

Tanzania
Knowledge, Attitudes and Practices Survey
1994

Preliminary Report

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I. BACKGROUND

A. Introduction

The 1994 Tanzania Knowledge, Attitudes, and Practices Survey (TKAPS) was conducted by the Bureau of Statistics, Planning Commission. Macro International Inc. of Calverton, Maryland provided technical assistance to the project through its Demographic and Health Surveys contract with the U.S. Agency for International Development (USAID). Funding for the TKAPS was provided by USAID/Tanzania, while the Government of Tanzania loaned the services of the senior staff of the Bureau of Statistics.

The TKAPS is a follow-up to the 1991/92 Tanzania Demographic and Health Survey (TDHS) which was implemented by the same organisations.¹ The TKAPS differed from the TDHS in that it was implemented on a smaller sample and did not include a birth history nor questions on health. The main purpose of the TKAPS was to produce up-to-date estimates of contraceptive knowledge and use that could be used to evaluate the USAID-funded Family Planning Services Support project. Another objective of the survey was to provide data on general knowledge about AIDS.

This report presents the preliminary results for some of the principal topics covered in the survey. A more comprehensive and detailed report will be published in 1995. The final figures are not expected to differ substantially from the findings presented in this preliminary report, but the results presented here should be regarded as provisional and subject to modification. Many issues not covered in this report will be covered in the final report.

B. Objectives of the Survey

The primary objective of the TKAPS was to provide up-to-date information on awareness, approval, and use of family planning methods; unmet need for family planning services; fertility preferences; nuptiality; and knowledge regarding AIDS. This information is intended to assist policymakers and administrators in evaluating and designing programmes and strategies for improving family planning services and AIDS programs in the country.

¹ Ngallaba, S., S.H. Kapiga, I. Ruyobya, and J.T. Boerma. 1993. *Tanzania Demographic and Health Survey 1991/1992*. Dar es Salaam and Columbia, Maryland: Bureau of Statistics and Macro International Inc.

II. SURVEY IMPLEMENTATION

A. Questionnaires

Three types of questionnaires were used for the TKAPS: a Household Questionnaire, a Woman's Questionnaire, and a Man's Questionnaire. The contents of these questionnaires were based on the DHS Model Questionnaire, as well as on the questionnaires used in the TDHS. As mentioned above, the birth history section and the sections on maternal and child health and nutrition were omitted from the TKAPS. Contents of the questionnaires were discussed with staff from the Family Planning Unit, the National AIDS Control Programme, the Institute of Public Health, the UNFPA, and USAID/Tanzania. The questionnaires were developed in English and then translated into and printed in Kiswahili.

The Household Questionnaire was used to list all the usual members and visitors of selected households. Some basic information was collected on the 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 individual interview. In addition, information was collected about the dwelling itself, such as the source of water, type of toilet facilities, materials used to construct the house, and ownership of various consumer goods.

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

- Background characteristics (age, education, religion, etc.),
- Total number of children borne,
- Knowledge and use of family planning methods,
- Marriage,
- Fertility preferences,
- Husband's background and respondent's work, and
- Awareness of AIDS.

The Man's Questionnaire contained most of the same questions as the Woman's Questionnaire. Men were eligible if they were 15-59.

B. Sample Design and Implementation

The sample for the 1994 TKAPS was national in scope, with the exclusion of only Zanzibar. In order to maximise efficiency and enhance the measurement of trends, sample

points for the TKAPS were selected from those which had been chosen for the 1991/92 TDHS.² The TDHS sample was a three-stage design, consisting of wards/branches at the first stage, census enumeration areas (EAs) at the second stage, and households at the third stage.³ Of the total of 357 EAs used in the TDHS, 203--57 urban and 146 rural--were selected for the TKAPS.

The ratio of the sub-selection of TKAPS sample points from TDHS sample points was not uniform across the country. Although the TKAPS sample size was too small to obtain separate estimates for each of Tanzania's 20 mainland regions, estimates of most variables were obtained for groups of regions. Regions were grouped into three geographically contiguous *zones*, as follows:

Coastal Zone: Tanga, Coast, Dar es Salaam, Lindi, Mtwara, Ruvuma, and Morogoro;
Central Zone: Arusha, Kilimanjaro, Singida, Dodoma, Iringa, and Mbeya; and
Western Zone: Kagera, Mwanza, Mara, Shinyanga, Tabora, Rukwa, and Kigoma.

Based on TDHS results, the three zones correspond to medium, high and low contraceptive prevalence rates, respectively. Moreover, to meet the secondary objective of the TKAPS, namely to provide data on AIDS knowledge and sexual behaviour, it was decided to provide separate estimates of certain variables for Mwanza, Dodoma, Iringa and Dar es Salaam regions. Thus, the TKAPS sample over-selected EAs from the TDHS for these four regions relative to the other regions, such that there would be an expected minimum of 350 women interviewed in each. Whereas in the other regions, one-half of the selected households were designated for the man's survey, in these four regions, all households were selected for both the woman's and man's surveys. Due to the oversampling of households in certain regions, the TKAPS sample is not self-weighting at the national level; consequently, the data presented in this report have been weighted to compensate.

After the selection of the TKAPS sample points, field staff from the Bureau of Statistics conducted a household listing operation in May and June 1994. A systematic sample of households was then selected from these lists, with an average "take" of 22 households in both urban and rural clusters for an expected total of about 4,466 households selected. As mentioned above, every second household was identified as selected for the male survey, meaning that, in addition to interviewing all women age 15-49, interviewers were also to interview all men age 15-59; in Dodoma, Iringa and Dar es Salaam regions, all selected households were eligible for the male survey⁴. It was expected that the sample would yield interviews with approximately 4,500 women age 15-49 and over 2,500 men age 15-59.

² Although the actual households covered in the TKAPS differed from those covered in the TDHS, the fact that the sample points were the same increases the inter-survey correlation and reduces the sampling error of the difference between the rates measured in the two surveys.

³ For a more detailed description of the TDHS sample design, see Ngallaba, et al. 1993, Appendix A.

⁴ Mwanza was to be included as well, however, it was erroneously excluded from this oversampling for men.

C. Training and Field Work

Given that the questionnaires were so similar to those used in the 1991/92 TDHS and that they were printed in only one language (Kiswahili), the pretest of the TKAPS questionnaires was not extensive. In March 1994, several permanent staff of the Bureau of Statistics conducted a small pretest in one urban and one rural area, after which they all met to make revisions in the questionnaires and translations.

Bureau of Statistics staff recruited candidates for field staff positions for the main survey. Recruitment criteria included educational attainment, maturity, ability to spend up to three months on the survey, and experience in other surveys.

Training for the main survey was conducted in Iringa for two weeks in late June and early July. Staff of the Bureau of Statistics were assigned to conduct the training with assistance from the Macro Country Monitor.

Training consisted mostly of lectures on how to fill in the questionnaires and mock interviews between participants. Later, participants conducted field practice interviewing in the community using the whole questionnaire. Periodic tests were administered to evaluate the training. Supervisors and field editors received special training in questionnaire editing.

