TFR: Total fertility rate, expressed per woman
GFR: General fertility rate (births divided by number of women 15-44), expressed per 1,000 women
CBR: Crude birth rate, expressed per 1,000 population

[1] Numerators for the age-specific fertility rates are calculated by summing the number of live births that occurred in the 1-36 months preceding the survey (determined by the date of interview and birth date of the child), and classifying them by age (in five-year groups) of the mother at the time of birth (determined by the mother's birth date). The denominators of the rates are the number of woman-years lived in each of the specified five-year age groups during the 1-36 months preceding the survey.

3.2 Fertility by Background Characteristics

Table 3.2 and Figure 3.1 show differentials in fertility by urban-rural residence and level of education. Educational attainment is closely linked to a woman's fertility; the TFR for women with no formal education is 5.2 children per woman, versus 4.7 for women with primary education and 3.3 for women with at least some secondary education.

Table 3.2 also allows a general assessment of differential trends in fertility over time among population subgroups. The mean number of children ever born to women age 40-49 is a measure of fertility in the past. A comparison of current (total) fertility with past (completed) fertility shows that there have been substantial and roughly equivalent declines in both urban and rural areas and within all three education categories. Overall, the comparison of past and present fertility indicators suggests a decline of about two children per woman, from 6.3 to 4.3 children per woman.

Table 3.2 Fertility by background characteristics

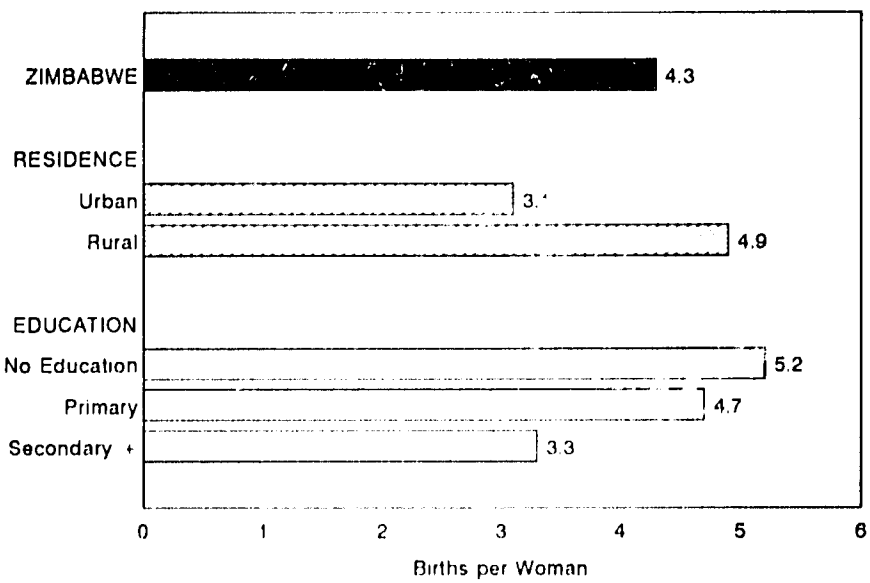
Total fertility rate for the three years preceding the survey, percentage currently pregnant and mean number of children ever born to women age 40-49, by selected background characteristics, Zimbabwe 1994

Background characteristic	Total fertility rate[1]	Percentage currently pregnant[1]	Mean number of children ever born to women age 40-49
Residence			
Urban	3.09	7.48	4.74
Rural	4.85	8.85	6.79
Education			
No education	(5.21)	10.30	6.77
Primary	4.65	8.48	6.38
Secondary +	3.32	7.81	4.38
Total	4.29	8.41	6.29

Note: Rates in parentheses indicate that one or more of the component age-specific rates is based on fewer than 250 woman-years of exposure

[1]Women age 15-49 years

Figure 3.1
Total Fertility Rate
by Background Characteristics



ZDHS 1994

At the time of the survey, over 8 percent of interviewed women reported that they were pregnant. This is an underestimate of the true percent pregnant because many women at early durations of pregnancy will not yet know for sure that they are pregnant and some women may not want to declare that they are pregnant. Still, differentials in pregnancy status closely parallel differentials in current fertility.

3.3 Fertility Trends

Table 3.3 examines trends in fertility in Zimbabwe by comparing the results of the 1994 ZDHS with the earlier 1988 ZDHS. This comparison is appropriate because the methods of data collection and rate calculation were identical in the two surveys. The TFR calculated from the 1988 ZDHS was 5.5 children per woman, compared with 4.3 derived from the 1994 ZDHS, demonstrating a decline in fertility of 22 percent during the period between 1985-88 and 1991-94. Examination of changes in age-specific fertility rates in Figure 3.2 shows a roughly equal decline (in absolute terms) at all ages above 15-19 years. These similar absolute declines, however, translate to a greater proportional decline at older ages.

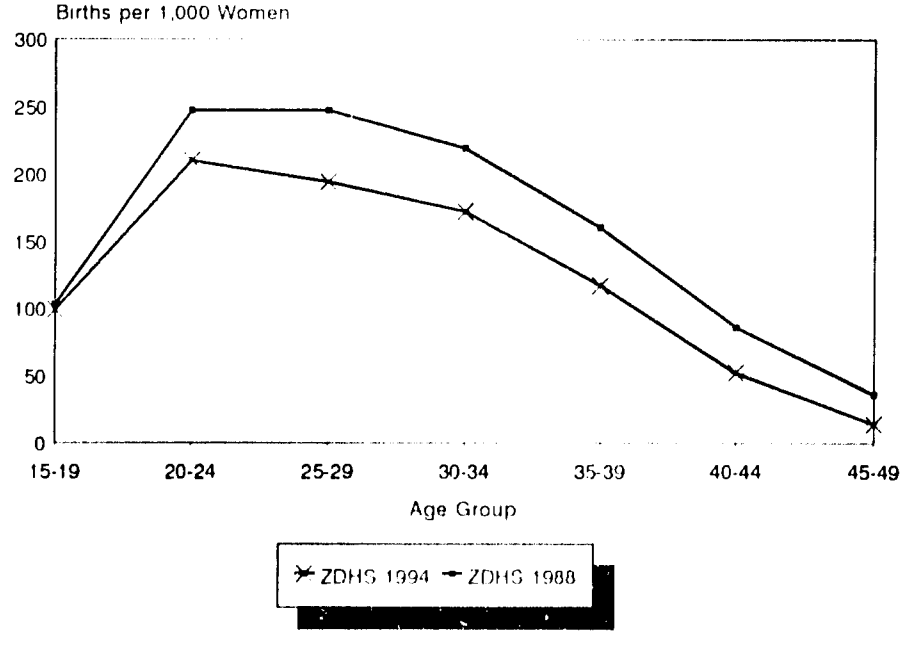
Table 3.3 Trends in current fertility rates

Age-specific fertility rates and total fertility rates, Zimbabwe, 1985-1994

Age group	1988 ZDHS 1985-88	1994 ZDHS 1991-94
15-19	103	99
20-24	247	210
25-29	247	194
30-34	219	172
35-39	160	117
40-44	86	52
45-49	36	14
Total fertility rate	5.5	4.3

Source: CSO and IRD, 1989

Figure 3.2
Age-specific Fertility Rates
1988 and 1994



Tables 3.4 and 3.5 provide further evidence of a substantial fertility decline in Zimbabwe. Table 3.4 shows the age-specific fertility rates (ASFR) for five-year periods preceding the survey. Within each age group, substantial and sustained declines in ASFRs are observed from 10-14 years before the survey (circa 1980-84) to 0-4 years before the survey (circa 1990-94).[2]

Table 3.4 Trends in age-specific fertility rates

Age-specific fertility rates for five year periods preceding the survey, by mother's age at the time of birth, Zimbabwe 1994

Mother's age	Number of years preceding the survey			
	0-4	5-9	10-14	15-19
15-19	105	119	167	155
20-24	212	250	307	312
25-29	199	262	305	283
30-34	177	232	271	[266]
35-39	133	182	[205]	-
40-44	63	[126]	-	-
45-49	[20]	-	-	-

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated

Table 3.5 Trends in fertility by marital duration

Fertility rates for ever married women by duration (years) since first marriage for five year periods preceding the survey, Zimbabwe 1994

Marriage duration at birth	Number of years preceding the survey			
	0-4	5-9	10-14	15-19
0-4	309	334	372	364
5-9	210	271	322	319
10-14	178	248	285	280
15-19	147	199	234	[231]
20-24	99	158	[159]	
25-29	33	[60]	-	

Note: Duration specific fertility rates are per 1,000 women. Estimates in brackets are truncated

[2] The rates for the older age groups (shown in brackets in Table 3.4) become progressively more truncated for earlier periods. For example, rates cannot be calculated for women age 45-49 years for the period 5-9 years before the survey because these women would have been over age 50 years at the time of the survey and were not interviewed.

Fertility rates for ever-married women by duration since first marriage for five-year periods preceding the survey are shown in Table 3.5. This table is analogous to Table 3.4, but is confined to ever-married women and replaces age with duration since first marriage. The data confirm a sharp decline in fertility and indicate that the drop has occurred within marriage and at all marital durations.

3.4 Children Ever Born and Living

The distribution of women by the number of children ever born is presented in Table 3.6 for all women and for currently married women. The table also shows the mean number of children ever born (CEB) to women in each five-year age group. On average, women in their early twenties have given birth to about one child, women in their early thirties have had nearly 4 children, and women currently at the end of their childbearing years have had well over 6 children. Of the 6.6 children ever born to women age 45-49, only 5.8 have survived.

Table 3.6 Children ever born and living

Percent distribution of all women and of currently married women age 15-49 by number of children ever born (CEB) and mean number ever born and living, according to five-year age groups, Zimbabwe 1994

Age group	Number of children ever born (CEB)											Total	Number of women	Mean no of CEB	Mean no of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	85.3	12.8	1.7	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,472	0.17	0.16
20-24	12.6	35.5	22.7	7.9	1.1	0.2	0.0	0.0	0.0	0.0	0.0	100.0	1,269	1.10	1.01
25-29	7.7	21.1	30.1	21.8	11.5	4.5	2.3	0.6	0.2	0.2	0.0	100.0	915	2.36	2.18
30-34	3.2	7.1	12.1	19.8	22.7	17.0	10.2	4.4	2.4	0.5	0.6	100.0	871	3.89	3.56
35-39	2.1	3.9	6.5	10.0	15.5	17.1	17.8	13.5	6.5	4.9	1.9	100.0	661	5.13	4.65
40-44	2.1	3.5	6.1	5.3	6.8	14.8	15.1	15.6	11.7	9.5	8.9	100.0	532	6.08	5.45
45-49	1.1	3.4	5.6	5.8	8.3	10.3	12.7	14.2	14.5	6.5	17.1	100.0	407	6.57	5.77
Total	29.3	15.5	12.9	9.7	8.0	7.0	5.9	4.5	3.0	1.9	2.2	100.0	6,128	2.69	2.44
CURRENTLY MARRIED WOMEN															
15-19	46.0	45.3	7.9	0.6	0.2	0.0	0.0	0.0	0.0	0.0	0.0	100.0	276	0.64	0.59
20-24	14.3	40.9	32.0	10.9	1.6	0.3	0.0	0.0	0.0	0.0	0.0	100.0	798	1.45	1.34
25-29	4.4	18.3	31.4	24.3	12.4	5.4	3.0	0.8	0.2	0.2	0.0	100.0	726	2.55	2.37
30-34	1.7	5.7	10.9	18.4	21.3	18.9	11.0	5.1	2.9	0.6	0.4	100.0	722	4.09	3.76
35-39	1.0	2.6	5.0	7.9	14.9	17.4	20.0	18.3	7.8	5.8	2.4	100.0	530	5.49	4.97
40-44	2.2	3.2	5.1	4.3	6.1	18.0	15.1	16.2	13.0	10.1	9.6	100.0	425	6.26	5.61
45-49	0.7	3.2	2.7	5.6	8.1	9.2	12.3	16.3	16.6	7.0	18.1	100.0	311	6.86	5.99
Total	8.0	17.5	16.9	12.5	10.8	9.6	8.2	6.4	4.5	2.2	3.0	100.0	3,788	3.66	3.31

The results for younger women who are currently married differ from those for the sample as a whole because of the large number of young unmarried women with minimal fertility. Differences at older ages generally reflect the impact of marital dissolution (either divorce or widowhood). Only 1 percent of married women age 45-49 have never had a child. Under the proposition that desire for children is universal in Zimbabwe, this 1 percent is a rough measure of primary infertility or the inability to bear children.

3.5 Birth Intervals

Information on the length of birth intervals provides insight into birth spacing patterns. Research has shown that children born too soon after the birth of a previous birth are at increased risk of poor health, particularly when the interval is less than 24 months. Table 3.7 shows the distribution of births in the five years before the survey by the interval since the previous birth, according to various background and bio-demographic variables.

One in eight children are born after a "too short" interval (less than 24 months). The median interval length is shorter among births to young women and when the child born previously is no longer alive. The median birth interval length is 37 months for all births, but only 29 months if the mother is less than 20 years old, and only 27 months if the child born previously is dead.

Birth intervals are substantially longer in urban than rural areas. This could be related to the higher rates of contraceptive use (for spacing) among urban women

Table 3.7 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since previous birth, according to demographic and socioeconomic characteristics, Zimbabwe 1994

Characteristic	Number of months since previous birth					Total	Median number of months since previous birth	Number of births
	7-17	18-23	24-35	36-47	48+			
Age of mother								
15-19	5.1	19.9	57.7	13.9	3.5	100.0	29.0	31
20-29	4.5	9.5	40.4	25.0	20.5	100.0	34.7	1,253
30-39	4.0	5.8	29.0	24.8	36.4	100.0	40.6	1,295
40+	4.4	7.5	24.7	24.5	38.9	100.0	41.2	361
Birth order								
2-3	3.8	8.5	35.2	24.3	28.2	100.0	36.9	1,310
4-6	4.4	5.8	31.5	25.8	32.6	100.0	39.2	1,069
7+	5.2	9.5	34.2	23.9	27.3	100.0	36.3	562
Sex of prior birth								
Male	5.0	7.5	34.3	25.0	28.2	100.0	37.1	1,482
Female	3.6	8.0	33.0	24.5	31.0	100.0	37.7	1,458
Survival of prior birth								
Living	2.8	7.1	33.9	25.3	30.8	100.0	38.0	2,719
Dead	22.2	14.8	31.1	17.4	14.5	100.0	27.7	222
Residence								
Urban	4.4	7.6	27.4	22.2	38.4	100.0	41.1	701
Rural	4.3	7.8	35.6	25.5	26.9	100.0	36.7	2,239
Education								
No education	3.9	8.0	31.4	25.6	31.2	100.0	38.2	504
Primary	3.8	7.1	33.9	25.5	29.8	100.0	37.6	1,683
Secondary+	5.7	9.0	34.5	22.6	28.2	100.0	36.3	753
Total	4.3	7.7	33.6	24.7	29.6	100.0	37.4	2,941

Note: First births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth

3.6 Age at First Birth

Table 3.8 shows that the median age at first birth in Zimbabwe is around 20 years for most age groups. While this broad measure has not changed since the 1988 ZDHS, more detailed analysis of trends in age at first birth does reveal a decline in early childbearing. For example, whereas about 33 percent of the cohort of women currently age 30-34 had a birth before age 18, only 29 percent of women currently age 25-29, and 23 percent of women age 20-24 had started childbearing before age 18. This slow but steady trend reflects positively on efforts to keep girls and women in school through more advanced levels to improve their social and economic status.

Table 3.8 Age at first birth

Percent distribution of women 15-49 by age at first birth, according to current age, Zimbabwe 1994

Current age	Women with no births	Age at first birth						Total	Number of women	Median age at first birth
		<15	15-17	18-19	20-21	22-24	25+			
15-19	85.3	1.1	9.5	4.1	NA	NA	NA	100.0	1,472	a
20-24	32.6	2.5	20.7	23.7	15.1	5.4	0.0	100.0	1,269	a
25-29	7.7	6.2	22.4	25.7	18.7	15.2	4.1	100.0	915	19.7
30-34	3.2	6.1	27.2	25.3	19.7	12.6	6.0	100.0	871	19.3
35-39	2.1	6.4	22.9	26.9	21.1	13.4	7.1	100.0	661	19.5
40-44	2.4	5.8	20.6	27.4	20.4	13.7	9.7	100.0	532	19.7
45-49	1.1	8.0	22.5	24.5	18.3	14.7	10.8	100.0	407	19.6

NA = Not applicable
[a] Omitted because less than 50 percent of the women in the age group x to x+7 have had a birth by age x

Table 3.9 summarizes the median age at first birth for different age cohorts across residential and educational subgroups. For all age groups of women, the median age at first birth is higher in urban areas than in rural areas. Similarly, age at first birth increases markedly with increasing level of education; for example, within the cohort age 25-29, women without any education have their first birth around age 17 compared with age 21 for women with a secondary or higher education.

Table 3.9 Median age at first birth

Median age at first birth among women age 25-49 years, by current age and selected background characteristics, Zimbabwe 1994

Background characteristic	Current age					Ages 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	20.0	19.7	19.8	19.8	19.8	19.8
Rural	19.5	19.1	19.4	19.7	19.5	19.4
Education						
No education	17.4	17.8	19.1	19.8	19.7	18.9
Primary	18.5	19.1	19.5	19.5	19.1	19.2
Secondary+	21.0	21.0	20.5	21.3	21.8	21.0
Total	19.7	19.3	19.5	19.7	19.6	19.6

Note: The medians for cohorts 15-19 and 20-24 could not be determined because half the women have not yet had a birth

3.7 Adolescent Fertility

The issue of adolescent fertility is an important one on both health and social grounds. Children born to very young mothers are at increased risk of sickness and death. Adolescent mothers themselves are more likely to experience adverse pregnancy outcomes and, in addition are more constrained in their ability to pursue educational opportunities than young women who delay childbearing.

Table 3.10 shows the percent distribution of women age 15-19 who were mothers or were pregnant with their first child at the time of the survey, according to selected background characteristics. The proportion of adolescents who are already mothers is 15 percent, and another 5 percent are currently pregnant. The proportion of adolescents already on the pathway to family formation rises rapidly with age, from 3 percent at age 15 to 44 percent at age 19 (see Figure 3.3). Rural adolescents and those with less education tend to start childbearing earlier.

Table 3.10 Adolescent pregnancy and motherhood

Percentage of women 15-19 who are mothers or pregnant with their first child, by selected background characteristics, Zimbabwe 1994

Background characteristic	Percentage who are: Mothers	Pregnant with first child	Percentage who have begun child-bearing	Number of women
Age				
15	1.5	1.4	2.9	310
16	6.2	3.4	9.7	305
17	8.2	8.0	16.2	310
18	25.4	5.6	31.1	297
19	37.0	7.2	44.1	249
Residence				
Urban	11.8	3.4	15.3	436
Rural	15.9	5.7	21.6	1,036
Education				
No education	*	*	*	14
Primary	23.4	5.4	28.9	592
Secondary +	8.2	4.6	12.8	865
Total	14.7	5.0	19.7	1,472

Note: An asterisk indicates that a figure is based on fewer than 25 women and has been suppressed.

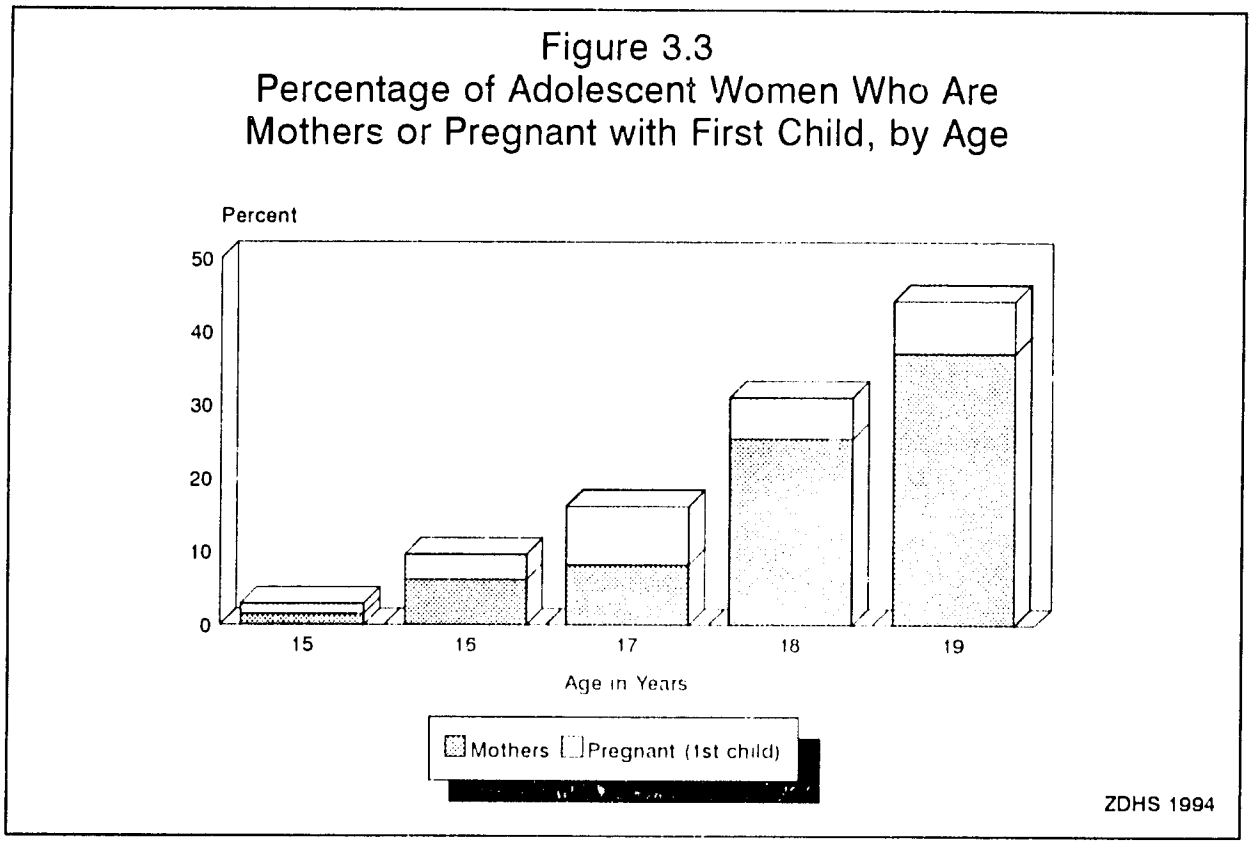


Table 3.11 indicates that 37 percent of women age 19 had at least one child, with nearly 5 percent reporting that they had at least two children. The percentage of adolescents with at least one child increases with age from 2 percent among women age 15 to 37 percent among those age 19.

Table 3.11 Children born to adolescent women

Percent distribution of women 15-19 by number of children ever born (CEB), according to single year of age, Zimbabwe 1994

Age	Number of children ever born			Total	Mean number of CEB	Number of women
	0	1	2+			
15	98.5	1.5	0.0	100.0	0.01	310
16	93.8	6.2	0.0	100.0	0.06	305
17	91.8	7.5	0.7	100.0	0.09	310
18	74.6	20.8	4.6	100.0	0.31	297
19	63.0	32.0	4.9	100.0	0.42	249
Total	85.3	12.8	1.9	100.0	0.17	1,472

CHAPTER 4

FERTILITY REGULATION

This chapter presents the ZDHS results regarding various aspects of contraceptive knowledge, attitudes, and behaviour. While the focus is placed on women, some results from the male survey will also be presented, since men play an important role in the realisation of reproductive goals. To get an indication of interspousal communication and (perceived) agreement in the attitudes and knowledge of couples regarding family planning the responses of men were, where possible, paired with responses obtained from their spouses in the same household.

Family planning methods will be grouped into three principal types in the following presentation: modern methods, traditional methods (periodic abstinence and withdrawal), and folk methods. Modern methods are ordered with short-term methods (pill, condoms, and vaginal methods, which include diaphragm, foam, jelly, and foaming tablets) listed first, followed by long-term methods (IUD, injectables, and implants) and permanent methods (female and male sterilisation).

4.1 Knowledge of Contraceptive Methods

Women and men who are adequately informed about their options regarding methods of contraception are better able to develop a rational approach to planning their families. Information on knowledge of contraception was collected by asking the respondent to name ways or methods by which a couple could delay or avoid pregnancy. If the respondent failed to mention a particular method spontaneously, the interviewer described the method and asked if the respondent recognised it. As married men and women in Zimbabwe have the greatest level of exposure to the risk of pregnancy, the following presentation places emphasis on this subgroup.

Table 4.1 shows the percentage of all women and men, currently married women and men, and sexually active unmarried women and men who know specific contraceptive methods. Knowledge of family planning methods is nearly universal, with 98 percent of all women age 15-49 and all men age 15-54 knowing at least one modern method of family planning. Knowledge of contraceptive methods is slightly more extensive, on average, among men than women, with the exception of the sexually active unmarried population, amongst whom women tend to be more knowledgeable than men. Married women and men know an average of 6.5 and 7.1 methods, respectively, compared with 6.7 and 6.3 methods for sexually-active unmarried women and men. The difference is especially pronounced regarding long-term and permanent methods; married men know considerably more about such methods than sexually active unmarried men.

Among both currently married women and men, the pill and condoms are the best known methods of family planning. The IUD and injectables tend to be better known among female respondents; whereas, male respondents are more likely to know about male and female sterilisation, withdrawal, and periodic abstinence. Due to their recent introduction into the family planning programme in Zimbabwe and thus lower availability, implants are the least known method, reported by only 16 percent of currently married women and men. Vaginal methods (diaphragm, foam, jelly, and foaming tablets) are also not commonly known among both female and male respondents.

Folk methods of family planning (mostly strings and various types of herbs and herb mixtures) were cited by 29 percent of married women and 28 percent of married men.

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Table 4.1 Knowledge of contraceptive methods

Percentage of all women, of currently married women, and of sexually active unmarried women and the percentage of all men, of currently married men, and of sexually active unmarried men who know specific contraceptive methods, by specific methods, Zimbabwe 1994

Contraceptive method	Women			Men		
	All women	Currently married women	Sexually active unmarried women	All men	Currently married men	Sexually active unmarried men
Any method	97.8	98.8	99.4	97.5	99.9	99.5
Any modern method	97.5	98.5	99.2	97.4	99.7	99.5
Pill	96.0	97.9	97.9	94.7	98.9	97.0
Condom	93.7	94.6	97.5	96.2	98.9	99.0
Diaphragm/Foam/Jelly/Tablets	21.1	22.0	29.5	29.4	30.7	32.8
IUD	67.6	74.2	79.0	55.0	65.8	55.0
Injectables	79.7	87.4	90.7	65.6	81.2	58.2
Implant	13.8	16.1	17.2	13.1	16.1	12.6
Female sterilisation	69.7	75.0	75.8	76.4	83.7	75.0
Male sterilisation	42.5	47.3	46.9	48.8	53.4	49.2
Any traditional method	64.2	74.6	73.9	74.2	87.5	79.5
Periodic abstinence	33.2	34.4	42.6	58.7	65.8	66.5
Withdrawal	56.8	70.0	66.4	64.2	82.8	65.4
Folk method	23.3	29.4	29.5	19.5	27.9	18.6
Any traditional/folk method	67.8	78.4	95.6	76.0	89.1	80.4
Number of women/men	6,128	3,788	288	2,141	1,038	219
Mean number of methods	6.0	6.5	6.7	6.2	7.1	6.3

Table 4.2 shows the correspondence between the contraceptive knowledge of husbands and wives (711 couples) in the ZDHS sample of households. For most methods, both spouses will have knowledge of the method. The exceptions are for the least known methods (i.e., vaginal methods, implants, periodic abstinence, and folk methods); in these cases, usually only the husband knows the method or only the wife.

Knowledge of contraceptive methods has increased considerably since the mid 1980's. Table 4.3 shows changes in knowledge of specific methods of family planning between the 1984 Zimbabwe Reproductive Health Survey (ZRHS), the 1988 ZDHS, and the 1994 ZDHS. Eighty-three percent of all women in the 1984 ZRHS reported that they had heard of at least one family planning method compared with 98 percent in the 1994 ZDHS. Thus, in the 10 years between the two surveys, the level of general contraceptive knowledge increased by 18 percent. There has also been large increases in the proportion of women who know specific family planning methods. For example, the proportion who have heard of the IUD has increased from 40 percent in 1984 to 68 percent in 1994 and the proportion who have heard of male sterilisation increased fourfold during the same period. Knowledge of injectables increased from 63 percent in 1984 to 80 percent in 1994.

Table 4.2 Knowledge of contraceptive methods among couples

Percent distribution of couples by contraceptive knowledge, according to specific methods, Zimbabwe 1994

Contraceptive method	Both know method	Husband knows, wife not	Wife knows, husband not	Neither knows method	Total
Any method	99.4	0.6	0.0	0.0	100.0
Any modern method	99.2	0.7	0.1	0.0	100.0
Pill	98.0	0.9	1.0	0.1	100.0
Condom	96.2	2.8	0.8	0.2	100.0
Diaphragm/Foam/Jelly/Tablets	10.3	20.5	12.9	56.4	100.0
IUD	57.4	10.0	19.7	12.9	100.0
Injectables	77.1	6.2	13.8	3.0	100.0
Implant	5.9	10.5	13.3	70.3	100.0
Female sterilisation	64.4	19.2	11.9	4.5	100.0
Male sterilisation	30.5	23.8	20.0	25.7	100.0
Any traditional method	70.4	19.3	7.5	2.9	100.0
Periodic abstinence	26.9	39.8	9.8	23.5	100.0
Withdrawal	58.2	25.4	9.5	6.9	100.0
Folk method	10.2	16.3	19.8	53.6	100.0

Table 4.3 Trends in knowledge of family planning methods

Percentage of all women who know specific contraceptive methods, Zimbabwe 1984, 1988, 1994

Contraceptive method	Knowledge of contraception		
	1984 ZRFS	1988 ZDHS	1994 ZDHS
Any method	82.8	96.3	97.8
Any modern method	NA	95.4	97.5
Pill	80.5	93.6	96.0
Condom	48.3	76.7	93.7
Diaphragm	NA	14.0	NA
Foam/Jelly/Foaming Tablets	17.4[a]	13.5	21.1[a]
IUD	40.2	51.6	67.6
Injectables	62.6	62.2	79.7
Implant	NA	NA	13.8
Female sterilisation	40.0	49.7	69.7
Male sterilisation	10.8	16.4	42.5
Any traditional method	NA	75.3	64.2[b]
Periodic abstinence	20.4	28.1	33.2
Withdrawal	56.1	63.4	56.8
Other[c]	NA	34.2	NA
Folk method	NA	NA	23.3
Any traditional/folk method	NA	NA	67.8
Number of women	2,123	2,643	3,788

NA = Not applicable
[a] Includes diaphragm
[b] Excludes folk methods
[c] Includes herbs and other folk methods

Source: ZNFPC and WPAS, 1985; CSO and IRD, 1989

4.2 Ever Use of Contraception

All men and women interviewed in the ZDHS who said that they had heard of a method of family planning were asked if they had ever used any method (with the intention of delaying or avoiding pregnancy). Table 4.4 shows the percentage of women who have ever used family planning, according to method type and age. Eighty percent of currently married women reported having used a method of family planning at some time; 72 percent have used a modern method, 30 percent have used a traditional method, and 7 percent have used a folk method. The most commonly used modern methods are the pill (66 percent), condoms (24 percent), and injectables (12 percent). Other modern methods are less commonly cited, none exceeding 5 percent.

Comparing the 1994 ZDHS with the 1988 ZDHS (data not shown), the overall level of ever use of family planning has remained virtually unchanged: 79 percent in 1988 and 80 percent in 1994. Yet, ever use of modern methods has increased from 63 to 72 percent, and ever use of traditional/folk methods has decreased from 48 to 34 percent over the same period.

Table 4.4 Ever use of contraception

Percentage of all women, of currently married women, and of sexually active unmarried women who have ever used any contraceptive method, by specific method and age, Zimbabwe 1994

			Modern method							Traditional method					
Age	Any method	Any modern method	Pill	IUD	Injectables	Diaphragm/ Foam/ Jelly/ Tablet	Condom	Female sterilisation	Male sterilisation	Implant	Any trad method	Periodic abstinence	Withdrawal	Folk method	Any trad / folk	Number of women
ALL WOMEN																
15-19	13.8	12.2	8.6	0.0	0.2	0.1	6.4	0.0	0.0	0.0	3.7	1.3	2.6	0.4	4.0	1,472
20-24	63.0	60.1	52.1	0.5	2.6	0.1	27.7	0.1	0.1	0.3	16.9	5.3	13.5	2.9	18.6	1,269
25-29	85.8	81.8	76.1	2.9	4.9	0.7	34.2	0.6	0.0	0.0	23.4	4.6	21.1	5.0	27.3	915
30-34	84.1	78.4	74.0	4.0	13.3	0.9	26.9	1.8	0.2	0.3	30.7	4.1	29.2	7.0	34.7	871
35-39	81.1	74.4	69.1	2.9	22.8	0.3	22.9	4.0	0.3	0.2	37.3	5.2	34.8	11.2	42.4	661
40-44	81.4	69.1	62.5	3.6	27.4	1.4	18.5	5.5	0.6	0.0	38.9	6.6	38.0	12.9	45.2	532
45-49	71.4	50.3	42.3	3.3	22.0	1.1	6.1	6.9	0.4	0.0	37.2	6.3	36.0	13.8	44.3	407
Total	61.7	56.1	50.4	1.9	9.5	0.5	20.7	1.7	0.2	0.1	22.1	4.2	20.2	5.7	25.3	6,128
CURRENTLY MARRIED WOMEN																
15-19	49.5	44.0	35.6	0.0	1.0	0.0	17.9	0.0	0.0	0.0	14.4	4.3	10.8	0.9	14.6	276
20-24	78.8	74.6	68.6	0.8	3.2	0.2	31.7	0.1	0.1	0.4	23.2	6.1	19.5	3.7	25.4	798
25-29	88.6	83.8	79.7	3.4	5.3	0.4	32.4	0.6	0.0	0.0	24.4	4.1	22.2	5.6	28.6	726
30-34	84.7	78.4	73.9	4.3	13.2	1.1	25.7	2.1	0.2	0.3	33.8	4.5	32.1	6.9	37.1	722
35-39	80.4	72.9	68.5	3.3	21.4	0.4	20.5	3.3	0.4	0.2	39.6	5.1	37.1	10.8	44.7	530
40-44	81.5	68.2	61.7	3.4	26.6	1.1	17.4	5.7	0.7	0.0	39.6	6.1	39.2	13.5	45.4	425
45-49	72.5	51.2	42.8	3.2	21.6	0.9	6.3	8.1	0.5	0.0	39.5	7.6	38.7	13.5	45.4	311
Total	79.7	72.0	66.4	2.7	12.0	0.6	24.4	2.3	0.2	0.2	30.3	5.3	28.0	7.4	34.1	3,788
SEXUALLY ACTIVE UNMARRIED WOMEN																
Total	84.3	80.7	60.9	1.9	13.4	0.8	51.0	2.4	0.0	0.0	24.4	8.1	20.0	8.2	29.4	288

Ever use of modern methods among currently married women was about two times greater than ever use of traditional and folk methods combined (72 vs 34 percent), with older women having used traditional and folk methods more than their younger counterparts.

Sexually active unmarried women were more likely to report ever use of modern methods (81 percent) than married women (70 percent); this difference is explained by greater use of condoms among unmarried women.

4.3 Current Use of Contraceptive Methods

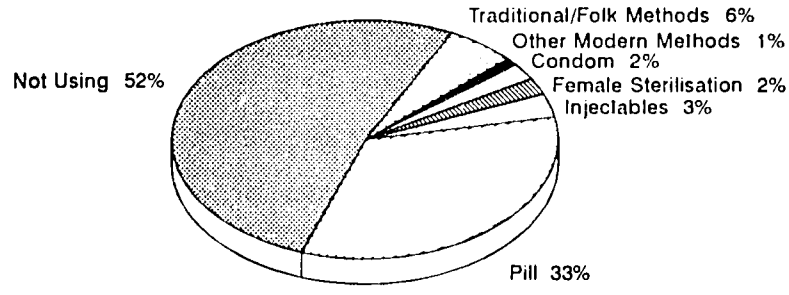
The contraceptive prevalence rate (CPR) for Zimbabwe—the percentage of currently married women who are using a method of family planning—is 48 percent (see Table 4.5.1). Most current users of contraception are using a modern method; the CPR for modern methods is 42 percent, while 4 percent and 2 percent of currently married women were using traditional methods and folk methods, respectively, which are considered less effective for the prevention of unwanted pregnancy. Figure 4.1 shows the distribution of currently married women by method currently used.

Table 4.5.1 Current use of family planning: women

Percent distribution of all women, of currently married women and of sexually active unmarried women who are currently using a contraceptive method by specific method, according to age, Zimbabwe 1994

		Modern method								Traditional method						
Age	Any method	Any modern method	Pill	IUD	Injectables	Condom	Female sterilisation	Male sterilisation	Implant	Any trad method	Periodic abstinence	Withdrawal	Folk method	Not currently using	Total	Number of women
ALL WOMEN																
15-19	8.2	7.5	6.1	0.0	0.2	1.3	0.0	0.0	0.0	0.5	0.2	0.3	0.2	91.8	100.0	1,472
20-24	38.3	36.3	31.5	0.1	1.4	3.0	0.1	0.0	0.3	1.1	0.2	1.0	0.9	61.7	100.0	1,269
25-29	53.4	49.2	41.0	1.4	2.8	3.4	0.6	0.0	0.0	2.7	0.3	2.5	1.5	46.6	100.0	915
30-34	48.9	42.2	31.0	1.7	4.2	3.1	1.8	0.2	0.2	5.3	0.1	5.2	1.4	51.1	100.0	871
35-39	47.2	39.7	26.6	0.8	5.2	2.8	4.0	0.2	0.2	5.0	0.2	4.9	2.4	52.8	100.0	661
40-44	42.0	33.4	19.4	0.8	4.7	2.7	5.5	0.3	0.0	5.8	0.3	5.5	2.7	58.0	100.0	532
45-49	23.3	18.2	8.7	0.0	1.6	0.6	6.9	0.4	0.0	4.0	0.0	4.0	1.1	76.7	100.0	407
Total	35.1	31.1	23.6	0.6	2.4	2.4	1.7	0.1	0.1	2.8	0.2	2.6	1.2	64.9	100.0	6,128
CURRENTLY MARRIED WOMEN																
15-19	31.4	29.8	26.2	0.0	1.0	2.6	0.0	0.0	0.0	1.4	0.0	1.4	0.2	68.6	100.0	276
20-24	49.9	47.4	42.9	0.1	1.7	2.1	0.1	0.0	0.4	1.4	0.0	1.4	1.1	50.1	100.0	798
25-29	58.1	53.0	45.5	1.7	2.9	2.3	0.6	0.0	0.0	3.4	0.2	3.1	1.7	41.9	100.0	726
30-34	51.8	44.0	32.4	1.9	4.2	3.0	2.1	0.2	0.2	6.3	0.1	6.1	1.6	48.2	100.0	722
35-39	49.9	41.2	28.8	1.0	5.4	2.3	3.3	0.2	0.2	6.3	0.2	6.1	2.4	50.1	100.0	530
40-44	45.1	35.5	21.2	0.9	4.4	2.8	5.7	0.4	0.0	6.6	0.0	6.6	3.0	54.9	100.0	425
45-49	27.5	20.8	10.3	0.0	1.7	0.2	8.1	0.5	0.0	5.2	0.0	5.2	1.5	72.5	100.0	311
Total	48.1	42.2	33.1	1.0	3.2	2.3	2.3	0.2	0.2	4.3	0.1	4.2	1.7	51.9	100.0	3,788
SEXUALLY ACTIVE UNMARRIED WOMEN																
Total	56.0	52.6	31.9	0.2	4.5	13.6	2.4	0.0	0.0	2.6	1.8	0.8	0.9	44.0	100.0	288

Figure 4.1
Use of Specific Contraceptive Methods among Currently Married Women



ZDHS 1994

The pill is by far the most commonly used contraceptive method: 33 percent of married women are current users of the pill. Three percent of married women are using contraceptive injectables, 2 percent are using condoms, and 2 percent have been sterilised. All other modern methods are used by 1 percent of women or less. Withdrawal was reported by 4 percent of married women as their current method of family planning, and 2 percent are trying to avoid pregnancy using folk methods (e.g., strings and herbs).

Modern method use rises with age from 30 percent of married women age 15-19 to a peak of 53 percent at age 25-29, after which use falls to a low of 21 percent among women 45-49. Female sterilisation, traditional methods, and to lesser extent, injectables are used more commonly by older women.

Modern method use is higher among sexually active unmarried women (53 percent) than among married women (42 percent). The difference is largely attributable to the much greater use of condoms among the unmarried (14 percent) than the currently married (2 percent), which suggests that the intention for extramarital condom use involves more than pregnancy prevention and probably indicates disease prevention strategies as well.

Reported use of family planning by men (and their partners) is higher than that reported by women (see Table 4.5.2). The CPR for married men age 15-54 is 60 percent; for modern methods, the CPR is 55 percent.[1] Most of the female-male difference is explained by greater reported use of the pill (43 percent) and condoms (6 percent) among men. The level of use of other methods among married men roughly parallels that of married women.

[1] It should be kept in mind that the rate of contraceptive use among males could be slightly over- or underestimated, because men in polygamous or multi-partner relationships may systematically report on the contracepting or non-contracepting pair.

Table 4.5.2 Current use of family planning: men

Percent distribution of all men, of currently married men and of sexually active unmarried men who are currently using a contraceptive method by specific method, according to age, Zimbabwe 1994

		Modern method							Traditional method						
Age	Any method	Any modern method	Pill	IUD	Injectables	Condom	Female sterilisation	Male sterilisation	Any trad method	Periodic abstinence	Withdrawal	Folk method	Not currently using	Total	Number of men
ALL MEN															
15-19	11.8	11.4	0.4	0.0	0.0	11.1	0.0	0.0	0.4	0.2	0.2	0.0	88.2	100.0	604
20-24	37.7	36.6	10.8	0.0	0.0	25.7	0.0	0.0	0.4	0.0	0.4	0.7	62.3	100.0	399
25-29	57.8	55.0	33.4	1.0	0.6	19.9	0.0	0.0	2.0	0.1	1.9	0.9	42.2	100.0	288
30-34	63.8	59.9	44.6	1.3	2.0	11.6	0.3	0.3	2.6	1.0	1.6	1.3	36.2	100.0	241
35-39	58.7	52.4	40.8	1.0	4.6	5.1	1.0	0.0	3.7	0.5	3.2	2.6	41.3	100.0	195
40-44	64.6	56.0	34.0	1.8	5.6	13.0	1.7	0.0	5.9	0.0	5.9	2.7	35.4	100.0	190
45-49	51.5	44.1	30.1	0.0	2.4	6.5	5.1	0.0	5.5	2.2	3.3	2.0	48.5	100.0	111
50-54	43.8	38.2	25.7	0.9	2.5	4.1	2.4	2.5	0.9	0.0	0.9	4.7	56.2	100.0	113
Total	41.4	38.2	21.3	0.6	1.5	14.1	0.7	0.2	1.9	0.4	1.6	1.2	58.6	100.0	2,141
CURRENTLY MARRIED MEN															
15-19	*	*	*	*	*	*	*	*	*	*	*	*	*	100.0	10
20-24	50.6	47.2	41.2	0.0	0.0	6.0	0.0	0.0	1.5	0.0	1.5	1.9	49.4	100.0	99
25-29	63.0	60.3	51.7	1.4	1.0	6.3	0.0	0.0	2.1	0.2	2.0	0.6	37.0	100.0	177
30-34	66.6	62.0	52.0	1.5	2.3	5.6	0.3	0.3	3.1	1.2	1.9	1.5	33.4	100.0	204
35-39	63.0	55.9	44.4	1.1	5.1	4.3	1.1	0.0	4.1	0.6	3.5	2.9	37.0	100.0	176
40-44	66.5	57.0	37.0	1.6	6.2	10.4	1.8	0.0	6.5	0.0	6.5	3.0	33.5	100.0	171
45-49	54.0	45.9	31.2	0.0	2.6	6.5	5.6	0.0	6.0	2.4	3.7	2.1	46.0	100.0	101
50-54	48.2	41.9	28.8	1.0	2.9	3.7	2.7	2.9	1.0	0.0	1.0	5.3	51.8	100.0	101
Total	60.4	54.5	42.5	1.1	3.0	6.2	1.4	0.3	3.6	0.6	3.0	2.3	39.6	100.0	1,038
SEXUALLY ACTIVE UNMARRIED MEN															
Total	57.6	56.7	6.3	0.5	0.0	49.9	0.0	0.0	0.9	0.0	0.9	0.0	42.4	100.0	219

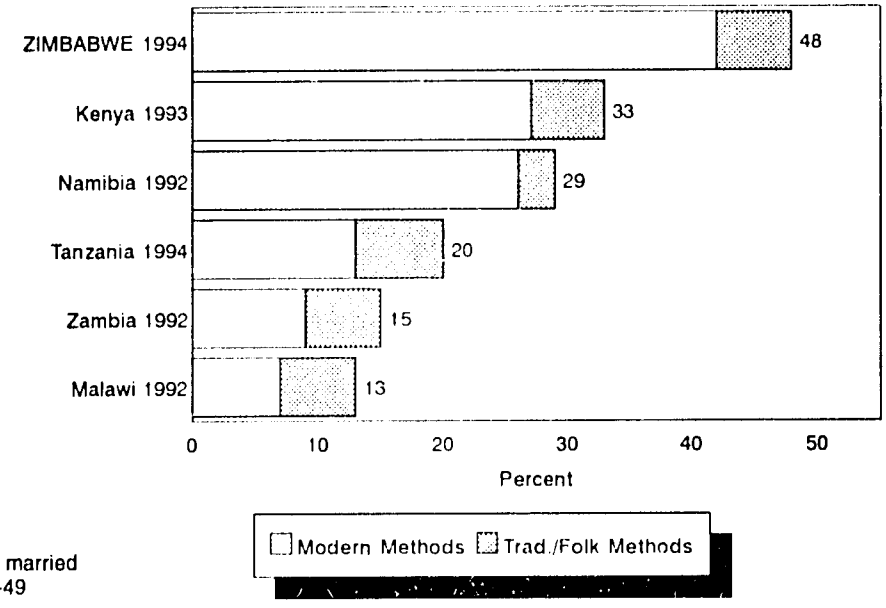
Note: No men were using implants. An asterisk indicates that a figure is based on fewer than 25 men and has been suppressed.

There exists a sharp contrast between married men and sexually active unmarried men regarding pill and condom use. Fully one-half of unmarried men report using condoms (vs. 6 percent of married men), but only 6 percent report using the pill (vs. 43 percent of married men). This may represent differing reproductive and health (disease prevention) strategies related to marital status. That sexually active unmarried women are reporting higher levels of pill use (32 percent) than their male counterparts (6 percent) could mean that these men are often not told by their partners of pill use. This implies some level of simultaneous pill and condom use in high-risk groups that is not directly captured in these data.[2]

Compared with other countries in southern and east Africa where DHS surveys have been conducted, Zimbabwe has the highest level of contraceptive use (48 percent) (see Figure 4.2). Over the last decade, use of modern contraception has increased by 56 percent, from 27 percent of married women in the 1984 ZRHS to 36 percent in the 1988 ZDHS to its current level of 42 percent (see Table 4.6). The recent increase since the 1988 ZDHS is explained by an increase in the use of injectables from essentially no use to 3 percent, an increase in pill use from 31 to 33 percent, and a small increase in condom use (for contraceptive purposes)

[2] Further, conventional wisdom suggests that use of female-dependent methods such as the pill may be underestimated from male data, and that use of condoms may be underestimated from female data.

Figure 4.2
Current Use of Family Planning, Selected Countries in Southern and East Africa, 1992-1994



Note: Currently married women age 15-49

from 1 to 2 percent. Although the current method mix indicates continued dominance of the pill, the percentage of modern method use accounted for by the pill is starting to drop from 86 percent in 1988 to 78 percent in 1994. Rates for other modern methods have remained roughly constant at low levels, while use of traditional or folk methods has dropped slightly from 7 to 6 percent.

Table 4.7 and Figure 4.3 show that some women are more likely to use contraceptives than others. Urban women are much more likely to use modern methods (54 percent) than rural women (37 percent); this applies to all methods except female sterilisation and injectables which are used at similar rates by both urban and rural women. Traditional and folk methods are more likely to be used in rural than urban areas. Use of modern methods is highest in Harare (58 percent) and lowest in Manicaland (28 percent), Matabeleland North (29 percent), and Matabeleland South (29 percent). The IUD is used most by women in Harare and Bulawayo; injectables are most common among women in Masvingo, Midlands, and Mashonaland East provinces. Withdrawal is used most frequently in Midlands (9 percent) and Manicaland (7 percent).

Table 4.6 Trends in current use of contraception

Percentage of currently married women who were using specific contraceptive methods at the time of the survey, Zimbabwe 1984, 1988, 1994

Contraceptive method	Current use of contraception		
	1984 ZRHS	1988 ZDHS	1994 ZDHS
Any method	38.4	43.1	48.1
Any modern method	26.6	36.1	42.2
Pill	22.6	31.0	33.1
Condom	0.7	1.2	2.3
Vaginal method	0.1	0.0	0.0
IUD	0.7	1.1	1.0
Injectables	0.8	0.3	3.2
Implant	NA	NA	0.2
Female sterilisation	1.6	2.3	2.3
Male sterilisation	0.1	0.2	0.2
Any traditional method	11.8	7.0	6.0
Safe period[1]	0.6	0.3	0.1
Withdrawal	6.5	5.1	4.2
Periodic abstinence	2.1	NA	NA
Other[2]	2.6	1.5	1.7
Number of women	2,123	2,643	3,788

NA = Not applicable
[1] Includes only rhythm method in the 1984 ZRHS
[2] Reported as "folk" methods in 1994 ZDHS

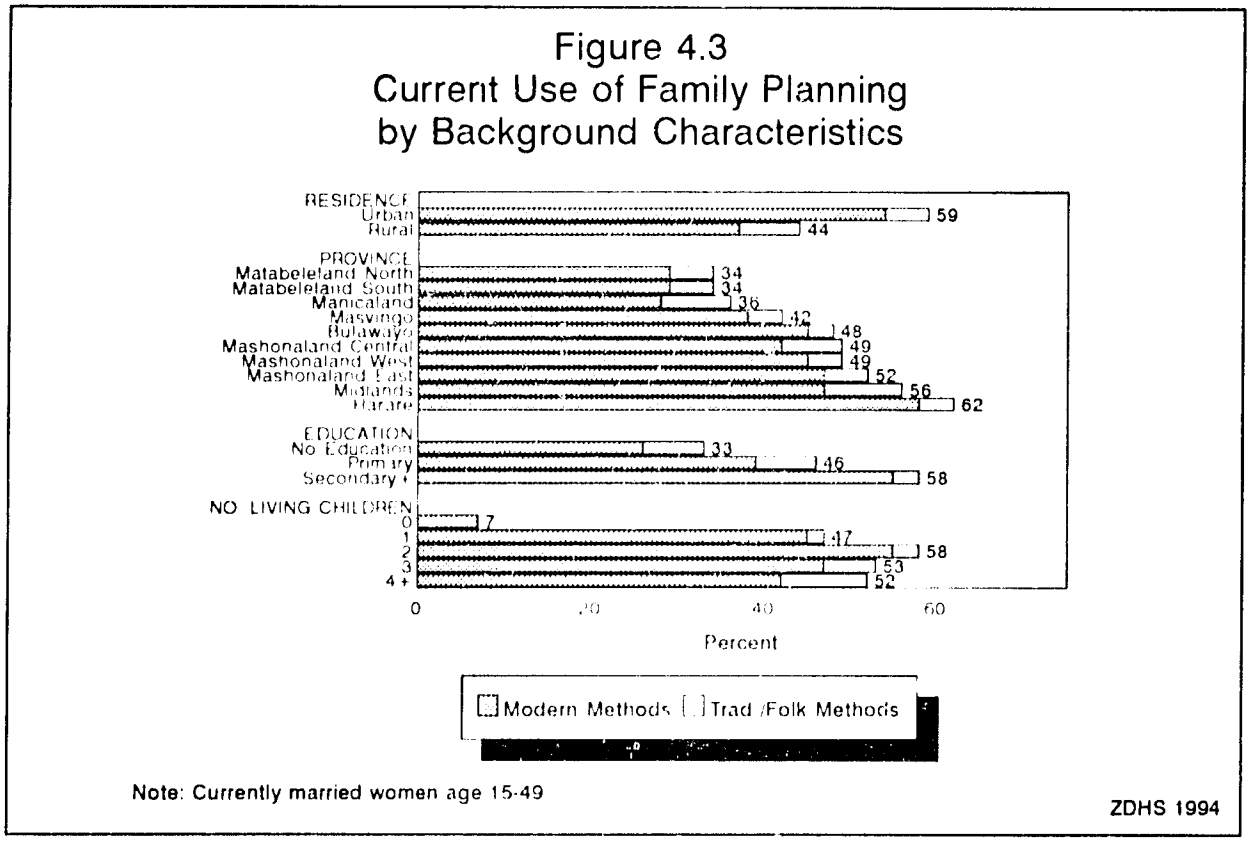
Source: ZNFPC and WPAS, 1985; CSO and IRD, 1989

Table 4.7 Current use of family planning by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics, Zimbabwe 1994

		Modern method							Traditional method						
Background characteristic	Any method	Any modern method	Pill	IUD	Injectables	Condom	Female sterilisation	Other modern method	Any trad method	Periodic abstinence	Withdrawal	Folk method	Not currently using	Total	Number of women
Residence															
Urban	57.6	53.9	42.0	2.2	3.6	2.9	2.5	0.7	2.9	0.2	2.6	0.9	42.4	100.0	1,114
Rural	44.2	37.3	29.4	0.5	3.0	2.1	2.2	0.2	4.9	0.1	4.8	2.0	55.8	100.0	2,674
Province															
Manicaland	35.9	27.6	21.4	1.4	0.8	3.4	0.5	0.0	6.7	0.0	6.7	1.6	64.1	100.0	543
Mashonaland Central	48.5	42.3	36.5	0.3	1.5	1.8	2.4	0.0	4.4	0.1	4.3	1.8	51.5	100.0	342
Mashonaland East	52.3	47.4	37.1	0.3	4.2	2.3	2.9	0.5	3.8	0.3	3.5	1.1	47.7	100.0	377
Mashonaland West	49.1	44.6	39.6	0.0	2.8	1.8	0.5	0.0	2.7	0.0	2.7	1.7	50.9	100.0	429
Matabeleland North	33.6	28.5	21.4	0.4	3.0	2.0	1.4	0.2	2.5	0.0	2.5	2.7	66.4	100.0	239
Matabeleland South	33.9	29.4	20.5	0.6	2.8	1.1	4.2	0.3	1.5	0.3	1.2	3.0	66.1	100.0	183
Midlands	58.2	46.7	34.5	0.5	4.8	3.2	3.5	0.2	8.9	0.0	8.9	2.6	41.8	100.0	472
Masvingo	42.0	37.6	28.0	0.0	5.2	1.1	3.3	0.0	3.3	0.0	3.3	1.1	58.0	100.0	393
Harare	61.6	57.7	45.7	2.2	3.6	2.8	2.5	0.8	2.8	0.3	2.5	1.1	38.4	100.0	619
Bulawayo	47.9	44.8	30.6	4.5	2.8	1.4	4.2	1.4	2.4	0.3	2.1	0.7	52.1	100.0	191
Education															
No education	32.8	25.9	22.4	0.0	0.6	1.2	1.6	0.0	5.8	0.0	5.8	1.1	67.2	100.0	552
Primary	46.4	38.9	29.4	0.5	4.1	2.1	2.7	0.1	5.0	0.1	4.9	2.5	53.6	100.0	1,992
Secondary+	57.7	54.7	43.8	2.2	2.8	3.0	2.1	0.8	2.5	0.2	2.3	0.5	42.3	100.0	1,244
No. of living children															
0	7.1	6.9	4.6	0.0	0.0	1.6	0.8	0.0	0.2	0.0	0.2	0.0	92.9	100.0	349
1	47.1	45.1	39.9	0.9	1.3	2.6	0.3	0.0	1.2	0.2	1.0	0.7	52.9	100.0	707
2	58.0	55.1	48.3	1.2	2.2	1.7	0.7	1.0	1.8	0.2	1.7	1.0	42.0	100.0	664
3	53.2	46.7	36.4	2.4	3.7	2.2	1.9	0.2	3.5	0.0	3.5	3.0	46.8	100.0	487
4+	51.9	41.8	28.9	0.6	5.0	2.6	4.4	0.3	7.9	0.1	7.8	2.3	48.1	100.0	1,580
Total	48.1	42.2	33.1	1.0	3.2	2.3	2.3	0.3	4.3	0.1	4.2	1.7	51.9	100.0	3,788

Higher contraceptive use was found to be associated with increasing level of education. Use of modern methods increases from 26 percent among married women with no education to 55 percent among women with secondary education or higher. Use of modern methods increases with the number of children a woman has, up to two children, then declines thereafter.



4.4 Quality of Pill Use

The vast majority of contraceptive users in Zimbabwe rely on the pill. Since the effectiveness and safety of the pill depends on how well women comply with instructions on its use, the ZDHS included a series of questions on the quality of pill use.

Table 4.8 gives information obtained from the 24 percent of all women who reported that they were currently taking the pill. Correct use of the pill is an indirect indication of the effectiveness of the counselling clients receive when they start using oral contraceptives. Among reported pills users, 89 percent were able to show a packet to the interviewer. Among pill users able to show a packet, there was evidence that not all users were taking their pills correctly. ZDHS interviewers examined the pill packets to determine if pills were taken in the proper sequence. Eighty percent of current pill users showed ZDHS interviewers pill packets in which pills were missing in the correct order, but this includes in the denominator those who could not show a packet at all and users who had no pills missing from the packet and could have been starting a new packet. Therefore, the figure of 80 percent compliance may be underestimated (i.e., some users unable to show the packet may have been taking the pills correctly). When asked about the last time they took a pill, 96 percent of pill users reported that they last took a pill less than two days ago.

Table 4.8 Pill use compliance

Percentage of women using the pill and the percentage of pill users who have a packet at home, have taken pills in order, and who took a pill less than two days ago, by background characteristics, Zimbabwe 1994

Background characteristic	Percent using pill	Number of women	Pill users who: Could show package	Took pills in order	Took pill <2 days ago	Number of pill users
Age						
15-19	6.1	1,472	87.6	80.5	96.6	90
20-24	31.5	1,269	89.0	81.0	95.1	399
25-29	41.0	915	89.4	80.7	94.6	375
30-34	31.0	871	89.8	81.2	97.1	270
35-39	26.6	661	93.9	83.7	95.2	176
40-44	19.4	532	81.8	64.6	97.0	103
45-49	8.7	407	89.1	83.6	96.6	36
Residence						
Urban	28.1	1,975	89.9	83.0	96.9	556
Rural	21.5	4,153	88.8	78.3	94.8	893
Province						
Manicaland	14.9	839	92.8	85.4	96.1	125
Mashonaland Central	26.5	510	92.5	86.3	96.1	135
Mashonaland East	26.5	579	92.0	87.3	95.3	153
Mashonaland West	31.5	632	84.3	73.0	94.7	199
Matabeleland North	16.3	366	97.3	84.8	96.4	60
Matabeleland South	16.0	305	96.2	81.6	98.5	49
Midlands	25.3	810	85.2	71.6	94.1	205
Masvingo	19.9	652	83.4	70.9	92.6	130
Harare	29.8	1,048	91.7	86.2	98.9	312
Bulawayo	20.8	388	85.2	74.6	91.0	81
Education						
No education	21.2	682	90.4	80.4	97.4	145
Primary	22.9	2,898	89.7	78.3	96.4	664
Secondary+	25.1	2,547	88.5	82.0	94.4	640
Total	23.6	6,128	89.3	80.1	95.6	1,449

In order to study the quality of knowledge about pill use, several questions were included in the ZDHS to determine whether women using the pill comply with instructions to take the pill daily and what women do when they forget to take the pill. Table 4.9 shows that about 56 percent of current pill users reported that they had never failed to take the pill. Of the 44 percent of users who ever interrupted pill use, only about one-third (36 percent) took the correct action after missing a pill: taking two pills the next day.

Table 4.9 Interruption in pill use

Percentage of women using the pill who reported they nev r failed to take pill, the percentage who ever interrupted use, and the percentage who took the correct action after missing one pill, by background characteristics, Zimbabwe 1994

Background characteristic	Never failed to take pill	Ever interrupted use of pill	Took correct action after missing pill	Number of pill users
Age				
15-19	62.3	37.7	66.3	90
20-24	56.1	43.9	33.2	399
25-29	57.6	42.4	36.1	375
30-34	51.8	48.2	35.5	270
35-39	57.2	42.8	31.9	176
40-44	50.5	49.5	35.2	103
45-49	52.4	47.6	28.1	36
Residence				
Urban	61.6	38.4	39.9	556
Rural	52.0	48.0	34.1	893
Province				
Manicaland	56.1	43.9	34.0	125
Mashonaland Central	52.0	48.0	31.2	135
Mashonaland East	43.3	56.7	39.6	153
Mashonaland West	64.3	35.7	25.3	199
Matabeleland North	71.0	29.0	37.9	60
Matabeleland South	79.5	20.5	32.6	49
Midlands	47.7	52.3	28.4	205
Masvingo	27.8	72.2	32.5	130
Harare	66.3	33.7	57.4	312
Bulawayo	62.3	37.7	28.3	81
Education				
No education	53.6	46.4	34.2	145
Primary	57.0	43.0	34.8	664
Secondary+	54.9	45.1	37.7	640
Total	55.7	44.3	36.0	1,449

The quality of pill use varies by age. Younger women were slightly less likely to fail to take a pill than older women, and more likely to take appropriate corrective action. Interrupted pill use was reported most commonly among women in Masvingo (72 percent), Mashonaland East (57 percent), and Midlands (52 percent). Urban pill users were less likely than rural users to have interrupted pill use.

Table 4.10 presents the frequencies of reported problems experienced by pill users in the last month, according to whether or not the women interrupted her pill use in the last month. Over two-thirds of pill users (69 percent) reported experiencing a problem in the last month: 96 percent of women who interrupted their pill use and 61 percent of those who did not. Perhaps the most notable finding is that 21 percent of pill users said they forgot/ misplaced their pills and 16 percent reported having run out of pills. These two problems were 4-8 times more common among women who interrupted pill use than other women. Loss of libido, spotting or bleeding, and missing a period were also commonly cited as problems by pill users, especially by those women whose pill use was interrupted.

Pill Brands of Current Users

To obtain information on the type of pill brands used in Zimbabwe, the ZDHS interviewer asked to see the packet of pills that the respondent was currently using and recorded the brand name. If the packet was not available, the interviewer used a visual display of types of pills, developed for the ZDHS, to ask the user which brand she was currently using.

Table 4.11 shows the distribution of current pills users by brand of pill used and current breastfeeding status. The two brands available through the public sector, Lo-Femenal and Overette, account for 97 percent of all pill use in Zimbabwe. In line with the current recommendations, the majority (71 percent) of pill users who are not breastfeeding use Lo-Femenal, a low dose pill; while the majority (88 percent) of breastfeeding pill users use Overette, a progestin-only pill which does not reduce milk production.

Table 4.10 Problems in pill use

Frequency of reported problems during pill use, by whether pill use was interrupted in the last month, Zimbabwe 1994

Problem mentioned in the last month	Interruption of pill use in last month		
	Yes	No	Total
Spotting/bleeding	23.2	16.9	18.3
Other illness	17.6	16.5	16.7
Period did not come	16.5	10.4	11.8
Ran out of pills	39.8	8.9	16.0
Forgot/misplaced	64.2	7.8	20.8
Loss of libido	52.9	41.5	44.0
Other	4.3	3.9	4.0
Any problem	95.8	60.7	68.7
Number of pill users	334	1,113	1,449

The ZDHS asked pill users how they paid for their last packet of pills. Only 10 percent reported receiving free pills. Of the remainder, the average reported cost per packet was 1.1 Zimbabwe dollar (data not shown).

Table 4.11 Use of pill brands

Percent distribution of pill users by the brand of pills used, according to breastfeeding status, Zimbabwe 1994

Pill brand	Currently breastfeeding		
	Yes	No	Total
Lo-Femenal	9.3	70.7	48.5
Logynon	1.6	1.1	1.3
Micronor	0.6	0.7	0.6
Ovrette	88.0	25.6	48.1
Trinordiol	0.0	1.0	0.7
Other	0.0	0.8	0.5
Don't know	0.3	0.0	0.1
Missing	0.3	0.1	0.2
Total	100.0	100.0	100.0
Number	522	927	1,449

4.5 Number of Children at First Use of Contraception

Family planning methods may be used by couples for either spacing births or limiting family size. Table 4.12 shows the distribution of ever-married women by age group and the number of children the woman had when she first used contraception. The results indicate that Zimbabwean women are adopting family planning methods at an earlier stage of the family building process than before. Younger cohorts of women reported first use at lower parity than older cohorts of women. For example, the oldest cohorts (age 40-49) of ever-married women reported first use after having 2.6 births on average, compared with around 1.5 births among the youngest cohorts (age under 30). From another perspective, 12 percent of the age 15-19 cohort started contracepting before the birth of their first child, compared with only 2 percent of the age 45-49 cohort.

Table 4.12 Number of children at first use of contraception

Percent distribution of ever-married women by number of living children at the time of first use of contraception, and median number of children at first use, according to current age, Zimbabwe 1994

Current age	Never used contra-ception	Number of living children at time of first use of contraception						Total	Number of women	Median
		0	1	2	3	4+	Missing			
15-19	49.6	11.9	36.2	2.1	0.0	0.0	0.2	100.0	306	1.4
20-24	20.7	7.5	66.4	4.8	0.2	0.0	0.3	100.0	909	1.5
25-29	11.5	6.8	64.9	13.2	2.6	0.9	0.1	100.0	845	1.6
30-34	15.0	3.1	46.8	19.3	9.2	6.1	0.4	100.0	842	1.8
35-39	18.4	2.3	34.3	17.7	11.3	15.8	0.2	100.0	653	2.2
40-44	18.1	2.5	29.3	16.0	11.3	22.7	0.0	100.0	520	2.6
45-49	28.3	2.1	26.1	12.7	8.3	21.9	0.6	100.0	405	2.6
Total	19.9	5.0	47.8	12.8	6.0	8.2	0.3	100.0	4,480	1.7

4.6 Knowledge of Contraceptive Effects of Breastfeeding

Information on knowledge of the contraceptive effect of breastfeeding is shown in Table 4.13. Over half of currently married Zimbabwean women believe that breastfeeding does not effect the chance of a woman becoming pregnant. Only 10 percent correctly reported that breastfeeding can reduce the risk of pregnancy. Differentials in knowledge of the contraceptive effect of breastfeeding were very small or negligible.

Only one in fourteen women has ever used breastfeeding to avoid pregnancy; only 2 percent are currently relying on breastfeeding as a contraceptive. Urban women and women with at least a secondary education were least likely to use breastfeeding to avoid pregnancy. Women in Masvingo province are more likely than women from other provinces to rely on this method. Three percent of currently married women meet the criteria for use of the lactational amenorrhoeic method (LAM) of family planning.[5]

[5] LAM users are currently married women who are breastfeeding a child under six months of age, and are still postpartum amenorrhoeic and are not feeding the child anything but breast milk, or breast milk and plain water.

Table 4.13 Perceived contraceptive effect of breastfeeding

Perceived risk of pregnancy associated with breastfeeding and percentage of currently married women who previously relied on breastfeeding to avoid pregnancy and who currently rely on breastfeeding to avoid pregnancy and percentage who meet lactational amenorrhoeic method (LAM) criteria, according to selected background characteristics, Zimbabwe 1994

Background characteristic	Perceived risk of pregnancy associated with breastfeeding						Reliance on breastfeeding to avoid pregnancy		Meet LAM criteria	Number of women
	Unchanged	Increased	Decreased	Depends	Don't know	Total	Previously	Currently		
Age										
15-19	53.6	20.4	8.8	12.0	5.2	100.0	0.6	0.6	2.7	276
20-24	53.1	20.4	9.8	13.3	3.4	100.0	4.5	1.3	3.7	798
25-29	51.1	19.0	12.2	15.8	1.9	100.0	6.4	2.8	3.0	726
30-34	50.7	22.2	9.3	16.2	1.6	100.0	7.2	1.7	2.8	722
35-39	53.0	17.9	12.2	16.0	0.9	100.0	13.1	3.3	1.7	530
40-44	53.8	18.8	8.6	17.9	0.9	100.0	10.4	1.5	1.0	425
45-49	51.8	16.9	10.8	19.5	1.1	100.0	10.2	0.4	0.3	311
Residence										
Urban	51.5	16.5	12.2	17.3	2.5	100.0	6.0	0.6	2.0	1,114
Rural	52.6	21.0	9.6	15.0	1.9	100.0	8.0	2.4	2.7	2,674
Province										
Manicaland	63.2	14.3	7.4	13.8	1.4	100.0	3.3	1.6	4.0	543
Mashonaland Central	44.0	29.1	14.4	11.0	1.5	100.0	5.3	0.8	0.6	342
Mashonaland East	77.8	10.3	4.3	7.1	0.5	100.0	2.4	0.3	2.6	377
Mashonaland West	48.3	25.7	6.0	15.3	4.8	100.0	4.7	0.7	1.5	429
Matabeleland North	74.0	5.1	9.2	4.9	6.7	100.0	7.0	1.8	6.7	239
Matabeleland South	82.8	2.2	9.3	5.6	0.1	100.0	6.9	1.8	3.4	183
Midlands	35.6	34.3	13.1	14.6	2.3	100.0	10.1	2.6	2.6	472
Masvingo	19.9	30.5	12.0	36.6	1.1	100.0	20.8	7.5	1.4	393
Harare	46.0	14.5	14.5	23.7	1.4	100.0	7.5	0.3	1.7	619
Bulawayo	66.0	16.3	12.5	3.1	2.1	100.0	5.9	1.7	1.7	191
Education										
No education	53.2	20.5	10.3	14.1	2.0	100.0	8.7	2.9	2.6	552
Primary	52.0	20.9	9.3	16.3	1.5	100.0	8.9	2.4	1.8	1,992
Secondary+	52.2	17.3	12.1	15.3	3.0	100.0	4.5	0.6	3.5	1,244
Total	52.2	19.7	10.4	15.6	2.1	100.0	7.4	1.9	2.5	3,788

4.7 Timing of Female Sterilisation

Table 4.14 shows the distribution of sterilised women by their age at the time of sterilisation, according to the number of years since the procedure was done. These findings should, however, be treated

Table 4.14 Timing of sterilisation

Percent distribution of sterilised women by age at the time of sterilisation, according to the number of years since the operation, Zimbabwe 1994

Years since operation	Age at time of sterilisation						Total	Number of women	Median age[1]
	<25	25-29	30-34	35-39	40-44	45-49			
<4	2.2	16.3	19.3	38.3	19.4	4.5	100.0	47	35.0
4-7	6.9	4.9	28.2	35.8	20.7	3.5	100.0	31	34.8
8+	16.1	26.8	32.1	25.0	0.0	0.0	100.0	27	30.7
Total	7.2	15.6	25.2	34.2	14.8	3.0	100.0	106	33.8

[1]Median age was calculated only for women less than 40 years of age to avoid problems of censoring.

with caution since the number of women sterilised is small and misreporting of ages can distort the results. The results indicate that 77 percent of women who are sterilised had the procedure after reaching age 30, and 52 percent after reaching age 35. The median reported age at sterilisation was 34 years.

4.8 Source of Family Planning Methods

Information on sources of modern contraceptives currently used is useful for family planning programme managers and implementors. In the ZDHS, women wno reported using a modern method of contraception at the time of the survey were asked where they obtained the method the last time.

Table 4.15 shows that a large majority of current users (85 percent) obtained their methods from public sector sources. The most common source of contraceptives in the public sector are rural and municipal clinics (32 percent), followed by the Zimbabwe National Family Planning Council's (ZNFPC) community-based distribution (CBD) workers (18 percent) and Government hospitals and clinics (15 percent). Private sector sources were reported by 12 percent of current users and other private sources account for 2 percent of current users.

Table 4.15 Source of supply for modern contraceptive methods

Percent distribution of current users of modern contraceptive methods by most recent source of the method, according to specific methods, Zimbabwe 1994

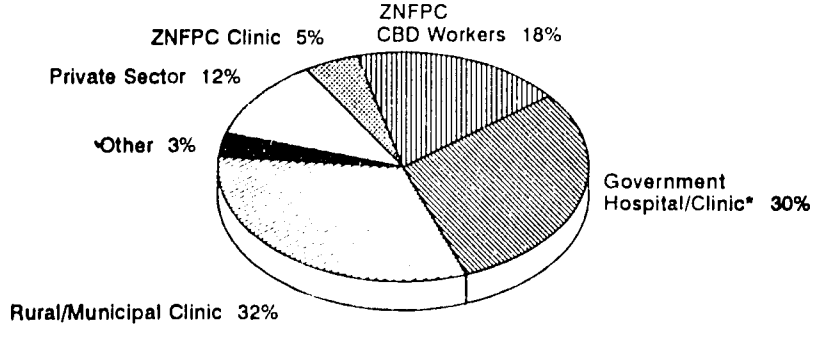
	Contraceptive method					
Source of supply	Pill	IUD	Inject-ables	Con-dom	Female sterili-sation	All modern methods
Public	87.9	65.3	85.8	67.3	78.6	85.1
Government hospital/clinic	11.7	31.5	30.3	13.4	36.0	15.4
Rural/municipal clinic	35.6	5.2	26.8	22.2	16.0	31.9
Rural health centre	7.9	0.0	10.2	7.3	15.1	8.3
ZNFPC[1] clinic	4.6	24.7	7.0	3.6	0.0	4.8
MOH[2] mobile clinic	2.8	0.0	1.8	4.1	0.0	2.6
ZNFPC CBD[3] worker	22.3	0.0	3.4	13.7	1.4	18.4
Mission facility	3.0	3.9	6.4	2.9	10.1	3.6
Other public	0.1	0.0	0.0	0.0	0.0	0.1
Medical private	10.5	28.8	13.2	13.3	16.4	11.7
Private hospital/clinic	3.0	7.2	5.9	3.9	15.2	4.1
Pharmacy	2.7	1.7	0.0	5.3	0.0	2.5
Private doctor	3.3	19.9	7.1	0.4	1.2	3.6
Village (community) worker	1.4	0.0	0.0	3.7	0.0	1.4
Other private	0.1	0.0	0.2	0.0	0.0	0.1
Other private	0.7	1.7	1.0	18.3	1.8	2.2
Shop	0.1	1.7	0.0	10.0	0.0	0.9
Church	0.1	0.0	0.0	0.0	0.0	0.1
Friend/relative	0.4	0.0	0.0	4.5	0.0	0.6
Other	0.0	0.0	1.0	3.8	1.8	0.5
Missing	0.8	4.2	0.0	1.2	3.1	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	1,449	38	149	149	106	1,904

Note: The total includes 12 users of other modern methods
[1]ZNFPC = Zimbabwe National Family Planning Council
[2]MOH = Ministry of Health (and Child Welfare)
[3]CBD = Community-based distribution

Overall, public sector sources supply 88 percent of pill users, 86 percent of injectables users, 65 percent of IUD users and 67 percent of condom users. Seventy-nine percent of female sterilisations were done in public sector facilities. Private sector sources supply 11 percent of pill users, 29 percent of IUD users, and 13 percent of injectable and condom users. Figure 4.4 summarises the distribution of current users of modern methods by source of method.

Women who are currently using a modern method of contraception were asked why they used that particular source. The results are shown in Table 4.16. More than one in five women said they knew of no other source for their method. Over half of women said that their current source was used because it was closest to home. Five percent of women cited each of the three reasons; lower cost, staff competence and friendliness, and use of other services at the same facility.

Figure 4.4
Distribution of Current Contraceptive Users
by Source of Supply



* Includes mission facilities, rural health centres, and mobile clinics

ZDHS 1994

Table 4.16 Reason for selecting current sources of supply for contraceptive methods

Percent distribution of current users of modern contraceptive methods by main reason for using current source of the method, according to source, Zimbabwe 1994

	Main reason for using current source of supply												
Source of supply	Know no other source	Closer to home	Closer to market/ work	Transport available	Staff competent, friendly	Offers more privacy	Shorter waiting time	Use other services there	Low cost, cheaper	Other	Don't know/ Missing	Total	Number of users
Public													
Government hospital/clinic	30.6	34.1	4.7	2.5	7.7	0.5	1.4	11.0	5.3	1.9	0.2	100.0	252
Rural/municipal clinic	24.2	58.2	1.2	1.3	3.5	0.7	1.0	3.7	3.8	2.3	0.1	100.0	592
Rural health centre	27.3	65.2	1.4	0.4	1.5	0.0	0.7	2.8	0.0	0.7	0.0	100.0	146
ZNFPC[1] clinic	11.9	42.7	8.7	0.0	11.5	1.6	2.8	6.8	13.9	0.0	0.0	100.0	84
MOH[2] mobile clinic	14.7	74.0	9.2	0.0	0.0	0.0	0.0	0.0	2.1	0.0	0.0	100.0	49
ZNFPC CBD[3] worker	17.6	62.5	0.6	0.6	3.8	2.1	0.8	0.0	6.8	5.2	0.0	100.0	350
Mission facility	24.5	51.9	0.0	1.8	5.3	0.0	0.0	5.1	10.4	0.9	0.0	100.0	59
Medical private													
Private hospital/clinic	18.7	39.8	3.0	0.9	5.2	2.5	2.0	10.3	8.7	8.9	0.0	100.0	66
Pharmacy	10.1	17.4	18.7	0.0	7.2	4.1	28.6	3.7	3.8	6.5	0.0	100.0	47
Private doctor	4.6	20.7	6.6	1.4	8.8	2.8	27.3	13.9	0.0	13.9	0.0	100.0	62
Village (community) worker	18.1	70.5	0.0	0.0	5.7	0.0	0.0	0.0	0.0	0.0	5.7	100.0	26
Other private	15.0	25.1	0.0	9.4	5.2	13.2	9.0	5.5	0.0	13.6	4.0	100.0	31
Total	21.6	52.0	2.8	1.2	4.8	1.3	2.9	4.6	4.9	3.4	0.4	100.0	1,791

Note: Total includes 16 missing users, 2 "other" public, 2 "other" medical private, and 8 "other" private.
[1]ZNFPC = Zimbabwe National Family Planning Council
[2]MOH = Ministry of Health (and Child Welfare)
[3]CBD = Community-based distribution

4.9 Discontinuation of Contraceptive Use

Couples can realise their reproductive goals only when they use contraceptive methods consistently. A particular concern for family planning programmes is the rate at which users discontinue use of contraception and the reasons for such discontinuation. In the ZDHS calendar, all segments of contraceptive use between January 1989 and the date of interview were recorded along with reasons for any discontinuation of use during this period. One-year contraceptive discontinuation rates, based on the information collected in the ZDHS calendar, are presented in Table 4.17.[4]

[4] The discontinuation rates presented here include only those segments of contraceptive use that *began* since January 1989. The rates apply to the three to sixty-three month period prior to the survey; exposure during the month of interview and the two months prior to the interview are excluded to avoid the biases that may be introduced by unrecognized pregnancies.