Trainees who performed satisfactorily in the training programme were selected as interviewers, while those whose performance was rated as superior were selected as field editors. Supervisors were full-time staff from the Bureau of Statistics.

The field work for the TKAPS was carried out by 6 interviewing teams. Each consisted of one supervisor, one field editor, 4 female interviewers, one male interviewer and one driver; however, in the areas in which all households qualified for the men's survey, each team had 3 female and 3 male interviewers. Each team was provided a vehicle and a driver. Field work commenced on 13 July and was completed on 22 September 1994.

D. Data Processing

All questionnaires for the TKAPS were returned to the Census Office in Dar es Salaam for data processing. The processing operation consisted of office editing, coding of open-ended questions, data entry, and editing of errors found by the computer programs. Bureau of Statistics staff were responsible for the data processing operation. The data were processed on 5 microcomputers, two of which were supplied specifically for the TKAPS survey. The DHS data entry and editing programs were written in ISSA (Integrated System for Survey Analysis). Data processing commenced on 8 August and was completed by 23 November 1994.

E. Response Rates

Table 1 shows response rates for the survey and reasons for non-response. A total of 4,496 dwelling units was selected from the household listings for the sample, from which 4,023 households were successfully interviewed. The shortfall is primarily due to dwellings that were vacant or in which the inhabitants had left for an extended period at the time they were visited by the interviewing teams. Of the 4,134 households that were occupied, 97 percent were successfully interviewed. In these households, 4,444 women were identified as eligible for the individual interview and interviews were completed for 4,225 or 95 percent of these. In those households that were selected for inclusion in the men's survey, 2,447 eligible men were identified, of which 2,097 or 86 percent were interviewed.

The principal reason for non-response among eligible women and men was the failure to find them at home despite repeated visits to the household. The refusal rate was low (less than 1 percent among both women and men).

Table 1 Household and individual sample results, Tanzania, 1994

Result of interview and response rate	Number	Percent
Households selected	4496	100.0
Households occupied	4134	91.9
Households absent	92	2.0
Dwelling vacant/no dwelling	231	5.1
Other	39	0.9
Households occupied	4134	100.0
Households interviewed	4023	97.3
Households not interviewed	111	2.7
Household response rate		97.3
Eligible women	4444	100.0
Women interviewed	4225	95.1
Women not interviewed	219	4.9
Women's response rate		95.1
Eligible men	2447	100.0
Men interviewed	2097	85.7
Men not interviewed	350	14.3
Men's response rate		85.7

III. SURVEY RESULTS

A. Characteristics of the Respondents

Table 2 shows the distribution by selected background characteristics of women and men interviewed in the 1994 TKAPS sample. Comparable data from the 1991/92 TDHS are also shown; data are shown weighted and unweighted (see page 3 for discussion of sample weighting factors). The distribution by age shows the steep drop-off with age that is characteristic of countries with high fertility; more than 60 percent of the women interviewed in the TKAPS were under age 30. The age distribution of women interviewed in the TKAPS is generally similar to that from the 1991/92 TDHS, except that in 1994, there are slightly smaller proportions at the youngest and oldest age groups and slightly larger proportions in the intermediate age groups. Because the age range for men interviewed in the TKAPS was 15-59, there are generally smaller proportions of men than women at most ages and men tend to be older on average than women.

Almost 70 percent of the women interviewed were currently married, up slightly from the figure of 65 percent in 1991/92. Presumably due to later age at marriage, a lower proportion of the men interviewed (60 percent) was married at the time of the interview.

According to the TKAPS, one in four women (25 percent) lives in an urban area, almost identical to the percentage as recorded in the TDHS. The same proportion of men as women (25 percent) lives in urban areas. Each of the three zones delineated for the TKAPS contains roughly one-third of the women and men interviewed.

Seventy-one percent of women interviewed in the TKAPS had received some formal education, with just under half having completed primary school or higher. This represents an improvement since 1991/92, when 66 percent of women had some education and only 46 percent had completed primary school or higher. Despite being older on average than the women, male respondents were more likely to have received some education, especially secondary education. As in 1991/92, about one-third of women interviewed in 1994 are Moslem and another one-third are Catholic. Just over one-quarter of women are Protestant, with the remainder professing no religion. Differences in religious affiliation between men and women are insignificant.

B. Family Planning

In the TKAPS, a series of questions was asked about family planning knowledge, ever use, and current use. Both female and male respondents were first asked to name all the ways or methods they knew by which couples could delay or avoid pregnancy. Interviewers then asked about specific methods not mentioned spontaneously by the respondent. Information was sought about seven modern methods--the pill, IUD, injection, condom, diaphragm/foam/jelly, female and male sterilisation--as well as three traditional methods--the calendar rhythm method (safe period), the mucus method, and withdrawal. Other methods mentioned by the respondent,

such as herbs or breastfeeding, were also recorded. For each method recognised, the respondent was asked if she or he had ever used the method. Finally, respondents were also asked if they were currently using any family planning method and, if so, which method and where they had obtained the method.

Table 2 Background characteristics of women and men respondents

Percent distribution of women and men by background characteristics, Tanzania, 1994 TKAPS and 1991/92 TDHS

Background characteristic	WOMEN--1994 TKAPS				MEN--1994 TKAPS				WOMEN--1991/92 TDHS	
	Weighted		Unweighted		Weighted		Unweighted		Weighted	
	Per-cent	No. of women	Per-cent	No. of women	Per-cent	No. of men	Per-cent	No. of men	Per-cent	No. of women
Age										
15-19	20.6	868	20.4	860	21.2	444	20.5	430	23.6	2183
20-24	21.6	911	21.6	914	15.4	323	15.4	323	20.4	1882
25-29	18.6	786	18.4	777	13.0	273	13.6	286	17.3	1599
30-34	13.7	580	14.0	590	13.6	286	14.0	293	12.6	1165
35-39	11.3	478	11.4	480	10.4	219	9.9	207	10.8	1000
40-44	8.9	376	8.8	373	8.6	181	9.6	201	7.7	715
45-49	5.3	226	5.5	231	8.6	180	8.0	168	7.5	695
50-54	-	-	-	-	4.9	102	4.8	100	-	-
55-59	-	-	-	-	4.2	89	4.2	89	-	-
Marital Status										
Never married	22.2	937	21.8	921	35.0	734	35.1	737	24.5	2261
Currently married	68.7	2903	68.9	2912	59.9	1255	59.6	1250	65.4	6038
Widowed, divorced, separated	9.1	384	9.3	391	5.2	108	5.2	110	10.2	939
Residence										
Urban	25.2	1065	28.3	1197	24.6	515	31.2	655	25.3	2271
Rural	74.8	3160	71.7	3028	75.4	1582	68.8	1442	74.7	6707
Zone										
Coastal Zone	31.1	1313	30.2	1274	32.8	688	35.4	742	29.3	2627
Central Zone	32.8	1386	32.0	1350	31.9	669	34.5	723	33.6	3017
Western Zone	36.1	1526	37.9	1601	35.3	739	30.1	632	37.1	3333
Education										
No education	29.0	1227	30.1	1271	15.6	327	15.7	329	33.9	3128
Primary incomplete	21.2	894	20.9	881	29.9	627	28.0	587	19.8	1825
Primary complete	45.1	1904	44.1	1862	44.7	938	45.4	953	41.6	3841
Secondary +	4.6	193	4.9	206	9.4	198	10.6	223	4.8	444
DK, Missing	0.2	7	0.1	5	0.3	7	0.2	5	0.0	0
Religion										
Moslem	30.1	1271	29.6	1252	31.1	651	31.2	655	30.7	2834
Catholic	32.8	1384	32.4	1369	32.3	677	33.2	696	30.1	2777
Protestant	26.4	1115	26.8	1132	23.9	502	23.9	501	25.0	2308
None	10.5	443	10.9	462	12.3	258	11.3	237	13.8	1271
Other/Missing	0.1	4	0.1	4	0.2	5	0.2	4	0.5	47
Total	100.0	4225	100.0	4225	100.0	2097	100.0	2097	100.0	9238

Note: Data for 1991/92 TDHS include women living in Zanzibar, except for residence and zone.

Knowledge of family planning

Table 3 shows that 80 percent of women age 15-49 have heard of at least one method of family planning. The level is higher among currently married women (84 percent). Almost all of the women who have heard of any method have heard of a modern method, while almost half of all women have heard of a traditional method. Men are somewhat more likely than women to have heard of a family planning method, with 86 percent of all men having heard of some method.

Table 3 Knowledge and ever use of methods

Percentage of all and currently married women and men who know of contraceptive methods and who have ever used methods by specific method, Tanzania 1994

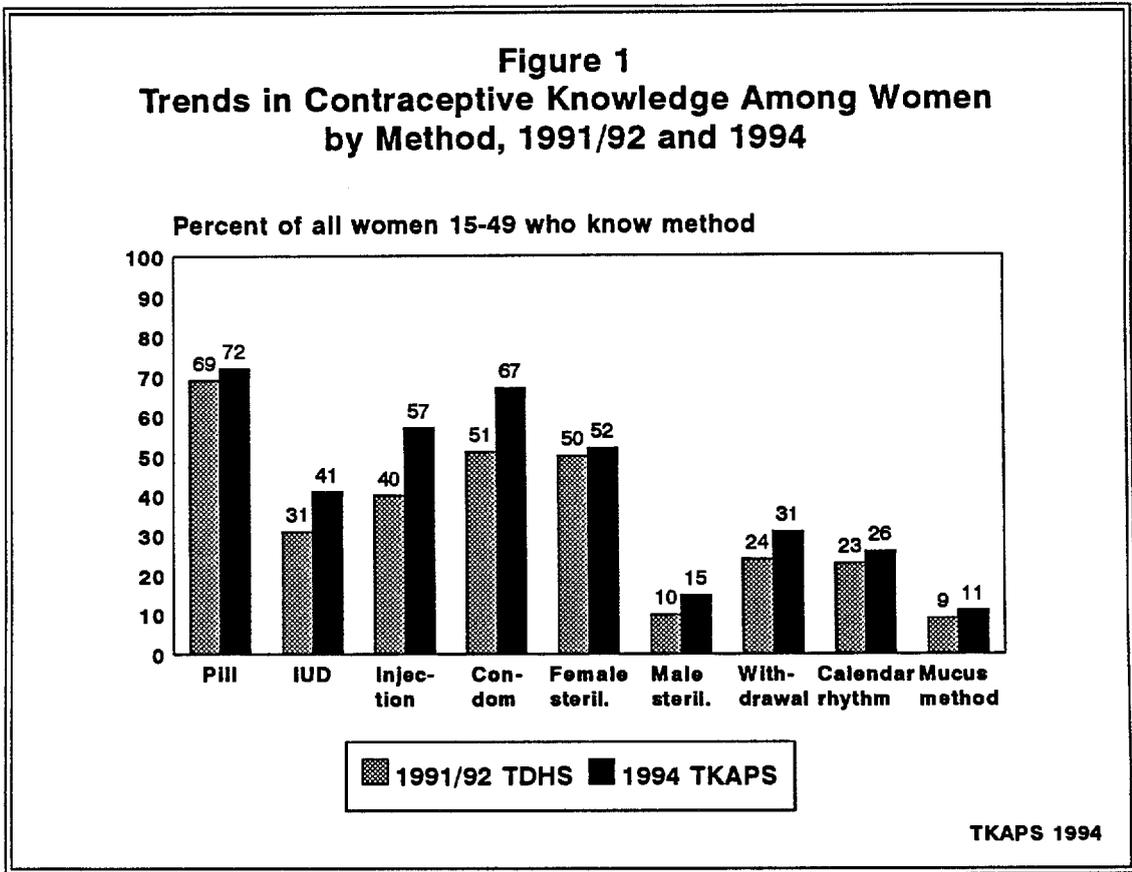
Contraceptive method	WOMEN				MEN			
	Knows method		Ever used		Knows method		Ever used	
	All	Currently married	All	Currently married	All	Currently married	All	Currently married
Any method	79.5	84.4	31.8	36.5	85.7	89.7	39.2	48.6
Any modern method	77.4	81.7	20.6	23.2	84.8	88.3	23.9	25.1
Pill	71.8	77.5	13.3	15.6	70.4	77.2	8.6	13.0
IUD	41.3	46.0	1.6	2.0	29.0	36.4	1.2	2.0
Injections	57.3	63.6	2.9	3.9	49.5	56.9	1.4	1.8
Diaphragm/Foam/Jelly	23.4	26.9	0.2	0.3	22.5	27.5	0.2	0.3
Condom	66.8	69.7	6.5	6.0	79.1	81.2	17.8	15.6
Female sterilisation	51.7	57.8	1.6	2.0	53.4	58.8	1.0	1.8
Male sterilisation	14.5	16.5	0.1	0.1	18.6	22.1	0.0	0.0
Any traditional method	46.1	52.0	16.2	19.1	55.9	66.3	25.3	35.5
Withdrawal	30.6	36.0	8.3	10.4	42.3	50.8	12.9	17.1
Calendar, safe period	25.8	27.1	5.3	5.3	37.4	44.5	13.1	19.1
Mucus method	10.9	12.3	0.8	0.9	11.5	13.9	1.3	2.0
Other methods	15.6	19.0	4.5	5.9	12.0	16.5	6.5	9.9
Number of women/men	4225	2903	4225	2903	2097	1255	2097	1255

The most commonly known methods among women are the pill (recognised by 72 percent of women), condom (67 percent), injections (57 percent), and female sterilisation (52 percent); less than half of women say they know about the IUD (41 percent), diaphragm, foam or jelly (23 percent) or male sterilisation (15 percent). About one-quarter (26 percent) of women say that they know of the calendar rhythm method, while only 11 percent know of the mucus method and less than one-third (31 percent) have heard of withdrawal. Sixteen percent of women mentioned methods that were not on the list, mostly traditional methods like abstinence, breastfeeding, strings, and herbs.