These cumulative discontinuation rates represent the proportion of users discontinuing a method within twelve months of starting use. The rates are calculated by dividing the number of women discontinuing a method by the number exposed at that duration. The single-month rates are then cumulated to produce a one-year rate. In calculating the rate, the various reasons for discontinuation are treated as competing risks.

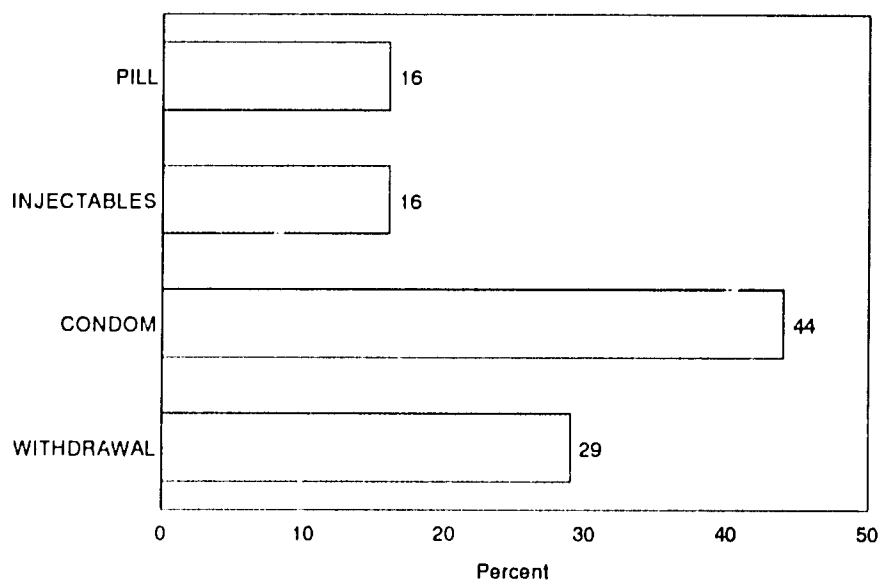
Table 4.17 Contraceptive discontinuation rates

First-year contraceptive discontinuation rates (%) due to method failure, desire for pregnancy, health reasons, and other reasons, according to specific methods, Zimbabwe 1994

	Reason for discontinuation											
Contraceptive method	Method failure	To become pregnant	Side effects/ Health	Infrequent sex/ Husband away	Cost	Husband disapproves	Access/ availability	Wanted more effective method	Inconvenient to use	Marital dissolution	Other	All reasons
Pill	2.1	3.5	4.7	0.6	0.5	0.9	0.6	0.4	0.2	0.6	1.2	15.5
Condom	4.5	12.6	1.9	8.7	0.4	3.9	0.7	4.8	2.9	0.7	2.9	44.1
Injection	1.4	3.1	5.4	1.8	0.0	0.8	2.1	0.0	0.0	0.0	1.3	15.9
Withdrawal	9.3	5.9	0.0	0.6	0.0	2.2	0.0	5.0	1.6	0.4	3.8	28.8
Other	6.1	12.4	0.8	0.8	0.0	1.3	0.0	3.6	0.4	0.0	1.8	27.3
All methods	3.3	4.8	3.8	1.4	0.4	1.3	0.6	1.4	0.6	0.5	1.8	19.9

The results indicate that one in five family planning users in Zimbabwe stop using a contraceptive method within 12 months of starting use. Five percent of users stop using because they want to become pregnant, 4 percent as a result of side effects or health concerns, 3 percent due to method failure (i.e., they became pregnant while using), 1 percent because of spousal disapproval, 1 percent because of infrequent sex or husband was away, and 1 percent because a more effective method was desired. One-year discontinuation rates are much lower for the pill (16 percent) and injectables (16 percent) than for the condom (44 percent), withdrawal (29 percent), and other methods (27 percent) (see Figure 4.5).

Figure 4.5
Contraceptive Discontinuation Rates (%)
for First Year of Use, by Method



ZDHS 1994

Table 4.18 also looks at reasons for discontinuation, but from a different perspective; all of the 2,989 discontinuations occurring in the last five years (regardless of duration of use) are distributed by reason for discontinuation, according to method.

In the early stages of family building, couples generally prefer using reversible family planning methods, so they can conceive later. The desire to become pregnant (42 percent) is the most common reason given by respondents for discontinuing use of a family planning method. About 45 percent of pill users, 32 percent of condom users, 30 percent of IUD users and 40 percent each of withdrawal and folk method users discontinue using these methods because they want to become pregnant.

The low efficacy of traditional and folk methods is evidenced by the high failure rate of these methods during use (i.e., accidental pregnancy). For example, nearly a third of discontinuations of withdrawal and folk methods were reported to be a result of method failure.

Side effects and health concerns (less than 1 percent) are less frequently mentioned as reasons for discontinuation of traditional methods than the pill (19 percent), IUD (26 percent), and injectables (29 percent). Condoms users cited inconvenience and infrequent sex as reasons for discontinuation more often than users of other methods.

Table 4.18 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the last five years by main reason for discontinuation, according to specific methods, Zimbabwe 1994

	Method							
Reason for discontinuation	Pill	IUD	Injectables	Condom	Periodic abstinence	Withdrawal	Folk method	Total
Became pregnant	12.1	9.4	8.2	7.7	53.6	30.3	29.3	14.9
To become pregnant	44.6	28.5	21.1	32.3	19.7	39.0	39.7	41.9
Husband disapproved	3.2	0.0	8.6	7.9	1.5	4.5	2.0	3.7
Side effects	9.0	8.7	23.2	2.1	0.0	0.3	0.4	7.2
Health concerns	10.1	17.0	5.8	1.7	0.0	0.0	0.7	7.9
Access/availability	2.6	0.0	10.7	2.9	0.0	0.0	0.7	2.3
More effective method	1.9	6.5	5.8	8.8	3.4	9.8	7.7	3.7
Inconvenient to use	1.8	0.0	0.0	7.2	0.0	2.6	0.8	2.2
Infrequent sex	3.2	0.0	4.3	15.5	8.0	1.1	2.8	4.0
Cost	2.2	3.4	0.0	0.9	0.0	0.0	0.0	1.7
Fatalistic	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Menopause	0.7	0.0	5.3	0.4	0.0	2.0	0.4	0.8
Marital dissolution	2.6	4.4	0.0	1.8	0.0	1.5	0.0	2.3
Other	1.9	6.1	2.7	1.1	1.5	0.3	6.8	1.9
Missing	4.1	16.0	4.3	9.8	12.4	8.5	8.6	5.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	2,178	39	41	237	35	329	127	2,989

Note: Total includes 2 users of "other" modern methods.

4.10 Intention to Use Family Planning Among Nonusers

An important indicator of the changing demand for family planning is the extent to which nonusers of contraception plan to use family planning in the future. Women who were not using contraception at the time of the survey were asked about their intention to use family planning in the future. The results are presented in Table 4.19.

Almost two-thirds (65 percent) of currently married nonusers say they intend to use family planning in the future—54 percent in the next 12 months. One-third of women said they do not intend to use, while 1 percent were unsure. The proportion intending to use, and especially the timing of intended use, varies with the number of living children. For example, the proportion who intend to use within the next 12 months is much lower among childless nonusers than among those with children, and the proportion who intend to use later is lower among women with four or more children. With regard to the relationship between previous use of family planning and intention to use in the future, those women who have used in the past are much more likely to use in the future than those who have never used before.

Table 4.19 Future use of contraception

Percent distribution of currently married women who are not using a contraceptive method by past experience with contraception and intention to use in the future, according to number of living children, Zimbabwe 1994

Past experience with contraception and future intentions	Number of living children[1]					Total
	0	1	2	3	4+	
Never used contraception						
Intend to use in next 12 months	31.6	35.2	13.1	7.0	6.5	16.0
Intend to use later	17.8	3.5	3.8	2.4	1.1	3.9
Unsure as to timing	0.0	0.3	0.2	0.0	0.1	0.[illegible]
Unsure as to intention	1.1	0.4	0.2	0.0	0.0	0.[illegible]
Do not intend to use	25.5	15.1	15.8	16.8	20.1	18.6
Never had sex	3.1	0.0	0.0	0.0	0.0	0.3
Missing	0.0	0.0	0.0	0.0	0.1	0.0
Previously used contraception						
Intend to use in next 12 months	7.2	28.8	50.2	49.6	42.5	38.2
Intend to use later	7.4	8.5	7.0	11.2	4.8	7.0
Unsure as to timing	0.0	0.0	0.2	0.4	0.0	0.1
Unsure as to intention	0.0	0.2	0.0	0.0	0.4	0.2
Do not intend to use	4.9	8.0	9.3	12.6	24.2	15.1
Missing	1.6	0.0	0.3	0.0	0.4	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
All currently married nonusers						
Intend to use in next 12 months	38.7	64.0	63.3	56.6	49.0	54.2
Intend to use later	25.2	12.1	10.8	13.6	5.9	10.9
Unsure as to timing	0.0	0.3	0.4	0.4	0.1	0.2
Unsure as to intention	1.1	0.6	0.2	0.0	0.4	0.4
Do not intend to use	30.4	23.1	25.1	29.4	44.3	33.6
Never had sex	3.1	0.0	0.0	0.0	0.0	0.3
Missing	1.6	0.0	0.3	0.0	0.4	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	207	392	314	247	805	1,965

[1]Includes current pregnancy

4.11 Reasons for Nonuse of Contraception

Table 4.20 presents the main reasons for not using family planning given by currently married nonusers who do not intend to use a contraceptive method in the future. Religious restrictions, a desire for more children, and husband's disapproval were the most important reasons given by women under 30 years of age for not intending to use contraception in future. While desire for additional children was also an important reason for not using family planning among older women, the most important reasons cited among nonusers 30 years and over were related to perceived subfecundity and infecundity.

4.12 Preferred Method of Contraception for Future Use

Future demand for specific methods of family planning can be assessed by asking nonusers which method they intend to use. Table 4.21 presents information on method preferences for married non-contraceptors who say they intend to use in the future. A majority of these women (59 percent) intend to use pills, down from 67 percent in the 1988 ZDHS. At the same time, the intention to use injectables has more than doubled from 10 percent in 1988 to 23 percent in 1994, suggesting a shift toward preference for long-term methods of family planning. The increased availability of injectables since their reintroduction in 1992 may have influenced this shift in method preference.

Women who intend to use family planning in the next 12 months have method preferences similar to those of women who intend to use later.

Table 4.20 Reasons for not using contraception

Percent distribution of women who are not using a contraceptive method and who do not intend to use in the future, by main reason for not using, according to age, Zimbabwe 1994

Reason for not using contraception	Age <30	30-49	Total
Infrequent sex	5.7	5.6	5.6
Menopausal/hysterectomy	0.0	21.9	17.7
Subfecund/infecund	9.8	17.9	16.3
Want children	19.3	15.5	16.3
Respondent opposed	9.3	8.6	8.7
Husband opposed	12.9	4.8	6.3
Others opposed	0.4	0.3	0.3
Religion	24.3	7.9	11.1
Knows no method	4.7	1.6	2.2
Knows no source	1.6	0.3	0.6
Health concerns	3.8	6.2	5.8
Side effects	6.0	5.3	5.4
Hard to get	0.0	0.1	0.1
Cost	0.4	0.5	0.5
Inconvenient	0.4	0.9	0.8
Interferes with body	0.8	2.0	1.7
Other	0.5	0.4	0.4
Don't know	0.0	0.2	0.2
Total	100.0	100.0	100.0
Number of women	128	533	661

Table 4.21 Preferred method of contraception for future use

Percent distribution of currently married women who are not using a contraceptive method but who intend to use in the future by preferred method, according to whether they intend to use in the next 12 months or later, Zimbabwe 1994

Preferred method of contraception	Intend to use: In next 12 months	After 12 months	Total
Pill	58.1	65.1	59.3
Condom	2.7	2.6	2.7
Diaphragm/Foam/Jelly/Tablets	0.2	0.0	0.2
IUD	4.3	1.1	3.8
Injectables	23.3	19.9	22.7
Implant	1.9	0.7	1.7
Female sterilisation	3.9	4.8	4.1
Male sterilisation	0.3	0.0	0.2
Periodic abstinence	0.2	0.3	0.2
Withdrawal	2.2	2.6	2.2
Folk method	1.4	2.4	1.6
Missing	1.5	0.5	1.4
Total	100.0	100.0	100.0
Number of women	1,064	214	1,282

Note: Total includes 4 women who are unsure about the timing of future use.

4.13 Exposure to Family Planning Messages in the Electronic Media

Radio and television are the major potential sources of information about family planning in the electronic media. Information on the level of public exposure to a particular type of media allows policy-makers to ensure the use of the most effective media for the various target groups. To assess the effectiveness of such media on the dissemination of family planning information, all female and male respondents in the survey were asked if they had heard messages about family planning on radio or seen them on television during the 6-month period preceding the interview.

Table 4.22 shows that a greater percentage of men than women are exposed to the major electronic media. Seventy percent of men and 52 percent of women reported that they had heard or seen a family planning message on radio or television during the month prior to the interview. Twenty-two percent of women and 31 percent of men have heard a family planning message on the radio *and* seen a family planning message on the television in the last six months.

Sharp contrasts in access to media messages are observed between urban and rural residents. Sixty percent of rural women have not been reached through the media in the last 6 months, compared with only 23 percent of urban women.

Table 4.22 Heard about family planning on radio and television

Percent distribution of women and of men by whether they have heard a radio or television message about family planning in the six months prior to the interview, according to selected background characteristics, Zimbabwe 1994

	Heard about family planning on radio or television											
	Women						Men					
Background characteristic	Heard on neither	Radio only	Tele-vision only	Heard on both	Total	Number of women	Heard on neither	Radio only	Tele-vision only	Heard on both	Total	Number of men
Residence												
Urban	23.2	23.4	6.3	46.9	100.0	1,975	15.8	26.9	7.5	49.7	100.0	797
Rural	60.0	28.2	1.2	10.6	100.0	4,153	38.9	39.1	2.5	19.4	100.0	1,344
Province												
Manicaland	66.8	21.0	1.4	10.9	100.0	839	38.0	37.5	1.3	23.2	100.0	269
Mashonaland Central	55.7	31.6	1.0	11.7	100.0	510	33.9	39.1	3.5	23.1	100.0	181
Mashonaland East	52.9	30.6	1.2	15.2	100.0	579	35.8	39.8	7.4	17.1	100.0	190
Mashonaland West	50.2	29.8	2.4	17.5	100.0	632	17.1	44.0	1.1	37.7	100.0	264
Matabeleland North	65.0	24.0	1.6	9.4	100.0	366	54.6	30.0	3.2	12.2	100.0	100
Matabeleland South	53.5	30.9	0.7	14.9	100.0	305	67.3	22.4	2.4	7.8	100.0	91
Midlands	44.1	32.4	2.3	21.2	100.0	810	25.2	32.8	4.7	37.3	100.0	265
Masvingo	60.8	25.4	1.9	11.9	100.0	652	44.5	40.4	0.0	15.1	100.0	200
Harare	25.2	21.2	6.6	46.9	100.0	1,048	15.9	26.9	8.8	48.5	100.0	428
Bulawayo	16.2	25.8	7.3	50.7	100.0	388	21.5	28.9	7.0	42.6	100.0	154
Education												
No education	79.5	15.1	0.1	5.3	100.0	682	60.2	30.4	4.2	5.3	100.0	88
Primary	54.1	29.0	1.4	15.4	100.0	2,898	42.1	36.5	2.3	19.0	100.0	860
Secondary+	33.0	27.2	5.2	34.7	100.0	2,547	19.6	33.5	5.8	41.1	100.0	1,193
Total	48.1	26.7	2.9	22.3	100.0	6,128	30.3	34.6	4.3	30.7	100.0	2,141

Note: Figures may not add to 100.0 due to rounding.

The proportion of respondents who had been exposed to family planning messages on radio or television varied across provinces. Fifty-one percent of women and 43 percent of men in Bulawayo had seen/heard family planning messages on the television and radio; whereas, only 9 percent of women and 8 percent of men in Matabeleland North had been exposed to messages in both media.

Education of women and men is closely correlated with media exposure; only 20 percent of women and 40 percent of men with no formal education had heard or seen a family planning message on the radio or television.

4.14 Acceptability of Use of Electronic Media to Disseminate Family Planning Messages

To determine the level of acceptance of the dissemination of family planning information through the media, ZDHS asked men and women whether it was acceptable to disseminate family planning information on radio or television.

Overall, the large majority of women and men interviewed, 92 and 94 percent, respectively, reported that it was acceptable to use radio or television to air family planning messages (see Table 4.23). Accepta-

Table 4.23 Acceptability of media messages on family planning

Percentage of women and of men who believe that it is acceptable to have messages about family planning on the radio or television, by selected background characteristics, Zimbabwe 1994

	Acceptability of family planning messages on radio or television									
	Women					Men				
Background characteristic	Acceptable	Not acceptable	Unsure	Total	Number of women	Acceptable	Not acceptable	Unsure	Total	Number of men
Age										
15-19	90.2	8.5	1.3	100.0	1,472	94.2	4.1	1.6	100.0	604
20-24	94.9	4.2	0.7	100.0	1,269	96.6	3.3	0.1	100.0	399
25-29	95.0	4.3	0.7	100.0	915	96.6	3.4	0.0	100.0	288
30-34	92.6	6.9	0.5	100.0	871	94.3	5.7	0.0	100.0	241
35-39	90.5	7.8	1.6	100.0	661	90.3	9.5	0.3	100.0	195
40-44	91.5	8.0	0.5	100.0	532	94.4	5.6	0.0	100.0	190
45-49	84.4	13.6	2.1	100.0	407	90.2	9.8	0.0	100.0	111
50-54	NA	NA	NA	NA	NA	83.8	15.3	1.0	100.0	113
Residence										
Urban	94.7	5.0	0.3	100.0	1,975	94.5	5.5	0.0	100.0	797
Rural	90.7	7.9	1.3	100.0	4,153	93.5	5.6	0.9	100.0	1,344
Province										
Manicaland	86.7	11.5	1.8	100.0	839	88.4	10.5	1.1	100.0	269
Mashonaland Central	93.6	6.4	0.0	100.0	510	97.2	2.8	0.0	100.0	181
Mashonaland East	93.6	6.1	0.4	100.0	579	94.4	5.6	0.0	100.0	190
Mashonaland West	89.9	9.8	0.3	100.0	632	96.6	3.4	0.0	100.0	264
Matabeleland North	83.5	6.7	9.8	100.0	366	93.8	4.1	2.1	100.0	100
Matabeleland South	92.4	7.3	0.2	100.0	305	91.0	7.2	1.8	100.0	91
Midlands	93.8	6.1	0.1	100.0	810	95.5	4.5	0.0	100.0	265
Masvingo	94.6	5.3	0.2	100.0	652	94.2	3.1	2.7	100.0	200
Harare	93.4	6.1	0.3	100.0	1,048	93.8	6.2	0.0	100.0	428
Bulawayo	98.0	2.0	0.0	100.0	388	93.0	7.0	0.0	100.0	154
Education										
No education	79.9	16.1	3.9	100.0	682	91.2	7.6	1.2	100.0	88
Primary	91.1	7.9	0.9	100.0	2,898	91.6	7.2	1.2	100.0	860
Secondary+	96.2	3.5	0.3	100.0	2,547	95.8	4.2	0.0	100.0	1,193
Total	92.0	7.0	1.0	100.0	6,128	93.9	5.6	0.6	100.0	2,141

NA = Not applicable

bility of radio and television as a source of information is highest among women and men in the age range 20-29, and relatively low among the youngest (15-19 years) and oldest (45+ years) men and women.

Rural respondents were slightly more likely than urban respondents to view family planning messages in the media as unacceptable. Women and men who have attended higher levels of education are much more likely to accept family planning messages on radio or television than less educated women and men.

4.15 Exposure to Family Planning Messages in Print Media

Female respondents were asked if they had been exposed to a family planning message through a newspaper/magazine article, a poster, or leaflet/brochure (i.e., print media) during the 6 months prior to the interview. The results are presented in Table 4.24. Forty-nine percent of the women interviewed reported that they had no exposure to print media that contained family planning information. The most commonly reported source of a family planning message (print media) was posters (36 percent), followed by newspapers/magazines (30 percent) and leaflet/brochures (25 percent).

Women in rural areas were less likely to have been exposed to print media on family planning than their urban counterparts. Almost 60 percent of rural women were not exposed to any form of print media, compared with only 32 percent of urban women. The proportion exposed to any print media increases directly with educational level. Women who had been exposed to family planning messages in newspapers/magazines increased from 3 percent among women with no formal education to over 40 percent among women with at least some secondary education.

Table 4.24 Family planning messages in print

Percentage of women who received a message about family planning through the print media in the six months prior to the interview, according to selected background characteristics, Zimbabwe 1994

Background characteristic	Type of print media containing family planning message				Number of women
	No source	Newspaper/ magazine	Poster	Leaflet/ brochure	
Residence					
Urban	32.4	51.0	47.4	31.9	1,975
Rural	57.1	20.3	30.4	21.9	4,153
Province					
Manicaland	74.4	16.1	14.4	7.6	839
Mashonaland Central	56.0	26.1	32.4	21.2	510
Mashonaland East	40.2	26.7	47.4	34.8	579
Mashonaland West	55.2	24.5	30.2	30.4	632
Matabeleland North	64.8	14.9	26.9	14.6	366
Matabeleland South	56.9	22.6	31.0	25.9	305
Midlands	32.1	34.8	49.0	37.1	810
Masvingo	59.9	17.0	25.9	16.6	652
Harare	31.2	52.0	51.5	33.1	1,048
Bulawayo	34.0	54.9	38.6	22.9	388
Education					
No education	84.8	3.3	13.2	5.7	682
Primary	56.9	19.8	31.0	19.3	2,898
Secondary+	30.8	49.2	47.6	37.1	2,547
Total	49.1	30.2	35.9	25.2	6,128

The role of print media as a channel for communicating family planning messages to the public varies by province. For example, 16 percent of women in Manicaland reported having received family planning messages from newspapers/magazines, compared with 55 percent in Bulawayo. The results highlight the need to use different types of media for different population subgroups.

4.16 Contact of Nonusers with Family Planning Providers

Community-based distribution (CBD) workers, who are largely based in rural areas, are expected to visit women and men of reproductive age who are nonusers of modern family planning methods to discuss options and, when indicated, motivate them to adopt a method of family planning. To get an indication of the frequency of such visits, women were asked whether they had been visited by a CBD worker within the last 12 months.

Table 4.25 shows that only 12 percent of nonusers reported having been visited by a CBD worker during the 12 months preceding the ZDHS (i.e., sum of first 3 columns). As expected, nonusers in rural areas were more commonly visited by CBD workers (14 percent) than their urban counterparts (6 percent).

Table 4.25 Contact of nonusers with family planning providers

Percent distribution of nonusers of family planning by whether they were visited by a ZNFPC family planning fieldworker (CBD worker) or spoke with a health facility staff member about family planning (FP) methods during the 12 months prior to interview, according to selected background characteristics, Zimbabwe 1994

	Nonusers of family planning									
	Visited by CBD worker			Not visited by CBD worker						
	Visited health facility		Did not visit health facility	Visited health facility		Did not visit health facility				
Background characteristic	Discussed FP	Did not discuss FP		Discussed FP	Did not discuss FP		Missing	No FP services or information provided	Total	Number of nonusers
Residence										
Urban	1.5	1.8	2.6	10.6	26.7	56.2	0.6	82.9	100.0	1,184
Rural	4.8	4.8	4.5	12.0	28.1	45.6	0.1	73.7	100.0	2,792
Province										
Manicaland	1.9	2.4	3.1	9.7	26.4	56.2	0.2	82.6	100.0	619
Mashonaland Central	6.8	3.0	4.7	11.7	17.6	56.0	0.0	73.7	100.0	327
Mashonaland East	4.4	5.9	5.7	10.1	32.8	41.1	0.0	73.9	100.0	361
Mashonaland West	1.9	5.8	5.3	12.3	23.0	51.6	0.0	74.6	100.0	383
Matabeleland North	5.2	7.6	5.2	13.0	31.9	37.1	0.0	69.0	100.0	268
Matabeleland South	6.0	2.9	5.1	11.2	25.8	48.8	0.2	74.6	100.0	219
Midlands	3.3	3.1	3.8	16.3	28.6	44.6	0.2	73.2	100.0	469
Masvingo	8.2	7.4	3.9	13.6	37.1	29.9	0.0	66.9	100.0	455
Harare	2.0	1.7	2.5	10.4	26.1	56.3	1.1	82.4	100.0	615
Bulawayo	0.8	1.0	2.0	6.9	26.2	63.1	0.0	89.3	100.0	260
Education										
No education	4.4	4.3	5.9	11.7	23.5	49.6	0.6	73.1	100.0	464
Primary	5.3	4.2	4.6	11.5	24.8	49.4	0.1	74.3	100.0	1,832
Secondary+	2.1	3.5	2.7	11.7	31.9	47.8	0.3	79.7	100.0	1,680
Total	3.8	3.9	3.9	11.6	27.7	48.8	0.3	76.5	100.0	3,976

CBD = Community-based distribution
ZNFPC = Zimbabwe National Family Planning Council

To get insight into the level of "missed opportunities"—i.e., opportunities to motivate nonusers to adopt family planning that were not utilised—nonusers were also asked whether they had visited a health facility in the last 12 months and whether anyone at the health facility had discussed family planning with them during their visit. Overall, 77 percent of nonusers were not visited by a CBD worker *and* did not discuss family planning with a health facility staff person in the 12 months before the survey. This represents a large pool of potential users of family planning that could be targeted for family planning counselling.

Nearly half (49 percent) of nonusers did not receive a visit from a CBD worker *and* did not go to a health facility in the last 12 months. To reach these women a more vigorous outreach programme will be needed. Still, 39 percent of nonusers were not visited by a CBD worker but did visit a health facility in the last 12 months. However, 70 percent of these women (28 percent of all nonusers) received no family planning information or services during this recent visit. This is a significant fraction of nonusers and represents missed opportunities to motivate nonusers to adopt family planning.

4.17 Attitudes of Male and Female Respondents toward Family Planning

Use of effective contraceptive methods is facilitated when couples have a positive attitude towards family planning. Attitudinal data were collected by asking women whether they approve of couples using family planning and what they perceived as their husband's attitude towards family planning. This information is useful in the formulation of family planning policies, since it indicates the extent to which further education and publicity are needed to gain or increase acceptance of family planning. Widespread disapproval of contraception may act as a major barrier to adoption of methods.

The results presented in Table 4.26 are confined to currently married, nonsterilised women and exclude those who had never heard of a contraceptive method. Overall, 94 percent of married women who know of a contraceptive method approve of family planning, and 82 percent believe that their husband approves.

Overall, 81 percent of women said that both they and their husbands approved of family planning; only 4 percent of women reported that both they and their husbands disapproved. When there is a perceived disagreement between spouses, it is more common for the wife to report that her husband disapproves and she approves (11 percent), than that the husband approves and she disapproves (1 percent).

The likelihood that a woman will report that both she and her husband approve of family planning is highest (86 percent) among women age 20-24 years and declines with age to 63 percent among women age 45-49. The level of approval varies between urban and rural areas; couples in urban areas are more likely to approve of family planning than those in rural areas (88 and 78 percent, respectively). Approval by both husband and wife was above 80 percent in all provinces except Matabeleland North (64 percent), Manicaland (67 percent), Matabeleland South (68 percent), and Masvingo (79 percent). Less educated women are more likely to disapprove of family planning themselves and are also more likely to say that their spouses disapprove or that they do not know their spouse's views.

Table 4.26 Wives' perceptions of their husbands' attitude toward family planning

Percent distribution of currently married nonsterilised women who know of a contraceptive method by wife's attitude toward family planning and wife's perception of her husband's attitude toward family planning, according to selected background characteristics, Zimbabwe 1994

	Wife approves of couples using family planning			Wife disapproves of couples using family planning								
Background characteristic	Husband approves	Husband disap-proves	Hus-band's attitude unknown	Husband approves	Husband disap-proves	Hus-band's attitude unknown	Wife unsure	Missing	Total	Husband approves	Wife approves	Number of women
Age												
15-19	84.1	7.1	2.4	0.8	4.9	0.4	0.2	0.0	100.0	84.9	93.6	268
20-24	86.2	6.8	2.5	1.0	2.8	0.1	0.6	0.1	100.0	87.4	95.5	791
25-29	84.8	9.2	2.0	1.3	1.7	0.1	0.6	0.4	100.0	86.3	96.4	719
30-34	80.3	12.0	1.7	0.8	3.3	0.4	0.9	0.4	100.0	81.4	94.5	698
35-39	78.5	12.7	2.6	1.4	4.1	0.2	0.6	0.0	100.0	79.8	93.8	499
40-44	74.0	15.8	2.5	1.1	4.3	0.3	1.8	0.2	100.0	75.7	92.5	394
45-49	62.6	18.3	5.0	0.5	9.1	1.6	2.9	0.0	100.0	63.1	85.9	280
Residence												
Urban	88.1	6.8	2.1	0.5	1.6	0.2	0.5	0.3	100.0	88.6	97.3	1,079
Rural	77.2	12.7	2.6	1.3	4.5	0.4	1.1	0.1	100.0	78.8	92.7	2,571
Province												
Manicaland	67.1	19.0	3.3	0.9	9.5	0.0	0.3	0.0	100.0	67.9	89.4	523
Mashonaland Central	84.4	6.5	3.2	1.8	2.6	0.3	0.8	0.5	100.0	86.5	94.6	332
Mashonaland East	86.2	9.4	0.5	0.6	2.8	0.0	0.3	0.3	100.0	86.8	96.3	360
Mashonaland West	84.2	8.6	2.0	2.3	1.5	0.2	1.0	0.3	100.0	86.4	95.0	424
Matabeleland North	64.0	13.5	10.9	1.2	3.1	1.2	6.2	0.0	100.0	66.4	88.4	227
Matabeleland South	67.8	18.4	1.4	3.2	8.5	0.0	0.3	0.3	100.0	71.1	87.9	169
Midlands	83.9	11.4	0.5	0.5	3.2	0.2	0.2	0.0	100.0	84.4	95.8	455
Masvingo	79.0	13.0	1.7	0.8	2.6	1.2	1.7	0.0	100.0	80.7	93.7	379
Harare	89.7	6.3	2.0	0.3	1.4	0.0	0.0	0.3	100.0	90.0	98.3	602
Bulawayo	87.8	4.8	1.8	0.4	2.2	1.1	1.5	0.4	100.0	88.2	94.8	180
Education												
No education	66.7	15.9	4.4	2.3	7.4	0.6	2.5	0.3	100.0	69.3	87.2	518
Primary	78.0	13.0	2.6	0.9	4.1	0.4	0.9	0.1	100.0	79.1	93.7	1,919
Secondary+	90.2	5.7	1.3	0.8	1.3	0.1	0.4	0.4	100.0	91.1	97.5	1,213
Total	80.5	11.0	2.4	1.0	3.6	0.3	0.9	0.2	100.0	81.7	94.0	3,650

Note: The question was not asked of sterilised women.

4.18 Attitudes of Couples toward Family Planning

The fact that both women and men in the same household were interviewed provided an opportunity to link responses obtained from currently married women with those obtained independently from their husbands. A total of 711 couples were linked in this way. Table 4.27 shows the percent distribution of these couples by both spouses' approval of family planning, by age difference between husband and wife, and couples' education. In 91 percent of couples, both spouses reported that they approved of family planning. In only 1 percent of the couples did both disapprove. When only one spouse disapproved, it was just as likely to be the wife as the husband (3 percent).

Generally, as the age difference between husband and wife increases so does the likelihood that either disapproves of family planning. Couples are less likely to disapprove of family planning when both spouses are educated.

Table 4.27 Attitudes of couples toward family planning

Percent distribution of couples by approval of family planning, according to age difference between spouses and level of education, Zimbabwe 1994

Age difference	Both approve	Both disap-prove	Wife approves, husband dis-approves	Husband approves, wife dis-approves	Don't know/ Missing	Percent in agree-ment	Total	Number
Wife older	(94.6)	(0.0)	(2.0)	(0.0)	(3.4)	(94.6)	100.0	32
Husband older by:								
0-4 years	92.4	0.4	1.9	2.0	3.3	92.8	100.0	253
5-9 years	90.5	0.5	4.4	2.4	2.1	91.0	100.0	248
10+ years	89.8	1.4	3.2	4.7	0.9	91.2	100.0	179
Education								
One or both spouses uneducated	84.9	0.0	5.6	4.1	5.4	84.9	100.0	107
Both educated	92.3	0.8	2.7	2.5	1.8	93.1	100.0	604
Total	91.2	0.7	3.1	2.7	2.3	91.8	100.0	711

Note: Figures in parentheses are based on 25 to 49 women.

CHAPTER 5

OTHER PROXIMATE DETERMINANTS OF FERTILITY

This chapter focuses on the principal factors, other than contraception, that affect a woman's risk of becoming pregnant. These include: nuptiality, sexual activity, postpartum amenorrhoea and abstinence from sexual relations. Marriage and sexual initiation signal the onset of women's exposure to the risk of childbearing; postpartum amenorrhoea and abstinence affect the interval between births. These factors determine the length and pace of reproductive activity and are, therefore, important in understanding fertility.

5.1 Marital Status

The distribution of women according to their marital status[1] is shown in the upper panel of Table 5.1. The data shows that 27 percent of women of reproductive age in Zimbabwe have never married, 62 percent are currently married, and 11 percent are widowed or divorced. The proportion never married

Table 5.1 Current marital status

Percent distribution of women and men by current marital status, according to age, Zimbabwe 1994

	Marital status					
Age	Never married	Married	Widowed	Divorced	Total	Number
			WOMEN			
15-19	79.2	18.8	0.1	1.9	100.0	1,472
20-24	28.4	62.9	0.7	8.1	100.0	1,269
25-29	7.5	79.3	2.6	10.4	100.0	915
30-34	3.3	82.9	3.9	9.9	100.0	871
35-39	1.2	80.2	7.0	11.6	100.0	661
40-44	2.3	79.8	8.8	9.0	100.0	532
45-49	0.6	76.4	13.0	10.0	100.0	407
Total	26.9	61.8	3.5	7.8	100.0	6,128
			MEN			
15-19	98.2	1.6	0.0	0.2	100.0	604
20-24	73.5	24.7	0.0	1.8	100.0	399
25-29	32.2	61.5	0.6	5.7	100.0	288
30-34	5.8	84.8	0.8	8.6	100.0	241
35-39	1.9	90.0	0.0	8.0	100.0	195
40-44	2.1	90.4	0.6	6.9	100.0	190
45-49	0.9	91.2	1.0	6.9	100.0	111
50-54	0.9	89.2	3.1	6.9	100.0	113
Total	46.9	48.5	0.4	4.2	100.0	2,141

Note: Figures may not add to 100.0 due to rounding

[1] In the ZDHS, *marriage* includes both formal and informal unions. Informal unions are those in which a man and woman stay together intending to have a lasting relationship, even if a formal civil or religious ceremony has not yet occurred.

declines sharply from 79 percent in age group 15-19 to less than 1 percent among women 45-49 years of age. Marriage is thus nearly universal in Zimbabwe.

The proportion of women who are currently married increases with age until age group 30-34 and then declines slowly because of the increasing levels of widowhood with age. The proportion divorced is evenly distributed across all age groups except age group 15-19 where the proportion is very small.

The lower panel of Table 5.1 shows that 47 percent of the men interviewed have never been married, 49 percent are currently married and 4 percent are divorced, while less than 1 percent are widowed. Compared with women, a much greater proportion of the interviewed men (20 percentage points more) have never been married. Widowhood is almost nonexistent for men, suggesting that men are more likely than women to remarry upon the death of a spouse. Divorce is also lower among men than women.

Virtually no change has occurred in marital patterns over the 6-year period since the 1988 ZDHS except that the proportion of women who are widowed increased slightly from 3 percent in the 1988 ZDHS to 4 percent in the 1994 ZDHS. Men were not interviewed in the 1988 ZDHS.

5.2 Marital Exposure

Table 5.2 presents information on variations in marital exposure by age and background characteristics. The calendar part of the ZDHS female questionnaire collects information about the marriage experience of women during the five years preceding the survey. The proportion of this period spent in union depends on the age at first union, marital disruption (divorce and widowhood) and remarriage. Since the

Table 5.2 Marital exposure

For all women 15-49, the percentage of months in the five years prior to the survey spent in marital union, by age and selected background characteristics, Zimbabwe 1994

Background characteristic	Current age							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Residence								
Urban	4.6	35.8	73.5	81.8	74.6	76.1	65.7	50.5
Rural	7.4	51.6	78.1	87.1	87.4	85.7	82.9	58.7
Province								
Manicaland	7.3	52.0	83.0	98.0	82.2	82.7	(83.2)	58.6
Mashonaland Central	10.3	55.9	78.1	79.3	88.4	90.2	(84.7)	60.1
Mashonaland East	4.7	55.9	78.8	90.4	87.6	88.6	(94.0)	61.1
Mashonaland West	10.4	56.9	80.9	83.0	77.5	78.4	(74.5)	59.1
Matabeleland North	11.7	48.6	(73.1)	(86.4)	(88.5)	(86.6)	(88.6)	58.6
Matabeleland South	3.3	38.5	(64.3)	(78.5)	(88.4)	(82.5)	(79.0)	53.5
Midlands	5.4	40.4	70.0	85.4	87.0	85.6	75.1	54.9
Masvingo	5.1	50.3	80.0	86.0	82.5	84.1	(79.5)	55.9
Harare	5.3	33.7	79.8	85.4	76.4	(79.0)	(57.7)	51.4
Bulawayo	2.2	34.6	65.1	67.8	86.0	72.6	(72.6)	47.8
Education								
No education	(41.4)	(71.0)	81.2	89.0	87.3	80.6	81.3	82.7
Primary	10.7	61.4	84.4	85.9	81.8	83.7	77.4	65.1
Secondary +	3.1	35.9	70.0	81.3	84.4	85.1	(84.9)	28.6
Total	6.5	45.7	76.5	85.3	83.5	83.1	79.1	56.1

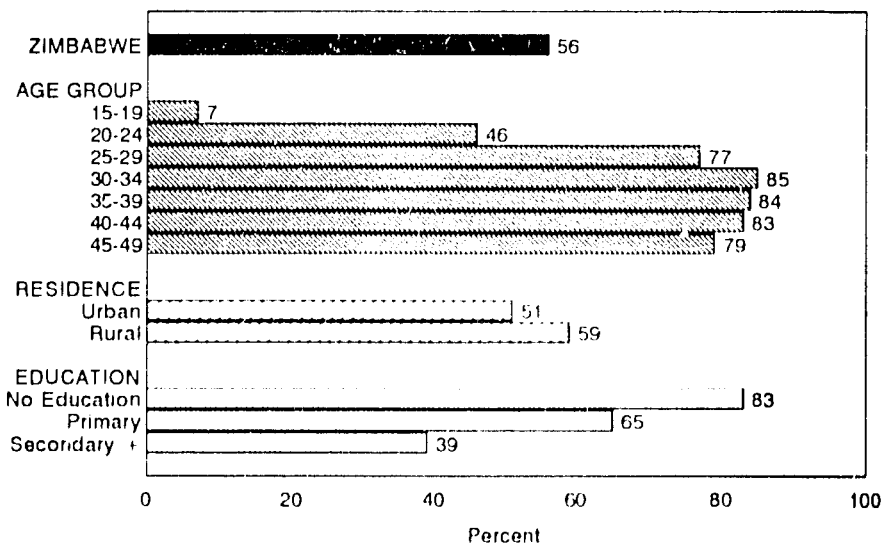
Note: Figures in parentheses are based on 25 to 49 women.

proportion of women age 15-19 who are widowed or divorced is usually very small (about 2 percent in Zimbabwe), marital exposure for this age group is affected mainly by age at first marriage. At the older age groups, widowhood and divorce may be more important, especially within the context of universal marriage.

The percentage of months in the five years before the survey spent in marital union displays an inverted J-shape curve when presented according to age of women; increasing from 7 percent among women age 15-19 to 85 percent in age group 30-34 and then declining to 79 percent in age group 45-49 (see Figure 5.1). At every age, rural women are more likely to be in union in the five years prior to the survey than urban women, which is reflected in provincial variations as well. Bulawayo and Harare (both highly urbanized) have the lowest marital exposure in the five years prior to the survey, while Mashonaland East, Mashonaland Central, and Mashonaland West have the highest exposure levels.

Marital exposure is negatively related to female education. Overall, marital exposure declines from 83 percent among women with no formal education, to 65 and 39 percent, respectively, among women with primary and secondary or more education. However, the relationship between marital exposure and education varies with age. In younger age groups, marital exposure declines with increasing level of education, but appears to increase with education at older ages. Among women age 15-19 years, marital exposure declines from 41 percent for those with no education to 3 percent for those with secondary or higher education. The same pattern is observed for age group 20-24. However, for the two oldest age groups, women with secondary or higher education have the longest marital exposure in the five years prior to the survey. The low marital exposure of more educated women in the younger age groups reflects increasing age at entry into union, while higher exposure in older age groups may reflect lower divorce or widowhood rates in the past among more educated women.

Figure 5.1
Percentage of Months in Last 5 Years
Spent in Marital Union by Women Age 15-49



ZDHS 1994

5.3 Polygyny

The extent of polygyny in Zimbabwe was measured by asking all currently married female respondents the question: "Besides yourself, how many other wives does your husband have?" For currently married men, the question was: "How many wives do you have?" The proportion of currently married women in a polygynous union according to age group and selected background characteristics is shown in Table 5.3.1 and in Figure 5.2. Overall, 19 percent of currently married women in Zimbabwe are in polygynous unions. Older women are more likely to be in polygynous unions than younger women. Also, polygyny is higher among rural women than urban women. There are provincial variations in polygyny levels with Harare having the lowest level (11 percent) and Manicaland the highest (27 percent). Provincial variations in polygyny levels cut across ethnic and geographic boundaries. For instance, the level of polygyny in Matabeleland North is twice that in Matabeleland South.

Table 5.3.1 Polygyny: women

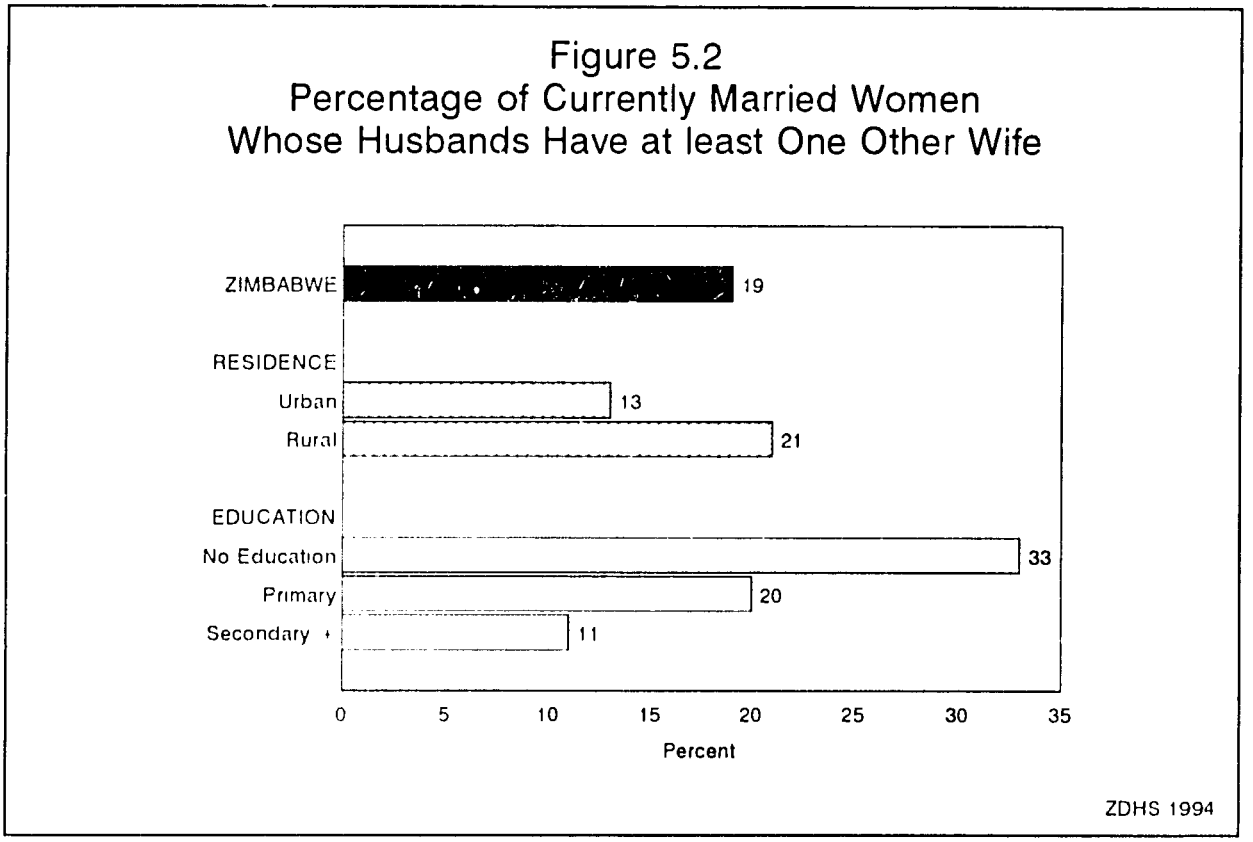
Percentage of currently married women in a polygynous union, by age and selected background characteristics, Zimbabwe 1994

	Age of woman							
Residence	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Total
Residence								
Urban	7.9	8.6	16.8	12.6	10.9	13.7	22.7	12.8
Rural	14.5	14.2	18.9	22.8	24.8	26.0	30.2	21.1
Province								
Manicaland	(12.6)	16.9	20.5	33.3	37.2	(31.8)	(38.1)	26.5
Mashonaland Central	(6.9)	19.0	15.3	17.6	30.1	28.7	(31.3)	20.7
Mashonaland East	*	10.0	11.9	10.0	24.0	(19.0)	(23.2)	14.7
Mashonaland West	(18.9)	10.6	16.1	13.3	13.1	(18.9)	(23.2)	15.0
Matabeleland North	(32.3)	21.0	22.7	27.9	31.1	23.3	(28.6)	25.9
Matabeleland South	*	9.8	12.1	6.8	19.9	(15.6)	(15.5)	12.7
Midlands	(17.4)	11.3	21.5	21.0	19.8	(27.7)	(31.7)	20.6
Masvingo	(11.2)	12.2	26.1	29.4	18.6	(24.4)	(27.4)	21.8
Harare	(4.8)	4.5	12.5	15.0	(6.8)	(15.2)	*	10.9
Bulawayo	*	24.4	26.2	10.7	13.0	(16.2)	*	19.1
Education								
No education	*	(35.0)	34.2	36.3	29.1	33.6	39.6	32.8
Primary	17.3	17.4	21.4	17.3	20.1	20.3	27.3	19.8
Secondary+	6.1	7.2	14.7	12.1	9.5	(18.9)	(3.7)	10.5
Total	12.8	12.4	18.2	19.4	21.1	23.1	28.8	18.6

Note: Figures in parentheses are based on 25-49 women; an asterisk indicates that a figure is based on fewer than 25 women and has been suppressed

There is an inverse relationship between female education and polygyny. The proportion of currently married women in a polygynous union decreases from 33 percent among women with no formal education to 11 percent among those with at least some secondary education.

Compared with the 1988 ZDHS, polygyny appears to be on the increase in Zimbabwe, especially in urban areas and among women with at least primary education. Overall, polygyny increased from 17 percent in the 1988 ZDHS to 19 percent in the current survey. Among urban women, the increase is from 9 to 13



percent. For women with only primary education, polygyny increased from 16 to 20 percent between the two surveys, and from 7 to 11 percent for those with secondary or higher education. This trend has not been commonly observed in sub-Saharan Africa; most countries have shown modest declines in the practice of polygyny. The finding does, however, parallel results from other countries in the province, especially with respect to surprising rises in polygyny among educated women.[2]

The data for currently married men is shown in Table 5.3.2. Only 8 percent of the men interviewed are in a polygynous union and this varies greatly with age. Less than 2 percent of men under age 30 are in a polygynous union, compared with about 17 percent of those age 45 and over. Rural men are also more likely to have multiple wives than urban men. There is substantial provincial variation in the distribution of men who are in a polygynous union, ranging from 4 percent in Mashonaland East to 15 percent in Matabeleland North. Men with primary or no education are more than twice as likely to be in a polygynous union as those with secondary or more education. While polygyny is 66 percent higher among women with no education compared with those with only primary education, there is no difference in polygyny levels between men with primary education and those with no education.

[2] Pebley, Ann, Wariara Mbugua, and Noreen Goldman. 1988. Polygyny and fertility in sub-Saharan Africa. *Fertility Determinants Research Notes* 21:6-10.

Table 5.3.2 Polygyny: men

Percentage of currently married men in a polygynous union, by age and selected background characteristics, Zimbabwe 1994

	Age of man							
Residence	20-24	25-29	30-34	35-39	40-44	45-49	50-54	Total
Residence								
Urban	1.4	0.0	7.7	14.4	4.4	(11.9)	(11.1)	6.8
Rural	1.9	3.5	5.6	10.4	11.7	21.3	17.5	9.7
Province								
Manicaland	*	*	*	*	*	*	*	14.2
Mashonaland Central	*	*	*	*	*	*	*	7.1
Mashonaland East	*	*	*	*	*	*	*	4.2
Mashonaland West	*	*	*	*	*	*	*	8.0
Matabeleland North	*	*	*	*	*	*	*	14.8
Matabeleland South	*	*	*	*	*	*	*	8.3
Midlands	*	*	*	*	*	*	*	12.5
Masvingo	*	*	*	*	*	*	*	9.6
Harare	*	*	*	*	*	*	*	5.4
Bulawayo	*	*	*	*	*	*	*	5.2
Education								
No education	*	*	*	*	*	*	*	11.9
Primary	*	(1.5)	(4.9)	14.9	8.8	17.6	18.8	11.1
Secondary+	*	2.0	7.7	7.5	9.5	*	*	5.1
Total	1.7	1.9	6.6	12.2	8.3	18.0	15.3	8.4

Note: Figures in parentheses are based on 25-49 men; an asterisk indicates that a figure is based on fewer than 25 men and has been suppressed. There are too few married men age 15-19 to show separately

Table 5.4.1 shows the distribution of currently married women by number of co-wives, according to selected background characteristics. The table shows that 81 percent of all currently married women are in a monogamous union, 14 percent are in polygynous unions with one co-wife, and only a small proportion (5 percent) are in polygynous marriages with two or more co-wives. In general, women in groups with relatively high levels of polygyny are also more likely to have more than one co-wife. This is true of women over age 30, rural women, those with no formal education, and women in Manicaland and Matabeleland North provinces. Less than 2 percent of the men have three or more wives (see Table 5.4.2).

Table 5.4.1 Number of co-wives: women

Percent distribution of currently married women by number of co-wives, according to background characteristics, Zimbabwe 1994

Background characteristic	Number of co-wives			Missing	Total	Number of women
	0	1	2+			
Age						
15-19	87.2	10.4	2.5	0.0	100.0	276
20-24	87.6	9.7	2.7	0.1	100.0	798
25-29	81.8	13.4	4.2	0.5	100.0	726
30-34	80.6	12.7	6.4	0.2	100.0	722
35-39	78.9	16.0	4.8	0.3	100.0	530
40-44	76.9	16.4	6.3	0.4	100.0	425
45-49	71.2	21.9	6.2	0.8	100.0	311
Residence						
Urban	87.2	9.2	2.8	0.8	100.0	1,114
Rural	78.9	15.5	5.5	0.1	100.0	2,674
Province						
Manicaland	73.5	18.3	8.2	0.0	100.0	543
Mashonaland Central	79.3	17.1	3.3	0.3	100.0	342
Mashonaland East	85.3	10.7	4.0	0.0	100.0	377
Mashonaland West	85.0	11.5	3.2	0.3	100.0	429
Matabeleland North	74.1	18.5	7.2	0.2	100.0	239
Matabeleland South	87.3	8.2	4.2	0.3	100.0	183
Midlands	79.4	15.5	4.7	0.5	100.0	472
Masvingo	78.2	17.3	4.5	0.0	100.0	393
Harare	89.1	6.1	3.9	0.8	100.0	619
Bulawayo	80.9	16.3	2.1	0.7	100.0	191
Education						
No education	67.2	24.3	8.3	0.2	100.0	552
Primary	80.2	14.4	5.2	0.2	100.0	1,992
Secondary+	89.5	7.7	2.2	0.6	100.0	1,244
Total	81.4	13.7	4.7	0.3	100.0	3,788

Table 5.4.2 Number of wives: men

Percent distribution of currently married men by number of wives, according to background characteristics, Zimbabwe 1994

Background characteristic	Number of wives 1	2	3+	Missing	Total	Number of men
Age						
20-24	98.3	1.7	0.0	0.0	100.0	99
25-29	98.1	1.0	0.8	0.0	100.0	177
30-34	93.4	5.8	0.8	0.0	100.0	204
35-39	86.3	8.4	3.8	1.5	100.0	176
40-44	90.7	7.7	0.6	1.0	100.0	171
45-49	82.0	12.6	5.4	0.0	100.0	101
50-54	84.7	13.5	1.8	0.0	100.0	101
Residence						
Urban	92.5	5.9	0.9	0.7	100.0	452
Rural	89.9	7.3	2.4	0.3	100.0	586
Province						
Manicaland	84.5	11.8	2.4	1.4	100.0	125
Mashonaland Central	92.9	6.2	0.9	0.0	100.0	90
Mashonaland East	94.7	4.2	0.0	1.1	100.0	89
Mashonaland West	92.0	4.1	3.9	0.0	100.0	127
Matabeleland North	85.2	12.3	2.4	0.0	100.0	42
Matabeleland South	91.7	8.3	0.0	0.0	100.0	32
Midlands	85.4	8.6	3.9	2.2	100.0	121
Masvingo	90.4	8.3	1.3	0.0	100.0	83
Harare	94.6	4.7	0.8	0.0	100.0	243
Bulawayo	94.8	4.4	0.7	0.0	100.0	86
Education						
No education	88.1	10.2	1.6	0.0	100.0	67
Primary	87.9	8.8	2.3	1.1	100.0	500
Secondary +	94.9	4.0	1.2	0.0	100.0	472
Total	91.1	6.7	1.7	0.5	100.0	1,038

Note: There are too few married men age 15-19 to show separately.

5.4 Age at First Marriage

For most societies, marriage marks the point in a woman's life when childbearing first becomes socially acceptable. Women who marry early will, on average, have longer exposure to reproductive risk; therefore, early age at first marriage often implies early age at childbearing and higher fertility for a society. Information on age at first marriage was obtained by asking all ever-married respondents the month and year they started living together with their first spouse.

The median age at first marriage in Zimbabwe has risen slowly from 18.9 years among women age 40-49 to 19.8 years among women age 20-24 (representing recent marital patterns) (see Table 5.5). The proportion of women married by age 15 declined from 11 percent among those age 45-49 to 3 percent among women age 15-19 years. Overall, 62 percent of Zimbabwean women currently age 25-49 were married by age 20.

Table 5.5 Age at first marriage

Percentage of women and men who were first married by specific exact age and median age at first marriage, according to current age, Zimbabwe 1994

WOMEN

Current age	Percentage who were first married by exact age: 15	18	20	22	25	Percentage who had never married	Number of women	Median age at first marriage
15-19	3.1	NA	NA	NA	NA	79.2	1,472	a
20-24	6.4	31.0	51.7	NA	NA	28.4	1,269	19.8
25-29	9.4	34.2	56.4	73.0	87.7	7.5	915	19.3
30-34	11.4	41.9	64.8	78.0	89.8	3.3	871	18.7
35-39	9.5	40.1	65.0	82.5	93.5	1.2	661	18.8
40-44	9.4	37.0	62.1	77.2	87.4	2.3	532	18.9
45-49	10.9	40.5	61.7	78.4	89.6	0.6	407	18.9
20-49	9.1	36.5	59.0	74.5	84.7	10.3	4,656	19.2
25-49	10.1	38.5	61.7	77.4	89.6	3.5	3,387	18.9

MEN

Current age	Percentage who were first married by exact age: 20	22	25	28	30	Percentage who had never married	Number of men	Median age at first marriage
20-24	7.3	NA	NA	NA	NA	73.5	399	a
25-29	5.6	17.7	45.5	65.6	67.8	32.2	288	a
30-34	8.7	20.9	45.5	71.8	86.1	5.8	241	25.5
35-39	13.6	32.1	61.7	76.2	82.9	1.9	195	23.8
40-44	12.0	27.2	52.3	77.1	83.2	2.1	190	24.7
45-49	5.9	19.7	45.9	63.0	71.6	0.9	111	25.5
50-54	12.1	21.5	40.7	56.5	63.5	0.9	113	26.7
30-54	10.7	24.8	50.1	70.8	79.8	2.8	849	25.0

NA = Not applicable

[a]Omitted because less than 50 percent of the women or men in the age group x to $x+4$ were first married by age x.

Comparison with data from the male survey shows that men enter into first union at a much later age than women: the median age at first marriage for men is 25 years, compared with 19 years for women. Only 11 percent of men are married by age 20, compared with 62 percent of women.

Table 5.6 examines the median age at first marriage for women age 20-49 by selected background characteristics. The overall median age at first marriage observed for women age 25-49 is 18.9 years. However, the table shows large differentials in the median age at first marriage by background characteristics. Urban women marry about one year later than rural women. There are even greater variations by province. Mashonaland West has the lowest median age at first marriage (17.5 years) while Bulawayo and Matabeleland South have the highest (20.8 and 20.1 years, respectively). The median age at marriage in the other provinces ranges from 18.4 to 19.6 years.

Table 5.6 Median age at first marriage

Median age at first marriage among women age 20-49 years, by current age and selected background characteristics, Zimbabwe 1994

Background characteristic	Current age						Women age 20-49	Women age 25-49
	20-24	25-29	30-34	35-39	40-44	45-49		
Residence								
Urban	a	20.0	19.5	19.2	19.3	18.7	20.0	19.5
Rural	19.1	19.0	18.3	18.6	18.8	18.9	18.8	18.7
Province								
Manicaland	19.7	18.2	17.5	19.3	18.9	18.9	18.7	18.5
Mashonaland Central	18.3	19.0	18.3	17.9	18.7	17.7	18.4	18.4
Mashonaland East	18.6	18.8	18.3	18.1	18.6	19.0	18.5	18.5
Mashonaland West	18.3	17.7	17.7	17.2	17.4	17.6	17.7	17.5
Matabeleland North	19.3	20.1	19.0	18.8	18.6	20.4	19.3	19.3
Matabeleland South	a	21.1	19.8	20.0	19.2	19.4	a	20.1
Midlands	a	20.4	19.0	19.4	19.1	20.0	19.8	19.6
Masvingo	19.1	18.7	18.7	18.9	18.8	18.9	18.8	18.8
Harare	a	19.7	19.3	19.4	18.8	18.3	19.9	19.3
Bulawayo	a	21.3	20.3	19.8	22.1	20.8	a	20.8
Education								
No education	(16.5)	16.2	16.6	17.7	18.2	19.4	17.4	17.5
Primary	18.0	18.0	18.4	18.9	18.8	18.5	18.4	18.5
Secondary+	a	20.7	21.0	20.4	21.0	20.5	a	20.8
Total	19.8	19.3	18.7	18.8	18.9	18.9	19.2	18.9

Note: The median for women 15-19 could not be determined because some women may still get married before reaching age 20. Figures in parentheses are based on 25 to 49 women.
[a] Omitted because less than 50 percent of the women in the age group *x* to *x+4* were first married by age *x*.

There is a marked relationship between female education and median age at first marriage. The median age at first marriage for women with no formal education is 17.5 years, compared with 18.5 years for those with primary education and 20.8 years for women with secondary or higher education. Within educational groups, age at first marriage has remained virtually constant since the 1988 ZDHS. Overall age at marriage has increased solely because the proportion of women who are educated to the secondary level (and marry later) has increased substantially.

5.5 Age at First Sexual Intercourse

Age at first marriage is often used as a proxy for the onset of women's exposure to the risk of pregnancy. However, since some women are sexually active before marriage, the age at which women initiate sexual intercourse more precisely marks the beginning of their exposure to reproductive risk.

The percentage of women and men who have ever had intercourse by specific ages is given in Table 5.7. The median age at first sexual intercourse for women has risen slowly in recent years from 18.0 years for cohort age 30-34 to 18.8 for cohort age 20-24.[3] This corresponds roughly to the one-year rise in age at first marriage discussed in the previous section. Among women in the 15-19 age group, 70 percent have never had sex. This proportion drops to 17 percent for women age 20-24, and by age 25-29 almost all women have become sexually active.

[3] The decrease in median age at first sex observed between the cohort age 45-49 and the cohort age 30-34 is almost certainly an artifact of recall problems among the older women who tend to overestimate their age at first sex.

Table 5.7 Age at first sexual intercourse

Percentage of women and men who had first sexual intercourse by exact age 15, 18, 20, 22, and 25, and median age at first intercourse, according to current age, Zimbabwe 1994

Current age	Percentage who had first intercourse by exact age: 15	18	20	22	25	Percentage who never had intercourse	Number of women/ men	Median age at first intercourse
				WOMEN				
15-19	5.2	NA	NA	NA	NA	70.3	1,472	a
20-24	7.4	38.6	64.5	NA	NA	17.3	1,269	18.8
25-29	10.8	45.1	68.9	82.4	90.4	2.1	915	18.4
30-34	12.1	49.4	72.8	84.8	89.1	0.7	871	18.0
35-39	12.0	49.1	74.5	86.5	90.9	0.3	661	18.1
40-44	10.2	40.9	67.3	79.9	85.7	0.1	532	18.6
45-49	13.6	46.6	66.6	77.9	85.7	0.0	407	18.3
20-49	10.5	44.4	68.8	81.1	86.5	5.3	4,656	18.4
25-49	11.6	46.5	70.5	82.9	88.9	0.8	3,387	18.3
				MEN				
15-19	7.9	NA	NA	NA	NA	67.1	604	a
20-24	7.6	38.3	71.8	NA	NA	13.9	399	18.7
25-29	6.8	34.0	61.8	80.3	92.4	1.1	288	19.0
30-34	5.0	29.4	58.9	79.4	88.9	0.0	241	19.1
35-39	7.0	31.3	55.7	78.6	92.8	0.0	195	19.6
40-44	3.4	22.5	52.1	77.4	88.7	0.0	190	19.8
45-49	5.8	24.9	49.4	73.5	82.4	0.0	111	20.0
50-54	4.4	11.3	32.8	56.8	80.4	0.0	113	21.0
25-54	5.6	27.5	54.5	76.3	88.9	0.3	1,137	19.6

NA = Not applicable
[a] Omitted because less than 50 percent in the age group x to $x+4$ had had intercourse by age x.

The data from male respondents show a different picture, one of decreasing age at first sex from about 21.0 years in the cohort currently age 50-54 to 18.7 years for the cohort age 20-24.

The median age at first sex for men (all ages) is 19.6 years, compared with 18.3 years for women. Although men enter into marriage, on average, six years later than women, they start sexual relations only 16 months later than women. Looking at trends over age cohorts, it can be seen that the difference in the median age at first sex between men and women has declined considerably from over 20 months in the cohort age 45-49 years, to only seven months for the cohort age 25-29 years, to essentially no difference in the cohort age 20-24 years.

Tables 5.8.1 and 5.8.2 show differentials in the median age at first sexual intercourse by background characteristics for women age 20-49 years and men age 20-54 years. With respect to place of residence, on average, rural women start sexual relations six months earlier than urban women. There is little variation by province. Harare province has the highest median age at first sexual intercourse (18.9 years) while Mashonaland West and Matabeleland South have the lowest (17.3 years). Women with secondary or more education initiate sexual relations at least two years later, on average, than those with no formal education.

Table 5.8.1 Median age at first intercourse: women

Median age at first sexual intercourse among women age 20-49 years, by current age and selected background characteristics, Zimbabwe 1994

Background characteristic	Current age						Women age 20-49	Women age 25-49
	20-24	25-29	30-34	35-39	40-44	45-49		
Residence								
Urban	19.9	18.8	18.7	18.3	18.8	18.6	19.0	18.6
Rural	18.2	18.2	17.7	17.9	18.5	18.3	18.1	18.1
Province								
Manicaland	*	*	*	*	*	*	18.6	18.3
Mashonaland Central	*	*	*	*	*	*	18.5	18.5
Mashonaland East	*	*	*	*	*	*	18.2	18.1
Mashonaland West	*	*	*	*	*	*	17.5	17.3
Matabeleland North	*	*	*	*	*	*	17.4	17.4
Matabeleland South	*	*	*	*	*	*	17.3	17.3
Midlands	*	*	*	*	*	*	18.7	18.7
Masvingo	*	*	*	*	*	*	18.2	18.2
Harare	*	*	*	*	*	*	19.4	18.9
Bulawayo	*	*	*	*	*	*	18.6	18.5
Education								
No education	17.5	16.0	16.8	17.0	18.3	19.3	17.4	17.4
Primary	17.4	17.2	17.8	18.0	18.5	17.7	17.8	17.9
Secondary+	19.7	19.5	19.3	19.2	20.1	20.3	19.6	19.5
Total	18.8	18.4	18.0	18.1	18.6	18.3	18.4	18.3

Note: Figures in parentheses are based on 25-49 women; an asterisk indicates that a figure is based on fewer than 25 women and has been suppressed.
[a] Omitted because less than 50 percent of the women had had intercourse for the first time by age 20.

Table 5.8.2 Median age at first intercourse: men

Median age at first sexual intercourse among men age 20-54 years, by current age and selected background characteristics, Zimbabwe 1994

Background characteristic	Current age							Men age 25-54
	20-24	25-29	30-34	35-39	40-44	45-49	50-54	
Residence								
Urban	19.0	19.6	18.8	19.4	20.1	19.4	20.5	19.6
Rural	18.4	18.6	19.4	19.7	19.5	20.2	21.8	19.6
Province								
Manicaland	*	*	*	*	*	*	*	19.5
Mashonaland Central	*	*	*	*	*	*	*	20.8
Mashonaland East	*	*	*	*	*	*	*	20.1
Mashonaland West	*	*	*	*	*	*	*	19.2
Matabeleland North	*	*	*	*	*	*	*	18.0
Matabeleland South	*	*	*	*	*	*	*	18.9
Midlands	*	*	*	*	*	*	*	19.6
Masvingo	*	*	*	*	*	*	*	20.3
Harare	*	*	*	*	*	*	*	19.4
Bulawayo	*	*	*	*	*	*	*	20.0
Education								
No education	*	*	*	*	*	*	*	20.6
Primary	18.2	18.6	18.9	20.0	19.3	19.8	20.9	19.6
Secondary+	18.8	19.2	19.2	19.0	20.6	19.6	(21.5)	19.4
Total	18.7	19.0	19.1	19.6	19.8	20.0	21.0	19.6

Note: Numbers in parentheses are based on 25-49 men; an asterisk indicates that a figure is based on fewer than 25 men and has been suppressed.
[a] Omitted because less than 50 percent of the men had had intercourse for the first time by age 20.

For men, the median age at first sexual intercourse does not vary much by urban-rural residence. By province, it ranges from 18.0 years in Matabeleland North to 20.8 years in Mashonaland Central province. Education is negatively related to the median age at first sexual intercourse among men. Men with no formal education have a median age of 20.6 years when they first become sexually active, which declines to 19.6 and 19.4 years for men with primary and secondary or more education, respectively. Thus, while educated women initiate sexual activity much later than those with no education, the reverse is true for men. For both men and women, however, the gap between age at first sexual intercourse and age at first marriage increases with education. For women, those with no education spend only one month, on average, between their first sexual encounter and marriage. This increases to 7 and 16 months respectively, for those with primary and secondary or more education. For men, the increase is from 4.9 years among those with no education to 6.0 years among those with secondary or more education.

5.6 Recent Sexual Activity

Although only 5 percent of the women age 20-49 have never had sexual intercourse, not all those who have ever had sex are currently sexually active. In the absence of effective contraception, the probability of becoming pregnant is highly dependent upon the frequency of intercourse. Information on sexual activity, therefore, can be used to refine measures of exposure to pregnancy. Men and women who have ever had sex were asked how long ago their last sexual activity occurred and the frequency in the last four weeks. Tables 5.9.1 and 5.9.2 show the distribution of sexual activity by background characteristics for all female and male respondents.

A little over half (53 percent) of all women interviewed were sexually active in the four weeks preceding the survey, 7 percent were in postpartum abstinence, 16 percent were abstaining for reasons other than recent childbirth, and 21 percent had never had sex. Recent sexual activity is higher among women between the ages of 25 and 44, women married for less than 25 years, women living in the urban areas, women with little or no education, and those using some type of contraception. There also exist small provincial variations in sexual activity, ranging from 46 percent among women in Matabeleland South to 57-58 percent of those in Harare and Mashonaland West.

The proportion of women who are postpartum abstaining for under two years declines at older ages and at longer marital durations. Women in rural areas, those with no education, and those who are not using any form of contraception are much more likely to be postpartum abstaining. Abstinence unrelated to childbirth increases sharply with increasing age and duration of marriage, especially for abstinence exceeding two years in length. There are substantial differences among the provinces, ranging from 12 percent in Harare to over 20 percent in Matabeleland North and South.

More educated women tend to start sexual activity later than less educated women but are more active once they start. Only 1 percent of uneducated women 15-49 have not yet had sex, compared with 14 percent of women with primary schooling and 35 percent of women with secondary education or more. On the other hand, among women who have ever had sex, all forms of abstinence decline with increasing level of education.

Half of the men interviewed were sexually active in the four weeks preceding the survey, 21 percent have never sex, and the remaining 28 percent have had sex but not recently. Only 46 percent of men who have never been married have never had sex, compared with 78 percent of women. Current sexual activity is only slightly higher among men in a polygynous union (87 percent) than men in a monogamous union (82 percent). Only 40 and 18 percent of formerly and never-married men, respectively, were sexually active in the four weeks preceding the survey.

Table 5.9.1 Recent sexual activity: women

Percent distribution of women by sexual activity in the four weeks preceding the survey, and among those not sexually active, the length of time they have been abstaining and whether postpartum or not postpartum, according to selected background characteristics and contraceptive method currently used, Zimbabwe 1994

Background characteristic/ contraceptive method	Sexually active in last 4 weeks	Not sexually active in last 4 weeks: Abstaining (postpartum) 0-1 years	Abstaining (postpartum) 2+ years	Abstaining (not postpartum) 0-1 years	Abstaining (not postpartum) 2+ years	Never had sex	Missing	Total	Number of women
Age									
15-19	16.3	4.2	0.4	7.4	0.6	70.3	0.7	100.0	1,472
20-24	53.8	8.2	1.5	14.9	1.2	17.3	3.0	100.0	1,269
25-29	70.7	7.3	0.2	13.2	2.8	2.1	3.6	100.0	915
30-34	70.3	8.2	1.1	14.7	2.2	0.7	2.8	100.0	871
35-39	68.4	5.2	0.8	16.8	5.3	0.3	3.3	100.0	661
40-44	69.3	5.0	0.4	14.8	6.3	0.1	4.0	100.0	532
45-49	63.0	0.4	0.3	19.0	13.1	0.0	4.4	100.0	407
Duration of union (years)									
Never married	5.4	3.1	1.4	10.0	1.4	77.5	1.2	100.0	1,646
0-4	71.0	10.9	0.2	14.2	0.7	0.5	2.5	100.0	1,088
5-9	73.0	7.1	0.6	13.5	2.1	0.1	3.5	100.0	883
10-14	70.8	7.1	0.8	14.7	3.5	0.0	3.2	100.0	744
15-19	73.3	6.6	0.8	13.9	2.9	0.0	2.5	100.0	739
20-24	71.5	4.3	0.2	14.1	5.5	0.0	4.5	100.0	532
25-29	64.9	2.8	0.5	16.7	10.9	0.0	4.3	100.0	345
30+	55.6	0.7	0.0	19.8	18.8	0.0	5.1	100.0	151
Residence									
Urban	56.4	3.3	0.8	10.5	3.2	23.7	2.0	100.0	1,975
Rural	51.7	7.3	0.7	14.6	3.1	19.6	3.0	100.0	4,153
Province									
Manicaland	47.6	7.9	0.5	12.1	3.9	23.3	4.7	100.0	839
Mashonaland Central	55.9	6.0	1.4	12.0	3.0	17.8	3.9	100.0	510
Mashonaland East	50.9	5.9	0.7	15.8	3.1	22.7	0.9	100.0	579
Mashonaland West	57.6	8.1	0.3	11.9	3.7	14.9	3.4	100.0	632
Matabeleland North	50.6	11.4	0.9	21.0	2.8	11.2	2.2	100.0	366
Matabeleland South	46.3	10.9	0.9	24.7	1.1	13.1	2.9	100.0	305
Midlands	54.7	5.5	0.4	11.8	3.5	21.3	2.9	100.0	810
Masvingo	53.5	3.5	0.5	15.3	1.5	24.3	1.3	100.0	652
Harare	57.1	2.1	1.2	7.7	4.1	26.0	1.8	100.0	1,048
Bulawayo	51.9	5.1	0.9	14.7	1.7	22.4	3.4	100.0	388
Education									
No education	63.5	9.7	1.0	14.5	5.8	1.2	4.3	100.0	682
Primary	58.9	5.9	0.6	14.2	3.7	13.5	3.1	100.0	2,898
Secondary+	44.0	5.1	0.8	11.9	1.7	34.6	1.8	100.0	2,547
Contraceptive method									
No method	38.2	7.4	0.8	14.4	4.4	32.2	2.6	100.0	3,976
Pill	82.5	4.0	0.6	9.3	0.7	0.0	2.4	100.0	1,449
IUD	(85.6)	(0.0)	(0.0)	(10.5)	(0.0)	(0.0)	(3.9)	100.0	38
Sterilisation	76.9	0.0	0.0	13.2	5.9	0.0	4.0	100.0	112
Condom	78.6	0.4	0.0	17.3	0.0	0.0	3.7	100.0	149
Other	76.5	3.8	1.3	13.4	0.4	0.0	4.6	100.0	392
Total	53.2	6.0	0.7	13.3	3.1	20.9	2.7	100.0	6,128

Note: Total includes 11 women using periodic abstinence. Figures in parentheses are based on 25-49 women.

Table 5.9.2 Recent sexual activity: men

Percent distribution of men by sexual activity in the four weeks preceding the survey, according to selected background characteristics, Zimbabwe 1994

Background characteristic	Sexually active in last 4 weeks	Not sexually active in last 4 weeks	Never had sex	Missing	Total	Number of men
Age						
15-19	9.9	23.0	67.1	0.0	100.0	604
20-24	40.8	45.3	13.9	0.0	100.0	399
25-29	66.3	32.6	1.1	0.0	100.0	288
30-34	80.9	19.1	0.0	0.0	100.0	241
35-39	77.3	22.7	0.0	0.0	100.0	195
40-44	79.1	20.5	0.0	0.4	100.0	190
45-49	77.1	20.7	0.0	2.2	100.0	111
50-54	71.9	26.3	0.0	1.8	100.0	113
Marital status						
Never married	17.8	35.9	46.3	0.0	100.0	1,004
Polygynous union	87.4	12.6	0.0	0.0	100.0	93
Monogamous union	82.1	17.4	0.0	0.5	100.0	945
Formerly in union	40.2	59.1	0.0	0.8	100.0	99
Residence						
Urban	58.3	26.9	14.6	0.2	100.0	797
Rural	45.5	28.3	25.9	0.3	100.0	1,344
Education						
No education	53.5	39.6	6.9	0.0	100.0	88
Primary	55.2	25.2	19.5	0.1	100.0	860
Secondary+	46.5	28.8	24.3	0.3	100.0	1,193
Total	50.3	27.8	21.7	0.2	100.0	2,141

5.7 Postpartum Amenorrhoea, Abstinence and Insusceptibility

Postpartum amenorrhoea refers to the interval between childbirth and the return of menstruation. During this period, the risk of pregnancy is much reduced. How long this protection from conception following childbirth lasts, depends on the length and intensity of breastfeeding and the length of time before the resumption of sexual intercourse. Women who gave birth during the three years prior to the survey were asked about their breastfeeding practices, the duration of amenorrhoea, and sexual abstinence. Women are considered insusceptible if they are not exposed to the risk of pregnancy, either because they are amenorrhoeic or are still abstaining from sex following a birth. The results are presented in Table 5.10.

The period of postpartum amenorrhoea is considerably longer than the period of postpartum abstinence and is, therefore, the principal determinant of the length of postpartum insusceptibility (to the risk of pregnancy) in Zimbabwe. The median duration of amenorrhoea is 13 months, the duration of abstinence four months, and the period of insusceptibility is 14 months. All women are virtually insusceptible to pregnancy during the first two months following a birth, and both amenorrhoea and abstinence are important factors in their insusceptibility. However, starting from the second month after a birth, the contribution of abstinence to the period of insusceptibility is greatly reduced as more women resume sexual relations. At 12-13 months after a birth, more than half of the women are still amenorrhoeic, while only 11 percent are still abstaining. At 18-19 months postpartum, the proportion amenorrhoeic drops sharply from 24 percent to 9 percent in the 20-21 months postpartum. This coincides with the modal age at full weaning for children in

Table 5.10 Postpartum amenorrhoea, abstinence and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrhoeic, abstaining and insusceptible, by number of months since birth, and median and mean durations, Zimbabwe 1994

Months since birth	Amenor-rhoeic	Abstaining	Insus-ceptible	Number of births
< 2	92.2	97.0	100.0	126
2-3	82.9	57.8	89.5	138
4-5	80.8	29.4	84.3	124
6-7	77.1	29.4	84.1	141
8-9	69.2	16.8	71.8	153
10-11	57.4	9.6	61.8	135
12-13	54.9	11.4	59.7	118
14-15	41.5	11.8	48.8	109
16-17	27.6	10.3	34.3	105
18-19	24.1	5.3	28.2	145
20-21	8.5	7.5	15.6	122
22-23	9.1	12.7	19.7	117
24-25	2.9	10.0	12.9	134
26-27	1.2	4.8	5.9	138
28-29	3.0	2.9	6.0	111
30-31	1.8	4.3	5.2	122
32-33	0.0	4.0	4.0	154
34-35	0.0	2.1	2.1	137
Total	35.6	18.2	41.0	2,331
Median	12.9	3.5	14.1	-
Mean	13.0	6.8	14.9	-
Prevalence/ Incidence mean[1]	12.6	6.5	14.6	-

[1]The prevalence-incidence mean is borrowed from epidemiology and is defined as the number of children whose mothers are amenorrhoeic (prevalence) divided by the average number of births per month (incidence).

Zimbabwe (see Chapter 9). Only 5 percent of postpartum women are still abstaining at durations 18-19 months.

Table 5.11 shows the median durations of postpartum amenorrhoea, abstinence, and insusceptibility by various background characteristics. Postpartum insusceptibility does not vary much by age. Rural women have longer periods of amenorrhoea, sexual abstinence, and insuscepbitility than urban women. Harare and Midlands provinces have the shortest durations of postpartum amenorrhoea (about 11 months) while Mashonaland Central and Matabeleland North have the longest durations (about 17 months). Postpartum abstinence is shortest in Harare (2 months) and longest in Matabeleland South (7 months). Overall, therefore, women in Harare have the shortest period of insusceptibility (11 months) while those in Matabeleland North have the longest (17 months). Provincial variations in the duration of insusceptibility closely parallel provincial variations in the length of breastfeeding (see Chapter 9).

Postpartum amenorrhoea and abstinence are inversely related to mother's education. Postpartum amenorrhoea varies from 16 months for women with no education to 13 and 12 months, respectively, for those with only primary and secondary or more education. Similarly, abstinence varies from 7 months for women with no education to 4 and 3 months for those with primary and secondary or more education, respectively. Women with no education have a median period of insusceptibility of 16 months, compared with 14

Table 5.11 Median duration of postpartum insusceptibility by background characteristics

Median number of months of postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility, by selected background characteristics, Zimbabwe 1994

Background characteristic	Postpartum amenorrhoea	Postpartum abstinence	Postpartum insuscep-tibility	Number of women
Age				
<30	12.3	3.2	13.9	1,472
30+	13.5	4.2	14.3	859
Residence				
Urban	10.6	2.5	11.2	607
Rural	13.6	3.9	14.7	1,724
Province				
Manicaland	13.3	5.3	14.3	307
Mashonaland Central	15.6	3.6	15.6	199
Mashonaland East	13.1	3.1	13.9	238
Mashonaland West	12.3	3.5	14.6	275
Matabeleland North	15.5	4.7	17.1	181
Matabeleland South	13.2	7.0	14.6	134
Midlands	10.6	2.8	11.0	328
Masvingo	13.4	2.6	14.4	242
Harare	10.5	2.2	10.5	310
Bulawayo	12.5	4.7	15.2	117
Education				
No education	16.2	7.4	16.3	294
Primary	12.7	3.6	13.5	1,163
Secondary+	11.7	3.0	14.6	874
Total	12.9	3.5	14.1	2,331

Note: Medians are based on current status.

and 15 months for those with primary and secondary or more education, respectively. These findings suggest that many educated women consciously use postpartum abstinence to protect themselves from the risk of pregnancy. They appear to abstain from sexual intercourse only when they are not amenorrhoeic, thereby extending the period of protection from the risk of pregnancy. Less educated women may abstain because of tradition; much of their period of abstinence occurs when they are in breastfeeding-induced amenorrhoea.

5.8 Termination of Exposure to Pregnancy

Above age 30, the risk of pregnancy declines with age as increasing proportions of women become infecund. Although the onset of infecundity is difficult to determine for an individual woman, there are ways of estimating it for a population. Table 5.12 presents data on two indicators of decreasing exposure to the risk of pregnancy for women age 30 years and over: menopause and long-term abstinence.

Table 5.12 Termination of exposure to the risk of pregnancy

Indicators of menopause and long-term abstinence among currently married women age 30-49, by age, Zimbabwe 1994

	Menopause[1]		Long-term abstinence[2]	
Age	Percent	Number	Percent	Number
30-34	1.6	482	0.2	722
35-39	3.8	392	0.2	530
40-41	3.8	176	0.8	205
42-43	8.7	138	0.9	157
44-45	16.7	122	2.1	133
46-47	22.1	132	1.7	139
48-49	44.5	100	0.5	102
Total	8.8	1,542	0.6	1,988

[1]Percentage of non-pregnant, non-amenorrhoeic currently married women whose last menstrual period occurred six or more months preceding the survey or who report that they are menopausal.
[2]Percentage of currently married women who did not have intercourse in the three years preceding the survey.

The percentage of women who have reached menopause refers to the proportion of currently married women who are neither pregnant nor postpartum amenorrhoeic and have not had a menstrual period in the six months preceding the survey or who report being menopausal. The table shows that the proportion of menopausal women increases steadily with age, particularly after age 40, from 2 to 4 percent among women age 30-41 to 45 percent among women age 48-49.

The percentage of women practising long-term abstinence refers to the proportion of currently married women who did not have sexual intercourse in the three years preceding the survey. As the table shows, long-term abstinence is not a major contributor to lower fertility. The proportion of currently married women who have not had sexual intercourse for the last three years is less than 1 percent, except among those age 44-47 (2 percent).

CHAPTER 6

FERTILITY PREFERENCES

Women and men were asked a series of questions to ascertain their fertility preferences, that is, their desire to have a (another) child, the length of time they wanted to wait before having a (another) child, and the number of children they considered to be ideal. These data make the quantification of fertility preferences possible and, in combination with data on contraceptive use, allow estimation of the demand for family planning, either to space or to limit births.

6.1 Desire for More Children

Table 6.1 presents fertility preferences among women and men by number of living children. While 57 percent of currently married women would like to have another child, only 21 percent want one within two years. Thirty-six percent would prefer to wait two or more years. Over one-third of married women want no more children. Thus, the large majority of women (72 percent) want either to space their next birth or to end childbearing altogether (see Figure 6.1). Taken at face value, this represents the proportion of women who are potentially in need of some method of family planning.

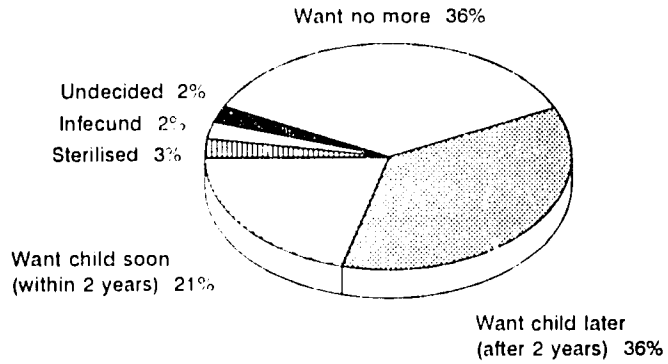
Table 6.1 Fertility preferences by number of living children

Percent distribution of currently married women and men by desire for more children, according to number of living children, Zimbabwe 1994

Desire for children	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
WOMEN								
Have another soon[2]	75.9	29.9	21.7	20.3	14.9	10.6	4.4	20.9
Have another later[3]	7.1	61.2	53.7	43.6	29.1	23.5	9.8	35.8
Have another, undecided when	0.5	0.7	0.6	0.1	0.0	0.6	0.1	0.4
Undecided	1.1	0.8	3.2	3.2	3.5	1.8	2.5	2.4
Want no more	1.3	5.2	18.4	29.4	47.3	58.5	74.7	35.6
Sterilised	1.2	0.3	1.1	2.0	3.5	2.8	5.6	2.5
Declared infecund	9.4	1.9	1.2	1.4	1.8	2.2	2.8	2.4
Missing	3.5	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	232	725	699	507	454	380	792	3,788
MEN								
Have another soon[2]	57.9	28.5	19.7	19.8	15.7	16.8	6.9	20.8
Have another later[3]	39.3	60.9	51.3	53.6	32.9	17.8	19.7	39.5
Have another, undecided when	0.0	1.9	0.3	1.8	0.0	0.0	0.6	0.8
Undecided	1.1	0.4	2.9	1.9	3.4	3.3	3.0	2.3
Want no more	1.8	7.3	23.1	20.5	47.2	58.6	63.3	33.8
Sterilised	0.0	0.0	1.6	1.7	0.0	3.6	3.6	1.7
Declared infecund	0.0	1.0	1.2	0.7	0.9	0.0	2.9	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	93	175	162	148	116	88	257	1,038

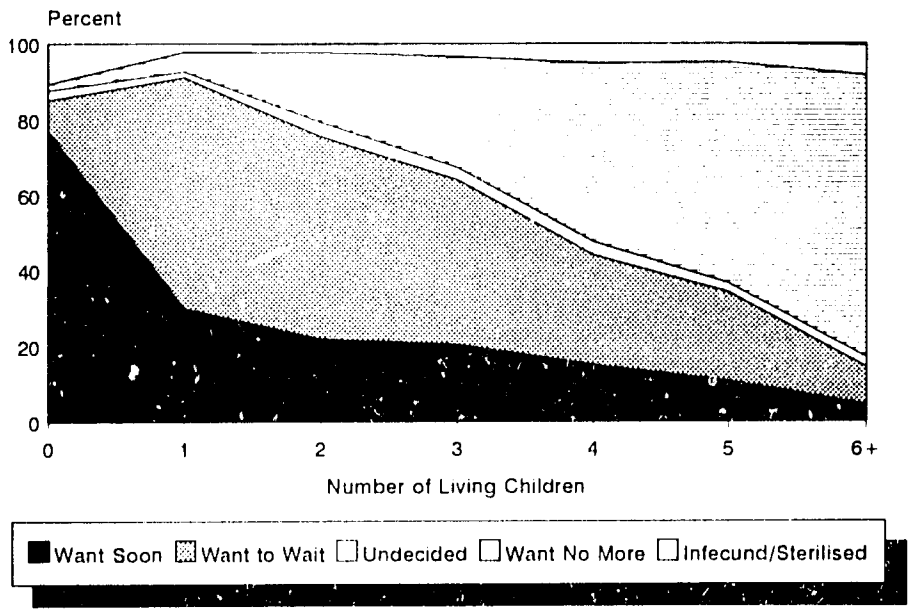
[1]Includes current pregnancy
[2]Want next birth within 2 years
[3]Want to delay next birth for 2 or more years

Figure 6.1
Fertility Preferences among Currently Married Women 15-49



ZDHS 1994

Figure 6.2
Fertility Preferences among Currently Married Women by Number of Living Children



ZDHS 1994

As expected, the desire to discontinue childbearing increases sharply with increasing number of children, from one percent among married women with no children to 75 percent among women with 6 or more children (see Figure 6.2). A similar pattern of changing fertility desires associated with increasing number of children is observed among male respondents.

Table 6.2 shows women's fertility preferences by age. The desire to limit births rises rapidly with age, from 8 percent of married women age 15-19 to 66 percent of those age 45-49. Conversely, the desire to space births declines with age. In other words, the potential need for family planning services is greatest among older women for limiting childbearing and among younger women for spacing births. The net effect of these two opposing patterns is that the proportion of women falling into one of these two groups is roughly constant across age groups at between 66 and 75 percent of women.

Table 6.2 Fertility preferences by age

Percent distribution of currently married women by desire for more children, according to age, Zimbabwe 1994

Desire for children	Age of woman							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Have another soon[1]	30.4	21.2	25.0	22.2	18.3	14.8	11.5	20.9
Have another later[2]	57.9	63.6	49.4	29.2	15.5	7.0	2.4	35.8
Have another, undecided when	0.9	0.6	0.4	0.1	0.2	0.4	0.0	0.4
Undecided	0.7	1.9	2.6	3.9	3.8	0.8	0.8	2.4
Want no more	7.9	11.7	20.4	41.2	56.3	66.3	66.1	35.6
Sterilised	0.0	0.1	0.6	2.3	3.6	6.1	8.6	2.5
Declared infecund	0.8	0.6	1.3	1.1	2.3	4.7	10.6	2.4
Missing	1.3	0.4	0.2	0.0	0.0	0.0	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	276	798	726	722	530	425	311	3,788

[1]Want next birth within 2 years
[2]Want to delay next birth for 2 or more years

Table 6.3 presents data on fertility desires of the 631 monogamous couples who live together in the same household, by the number of living children. Most couples (61 percent) agree in their desires to either to have more children (49 percent) or stop having children (22 percent). As seen with the reports of both women and men, the desire to stop having children rises rapidly with increasing number of living children.

Table 6.4 presents the percentage of currently married women and men who want no more children, by number of living children and selected background characteristics. Women living in urban areas (40 percent) reported wanting no more children more often than women living in rural areas (37 percent). This difference becomes more pronounced as the number of children increases. The urban-rural difference in desire to limit childbearing is more pronounced among men than women.

The desire to have no more children increases with increasing level of education; however, since the education of both women and men is closely linked to the number of living children, useful interpretation of the data requires observation *within* categories of number of living children. For example, looking at women who have three living children, the desire to limit childbearing is nearly three times higher among respondents with secondary education (44 percent) than among those with no education (16 percent).

Table 6.3 Desire for more children among monogamous couples

Percent distribution of monogamously married couples by desire for more children, according to number of living children, Zimbabwe 1994

Number of living children	Both want more	Husband more/ wife no more	Wife more/ husband no more	Both want no more	Husband/ wife infecund	Other[1]	Total	Number of couples
Same number								
0	(98.4)	(0.0)	(0.0)	(1.6)	(0.0)	(0.0)	100.0	40
1-3	61.7	13.4	7.5	7.1	4.3	6.1	100.0	216
4-6	23.1	17.0	4.9	47.7	0.0	7.3	100.0	103
7+	(4.9)	(8.6)	(10.7)	(60.9)	(7.3)	(7.6)	100.0	43
Different number								
Husband > wife	48.8	6.9	14.7	19.5	3.6	6.5	100.0	173
Wife > husband	47.2	10.6	6.0	25.9	2.7	7.6	100.0	55
Total	49.0	10.8	8.6	22.1	3.2	6.2	100.0	631

Note: Figures in parentheses are based on 25-49 couples.
[1] Undecided, not yet had sex, missing

Table 6.4 Desire to limit childbearing

Percentage of currently married women and men who want no more children, by number of living children and selected background characteristics, Zimbabwe 1994

Background characteristic	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
WOMEN								
Residence								
Urban	4.5	6.2	28.6	47.9	65.0	79.4	88.6	39.9
Rural	1.5	5.1	14.6	22.8	44.9	54.5	78.9	37.3
Education								
No education	(9.1)	(7.5)	16.4	15.8	*31.5	50.3	73.3	45.6
Primary	1.1	3.4	15.2	26.6	50.7	59.5	82.5	42.9
Secondary+	2.6	6.8	23.7	43.5	69.7	(85.7)	(89.0)	26.8
Total	2.5	5.5	19.5	31.4	50.8	61.4	80.3	38.0
MEN								
Residence								
Urban	(1.6)	5.0	34.1	33.7	52.5	82.4	88.7	41.9
Rural	1.9	9.7	15.7	13.0	42.1	44.9	56.8	30.5
Education								
No education	*	*	*	*	*	*	57.0	41.0
Primary	3.4	3.7	17.3	22.3	37.4	55.9	65.1	39.4
Secondary+	1.1	8.7	26.5	24.4	(62.5)	(78.9)	(80.2)	30.5
Total	1.8	7.3	24.6	22.2	47.2	62.2	66.9	35.5

Note: Women who have been sterilised are considered to want no more children. Figures in parentheses are based on 25-49 persons; an asterisk indicates that a figure is based on fewer than 25 persons and has been suppressed.
[1]Includes current pregnancy

Table 6.5.1 Need for family planning services: currently married women

Percentage of currently married women with unmet need for family planning, and met need for family planning, and the total demand for family planning services, by selected background characteristics, Zimbabwe 1994

Background characteristic	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Total demand for family planning[3]			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	18.8	1.1	19.9	27.9	3.5	31.4	50.2	4.6	54.8	63.7	276
20-24	13.3	0.7	14.0	42.7	7.2	49.9	58.4	7.9	66.3	78.9	798
25-29	9.0	1.9	10.8	44.3	13.7	58.1	55.4	16.2	71.6	84.9	726
30-34	9.1	5.1	14.1	24.9	26.9	51.8	36.9	32.1	69.0	79.5	722
35-39	8.9	12.2	21.2	14.0	36.0	49.9	23.1	48.7	71.8	70.5	530
40-44	2.4	15.3	17.7	5.6	39.5	45.1	8.9	55.3	64.2	72.5	425
45-49	1.0	8.1	9.1	1.9	25.7	27.5	2.9	34.9	37.8	75.8	311
Residence											
Urban	5.8	3.4	9.3	31.1	26.5	57.6	39.2	30.1	69.2	86.6	1,114
Rural	10.6	6.6	17.2	25.3	18.9	44.2	37.6	25.9	63.5	73.0	2,674
Province											
Manicaland	8.9	3.6	12.6	23.4	12.4	35.9	34.0	17.2	51.2	75.5	543
Mashonaland Central	9.4	3.3	12.7	29.5	18.9	48.5	39.9	22.5	62.4	79.7	342
Mashonaland East	9.8	7.9	17.6	25.5	26.8	52.3	37.0	35.0	72.0	75.5	377
Mashonaland West	8.0	4.2	12.2	32.5	16.6	49.1	41.5	20.8	62.3	80.4	429
Matabeleland North	18.6	11.9	30.4	18.9	14.8	33.6	39.2	26.6	65.8	53.8	239
Matabeleland South	15.1	11.6	26.6	13.5	20.4	33.9	30.0	32.0	62.0	57.1	183
Midlands	7.3	5.5	12.8	32.1	26.1	58.2	41.8	32.5	74.3	82.7	472
Masvingo	11.1	8.1	19.2	23.1	18.9	42.0	35.9	27.3	63.1	69.6	393
Harare	5.6	2.2	7.8	33.1	28.4	61.6	41.5	30.6	72.1	89.2	619
Bulawayo	6.6	7.3	13.9	22.2	25.7	47.9	30.9	33.0	63.9	78.3	191
Education											
No education	9.5	9.7	19.2	15.5	17.4	32.8	26.0	27.4	53.4	64.0	552
Primary	10.0	6.6	16.6	22.6	23.8	46.4	34.2	30.8	64.9	74.5	1,992
Secondary+	7.9	2.3	10.2	39.2	18.4	57.7	49.7	21.1	70.8	85.6	1,244
Total	9.2	5.6	14.9	27.0	21.1	48.1	38.1	27.1	65.2	77.2	3,788

[1]Unmet need for *spacing* includes pregnant women whose pregnancy was mistimed, amenorrhoeic women whose last birth was mistimed, and women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for *limiting* refers to pregnant women whose pregnancy was unwanted, amenorrhoeic women whose last child was unwanted and women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrhoeic women who became pregnant while using a method (these women are in need of *better contraception*). Also excluded are menopausal or infecund women.
[2]Using for *spacing* is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for *limiting* is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.
[3]Total demand includes pregnant or amenorrhoeic women who became pregnant while using a method (method failure). They account for 2.0 percent of all currently married women.

6.2 Need for Family Planning Services

Women who are currently married and who say either that they do not want any more children or that they want to wait two or more years before having another child, but are not using contraception, are considered to have an *unmet need* for family planning.[1] Women who are using family planning methods are said to have a *met need* for family planning. Women with unmet and met need together constitute the *total demand* for family planning.[2] Tables 6.5.1, 6.5.2 and 6.5.3 present data on unmet need, met need and total

[1] For an exact description of the calculation, see footnote 1 in Table 6.5.1.

[2] For a minor exception to this rule, see footnote 3 in Table 6.5.1.

Table 6.5.2 Need for family planning services: unmarried women

Percentage of unmarried women with unmet need for family planning, and met need for family planning, and the total demand for family planning services, by selected background characteristics, Zimbabwe 1994

Background characteristic	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Total demand for family planning[3]			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	1.1	0.2	1.3	2.2	0.6	2.8	3.4	0.8	4.2	68.3	1,195
20-24	1.7	0.5	2.2	14.1	4.5	18.6	17.1	5.1	22.2	90.0	471
25-29	2.2	2.2	4.4	20.9	14.7	35.5	23.3	17.7	41.1	89.2	189
30-34	2.5	4.9	7.5	13.4	21.5	34.9	16.3	26.9	43.2	82.6	149
35-39	1.2	4.1	5.3	6.5	29.5	36.1	7.7	33.6	41.3	87.2	131
40-44	1.4	8.6	10.0	3.0	26.5	29.5	4.4	36.2	40.6	75.3	107
45-49	0.0	8.4	8.4	0.0	9.6	9.6	0.0	18.6	18.6	54.7	96
Residence											
Urban	1.9	2.1	4.0	8.0	9.4	17.4	10.0	11.6	21.6	81.4	861
Rural	1.1	1.4	2.5	6.4	5.7	12.1	8.0	7.3	15.3	83.6	1,479
Province											
Manicaland	1.1	1.8	2.9	4.8	3.8	8.6	6.4	5.6	12.0	75.7	296
Mashonaland Central	1.5	0.5	2.1	5.3	5.0	10.4	7.4	6.0	13.4	84.7	168
Mashonaland East	0.5	0.5	1.0	4.0	6.1	10.1	4.6	6.6	11.1	90.9	202
Mashonaland West	0.0	1.1	1.1	11.2	7.6	18.8	11.2	8.6	19.8	94.6	203
Matabeleland North	3.8	1.7	5.5	6.9	7.2	14.1	11.1	8.9	20.0	72.8	127
Matabeleland South	2.2	3.3	5.5	11.5	7.9	19.4	15.6	11.6	27.2	79.6	122
Midlands	0.7	1.7	2.4	10.4	9.2	19.6	11.7	10.9	22.6	89.4	338
Masvingo	0.8	2.5	3.4	3.6	8.8	12.4	4.4	11.8	16.2	79.1	259
Harare	1.2	1.2	2.4	5.2	6.8	12.0	6.4	8.0	14.5	83.3	429
Bulawayo	4.0	3.4	7.4	10.4	8.1	18.5	14.8	12.1	26.8	72.5	197
Education											
No education	2.2	5.5	7.7	10.3	17.9	28.2	12.5	24.9	37.4	79.4	130
Primary	1.4	2.6	4.1	6.3	9.3	15.7	8.1	12.0	20.1	79.7	906
Secondary+	1.2	0.7	1.9	7.2	4.4	11.5	8.8	5.1	13.9	86.4	1,303
Total	1.4	1.7	3.1	7.0	7.0	14.1	8.7	8.9	17.6	82.6	2,340

[1]Unmet need for *spacing* includes pregnant women whose pregnancy was mistimed, amenorrhoeic women whose last birth was mistimed, and women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for *limiting* refers to pregnant women whose pregnancy was unwanted, amenorrhoeic women whose last child was unwanted and women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrhoeic women who became pregnant while using a method (these women are in need of *better contraception*). Also excluded are menopausal or infecund women.

[2]Using for *spacing* is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for *limiting* is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

[3]Total demand includes pregnant or amenorrhoeic women who became pregnant while using a method (method failure). They account for 0.6 percent of all currently married women.

demand for family planning, according to whether the need is for spacing or limiting births. The findings are presented for currently married women, women not currently married, and all women combined. The following discussion focuses on the data from currently married women (see Table 6.5.1).

Fifteen percent of married women in Zimbabwe have an unmet need for family planning services, 9 percent for spacing purposes and 6 percent for limiting births. Combined with the 48 percent of married women who are currently using a contraceptive method, the total demand for family planning includes about

Table 6.5.3 Need for family planning services: all women

Percentage of all women with unmet need for family planning, and met need for family planning, and the total demand for family planning services, by selected background characteristics, Zimbabwe 1994

Background characteristic	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Total demand for family planning[3]			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	4.4	0.4	4.8	7.0	1.1	8.2	12.2	1.5	13.7	64.9	1,472
20-24	9.0	0.6	9.6	32.1	6.2	38.3	43.1	6.8	49.9	80.8	1,269
25-29	7.6	2.0	9.5	39.5	13.9	53.4	48.8	16.5	65.3	85.4	915
30-34	7.9	5.0	13.0	23.0	26.0	48.9	33.3	31.2	64.5	79.9	871
35-39	7.4	10.6	18.0	12.5	34.7	47.2	20.0	45.7	65.7	72.6	661
40-44	2.2	14.0	16.1	5.1	36.9	42.0	8.0	51.5	59.4	72.9	532
45-49	0.8	8.2	9.0	1.4	21.9	23.3	2.2	31.0	33.2	73.0	407
Residence											
Urban	4.1	2.9	7.0	21.0	19.0	40.0	26.4	22.0	48.5	85.6	1,975
Rural	7.2	4.7	12.0	18.6	14.2	32.8	27.1	19.3	46.3	74.2	4,153
Province											
Manicaland	6.2	3.0	9.2	16.9	9.4	26.2	24.3	13.1	37.4	75.5	839
Mashonaland Central	6.8	2.4	9.2	21.6	14.4	35.9	29.2	17.1	46.3	80.2	510
Mashonaland East	6.5	5.3	11.8	18.0	19.6	37.6	25.7	25.1	50.8	76.7	579
Mashonaland West	5.4	3.2	8.6	25.7	13.7	39.3	31.8	16.9	48.7	82.3	632
Matabeleland North	13.4	8.3	21.8	14.7	12.1	26.9	29.5	20.5	49.9	56.4	366
Matabeleland South	9.9	8.3	18.2	12.7	15.4	28.1	24.3	23.8	48.1	62.1	305
Midlands	4.6	3.9	8.5	23.1	19.0	42.1	29.3	23.5	52.7	83.9	810
Masvingo	7.0	5.9	12.9	15.3	14.9	30.3	23.4	21.1	44.5	71.0	652
Harare	3.8	1.8	5.6	21.7	19.6	41.3	27.1	21.4	48.5	88.5	1,048
Bulawayo	5.3	5.3	10.6	16.2	16.7	32.9	22.7	22.4	45.1	76.5	388
Education											
No education	8.1	8.9	17.0	14.5	17.5	31.9	23.4	26.9	50.3	66.2	682
Primary	7.3	5.3	12.7	17.5	19.3	36.8	26.0	24.9	50.9	75.2	2,898
Secondary+	4.5	1.5	5.9	22.8	11.3	34.1	28.8	12.9	41.7	85.7	2,547
Total	6.2	4.1	10.4	19.4	15.7	35.1	26.9	20.2	47.0	78.0	6,128

[1]Unmet need for *spacing* includes pregnant women whose pregnancy was mistimed, amenorrhoeic women whose last birth was mistimed, and women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for *limiting* refers to pregnant women whose pregnancy was unwanted, amenorrhoeic women whose last child was unwanted and women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrhoeic women who became pregnant while using a method (these women are in need of *better contraception*). Also excluded are menopausal or infecund women.

[2]Using for *spacing* is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for *limiting* is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

[3]Total demand includes pregnant or amenorrhoeic women who became pregnant while using a method (method failure). They account for 1.5 percent of all currently married women.

two-thirds of married women in Zimbabwe. Thus, if all married women who say they want to space or limit their children were to use methods, the contraceptive prevalence rate could be increased from 48 percent to 63 percent of married women. Over three-quarters of the potential demand for family planning in Zimbabwe is being satisfied (see second to last column in Table 6.5.1).

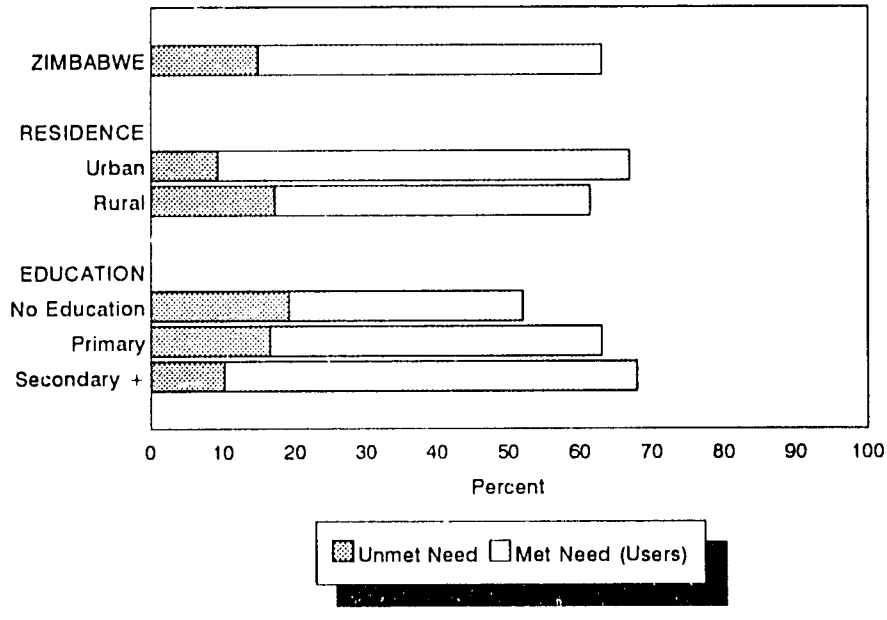
The overall unmet need for family planning follows a U-shaped pattern by age group, with the greatest need observed at ages under 25 and over 34. Unmet need for *spacing* purposes is higher among the

younger women, while unmet need for *limiting* childbearing is higher among the older women. The level of unmet need is also more pronounced among rural women than urban women; and it is nearly two times higher among uneducated women than among women with secondary education (see Figure 6.3).

Large provincial differences are observed in unmet need for contraception, from only 8 percent of married women in Harare to 27 percent in Matabeleland South and 30 percent in Matabeleland North.

Some notable differences exist between the contraceptive needs of married and unmarried women. In general, overall demand for family planning is much lower among unmarried women (18 percent) than among married women (65 percent). However, a larger percentage of the total demand is being satisfied among the unmarried (83 percent), so that only 3 percent of this group has an unmet need for contraception.

Figure 6.3
Percentage of Currently Married Women with Unmet Need and Met Need for Family Planning Services by Background Characteristics



ZDHS 1994

6.3 Ideal Family Size

Information on what women and men feel is the ideal family size was elicited through two questions. Respondents who had no children were asked, "If you could choose exactly the number of children to have in your whole life, how many would that be?" For respondents who had children, the question was rephrased as follows: "If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?" Some respondents, especially those for whom fertility control is an unfamiliar concept, would naturally have some difficulty in answering this hypothetical question.

The results in Table 6.6 indicate that the vast majority of women and men were able to give a numeric answer to this question; only 1 percent of women and 2 percent of men gave a non-numeric answer such as "it is up to God," "any number" or "do not know." Among those women who gave numeric responses, the average ideal number of children was 4.3, which is a significant decline from 4.9 in the 1988 ZDHS. The average ideal number of children reported by women and men is identical (4.3). When considering only currently married women and men, the mean number of children is slightly lower for women (4.7) than men (4.9).

Table 6.6 Ideal and actual number of children

Percent distribution of all women and men by ideal number of children and mean ideal number of children for all women and for currently married women and men, according to number of living children, Zimbabwe 1994

Ideal number of children	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
WOMEN								
0	0.2	0.1	0.1	0.5	0.0	0.2	0.1	0.2
1	1.8	5.1	0.7	0.2	0.4	1.8	0.4	1.7
2	29.5	18.5	16.4	6.3	7.1	5.9	4.0	16.0
3	18.8	22.4	12.0	13.7	2.9	5.8	4.3	13.5
4	32.8	33.6	47.1	42.2	36.5	21.7	24.6	34.2
5	9.2	10.8	9.9	15.4	12.6	18.0	8.8	11.1
6+	7.4	9.4	13.4	21.2	39.4	45.8	55.8	22.7
Non-numeric response	0.3	0.3	0.5	0.3	1.0	0.8	2.1	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,725	1,030	862	630	532	444	905	6,128
Mean ideal number for:								
All women	3.5	3.6	4.0	4.4	5.1	5.3	6.1	4.3
Currently married women	3.8	3.8	4.1	4.5	5.1	5.4	6.2	4.7
MEN								
0	0.5	0.0	0.6	0.0	0.4	0.0	0.0	0.3
1	2.1	1.9	3.2	0.3	0.0	0.0	0.0	1.5
2	21.5	14.2	14.7	5.2	9.9	3.5	8.9	16.0
3	27.7	27.3	21.7	13.2	2.4	2.4	4.2	20.6
4	26.1	33.0	36.2	41.0	33.7	29.1	23.0	28.9
5	12.8	15.3	11.5	14.3	15.9	19.7	6.8	12.8
6+	8.4	7.7	10.1	23.7	37.7	41.5	52.2	18.1
Non-numeric response	0.9	0.6	2.2	2.3	0.0	3.7	4.9	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	1,108	212	183	161	120	92	265	2,141
Mean ideal number for:								
All men	3.6	3.8	3.8	4.7	5.1	5.9	6.9	4.3
Currently married men	3.3	3.7	3.8	4.7	5.0	5.8	6.9	4.9
Monogamously married men	3.3	3.7	3.7	4.7	4.9	6.1	6.4	4.7

Note: The means exclude women who gave non-numeric responses.
[1]Includes current pregnancy

The ideal number of children increases with the actual number of living children. The mean ideal number of children increase from 3.5 and 3.6 among childless women and men to 6.1 and 6.9, respectively, among women and men with 6 or more children. This correlation between actual and ideal number is driven by at least two phenomena. First, to the extent that women and men implement their preferences, those who want smaller families will tend to achieve small families. Second, women and men may upward "adjust" their

ideal number of children, as the actual number of children increases (i.e., rationalisation). Despite the likelihood that some rationalisation occurs, there are considerable numbers of women and men who do report smaller ideal family sizes than their actual number of children. For example, 42 percent of women and 43 percent of men who have 6 or more living children reported that they consider less than 6 children to be ideal.

Tables 6.7.1 and 6.7.2 show the mean ideal number of children for all women and for all men by age and selected background characteristics. The mean ideal family size increases with respondent's age from 3.4 children for women age 15-19 to 6.0 for women age 45-49. Among men, ideal family size rises from 3.7 among men age 15-19 to 6.8 among men 45-49. At every age, rural women and men have higher family size norms than urban women and men. Ideal family size is strongly related to education level attained; as education increases, desired family size decreases sharply.

Table 6.7.1 Mean ideal number of children by background characteristics: women

Mean ideal number of children for all women, by age and selected background characteristics, Zimbabwe 1994

Background characteristic	Age of woman							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Residence								
Urban	2.8	3.0	3.6	3.8	4.4	4.6	5.0	3.5
Rural	3.7	4.0	4.3	5.4	5.7	6.1	6.3	4.7
Education								
No education	*	(4.6)	5.1	6.1	6.1	6.7	6.9	6.1
Primary	3.8	4.1	4.7	4.9	5.2	5.5	5.7	4.7
Secondary+	3.2	3.3	3.5	3.7	4.0	4.5	(4.5)	3.4
Total	3.4	3.7	4.1	4.8	5.3	5.7	6.0	4.3

Note: Figures in parentheses are based on 25 to 49 women; an asterisk indicates that a figure is based on fewer than 25 women and has been suppressed.

Table 6.7.2 Mean ideal number of children by background characteristics: men

Mean ideal number of children for men, by age and selected background characteristics, Zimbabwe 1994

Background characteristic	Age of man								Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	
Residence									
Urban	2.8	3.1	3.3	3.9	4.6	4.9	(5.1)	(4.8)	3.7
Rural	4.0	3.8	3.9	4.7	5.4	6.3	7.7	6.8	4.7
Education									
No education	*	*	*	*	*	*	*	*	6.3
Primary	4.2	3.8	4.2	4.8	5.6	6.2	7.3	6.2	5.1
Secondary+	3.4	3.4	3.5	3.9	4.0	(4.3)	*	*	3.6
Total	3.7	3.5	3.6	4.3	5.1	5.6	6.8	6.1	4.3

Note: Figures in parentheses are based on 25 to 49 men; an asterisk indicates that a figure is based on fewer than 25 men and has been suppressed.

6.4 Wanted and Unwanted Fertility

Women were asked a series of questions regarding all of their children born in the last five years and any current pregnancy to determine whether that pregnancy was planned, unplanned, or mistimed (wanted at a later time). These questions form a potentially powerful indicator of the degree to which couples successfully control their fertility. Also, the data can be used to gauge the effect of the prevention of unwanted births on period fertility rates.

Table 6.8 shows the percent distribution of births in the five years before the survey by whether the birth was wanted then, wanted later, or not wanted. Ten percent of recent births were reported to be unwanted, while another 34 percent were reported as mistimed (wanted later). The percentage of births that were mistimed or unwanted goes up with birth order, from 36 percent of first births to 53 percent of fourth and higher order births. Similarly, a much larger proportion of births to older women are unwanted than are those to younger women. While less than 10 percent of births to women under age 35 are unwanted, around one-half of births to women 40 and older are unwanted.

Table 6.8 Fertility planning status

Percent distribution of births in the three years preceding the survey and current pregnancies, by fertility planning status, according to birth order and mother's age, Zimbabwe 1994

Birth order and mother's age	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Not wanted	Missing		
Birth order						
1	64.2	29.9	5.7	0.1	100.0	762
2	63.7	33.6	2.6	0.1	100.0	599
3	57.3	38.1	4.6	0.0	100.0	408
4+	46.8	34.6	18.2	0.4	100.0	1,111
Age at birth						
<20	51.8	41.4	6.6	0.2	100.0	508
20-24	62.6	34.8	2.6	0.0	100.0	875
25-29	61.6	31.8	6.6	0.1	100.0	607
30-34	57.6	32.1	9.5	0.8	100.0	497
35-39	40.4	30.4	29.2	0.0	100.0	274
40-44	36.2	16.5	46.2	1.1	100.0	102
45-49	*	*	*	*	100.0	16
Total	56.4	33.7	9.7	0.2	100.0	2,879

Note: Birth order includes current pregnancy. An asterisk indicates that a figure is based on fewer than 25 births (and current pregnancies) and has been suppressed.

Table 6.9 presents wanted fertility rates. The *wanted fertility rate* is calculated in the same manner as the total fertility rate, but unwanted births are excluded from the numerator. For this purpose, unwanted births are defined as those which exceed the number considered ideal by the respondent. (Note: Women who did not report a numeric ideal family size were assumed to want all their births.) This rate represents the level of fertility that would have prevailed in the three years preceding the survey if all unwanted births had been prevented. A comparison of the total wanted fertility rate and the actual total fertility rate suggests the potential demographic impact of the elimination of unwanted births.

The total wanted fertility rate is 3.5 for Zimbabwe as a whole, roughly one child lower than the actual total fertility rate. The gap between wanted and observed fertility is greater among women with living in rural areas and those with less than a secondary education.

Table 6.9 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by selected background characteristics, Zimbabwe 1994

Background characteristic	Total wanted fertility rate	Total fertility rate
Residence		
Urban	2.6	3.1
Rural	3.9	4.9
Education		
No education	4.4	5.2
Primary	3.7	4.6
Secondary+	2.9	3.3
Total	3.5	4.3

Note: Rates are based on births to women 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 3.2.

CHAPTER 7

EARLY CHILDHOOD MORTALITY

7.1 Background and Assessment of Data Quality

This chapter presents information on mortality among children under five years of age in Zimbabwe. Specifically, estimates are presented on levels, trends and differentials in neonatal, postneonatal, infant, and child mortality This information is relevant to both the demographic assessment of the population and the evaluation of health policies and programmes. Estimates of infant and child mortality may be used as inputs into population projections, particularly if the level of adult mortality is known from another source or can be inferred with reasonable confidence. Information on mortality of children also serves the needs of agencies providing health services by identifying sectors of the population which are at high mortality risk.

The rates of childhood mortality presented here are defined as follows:

- **Neonatal mortality (NN)**: the probability of dying within the first month of life,
- **Postneonatal mortality (PNN)**: the arithmetic difference between infant and neonatal mortality,
- **Infant mortality ($_1q_0$)**: the probability of dying between birth and the first birthday,
- **Child mortality ($_4q_1$)**: the probability of dying between exact age one and the fifth birthday,
- **Under-five mortality ($_5q_0$)**: the probability of dying between birth and the fifth birthday.

All rates are expressed as deaths per 1,000 live births, except child mortality which is expressed as deaths per 1,000 children surviving to the first birthday.

The mortality rates presented in this chapter are calculated from information drawn from the questions asked in the birth history section of the women's questionnaire. Preceding the birth history, probing questions are posed on the aggregate childbearing experience of respondents (i.e., the number of sons and daughters who live with the mother, the number who live elsewhere, and the number who have died). In the birth history, for each live birth, information is collected on sex, month and year of birth, survivorship status and current age, and age at death if the child died.

The quality of mortality estimates calculated from retrospective birth histories depends upon the completeness with which births and deaths are reported and recorded. The most potentially serious data quality problem is the selective omission from the birth histories of births that did not survive, which will lead to underestimation of mortality rates. Other potential problems include displacement of birth dates, which may cause a distortion of mortality trends, and misreporting of age at death, which may distort the age-pattern of mortality.

When selective omission of childhood deaths occurs, it is usually most severe for deaths which occur very early in infancy. If early neonatal deaths are selectively underreported, the result would be an abnormally low ratio of deaths under seven days to all neonatal deaths and an abnormally low ratio of neonatal to infant mortality. Underreporting of early infant deaths is usually more common for births that occurred further back in time; hence, it is useful to examine the ratios over time.

Inspection of these ratios (shown in Appendix Tables C.5. and C.6) indicates that significant numbers of early infant deaths have not been omitted in the 1994 ZDHS. First, the proportion of neonatal deaths that occur in the first week of life is quite high, 68 percent. Further, this proportion is roughly constant over the 20 years before the survey (between 62 and 72 percent). Second, the proportion of infant deaths that occur during the first month of life is plausible (49 percent) and is stable over the 20 years preceding the survey (varying between 45 and 53 percent). This cursory inspection of the mortality data reveals no evidence of selective underreporting or age at death misreporting.

It is also important to note that any method of measuring childhood mortality that relies on mothers' reports (e.g., birth histories) rests on the assumption that female adult mortality is not high or, if it is high, that there is little or no correlation between the mortality risks of mothers and their children. In countries with high rates of female adult mortality, these assumptions may not hold and the resulting childhood mortality rates will be understated to some degree.

7.2 Levels and Trends in Early Childhood Mortality

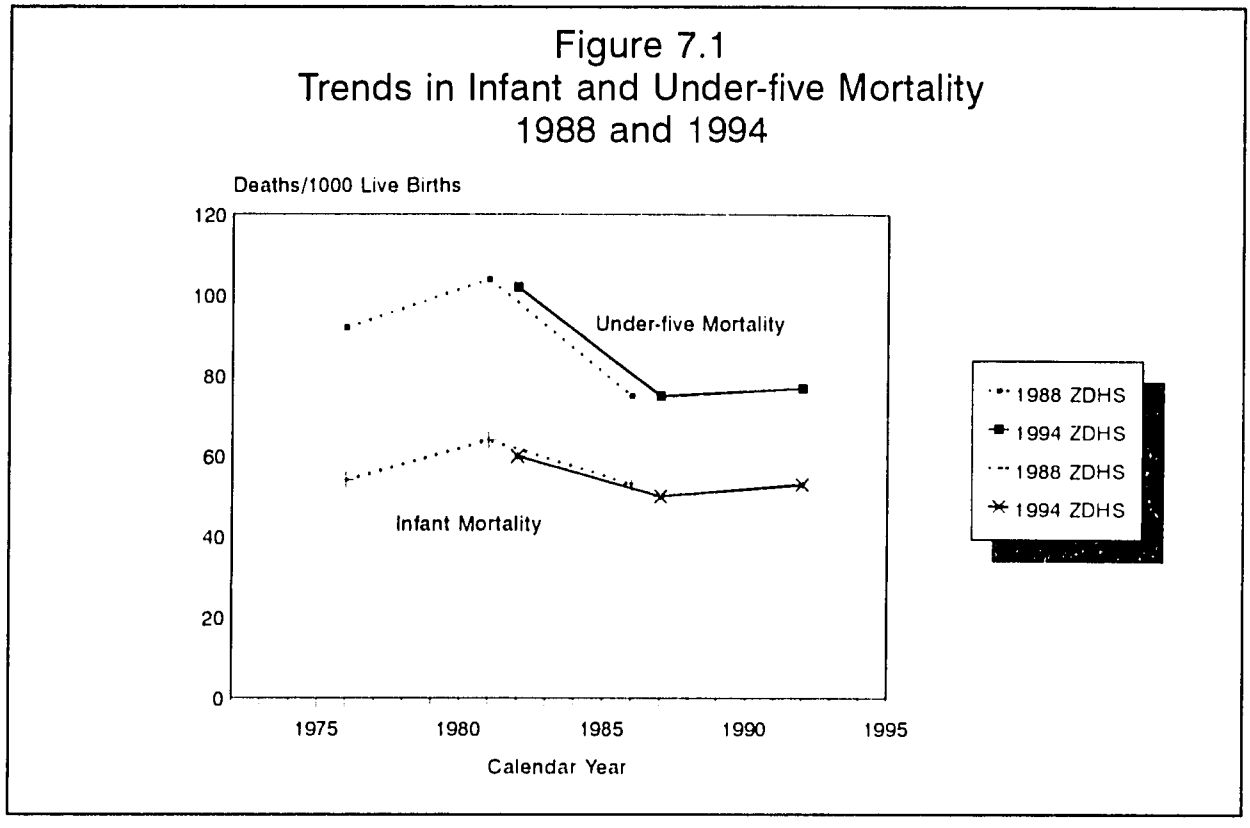
Table 7.1 presents childhood mortality rates for periods 0-4, 5-9, and 10-14 years before the survey. Under-five mortality for the period 0-4 before the survey (circa 1990-1994) is 77 deaths per 1,000 births. This means that, currently, 1 in 13 Zimbabwean children does not live to the fifth birthday. About one-third of under-five deaths occur during each of the three relevant age segments: neonatal mortality (<1 month) is 24 per 1,000; postneonatal mortality (1-11 months) is 28 per 1,000; and child mortality (1-4 years) is 26 per 1,000 live births. Infant mortality stands at 53 deaths per 1,000 births.

Table 7.1 Infant and child mortality

Infant and child mortality rates by five-year periods preceding the survey, Zimbabwe 1994

Years preceding survey	Neonatal mortality (NN)	Postneonatal mortality (PNN)	**Infant mortality** (${}_1q_0$)	Child mortality (${}_4q_1$)	**Under-five mortality** (${}_5q_0$)
0-4	24.4	28.4	52.8	25.6	77.1
5-9	25.5	24.1	49.6	26.5	74.8
10-14	25.4	34.3	59.6	44.4	101.4

The 1994 ZDHS data indicate that survival at all ages under five years has not improved from the period 1985-1989 to 1990-1994. To evaluate the quality of estimates on levels and trends in childhood mortality, it is useful to examine changes over time based on retrospective data from the present survey, but in the context of estimates derived from previously collected data of the same type. Figure 7.1 shows trends in infant and under-five mortality based on data from the 1988 and 1994 ZDHS surveys. The consistency between the data from the two surveys is remarkable. From the 1988 survey, infant mortality was estimated at 53 per 1,000 and under-five mortality at 75 per 1,000 for the 1984-1988 period, which are nearly identical to rates for the comparable calendar period from the 1994 survey. Further, both surveys identify a drop of almost equal magnitude in infant and child mortality during the 1980s. Thus, there is clear indication of falling rates of early childhood mortality in Zimbabwe up until the late 1980s, after which there is little or no improvement in child survival prospects.



Three possible explanations for these recent trends are suggested. First, a recent worsening of economic condition in Zimbabwe households may have altered decisionmaking regarding use of health services and the purchase of appropriate nutrition supplements. Second, over the last five years, the direct and indirect impact of the AIDS epidemic on child health and survival may have been felt. Lastly, it may be that in the context of past significant declines in childhood mortality driven by simple, targeted health interventions—without addressing the background causes of poor health, e.g., poverty—there would come a time when mortality rates would stabilise at a lower, but still troublingly high level. Most likely, the recent stagnation in mortality decline is due to a combination of these and other factors.

7.3 Socioeconomic Differentials in Early Childhood Mortality

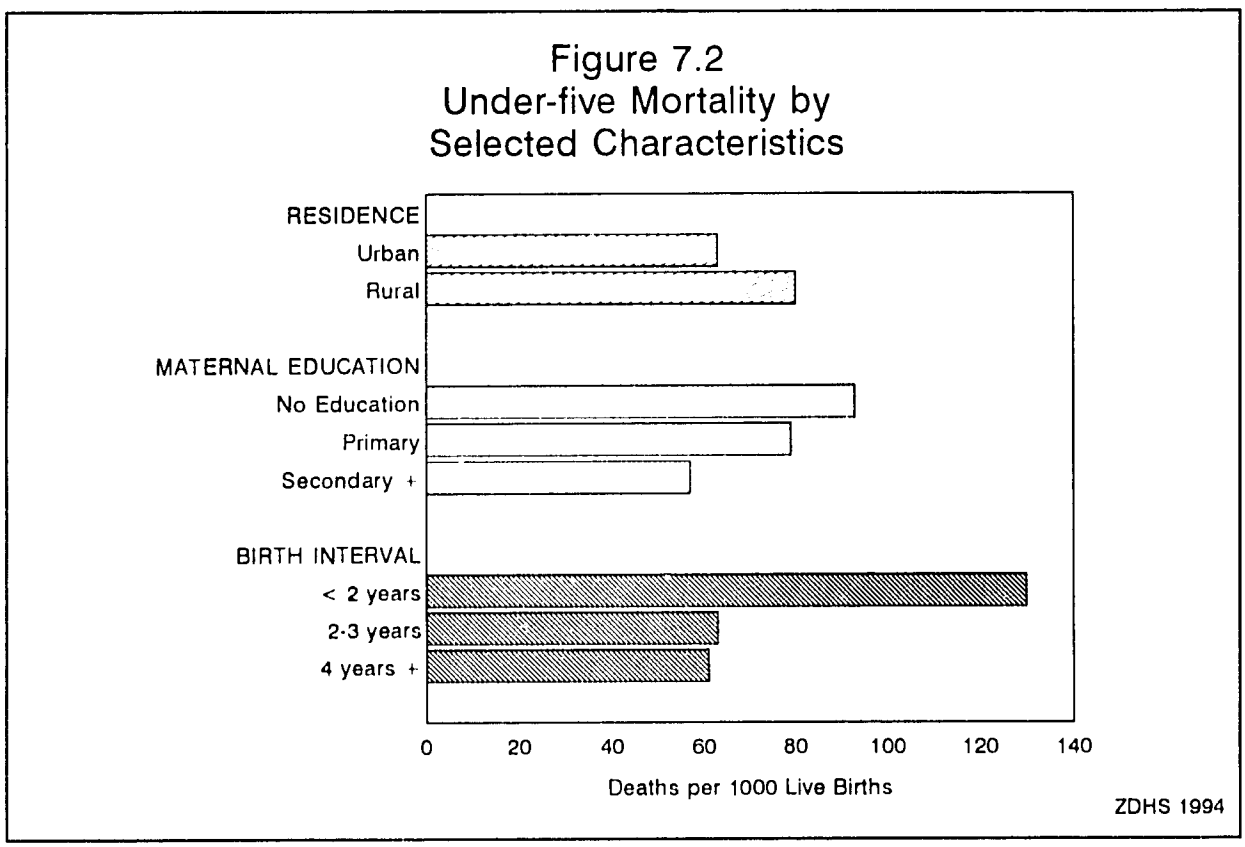
Differentials in infant and child mortality by urban-rural residence and mother's level of education are presented in Table 7.2. The mortality estimates are calculated for a ten-year period before the survey so that the rates are based on sufficient number of cases in each category to ensure statistically reliable estimates.

Under-five mortality is significantly higher in rural areas (80 per 1,000) than in urban areas (63 per 1,000) (see Figure 7.2), and the urban-rural difference is especially pronounced during the 1-4 year age segment. There is a strong link between a mother's level of education and children's survival. The children of uneducated mothers experience an under-five mortality rate of 93 per 1,000 compared with 79 and 57 per 1,000 for children of women with primary education and secondary or more education, respectively. This education-survival relationship is strong at all ages under five years. Educated mothers are more likely to use the available health services and have greater knowledge of nutrition, hygiene and other practices relating to child care.

Table 7.2 Infant and child mortality by background characteristics

Infant and child mortality rates for the ten-year period preceding the survey, by selected socioeconomic characteristics, Zimbabwe 1994

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)	**Infant mortality** ($_1q_0$)	Child mortality ($_4q_1$)	**Under-five mortality** ($_5q_0$)
Residence					
Urban	23.4	20.9	44.3	19.5	63.0
Rural	25.5	28.1	53.6	28.2	80.3
Education					
No education	28.3	33.4	61.6	33.6	93.1
Primary	27.8	26.1	53.9	26.2	78.7
Secondary+	17.0	21.6	38.6	18.7	56.6
Total	24.9	26.3	51.2	26.0	75.9



7.4 Biodemographic Differentials in Early Childhood Mortality

The relationship between early childhood mortality and various demographic variables is examined in Table 7.3. Male children experience higher mortality than their female counterparts. Under-five mortality rates for males and females are 82 and 70 deaths per 1,000 births, respectively. The excess mortality among male children diminishes after infancy.

The relationship between childhood mortality and mother's age at birth shows the expected U-shaped pattern at all ages under five years; with children of the youngest and the oldest women experiencing the

Table 7.3 Infant and child mortality by demographic characteristics

Infant and child mortality rates for the ten-year period preceding the survey, by selected demographic characteristics, Zimbabwe 1994

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)	**Infant mortality** (${}_1q_0$)	Child mortality (${}_4q_1$)	**Under-five mortality** (${}_5q_0$)
Sex of child					
Male	27.5	29.4	56.9	26.4	81.8
Female	22.4	23.1	45.5	25.6	69.9
Age of mother at birth					
< 20	26.2	28.5	54.7	32.3	85.3
20-29	26.8	26.7	53.5	24.9	77.1
30-39	19.8	22.4	42.3	22.1	63.5
40-49	(31.0)	39.7*	70.7*	46.4*	113.9*
Birth order					
1	27.2	25.9	53.2	27.3	79.0
2-3	25.4	26.0	51.4	23.6	73.8
4-6	22.2	27.9	50.1	25.2	74.0
7+	26.1	23.9	49.9	31.8	80.2
Previous birth interval					
< 2 yrs	46.2	41.2	87.4	46.2	129.5
2-3 yrs	17.8	24.6	42.[illegible]	21.9	63.4
4 yrs +	25.2	19.1	44.4	16.8	60.5
Medical maternity care[1]					
No antenatal or delivery care	25.1*	72.3*	97.4*	-	-
Either antenatal or delivery care	23.3	39.9	63.2	-	-
Both antenatal and delivery care	17.4	30.5	47.9	-	-
Size at birth[1]					
Very small	50.2*	54.7*	104.9*	-	-
Small	(23.7)	(50.9)	(74.5)	-	-
Average or larger	16.0	30.6	46.6	-	-
Total	24.9	26.3	51.2	26.0	75.9

( ) Rate based on 250-499 births
* Rate based on less than 250 births
[1] Refers to births in the 3 years before the survey.

highest risk of death. A similar, but less pronounced, pattern occurs regarding birth order. Generally, first-order births and very high order births (7+) are observed to have higher mortality rates than births of order 2-6.

A marked relationship exists between the length of the preceding birth interval and risk of early childhood mortality. The ZDHS data indicate that short birth intervals significantly reduce a child's chances of survival. Children born less than two years after a preceding sibling are more than twice as likely to die in infancy as those born two to three years after a preceding sibling (87 vs. 42 per 1,000). During ages 1-4 years, children born after a short interval are nearly three times more likely to die than their counterparts born after a long interval (46 vs. 17 per 1,000). This striking link between the pace of childbearing and child survival rates persists in all age groups examined. These findings point up the potential for mortality reduction that could result from successful efforts to promote birth spacing in Zimbabwe.

Maternal care during pregnancy and delivery has a significant bearing on the health of both mother and child and thus on the risk of early childhood mortality. The ZDHS data show that children born to women who obtained *both* antenatal and delivery care from medically trained persons have considerably lower mortality than children whose mothers received *only* antenatal or delivery care, or received neither.

A child's size at birth is an important indicator of the risk of dying during infancy, particularly during the first months of life. In the ZDHS, mothers were asked whether the reference child was very small, small, average size, large, or very large at birth. This type of subjective assessment has been shown to correlate closely with actual birth weight. Newborns perceived by their mothers to be very small or small are much more likely to die in the first year than those perceived as average or larger in size. As expected, the differential is especially large during the neonatal period.

7.5 High-Risk Fertility Behaviour

Many studies have demonstrated the strong relationship between the pattern of women's fertility and their children's chances of survival (Boerma and Bicego, 1992; United Nations, 1994). Results presented in the previous section bear this out. Typically, infants and young children have a higher risk of dying if they are born to very young mothers or older mothers, if they are born after a short interval, or if their mothers have already had many children. In the following analysis, mothers are classified as too young if they are less than 18 years old at the time of birth, and too old if they are age 35 years or more at the time of birth. A short birth interval is defined as one less than 24 months, and a high-order birth as one occurring after four or more previous births (i.e., birth order 5 or higher). Births are also cross-classified by combinations of these characteristics. Thus, a birth may have from zero to three potentially high-risk characteristics.

Column one of Table 7.4 shows the percentage of births over the five years before the survey that fall into various risk categories. Forty-four percent of births fall into at least one high-risk category, with about 16 percent having multiple high-risk characteristics. Risk ratios are presented in column two; the risk ratio is the ratio of the proportion in a category who have died to the proportion in the reference category who have died. Births in the reference category are those who do not fall into any high-risk category. Two points need emphasis. First, high birth order is not associated with higher mortality risk in Zimbabwe unless coupled with short birth interval. Since such a large percentage of high-risk births are of high birth order in Zimbabwe, this operates to diminish the associated risk ratios in the overall single high-risk category (0.92) and the overall multiple high-risk category (1.03). Second, the primary factor leading to heightened mortality risk in Zimbabwe is short birth interval, as a single or multiple high-risk factor. The latter finding again underscores the need to reduce, through timely use of contraception, the number of closely spaced births.

Column three of Table 7.4 shows the distribution of currently married, nonsterilised women by the risk category into which a currently conceived birth would fall. A comparison of this percentage with the distribution of actual births in the last five years indicates that without fertility control, the percentage of births falling into each of the multiple high-risk categories would rise. Overall, the percentage of births with multiple high-risk characteristics would rise from 16 to 35 percent.

Table 7.4 High-risk fertility behaviour

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality, and the percent distribution of currently married women at risk of conceiving a child with an elevated risk of mortality, by category of increased risk, Zimbabwe 1994

Risk category	Births in 5 years preceding the survey		Percentage of currently married women[a]
	Percentage of births	Risk ratio	
Not in any high-risk category	55.7	1.0	36.9[b]
Single high-risk category			
Mother's age < 18	7.2	1.1	0.9
Mother's age > 34	1.1	0.6	5.2
Birth interval < 24 months	5.0	1.3	13.2
Birth order > 4	15.5	0.8	9.2
Subtotal	28.8	0.9	28.5
Multiple high-risk category			
Age <18 & birth interval <24[c] mo	0.3	0.7	0.5
Age >34 & birth interval <24 mo	0.0	0.0	0.2
Age >34 & birth order >4	11.6	0.7	25.0
Age >34 & birth interval <24 & birth order >4	1.4	2.2	4.2
Birth interval <24 & birth order >4	2.2	2.2	4.8
Subtotal	15.5	1.0	34.7
In any high-risk category	44.3	1.0	63.1
Total	100.0	-	100.0
Number of births	3,941	-	3,788

Note: Risk ratio is the ratio of the proportion dead of births in a specific high-risk category to the proportion dead of births *not in any high-risk category*.
[a]Women were assigned to risk categories according to the status they would have at the birth of a child, if the child were conceived at the time of the survey: age less than 17 years and 3 months, age older than 34 years and 2 months, latest birth less than 15 months ago, and latest birth of order 4 or higher.
[b]Includes sterilised women
[c]Includes the combined categories *Age <18 and birth order >4*.

CHAPTER 8

MATERNAL AND CHILD HEALTH

This chapter presents the ZDHS findings in three areas of importance to maternal and child health: maternal care and characteristics of the newborn, childhood vaccinations, and common childhood illnesses and their treatment. Combined with data on childhood mortality, this information can be used to identify subgroups of women whose babies are "at risk" because of nonuse of maternal health services, and to provide information to assist in the planning of appropriate improvements in services. Data were obtained for all live births that occurred in the three years preceding the survey.

8.1 Antenatal Care

Table 8.1 shows the percent distribution of births in the three years preceding the survey by source of antenatal care received during pregnancy, according to maternal and background characteristics. Inter-

Table 8.1 Antenatal care

Percent distribution of births in the three years preceding the survey by source of antenatal care during pregnancy, according to selected background characteristics, Zimbabwe 1994

Background characteristic	Antenatal care provider[1]					Total	Number of births
	Doctor	Nurse/ Trained midwife	Traditional birth attendant[2]	No one	Missing		
Mother's age at birth							
< 20	20.1	75.3	0.3	4.1	0.3	100.0	421
20-34	22.3	70.9	1.3	5.4	0.1	100.0	1,603
35+	15.4	73.8	1.4	9.0	0.4	100.0	303
Birth order							
1	27.8	67.7	0.7	3.8	0.0	100.0	613
2-3	21.2	72.4	0.7	5.5	0.2	100.0	818
4-5	20.3	72.9	1.8	4.8	0.3	100.0	414
6+	12.9	76.4	1.7	8.8	0.2	100.0	483
Residence							
Urban	38.3	57.1	0.9	3.6	0.1	100.0	608
Rural	14.9	77.4	1.2	6.3	0.2	100.0	1,720
Province							
Manicaland	9.0	76.3	4.9	9.8	0.0	100.0	307
Mashonaland Central	18.5	73.0	0.0	8.5	0.0	100.0	202
Mashonaland East	17.7	73.0	0.4	8.8	0.0	100.0	240
Mashonaland West	17.7	76.8	0.0	5.5	0.0	100.0	274
Matabeleland North	9.4	85.9	0.0	4.7	0.0	100.0	183
Matabeleland South	17.1	77.6	0.0	5.3	0.0	100.0	132
Midlands	19.6	75.7	0.0	3.7	1.0	100.0	324
Masvingo	18.7	77.2	1.8	2.3	0.0	100.0	240
Harare	37.2	58.3	1.7	2.8	0.0	100.0	310
Bulawayo	60.3	34.5	0.0	4.6	0.6	100.0	115
Mother's education							
No education	8.2	83.8	0.6	7.0	0.4	100.0	292
Primary	15.4	75.6	1.8	7.0	0.2	100.0	1,169
Secondary+	32.9	63.5	0.3	3.3	0.0	100.0	867
All births	21.0	72.1	1.1	5.6	0.2	100.0	2,328

Note: Figures are for births in the period 1-35 months preceding the survey.
[1] If the respondent mentioned more than one provider, only the most qualified provider is considered.
[2] Traditional midwife

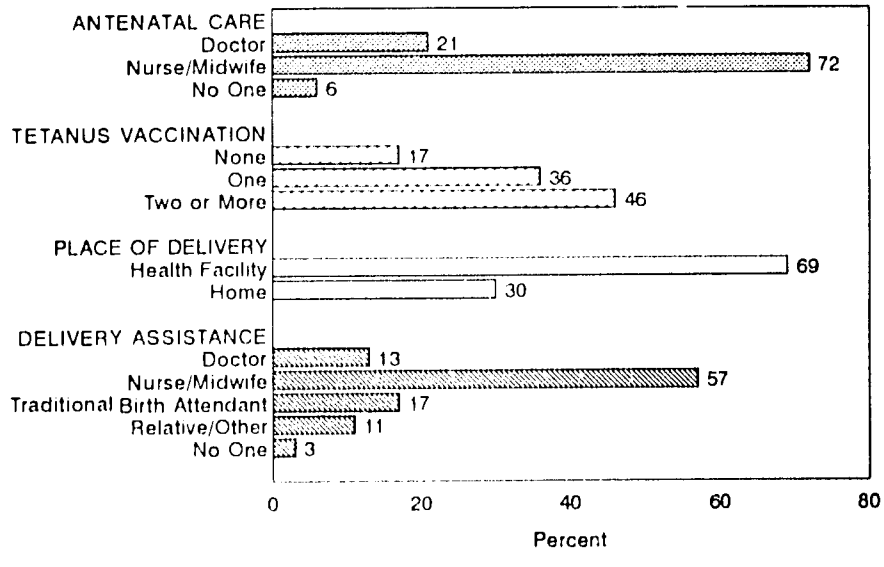
viewers were instructed to record all persons a woman had seen for care, but in the table, only the provider with the highest qualifications is considered (if more than one person was seen). For 93 percent of births, mothers received antenatal care from a doctor, or trained nurse or midwife. Women received antenatal care from a traditional birth attendant (TBA)[1] for only 1 percent of births and no antenatal care at all for 6 percent of births. Thus, almost all women receive antenatal care, relying mostly on a nurse or midwife (72 percent) or a doctor (21 percent) (see Figure 8.1). It should be kept in mind, however, that the type and quality of care is not reflected in these figures.

The 1994 ZDHS findings indicate that little change has occurred in antenatal care coverage since the 1988 ZDHS, when it was estimated that 91 percent of births received antenatal care from a medically-trained person. The small increase to 93 percent in the 1994 ZDHS is due to a rise in use of doctors from 18 to 21 percent.

The mother's age at birth and the child's birth order are related to use of antenatal care. Increasing maternal age and higher birth order are associated with lower use of medically-trained personnel, especially doctors, during pregnancy. Women with six or more previous births are more than twice as likely to have had no antenatal care during the current pregnancy as women with no previous births.

The primary difference in the use of antenatal services between urban and rural areas is in the use of physicians. Urban women are more than twice as likely to have received antenatal care from a doctor as rural women. Provincial differences in the use of antenatal care services are small, with the exception of Bulawayo and Harare, where doctors are used commonly, and Manicaland and Matabeleland North, where doctors are less commonly used.

Figure 8.1
Antenatal Care, Tetanus Vaccinations, Place of Delivery, Delivery Assistance



Note: Based on births in the 3 years preceding the survey.

ZDHS 1994

[1] i.e., traditional midwife

The use of antenatal care services is strongly associated with mother's education. Women with at least some secondary education are twice as likely to have received antenatal care and four times as likely to have received care from a doctor as women with no education.

Antenatal care is most effective in avoiding adverse pregnancy outcomes when it is sought early in pregnancy and is continued through to delivery. Obstetricians generally recommend that antenatal visits be made on a monthly basis to the 28th week (seventh month), fortnightly to the 36th week (eighth month) and then weekly until the 40th week (until birth). If the first antenatal visit is made at the third month of pregnancy, this optimum schedule translates to a total of at least 12-13 visits during the pregnancy.

Information about the number and timing of visits made by pregnant women is presented in Table 8.2. For 74 percent of births, mothers made four or more antenatal care visits, indicating that women are aware of the importance of regular attendance. Yet, for a significant proportion of births (23 percent), mothers made fewer than four visits; the median number of antenatal care visits was 5.8, far fewer than the recommended number of 12.

By the start of the sixth month of pregnancy, over one-third of Zimbabwean women have not made a single antenatal visit (see Table 8.2). The median duration of gestation at which the first antenatal care visit was made was 5.1 months. This delayed use of services, whether because of poor access or poor knowledge by mothers, makes it difficult for the optimum benefits of antenatal care to be realized.

Table 8.2 Number of antenatal care visits and stage of pregnancy

Percent distribution of live births in the three years preceding the survey by number of antenatal care visits, and by the stage of pregnancy at the time of the first visit, Zimbabwe 1994

Characteristic	Percent
Number of visits	
0	5.6
1	1.4
2-3	16.4
4+	74.0
Don't know/missing	2.5
Total	100.0
Median	5.8
Number of months pregnant at time of first visit	
No antenatal care	5.6
<6 months	65.1
6-7 months	24.8
8+ months	3.1
Don't know/missing	1.4
Total	100.0
Median	5.1
Number of births	2,328

Note: Figures are for births in the period 1-35 months preceding the survey.

An important component of antenatal care in Zimbabwe is ensuring that pregnant women and children are adequately protected against tetanus. Tetanus toxoid injections are given during pregnancy for prevention of neonatal tetanus, one of the principal causes of death among infants in many settings around the world. 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.

Table 8.3 presents data on tetanus toxoid coverage during pregnancy for all births in the three years preceding the ZDHS. Less than half of births received the protection of two or more doses of tetanus toxoid during pregnancy, while 36 percent received protection from one dose and 17 percent were not protected by any tetanus toxoid vaccination. As was seen with use of antenatal care services, tetanus toxoid coverage is related to mother's age and birth order of the child. Younger women and women of low parity are more likely to have received two doses of tetanus vaccination. These latter findings, however, may not represent genuine differences in protection against tetanus since older, higher parity women are more likely to have received tetanus toxoid in previous pregnancies.

Compared with rural births, births occurring in urban areas are slightly more likely to have received two doses of tetanus toxoid and slightly less likely to have received no tetanus toxoid protection. Regarding provincial differentials, births in Manicaland have the lowest coverage (26 percent with no protection); in all other provinces between 13 and 18 percent of births have no protection against tetanus.

Table 8.3 Tetanus toxoid vaccinations

Percent distribution of live births in the three years preceding the survey by number of tetanus toxoid injections during pregnancy, according to background characteristics, Zimbabwe 1994

Background characteristic	Number of tetanus toxoid injections				Total	Number of births
	None	One dose	Two doses or more	Don't know/ Missing		
Mother's age at birth						
< 20	11.4	35.6	52.3	0.6	100.0	421
20-34	16.3	36.1	46.0	1.5	100.0	1,603
35+	25.5	37.7	35.6	1.2	100.0	303
Birth order						
1	12.2	32.3	54.1	1.4	100.0	613
2-3	13.7	35.2	50.0	1.1	100.0	818
4-5	18.8	40.6	38.6	1.9	100.0	414
6+	25.4	39.4	34.3	1.0	100.0	483
Residence						
Urban	14.2	31.8	51.8	2.1	100.0	608
Rural	17.5	37.8	43.7	1.0	100.0	1,720
Province						
Manicaland	26.4	38.3	35.4	0.0	100.0	307
Mashonaland Central	17.7	31.4	49.1	1.9	100.0	202
Mashonaland East	14.6	32.2	51.5	1.7	100.0	240
Mashonaland West	14.1	28.8	56.7	0.4	100.0	274
Matabeleland North	13.4	46.2	39.2	1.2	100.0	183
Matabeleland South	15.4	44.3	39.1	1.2	100.0	132
Midlands	15.9	36.4	46.7	1.0	100.0	324
Masvingo	13.9	45.2	40.1	0.9	100.0	240
Harare	15.0	30.0	52.2	2.8	100.0	310
Bulawayo	17.8	38.5	40.8	2.9	100.0	115
Mother's education						
No education	19.6	46.0	33.3	1.1	100.0	292
Primary	18.3	37.9	42.8	1.0	100.0	1,169
Secondary+	13.4	30.8	54.0	1.8	100.0	867
All births	16.6	36.3	45.8	1.3	100.0	2,328

Note: Figures are for births in the period 1-35 months preceding the survey.

Women's education is linked to tetanus toxoid vaccination. For example, only one-third of births to women who have no formal education were protected with two doses of tetanus toxoid, compared with more than half of births to women with some secondary education. Educated women may have greater access to medical services, may have a better understanding of the benefits of vaccination, or may be more motivated to take advantage of the available services.

8.2 Assistance and Medical Care at Delivery

Another important component of efforts to reduce the health risks of mothers and children is increasing the proportion of babies that are delivered in medical facilities. Proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that can cause the

death or serious illness of either the mother or the baby. Respondents were asked to report the place of birth of all children born in the three years before the survey (see Table 8.4).

At the national level, 69 percent of births in the last three years were delivered in health facilities. Women age 35 years or older are more likely than younger women to deliver at home. Similarly, higher birth order is associated with a greater likelihood of home delivery. A child born in a rural area is four times more likely to have been delivered at home than an urban child. Apart from Harare and Bulawayo, the provinces of Masvingo, Midlands, and Mashonaland East showed the greatest proportions of births delivered in health facilities.

Table 8.4 Place of delivery

Percent distribution of births in the three years preceding the survey by place of delivery, according to selected background characteristics, Zimbabwe 1994

Background characteristic	Place of delivery			Total	Number of births
	Health facility	At home	Don't know/ Missing		
Mother's age at birth					
< 20	71.3	28.7	0.0	100.0	421
20-34	70.4	28.9	0.7	100.0	1,603
35+	57.5	41.0	1.5	100.0	303
Birth order					
1	79.4	20.6	0.0	100.0	613
2-3	71.0	28.2	0.7	100.0	818
4-5	67.2	31.9	0.9	100.0	414
6+	53.4	45.4	1.2	100.0	483
Residence					
Urban	90.9	8.5	0.6	100.0	608
Rural	61.1	38.2	0.7	100.0	1,720
Province					
Manicaland	52.5	46.4	1.1	100.0	307
Mashonaland Central	52.7	46.1	1.3	100.0	202
Mashonaland East	73.3	25.8	0.9	100.0	240
Mashonaland West	54.9	45.1	0.0	100.0	274
Matabeleland North	54.8	44.9	0.3	100.0	183
Matabeleland South	64.6	35.0	0.4	100.0	132
Midlands	75.2	23.7	1.1	100.0	324
Masvingo	76.8	22.3	0.9	100.0	240
Harare	92.8	7.2	0.0	100.0	310
Bulawayo	93.7	5.7	0.6	100.0	115
Mother's education					
No education	39.2	59.1	1.7	100.0	292
Primary	62.4	36.8	0.7	100.0	1,169
Secondary+	87.6	12.2	0.2	100.0	867
Antenatal care visits					
None	10.5	89.5	0.0	100.0	131
1-3 visits	61.0	38.5	0.5	100.0	415
4 or more visits	75.3	24.2	0.5	100.0	1,724
Don't know/Missing	67.0	25.1	8.0	100.0	59
All births	68.9	30.4	0.7	100.0	2,328

Note: Figures are for births in the period 1-35 months preceding the survey.

There is a marked relationship between mother's education and place of delivery. The proportion of births delivered in a health facility increases from 39 percent among women with no education to 88 percent among women with secondary education or higher. Women who have visited a health professional during pregnancy are much more likely to deliver in a health facility than women who have had no such contact. Only 11 percent of women who did not receive any antenatal care delivered in a health facility, compared with 75 percent of women with four or more antenatal visits.

The type of assistance a woman receives during the birth of her child has important health consequences for both mother and child. Births that occur at health facilities are more likely to be assisted by trained medical personnel than births occurring at home. Table 8.5 shows that 69 percent of births were delivered under the supervision of persons with medical training, mostly nurses or trained midwives. Traditional birth attendants assisted in 17 percent of births, while relatives and friends provided the primary assistance in 11 percent of births. Three percent of births were delivered without any assistance.

Table 8.5 Assistance during delivery

Percent distribution of births in the three years preceding the survey by type of assistance during delivery, according to selected background characteristics, Zimbabwe 1994

	Attendant assisting during delivery							
Background characteristic	Doctor	Nurse/ Trained midwife	Traditional birth attendant[1]	Relative/ Other	No one	Don't know/ Missing	Total	Number of births
Mother's age at birth								
< 20	13.1	57.9	18.7	9.7	0.5	0.0	100.0	421
20-34	13.2	57.6	16.6	10.4	2.1	0.1	100.0	1,603
35+	7.8	50.2	19.8	14.5	7.3	0.4	100.0	303
Birth order								
1	19.0	59.8	13.1	7.8	0.3	0.0	100.0	613
2-3	12.2	59.5	17.4	10.0	0.8	0.1	100.0	818
4-5	10.3	57.2	17.5	12.6	2.1	0.3	100.0	414
6+	6.5	47.7	22.6	14.5	8.5	0.2	100.0	483
Residence								
Urban	24.0	67.1	4.1	3.9	0.8	0.1	100.0	608
Rural	8.4	53.1	22.1	13.3	3.1	0.1	100.0	1,720
Province								
Manicaland	6.1	46.4	20.2	23.4	3.9	0.0	100.0	307
Mashonaland Central	7.8	45.7	37.1	8.5	0.9	0.0	100.0	202
Mashonaland East	8.7	64.7	16.9	8.5	1.3	0.0	100.0	240
Mashonaland West	6.7	47.8	25.9	14.5	5.1	0.0	100.0	274
Matabeleland North	8.9	47.1	22.2	18.7	3.2	0.0	100.0	183
Matabeleland South	7.2	57.9	16.0	16.0	2.9	0.0	100.0	132
Midlands	11.9	62.9	18.2	2.5	3.8	0.7	100.0	324
Masvingo	11.8	66.0	8.2	11.8	2.3	0.0	100.0	240
Harare	26.7	66.7	4.4	2.2	0.0	0.0	100.0	310
Bulawayo	35.6	58.6	1.7	3.4	0.0	0.6	100.0	115
Mother's education								
No education	2.4	39.2	27.0	19.3	11.7	0.4	100.0	292
Primary	7.8	54.7	22.0	13.8	1.6	0.1	100.0	1,169
Secondary+	22.1	65.3	8.0	4.0	0.6	0.0	100.0	867
Antenatal care visits								
None	2.3	7.3	46.1	37.7	6.6	0.0	100.0	131
1-3 visits	11.1	50.2	23.2	13.5	1.9	0.0	100.0	415
4 or more visits	13.8	61.8	14.0	8.2	2.1	0.0	100.0	1,724
Don't know/Missing	4.5	63.4	10.0	8.2	9.2	4.8	100.0	59
Total	12.5	56.7	17.4	10.8	2.5	0.1	100.0	2,328

Note: Figures are for births in the period 1-35 months preceding the survey. If the respondent mentioned more than one attendant, only the most qualified attendant was considered in this table.
[1] Traditional midwife

There has been virtually no change in the level of assistance provided to Zimbabwean women at delivery since the 1988 ZDHS, when 70 percent received assistance from medically trained personnel, and 3 percent received no assistance. The only shift seems to be that since the 1988 ZDHS, there has been an increase in births attended by traditional birth attendants and a decrease in births attended by friends and relatives only.