Not surprisingly, the condom is the method most widely recognised by men (79 percent); otherwise, the prominence of methods among men follows more or less that among women. Men are more likely to know the three methods used by men--condom, male sterilisation and withdrawal. Surprisingly, the proportion of men who know of the calendar rhythm method is higher than that of women (37 vs. 26 percent).

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There has been an increase since 1991/92 in the proportion of women who have heard of methods of family planning. The proportion of women who have heard of at least one method has increased from 74 to 80 percent since 1991/92, while the proportion who have heard of a modern method increased from 72 to 77 percent of women. This rather modest increase in knowledge of any method masks some extraordinary increases in knowledge of specific methods. For example, the proportion of women who have heard of injections increased from 40 to 57 between 1991/92 and 1994, the proportion who have heard of the IUD increased from 31 to 41 percent, and the proportion who have heard of the condom increased from 51 to 67 percent (Figure 1). To the extent that knowing of more methods results in a woman finding one that meets her needs, this broader knowledge may lead to increased use.



Ever use of family planning

Almost one-third (32 percent) of all women age 15-49 and 39 percent of all men age 15-59 in Tanzania have used a method of family planning at some time in their lives (Table 3). Thirteen percent of women have used the pill, while 8 percent have used withdrawal; 7 percent have used condoms, 5 percent have used the calendar rhythm method and 3 percent injections. Other methods have been less widely used, like the IUD (2 percent) and female sterilisation (2 percent). Eighteen percent of men have used condoms, while 13 percent have used either the calendar rhythm method or withdrawal, and 9 percent have used the pill. It is important to note

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that respondents were not specifically asked for the method that they used with their spouses; discrepancies may arise from extramarital relationships as well as from the practice of polygyny.

As with knowledge, ever use of family planning methods has increased recently. In 1991/92, only 23 percent of all women had ever used any method, compared to 32 percent in 1994. Increases in ever use were greatest for condom, the pill, and injection. Among men, the increase in ever use since 1991/92 was more modest--from 36 to 39 percent.

Current use of family planning

Almost one in five women (18 percent) in Tanzania is currently using a contraceptive method (Table 4). More women are using modern methods (11 percent) than traditional methods (6 percent). The most popular methods are the pill (5 percent), calendar rhythm (3 percent), and condom, withdrawal, injection, and female sterilisation (2 percent each).

One in four men is currently using a family planning method. Unlike women, men are almost as likely to report using a traditional as a modern method. Condoms are the most popular method among men (7 percent), followed by the calendar rhythm method (5 percent), pill (4 percent), and withdrawal (3 percent).

Table 4. Current use of family planning methods

Percentage of all and currently married women and men who are currently using specific family planning methods, Tanzania, 1994

Contraceptive method	Women		Men	
	All	Currently married	All	Currently married
Any method	17.8	20.4	24.7	33.5
Any modern method	11.3	13.1	13.5	15.1
Pill	4.5	5.6	4.1	6.4
IUD	0.7	1.0	0.4	0.7
Injections	2.1	2.8	0.7	1.1
Diaphragm/Foam/Jelly	0.0	0.0	0.1	0.1
Condom	2.4	1.7	7.3	5.4
Female sterilisation	1.6	2.0	0.9	1.5
Male sterilisation	0.0	0.0	0.0	0.0
Any traditional method	6.4	7.4	11.2	18.4
Withdrawal	2.2	2.8	2.6	4.2
Calendar, safe period	2.5	2.3	5.4	8.8
Mucus method	0.0	0.0	0.1	0.1
Other methods	1.6	2.2	3.1	5.2
Number of women/men	4225	2903	2097	1255

TKAPS data show that contraceptive use in Tanzania has almost doubled in the two and one-half years since 1991/92, from 10 to 18 percent of all women (Table 5). The relative increase has been roughly the same for modern and traditional methods, almost doubling for each. Increased use of injections, the pill, and condoms accounts for most of the rise in modern method use (Figure 2), with rising use of injections being especially steep. Use among men has

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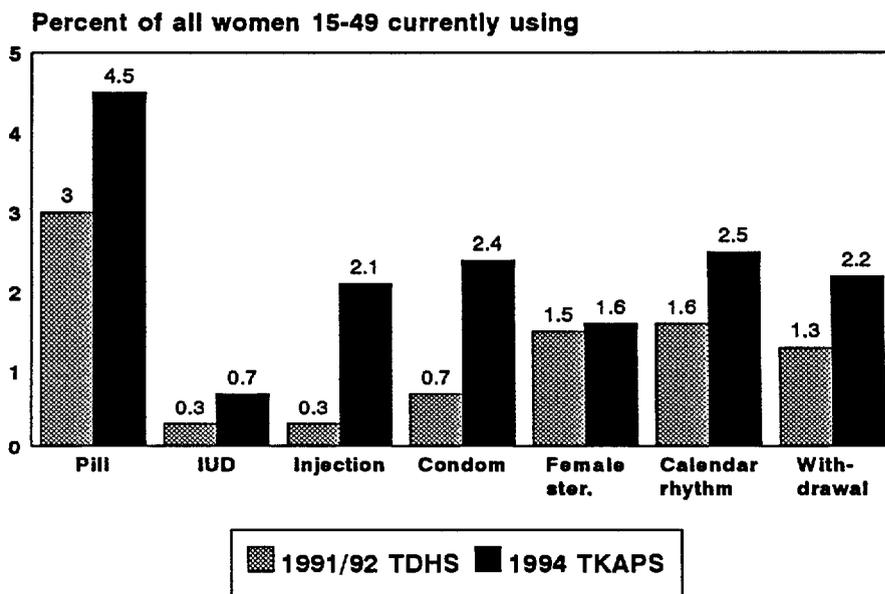
risen from 15 to 25 percent between 1991/92 and 1994. As with women, increased use of the pill and condoms accounts for most of the rise, although use of withdrawal has also risen.

Table 5 Trends in current use of family planning methods

Percentage of all women and men who are currently using specific family planning methods, Tanzania, 1994 and 1991/92

Contraceptive method	Women		Men	
	1994 TKAPS	1991/92 TDHS	1994 TKAPS	1991/92 TDHS
Any method	17.8	9.5	24.7	14.9
Any modern method	11.3	5.9	13.5	8.2
Pill	4.5	3.0	4.1	2.4
IUD	0.7	0.3	0.4	0.1
Injections	2.1	0.3	0.7	0.0
Diaphragm/Foam/Jelly	0.0	0.0	0.1	0.0
Condom	2.4	0.7	7.3	4.7
Female sterilisation	1.6	1.5	0.9	1.1
Male sterilisation	0.0	0.0	0.0	0.0
Any traditional method	6.4	3.6	11.2	6.7
Withdrawal	2.2	1.3	2.6	1.4
Calendar, safe period	2.5	1.6	5.4	4.6
Mucus method	0.0	0.1	0.1	0.2
Other methods	1.6	0.5	3.1	0.5
Number of women/men	4225	9238	2097	2114

**Figure 2
Trends in Contraceptive Use Among Women
by Method, 1991/92 and 1994**



TKAPS 1994

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Some women are much more likely to be using contraception than others (see Table 6 and Figure 3 for all women and Appendix A for currently married women). The use of contraception increases steadily up through age group 30-34 and declines thereafter. The condom and calendar rhythm are the most commonly used methods among women age 15-19 and the pill and condom for women age 20-29. There is a gradual shift to longer-term methods among older women, so that by age 30-34, injection has replaced condoms as the second most popular method; by age 35-39, it is the most popular method. Above age 40, female sterilisation is the most widely used method, with injection in second place.

Table 6 Current use of contraception by background characteristics for all women

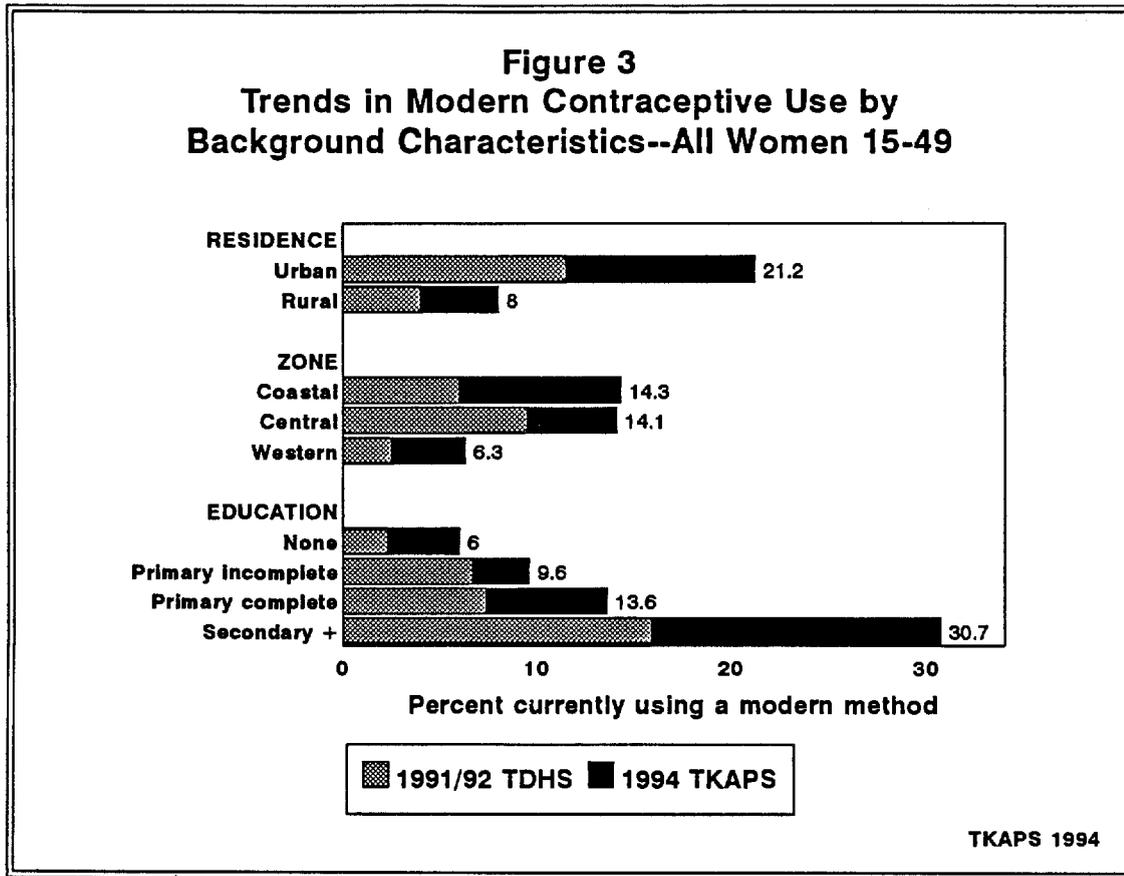
Percent distribution of all women by contraceptive method currently used, according to selected background characteristics, Tanzania, 1994

Background characteristics	Modern methods							Traditional methods					Not currently using	Total	No. of women	
	Any method	Any modern method	Pill	IUD	Injection	Condom	Female ster.	Any trad. method	Withdrawal	Calendar	Mucus method	Other				
Age																
15-19	7.9	5.2	1.7	0.0	0.2	3.3	0.0	2.6	0.4	1.8	0.0	0.4	92.1	100.0	868	
20-24	17.9	10.6	5.9	0.3	0.6	3.9	0.0	7.3	2.5	3.5	0.0	1.3	82.1	100.0	911	
25-29	21.2	13.5	7.0	0.7	2.0	3.5	0.3	7.7	3.3	2.5	0.2	1.7	78.8	100.0	786	
30-34	23.6	15.6	6.5	1.9	4.3	1.2	1.6	8.0	2.3	2.5	0.0	3.2	76.4	100.0	580	
35-39	21.2	13.2	3.8	1.2	4.4	0.2	3.5	8.0	3.2	2.5	0.0	2.2	78.8	100.0	478	
40-44	20.5	14.1	2.8	1.0	3.4	0.4	6.6	6.4	2.2	2.7	0.0	1.5	79.5	100.0	376	
45-49	16.2	10.6	0.4	1.0	3.0	0.4	5.8	5.6	1.5	1.5	0.0	2.6	83.8	100.0	226	
Residence																
Urban	28.2	21.2	9.1	1.4	3.6	5.1	2.1	7.0	1.1	4.5	0.0	1.4	71.8	100.0	1065	
Rural	14.2	8.0	3.0	0.5	1.6	1.5	1.4	6.2	2.6	1.9	0.1	1.7	85.8	100.0	3160	
Zone																
Coastal	21.1	14.3	5.6	0.4	2.9	3.9	1.5	6.7	2.7	3.0	0.0	1.0	78.9	100.0	1313	
Central	21.4	14.1	5.9	1.3	1.9	2.6	2.3	7.3	3.5	2.6	0.0	1.2	78.6	100.0	1386	
Western	11.6	6.3	2.4	0.4	1.5	1.1	0.9	5.3	0.5	2.1	0.1	2.6	88.4	100.0	1526	
Education																
No education	10.8	6.0	2.4	0.0	1.3	0.7	1.6	4.7	1.3	0.5	0.0	2.9	89.2	100.0	1227	
Prim. incom.	15.7	9.6	2.3	0.6	2.7	1.5	2.5	6.1	2.5	2.5	0.0	1.1	84.3	100.0	894	
Primary com.	21.0	13.6	6.2	1.0	2.2	3.3	0.8	7.3	2.8	3.2	0.1	1.3	79.0	100.0	1904	
Secondary +	40.3	30.7	11.2	2.5	3.0	9.6	4.4	9.5	0.3	9.2	0.0	0.0	59.7	100.0	193	
No. of Living Children																
None	7.0	4.3	0.6	0.0	0.0	3.6	0.1	2.7	0.3	2.2	0.0	0.1	93.0	100.0	1137	
1	17.3	10.4	5.8	0.6	0.5	3.3	0.3	6.8	2.1	3.0	0.1	1.7	82.7	100.0	638	
2	19.7	13.5	7.0	1.5	1.2	2.7	1.1	6.2	2.4	2.7	0.0	1.1	80.3	100.0	595	
3	26.5	18.5	10.0	1.4	2.5	2.4	2.2	8.0	3.7	2.5	0.0	1.9	73.5	100.0	496	
4+	23.0	14.1	4.1	0.8	4.8	0.9	3.4	8.9	3.2	2.6	0.1	3.0	77.0	100.0	1354	
Total	17.8	11.3	4.5	0.7	2.1	2.4	1.6	6.4	2.2	2.5	0.0	1.6	82.2	100.0	4225	

Note: Total includes 7 women missing as to education status

The level of use of modern contraceptive methods is much higher in urban than in rural areas (21 vs. 8 percent). The most popular modern method among both urban and rural women is the pill. Comparing data from the TKAPS to that from the TDHS shows that use of modern methods increased at a slower pace among urban than rural women. Between 1991/92 and

1994, modern contraceptive use increased from 11 to 21 percent among urban women and from 4 to 8 percent among rural women.