Maternal age and child's birth order are associated with type of assistance at delivery. Older women and women who have already had many births are more likely to receive no assistance at delivery, whereas, first births and births to younger women tend to receive better care during delivery, including more frequent supervision by a physician.

Urban women are much more likely than rural women to receive the benefits of medical supervision during delivery; thus, Harare and Bulawayo provinces show much higher proportions of deliveries under medical supervision than other provinces. In contrast, over 20 percent of births in Manicaland and Matabeleland North are delivered with only friends or relatives assisting, or without any person at all assisting. Mashonaland Central has the highest proportion of births attended by a traditional birth attendant (37 percent).

Maternal education is closely tied to better supervision at delivery. Women with some secondary education are twice as likely to receive medical assistance and nearly ten times as likely to receive assistance from a doctor as women who have no education.

Women who receive antenatal care during pregnancy are more likely to deliver with medical assistance. Seventy-six percent of births to women who had at least four antenatal care visits were assisted at delivery by trained medical personnel, compared with only 10 percent of women who did not receive antenatal care. The combination of poor antenatal care and inadequate medical supervision at delivery increases the risk of poor pregnancy outcome, including maternal mortality.

8.3 Characteristics of Delivery

According to mothers' reports, 6 percent of babies born in Zimbabwe are delivered by caesarean section (Table 8.6). Caesarean sections (C-sections) are less common amongst rural women, older women, women with a large number of children, and those with little or no education. Provincial estimates of C-section prevalence vary from 1 percent of deliveries in Mashonaland West to 12 percent in Matabeleland South.

Respondents were asked if their babies had been weighed at birth, and if so, how much each baby weighed. In addition, mothers were asked for their assessment of whether the child was very large, larger than average, average size, smaller than average, or very small at birth. For more than two-thirds of births, a birth weight was reported. Among births for which a birth weight was reported, 12 percent (8 percent of all births) were reported to have a weight of less than 2.5 kilograms, which is considered low birth weight. Low birth weight has been shown to place a baby at high risk of early infant death. Nineteen percent of all births were reported to be either small (13 percent) or very small (6 percent) at birth.

Table 8.6 Delivery characteristics: caesarean section, birth weight and size

Among births in the three years preceding the survey, the percentage of deliveries by caesarean section, and the percent distribution by birth weight and the mother's estimate of baby's size at birth, according to selected background characteristics, Zimbabwe 1994

Background characteristic	Delivery by C-section	Birth weight: Less than 2.5 kg	Birth weight: 2.5 kg or more	Birth weight: Don't know	Size of child at birth: Very small	Size of child at birth: Smaller than average	Size of child at birth: Average or larger	Size of child at birth: Don't know	Total	Number of births
Age										
<20	5.9	11.4	59.8	28.9	6.5	17.8	75.6	0.1	100.0	421
20-34	6.4	8.0	62.8	29.2	6.3	11.0	82.6	0.1	100.0	1,603
35+	4.4	5.4	47.0	47.6	4.1	14.9	80.7	0.4	100.0	303
Birth order										
1	9.2	10.7	69.2	20.1	6.9	14.5	78.5	0.1	100.0	613
2-3	5.3	8.1	63.0	28.9	5.6	10.5	83.9	0.1	100.0	818
4-5	5.0	6.5	61.3	32.3	5.1	12.4	82.1	0.4	100.0	414
6+	4.2	6.9	43.1	50.0	6.6	14.6	78.7	0.2	100.0	483
Residence										
Urban	7.1	11.1	77.5	11.3	7.7	8.3	83.9	0.1	100.0	608
Rural	5.7	7.2	54.1	38.7	5.5	14.3	80.1	0.2	100.0	1,720
Province										
Manicaland	5.6	7.5	44.5	48.0	4.9	13.6	81.5	0.0	100.0	307
Mashonaland Central	6.4	6.8	53.1	40.1	4.0	11.5	84.5	0.0	100.0	202
Mashonaland East	5.1	7.4	66.4	26.2	2.6	15.9	81.6	0.0	100.0	240
Mashonaland West	1.2	7.8	59.9	32.3	4.7	14.1	81.2	0.0	100.0	274
Matabeleland North	3.0	7.0	43.7	49.3	7.0	12.8	79.6	0.6	100.0	183
Matabeleland South	11.6	3.9	60.2	36.0	7.2	11.7	81.2	0.0	100.0	132
Midlands	7.5	11.1	55.9	33.0	10.4	11.6	77.3	0.7	100.0	324
Masvingo	8.2	5.9	64.7	29.4	4.0	19.4	76.6	0.0	100.0	240
Harare	7.2	11.7	78.9	9.4	7.8	5.6	86.7	0.0	100.0	310
Bulawayo	6.3	10.3	81.0	8.6	8.0	12.1	79.3	0.6	100.0	115
Mother's education										
No education	1.7	6.1	29.3	64.6	7.8	15.0	76.7	0.6	100.0	292
Primary	5.5	7.5	54.8	37.8	5.0	13.9	81.0	0.1	100.0	1,169
Secondary+	8.2	10.0	77.9	12.0	6.9	10.4	82.7	0.1	100.0	867
All children	6.0	8.3	60.2	31.5	6.1	12.7	81.1	0.2	100.0	2,328

Note: Figures are for births in the period 1-35 months preceding the survey.

8.4 Vaccinations

In order to assist in the evaluation of the Expanded Programme of Immunisation (EPI), the ZDHS collected information on vaccination coverage for all children born in the three years preceding the survey, although the data presented here are restricted to children who were alive at the time of the survey. The EPI largely follows the World Health Organisation (WHO) guidelines for vaccinating children. In order to be considered fully vaccinated, a child should receive one dose of BCG vaccine, three doses each of DPT and polio vaccine, and one dose of measles vaccine. BCG should be given at birth or first clinic contact and protects against tuberculosis; DPT protects against diphtheria, pertussis, and tetanus. DPT and polio require three vaccinations at approximately three, four, and five months of age; measles should be given at or soon

after reaching nine months. WHO recommends that children receive the complete schedule of vaccinations before 12 months of age.

Information on vaccination coverage was collected in two ways: from child health cards shown to the interviewer and from mothers' verbal reports. The majority of health centres and clinics in Zimbabwe provide cards on which vaccinations are recorded. If a mother was able to present such a card to the interviewer, this was used as the source of information, with the interviewer recording vaccination dates directly from the card. In addition to collecting vaccination information from cards, there were two ways of collecting the information from the mother herself. If a vaccination card had been presented, but a vaccine had not been recorded on the card as being given, the mother was asked to recall whether or not that particular vaccine had been given. If the mother was not able to provide a card for the child at all, she was asked to recall whether or not the child had received BCG, polio and DPT (including the number of doses for each), and measles vaccinations.

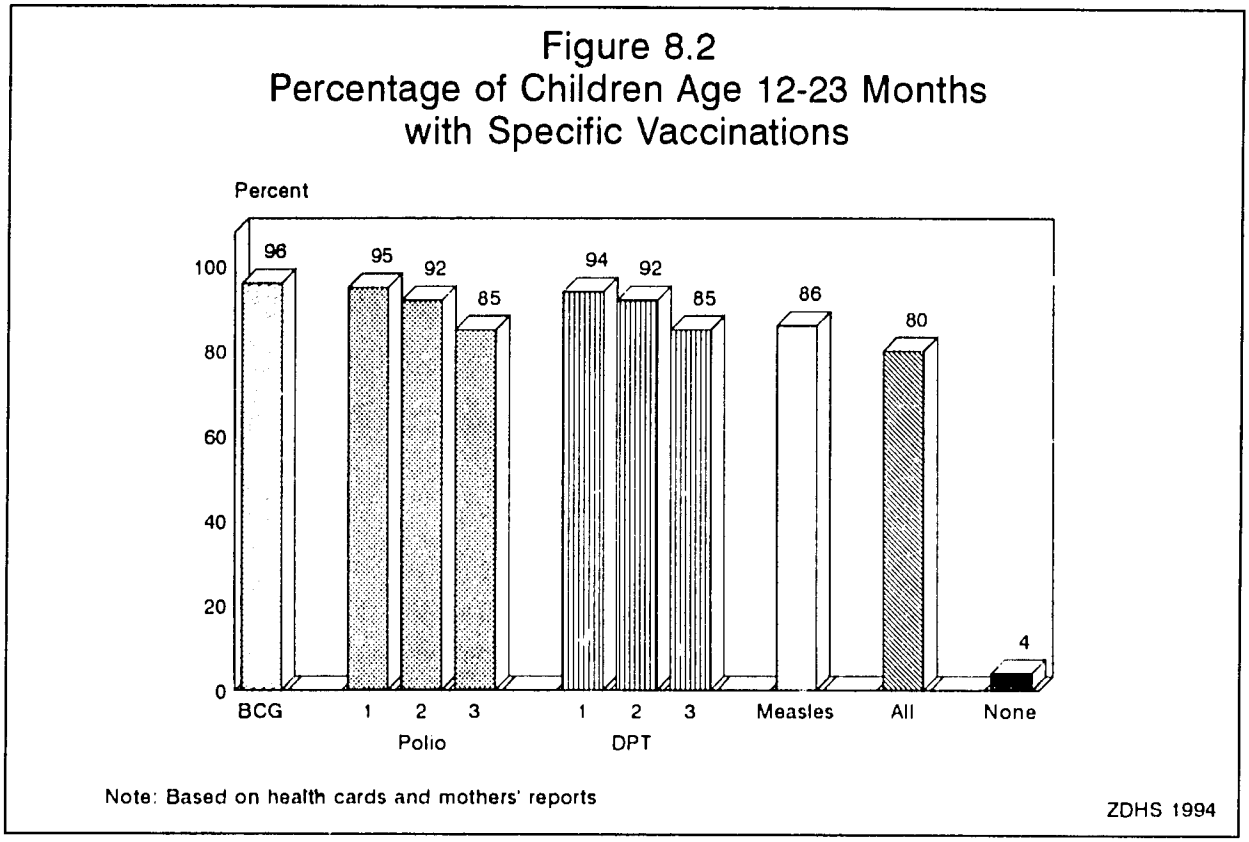
Information on vaccination coverage is presented in Table 8.7, according to the source of information used to determine coverage, i.e., the child health card or mother's report. Data are presented for children age 12-23 months, thereby including only children who should be fully vaccinated. For example, 78 percent of children had a BCG vaccination recorded on their available card. However, not all children who are vaccinated have cards available; 17 percent of children did not have a card but were reported by their mothers to have received the BCG vaccine. Thus, overall, 96 percent of children age 12-23 months are estimated to have been vaccinated against tuberculosis. Vaccinations are most effective when given at the proper age; according to the card information, 95 percent of children receive the BCG vaccine by 12 months of age. Figure 8.2 summarises vaccination coverage in Zimbabwe.

Table 8.7 Vaccinations by source of information

Percentage of children 12-23 months who had received specific vaccines at any time before the survey, by whether the information was from a vaccination card or from the mother, and the percentage vaccinated by 12 months of age, Zimbabwe 1994

	Percentage of children who received:											
		DPT			Polio							
Source of information	BCG	1	2	3+	1	2	3+	Measles	All[1]	None	Percent of children	Number of children
Vaccinated at any time before the survey												
Vaccination card	78.4	77.3	75.9	73.2	77.6	75.8	73.2	72.1	70.3	0.5	79.1	547
Mother's report	17.4	16.9	15.7	11.9	17.0	16.1	12.2	14.2	9.8	3.6	20.9	145
Either source	95.7	94.2	91.5	85.2	94.5	91.9	85.4	86.3	80.1	4.1	100.0	691
Vaccinated by 12 months of age	94.6	93.1	89.1	80.4	93.4	89.4	80.3	73.9	67.2	4.9	100.0	691

Note: For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination.
[1]Children who are fully vaccinated (i.e., those who have received BCG, measles and three doses of DPT and polio).



Coverage for the first doses of polio and DPT is nearly universal, 93 to 95 percent depending on the vaccine and timing. Coverage declines after the first dose, with 92 and 85 percent of children receiving the second and third doses of both vaccines, respectively. This yields a dropout rate[2] of about 10 percent for both DPT and polio vaccine. Eighty-six percent of children age 12-23 months were vaccinated against measles; 74 percent before their first birthday. Less than 5 percent of children age 12-23 months had received no vaccinations.

Overall, 80 percent of children age 12-23 months had all the recommended vaccinations, 67 percent before their first birthday. The 1988 ZDHS reported coverage at 86 percent (all vaccinations, children 12-23 months); however, this estimate is biased upwards because it is based only on data from children with health cards (i.e., it assumes that vaccination coverage among children without cards is as high as among those with cards). Boerma et al. (1990) recalculated coverage from the 1988 ZDHS data, including reports from mothers on whether the children without cards had *ever* been vaccinated. Using these data, a more plausible 1988 estimate of 79 percent was obtained. A reasonable interpretation of these findings is that vaccination coverage remains roughly unchanged since 1988 at about 80 percent.

Table 8.8 presents vaccination coverage (according to card information and mothers' reports) among children age 12-23 months by selected background characteristics. The differentials in coverage are very similar irrespective of vaccine type. Looking at the differentials in complete coverage (i.e., all vaccines received), there is virtually no difference between boys and girls. Children of high birth order (6+) tend to have lower coverage than children of lower birth order. Children from urban areas have a slightly higher coverage rate (84 percent) than rural children (78 percent). Complete coverage increases with increasing

[2] The dropout rate is defined as the percentage of children receiving the first dose who do not subsequently receive the third dose of DPT or polio vaccine.

Table 8.8 Vaccinations by background characteristics

Percentage of children 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, by selected background characteristics, Zimbabwe 1994

Background characteristic	Percentage of children who received										Percent with vaccination card	Number of children
		DPT			Polio							
	BCG	1	2	3+	1	2	3+	Measles	All[1]	None		
Sex												
Male	95.3	92.9	89.8	82.6	93.6	90.7	84.1	86.3	79.2	4.7	78.5	330
Female	96.1	95.3	93.1	87.5	95.4	92.9	86.6	86.3	80.9	3.5	79.6	361
Birth order												
1	97.1	94.3	93.5	88.0	94.9	94.2	88.7	89.1	84.8	2.9	78.9	184
2-3	96.6	95.6	92.4	87.2	96.0	92.9	87.8	88.1	80.0	3.4	78.3	249
4-5	97.2	96.8	95.4	89.1	97.2	95.9	89.5	90.0	84.1	2.8	82.4	120
6+	91.0	89.1	84.0	74.3	89.1	83.5	73.4	76.3	70.7	8.0	77.8	139
Residence												
Urban	96.6	96.0	94.8	89.6	96.0	94.5	89.6	87.7	84.2	3.4	79.2	215
Rural	95.3	93.3	90.0	83.1	93.9	90.7	83.5	85.7	78.2	4.4	79.0	476
Mother's education												
No education	91.7	92.7	87.8	76.7	92.7	86.4	76.4	78.9	72.7	6.7	81.5	94
Primary	95.1	92.9	90.1	82.5	93.5	90.7	82.9	84.3	76.8	4.9	78.8	336
Secondary+	97.9	96.4	94.7	91.7	96.6	95.3	91.9	91.6	87.1	2.1	78.5	261
All children	95.7	94.2	91.5	85.2	94.5	91.9	85.4	86.3	80.1	4.1	79.1	691

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

maternal education, from 73 percent among children of uneducated mothers to 87 percent among children of mothers with some secondary education.

8.5 Acute Respiratory Infection

Pneumonia is a leading cause of childhood mortality in Zimbabwe. The programme to control acute respiratory infections (ARI) aims at treating cases of ARI early before complications develop. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths due to pneumonia. Emphasis is, therefore, placed on recognition of signs of impending severity, both by mothers and primary health care workers so that help can be sought.

The prevalence of ARI was estimated by asking mothers if their children under age three had been ill with coughing accompanied by short, rapid breathing, in the two weeks preceding the survey. These symptoms are compatible with pneumonia. It should be borne in mind that morbidity data collected in surveys are subjective—i.e., mother's perception of illness—and not validated by medical personnel.

Table 8.9 shows that 25 percent of children under three years of age were ill with a cough and short, rapid breathing at some time in the two weeks preceding the survey. Prevalence of respiratory illness varies by age of the child, rising to a peak at 6-11 months of age, then falling slowly to a low at 24-35 months of age (see Figure 8.3). Sex of the child is not associated significantly with ARI, but prevalence does increase slightly with increasing birth order of the child.

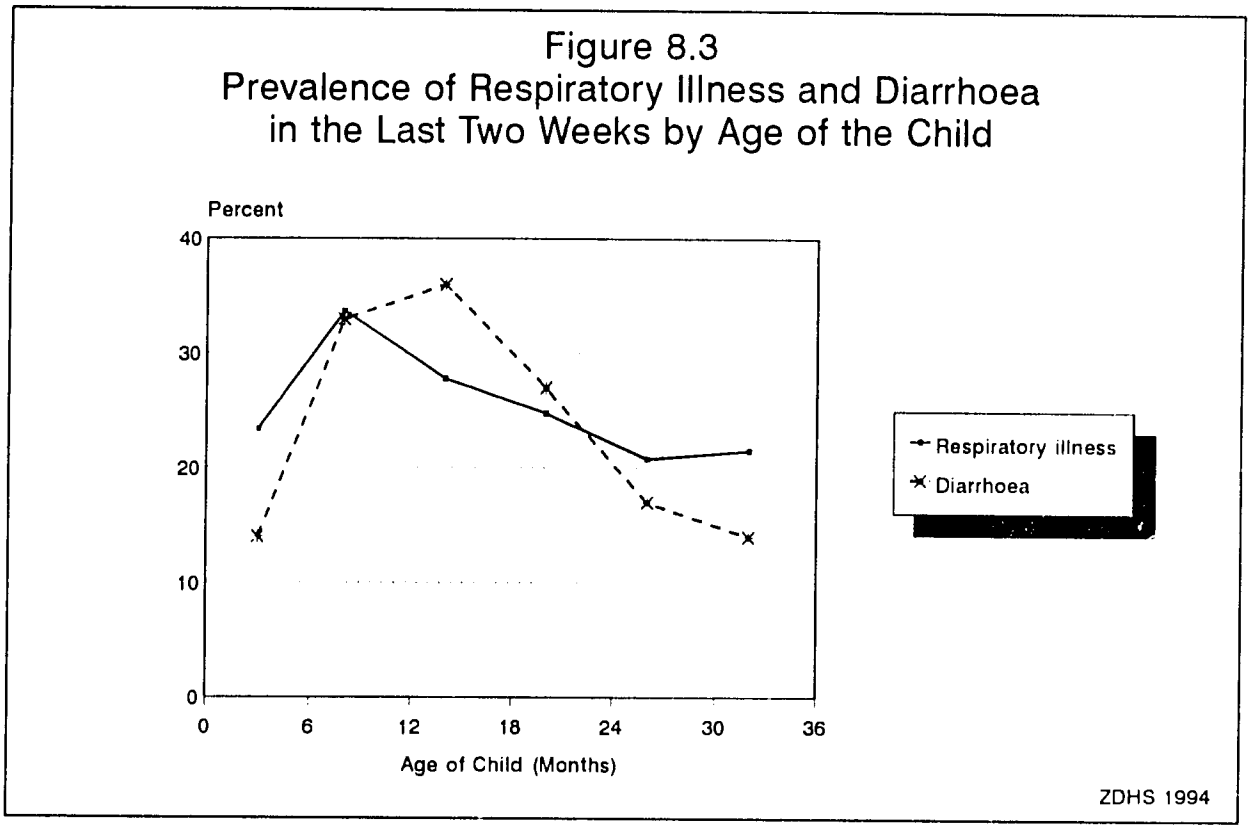
Table 8.9 Prevalence and treatment of acute respiratory infection and prevalence of fever

Percentage of children under three years who were ill with a cough accompanied by short, rapid breathing (acute respiratory infection) during the two weeks preceding the survey, the percentage of ill children who were taken to a health facility, and the percentage of children with fever during the two weeks preceding the survey, by selected background characteristics, Zimbabwe 1994

Background characteristic	Percentage of children with cough and rapid breathing	Percentage of children with cough and rapid breathing who were taken to a health facility or provider[1]	Percentage of children with a fever	Number of children
Child's age				
< 6 months	23.4	47.2	30.4	384
6-11 months	33.7	52.3	50.5	406
12-17 months	27.8	54.4	43.6	322
18-23 months	24.8	56.9	41.3	369
24-29 months	20.8	56.4	35.8	352
30-35 months	21.5	46.1	36.2	387
Sex				
Male	26.3	51.0	39.5	1,080
Female	24.6	53.4	39.9	1,142
Birth order				
1	23.3	46.5	36.3	586
2-3	25.5	58.6	38.6	776
4-5	25.2	53.2	42.7	392
6+	28.1	47.6	43.2	466
Residence				
Urban	15.2	63.6	34.5	585
Rural	29.0	50.0	41.5	1,636
Province				
Manicaland	26.4	42.0	41.9	282
Mashonaland Central	27.5	52.1	44.2	192
Mashonaland East	21.0	(41.5)	35.0	230
Mashonaland West	41.8	53.0	51.4	255
Matabeleland North	22.5	(48.2)	21.0	173
Matabeleland South	9.8	*	12.3	128
Midlands	33.2	58.8	52.5	309
Masvingo	33.7	48.0	53.1	228
Harare	11.7	(66.7)	38.5	309
Bulawayo	12.7	*	10.4	115
Mother's education				
No education	29.9	52.5	44.7	272
Primary	27.4	48.4	41.7	1,108
Secondary+	21.3	58.4	35.4	841
All children	25.4	52.2	39.7	2,221

Note: Figures are for children born in the period 0-35 months preceding the survey. Figures in parentheses are based on 25-49 ill children. An asterisk indicates that a figure is based on fewer than 25 children and has been suppressed.

[1]Includes health centre, hospital, clinic, and private doctor



Urban-rural and provincial differences are substantial. Children in rural areas are almost twice as likely to have been ill with ARI in the last two weeks (29 percent) as urban children (15 percent). Children in Harare and Bulawayo have relatively low levels of reported ARI at around 12-13 percent. Amongst the rural-based provinces, ARI prevalence (0-35 months) varies widely from 42 percent in Mashonaland West province to only 10 percent in Matabeleland South province. Whether this wide range of apparent ARI prevalence reflects genuine differences in morbidity, or is due to differences in perceptions of disease or disease severity cannot be ascertained from these data. The ZDHS data do show that children of women with secondary education were 25 percent less likely to be ill with ARI than children of women with less education.

Fifty-two percent of children with respiratory illness were taken to a health facility of some kind. The youngest (0-5 months) and oldest (30-35 months) of under-three children have lowest rates of health facility use. Urban children with ARI were more likely to be taken for health services than their rural counterparts. Education-related differentials in facility use are small or negligible.

8.6 Fever

Malaria is endemic throughout most of Zimbabwe and is a common cause of hospital admission for all age groups. Since the major manifestation of malaria is fever, mothers were asked whether their children under age three had a fever in the two weeks preceding the survey.

Table 8.9 (column 3) shows that 40 percent of children under three years of age were reported to have had fever in the two weeks prior to the survey. As with respiratory illness, prevalence of fever peaks at age 6-11 months (51 percent). Differentials by sex and birth order of the child are negligible, but urban-rural, provincial, and maternal education-related differences are substantial and roughly parallel those already described regarding ARI prevalence.

8.7 Diarrhoea

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children. A simple and effective response to a child's dehydration is a prompt increase in fluid intake, i.e., oral rehydration therapy (ORT). In Zimbabwe, the use of a sugar-salt-water solution (SSS) to combat dehydrating diarrhoea is the particular method of ORT promoted by the Control of Diarrhoeal Disease (CDD) programme in the Ministry of Health. The chief concern of the CDD is to prevent dehydration or to treat it early before it becomes life-threatening.

In the ZDHS, women who had a birth in the last three years were asked questions regarding their knowledge of SSS and treatment of diarrhoea in general. For all children experiencing a bout of diarrhoea in the last two weeks, mothers were asked whether there was blood in the stools, whether fluid intake was increased or decreased, whether the child was given a sugar-salt-water solution, and what else was given to the child in response to the diarrhoea.

Table 8.10 presents the prevalence of diarrhoea in children under three years of age. Twenty-four percent of children had experienced diarrhoea at some time in the two weeks preceding the survey; 3 percent of children had experienced bloody diarrhoea. Diarrhoeal prevalence increases with age to a peak at 12-17 months (36 percent) then falls again at older ages (see Figure 8.3). A similar pattern is observed regarding bloody diarrhoea except that prevalence levels off at around 4 percent between 12-35 months.

Table 8.10 Prevalence of diarrhoea

Percentage of children under three years who had diarrhoea and diarrhoea with blood in the two weeks preceding the survey, by selected background characteristics, Zimbabwe 1994

Background characteristic	Diarrhoea in the preceding 2 weeks		Number of children
	All diarrhoea	Diarrhoea with blood	
Child's age			
< 6 months	13.8	1.7	384
6-11 months	33.2	2.6	406
12-17 months	36.0	4.5	322
18-23 months	27.3	3.5	369
24-29 months	17.1	4.4	352
30-35 months	14.4	3.5	387
Sex			
Male	25.1	3.3	1,080
Female	21.9	3.3	1,142
Birth order			
1	23.1	2.9	586
2-3	23.1	3.7	776
4-5	23.2	2.7	392
6+	24.8	3.6	466
Residence			
Urban	17.9	1.7	585
Rural	25.5	3.9	1,636
Province			
Manicaland	25.4	2.1	282
Mashonaland Central	27.4	2.7	192
Mashonaland East	19.0	3.1	230
Mashonaland West	27.1	3.7	255
Matabeleland North	24.9	5.8	173
Matabeleland South	11.9	3.0	128
Midlands	26.5	3.5	309
Masvingo	30.0	4.8	228
Harare	19.0	1.7	309
Bulawayo	14.5	4.0	115
Mother's education			
No education	28.7	4.1	272
Primary	23.9	3.8	1,108
Secondary+	21.1	2.3	841
All children	23.5	3.3	2,221

Note: Figures are for children born in the period 0-35 months preceding the survey

Sex and birth order of the child are not important factors related to diarrhoea. Children from different parts of the country are, however, exposed to varying risks of diarrhoea. Rural children have a 40 percent greater chance of contracting diarrhoea than urban children and are more than twice as likely to have bloody diarrhoea as their urban counterparts. Prevalence is highest in Masvingo (30 percent) and lowest in Matabeleland South (12 percent). The children of women with more education are less commonly sick with diarrhoea and bloody diarrhoea than children whose mothers have less education.

General knowledge of sugar-salt-water solution is nearly universal (99 percent) among mothers; yet when asked about specific eating and drinking regimes for sick children, the findings are less encouraging (Table 8.11). Among women with children under three, 17 percent said that a child who is sick with diarrhoea should get less to drink, and 22 percent said they should get less to eat. Women who are more educated and those living in urban areas tend to be more knowledgeable about appropriate feeding and drinking practices for children with diarrhoea.

Table 8.11 Knowledge of diarrhoea care

Percentage of mothers with births in the last three years who know about the use of sugar-salt-water solution for treatment of diarrhoea (oral rehydration therapy-ORT) and the percent distribution by knowledge of appropriate feeding during diarrhoea, according to background characteristics, Zimbabwe 1994

Background characteristic	Know about sugar-salt-water solution for treatment of diarrhoea	Quantities that should be given during diarrhoea: Liquids				Solid foods				Total	Number of mothers
		Less	Same	More	Don't know/ Missing	Less	Same	More	Don't know/ Missing		
Age											
15-19	96.8	20.7	15.8	61.0	2.6	20.1	33.6	45.0	1.3	100.0	208
20-24	98.5	17.3	11.3	70.5	0.9	20.6	25.2	53.1	0.8	100.0	680
25-29	99.1	13.9	8.8	76.4	1.0	20.7	27.0	51.6	0.8	100.0	471
30-34	98.8	18.1	8.9	72.6	0.4	27.1	26.2	46.3	0.5	100.0	419
35+	99.6	14.1	8.8	76.3	0.8	22.7	26.6	49.5	1.0	100.0	379
Residence											
Urban	99.0	11.2	8.0	80.3	0.6	19.9	31.5	47.6	0.7	100.0	575
Rural	98.6	18.4	11.1	69.4	1.1	23.0	25.2	50.9	0.8	100.0	1,581
Province											
Manicaland	97.9	17.1	8.5	74.5	0.0	22.0	25.7	51.8	0.5	100.0	282
Mashonaland Central	98.9	14.7	11.0	74.3	0.0	19.8	27.5	51.7	0.9	100.0	188
Mashonaland East	99.5	9.3	8.7	80.6	1.4	29.8	25.6	44.6	0.0	100.0	219
Mashonaland West	98.7	16.2	11.4	72.0	0.4	20.1	17.5	62.4	0.0	100.0	250
Matabeleland North	97.4	21.3	8.1	65.1	5.5	27.2	20.8	46.8	4.8	100.0	165
Matabeleland South	98.7	28.9	8.4	60.9	1.7	24.2	32.7	43.1	0.0	100.0	125
Midlands	98.9	17.1	11.6	70.9	0.4	18.0	29.7	51.9	0.4	100.0	294
Masvingo	99.5	22.1	15.5	61.9	0.5	24.9	25.3	48.9	0.9	100.0	220
Harare	98.9	7.4	7.4	85.1	0.0	19.4	28.6	51.4	0.0	100.0	302
Bulawayo	98.2	23.4	13.2	60.5	3.0	20.4	45.5	31.1	3.0	100.0	111
Mother's education											
No education	97.2	21.6	14.3	62.3	1.7	31.9	24.2	43.2	0.7	100.0	272
Primary	98.6	19.6	10.8	68.8	0.9	22.6	25.0	51.8	0.5	100.0	1,077
Secondary+	99.3	10.5	8.3	80.4	0.8	18.4	30.3	49.9	1.2	100.0	807
All mothers	98.7	16.5	10.3	72.3	1.0	22.2	26.8	50.0	0.8	100.0	2,155

Table 8.12 shows treatment of recent episodes of diarrhoea among children under three years, as reported by the mother. The ZDHS indicates that 30 percent of children with diarrhoea in the last two weeks were taken to a health facility for treatment; older children and children of more educated women were more likely to be taken to a facility.

Table 8.12 Treatment of diarrhoea

Among children under three years who had diarrhoea in the two weeks preceding the survey, the percentage taken for treatment to a health facility or provider, the percentage who received oral rehydration therapy (either sugar-salt-water solution (SSS) or other recommended home fluids (RHF)) and increased fluids, the percentage who received neither oral rehydration therapy nor increased fluids, and the percentage receiving other treatments, by background characteristics, Zimbabwe 1994

Background characteristic	Percentage taken to a health facility or provider[1]	Oral rehydration therapy			Increased fluids	Neither ORT nor increased fluids	Other treatments			Number of children
		SSS	RHF	SSS or RHF			Injection	Home remedy/ treatment	No treatment	
Child's age										
< 6 months	26.6	62.4	7.8	62.4	45.3	26.8	0.0	27.7	21.9	53
6-11 months	27.2	77.9	19.0	79.2	59.7	15.9	0.0	27.5	11.1	135
12-17 months	25.2	77.8	9.3	77.8	59.9	12.4	0.9	24.7	10.4	116
18-23 months	28.8	83.7	10.6	83.7	55.4	9.9	0.0	34.9	5.9	101
24-29 months	39.9	84.9	13.7	84.9	62.3	10.2	0.0	38.2	4.6	60
30-35 months	39.1	86.7	13.1	86.7	71.1	9.3	1.8	28.8	6.4	56
Sex										
Male	28.9	78.6	14.0	79.2	56.6	15.5	0.0	29.8	10.9	271
Female	30.7	79.8	11.5	79.8	61.5	11.8	0.8	29.6	8.5	250
Birth order										
1	27.2	75.5	11.4	75.5	53.5	17.1	0.0	26.5	12.5	135
2-3	36.2	80.5	14.8	80.5	56.7	15.7	1.2	33.1	12.0	179
4-5	28.4	80.7	13.8	82.6	63.8	9.1	0.0	34.7	5.7	91
6+	23.8	80.2	10.7	80.2	65.1	10.2	0.0	24.4	6.3	116
Residence										
Urban	26.7	81.8	14.0	83.5	77.3	5.6	0.0	28.6	4.8	105
Rural	30.5	78.5	12.5	78.5	54.4	15.7	0.5	30.0	11.0	416
Mother's education										
No education	22.2	73.3	12.6	73.3	62.7	19.6	0.0	28.9	13.0	78
Primary	29.6	80.4	11.9	80.4	53.4	12.9	0.4	29.2	8.1	265
Secondary+	33.3	79.9	14.3	80.9	65.6	12.3	0.6	30.8	10.9	178
All children	29.7	79.2	12.8	79.5	59.0	13.7	0.4	29.7	9.8	521

RHF = Other recommended home fluid
SSS = Sugar salt water solution
[1]Includes health centre, hospital, clinic, and private doctor

Sugar-salt-water solution (SSS) was used to treat 79 percent of children with diarrhoea, 13 percent received other types of recommended home fluids (RHF). However, for only 59 percent of children with diarrhoea mothers reported giving the children more to drink than before the diarrhoea. If accurate, this suggests that some children (20 percent) are receiving SSS without increasing fluid intake. Overall, 14 percent of children were given neither SSS nor RHF nor increased fluids, placing this group at higher risk of mortality. Very few children with diarrhoea were given antibiotic injections, but 30 percent were provided some sort of home-based traditional remedies, predominantly herbal medicines. Ten percent of children did not receive any treatment for their diarrhoea.

Generally, therapeutic intervention increases with increasing age and birth order of the child. For example, increased fluid intake increases from 45 percent among children under 6 months to 71 percent among children 30-35 months. Similarly, non-treatment drops sharply with increasing age and birth order of the child. Urban children and children of more educated women are also more likely to be treated at a facility or with some form of oral rehydration, but the relationship is not very pronounced.

Table 8.13 shows that over half of children sick with diarrhoea were given *less* food during the illness, and 22 percent received less to drink. These patterns reflect a lack of practical knowledge among some women regarding the nutritional requirements of children during episodes of diarrhoeal illness.

Table 8.13 Feeding practices during diarrhoea

Percent distribution of children under three who had diarrhoea in the past two weeks by amount of solid foods given and amount of fluids given, Zimbabwe 1994

Feeding practices	Total
Amount of solid foods	
Same	24.0
Increase	24.0
Decrease	51.5
Don't know/missing	0.5
Amount of fluids	
Same	18.8
Increase	59.0
Decrease	22.3
Total	100.0
Number of children	521

Note: Figures are for children born in the period 0-35 months preceding the survey.

CHAPTER 9

MATERNAL AND CHILD NUTRITION

The ZDHS collected data from mothers regarding the feeding patterns of all of their children under three years of age. In this chapter, the data are used to evaluate infant feeding practices, including breastfeeding durations, introduction of supplementary weaning foods, and use of feeding bottles. As part of the survey, the heights and weights of all children under three and their mothers were measured, allowing cross-sectional assessment of maternal and child nutritional status.

9.1 Breastfeeding and Supplementation

The pattern of infant feeding has important influences on both the child and the mother. Feeding practices are the principal determinants of a child's nutritional status. Poor nutritional status in young children exposes them to greater risks of morbidity and mortality. Breastfeeding affects mothers through the biological suppression of return to fertile status, thereby affecting the length of the inter-birth interval and pregnancy outcome. These effects are influenced by both the duration and frequency of breastfeeding, and by the age at which the child receives foods and liquids to supplement breast milk.

9.1.1 Initiation of Breastfeeding

Colostrum, which is contained in the very first breast milk after delivery, has been shown to be highly nutritious and to contain a high concentration of antibodies which protect babies from infection before the child's immune system has matured. To facilitate early initiation of breastfeeding, the Ministry of Health and Child Welfare (MOH&CW) has promoted "rooming in" in maternity hospitals to ensure that newly-born babies are kept with their mothers at bedside, allowing feeding on demand as opposed to scheduled feeding in nursery. The baby-friendly hospital initiative is being actively promoted. Bottle feeding is discouraged and mothers are educated to breastfeed exclusively until the child is 4-6 months old. Use of infant formula is advised only in those few cases that are medically indicated.

Table 9.1 shows that breastfeeding is nearly universal in Zimbabwe with 99 percent of children born in the last three years having been breastfed at some time.[1] Overall, 40 percent of children were breastfed within an hour of birth and 91 percent in the first 24 hours after delivery; however, this varies by province. Over 50 percent of newborns in Matabeleland South, Matabeleland North, and Masvingo were breastfed within an hour of delivery, while less than 30 percent of newly-born babies received the same attention in Midlands and Mashonaland East provinces. Children are slightly less likely to receive early breastfeeding if they were delivered at home or if the delivery was assisted by a traditional midwife (TBA).

9.1.2 Age Pattern of Breastfeeding

Breast milk contains all the nutrients needed by children in the first 6 months of life and is an uncontaminated nutritional source. Supplementing breast milk before 4 months of age is unnecessary and is indeed discouraged since the likelihood of contamination and resulting risk of diarrhoeal disease are high. Early supplementation also reduces breast milk output, since the production and release of milk is modulated by the frequency and intensity of suckling.

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[1] The remaining 1 percent are comprised, in large part, of children who died during the neonatal period and were probably unable to breastfeed.

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Table 9.1 Initial breastfeeding

Percentage of children born in the three years preceding the survey who were ever breastfed, and the percentage of last-born children who started breastfeeding within one hour of birth and within one day of birth, by selected background characteristics, Zimbabwe 1994

Background characteristic	Percentage ever breastfed	Among last-born children, percentage who started breastfeeding: Within 1 hour of birth	Within 1 day of birth	Number of children
Sex				
Male	98.5	39.5	89.9	1,159
Female	98.9	40.6	91.6	1,205
Residence				
Urban	98.7	41.7	90.2	617
Rural	98.7	39.4	91.0	1,747
Province				
Manicaland	98.6	31.2	91.6	311
Mashonaland Central	98.7	41.2	85.4	203
Mashonaland East	98.9	29.1	92.2	244
Mashonaland West	98.1	39.4	91.4	279
Matabeleland North	97.4	52.6	85.3	184
Matabeleland South	99.0	59.8	92.3	135
Midlands	98.9	27.5	92.5	331
Masvingo	99.6	50.7	95.1	245
Harare	99.5	45.9	90.1	314
Bulawayo	97.8	40.8	87.9	118
Mother's education				
No education	98.9	44.9	92.8	297
Primary	98.7	39.2	91.2	1,183
Secondary+	98.6	39.5	89.5	884
Assistance at delivery				
Medically trained person	98.8	41.3	91.6	1,640
Traditional birth attendant	98.7	35.4	88.0	406
Other or none	98.5	40.0	90.8	316
Place of delivery				
Health facility	98.8	41.3	91.6	1,633
At home	98.6	37.6	89.2	715
All children	98.7	40.0	90.8	2,364

Note: Total includes 3 children for whom data on assistance at delivery are missing and 15 children for whom place of delivery is missing.

Table 9.2 shows breastfeeding practises from birth until the third birthday. By 10-11 months of age, 95 percent of children are still breastfed; even by 16-17 months, 72 percent are being breastfed. By 22-23 months of age, only 20 percent are still receiving some breast milk, and by the end of the third year all children have been completely weaned.

Table 9.2 Breastfeeding status

Percent distribution of living children by current breastfeeding status, according to child's current age in months, Zimbabwe 1994

	Percentage of living children who are:					
			Breastfeeding and:			
Age in months	Not breast-feeding	Exclusively breast-fed	Plain water only	Supple-ments	Total	Number of living children
<2	0.4	18.6	29.0	51.9	100.0	127
2-3	2.1	13.7	18.9	65.2	100.0	134
4-5	0.5	0.9	9.0	89.6	100.0	124
6-7	0.8	0.8	3.8	94.7	100.0	133
8-9	1.4	0.0	1.9	96.7	100.0	144
10-11	5.0	1.3	0.0	93.7	100.0	129
12-13	10.8	1.8	0.0	87.4	100.0	116
14-15	10.7	0.0	0.0	89.3	100.0	107
16-17	28.0	0.7	0.0	71.3	100.0	99
18-19	41.8	0.0	0.0	58.2	100.0	143
20-21	68.4	0.0	0.5	31.2	100.0	111
22-23	80.4	0.0	0.0	19.6	100.0	115
24-25	90.5	0.8	0.0	8.7	100.0	127
26-27	94.8	0.0	0.0	5.2	100.0	126
28-29	96.7	0.0	0.0	3.3	100.0	100
30-31	98.1	0.0	0.0	1.9	100.0	113
32-33	98.4	0.0	0.0	1.6	100.0	141
34-35	100.0	0.0	0.0	0.0	100.0	133
0-3 months	1.3	16.1	23.9	58.8	100.0	261
4-6 months	0.8	1.1	7.3	90.8	100.0	199
7-9 months	1.0	0.0	2.1	96.9	100.0	202

Note: Breastfeeding status refers to preceding 24 hours. Children classified as *breastfeeding and plain water only* receive no supplements.

Supplementation of breast milk starts early in Zimbabwe. Exclusive breastfeeding[2] is not common; only 19 percent of children under 2 months, and 16 percent of children under 4 months of age are fed only breast milk. Most children are given plain water (29 percent) or other foods and liquids (52 percent) in addition to breast milk during the first two months. By 2-3 months, two-thirds of children are given some form of food supplementation; by 4-5 months, 90 percent of children have received supplements in addition to breast milk.

Table 9.3 shows that the duration and frequency of breastfeeding vary by background characteristics of the mother. At the national level, the median duration of any breastfeeding is over 18 months. The median durations of exclusive breastfeeding and full breastfeeding (breastfeeding plus plain water only) are both less than one month. Median length of breastfeeding tends to be longer in rural areas (19.2 months) than in urban areas (17.6 months); and amongst uneducated women (20.1 months) compared with women who have some primary education (19.0 months) or secondary education (17.8 months). Breastfeeding duration is longest in Masvingo province (20.1 months) and shortest in Bulawayo (16.8 months).

[2] *Exclusive breastfeeding* is the practise of feeding with breast milk only, as recommended by the World Health Organisation, for the first 4-6 months of life.

Table 9.3 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and full breastfeeding among children under three years of age, and the percentage of children under 6 months of age who were breastfed six or more times in the 24 hours preceding the interview, according to background characteristics, Zimbabwe 1994

Background characteristic	Median duration in months[1]			Number of children under 3 years of age	Children under 6 months	
	Any breast-feeding	Exclusive breast-feeding	Full breast-feeding[2]		Breastfed 6+ times in preceding 24 hours	Number of children
Sex						
Male	18.5	0.4	0.6	1,159	93.3	180
Female	18.6	0.5	1.0	1,205	94.3	205
Residence						
Urban	17.6	0.5	1.3	617	90.6	89
Rural	19.2	0.5	0.7	1,747	94.8	296
Province						
Manicaland	18.1	0.5	2.0	311	-	-
Mashonaland Central	18.6	0.4	0.4	203	-	-
Mashonaland East	18.1	0.5	0.7	244	-	-
Mashonaland West	18.7	0.4	0.5	279	-	-
Matabeleland North	19.3	0.6	2.6	184	-	-
Matabeleland South	17.5	1.0	2.4	135	-	-
Midlands	18.2	0.4	0.7	331	-	-
Masvingo	20.1	0.4	0.6	245	-	-
Harare	19.0	0.5	1.8	314	-	-
Bulawayo	16.8	0.6	0.7	118	-	-
Education						
No education	20.1	0.5	1.7	297	97.3	40
Primary	19.0	0.5	0.6	1,183	96.3	179
Secondary+	17.8	0.4	0.9	884	90.3	166
Assistance at delivery						
Health professional	18.4	0.5	0.8	1,640	93.6	263
Trad. birth attendant	18.5	0.4	0.6	406	96.6	63
Other or none	19.6	0.4	0.6	316	92.0	59
Total	18.5	0.5	0.7	2,364[3]	93.8	384
Mean	18.8	1.4	2.6	98.8	-	-
Prevalence/Incidence[4]	18.2	0.7	2.0	-	-	-

[1] Medians and means are based on current status
[2] Either exclusive breastfeeding or breastfeeding and plain water only
[3] Total includes 3 children for whom data on assistance at delivery are missing.
[4] Prevalence-incidence mean

The daily frequency of breastfeeding in Zimbabwe tends to be high. Ninety-four percent of children under 6 months of age were breastfed 6 times or more in the 24 hours preceding the survey.

9.1.3 Types of Supplemental Foods

Table 9.4 presents information on the types of foods received by children in the first three years of life, according to whether or not the child is still being breastfed. As shown previously, exclusive

Table 9.4 Types of foods received by children in preceding 24 hours

Percentage of children under 36 months of age who received specific types of food in the 24 hours before the interview, and the percentage using a bottle with a nipple, by breastfeeding status and child's age in months, Zimbabwe 1994

Age (in months)	Breast milk only	Infant formula	Other milk	Other liquid	Meat/ poultry/ fish/ eggs	Porridge	Fruits/ vege-tables	Other	Using bottle with a nipple	Number of children
BREASTFEEDING CHILDREN										
0-1	18.7	4.8	3.4	35.3	0.0	20.1	0.0	0.9	4.8	126
2-3	14.0	3.3	8.1	33.4	0.9	51.1	2.5	1.3	6.2	131
4-5	0.9	5.2	16.0	34.7	10.9	85.1	17.7	19.9	5.3	123
6-7	0.8	3.5	14.4	36.2	17.5	86.4	32.8	50.5	5.7	132
8-9	0.0	5.0	21.0	46.4	33.7	87.6	50.4	79.2	8.2	142
10-11	1.4	8.8	25.1	49.2	36.1	87.5	71.9	83.7	5.8	123
12-13	2.0	1.0	24.2	45.2	48.8	85.2	79.9	88.0	2.4	103
14-15	0.0	4.4	26.5	44.7	52.6	92.3	92.1	91.3	5.1	95
16-17	1.0	3.4	25.2	65.7	53.2	85.4	85.3	92.5	3.8	72
18-23	0.0	1.3	27.7	56.4	58.5	88.9	84.0	93.0	5.5	141
24-35	(3.9)	(2.1)	(13.7)	(49.6)	(59.8)	(83.2)	(81.7)	(85.8)	(4.1)	26
0-3 months	16.3	4.0	5.8	34.3	0.4	35.9	1.3	1.1	5.5	257
4-6 months	1.1	4.5	15.5	35.9	12.0	84.6	20.4	27.2	6.5	197
7-9 months	0.0	4.6	19.0	42.8	30.3	88.2	48.3	75.0	6.5	200
Total	4.1	4.1	18.5	44.0	30.2	76.3	49.4	58.2	5.4	1,215
NON-BREASTFEEDING CHILDREN										
12-17	NA	11.4	34.6	53.0	52.9	76.7	69.9	76.9	22.4	52
18-23	NA	3.4	40.5	64.3	60.9	82.3	75.8	85.0	6.6	228
24-29	NA	2.7	34.0	60.0	53.0	76.2	80.0	84.2	4.5	331
30-35	NA	2.9	28.8	59.4	54.2	77.0	82.7	86.1	2.6	382
Total	NA	3.9	33.5	60.4	55.2	78.2	79.6	84.5	5.7	1,006

Note: Figures in parentheses are based on 25-49 cases.
NA = Not applicable

breastfeeding is not commonly practised; even among the youngest children (0-3 months) only 16 percent of children are fed breast milk only and this drops to 1 percent by the fourth month.

Infant formula is not commonly used in Zimbabwe. Before 10 months of age, only 4-5 percent of children are given formula. Infant formula is more often used at ages 10-11 months among children still being breastfed (9 percent) and at ages 12-17 months among non-breastfeeding children (11 percent). Use of other types of milk (e.g., cow's milk) is fairly common. Even among children still being breastfed, use of "other" milk rises to 25-28 percent during months 10-23. Among children under three who are no longer breastfeeding, about one-third are receiving "other" milk; and peak use occurs at ages 18-23 months (41 percent).

"Other" liquids include all liquids other than plain water and milk, e.g., juice and sugar water. Other liquids are introduced very early. Over one-third of children under 2 months are receiving other liquids, and this rises to over half of children by age 16-17 months, irrespective of breastfeeding status.

Meats, poultry, fish and eggs contain protein and other nutrients important for growth, recovery from illness, and mental development. The percentage of children receiving these foods rises from 12 percent at age 4-6 months, to 30 percent at age 7-9 months, to over 50 percent by age 14 months and above. Regardless of breastfeeding status, at all ages over 14 months, more than 50 percent of Zimbabwean children received some meats, fish, poultry, or eggs in the average day.

Porridge is a common weaning food in Zimbabwe. By 2-3 months of age, half of all children are receiving some porridge and by age 4-5 months, 85 percent are getting porridge on a daily basis. Fruits and vegetables are introduced into the diet more slowly. Only 1 percent of children under 4 months of age are receiving fruits and vegetables, 20 percent at age 4-6 months, 48 percent at age 7-9 months, 72 percent at age 10-11 months, and 80 percent by age 12-13 months. Children who are being breastfed are slightly more likely than non-breastfeeding children (at comparable ages) to be receiving porridge, fruits, vegetables, and "other" foods.

Bottle feeding is not commonly practised in Zimbabwe. Only 5 percent of children under 2 months were given a bottle with a nipple in addition to breast milk. Among children still breastfed, bottle feeding peaks at age 8-9 months (8 percent). At age 12-17 months, non-breastfeeding children are more likely to be using a bottle (22 percent) than breastfeeding children (4 percent).

9.1.4 Frequency of Food Supplementation

A balanced diet is achieved by regularly eating a nutritious variety of foods in sufficient quantities. Young children are more likely to consume an adequate diet if given small but frequent meals each day (4-5 times). In the ZDHS, interviewers read from a list a specific food types, asking the mother to report on the number of days over the last seven days that the child received each of these foods.

Table 9.5 shows the percentage of children who received specific food types in the last seven days, and among those who received these foods, the average number of days per week food was received, by age and breastfeeding status of the child.

Starting at age 4-5 months, virtually all breastfeeding children receive plain water every day. Non-breastfeeding children are slightly less likely to receive plain water, but those who do, receive it every day. The percentage of breastfeeding children receiving other types of milk increases with age from 13 percent of children age 0-3 months to around half of children during the second year of life. The percentage of breastfeeding children receiving other liquids shows a similar increase with age. Non-breastfeeding children are more likely to receive other types of milk and other liquids than their breastfeeding counterparts at comparable ages.

The percentage of children receiving eggs, poultry, or fish increases sharply with age from 1 percent of children age 0-3 months, to around 50 percent at age 12-13 months, to over 60 percent of children at age 14 months and older. Meat-eating shows a similar pattern with age. Irrespective of breastfeeding status, children receive eggs, poultry, fish, and meat about three times per week.

About 1 in 5 children under 2 months of age receives porridge regularly (6 days of the week). By age 2-3 months over half of children are getting porridge virtually every day, and by 6 months of age over 90 percent of children receive porridge almost every day. At comparable ages, breastfeeding children are slightly more likely to be fed porridge than non-breastfeeding children.

Table 9.5 Types of food received by children in preceding week

Percentage of children under 36 months of age who received specific types of food in the week before the interview and the mean number of days children were fed these foods, by breastfeeding status and child's age in months, Zimbabwe 1994

Age (in months)	Plain water		Other milk		Other liquids		Poultry/ Eggs/Fish		Meat		Porridge		Fruits/ Vegetables		Other		Number of children
	Percent	Mean	Percent	Mean	Percent	Mean	Percent	Mean	Percent	Mean	Percent	Mean	Percent	Mean	Percent	Mean	
BREASTFEEDING CHILDREN																	
0-1	76.2	5.4	12.0	5.3	24.3	5.3	0.0	-	0.0	-	19.4	5.7	0.0	-	1.7	6.5	126
2-3	86.9	6.4	13.6	5.5	24.5	3.8	2.8	1.6	1.1	1.0	55.7	6.5	4.7	2.7	3.6	5.6	131
4-5	98.2	6.4	24.0	5.5	42.1	3.6	11.8	3.6	11.7	3.3	86.4	6.6	26.3	4.9	26.4	4.7	123
6-7	98.0	6.8	22.1	3.7	43.1	2.8	26.3	2.4	21.1	2.1	90.6	6.8	46.3	4.5	54.8	6.0	132
8-9	100.0	6.9	27.7	4.7	54.1	4.0	43.9	3.3	35.0	3.1	93.2	6.4	71.7	4.6	84.0	6.3	142
10-11	98.6	6.8	43.6	4.2	54.9	3.7	52.1	2.9	48.1	2.9	93.3	6.6	86.0	5.8	89.5	6.7	123
12-13	99.0	6.9	39.1	3.9	45.0	4.3	49.4	2.5	60.1	2.4	88.6	6.4	89.5	5.4	93.1	6.6	103
14-15	100.0	6.7	45.9	3.8	53.5	4.3	63.3	3.2	64.5	3.0	89.9	6.5	96.6	5.4	92.9	6.6	95
16-17	99.0	6.8	53.8	3.4	73.7	4.1	63.0	2.4	73.3	3.1	86.2	6.6	97.8	5.2	96.0	6.2	72
18-23	100.0	7.0	48.3	4.1	75.4	4.5	65.9	2.7	65.5	3.2	89.9	6.3	98.6	5.7	94.3	6.6	141
24-35	(96.0)	(7.0)	(41.2)	(4.4)	(51.0)	(5.1)	(60.2)	(2.1)	(58.3)	(2.5)	(86.5)	(6.2)	(86.3)	(6.2)	(91.3)	(7.0)	26
0-3 months	81.7	5.9	12.9	5.4	24.4	4.5	1.4	1.6	0.6	1.0	37.9	6.3	2.4	2.7	2.7	5.9	257
4-6 months	97.5	6.5	22.9	5.0	39.9	3.3	15.1	2.8	11.6	3.0	86.8	6.7	30.8	4.6	32.2	5.3	197
7-9 months	100.0	6.9	26.5	4.4	53.5	3.7	40.9	3.1	34.6	2.8	93.5	6.4	67.4	4.6	80.3	6.2	200
Total	95.3	6.6	31.8	4.3	48.3	4.0	36.4	2.8	35.9	2.9	78.9	6.5	59.6	5.3	61.8	6.4	1,215
NON-BREASTFEEDING CHILDREN																	
12-17	83.6	7.0	55.0	5.5	68.1	4.7	48.7	3.8	60.2	4.0	77.9	6.9	75.3	5.0	80.3	6.6	52
18-23	88.0	7.0	53.8	4.7	65.7	4.8	67.3	3.0	70.1	3.5	84.8	6.5	86.0	5.6	86.5	6.7	228
24-29	90.4	6.9	53.3	4.3	67.5	4.5	63.1	2.5	67.3	3.3	77.6	6.3	89.3	5.6	88.2	6.7	331
30-35	91.6	7.0	47.4	4.0	65.5	4.6	62.2	3.1	67.3	3.3	81.2	6.1	89.6	5.8	88.3	6.7	382
Total	90.1	7.0	51.5	4.4	66.3	4.6	62.9	2.9	67.3	3.4	80.9	6.3	87.9	5.7	87.4	6.7	1,006

Note: Figures in parentheses are based on 25-49 cases.

Fruits and vegetables are first introduced into the diet for the majority of children during ages 4-11 months. No children received fruits or vegetables in the first two months, but by the first birthday 90 percent were getting these important foods five days per week. At comparable ages, breastfeeding children are more likely to receive fruits and vegetables than their non-breastfeeding counterparts.

9.1.5 Differentials in Food Supplementation

Table 9.6 shows the percent distribution of children by the types of food received in the last seven days, by background characteristics. The data indicate there is little or no variation in feeding patterns by sex of the child. Children living in rural areas receive a less varied diet than children in urban areas. Rural children are especially disadvantaged with respect to the food types: milk, eggs/poultry/fish, and meat. Young children in Harare and Bulawayo are over 50 percent more likely to eat these protein-containing foods on a regular basis than children living in the other largely rural provinces.

Since mother's level of education is closely related to the economic status of the household, it is not surprising that the children of educated women have greater access to a wide variety of foods. For example, only 36 percent of children of women with no formal education were given some meat in the last week, compared with 56 percent of children of women with some secondary education.

9.2 Nutritional Status of Children under Age Three

The anthropometric data on height and weight collected in the ZDHS permit measurement and evaluation of the nutritional status of young children in Zimbabwe. This evaluation allows identification of subgroups of the child population that are at increased risk of faltered growth, disease, impaired mental development, and death. Also, by comparing the 1994 ZDHS results with those obtained from the 1988 ZDHS—which used similar methods—trends in child undernutrition can be assessed.

9.2.1 Measures of Nutritional Status in Childhood

Evaluation of nutritional status is based on the rationale that in a well-nourished population, there is a statistically predictable distribution of children of a given age with respect to height and weight. Use of a standard reference population facilitates analysis of any given population over time, as well as comparison of subgroups of the population. One of the most commonly used reference populations, and the one used in this report, is the NCHS (U.S. National Centre for Health Statistics) standard, which is recommended for use by the World Health Organisation (WHO).

Three standard indices of physical growth that describe the nutritional status of children are presented:

- height-for-age
- weight-for-height
- weight-for-age

Each of these indices gives different information about growth and body composition that can be used to assess nutritional status.

Table 9.6 Types of foods received by children by background characteristics

Percentage of children under 36 months of age who received specific types of food in the week before the interview, and the mean number of days children were fed these foods, by selected background characteristics, Zimbabwe 1994

Background characteristics	Plain water		Other milk		Other liquids		Poultry/ Eggs/Fish		Meat		Porridge		Fruits/ Vegetables		Other		Number of children
	Percent	Mean	Percent	Mean	Percent	Mean	Percent	Mean	Percent	Mean	Percent	Mean	Percent	Mean	Percent	Mean	
Sex																	
Male	92.7	6.8	39.9	4.3	55.9	4.4	50.0	2.8	51.5	3.1	80.5	6.4	71.8	5.5	73.2	6.6	1,080
Female	93.2	6.8	41.5	4.4	57.0	4.3	46.9	2.9	48.8	3.3	79.1	6.5	73.0	5.5	73.6	6.6	1,142
Residence																	
Urban	91.9	6.8	58.9	4.9	71.1	4.8	64.0	3.7	68.6	4.5	83.6	6.7	77.6	5.6	73.3	6.4	585
Rural	93.4	6.8	34.2	4.0	51.2	4.1	42.8	2.4	43.5	2.5	78.5	6.3	70.6	5.5	73.5	6.6	1,636
Province																	
Manicaland	92.6	6.8	27.8	4.6	35.8	4.6	46.6	2.6	43.3	2.2	77.8	6.4	67.9	5.8	72.3	6.7	282
Mashonaland Central	95.4	6.8	38.0	3.6	60.5	3.9	43.4	2.7	46.6	2.4	81.7	6.1	75.2	6.0	79.5	6.6	192
Mashonaland East	94.1	6.8	37.8	4.3	55.4	4.1	46.7	2.4	43.1	2.7	78.7	6.5	74.8	6.0	73.0	6.9	230
Mashonaland West	92.5	6.7	32.8	4.3	54.3	4.1	44.5	3.1	45.5	3.0	78.0	6.5	72.0	5.7	70.7	6.3	255
Matabeleland North	93.5	6.7	32.8	3.9	39.2	4.5	36.8	2.5	43.9	2.8	79.0	6.4	65.8	4.4	72.5	6.8	173
Matabeleland South	90.9	6.8	45.5	4.7	40.2	4.3	29.4	1.9	46.8	2.7	78.0	6.6	65.4	4.2	72.6	6.8	128
Midlands	93.2	6.8	41.1	3.8	65.6	4.3	50.3	2.7	49.0	3.0	76.4	6.3	72.1	5.5	69.0	6.6	309
Masvingo	92.9	6.9	33.4	3.9	58.9	4.0	43.1	2.3	43.8	2.5	81.3	6.0	69.7	5.3	76.2	6.3	228
Harare	91.6	6.7	59.8	4.9	72.6	4.9	68.7	3.7	71.5	4.5	84.9	6.7	78.2	5.8	73.2	6.3	309
Bulawayo	93.1	6.9	69.9	5.2	78.6	4.7	63.0	3.5	68.8	4.8	83.8	6.8	83.2	4.9	82.1	6.4	115
Education																	
No education	93.1	6.8	18.2	4.0	41.0	4.1	31.9	2.1	36.3	2.3	79.1	6.3	69.3	5.6	73.3	6.6	272
Primary	94.8	6.8	40.3	4.1	53.5	4.1	47.7	2.6	49.0	2.7	80.8	6.3	73.9	5.5	75.7	6.6	1,108
Secondary+	90.5	6.8	48.5	4.7	65.3	4.7	54.7	3.4	56.1	3.9	78.7	6.6	71.5	5.4	70.4	6.4	841
Total	93.0	6.8	40.7	4.4	56.5	4.3	48.4	2.9	50.1	3.2	79.8	6.4	72.4	5.5	73.4	6.6	2,221

Height-for-age is a measure of linear growth. A child who is below minus two standard deviations (-2 SD) from the median of the NCHS reference population in terms of height-for-age is considered short for his/her age, or *stunted*, a condition reflecting the cumulative effect of chronic undernutrition. If the child is below minus three standard deviations (-3 SD) from the reference mean, then the child is considered to be severely stunted. A child between -2 SD and -3 SD is considered moderately stunted.

Weight-for-height describes current nutritional status. A child who is below minus two standard deviations (-2 SD) from the reference mean for weight-for-height is considered too thin for his/her height, or *wasted*, a condition reflecting acute or recent nutritional deficit. As with stunting, wasting is considered severe if the child is more than three standard deviations below the reference mean. Severe wasting is closely linked to mortality risk.

Weight-for-age is a composite index of weight-for-height and height-for-age and, thus, does not distinguish between acute undernutrition (wasting) and chronic undernutrition (stunting). A child can be underweight for his age because he is stunted, because he is wasted, or because he is wasted and stunted. Weight-for-age is a good overall indicator of a population's nutritional health.

In the survey, all surviving children born since January 1991 were eligible for height and weight measurement. Of the 2,221 children (age 0-35 months at the time of the survey) eligible for measurement, 2,076 (93 percent) were weighed and measured. The reason most commonly reported for not measuring a child was that the child was not at home. Of the children who were both weighed and measured, 62 (3 percent) were considered to have implausibly low or high values for height-for-age or weight-for-height. The following analysis focuses on the 2,014 children, age 0-35 months, for whom complete and plausible anthropometric data were collected.

9.2.2 Levels of Child Undernutrition in Zimbabwe

Table 9.7 shows the percentage of children age 0-35 months classified as undernourished according to height-for-age, weight-for-height, and weight-for-age indices, by the child's age and selected demographic characteristics. Over one-fifth (21 percent) of children under three years were classified as stunted, almost one-third of whom were severely stunted. The prevalence of stunting increases with age, peaking at 12-23 months (31 percent), then falls slightly among children 24-35 months of age (see Figure 9.1). The prevalence of stunting varies very little by sex, but increases with increasing birth order from 18 percent among first births, to 24 percent among children of birth orders 6 or greater. Children born after a short birth interval (less than 24 months) are much more likely to be stunted than children born after longer birth intervals.

The weight-for-height index gives information about children's recent experience regarding food intake. Wasting represents failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of recent illness, or of seasonal variations in the food supply. About 6 percent of children under three in Zimbabwe are wasted; 1 percent are severely wasted. Wasting is most common during ages 6-23 months, indicating that food supplementation during the weaning period may be inadequate. Male children and children of very high birth order (6+) are at greater risk of severe wasting than girls and children of lower birth order.

Over one-seventh (16 percent) of children under three in Zimbabwe are underweight – which may reflect stunting, wasting, or both. Low weight-for-age is most common during the second year (age 12-23 months). Again, boys are at higher risk than girls for being underweight. Low weight-for-age increases sharply with decreasing length of the interval between births, from 12 percent among children with intervals 48 months or greater in length, to 23 percent among children with intervals less than 24 months.

Table 9.7 Nutritional status of children by demographic characteristics

Percentage of children 0-35 months of age who are classified as undernourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by demographic characteristics, Zimbabwe 1994

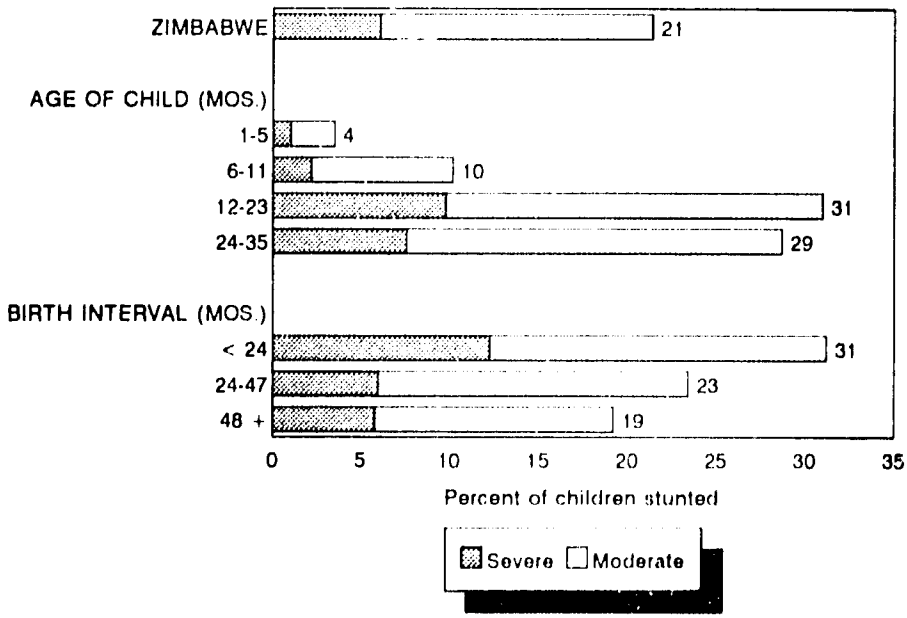
Demographic characteristic	Height-for-age		Weight-for-height		Weight-for-age		Number of children
	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage below -3 SD	Percentage below -2 SD[1]	
Age							
<6 months	1.0	3.5	0.8	3.0	0.0	1.8	353
6-11 months	2.2	10.2	0.8	7.6	1.8	9.9	386
12-23 months	9.8	31.0	0.9	7.4	4.0	22.9	635
24-35 months	7.6	28.7	0.6	3.6	4.3	19.2	640
Sex							
Male	6.9	21.7	1.1	6.5	3.4	17.3	991
Female	5.3	21.1	0.4	4.5	2.6	13.8	1,023
Birth order							
1	4.7	17.5	0.5	5.8	2.8	14.0	510
2-3	6.3	20.8	0.6	4.9	3.3	14.7	699
4-5	5.7	25.0	0.1	5.0	3.1	14.1	365
6+	7.6	24.1	1.7	6.5	2.7	19.8	440
Birth interval[2]							
< 24 months	12.3	31.2	1.0	6.8	8.0	23.3	153
24-47 months	6.0	23.4	1.2	6.2	2.5	17.1	864
48+ months	5.8	19.2	0.1	3.1	2.5	11.6	483
Total	6.1	21.4	0.7	5.5	3.0	15.5	2,014

Note: Figures are for children born in the period 0-35 months preceding the survey. Each index is expressed in terms of the number of standard deviation (SD) units from the median of the NCHS/CDC/WHO international reference population. Children are classified as undernourished if their Z-scores are below minus two or minus three standard deviations (-2 SD or -3 SD) from the median of the reference population

[1]Includes children who are below -3 SD

[2]Excludes first births

Figure 9.1
Prevalence of Stunting by Age of Child and Length of Birth Interval



ZDHS 1994

Table 9.8 shows the variation in undernutrition indices by urban-rural residence, province, and education of the mother. Children living in rural areas are 30 percent more likely to have low height-for-age (stunting) than their urban counterparts. Provincial variations in nutritional status should be viewed with caution since the numbers on which the estimates are based are small in some cases. Despite this, some useful observations can be made; for instance, there is a twofold difference in overall stunting and a fourfold difference in severe stunting between the province with the lowest level of stunting (Midlands) and the province with the highest level of stunting (Matabeleland North). Children of women with no education are twice as likely to be stunted as children of women with at least some secondary education.

Variations in wasting and low weight-for-age by background characteristics follow similar patterns to those observed for stunting. Rural children, children of uneducated women, and children living in Matabeleland North are particularly disadvantaged.

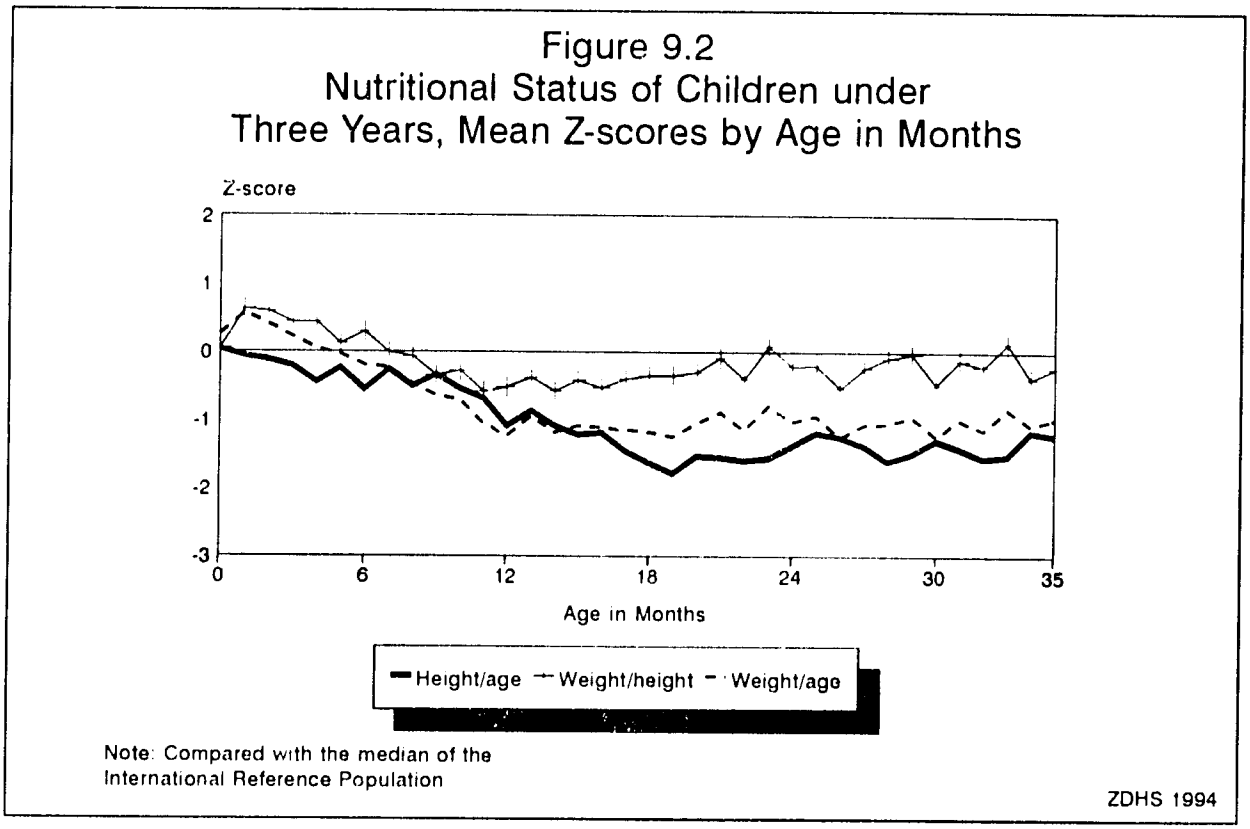
Table 9.8 Nutritional status of children by background characteristics

Percentage of children 0-35 months of age who are classified as undernourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Zimbabwe 1994

	Height for-age		Weight-for-height		Weight-for-age		
Background characteristic	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage below -3 SD	Percentage below - 2 SD[1]	Number of children
Residence							
Urban	5.6	17.6	0.5	6.1	1.8	12.5	518
Rural	6.3	22.8	0.8	5.3	3.4	16.6	1,495
Province							
Manicaland	6.0	19.2	0.6	6.2	3.6	12.8	248
Mashonaland Central	8.6	27.7	1.4	5.3	4.8	19.2	179
Mashonaland East	4.8	22.8	0.0	1.9	2.4	11.6	212
Mashonaland West	9.0	22.3	0.9	6.8	4.4	19.7	239
Matabeleland North	8.1	28.5	2.4	9.8	6.1	24.0	157
Matabeleland South	6.0	26.2	0.5	5.1	4.1	17.9	118
Midlands	2.1	12.8	0.4	7.5	0.9	13.6	275
Masvingo	5.8	24.6	0.5	2.1	1.6	15.2	208
Harare	7.0	20.9	0.6	5.7	2.5	14.6	272
Bulawayo	3.8	12.8	0.6	3.2	0.0	7.1	103
Education							
No education	9.8	27.1	0.6	6.0	4.7	25.5	251
Primary	6.9	25.0	0.9	5.4	3.3	17.0	1,023
Secondary+	3.6	14.6	0.5	5.3	2.1	10.1	740
Total	6.1	21.4	0.7	5.5	3.0	15.5	2,014

Note: Figures are for children born in the period 0-35 months preceding the survey. Each index is expressed in terms of the number of standard deviation (SD) units from the median of the NCHS/CDC/WHO international reference population. Children are classified as undernourished if their z-scores are below minus two or minus three standard deviations (-2 SD or -3 SD) from the median of the reference population.
[1]Includes children who are below -3 SD

Figure 9.2 shows mean z-scores[3] for the three anthropometric indices by age, again demonstrating the remarkable deterioration in nutritional status that begins shortly after birth, continuing through the first year and a half, and then levelling off or improving slightly thereafter to the third birthday.



9.2.3 Trends in Undernutrition in Zimbabwe

The anthropometric data collected in the 1994 ZDHS are very similar to those obtained during the 1988 ZDHS, except that the age range of eligibility for collecting the data changed from 3-59 months in the earlier survey to 0-35 months in the present survey. To allow comparison, results from both surveys were reanalysed using the shared age range 3-35 months.

Table 9.9 shows that the percentage of children age 3-35 months who are underweight (low weight-for-age) has increased by one-third from 13 percent in 1988 to 17 percent in 1994. Perhaps more troubling is that the percentage of children who are severely underweight has doubled from 1.5 percent to over 3 percent during the same period. The prevalence of chronic undernutrition (stunting) decreased from 30 to 23 percent between the two surveys, while acute undernutrition (wasting) rose from 1 to 6 percent. It may be misleading to draw conclusions about

Table 9.9 Trends in nutritional status of children

Among children 3-35 months of age, the percentage classified as undernourished according to height-for-age, weight-for-height, and weight-for-age, 1988 ZDHS and 1994 ZDHS

Index	1988 ZDHS	1994 ZDHS
Height-for-age		
<-2 SD	29.8	23.3
<-3 SD	8.0	6.7
Weight-for-height		
<-2 SD	1.2	5.8
<-3 SD	0.3	0.8
Weight-for-age		
<-2 SD	12.7	16.9
<-3 SD	1.5	3.3
Number of children	817	1,841

[3] A z score is interpreted as the number of standard deviation units above or below the mean of the standard reference population. In this case, the reference population is the NCHS/WHO/CDC standard.

the overall trend in nutritional status in Zimbabwe from the change in wasting because the change refers to conditions immediately preceding the two surveys and could therefore represent short-term fluctuations in food availability.

9.3 Maternal Anthropometric Status

In the ZDHS, data were collected on the height and weight of women who had at least one birth since January 1991. This sample of women is thus not representative of all women 15-49, and will overrepresent high fertility age groups, for example, women 25-34 years.

Several measures have be used to assess the nutritional status of women (Krasovec and Anderson, 1991). In this report, two indices are presented: the height of women and the body mass index (BMI)—an indicator combining height and weight data.

Table 9.10 presents the mean values of the maternal anthropometric indicators and the proportion of women falling into various high-risk categories, by background characteristics of women. A woman's height is associated with past socioeconomic status and nutrition during childhood and adolescence. Maternal height can be is used to predict the risk of difficult delivery, since small stature is often associated with small pelvis size. The risk of having a low birth weight baby also seems to be higher for short women. The optimal cut-

Table 9.10 Nutritional status of mothers by background characteristics

Mean height and percentage of women shorter than 145 centimetres, mean body mass index (BMI) and the percentage of women whose BMI is less than 18.5, by selected background characteristics, Zimbabwe 1994

Background characteristic	Height			BMI		
	Mean	Percent <145 cm	Number	Mean	Percent <18.5	Number
Residence						
Urban	159.6	0.0	551	24.7	2.3	478
Rural	159.3	0.9	1,549	22.5	6.0	1,321
Province						
Manicaland	159.0	1.1	268	23.1	3.8	236
Mashonaland Central	158.8	0.9	184	22.0	5.4	158
Mashonaland East	160.8	0.9	217	22.7	4.7	188
Mashonaland West	159.0	1.3	249	22.7	7.1	207
Matabeleland North	160.0	0.0	164	21.8	11.1	140
Matabeleland South	160.2	0.0	124	22.5	7.2	105
Midlands	158.8	0.8	279	23.2	5.2	240
Masvingo	158.8	1.0	218	23.1	3.6	180
Harare	159.6	0.0	290	24.8	0.7	252
Bulawayo	160.3	0.0	107	24.3	5.7	93
Education						
No education	157.7	2.8	262	22.3	4.6	208
Primary	159.4	0.5	1,052	22.8	6.6	908
Secondary+	160.1	0.3	786	23.7	3.1	683
Total	159.4	0.7	2,100	23.1	5.0	1,799

Note: Table includes only women who had a birth in the three years preceding the survey. The BMI index excludes pregnant women and those who are less than 3 months postpartum.

off point, below which a woman can be identified as at risk, is in the range of 140-150 centimetres. The mean height of mothers measured in the ZDHS was 159 cm. Less than 1 percent of mothers were under 145 cm in height.[4] Women under 20 years of age and women with no education are more likely to be under 145 cm than older women and women with some education. There is little variation by province in women's height.

Various indices of body mass are used to assess thinness and obesity. The most commonly used body mass index (BMI) is defined as weight in kilograms divided by squared height in metres. A cut-off point of 18.5 has been recommended for defining energy deficiency among nonpregnant women. The mean BMI among the weighed and measured mothers[5] was 23.1, with 5 percent having a BMI below 18.5 reflecting a nutritional deficit.

There are large differentials across background characteristics in the percentage of mothers assessed as undernourished using the BMI. Rural women are more than twice as likely to be too thin as urban women. Women with some secondary education are significantly less likely to have a low BMI than their less educated counterparts. Variations in maternal undernutrition among the provinces are also substantial, ranging from 1 percent of mothers in Harare to 11 percent in Matabeleland North.

[4] If 150 cm is used as the cut-off, 5 percent of women would be considered at risk.

[5] Pregnant women were excluded from the BMI analyses because precise data on gestational age, necessary for adjustments, were not available.

CHAPTER 10

AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

AIDS poses a serious public health problem in Zimbabwe. By the early 1990s, it was estimated that 8 to 12 percent of pregnant women were infected with HIV, the virus that causes AIDS (IPC, 1994). HIV is transmitted principally through sexual intercourse with an infected individual. Infection can also occur through the use of infected syringes and the transfusion of infected blood products such as plasma, platelets, etc. Further, HIV can be transmitted via the placenta from an infected mother to the fetus.

When the AIDS epidemic was first identified in the early 1980s, it was viewed largely as a health problem that required the resources and energy of the Ministry of Health alone to tackle. It has become increasingly clear that the epidemic is affecting all areas of economic and social life in Zimbabwe, and will thus require a sustained, multisectorial effort to combat. The National AIDS Coordination Programme (NACP) has been tasked with spearheading the nation's efforts to fight the disease on all fronts.

The future course of what is now a worldwide epidemic depends to a large extent on the level of AIDS awareness among the general public. The data obtained from the ZDHS provide a unique opportunity for assessing knowledge and practices regarding transmission of the AIDS virus and other sexually-transmitted diseases (STDs). A primary objective of this chapter is to establish the prevalence of relevant knowledge, perceptions, and behaviours at the national level and within geographic and socioeconomic subgroups of the population. In this way, programmes can target their efforts at those individuals and groups most in need and most at risk of infection.

10.1 Awareness of Sexually Transmitted Diseases

Tables 10.1.1 and 10.1.2 show the percentage of women and men who have (spontaneous) knowledge of specific STDs, by various background characteristics. Among both women and men, AIDS is by far the most widely known STD. Without probing, 85 percent of women and 84 percent of men cited AIDS. (After probing, these figures are 99 percent for women and 100 percent for men—see Tables 10.4.1 and 10.4.2.) The next most commonly reported STD was gonorrhoea, but men were considerably more likely (66 percent) than women (32 percent) to spontaneously report the disease. This gender-related pattern also occurs regarding two other fairly common STDs, syphilis and chancroid. Only 9 percent of women and 3 percent of men could not cite a single STD.

Both women and men are less likely to be informed about STDs if they lack formal education, if they live in rural areas, and if they are younger (15-19 years) or older (40+ years). It is difficult to generalise regarding provincial variation in STD knowledge. Such variation appears to depend on the particular disease, and whether women or men are considered. For instance, among women, knowledge of syphilis ranges from 13 percent in Mashonaland Central to 43 percent in Bulawayo; among men, knowledge of syphilis ranges from 13 percent in Matabeleland South to 58 percent in Mashonaland West.

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Table 10.1.1 Knowledge of sexually transmitted diseases: women

Percentage of women who know of specific sexually transmitted diseases, by background characteristics, Zimbabwe 1994

Background characteristic	Syphilis	Gonorrhoea	HIV/ AIDS[1]	Genital warts	Chancroid	Other	Don't know any	Number of women
Age								
15-19	21.5	21.2	84.6	1.5	3.6	24.2	13.2	1,472
20-24	30.1	35.3	86.1	2.7	5.6	27.4	7.2	1,269
25-29	36.7	39.7	86.1	3.6	8.2	25.9	6.0	915
30-39	31.2	36.9	85.6	5.6	9.0	27.0	7.4	1,532
40-49	25.2	30.1	84.7	4.3	7.6	26.1	9.7	940
Current marital status								
Never married, no sex	23.1	23.9	86.1	1.3	3.3	21.9	11.7	1,276
Never married, had sex	36.7	37.4	89.1	5.8	5.4	22.3	4.2	370
Currently married	29.2	33.3	84.6	3.9	7.4	27.4	8.8	3,788
Formerly married	30.5	38.6	86.4	4.2	9.8	29.0	6.8	692
Residence								
Urban	41.5	44.2	91.3	4.4	4.3	24.3	3.3	1,975
Rural	22.4	26.5	82.6	3.1	7.8	27.0	11.5	4,153
Province								
Manicaland	27.0	34.3	82.2	2.1	3.6	14.2	14.5	839
Mashonaland Central	13.4	23.9	77.6	3.5	5.0	33.7	15.6	510
Mashonaland East	19.5	27.7	87.8	3.5	7.0	38.5	6.5	579
Mashonaland West	27.1	36.2	78.6	1.4	8.0	21.2	14.6	632
Matabeleland North	16.1	20.8	74.3	3.0	9.9	34.7	15.3	366
Matabeleland South	36.1	42.9	86.6	1.9	9.2	9.7	9.1	305
Midlands	36.1	26.8	90.1	7.1	6.2	26.7	5.0	810
Masvingo	19.8	18.4	84.7	3.4	15.6	29.6	8.7	652
Harare	39.3	42.6	92.6	3.9	2.6	27.6	1.8	1,048
Bulawayo	43.2	47.1	91.3	3.6	4.8	24.9	3.8	388
Education								
No education	13.6	18.3	69.8	3.0	7.1	25.9	23.9	682
Primary	21.0	25.9	83.9	3.5	7.6	28.1	10.2	2,898
Secondary+	41.2	43.0	91.3	3.7	5.5	23.9	3.3	2,547
Total	28.5	32.2	85.4	3.5	6.7	26.1	8.9	6,128

Note: Figures are based on *spontaneous* knowledge of sexually transmitted diseases (i.e., without probing).
[1] See Table 10.4.1 for level of knowledge of HIV/AIDS *after probing*.

Table 10.1.2 Knowledge of sexually transmitted diseases: men

Percentage of men who know of specific sexually transmitted diseases, by background characteristics, Zimbabwe 1994

Background characteristic	Syphilis	Gonorrhoea	HIV/ AIDS[1]	Genital warts	Chan-croid	Other	Don't know any	Number of men
Age								
15-19	24.9	36.0	89.1	2.8	12.1	24.8	4.4	604
20-24	48.1	68.8	84.7	6.9	29.4	22.9	2.1	399
25-29	52.4	84.8	84.9	8.5	40.5	21.6	0.9	288
30-39	48.9	81.3	79.6	10.2	48.9	19.8	1.8	436
40-49	44.0	77.2	80.0	7.6	45.5	21.5	3.5	301
50-54	27.5	77.6	87.4	7.2	41.0	17.8	2.6	113
Current marital status								
Never married, no sex	27.3	34.6	89.9	2.3	10.8	20.8	5.4	464
Never married, had sex	41.4	63.2	84.9	6.6	24.7	26.1	1.9	539
Currently married	46.6	79.8	82.9	8.2	45.2	20.6	2.0	1,038
Formerly married	36.2	82.0	72.5	11.8	51.4	23.0	2.4	99
Residence								
Urban	50.9	80.0	87.7	7.0	36.3	20.1	1.1	797
Rural	34.5	57.5	82.4	6.5	30.8	23.4	3.7	1,344
Province								
Manicaland	53.6	58.9	85.0	1.7	21.2	14.4	2.3	269
Mashonaland Central	17.8	42.3	83.5	0.9	22.4	44.0	2.6	181
Mashonaland East	31.9	62.3	91.3	9.7	40.8	13.3	1.0	190
Mashonaland West	58.3	83.3	82.0	8.9	49.8	11.1	0.8	264
Matabeleland North	17.8	46.3	90.2	0.5	3.6	42.2	3.1	100
Matabeleland South	13.3	51.7	77.0	2.0	18.7	44.6	7.6	91
Midlands	29.8	65.1	70.6	20.9	37.2	34.9	1.6	265
Masvingo	36.3	55.1	77.4	2.0	31.4	2.7	11.8	200
Harare	54.2	81.9	93.4	6.2	38.3	19.8	1.3	428
Bulawayo	43.0	72.3	88.8	5.0	33.1	23.1	0.4	154
Education								
No education	25.4	62.4	78.5	5.8	36.4	19.3	9.8	88
Primary	25.9	57.5	82.4	6.2	37.4	24.1	4.1	860
Secondary+	52.4	72.2	86.3	7.2	29.3	20.9	1.3	1,193
Total	40.6	65.9	84.4	6.7	32.8	22.2	2.7	2,141

Note: Figures are based on *spontaneous* knowledge of sexually transmitted diseases (i.e., without probing).
[1] See Table 10.4.2 for level of knowledge of HIV/AIDS *after probing*.

10.2 Self-reporting of Recent Sexually Transmitted Diseases

The ZDHS asked respondents whether they had had any sexual transmitted diseases in the last 12 months. If so, the respondent was asked to name the particular STD, and to report what action (if any) was taken in response to the most recent episode. Tables 10.2.1 and 10.2.2 show that about 3 percent of women and 5 percent of men reported having an STD in the last year. This is likely to be an underestimate of the true frequency of STDs for two reasons. First, many STD cases will be unrecognised because: (a) no obvious, prolonged symptoms were experienced,[1] (b) no health care was sought, or (c) the problem was misdiagnosed or misunderstood by the respondent when diagnosed. Perhaps more importantly, many women and men will fail to report a recent STD because of the inherent social stigma.

Table 10.2.1 Self-reporting of sexually transmitted diseases in the last year: women

Percentage of women who reported having sexually transmitted diseases (STDs) during the 12 months preceding the survey, by specific STDs and background characteristics, Zimbabwe 1994

Background characteristic	Any STD	Syphilis	Gonorrhoea	HIV/ AIDS	Genital warts	Chan-chroid	Other	Number of women
Age								
15-19	0.7	0.2	0.2	0.0	0.0	0.1	0.1	1,472
20-24	3.6	0.8	1.1	0.0	0.3	0.5	0.9	1,269
25-29	3.2	0.5	1.8	0.2	0.2	0.3	0.5	915
30-39	4.0	1.0	1.9	0.1	0.3	0.5	0.4	1,532
40-49	2.3	0.7	1.3	0.0	0.0	0.0	0.5	940
Current marital status								
Never married, no sex	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1,276
Never married, had sex	0.9	0.4	0.4	0.0	0.0	0.0	0.0	370
Currently married	3.6	0.8	1.6	0.1	0.1	0.4	0.7	3,788
Formerly married	4.1	0.9	1.7	0.0	0.8	0.2	0.6	692
Residence								
Urban	2.0	0.6	0.8	0.1	0.0	0.3	0.2	1,975
Rural	3.1	0.6	1.4	0.0	0.3	0.3	0.6	4,153
Province								
Manicaland	4.0	1.1	2.1	0.2	0.2	0.4	0.5	839
Mashonaland Central	3.3	0.3	1.4	0.0	0.3	0.0	1.0	510
Mashonaland East	2.6	0.0	1.9	0.0	0.2	0.2	0.4	579
Mashonaland West	3.3	0.2	1.6	0.0	0.0	0.9	0.7	632
Matabeleland North	2.6	0.3	1.6	0.0	0.3	0.4	0.0	366
Matabeleland South	2.0	0.2	1.1	0.0	0.0	0.1	0.7	305
Midlands	2.0	1.2	0.5	0.0	0.0	0.2	0.4	810
Masvingo	3.5	0.8	0.7	0.0	0.8	0.5	0.7	652
Harare	2.1	0.8	0.8	0.2	0.0	0.2	0.2	1,048
Bulawayo	1.2	0.3	0.5	0.0	0.0	0.0	0.3	388
Education								
No education	2.5	0.3	0.7	0.0	0.3	0.5	0.5	682
Primary	3.5	0.9	1.7	0.1	0.2	0.3	0.5	2,898
Secondary+	2.0	0.4	0.8	0.0	0.1	0.2	0.4	2,547
Total	2.7	0.6	1.2	0.1	0.2	0.3	0.5	6,128

[1] This is obviously the case for most current HIV infections in Zimbabwe, but also applies regarding many other recent STD infections, especially among women.

Table 10.2.2 Self-reporting of sexually transmitted diseases in the last year: men

Percentage of men who reported having sexually transmitted diseases (STDs) during the 12 months preceding the survey, by specific STDs and background characteristics, Zimbabwe 1994

Background characteristic	Any STD	Syphilis	Gonorrhoea	HIV/ AIDS	Genital warts	Chan-chroid	Other	Number of men
Age								
15-19	1.0	0.2	0.6	0.0	0.0	0.2	0.0	604
20-24	6.2	0.8	2.8	0.0	0.7	1.8	0.5	399
25-29	9.8	1.2	5.4	0.0	0.8	1.5	0.8	288
30-39	6.0	0.2	3.0	0.0	0.4	2.6	0.2	436
40-49	3.1	0.0	1.9	0.0	0.0	1.2	0.0	301
50-54	1.9	0.0	1.9	0.0	0.0	0.0	0.0	113
Current marital status								
Never married, no sex	0.0	0.0	0.0	0.0	0.0	0.0	0.0	464
Never married, had sex	6.6	1.1	3.0	0.0	0.7	1.0	0.7	539
Currently married	4.6	0.3	2.4	0.0	0.3	1.8	0.1	1,038
Formerly married	13.8	0.0	9.6	0.0	0.0	3.7	0.0	99
Residence								
Urban	4.8	0.5	2.2	0.0	0.5	1.6	0.2	797
Rural	4.4	0.4	2.5	0.0	0.2	1.2	0.2	1,344
Province								
Manicaland	2.2	0.5	2.2	0.0	0.0	0.0	0.0	269
Mashonaland Central	3.7	0.2	1.3	0.0	0.0	1.3	0.9	181
Mashonaland East	4.9	0.0	3.4	0.0	0.5	1.6	0.0	190
Mashonaland West	6.5	0.4	4.2	0.0	0.0	1.9	0.0	264
Matabeleland North	2.1	0.5	1.0	0.0	0.0	0.0	0.0	100
Matabeleland South	5.9	1.2	2.0	0.0	0.2	1.2	0.8	91
Midlands	5.5	0.0	2.9	0.0	0.8	0.8	1.0	265
Masvingo	2.7	0.5	0.5	0.0	0.0	1.6	0.0	200
Harare	4.8	0.9	1.8	0.0	0.9	1.8	0.0	428
Bulawayo	6.2	0.0	3.7	0.0	0.0	2.5	0.0	154
Education								
No education	2.9	0.0	0.9	0.0	0.0	2.0	0.0	88
Primary	4.5	0.1	2.3	0.0	0.1	1.7	0.3	860
Secondary+	4.7	0.7	2.5	0.0	0.5	1.0	0.2	1,193
Total	4.5	0.4	2.4	0.0	0.3	1.3	0.2	2,141

Table 10.3 presents information on the 168 women and 97 men who reported an STD in the last 12 months. Ninety-four percent of women and 85 percent of men sought treatment for their reported STD, but a smaller percentage of men (63 percent) than women (84 percent) informed their partner(s) of the infection. When asked what, if anything, was done to prevent infecting the respondent's partner, 77 percent of women and 27 percent of men reported that they did nothing. Caution should be used in interpreting these findings, since it could well be that the majority of infected women were infected by their (only) partner. Among infected men, 34 percent reported that they avoided sex, 34 percent said that they took some kind of medicine, and 16 percent reported using condoms to prevent spreading the infection to their partners.

Table 10.3 Action taken by respondents who reported a sexually transmitted disease in the last year

Among respondents who reported a sexually transmitted disease (STD) during the 12 months prior to the survey, the percentage who sought advice or treatment, the percentage who informed their partner(s) and the percentage who took measures to avoid infecting their partner(s), according to sex of the respondent, Zimbabwe 1994

Background characteristic	Among respondents who had an STD:		Percentage who did something to avoid infecting partner					Number of women/ men
	Percentage who sought treatment	Percentage who informed partners	Avoid sex	Used condoms	Took medicine	Other	No measure taken	
Females (15-49)	94.1	83.8	6.4	5.6	12.9	1.4	76.6	168
Males (15-54)	85.3	63.2	33.7	15.5	33.6	2.5	27.2	97

10.3 AIDS Knowledge and Awareness

If women and men reported that they had heard of AIDS, a series of questions were asked about their knowledge and attitudes regarding AIDS and the HIV virus. Tables 10.4.1 and 10.4.2 show that virtually all women (99 percent) and men (100 percent) know of AIDS. This is an improvement since the 1988 ZDHS, when 86 percent of women age 15-49 reported that they knew of AIDS. (Men were not interviewed in the 1988 survey.)

The most common single source of knowledge about AIDS is the radio: 64 percent of women and 75 percent of men said they had learned something about AIDS on the radio. For women, the next most common source of AIDS information is health workers (45 percent) and friends/relatives (41 percent); for men, the next most common source is the newspaper (46 percent). Men, especially those with at least a secondary education, report more sources of information on AIDS than women. A small percentage of women and men receive AIDS information from the church.

The data show that 26 percent of women learned something about AIDS from watching television, a significant rise since the 1988 ZDHS when only 7 percent of women reported this source.

Table 10.4.1 Knowledge of AIDS and sources of AIDS information: women

Percentage of women who have ever heard of AIDS, percentage who received information about AIDS from specific sources, and mean number of sources of information about AIDS, by background characteristics, Zimbabwe 1994

Background characteristic	Ever heard of AIDS	Sources of AIDS information												Mean number of sources
		Radio	TV	News-paper	Pamph-let	Health worker	Mosque/ church	School	Com-munity meet-ing	Friend/ Rela-tive	Work place	Other source	Num-ber	
Age														
15-19	98.4	59.3	26.6	33.6	10.0	28.3	3.1	38.0	4.9	34.0	0.5	1.8	1,472	2.4
20-24	99.1	70.9	33.3	34.7	12.3	49.9	2.1	11.8	8.6	34.8	0.7	2.1	1,269	2.6
25-29	99.4	73.1	28.9	30.8	10.4	52.0	3.3	4.4	10.1	39.2	2.9	2.8	915	2.6
30-39	98.6	63.5	25.3	20.2	8.3	52.4	4.5	3.8	13.6	45.5	3.4	2.5	1,532	2.5
40-49	98.3	55.1	16.4	16.3	7.8	45.3	5.8	2.3	15.8	53.4	2.3	2.5	940	2.3
Marital status														
Never married	99.0	62.6	31.9	37.3	10.4	29.1	2.9	37.2	4.4	33.8	0.8	2.0	1,646	2.6
Currently married	98.6	64.2	24.1	23.8	9.8	50.4	3.9	5.0	12.2	43.7	2.0	2.1	3,788	2.4
Formerly married	98.9	67.5	26.2	24.1	8.1	53.1	4.7	3.7	13.8	41.0	3.7	4.2	692	2.5
Residence														
Urban	99.8	82.1	53.6	40.5	11.8	42.7	5.1	12.0	6.1	35.3	2.6	4.2	1,975	3.0
Rural	98.3	55.6	13.5	21.2	8.8	46.0	3.0	14.3	12.3	43.4	1.6	1.4	4,153	2.3
Province														
Manicaland	97.9	51.2	10.8	15.7	7.0	35.6	2.7	17.9	10.7	45.0	1.3	0.2	839	2.0
Mashonaland Central	99.2	62.5	16.0	22.4	6.8	44.2	1.4	11.1	15.2	42.0	2.5	2.5	510	2.3
Mashonaland East	99.5	58.7	17.8	32.1	10.8	52.6	3.5	16.3	7.9	48.8	1.8	0.7	579	2.5
Mashonaland West	99.3	65.8	22.8	22.8	11.4	49.0	6.9	10.5	13.1	44.0	0.9	1.9	632	2.5
Matabeleland North	93.4	45.8	12.6	18.7	10.9	42.4	1.9	9.4	9.0	43.7	1.0	3.0	365	2.1
Matabeleland South	97.0	56.6	14.3	29.3	14.1	56.2	2.3	13.6	19.7	40.3	1.3	0.7	305	2.6
Midlands	99.0	70.1	27.1	31.0	9.0	50.9	2.8	14.9	11.6	31.4	2.2	0.9	810	2.5
Masvingo	99.5	50.3	13.3	12.5	7.4	44.0	3.4	15.9	10.6	46.1	1.8	2.6	652	2.1
Harare	100.0	83.9	58.6	44.6	13.2	44.2	6.2	11.5	4.4	42.3	3.0	2.1	1,048	3.1
Bulawayo	99.1	80.5	49.3	38.2	7.7	32.8	2.4	10.4	8.7	16.9	1.9	13.5	388	2.6
Education														
No education	94.8	42.6	5.2	3.1	2.3	36.7	4.0	3.7	16.4	57.7	2.1	2.3	682	1.9
Primary	98.6	60.1	16.8	18.6	7.4	49.5	4.2	7.5	12.5	46.1	1.7	1.7	2,898	2.3
Secondary+	99.9	74.5	43.1	44.0	14.5	42.0	3.0	23.1	6.2	30.3	2.1	3.1	2,547	2.9
Total	98.7	64.2	26.4	27.4	9.8	44.9	3.7	13.5	10.3	40.8	1.9	2.3	6,128	2.5

Note: Mean number of sources is based on respondents who have heard of AIDS.

Table 10.4.2 Knowledge of AIDS and sources of AIDS information: men

Percentage of men who have ever heard of AIDS, percentage who received information about AIDS from specific sources, and mean number of sources of information about AIDS, by background characteristics, Zimbabwe 1994

		Sources of AIDS information											
Background characteristic	Ever heard of AIDS	Radio	TV	Newspaper	Pamphlet	Health worker	Mosque/church	School	Community meeting	Friend/Relative	Work place	Other source	Number	Mean number of sources
Age														
15-19	99.1	60.2	26.0	36.2	18.5	26.6	1.3	46.0	4.8	34.0	0.5	7.2	604	2.6
20-24	100.0	82.3	42.0	57.7	22.9	37.6	2.7	20.9	4.5	32.1	1.6	8.1	399	3.1
25-29	100.0	86.5	46.0	56.1	26.9	39.3	3.4	11.0	7.4	35.3	9.9	11.9	288	3.3
30-39	99.7	84.7	41.8	52.0	19.9	41.0	1.8	2.9	6.6	37.2	12.9	9.8	436	3.1
40-49	99.7	75.1	28.5	40.5	16.2	42.1	0.7	2.1	14.0	38.2	20.7	7.1	301	2.9
50-54	100.0	67.3	25.6	31.2	12.1	40.0	3.9	0.9	16.3	47.9	11.5	3.2	113	2.6
Marital status														
Never married	99.4	68.7	33.5	43.1	20.4	31.0	1.9	35.8	5.2	34.0	2.0	8.1	1,004	2.9
Currently married	99.9	81.9	37.0	50.2	19.7	40.4	2.0	4.9	9.4	36.9	13.8	8.6	1,038	3.1
Formerly married	100.0	73.3	33.7	41.0	20.8	45.1	2.5	3.1	7.7	42.6	6.7	7.3	99	2.8
Residence														
Urban	100.0	85.8	58.3	60.8	23.1	37.9	1.9	15.4	5.2	31.3	14.9	7.8	797	3.4
Rural	99.4	69.1	21.5	37.9	18.3	35.2	2.1	21.6	8.6	38.5	3.8	8.6	1,344	2.7
Province														
Manicaland	99.5	70.7	20.3	36.9	21.1	55.5	6.0	35.7	15.9	61.9	10.9	5.6	269	3.4
Mashonaland Central	100.0	76.1	26.0	47.3	10.1	31.3	0.0	12.7	8.8	16.7	2.1	13.1	181	2.4
Mashonaland East	100.0	70.3	31.0	46.2	15.4	31.7	0.4	17.9	2.6	27.3	1.6	8.7	190	2.5
Mashonaland West	100.0	89.7	31.4	31.5	15.1	32.8	1.1	16.5	1.9	82.7	2.0	1.2	264	3.1
Matabeleland North	99.0	65.2	20.6	43.2	27.1	29.1	1.0	19.2	3.1	32.4	5.2	5.8	100	2.5
Matabeleland South	98.8	57.8	18.4	40.4	12.9	29.9	1.2	9.9	25.1	20.5	3.1	1.8	91	2.2
Midlands	99.2	69.5	33.6	42.5	23.4	46.0	2.2	23.5	8.3	10.0	6.9	24.7	265	2.9
Masvingo	98.9	52.0	13.3	25.7	15.9	19.6	1.5	24.3	4.9	32.8	5.5	6.7	200	2.0
Harare	100.0	87.7	60.8	69.6	28.6	36.6	1.8	15.4	3.1	28.6	15.4	7.0	428	3.5
Bulawayo	100.0	86.8	63.2	62.8	19.8	31.8	2.9	7.4	12.0	22.3	16.1	1.7	154	3.3
Education														
No education	98.8	55.8	8.3	6.3	0.6	22.3	0.0	0.0	8.8	66.1	13.2	5.5	88	1.9
Primary	99.3	69.0	21.1	31.4	13.5	36.2	1.9	12.2	8.7	40.6	8.1	6.9	860	2.5
Secondary+	100.0	81.3	47.3	60.2	26.3	37.2	2.2	25.8	6.3	30.1	7.4	9.5	1,193	3.3
Total	99.6	75.3	35.2	46.4	20.1	36.2	2.0	19.3	7.4	35.8	7.9	8.3	2,141	2.9

Note: Mean number of sources is based on respondents who have heard of AIDS.

Tables 10.5.1 and 10.5.2 show the percentage of women and men who know of specific ways to avoid getting HIV/AIDS. About 9 percent of women and 4 percent of men reported that there was no way to avoid getting AIDS. Of the remainder, all but 6 percent of women and 3 percent of men could cite at least one way to avoid HIV/AIDS. By far, the most frequently cited way was use of condoms: 57 percent of women and 66 percent of men mentioned condoms as a way to avoid AIDS. The next most commonly reported way was by having only one sex partner: 41 percent of women and 52 percent of men mentioned this as a way to avoid AIDS. Only 1 percent of women and men reported a way to avoid AIDS that reflected misinformation, such as avoiding mosquito bites and kissing, or seeking the care of a traditional healer.

Table 10.5.1 Knowledge of ways to avoid HIV/AIDS: women

Percentage of women who know of specific ways to avoid HIV/AIDS and percentage with misinformation, by background characteristics, Zimbabwe 1994

Background characteristic	No way to avoid AIDS	Ways to avoid AIDS: Abstain from sex	Use condoms	Have only one sexual partner	Avoid sex with prostitutes	Avoid transfusions	Avoid injections	Other ways	Don't know any way	Percentage with any misinformation[1]	Number of women
Age											
15-19	9.8	13.9	56.2	34.9	9.4	2.6	7.2	11.2	5.7	1.0	1,448
20-24	7.8	10.3	62.2	41.7	7.7	3.4	6.8	8.8	3.7	0.8	1,258
25-29	7.4	8.6	60.8	47.9	8.0	3.8	7.5	9.5	4.2	0.9	909
30-39	8.9	10.8	59.0	42.5	8.2	2.8	6.7	9.5	5.6	1.3	1,511
40-49	13.2	11.4	44.6	37.9	9.9	1.8	4.9	8.9	9.3	1.0	924
Marital status											
Never married	8.9	16.1	57.2	35.7	9.4	3.5	6.8	11.3	5.0	0.6	1,628
Currently married	9.7	8.2	55.6	44.0	8.3	2.6	6.5	9.1	5.8	1.2	3,736
Formerly married	8.5	15.8	65.3	33.8	8.0	2.9	7.7	9.1	5.6	1.0	685
Residence											
Urban	3.6	13.3	67.6	47.7	7.7	4.8	7.2	13.3	1.7	0.6	1,971
Rural	12.1	10.2	52.0	37.2	9.0	1.9	6.4	7.9	7.4	1.2	4,080
Province											
Manicaland	9.5	15.1	53.1	40.0	10.0	6.5	15.8	5.8	8.7	1.5	821
Mashonaland Central	16.3	6.1	51.7	24.5	6.3	1.0	6.0	8.2	6.6	0.7	506
Mashonaland East	10.9	7.6	52.5	40.2	7.2	0.8	4.6	6.6	6.4	0.5	576
Mashonaland West	8.3	12.5	61.0	39.6	14.7	1.4	9.7	8.0	8.3	0.5	627
Matabeleland North	13.8	5.1	44.7	29.2	3.7	1.1	2.0	8.6	18.7	1.7	342
Matabeleland South	18.5	12.6	60.5	39.8	8.1	1.9	6.5	17.1	3.4	1.3	296
Midlands	7.0	7.9	62.7	47.5	10.5	2.7	5.2	6.8	1.8	1.4	802
Masvingo	13.2	11.7	45.1	37.6	4.9	1.7	1.2	8.2	5.2	1.5	648
Harare	2.8	15.3	65.1	46.5	5.8	2.8	5.6	15.1	1.3	0.3	1,048
Bulawayo	4.3	12.2	67.8	50.8	15.5	7.9	6.2	16.4	1.9	1.2	385
Education											
No education	19.9	9.1	33.5	32.0	5.7	0.7	2.4	3.8	14.2	1.3	647
Primary	11.4	10.5	53.3	36.8	9.0	2.1	5.9	8.1	7.2	1.2	2,859
Secondary+	4.4	12.5	67.3	47.2	8.6	4.3	8.6	13.0	1.6	0.7	2,545
Total	9.3	11.2	57.1	40.6	8.6	2.9	6.7	9.7	5.6	1.0	6,051

[1] Includes avoiding mosquito bites and kissing; seeking protection from a traditional healer.

Table 10.5.2 Knowledge of ways to avoid HIV/AIDS: men

Percentage of men who know of specific ways to avoid HIV/AIDS and percentage with misinformation, by background characteristics, Zimbabwe 1994

Background characteristic	No way to avoid AIDS	Ways to avoid AIDS: Abstain from sex	Use condoms	Have only one sexual partner	Avoid sex with prostitutes	Avoid transfusions	Avoid injections	Other ways	Don't know any way	Percentage with any misinformation[1]	Number of men
Age											
15-19	3.2	21.4	65.3	37.9	8.6	1.4	5.7	19.6	3.8	0.7	599
20-24	3.6	15.0	75.3	55.3	4.8	2.3	3.1	15.2	1.8	1.1	399
25-29	1.7	15.9	73.6	59.2	8.6	3.1	5.0	20.0	1.3	0.9	288
30-39	3.7	14.6	64.3	59.4	8.1	3.1	7.1	13.1	0.9	1.1	434
40-49	6.0	11.3	56.1	58.9	9.9	1.7	3.3	10.0	4.4	0.0	299
50-54	4.6	14.4	50.7	55.3	5.1	0.0	5.0	10.3	6.6	0.5	113
Marital status											
Never married	2.9	20.2	69.4	42.9	7.1	1.4	4.9	19.2	3.3	1.1	997
Currently married	4.0	12.0	63.0	63.3	8.8	2.9	5.3	12.9	1.9	0.5	1,037
Formerly married	6.5	22.0	64.7	31.7	4.6	1.5	3.8	9.6	5.7	0.5	99
Residence											
Urban	2.3	16.9	67.7	62.6	7.6	3.8	5.9	17.7	1.1	0.3	797
Rural	4.4	16.0	65.1	46.2	7.9	1.1	4.5	14.5	3.7	1.0	1,336
Province											
Manicaland	3.4	24.2	68.0	57.6	23.4	1.7	3.5	23.4	1.7	1.7	267
Mashonaland Central	3.5	7.6	69.0	50.3	2.4	1.2	5.4	13.6	0.9	0.4	181
Mashonaland East	4.1	11.3	68.1	47.0	7.0	1.0	3.6	13.9	1.6	1.0	190
Mashonaland West	4.1	29.7	68.9	41.9	2.3	1.7	3.6	6.0	1.1	0.4	264
Matabeleland North	3.6	4.7	70.7	32.1	6.3	0.0	1.0	12.0	8.3	1.6	99
Matabeleland South	20.7	9.5	49.7	28.7	0.0	1.4	6.3	12.8	13.6	1.2	90
Midlands	0.8	13.2	69.2	51.5	5.1	1.2	14.6	23.1	3.6	1.4	263
Masvingo	1.1	11.2	53.5	52.9	5.9	1.6	0.5	10.5	5.5	0.5	198
Harare	1.3	18.9	67.4	66.5	10.1	3.1	2.6	16.3	0.0	0.0	428
Bulawayo	7.0	12.0	65.3	57.4	3.3	7.0	9.5	19.8	3.7	0.4	154
Education											
No education	5.5	13.5	48.1	44.2	12.8	0.0	0.0	6.8	9.6	0.6	87
Primary	5.9	13.9	60.8	45.2	7.6	0.6	2.8	11.3	4.6	0.4	854
Secondary+	1.8	18.2	71.1	58.0	7.5	3.3	7.0	19.5	0.9	1.0	1,192
Total	3.6	16.3	66.1	52.3	7.8	2.1	5.0	15.7	2.7	0.8	2,133

[1] Includes avoiding mosquito bites and kissing; seeking protection from a traditional healer.

Knowledge of ways to avoid HIV/AIDS follows expected patterns by level of education and residence. For both women and men, safe patterns of sexual behaviour (e.g., use of condoms, restricting sex to one partner) are less commonly reported by respondents who have little or no education, and those living in rural areas.

Tables 10.6.1 and 10.6.2 show the percentage of women and men who are aware of certain AIDS-related health issues, by background characteristics. The data show that virtually all women and men know that "the AIDS virus can be transmitted from mother to child during pregnancy or childbirth" and that AIDS cannot be cured at this time. A somewhat different picture emerges regarding responses to the question on whether or not "a healthy-looking person can have the AIDS virus." About 26 percent of women and 15 percent of men responded incorrectly to this question—i.e., no, a healthy-looking person cannot have the AIDS virus. Women and men who live in rural areas and those who have no formal education, are most likely to be misinformed on this question; 31 percent of rural women and 42 percent of women with no schooling do not know that a healthy-looking person can be HIV-infected.

Table 10.6.1 Awareness of AIDS health issues: women

Percentage of women who are aware of certain AIDS-related health issues, by background characteristics, Zimbabwe 1994

Background characteristic	Can a healthy-looking person have the AIDS virus? Yes	Can AIDS be cured? No	Can AIDS be transmitted from mother to child? Yes	Do you personally know someone with AIDS? Yes	Number of women
Age					
15-19	69.9	95.6	91.9	40.5	1,448
20-24	79.7	96.1	95.2	46.9	1,258
25-29	78.4	96.5	94.3	54.0	909
30-39	75.1	96.0	93.1	55.1	1,511
40-49	69.0	95.5	91.6	54.0	924
Current marital status					
Never married	74.1	96.2	93.0	40.7	1,628
Currently married	74.2	96.0	93.3	53.4	3,736
Formerly married	75.9	94.8	93.1	50.1	685
Residence					
Urban	84.6	95.1	97.3	58.4	1,971
Rural	69.4	96.3	91.2	45.4	4,080
Province					
Manicaland	69.1	95.6	90.3	57.7	821
Mashonaland Central	66.9	95.2	92.3	44.7	506
Mashonaland East	71.9	97.8	94.6	51.8	576
Mashonaland West	70.9	96.6	90.9	41.7	627
Matabeleland North	70.7	91.5	86.4	34.7	342
Matabeleland South	82.5	96.1	90.6	28.7	296
Midlands	82.1	97.3	96.3	52.0	802
Masvingo	57.2	98.0	89.1	40.1	648
Harare	81.9	97.9	98.4	64.3	1,048
Bulawayo	94.0	85.5	96.7	48.4	385
Education					
No education	58.3	94.3	83.0	34.4	647
Primary	69.8	95.9	92.2	50.5	2,859
Secondary+	83.6	96.3	96.9	52.4	2,545
Total	74.4	95.9	93.2	49.6	6,051

Table 10.6.2 Awareness of AIDS health issues: men

Percentage of men who are aware of certain AIDS-related health issues, by background characteristics, Zimbabwe 1994

Background characteristic	Can a healthy-looking person have the AIDS virus? Yes	Can AIDS be cured? No	Can AIDS be transmitted from mother to child? Yes	Do you personally know someone with AIDS? Yes	Number of men
Age					
15-19	80.6	95.0	88.7	37.2	599
20-24	89.5	97.1	95.0	44.2	399
25-29	92.2	97.0	95.8	50.0	288
30-39	87.3	95.9	94.7	60.5	434
40-49	82.9	92.9	92.5	59.2	299
50-54	77.3	91.5	84.6	56.2	113
Current marital status					
Never married	83.9	95.7	90.7	40.5	997
Currently married	86.9	95.7	94.3	57.2	1,037
Formerly married	83.7	89.7	88.6	50.8	99
Residence					
Urban	93.4	95.4	97.0	61.0	797
Rural	80.5	95.4	89.6	41.9	1,336
Province					
Manicaland	91.0	96.1	96.1	41.9	267
Mashonaland Central	73.4	96.5	90.3	47.6	181
Mashonaland East	74.0	94.9	94.3	56.7	190
Mashonaland West	90.5	99.6	90.4	34.8	264
Matabeleland North	74.0	95.3	81.8	28.3	99
Matabeleland South	72.0	90.5	70.5	35.9	90
Midlands	87.8	94.7	92.7	55.6	263
Masvingo	76.2	92.3	90.8	32.5	198
Harare	94.3	95.6	98.2	67.4	428
Bulawayo	92.6	93.8	93.8	58.3	154
Education					
No education	63.7	87.2	81.1	40.7	87
Primary	77.9	95.0	86.7	45.7	854
Secondary+	92.3	96.3	97.2	52.1	1,192
Total	85.4	95.4	92.4	49.1	2,133

The ZDHS asked the question, "Do you personally know someone who has AIDS or has died of AIDS?" Overall, nearly half of women and men reported that they knew someone who had AIDS or had died of AIDS. Respondents living in urban areas and those with more education are more likely to have had personal knowledge of someone with AIDS than respondents living in rural areas and those with no education.

10.4 Perception of the Risk of Getting HIV/AIDS

Female and male respondents who had heard of AIDS were asked whether their "chances of getting the AIDS virus" were great, moderate, small, or nil. Interviewers then followed-up by asking the respondents why they thought their chances were great/moderate, on one hand, or small/nil on the other. Tables 10.7.1 and 10.7.2 show that 77 percent of women and 88 percent of men said that they had little or no chance of being infecting. Only 7 percent of women and 3 percent of men said that their chances were great.

Table 10.7.1 Perception of the risk of getting AIDS: women

Percent distribution of women who have heard of AIDS by their perception of the risk of getting AIDS, according to background characteristics, Zimbabwe 1994

Background characteristic	Chances of getting AIDS					Total	Number of women
	No risk at all	Small	Moderate	Great	Don't know		
Age							
15-19	70.1	20.6	6.3	3.1	0.0	100.0	1,448
20-24	49.4	29.1	14.0	7.5	0.0	100.0	1,258
25-29	32.7	35.7	23.8	7.8	0.0	100.0	909
30-39	32.8	34.5	24.4	8.2	0.2	100.0	1,511
40-49	43.1	31.6	18.6	6.6	0.1	100.0	924
Marital status							
Never married	68.2	20.9	6.7	4.2	0.0	100.0	1,628
Currently married	37.8	33.1	21.4	7.6	0.1	100.0	3,736
Formerly married	44.7	32.8	16.5	6.1	0.0	100.0	685
No. of sexual partners other than husband in last 12 months							
0	47.6	29.4	16.6	6.3	0.1	100.0	5,710
1	33.4	32.2	23.7	10.8	0.0	100.0	91
2-3	33.6	34.5	19.8	12.1	0.0	100.0	113
4+	31.3	38.5	23.5	6.7	0.0	100.0	116
Residence							
Urban	44.7	30.3	17.3	7.6	0.1	100.0	1,971
Rural	47.7	29.5	16.7	6.0	0.0	100.0	4,080
Province							
Manicaland	44.6	38.6	7.3	9.5	0.0	100.0	821
Mashonaland Central	63.3	11.5	23.1	2.0	0.1	100.0	506
Mashonaland East	47.7	27.9	19.1	5.3	0.0	100.0	576
Mashonaland West	45.1	32.8	14.9	7.2	0.0	100.0	627
Matabeleland North	43.3	38.5	11.3	6.8	0.2	100.0	342
Matabeleland South	42.2	32.9	13.6	10.9	0.4	100.0	296
Midlands	48.0	25.8	20.5	5.7	0.0	100.0	802
Masvingo	41.4	31.5	23.5	3.7	0.0	100.0	648
Harare	46.2	25.7	20.7	7.2	0.2	100.0	1,048
Bulawayo	45.3	39.4	7.9	7.4	0.0	100.0	385
Education							
No education	43.6	30.9	18.9	6.4	0.1	100.0	647
Primary	44.1	30.9	18.0	6.9	0.1	100.0	2,859
Secondary+	50.5	28.2	15.2	6.1	0.0	100.0	2,545
Total	46.7	29.8	16.9	6.5	0.1	100.0	6,051

Note: Total includes 21 women who reported "don't know" to number of sexual partners in last 12 months.

Table 10.7.2 Perception of the risk of getting AIDS: men

Percent distribution of men who have heard of AIDS by their perception of the risk of getting AIDS, according to background characteristics, Zimbabwe 1994

Background characteristic	Chances of getting AIDS: No risk at all	Small	Moderate	Great	Don't know	Total	Number of men
Age							
15-19	72.3	20.4	4.9	2.5	0.0	100.0	599
20-24	54.3	35.7	7.7	2.3	0.0	100.0	399
25-29	43.8	39.7	13.2	3.3	0.0	100.0	288
30-39	43.7	39.7	13.3	3.3	0.0	100.0	434
40-49	50.7	35.0	10.1	4.2	0.0	100.0	299
50-54	55.7	26.9	10.8	4.9	1.8	100.0	113
Marital status							
Never married	62.7	28.0	7.0	2.4	0.0	100.0	997
Currently married	50.0	35.4	11.2	3.3	0.0	100.0	1,037
Formerly married	37.1	40.8	12.1	7.9	2.0	100.0	99
No. of sexual partners other than wife in last 12 months							
0	58.1	31.1	8.5	2.2	0.1	100.0	1,820
1	38.9	40.8	13.6	6.6	0.0	100.0	230
2-3	36.5	34.5	12.6	15.5	1.0	100.0	55
4+	(50.5)	(20.9)	(20.1)	(8.4)	(0.0)	100.0	22
Residence							
Urban	44.6	39.3	12.1	3.9	0.0	100.0	797
Rural	61.8	27.9	7.6	2.6	0.2	100.0	1,336
Province							
Manicaland	63.8	27.5	4.2	3.9	0.6	100.0	267
Mashonaland Central	83.3	10.9	5.4	0.4	0.0	100.0	181
Mashonaland East	66.8	20.0	11.1	2.1	0.0	100.0	190
Mashonaland West	40.5	47.6	9.3	2.6	0.0	100.0	264
Matabeleland North	47.6	35.0	13.7	3.7	0.0	100.0	99
Matabeleland South	46.8	34.3	9.5	8.9	0.6	100.0	90
Midlands	51.2	47.4	1.0	0.4	0.0	100.0	263
Masvingo	64.3	18.9	15.4	1.5	0.0	100.0	198
Harare	46.7	34.4	13.7	5.3	0.0	100.0	428
Bulawayo	48.8	36.0	11.6	3.7	0.0	100.0	154
Education							
No education	49.4	35.5	11.7	3.4	0.0	100.0	87
Primary	60.6	26.9	8.8	3.5	0.2	100.0	854
Secondary+	52.0	35.8	9.4	2.8	0.0	100.0	1,192
Total	55.3	32.2	9.3	3.1	0.1	100.0	2,133

Note: Figures in parentheses are based on 25-49 men.

The ZDHS made use of the fact that women and men were interviewed separately to link data on currently married men and their wives living in the same household. This makes it possible to look at couples as units of study. Table 10.8 shows that among couples who know about AIDS, 21 percent share a similar view that they are at no risk of getting AIDS. However, over half of the husbands reported that they had no risk of getting AIDS, compared with about one-third of wives. In about one-quarter of couples, the husband reported that his risk of getting infected was small or nil, but the wife stated that her risk was moderate or

Table 10.8 Perception of the risk of getting HIV/AIDS among couples

Percent distribution of couples who know about AIDS by husband's and wife's perceptions of risk of getting AIDS, Zimbabwe 1994

Perception of risk of AIDS	Chances of getting AIDS: husband				Total	Number of couples
	No risk at all	Small	Moderate	Great		
Chances of getting AIDS: wife						
No risk at all	21.1	11.0	3.0	0.8	35.9	253
Small	18.2	11.2	3.9	1.4	34.7	245
Moderate	8.8	8.4	2.2	0.8	20.2	143
Great	3.7	3.4	1.2	0.6	8.9	63
Total	52.1	34.0	10.3	3.6	100.0	706
Number	368	240	73	25	706	706

Note: Total includes 2 missing couples.

great. This fear—reflected disproportionately in wives' perceptions of risk—is likely to be based on information about marital relationships not captured in these data.

Table 10.9 presents information on reasons why individual women and men perceive their risk of getting the AIDS virus as low or nil. Roughly equal proportions of women and men stated that their risk was low or nil because they were abstaining from sex altogether (28 and 27 percent, respectively). Women (59 percent) were more likely than men (47 percent) to report that sticking to one partner was the reason for their low risk; while men (26 percent) were more likely than women (5 percent) to report that condom use was the reason for their low risk of getting the AIDS virus.

Table 10.9 Reasons for perception of small/no risk of getting HIV/AIDS

Percentage of women and men who think they have a small or no risk of getting AIDS, by reasons for that perception of risk, Zimbabwe 1994

Marital status	Abstain from sex	Use condom	One sex partner	Limited partners	No blood transfusion	No injections	Other	Number of women/men
WOMEN								
Never married	71.1	5.3	15.3	2.2	2.0	4.3	8.7	1,450
Currently married	1.1	3.0	87.8	2.8	0.8	0.9	9.9	2,647
Formerly married	42.5	17.0	36.8	5.7	1.0	2.1	6.3	531
All women	27.8	5.4	59.2	3.0	1.2	2.1	9.2	4,630
MEN								
Never married	51.4	28.0	19.2	8.4	0.9	1.7	13.2	904
Currently married	1.9	20.6	78.2	12.4	0.6	1.4	7.2	886
Formerly married	21.6	52.3	23.7	23.4	0.0	0.0	10.9	77
All men	26.7	25.5	47.4	11.0	0.7	1.5	10.3	1,867

Table 10.10 shows the percentage of women and men who think they have a moderate or great risk of getting AIDS, by the stated reasons for their perceptions. The majority of women (59 percent) believe that they are at moderate or great risk because they fear their spouse/partner has another partner; very few men (2 percent) report this reason. Only 8 percent of women, compared with 30 percent of men, reported that they were at moderate or great risk because they had many sex partners. Twenty-five percent of women and 55 percent of men gave a variety of other reasons (many not logical) for their perceptions of moderate or high risk. Interpretation of these "other" responses will require further analysis from a social/psychological perspective.

Table 10.10 Reasons for perception of moderate/great risk of getting HIV/AIDS

Percentage of women and men who think they have a moderate or great risk of getting AIDS, by reasons for that perception of risk, Zimbabwe 1994

Marital status	Don't use condom	Many sex partners	Spouse has partner	Had blood transfusion	Had injections	Other	Number of women/men
			WOMEN				
Never married	7.6	12.2	9.5	9.7	12.1	51.6	178
Currently married	6.7	4.0	72.3	1.6	2.8	20.5	1,084
Formerly married	19.5	33.3	26.8	5.4	7.5	24.0	154
All women	8.2	8.2	59.4	3.0	4.4	24.8	1,417
			MEN				
Never married	14.5	25.9	2.0	0.0	2.1	60.9	93
Currently married	13.3	30.0	1.1	3.1	7.0	53.9	151
Formerly married	*	*	*	*	*	*	20
All men	14.8	30.2	1.7	1.8	4.8	54.9	264

Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.

10.5 Behaviour Change

ZDHS respondents who had heard of AIDS were asked whether or not they had changed their behaviour since they learned of the disease. If they responded positively they were asked what they did. Tables 10.11.1 and 10.11.2 and Figure 10.1 show that 79 percent of women, compared with 38 percent of men, said that they had not changed their behaviour. Only 4 percent of women and 23 percent of men began using condoms, about 10 percent of women and 34 percent of men began restricting sex to one partner, and 3 percent of women and 5 percent of men stopped having sex.

The data show that respondents living in rural areas and those with no education are more likely to have *not* changed their sexual behaviour (in response to the perceived risk of AIDS) than respondents living in urban areas and those who are more educated. About 82 percent of women in rural areas did not change their sexual behaviour, compared with 72 percent in urban areas; at the same time, 44 percent of men in rural areas, compared with 27 percent in urban areas, did not change their sexual behaviour. If respondents felt that their chances of getting AIDS was small or nil, they were more likely to have not changed their sexual behaviour — but this pattern is not pronounced.

Table 10.11.1 AIDS prevention behaviour: women

Percentage of women who have heard of AIDS and have ever had sex, by specific changes in behaviour in order to avoid AIDS, perception of AIDS risk, and background characteristics, Zimbabwe 1994

Background characteristic	No change in sexual behaviour	Change in behaviour to avoid AIDS						Number of women
		Stopped sex	Began using condom	Restricted to one partner	Fewer partners	Other sexual behaviour	Non-sexual behaviour	
Perception of AIDS risk								
Among those who believe AIDS always fatal								
No/small risk	79.7	3.7	3.7	9.4	1.7	3.1	0.9	4,416
Moderate/great risk	75.3	2.1	5.9	11.7	2.3	4.2	1.5	1,384
Among those who do not believe AIDS always fatal, or don't know								
No/small risk	85.2	1.9	3.9	6.8	1.1	2.5	1.2	214
Moderate/great risk	(73.8)	(4.6)	(2.0)	(15.7)	(0.0)	(4.0)	(2.0)	33
Age								
15-19	80.1	6.8	1.5	5.2	1.9	4.4	1.5	1,448
20-24	74.5	3.5	4.5	13.3	2.2	3.4	1.2	1,258
25-29	74.4	1.1	6.5	13.8	2.5	4.0	1.9	909
30-39	80.5	1.3	5.5	10.1	1.5	2.9	0.6	1,511
40-49	84.7	2.9	3.4	8.4	0.7	1.8	0.1	924
Marital status								
Never married	77.6	8.1	3.0	5.6	2.4	4.0	1.7	1,628
Currently married	84.2	0.2	2.3	9.6	0.7	3.4	0.8	3,736
Formerly married	53.0	8.8	16.9	22.0	6.2	1.3	1.0	685
Residence								
Urban	71.9	4.4	5.0	13.7	2.2	5.2	1.4	1,971
Rural	82.3	2.8	3.8	8.1	1.6	2.5	0.9	4,080
Province								
Manicaland	81.7	3.1	3.0	4.2	2.0	3.0	2.6	821
Mashonaland Central	84.0	3.4	4.3	5.8	1.3	2.4	0.3	506
Mashonaland East	86.6	1.7	1.5	7.2	1.1	2.5	1.1	576
Mashonaland West	70.0	4.4	7.2	13.6	3.4	3.5	0.7	627
Matabeleland North	82.7	0.8	3.6	10.2	1.6	0.9	0.6	342
Matabeleland South	76.9	3.8	5.9	13.3	0.5	3.2	0.2	296
Midlands	72.9	4.3	4.4	14.4	3.0	2.4	1.0	802
Masvingo	85.3	1.3	4.2	5.4	1.8	2.7	0.3	648
Harare	76.6	4.6	3.9	10.2	1.0	6.1	1.3	1,048
Bulawayo	68.7	3.6	4.6	20.0	1.2	4.3	1.0	385
Education								
No education	89.6	1.2	3.1	5.7	0.6	0.5	0.0	647
Primary	81.9	2.8	4.2	8.6	1.5	2.2	0.6	2,859
Secondary+	72.8	4.4	4.4	12.4	2.4	5.4	1.9	2,545
Total	78.9	3.3	4.2	9.9	1.8	3.3	1.1	6,051

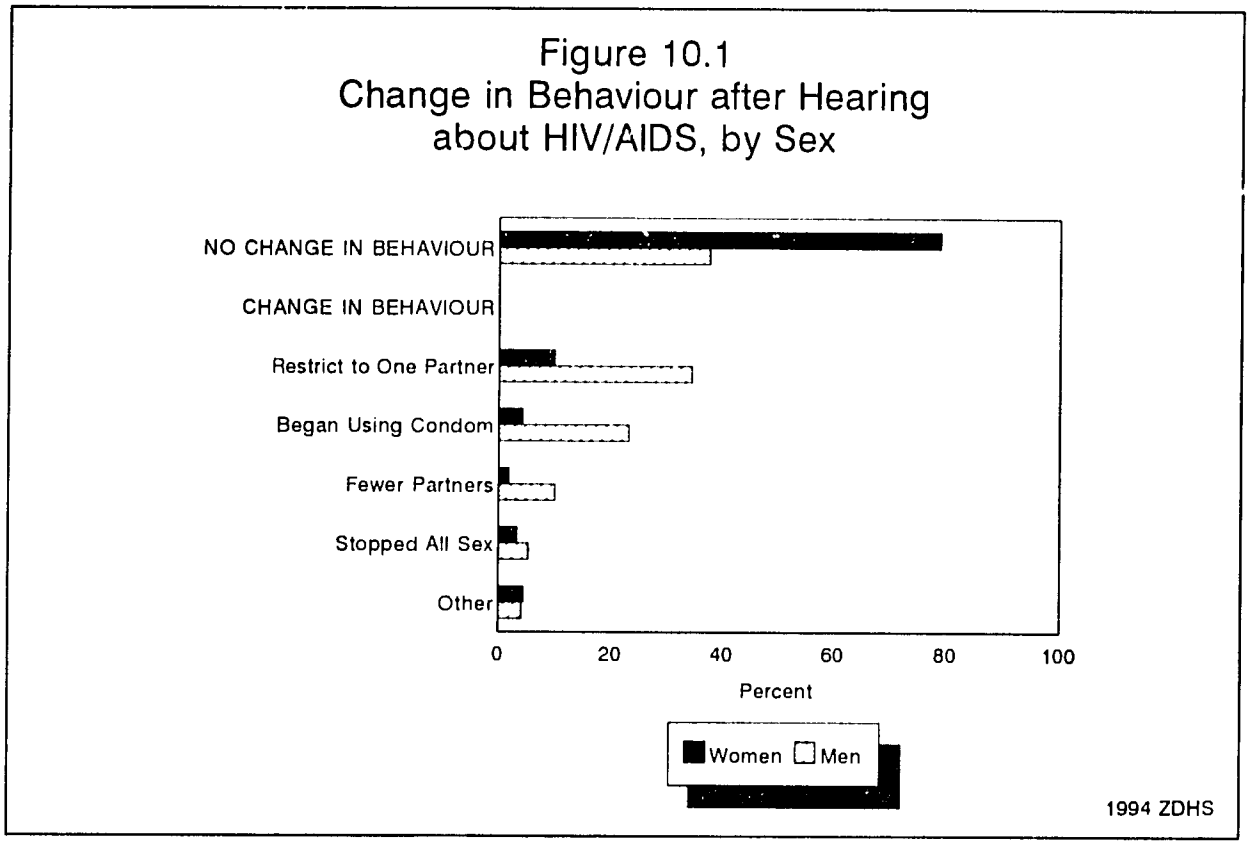
Note: Total includes 4 women who responded "don't know" about risk status. Figures in parentheses are based on 25-49 women.

Table 10.11.2 AIDS prevention behaviour: men

Percentage of men who have heard of AIDS and have ever had sex, by specific changes in behaviour in order to avoid AIDS, perception of AIDS risk, and background characteristics, Zimbabwe 1994

Background characteristic	No change in sexual behaviour	Change in behaviour to avoid AIDS: Stopped sex	Began using condom	Restricted to one partner	Fewer partners	Other sexual behaviour	Non-sexual behaviour	Number of men
Perception of AIDS risk								
Among those who believe AIDS always fatal								
No/small risk	38.5	5.5	22.2	34.9	9.6	0.3	3.8	1,789
Moderate/great risk	28.1	2.7	30.4	36.0	13.4	0.4	4.0	245
Among those who do not believe AIDS always fatal, or don't know								
No/small risk	47.5	7.3	20.2	22.1	9.9	0.8	2.1	78
Moderate/great risk	*	*	*	*	*	*	*	19
Age								
15-19	62.8	11.5	11.8	10.2	2.9	0.3	6.0	599
20-24	30.3	6.6	36.6	29.0	13.3	0.2	5.2	399
25-29	18.4	3.7	34.6	50.0	12.9	0.7	2.6	288
30-39	23.2	1.1	26.0	50.8	14.5	0.7	2.5	434
40-49	36.1	0.6	16.5	48.1	9.4	0.0	1.7	299
50-54	38.8	0.9	11.7	43.4	12.7	0.0	0.5	113
Marital status								
Never married	49.5	10.7	22.6	15.0	7.8	0.3	5.3	997
Currently married	27.0	0.2	21.5	54.3	11.0	0.4	2.6	1,037
Formerly married	29.4	4.4	44.5	21.3	22.2	0.0	1.0	99
Residence								
Urban	26.8	6.7	24.8	44.6	9.9	0.6	3.9	797
Rural	44.1	4.5	22.1	28.3	10.[illegible]	0.2	3.7	1,336
Province								
Manicaland	45.1	3.4	21.7	28.4	15.7	0.0	3.4	267
Mashonaland Central	32.0	10.6	19.3	38.0	5.3	0.0	3.5	181
Mashonaland East	29.5	5.1	25.4	38.5	9.2	1.0	3.1	190
Mashonaland West	42.5	1.9	46.7	29.4	5.9	0.0	0.0	264
Matabeleland North	44.2	3.2	21.0	24.2	19.4	0.0	6.3	99
Matabeleland South	61.3	2.4	9.7	16.6	9.7	0.6	4.1	90
Midlands	38.4	9.3	14.1	26.5	13.2	0.0	7.3	263
Masvingo	58.2	1.6	12.6	24.0	5.9	0.0	2.6	198
Harare	21.6	5.3	23.8	50.7	10.6	0.4	4.0	428
Bulawayo	31.8	9.5	22.7	43.0	6.2	1.7	5.4	154
Education								
No education	57.[illegible]	1.2	12.0	31.6	5.9	0.0	1.2	87
Primary	43.9	2.8	19.8	33.3	9.5	0.0	1.6	854
Secondary+	31.7	7.4	26.3	35.4	10.6	0.6	5.5	1,192
Total	37.6	5.3	23.1	34.4	10.0	0.3	3.8	2,133

Note: Total includes 2 men who responded "don't know" about risk status. An asterisk indicates that a figure is based on fewer than 25 men and has been suppressed.



10.6 Number of Sexual Partners

Given the evidence that the vast majority of HIV infections in Zimbabwe are contracted through heterosexual contact, information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of the disease. The ZDHS included questions about sexual activity in the four weeks preceding the survey: with the respondent's spouse, and (in separate questions) with other partners. Regarding sex with the spouse or other partners, questions were asked on condom use during sexual intercourse in the last four weeks.

Tables 10.12.1 and 10.12.2 show the percent distribution of currently married and unmarried women and men by number of persons with whom they had sex in the last four weeks, according to background characteristics. Overall, men reported having more sexual partners than women. Very few married women reported extra-marital liaisons, while 20 percent said that they had not had sex at all in the last four weeks; thus, the mean number of partners for currently married women was 0.8. For married men, only 15 percent reported abstaining in the last four weeks, while 12 percent reported sex with two or more women; the mean number of sex partners for married men was 1.1. Less than 1 percent of married women reported sex outside of marriage (i.e., partners excluding spouse), compared with 7 percent of married men.

Among women and men who are not currently married, the picture is quite different. Thirteen percent of unmarried women and 21 percent of unmarried men reported being sexually active in the four weeks preceding the survey. Sexual activity decreases with increasing level of education among both unmarried women and men.

Table 10.12.1 Number of recent sexual partners: women

Percent distribution of currently married and unmarried women by the number of sexual partners in the four weeks preceding the survey, according to selected background characteristics, Zimbabwe 1994

Background characteristic	Currently married women													Unmarried women							
	Number of partners including spouse					Number of women	Mean	Number of partners excluding spouse				Number of women	Mean	Number of partners						Number of women	Mean
	0	1	2-3	Missing	Total			0	1	Missing	Total			0	1	2-3	4+	Missing	Total		
Age																					
15-19	27.6	72.1	0.2	0.0	100.0	276	0.7	99.8	0.2	0.0	100.0	276	0.0	96.5	3.0	0.3	0.1	0.1	100.0	1,195	0.1
20-24	20.1	79.8	0.1	0.1	100.0	798	0.8	99.3	0.4	0.3	100.0	798	0.0	83.6	15.2	0.1	0.2	0.9	100.0	472	0.2
25-29	16.8	82.3	0.7	0.3	100.0	726	0.8	98.7	1.2	0.1	100.0	726	0.0	71.1	27.5	1.2	0.3	0.0	100.0	189	0.3
30-39	20.5	79.2	0.0	0.2	100.0	1,252	0.8	99.2	0.2	0.6	100.0	1,252	0.0	66.5	28.3	2.7	1.0	1.4	100.0	280	0.5
40-49	19.4	80.3	0.1	0.1	100.0	736	0.8	99.2	0.7	0.1	100.0	736	0.0	74.3	25.1	0.0	0.0	0.5	100.0	204	0.3
Marital duration																					
Never married	NA	NA	NA	NA	100.0	0	NA	NA	NA	NA	100.0	0	NA	93.9	5.6	0.3	0.1	0.1	100.0	1,646	0.1
0-4	22.6	77.0	0.2	0.2	100.0	968	0.8	99.3	0.4	0.3	100.0	968	0.0	67.0	31.2	0.0	0.0	1.8	100.0	120	0.3
5-9	18.5	80.9	0.2	0.3	100.0	756	0.8	99.0	0.7	0.3	100.0	756	0.0	65.1	31.3	0.8	0.9	1.9	100.0	127	0.4
10-14	19.3	80.3	0.3	0.1	100.0	625	0.8	99.1	0.6	0.3	100.0	625	0.0	68.3	28.8	2.9	0.0	0.0	100.0	118	0.3
15+	19.4	80.4	0.1	0.1	100.0	1,439	0.8	99.2	0.5	0.3	100.0	1,439	0.0	70.0	26.4	1.3	0.9	1.5	100.0	329	0.4
Residence																					
Urban	11.9	87.5	0.2	0.4	100.0	1,114	0.9	99.2	0.5	0.4	100.0	1,114	0.0	83.3	15.0	1.0	0.4	0.4	100.0	861	0.2
Rural	23.4	76.4	0.2	0.1	100.0	2,674	0.8	99.2	0.6	0.3	100.0	2,674	0.0	88.0	10.9	0.4	0.2	0.5	100.0	1,479	0.1
Education																					
No education	25.7	73.7	0.5	0.0	100.0	552	0.7	98.7	1.1	0.2	100.0	552	0.0	68.5	28.8	1.8	0.8	0.0	100.0	130	0.5
Primary	19.5	80.3	0.1	0.0	100.0	1,992	0.8	99.2	0.5	0.3	100.0	1,992	0.0	83.1	15.1	1.0	0.2	0.7	100.0	906	0.2
Secondary+	18.2	81.1	0.2	0.5	100.0	1,244	0.8	99.4	0.3	0.3	100.0	1,244	0.0	90.3	8.9	0.2	0.3	0.3	100.0	1,303	0.1
Total	20.0	79.6	0.2	0.2	100.0	3,788	0.8	99.2	0.5	0.3	100.0	3,788	0.0	86.3	12.4	0.6	0.3	0.4	100.0	2,340	0.2

NA = Not applicable

Table 10.12.2 Number of recent sexual partners: men

Percent distribution of currently married and unmarried men by the number of sexual partners in the four weeks preceding the survey, according to selected background characteristics, Zimbabwe 1994

Background characteristic	Currently married men																Unmarried men							
	Number of partners including spouse						Number of men	Mean	Number of partners excluding spouse						Number of men	Mean	Number of partners						Number of men	Mean
	0	1	2-3	4+	Missing	Total			0	1	2-3	4+	Missing	Total			0	1	2-3	4+	Missing	Total		
Age																								
15-19	23.9	66.0	0.0	0.0	10.1	100.0	10	0.7	89.9	0.0	0.0	0.0	10.1	100.0	10	0.0	89.5	8.6	1.4	0.5	0.0	100.0	595	0.1
20-24	12.7	78.7	7.6	1.0	0.0	100.0	99	1.0	90.4	8.6	0.0	1.0	0.0	100.0	99	0.1	70.5	23.7	4.8	0.8	0.2	100.0	301	0.4
25-29	16.9	76.2	5.3	1.6	0.0	100.0	177	0.9	92.4	6.8	0.4	0.3	0.0	100.0	177	0.1	61.7	29.3	4.7	0.9	3.4	100.0	111	0.4
30-39	12.9	73.9	11.3	1.2	0.7	100.0	380	1.2	94.0	4.7	0.9	0.4	0.0	100.0	380	0.2	47.6	38.6	12.1	0.0	1.8	100.0	56	0.6
40-49	15.8	67.9	14.2	0.7	1.4	100.0	273	1.0	92.3	7.3	0.0	0.0	0.4	100.0	273	0.1	44.7	43.0	10.5	1.8	0.0	100.0	28	0.8
50-54	20.4	65.4	13.4	0.8	0.0	100.0	101	1.0	94.7	5.3	0.0	0.0	0.0	100.0	101	0.1	*	*	*	*	*	100.0	12	*
Marital duration																								
Never married	NA	NA	NA	NA	NA	100.0	0	NA	NA	NA	NA	NA	NA	100.0	0	NA	80.6	15.6	3.0	0.5	0.2	100.0	1,004	0.3
0-4	15.5	77.3	5.5	1.4	0.3	100.0	311	1.0	91.0	6.8	1.3	0.5	0.3	100.0	311	0.1	58.5	24.9	6.6	0.0	10.1	100.0	29	0.4
5-9	17.7	71.3	9.7	1.3	0.0	100.0	193	1.1	94.4	4.7	0.0	0.8	0.0	100.0	193	0.3	*	*	*	*	*	100.0	14	*
10-14	10.3	76.0	13.3	0.4	0.0	100.0	166	1.1	93.4	6.6	0.0	0.0	0.0	100.0	166	0.1	41.1	49.6	9.3	0.0	0.0	100.0	25	0.7
15+	15.7	66.9	14.6	1.0	1.8	100.0	370	1.1	93.6	6.1	0.0	0.0	0.3	100.0	370	0.1	57.0	29.7	11.5	1.7	0.0	100.0	31	0.7
Residence																								
Urban	12.8	75.4	10.1	0.9	0.9	100.0	452	1.1	93.2	6.3	0.1	0.4	0.0	100.0	452	0.2	76.8	18.9	2.7	0.5	1.1	100.0	345	0.3
Rural	17.0	69.8	11.3	1.2	0.6	100.0	586	1.0	92.8	6.0	0.6	0.3	0.4	100.0	586	0.1	78.6	16.6	3.9	0.7	0.2	100.0	758	0.3
Education																								
No education	30.8	57.0	12.2	0.0	0.0	100.0	67	0.9	92.9	7.1	0.0	0.0	0.0	100.0	67	0.1	*	*	*	*	*	100.0	21	*
Primary	18.3	66.4	13.5	0.8	1.1	100.0	500	1.0	92.8	6.2	0.7	0.1	0.2	100.0	500	0.1	75.8	16.6	6.0	1.1	0.4	100.0	360	0.4
Secondary+	9.6	80.6	7.8	1.6	0.5	100.0	472	1.1	93.2	5.9	0.2	0.5	0.2	100.0	472	0.2	79.1	17.9	2.1	0.4	0.5	100.0	721	0.2
Total	15.2	72.3	10.8	1.1	0.7	100.0	1,038	1.1	93.0	6.1	0.4	0.3	0.2	100.0	1,038	0.1	78.0	17.3	3.5	0.6	0.5	100.0	1,103	0.3

Note: An asterisk indicates that a figure is based on fewer than 25 unmarried men and has been suppressed.
NA = Not applicable

As a follow-up to questions on recent sexual activity, the ZDHS included a question on whether or not the respondent "gave or received money, gifts or favours in return for sex in the last 4 weeks." Table 10.13 shows that 3 percent of women and 7 percent of men reported giving or receiving compensation in exchange for sex. Sex for payment or favours is about eight times more common among unmarried women and three times more common among unmarried men than among their married counterparts. Among married respondents, sex for favours is not strongly associated with level of education; however, among unmarried respondents the practice decreases with increasing level of education.

Table 10.13 Payment for sexual relations

Among women and men who ever had sexual intercourse, the percentage who gave or received money, gifts, or favours in return for sex in the last 4 weeks by marital status and background characteristics, Zimbabwe 1994

Background characteristic	Women						Men					
	Currently married		Not currently married		Total		Currently married		Not currently married		Total	
	Percent	Number	Percent	Number	Percent	All	Percent	Number	Percent	Number	Percent	All
Age												
15-19	1.8	273	12.8	165	6.0	437	*	10	8.0	189	7.6	199
20-24	1.8	795	9.4	254	3.6	1,049	2.5	99	10.5	245	8.2	344
25-29	1.5	726	7.7	170	2.7	896	5.0	177	11.0	108	7.3	285
30-39	1.0	1,252	11.8	272	2.9	1,524	4.8	380	19.0	56	6.6	436
40-49	0.7	736	9.6	203	2.7	939	4.3	273	(21.2)	28	5.9	301
50-54	NA	NA	NA	NA	NA	NA	3.9	101	*	12	5.3	113
Residence												
Urban	0.9	1,113	9.6	394	3.2	1,506	5.5	452	9.1	229	6.7	681
Rural	1.4	2,669	10.7	670	3.2	3,339	3.4	586	12.3	410	7.1	996
Education												
No education	0.8	552	15.7	122	3.5	674	4.0	67	*	15	5.8	82
Primary	1.1	1,987	11.3	519	3.2	2,506	4.4	500	16.9	192	7.9	692
Secondary+	1.7	1,243	7.5	423	3.1	1,665	4.3	472	8.5	431	6.3	902
Total	1.2	3,782	10.3	1,064	3.2	4,846	4.3	1,038	11.2	638	6.9	1,677

Note: Figures in parentheses are based on 25-49 cases. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.
NA = Not applicable

10.7 Source of Condom Supply

Because of the important role condom use plays in combatting the transmission of HIV, respondents who reported knowing about condoms were asked where they could be obtained. Tables 10.14.1 and 10.14.2 show that knowledge about condoms is almost universal in Zimbabwe. Ninety-seven percent of women and 99 percent of men reported that they knew about condoms. More than half of both women (59 percent) and men (56 percent) reported that they could obtain condoms from a source in the public sector.[2] On the other hand, 30 percent of women and 20 percent of men said that they did not know where they could obtain condoms. Knowledge of a source for condoms is greater among respondents who live in urban areas and those who have some formal schooling (see Figure 10.2). The provinces of Matabeleland North and Mashonaland West have the largest proportions of women and men who could not cite a single source for condoms.

[2] The public sector includes government facilities, mission facilities, and programmes run by the Zimbabwe National Family Planning Council (ZNFPC).

Table 10.14.1 Knowledge of condoms: women

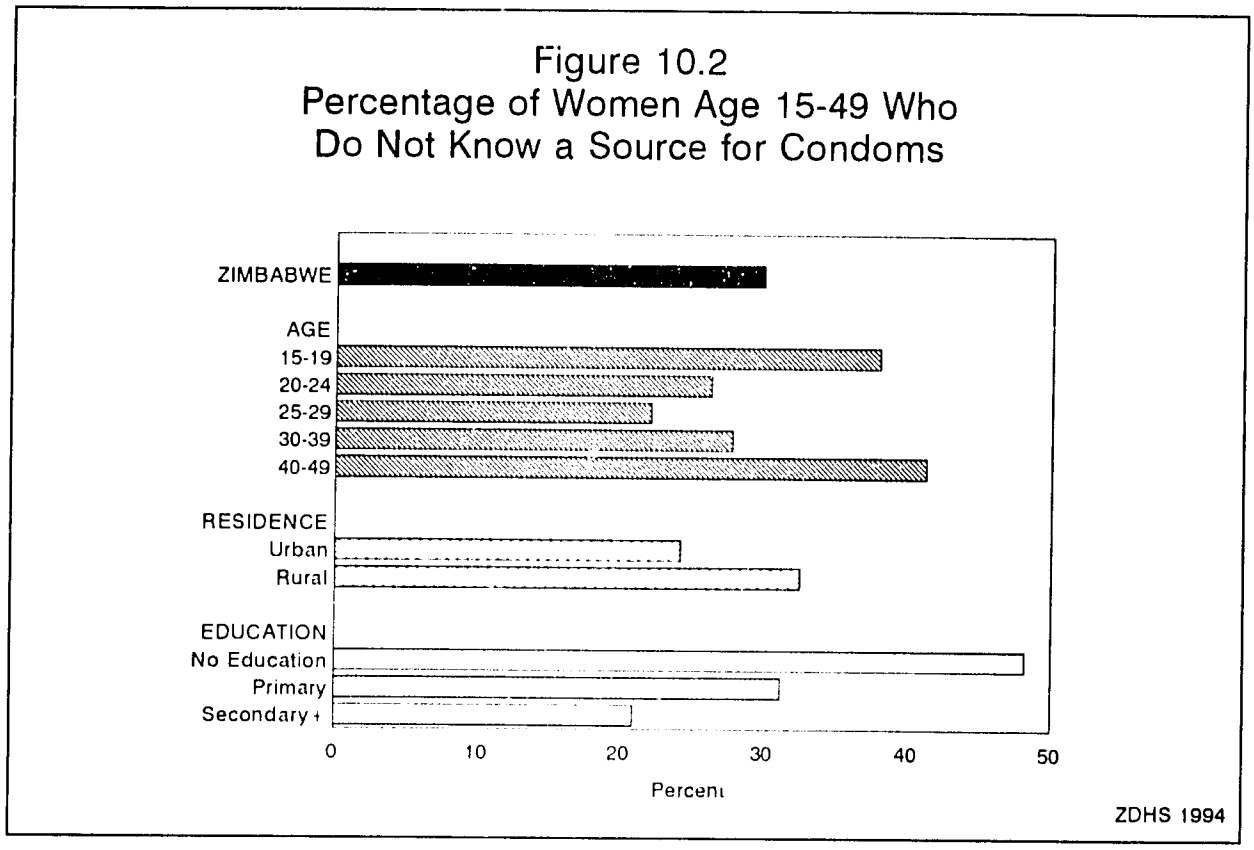
Percentage of women who know about condoms and the percentage who know a specific source for condoms, by background characteristics, Zimbabwe 1994

Background characteristic	Know about condoms	Source for condoms: Public sector	Private medical sector	Private pharmacy	Other source	Don't know a source	Number of women
Age							
15-19	98.3	50.7	1.6	2.4	7.3	38.0	430
20-24	98.8	61.4	2.9	3.4	6.0	26.3	1,038
25-29	99.3	64.0	3.8	4.7	5.4	22.1	890
30-39	97.1	61.2	3.0	3.7	4.3	27.8	1,503
40-49	92.5	50.4	2.3	2.8	3.2	41.3	923
Current marital status							
Never married	98.4	50.1	2.2	5.1	11.4	31.2	369
Currently married	97.0	59.1	3.0	3.6	4.4	30.0	3,729
Formerly married	97.1	61.8	2.6	2.4	4.4	28.8	685
Residence							
Urban	99.2	53.3	2.7	9.0	10.8	24.2	1,503
Rural	96.2	61.2	3.0	1.0	2.3	32.5	3,282
Province							
Manicaland	92.3	58.6	8.6	0.3	3.3	29.2	627
Mashonaland Central	97.5	53.8	0.4	0.9	3.4	41.5	415
Mashonaland East	97.0	76.5	1.5	1.5	1.8	18.7	446
Mashonaland West	97.8	52.4	6.6	3.1	4.9	33.0	534
Matabeleland North	93.8	44.1	4.0	1.2	2.6	48.0	305
Matabeleland South	98.3	64.9	0.4	0.8	2.1	31.8	257
Midlands	98.1	55.2	1.6	2.8	4.0	36.5	634
Masvingo	97.5	70.4	0.0	0.6	2.9	26.2	491
Harare	99.6	63.8	1.6	9.3	9.6	15.8	776
Bulawayo	98.7	35.6	1.3	13.7	13.7	35.6	299
Education							
No education	86.9	47.6	2.2	0.8	1.2	48.2	639
Primary	97.9	61.5	2.8	1.5	2.9	31.2	2,482
Secondary+	99.8	58.9	3.2	7.6	9.5	20.9	1,664
Total	97.1	58.7	2.9	3.5	4.9	29.9	4,785

Table 10.14.2 Knowledge of condoms: men

Percentage of men who know about condoms and the percentage who know a specific source for condoms, by background characteristics, Zimbabwe 1994

Background characteristic	Know about condoms	Source for condoms: Public sector	Private medical sector	Private pharmacy	Other source	Don't know a source	Number of men
Age							
15-19	99.2	55.8	0.4	2.2	18.2	23.4	199
20-24	100.0	61.4	2.7	4.6	17.1	14.2	344
25-29	99.1	61.0	0.4	5.4	18.6	14.6	285
30-39	99.8	53.2	3.6	3.2	19.4	20.5	434
40-49	99.5	52.7	3.3	7.2	14.5	22.4	299
50-54	95.1	42.8	3.2	5.5	7.5	41.0	113
Current marital status							
Never married	99.6	58.6	1.6	3.5	18.6	17.6	538
Currently married	99.3	54.1	3.0	5.5	15.7	21.6	1,037
Formerly married	97.3	57.0	0.6	1.0	20.9	20.5	99
Residence							
Urban	99.8	44.0	4.3	9.6	26.7	15.5	681
Rural	98.9	63.8	1.1	1.2	10.3	23.5	994
Province							
Manicaland	98.3	61.2	1.0	0.8	12.8	24.1	176
Mashonaland Central	100.0	48.6	0.2	0.8	17.5	33.0	147
Mashonaland East	100.0	71.9	0.0	3.8	8.3	16.0	148
Mashonaland West	99.5	74.1	1.5	0.0	5.5	18.9	205
Matabeleland North	99.4	47.4	11.5	0.0	6.2	34.9	86
Matabeleland South	96.8	58.1	0.8	1.6	12.8	26.7	67
Midlands	100.0	52.1	5.7	2.2	18.3	21.7	210
Masvingo	96.2	65.8	1.6	0.8	9.3	22.5	132
Harare	100.0	43.7	1.5	13.7	31.0	10.2	371
Bulawayo	99.5	44.0	3.8	8.6	24.4	19.1	133
Education							
No education	98.0	48.8	1.3	0.0	14.0	35.8	81
Primary	98.7	56.4	1.9	1.8	12.6	27.3	691
Secondary+	99.8	55.8	2.9	7.2	20.6	13.5	902
Total	99.3	55.7	2.4	4.6	17.0	20.3	1,674



10.8 Use of Condoms

Tables 10.15.1 and 10.15.2 show the percentage of women and men who ever used condoms for contraceptive purposes, for STD prevention, or for either reason. Thirty-three percent of women and 69 percent of men reported ever using a condom (for either reason). While 26 percent of women used condoms for contraceptive purposes and 18 percent to avoid STDs, 66 percent of men used condoms for contraceptive purposes and 38 percent to avoid STDs. Thus, it is clear that many women and men have both contraception and STD prevention in mind when they use condoms.