The level of contraceptive use differs by zone. Looking at use of modern methods, 14 percent of the women in both the Coastal and Central Zones are currently using a modern method, compared to only 6 percent of those in the Western Zone. Since 1991/92, use of modern methods has increased *relatively* faster in the Coastal Zone (from 6 to 14 percent of all women) and Western (from 3 to 6 percent) Zones, than in the Central Zone (from 10 to 14 percent).

Large differentials in current use are also found for educational groups. Only 6 percent of women with no formal education are currently using a modern family planning method, compared to 10 percent of women with some primary school, 14 percent of those who completed primary school and 31 percent of those with at least some secondary education. The pill and female sterilisation are the most commonly used methods among women who have no formal education, while injection and female sterilisation are the favourite methods among women with some primary, and the pill and condom are the most common methods among women with completed primary school and those with secondary or higher education. Since 1991/92, modern contraceptive use has increased relatively more rapidly among uneducated women than among

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those with education. For example, among women with no education, the modern contraceptive prevalence rate tripled from 2 to 6 percent, while for those with primary incomplete it increased from 7 to 10 percent. Among women who completed primary school, the rate increased from 7 to 14 percent and among those with some secondary school, prevalence rose from 16 to 31 percent.

As expected, contraceptive use rises steeply with the number of living children until it levels off among those with three or more children.

Source of methods

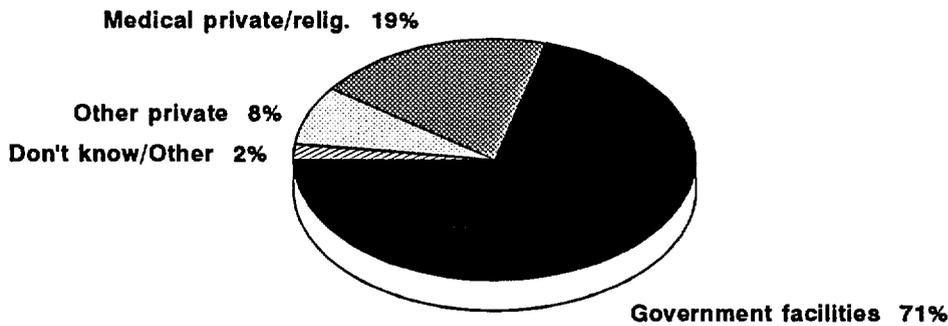
Women who reported using a modern method of contraception at the time of the survey were asked where they obtained the method the last time. Table 7 and Figure 4 show that almost three-quarters of modern method users (71 percent) obtained their methods from government sources, including government hospitals (25 percent), government health centres (18 percent) and government dispensaries or parastatal facilities (27 percent). One-fifth of modern method users obtained their methods from private medical sources, such as facilities run by religious organisations (10 percent), private doctors, clinics, and hospitals (4 percent), pharmacies and medical stores (5 percent), and community based workers (1 percent). Eight percent of women who use modern methods obtain them from other sources such as shops, church, or friends and relatives.

Table 7 Source of supply for specific modern methods

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

Source of supply	Pill	IUD	Injection	Condom	Female sterilisation	All modern methods
Public Sector	79.3	75.9	84.2	49.5	62.0	71.2
Regional, Consultant hospital	4.1	18.8	7.8	1.7	43.2	10.6
District hospital	12.1	25.8	15.5	11.7	17.4	14.4
Health centre	18.5	24.8	30.8	16.8	0.0	18.2
Dispensary/Parastatal	42.7	6.5	30.1	18.4	1.3	27.1
Village health post	2.0	0.0	0.0	0.9	0.0	1.0
Medical Private Sector	14.5	24.1	13.8	19.0	38.0	19.2
Religious Org. Facility	5.2	21.0	7.0	2.2	34.8	10.0
Private doctor/clinic/hospital	3.4	3.0	6.9	2.2	3.2	3.7
Pharmacy/Medicine shop	4.2	0.0	0.0	14.5	0.0	4.8
CBD Worker	1.7	0.0	0.0	0.0	0.0	0.7
Other Private Sector	4.3	0.0	0.0	28.0	0.0	7.7
Shop	3.8	0.0	0.0	22.0	0.0	6.2
Church	0.5	0.0	0.0	0.0	0.0	0.2
Friends/Relatives/Neighbours	0.0	0.0	0.0	5.9	0.0	1.3
Other	0.0	0.0	0.9	0.0	0.0	0.2
Does not know	1.9	0.0	1.0	3.6	0.0	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	191	30	88	103	66	479

Figure 4
Source of Family Planning Supply
Current Users of Modern Methods



TKAPS 1994

The source a woman uses to obtain contraceptive methods is related to the type of method she is using. Between 75-85 percent of women who are using the pill, IUD and injection obtained their methods from government sources, compared to only 62 percent of women who are sterilised and less than half of those who use condoms. As expected, a large proportion of condom users obtain supplies from pharmacies and shops. There has been a slight shift to greater use of private sector sources since 1991/92, due in part to greater use of condoms and more widespread use of private facilities as a source for the pill (Ngallaba, et al., 1993:41).

C. Fertility Preferences

Future fertility preferences of currently married women were ascertained by asking them whether or not they wanted another child and, if so, how soon. Almost one-quarter (23 percent) of married women in Tanzania say they want no more children and an additional 5 percent either have been sterilised or say that they cannot have any more children (Table 8 and Figure 5). Two-thirds of women want to have a child in the future; however a large majority of these women (41 percent of all married women) say they would like to wait two or more years before having their next birth. Twenty-four percent of women say they want to have a child soon and 2 percent are undecided about when they want another. Six percent are undecided about whether they want another. Thus, a majority of women want either to space their next birth or to limit childbearing altogether.