Use of condoms for contraceptive purposes is higher than use for disease prevention in nearly all population subgroups. Overall, women and men who live in urban areas and those who have some education are more likely to use condoms than women and men who live in rural areas or who have no education. Use of condoms is not strongly associated with a person's perceived risk of HIV/AIDS. This finding could be explained by two counter-balancing facts. Women and men may use condoms because they perceive themselves at high risk, but others perceive themselves at high risk because they do not use condoms.

Tables 10.15.1 and 10.15.2 also show the prevalence of condom use during sex in the last four weeks, by type of sexual contact (i.e., spouse or non-spouse). The data indicate that condom use is much higher when the partner is not a spouse. Among female respondents who had sex with their husbands, 7 percent said that a condom was used at least some of the time. Among women who had sex outside (or before) marriage, the level of condom use with those partners was 38 percent. Among men, there is a similarly large differential in condom use regarding marital and non-marital sex 12 percent and 60 percent, respectively.

Table 10.15.1 Reasons for using condoms and with whom: women

Among women who ever had sex, the percentage who used condoms, by specific reasons (family planning and to avoid sexually transmitted diseases (STDs)), and of those having sex in the last four weeks, the percentage using condoms with a spouse and with a non-spouse, by perception of AIDS risk, background characteristics, and changes in behaviour to avoid AIDS, Zimbabwe 1994

Background characteristic	Reason for using condom				Of those having sex in the last 4 weeks, condom was used with:			
	Family planning	Avoid STDs	Either reason	Number of women	Spouse	Number of women	Non-spouse	Number of women
Perception of AIDS risk								
Among those who believe AIDS always fatal								
No/small risk	25.8	17.3	32.6	3,296	6.8	2,008	40.8	220
Moderate/great risk	30.1	20.2	35.5	1,288	9.1	855	38.1	103
Among those do not believe AIDS always fatal, or don't know								
No/small risk	10.6	12.8	18.1	167	4.0	93	*	14
Moderate/great risk	(22.7)	(25.7)	(35.2)	31	*	21	*	5
Age								
15-19	21.8	18.4	28.5	430	6.4	196	(26.1)	41
20-24	33.8	22.0	40.7	1,038	8.1	629	51.9	78
25-29	35.2	21.7	41.3	890	8.4	595	42.7	63
30-39	25.5	17.5	32.6	1,503	7.9	978	38.5	100
40-49	13.2	10.2	18.2	923	5.1	581	24.3	58
Marital status								
Never married	34.4	38.9	44.5	369	NA	0	42.7	100
Currently married	24.7	12.4	29.7	3,729	7.4	2,979	(21.1)	25
Formerly married	31.3	36.7	43.8	685	NA	0	38.5	215
Residence								
Urban	30.4	20.4	38.4	1,503	7.9	973	47.3	149
Rural	24.6	16.8	30.3	3,282	7.2	2,006	31.6	192
Province								
Manicaland	23.4	13.4	29.4	627	5.1	391	(43.3)	34
Mashonaland Central	26.5	16.1	34.1	415	9.1	276	(39.6)	25
Mashonaland East	30.1	15.6	36.5	446	10.8	286	*	9
Mashonaland West	25.8	20.7	35.5	534	6.3	342	(38.7)	34
Matabeleland North	14.2	11.9	19.7	305	3.8	157	*	23
Matabeleland South	23.8	23.9	34.3	257	7.9	115	*	24
Midlands	33.1	22.0	35.8	634	7.7	396	39.3	60
Masvingo	21.4	17.5	23.6	491	6.5	310	(26.7)	40
Harare	30.9	17.6	38.4	776	8.8	548	(55.6)	47
Bulawayo	25.2	22.8	34.5	299	5.4	159	(34.3)	46
Education								
No education	14.5	9.3	18.9	639	4.2	389	(35.4)	47
Primary	24.1	16.7	30.4	2,482	7.0	1,581	32.5	166
Secondary+	34.4	23.1	41.8	1,664	9.2	1,009	47.3	128
Change in behaviour to avoid AIDS								
No change	21.8	10.9	27.0	3,719	6.3	2,509	23.3	153
Stopped sex	21.9	17.9	26.5	95	*	1	*	1
Used condom	78.4	100.0	100.0	252	49.8	69	80.1	88
Only one partner	36.2	33.1	46.7	585	6.4	287	40.9	113
Fewer partners	43.8	54.6	59.0	87	*	20	(45.4)	25
Other	37.1	25.2	45.6	140	9.4	102	*	2
Not stated	(31.6)	(19.2)	(35.2)	40	*	24	*	2
Total	26.4	17.9	32.8	4,785	7.4	2,979	38.4	341

Note: Figures in parentheses are based on 25-49 women. An asterisk indicates that a figure is based on fewer than 25 women and has been suppressed.
NA = Not applicable

Table 10.15.2 Reasons for using condoms and with whom: men

Among men who ever had sex, the percentage who used condoms, by specific reasons (family planning and to avoid sexually transmitted diseases (STDs)), and of those having sex in the last four weeks, the percentage using condoms with a spouse and with a non-spouse, by perception of AIDS risk, background characteristics, and changes in behaviour to avoid AIDS, Zimbabwe 1994

Background characteristic	Reason for using condom				Of those having sex in the last 4 weeks, condom was used with:			
	Family planning	Avoid STDs	Either reason	Number of men	Spouse	Number of men	Non-spouse	Number of men
Perception of AIDS risk								
Among those who believe AIDS always fatal								
No/small risk	67.7	39.5	70.0	1,367	10.8	704	64.8	232
Moderate/great risk	64.9	33.4	68.4	229	16.1	115	42.0	65
Among those who do not believe AIDS always fatal, or don't know								
No/small risk	45.1	30.4	54.8	59	(21.1)	29	*	12
Moderate/great risk	*	*	*	17	*	5	*	4
Age								
15-19	65.5	50.9	71.6	199	*	6	48.4	62
20-24	81.0	57.2	82.7	344	18.2	82	68.5	98
25-29	81.0	43.7	82.9	285	9.2	143	65.7	56
30-39	66.8	31.1	69.6	434	13.7	321	59.4	52
40-49	49.0	21.5	51.8	299	8.9	221	(48.0)	35
50-54	31.3	14.8	32.3	113	8.7	79	*	9
Marital status								
Never married	75.9	56.8	78.7	538	NA	0	60.5	194
Currently married	60.6	27.1	63.3	1,037	11.8	853	61.4	71
Formerly married	75.0	51.7	77.7	99	NA	0	(52.8)	48
Residence								
Urban	69.1	37.4	72.6	681	12.1	384	68.5	1,117
Rural	64.6	38.6	66.7	994	11.5	469	54.6	203
Province								
Manicaland	60.8	35.5	63.5	176	6.5	97	*	23
Mashonaland Central	68.9	31.6	71.6	147	18.2	73	(67.9)	28
Mashonaland East	77.0	42.6	80.7	148	13.2	74	*	19
Mashonaland West	71.1	66.2	74.1	205	12.8	103	(61.9)	48
Matabeleland North	48.7	27.3	49.9	86	(13.8)	34	(36.2)	26
Matabeleland South	52.3	26.4	57.9	67	*	23	*	20
Midlands	75.9	37.8	75.9	210	9.7	107	71.3	56
Masvingo	52.3	23.0	54.5	132	9.9	59	*	14
Harare	69.0	37.1	73.1	371	11.8	207	71.4	53
Bulawayo	62.2	32.1	63.6	133	12.7	75	(65.1)	27
Education								
No education	48.1	16.6	48.7	81	(13.7)	45	*	9
Primary	54.9	30.6	57.6	691	10.8	397	47.4	122
Secondary+	76.8	45.8	79.7	902	12.5	412	69.6	182
Change in behaviour to avoid AIDS								
No change	40.8	11.6	42.9	430	8.0	219	26.3	77
Stopped sex	45.2	24.9	54.2	58	NA	0	*	1
Used condom	94.8	100.0	100.0	493	22.8	174	79.6	155
Only one partner	71.7	30.7	72.9	732	11.3	486	65.8	80
Fewer partners	73.9	56.1	77.9	214	17.2	95	62.6	59
Other	*	*	*	6	*	2	NA	0
Not stated	76.7	31.9	76.7	54	(2.0)	26	*	7
Total	66.4	38.1	69.1	1,674	11.8	853	59.5	313

Note: Figures in parentheses are based on 25-49 men. An asterisk indicates that a figure is based on fewer than 25 men and has been suppressed.
NA = Not applicable

CHAPTER 11

MATERNAL MORTALITY

Data were collected in the ZDHS that allow estimation of maternal mortality using both direct and indirect estimation procedures, and estimation of overall adult female and male mortality. The information concerns the survivorship of all live births of the respondent's natural mother (siblings). The direct approach to estimating adult and maternal mortality maximizes use of the available data, using information on the age of surviving siblings, the age at death of siblings who died, and the number of years since the sibling died. This allows the data to be aggregated to determine the number of person-years of exposure to mortality risk and the number of sibling deaths occurring in defined calendar periods. Rates of maternal and adult mortality are obtained by dividing maternal (or all female or male adult) deaths by person-years of exposure (Rutenberg and Sullivan, 1991).

The indirect approach to estimation of maternal mortality, or the sisterhood method, has simpler data requirements than the direct method. None of the information on dates and ages related to the respondent's sisters is used, and the data on all sisters are used to estimate the life-time risk of maternal death. As the estimates pertain to the life-time experience of respondents' sisters, a well-defined calendar reference period is not derived but represents mortality conditions over the past 50 years or so. Assuming changes in mortality over time are linear, the reference period can be said to be centred about 12-13 years before the survey date (Graham et al., 1989).

11.1 The Data

Each respondent was first asked to give the total number of her mother's live births. Then the respondent was asked to provide a list of all of the children born to her mother starting with the first-born, and whether or not each of these siblings was still alive at the survey date. For living siblings, current age was collected; for deceased siblings, age at death and years since death were collected. Interviewers were instructed that when a respondent could not provide precise information on siblings' ages or number of years since their death, approximate but still quantitative answers were acceptable. For sisters who died at ages 10 years or older, three questions were used to determine if the death was maternity-related: "Was [NAME OF SISTER] pregnant when she died?" and if not, "Did she die during childbirth?" and if not, "Did she die within six weeks of the birth of a child or pregnancy termination?"

The estimation of adult and maternal mortality by either direct or indirect means requires reasonably accurate reporting of the number of sisters and brothers the respondent ever had, the number that have died, and the number of sisters who died of maternity-related causes. There is no definitive procedure for establishing the completeness or accuracy of retrospective data on sibling survivorship. Table 11.1 shows the number of siblings reported by respondents and the completeness of the reported data on current age, age at death, and years since death.

Respondents did not report the sex of 0.1 percent of their siblings. The sex ratio of enumerated siblings (the ratio of brothers to sisters) was 1.00, which is slightly lower than expected[1] and may indicate underreporting of brothers by respondents. In very few cases (<0.1 percent) sibling's ages were not reported by respondents. For deceased siblings, complete reporting of age at death and years since death was nearly universal. Ninety-nine percent of deceased siblings have both age at death and years since death reported.

[1] However, previous censuses and surveys in Zimbabwe have found similarly low sex ratios (CSO, 1994).

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Table 11.1 Data on siblings

Number of siblings reported by survey respondents and completeness of reported data on sibling age, age at death (AD) and years since death (YSD), Zimbabwe 1994

	Sisters		Brothers		All siblings	
	Number	Percentage	Number	Percentage	Number	Percentage
All siblings	19,229	100.0	19,293	100.0	38,521	100.0
Living	16,496	85.8	16,211	84.0	32,708	84.9
Dead	2,717	14.1	3,063	15.9	5,780	15.0
Missing survival information	15	0.1	19	0.1	34	0.1
Living siblings	16,496	100.0	16,211	100.0	32,708	100.0
Age reported	16,480	99.9	16,203	100.0	32,683	99.9
Age missing	16	0.1	8	0.1	24	0.1
Dead siblings	2,717	100.0	3,063	100.0	5,780	100.0
AD and YSD reported	2,696	99.2	3,024	98.7	5,720	99.0
AD OR YSD or both missing	22	0.8	38	1.3	60	1.0

Rather than exclude the small number of siblings with missing data from further analysis, information on the birth order of siblings in conjunction with other information was used to impute the missing data.[2] The sibling survivorship data, including cases with imputed values, were used in the direct estimation of adult and maternal mortality.

11.2 Direct Estimates of Adult Mortality

Another way to assess the quality of data used to estimate maternal mortality is to evaluate the plausibility and stability of overall adult mortality. It is reasoned that if estimated rates of overall adult mortality are implausible, rates based on a subset of deaths—i.e., maternal deaths in particular—are unlikely to be free of serious problems.

Table 11.2 presents age-specific mortality rates for women and men age 15-49 years for the ten-year period preceding the survey, calculated through direct procedures. Since the number of deaths on which the rates are based is not large (only 377 female and 453 male deaths), the estimated five-year, age-specific rates are subject to considerable sampling variation. Still, the age-specific estimates of mortality are quite stable, showing expected increases in both female and male rates with increasing age. Female and male rates are roughly equal until age 30, after which male mortality increases more steeply, so that the net effect is for male mortality (15-49 years) to exceed female mortality by some 26 percent.

[2] The imputation procedure is based on the assumption that the reported birth ordering of siblings in the birth history is correct. The first step is to calculate birth dates. For each living sibling with a reported age and for each dead sibling with complete information on both age at death and years since death, the birth date was calculated. For a sibling missing these data, a birth date was imputed within the range defined by the birth dates of the bracketing siblings. In the case of living siblings, an age was then calculated from the imputed birth date. In the case of dead siblings, if either age at death or years since death was reported, that information was combined with the birth date to produce the missing information. If both pieces of information were missing, the distribution of the ages at death for siblings for whom the years since death was unreported, but age at death was reported, was used as a basis for imputing the age at death.

Table 11.2 Adult mortality rates

Estimates of female and male adult mortality rates for the period 0-9 years before the survey, and model life table rates, Zimbabwe 1994

WOMEN

Age	Deaths	Exposure	ZDHS mortality rates	Model Life Table Rates[1] Coale-Demeny WEST (64 yrs)	Coale-Demeny NORTH (66 yrs)	United Nations GENERAL (67 yrs)
15-19	46	24,562	1.87	1.63	1.77	1.04
20-24	63	25,064	2.51	2.20	2.22	1.42
25-29	82	22,608	3.63	2.51	2.63	1.77
30-34	72	18,109	3.99	3.00	2.99	2.22
35-39	59	12,450	4.75	3.53	3.42	2.87
40-44	34	7,402	4.62	4.46	4.41	3.84
45-49	21	3,973	5.18	6.01	5.30	5.38
15-49	377	114,169	3.34[a]	2.81	2.80	2.12

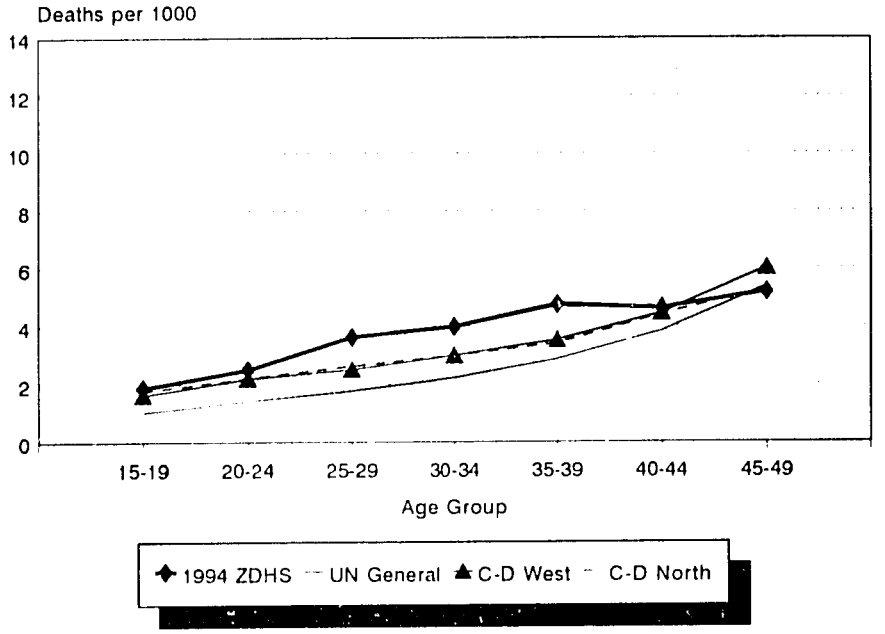
MEN

Age	Deaths	Exposure	ZDHS mortality rates	Model Life Table Rates[1] Coale-Demeny WEST (61 yrs)	Coale-Demeny NORTH (62 yrs)	United Nations GENERAL (62 yrs)
15-19	34	24,035	1.44	2.04	2.55	1.50
20-24	63	24,404	2.59	2.89	3.70	2.21
25-29	82	21,741	3.78	3.03	3.81	2.52
30-34	91	17,335	5.26	3.44	4.05	2.99
35-39	65	12,026	5.41	4.23	4.52	3.95
40-44	69	7,256	9.56	5.75	5.61	5.50
45-49	48	4,060	11.90	8.20	7.13	7.98
15-49	454	110,857	4.17[a]	3.41	3.86	2.92

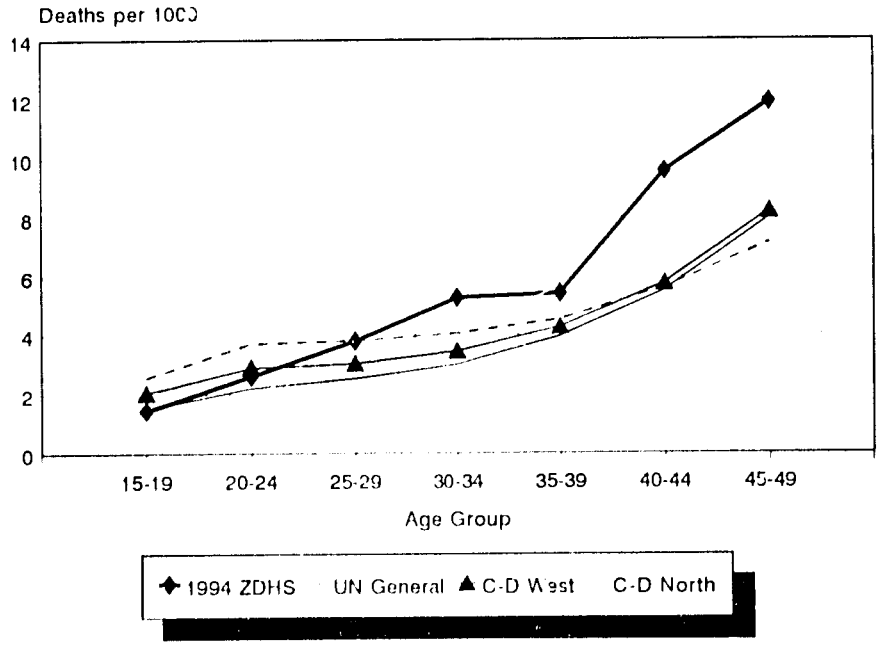
[1] Model life tables were selected at a level of mortality approximately corresponding to a sex-specific probability of dying between birth and age 5 for the period 0-9 years before the survey (i.e., 82 per 1,000 for males, 70 per 1,000 for females). Life expectancies are given in parentheses.
[a] Age adjusted

Figure 11.1 shows the age-pattern of female and male mortality between ages 15 and 49, compared with age-specific rates as described in selected reference or model mortality schedules (see Table 11.2). Embodied in a model life table is a relationship between mortality during childhood and mortality during later years. Some models posit high child relative-to-adult mortality levels; others describe low child-relative to adult mortality. By selecting model mortality schedules based on the observed under-five mortality level, it is possible to assess whether adult rates are higher or lower than would be expected. Here, the ZDHS under-five mortality estimates of 70 per 1,000 for females and 82 per 1,000 for males (see Table 7.3) are used to enter the model mortality schedules: models *West* and *North* of the Coale-Demeny life tables and the United Nations' *General* model (see Table 11.2).

Figure 11.1
Female Adult Mortality by Age Group 0-9 Years before the Survey, 1994 ZDHS and Three Model Life Tables



Male Adult Mortality by Age Group 0-9 Years before the Survey, 1994 ZDHS and Three Model Life Tables



The figure shows that until age 24 for women and age 29 for men, the ZDHS rates are roughly within model expectations, although female rates tend to be at the upper limit. From 30 years of age and upwards, male mortality substantially exceeds rates described in the reference schedules especially at 40 years of age and above. The same is true regarding female mortality between ages 25 and 40, although the excess risk is not as pronounced. These findings indicate that underreporting of deceased siblings is unlikely to be a serious problem in the ZDHS data. The fact that the estimated rates *exceed* model rates may be realistically explained by the recent deterioration in adult survival prospects due to the AIDS problem. An analysis of trends in adult mortality would be a useful extension to this line of inquiry; unfortunately, the sparseness of the data will not support a statistically reliable look across the relevant calendar periods.

11.3 Direct Estimates of Maternal Mortality

Direct age-specific estimates of maternal mortality from the reported survivorship of sisters are presented in Table 11.3 for the period 0-9 years before the survey. The number of maternal deaths (56) is rather small, so that age-specific rates should be interpreted with caution. The preferred approach is to determine a single estimate for all childbearing ages (15-49 years). For the ten-year period before the survey (1985-94), the rate of mortality due to causes related to pregnancy and childbearing is 0.458 maternal deaths per 1,000 woman-years of exposure. Maternal deaths represent approximately 15 percent of all deaths to women age 15-49. Twenty-six percent of all maternal deaths occurred during pregnancy, 46 percent around childbirth, and 26 percent in the six-week period following pregnancy termination or childbirth.

The maternal mortality rate can be converted to a maternal mortality ratio and expressed per 100,000 live births by dividing the mortality rate by the general fertility rate of 0.162 operating during the same time period. In this way, the obstetrical risk of pregnancy and childbearing is underlined. By direct estimation procedures, the maternal mortality ratio is estimated as 283 maternal deaths per 100,000 live births during the period 1985-94.

Table 11.3 Direct estimates of maternal mortality

Direct estimates of maternal mortality for the period 0-9 years before the survey, Zimbabwe 1994

Age	Deaths	Exposure	Mortality rates
15-19	3.6	24,562	0.147
20-24	11.8	25,064	0.472
25-29	14.6	22,608	0.645
30-34	19.9	18,109	1.101
35-39	2.8	12,450	0.223
40-44	1.4	7,402	0.190
45-49	1.9	3,973	0.474
15-49	56.0	114,169	0.458
General Fertility Rate (GFR)			0.162
Maternal Mortality Ratio (MMR)[1]			283

[1]Per 100,000 live births; calculated as the maternal mortality rate divided by the general fertility rate.

11.4 Indirect Estimates of Maternal Mortality

The data on the survivorship of sisters can also be used to estimate maternal mortality by an indirect technique, i.e., the sisterhood method. In this method, the data are aggregated by five-year age groups of respondents. For each age group, information on the number of maternal deaths among all sisters of respondents and on the number of "sister units" of risk is used to estimate the lifetime risk of dying from maternal causes. The method also provides an overall estimate of maternal mortality for sisters of all respondents combined which refers to a period in time centred 12-13 years prior to the survey.

The indirect estimates of maternal mortality are given in Table 11.4. When aggregating the data over all respondents, the lifetime risk of maternal death is 0.017, a risk of dying of maternal causes of about 1 in 59. The lifetime risk of maternal mortality can be converted to an estimate of the maternal mortality ratio: 243 maternal deaths per 100,000 live births, applicable to a period around the year 1982 (see formula in Table 11.4).

Table 11.4 Indirect estimates of maternal mortality

Indirect estimates of maternal mortality, Zimbabwe 1994

Age group	Number of respondents (a)	Number of sisters 15+ (b)	Number of maternal deaths (c)	Adjustment factor (d)	Sister units of exposure to risk (a)=(b)*(d)	Lifetime risk of maternal death (f)=(c)/(e)
15-19	1,472	4,257	9.2	0.107	456	0.020
20-24	1,269	3,672	19.5	0.206	756	0.026
25-29	915	2,646	21.7	0.343	908	0.024
30-34	871	2,461	14.0	0.503	1,238	0.011
35-39	662	1,970	17.9	0.664	1,308	0.014
40-44	532	1,573	19.5	0.802	1,262	0.015
45-49	407	1,089	14.4	0.900	980	0.015
Total (15-49)	6,128	17,668	116.9		6,907	0.017

TFR 1981-85 7.0 children per woman

MMR 243 per 100,000 live births

TFR = Total fertility rate

MMR = Maternal Mortality Ratio = (1 - [(1 - Lifetime risk]$^{1/TFR}$) * 100,000, where TFR represents the total fertility rate 10-14 years preceding the survey.

Note: Figures in column (b) are adjusted for age distribution of respondent's sisters (see Graham et al., 1989)

11.5 Conclusion

In conclusion, the maternal mortality ratio was estimated to be 283 per 100,000 live births by direct means, applicable to a 1985-94 time period; and 243 per 100,000 live births by the sisterhood (indirect) method referring to a time period centred around the year 1982. Since the indirect estimate is essentially a weighted average of maternal mortality conditions occurring over the last 50 years or so (weighted towards more recent exposure), the lower indirect estimate may be attributed to a worsening maternal mortality picture over the past 10-15 years, problems in underreporting for earlier periods, or simply the result of sampling fluctuations.

A cautious reading of the ZDHS findings is that the maternal mortality ratio over the last 10 years is 283 per 100,000 and that there *may* exist within this recent period an upward trend (i.e., a worsening of mortality conditions).

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APPENDIX A

SAMPLE DESIGN AND IMPLEMENTATION

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APPENDIX A

SAMPLE DESIGN AND IMPLEMENTATION

The Zimbabwe Demographic and Health Survey (ZDHS) covers the population residing in private households throughout the country. The ZDHS was designed to produce reliable national estimates as well as urban and rural estimates of demographic rates (particularly fertility and childhood mortality rates), maternal and child health indicators, and contraceptive knowledge and use. Estimates of selected variables were produced for each of the 10 provinces in the country. In addition to the main sample of women, a subsample of men between the ages of 15 and 54 were interviewed to allow for the study of AIDS knowledge and other topics.

A.1 Sampling Frame

The area sampling frame for the ZDHS was the 1992 Zimbabwe Master Sample (ZMS92), which was developed by the Central Statistical Office (CSO) following the 1992 Population Census for use in demographic and socio-economic surveys. The sample for ZMS92 was designed to be almost nationally representative: people residing on state land (national parks, safari areas, etc.) and in institutions, which account for less than one percent of the total population, were not included. The sample was stratified and selected in two stages. With the exception of Harare and Bulawayo, each of the other eight provinces in the country was stratified into four groups according to land use: communal land, large-scale farming, urban and semi-urban areas, and small scale farming and resettlement areas. In Harare and Bulawayo, only an urban stratum was formed.

The primary sampling unit (PSU) was the enumeration area (EA), as defined in the 1992 Population Census. A total of 395 EAs were selected with probability proportional to size, the size being the number of households enumerated in the 1992 Population Census. The selection of the EAs was a systematic, one-stage operation, carried out independently for each of 34 strata. In each stratum, implicit stratification was introduced by ordering the EAs geographically within the hierarchy of administrative units (wards and districts within provinces).

An evaluation of the ZMS92 showed that it oversampled urban areas: in the ZMS92 the proportion of urban households is about 36 percent while, according to the preliminary results of the 1992 Population Census, this proportion is about 32 percent.

A.2 Characteristics of the ZDHS Sample

The sample for the ZDHS was selected from the ZMS92 master sample in two stages. In the first stage, 230 EAs were selected with equal probabilities. Since the EAs in the ZMS92 master sample were selected with probability proportional to size from the sampling frame, equal probability selection of a subsample of these EAs for the ZDHS was equivalent to selection with probability proportional to size from the entire sampling frame. A complete listing of the households in the selected EAs was carried out. The list of households obtained was used as the frame for the second-stage sampling, which was the selection of the households to be visited by the ZDHS interviewing teams during the main survey fieldwork. Women between the ages of 15 and 49 were identified in these households and interviewed. In 40 percent of the households selected for the main survey, men between the ages of 15 and 54 were interviewed with a male questionnaire.

A.3 Sample Allocation

Stratification in the ZDHS consisted of grouping the ZMS92 strata into two main strata only: urban and rural. Thus the ZDHS rural stratum consists of communal land, large scale farming, and small scale farming and resettlement areas, while the ZDHS urban stratum corresponds exactly to the urban/semi-urban stratum of the ZMS92. The following table shows the distribution of the population in Zimbabwe to the different strata according to the 1992 Population Census:

Table 1 Population Distribution (1992 Population Census)

Province	Urban	Rural	Total	
Total	2837316	7564451	10401767	
Manicaland	146209	1391467	1537676	(14.78%)
Mashonaland Central	21456	835862	857318	(8.24%)
Mashonaland East	41044	992292	1033336	(9.93%)
Mashonaland West	177620	939308	1116928	(10.74%)
Matabeleland North	59483	581474	640957	(6.16%)
Matabeleland South	10807	580940	591747	(5.69%)
Midlands	249811	1052403	1302214	(12.52%)
Masvingo	51746	1170099	1221845	(11.75%)
Harare	1458204	20606	1478810	(14.22%)
Bulawayo	620936	-	620936	(5.97%)

A proportional allocation of the target number of 6,000 women to the 18 strata would yield the following sample distribution:

Table 2 Proportional Sample Allocation

Province	Urban	Rural	Total
Total	1635	4365	6000
Manicaland	84	803	887
Mashonaland Central	12	483	495
Mashonaland East	24	572	596
Mashonaland West	102	542	644
Matabeleland North	34	336	370
Matabeleland South	6	335	341
Midlands	144	607	751
Masvingo	30	675	705
Harare	841	12	853
Bulawayo	358	-	358

The above proportional allocation would result in a completely self-weighting sample but did not allow for reliable estimates for provinces. Results of other demographic and health surveys show that a minimum sample of 1,000 women is required in order to obtain estimates of fertility and childhood mortality rates at an acceptable level of sampling errors. Given that the total sample size for the ZDHS could not be increased for the provinces so as to achieve the required level of sampling errors, it was decided that estimates of complex rates would not be produced at the provincial level. Furthermore, since some of the provinces are quite small and would be allocated small sample size, it was decided that the total sample would be allocated equally to the 10 provinces for estimates of selected variables other than complex rates. The

following sample allocation was adopted after taking into account three factors: (1) a minimum sample of 600 completed interviews for each province; (2) close to proportional allocation for urban and rural areas in each province—except when the resulting stratum size was less than 40, in which case the minimum stratum size was 40—and (3) the number of EAs available in the ZMS92 master sample. According to this sampling scheme, stratum weights would be necessary for data analysis.

Table 3 Proposed Sample Allocation

Province	Urban	Rural	Total
Total	1700	4300	6000
Manicaland	60	540	600
Mashonaland Central	40	560	600
Mashonaland East	40	560	600
Mashonaland West	100	500	600
Matabeleland North	60	540	600
Matabeleland South	40	560	600
Midlands	120	480	600
Masvingo	40	560	600
Harare	600	-	600
Bulawayo	600	-	600

The number of EAs selected for each stratum was calculated by dividing the expected number of women by the average take in the EA. Analytical studies of surveys of the same nature suggest that the optimum number of women to be interviewed is around 20-25 in each urban PSU and 30-35 in each rural PSU. Expecting on average 20 women in each urban EA and 30 women in each rural EA, the distribution of EAs was as follows (the number of EAs to be selected was calculated as the number of women/average EA take):

Table 4 Number of EAs to be Selected

Province	Urban	Rural	Total
Total	85	145	230
Manicaland	3	18	21
Mashonaland Central	2	19	21
Mashonaland East	2	19	21
Mashonaland West	5	17	22
Matabeleland North	3	18	21
Matabeleland South	2	19	21
Midlands	6	16	22
Masvingo	2	19	21
Harare	30	-	30
Bulawayo	30	-	30

The number of households selected so as to yield the target sample was calculated as follows:

$$Number\ of\ HHs = \frac{Number\ of\ women}{Number\ of\ women\ per\ hh \times Overall\ response\ rate}$$

According to the 1988 Zimbabwe Demographic and Health Survey there were 1.03 women age 15-49 per household. The overall response rate found in the same survey was around 90 percent. Using these two parameters in the above equation, it was expected that, on average, 22 households were selected in each urban EA, and 32 households were selected in each rural EA.

A.4 Systematic Selection of EAs

The 230 EAs were selected from the ZMS92 in a systematic manner, with equal probability, and independently in each stratum, after the EAs were ordered according to the order of selection of the ZMS92. The selection interval is calculated as follows:

$$I_h = \frac{A_h}{a_h}$$

where A_h is the number of EAs that existed in the ZMS92 for the hth stratum, and a_h is the number of EAs selected for the ZDHS.

A.5 Sampling Probabilities

The sampling probabilities were calculated separately for each sampling stage and for each stratum. The following notations were used:

P_{1hi} is the sampling probability for the ith EA in the hth stratum according to the ZMS92.
P_{2hi} is the sampling probability for the ith EA in the hth stratum for ZDHS.
P_{3hi} is the sampling probability for the household in the ith EA of the hth stratum.

P_{1hi} is calculated as follows:

$$P_{1hi} = \frac{A_h \cdot M_{1hi}}{\Sigma M_{1hi}}$$

where A_h is the number of EAs selected in the ZMS92 h^{th} stratum, M_{1hi} is the number of households in the ith EA according to the 1992 Population Census, and ΣM_{1hi} is the number of households in the hth stratum, according to the 1992 Population Census.

P_{2hi} is the inverse of the EA selection interval:

$$P_{2hi} = \frac{a_h}{A_h}$$

In order for the sample to be self-weighting within each stratum, the stratum overall probability $f_h = P_{1hi} \cdot P_{2hi} \cdot P_{3hi}$ must be the same for each household in the sample. That is,

$$P_{3hi} = \frac{f_h}{P_{1hi} \cdot P_{2hi}} \quad \text{with}$$

$$f_h = \frac{n_h}{N_h}$$

where n_h is the number of households selected in the hth stratum and N_h is the projected number of households in 1994 for the hth stratum.

The selection of households was systematic with equal probabilities, and the household sampling interval I_{hi} in the ith EA of the hth stratum was calculated as:

$$I_{hi} = \frac{1}{k_h \times P_{3hi}}$$

where k_h is the correction factor in the hth stratum to correct for the fact that ZMS92 oversampled the urban areas. The correction factor k_h was calculated as the ratio of the household distribution according to the 1992 census over the household distribution according to ZMS92, for each stratum. For each EA, a list of households was obtained for the ZDHS prior to the main survey fieldwork, and the above interval was applied to the list in order to select the households.

A.6 Sample Implementation

A summary of the ZDHS sample implementation is provided in Tables A.1 (total sample) and A.2 (male subsample). A total of 6,483 households were selected, of which 6,075 were found to be occupied. Of the occupied households, 5,984 were successfully interviewed, yielding a household response rate of 98.5 percent. The household response rate shows only moderate variation between provinces. The lowest household response rate was recorded in Harare (95 percent).

Of all eligible women, 95.6 percent were successfully interviewed. Only 0.3 percent of women refused to be interviewed, and 2.4 percent were not at home. A very small percentage (0.2 percent) of interviews with eligible women were incomplete.

Of the eligible men, 91.5 percent were successfully interviewed. The percentage of incomplete interviews for men is lower than for women because, although only a small percentage (0.6 percent) refused to be interviewed, approximately 4 percent were not at home. The percentage of male interviews completed is higher in rural areas (92.8 percent) than in urban areas (88.9 percent).

Table A.1 Sample implementation: women

Percent distribution of households and eligible women in the DHS sample by results of the interviews and household, eligible women, and overall response rates, according to province and urban-rural residence, Zimbabwe 1994

	Province										Residence		
Result	Manicaland	Mashonaland Central	Mashonaland East	Mashonaland West	Matabeleland North	Matabeleland South	Midlands	Masvingo	Harare	Bulawayo	Urban	Rural	Total
Selected households													
Completed (C)	92.5	90.0	93.1	93.8	90.9	91.3	93.0	91.4	91.9	95.2	93.5	91.8	92.3
Household present but no competent respondent at home (HP)	1.7	1.5	0.6	0.8	0.6	0.6	0.6	0.8	3.1	0.5	1.8	0.8	1.1
Refused (R)	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	1.4	0.6	0.7	0.0	0.2
Dwelling not found (DNF)	0.0	0.3	0.2	0.0	0.1	0.0	0.0	0.2	0.2	0.2	0.1	0.1	0.1
Household absent (HA)	4.3	4.0	5.1	2.6	3.6	4.8	3.4	4.6	1.1	2.4	2.2	4.1	3.6
Dwelling vacant (DV)	1.1	3.8	0.9	2.2	3.9	2.2	2.3	2.5	2.3	1.0	1.5	2.5	2.2
Dwelling destroyed (DD)	0.3	0.4	0.0	0.5	0.9	1.1	0.7	0.3	0.0	0.2	0.1	0.6	0.4
Other (O)	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.2	0.0	0.0	0.0	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	630	683	642	647	668	641	697	606	645	624	1,829	4,654	6,483
Household response rate (HRR)[1]	98.1	98.1	99.2	99.0	99.2	99.3	99.4	98.9	95.2	98.7	97.3	99.0	98.5
Eligible women													
Completed (EWC)	95.5	95.7	97.2	95.9	96.5	92.0	97.2	95.0	94.7	96.5	95.2	95.8	95.6
Not at home (EWNH)	2.8	2.4	1.3	1.6	1.1	5.5	2.2	3.8	2.0	1.5	2.2	2.5	2.4
Postponed (EWP)	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.2	0.2	0.0	0.1	0.0	0.0
Refused (EWR)	0.0	0.0	0.2	0.2	0.3	0.0	0.0	0.8	1.1	0.5	0.7	0.2	0.3
Partly completed (EWPC)	0.2	0.0	0.0	0.5	0.0	0.2	0.1	0.2	0.5	0.3	0.4	0.1	0.2
Incapacitated (EWI)	0.9	0.6	0.8	0.8	0.4	0.8	0.0	0.2	0.0	0.7	0.4	0.5	0.5
Other (EWO)	0.7	1.2	0.3	1.0	1.7	1.6	0.5	0.0	1.6	0.5	1.0	0.9	0.9
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	576	655	597	614	706	638	737	636	642	607	1,833	4,575	6,408
Eligible woman response rate (EWRR)[2]	95.5	95.7	97.2	95.9	96.5	92.0	97.2	95.0	94.7	96.5	95.2	95.8	95.6
Overall response rate (ORR)[3]	93.7	93.9	96.3	95.0	95.7	91.4	96.6	94.0	90.1	95.3	92.6	94.8	94.2

Note: The household response rate is calculated for completed households as a proportion of completed, no competent respondent, refused, and dwelling not found. The eligible woman response rate is calculated for completed interviews as a proportion of completed, not at home, postponed, refused, partially completed, incapacitated and "other." The overall response rate is the product of the household and woman response rates.

[1]Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{C}{C + HP + R + DNF}$$

[2]Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

[3]The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR$$

Table A.2 Sample implementation: men

Percent distribution of households and eligible men in the DHS sample by results of the interviews and household, eligible men, and overall response rates, according to province and urban-rural residence, Zimbabwe 1994

	Province										Residence		
Result	Manicaland	Mashonaland Central	Mashonaland East	Mashonaland West	Matabeleland North	Matabeleland South	Midlands	Masvingo	Harare	Bulawayo	Urban	Rural	Total
Selected households													
Completed (C)	83.3	78.3	84.9	86.2	80.1	81.1	83.4	81.3	81.6	89.2	85.5	81.9	82.9
Household present but no competent respondent at home (HP)	3.9	3.2	1.4	1.7	1.3	1.4	1.4	1.8	7.1	1.1	4.1	1.8	2.4
Refused (R)	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	3.2	1.4	1.6	0.0	0.5
Dwelling not found (DNF)	0.0	0.6	0.3	0.0	0.3	0.0	0.0	0.4	0.4	0.4	0.2	0.2	0.2
Household absent (HA)	9.6	8.6	11.3	5.9	7.8	10.5	8.1	10.1	2.5	5.4	4.9	9.2	8.0
Dwelling vacant (DV)	2.5	8.3	2.1	4.8	8.5	4.7	5.4	5.4	5.3	2.2	3.5	5.6	5.0
Dwelling destroyed (DD)	0.7	1.0	0.0	1.0	2.0	2.4	1.7	0.7	0.0	0.4	0.2	1.3	1.0
Other (O)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	281	313	291	290	306	296	296	278	282	278	811	2,100	2,911
Household response rate (HRR)[1]	95.5	95.3	98.0	97.7	98.0	98.4	98.4	97.4	88.5	96.9	93.5	97.6	96.4
Eligible men													
Completed (EMC)	91.8	97.2	92.9	93.5	92.8	87.3	90.3	90.5	85.3	93.4	88.9	92.8	91.5
Not at home (EMNH)	5.1	1.6	4.3	1.4	2.4	6.8	4.6	6.2	7.5	2.3	5.5	3.5	4.1
Postponed (EMP)	0.5	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.3	0.1	0.2
Refused (EMR)	0.5	0.0	0.9	1.1	0.0	1.0	0.0	0.0	0.8	1.9	1.3	0.3	0.6
Partly completed (EMPC)	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.4	0.4	0.4	0.1	0.2
Incapacitated (EMI)	0.5	0.4	0.5	1.1	1.9	0.5	0.4	1.0	0.0	0.4	0.3	0.8	0.6
Other (EMO)	1.5	0.8	0.9	2.9	2.9	4.4	3.9	2.4	5.3	1.5	3.4	2.4	2.7
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	195	250	211	276	208	205	259	210	266	259	756	1,573	2,339
Eligible man response rate (EMRR)[2]	91.8	97.2	92.9	93.5	92.8	87.3	90.3	90.5	85.3	93.4	88.9	92.8	91.5
Overall response rate (ORR)[3]	87.7	92.7	91.0	91.3	90.9	85.9	88.9	88.1	75.5	90.5	83.1	90.6	88.2

Note: The household response rate is calculated for completed households as a proportion of completed, no competent respondent, refused, and dwelling not found. The eligible man response rate is calculated for completed interviews as a proportion of completed, not at home, postponed, refused, partially completed, incapacitated and "other". The overall response rate is the product of the household and man response rates.

[1]Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{C}{C + HP + R + DNF}$$

[2]Using the number of eligible men falling into specific response categories, the eligible man response rate (EMRR) is calculated as:

$$\frac{EMC}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO}$$

[3]The overall response rate (ORR) is calculated as:

$$ORR = HRR * EMRR$$

APPENDIX B

ESTIMATES OF SAMPLING ERRORS

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APPENDIX B

ESTIMATES OF SAMPLING ERRORS

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the ZDHS to minimise this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the ZDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the ZDHS sample is the result of a two-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the ZDHS is the ISSA Sampling Error Module. This module used the Taylor linearisation method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearisation method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$var(r) = \frac{1-f}{x^2} \sum_{h=1}^{H} \left[\frac{m_h}{m_h - 1} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - r.x_{hi} \ , \ and \ \ z_h = y_h - r.x_h$$

where h represents the stratum which varies from 1 to H,
m_h is the total number of enumeration areas selected in the hth stratum,
y_{hi} is the sum of the values of variable y in EA i in the hth stratum,
x_{hi} is the sum of the number of cases in EA i in the hth stratum, and
f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* clusters in the calculation of the estimates. Pseudo-independent replications are thus created. In the ZDHS, there were 230 non-empty clusters. Hence, 230 replications were created. The variance of a rate r is calculated as follows:

$$var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 230 clusters,
$r_{(i)}$ is the estimate computed from the reduced sample of 229 clusters (i^{th} cluster excluded), and
k is the total number of clusters.

In addition to the standard error, ISSA computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSA also computes the relative error and confidence limits for the estimates.

Sampling errors for the ZDHS are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for the country as a whole, for urban and rural areas. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Sampling errors for selected variables are shown for the 10 provinces. Tables B.2 to B.14 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to childbearing.

In general, the relative standard error for most estimates for the country as a whole is small, except for estimates of very small proportions. There are some differentials in the relative standard error for the estimates of subpopulations. For example, for the variable *with secondary education or higher*, the relative standard errors as a percent of the estimated mean for the whole country, for urban areas, and for Manicaland are 2.4 percent, 2.9 percent, and 7.4 percent, respectively.

The confidence interval (e.g., as calculated for *children ever born to women age 15-49*) can be interpreted as follows: the overall average from the national sample is 2.7 and its standard error is .04. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., 2.7±.04. There is a high probability (95 percent) that the *true* average number of children ever born to all women age 15 to 49 is between 2.6 and 2.8.

Table B.1 List of selected variables for sampling errors, Zimbabwe 1994

Variable	Description	Base population
	WOMEN	
Urban residence	Proportion	All women 15-49
No education	Proportion	All women 15-49
With secondary education or higher	Proportion	All women 15-49
Never married (in union)	Proportion	All women 15-49
Currently married (in union)	Proportion	All women 15-49
Married before age 20	Proportion	Women 20-49
Had first sexual intercourse before 18	Proportion	Women 20-49
Children ever born	Mean	All women 15-49
Children ever born to women over 40	Mean	Women age 40-49
Children surviving	Mean	All women 15-49
Knowing any contraceptive method	Proportion	Currently married women 15-49
Knowing any modern contraceptive method	Proportion	Currently married women 15-49
Ever used any contraceptive method	Proportion	Currently married women 15-49
Currently using any method	Proportion	Currently married women 15-49
Currently using a modern method	Proportion	Currently married women 15-49
Currently using pill	Proportion	Currently married women 15-49
Currently using IUD	Proportion	Currently married women 15-49
Currently using injectables	Proportion	Currently married women 15-49
Currently using condom	Proportion	Currently married women 15-49
Currently using female sterilisation	Proportion	Currently married women 15-49
Using public sector source	Proportion	Current users of modern method
Want no more children	Proportion	Currently married women 15-49
Want to delay at least 2 years	Proportion	Currently married women 15-49
Ideal number of children	Mean	All women 15-49
Mothers received tetanus injection	Proportion	Births in last 3 years
Mothers received medical care at birth	Proportion	Births in last 3 years
Had diarrhoea in the last 2 weeks	Proportion	Children 0-35 months
Treated with sugar-salt-water solution	Proportion	Children under 3 with diarrhoea in last 2 weeks
Sought medical treatment	Proportion	Children under 3 with diarrhoea in last 2 weeks
Having health card, seen	Proportion	Children 12-23 months
Received BCG vaccination	Proportion	Children 12-23 months
Received DPT vaccination (3 doses)	Proportion	Children 12-23 months
Received polio vaccination (3 doses)	Proportion	Children 12-23 months
Received measles vaccination	Proportion	Children 12-23 months
Fully immunised	Proportion	Children 12-23 months
Weight-for-height	Proportion	Children 0-35 months
Height-for-age	Proportion	Children 0-35 months
Weight-for-age	Proportion	Children 0-35 months
Total fertility rate (3 years)	Rate	Woman-years of exposure to childbearing
Neonatal mortality rate (0-4 years)	Rate	Number of births
Postneonatal mortality rate (0-4 years)	Rate	Number of births
Infant mortality rate (0-4 years)	Rate	Number of births
Child mortality rate (0-4 years)	Rate	Number of births
Under-five mortality rate (0-4 years)	Rate	Number of births
	MEN	
Urban residence	Proportion	All men 15-54
No education	Proportion	All men 15-54
With secondary education or higher	Proportion	All men 15-54
Never married (in union)	Proportion	All men 15-54
Currently married (in union)	Proportion	All men 15-54
Knowing any contraceptive method	Proportion	Currently married men 15-54
Knowing any modern contraceptive method	Proportion	Currently married men 15-54
Ever used any contraceptive method	Proportion	Currently married men 15-54
Currently using any method	Proportion	Currently married men 15-54
Currently using a modern method	Proportion	Currently married men 15-54
Currently using pill	Proportion	Currently married men 15-54
Currently using IUD	Proportion	Currently married men 15-54
Currently using injectables	Proportion	Currently married men 15-54
Currently using condom	Proportion	Currently married men 15-54
Currently using female sterilisation	Proportion	Currently married men 15-54
Want no more children	Proportion	Currently married men 15-54
Ideal number of children	Mean	All men 15-54

Table B.2.1 Sampling errors - National sample: women, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	.322	.009	6128	6128	1.514	.028	.304	.340
No education	.111	.008	6128	6128	1.974	.071	.095	.127
With secondary education or higher	.416	.010	6128	6128	1.609	.024	.395	.436
Never married (in union)	.269	.006	6128	6128	1.058	.022	.257	.281
Currently married (in union)	.618	.007	6128	6128	1.165	.012	.604	.633
Married before age 20	.591	.008	4642	4656	1.154	.014	.574	.607
Had first sexual intercourse before 18	.444	.008	4642	4656	1.149	.019	.427	.460
Children ever born	2.692	.041	6128	6128	1.171	.015	2.609	2.775
Children ever born to women over 40	6.290	.095	958	940	1.063	.015	6.100	6.480
Children surviving	2.439	.037	6128	6128	1.158	.015	2.365	2.513
Knowing any contraceptive method	.988	.002	3777	3788	1.132	.002	.984	.992
Knowing any modern method	.985	.003	3777	3788	1.367	.003	.979	.990
Ever used any contraceptive method	.797	.011	3777	3788	1.645	.014	.775	.818
Currently using any method	.481	.010	3777	3788	1.262	.021	.461	.502
Currently using a modern method	.422	.009	3777	3788	1.160	.022	.403	.440
Currently using pill	.331	.009	3777	3788	1.139	.026	.313	.348
Currently using IUD	.010	.002	3777	3788	1.153	.190	.006	.013
Currently using injectables	.032	.004	3777	3788	1.262	.113	.025	.039
Currently using condom	.023	.002	3777	3788	.961	.102	.018	.028
Currently using female sterilisation	.023	.003	3777	3788	1.104	.117	.018	.029
Currently using periodic abstinence	.001	.000	3777	3788	Und	.000	.001	.001
Currently using withdrawal	.042	.004	3777	3788	1.310	.102	.033	.050
Using public sector source	.851	.013	1861	1904	1.613	.016	.824	.878
Want no more children	.356	.009	3777	3788	1.167	.026	.337	.374
Want to delay at least 2 years	.358	.009	3777	3788	1.154	.025	.340	.376
Ideal number of children	4.330	.038	6080	6085	1.440	.009	4.255	4.406
Mothers received tetanus injection	.821	.011	2400	2328	1.345	.014	.798	.843
Mothers received medical care at birth	.692	.014	2400	2328	1.394	.020	.664	.720
Had diarrhoea in the last 2 weeks	.235	.010	2292	2221	1.068	.041	.215	.254
Treated with sugar-salt-water solution	.792	.017	523	521	.961	.022	.757	.826
Sought medical treatment	.297	.023	523	521	1.158	.078	.251	.344
Having health card, seen	.791	.017	709	691	1.105	.022	.756	.825
Received BCG vaccination	.957	.009	709	691	1.156	.009	.940	.975
Received DPT vaccination (3 doses)	.852	.015	709	691	1.108	.018	.822	.882
Received polio vaccination (3 doses)	.854	.015	709	691	1.142	.018	.824	.885
Received measles vaccination	.863	.015	709	691	1.135	.017	.833	.893
Fully immunised	.801	.017	709	691	1.110	.021	.767	.835
Weight-for-height	.058	.007	1907	1841	1.247	.118	.045	.072
Height-for-age	.233	.010	1907	1841	.965	.041	.214	.252
Weight-for-age	.169	.009	1907	1841	1.037	.054	.151	.188
Total fertility rate (3 years)	4.289	.109	NA	16949	1.244	.025	4.071	4.507
Neonatal mortality rate (0-4 years)	24.406	2.871	4187	4074	1.111	.118	18.664	3.147
Postneonatal mortality rate (0-4 years)	28.427	2.862	4195	4083	1.117	.101	22.704	34.151
Infant mortality rate (0-4 years)	52.833	4.026	4195	4083	1.110	.076	44.781	6.885
Child mortality rate (0-4 years)	25.615	2.617	4210	4094	1.031	.102	2.381	3.849
Under five mortality rate (0-4 years)	77.094	5.018	4218	4103	1.126	.065	67.059	87.130

NA = Not applicable
Und = Undefined

Table B.2.2 Sampling errors - National sample: men, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	.372	.015	2141	2141	1.455	.041	.342	.403
No education	.041	.006	2141	2141	1.304	.136	.030	.052
With secondary education or higher	.557	.015	2141	2141	1.428	.028	.527	.588
Never married (in union)	.469	.014	2141	2141	1.335	.031	.440	.498
Currently married (in union)	.485	.013	2141	2141	1.216	.027	.459	.511
Knowing any contraceptive method	.999	.001	1015	1038	1.026	.001	.997	1.000
Knowing any modern method	.997	.002	1015	1038	1.092	.002	.993	1.000
Ever used any contraceptive method	.927	.009	1015	1038	1.114	.010	.909	.945
Currently using any method	.604	.019	1015	1038	1.209	.031	.567	.641
Currently using a modern method	.545	.019	1015	1038	1.215	.035	.507	.583
Currently using pill	.425	.017	1015	1038	1.093	.040	.391	.459
Currently using IUD	.011	.004	1015	1038	1.131	.341	.003	.018
Currently using injectables	.030	.006	1015	1038	1.185	.210	.018	.043
Currently using condom	.062	.008	1015	1038	1.076	.131	.046	.079
Currently using female sterilisation	.014	.004	1015	1038	1.151	.308	.005	.022
Currently using periodic abstinence	.006	.003	1015	1038	1.160	.472	.000	.012
Currently using withdrawal	.030	.007	1015	1038	1.234	.221	.017	.043
Want no more children	.350	.019	1015	1038	1.291	.055	.311	.388
Ideal number of children	4.292	.067	2101	2105	1.225	.016	4.158	4.427

Table B.3.1 Sampling errors - Urban sample: women, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	1.000	.000	1745	1975	Und	.000	1.000	1.000
No education	.035	.006	1745	1975	1.273	.160	.024	.046
With secondary education or higher	.630	.018	1745	1975	1.587	.029	.594	.667
Never married (in union)	.313	.012	1745	1975	1.117	.040	.288	.338
Currently married (in union)	.564	.013	1745	1975	1.073	.023	.538	.589
Married before age 20	.501	.017	1341	1540	1.244	.034	.467	.535
Had first sexual intercourse before 18	.362	.016	1341	1540	1.202	.044	.330	.393
Children ever born	2.039	.062	1745	1975	1.186	.031	1.914	2.163
Children ever born to women over 40	4.739	.192	209	231	1.102	.041	4.354	5.123
Children surviving	1.903	.054	1745	1975	1.098	.028	1.795	2.010
Knowing any contraceptive method	.997	.002	959	1114	1.091	.002	.993	1.000
Knowing any modern method	.996	.002	959	1114	1.061	.002	.992	1.000
Ever used any contraceptive method	.845	.014	959	1114	1.156	.016	.818	.872
Currently using any method	.576	.017	959	1114	1.094	.030	.541	.611
Currently using a modern method	.539	.015	959	1114	.959	.029	.508	.569
Currently using pill	.420	.014	959	1114	.881	.033	.392	.448
Currently using IUD	.022	.006	959	1114	1.177	.255	.011	.033
Currently using injectables	.036	.007	959	1114	1.110	.186	.022	.049
Currently using condom	.029	.004	959	1114	.809	.152	.020	.037
Currently using female sterilisation	.025	.005	959	1114	1.069	.216	.014	.036
Currently using periodic abstinence	.002	.002	959	1114	1.082	.706	.000	.006
Currently using withdrawal	.026	.009	959	1114	1.669	.328	.009	.043
Using public sector source *	.775	.027	642	740	1.660	.035	.720	.830
Want no more children	.370	.013	959	1114	.859	.036	.344	.397
Want to delay at least 2 years	.332	.017	959	1114	1.112	.051	.298	.365
Ideal number of children	3.546	.051	1732	1959	1.401	.014	3.444	3.648
Mothers received tetanus injection	.837	.019	537	608	1.133	.023	.799	.875
Mothers received medical care at birth	.911	.016	537	608	1.293	.018	.878	.944
Had diarrhoea in the last 2 weeks	.179	.017	515	585	1.023	.096	.144	.213
Treated with sugar/salt/water solution	.818	.048	85	105	1.197	.059	.722	.914
Sought medical treatment	.267	.063	85	105	1.358	.234	.142	.392
Having health card: seen	.792	.033	187	215	1.133	.042	.726	.859
Received BCG vaccination	.966	.015	187	215	1.152	.016	.936	.997
Received DPT vaccination (3 doses)	.896	.023	187	215	1.054	.026	.850	.943
Received polio vaccination (3 doses)	.896	.024	187	215	1.068	.026	.849	.944
Received measles vaccination	.877	.026	187	215	1.077	.029	.825	.928
Fully immunised	.842	.024	187	215	.923	.029	.793	.891
Weight for height	.065	.019	424	479	1.564	.289	.027	.102
Height-for-age	.190	.021	424	479	1.068	.110	.148	.232
Weight-for-age	.135	.023	424	479	1.356	.167	.090	.180
Total fertility rate (3 years)	3.098	.147	NA	5601	1.080	.047	2.805	3.391
Neonatal mortality rate (0-9 years)	23.394	5.015	1795	2027	1.284	.214	13.364	33.424
Postneonatal mortality rate (0-9 years)	2.900	3.312	1797	2030	1.048	.158	14.276	27.525
Infant mortality rate (0-9 years)	44.294	6.240	1797	2030	1.240	.141	31.814	56.775
Child mortality rate (0-9 years)	19.539	3.686	1800	2034	1.021	.189	12.168	26.911
Under five mortality rate (0-9 years)	62.968	6.974	1802	2037	1.175	.111	49.020	76.916

NA = Not applicable
Und = Undefined

Table B.3.2 Sampling errors - Urban sample: men, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	1.000	.000	681	797	Und	.000	1.000	1.000
No education	.018	.006	681	797	1.140	.326	.006	.029
With secondary education or higher	.728	.023	681	797	1.351	.032	.682	.774
Never married (in union)	.396	.031	681	797	1.636	.077	.335	.458
Currently married (in union)	.567	.028	681	797	1.459	.049	.512	.622
Knowing any contraceptive method	1.000	.000	382	452	Und	.000	1.000	1.000
Knowing any modern method	1.000	.000	382	452	Und	.000	1.000	1.000
Ever used any contraceptive method	.940	.013	382	452	1.087	.014	.914	.966
Currently using any method	.699	.022	382	452	.954	.032	.654	.744
Currently using a modern method	.638	.028	382	452	1.143	.044	.582	.694
Currently using pill	.481	.025	382	452	.960	.051	.432	.530
Currently using IUD	.014	.007	382	452	1.106	.481	.001	.027
Currently using injectables	.033	.011	382	452	1.156	.321	.012	.054
Currently using condom	.080	.014	382	452	1.036	.180	.051	.109
Currently using female sterilisation	.024	.009	382	452	1.105	.359	.007	.042
Currently using periodic abstinence	.009	.006	382	452	1.184	.634	.000	.021
Currently using withdrawal	.033	.012	382	452	1.340	.373	.008	.057
Want no more children	.410	.032	382	452	1.270	.078	.346	.474
Ideal number of children	3.694	.086	671	789	1.075	.023	3.521	3.866

Und = Undefined

Table B.4.1 Sampling errors - Rural sample: women, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	.000	.000	4383	4153	Und	Und	.000	.000
No education	.148	.011	4383	4153	2.128	.077	.125	.171
With secondary education or higher	.314	.011	4383	4153	1.636	.037	.291	.337
Never married (in union)	.247	.007	4383	4153	1.021	.027	.234	.261
Currently married (in union)	.644	.009	4383	4153	1.229	.014	.626	.662
Married before age 20	.635	.009	3301	3117	1.103	.015	.616	.653
Had first sexual intercourse before 18	.484	.010	3301	3117	1.122	.020	.464	.503
Children ever born	3.002	.054	4383	4153	1.210	.018	2.894	3.110
Children ever born to women over 40	6.795	.099	749	709	1.018	.015	6.598	6.992
Children surviving	2.694	.048	4383	4153	1.206	.018	2.597	2.791
Knowing any contraceptive method	.985	.003	2818	2674	1.155	.003	.979	.990
Knowing any modern method	.980	.004	2818	2674	1.415	.004	.973	.988
Ever used any contraceptive method	.777	.014	2818	2674	1.780	.018	.749	.805
Currently using any method	.442	.012	2818	2674	1.298	.027	.418	.466
Currently using a modern method	.373	.011	2818	2674	1.233	.030	.350	.395
Currently using pill	.294	.011	2818	2674	1.255	.037	.272	.315
Currently using IUD	.005	.001	281[illegible]	2674	.914	.255	.002	.007
Currently using injectables	.030	.004	2818	2674	1.325	.142	.022	.039
Currently using condom	.021	.003	2818	2674	1.042	.136	.015	.026
Currently using female sterilisation	.022	.003	2818	2674	1.112	.138	.016	.029
Currently using periodic abstinence	.001	.000	2818	2674	Und	.000	.001	.001
Currently using withdrawal	.048	.005	2818	2674	1.230	.103	.038	.058
Using public sector source	.899	.013	1219	1164	1.452	.014	.874	.924
Want no more children	.349	.012	2818	2674	1.287	.033	.326	.373
Want to delay at least 2 years	.369	.011	2818	2674	1.160	.029	.348	.390
Ideal number of children	4.703	.049	4348	4126	1.490	.010	4.606	4.800
Mothers received tetanus injection	.815	.014	1863	1720	1.419	.017	.788	.842
Mothers received medical care at birth	.614	.017	1863	1720	1.390	.027	.581	.648
Had diarrhoea in the last 2 weeks	.255	.011	1777	1636	1.078	.045	.232	.277
Treated with sugar-salt-water solution	.785	.018	438	416	.898	.023	.749	.821
Sought medical treatment	.305	.025	438	416	1.108	.080	.256	.354
Having health card, seen	.790	.020	522	476	1.086	.025	.750	.829
Received BCG vaccination	.953	.011	522	476	1.155	.011	.931	.975
Received DPT vaccination (3 doses)	.831	.019	522	476	1.122	.023	.794	.869
Received polio vaccination (3 doses)	.835	.019	522	476	1.166	.023	.797	.874
Received measles vaccination	.857	.018	522	476	1.159	.021	.821	.893
Fully immunised	.782	.022	522	476	1.183	.028	.739	.826
Weight for height	.056	.007	1483	1361	1.065	.117	.043	.069
Height for age	.248	.011	1483	1361	.920	.043	.227	.269
Weight for age	.181	.010	1483	1361	.928	.053	.162	.201
Total fertility rate (3 years)	4.850	.115	NA	11348	1.218	.024	4.620	5.081
Neonatal mortality rate (0-9 years)	25.467	2.231	6481	6045	1.032	.088	21.004	29.929
Postneonatal mortality rate (0-9 years)	28.096	2.436	6487	6050	1.098	.087	23.224	32.968
Infant mortality rate (0-9 years)	53.563	3.634	6487	6050	1.158	.068	46.296	6.830
Child mortality rate (0-9 years)	28.233	2.392	6523	6088	1.063	.085	23.450	33.017
Under five mortality rate (0-9 years)	8.284	4.412	6529	6094	1.163	.055	71.459	89.109

NA = Not applicable
Und = Undefined

Table B.4.2 Sampling errors - Rural sample: men, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	.000	.000	1460	1344	Und	Und	.000	.000
No education	.055	.008	1460	1344	1.341	.146	.039	.071
With secondary education or higher	.456	.017	1460	1344	1.287	.037	.422	.489
Never married (in union)	.512	.015	1460	1344	1.110	.028	.483	.541
Currently married (in union)	.436	.014	1460	1344	1.041	.031	.409	.463
Knowing any contraceptive method	.998	.002	633	586	1.076	.002	.994	1.000
Knowing any modern method	.994	.004	633	586	1.148	.004	.987	1.000
Ever used any contraceptive method	.917	.012	633	586	1.124	.013	.893	.942
Currently using any method	.530	.027	633	586	1.353	.051	.476	.584
Currently using a modern method	.474	.025	633	586	1.271	.053	.423	.524
Currently using pill	.381	.023	633	586	1.200	.061	.335	.428
Currently using IUD	.008	.004	633	586	1.096	.473	.000	.016
Currently using injectables	.029	.008	633	586	1.186	.275	.013	.044
Currently using condom	.049	.009	633	586	1.085	.191	.030	.067
Currently using female sterilisation	.005	.003	633	586	1.046	.571	.000	.011
Currently using periodic abstinence	.004	.002	633	586	.904	.606	.000	.008
Currently using withdrawal	.027	.007	633	586	1.053	.249	.014	.041
Want no more children	.303	.023	633	586	1.263	.076	.257	.350
Ideal number of children	4.652	.085	1430	1316	1.198	.018	4.482	4.821

Und = Undefined

Table B.5 Sampling errors - Manicaland, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	.110	.013	550	839	1.003	.122	.083	.136
No education	.144	.036	550	839	2.396	.249	.073	.216
With secondary education or higher	.330	.024	550	839	1.212	.074	.281	.379
Never married (in union)	.253	.018	550	839	.947	.069	.218	.289
Currently married (in union)	.647	.022	550	839	1.081	.034	.603	.691
Married before age 20	.635	.025	404	616	1.022	.039	.586	.684
Had first sexual intercourse before 18	.423	.027	404	616	1.107	.064	.368	.477
Children ever born	2.854	.171	550	839	1.363	.060	2.512	3.196
Children ever born to women over 40	6.673	.293	93	142	1.166	.044	6.088	7.258
Children surviving	2.561	.156	550	839	1.384	.061	2.249	2.874
Knowing any contraceptive method	.969	.010	357	543	1.084	.010	.949	.989
Knowing any modern method	.958	.015	357	543	1.442	.016	.927	.989
Ever used any contraceptive method	.730	.056	357	543	2.372	.076	.619	.842
Currently using any method	.359	.039	357	543	1.535	.109	.281	.437
Currently using a modern method	.276	.029	357	543	1.215	.104	.218	.333
Currently using pill	.214	.021	357	543	.974	.099	.171	.256
Currently using IUD	.014	.005	357	543	.849	.372	.004	.025
Currently using injectables	.008	.006	357	543	1.307	.760	.000	.021
Currently using condom	.034	.010	357	543	1.068	.303	.013	.054
Currently using female sterilisation	.005	.004	357	543	1.011	.721	.000	.013
Currently using periodic abstinence	.000	.000	357	543	Und	Und	.000	.000
Currently using withdrawal	.067	.016	357	543	1.220	.242	.034	.099
Using public sector source	.853	.035	113	175	1.056	.041	.782	.924
Want no more children	.283	.032	357	543	1.341	.113	.219	.347
Want to delay at least 2 years	.411	.027	357	543	1.024	.065	.358	.465
Ideal number of children	5.037	.154	545	831	1.588	.031	4.730	5.345
Mothers received tetanus injection	.736	.047	202	307	1.420	.064	.642	.831
Mothers received medical care at birth	.525	.047	202	307	1.277	.089	.432	.618
Had diarrhoea in the last 2 weeks	.254	.032	186	282	.990	.126	.190	.318
Treated with sugar/salt/water solution	.615	.051	47	72	.689	.082	.513	.716
Sought medical treatment	.130	.050	47	72	1.012	.383	.030	.230
Having health card, seen	.840	.035	55	84	.708	.042	.770	.910
Received BCG vaccination	.929	.035	55	84	1.018	.038	.858	1.000
Received DPT vaccination (3 doses)	.805	.068	55	84	1.274	.085	.668	.941
Received polio vaccination (3 doses)	.805	.068	55	84	1.274	.085	.668	.941
Received measles vaccination	.836	.049	55	84	.971	.058	.738	.933
Fully immunised	.764	.069	55	84	1.205	.091	.626	.903
Weight for height	.070	.022	145	219	.972	.321	.025	.115
Height for age	.218	.030	145	219	.877	.140	.157	.278
Weight for age	.145	.033	145	219	1.078	.227	.079	.210

Und = Undefined

Table B.6 Sampling errors - Mashonaland Central, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	.038	.003	627	510	.376	.076	.032	.044
No education	.230	.026	627	510	1.547	.113	.178	.282
With secondary education or higher	.277	.025	627	510	1.375	.089	.228	.326
Never married (in union)	.203	.016	627	510	1.003	.079	.171	.235
Currently married (in union)	.671	.016	627	510	.850	.024	.639	.703
Married before age 20	.681	.023	469	385	1.053	.033	.636	.726
Had first sexual intercourse before 18	.439	.027	469	385	1.162	.061	.385	.492
Children ever born	2.887	.130	627	510	1.126	.045	2.627	3.147
Children ever born to women over 40	6.680	.266	110	92	1.121	.040	6.148	7.213
Children surviving	2.511	.096	627	510	.988	.038	2.318	2.703
Knowing any contraceptive method	.995	.002	417	342	.697	.002	.990	1.000
Knowing any modern method	.992	.003	417	342	.810	.003	.986	.999
Ever used any contraceptive method	.800	.027	417	342	1.391	.034	.745	.854
Currently using any method	.485	.038	417	342	1.532	.077	.409	.560
Currently using a modern method	.423	.042	417	342	1.719	.098	.340	.507
Currently using pill	.365	.039	417	342	1.662	.108	.286	.443
Currently using IUD	.003	.002	417	342	1.010	.986	.000	.007
Currently using injectables	.015	.008	417	342	1.309	.528	.000	.030
Currently using condom	.018	.008	417	342	1.228	.450	.002	.033
Currently using female sterilisation	.024	.007	417	342	.977	.308	.009	.038
Currently using periodic abstinence	.001	.000	417	342	Und	.000	.001	.001
Currently using withdrawal	.043	.012	417	342	1.231	.286	.018	.067
Using public sector source	.922	.022	201	160	1.187	.024	.877	.967
Want no more children	.290	.015	417	342	.677	.052	.260	.320
Want to delay at least 2 years	.376	.022	417	342	.927	.059	.331	.420
Ideal number of children	4.900	.093	627	510	1.052	.019	4.713	5.086
Mothers received tetanus injection	.805	.028	243	202	1.054	.035	.749	.861
Mothers received medical care at birth	.535	.037	243	202	1.098	.069	.462	.609
Had diarrhoea in the last 2 weeks	.274	.018	233	192	.615	.066	.238	.310
Treated with sugar-salt-water solution	.804	.033	63	53	.665	.041	.738	.870
Sought medical treatment	.311	.063	63	53	1.084	.202	.185	.436
Having health card, seen	.837	.047	71	57	1.053	.056	.744	.930
Received BCG vaccination	.955	.023	71	57	.908	.024	.909	1.000
Received DPT vaccination (3 doses)	.894	.023	71	57	.621	.026	.848	.940
Received polio vaccination (3 doses)	.879	.026	71	57	.674	.030	.826	.932
Received measles vaccination	.864	.037	71	57	.904	.043	.790	.935
Fully immunised	.834	.037	71	57	.826	.044	.760	.907
Weight-for-height	.056	.012	203	169	.769	.220	.031	.081
Height-for-age	.294	.031	203	169	1.003	.107	.231	.357
Weight-for-age	.204	.020	203	169	.697	.099	.163	.244

Und = Undefined

Table B.7 Sampling errors - Mashonaland East, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	.047	.003	580	579	.350	.066	.041	.053
No education	.104	.027	580	579	2.151	.262	.050	.159
With secondary education or higher	.387	.031	580	579	1.547	.081	.324	.450
Never married (in union)	.254	.016	580	579	.884	.063	.222	.286
Currently married (in union)	.651	.019	580	579	.965	.029	.613	.689
Married before age 20	.685	.022	439	438	.989	.032	.641	.729
Had first sexual intercourse before 18	.475	.032	439	438	1.338	.067	.411	.539
Children ever born	2.978	.108	580	579	.896	.036	2.763	3.193
Children ever born to women over 40	6.568	.186	100	100	.752	.028	6.196	6.940
Children surviving	2.708	.092	580	579	.841	.034	2.524	2.891
Knowing any contraceptive method	.986	.006	378	377	1.015	.006	.974	.999
Knowing any modern method	.984	.006	378	377	.980	.006	.971	.997
Ever used any contraceptive method	.843	.022	378	377	1.154	.026	.800	.886
Currently using any method	.523	.017	378	377	.675	.033	.488	.558
Currently using a modern method	.474	.019	378	377	.733	.040	.437	.512
Currently using pill	.371	.030	378	377	1.192	.080	.312	.431
Currently using IUD	.003	.003	378	377	.981	.969	.000	.008
Currently using injectables	.042	.013	378	377	1.229	.301	.017	.068
Currently using condom	.023	.007	378	377	.838	.278	.010	.037
Currently using female sterilisation	.029	.012	378	377	1.349	.403	.006	.052
Currently using periodic abstinence	.003	.003	378	377	1.014	1.002	.000	.008
Currently using withdrawal	.035	.010	378	377	1.071	.289	.015	.056
Using public sector source	.924	.021	198	197	1.103	.023	.882	.966
Want no more children	.416	.032	378	377	1.250	.076	.352	.479
Want to delay at least 2 years	.381	.026	378	377	1.042	.068	.329	.433
Ideal number of children	4.543	.152	579	578	1.840	.033	4.239	4.847
Mothers received tetanus injection	.837	.040	241	240	1.589	.047	.757	.916
Mothers received medical care at birth	.733	.039	241	240	1.282	.053	.655	.811
Had diarrhoea in the last 2 weeks	.190	.021	230	230	.813	.110	.148	.232
Treated with sugar-salt-water solution	.930	.039	43	44	1.013	.042	.851	1.000
Sought medical treatment	.461	.062	43	44	.823	.135	.337	.585
Having health card, seen	.768	.054	64	63	1.004	.070	.660	.875
Received BCG vaccination	.919	.027	64	63	.778	.029	.865	.972
Received DPT vaccination (3 doses)	.870	.046	64	63	1.094	.053	.777	.963
Received polio vaccination (3 doses)	.854	.039	64	63	.886	.046	.775	.933
Received measles vaccination	.892	.032	64	63	.821	.036	.828	.956
Fully immunised	.827	.044	64	63	.918	.053	.739	.915
Weight-for-height	.021	.017	194	194	1.622	.795	.000	.055
Height-for-age	.239	.027	194	194	.840	.114	.185	.293
Weight-for-age	.127	.015	194	194	.614	.116	.097	.156

Table B 8 Sampling errors - Mashonaland West, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	.217	.030	589	631	1.754	.137	.158	.277
No education	.169	.028	589	631	1.786	.163	.114	.224
With secondary education or higher	.306	.035	589	631	1.829	.114	.236	.375
Never married (in union)	.186	.014	589	631	.892	.077	.158	.215
Currently married (in union)	.679	.015	589	631	.775	.022	.649	.709
Married before age 20	.729	.028	455	488	1.351	.039	.673	.786
Had first sexual intercourse before 18	.571	.037	455	489	1.576	.064	.497	.644
Children ever born	2.886	.135	589	631	1.196	.047	2.617	3.156
Children ever born to women over 40	6.517	.255	89	95	.973	.039	6.007	7.027
Children surviving	2.558	.116	589	631	1.154	.045	2.326	2.790
Knowing any contraceptive method	.995	.005	400	429	1.399	.005	.985	1.000
Knowing any modern method	.990	.006	400	429	1.177	.006	.978	1.000
Ever used any contraceptive method	.806	.022	400	429	1.131	.028	.761	.850
Currently using any method	.491	.026	400	429	1.053	.054	.438	.544
Currently using a modern method	.446	.026	400	429	1.036	.058	.395	.498
Currently using pill	.396	.020	400	429	.819	.051	.356	.436
Currently using IUD	.000	.000	400	429	Und	Und	.000	.000
Currently using injectables	.028	.013	400	429	1.593	.473	.001	.054
Currently using condom	.018	.004	400	429	.557	.208	.010	.025
Currently using female sterilisation	.005	.004	400	429	1.002	.713	.000	.012
Currently using periodic abstinence	.000	.000	400	429	Und	Und	.000	.000
Currently using withdrawal	.027	.009	400	429	1.087	.325	.010	.045
Using public sector source	.853	.046	211	227	1.866	.053	.762	.944
Want no more children	.287	.022	400	429	.966	.076	.244	.331
Want to delay at least 2 years	.424	.033	400	429	1.330	.078	.358	.490
Ideal number of children	4.458	.114	585	627	1.414	.025	4.231	4.686
Mothers received tetanus injection	.855	.036	256	274	1.564	.043	.782	.928
Mothers received medical care at birth	.545	.046	256	274	1.381	.085	.453	.638
Had diarrhoea in the last 2 weeks	.271	.039	239	255	1.332	.144	.193	.350
Treated with sugar salt-water solution	.816	.047	65	69	.969	.058	.722	.910
Sought medical treatment	.215	.057	65	69	1.107	.265	.101	.328
Having health card, seen	.804	.050	76	81	1.078	.062	.704	.903
Received BCG vaccination	.947	.041	76	81	1.587	.043	.865	1.000
Received DPT vaccination (3 doses)	.855	.038	76	81	.933	.044	.780	.931
Received polio vaccination (3 doses)	.868	.043	76	81	1.103	.050	.782	.954
Received measles vaccination	.908	.035	76	81	1.059	.039	.838	.979
Fully immunised	.855	.038	76	81	.933	.044	.780	.931
Weight for height	.076	.030	201	215	1.601	.394	.016	.135
Height for age	.249	.030	201	215	.991	.122	.188	.309
Weight for age	.219	.017	201	215	.592	.079	.184	.254