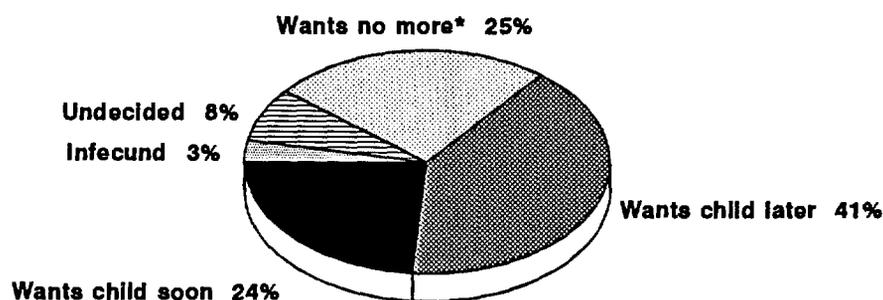
Table 8 also shows that the desire to limit births increases rapidly with age; by the time women reach their early 30s, more than one-quarter have had all the children they want or have already been sterilised. Over half of women in their 40s either want no more children or have been sterilised. Fertility preferences have not changed much since 1991/92; there has been a slight increase in the proportion of women who want no more children--from 21 to 23 percent.

Table 8 Reproductive preferences by age

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

Desire for children	Age of woman							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Want another								
Within 2 years	34.9	23.1	26.5	25.1	20.3	20.6	16.1	24.0
After 2 years	53.7	64.8	49.7	37.9	24.8	10.3	3.5	40.6
Not sure when	3.3	1.9	1.6	2.2	1.3	2.7	0.6	1.9
Undecided	5.0	4.5	8.1	6.3	6.4	3.2	4.3	5.8
Want no more	3.2	5.7	13.2	25.8	40.0	46.8	47.3	22.5
Sterilised	0.0	0.0	0.1	1.4	4.1	7.1	5.7	2.0
Declared infecund	0.0	0.0	0.3	0.7	2.7	8.4	22.0	2.8
Missing	0.0	0.0	0.4	0.6	0.3	0.8	0.5	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	213	638	647	502	416	306	182	2903

**Figure 5
Fertility Preferences of
Currently Married Women, 15-49**



Soon=< 2 years, Later=2+ years
* Includes sterilised women

TKAPS 1994

D. Need for Family Planning

Women who are currently married and who indicate that they either want no more children or want to wait for two or more years before having another child, but are not using contraception, are considered to have an *unmet need* for family planning. Women who are using family planning methods are said to have a *met need* for family planning. Women with unmet and met need constitute the *total demand* for family planning. Table 9 presents data on unmet need, met need, and the total demand for family planning, according to whether the need is for spacing or limiting births.

Over one-quarter of married women in Tanzania have an unmet need for family planning services (column 3 of Table 9)--18 percent for spacing purposes and 10 percent for limiting births. Combined with the 20 percent of married women who are currently using a contraceptive method, the total demand for family planning comprises almost half (48 percent) of married women in Tanzania. Currently, 43 percent of the demand is satisfied.

Table 9 Need for family planning services

Percent of currently married women age 15-49 with unmet need, met need, and total demand for family planning services by selected background characteristics, Tanzania, 1994

Background characteristic	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning			Percent of demand satisfied	No. of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	18.5	1.7	20.2	13.5	1.5	15.0	32.1	3.2	35.2	42.6	213
20-24	20.6	4.7	25.3	15.4	2.3	17.7	36.0	7.0	43.0	41.2	638
25-29	22.7	4.9	27.8	16.1	5.0	21.1	39.0	9.9	48.9	43.2	647
30-34	18.3	7.6	25.9	14.1	9.9	24.0	32.4	17.5	49.9	48.1	502
35-39	14.9	18.4	33.3	8.5	13.6	22.2	23.4	32.1	55.4	40.0	416
40-44	8.9	20.3	29.2	3.2	18.6	21.8	12.2	38.8	51.0	42.8	306
45-49	5.4	22.1	27.5	1.3	16.4	17.6	6.7	38.5	45.2	39.1	182
Residence											
Urban	14.4	9.5	23.9	18.6	14.4	33.0	33.0	23.9	56.9	58.0	657
Rural	18.5	9.8	28.3	10.1	6.6	16.8	28.6	16.4	45.0	37.2	2247
Education											
No education	15.4	11.8	27.1	6.1	5.8	11.9	21.4	17.6	39.0	30.5	1005
Prim. incom.	15.5	14.1	29.5	9.5	11.7	21.1	24.9	25.7	50.6	41.7	545
Prim. com.	20.8	6.2	27.0	16.9	8.0	24.9	37.7	14.2	51.8	48.0	1263
Secondary +	7.2	8.5	15.7	28.1	23.6	51.7	35.3	32.1	67.5	76.7	86
Total	17.5	9.7	27.3	12.0	8.4	20.4	29.6	18.1	47.7	42.8	2903

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 who say they want to wait 2 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 want no more children.

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 want no more children.

The overall unmet need for family planning generally increases with age up to age 35-39, after which it declines somewhat. As expected, unmet need for spacing purposes is higher among younger women, while unmet need for limiting childbearing is higher among older women. The level of unmet need among rural women is slightly higher than that of urban women. Unmet need is lower among women with at least some secondary schooling than among less educated or uneducated women. Unmet need has declined since 1991/92--from 30 to 27 percent of married women. Since contraceptive use has increased so much, the overall demand for family planning has increased from 41 to 48; the percentage of demand that is satisfied has increased substantially--from 26 to 43 percent since 1991/92.

E. Knowledge of AIDS

An important objective of the TKAPS was to collect information about knowledge about AIDS. Table 10 presents some indicators regarding AIDS knowledge among women and men in Tanzania.

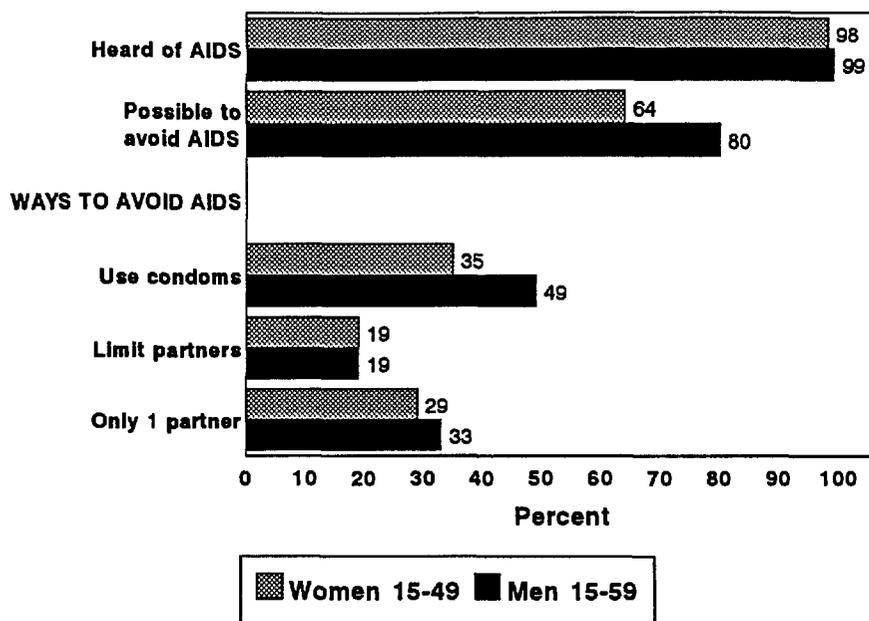
Table 10. Indicators of knowledge about AIDS