Und = Undefined

Table B.9 Sampling errors - Matabeleland North, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	.093	.029	681	366	2.593	.311	.035	.151
No education	.162	.025	681	366	1.745	.152	.113	.212
With secondary education or higher	.281	.030	681	366	1.713	.105	.222	.340
Never married (in union)	.266	.026	681	366	1.509	.096	.215	.318
Currently married (in union)	.653	.031	681	366	1.711	.048	.591	.716
Married before age 20	.564	.036	511	275	1.629	.063	.493	.636
Had first sexual intercourse before 18	.590	.016	511	275	.750	.028	.557	.623
Children ever born	2.995	.101	681	366	.928	.034	2.793	3.196
Children ever born to women over 40	6.266	.273	108	58	.976	.044	5.720	6.813
Children surviving	2.723	.100	681	366	.999	.037	2.524	2.923
Knowing any contraceptive method	.964	.010	445	239	1.125	.010	.945	.984
Knowing any modern method	.958	.011	445	239	1.171	.012	.935	.980
Ever used any contraceptive method	.660	.025	445	239	1.119	.038	.610	.710
Currently using any method	.336	.027	445	239	1.198	.080	.282	.390
Currently using a modern method	.285	.024	445	239	1.109	.083	.237	.332
Currently using pill	.214	.025	445	239	1.307	.119	.163	.265
Currently using IUD	.004	.003	445	239	1.005	.713	.000	.011
Currently using injectables	.030	.013	445	239	1.558	.421	.005	.055
Currently using condom	.020	.007	445	239	1.048	.346	.006	.034
Currently using female sterilisation	.014	.005	445	239	.968	.388	.003	.025
Currently using periodic abstinence	.000	.000	445	239	Und	Und	.000	.000
Currently using withdrawal	.025	.005	445	239	.695	.207	.014	.035
Using public sector source	.811	.068	153	83	2.132	.084	.675	.946
Want no more children	.416	.021	445	239	.890	.050	.375	.458
Want to delay at least 2 years	.325	.020	445	239	.920	.063	.284	.366
Ideal number of children	4.442	.108	660	355	1.300	.024	4.225	4.658
Mothers received tetanus injection	.854	.016	342	183	.836	.019	.821	.887
Mothers received medical care at birth	.560	.063	342	183	2.224	.112	.434	.685
Had diarrhoea in the last 2 weeks	.249	.026	324	173	1.100	.105	.197	.302
Treated with sugar-salt water solution	.729	.047	81	43	.954	.065	.634	.823
Sought medical treatment	.285	.042	81	43	.832	.147	.201	.369
Having health card seen	.801	.061	95	51	1.467	.076	.680	.922
Received BCG vaccination	1.000	.000	95	51	Und	.000	1.000	1.000
Received DPT vaccination (3 doses)	.874	.034	95	51	1.006	.039	.805	.943
Received polio vaccination (3 doses)	.864	.047	95	51	1.320	.054	.770	.957
Received measles vaccination	.948	.020	95	51	.869	.021	.908	.987
Fully immunised	.822	.035	95	51	.882	.042	.752	.891
Weight-for-height	.105	.018	266	142	.973	.174	.068	.141
Height-for-age	.308	.035	266	142	1.235	.114	.238	.378
Weight-for-age	.262	.029	266	142	1.083	.110	.205	.320

Und = Undefined

Table B.10 Sampling errors - Matabeleland South, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	.030	.007	587	305	.947	.223	.016	.043
No education	.085	.024	587	305	2.113	.286	.036	.134
With secondary education or higher	.367	.033	587	305	1.635	.089	.302	.432
Never married (in union)	.298	.028	587	305	1.459	.093	.242	.353
Currently married (in union)	.601	.023	587	305	1.135	.038	.555	.647
Married before age 20	.475	.024	456	236	1.033	.051	.427	.524
Had first sexual intercourse before 18	.606	.023	456	236	.985	.037	.561	.651
Children ever born	3.097	.178	587	305	1.447	.057	2.741	3.453
Children ever born to women over 40	7.043	.276	104	56	1.042	.039	6.491	7.595
Children surviving	2.847	.180	587	305	1.588	.063	2.487	3.206
Knowing any contraceptive method	.964	.013	350	183	1.321	.014	.938	.991
Knowing any modern method	.961	.015	350	183	1.434	.015	.932	.991
Ever used any contraceptive method	.650	.031	350	183	1.221	.048	.587	.712
Currently using any method	.339	.037	350	183	1.446	.108	.266	.412
Currently using a modern method	.294	.037	350	183	1.505	.125	.221	.368
Currently using pill	.205	.033	350	183	1.532	.162	.139	.271
Currently using IUD	.006	.004	350	183	.954	.661	.000	.014
Currently using injectables	.028	.007	350	183	.833	.263	.013	.043
Currently using condom	.011	.004	350	183	.711	.357	.003	.019
Currently using female sterilisation	.042	.016	350	183	1.481	.381	.010	.073
Currently using periodic abstinence	.003	.003	350	183	1.003	.985	.000	.009
Currently using withdrawal	.012	.004	350	183	.693	.338	.004	.020
Using public sector source	.943	.014	151	76	.721	.014	.916	.970
Want no more children	.437	.040	350	183	1.500	.091	.357	.517
Want to delay at least 2 years	.262	.025	350	183	1.073	.096	.212	.313
Ideal number of children	4.289	.139	582	302	1.712	.032	4.011	4.568
Mothers received tetanus injection	.834	.039	251	132	1.599	.046	.757	.911
Mothers received medical care at birth	.650	.055	251	132	1.761	.084	.541	.760
Had diarrhoea in the last 2 weeks	.119	.028	242	128	1.328	.238	.062	.175
Treated with sugar salt-water solution	.893	.054	28	15	.936	.060	.785	1.000
Sought medical treatment	.393	.074	28	15	.805	.189	.244	.542
Having health card, seen	.770	.061	79	42	1.365	.079	.647	.892
Received BCG vaccination	.974	.019	79	42	1.049	.019	.937	1.000
Received DPT vaccination (3 doses)	.844	.048	79	42	1.187	.057	.749	.940
Received polio vaccination (3 doses)	.844	.048	79	42	1.187	.057	.749	.940
Received measles vaccination	.883	.026	79	42	.732	.030	.831	.936
Fully immunised	.780	.045	79	42	.978	.058	.689	.870
Weight for height	.051	.013	202	107	.847	.253	.025	.076
Height for age	.289	.046	202	107	1.475	.160	.197	.382
Weight for age	.193	.034	202	107	1.208	.177	.124	.261

Table B.11 Sampling errors - Midlands, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	.220	.024	716	810	1.559	.110	.172	.269
No education	.095	.019	716	810	1.715	.198	.058	.133
With secondary education or higher	.440	.031	716	810	1.688	.071	.377	.503
Never married (in union)	.284	.018	716	810	1.045	.062	.249	.319
Currently married (in union)	.583	.023	716	810	1.235	.039	.538	.629
Married before age 20	.525	.024	554	627	1.120	.045	.478	.573
Had first sexual intercourse before 18	.413	.019	554	627	.902	.046	.375	.451
Children ever born	2.821	.134	716	810	1.237	.048	2.552	3.089
Children ever born to women over 40	6.716	.308	112	126	1.150	.046	6.100	7.332
Children surviving	2.569	.122	716	810	1.237	.047	2.325	2.813
Knowing any contraceptive method	.998	.002	420	472	.985	.002	.993	1.000
Knowing any modern method	.995	.003	420	472	.967	.003	.989	1.000
Ever used any contraceptive method	.906	.014	420	472	.967	.015	.879	.934
Currently using any method	.582	.027	420	472	1.118	.046	.528	.636
Currently using a modern method	.467	.025	420	472	1.030	.054	.416	.517
Currently using pill	.345	.031	420	472	1.319	.089	.284	.406
Currently using IUD	.005	.003	420	472	.965	.693	.000	.011
Currently using injectables	.048	.011	420	472	1.012	.221	.026	.069
Currently using condom	.032	.007	420	472	.813	.219	.018	.046
Currently using female sterilisation	.035	.007	420	472	.816	.209	.020	.050
Currently using periodic abstinence	.000	.000	420	472	Und	Und	.000	.000
Currently using withdrawal	.089	.017	420	472	1.189	.185	.056	.123
Using public sector source	.850	.027	250	283	1.205	.032	.795	.904
Want no more children	.369	.025	420	472	1.073	.069	.318	.419
Want to delay at least 2 years	.360	.025	420	472	1.084	.071	.309	.411
Ideal number of children	4.232	.086	714	808	1.187	.020	4.059	4.405
Mothers received tet nus injection	.831	.017	288	324	.722	.020	.797	.864
Mothers received medical care at birth	.748	.027	288	324	1.003	.036	.694	.802
Had diarrhoea in the last 2 weeks	.265	.033	275	309	1.204	.123	.200	.330
Treated with sugar salt-water solution	.835	.043	74	82	.985	.052	.749	.921
Sought medical treatment	.418	.075	74	82	1.287	.180	.267	.568
Having health card, seen	.766	.051	82	93	1.089	.066	.664	.867
Received BCG vaccination	.974	.018	82	93	1.024	.018	.938	1.000
Received DPT vaccination (3 doses)	.803	.050	82	93	1.150	.063	.702	.904
Received polio vaccination (3 doses)	.801	.050	82	93	1.135	.062	.701	.901
Received measles vaccination	.801	.056	82	93	1.267	.070	.689	.913
Fully immunised	.717	.062	82	93	1.252	.087	.592	.841
Weight-for-height	.078	.018	220	247	.971	.225	.043	.114
Height-for-age	.142	.018	220	247	.740	.127	.106	.178
Weight-for-age	.151	.022	220	247	.925	.148	.106	.195

Und = Undefined

Table B.12 Sampling errors - Masvingo, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	.064	.012	604	652	1.252	.195	.039	.089
No education	.124	.022	604	652	1.618	.175	.081	.168
With secondary education or higher	.303	.033	604	652	1.750	.108	.238	.369
Never married (in union)	.270	.012	604	652	.680	.046	.245	.294
Currently married (in union)	.603	.026	604	652	1.327	.044	.550	.656
Married before age 20	.646	.023	437	471	1.000	.035	.601	.692
Had first sexual intercourse before 18	.473	.021	437	471	.887	.045	.430	.515
Children ever born	2.929	.118	604	652	.957	.040	2.693	3.166
Children ever born to women over 40	6.809	.186	97	106	.570	.027	6.437	7.182
Children surviving	2.622	.107	604	652	.954	.041	2.409	2.835
Knowing any contraceptive method	.997	.003	363	393	1.004	.003	.992	1.000
Knowing any modern method	.997	.003	363	393	1.004	.003	.992	1.000
Ever used any contraceptive method	.761	.023	363	393	1.047	.031	.714	.808
Currently using any method	.420	.031	363	393	1.203	.074	.358	.483
Currently using a modern method	.376	.031	363	393	1.225	.083	.314	.438
Currently using pill	.280	.034	363	393	1.424	.120	.213	.347
Currently using IUD	.000	.000	363	393	Und	Und	.000	.000
Currently using injectables	.052	.015	363	393	1.250	.279	.023	.082
Currently using condom	.011	.003	363	393	.593	.301	.004	.017
Currently using female sterilisation	.033	.010	363	393	1.091	.311	.012	.053
Currently using periodic abstinence	.000	.000	363	393	Und	Und	.000	.000
Currently using withdrawal	.033	.007	363	393	.737	.210	.019	.047
Using public sector source	.971	.012	168	179	.921	.012	.946	.995
Want no more children	.376	.031	363	393	1.217	.082	.314	.438
Want to delay at least 2 years	.309	.031	363	393	1.259	.099	.248	.370
Ideal number of children	4.592	.101	603	650	1.124	.022	4.391	4.794
Mothers received tetanus injection	.852	.020	223	240	.769	.023	.813	.892
Mothers received medical care at birth	.777	.022	223	240	.762	.028	.733	.821
Had diarrhoea in the last 2 weeks	.300	.021	211	228	.670	.072	.257	.343
Treated with sugar-salt-water solution	.747	.053	63	68	.967	.071	.641	.853
Sought medical treatment	.317	.057	63	68	.982	.181	.202	.432
Having health card, seen	.745	.057	59	64	1.017	.077	.630	.860
Received BCG vaccination	.949	.023	59	64	.800	.024	.903	.995
Received DPT vaccination (3 doses)	.765	.042	59	64	.756	.054	.682	.848
Received polio vaccination (3 doses)	.799	.053	59	64	1.015	.066	.694	.905
Received measles vaccination	.731	.053	59	64	.924	.073	.625	.837
Fully immunised	.680	.055	59	64	.914	.081	.570	.791
Weight-for-height	.022	.007	182	196	.658	.322	.008	.037
Height-for-age	.261	.015	182	196	.471	.059	.230	.292
Weight-for-age	.162	.029	182	196	1.069	.180	.103	.220

Und = Undefined

Table B.13 Sampling errors - Harare, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	1.000	.000	608	1048	Und	.000	1.000	1.000
No education	.021	.007	608	1048	1.229	.337	.007	.036
With secondary education or higher	.668	.029	608	1048	1.526	.044	.609	.726
Never married (in union)	.309	.018	608	1048	.946	.057	.274	.345
Currently married (in union)	.590	.020	608	1048	.998	.034	.551	.630
Married before age 20	.508	.024	482	831	1.059	.047	.460	.557
Had first sexual intercourse before 18	.297	.018	482	831	.854	.060	.261	.332
Children ever born	1.962	.092	608	1048	1.066	.047	1.779	2.145
Children ever born to women over 40	4.554	.289	65	112	.999	.063	3.976	5.132
Children surviving	1.844	.075	608	1048	.937	.041	1.694	1.994
Knowing any contraceptive method	1.000	.000	.359	.619	Und	.000	1.000	1.000
Knowing any modern method	1.000	.000	.359	.619	Und	.000	1.000	1.000
Ever used any contraceptive method	.858	.022	.359	.619	1.182	.025	.814	.902
Currently using any method	.616	.024	.359	.619	.950	.040	.567	.664
Currently using a modern method	.577	.023	.359	.619	.869	.039	.531	.622
Currently using pill	.457	.018	.359	.619	.674	.039	.421	.492
Currently using IUD	.022	.009	.359	.619	1.123	.393	.005	.040
Currently using injectables	.036	.010	.359	.619	.999	.273	.016	.056
Currently using condom	.028	.006	.359	.619	.717	.224	.015	.040
Currently using female sterilisation	.025	.008	.359	.619	1.010	.333	.008	.042
Currently using periodic abstinence	.003	.003	.359	.619	1.032	1.032	.000	.009
Currently using withdrawal	.025	.014	.359	.619	1.706	.562	.000	.053
Using public sector source	.742	.046	.233	.402	1.588	.061	.651	.834
Want no more children	.370	.020	.359	.619	.786	.054	.330	.411
Want to delay at least 2 years	.357	.025	.359	.619	.984	.070	.307	.406
Ideal number of children	3.566	.083	.602	1038	1.324	.023	3.401	3.732
Mothers received tetanus injection	.822	.031	.180	.310	1.063	.038	.760	.885
Mothers received medical care at birth	.933	.023	.180	.310	1.213	.024	.888	.979
Had diarrhoea in the last 2 weeks	.190	.027	.179	.309	.908	.141	.137	.243
Treated with sugar-salt water solution	.853	.063	.34	.59	1.042	.074	.726	.980
Sought medical treatment	.265	.088	.34	.59	1.164	.333	.088	.441
Having health card, seen	.791	.050	.67	.115	.994	.063	.692	.890
Received BCG vaccination	.970	.022	.67	.115	1.057	.023	.926	1.000
Received DPT vaccination (3 doses)	.925	.027	.67	.115	.848	.029	.871	.980
Received polio vaccination (3 doses)	.925	.027	.67	.115	.848	.029	.871	.980
Received measles vaccination	.896	.037	.67	.115	.992	.042	.821	.970
Fully immunised	.881	.033	.67	.115	.837	.038	.814	.947
Weight-for-height	.061	.027	.147	.253	1.367	.442	.007	.115
Height-for-age	.224	.035	.147	.253	1.002	.157	.154	.295
Weight-for-age	.156	.037	.147	.253	1.221	.235	.083	.230

Und = Undefined

Table B.14 Sampling errors - Bulawayo, Zimbabwe 1994

Variable	Value (R)	Standard error (SE)	Number of cases Unweighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
Urban residence	1.000	.000	586	388	Und	.000	1.000	1.000
No education	.029	.006	586	388	.841	.201	.017	.041
With secondary education or higher	.626	.022	586	388	1.077	.034	.583	.669
Never married (in union)	.377	.023	586	388	1.145	.061	.331	.423
Currently married (in union)	.491	.019	586	388	.932	.039	.453	.530
Married before age 20	.402	.025	435	288	1.066	.062	.352	.452
Had first sexual intercourse before 18	.402	.032	435	288	1.330	.078	.339	.465
Children ever born	2.039	.073	586	388	.815	.036	1.893	2.185
Children ever born to women over 40	4.512	.243	80	53	.800	.054	4.026	4.999
Children surviving	1.927	.065	586	388	.770	.034	1.797	2.056
Knowing any contraceptive method	.993	.005	288	191	1.002	.005	.983	1.000
Knowing any modern method	.993	.005	288	191	1.002	.005	.983	1.000
Ever used any contraceptive method	.788	.025	288	191	1.032	.032	.738	.838
Currently using any method	.479	.031	288	191	1.050	.065	.417	.541
Currently using a modern method	.448	.032	288	191	1.096	.072	.384	.512
Currently using pill	.306	.032	288	191	1.161	.103	.242	.369
Currently using IUD	.045	.011	288	191	.912	.248	.023	.068
Currently using injectables	.028	.010	288	191	1.022	.357	.008	.048
Currently using condom	.014	.005	288	191	.667	.332	.005	.023
Currently using female sterilisation	.042	.013	288	191	1.082	.306	.016	.067
Currently using periodic abstinence	.003	.004	288	191	1.012	1.012	.000	.011
Currently using withdrawal	.021	.007	288	191	.818	.331	.007	.035
Using public sector source	.787	.037	183	121	1.211	.047	.713	.860
Want no more children	.438	.023	288	191	.792	.053	.391	.484
Want to delay at least 2 years	.212	.028	288	191	1.142	.130	.157	.267
Ideal number of children	3.280	.073	583	386	1.220	.022	3.133	3.426
Mothers received tetanus injection	.793	.040	174	115	1.228	.050	.714	.873
Mothers received medical care at birth	.943	.023	174	115	1.182	.024	.897	.988
Had diarrhoea in the last 2 weeks	.145	.027	173	115	.996	.185	.091	.198
Treated with sugar-salt-water solution	.880	.065	25	17	1.005	.074	.749	1.000
Sought medical treatment	.280	.123	25	17	1.367	.439	.034	.526
Having health card, seen	.770	.076	61	40	1.413	.099	.618	.923
Received BCG vaccination	.967	.022	61	40	.943	.022	.924	1.000
Received DPT vaccination (3 doses)	.869	.055	61	40	1.267	.063	.759	.978
Received polio vaccination (3 doses)	.902	.050	61	40	1.312	.056	.802	1.000
Received measles vaccination	.918	.033	61	40	.935	.036	.852	.984
Fully immunised	.836	.058	61	40	1.217	.069	.721	.952
Weight-for-height	.027	.013	147	97	1.007	.494	.000	.054
Height-for-age	.136	.033	147	97	1.174	.246	.069	.203
Weight-for-age	.075	.016	147	97	.761	.220	.042	.108

Und = Undefined

APPENDIX C

DATA QUALITY TABULATIONS

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Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Zimbabwe 1994

	Males		Females			Males		Females	
Age	Number	Percent	Number	Percent	Age	Number	Percent	Number	Percent
<1	399	2.9	403	2.8	37	90	0.7	115	0.8
1	343	2.5	367	2.6	38	103	0.8	146	1.0
2	400	2.9	427	3.0	39	104	0.8	118	0.8
3	441	3.2	390	2.7	40	111	0.8	140	1.0
4	424	3.1	418	2.9	41	84	0.6	98	0.7
5	463	3.4	421	3.0	42	131	1.0	123	0.9
6	413	3.0	404	2.8	43	71	0.5	77	0.5
7	450	3.3	458	3.2	44	65	0.5	86	0.6
8	478	3.5	476	3.3	45	89	0.7	99	0.7
9	437	3.2	454	3.2	46	59	0.4	100	0.7
10	467	3.4	481	3.4	47	93	0.7	92	0.6
11	465	3.4	433	3.0	48	59	0.4	67	0.5
12	481	3.5	457	3.2	49	72	0.5	66	0.5
13	410	3.0	459	3.2	50	72	0.5	76	0.5
14	406	3.0	344	2.4	51	56	0.4	80	0.6
15	353	2.6	313	2.2	52	83	0.6	85	0.6
16	347	2.5	322	2.3	53	56	0.4	59	0.4
17	338	2.5	314	2.2	54	74	0.5	102	0.7
18	337	2.5	319	2.2	55	63	0.5	95	0.7
19	287	2.1	274	1.9	56	71	0.5	55	0.4
20	287	2.1	324	2.3	57	50	0.4	42	0.3
21	228	1.7	279	2.0	58	54	0.4	49	0.3
22	232	1.7	274	1.9	59	48	0.4	40	0.3
23	173	1.3	222	1.6	60	82	0.6	85	0.6
24	225	1.6	245	1.7	61	27	0.2	30	0.2
25	209	1.5	229	1.6	62	74	0.5	54	0.4
26	170	1.2	215	1.5	63	36	0.3	34	0.2
27	154	1.1	169	1.2	64	60	0.4	64	0.4
28	163	1.2	173	1.2	65	66	0.5	43	0.3
29	137	1.0	158	1.1	66	39	0.3	38	0.3
30	176	1.3	244	1.7	67	26	0.2	27	0.2
31	118	0.9	144	1.0	68	33	0.2	20	0.1
32	177	1.3	210	1.5	69	25	0.2	30	0.2
33	93	0.7	127	0.9	70+	342	2.5	357	2.5
34	137	1.0	173	1.2	Don't know/				
35	146	1.1	150	1.1	Missing	8	0.1	3	0.0
36	118	0.9	156	1.1					
					Total	13,661	100.0	14,223	100.0

Note: The de facto population includes all residents and nonresidents who slept in the household the night before the interview.

Table C.2 Age distribution of eligible and interviewed women

Percent distribution of the de facto household population of women age 10-54 and of interviewed women age 15-49, and the percentage of eligible women who were interviewed (weighted) by five-year age groups, Zimbabwe 1994

Age	Household population of women		Interviewed women		Percent interviewed (weighted)
	Number	Percent	Number	Percent	
10-14	2,174	-	-	-	-
15-19	1,541	24.2	1,458	24.0	94.6
20-24	1,344	21.1	1,288	21.2	95.9
25-29	944	14.8	910	15.0	96.4
30-34	899	14.1	871	14.3	96.8
35-39	684	10.8	653	10.7	95.4
40-44	524	8.2	508	8.3	96.9
45-49	424	6.7	399	6.6	94.1
50-54	401	-	-	-	-
15-49	6,362	-	6,087	-	95.7

Note: The de facto population includes all residents and nonresidents who slept in the household the night before interview.

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Zimbabwe 1994

Subject	Reference group	Percentage missing information	Number of cases
Birth date	Births in last 15 years		
Month only		0.3	11,668
Month and year		0.0	11,668
Age at death	Deaths to births in last 15 years	0.5	908
Age/date at first union[1]	Ever-married women	0.7	4,482
Respondent's education	All women	0.1	6,128
Child's size at birth	Births in last 35 months	7.4	1,750
Anthropometry[2]	Living children age 0-35 months		
Height missing		6.4	2,221
Weight missing		6.3	2,221
Height or weight missing		6.5	2,221
Diarrhoea in last 2 weeks	Living children age 0-35 months	3.3	2,221

[1] Both year and age missing
[2] Child not measured

Table C.4 Births by calendar years

Distribution of births by Western calendar years for living (L), dead (D), and all (T) children, according to reporting completeness, sex ratio at birth, and ratio of births by calendar year, Zimbabwe 1994

	Number of births			Percentage with complete birth date[1]			Sex ratio at birth[2]			Calendar ratio[3]			Male			Female		
Year	L	D	T	L	D	T	L	D	T	L	D	T	L	D	T	L	D	T
94	587	28	616	100.0	100.0	100.0	91.7	58.3	89.9	-	-	-	281	10	291	306	18	324
93	725	33	758	100.0	100.0	100.0	94.8	126.2	96.0	110.5	68.1	107.6	353	19	371	372	15	387
92	725	69	794	100.0	99.0	99.9	94.6	194.9	100.5	98.7	165.2	102.3	352	46	398	373	23	396
91	744	51	795	100.0	100.0	100.0	101.2	93.2	100.7	100.8	72.7	98.4	374	24	399	370	26	396
90	751	70	821	100.0	100.0	100.0	100.6	116.7	101.8	99.7	119.1	101.1	377	38	414	375	32	407
89	762	67	829	100.0	100.0	100.0	111.2	104.9	110.7	103.4	112.0	104.0	401	34	436	361	33	394
88	723	50	773	99.5	97.8	99.4	97.5	112.8	98.4	92.9	78.6	91.9	357	26	383	366	23	390
87	795	59	854	99.9	99.1	99.8	98.5	156.4	101.7	107.5	113.3	107.8	394	36	430	400	23	423
86	755	55	810	99.6	94.4	99.2	103.7	157.9	106.6	101.2	94.1	100.7	385	34	418	371	21	392
85	698	57	755	99.4	100.0	99.4	99.0	93.7	98.6	-	-	-	347	28	375	351	30	380
90-94	3,533	252	3,784	100.0	99.7	100.0	96.8	119.5	98.1	-	-	-	1,737	137	1,874	1,796	115	1,910
85-89	3,734	288	4,022	99.7	98.4	99.6	101.9	121.6	103.2	-	-	-	1,885	158	2,043	1,849	130	1,979
80-84	3,382	363	3,745	99.7	97.8	99.5	102.4	107.8	102.9	-	-	-	1,711	188	1,899	1,671	175	1,846
75-79	2,237	314	2,552	99.5	97.6	99.3	107.7	121.5	109.3		-	-	1,160	173	1,332	1,077	142	1,219
< 75	2,060	332	2,392	99.1	96.7	98.8	104.2	123.6	106.7	-	-	-	1,051	184	1,235	1,009	148	1,158
All	14,946	1,548	16,495	99.7	98.0	99.5	101.9	118.3	103.3	-	-	-	7,544	839	8,383	7,402	709	8,112

NA = Not applicable

[1]Both year and month of birth given

[2]$(B_m/B_f)*100$, where B_m and B_f are the numbers of male and female births, respectively

[3]$[2B_x/(B_{x-1}+B_{x+1})]*100$, where B_x is the number of births in calendar year x

Table C.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods preceding the survey, Zimbabwe 1994

Age at death (in days)	Number of years preceding the survey				Total
	0-4	5-9	10-14	15-19	0-19
<1	24	30	31	21	106
1	14	17	20	11	63
2	9	3	5	8	25
3	6	5	5	7	23
4	3	2	1	3	9
5	3	2	3	2	10
6	7	3	2	3	15
7	11	12	6	11	40
8	0	1	1	1	3
9	0	0	1	0	1
10	1	1	1	0	4
11	0	0	0	1	1
12	1	0	0	0	1
13	0	0	0	0	0
14	6	11	9	7	33
15	1	2	0	0	3
16	0	0	0	0	0
17	1	0	0	0	1
18	0	0	0	0	0
19	0	0	0	0	0
20	0	3	0	0	3
21	4	5	7	2	19
22	0	0	1	0	1
23	0	0	0	0	0
24	0	1	0	1	2
25	0	1	0	0	1
26	1	0	1	0	2
27	0	0	0	0	0
28	1	1	0	0	2
29	0	0	0	1	1
30	0	0	0	3	3
31+	1	0	0	0	1
Total 0-30	94	98	95	82	370
Percent early neonatal[1]	71.0	62.1	72.1	66.6	67.9

[1](0-6 days/0-30 days) * 100

Table C.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at ages under one month, for five-year periods preceding the survey, Zimbabwe 1994

Age at death (in months)	Number of years preceding the survey				Total
	0-4	5-9	10-14	15-19	0-19
<1[a]	94	98	95	82	370
1	9	9	13	9	39
2	13	9	9	3	35
3	20	21	13	11	64
4	13	4	11	3	30
5	3	3	8	7	22
6	9	8	17	9	43
7	9	6	9	5	30
8	9	11	6	11	38
9	5	11	20	9	46
10	6	5	5	3	20
11	7	6	7	4	24
12	10	10	14	12	46
13	5	6	2	6	19
14	1	1	4	2	8
15	0	5	7	6	18
16	1	1	0	1	2
17	3	1	0	4	8
18	8	9	13	11	41
19	4	0	1	5	9
20	1	2	7	3	12
21	2	2	2	3	9
22	3	2	2	1	8
23	4	4	0	2	10
24+	1	2	2	0	5
1 year	6	2	8	4	21
Total 0-11	198	191	213	157	760
Percent neonatal[b]	47.6	51.4	44.5	52.5	48.7

[a]Includes deaths under 1 month reported in days
[b](Under 1 month/under 1 year) * 100

APPENDIX D

WORLD SUMMIT FOR CHILDREN INDICATORS

Table D.1 World Summit for Children Indicators: Zimbabwe 1994

	BASIC INDICATORS	Value
Infant mortality	Infant mortality rate	53 per 1,000
	Under-five mortality rate	77 per 1,000
Maternal mortality	Maternal mortality ratio	283 per 100,000
Childhood undernutrition	Percent stunted	21.4
	Percent wasted	5.5
	Percent underweight	15.5
Clean water supply	Percent of households within 15 minutes of a safe water supply	56.1
Sanitary excreta disposal	Percent of households with flush toilets or VIP latrines	52.4
Basic education	Percent of women 15-49 with completed primary education	63.0
	Percent of men 15-49 with completed primary education	73.5
	Percent of girls 6-12 attending school	83.8
	Percent of boys 6-12 attending school	83.7
	Percent of women 15-49 who are literate	85.7
Children in especially difficult situations	Percent of children who are orphans (both parents dead)	0.7
	Percent of children who do not live with their natural mother	23.8
	Percent of children who live in single adult households	12.8
	SUPPORTING INDICATORS	
Women's Health		
Birth spacing	Percent of births within 24 months of a previous birth	12.0
Safe motherhood	Percent of births with medical prenatal care	93.1
	Percent of births with prenatal care in first trimester	25.5
	Percent of births with medical assistance at delivery	69.4
	Percent of births in a medical facility	69.1
	Percent of births at high risk	44.3
Family planning	Contraceptive prevalence rate (any method, married women)	48.1
	Percent of currently married women with an unmet demand for family planning	14.9
	Percent of currently married women with an unmet need for family planning to avoid a high-risk birth	10.7
Nutrition		
Maternal nutrition	Percent of mothers with low BMI	5.1
Low birth weight	Percent of births at low birth weight (of those reporting numeric weight)	12.0
Breastfeeding	Percent of children under 4 months who are exclusively breastfed	15.8
Iodine	Percent of households with iodized salt	U
Child Health		
Vaccinations	Percent of children whose mothers received tetanus toxoid vaccination during pregnancy	82.1
	Percent of children 12-23 months with measles vaccination	86.3
	Percent of children 12-23 months fully vaccinated	80.1
Diarrhoea control	Percent of children with diarrhoea in preceding 2 weeks who received oral rehydration therapy (sugar-salt-water solution)	79.5
Acute respiratory infection	Percent of children with acute respiratory infection in preceding 2 weeks who were seen by medical personnel	52.2

U = Unknown (no information)

APPENDIX E

QUESTIONNAIRES

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ZIMBABWE DEMOGRAPHIC AND HEALTH SURVEY

HOUSEHOLD SCHEDULE

IDENTIFICATION

WARD/VILLAGE _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER.....

HOUSEHOLD NUMBER.....

PROVINCE.....

URBAN/RURAL (urban=1, rural=2).....

MAIN TOWN/OTHER URBAN/RURAL.....
(main town=1, other urban=2, rural=3)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				NAME
RESULT***				RESULT
NEXT VISIT: DATE / TIME				TOTAL NUMBER OF VISITS

***RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER

_____ (specify)

TOTAL IN HOUSEHOLD

TOTAL: ELIGIBLE WOMEN

ELIGIBLE MEN

LINE NO. OF HHOLD RESPONDENT

LANGUAGE OF QUESTIONNAIRE: ENGLISH [3]

LANGUAGE INTV:	TEAM LEADER	FIELD EDITOR	OFFICE EDITOR	KEYED BY
SHONA.....1 NDEBELE.....2 ENGLISH.....3 OTHER_____6	NAME_____ DATE_____	NAME_____ DATE_____		

H1

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HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION (IF AGE 5 YEARS OR OLDER)			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?	Does (NAME) usually live here?	Did (NAME) sleep here last night?	Is (NAME) male or female?	How old is (NAME)?	Has (NAME) ever been to school?	IF ATTENDED SCHOOL: What is the highest level of school (NAME) attended?** What is the highest grade/years (NAME) completed at that level?**	IF AGE LESS THAN 25 YEARS: Is (NAME) still in school?	Is (NAME)'s natural mother alive?	IF ALIVE: Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE: Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	CIRCLE LINE NUMBER ELIGIBLE WOMEN / "ROOF" LINE NUMBER ELIGIBLE MEN
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL YEARS	YES NO	YES NO DK		YES NO DK		
01			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		01
02			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		02
03			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		03
04			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		04
05			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		05
06			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		06
07			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		07
08			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		08
09			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		09
10			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		10

H2

HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL YEARS	YES NO	YES NO DK		YES NO DK		
11			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		11
12			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		12
13			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		13
14			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		14
15			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		15
16			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		16
17			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		17
18			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		18
19			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		19
20			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		20

TICK HERE IF CONTINUATION SHEET USED ☐ TOTAL NUMBER OF ELIGIBLE MEN ☐☐ TOTAL NUMBER OF ELIGIBLE WOMEN ☐☐

Just to make sure that I have a complete listing:

1) Are there any other persons such as small children or infants that we have not listed? YES ☐ → ENTER EACH IN TABLE NO ☐

2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ☐ → ENTER EACH IN TABLE NO ☐

3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed? YES ☐ → ENTER EACH IN TABLE NO ☐

* CODES FOR Q.3 RELATIONSHIP TO HEAD OF HOUSEHOLD:

01= HEAD
02= WIFE OR HUSBAND
03= SON OR DAUGHTER
04= SON-IN-LAW OR DAUGHTER-IN-LAW
05= GRANDCHILD
06= PARENT
07= PARENT-IN-LAW
08= BROTHER OR SISTER
09= OTHER RELATIVE
10= ADOPTED/FOSTER CHILD
11= NOT RELATED
98= DK

** CODES FOR Q.9
LEVEL OF EDUCATION:
1= PRIMARY
2= SECONDARY
3= HIGHER
8= DK

YEARS:
00=LESS THAN 1 YEAR COMPLETED
98=DK

*** These questions refer to the biological parents of the child. Record 00 if parent not member of household.

H3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
16	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO OWN RESIDENCE/YARD/PLOT.....11 COMMUNAL TAP.....12 WELL WATER PROTECTED WELL.....21 UNPROTECTED WELL.....22 BOREHOLE.....23 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/DAM/LAKE.....33 RAINWATER.....41 OTHER_____ 96 (SPECIFY)	→18 →18
17	How long does it take to go there, get water, and come back?	MINUTES..... [ ][ ][ ] ON PREMISES.....996	
18	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 BLAIR TOILET.....22 NO FACILITY.....31 OTHER_____ 96 (SPECIFY)	
19	Does your household have: Electricity? A radio? A television A refrigerator?	YES NO ELECTRICITY.....1 2 RADIO.....1 2 TELEVISION.....1 2 REFRIGERATOR.....1 2	
20	How many rooms in your household are used for sleeping?	ROOMS..... [ ][ ]	
21	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/DUNG.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 OTHER_____ 96 (SPECIFY)	
22	Does any member of your household own: A modern oxcart? A bicycle? A motorcycle? A car?	YES NO MODERN OXCART.....1 2 BICYCLE.....1 2 MOTORCYCLE.....1 2 CAR.....1 2	

H4

ZIMBABWE DEMOGRAPHIC AND HEALTH SURVEY

FEMALE QUESTIONNAIRE

IDENTIFICATION

WARD/VILLAGE _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER.....

HOUSEHOLD NUMBER.....

PROVINCE.....

URBAN/RURAL (urban=1, rural=2).....

MAIN TOWN/OTHER URBAN/RURAL.....
(main town=1, other urban=2, rural=3)

NAME AND LINE NUMBER OF WOMAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				NAME
RESULT***				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

***RESULT CODES:
1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 INCAPACITATED
7 OTHER _____ (specify)

LANGUAGE OF QUESTIONNAIRE: ENGLISH [3]

LANGUAGE INTV:	TEAM LEADER	FIELD EDITOR	OFFICE EDITOR	KEYED BY
SHONA.....1 NDEBELE.....2 ENGLISH.....3 OTHER _____ 6	NAME _____ DATE _____	NAME _____ DATE _____		

F1

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... [ ][ ] MINUTES..... [ ][ ]	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a town or in a rural area? IF TOWN: Which town?	MAIN TOWN.....1 OTHER URBAN.....2 RURAL.....3	
105	In what month and year were you born?	MONTH..... [ ][ ] DK MONTH.....98 YEAR..... [ ][ ] DK YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... [ ][ ]	
107	Have you ever attended school?	YES.....1 NO.....2	→114
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
109	What is the highest (grade/form/year) you completed at that level?	YEARS..... [ ][ ]	
110	CHECK 106: AGE 24 OR BELOW [ ] AGE 25 OR ABOVE [ ]		→113
111	Are you currently attending school?	YES.....1 NO.....2	→113
112	What was the main reason you stopped attending school?	GOT PREGNANT.....01 GOT MARRIED.....02 HAD TO CARE FOR YOUNGER CHILDREN..03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....04 COULD NOT PAY SCHOOL FEES.....05 NEEDED TO EARN MONEY.....06 GRADUATED/HAD ENOUGH SCHOOLING....07 BAD GRADES.....08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR.....10 OTHER_____ 96 (SPECIFY) DK.....98	
113	CHECK 108: PRIMARY [ ] SECONDARY OR HIGHER [ ]		→115

F2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→116
115	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
116	Do you usually listen to a radio every day?	YES.....1 NO.....2	
117	Do you usually watch television at least once a week?	YES.....1 NO.....2	
118	What is your religion?	TRADITIONAL.....1 SPIRITUAL.....2 CHRISTIAN.....3 OTHER _____....6 (specify)	
119	RECORD ETHNICITY.	BLACK.....1 WHITE.....2 COLOURED.....3 ASIAN.....4 OTHER _____....6 (specify)	
120	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT [ ] THE WOMAN INTERVIEWED IS A USUAL RESIDENT [ ]		→201
121	Now I would like to ask about the place in which you usually live. Do you usually live in a town or in a rural area? IF TOWN: Which town?	MAIN TOWN.....1 OTHER URBAN.....2 RURAL AREA.....3 OUTSIDE ZIMBABWE.....4	→123
122	In which province is that located?	MANICALAND.....01 MASHONALAND CENTRAL.....02 MASHONALAND EAST.....03 MASHONALAND WEST.....04 MATABELELAND NORTH.....05 MATABELELAND SOUTH.....06 MIDLANDS.....07 MASVINGO.....08 HARARE/CHITUNGWIZA.....09 BULAWAYO.....10	
123	Now I would like to ask about the household in which you usually live? What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO OWN RESIDENCE/YARD/PLOT.....11 COMMUNAL TAP.....12 WELL WATER PROTECTED WELL.....21 UNPROTECTED WELL.....22 BOREHOLE.....23 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 OTHER _____ 96 (SPECIFY)	→125 →125
124	How long does it take to go there, get water, and come back?	MINUTES..... [ ][ ][ ] ON PREMISES.....996	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 BLAIR TOILET.....22 NO FACILITY.....31 OTHER_____ 96 (SPECIFY)	
126	Does your household have: Electricity? A radio? A television A refrigerator?	YES NO ELECTRICITY.....1 2 RADIO.....1 2 TELEVISION.....1 2 REFRIGERATOR.....1 2	
127	Could you describe the main material of the floor of your home?	NATURAL FLOOR EARTH/DUNG.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 OTHER_____ 96 (SPECIFY)	
128	Does any member of your household own: A modern oxcart? A bicycle? A motorcycle? A car?	YES NO MODERN OXCART.....1 2 BICYCLE.....1 2 MOTORCYCLE.....1 2 CAR.....1 2	

F4

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... [ ][ ] DAUGHTERS AT HOME..... [ ][ ]	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'.	SONS ELSEWHERE..... [ ][ ] DAUGHTERS ELSEWHERE..... [ ][ ]	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES.....1 NO.....2	→208
207	How many boys have died? And how many girls have died? IF NONE RECORD '00'.	BOYS DEAD..... [ ][ ] GIRLS DEAD..... [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL..... [ ][ ]	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES [ ] NO [ ] → PROBE AND CORRECT 201-208 AS NECESSARY		
210	CHECK 208: ONE OR MORE BIRTHS [ ] NO BIRTHS [ ]		→225

F5

211 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212 What name was given to your your (first/ next) baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF DEAD: How old was (NAME) when he/she died? IF '1 YR.' PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH ; MONTHS IF LESS THAN THAN TWO YEARS; OR YEARS.	220 FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH; IF 4 YRS. OR MORE, ASK: Were there any other live births between the birth of (NAME) and the birth of (PREVIOUS BIRTH)
01	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES....1 NO.....2 (NEXT BIRTH)	DAYS....1 MONTHS..2 YEARS...3	
02	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES....1 NO.....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
03	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES....1 NO.....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
04	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES....1 NO.....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
05	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES....1 NO.....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
06	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES....1 NO.....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
07	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES....1 NO.....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2

	212 What name was given to your next baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF DEAD: How old was (NAME) when he/she died? IF '1 YR.' PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN THAN TWO YEARS; OR YEARS.	220 FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH; IF 4 YRS. OR MORE, ASK: Were there any other live births between the birth of (NAME) and the birth of (PREVIOUS BIRTH)
08		SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES....1 NO.....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
09		SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES....1 NO.....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
10		SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES....1 NO.....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
11		SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR...	YES..1 NO...2 → 219	AGE IN YEARS	YES....1 NO.....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2

221 SUBTRACT YEAR OF LAST BIRTH FROM 1994:

IF 4 YRS. OR MORE, ASK:

Have you had any live births since the birth of (NAME OF LAST BIRTH)?

YES.....1
NO.....2

222 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ☐ → NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. ☐

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. ☐

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. ☐

FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. ☐

223 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1991.
IF NONE, RECORD '0'. ☐

224 FOR EACH BIRTH SINCE JANUARY 1989 ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND 'P' IN IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME TO THE LEFT OF THE 'B' CODE.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	 →228
226	How many months pregnant are you? ENTER 'P' IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT.	MONTHS..... [ ][ ]	
227	At the time you became pregnant, did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	→229
228	When did your last menstrual period start?	DAYS AGO.....1 [ ][ ] WEEKS AGO.....2 [ ][ ] MONTHS AGO.....3 [ ][ ] YEARS AGO.....4 [ ][ ] IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO.....2	 →301
230	When did the last such pregnancy end?	MONTH..... [ ][ ] YEAR..... [ ][ ]	
231	CHECK 230: LAST PREGNANCY ENDED SINCE JAN. 1989 [ ] LAST PREGNANCY ENDED BEFORE JAN. 1989 [ ]		→301
232	How many months pregnant were you when the last pregnancy ended? ENTER 'T' IN COLUMN 1 OF THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' IN EACH PRECEDING MONTH OF PREGNANCY.	MONTHS..... [ ][ ]	
233	Have you ever had any other pregnancies which did not result in a live birth?	YES.....1 NO.....2	 →301
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER PREGNANCY BACK TO JANUARY 1989. ENTER 'T' IN COLUMN 1 OF THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' IN EACH PRECEDING MONTH OF PREGNANCY.		

F8

SECTION 3. CONTRACEPTION

301 Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used (METHOD)?
01 PILL Women can take a pill every day.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
02 IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
04 IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
05 DIAPHRAGM, FOAMING TABLETS Women can place a diaphragm, foaming tablet, sponge, jelly, or cream inside themselves before intercourse.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
06 CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
07 FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
08 MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
09 SAFE PERIOD, RHYTHM Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
10 WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
11 Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES/SPONTANEOUS.....1 NO.....3	
1)_____ (SPECIFY)		YES.....1 NO.....
2)_____ (SPECIFY)		YES.....1 NO.....2

304 CHECK 303:

NOT A SINGLE "YES" (NEVER USED) ☐ AT LEAST ONE "YES" (EVER USED) ☐ ▸SKIP TO 308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	→307
306	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→342
307	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
308	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. What was the first method you ever used?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAMING TABLET/SPONGE...05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 SAFE PERIOD/RHYTHM.....09 WITHDRAWAL.....10 OTHER_____ 96 (SPECIFY)	
309	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... [ ][ ]	
310	CHECK 303: WOMAN NOT STERILIZED [ ] WOMAN STERILIZED [ ]		→313A
311	CHECK 225: NOT PREGNANT OR UNSURE [ ] PREGNANT [ ]		→337
312	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→337
313	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAMING TABLET/SPONGE...05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 SAFE PERIOD/RHYTHM.....09 WITHDRAWAL.....10 OTHER_____ 96 (SPECIFY)	→336 →328 →333 →336
313A	(NOTE: DO NOT ASK Q.313A IF THE WOMAN IS NOT STERILIZED) You have said that you had an operation that keeps you from getting pregnant. Is that correct? IF RESPONDENT SAYS "NO", CORRECT 303-304 (AND 302 IF NECCESSARY). IF RESPONDENT CONFIRMS WITH A "YES", CIRCLE '07' FOR FEMALE STERILIZATION.		
314	At the time you first started using the pill, did you consult a doctor or a nurse ?	YES.....1 NO.....2 DK.....8	
315	Now I would like to ask some questions about the brand of pill that you are using. Please show me the package of pills you are now using. RECORD NAME OF BRAND.	BRAND NAME_____ [ ][ ] NOT ABLE TO SHOW.....98	→318
316	OBSERVE ORDER IN WHICH PILLS TAKEN FROM PACKET AND CIRCLE CORRECT CODE.	PILL MISSING IN ORDER.....1 PILL MISSING OUT OF ORDER.....2 NO PILL MISSING.....3	→320

F10

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
317	Why is it that you have not taken the pills (in order)?	DOESN'T KNOW WHAT TO DO.....01 HEALTH REASONS.....02 FOLLOWING INSTRUCTIONS ON PACKET/GIVEN BY SOURCE.....03 NEW PACKET.....04 MENSTRUATING.....05 OTHER_____96 (SPECIFY)	▸320
318	Why don't you have a package of pills in the house?	RAN OUT.....01 COST TOO MUCH.....02 HUSBAND AWAY.....03 MENSTRUATING.....04 OTHER_____96 (SPECIFY)	
319	Do you know the brand name of the pills you are now using? or: SHOW BRAND CHART FOR PILLS Please tell me which of these is the brand of pills that you are using. RECORD NAME OF BRAND.	BRAND NAME_____ [ ][ ] DK.....98	
320	At any time in the past month, have you experienced any of the following (READ EACH PROBLEM): Had spotting or bleeding more than once? Had other illness? Period did not come when expected? Ran out of pills? Forgot to take pill or misplaced package? Loss of libido? Any other problem?	YES NO SPOTTING/BLEEDING.....1 2 OTHER ILLNESS.....1 2 PERIOD DID NOT COME.....1 2 RAN OUT OF PILLS.....1 2 FORGOT/MISPLACED.....1 2 LOSS OF LIBIDO.....1 2 OTHER_____1 2 (SPECIFY)	
321	At any time in the past month, did you fail to take a pill for even one day because of the problems that you mentioned or for any other reason: IF YES: What was the main reason you stopped taking the pill?	SPOTTING/BLEEDING.....01 OTHER ILLNESS.....02 PERIOD DID NOT COME.....03 RAN OUT OF PILLS.....04 FORGOT/MISPLACED.....05 NOT SEXUALLY ACTIVE.....06 OTHER_____.....96 (SPECIFY) NEVER STOPPED TAKING THE PILL....97	
322	Sometimes people forget to take the pill. What did you do the last time you forgot to take the pill?	NEVER FORGOT.....01 TOOK ONE PILL THE NEXT DAY.....02 TOOK TWO PILLS THE NEXT DAY.....03 USED ANOTHER METHOD.....04 OTHER_____96 (SPECIFY)	
323	When was the last time you took a pill?	DAYS AGO..... [ ][ ] MORE THAN ONE MONTH AGO.....97	
324	CHECK 323: MORE THAN TWO DAYS AGO [ ] ↓	TWO DAYS AGO OR LESS [ ]	▸326

F11

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
325	Why aren't you taking the pill these days?	HUSBAND AWAY.....01 FORGOT.....02 HEALTH REASONS.....03 COST TOO MUCH.....04 NO NEED TO TAKE DAILY.....05 RAN OUT.....06 MENSTRUATING.....07 OTHER_____96 (SPECIFY)	
326	At the time you last got pills, did you consult a doctor or a nurse ?	YES.....1 NO.....2 DK.....8	
327	How much does one (packet/cycle) of pills cost you? RECORD IN CENTS.	COST (CENTS)..... [ ][ ][ ] FREE.....996 DK.....998	→336
328	Where did the sterilisation take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL.....11 PROVINCIAL HOSPITAL.....12 DISTRICT/RURAL HOSPITAL.....13 OTHER PUBLIC_____ 16 (SPECIFY) MISSION FACILITY.....19 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PRIVATE DOCTOR.....23 OTHER PRIVATE MEDICAL_____ 26 (SPECIFY) OTHER_____ 96 (SPECIFY) DK.....98	
329	Do you regret that (you/your husband) had the operation not to have any (more) children?	YES.....1 NO.....2	→331
330	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD....01 PARTNER WANTS ANOTHER CHILD.....02 SIDE EFFECTS.....03 CHILD DIED.....04 OTHER_____ 96 (SPECIFY)	
331	In what month and year was the sterilization performed?	MONTH..... [ ][ ] YEAR..... [ ][ ]	
332	CHECK 331: STERILIZED BEFORE JANUARY 1989 [ ] ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1989. THEN SKIP TO →340A STERILIZED ON OR AFTER JANUARY 1989 [ ] ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION. THEN SKIP TO →337		
333	Between the first day of a woman's period and the first day of her next period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DK.....8	→335

F12

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
334	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....01 RIGHT AFTER HER PERIOD HAS ENDED.....02 IN THE MIDDLE OF THE CYCLE.....03 JUST BEFORE HER PERIOD BEGINS.....04 OTHER_____ 96 (SPECIFY) DK.....98	
335	How do you determine which days of your monthly cycle not to have sexual relations?	BASED ON CALENDAR.....01 BASED ON BODY TEMPERATURE.....02 BASED ON CERVICAL MUCUS (BILLINGS METHOD).....03 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....04 NO SPECIFIC SYSTEM.....05 OTHER_____ 96 (SPECIFY)	
336	ENTER METHOD CODE FROM 313 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. ILLUSTRATIVE QUESTIONS: When did you start using continuously? How long have you been using this method continuously?		
337	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1989. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. IN EACH MONTH, ENTER CODE FOR METHOD OR '0' FOR NONUSE IN COLUMN 1. IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE USE IN COLUMN 1. ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT. ILLUSTRATIVE QUESTIONS: COLUMN 1: · When was the last time you used a method? Which method was that? · When did you start using that method? How long after the birth of (NAME)? · How long did you use the method then? COLUMN 2: · Why did you stop using the (METHOD)? · Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: "How many months did it take you to get pregnant after you stopped using (METHOD)?" AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		
	CHECK 225: NOT PREGNANT OR UNSURE ☐ ▼ PREGNANT ☐		▸343
338	CHECK 311 AND 313: CIRCLE METHOD CODE:	NOT ASKED.....00 PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAMING TABLET/CREAM....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 SAFE PERIOD/RHYTHM.....09 WITHDRAWAL.....10 OTHER.....96	▸342 ▸340A ▸343

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
339	Where did you obtain (METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC.....11 RURAL/MUNICIPAL CLINIC.....12 RURAL HEALTH CENTRE.....13 ZNFPC MOBILE CLINIC.....14 MOH MOBILE CLINIC.....15 ZNFPC CBD.....16 MOH CBD.....17 OTHER PUBLIC_____ 18 (SPECIFY) MISSION FACILITY.....19 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY.....22 PRIVATE DOCTOR.....23 CBD.....25 OTHER PRIVATE MEDICAL_____ 26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER_____ 96 (SPECIFY)	
340	Do you know another place where you could have obtained (METHOD) the last time?	YES.....1 NO.....2	→345
340A	At the time of the sterilisation operation, did you know another place where you could have received the operation?		
341	People select the place where they get family planning services for various reasons. In your case, what was the main reason you went to the place you did rather than to some other place? RECORD RESPONSE BELOW AND CIRCLE CODE. _____ Any other reason? RECORD RESPONSE BELOW AND CIRCLE CODE. _____	MAIN REASON / OTHER REASON ACCESS-RELATED REASONS CLOSER TO HOME.....11 / 11 CLOSER TO MARKET/WORK.....12 / 12 AVAILABILITY OF TRANSPORT.13 / 13 SERVICE-RELATED REASONS STAFF MORE COMPETENT/ FRIENDLY.....21 / 21 CLEANER FACILITY.....22 / 22 OFFERS MORE PRIVACY.....23 / 23 SHORTER WAITING TIME.....24 / 24 LONGER HRS. OF OPERATION..25 / 25 USE OTHER SERVICES AT THE FACILITY.....26 / 26 LOWER COST/CHEAPER.....31 / 31 WANTED ANONYMITY.....41 / 41 NO OTHER REASON.....95 OTHER_____ 96 (SPECIFY) OTHER_____ 96 (SPECIFY) DK.....98	→345

F14

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
342	What is the main reason you are not using a method of contraception to avoid pregnancy? Any other reason? RECORD MAIN AND OTHER REASON IN SEPARATE COLUMNS.	MAIN REASON / OTHER REASON NOT MARRIED.....11 / 11 FERTILITY-RELATED REASONS NOT HAVING SEX.....21 / 21 INFREQUENT SEX.....22 / 22 MENOPAUSAL/HYSTERECTOMY...23 / 23 SUBFECUND/INFECUND.....24 / 24 POSTPARTUM/BREASTFEEDING..25 / 25 WANTS MORE CHILDREN.....26 / 26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 / 31 HUSBAND OPPOSED.....32 / 32 OTHERS OPPOSED.....33 / 33 RELIGIOUS PROHIBITION.....34 / 34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 / 41 KNOWS NO SOURCE.....42 / 42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 / 51 FEAR OF SIDE EFFECTS.....52 / 52 LACK OF ACCESS/TOO FAR....53 / 53 COST TOO MUCH.....54 / 54 INCONVENIENT TO USE.....55 / 55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 / 56 NO OTHER REASON.....95 OTHER_____ 96 (SPECIFY) OTHER_____ 96 (SPECIFY) DK.....98	
343	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	→345
344	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC.....11 RURAL/MUNICIPAL CLINIC.. .....12 RURAL HEALTH CENTRE.....13 ZNFPC MOBILE CLINIC.....14 MOH MOBILE CLINIC.....15 ZNFPC CBD.....16 MOH CBD.....17 OTHER PUBLIC_____ 18 (SPECIFY) MISSION FACILITY.....19 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY.....22 PRIVATE DOCTOR.....23 CBD.....25 OTHER PRIVATE MEDICAL_____ 26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER_____ 96 (SPECIFY)	
345	Were you visited by a CBD in the past 12 months?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
346	Have you visited a health facility in the last 12 months?	YES.....1 NO.....2	→349A
347	Did anyone at the health facility speak to you about family planning methods?	YES.....1 NO.....2	
348	Did anyone at the health facility ever refuse to provide you with family planning information or services?	YES.....1 NO.....2	
349A	Do you think that breastfeeding can affect a woman's chance of becoming pregnant?	YES.....1 NO.....2 DK.....8	→401
349B	Do you think that a woman's chance of becoming pregnant is increased or decreased by breastfeeding?	INCREASED.....1 DECREASED.....2 DEPENDS.....3 DK.....8	→401
350	CHECK 210: ONE OR MORE BIRTHS ☐ ↓ NO BIRTHS ☐		→401
351	Have you ever relied on breastfeeding as a method of avoiding pregnancy?	YES.....1 NO.....2	→401
352	CHECK 225: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐		→401
353	Are you currently relying on breastfeeding to avoid getting pregnant?	YES.....1 NO.....2	

F16

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 223: ONE OR MORE BIRTHS SINCE JAN. 1991 ☐	NO BIRTHS SINCE JAN. 1991 ☐	SKIP TO 469)

402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1991 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL FORMS).

Now I would like to ask you some more questions about the health of all your children born in the past three years. (We will talk about one child at a time.)

403	LINE NUMBER FROM Q212	LAST BIRTH LINE NUMBER..... ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER..... ☐☐
404	FROM Q212 AND Q216	NAME _____ ALIVE ☐ DEAD ☐	NAME _____ ALIVE ☐ DEAD ☐
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	THEN.....1 (SKIP TO 407) LATER.....2 NO MORE.....3 (SKIP TO 407)	THEN.....1 (SKIP TO 407) LATER.....2 NO MORE.....3 (SKIP TO 407)
406	How much longer would you like to have waited?	MONTHS.....1 ☐☐ YEARS.....2 ☐☐ DK.....998	MONTHS.....1 ☐☐ YEARS.....2 ☐☐ DK.....998
407	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C TRADITIONAL MIDWIFE TRAINED.....D UNTRAINED.....E TRAINING UNCERTAIN.....F OTHER_____ X (SPECIFY) NO ONE.....Y (SKIP TO 410)	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C TRADITIONAL MIDWIFE TRAINED.....D UNTRAINED.....E TRAINING UNCERTAIN.....F OTHER_____ X (SPECIFY) NO ONE.....Y (SKIP TO 410)
408	How many months pregnant were you when you first received antenatal care?	MONTHS..... ☐☐ DK.....98	MONTHS..... ☐☐ DK.....98
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... ☐☐ DK.....98	NO. OF TIMES..... ☐☐ DK.....98
410	When you were pregnant with (NAME) were you given an injection in the right upper arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 412) DK.....8	YES.....1 NO.....2 (SKIP TO 412) DK.....8
411	During this pregnancy, how many times did you get this injection?	TIMES..... ☐ DK.....8	TIMES..... ☐ DK.....8

F17

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
412	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR CENTRAL HOSPITAL.....21 PROVINCIAL HOSPITAL...22 DIST/RURAL HOSPITAL...23 RURAL HEALTH CENTRE...24 RURAL/MUNICIPAL CLNC..25 OTHER PUBLIC _____ 26 (SPECIFY) MISSION HOSPITAL/CLNC...29 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER_____ 96 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR CENTRAL HOSPITAL.....21 PROVINCIAL HOSPITAL...22 DIST/RURAL HOSPITAL...23 RURAL HEALTH CENTRE...24 RURAL MUNICIPAL CLNC..25 OTHER PUBLIC _____ 26 (SPECIFY) MISSION HOSPITAL/CLNC...29 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER_____ 96 (SPECIFY)
413	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL MIDWIFE TRAINED .....D UNTRAINED.....E TRAINING UNCERTAIN...F RELATIVE/FRIEND.....G OTHER_____ X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL MIDWIFE TRAINED .....D UNTRAINED.....E TRAINING UNCERTAIN...F RELATIVE/FRIEND.....G OTHER_____ X (SPECIFY) NO ONE.....Y
414	At the time of the birth of (NAME), did you have:	YES NO	YES NO
	Long labor, that is, did your regular contractions last more than 12 hours?	PROLONGED LABOR.....1 2	PROLONGED LABOR.....1 2
	Excessive bleeding that was so much that you felt that it threatened your life?	EXCESSIVE BLEEDING.....1 2	EXCESSIVE BLEEDING.....1 2
	A high fever with bad smelling vaginal discharge?	HIGH FEVER WITH FOUL VAG. DISCHARGE.....1 2	HIGH FEVER WITH FOUL VAG. DISCHARGE.....1 2
	Convulsions not caused by fever?	CONVULSIONS.....1 2	CONVULSIONS.....1 2
	Any other complications? IF YES: What kind of complication?	OTHER_____ 1 2 (SPECIFY)	OTHER_____ 1 2 (SPECIFY)
415	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2
416	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8

F18

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
417	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 419)	YES.....1 NO.....2 (SKIP TO 420)
418	How much did (NAME) weigh?	GRAMS..... [ ][ ][ ][ ] DK.....9998	GRAMS..... [ ][ ][ ][ ] DK.....9998
419	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 421) NO.....2 (SKIP TO 422)	
420	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 (SKIP TO 424)
421	For how many months after the birth of (NAME) did you not have a period?	MONTHS..... [ ][ ] DK.....98	MONTHS..... [ ][ ] DK.....98
422	CHECK 225: RESPONDENT PREGNANT?	NOT PREGNANT [ ] PREGNANT OR UNSURE [ ] (SKIP TO 424)	
423	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 425)	
424	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS..... [ ][ ] DK.....98	MONTHS..... [ ][ ] DK.....98
425	Did you ever breastfeed (NAME)?	YES.....1 (SKIP TO 427) NO.....2	YES.....1 (SKIP TO 427) NO.....2
426	Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER _____ 96 (SPECIFY) (SKIP TO 432)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER _____ 96 (SPECIFY) (SKIP TO 432)
427	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY.....000 HOURS.....1 [ ][ ] DAYS.....2 [ ][ ]	IMMEDIATELY.....000 HOURS.....1 [ ][ ] DAYS.....2 [ ][ ]
428	CHECK 404: CHILD ALIVE?	ALIVE [ ] DEAD [ ] (SKIP TO 430)	ALIVE [ ] DEAD [ ] (SKIP TO 430)

F19

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
429	Are you still breastfeeding (NAME)?	YES.....1 (SKIP TO 433) NO.....2	YES.....1 (SKIP TO 433) NO.....2
430	For how many months did you breastfeed (NAME)?	MONTHS..... [ ][ ] DK.....98	MONTHS..... [ ][ ] DK.....98
431	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 HUSBAND DISAPPROVED.....10 STARTED USING CONTRACEPTION.....11 OTHER_____ 96 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 HUSBAND DISAPPROVED.....10 STARTED USING CONTRACEPTION.....11 OTHER_____ 96 (SPECIFY)
432	CHECK 404: CHILD ALIVE?	ALIVE [ ] (SKIP TO 435) DEAD [ ] (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 443)	ALIVE [ ] (SKIP TO 435) DEAD [ ] (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 443)
433	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS..... [ ][ ]	NUMBER OF NIGHTTIME FEEDINGS..... [ ][ ]
434	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS..... [ ][ ]	NUMBER OF DAYLIGHT FEEDINGS..... [ ][ ]
435	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
436	At any time yesterday or last night, was (NAME) given any of the following:*	YES NO DK	YES NO DK
	Plain water?	PLAIN WATER.....1 2 8	PLAIN WATER.....1 2 8
	Sugar water?	SUGAR WATER.....1 2 8	SUGAR WATER.....1 2 8
	Juice?	JUICE.....1 2 8	JUICE.....1 2 8
	Herbs/roots?	HERBS/ROOTS.....1 2 8	HERBAL TEA.....1 2 8
	Baby formula?	BABY FORMULA.....1 2 8	BABY FORMULA.....1 2 8
	Fresh milk?	FRESH MILK.....1 2 8	FRESH MILK.....1 2 8
	Tinned or powdered milk?	TINNED/POWDR'D MLK..1 2 8	TINNED/POWDR'D MLK..1 2 8
	Any other liquids?	OTHER LIQUIDS.....1 2 8	OTHER LIQUIDS.....1 2 8
	Porridge?	PORRIDGE.....1 2 8	PORRIDGE.....1 2 8
	Thin fermented porridge (mahewu)?	MAHEWU.....1 2 8	MAHEWU.....1 2 8
	Fruits/vegetables?	FRUITS/VEGETABLES...1 2 8	FRUITS/VEGETABLES...1 2 8
	Eggs, fish, or poultry?	EGGS/FISH/POULTRY...1 2 8	EGGS/FISH/POULTRY...1 2 8
	Meat?	MEAT.....1 2 8	MEAT.....1 2 8
	Any other solid or semi-solid foods?	OTHER SOLID/ SEMI-SOLID FOODS..1 2 8	OTHER SOLID/ SEMI-SOLID FOODS..1 2 8

F20

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
437	CHECK 436: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE → (SKIP TO 440) "NO/DK" TO ALL →	"YES" TO ONE OR MORE → (SKIP TO 440) "NO/DK" TO ALL →
438	CHECK 429: STILL BREASTFED?	"YES" → "NO" OR NOT ASKED → (SKIP TO 440)	"YES" → "NO" OR NOT ASKED → (SKIP TO 440)
439	Did (NAME) get anything at all, other than breastmilk, to eat or drink yesterday during daylight hours or last night? IF YES: What did (NAME) eat or drink? CORRECT 436.	YES.....1 NO.....2 → (SKIP TO 441)	YES.....1 NO.....2 → (SKIP TO 441)
440	(Aside from breastfeeding,) how many times did (NAME) eat yesterday, including both meals and snacks?	NUMBER OF TIMES..... [ ] DK.....8	NUMBER OF TIMES..... [ ] DK.....8
441	On how many days during the last seven days was (NAME) given any of the following:	RECORD THE NUMBER OF DAYS.	RECORD THE NUMBER OF DAYS.
	Plain water?	PLAIN WATER..... [ ]	PLAIN WATER..... [ ]
	Any kind of milk (other than breast milk)?	MILK..... [ ]	MILK..... [ ]
	Any liquids other than plain water or milk?	OTHER LIQUIDS..... [ ]	OTHER LIQUIDS..... [ ]
	Any type of porridge?	PORRIDGE..... [ ]	PORRIDGE..... [ ]
	Fruits or vegetables?	FRUITS/VEGETABLES..... [ ]	FRUITS/VEGETABLES..... [ ]
	Eggs, fish, or poultry?	EGGS/FISH/POULTRY..... [ ]	EGGS/FISH/POULTRY..... [ ]
	Meat?	MEAT..... [ ]	MEAT..... [ ]
	Any other solid or semi-solid foods? IF DON'T KNOW, RECORD '8'	OTHER SOLID/SEMI-SOLID FOODS..... [ ]	OTHER SOLID/SEMI-SOLID FOODS..... [ ]
442		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 443.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 443.

F21

443	ENTER LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1991 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL FORMS.)		
444		LAST BIRTH	NEXT-TO-LAST BIRTH
	LINE NUMBER FROM Q212	LINE..... [ ][ ]	LINE..... [ ][ ]
445	FROM Q212	NAME _____	NAME _____
	AND Q216	ALIVE [ ] DEAD [ ] (GO TO 445 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 469.)	ALIVE [ ] DEAD [ ] (GO TO 445 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 469.)
446	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN.....1 (SKIP TO 448) YES, NOT SEEN.....2 (SKIP TO 451) NO CARD.....3	YES, SEEN.....1 (SKIP TO 448) YES, NOT SEEN.....2 (SKIP TO 451) NO CARD.....3
447	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 451) NO.....2	YES.....1 (SKIP TO 451) NO.....2
448	BIRTH WEIGHT RECORDED ON CARD? IF YES: COPY BIRTH WEIGHT.	YES.....1 GRAMS..... [ ][ ][ ][ ] NO.....2	YES.....1 GRAMS..... [ ][ ][ ][ ] NO.....2
449	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	DAY MO YR	DAY MO YR
	BCG	BCG.... [ ][ ] [ ][ ] [ ][ ]	BCG.... [ ][ ] [ ][ ] [ ][ ]
	Polio 1	P1..... [ ][ ] [ ][ ] [ ][ ]	P1..... [ ][ ] [ ][ ] [ ][ ]
	Polio 2	P2..... [ ][ ] [ ][ ] [ ][ ]	P2..... [ ][ ] [ ][ ] [ ][ ]
	Polio 3	P3..... [ ][ ] [ ][ ] [ ][ ]	P3..... [ ][ ] [ ][ ] [ ][ ]
	DPT 1	D1..... [ ][ ] [ ][ ] [ ][ ]	D1..... [ ][ ] [ ][ ] [ ][ ]
	DPT 2	D2..... [ ][ ] [ ][ ] [ ][ ]	D2..... [ ][ ] [ ][ ] [ ][ ]
	DPT 3	D3..... [ ][ ] [ ][ ] [ ][ ]	D3..... [ ][ ] [ ][ ] [ ][ ]
	Measles	MEA.... [ ][ ] [ ][ ] [ ][ ]	MEA.... [ ][ ] [ ][ ] [ ][ ]
450	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 449) NO.....2 DK.....8 (SKIP TO 453)	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 449) NO.....2 DK.....8 (SKIP TO 453)

F22

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
451	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 453) DK.....8	YES.....1 NO.....2 (SKIP TO 453) DK.....8
452	Please tell me if (NAME) received any of the following vaccinations:		
	A BCG vaccination against tuberculosis, that is, an injection in the right upper arm that left a scar?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	IF YES: How many times?	NUMBER OF TIMES..... [ ]	NUMBER OF TIMES..... [ ]
	DPT vaccination, that is, an injection, usually given at the same time as polio drops?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
	IF YES: How many times?	NUMBER OF TIMES..... [ ]	NUMBER OF TIMES..... [ ]
	An injection to prevent measles?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
453	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
454	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 458) DK.....8	YES.....1 NO.....2 (SKIP TO 458) DK.....8
455	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
456	Did you seek advice or treatment for the cough?	YES.....1 NO.....2 (SKIP TO 458)	YES.....1 NO.....2 (SKIP TO 458)

F23

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
457	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR CENTRAL HOSPITAL..... A PROVINCIAL HOSPITAL... B DIST/RURAL HOSPITAL... C RURAL HEALTH CENTRE... D RURAL/MUNICIPAL CLNC.. E VILLAGE COMM. WORKER.. F OTHER PUBLIC _____ G (SPECIFY) MISSION HOSPITAL/CLNC... H PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.. I PRIVATE DOCTOR.....J PHARMACY.....K VILLAGE COMM. WORKER...L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER PRIVATE SECTOR SHOP.....N TRAD. PRACTITIONER.....O OTHER_____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HOSPITAL..... A PROVINCIAL HOSPITAL... B DIST/RURAL HOSPITAL... C RURAL HEALTH CENTRE... D RURAL/MUNICIPAL CLNC.. E VILLAGE COMM. WORKER.. F OTHER PUBLIC _____ G (SPECIFY) MISSION HOSPITAL/CLNC... H PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.. I PRIVATE DOCTOR.....J PHARMACY.....K VILLAGE COMM. WORKER...L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER PRIVATE SECTOR SHOP.....N TRAD. PRACTITIONER.....O OTHER_____ X (SPECIFY)
458	Has (NAME) had diarrhea in the last two weeks?	YES.....1 NO.....2 (SKIP TO 468) DK.....8	YES.....1 NO.....2 (SKIP TO 468) DK.....8
459	Was there any blood in the stools?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
460	On the worst day of the diarrhea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS..... [ ][ ] DK.....98	NUMBER OF BOWEL MOVEMENTS..... [ ][ ] DK.....98
461	Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8
462	Was he/she given the same amount of food to eat as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8
463	Was (NAME) given a salt and sugar solution to drink?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8

F24

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
464	Was anything (else) given to treat the diarrhoea?	YES.....1 NO.....2 (SKIP TO 466) DK.....8	YES.....1 NO.....2 (SKIP TO 466) DK.....8
465	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	RECOMMENDED HOME FLUID...A PILL OR SYRUP.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/ HERBAL MEDICINES.....E OTHER_____ X (SPECIFY)	RECOMMENDED HOME FLUID...A PILL OR SYRUP.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/ HERBAL MEDICINES.....E OTHER_____ X (SPECIFY)
466	Did you seek advice or treatment for the diarrhoea?	YES.....1 NO.....2 (SKIP TO 468)	YES.....1 NO.....2 (SKIP TO 468)
467	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR CENTRAL HOSPITAL..... A PROVINCIAL HOSPITAL... B DIST/RURAL HOSPITAL... C RURAL HEALTH CENTRE... D RURAL/MUNICIPAL CLNC.. E VILLAGE COMM. WORKER.. F OTHER PUBLIC _____ G (SPECIFY) MISSION HOSPITAL/CLNC... H PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.. I PRIVATE DOCTOR.....J PHARMACY.....K VILLAGE COMM. WORKER...L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER PRIVATE SECTOR SHOP.....N TRAD. PRACTITIONER.....O OTHER_____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HOSPITAL..... A PROVINCIAL HOSPITAL... B DIST/RURAL HOSPITAL... C RURAL HEALTH CENTRE... D RURAL/MUNICIPAL CLNC.. E VILLAGE COMM. WORKER.. F OTHER PUBLIC _____ G (SPECIFY) MISSION HOSPITAL/CLNC... H PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.. I PRIVATE DOCTOR.....J PHARMACY.....K VILLAGE COMM. WORKER...L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER PRIVATE SECTOR SHOP.....N TRAD. PRACTITIONER.....O OTHER_____ X (SPECIFY)
468		GO BACK TO 445 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 469.	GO BACK TO 445 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 469.

F25

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
469	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS TO DRINK.....1 ABOUT SAME AMOUNT OF TO DRINK.....2 MORE TO DRINK.....3 DK.....8	
470	When a child has diarrhea, should he/she be given less to eat than usual, about the same amount, or more than usual?	LESS TO EAT.....1 ABOUT SAME AMOUNT TO EAT.....2 MORE TO EAT.....3 DK.....8	
471	When a child is sick with diarrhoea, what signs of illness would tell you that he/she should be taken to a health facility? Any other signs? RECORD ALL MENTIONED.	REPEATED WATERY STOOLS.....A ANY WATERY STOOLS.....B REPEATED VOMITING.....C ANY VOMITING.....D BLOOD IN STOOLS.....E FEVER.....F MARKED THIRST.....G NOT EATING/NOT DRINKING WELL.....H GETTING SICKER/VERY SICK.....I NOT GETTING BETTER.....J OTHER_____ X (SPECIFY) DK.....Z	
472	When a child is sick with a cough, what signs of illness would tell you that he/she should be taken to a health facility? Any other signs? RECORD ALL MENTIONED.	FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/NOT DRINKING WELL.....F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H OTHER_____ X (SPECIFY) DK.....Z	
473	CHECK 463, ALL COLUMNS: NO CHILD RECEIVED SALT-SUGAR SOLUTION ☐ ↓	ANY CHILD RECEIVED SALT-SUGAR SOLUTION ☐	→501
474	Have you ever heard of a special solution prepared using salt and sugar and water that is used for the treatment of diarrhoea?	YES.....1 NO.....2	→501
475	Have you ever used this solution for treating diarrhoea?	YES.....1 NO.....2	

F26

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10.....1 2 HUSBAND/PARTNER.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	
502	Are you currently married?	YES, CURRENTLY MARRIED.....1 NO, NOT CURRENTLY MARRIED.....2	→506
503	Have you ever been married or lived with a man?	YES.....1 NO.....2	→505
504	ENTER '0' IN COLUMN 3 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1989 , THEN SKIP TO		→514
505	What is your marital status now: are you widowed or divorced?	WIDOWED.....1 DIVORCED.....2	→510
506	Is your husband living with you now or is he staying elsewhere?	LIVES WITH HER.....1 STAYING ELSEWHERE.....2	
507	Besides yourself, how many other wives does your husband have?	NUMBER OF OTHER WIVES..... [ ][ ]	
510	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	
511	In what month and year did you start living with your (first) husband? NOTE: IF RESPONDENT SAYS SHE HAS NEVER LIVED WITH A HUSBAND, PROBE FOR DATE OF FIRST MARRIAGE AND RECORD HER ANSWER.	MONTH..... [ ][ ] DK MONTH.....98 YEAR..... [ ][ ] DK YEAR.....98	→513
512	How old were you when you started living with him?	AGE..... [ ][ ]	
513	DETERMINE MONTHS MARRIED OR IN UNION SINCE JANUARY 1989. ENTER 'X' IN COLUMN 3 OF CALENDAR FOR EACH MONTH MARRIED OR IN UNION, AND ENTER '0' FOR EACH MONTH NOT MARRIED/NOT IN UNION, SINCE JANUARY 1989. FOR WOMEN NOT CURRENTLY IN UNION OR WITH MORE THAN ONE UNION: PROBE FOR DATE COUPLE STARTED LIVING TOGETHER OR DATE WIDOWED/DIVORCED/SEPARATED, AND FOR STARTING DATE OF ANY SUBSEQUENT UNION. THEN SKIP TO		→515
514	CHECK 210: ONE OR MORE BIRTHS [ ] NO BIRTHS [ ]		→515A
515	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse?	NEVER.....000 DAYS AGO.....1 [ ][ ] WEEKS AGO.....2 [ ][ ] MONTHS AGO.....3 [ ][ ] YEARS AGO.....4 [ ][ ] BEFORE LAST BIRTH.....996	→613
515A	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse, if ever?		

F27

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	CHECK 302: KNOWS CONDOM ☐ → Now I need to ask you some more questions about sexual activity. The last time you had sex, was a condom used? DOES NOT KNOW CONDOM ☐ → Now I need to ask you some more questions about sexual activity. Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?	YES.....1 NO.....2 DK.....8	
517	Do you know where you can get condoms?	YES.....1 NO.....2	→519
518	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC.....10 RURAL/MUNICIPAL CLINIC.....11 ZNFPC CLINIC.....12 RURAL HEALTH CENTRE.....13 ZNFPC MOBILE CLINIC.....14 MOH MOBILE CLINIC.....15 ZNFPC CBD.....16 MOH CBD.....17 OTHER PUBLIC_____ 18 (SPECIFY) MISSION FACILITY.....19 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY.....22 PRIVATE DOCTOR.....23 CBD.....25 OTHER PRIVATE MEDICAL_____ 26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER_____ 96 (SPECIFY)	
519	CHECK 502: CURRENTLY MARRIED ☐ ↓ NOT CURRENTLY MARRIED ☐		→528
520	Who did you have sex with the last time you had sexual intercourse? Was it with your husband or was it with someone else?	HUSBAND.....1 SOMEONE ELSE.....2	
521	Have you had sex with your husband in the last four weeks?	YES.....1 NO.....2	→524
522	How many times?	NUMBER OF TIMES..... ☐☐ DK.....98	
523	Was a condom used on any of these occasions? IF YES: Was it each time or sometimes?	YES, EACH TIME.....1 YES, SOMETIMES.....2 NEVER.....3	

F28

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
524	Have you had sex with anyone other than your husband in the last four weeks?	YES.....1 NO.....2	→ 532
525	With how many persons other than your husband have you had sex with in the last 4 weeks?	NUMBER OF PERSONS..... [ ][ ] DK.....98	
526	How many times have you had sex with someone apart from your husband in the last 4 weeks?	NUMBER OF TIMES..... [ ][ ] DK.....98	
527	Was a condom used on any of these occasions? IF YES: Was it each time or sometimes?	YES, EACH TIME.....1 YES, SOMETIMES.....2 NEVER.....3	→532
528	Have you had sex with anyone in the last four weeks?	YES.....1 NO.....2	→ 532
529	With how many persons have you had sex in the last 4 weeks?	NUMBER OF PERSONS..... [ ][ ] DK.....98	
530	How many times have you had sex with someone in the last 4 weeks?	NUMBER OF TIMES..... [ ][ ] DK.....98	
531	Was a condom used on any of these occasions? IF YES: Was it each time or sometimes?	YES, EACH TIME.....1 YES, SOMETIMES.....2 NEVER.....3	
532	How old were you when you first had sexual intercourse?	AGE..... [ ][ ] WHEN FIRST MARRIED.....96	

F29

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 313: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐		→613
602	CHECK 225: NOT PREGNANT OR UNSURE ☐ Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? PREGNANT ☐ Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED/DK.....8	 →606 →604
603	CHECK 225: NOT PREGNANT OR UNSURE ☐ How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ How long would you like to wait after the birth of the child you are expecting before the birth of another child?	MONTHS.....1 ☐☐ YEARS.....2 ☐☐ SOON/NOW.....993 SAYS SHE CAN'T GET PREGNANT.....994 AFTER MARRIAGE.....995 OTHER _____ 996 (SPECIFY) DK.....998	 →606
604	CHECK 225: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→606
605	If you became pregnant in the next few weeks, would you be happy, unhappy, or would it not matter very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	
606	CHECK 312: USING A METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐		→613
607	Do you intend to use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DK.....8	→609
608	Do you intend to use a method at any time in the future?	YES.....1 NO.....2 DK.....8	→610
609	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAMING TABLET/JELLY....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 SAFE PERIOD.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY) UNSURE.....98	→613

F30

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	What is the main reason you never intend to use a method?	NOT MARRIED.....11 FERTILITY-RELATED REASONS INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER_____ 96 (SPECIFY) DK..... 98	
611	CHECK 610: CODE 11 CIRCLED ☐ ▼ CODE 11 NOT CIRCLED ☐		▸613
612	Would you ever use a method if you were married?	YES.....1 NO.....2 DK.....8	
613	CHECK 216: HAS LIVING CHILDREN ☐ ▼ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN ☐ ▼ If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER..... ☐☐ OTHER_____ 96 (SPECIFY)	▸615
614	How many of these children would you like to be boys and how many would you like to be girls?	BOYS GIRLS EITHER NUMBER.... ☐☐ ☐☐ ☐☐☐ OTHER_____ 999996 (SPECIFY)	
615	Do you approve or disapprove of couples using a method of family planning to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3	▸617
616	Have you ever recommended family planning to a friend, relative, or anyone else?	YES.....1 NO.....2	

F31

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
617	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television? By a CBD?	ACCEPT-ABLE / NOT ACCEPT-ABLE / DK RADIO.....1 / 2 / 8 TELEVISION.....1 / 2 / 8 CBD.....1 / 2 / 8	
618	In the last six months have you heard or learned about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures? From a CBD?	YES / NO RADIO.....1 / 2 TELEVISION.....1 / 2 NEWSPAPER OR MAGAZINE.....1 / 2 POSTER.....1 / 2 LEAFLETS OR BROCHURES.....1 / 2 CBD.....1 / 2	
619	In the last six months have you discussed the practice of family planning with your friends or relatives?	YES.....1 NO.....2	→621
620	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F MOTHER-IN-LAW.....G FRIENDS.....H OTHER_____ X (SPECIFY)	
621	Do you think most, some, or none of the women you know use some kind of family planning?	MOST.....1 SOME.....2 NONE.....3 DK.....8	
622	CHECK 502: YES, CURRENTLY MARRIED [ ] ↓ NO, NOT CURRENTLY MARRIED [ ]		→626
623	Now I want to ask you about your husband's view on family planning. Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DK.....8	
624	Have you and your husband ever discussed the number of children you would like to have?	YES.....1 NO.....2	
625	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DK.....8	

F32

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
626	CHECK 515: HAD SEXUAL INTERCOURSE [ ]	NEVER HAD SEXUAL INTERCOURSE [ ]	→701
627	Sometimes a woman becomes pregnant when she does not want to be. Have you ever become pregnant when you did not want to be?	YES.....1 NO.....2	→701
628	How long ago was the last time that you became pregnant when you did not want to be?	YEARS AGO..... [ ][ ]	
629	When that happened to you, what did you do about it?	STOPPED THE PREGNANCY.....01 ATTEMPTED TO STOP THE PREGNANCY BUT FAILED.....02 HAD A MISCARRIAGE.....03 NOTHING/CONTINUED THE PREGNANCY...04 OTHER_____ 96 (SPECIFY) DK.....98	 →632 →636
630	What was done?	PRAYER/GOD'S WILL .....01 STRENUOUS WORK.....02 SCRUBBING FLOORS.....03 BITTER DRINKS (HERBS).....04 TABLETS.....05 HARD MASSAGE/SQUEEZING ABDOMEN....06 OBJECT IN WOMB.....07 INJECTION.....08 SUCTION.....09 CURRETAGE.....10 OTHER_____ 96 (SPECIFY) DK.....98	
631	Who provided the methods for you? Anyone else?	DOCTOR.....A TRAINED NURSE/MIDWIFE.....B UNTRAINED BIRTH ATTENDANT.....C PHARMACIST.....D RELATIVE/FRIEND.....E OTHER_____X (SPECIFY) NO ONE.....Y	→633
632	What do you think caused you to have a miscarriage?	PRAYER/GOD'S WILL.....01 STRENUOUS WORK.....02 SCRUBBING FLOORS.....03 BITTER DRINKS (HERBS).....04 TABLETS.....05 HARD MASSAGE/SQUEEZING ABDOMEN....06 OBJECT PLACED IN WOMB.....07 INJECTION.....08 SUCTION.....09 CURRETAGE.....10 SOMETHING WRONG WITH BABY.....11 HAD A FIGHT.....12 RESPONDENT WAS SICK.....13 OTHER_____ 96 (SPECIFY) DK.....98	
633	Did you have any health problems as a result?	YES.....1 NO.....2	 →636
634	Were you hospitalised?	YES.....1 NO.....2	 →636
635	How many nights did you spend in the hospital? IF NO NIGHTS, RECORD '00'.	NIGHTS IN HOSPITAL..... [ ][ ]	
636	Did you ever have an earlier unwanted pregnancy that you or someone else stopped?	YES.....1 NO.....2	

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 503: NOT ASKED [ ] → ASK QUESTIONS ABOUT CURRENT HUSBAND YES [ ] → ASK QUESTIONS ABOUT MOST RECENT HUSBAND NO [ ]		→708
702	Did your (last) husband/partner ever attend school?	YES.....1 NO.....2	→705
703	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3 DK.....8	→705
704	How many years did he complete at that level?	YEARS..... [ ][ ] DK.....98	
705	What is (was) your (last) husband/partner's occupation? That is, what kind of work does (did) he mainly do?	_____ [ ][ ] _____ _____	
706	CHECK 705: WORKS (WORKED) IN AGRICULTURE [ ] DOES (DID) NOT WORK IN AGRICULTURE [ ]		→708
707	(Does/did) your husband/partner work mainly on his own land or on family land, on communal land, or (does/did) he rent land , or (does/did) he work on someone else's land?	HIS LAND.....1 COMMUNAL/RESETTLEMENT LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4	
708	Aside from your own housework, are you currently working?	YES.....1 NO.....2	→711
709	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES.....1 NO.....2	→711
710	Have you done any work in the last 12 months?	YES.....1 NO.....2	→726
711	What is your occupation, that is, what kind of work do you mainly do?	_____ [ ][ ] _____ _____	
712	CHECK 711: WORKS IN AGRICULTURE [ ] DOES NOT WORK IN AGRICULTURE [ ]		→714
713	Do you work mainly on your own land or on family land, do you work on communal land, or do you rent land, or work on someone else's land?	OWN LAND.....1 COMMUNAL/RESETTLEMENT LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4	

F34

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	Do (did) you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED.....3	
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY.....2 ONCE IN A WHILE.....3	→717 →718
716	During the last 12 months, how many months did you work?	NUMBER OF MONTHS..... [ ][ ]	
717	(In the month; you worked,) How many days a week did you usually work?	NUMBER OF DAYS..... [ ]	→719
718	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS..... [ ][ ][ ]	
719	On a typical working day, how many hours do you spend working?	NUMBER OF HOURS..... [ ][ ] DK.....98	
720	Do you earn cash for your work? PROBE: Do you make money for working?	YES.....1 NO.....2	 →723
721	How much do you usually earn for this work? PROBE: Is this by the day, by the week, or by the month? RECORD IN ZIMBABWEAN DOLLARS	PER DAY.....1 [ ][ ][ ][ ][ ] PER WEEK.....2 [ ][ ][ ][ ][ ] PER MONTH.....3 [ ][ ][ ][ ][ ]	
722	CHECK 502: YES, CURRENTLY MARRIED [ ] Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? NO, NOT CURRENTLY MARRIED [ ] Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES.....1 HUSBAND/PARTNER DECIDES.....2 JOINTLY WITH HUSBAND/PARTNER.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5	
723	Do you usually work at home or away from home?	HOME.....1 AWAY.....2	
724	CHECK 217 AND 218: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES [ ] NO [ ]		→726
725	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT.....01 HUSBAND/PARTNER.....02 OLDER FEMALE CHILD.....03 OLDER MALE CHILD.....04 OTHER RELATIVES.....05 NEIGHBORS.....06 FRIENDS.....07 SERVANTS/HIRED HELP.....08 CHILD IS IN SCHOOL.....09 INSTITUTIONAL CHILDCARE.....10 HAS NOT WORKED SINCE LAST BIRTH...95 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
726	Who in your household decides whether to purchase a major household item, such as a radio or television? RECORD ALL MENTIONED THEN ASK: Who has the greatest say in the final decision to make such a purchase?	RESPONDENT.....A HUSBAND/PARTNER.....B OTHER SENIOR MALE.....C OTHER SENIOR FEMALE.....D OTHER .....E NO ONE.....F CODE OF PERSON WITH GREATEST SAY IN DECISION [ ]	
727	Who in your household decides whether you should work outside the home? RECORD ALL MENTIONED THEN ASK: Who has the greatest say in the final decision for you to work outside the home?	RESPONDENT.....A HUSBAND/PARTNER.....B OTHER SENIOR MALE.....C OTHER SENIOR FEMALE.....D OTHER .....E NO ONE.....F CODE OF PERSON WITH GREATEST SAY IN DECISION [ ]	
728	Who decides how many children you will have? RECORD ALL MENTIONED THEN ASK: Who has the greatest say in deciding how many children to have?	RESPONDENT.....A HUSBAND/PARTNER.....B OTHER SENIOR MALE.....C OTHER SENIOR FEMALE.....D OTHER .....E NO ONE.....F CODE OF PERSON WITH GREATEST SAY IN DECISION [ ]	
729	Have you lived in only one community or in more than one community since January 1989?	ONE COMMUNITY.....1 MORE THAN ONE COMMUNITY.....2	→731
730	ENTER (IN COL. 4 OF CALENDAR) THE APPROPRIATE CODE FOR CURRENT COMMUNITY. ('1' MAIN TOWN, '2' OTHER URBAN, '3' RURAL AREA). BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JAN. 1989 THEN SKIP TO		→801
731	In what month and year did you move to (NAME OF COMMUNITY OF INTERVIEW)? ENTER (IN COL. 4 OF CALENDAR) 'X' IN THE MONTH AND YEAR OF THE MOVE, AND IN SUBSEQUENT MONTHS ENTER THE APPROPRIATE CODE FOR TYPE OF COMMUNITY ('1' MAIN TOWN, '2' OTHER URBAN, '3' RURAL AREA). CONTINUE PROBING FOR PREVIOUS COMMUNITIES AND RECORD MOVES AND TYPES OF COMMUNITIES ACCORDINGLY. ILLUSTRATIVE QUESTIONS · Where did you live before.....? · In what month and year did you arrive there? · Is that place in a main town, another urban area, or a rural area?		

F36

SECTION 8. AIDS AND SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you heard about diseases that can be transmitted through sex?	YES.....1 NO.....2	→814
802	Which diseases have you heard about? RECORD ALL RESPONSES	SYPHILIS.....A GONORRHEA.....B AIDS/HIV INFECTION.....C GENITAL WARTS / CONDYLOMATA.....D CHANCROID.....E OTHER_____ W OTHER_____ X (SPECIFY) DK.....Z	
803	CHECK 515: HAS HAD SEX ☐ ↓	HAS NEVER HAD SEX ☐	→813
804	During the last 12 months, did you have any of these diseases?	YES.....1 NO.....2 DK.....8	→813
805	Which? RECORD ALL RESPONSES	SYPHILIS.....A GONORRHEA.....B AIDS/HIV INFECTION.....C GENITAL WARTS / CONDYLOMATA.....D CHANCROID.....E OTHER_____ W OTHER_____ X (SPECIFY) DON'T KNOW.....Z	
808	When you had the most recent episode of (DISEASE FROM Q.805) did you seek advice or treatment?	ADVICE /TREATMENT.....1 SELF TREATMENT.....2 DID NOT DO ANYTHING.....3	→810
809	Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED	PUBLIC SECTOR CENTRAL HOSPITAL.....A PROVINCIAL HOSPITAL.....B DISTRICT/RURAL HOSPITAL.....C RURAL HEALTH CENTRE.....D RURAL/MUNICIPAL CLINIC.....E VILLAGE COMMUNITY WORKER.....F OTHER PUBLIC SECTOR.....G _____ (specify) MISSION HOSPITAL/CLINIC.....H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....I PHARMACY.....J PRIVATE DOCTOR.....K VILLAGE COMMUNITY WORKER.....L OTHER MED. PRIVATE SECTOR.....M _____ (specify) OTHER PRIVATE SECTOR SHOP.....N RELATIVES/FRIENDS.....O TRADITIONAL HEALER.....P OTHER_____ X (specify)	
810	When you had (DISEASE of Q.805) did you advise your partner to seek treatment?	YES.....1 NO.....2	
811	When you had (DISEASE of Q.805) did you do something not to infect your partner?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3	→813

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	What did you do? RECORD ALL MENTIONED	NO SEXUAL INTERCOURSE.....A USED CONDOMS.....B RECEIVED MEDICAL TREAMENT.....C OTHER_____ X (SPECIFY)	
813	SEE QUESTION 802 DID NOT MENTION 'AIDS' ☐	MENTIONED 'AIDS' ☐	→815
814	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	→831
815	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER.....X (SPECIFY)	
816	How can a person get the AIDS virus? Any other ways? RECORD ALL MENTIONED	SEXUAL INTERCOURSE.....A SEX WITH PROSTITUTES.....B HOMOSEXUAL CONTACT.....C SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....D BLOOD TRANSFUSION.....E INJECTIONS.....F KISSING.....G MOSQUITO BITES.....H OTHER_____ W (SPECIFY) OTHER_____ X (SPECIFY) DK.....Z	
817	Is there anything a person can do to avoid getting the AIDS virus?	YES.....1 NO.....2 DK.....8	→821
818	What can a person do to avoid getting the AIDS virus? Any other ways? RECORD ALL MENTIONED	SAFE SEX.....A ABSTAIN FROM SEX.....B USE CONDOMS DURING SEX.....C AVOID MULTIPLE SEX PARTNERS.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM FROM TRADITIONAL HEALER.....K OTHER_____ W (SPECIFY) OTHER_____ X (SPECIFY) DK.....Z	

F38

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819	SEE QUESTION 818: MENTIONED SAFE SEX ☐ ✓ DID NOT MENTION SAFE SEX ☐		→821
820	What does "safe sex" mean to you? RECORD ALL MENTIONED	ABSTAIN FROM SEX.....A USE CONDOMS DURING SEX.....B AVOID MULTIPLE SEX PARTNERS.....C AVOID SEX WITH PROSTITUTES.....D AVOID SEX WITH HOMOSEXUALS.....E OTHER_____ X (SPECIFY) DK..... Z	
821	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DK.....8	
822	Can AIDS be cured, or do all persons with AIDS die from the disease?	YES, THERE IS A CURE.....1 NO, EVERYONE WITH AIDS DIES.....2 DK.....8	
823	Can the AIDS virus be transmitted from mother to child during pregnancy or childbirth?	YES.....1 NO.....2 DK.....8	
824	Do you personally know someone who has AIDS or has died of AIDS?	YES.....1 NO.....2 DK.....8	
825	Do you think a person who has AIDS should be cared for at home, cared for in a medical facility, or left alone to take care of himself/herself?	HOME CARE.....1 MEDICAL FACILITY.....2 LEFT ALONE.....3 DK.....8	
826	Do you think your chances of getting the AIDS virus are small, moderate, great, or no risk at all?	NO RISK AT ALL.....1 SMALL.....2 MODERATE.....3 GREAT.....4	→828
827	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting the AIDS virus? Any other reasons? RECORD ALL MENTIONED	ABSTAIN FROM SEX.....A USE CONDOMS DURING SEX.....B HAVE ONLY ONE SEX PARTNER.....C LIMITED NUMBER OF SEX PARTNERS....D NO HOMOSEXUAL CONTACT.....E NO BLOOD TRANSFUSIONS.....F NO INJECTIONS.....G OTHER_____ X (SPECIFY) DK..... Z	→829
828	Why do you think that you have a (MODERATE/GREAT) chance of getting the AIDS virus? Any other reasons? RECORD ALL MENTIONED	DO NOT USE CONDOMS.....A MULTIPLE SEX PARTNERS.....B SPOUSE HAS MULTIPLE PARTNERS.....C HOMOSEXUAL CONTACT... .....D HAD BLOOD TRANSFUSION.... .....E HAD INJECTIONS..... .....F OTHER_____ X (SPECIFY) DK.....Z	
829	Since you heard of AIDS, have you changed your behavior to prevent getting the AIDS virus?	YES.....1 NO.....2	→ 831

F39

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
830	What did you do? Anything else? Anything else? RECORD ALL MENTIONED	STOPPED ALL SEX.....A STARTED USING CONDOMS.....B RESTRICTED SEX TO ONE PARTNER.....C REDUCED NUMBER OF PARTNERS.....D NO MORE HOMOSEXUAL CONTACTS.....E STOPPED INJECTIONS.....F OTHER_____ X (SPECIFY) DK.....Z	
831	Some people use a condom during sexual intercourse to avoid getting the AIDS virus or other sexually transmitted diseases. Have you ever heard of this?	YES.....1 NO.....2	
832	CHECK 515: HAS HAD SEX ☐ ↓ HAS NEVER HAD SEX ☐		→901
833	Have you ever used a condom during sex to avoid getting or transmitting diseases, such as the AIDS virus?	YES.....1 NO.....2	
834	Have you given or received money, gifts or favours in return for sex at any time in the last 4 weeks?	YES.....1 NO.....2	

F40

SECTION 9. MATERNAL MORTALITY

901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere, and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER..... [ ][ ]
902	CHECK 901: TWO OR MORE BIRTHS [ ] ↓	ONLY ONE BIRTH (RESPONDENT ONLY) [ ] → SKIP TO 915
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS..... [ ][ ]

904 What was the name given to your oldest (next oldest) brother or sister?	[1] ----------	[2] ----------	[3] ----------	[4] ----------	[5] ----------	[6] ----------	[7] ----------
905 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
906 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [2]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [3]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [4]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [5]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [6]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [7]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [8]
907 How old is (NAME)?	[ ][ ] GO TO [2]	[ ][ ] GO TO [3]	[ ][ ] GO TO [4]	[ ][ ] GO TO [5]	[ ][ ] GO TO [6]	[ ][ ] GO TO [7]	[ ][ ] GO TO [8]
908 How many years ago did (NAME) die?	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
909 How old was (NAME) when she/he died?	[ ][ ] IF MALE OR DIED BEFORE 10 YEARS GO TO [2]	[ ][ ] IF MALE OR DIED BEFORE 10 YEARS GO TO [3]	[ ][ ] IF MALE OR DIED BEFORE 10 YEARS GO TO [4]	[ ][ ] IF MALE OR DIED BEFORE 10 YEARS GO TO [5]	[ ][ ] IF MALE OR DIED BEFORE 10 YEARS GO TO [6]	[ ][ ] IF MALE OR DIED BEFORE 10 YEARS GO TO [7]	[ ][ ] IF MALE OR DIED BEFORE 10 YEARS GO TO [8]
910 Did (NAME) die during childbirth?	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2
911 Was (NAME) pregnant when she died?	YES.....1 GO TO 913 NO.....2	YES.....1 GO TO 913 NO.....2	YES.....1 GO TO 913 NO.....2	YES.....1 GO TO 913 NO.....2	YES.....1 GO TO 913 NO.....2	YES.....1 GO TO 913 NO.....2	YES.....1 GO TO 913 NO.....2
912 Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
913 Did (NAME) die because of complications of pregnancy or childbirth?	YES.....1 NO.....2 GO TO [2] DK.....8	YES.....1 NO.....2 GO TO [3] DK.....8	YES.....1 NO.....2 GO TO [4] DK.....8	YES.....1 NO.....2 GO TO [5] DK.....8	YES.....1 NO.....2 GO TO [6] DK.....8	YES.....1 NO.....2 GO TO [7] DK.....8	YES.....1 NO.....2 GO TO [8] DK.....8
914 How many children had (NAME) given birth to before that pregnancy?	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]

	[8]	[9]	[10]	[11]	[12]	[13]	[14]
904 What was the name given to your oldest (next oldest) brother or sister?	----------	----------	----------	----------	----------	----------	----------
905 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
906 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [9]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [10]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [11]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [12]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [13]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [14]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [15]
907 How old is (NAME)?	GO TO [9]	GO TO [10]	GO TO [11]	GO TO [12]	GO TO [13]	GO TO [14]	GO TO [15]
908 How many years ago did (NAME) die?							
909 How old was (NAME) when she/he died?	IF MALE OR DIED BEFORE 10 YEARS GO TO [9]	IF MALE OR DIED BEFORE 10 YEARS GO TO [10]	IF MALE OR DIED BEFORE 10 YEARS GO TO [11]	IF MALE OR DIED BEFORE 10 YEARS GO TO [12]	IF MALE OR DIED BEFORE 10 YEARS GO TO [13]	IF MALE OR DIED BEFORE 10 YEARS GO TO [14]	IF MALE OR DIED BEFORE 10 YEARS GO TO [15]
910 Did (NAME) die during childbirth?	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2
911 Was (NAME) pregnant when she died?	YES.....1 GO TO 913 NO.....2	YES.....1 GO TO 913 NO.....2	YES.....1 GO TO 913 NO.....2	YES.....1 GO TO 913 NO.....2	YES.....1 GO TO 913 NO.....2	YES.....1 GO TO 913 NO.....2	YES.....1 GO TO 913 NO.....2
912 Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
913 Did (NAME) die because of complications of pregnancy or childbirth?	YES.....1 NO.....2 GO TO [9] DK.....8	YES.....1 NO.....2 GO TO [10] DK.....8	YES.....1 NO.....2 GO TO [11] DK.....8	YES.....1 NO.....2 GO TO [12] DK.....8	YES.....1 NO.....2 GO TO [13] DK.....8	YES.....1 NO.....2 GO TO [14] DK.....8	YES.....1 NO.....2 GO TO [15] DK.....8
914 How many children had (NAME) given birth to before that pregnancy?							

915	RECORD THE TIME.	HOUR..... MINUTES.....

F42

SECTION 10. HEIGHT AND WEIGHT

1001	CHECK 215:		
	ONE OR MORE BIRTHS SINCE JAN. 1991	☐	NO BIRTHS SINCE JAN. 1991 ☐ → END

INTERVIEWER:
IN 1002 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1991 AND STILL ALIVE. IN 1003 AND 1004 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1991. IN 1006 AND 1008 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1991 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1991, USE ADDITIONAL FORMS).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO-YOUNGEST LIVING CHILD	4 SECOND-TO-YOUNGEST LIVING CHILD
1002 LINE NO. FROM Q.212		☐☐	☐☐	☐☐
1003 NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
1004 DATE OF BIRTH FROM Q.215, AND ASK FOR DAY OF BIRTH		DAY..... ☐☐ MONTH.... ☐☐ YEAR..... ☐☐	DAY..... ☐☐ MONTH.... ☐☐ YEAR..... ☐☐	DAY..... ☐☐ MONTH.... ☐☐ YEAR..... ☐☐
1005 BCG SCAR ON TOP OF RIGHT SHOULDER		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
1006 HEIGHT (in centimeters)	☐☐☐.☐	☐☐☐.☐	☐☐☐.☐	☐☐☐.☐
1007 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
1008 WEIGHT (in kilograms)	☐☐☐.☐	0☐☐.☐	0☐☐.☐	0☐☐.☐
1009 DATE WEIGHED AND MEASURED	DAY..... ☐☐ MONTH.... ☐☐ YEAR..... ☐☐	DAY..... ☐☐ MONTH.... ☐☐ YEAR..... ☐☐	DAY..... ☐☐ MONTH.... ☐☐ YEAR..... ☐☐	DAY..... ☐☐ MONTH.... ☐☐ YEAR..... ☐☐
1010 RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)

1011
NAME OF MEASURER: _____ ☐☐ NAME OF ASSISTANT: _____ ☐☐☐

INTERVIEWER'S OBSERVATIONS

To be filled in after completing interview

Comments about Respondent: _____

_____

_____

Comments on
Specific Questions: _____

_____

_____

Any Other Comments: _____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

_____

_____

_____

Name of Editor: _____ Date: _____

F44

INSTRUCTIONS: ONLY ONE CODE SHOULD APPEAR IN ANY BOX. FOR COLUMNS 1, 3, AND 4 ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: Births, Pregnancies, Contraceptive Use
- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 PILL
- 2 IUD
- 3 INJECTIONS
- 4 IMPLANTS
- 5 DIAPHRAGM/FOAM/JELLY
- 6 CONDOM
- 7 FEMALE STERILIZATION
- 8 MALE STERILIZATION
- 9 SAFE PERIOD
- A WITHDRAWAL
- X OTHER_____ (SPECIFY)

COL.2: Discontinuation of Contraceptive Use
- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COST TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSE
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER_____ (SPECIFY)
- Z DON'T KNOW

COL.3: Marriage/Union
- X IN UNION (MARRIED)
- 0 NOT IN UNION

COL.4: Moves and Types of Communities
- X CHANGE OF COMMUNITY
- 1 MAIN TOWN
- 2 OTHER URBAN AREA
- 3 RURAL AREA

			1	2	3	4			
	12	DEC	01					01	DEC
	11	NOV	02					02	NOV
	10	OCT	03					03	OCT
	09	SEP	04					04	SEP
1	08	AUG	05					05	AUG 1
9	07	JUL	06					06	JUL 9
9	06	JUN	07					07	JUN 9
4	05	MAY	08					08	MAY 4
	04	APR	09					09	APR
	03	MAR	10					10	MAR
	02	FEB	11					11	FEB
	01	JAN	12					12	JAN
	12	DEC	13					13	DEC
	11	NOV	14					14	NOV
	10	OCT	15					15	OCT
	09	SEP	16					16	SEP
1	08	AUG	17					17	AUG 1
9	07	JUL	18					18	JUL 9
9	06	JUN	19					19	JUN 9
3	05	MAY	20					20	MAY 3
	04	APR	21					21	APR
	03	MAR	22					22	MAR
	02	FEB	23					23	FEB
	01	JAN	24					24	JAN
	12	DEC	25					25	DEC
	11	NOV	26					26	NOV
	10	OCT	27					27	OCT
	09	SEP	28					28	SEP
1	08	AUG	29					29	AUG 1
9	07	JUL	30					30	JUL 9
9	06	JUN	31					31	JUN 9
2	05	MAY	32					32	MAY 2
	04	APR	33					33	APR
	03	MAR	34					34	MAR
	02	FEB	35					35	FEB
	01	JAN	36					36	JAN
	12	DEC	37					37	DEC
	11	NOV	38					38	NOV
	10	OCT	39					39	OCT
	09	SEP	40					40	SEP
1	08	AUG	41					41	AUG 1
9	07	JUL	42					42	JUL 9
9	06	JUN	43					43	JUN 9
1	05	MAY	44					44	MAY 1
	04	APR	45					45	APR
	03	MAR	46					46	MAR
	02	FEB	47					47	FEB
	01	JAN	48					48	JAN
	12	DEC	49					49	DEC
	11	NOV	50					50	NOV
	10	OCT	51					51	OCT
	09	SEP	52					52	SEP
1	08	AUG	53					53	AUG 1
9	07	JUL	54					54	JUL 9
9	06	JUN	55					55	JUN 9
0	05	MAY	56					56	MAY 0
	04	APR	57					57	APR
	03	MAR	58					58	MAR
	02	FEB	59					59	FEB
	01	JAN	60					60	JAN
	12	DEC	61					61	DEC
	11	NOV	62					62	NOV
	10	OCT	63					63	OCT
	09	SEP	64					64	SEP
1	08	AUG	65					65	AUG 1
9	07	JUL	66					66	JUL 9
8	06	JUN	67					67	JUN 8
9	05	MAY	68					68	MAY 9
	04	APR	69					69	APR
	03	MAR	70					70	MAR
	02	FEB	71					71	FEB
	01	JAN	72					72	JAN

ZIMBABWE DEMOGRAPHIC AND HEALTH SURVEY

MALE QUESTIONNAIRE

IDENTIFICATION

WARD/VILLAGE _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER.....

HOUSEHOLD NUMBER.....

PROVINCE.....

URBAN/RURAL (urban=1, rural=2).....

MAIN TOWN/OTHER URBAN/RURAL.....
(main town=1, other urban=2, rural=3)

NAME AND LINE NUMBER OF MAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
INTERVIEWER'S NAME				NAME
RESULT***				RESULT
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS

***RESULT CODES:

1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 INCAPACITATED
7 OTHER _____ (specify)

LANGUAGE OF QUESTIONNAIRE: ENGLISH [3]

LANG. INTERV:	TEAM LEADER	FIELD EDITOR	OFFICE EDITOR	KEYED BY
SHONA.....1 NDEBELE.....2 ENGLISH.....3 OTHER 6	NAME _____ DATE _____	NAME _____ DATE _____		

M1

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... [ ][ ] MINUTES..... [ ][ ]	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a town or in a rural area? IF TOWN: Which town?	MAIN TOWN.....1 OTHER URBAN.....2 RURAL.....3	
105	In what month and year were you born?	MONTH..... [ ][ ] DK MONTH.....98 YEAR..... [ ][ ] DK YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... [ ][ ]	
107	Have you ever attended school?	YES.....1 NO.....2	→114
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
109	What is the highest (grade/form/year) you completed at that level?	YEARS..... [ ][ ]	
110	CHECK 106: AGE 24 OR BELOW [ ] AGE 25 OR ABOVE [ ]		→113
111	Are you currently attending school?	YES.....1 NO.....2	→113
112	What was the main reason you stopped attending school?	GOT MARRIED.....01 HAD TO CARE FOR YOUNGER CHILDREN..02 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....03 COULD NOT PAY SCHOOL FEES.....04 NEEDED TO EARN MONEY.....05 GRADUATED/HAD ENOUGH SCHOOLING....06 BAD GRADES.....07 DID NOT LIKE SCHOOL.....08 SCHOOL NOT ACCESSIBLE/TOO FAR.....09 OTHER_____ 96 (SPECIFY) DK.....98	
113	CHECK 108: PRIMARY [ ] SECONDARY OR HIGHER [ ]		→115

M2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→116
115	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
116	Do you usually listen to a radio every day?	YES.....1 NO.....2	
117	Do you usually watch television at least once a week?	YES.....1 NO.....2	
118	What is your religion?	TRADITIONAL.....1 SPIRITUAL.....2 CHRISTIAN.....3 OTHER _____....6 (specify)	
119	RECORD ETHNICITY.	BLACK.....1 WHITE.....2 COLOURED.....3 ASIAN.....4 OTHER _____....6 (specify)	
120	Are you currently working?	YES.....1 NO.....2	→122
121	Have you done any work in the last 12 months?	YES.....1 NO.....2	→201
122	What is your occupation, that is, what kind of work do you mainly do?	_____ [ ][ ] _____ _____	
123	CHECK 122: WORKS IN AGRICULTURE [ ] DOES NOT WORK IN AGRICULTURE [ ]		→125
124	Do you work mainly on your own land or on family land, or do you rent land, or work on communal land or on someone else's land?	OWN LAND.....1 RENTED LAND.....2 COMMUNAL/RESETTLEMENT LAND.....3 SOMEONE ELSE'S LAND.....4	
125	Do you do this work for a member of your family, for someone else or are you self-employed?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED.....3	
126	Do you usually work at this job throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY.....2 ONCE IN A WHILE.....3	→128
127	During the last year, how many months did you work at this job?	NUMBER OF MONTHS..... [ ][ ]	
128	In a typical day, week, or month how much do you earn for this job? RECORD IN ZIMBABWE DOLLARS	PER DAY.....1 PER WEEK.....2 PER MONTH.....3 NO CASH EARNED.....999995	[ ][ ][ ][ ][ ]

M3

SECTION 2. MARRIAGE AND REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Are you currently married?	YES, CURRENTLY MARRIED.....1 NO, NOT CURRENTLY MARRIED.....2	→204
202	How many wives do you have?	NUMBER OF WIVES..... [ ][ ][ ]	
203	Does (Do) your wife (wives) live in this household? IF YES, What is (are) her name(s)? RECORD: LINE NUMBER(S) OF THE WIFE (WIVES) IN HOUSEHOLD QUESTIONNAIRE	[ ][ ] [ ][ ] [ ][ ] [ ][ ]	→206
204	Have you ever been married or lived with a woman?	YES.....1 NO.....2	→209
205	What is your marital status now: are you widowed or divorced?	WIDOWED.....1 DIVORCED.....2	
206	In what month and year did you start living with your (first) wife?	MONTH..... [ ][ ] DK MONTH.....98 YEAR..... [ ][ ] DK YEAR.....98	→208
207	How old were you when you started living with her?	AGE..... [ ][ ]	
208	CHECK 201: NOT CURRENTLY MARRIED [ ] ↓	CURRENTLY MARRIED [ ]	→210
209	Do you currently have a regular partner, or occasional partner(s) or no partner at all?	REGULAR PARTNER.....1 OCCASIONAL PARTNER(S).....2 NO PARTNER AT ALL.....3	
210	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse with anyone?	NEVER.....000 DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4	→301
211	How old were you when you first had sexual intercourse?	AGE..... [ ][ ] WHEN FIRST MARRIED 96	

M4

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
212	Now I would like to ask about all the children you have had during your life. Do you have children?	YES.....1 NO.....2	→217
213	Do you have any sons or daughters who are now living with you?	YES.....1 NO.....2	→215
214	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... [ ][ ] DAUGHTERS AT HOME..... [ ][ ]	
215	Do you have any sons or daughters who are alive but do not live with you?	YES.....1 NO.....2	→217
216	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'.	SONS ELSEWHERE..... [ ][ ] DAUGHTERS ELSEWHERE..... [ ][ ]	
217	Have you ever had a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES.....1 NO.....2	→219
218	How many boys have died? And how many girls have died? IF NONE RECORD '00'.	BOYS DEAD..... [ ][ ] GIRLS DEAD..... [ ][ ]	
219	SUM ANSWERS TO 214, 216, AND 218, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL..... [ ][ ][ ]	
220	CHECK 219: Just to make sure that I have this right: you have had in TOTAL ____ children during your life. Is that correct? YES [ ] NO [ ] → PROBE AND CORRECT 212-219 AS NECESSARY		
221	CHECK 219: HAS HAD CHILDREN [ ] ↓ HAS HAD NO CHILDREN [ ]		→301
222	In what month and year was your last child born?	MONTH..... [ ][ ] DK MONTH.....98 YEAR..... [ ][ ][ ]	
223	Is your last child still alive?	YES.....1 NO.....2	
224	When your wife became pregnant with this last child, did you want her to become pregnant then, did you want her to wait until later, or did you not want her to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	

M5

SECTION 3: CONTRACEPTION

301 Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN CHECK IN 303 IF HE HAS EVER HAD SEX. IF NO, GO TO 401. IF YES, GO ON WITH 304. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 304 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 CHECK 210 : HAS HAD SEX [ ] / HAS NEVER HAD SEX [ ] ▸401 — 304 Have you ever used (METHOD) with anyone?
01 PILL Women can take a pill every day.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
02 IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
03 INJECTIONS Women can have an injection by a doctor or a nurse which stops them from becoming pregnant for months.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
04 IMPLANTS Women can have 5 small rods placed in the arm by a doctor which can prevent pregnancy for several years.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
05 DIAPHRAGM, FOAMING TABLETS. Woman can place a diaphragm, foaming tablet, sponge, jelly, or cream inside themselves before sexual intercourse.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
06 CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
07 FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	Has your wife ever had this operation? YES.....1 NO.....2
08 MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	Have you ever had this operation? YES.....1 NO.....2
09 SAFE PERIOD, RHYTHM Every month that a woman is sexually active the couple can avoid having sex on the days of the month she is more likely to get pregnant.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
10 WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
11 Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES/SPONTANEOUS.....1 NO.....3	
1)_____ (SPECIFY)		YES.....1 NO.....2
2)_____ (SPECIFY)		YES.....1 NO.....2

305 CHECK 304:

NOT A SINGLE "YES" (NEVER USED) [ ]

AT LEAST ONE "YES" (EVER USED) [ ] ▸308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306	Have you ever used anything or tried anything in any way to delay or avoid having a child?	YES.....1 NO.....2	→316
307	What have you used or done? CORRECT 304-305 (AND 302 IF NECESSARY)		
308	CHECK 303: MAN NOT STERILIZED [ ] MAN STERILIZED [ ]		→310A
309	Are you currently doing something or using any method to delay or avoid having a child?	YES.....1 NO.....2	→316
310	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAMING TABLET/SPONGE...05 CONDOM.....06	→315
310A	(NOTE: DO NOT ASK Q.310A IF THE MAN IS NOT STERILIZED) You have said that you had an operation that keeps you from getting a woman pregnant. Is that correct? IF RESPONDENT SAYS "NO", CORRECT 303-304 (AND 302 IF NECCESSARY). IF RESPONDENT CONFIRMS WITH A "YES", CIRCLE '08' FOR MALE STERILIZATION.	FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 SAFE PERIOD/RHYTHM.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY)	→316
311	Where did the sterilisation take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL.....11 PROVINCIAL HOSPITAL.....12 DISTRICT/RURAL HOSPITAL.....13 OTHER PUBLIC _____ 16 (SPECIFY) MISSION FACILITY.....19 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PRIVATE DOCTOR.....23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DK.....98	
312	Do you regret that (you/your wife) had the operation not to have any (more) children?	YES.....1 NO.....2	→314
313	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD....01 WIFE WANTS ANOTHER CHILD.....02 SIDE EFFECTS.....03 CHILD DIED.....04 OTHER _____ 96 (SPECIFY)	
314	In what month and year was the sterilization performed?	MONTH..... YEAR..... [ ][ ] [ ][ ]	→316

M7

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315	Where did you obtain (METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC.....11 RURAL/MUNICIPAL CLINIC.....12 RURAL HEALTH CENTRE.....13 ZNFPC MOBILE CLINIC.....14 MOH MOBILE CLINIC.....15 ZNFPC CBD.....16 MOH CBD.....17 OTHER PUBLIC_____ 18 (SPECIFY) MISSION FACILITY.....19 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY.....22 PRIVATE DOCTOR.....23 CBD.....25 OTHER PRIVATE MEDICAL_____ 26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER_____ 96 (SPECIFY)	
316	CHECK 201 AND 209: CURRENTLY MARRIED OR HAVING A REGULAR PARTNER [ ] ↓ NOT CURRENTLY MARRIED AND NOT HAVING A REGULAR PARTNER [ ]		→319
317	Is your wife (or one of your wives)/regular partner pregnant now?	YES.....1 NO.....2 UNSURE.....8	→319
318	When she became pregnant, did you want her to become pregnant then, did you want her to wait until later, or did you not want this pregnancy at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
319	CHECK 210: HAS HAD SEX [ ] ↓ NEVER HAD SEX [ ]		→401
320	CHECK 302: KNOWS CONDOM [ ] ↓ Now I need to ask you some more questions about sexual activity. The last time you had sex, was a condom used? DOES NOT KNOW CONDOM [ ] ↓ Now I need to ask you some more questions about sexual activity. Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?	YES.....1 NO.....2 DK.....8	
321	Do you know where you can get condoms?	YES.....1 NO.....2	→323

MC

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC.....10 RURAL/MUNICIPAL CLINIC.....11 ZNFPC CLINIC.....12 RURAL HEALTH CENTRE.....13 ZNFPC MOBILE CLINIC.....14 MOH MOBILE CLINIC.....15 ZNFPC CBD.....16 MOH CBD.....17 OTHER PUBLIC_____ 18 (SPECIFY) MISSION FACILITY.....19 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY.....22 PRIVATE DOCTOR.....23 CBD.....25 OTHER PRIVATE MEDICAL_____ 26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER_____ 96 (SPECIFY)	
323	CHECK 201: CURRENTLY MARRIED ☐ ↓	NOT CURRENTLY MARRIED ☐	→332
324	Who did you have sex with the last time you had sexual intercourse? Was it with your wife or was it with someone else?	WIFE.....1 SOMEONE ELSE.....2	
325	Have you had sex with your wife in the last four weeks?	YES.....1 NO.....2	→328
326	How many times?	NUMBER OF TIMES..... ☐☐ DK.....98	
327	Was a condom used on any of these occasions? IF YES: Was it each time or sometimes?	YES, EACH TIME.....1 YES, SOMETIMES.....2 NEVER.....3	
328	Have you had sex with anyone other than your wife in the last four weeks?	YES.....1 NO.....2	→ 401
329	With how many persons other than your wife have you had sex with in the last 4 weeks?	NUMBER OF PERSONS..... ☐☐ DK.....98	
330	How many times have you had sex with someone apart from your wife in the last 4 weeks?	NUMBER OF TIMES..... ☐☐ DK.....98	
331	Was a condom used on any of these occasions? IF YES: Was it each time or sometimes?	YES, EACH TIME.....1 YES, SOMETIMES.....2 NEVER.....3	→401
332	Have you had sex with anyone in the last four weeks?	YES.....1 NO.....2	→ 401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
333	With how many persons have you had sex in the last 4 weeks?	NUMBER OF PERSONS..... [ ][ ] DK.....98	
334	How many times have you had sex with someone in the last 4 weeks?	NUMBER OF TIMES..... [ ][ ] DK.....98	
335	Was a condom used on any of these occasions? IF YES: Was it each time or sometimes?	YES, EACH TIME.....1 YES, SOMETIMES.....2 NEVER.....3	

M10

SECTION 4. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 210: EVER HAD SEX ☐ NEVER HAD SEX ☐		→413
402	CHECK 317 AND 201: WIFE (WIVES) NOT PREGNANT OR UNSURE OR MAN NOT CURRENTLY MARRIED ☐ Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? WIFE PREGNANT ☐ Now I have some questions about the future. After the child your wife is expecting, would you like to have another child or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS WIFE CAN'T GET PREGNANT.....3 UNDECIDED/DK.....8	→406 →404
403	CHECK 317 AND 201: WIFE (WIVES) NOT PREGNANT OR UNSURE OR MAN NOT CURRENTLY MARRIED ☐ How long would you like to wait from now before the birth of (a/another) child? WIFE PREGNANT ☐ How long would you like to wait after the birth of the child your wife is expecting before the birth of another child?	MONTHS.....1 ☐☐ YEARS.....2 ☐☐ SOON/NOW.....993 SAYS WIFE CAN'T GET PREGNANT.....994 AFTER MARRIAGE.....995 OTHER_____ 996 (SPECIFY) DK.....998	→406
404	CHECK 317 AND 201: WIFE NOT PREGNANT OR UNSURE ☐ WIFE PREGNANT OR MAN NOT CURRENTLY MARRIED ☐		→406
405	If your wife became pregnant in the next few weeks, would you be happy, unhappy, or would it not matter very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	
406	CHECK 309: USING A METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐		→413
407	Do you intend to use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DK.....8	→409
408	Do you intend to use a method at any time in the future?	YES.....1 NO.....2 DK.....8	→410
409	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 SAFE PERIOD.....09 WITHDRAWAL.....10 OTHER_____ 96 (SPECIFY) UNSURE.....98	→413

M11

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410	What is the main reason you never intend to use a method?	NOT MARRIED.....11 FERTILITY-RELATED REASONS INFREQUENT SEX.....22 WIFE MENOPAUSAL/HYSTERECTOMY....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 WIFE OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER_____ 96 (SPECIFY) DK.....98	
411	CHECK 410: CODE 11 CIRCLED ☐ ↓ CODE 11 NOT CIRCLED ☐		→413
412	Would you ever use a method if you were married?	YES.....1 NO.....2 DK.....8	
413	CHECK 214 AND 216: HAS LIVING CHILDREN ☐ → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN ☐ → If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER..... ☐☐ OTHER_____ _____ 96 (SPECIFY)	→415
414	How many of these children would you like to be boys and how many would you like to be girls?	BOYS GIRLS EITHER NUMBER.... ☐☐ ☐☐ ☐☐ OTHER_____ 999996 (SPECIFY)	
415	Do you approve or disapprove of couples using a method of family planning to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3	→417
416	Have you ever recommended family planning to a friend, relative, or anyone else?	YES.....1 NO.....2	

M12

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
417	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television? By a CBD?	ACCEPT-ABLE / NOT ACCEPT-ABLE / DK RADIO.....1 / 2 / 8 TELEVISION.....1 / 2 / 8 CBD.....1 / 2 / 8	
418	In the last six months have you heard or learned about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures? From a CBD?	YES / NO RADIO.....1 / 2 TELEVISION.....1 / 2 NEWSPAPER OR MAGAZINE.....1 / 2 POSTER.....1 / 2 LEAFLETS OR BROCHURES.....1 / 2 CBD.....1 / 2	
419	In the last six months have you discussed the practice of family planning with your friends or relatives?	YES.....1 NO.....2	→421
420	With whom? Anyone else? RECORD ALL MENTIONED.	WIFE.....A MOTHER.....B REGULAR PARTNER (NOT WIFE).....C FATHER.....D SISTER(S).....E BROTHER(S).....F DAUGHTER.....G MOTHER-IN-LAW.....H FRIENDS.....I OTHER_____ X (SPECIFY)	
421	Do you think most, some, or none of the men you know use some kind of family planning?	MOST.....1 SOME.....2 NONE.....3 DK.....8	
422	CHECK 201: YES, CURRENTLY MARRIED ☐ ↓	NO, NOT CURRENTLY MARRIED ☐	→501
423	Now I want to ask you about your wife's view on family planning. Do you think that your wife approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DK.....8	
424	Have you and your wife ever discussed the number of children you would like to have?	YES.....1 NO.....2	
425	Do you think your wife wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DK.....8	

M13

SECTION 5. AIDS AND SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Have you heard about diseases that can be transmitted through sex?	YES.....1 NO.....2	→514
502	Which diseases have you heard about? RECORD ALL RESPONSES	SYPHILIS.....A GONORRHEA.....B AIDS/HIV INFECTION.....C GENITAL WARTS / CONDYLOMATA.....D CHANCROID.....E OTHER_____ W OTHER_____ X (SPECIFY) DK.....Z	
503	CHECK 210: HAS HAD SEX ☐ ↓	HAS NEVER HAD SEX ☐	→513
504	During the last 12 months, did you have any of these diseases?	YES.....1 NO.....2 DK.....8	→513
505	Which? RECORD ALL RESPONSES	SYPHILIS.....A GONORRHEA.....B AIDS/HIV INFECTION.....C GENITAL WARTS / CONDYLOMATA.....D CHANCROID.....E OTHER_____ W OTHER_____ X (SPECIFY) DON'T KNOW.....Z	
506	During the last 12 months, did you have a discharge from your penis?	YES.....1 NO.....2 DK.....8	
507	During the last 12 months, did you have a sore or ulcer on your penis?	YES.....1 NO.....2 DK.....8	
508	When you had the most recent episode of (DISEASE FROM 505, 506, 507) did you seek advice or treatment?	ADVICE /TREATMENT.....1 SELF TREATMENT.....2 DID NOT DO ANYTHING.....3	→510
509	Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED	PUBLIC SECTOR CENTRAL HOSPITAL.....A PROVINCIAL HOSPITAL.....B DISTRICT/RURAL HOSPITAL.....C RURAL HEALTH CENTRE.....D RURAL/MUNICIPAL CLINIC.....E VILLAGE COMMUNITY WORKER.....F OTHER PUBLIC SECTOR.....G _____ (specify) MISSION HOSPITAL/CLINIC.....H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....I PHARMACY.....J PRIVATE DOCTOR.....K VILLAGE COMMUNITY WORKER.....L OTHER MED. PRIVATE SECTOR.....M _____ (specify) OTHER PRIVATE SECTOR SHOP.....N RELATIVES/FRIENDS.....O TRADITIONAL HEALER.....P OTHER_____ X (specify)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	When you had (DISEASE of 505, 506, 507) did you advise your partner to seek treatment?	YES.....1 NO.....2	
511	When you had (DISEASE of 505, 506, 507) did you do something not to infect your partner?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3	▸513
512	What did you do? RECORD ALL MENTIONED	NO SEXUAL INTERCOURSE.....A USED CONDOMS.....B RECEIVED MEDICAL TREAMENT.....C OTHER_____ X (SPECIFY)	
513	SEE QUESTION 502 DID NOT MENTION 'AIDS' ☐ ▼	MENTIONED 'AIDS' ☐	▸515
514	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	▸531
515	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMFLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER.....X (SPECIFY)	
516	How can a person get the AIDS virus? Any other ways? RECORD ALL MENTIONED	SEXUAL INTERCOURSE.....A SEX WITH PROSTITUTES.....B HOMOSEXUAL CONTACT.....C SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....D BLOOD TRANSFUSION.....E INJECTIONS.....F KISSING.....G MOSQUITO BITES.....H OTHER_____ W (SPECIFY) OTHER_____ X (SPECIFY) DK.....Z	
517	Is there anything a person can do to avoid getting the AIDS virus?	YES.....1 NO.....2 DK.....8	▸521
518	What can a person do to avoid getting the AIDS virus? Any other ways? RECORD ALL MENTIONED	SAFE SEX.....A ABSTAIN FROM SEX.....B USE CONDOMS DURING SEX.....C AVOID MULTIPLE SEX PARTNERS.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM FROM TRADITIONAL HEALER.....K OTHER_____ W (SPECIFY) OTHER_____ X (SPECIFY) DK.....Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
519	SEE QUESTION 518: MENTIONED SAFE SEX ☐ ↓	DID NOT MENTION SAFE SEX ☐	→521
520	What does "safe sex" mean to you? RECORD ALL MENTIONED	ABSTAIN FROM SEX.....A USE CONDOMS DURING SEX.....B AVOID MULTIPLE SEX PARTNERS.....C AVOID SEX WITH PROSTITUTES.....D AVOID SEX WITH HOMOSEXUALS.....E OTHER_____ X (SPECIFY) DK..... Z	
521	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DK.....8	
522	Can AIDS be cured, or do all persons with AIDS die from the disease?	YES, THERE IS A CURE.....1 NO, EVERYONE WITH AIDS DIES.....2 DK.....8	
523	Can the AIDS virus be transmitted from mother to child during pregnancy or childbirth?	YES.....1 NO.....2 DK.....8	
524	Do you personally know someone who has AIDS or has died of AIDS?	YES.....1 NO.....2 DK.....8	
525	Do you think a person who has AIDS should be cared for at home, cared for in a medical facility, or left alone to take care of himself/herself?	HOME CARE.....1 MEDICAL FACILITY.....2 LEFT ALONE.....3 DK.....8	
526	Do you think your chances of getting the AIDS virus are small, moderate, great, or no risk at all?	NO RISK AT ALL.....1 SMALL.....2 MODERATE.....3 GREAT.....4	→528
527	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting the AIDS virus? Any other reasons? RECORD ALL MENTIONED	ABSTAIN FROM SEX.....A USE CONDOMS DURING SEX.....B HAVE ONLY ONE SEX PARTNER.....C LIMITED NUMBER OF SEX PARTNERS....D NO HOMOSEXUAL CONTACT.....E NO BLOOD TRANSFUSIONS.....F NO INJECTIONS.....G OTHER_____ X (SPECIFY) DK..... Z	→529
528	Why do you think that you have a (MODERATE/GREAT) chance of getting the AIDS virus? Any other reasons? RECORD ALL MENTIONED	DO NOT USE CONDOMS.....A MULTIPLE SEX PARTNERS.....B SPOUSE HAS MULTIPLE PARTNERS.....C HOMOSEXUAL CONTACT.....D HAD BLOOD TRANSFUSION.....E HAD INJECTIONS.....F OTHER_____ X (SPECIFY) DK.....Z	
529	Since you heard of AIDS, have you changed your behavior to prevent getting the AIDS virus?	YES.....1 NO.....2	→ 531

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
530	What did you do? Anything else? Anything else? RECORD ALL MENTIONED	STOPPED ALL SEX.....A STARTED USING CONDOMS.....B RESTRICTED SEX TO ONE PARTNER.....C REDUCED NUMBER OF PARTNERS.....D NO MORE HOMOSEXUAL CONTACTS.....E STOPPED INJECTIONS.....F OTHER_____ X (SPECIFY) DK.....Z	
531	Some people use a condom during sexual intercourse to avoid getting the AIDS virus or other sexually transmitted diseases. Have you ever heard of this?	YES.....1 NO.....2	
532	CHECK 210: HAS HAD SEX ☐ ↓ HAS NEVER HAD SEX ☐		▸601
533	Have you ever used a condom during sex to avoid getting or transmitting diseases, such as the AIDS virus?	YES.....1 NO.....2	
534	Have you given or received money, gifts or favours in return for sex at any time in the last 4 weeks?	YES.....1 NO.....2	

M17

SECTION 6. MATERNAL MORTALITY

601 Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere, and those who have died.

How many children did your mother give birth to, including you?

NUMBER OF BIRTHS TO NATURAL MOTHER..... [ ][ ]

602 CHECK 601: TWO OR MORE BIRTHS [ ] ↓ ONLY ONE BIRTH (RESPONDENT ONLY) [ ] → SKIP TO 615

603 How many of these births did your mother have before you were born?

NUMBER OF PRECEDING BIRTHS..... [ ][ ]

604 What was the name given to your oldest (next oldest) brother or sister?	[1] ----------	[2] ----------	[3] ----------	[4] ----------	[5] ----------	[6] ----------	[7] ----------
605 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
606 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 608 DK.....8 GO TO [2]	YES.....1 NO.....2 GO TO 608 DK.....8 GO TO [3]	YES.....1 NO.....2 GO TO 608 DK.....8 GO TO [4]	YES.....1 NO.....2 GO TO 608 DK.....8 GO TO [5]	YES.....1 NO.....2 GO TO 608 DK.....8 GO TO [6]	YES.....1 NO.....2 GO TO 608 DK.....8 GO TO [7]	YES.....1 NO.....2 GO TO 608 DK.....8 GO TO [8]
607 How old is (NAME)?	[ ][ ] GO TO [2]	[ ][ ] GO TO [3]	[ ][ ] GO TO [4]	[ ][ ] GO TO [5]	[ ][ ] GO TO [6]	[ ][ ] GO TO [7]	[ ][ ] GO TO [8]
608 How many years ago did (NAME) die?	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
609 How old was (NAME) when she/he died?	[ ][ ] IF MALE OR DIED BEFORE 10 YEARS GO TO [2]	[ ][ ] IF MALE OR DIED BEFORE 10 YEARS GO TO [3]	[ ][ ] IF MALE OR DIED BEFORE 10 YEARS GO TO [4]	[ ][ ] IF MALE OR DIED BEFORE 10 YEARS GO TO [5]	[ ][ ] IF MALE OR DIED BEFORE 10 YEARS GO TO [6]	[ ][ ] IF MALE OR DIED BEFORE 10 YEARS GO TO [7]	[ ][ ] IF MALE OR DIED BEFORE 10 YEARS GO TO [8]
610 Did (NAME) die during childbirth?	YES.....1 GO TO 614 NO.....2	YES.....1 GO TO 614 NO.....2	YES.....1 GO TO 614 NO.....2	YES.....1 GO TO 614 NO.....2	YES.....1 GO TO 614 NO.....2	YES.....1 GO TO 614 NO.....2	YES.....1 GO TO 614 NO.....2
611 Was (NAME) pregnant when she died?	YES.....1 GO TO 613 NO.....2	YES.....1 GO TO 613 NO.....2	YES.....1 GO TO 613 NO.....2	YES.....1 GO TO 613 NO.....2	YES.....1 GO TO 613 NO.....2	YES.....1 GO TO 613 NO.....2	YES.....1 GO TO 613 NO.....2
612 Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
613 Did (NAME) die because of complications of pregnancy or childbirth?	YES.....1 NO.....2 GO TO [2] DK.....8	YES.....1 NO.....2 GO TO [3] DK.....8	YES.....1 NO.....2 GO TO [4] DK.....8	YES.....1 NO.....2 GO TO [5] DK.....8	YES.....1 NO.....2 GO TO [6] DK.....8	YES.....1 NO.....2 GO TO [7] DK.....8	YES.....1 NO.....2 GO TO [8] DK.....8
614 How many children had (NAME) given birth to before that pregnancy?	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]

	[8]	[9]	[10]	[11]	[12]	[13]	[14]
604 What was the name given to your oldest (next oldest) brother or sister?	----------	----------	----------	----------	----------	----------	----------
605 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
606 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 608 DK.....8 GO TO [9]	YES.....1 NO.....2 GO TO 608 DK.....8 GO TO [10]	YES.....1 NO.....2 GO TO 608 DK.....8 GO TO [11]	YES.....1 NO.....2 GO TO 608 DK.....8 GO TO [12]	YES.....1 NO.....2 GO TO 608 DK.....8 GO TO [13]	YES.....1 NO.....2 GO TO 608 DK.....8 GO TO [14]	YES.....1 NO.....2 GO TO 608 DK.....8 GO TO [15]
607 How old is (NAME)?	GO TO [9]	GO TO [10]	GO TO [11]	GO TO [12]	GO TO [13]	GO TO [14]	GO TO [15]
608 How many years ago did (NAME) die?							
609 How old was (NAME) when she/he died?	IF MALE OR DIED BEFORE 10 YEARS GO TO [9]	IF MALE OR DIED BEFORE 10 YEARS GO TO [10]	IF MALE OR DIED BEFORE 10 YEARS GO TO [11]	IF MALE OR DIED BEFORE 10 YEARS GO TO [12]	IF MALE OR DIED BEFORE 10 YEARS GO TO [13]	IF MALE OR DIED BEFORE 10 YEARS GO TO [14]	IF MALE OR DIED BEFORE 10 YEARS GO TO [15]
610 Did (NAME) die during childbirth?	YES.....1 GO TO 614 NO.....2	YES.....1 GO TO 614 NO.....2	YES.....1 GO TO 614 NO.....2	YES.....1 GO TO 614 NO.....2	YES.....1 GO TO 614 NO.....2	YES.....1 GO TO 614 NO.....2	YES.....1 GO TO 614 NO.....2
611 Was (NAME) pregnant when she died?	YES.....1 GO TO 613 NO.....2	YES.....1 GO TO 613 NO.....2	YES.....1 GO TO 613 NO.....2	YES.....1 GO TO 613 NO.....2	YES.....1 GO TO 613 NO.....2	YES.....1 GO TO 613 NO.....2	YES.....1 GO TO 613 NO.....2
612 Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
613 Did (NAME) die because of complications of pregnancy or childbirth?	YES.....1 NO.....2 GO TO [9] DK.....8	YES.....1 NO.....2 GO TO [10] DK.....8	YES.....1 NO.....2 GO TO [11] DK.....8	YES.....1 NO.....2 GO TO [12] DK.....8	YES.....1 NO.....2 GO TO [13] DK.....8	YES.....1 NO.....2 GO TO [14] DK.....8	YES.....1 NO.....2 GO TO [15] DK.....8
614 How many children had (NAME) given birth to before that pregnancy?							

615	RECORD THE TIME.	HOUR..... MINUTES.....

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INTERVIEWER'S OBSERVATIONS

To be filled in after completing interview

Comments about Respondent: _____

_____

_____

Comments on Specific Questions: _____

_____

_____

Any Other Comments: _____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

_____

_____

_____

Name of Editor: _____ Date: _____

M20

ZIMBABWE DEMOGRAPHIC AND HEALTH SURVEY
CENTRAL STATISTICAL OFFICE

SERVICE AVAILABILITY QUESTIONNAIRE

IDENTIFICATION

WARD/VILLAGE NAME _____

CLUSTER NUMBER .....

PROVINCE.....

URBAN/RURAL (urban=1, rural =2).....

DATE OF VISIT

DAY

MONTH

YEAR

INTERVIEWER NAME _____ NAME

SUPERVISOR NAME _____ NAME

	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
NAME	_____	_____	_____	
DATE	_____	_____	_____	

SECTION 1A. COMMUNITY CHARACTERISTICS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
101	TYPE OF LOCALITY (in which cluster is found)	MAIN TOWN .....1 OTHER URBAN.....2 RURAL.....3	→ 106 → 106
102	What is the name of the nearest urban center?	_____ ☐☐	
103	How far is it in kilometers to the nearest urban center?	KM. TO NEAREST URBAN CENTER..... ☐☐☐	
104	What is the most commonly used type of transportation to go to the nearest urban center?	MOTORIZED.....1 ANIMAL.....2 WALKING.....3 CYCLING.....4 OTHER_____...5	
105	What is the main access route to (THIS LOCALITY)?	ALL WEATHER ROAD.....1 SEASONAL ROAD.....2 RIVER/RAILWAY.....3 PATH.....4	
106	What are the major economic activities of (LOCALITY'S) inhabitants? RECORD THREE ACTIVITIES	AGRICULTURE.....A LIVESTOCK.....B FISHING.....C TRADING/MARKETING.....D MANUFACTURING.....E MINING.....F OTHER_____...G	
107	Is there telephone service in (LOCALITY)?	YES.....1 NO.....2	
108	Sometimes children who play normally in the day have difficulty seeing and moving around in the twilight and after the sun goes down. In the evening these children may sit alone, hold onto their mother's clothes, be unable to find their toys, or see to eat. Are you familiar with this condition?	YES.....1 NO.....2	→ 109
108a	What do you call this condition? TRY TO GET THE LOCAL NAME OF THIS DISEASE	_____	
108b	Do you know of any children in the community who have this condition in the past month?	YES.....1 NO.....2	

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No.	QUESTIONS	CODING CATEGORIES	SKIP TO
109	Please tell me if the following things are in the (LOCALITY)	KILOMETERS	
	Is there a primary school here?	PRIMARY SCHOOL..... [ ][ ]	
	Is there a secondary school here?	SECONDARY SCHOOL..... [ ][ ]	
	Is mail delivered here?	POSTAL SERVICE..... [ ][ ]	
	Is there a cinema here?	CINEMA..... [ ][ ]	
	Is there a bank here?	BANK..... [ ][ ]	
	Is there regular public transportation here?	PUBLIC TRANSPORTATION.... [ ][ ]	

NOTE: FOR EACH, IF IN LOCALITY, RECORD "00".
IF NOT IN LOCALITY, ASK HOW FAR. RECORD IN KILOMETERS.
IF DO NOT KNOW, WRITE "98". IF MORE THAN 97, RECORD "97".

SECTION 1B. HEALTH AND FAMILY PLANNING PROGRAMS IN THE COMMUNITY

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
110	Does a community-based distributor (CBD) of family planning methods and information operate in [LOCALITY]?	YES.....1 NO.....2	→ 111
110a	How often does a CBD visit?	NO. OF TIMES [ ][ ] PER MONTH..1 YEAR...2	
110b	Does the CBD provide family planning counselling?	YES.....1 NO.....2	
110c	Are the following methods available from the family planning field worker? a: Pill?	PILL: YES.....1 NO.....2	
	b: Condom?	CONDOM: YES.....1 NO.....2	
	c: Vaginal Methods?	VAGINALS: YES.....1 NO.....2	
110d	How many CBDs operate in this area ?	TOTAL NO. OF CBDs ..... [ ][ ]	
	How many are ZNFPC workers ?	NO. OF ZNFPC CBDs..... [ ][ ]	
	How many are MOHCW workers ?	NO. OF MOHCW CBDs..... [ ][ ]	
111	Is this area visited regularly by a mobile family planning clinic operated by ZNFPC?	YES.....1 NO.....2	→ 112
111a	How often does this mobile clinic visit [LOCALITY]?	NO. OF TIMES [ ][ ] PER MONTH..1 YEAR...2	
111b	Are the following methods available from the ZNFPC mobile clinic? a: Pill?	PILL: YES.....1 NO.....2	
	b: IUD?	IUD: YES.....1 NO.....2	
	c: Condoms?	CONDOMS: YES.....1 NO.....2	
	d: Injection?	INJECTION: YES.....1 NO.....2	
	e: Vaginal Methods?	VAGINALS: YES.....1 NO.....2	
112	Is this area visited regularly by a mobile family planning clinic operated by an organisation other than ZNFPC?	YES.....1 NO.....2	→ 113
112a	How often does this mobile clinic visit [LOCALITY]?	NO. OF TIMES [ ][ ] PER MONTH..1 YEAR...2	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
112b	Are the following methods available from the mobile clinic not operated by ZNFPC? a: Pill?	PILL: YES.....1 NO.....2	
	b: IUD?	IUD: YES.....1 NO.....2	
	c: Condoms?	CONDOMS: YES.....1 NO.....2	
	d: Injection?	INJECTION: YES.....1 NO.....2	
	e: Vaginal Methods?	VAGINALS: YES.....1 NO.....2	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
113	Is there a traditional midwife who is available to women in [LOCALITY] to assist during delivery?	YES.....1 NO.....2	→ 114
113a	Has the traditional midwife had any special training from the government or Ministry of Health or other organization?	YES.....1 NO.....2 DON'T KNOW.....8	
114	Does a village community worker regularly operate in [LOCALITY]?	YES.....1 NO.....2	→ SECTION 2
114a	Does the village community worker provide: a: Basic medications?	BASIC MEDICATIONS: YES.....1 NO.....2	
	b: Advice on water and sanitation?	WATER AND SANITATION: YES.....1 NO.....2	
	c: Promotion of breastfeeding?	BREASTFEEDING PROMOTION: YES.....1 NO.....2	
	d: Advice on income generation?	INCOME GENERATION: YES.....1 NO.....2	
	e: Advice on antenatal care?	ANTENATAL CARE: YES.....1 NO.....2	
	f: Advice on immunisations?	IMMUNIZATIONS: YES.....1 NO.....2	
	g: Advice on family planning services?	FAMILY PLANNING: YES.....1 NO.....2	
114b	How often does the village community worker visit?	NO. OF TIMES [ ][ ] PER MONTH..1 YEAR...2	

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What is the name of the doctor with a private practice who is nearest to [LOCALITY]?

_____

What is the name of the nearest private pharmacy to [LOCALITY]?

_____

What is the name of the nearest rural health center providing general health services to [LOCALITY]? (RURAL CLUSTERS ONLY)

_____

What is the name of the nearest clinic providing general health services to [LOCALITY]?

_____

What is the name of the nearest hospital providing general health services to [LOCALITY]?

_____

A. PRIVATE DOCTOR

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
A201	NAME OF PRIVATE DOCTOR (COPY FROM SECTION 2, COVER PAGE).	PRIVATE DOCTOR'S NAME_____ NONE KNOWN.....98	→ B201
A202	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.	KILOMETERS..... [ ][ ]	
A203	What is the most common type of transport to the doctor's practice?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER_____5	
A204	How long does it take to get from here to [PRIVATE DOCTOR'S NAME] using [THE MOST COMMON MODE OF TRANSPORT]?	HOURS..... [ ] MINUTES..... [ ][ ]	
A205	Does this private doctor provide : antenatal care? delivery care? child immunisation? family planning services?	YES NO DK ANTINATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 CHILD IMMUNISATION...1 2 8 FAMILY PLANNING.....1 2 8	→ A210
A206	Who is the nearest doctor with a private practice who provides family planning services to this community? NOTE: Doctor's practice other than the one mentioned in A201.	PRIVATE DOCTOR'S NAME_____ DON'T KNOW.....98	→ A210
A207	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
A208	What is the most common type of transport to the doctor's practice?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER_____5	
A209	How long does it take to get from here to [PRIVATE DOCTOR'S NAME] using [THE MOST COMMON MODE OF TRANSPORT]?	HOURS..... [ ] MINUTES..... [ ][ ]	
A210	How many private doctor practices in total are there within 30 kilometers?	NO. PRIVATE DOCTORS WITHIN 30 KM..... [ ][ ]	

B. PHARMACY

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
B201	NAME OF PHARMACY (COPY FROM SECTION 2 COVER PAGE).	PHARMACY NAME_____ _____ NONE KNOWN.....98	→ C201
B202	Is that a government pharmacy or is it operated by a non-government organization ?	GOVERNMENT .....1 NON-GOVERNMENT.....2	
B203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.	KILOMETERS..... [ ][ ]	
B204	What is the most common type of transport to the pharmacy?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER_____5	
B205	How long does it take to get from here to (PHARMACY NAME) using [THE MOST COMMON MODE OF TRANSPORT]?	HOURS..... [ ] MINUTES..... [ ][ ]	
B206	Does this pharmacy sell or provide family planning supplies?	YES.....1 NO.....2 DON'T KNOW.....8	→ B212
B207	What is the name of the nearest pharmacy which sells family planning supplies to this community?	PHARMACY NAME_____ _____ DON'T KNOW.....98	→ B212
B208	Is that a government pharmacy or is it operated by a non-government organization ?	GOVERNMENT .....1 NON-GOVERNMENT.....2	
B209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.	KILOMETERS..... [ ][ ]	
B210	What is the most common type of transport to the pharmacy?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER_____5	
B211	How long does it take to get from here to (PHARMACY NAME) using [THE MOST COMMON MODE OF TRANSPORT]?	HOURS..... [ ] MINUTES..... [ ][ ]	
B212	How many private pharmacies in total are there within 30 kilometers?	NO. PHARMACIES WITHIN 30 KM..... [ ][ ]	

C. RURAL HEALTH CENTER (ONLY RURAL CLUSTERS)

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
C201	NAME OF RURAL HEALTH CENTER (COPY FROM SECTION 2 COVER PAGE).	RURAL HEALTH CENTER NAME_____ NONE KNOWN.....98	→ D201
C202	Is that a government health center or is it opearated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2	
C203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
C204	What is the most common type of transport to the health center?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER_____5	
C205	How long does it take to get from here to (HEALTH CENTER NAME) using [THE MOST COMMON MODE OF TRANSPORT]?	HOURS..... [ ] MINUTES..... [ ][ ]	
C206	Does this rural health center provide : antenatal care? delivery care? growth promotion? child immunisation? family planning services?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 GROWTH PROMOTION.....1 2 8 CHILD IMMUNISATION...1 2 8 FAMILY PLANNING.....1 2 8	→ C213
C207	What is the name of the nearest rural health center providing family planning services to this community?	HEALTH CENTER NAME _____ NONE KNOWN.....98	→ C213
C208	Is that a government health center or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2	
C209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
C210	What is the most common type of transport to the health center?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER_____5	
C211	How long does it take to get from here to (HEALTH CENTER NAME) using [THE MOST COMMON MODE OF TRANSPORT]?	HOURS..... [ ] MINUTES..... [ ][ ]	
C212	Does this health center provide : antenatal care? delivery care? growth promotion? child immunisation?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 GROWTH PROMOTION.....1 2 8 CHILD IMMUNISATION...1 2 8	
C213	How many rural health centers in total are there within 30 kilometers?	NO. HEALTH CENTERS WITHIN 30 KM..... [ ][ ]	

D. CLINIC

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
D201	NAME OF CLINIC (COPY FROM SECTION 2 COVER PAGE)	CLINIC NAME_____ NONE KNOWN.....98	→ E201
D202	Is that a government clinic, is it operated by ZNFPC, or is it operated by some other non-government organization?	GOVERNMENT.....1 ZNFPC.....2 OTHER ORGANIZATION.....3	
D203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
D204	What is the most common type of transport to the clinic?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER_____5	
D205	How long does it take to get from here to (CLINIC NAME) using [THE MOST COMMON MODE OF TRANSPORT]?	HOURS..... [ ] MINUTES..... [ ][ ]	
D206	Does this clinic provide : antenatal care? delivery care? growth promotion? child immunisation? family planning services?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 GROWTH PROMOTION.....1 2 8 CHILD IMMUNISATION...1 2 8 FAMILY PLANNING.....1 2 8	→ D213
D207	What is the name of the nearest clinic providing family planning services to this community?	CLINIC NAME _____ NONE KNOWN.....98	→ D213
D208	Is that a government clinic, is it operated by ZNFPC, or is it operated by some other non-government organization?	GOVERNMENT.....1 ZNFPC.....2 OTHER ORGANIZATION.....3	
D209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
D210	What is the most common type of transport to the clinic?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER_____5	
D211	How long does it take to get from here to (CLINIC NAME) using [THE MOST COMMON MODE OF TRANSPORT]?	HOURS..... [ ] MINUTES..... [ ][ ]	
D212	Does this clinic provide: antenatal care? delivery care? growth promotion? child immunisation?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 GROWTH PROMOTION.....1 2 8 CHILD IMMUNISATION...1 2 8	
D213	How many clinics in total are there within 30 kilometers?	NO. CLINICS WITHIN 30 KM..... [ ][ ]	

E. HOSPITAL

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
E201	NAME OF HOSPITAL (COPY FROM SECTION 2 COVER PAGE)	HOSPITAL NAME_____ NONE KNOWN.....98	→ 301
E202	Is that a government hospital or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2	
E203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
E204	What is the most common type of transport to the hospital?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER_____5	
E205	How long does it take to get from here to (HOSPITAL NAME) using [THE MOST COMMON MODE OF TRANSPORT]?	HOURS..... [ ] MINUTES..... [ ][ ]	
E206	Does this hospital provide: antenatal care? delivery care? growth promotion? child immunisation? family planning services?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 GROWTH PROMOTION.....1 2 8 CHILD IMMUNISATION...1 2 8 FAMILY PLANNING.....1 2 8	→ E213
E207	What is the name of the nearest hospital providing family planning services to this community?	HOSPITAL NAME _____ NONE KNOWN.....98	→ E213
E208	Is that a government hospital or is is operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2	
E209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
E210	What is the most common type of transport to the hospital?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER_____5	
E211	How long does it take to get from here to (HOSPITAL NAME) using [THE MOST COMMON MODE OF TRANSPORT]?	HOURS..... [ ] MINUTES..... [ ][ ]	
E212	Does this hospital provide: antenatal care? delivery care? growth promotion? child immunisation?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 GROWTH PROMOTION.....1 2 8 CHILD IMMUNISATION...1 2 8	
E213	How many hospitals in total are there within 30 kilometers?	NO. HOSPITAL WITHIN 30 KM..... [ ][ ]	

SECTION 3. CONTRACEPTIVE METHOD AND HEALTH SERVICES PROVISION (NEAREST PROVIDER)

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
301	What is the name of the nearest place where birth control pills can be obtained?	NEAREST PROVIDER NAME (PILL) _____ NONE KNOWN.....98	→ 303
302	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
303	What is the name of the nearest place or provider to this community where condoms can be obtained?	NEAREST PROVIDER NAME (CONDOMS) _____ NONE KNOWN.....98	→ 305
304	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
305	What is the name of the nearest place to this community where family planning injection can be obtained?	NEAREST PROVIDER NAME (INJECTION) _____ NONE KNOWN.....98	→ 307
306	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
307	What is the name of the nearest facility or provider to this community where IUDs can be inserted?	NEAREST PROVIDER NAME (IUD) _____ NONE KNOWN.....98	→ 309
308	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
309	What is the name of the nearest facility or provider to this community where female sterilization can be obtained?	NEAREST PROVIDER NAME (STERLISATION) _____ NONE KNOWN.....98	→ 311
310	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
311	What is the name of the nearest facility or provider to this community where spermacidal jelly or diaphragms can be obtained?	NEAREST PROVIDER NAME (VAGINALS) _____ NONE KNOWN.....98	→ 313
312	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
313	What is name of the nearest place to this community where immunisations for children are normally obtained?	NEAREST PROVIDER NAME (IMMUNISATION) _____ NONE KNOWN.....98	→ 316
314	Is this immunisation service provided from a fixed facility, an outreach program, or from a private doctor?	FIXED FACILITY.....1 OUTREACH PROGRAM..... 2 PRIVATE DOCTOR..... 3 NONE KNOWN.....98	
315	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
316	If child is sick with cough (respiratory disease), what is the name of the nearest place where treatment can be obtained?	NEAREST PROVIDER NAME (COUGH) _____ NONE KNOWN.....98	→ 318
317	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
318	What is the name of the nearest place to this community where antenatal care can be obtained?	NEAREST PROVIDER NAME (ANTENATAL CARE) _____ NONE KNOWN.....98	→ 320
319	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
320	What is the name of the nearest facility to this community where a woman can deliver her baby with medical supervision?	NEAREST PROVIDER NAME (DELIVERY SERV.) _____ NONE KNOWN.....98	→ 322
321	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	
322	If a woman has a complication in delivery, what is the name of the nearest place she can be treated?	NEAREST PROVIDER NAME (DELIVERY COMP.) _____ NONE KNOWN.....98	→ 324
323	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, RECORD THE NUMBER. IF 97 KILOMETERS OR MORE, RECORD '97'.)	KILOMETERS..... [ ][ ]	

324. CLUSTER INFORMANTS

NAME	POSITION/TITLE/OCCUPATION
1. _____ (HEALTH WORKER)	_____
2. _____ (OTHER MATURE WOMAN)	_____
3. _____	_____
4. _____	_____

325. TOTAL NUMBER OF INFORMANTS IN THE CLUSTER..... [ ][ ]

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