Percent of women age 15-49 and men age 15-59 who have heard of AIDS, who believe that AIDS is preventable and who cite specific ways to avoid getting AIDS, Tanzania, 1994

Indicator	Women 15-49			Men 15-59		
	Urban	Rural	Total	Urban	Rural	Total
Heard of AIDS						
Yes	99.5	97.1	97.7	99.5	98.2	98.5
No	0.4	2.9	2.3	0.5	1.8	1.5
Possible to avoid AIDS?						
Yes	78.2	59.1	63.9	89.8	77.4	80.4
No	6.3	11.9	10.5	3.3	6.6	5.8
Does not know	14.7	26.0	23.1	6.2	14.1	12.2
Ways to Avoid AIDS						
Do not have sex at all	6.0	5.8	5.9	10.5	12.2	11.8
Use condoms	54.5	28.0	34.7	62.7	44.0	48.6
Avoid prostitutes	17.6	14.1	15.0	41.5	33.1	35.1
Avoid homosexuality	1.3	0.9	1.0	2.4	2.2	2.3
Don't have many partners	25.5	17.0	19.1	24.4	17.5	19.2
Have only 1 partner	40.7	24.4	28.5	39.8	31.3	33.4
Avoid transfusions	5.5	1.7	2.7	6.0	3.7	4.2
Avoid injections	10.1	5.0	6.3	18.5	9.4	11.7
Mother to child	0.1	0.4	0.3	0.2	0.2	0.2
Kissing	0.3	0.2	0.2	0.0	0.0	0.0
Mosquito bites	0.0	0.2	0.1	0.0	0.0	0.0
Visit trad'l healer	0.4	0.2	0.2	0.3	0.1	0.1
Don't drink too much	0.2	0.3	0.3	1.1	0.3	0.5
Other	1.2	1.2	1.2	2.0	3.0	2.8
Does not know	0.2	0.0	0.1	0.0	0.0	0.0
Percent giving 2+ "correct" responses	52.6	28.0	34.2	68.4	48.9	53.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women/men	1065	3160	4225	515	1582	2097

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Figure 6
Indicators of Knowledge about AIDS,
Among Women and Men, Tanzania, 1994



TKAPS 1994

The data indicate that the vast majority of respondents have heard of AIDS--98 percent of women age 15-49 and 99 percent of men age 15-59 (Figure 6). It is also reassuring that a large majority of women and men say that it is possible to avoid getting AIDS or the virus that causes AIDS--two-thirds of women and four-fifths of men say that AIDS is preventable. Those who reported that it is possible to avoid AIDS were asked what a person could do to avoid it. Among the most commonly cited ways of preventing AIDS are using condoms (reported by 35 percent of women and 49 percent of men), sticking to one partner (29 percent of women and 33 percent of men), limiting the number of partners (19 percent of women and men) and, among men, avoiding prostitutes (35 percent of men). Over one-third of women and over half of men reported two or more "correct" means of preventing AIDS, i.e., the first nine responses listed in Table 10.

References

Ngallaba, S., S.H. Kapiga, I. Ruyobya, and J.T. Boerma. 1993. *Tanzania Demographic and Health Survey 1991/92*. Dar es Salaam and Columbia, Maryland: Bureau of Statistics and Macro International Inc.

Appendix Table A Current use of contraception by background characteristics for married women

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

Background characteristics	Modern methods							Traditional methods					Not currently using	Total	No. of women	
	Any method	Any modern method	Pill	IUD	Injection	Condom	Female ster.	Any trad. method	Withdrawal	Calendar	Mucus method	Other				
Age																
15-19	15.0	8.3	5.0	0.0	0.8	2.5	0.0	6.7	1.4	3.7	0.0	1.6	85.0	100.0	213	
20-24	17.7	10.8	7.1	0.4	0.7	2.6	0.0	6.9	3.1	2.1	0.0	1.7	82.3	100.0	638	
25-29	21.1	13.2	7.0	0.8	2.2	3.0	0.1	7.9	4.0	2.0	0.1	1.8	78.9	100.0	647	
30-34	24.0	16.1	6.8	1.9	4.5	1.4	1.4	7.9	2.2	2.2	0.0	3.5	76.0	100.0	502	
35-39	22.2	14.5	4.0	1.3	4.9	0.2	4.1	7.6	2.7	2.4	0.0	2.5	77.8	100.0	416	
40-44	21.8	15.1	2.8	1.2	3.6	0.3	7.1	6.7	2.7	2.4	0.0	1.7	78.2	100.0	306	
45-49	17.6	11.2	0.6	1.3	3.7	0.0	5.7	6.5	1.9	1.8	0.0	2.8	82.4	100.0	182	
Residence																
Urban	33.0	25.5	12.6	2.0	5.2	3.0	2.7	7.5	1.7	3.4	0.0	2.3	67.0	100.0	657	
Rural	16.8	9.5	3.5	0.7	2.1	1.3	1.8	7.3	3.2	1.9	0.0	2.2	83.2	100.0	2247	
Zone																
Coastal	24.1	16.4	7.2	0.6	3.9	2.8	1.8	7.7	3.6	2.6	0.0	1.5	75.9	100.0	883	
Central	25.2	16.8	7.2	1.8	2.8	1.8	3.2	8.3	4.5	2.3	0.0	1.6	74.8	100.0	944	
Western	13.3	7.1	2.8	0.6	1.9	0.7	1.0	6.2	0.8	2.0	0.1	3.3	86.7	100.0	1076	
Education																
No education	11.9	6.7	2.9	0.0	1.5	0.4	1.8	5.2	1.5	0.5	0.0	3.2	88.1	100.0	1005	
Prim. incom.	21.1	12.7	3.1	1.0	3.9	1.1	3.7	8.4	3.8	2.9	0.0	1.7	78.9	100.0	545	
Primary com.	24.9	16.3	8.1	1.4	3.0	2.7	1.0	8.6	3.6	3.1	0.1	1.8	75.1	100.0	1263	
Secondary +	51.7	43.4	16.8	5.7	6.8	6.9	7.3	8.3	0.7	7.6	0.0	0.0	48.3	100.0	86	
No. of Living Children																
None	3.7	2.6	0.6	0.0	0.0	1.6	0.5	1.1	0.0	0.5	0.0	0.6	96.3	100.0	291	
1	17.2	10.0	5.7	0.8	0.7	2.6	0.2	7.2	2.7	2.7	0.0	1.8	82.8	100.0	478	
2	19.0	12.9	7.3	1.7	1.1	2.1	0.6	6.2	2.7	2.2	0.0	1.2	81.0	100.0	498	
3	27.6	19.1	10.5	1.4	2.5	2.6	2.2	8.5	4.1	2.5	0.0	1.9	72.4	100.0	429	
4+	23.8	14.8	4.3	0.9	5.1	0.9	3.5	9.0	3.2	2.5	0.1	3.3	76.2	100.0	1205	
Total	20.4	13.1	5.6	1.0	2.8	1.7	2.0	7.4	2.8	2.3	0.0	2.2	79.6	100.0	2903	

Note: Total includes 4 women missing as to education status

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